

MINUTES OF THE MEETING OF THE JOINT APPROPRIATIONS SUBCOMMITTEE
FOR INSTITUTIONS - WARM SPRINGS AND GALEN
February 4, 1981

JACK K. MOORE, Chairman called the meeting to order at 8:02 a.m., Room 108, Capitol Building. All Committee Members were present.

Testimony was given by CARROLL SOUTH, Director of Department of Institutions; PETER BLOUKE, Director of Residential Services; DR. J. HAMILL, Director of Warm Springs State Hospital; JACK CASEY, Hospital Administrator; RAY HOFFMAN, Fiscal Analyst.

MR. SOUTH explained the history of the consolidation idea between Warm Springs and Galen. It was first made public in November when it was discussed at the Interim-Finance Committee. The concept dates back to an appropriation report from the 1979 Legislation, and the Department began to consider the implementation of this back in June and July 1980. The Departments intent is to rid both units of duplication, to examine the staffing patterns of bother institutions, and to make changes in transfers between institutions, and reallocate staff within the institutions themselves. The net affect in terms of FTE would be Galen would have 6.8 additional FTE, and Warm Springs would have .5 fewer FTE than current level. He feels the Institution is there to provide services for those people who are either voluntary or involuntary committed. He stated there will be offices moved from Warm Springs to Galen, such as the business office, security forces, and the laboratory. The Quality Assurance Program is probably the most controversial deletion. It appeared to the Department this was a high priced function, and the services that it provided, appeared to be able to be provided by other staff personnel and at lower salaries.

The CHAIRMAN asked to have the Quality Assurance Program explained.

MR. BLOUKE stated in 1978 the Department along with Warm Springs, reorganized the current organizational structure based on a regional basis. In reorganizing the facility, one of the components was entitled Quality Assurance. He referred to EXHIBIT 1A as the existing organization chart, the Quality Assurance Program was designed to provide the sustenance of the quality of programs within the facility. One of the problems lately is the difficulty of separating Quality Assurance with any of the other functions that this unit is currently engaged in. Quality Assurance pertains to the review and evaluation of programs within the hospital, in addition, they are also engaged in staff development, staff orientation, medical audit, inservice training, personal grievances. They are involved in a variety of functions beyond what is typically considered Quailty Control. In the Department's assessment of this unit, it was felt by segregating these functions into more specific unit, they would more effectively use the personnel within the hospital, and more clearly deliniate the responsibilities of the staff within the unit. They are now eliminating the overall functions of Quality Assurance, and separating out these responsibilities into smaller units within the reorganized organization.

MR. SOUTH stated this proposal was brought up before the Finance Committee, and the Department had not worked feverishly on it until it was recommended by the Governor for the budget. At that time the LFA, business managers and superintendents, and the Department have been working on the proposal. He stated there has been some criticism in not consulting the individuals being affected by the consolidation, but he feels the Department has to look out for the people of the state, and within the Department a more objective manner can be achieved. He feels it is important to have more efficiency, less administration, and more direct care staff. He noted the Department is recommending more direct care staff, and included a request for 5 custodial workers, due to a Department of Health citation. They are requesting 14 additional Psychiatric Aides to work in Long Term and Extended Treatment, also 4 Special Duty Aides in the Forensic Ward. He stated in the final analysis the only staffing change would be a reduction of .5 FTE, but within the composite of the staff there is much more direct care, and fewer administrative. He stated on EXHIBIT 4A, this reflects the Pay Plan to allow recruitment for physicians and psychiatrists. This Exhibit includes the 1981 fiscal salary as recommended by the Pay Plan, and does include the '82 and '83 range. He then referred to EXHIBIT 5A regarding the deletions, transfers, and modified, and asked for any questions.

MR. HOFFMAN asked MR. SOUTH if the ratios being used were the same as approved by the last legislative session for direct care.

MR. SOUTH stated they were not and asked to have MR. BLOUKE explain the staffing pattern and how it has been changed.

