A Plan Creating Career Patterns For Hospital Workers At The Las Vegas Medical Center.

Donald vincent Roach

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MASTER OF ARTS IN PUBLIC ADMINISTRATION

A PLAN CREATING CAREER PATTERNS FOR HOSPITAL WORKERS AT THE LAS VEGAS MEDICAL CENTER

Title

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A PLAN CREATING CAREER PATTERNS FOR
HOSPITAL WORKERS AT THE LAS VEGAS MEDICAL CENTER

BY
DONALD VINCENT ROACH
B.J., UNIVERSITY OF MISSOURI, 1949

THESIS
Submitted in Partial Fulfillment of the
Requirements for the Degree of
MASTER OF ARTS IN PUBLIC ADMINISTRATION
in the Graduate School of
The University of New Mexico
Albuquerque, New Mexico
June, 1971
ACKNOWLEDGEMENTS

I am deeply indebted to Doctor Miron W. Neal, former secretary of the Department of Hospitals and Institutions for the basic idea behind this study. Doctor Neal was deeply committed to a high standard of care for the indigent and the unfortunates with whom his institution must work, as well as adequate pay for the hospital workers who give so unselfishly of themselves. Dr. Neal's goal was positive care, not custodial or institutionalized care, providing this care in such a way as to restore the patient to a meaningful place in society as quickly as possible.

I am equally indebted to the Department's former Chief of Personnel and Training, Mrs. Polly Pine, and to her staff at Departmental headquarters in Santa Fe for their interest on my behalf and their willingness to assist me in any way with information not elsewhere available.

To the executives and personnel of the State Personnel Office, I am also indebted for their help in much of the basic research that was necessary before touching the first typewriter key.

Finally, to Miss Judy Morales and Jayne Baker of the Department of Hospitals and Institutions who were patient with my personal foibles and whose efforts resulted in this final manuscript, I owe a particular debt of gratitude.
A PLAN CREATING CAREER PATTERNS
FOR HOSPITAL WORKERS
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ABSTRACT OF THESIS
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JUNE 1971
ABSTRACT

Institutional medicine has never been popular with the medical professional group and in the recent years of professional scarcity, even fewer have been drawn to such a practice.

In the state hospitals and institutions of New Mexico, these shortages have been keenly felt. Recruitment has been all but impossible for some specialties. Compounding this shortage and recruitment problem, New Mexico has not paid salaries to any of its workers which are competitive with surrounding jurisdictions.

The state has suffered for years from the same weak economy which has characterized much of the mountain west. The conditions of a weak economy have produced poverty as well as other disadvantages for a majority of citizens. One of these disadvantages is the lack of a good or a fully-completed education.

The State Personnel Office, created by the Legislature in 1963, had no alternative when placing the merit system into effect but to take into account the State's general level of education and expertise. Job specifications for the merit system had to accommodate the talents available in the population. The result was, particularly in the medical field, the creation of the essential professional positions at the top and the creation of many low level sub-professional positions at the opposite end of the job spectrum. In too many instances, middle management was lacking, and solid middle management is necessary if other than custodial care is to be provided in the State's medical/institutional facilities.
In time and with sophistication of the merit system, a middle management should evolve, but such has not been the case since 1963. Neither has there been much overt movement to create one through training nor to up-grade the talents of state workers.

The State Department of Hospitals and Institutions is now faced with a fairly high rate of turn-over in its various facilities. In this turn-over there is an almost intolerable dollar cost. This occurs in all levels of employees, but particularly in the lowest levels. Whether or not a trained and reasonably paid staff will provide stability is open to question, but there are instances in which this has been the case.

Based on the premise that a trained staff will be more stable and view their work as a career instead of just a job, and to reduce turn-over to an acceptable minimum, this paper proposes training and education for hospital workers. It is also hoped that this training will, in time, provide for the middle management group which today is generally lacking.

State government and its personnel needs will grow during the 70's. Government must turn to the young for at least a part of its personnel needs, but the young will not be attracted by low pay and/or jobs without growth potential.

