

MINUTES OF THE MEETING
STATE ADMINISTRATION COMMITTEE
MONTANA STATE SENATE

February 12, 1981

The twenty-sixth meeting of the Senate State Administration Committee was called to order by Senator Pete Story, Chairman, on the above date at 10:00 a. m.

ROLL CALL: All members of the committee were present.

The first order of business was a request by Dave Hunter, Department of Labor and Industry, for a committee bill to delete statutory reference to Employment Security Division.

ACTION: Senator Ryan moved the committee bill be drafted; motion carried unanimously.

CONSIDERATION OF SENATE BILL 273:

AN ACT TO ALLOW THE ADMINISTRATIVE CODE
COMMITTEE TO TEMPORARILY SUSPEND AGENCY
RULES; AMENDING SECTION 2-4-412, MCA.

Senator Frank Hazelbaker, district 41, read the title and stated this bill comes about by the administrative procedures act made years ago. The thrust of the bill is to have the administrative code committee suspend rule, pending action of the legislature.

PROPOSERS: Senator Jean Turnage gave the essence of the present law 2-4-412 and said the problem is what can be done during the interim. This bill would give that to the committee. He submitted amendments to S.B. 273 that would have to be considered if they approve the bill. This is an attempt to give the legislature authority in interim.

Senator Story turned the chair to Vice-Chairman Kolstad at this time before leaving the room. He returned shortly.

OPPOSERS: Mona Jamison, legal counsel for Governor Schwinden, stated opposition because of the legal impacts of the bill and the legal implications. The legal impact is that it is anti-business. She pointed out lines 10 and 11 on page 1 because it puts them on an economic disadvantage. They would ask they consider economic implications of this bill. This question of its constitutionality is one of their concerns. If the suspension process is carried out, the executive branch would be stopped from executing laws. This raises the constitutional question of separation of powers, also a question whether or not it is an unconstitutional delegation of power. There is also the question whether or not the legislature even has power when out of session

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to act; this may also be unconstitutional. She suggested an alternative how they could control rules; the statutes that set forth the rulemaking authority of the agencies could be more explicit. All rules must be passed in the scope of the legislation. Define as specifically as possible the rulemaking grant, and this would make the Governor recommend do not pass on this bill.

Joy Bruck, representing the League of Women Voters, enclosed opposition.

In closing, Senator Hazelbaker indicated surprise that the executive would take offense at the bill. Most of the rules are anti-business and asked that the executive be reminded that they do not want him to legislate by rule that is delegated to the legislature.

Senator Turnage said this is the Wisconsin law with a little variation. He stated Governor Schwinden has very little control over the agencies and has asked for a bill to get more control. He informed the League of Women Voters that the amendments would answer the questions they raised. He admitted the constitutionality question does bother all of them, and that the Supreme Court will take care of this. He feels the alternatives of the Governor would be fine with the exception that it cannot be done physically because for every statute they would have to write the rules.

Questions from the committee: Senator Towe asked if the lines 17 and 18 on page 1 are necessary on the bill., and Senator Turnage answered that this is from the Wisconsin bill. Senator Towe asked if on page 3, lines 6,7,8,9 there is a time limit. Senator Turnage replied he does not believe so, but if the process is a threat we could take it out until next session of the legislature.

Senator Towe stated to Senators Turnage and Hazelbaker that House Bill 40 proposes to do the same thing, and Senator Turnage replied that the author has asked for it to go back to committee.

CONSIDERATION OF SENATE BILL 235:

AN ACT TO REQUIRE THAT THE LEGISLATIVE COUNCIL,
RATHER THAN THE ATTORNEY GENERAL, PREPARE BALLOT
ISSUE STATEMENTS OF EXPLANATION AND OF IMPLICATION.

Senator Jack Galt, district 23, stated this bill will take authority of preparing the statements on ballot issues and give it to the Legislative Council. There is a feeling that it would be safer and in better hands.

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PROPOSERS: Jim Robischon, a Butte attorney, had become interested and wrote to Senator Galt to consider legislation. He submitted a letter and pointed out on the bill a suggestion of deleting the last sentence on subsection 3, on page 4. He showed copies of initiative 87 and explained how it was done. This bill does not limit the right of the people in the initiative process or the right of the opposition to challenge. It transfers the responsibility to a more political governmental agency. The purpose of the bill is to try to eliminate argument from the petition that was transmitted to the people.

OPPOSERS: Mark Mackin, Citizens' Legislative Coalition, enclosed testimony.

In closing, Senator Galt defended the Legislative Council.

There were few questions from the committee and the hearing was closed.

