

July 30, 2015

Richard Gillihan  
Director, California Department of Human Resources  
1515 S Street, North Building, Suite 400  
Sacramento, CA 95811

Re: Nursing and Upward Mobility Joint Labor Management Relations Committee

Dear Mr. Gillihan:

We are pleased to submit for your consideration the attached report developed by representatives from Service Employees International Union (SEIU), Local 1000 and the State of California regarding nursing and upward mobility of employees in Bargaining Unit 17.

This initial report, with its findings and recommendations, is the product of Article 13.11.17 of the Memorandum of Understanding between SEIU Local 1000 and the State of California. The purpose of the joint labor management committee is to, "review nursing practices related to satisfaction in State government, career opportunities and development of mechanisms for nurses to obtain upward mobility." "This could include nurse mentoring, appropriate RN supervision and other proactive programs."

The Parties anticipate an annual report to the Director of the California Department of Human Resources (CalHR). Attached are the Committee's detailed findings and recommendations. This report is focused on two topics: (1) career mobility; and (2) clinical supervision. The Union and the State have outlined their recommendations for each area of focus and joint recommendations are identified as such.

Thank you for your consideration. The committee is available to meet to provide any additional information needed.

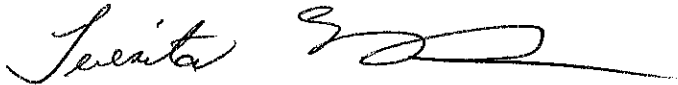
Sincerely,



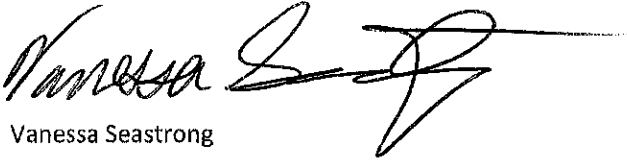
Kimberly Cowart  
Chair, Bargaining Unit 17  
SEIU Local 1000



Shawn Ramirez  
Labor Relation Officer  
CalHR



Teresita Enriquez  
District Bargaining Unit Representative, Bargaining Unit 17  
SEIU Local 1000



Vanessa Seastrong  
Alternate Vice Chair, Bargaining Unit 17  
SEIU Local 1000



Alan Stephenson  
Vice Chair, Bargaining Unit 17  
SEIU Local 1000



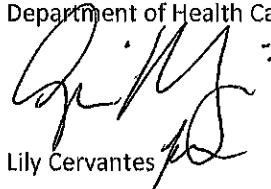
Mary de la Cruz  
Bargaining Unit Negotiating Council Member, Bargaining Unit 17  
SEIU Local 1000



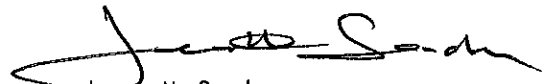
Samantha Anaya  
Senior Union Representative  
SEIU Local 1000



Kelly DeRoss  
Labor Relation Specialist  
Department of Health Care Services



Lily Cervantes  
Labor Relations Specialist  
Department of Developmental Services



Jeannette Sanders  
Labor Relations Specialist  
Department of State Hospitals



Mary Ann Monahan  
Labor Relations Manager  
California Correctional Health Care Services

**Report to the Director of California's Department of Human Resources**  
**Prepared by**  
**Joint Labor Management Committee on Nursing and Upward Mobility**

**Committee Purpose**

To have an open forum to discuss nursing practices, development and upward mobility in an effort to maintain a skilled nursing staff that continually provides the highest standard and quality of care for those populations receiving state services.

**2014-15 Committee Members**

*SEIU Local 1000:* Mary de la Cruz, RN (CDPH), Alan Stephenson, RN (CCHCS), Vanessa Seastrong, RN, BSN, PHN (DSH), Teresita Enriquez, RN (DHCS) and Samantha Anaya (SEIU Local 1000)  
*The State:* Shawn Ramirez (CalHR), Mary Ann Monahan (CCHCS), Jeannette Sanders (DSH), Lily Cervantes (DDS) and Kelly DeRoss (DHCS)

**Committee Findings and Recommendations**

Below are the Committee's findings and recommendations, focused on two topics: (1) career mobility; and (2) clinical supervision. The Union and the State have outlined their recommendations for each area of focus, and the joint recommendations are identified. These are recommendations and should any be implemented all parties will comply with the requirements of the Ralph C. Dills Act and the Memorandum of Understanding (MOU) between SEIU Local 1000 and the State of California. Departments will need to be fully funded for any recommendations which require additional expenditures.