As at least a partial answer to existing problems, this paper proposes grouping major activities in the hospital organization into career patterns. Existing job classes will be used in this career progression grouping. Where necessary, new positions are proposed.
In addition, provision is made to accept the educationally dis advantaged. They will be accepted at the lowest level, trained, encouraged to gain more education, perhaps with Federal Aid where possible, and to grow into middle management if not into some of the top positions with the Department.
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ABBREVIATIONS AND SYMBOLS

1. DHI -- Department of Hospitals and Institutions
2. LVMC -- Las Vegas Medical Center
3. SPB -- State Personnel Board
4. SPO -- State Personnel Office
5. LPN -- Licensed Practical Nurse
"Since all government is public service -- people serving people -- the quality of any government or administration rests ultimately on the quality of its personnel."

From the Preface of the New Mexico State Personnel Board Report, 1970
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PREFACE

At this writing, I have been employed approximately two and one-half years with the New Mexico Classified Service as a Personnel Analyst, screening and selecting applicants for state employment. The one agency with which I have worked continuously has been the Department of Hospitals and Institutions (DHI).

This agency includes eight institutions devoted to one or more types of institutional medical specialized care, plus an administrative "headquarters" in Santa Fe. It cares for an average of 1,700 patients on any given day, utilizing the services of just under 1,800 employees, representing most specialties within the medical, nursing and allied health fields. Of these employees, less than one per cent are exempt from the provisions of the State Personnel Act. The remainder are hired through State Personnel Office procedures.

First hand, I have learned of some of the Department's personnel problems. These consist mainly of the maintenance of a stable lower-level employee work force, a continuing scarcity of professional workers, and to an extent, the lack of a skilled middle management staff.

Although this statement of the problem is brief, the reader will immediately recognize the complexities of public administration that are involved. My concept of it is principally behavioral, or the action and interaction of workers and public administrators. Also involved are principles of supervision, personnel placement or utilization, and finally, the concept of its mission by the ultimate public overseers, the legislature. Lastly, we must concede that a portion of the problem is economic.
Regardless of complexity, the problem must be faced. Certain types of care, eg., care of the retarded or the mentally ill, of which only DHI is fully capable, is a public service which must be accomplished. This care must be more than just custodial if the patient is to be returned to a useful life.

Within the scope of this paper, I could not explore the entire breadth of the problem, therefore, I have chosen to limit the study based on the following hypothesis.

To recruit and hold personnel in a relatively stable work force, the following points are basic:

a. Confidence of the employee in himself and in his capability to do an assigned task.

b. Adequate compensation for work performed.

c. A continuing program of training which will build both confidence and ability, and allow advancement.

d. A reasonable amount of fringe benefits.

e. Job security and seniority once the worker has proven his worth.

The State Classified Service, patterned closely on the Federal Civil Service Act of 1883, has provided for the majority of these basics, but in varying degrees. Items b. (compensation) and c. (training) appear to have received less than adequate consideration, and may have led to some of the current problems.

Although adequate compensation is important, and I will repeatedly mention it in the study, I desire to emphasize two facets of personnel management:

a. Career-building opportunity through training and work experience.
b. Structuring of job classes to provide career ladders.

To be effective, a worker must be trained. Most workers bring to a job a degree of basic training or capability. This may have been gained through schooling or prior work experience. Nevertheless, the newcomer must go through a period of learning the specifics of his new job.

Not all workers are so fortunate. Some come almost empty-handed. Private industry as well as the public service has heretofore ignored this unfortunate individual. Such a luxury on the part of management can no longer be afforded. We must accept all comers, provide training for the untrained, and utilize the prior-trained in specific capacities.

We can design work and training for this untrained individual by first simplifying more complex tasks. From this point, by the means of on-the-job training, we can train for more complex work. We can also provide for outside schooling. Above all, however, we must interest the unskilled in achieving a career, often by showing him what a career can do for him.