CONSIDERATION OF SENATE JOINT RESOLUTION 15:

A JOINT RESOLUTION OF THE SENATE AND THE HOUSE OF REPRESENTATIVES OF THE STATE OF MONTANA REQUESTING AN INTERIM STUDY OF THE POSSIBILITY OF MERGING WARM SPRINGS STATE HOSPITAL AND GALEN STATE HOSPITAL; REQUIRING A REPORT OF THE FINDINGS OF THE STUDY TO THE LEGISLATURE.

Senator Jack Haffey, district 45, sponsored this bill and explained why he introduced the bill, respecting each aspect. His introduction concerned mainly his viewpoints on the merging of the two hospitals rather than the bill request for an interim study of this possibility.

PROPOSERS: Richard Moore, Warm Springs Hospital, expressed many of the same ideas as the Senator but had been unaware of a study in 1980 and expressed his opposition to the actual merger.

Jane Edwards, Warm Springs nurse, stated that the consolidation would delete 23 positions at Warm Springs and also delete the quality assurance department and the staffing services. She stated there needs to be more in-depth planning before the merger.

Other proponents who spoke: Archie McPhail, enclosed testimony; Robert Bethke, enclosed testimony; Sherilee Lund; Judith Rose; Judy Olson, all employees of Warm Springs State Hospital.

OPPOSERS: Representative Jack Moore, Great Falls, stated it is not necessary for another study claiming it is not a merger but a consolidation; it has been studied.

In closing, Senator Haffey introduced Representative W. Menahan, who is a proponent who stated they are here because they were not

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notified of the study and would not thus be having these problems. Senator Haffey indicated they do not want to intrude on the legislative processes of Warm Springs, and they are prepared to look into it fully.

Questions and answers brought about the realization that there will be a consolidation whether or not the study is done. Emphasis had been placed on resident care being primary concern during the entire hearing, and the consolidation will include business, environmental services, and others.

Senator Haffey stated if the study goes through, it is another approach for a long-range plan.

Senator Johnson asked Representative Moore if the study was conducted by employees of the institutions who are very familiar with it. He answered yes. The study was done for cost effectiveness and efficiency. This was approved by the Governor and that is the way he wants to have it operated.

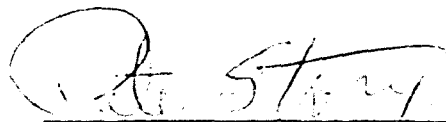
Senator Ryan said to Representative Menahan that people are being told how to do things by those who have no expertise. The answer regarded a subcommittee and they agreed that work on the bill should be continued.

The hearing was closed on SJR 15.

ACTION ON SENATE BILL 270: Senator Ryan moved it DO PASS; motion carried after some discussion with Senator Johnson voting No.

ACTION ON SENATE BILL 271: Senator Ryan moved it DO PASS; passed unanimously after short discussion.

ADJOURNMENT: 12:40



PETE STORY, CHAIRMAN

STATE ADMINISTRATION COMMITTEE

Date 2-12

Each day attach to minutes.

Proposed Amendments to SB 273

1. Page 1, line 25.

Strike: all of line 25.

Insert: "legislative council certifies the result of a poll of
all members of the legislature which the committee shall conduct
within 2 weeks of its action, under the provisions of 2-4-403."

2. Page 2, line 1.

Strike: all of line 1.

3. Page 2, line 22.

Following: "shall,"

Strike: the remainder of the line.

4. Page 2, line 23.

Strike: "next regular session"

Insert: "vote by mail ballot pursuant to 2-4-403"

5. Page 3, line 1.

Following: "action."

Strike: the remainder of the line.

6. Page 3, lines 2 and 3.

Strike: all of line 2 and the word "reversed." on line 3.

MR. CHAIRMAN AND MEMBERS OF THE
STATE ADMINISTRATION COMMITTEE:

I FULLY SUPPORT SENATE JOINT RESOLUTION NO. 15
REQUESTING AN INTERIM STUDY OF THE POSSIBILITY OF
MERGING WARM SPRINGS STATE HOSPITAL AND GALEN
STATE HOSPITAL.

THERE CERTAINLY IS MERIT IN CONSOLIDATION OF SOME
OF THE OPERATIONS OF THE TWO HOSPITALS - AND IN
A FEW INSTANCES, CONSOLIDATION HAS ALREADY BEEN
ACHIEVED AND IS WORKING (LAUNDRY). HOWEVER,
AS MANY OF US HAVE WITNESSED, MAJOR
REORGANIZATION OF HOSPITAL SERVICES CAN BE
FRAUGHT WITH PROBLEMS UNLESS CAREFULLY STUDIED
AND PLANNED. THIS IS ESPECIALLY TRUE WHEN TWO
HOSPITALS ARE INVOLVED - HOSPITALS WITH ENTIRELY
DIFFERENT GOALS AND TREATMENT STRATEGIES, AS WELL
AS DIFFERENT CONCEPTS OF ~~FOR~~ CLINICAL ORGANIZATION.

