

Approved Thomas F. Walker - 88
Date

MINUTES OF THE HOUSE COMMITTEE ON GOVERNMENTAL ORGANIZATION

The meeting was called to order by Representative Thomas F. Walker at
Chairperson

9:00 a.m./p.m. on Thursday, March 17, 1988 in room 522-S of the Capitol.

All members were present except:

Representative Schauf
Representative Peterson

Committee staff present:

Carolyn Rampey - Legislative Research
Robin Hunn - Legislative Research
Jackie Brey Meyer - Committee Secretary

Conferees appearing before the committee:

Al Nemec, Commissioner, Mental Health and Retardation Services

Chairman Walker called the meeting to order. He stated the minutes of the previous meeting would stand approved if there were no corrections or additions.

Al Nemec, SRS, was present to give his overview of Mental Health and Retardation Services. Three attachments were distributed: Summary of Program (Attachment 1); Memorandum of January 15, 1988 (Attachment 2) and a chart of the department (Attachment 3)

Mr. Nemec said the overall goal of the department is to get away from crisis situations and establish better community programs. This will be done with more appropriate and higher quality levels of programs.

Mr. Nemec mentioned the problems associated with certification/decertification and the personnel division. The department cannot recruit and compete because of the salary levels. By the time the department can compete at a higher salary range, some problems are out of hand. There are a majority of problems because of this salary level problem.

Mr. Nemec commented on the fact that some employees are hired at a higher pay and make more money than those who have been working at an institution for a period of time. Technically these people could resign and be rehired, but this is not a good solution to a problem that needs to be addressed. Many employees stay on the job only until a better paying situation comes along.

The problem the deaf and hearing impaired are having with finding a facility to be able to go to for help was discussed. Mr. Nemec said the department had tried to set up something for them, but the funding problem has not been addressed. The comment was that nothing can be done until we get the full support of the department. Gallaudet University with its demonstrations was mentioned. The fact that Kansas could have a similar type situation was commented on. Lack of facilities could result in an "I told you so" type outcome.

Mr. Nemec said that the department recruited out of state with fairly good results, but when warm weather arrives, it will be harder to find states to advertise in. Advertising instate tends to pull people away from one institution to a higher paying institution.

There are 4,785 employees in mental health and retardation.

Community based and institutional programs were discussed. There is an apparent need of funds. A better approach would be to provide appropriate programs to deter people from having to go into the institutions. There is a problem with federal funds in that people do not tend to have the needs or fit the criteria to meet fund demands. Funds are not designed to fit client needs.

Mr. Nemec said a commitment is needed from both the communities and state to work together to address problems today and if the budget problems can be addressed, the department will be better able to meet its needs today, and be prepared to handle problems down the line. It is too hard to look far ahead in time and say what the needs of the people will be.

Mr. Nemec told of a program that has taken 6 children from KNI and 6 from Parsons and put them in a family situation where they have family support and can continue in school. He is not asking for money at this time as he wants to see how the program progresses. Ultimately it will need funding if it seems to do well.

The Chairman thanked Mr. Nemec for appearing before the committee and adjourned the meeting.

MENTAL HEALTH AND RETARDATION SERVICES

SUMMARY OF PROGRAM

Mental Health and Retardation Services provides community and institutional care for Kansas citizens who are mentally ill or mentally retarded.

Mental Health Services

Community mental health services are provided to approximately 80,000 Kansas citizens annually through 30 licensed community mental health centers (CMHCs) which serve all Kansas counties. Kansas CMHCs generally are private nonprofit agencies funded by local county governments, state aide and grants, the federal mental health block grant, as well as Medicaid and Medicare. The centers provide a variety of services including outpatient therapy, consultation and education, 24 hour emergency and screening, partial hospitalization and psychosocial programs, inpatient services, housing, case management and outreach, and other community support programs. MHRS manages the mental health block grant program, licenses CMHCs and provides technical assistance and direction to the centers. The populations that are priorities for MH&RS include the long term mentally ill, severely emotionally disturbed children, and elderly.

Inpatient therapy, support and training are offered at Kansas' state psychiatric hospitals: Topeka State Hospital, Rainbow Mental Health Facility, Osawatomie State Hospital, and Larned State Hospital. A growing emphasis at the state psychiatric hospitals is psychiatric rehabilitation services for the long term mentally ill.