With this in mind, then, the study offers a plan for the creation of career patterns for Departmental employees.

The career pattern consists of grouping the jobs of a particular agency or institution into a ladder form, progressing upward from simple jobs at the bottom, to the more complex at the top.

To the non-career minded, it will present a picture of what is possible through work and training.

To the trained, it will show possible progression.

By presenting such a picture, management can incite in the individual a desire for achievement, and in doing so will:
a. Create stability where there has been less than desired.

b. Create a trained work force that will eventually grow into middle management, rather than reaching these positions merely through time on the job and a reasonable degree of efficiency.

c. Reduce the now "hidden" cost of constantly training and re-training a changing work force.

It should be understood, however, that few working groups are completely stable. In an area as large and diversified as New Mexico, the best that can be hoped for is a reduction in turn-over.

For the study, I have chosen the Las Vegas Medical Center (formerly the New Mexico State Hospital), a facility for the mentally incompetent.

In recent years, many studies of personnel management/administration have been made. To single out one study which could summarize my thinking would be a monumental task. I do feel, however, that Chapter 14 of Pfiffner and Presthus¹ appears to be about as comprehensive and succinct a source as could be found to express my basic beliefs.

The afore-mentioned career patterns are based on the internal management concepts used by the armed forces. The military's intention is the same as represented here; that is, the formation of a trained work force.

It must be remembered that there is a marked degree of difference between the military and civilian situations. A young Army man can be singled out for his extraordinary capabilities and sent to school. To him, this is an assignment. His family accompanies him, his pay continues uninterrupted, and he has naught to do but study. In civil life, the picture is different. The worker is obliged to give his employer a full day's work for his pay. This worker's study or schooling, then, must be an added feature of
his life and few can accept this burden with ease. Very few indeed, can
cease work entirely to take advantage of advanced training. Thus, to the
civilian, the desire for training must be fulfilled during non-working hours,
a course at a time. This is a very slow process.

I have studied the staffing pattern of the Las Vegas Medical Center as
now authorized, considered its mission, and based upon these facts, have
divided the facility into three major career areas. These are:

a. Medical Administrative Services.
b. Ancillary Services.
c. Patient Care Services.

These career areas have been further divided into specific work areas
such as Secretarial, Financial and Budgetary, Maintenance, Laundry, and
Nursing, for a total of twelve ladders.

I will utilize existing jobs (or classes). I feel, however, that some
new job classes might be considered in order to provide added specialties
for the institution. Acceptance of any of these new classes is left to the
discretion of the facility's management.

This plan is not intended to interfere with the normal recruitment
and appointment activity of the state merit system. Any person applying for
a position within state government will be accepted under existing rules and
placed according to his or her training and experience.

The one new job class in which I have a special interest is that of
Mental Health Worker Trainee. This class is designed specifically to accept
the disadvantaged. It will have minimum entry requirements and the proviso
that the applicant will be the subject of special in-house and, where possible,
formal training (schooling) to fit him for advancement to greater responsibi-
ity, better pay and appropriate prestige in the career pattern of his choice
and/or suitability.
PART ONE

Some background and discussion of personnel problems existing generally in the Department of Hospitals and Institutions, in the medical professional and para-professional fields, and pertinent statistical data for the study.
INTRODUCTION -- THE RECOGNITION OF A SERIES OF PROBLEMS

Shortages in the professional fields:

The often-repeated and almost overly publicized problems connected with the shortages of health care personnel, principally physicians and nurses, is forcibly brought home to anyone seeking medical attention. In other than emergencies, it is not at all uncommon in the more populous areas of the nation to wait three or more weeks for an appointment to see a physician. The appointment will be given for a particular time, but the patient will wait an hour or more once he or she has arrived in the physician's office. Even then, the patient is seen as briefly as possible.

A news item in the Denver Post of Saturday, October 31, 1970, page 11, indicates:

The number of students entering U. S. Medical schools must be increased 50 per cent by 1978 to avert a "crisis in health care personnel," the chairman of the Carnegie Commission on Higher Education says.