THE PRIMARY ISSUE IN CONSOLIDATION MUST BE WHETHER
OR NOT PATIENT CARE AND TREATMENT WOULD BE
SACRIFICED. THIS ISSUE IS OF VITAL CONCERN TO THE
CLINICAL STAFF AT WARM SPRINGS STATE HOSPITAL AND

MEMORANDUM

August 12, 1980

TO: James Hamill, M.D.
Superintendent
Warm Springs State Hospital

FROM: Jane Edwards, R.N.
Director, Quality Assurance Department
Warm Springs State Hospital

Edwards

RE: JUSTIFICATION FOR RETAINING CURRENT POSITIONS IN QUALITY ASSURANCE DEPARTMENT

Director, Quality Assurance	1.00
Administrative Officer IV (Registered Nurse)	2.00
Administrative Officer IV (Social Worker)	1.00
Administrative Officer III (Occupational Therapist)	1.00
Psychologist V	.50
Administrative Assistant I	1.00
Secretary III	.50

The Quality Assurance Department, created at the time of hospital reorganization in May, 1978, is composed of a multi-disciplinary clinical team representing nursing, psychology, social service, and rehabilitation therapies. *The overall goals of this department are:

To initiate continuous internal monitoring of hospital treatment programs.

To provide guidelines for effective care and treatment consistent with policies of Warm Springs State Hospital, legal requirements, regulations, and standards of clinical practice.

To coordinate programs and activities of professional, clinical staff and direct care nursing staff in order to maintain safe, efficient, and effective care and treatment.

To promote the development, review, and revision of hospital policies and procedures.

To implement a process of multi-disciplinary staff development and inservice education which will strengthen care and treatment programs.

Rational for maintaining this department, viewed as a key functional unit, include:

1. Centralized clinical departments were eliminated in reorganization. While decentralizing these departments, thereby deleting clinical department heads as such, it was recognized that there are still vital responsibilities specific to clinical departments which are required legally or for certification and licensure. The supervision, evaluation, and maintenance of quality care, as well as the over-all functioning of staff representing



CITIZEN'S LEGISLATIVE COALITION

P.O. Box 4071
Butte, Montana 59701

2-9-80

TESTIMONY ON SB235

Mr. Chairman, members of the committee, I am lobbyist for Citizens' Legislative Coalition. I rise in opposition to SB 235.

The argument that SB235 takes the initiative ballot title writing responsibility out of a partisan office and places it in a non-partisan office is a seductive one.

But there are better reasons to leave the ballot title writing process where it is.

1) SB235 places an important part of the initiative process in the hands of the legislature. This is contrary to the purpose of the initiative process. If the legislature can control the process or get involved in any way, then the initiative process becomes a tool of the legislature. It must remain out of the hands of the legislature in order to accomplish what it was designed to do. It was designed to provide the people of MT with a direct method of law-making free from legislative, special interest, or lobbyist influence.

2) The Opinion of the Attorney General carries weight with the man on the street. He is the chief legal officer of the state and well known to be so. The Legislative Council is relatively unknown outside of Helena. The average person will have more confidence in a ballot title written by the Attorney General, and can hold him directly accountable at the ballot box for its' accuracy.

LC buwacraig

2-12-81
#235

James A. Robischon
1341 HARRISON AVENUE • BUTTE, MONTANA 59701

January 4, 1981

Honorable Jack E. Galt
Senator
Montana Legislature
Capitol Building
Helena, MT 59601

Re: Proposed Legislation
- Ballot Issues-

Dear Senator Galt:

I am writing to express my interest in a legislative proposal for a revision of the statutes relating to Ballot Issues and particularly the Initiative Process.

The Legislature should consider amending the provisions of Section 13-27-312, MCA relating to the preparation of the statements of implication and purpose by the Attorney General.

It is my recommendation that the Office of the Legislative Council should replace the Attorney General as the author of these statments. The Office of the Attorney General has become so politicized that it is subject to considerable political pressure in the drafting of the statements that are so critical to to success or failure of the Initiative Petition.

In Cause No. 45,498, First Judicial District (Lewis and Clark County), William M. Dimich vs. Frank Murray, Secretary of State, the statements of implication and purpose of the Attorney General with reference to Initiative No. 87, "The Montana Litter Control and Recycling Act" were challenged after the Petition had qualified and before the election.