- I. During discussions, the Union identified concerns surrounding the limitation on career mobility for Registered Nurses (RN) in state service.***

**Background**

SEIU Local 1000 presented various factors contributing to the absence of career mobility programs for RNs in state service, which include: (1) a lack of upward mobility programs for RNs; (2) reductions in training and development budgets; and (3) an inconsistent adoption of parity for the Receiver's recruitment and retention salary increases.

- 1. Upward Mobility Programs:**

At the first meeting of the Joint Labor Management Committee (JLMC) on Nursing and Upward Mobility, the group determined that the only department with a program established specifically for RNs is the Department of Veterans Affairs (DVA), Yountville Veterans Home. The program established at Yountville Veterans Home is a 20/20 program (20 hours at work and 20 hours at school for the 40-hour work week). The Department of Health Care Services (DHCS) has established upward mobility programs for all of its employees, which RNs can access, but there is no program that is specifically tailored for RNs.

## **2. Reduction in Training and Development Budgets:**

In prior MOUs, BU 17 had language establishing a RN Scholarship Fund. The fund provided the opportunity to those BU 17 employees seeking career development to obtain their Bachelor of Science in Nursing and/or Masters in Nursing. This language was not rolled over to the 2005 MOU between the State and SEIU Local 1000 as the funding was exhausted.

## **3. Inconsistent Adoption of Parity for the Receiver's Recruitment and Retention Salary Increases:**

In 2006, the medical side of the California Department of Corrections and Rehabilitation (CDCR) fell under court ordered Receivership. One of the goals of the Receiver was to recruit and retain RNs in CDCR and to meet community standards of treatment. To accomplish this, the Receiver implemented across the board pay increases in the RN classification. Once these increases were in place, the other departments employing RNs encountered their own recruitment and retention issues. In order to make their positions more competitive with the salaries that the Receiver was offering, the DVA, DSH and DDS negotiated their own salary increases to keep pace.

Unlike the other departments, California Department of Public Health (CDPH) and the DHCS did not implement salary increases to compete with CCHCS. Salaries for Health Facility Evaluator Nurses (HFEN), employed by CDPH, and Nurse Evaluator IIs (NE), employed by DHCS, fell below those of RNs in state facilities. Prior to the other departments' salary increases, many RNs utilized their clinical experience obtained in state institutions to meet the minimum qualifications for HFEN and NE II positions.

Similar to the HFEN and NE II positions for CDPH and DHCS, the Health Services Specialist (HSS) classification was utilized as career mobility for the DSH and DDS. In contract negotiations, the State argued that without a similar classification in Corrections, they could only bring the salaries of HSS to match that of the RNs, which made the HSS classification less attractive for those employees seeking upward mobility.

### **Union Recommendations**

1. Establish a Senior Registered Nurses classification, for all departments who utilize RNs, to perform duties similar to those of shift leads;
2. Incentivize upward mobility by reestablishing the promotional opportunity previously afforded through the HFEN, NE II and HSS classifications;
3. Reinstate the State Registered Nurses Scholarship Fund; and
4. Utilize the deep class concept to incentivize career advancements for RN classifications.