Commission Chairman, Mr. Clark Kerr, former president of the University of California, made these words public as part of the Commission's report to the annual meeting of the American Medical College. Continuing, he said, "The number of students entering medical schools must be raised from the present annual figure of 10,800 to 16,400 by 1978." The report further recommended shortening the training time for physicians and dentists from eight years to six, "opening 126 area health education centers across the country," and the "building of nine additional medical schools in the United States."
Another news item appearing in the Santa Fe New Mexican of Thursday, February 11, 1971, Page C-4, datelined New York, told of 100 police and firemen in training at the Hunter College-Bellvue School of Nursing. Training to become registered nurses, these men had two goals in mind: to help relieve the critical shortage of nurses, and to provide themselves with a second career. Most police and firemen retire at age 40 or shortly thereafter and will need this second career to fill out their lives. Having been engaged in public service-type positions for 20 or more years, why not continue in a service-oriented position, particularly one in which there is such a critical need?

The news item went on to explain that first reactions of these men to the idea of nursing was somewhat less than enthusiastic. It took some prodding by Dr. Joseph A. Cimino, a young physician serving on the medical retirement boards for the New York City Police and Fire Departments. The idea then began to take hold. It has taken hold to the extent that the Public Health Services Division of Nursing is funding the project with more than $400,000 for two classes of 100 persons each.

One student, a World War II medic, and a policeman since then, said "It's really very good ... you get a different outlook on life; a chance to become a professional man."

While this nurse-training program is both small and unique and far removed from New Mexico, the shortage is nonetheless real.

The shortage of physicians is no less real. Speaking before the Southern California Medical Association in December 1970, the Secretary of Health Education and Welfare noted that the nation is "short,
between 75,000 and 125,000 physicians at this time ..."

This figure is both staggering and immediate and it is with us now, even in New Mexico. Future growth of the state will only complicate the crisis.

These two problems are primarily concerned with the private practice of medicine. Nothing has been said of the crying need for institutional medical care. I am speaking of the specialized care required by the mentally retarded, the mentally ill, the poor, and the aged. Professional needs in such institutions have been, and it can be assumed, will continue to be relatively critical. The reasons for these are many and not particularly relevant to our discussion here, but two often-voiced reasons may be worth noting. One is obvious; the private practice of medicine is far more remunerative. In addition, many jurisdictions have a distasteful political mix that literally drives out all but the most dedicated practitioner.

Try as they might, even the best-run and most professional of public jurisdictions will find these two "faults" all but impossible to overcome. Reliance, therefore, on professional workers must continue to come from the relatively few who will turn to institutional medicine because of the need.

New Mexico's Training Resources:

While New Mexico trains some of its needed professionals, it must rely on surrounding states for other specialties needed in its hospitals or institutions, both public and private. Charts One
and Two below, indicate the State's resources, or lack thereof:

**CHART 1: Professional Training Facilities in New Mexico.**

- University of New Mexico Medical School (one)
- Schools of Medical Technology (three)
- Schools of Nursing (non-degree -- LPN) (five)
- Schools of Nursing (awarding degrees) (three)
- Schools of Pharmacy (without hospital residency) (one)
- Schools of X-Ray Technology (five)

**CHART 2: Professional Training Facilities Lacking in New Mexico.**

- Clinical Psychiatry
- Cytotechnology
- Dentistry
- Dietetics
- Hospital Administration
- Inhalation Therapy
- Library Science (Medical)
- Medical Records
- Nurse Anesthetist
- Occupational Therapy
- Osteopathy
- Psychiatry
- Residencies in Hospital Pharmacies
- Physical Therapy
- Public Health
- Social Work


I hasten to add that it would be both impractical and unnecessary for the state to consider all phases of medical and allied professional schooling be made available in the state. It would be impractical because of the costs involved, and because once an individual has become a fully recognized professional, that individual will migrate to an area in need.
of service. Absolutely indisputable however, is the fact that lack
of adequate pay for their professional services will strongly influence
this migration.