During the Initiative Petition circulating process the affirmative of the statement of implication was expressed as follows:

James A. Robischon
1341 HARRISON AVENUE • BUTTE, MONTANA 59701

" _____ FOR establishing goals to recycle and refill beverage containers, and prohibiting the sale of 'throwaway' (non-recyclable) beverage containers and detachable pull-tabs."

As a result of the pre-election litigation, the Attorney General (and the proponents of the Initiative) agreed to a revision of the statement of implication as follows:

" _____ FOR refundable deposits on beverage containers unless private voluntary programs recycle most beverage containers, and prohibiting non-refillable beverage bottles, non-recyclable beverage cans, and detachable pull-tabs."

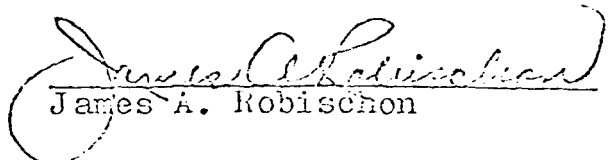
You may recall, that the Initiative Petition was very successful in obtaining well in excess of the number of signatures required by law. When the issue was revised to properly state its implication, it was resoundingly defeated at the polls.

The Petitions For Initiative are invariably stated in the most euphemistic terms in order to solicit the number of signatures required. This defect in the process will not change by increasing the number of signatures required, or by otherwise testing the qualifications of the persons signing.

The Montana Legislature must assume the responsibility for the statements of implication and purpose as is the case with the legislative title of any other legislative enactment. The Legislative Council is available to exercise this function in the interim and, in my opinion, would be considerably less influenced by the advocacy of the Proponents of the issue.

For a more complete discussion of the problem I recommend a review of the Briefs that were filed by the parties to Cause No. 45,498.

Yours Very Truly,


James A. Robischon

NAME: Freddie W. McPhail Jr DATE: 2-12-81

DATE: 2-12-81

ADDRESS: Box 107 Warm Springs, Mont

PHONE: 693-2209

REPRESENTING WHOM? Warm Springs

APPEARING ON WHICH PROPOSAL: SJR 15

DO YOU: SUPPORT? X AMEND? _____ OPPOSE? _____

COMMENTS: _____

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

NAME: Mark Mazza DATE: 2-12

ADDRESS: 1316 Spruce St. Denver

PHONE: 442-1177

REPRESENTING WHOM? Citizens' Legislative Initiative

APPEARING ON WHICH PROPOSAL: SB 235

DO YOU: SUPPORT? AMEND? OPPOSE? X

COMMENTS: 1) Initiative process must remain
separate from legislative in order to
function as designed

NAME: Robert BETHKE DATE: 2-12-81

ADDRESS: P.O. Box 524 ANACONDA

PHONE: 573-6802

REPRESENTING WHOM? IND. United Warm Springs Hosp-

APPEARING ON WHICH PROPOSAL: SEP 15

DO YOU: SUPPORT? ✓ AMEND? _____ OPPOSE? _____

COMMENTS: _____

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

NAME Jay Bruch BILL No. SB 279
ADDRESS Helena DATE 2-12-81
WHOM DO YOU REPRESENT LWR of Montana
SUPPORT _____ OPPOSE ✓ AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

We are opposing this bill for the same reasons we are opposing all legislation dealing with the of allowing committees to have the decision-making powers that belong to the entire legislature, even when it is only making decisions which are temporary. The Senate Comm. does have resources available to them to keep the executive aware of what the legislature expects, and to deal with such problems as legislative intent, or rules contrary to state law. If problems are more severe, then the committee may ask for a special session, wait for regular session, or approach the Governor. We believe the biggest contributor to the problem is the long 4- mo interim - that is why we keep pushing an annual session structure - we believe that plus the oversight committee functioning as they do now, would be a big step in solving these problems. It would certainly strengthen the legislature, and give it the control it should have.

Box 128
Warm Springs, Montana 59756
February 3, 1981

Ted Schwinden, Governor
Room 204
Capitol Building
Helena, Montana 59601

Dear Governor Schwinden:

I am writing to you in regard to the proposed consolidation of the Laboratories at Warm Springs and Galen. I feel that as the Supervisor of the Laboratory at Warm Springs, that I should voice my opinion on the matter.

First, I am not opposed to the consolidation altogether. I am opposed to the way the matter has been handled. I was not given any opportunity to have any input into the consolidation nor was the Supervisor at Galen's Laboratory.