### **Joint Recommendations**

1. Facilitate awareness of the opportunities to take training and development assignments.

**State Recommendations**

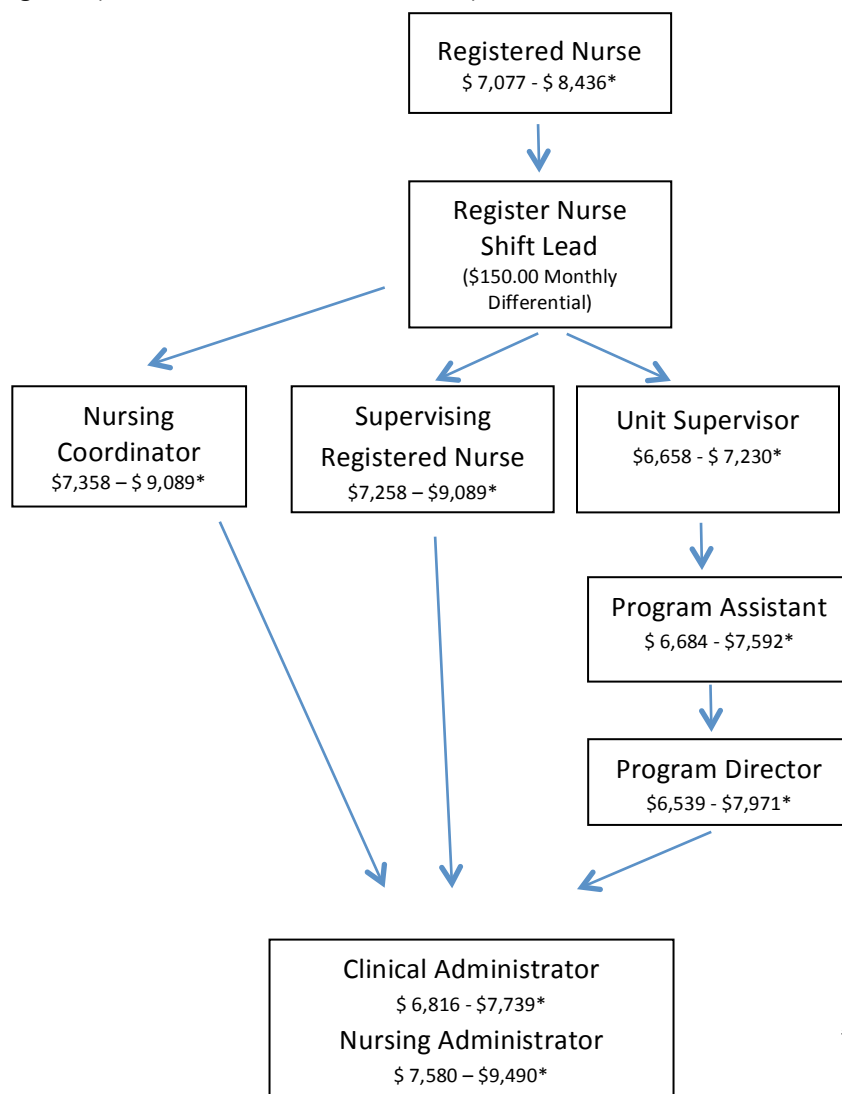
1. Look into the development of structured On the Job Training (OJT) programs to focus areas of medical interest (i.e. mental health, clinical, developmentally disabled, auditing); and
2. Look into the possibility of a job rotation program for department-wide development and experience.

**II. During discussions the Union identified concerns for their RN license and patient safety due to the lack of RN clinical supervision in their chain of command.**

**Background**

Use of RNs in DSH expanded following the Coleman lawsuit, but clinical supervision did not grow proportionally. Figure 1 is a depiction of the typical DSH unit’s chain of command for a RN. There are also numerous places where a RN can feasibly move through the ranks but, due to the salary structure, the positions would require the RNs to take a reduction in salary (**See Figure 1**).

**Figure 1** (RN Chain of Command Flow Chart)



*\*Salaries are based on typical ranges*

The committee found a limited number of RNs in the chain of command which supervise RNs working on the units at DSH and DDS (see the Figures 2 and 3).