MR. BLOUKE explained under the current organization structure, there is a staffing pool. This pool provides additional staff to anyone of the units on a daily basis. The staffing of the individual units is determined by a Scope formula that sets a patient to staff ratio on each of the units according to the needs of each of the residents. They have under the reorganization taken the staffing pool and allocated them to each of the units. He noted many of the transfers shown indicated the transfer of the pool staff to the various units. In doing this they are able to reduce the administrative staff by 4.3 FTS.

The CHAIRMAN asked why more FTE's weren't put into the Children's Unit so that 42 children could be accommodated.

MR. BLOUKE stated the allocation of the pool positions was done in cooperation and with the input of the Director of Quality Assurance. Her assistance was solicited to determine where the greatest needs were for the direct care staff.

MR. SOUTH stated that was a separate issue and he would like to keep it separate, because there is a proposal for a new children's treatment center. At this time, it is a current level of treatment for 30 children. He asked to have DR. HAMILL explain the consolidation.

DR. HAMILL stated one of the advantages of the consolidation will be the ability to transfer patients back and forth especially in the acute care area. He stated acute care is when the patient becomes physically ill enough to require more direct supervision.

MR. BLOUKE stated they want to present the organization chart but not be forced to stay with it throughout the biennium. Adjustments may be needed as the consolidation is in process, that may require changes by the Director. He explained EXHIBIT 2A, the Organizational Chart. He noted the Chief Executive Officer would include an individual other than a physician, due to the administrative responsibility. He noted the Clinical Services, would be a physician, and would have the ultimate responsible of the medical unit.

He explained the Quality Control area is responsible for the assessment of the quality of programs within both facilities. They hope to coordinate at the Department level many of the training that goes on at the institutions. During the coming biennium, they will be looking into coordinating the business services at the Prison also. He noted one of the new programs is an internal audit that would serve to provide a fiscal audit within both facilities, originally they had anticipated providing 2 additional staff, but they feel the current staff can handle this. He stated the Department's intent is to have a roving security in the day and one security officer at both facilities at night. He further explained the Ancillary Service, Environmental Services and Clinical Services. He asked DR. HAMILL to explain the Central Supply and why the laundry was under it.

DR. HAMILL explained that Central Supply sterilizes all the instruments used, and currently both facilities have this. They feel this could be done as one function in Galen. The reason the laundry workers from Galen are under the Central Supply is because the laundry workers belong to two different unions, due to the different duties.

The CHAIRMAN asked if there were two maintenance chiefs under Environmental Services.

MR. CASEY, Hospital Administrator, stated presently at Warm Springs there is a maintenance supervisor, and also at Galen. These two supervisors are working supervisors and are not the foreman. The coordination of the day to day operations, would be the responsibility of the Environmental Services. He stated under this arrangement the craft unions personnel can help each other out when necessary. In the craft union this can be done, because they all belong to the same union.

MR. BLOUKE stated from the federal standpoint they cannot totally consolidate the institutions. If they did consolidate totally, they would lose the federal reimbursement, because there is a stipulation that a facility in which over 50% of the population is mentally ill, it restricts the reimbursement. They will maintain two different medical staffs at the facilities, with separate by-laws, but both staffs would be responsible to the Clinical Services Director.

The CHAIRMAN asked if there was one recreational therapist at each facility.

MR. CASEY stated there was recreational therapy provided at both Warm Springs and Galen. Presently, however, they have a qualified Rehabitational Services Director at Warm Springs, and through the consolidation, give direction to the recreational therapist and the activity people at Galen.

MR. BLOUKE stated another advantage of the consolidation is the Galen patients can utilize the gym at Warm Springs. He further explained the Clinical Services and the individual services under them.

SENATOR JOHNSON asked who is in charge of the Quality Control, and Staff Development.

MR. BLOUKE stated this would be nursing personnel, and would be two individuals in the Quality Control; in the Staff Development there would be two individuals possibly one RN and one clinical staff.

SEN. JOHNSON asked about the laundry worker placed under Central Supply.

MR. BLOUKE stated this should be placed to the right and be at the same level as Central Supply and should not be under it.

SEN. JOHNSON asked about the crossing of the union lines.

MR. CASEY explained the engineers and grounds keeper would be kept separate, there is only one machinist at Warm Springs and

the Teamsters are being dispatched from Warm Springs and Galen, the crafts belong to the same local union, and in a collaborative effort to put into some acute care bed, the unions worked together. The unions stated they did not object to crossing the institutional lines, they did object to using inmate labor.