The figures that were used in the comparison of the two labs were, I feel, somewhat erroneous. The figures do not truly reflect the work that Warm Springs Laboratory has started to do on the inmates at Montana State Prison. The work units that were calculated on the comparison were not complete. For instance, on Galen's work units for RPR's which were done at Warm Springs, Galen was given 20 minutes per test. According to the College of American Pathologists "Workload Recording Method", Galen should have received six work units for specimens sent out. Therefore, that test alone was 21,098 work units or 351 hours more than allowed by the manual. This is only one example.

Also, I cannot understand why it has been proposed to consolidate the Laboratories at Galen when Warm Springs Laboratory is less than 10 years old and has more space than the Laboratory at Galen. This lab, I feel, would meet all the requirements for space that will be needed if a consolidation takes place. It does not make sense to me that an area built to be a Laboratory should be changed into a dining room.

I have also talked with the Supervisor at Galen and we both believe there will be a need for a total of at least six technologists if the consolidation does take place. The thought of drawing patients from three different institutions is the first. It takes three people between 30 to 60 minutes to take blood on the patients at Warm Springs alone. It takes two people about 1 to 1½ hours to take blood on the inmates at the Prison and about 30-45 minutes to take blood on patients at Galen.

I estimate that the Prison would be sending approximately 42 patients/month which will increase the work and would keep our technologists busy for eight hours.

I feel in such a momentous decision as this, a fair and accurate indepth study should be taken involving both Supervisors in the Laboratories, the Consulting Pathologist, and the Fiscal Analyst before a consolidation should occur.

cc Tim Gallagher, Governor's Office
Carroll South
Hazel McGaffey

Sincerely,
Brenda Dowland, MT(ASCP)
Brenda Dowland, M.T. (ASCP)

WARM SPRINGS STATE HOSPITAL
WARM SPRINGS, MONTANA

M E M O R A N D U M

TO: James E. Hamill, M.D.
Superintendent

FROM: Archie W. McPhail, Jr.
Supervisor
Intensive Treatment Unit

October 20, 1980

SUBJECT: Board of Visitors' Report (Short-Term or Intensive Treatment Unit)

The program on the Intensive Treatment Unit has been in an evolving process of developing treatment for psychiatric patients. The techniques of specialized treatment began approximately three and one-half years ago, when a Sub-Specialty Treatment Unit was developed to treat schizophrenia. The Schizophrenic Unit developed successfully, and the program served not only an educative role but its therapeutic milieu was recognized as a unit that offered outstanding services to the people of Montana. The success of this program is alluded to in a July, 1980, Quality Assurance Study which states, "with the high incidence of schizophrenia among the group of rehospitalized patients, the need to re-establish the former unit especially established to treat this specific illness is suggested". The recent Board of Visitors' Report of Warm Springs State Hospital also recommends, "the concept of an Intensive Treatment Unit to address the needs of the schizophrenic patient".

The Schizophrenic Treatment Unit which utilized a treatment program derived out of the dictates of the patients' pathology came to an abrupt end approximately two and one-half years ago, when a new reorganization was superimposed on the hospital by the Department of Institutions. With the promise of support from upper level management and a new creative system based on accountability from the top down, we entered a promising era. A new unit was formed called Short-Term Unit, or Intensive Treatment Unit where some of the treatment concepts of the Schizophrenic Unit were utilized. However, we, once again, regressed to treating all of the various psychiatric illnesses on a heterogenous, general psychiatric ward, despite the more recent evidence that schizophrenic patients recover more rapidly and completely in a ward of other schizophrenic patients.

With the end of the Sub-Specialty Unit and the beginning of the Short-Term Unit we had a unit in transition.

The task of developing the Specialized Treatment Unit with practically a totally new and untrained staff began. Along with the changes was the expectation that methods of rehabilitation so dramatically successful on the Specialized Schizophrenic Unit could now be duplicated, but with a notable exception which was a DCNS formula, considerably less than the Schizophrenic Unit enjoyed. In addition, we set about converting A, C and D Wards of Receiving Hospital to active programs that provided a therapeutic setting for intensive treatment and rehabilitation of patients suffering from most all diagnostic categories of mental illness. Immediately, innovative ways had to be found if the reorganization were to have a chance to succeed. For example, D-Ward was left with a traditional program and staffed with one nursing personnel and one professional person in order that we might have enough staff to minimally design intensive workable programs on A and C Ward. The situation was further handicapped when the upper administrative support turned out to be two or three hiring freezes, staff cuts and abandonment.

The impact on the well trained Schizophrenic Unit staff, and also, the predominately care and custody oriented staff that had to form the new unit is, in my opinion, important for the administration to understand if we are going to ensure better standards of care for our patients and provide incentive and motivation for our staff.