Mental Retardation Services

Twenty eight community mental retardation centers (CMRCs) provide services in over 100 locations in Kansas. These organizations are funded through county mill levy monies, state aid, federal social service block grant funds distributed by SRS Adult Services, client fees and grants from the Kansas Planning Council on Developmental Disabilities. Kansas CMRCs provide a variety of programs and services, including adult group living, adult day care, adult work activity and work adjustment, adult life skills, job placement, transportation, and preschool.

The Kansas Planning Council on Developmental Disabilities (KPCDD) services is a 15-member body appointed by the Governor in response to federal legislation designed to improve the quality of life of persons who are developmentally disabled. The goals of the council are to assess the extent and scope of services being provided by community, state and federally assisted programs; to participate in comprehensive planning, and to plan, develop and evaluate exemplary programs for persons developmentally disabled. KPCDD distributes federal funds for the development and evaluation of programs designed to address the unmet needs who are developmentally disabled or for those responsible for providing them assistance and training.

The four state hospitals for the mentally retarded are: Winfield State Hospital and Training Center, Parsons State Hospital and Training Center, Kansas Neurological Institute and Norton State Hospital. These facilities provide care and treatment through evaluation of client needs, implementation of training and education for clients, and evaluation of the services that are provided. Severely and profoundly retarded individuals constitute about 80% of the clients residing in these facilities while the rest have behavioral problems or physical disabilities. These state institutions are required to provide adequate living unit staff, adequate treatment for clients and a variety of other services requiring specialized professionals.

WHO TO CALL WHEN YOU HAVE A QUESTION ABOUT
MENTAL HEALTH AND RETARDATION SERVICES

Winston Barton
Secretary
Social and Rehabilitation Services
6th Floor, Docking State Office Building
Topeka, Kansas 66612
(913) 296-3274
KANS-A-N 561-3274

CENTRAL OFFICE OF MENTAL HEALTH AND RETARDATION SERVICES

SRS MENTAL HEALTH AND RETARDATION SERVICES
5TH FLOOR, DOCKING STATE OFFICE BUILDING
TOPEKA, KANSAS 66612
(913) 296-3774
KANS-A-N 561-3471

Al Nemec Commissioner	(913) 296-3773	KANS-A-N 561-3773
Vacant Director of Institutional Programs	(913) 296-3471	KANS-A-N 561-3471
Ronna Chamberlain Director of Community Mental Health Programs	(913) 296-3561	KANS-A-N 561-3561
Vacant Director of Community Mental Retardation Pro.	(913) 296-3561	KANS-A-N 561-3561
John Kelly, Executive Secretary of KS Planning Council on D.D.	(913) 296-2608	KANS-A-N 561-2608
Bob Clawson Director of Management and Budget	(913) 296-3536	KANS-A-N 561-3536
John House Senior Counsel	(913) 296-5443	KANS-A-N 561-5443
George D. Vega Special Assistant to the Commissioner	(913) 296-3471	KANS-A-N 561-3471

STATE PSYCHIATRIC HOSPITALS

LARNED STATE HOSPITAL
George Getz, M.D., Superintendent
Larned, Kansas 67550
(316) 285-2131 or KANS-A-N 565-8360

OSAWATOMIE STATE HOSPITAL
Ms. Norma Stephens, Superintendent
Osawatomie, Kansas 66064
(913) 755-3151 or KANS-A-N 567-3524

RAINBOW MENTAL HEALTH FACILITY
Mr. Jack Southwick, Superintendent
2205 West 36th Street
Kansas City, Kansas 66103
(913) 384-1880 or KANS-A-N 565-6258

TOPEKA STATE HOSPITAL
Eberhard Burdzik, M.D., Superintendent
2700 West 6th
Topeka, KS 66606
(913) 296-4222 or KANS-A-N 561-4222

STATE INSTITUTIONS FOR INDIVIDUALS WHO ARE
MENTALLY RETARDED/DEVELOPMENTALLY DISABLED

KANSAS NEUROLOGICAL INSTITUTE
Ann Marshall-Levine, Ph.D., Superintendent
3107 West 21st Street
Topeka, Kansas 66604
(913) 296-5301 or KANS-A-N 561-5301

NORTON STATE HOSPITAL
Mr. Jerry Poyner, Superintendent
Norton, Kansas 67654
(913) 877-3301 or KANS-A-N 566-0204

PARSONS STATE HOSPITAL AND TRAINING CENTER
Gary Daniels, Ph.D., Superintendent
2601 Gabriel
Parsons, Kansas 67357
(316) 421-6550 or KANS-A-N 566-1720

WINFIELD STATE HOSPITAL AND TRAINING CENTER
Tony Lybarger, Ph.D., Superintendent
Route 1, Box 123
Winfield, Kansas 67156
(316) 221-1200 or KANS-A-N 567-4218

KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
MENTAL HEALTH AND RETARDATION SERVICES

M E M O R A N D U M

TO: Sandy Duncan
Commissioner

DATE: January 15, 1988

FROM: *AL*
A. L. Nemeč
Acting Commissioner

RE: Governmental Organization
Committee Recommendations

This memorandum is written in reference to your request from the Governmental Organization Committee for items to be considered in the interest of increasing efficiency. We greatly appreciate this opportunity and the committee's interest in these issues.