SEN. JOHNSON asked what the qualifications would be for the person performing the internal medical audit.

MR. CASEY stated that would be an RN function, and necessitate working closely with the medical records in doing abstract work for certain diagnosis and peer review.

SEN. JOHNSON stated there is now a quality control person and this function is being performed by the medical records department.

MR. CASEY stated the quality control people will be evaluating the programs, the medical records coordinates some of this with the Quality Assurance Department. The Quality Assurance Department is currently utilizing 3 people to perform these two functions, and they propose to do the same function with 2 people.

DR. HAMILL explained at present the medical audit meets once a week to review one of the seven clinical units. This involves 1 or 2 people from medical records, all the doctors, two of the nurses from Quality Assurance, a representative from the lab, and nurses checking the treatment plan. This usually involves a total of 10 people.

MR. BLOUKE stated the Internal Medical Audit and Utilization would serve for both facilities, and he noted it may be necessary to have this function put under medical records. He feels some of these details will shake down once the consolidation is implemented.

SEN. JOHNSON asked to know the responsibilities of the Clinical Services Director.

MR. BLOUKE stated this person is responsible for all of the clinical programs within the facility. The position would be supervising the medical staffs at both facilities, and coordinate Contracted Medical Services. He would also be responsible for hiring and firing the medical staff, insure the resources needed by the treatment staffs are available, and would direct policies as related to the clinical programs in both facilities.

REP. CONROY asked about the Doctors at Galen refusing to treat patients either at the Prison or Warm Springs, and would the Clinical Services person be able to insure this doesn't happen.

MR. CASEY stated no. Part of the problem is there are only 2 physicians at Galen and there were not enough to go down to the Prison. The empty physician positions at Galen did not allow for coverage, so a group of physicians at Deer Lodge and one at Warm Springs have been contracted.

MR. BLOUKE felt the purpose of the Clinical Services Director is to provide direction to the staff so that they are accountable, and as needs arise, can respond to certain upcoming situations.

SEN. JOHNSON asked if the Management Services Director was the Director of Nurses.

MR. BLOUKE stated this does not necessarily need to be a nurse. This is a functional title for someone who has the knowledge of the individual units, can coordinate staff relief, supervise the budget needs and serve as a mediator in disputes.

DR. HAMILL stated he sees the job as a person who can assist with the staffing since the pool has been eliminated, and have the authority and flexibility to move patients from one unit to another.

SEN. JOHNSON asked to have DR. HAMILL define the nursing functions at Galen and Warm Springs.

DR. HAMILL stated at Galen, the nurses are more involved in direct care. At Warm Springs, the RN's and LPN's are not only involved in direct care, but also are involved in the treatment teams.

SEN. JOHNSON asked who the nursing staff was accountable to.

MR. BLOUKE stated the organizational structure each unit maintains integrity to the unit, and at the same time there is supervision and quality control in each unit that covers all the clinical areas.

MR. CASEY stated the reason for the Quality Control position at the top of the chart, is to set goals and objectives for nursing; see that they are carried out and measuring those goals to see if they are met. The coordination of staffing would be done by the Director of the Management Treatment Services, and in the evenings the supervisors would be responsible for fluctuating of the staff due to a large influx of patients.

MR. HOFFMAN asked MR. BLOUKE to explain the different models that Warm Springs is currently serving as, in regard to medical or treatment model.

MR. BLOUKE explained typically the medical model has a departmental organization, where the physicians are in overall control of all the services, and the nurses are under the physicians as are social workers and therapists. On the other extreme is the treatment mode or team concept. With this concept, everyone is equal and the team is composed of nursing service, psychology, physician, social worker, rehabilitational therapist. Each unit may have a leader in any of the above professions. He feels that Warm Springs is showing a mix of the two models. He explained on this chart one of the functions of the Unit Supervisor was to make them accountable for what happens within that unit, to give more responsibility within the organizational structure.

SEN. JOHNSON stated you can't put nurses under doctors and have them work as a team.