Needless to say, that the duplication of the schizophrenic program was impossible, and the new program did not have anywhere near the same success. Discouragement followed with a recognition that duplication of the Sub-Specialty Unit was impossible. The task of retraining and reconstructing attitudes toward treatment began, but as it became obvious that some of the care and custody staff would never be psychiatrically intuitive and the further recognition that the quality treatment setting could not be duplicated, the staff morale seriously declined.

The climate on the unit was accompanied with a feeling of loss, mourning, depression and anger by both sides resisting change. The anger was directed at authorities, namely, the supervisor and the psychiatrist whom they blamed for the loss or changed status of the unit. Staff became suspicious, cliques developed; the staff could no longer accept other disciplines' perspectives and the patient treatment was anything but a therapeutic community.

As communication ceased games began such as, "cops and robbers". To control the staff's feelings, the sense of ritualism, behaviorism and law and order conformist games dominated patient treatment. One example of ritualism consisted of a set of rules religiously followed by staff setting patients up for failure because feelings and underlying pathology of patients were not taken into account. A dehumanizing and demotivative climate developed where treatment was reduced to one modality consisting of a set formula of punishment for each of the patient's behavioral infractions without taking into account the patients as individuals.

In this atmosphere authority was undermined, challenged and looked-to for easy answers to complex situations. In this crisis situation of transition staff could not effectively treat patients. Naturally, the unit cried out for attention, sometimes in the form that it could not treat patients, could not meet the increasing demands, responsibilities, growth and organization with our limited, decreased staff. Finally, it came down to - "I'll take my football and go home if you won't play the game my way"; some staff did, in fact, leave.

We have been in the process of creating an organizational structure where decision making, responsibilities and growth can occur. It is our hope that, once again, the treatment teams will be responsible for the therapeutic quality of patient care. However, our boundaries are extremely limited, and it can be predicted that there will be little change in morale and motivation.

If we were to learn from our past mistakes then it would follow that management in Helena, as well as Warm Springs State Hospital has a responsibility to create a motivating, organizational climate. The morale of the dedicated, talented people upon whom a good psychiatric ward depends, has deteriorated with pessimism for the future and skepticism about the leadership in the state's mental health program reverting energy away from treatment concerns. Again, in my opinion, if we desire to keep our better treatment staff we need to create innovative programs.

The recommended programs on the Intensive Treatment Unit could, for example, if quality staff were available, set up two Sub-Specialty Units. One would be a schizophrenic unit with approximately fifteen patients, and the other a mood disorder unit with approximately the same number of patients. Then, D-Ward (again, if staff were available) could carry out the traditional intensive and rehabilitative programs now offered on A and C Wards.

The introduction of these three programs would require an increase in the staffing formula to the baseline of 100 to 130 DCNS per 100 patients along with some professionals

Memo - Board of Visitors' Report
Page Three

Also, opportunities for training staff in the specialized treatment modalities would have to be made available. Furthermore, the changes to produce the climate necessary for this kind of patient care would have to be supported at the top level of management. The program we are suggesting would be cost accountable and save the state money in the long-run by lowering the recidivism rate. High standards of patient care such as I am suggesting would offer the state many benefits and thereby create good morale and motivation for both staff and patients, or we can maintain the familiar status quo and in the end fail our people.

AMP/lc
10/20/80

cc: Kelly Morse
Board of Visitors

Ted Schwinden
Lt Governor's Office

Peter Bloucke
Department of Institutions

Jane Edwards
Quality Assurance

enc.

P.S. See appendix on Treatment Philosophy.

R. J. Little -
P.O. Box 524
Lincoln, N.H.
59711

Robert Little 2-12
Lat Tech
Warm Springs and Union

I speak in support of SJR 15 introduced by Senator Haffey and others and urge this Sub Committee to support the resolution also. The proposal consolidating the roles of Warm Springs State Hospital and Galen State Hospital in no area appears to have addressed Union Jurisdiction nor Union Contracts. There are approx. eleven positions from the ranks of the Independent Union deleted by this proposed consolidation. The members of the Independent Union holding these positions through Seniority Clauses and Salary Protection Clauses contained in the Independent Union Contract will suffer no salary reduction for a period no longer than 6 ^{mo}. The saving figures contained show positions that were deleted in Sept '80 and in no way illustrate a later date of deletion nor do they reflect contract considerations and must be adjusted downward.