Figure 2 (RNs vs Non RNs in Supervision Structure, by Position)

Facility	RN Shift Lead	Total Shift Leads	RN Unit Supervisors	Total Unit Supervisors	RN Program Assistant	Total Program Assistants	RN Program Directors	Total Program Directors	RN Nursing Coordinators	Total Nursing Coordinators
DDS-SDC	5	83	3	24	0	6	0	5	0	3
DDS-PDC	3	65.5	0	23	0	6	0	6	0	2
DDS-FDC	18	58	4	11	0	4	0	4	1	3
DSH-N	32	102 (12 vacant)	15	33	0	6	0	5	2	6
DSH-M	0	0	2	13	0	7	0	6	3	9
DSH-C	4	91	1	28	1	10	0	9	0	10
DSH-P	17	105	1	34	0	8	0	8	4	10
DSH-A	8	96	0	32	0	8	0	10	1	9
DSH-STK	0	0	17	18	1	2	0	0	1	2
DSH-SVPP	0	0	4	8	0	2	0	1	0	1
DSH-VPP	36	36	0	0	0	4	0	5	2	2

	RN	PT
Medication Administration		
PO	Y	Y
SQ	Y	Y
IM	Y	Y
IV	Y	N
Patient Controlled Analgesia	Y	N
Aerosol	Y	Y
Health Maintenance Procedures		
Insert Foley Cath.	Y	Y
Insert NG Tube	Y	Y
Start IV	Y	N
Gavage Feeding	Y	N
Tracheal Suctioning	Y	N
Sterile Dressing/Technique	Y	Y
Oral Suctioning	Y	Y
Chest Tube Care	Y	N
Gastrostomy Tube Care	Y	Y
Nursing Process		
Data Collection	Y	Y
Assessment	Y	N
Nursing Diagnosis	Y	N
Planning (care plan)	Y	N
Intervention	Y	Y
Evaluation	Y	N
Data Collection		
I/O	Y	Y
Dipstick	Y	Y
Fingerstick	Y	Y
Venipuncture/Phlebotomy	Y	Y*
Heart & Lung Sounds	Y	Y
Hemodynamic	Y	N
Arterial Stick	Y	N
Oxygen Therapy		
Simple Mask	Y	Y
Nasal Cannula	Y	Y
Non Rebreather Mask	Y	Y
Ventilator Care	Y	N

Figure 3 (RNs vs. Non RN Supervisor Summary)

Both DSH and DDS operate under the 1979 Attorney General George Deukmejian Opinion that provides for Psychiatric Technician (PT) supervision of RNs within the proper scope of the PT's practice. Figure 4 illustrates the scope of practice differences between the two licenses.

Chart information: Board of Vocational Nursing and Psychiatric Technicians

Figure 4 (Scope of Practice Breakdown)

Y\* = Must be certified by the Board of Vocational Nursing and Psychiatric Technicians  
 Y\*\* = Only with RN oversight and assessment

Facility	Total RN Supervisors	Total Clinical Supervisors
DDS-SDC	8	121
DDS-PDC	3	102.5
DDS-FDC	23	80
DSH-N	49	152
DSH-M	5	35
DSH-C	6	148
DSH-P	23	166
DSH-A	9	155
DSH-STK	19	22
DSH-SVPP	4	12
DSH-VPP	38	47

**Union Recommendations**

1. Establish a dual management structure in the DSH and DDS. (Implementing a dual management structure would provide RNs with the supervision necessary for their scope of practice. Dual management structures are currently in use at the DSH – Stockton and within CCHCS' Psychiatric Inpatient Programs (PIP).); and
2. Institute a policy of having a RN on all examination and hiring panels for classifications where a RN's clinical scope of practice is required. (It is currently not the practice of the DSH and DDS to require a RN licensed supervisor to sit on every examination and hiring panel for which their clinical scope of practice is required. Lack

of the RN licensure on panels opens the departments to questions of unfair hiring and the appearance of favoritism for non-RN classifications.)

**Joint Recommendations**

1. Both the State and Union are in agreement to adopt the portion of the January 21, 2015 Classification Consolidation Project Report's recommendations to consolidate Nursing Coordinator, Assistant Coordinator of Nursing Services and Coordinator of Nursing Services into the Supervising Registered Nurse Series.

**State Recommendations**

1. Ensure the hiring and examinations criteria are consistent with the scope of the classification specifications.