DR. HAMILL stated they have been doing it for the last 2 1/2 years, and it is working quit well. They no longer have a separate and distinct nursing service, psychology service etc. because the main reason this was done away with in 1978 was the large amount of rivalry between the professionals trying to gain control. They were abolished and went under the unit supervisors, and this eliminated the power struggle.

MR. SOUTH stated the main reason they are there is to provide adequate care and treatment to help the patients.

MR. CASEY stated the nurses answer to their supervisors in a day to day basis, the physician will not have day to day supervision, he will only supervise the carrying out of medical orders.

SEN. JOHNSON asked about the two sets of by-laws for Warm Springs and Galen.

MR. BLOUKE stated there are differences in the by-laws, but both sets of by-laws would have to be rewritten to incorporate many of the proposed consolidation. An example would be the Chief of Staff who is presently an elected office, they would like to change this to be appointed by the Clinical Services Director.

REP. CONROY asked why the security was moved to Galen.

MR. CASEY explained the security needs were looked at in both institutions. It was determined that the greatest need for security during the day was at Warm Springs. During the day this person would be on shift at Warm Springs, and could be available at Galen if needed. During the hours of 6:00 p.m. to 2:00 a.m. there is a need for security at both institutions. During the 2:00 a.m. till 10:00 a.m. security would be available to both facilities. He stated the security force at Warm Springs

is classified as Special Duty Aides II, and started as direct staff ratio to the units, the security force was formed from direct care personnel, and the Department is asking to put those people back on the wards in direct care.

The CHAIRMAN asked to discuss the Pay Plan for the physicians and psychiatrists.

MR. CASEY stated the Pay Plan was developed by the Department of Administration in House Bill 891 for a physician pay scale. During the time the physician scale was in force, it was not really monitored. The Professional Advisory Council was appointed by the Governor to make recommendations to the Department Director and the Council went past its structure date, and disintegrated. The present Professional Advisory Council was recreated during the last six months, which consists of 3 physicians, himself, and a representative from the Department of Administration. He explained the difficulty in recruiting psychiatrists due to the pay scale. Three years ago, the Board of Medical Examiners determined they would no longer grant temporary licenses for unqualified psychiatrists or physicians in the state. They were able to get an extension on this up to June 1981 for one person at Warm Springs. Under the new structure, EXHIBIT 4A, they are confident they can start recruiting with more success.

MR. SOUTH stated they are not requesting '82 and '83 salaries for physicians, what they are recommending is the salary that should be paid in FY 81. For budgetary purposes for ongoing current level salaries for a psychiatrist they are requesting \$57,451; for physicians the salary is \$48,351. Then to build to '82 and '83, the Pay Plan increase would be built in.

The CHAIRMAN asked DR. HAMILL if we would entice psychiatrists with the proposed Pay Plan.

DR. HAMILL stated he has an interested person from Denver if the Pay Plan is approved.

The CHAIRMAN asked the Superintendents of Warm Springs and Galen if they were in agreement and accord with the consolidation.

DR. HAMILL stated he is in basic agreement with the consolidation, however, he does have some reservations over the smaller details, but basically he feels it is a good idea.

MR. BALKOVATZ, stated he is the acting Superintendent, and has been privy to the consolidation for a couple of weeks and is in favor of it. He noted down the road there may be some problems, but with the cooperation of the central units, it will work.

MR. BOOKER stated his office also was in agreement with this.

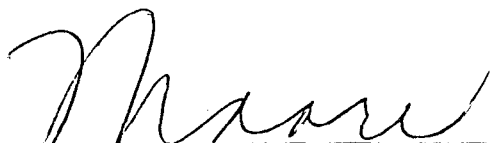
ROBERT BECK, employee at Warm Springs State Hospital stated from what he has seen, the recommendations are generally good. He feels in the area of the laboratory there should be more information before being transferred to Galen. He felt a similar formula needed to be applied on the labs before a comparison can be made. He questioned the lab being moved to Galen and if it can hold the necessary equipment and the personnel.