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The Independent Union at Warm Springs State Hospital nor AFSCME, have at no time been afforded any opportunity of any input into any consolidation proposal to assist in minimizing and labor or union

jurisdiction problems or explain contract liabilities. The mere fact of consolidation in many respects would be most beneficial in providing efficient, functional management of H.S.H. and G.S.H. A consolidation under the guise of "A synergistic Relationship between Warm Springs and Galen State Hospitals," with no regard to Union jurisdiction and contract liabilities would be a very serious blunder. Such a consolidation would perhaps create impediments so profound as to cause substantial delay and perhaps even serious labor disruptions could result.

The subcommittee on Financial and Claims, reportedly, have deleted positions below the formula for Psych. Aides / Special Duty Aides of 1:1.9, as approved by the 46th legislature, creating a very hazardous working situation and effectively eliminating care, therapy and possibly

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The subcommittee on Finance and Claims, reportedly, have deleted positions below the formula for Psych. Aides / Special Duty Aides of 1:1.9, as approved by the 46th legislature, creating a very hazardous working situation and effectively eliminating care, therapy, and possibly placed the state in violation of the commitment laws. The reduction of staff would lead to an increase in Industrial accident incidents, greater absenteeism, and a compounding of the staff reduction.

SUR 15
2-11-81

February 11, 1981

State Administration's Committee
State Capitol Building
Helena, Mt 59601

Dear Committee Persons:

This testimony is in response to Senator Jack Haffey's request that I testify before the Committee on Senate Joint Resolution 15. Thank you for this opportunity to explain my observations. I would like to go on record as supporting the study of the merger between Warm Springs State Hospital and Galen State Hospital.

The Department of Institutions frequently seems to do management by crisis. To those of us in the field working with patients, the Department appears to be an indifferent bureaucracy, which is anything but an ally giving needed support and leadership. From our viewpoint, upper management decisions tend to be arbitrary and change frequently, causing unrest and insecurity in both staff and patients. It is a well-known fact that most of the Department's directions to this hospital are financial constraints and freezes and they in no way correspond to clinical realities or to needed improvements in patient treatment programs. Furthermore, it seems the Department of Institutions has not decided if they want a state mental hospital. There are no evident long-range plans and no adequate goals developed for patient treatment programs. Why is it that clinical decisions are made by people in Helena who have very limited knowledge in the field and who have never worked in a mental hospital, or have not been successful in clinical settings?

There are many examples of treatment and program decisions being made by the Department of Institutions without any hospital feedback or participation. As you are aware, a brief couple of years ago a new reorganization was superimposed on Warm Springs State Hospital by the Department of Institutions and now, another new reorganization appears on the scene, bypassing our opinion in the decision-making process. The first reorganization at Warm Springs State Hospital caused regression in the treatment of patients in some areas, while other areas demonstrated overall improvements. The disturbing problem is that there are very serious treatment mistakes and fallacies in their new proposal.

At this time in the history of Warm Springs State Hospital, the larger percentage of patients are increasingly more disturbed and disabled, coupled with nationwide mandates for more documented accountability for services that demands on existing staff have multiplied. With the Reagan's Administration cutbacks, the Mental Hospital may see an increase in patients and to our knowledge, there is no contingency plans if this were to happen. It seems very foolish to dismantle Quality Assurance and the Staffing Department in a period when we definitely need to insure better standards of care for our patients.

Actually, we need increased staffing not decreased staffing. One example on the Intensive Treatment Unit - it is simply good common sense derived from actual experience on the psychiatric wards in the last two years to add staff, not subtract. In a particular fashion, a burned out phenomenon has affected the Intensive Treatment Unit staff because of increased clinical demands and the lack of flexibility in staffing

secondary to insufficient numbers of staff. (See Addendum - Board of Visitors' Report) Under the current system there is little ability to grant time for inservice education, vacation time, or even tolerate sick leave without basically jeopardizing the continuity of a minimal treatment program. The morale of the talented, dedicated people upon whom a good psychiatric ward depends, has deteriorated with pessimism for the future and skepticism about leadership in the State's Mental Health Program, reverting energy at times away from treatment concerns.

How do you expect competent people to stay when every two years we have a shakeup on the organization of the hospital? In the last reorganization we lost competent staff. Now, once again, the Intensive Treatment Unit is to be cut in staff and we are to be given no pool or FLEX staff, and as a result, a few of the dedicated, talented staff that remain are talking of looking for work elsewhere. As had happened in the previous reorganization when competent staff leave, it offers positions of leadership to less competent people. To me, it is a frightening thing that this trend will now continue. The second problem created by these frequent reorganizations is that quality people who have worked their way into management are eliminated. It appears that the very backbone of this hospital, people who have brought about improvements in patient care, are being deleted. Thus, how can one expect competent staff to desire top jobs when they know that two years down the road they will not have employment, purely on the basis of financial constraints?