A Brief Case History:

Once gained by the state as a resident professional worker whether
in public or private practice, it is only natural that the professional
would desire trained assistants, or trainable assistants, as well as
reasonable income for his or her professional work.

It would take an extensive study of the private economy to de-
termine if such desirable surroundings do, in fact, exist; and this
is beyond the scope of this paper. For professionals in the state
service, however, it can be said that pay scales range considerably
below that in surrounding jurisdictions (see chart 12, page 43). But
beyond the wage factor, is the need for a trained force of assistants.
In other words, the professional must not be required to spend part of
his or her time at menial tasks because of an insufficient or untrained
staff. This is generally true, today, of state institutions.

To illustrate my point is the case of one Physical Therapist in
state service. A resident of the capital city with her husband, she
volunteered to take a position in the southeastern part of the state
(not commuting distance) because no registered Physical Therapist
could be found to fill a much-needed vacancy which is vital to the mission
of the institution. The voluntary separation from her husband was agreed
to be for no more than one year. In the meantime, the state was to
search for (and presumably find) the necessary therapist. At this
writing, two months of that year remain unexpended. No therapist has been found. Scarcity and pay scale both apply in this case.

The staff employees with whom this therapist must work may have as little as a fifth grade education and no experience in the position classification of "Attendant I." For this reason, they must be observed and trained. This greatly dilutes the time of the therapist. If either trained assistants or a trained middle management therapy staff were available, the professional expertise of this therapist could be made available to more patients.

This is, however, not the full story. A lack of trained workers in other areas of the institution interact to further reduce the professional service time of this therapist.

Two points are easily discernable; professional shortages are already a part of the New Mexico scene, at least in the state service, and less than trained help hampers the professional's performance of duty.

Chart Three on the following page utilizes general areas of professional work within the Department of Hospitals and Institutions. The Professional "areas" (as opposed to specific job classes) are in the left column. These professional areas follow my three standard divisions of hospital activity, viz., Administration, Ancillary and Patient Care.
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<tr>
<th>POSITION CLASS</th>
<th>Column A Numbers Authorized</th>
<th>Column B Shortages</th>
<th>Column C Desirable Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Administrative functions</td>
<td>80</td>
<td>24</td>
<td>86</td>
</tr>
<tr>
<td>Finance &amp; Accounting</td>
<td>32</td>
<td>3</td>
<td>40</td>
</tr>
<tr>
<td>Ancillary Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Svc</td>
<td>24</td>
<td>4</td>
<td>26</td>
</tr>
<tr>
<td>Food Services</td>
<td>65</td>
<td>10</td>
<td>68</td>
</tr>
<tr>
<td>Case/Social Work</td>
<td>50</td>
<td>19</td>
<td>70</td>
</tr>
<tr>
<td>Housekeeping &amp; Maintenance</td>
<td>69</td>
<td>24</td>
<td>72</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>5</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Supply</td>
<td>8</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Patient Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physicians (all types)</td>
<td>28</td>
<td>12</td>
<td>30</td>
</tr>
<tr>
<td>Nursing</td>
<td>151</td>
<td>16</td>
<td>220</td>
</tr>
<tr>
<td>Therapists (all types)</td>
<td>21</td>
<td>9</td>
<td>35</td>
</tr>
<tr>
<td>Psych Counseling</td>
<td>9</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>Clinical Psychology, including 2 Clinical Chaplains</td>
<td>12</td>
<td>4</td>
<td>18</td>
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</tbody>
</table>
CHART 3: (concluded)

<table>
<thead>
<tr>
<th>POSITION CLASS</th>
<th>Column A</th>
<th>Column B</th>
<th>Column C</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Numbers Authorized</td>
<td>Shortages</td>
<td>Desirable Staff</td>
</tr>
<tr>
<td>Recreation</td>
<td>4</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Teaching (for patients only)</td>
<td>29</td>
<td>11</td>
<td>33</td>
</tr>
</tbody>
</table>

Totals all authorized positions: 2019 employees
Unfilled vacancies: 366 employees
Employees: 1685 employees


Column A reflects the professional/supervisory level of staff authorized throughout the Department of Hospitals and Institutions as of January 29, 1971.