Recruitment and Retention of Professional Staff

Competition for professional staff has never been more fierce, or more critical to the operation of the services intended for the patients, or for the continued certification/accreditation of the state institutions. This is particularly true at this time for nurses, occupational therapists, physical therapists, physicians, program directors, and psychologists. Several changes in policy and procedure could be helpful in providing state institutions the tools necessary to take immediate action to recruit qualified professional staff, and to retain good employees.

A mechanism that allows the institution to negotiate a salary with potential employees, or in order to retain a good employee, is both desirable and necessary. Guidelines could be provided to allow the main division of Personnel Services to grant flexibility to the institutions when there is sufficient information to demonstrate that it is in the best interest of the clients and the institution to have this flexibility. Mental Health and Retardation Services would recommend a salary range. The department has found taking each individual request for approval to begin a new employee about Step A to the Division of Personnel Services, takes too long, when a matter of a few days could make a difference between success or failure. In addition, the institutions need flexibility to increase salaries to good employees when it can be demonstrated that filling the position would be difficult, or that the loss of the employee could damage the facility's program to clients. At Kansas Neurological Institute just two months ago, the occupational therapist II was offered a position in another state. The offer included benefits that the State of Kansas could not match, as well as an increase in salary of over \$7,000. She offered to stay if the state could come close to matching the salary as she liked Kansas and enjoyed her job at Kansas Neurological Institute. KNI furiously attempted to retain her, but found that there was no mechanism by which the state could alter her salary in order to keep her.

Also in regard to recruitment, it is recommended that the State of Kansas could greatly enhance its ability to recruit, improve skills, and retain employees if agencies were allowed more freedom in providing internships and clinical training assignments. Efforts would be coordinated with universities to enhance the likelihood of student participation.

Attached is a copy of a letter that was recently sent to a speech pathologist applicant. The letter explains that because the examination process for the civil service classification for speech pathologist was revised, all current applicants were deleted and directed to reapply. We certainly understand why this is necessary when the qualifications or job standards are altered. However, the only change in this instance was that the classes were moved up two salary ranges. This appears to be an unnecessary step, a possible barrier to recruiting speech pathologists, and causes the applicant to acquire a new application and a new application to complete and send in. We recommend that a change in policy eliminate this procedure when neither the qualifications for the position or the job responsibilities change.

State Budget Division Practices

MH&RS has experienced problems relative to position limitations as budgetary proposals are submitted by MH&RS and reviewed. State Budget Division staff seem inclined to make premature reductions in authorized positions which require the agency or agencies to terminate staff and provide less than desired treatment programming. This occurs especially as census is being reduced. A second specific concern is indicated relative to current efforts to improve professional staff coverage by considering the possibility of contracting for those professionals. Those professional staff positions were deleted even prior to reaching a contractual agreement and that eliminates any possibility for flexibility which might be needed relative to securing those professional staff.

The solution recommended is that the position limitation be left intact with authority given to either employ as staff or contract for those needed professional services.

Salaries

Salaries for direct care, dietary, and custodial staff are too low. Salaries for direct care staff must match those for correctional officers. Our competition for direct care staff is not only with other hospitals and institutions, but also with the Department of Corrections. Given the growing trend that places correctional programs on the campuses of the state institutions for the mentally ill and mentally retarded, this competition will

heat up rather than diminish. Direct care jobs are highly demanding, and require skilled technicians to carry out improving and developing active treatment programs as required by state policy and survey agencies. The state must pay decent salaries for those employees on the lowest salary ranges. As the cost of health insurance continues to rise, those employees are finding it difficult to keep insurance in force.