EILEEN ROBBINS, Montana Nurses Association, is speaking in support of maintaining current level of services at Warm Springs. She felt since deinstitutionalization, the resident at Warm Springs needs more care not less, consequently the majority of the patients are comprised of acutely emotional disturbed people. The Montana Nurses Association requests the vital programs such as Quality Assurance, direct care services, and the lab be supported, maintained and funded. They have specific reservations in regard to the the drawing of blood, who would be responsible for this. Another concern is the deletion of the Quality Assurance Program, because this is necessary for accreditation in the State of Montana.

ANITA DAVIS, Galen AFSCMC, stated she just found out about this consolidation two weeks ago, and she would like to study the papers and have further input at a later time.

MIKE BEAUSOLEIL, Security Officer at Warm Springs, stated in MR. CASEY's proposal he alloted .6 positions at Warm Springs and deleted 3.75 at Galen. He expressed concern over the transferring the security from Warm Springs to Galen, when there is 4.4 FTE already at Warm Springs. He stated they would like to have the security as it is now.

There being no further discussion or comments, the meeting was adjourned at 10:45 a.m.



JACK K. MOORE, Chairman

VISITORS' REGISTER

HOUSE JOINT APPROPRIATIONS SUB COMMITTEE FOR INSTITUTIONS

BILL WARM SPRINGS & GALEN

Date 2/4/81 & 2/5/81

SPONSOR _____

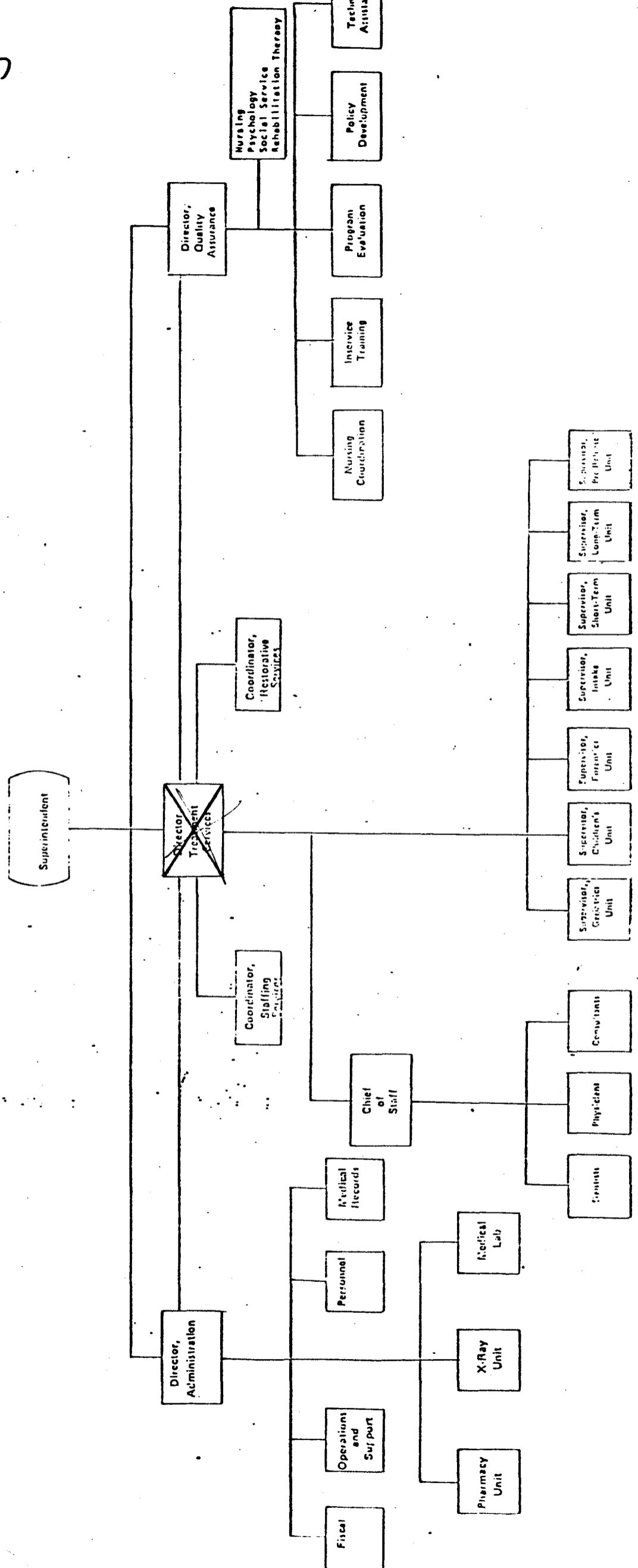
NAME	RESIDENCE	REPRESENTING	SUPPORT	OPPC
Bill Holcott	Helena	Dept of Institutions		
Tim Smith	Helena	Dept of Justice		
P. Blouke	Helena	"		
D. Booker	Helena	ORPP		
Tim BALKWATA	Galen	Galen		
C. L. Hammet MD	Warm Springs	WSSH		
Cileen Robbins	Helena	Montana Nurses Assoc		
Winta Davin	Neer Lodge	Helena AFSCME		
Robert Bethke	Princeton	WSSH		
Michael K... ..	Warm Springs	WSSH		
Frank & Willy	Warm Springs	WSSH MI		
Bill	Galen State Hosp	Galen State Hosp		
James & Buckley	Neer Lodge	Helena State Hosp		
Bob	" "	" " "		
Jack Casper	Hospital Admin	Dept of Instit.		
Pat	Princeton	Independent Union		
Therese	Philipsburg	WSSH group		
Judy Olson	Helena	MT Nurses Assoc		