Column B reflects the shortages of personnel in the professional/supervisory classes as of the date indicated. These are positions not filled. They are not filled either because there is no money to pay salaries or because personnel to fill the vacancies cannot be found at current wage scales. The work normally performed by the professionals is done either by less-qualified employees or is left undone.
Column C represents a value judgement. The Chief of Personnel for the Department of Hospitals and Institutions has indicated the numbers of employees needed in the job areas indicated at the left. This evaluation considers the numbers of patients needing professional care or service, the numbers of persons needed to operate current and anticipated programs for patient care or to meet Federal minimum standards in view of the patient load.

The reader will note the small increase needed in such areas as the Pharmacy (a service). Three additional Pharmacists, if they could be obtained, would meet what is considered minimum requirements of one Pharmacist per institution. This is not unreasonable. In sharp contrast with this low figure is the number of additional nurses needed amounting to sixty nine. This would allow minimum service to the existing patient load. These nurses can not be recruited nor will they remain at the low rate of pay offered by the state.

A Delicate Balance Must Be Accomplished:

Pay for public employees is an extremely large item in the cost of doing business for the state government. Public officials must therefore strike a balance between revenues and the amounts that can be paid out in the form of wages to state employees.

I make this point briefly to indicate that a reasonable maximum is being accomplished in the public sector, and that more, for example higher wages for public employees, can come about only with economic growth, producing greater revenues with which to operate the government.
What Can Be Done:

Up to this point, discussion has centered primarily on broad, major issues confronting the state facilities and much of this material was intended as background.

The ancient Chinese proverb that says in effect "It is better to light a single match than to curse the darkness" would seem to apply. A beginning, no matter how small, to improve the quality of personnel in a stable and efficient work force and at a fair rate of pay, is at least that beginning in the improvement of public services, including medical care.

It logically occurs that if there is an insufficient number of well-qualified personnel to perform a given task, training might be an answer. It also seems that if there is a large and continued turn-over in personnel, some move should be made to reduce such turn-over or correct its causes where such causes can reasonably be determined.

If these causes can be attacked successfully, the resulting improvement in working conditions for the health care workers also might be improved.

In their book Political Analysis and Public Policy authors Mitchell and Mitchell³ make the point repeatedly that the public has a right to expect from their officials the maximum in public goods and services, efficiently and equally administered. That is one of the central themes of this paper. How this public service is carried out and at what cost to the tax-payer is the quest. The answer must benefit not only the potential patient but the person who extends his or her services in caring for the patient.
Educational Backgrounds — A matter of concern:

New Mexico possesses an unusually large number of under-educated adults as well as youths. These individuals are unemployable in positions of responsibility or are under-employed in the sense of their potential. In either case, their future is bleak. They hold one job until a misstep results in discharge or until they grow tired of what they are doing and move on to another unskilled job.

In a news article appearing in the Santa Fe New Mexican of February 15, 1971, Page A-74, the author, Jim Maldonado reported that there are at this time approximately 242,447 adults in the state, 25 years of age who have not completed the 12th grade. Of this figure, 19,764 have no schooling whatsoever; 142,171 have completed only three years of high school. These figures occur in a state with only slightly more than one million inhabitants. Thus, approximately 24 per cent of the state's population must be considered undereducated by today's standards.

State Senator Ike Morgan said, "Its disgraceful ..." Jake Martinez, president of the Adult Basic Education Association, said, "These statistics are scary." Indeed they are. For the most part, individuals falling within these statistical limits are scheduled to spend their lives in unskilled occupations, or on welfare rolls, despite whatever ambitions they have or may have had.