The current mechanism for determining salary levels for all staff is harmful to the state institutions because it places them in a position where they cannot compete with other employers. Particularly when competition for certain professionals increases, state institutions cannot compete. The policy, official or otherwise, requires that state salaries must fall behind the salaries of others in like positions or professions. The state institutions must lose and document the loss of good personnel and their inability to recruit the replacements before higher salaries are approved. The policy is similar to the crawl of an inch-worm, where the tail end of the worm never stays even with the front end. It works like this: Hospital A and hospital B pay higher salaries and recruit our staff, so the Division of Personnel Services recommends a pay increase and we attempt to catch up. Then, hospital A and hospital B pay more and recruit our staff, so DPS recommends another pay increase and we attempt to catch up. And so on and so on... Meanwhile, our clients suffer because of high turnover and inconsistent services, our institutions are threatened with decertification and hospital A and hospital B enjoy stable work forces and good reputations which enhance their recruiting efforts. In areas where there is high competition for staff, we simply cannot compete on an equal basis.

Shift Differential

A shift differential between 20 cents and 90 cents is offered to encourage certain staff to work undesirable shifts. Fringe benefits for state employees may have been highly competitive at one time, but in today's highly competitive market they cannot compare to the fringe benefits offered to many professionals. The current policy is for the Division of Personnel Services to determine what the competitors are paying in the way of a shift differential, and then to recommend a similar level. We recommend that the state policy be altered to give state institutions an edge over competitors in the area of shift differential, rather than match shift differential while losing in the area of fringe benefits. We recommend that the authority to determine shift differential be given to the Secretary of Social and Rehabilitation Services.

Fringe Benefits

An attractive fringe benefit package is very helpful in recruiting and retaining qualified staff. The current fringe benefit package does not match the benefits offered by today's competitors. In today's market, professionals are offered 24 days and more of annual leave: tuition for further education, paid continuing education, free health insurance, lower case loads, higher salaries, employment bonuses as well as other benefits.

We do not recommend that the state provide this expensive benefit package. However, there are two issues that we want to speak to. Low paid employees cannot afford the rising cost of health insurance. If health insurance cannot be made less expensive, then alternatives must be sought to make certain that this group of state employees does have access to good health care.

The second issue has to do with a new policy that new state employees must wait 60 days before they are eligible for health insurance. This 60 day waiting period will damage our ability to recruit. When competitors are offering more in the way of fringe benefits, the State of Kansas cannot offer less and expect to compete.

ALN:GDV:ees

STATE OF KANSAS
DEPARTMENT OF ADMINISTRATION
DIVISION OF PERSONNEL SERVICES
ROOM 951 LONDON STATE OFFICE BUILDING 900 S.W. JACKSON STREET
TOPEKA KANSAS 66612-1595

DECEMBER 15, 1987

CHARLES W UNDERDAHL
8321 RUSSELL
OVERLAND PARK, KS 66212

SSN: 473-48-7785

DEAR APPLICANT,

THE STATE OF KANSAS HAS RECENTLY REVISED THE EXAMINATION PROCESS FOR THE CIVIL SERVICE CLASSIFICATIONS OF SPEECH PATHOLOGIST I AND II. THE NEW PROCESS INVOLVES A RATING OF AN APPLICANT'S PREVIOUS TRAINING AND EXPERIENCE.

BECAUSE IT IS NOT POSSIBLE TO CONVERT SCORES COMPUTED UNDER THE FORMER PROCESS, YOUR CURRENT RATING FOR SPEECH PATHOLOGIST I OR II WILL BE VALID ONLY UNTIL DECEMBER 17, 1987. IN ORDER TO BE ELIGIBLE FOR APPOINTMENT TO ONE OF THESE CLASSES, YOU WILL NEED TO SUBMIT A NEW APPLICATION. INDIVIDUALS CURRENTLY EMPLOYED IN ONE OF THESE CLASSES BY THE STATE MAY DISREGARD THIS NOTICE UNLESS YOU WISH TO RETAIN YOUR ACTIVE STATUS ON THE ELIGIBLE LIST.

APPLICATION FORMS AND EXAMINATION ANNOUNCEMENTS CONTAINING MINIMUM QUALIFICATIONS, SALARY AND OTHER INFORMATION MAY BE OBTAINED BY WRITING TO THE DIVISION OF PERSONNEL SERVICES, LONDON STATE OFFICE BUILDING, TOPEKA, KANSAS. APPLICATION FORMS AND ANNOUNCEMENTS MAY ALSO BE OBTAINED FROM ANY STATE AGENCY PERSONNEL OFFICE OR KANSAS JOB SERVICE CENTER.

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
 MENTAL HEALTH AND RETARDATION SERVICES

5/16/88