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR LONGER FORM.

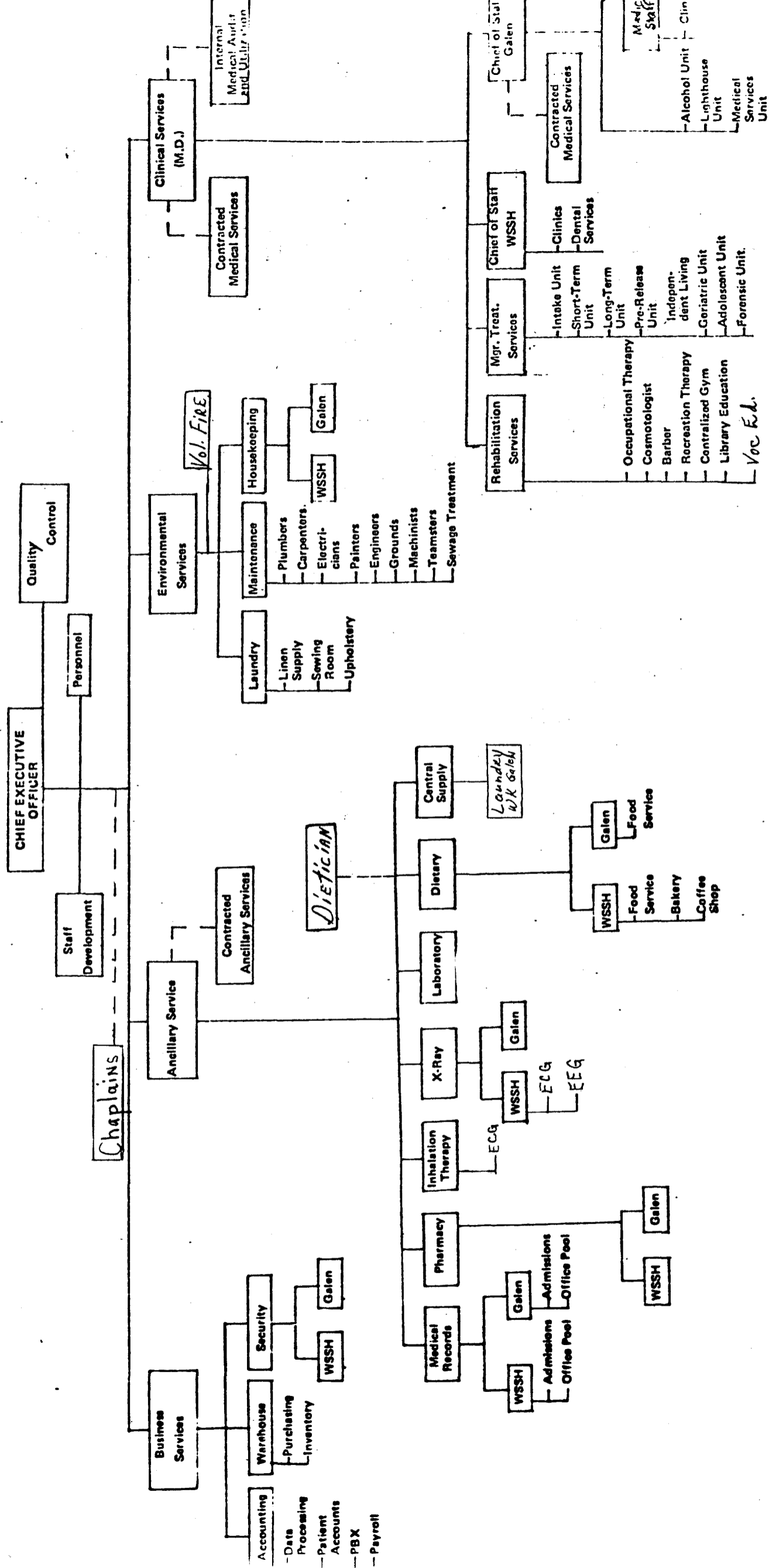
PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Existing