With the present staffing formula, a unit such as the Intensive Treatment Unit or Short Term Unit where the patient population fluctuates, the unit is punished for doing its job of treating and releasing patients. This is due to the fact that your staff is determined on the number of patients you have on the unit. When patients are successfully treated and released, naturally your patient population goes down and you lose staff. As noted above, in the wisdom of the people who wrote the new reorganization, this unit will have no pool or FLEX staff and, in fact, will lose staff. Anyone with any understanding of staffing knows that vacations, holidays and sick time cannot be granted with our core staff. Is it important to management that staff receive needed vacations and sick time? Another issue that may need addressing is that it appears in the reading of this document that there is a strong push to lessen the medical authority of nurses and doctors.

In closing, it is not my objective to amplify differences of opinion as we realize we will have to live with present realities, but it is my hope that some changes can be made so that people on the front lines of treatment can feel that they have an advocate in Helena that will enhance the lives and well-being of patients, as well as the security of staff.

Sincerely,



Archie W. McPhail, Jr.
Supervisor, Intensive Treatment Unit

AWMcP/bz

SENATE

COMMITTEE

2.12

BILL _____

VISITORS

REGISTER

DATE _____

Please note bill no.

(check one)

SUPPORT OPPOS

NAME

REPRESENTING

BILL #

NAME	REPRESENTING	BILL #	SUPPORT	OPPOS
<i>Kathy Kemp</i>	<i>NB</i>	<i>SJR 15</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Kathy Kemp</i>	<i>LWV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Jim Burch</i>	<i>LWV of Montana</i>	<i>SB 273</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Steve Mince</i>	<i>Health 2pt</i>	<i>SB 273</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>W James Kembel</i>	<i>Admin</i>	<i>SB 273</i>	<i>Observing</i>	<input type="checkbox"/>
<i>Mina Jamison</i>	<i>Governor's Office</i>	<i>SB 273</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Judy Olson</i>	<i>MT Nurses' Assoc</i>	<i>SJR 15</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>MARK MACKIN</i>	<i>Gr. Legis. Ltr. Coalition</i>	<i>SB 235</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Lugh Kirkpatrick</i>	<i>Sen. Tom Iwue</i>	<i>SB 273</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Pat Stewart</i>	<i>Sen. Coal Council</i>	<i>SB 273</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Senator Larry Stunz</i>			<input type="checkbox"/>	<input type="checkbox"/>
<i>Chuck E. Galt</i>		<i>SB 235</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>DA Kalinichon</i>	<i>DA Reunion</i>	<i>SB 235</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>David Hunter</i>	<i>Dept of Labor + Inds</i>	<i>—</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>JANE EDWARDS</i>	<i>WARM SPRINGS STATE HOSPITAL</i>	<i>SJR 15</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Shirley Lind</i>	<i>Warm Springs State Hospital</i>	<i>SJR 15</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Delbert Lubben</i>	<i>Warm Springs St Hosp</i>	<i>SJR 15</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Delbert E Rose</i>	<i>Warm Springs State Hosp</i>	<i>SJR 15</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Jim Edwards</i>	<i>Morenda Deer Lake County</i>	<i>SJR 15</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Wm Menckha - Rep #90</i>	<i>ANAconda</i>	<i>SJR 15</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Lugh Kirkpatrick</i>	<i>Sen. Iwue</i>		<input type="checkbox"/>	<input type="checkbox"/>

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY

STANDING COMMITTEE REPORT

FEB. 12 19 81

MR. PRESIDENT

We, your committee on STATE ADMINISTRATION

having had under consideration SENATE Bill No. 270

Respectfully report as follows: That SENATE Bill No. 270

DO PASS

PETE STORY

Chairman.

ROLL CALL VOTE RECORD

SENATE COMMITTEE STATE ADMINISTRATION

Date FEBRUARY 12 Bill No. 270 Time

NAME	DO PASS	
	YES	NO
Senator Pete Story, Chairman	X	
Senator Allen Kolstad, V. Chairman		
Senator William Hafferman	X	
Senator H. W. Hammond	X	
Senator Jan Johnson		X
Senator Patrick Ryan	X	
Senator Thomas Towe	X	

Barbara Simic
Secretary

Pete Story
Chairman

Motion: Senator Ryan moved that this bill DO PASS: motion
carried by majority.

(include enough information on motion--put with yellow copy of committee report.)

STANDING COMMITTEE REPORT

..... FEB. 11 19 81

MR. PRESIDENT

STATE ADMINISTRATION

We, your committee on

having had under consideration SENATE Bill No. **271**

Respectfully report as follows: That SENATE Bill No. **271**

DO PASS

..... PETE STORY Chairman.