WARM SPRINGS STATE HOSPITAL
ORGANIZATION



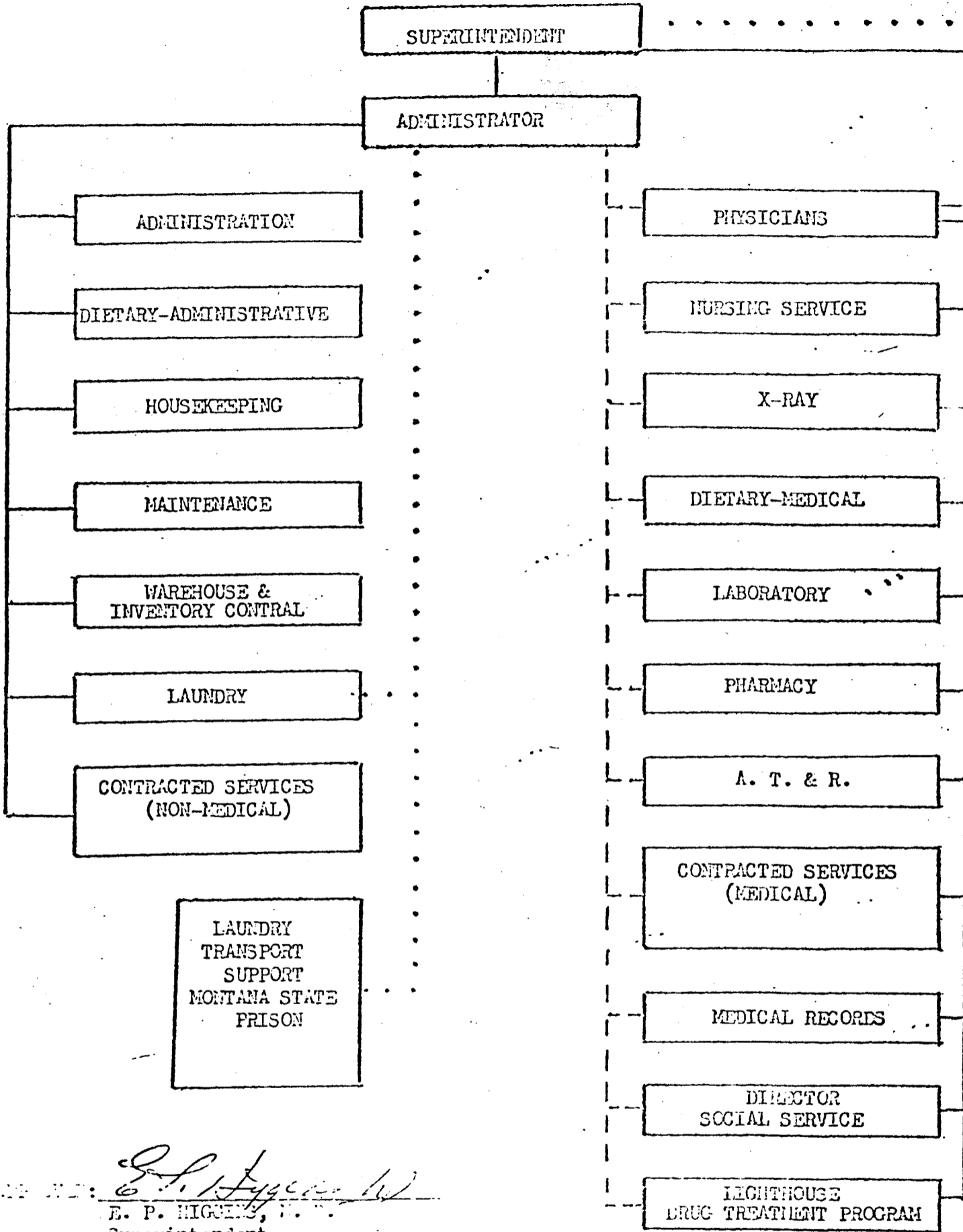
Proposed



GALEN AND WARM SPRINGS STATE HOSPITALS

2A

MONTANA STATE HOSPITAL



E. P. Higgins
 E. P. HIGGINS, M.D.
 Superintendent
 Revised Sept. 1, 1979

PHYSICIANS
 MEDICAL SUPPORT
 MONTANA STATE PRISON

SALARY STRUCTURE RECOMMENDED BY PROFESSIONAL STANDARDS ADVISORY COUNCIL

PAY SCHEDULES FOR QUALIFIED MEDICAL DOCTORS
EMPLOYED BY THE DEPARTMENT OF INSTITUTIONS

<u>CLASS TITLE</u>	PRESENT	PROPOSED	
	<u>ANNUAL PAY RANGES</u> <u>EFFECTIVE 7/1/80</u>	<u>ANNUAL PAY RANGES</u> <u>EFFECTIVE 7/1/80</u>	<u>ANNUAL PAY RANGES</u> <u>EFFECTIVE 7/1/81</u>
Physician - Full Credential			
A Level	\$40,100 - 43,400	\$46,701 - 50,000	\$48,801 - 52,100
B Level	43,401 - 46,700	50,001 - 53,300	52,101 - 55,400
C Level	46,701 - 50,000	53,301 - 56,600	55,401 - 58,700
D Level	50,001 - 53,300	56,601 - 59,900	58,701 - 62,000
Physician - Board Eligible Specialist			
A Level	44,500 - 48,200	55,601 - 59,300	57,901 - 61,600
B Level	48,201 - 51,900	59,301 - 63,000	61,601 - 65,300
C Level	51,901 - 55,600	63,001 - 66,700	65,301 - 69,000
D Level	55,601 - 59,300	66,701 - 70,400	69,001 - 72,700

<u>CLASS TITLE</u>	<u>ANNUAL PAY RANGES</u> <u>EFFECTIVE 7/1/82</u>
Physician - Full Credential	
A Level	\$50,901 - 54,200
B Level	54,201 - 57,500
C Level	57,501 - 60,800
D Level	60,801 - 64,100
Physician - Board Eligible Specialist	
A Level	60,201 - 63,900
B Level	63,901 - 67,600
C Level	67,601 - 71,300
D Level	71,301 - 75,000

RULES FOR MEDICAL DOCTOR PAY SCHEDULES

- Rule 1. The Director of the Department of Institutions (hereinafter called Director) may appoint qualified physicians to the above classes at any amount in the A Level of the compensation plan. The qualifications and salary levels of the physicians appointed shall be presented to the Professional Standards Advisory Council for review.
- Rule 2. Upon recommendation by the Director, the Professional Standards Advisory Council may approve the appointment of physicians at salary levels B, C and/or D, provided that the physicians recommended possess outstanding qualifications and skills that warrant appointment at the higher level.
- Rule 3. The salaries of Hospital Superintendents and Medical Doctors that require the qualifications of a physician may be set by the Director subject to approval of the Professional Standards Advisory Council. The salary shall be restricted to the salary level applicable to physicians with the medical qualifications possessed by the Superintendent and/or Medical Director.
- Rule 4. The individuals appointed under this plan shall meet the minimum qualifications established in the class specifications for Physician-Full Credential or Physician-Board Eligible Specialist.