The reasons behind this lack of education are almost as varied as the numbers. The reasons will remain buried in the individual's personal lives, and will never be known.

Over the past few years, it has become both sociologically and politically acceptable for government to undertake assistance to groups of citizens in such circumstances. This "assistance" has too often taken the
form of a debilitating dole which merely perpetuates indolence. Could not a part of such assistance as easily take the form of further education or training which would fit them for a more useful role in society?

I believe the answer is an unqualified yes.

The Federal government through its sponsored programs of CEP and WIN has undertaken this action. Private industry has undertaken an up-lift through its JOBS program. The state, too, can enter the field.

While many of the underprivileged in New Mexico are not in a location enabling them to apply for state employment, many are. The author has seen applications from such persons cross his desk daily. Yet the state classifications that are open to them are few and with limited growth potential. The jobs provide little pay. Also these jobs are the lowest level positions offered by the state with beginning pay at or below the poverty level as designated by the Federal government.5

In Chart 4 on the following page, I have used the position of Attendant I (one of the lowest state positions, both in basic requirements for employment and in monthly pay) as a hypothetical case to illustrate the wages paid such a state employee. As the reader will note, the Attendant I is married with a total of four income tax deductions. This Attendant would be performing a combination of custodial and nursing duties, the latter including the administration of medications as prescribed by a physician portioned from ward stock by a nurse. Thus, this individual plays a key role in the care of a patient having probably the most direct contact with a patient, at least on a continuing basis, of anyone in a given medical facility. The very life of a retarded child, an elderly person or a mentally ill patient may well rest in this person's hands.
### CHART 4

**Beginning Salary, Attendant I, Married, four dependents:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Gross</td>
<td>$278.00</td>
</tr>
<tr>
<td>Less:</td>
<td></td>
</tr>
<tr>
<td>W/H Tax</td>
<td>$0</td>
</tr>
<tr>
<td>State Tax</td>
<td>$0</td>
</tr>
<tr>
<td>FICA</td>
<td>13.34</td>
</tr>
<tr>
<td>Retirement</td>
<td>13.90</td>
</tr>
<tr>
<td>Hospital Insurance</td>
<td>12.59</td>
</tr>
<tr>
<td><strong>Net monthly (take home)</strong></td>
<td><strong>$238.17</strong></td>
</tr>
<tr>
<td><strong>Net weekly</strong></td>
<td>59.54</td>
</tr>
</tbody>
</table>

**Source:** Hypothetical case using actual figures provided by Department of Finance and Administration, NM State Government.
CHART 5: Distribution of classified employees by salary

<table>
<thead>
<tr>
<th>MONTHLY SALARIES</th>
<th>PERCENTAGE OF EMPLOYEES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over $1,000</td>
<td>1.5%</td>
</tr>
<tr>
<td>$820 - $930</td>
<td>1.5%</td>
</tr>
<tr>
<td>$720 - $829</td>
<td>41.8%</td>
</tr>
<tr>
<td>$600 - $690</td>
<td>16.7% (1)</td>
</tr>
<tr>
<td>$500 - $575</td>
<td>15.3% (2)</td>
</tr>
<tr>
<td>$400 - $480</td>
<td>12.3% (3)</td>
</tr>
<tr>
<td>$300 - $380</td>
<td>26.2% (4)</td>
</tr>
<tr>
<td>Under $300</td>
<td>1.8% (5)</td>
</tr>
</tbody>
</table>

(1) Approximately 1 out of 5 employees earns over $600 per month
(2) The Average Salary is $488 per month
(3) Slightly more than half of all employees — 52.8% earns less than $460 per month
(4) The largest number of employees — approximately 1 out of every 3 — earns between $300 and $400 per month
(5) Almost 1 out of every 9 employees earns less than $300 monthly

Chart 5 on page 19 shows that 11.7 per cent of all state employees fall within the poverty pay range and that another 28.8 per cent fall within a pay range of less than $380 per month, or a near poverty range. Finally, slightly more than one-half of all state employees, 52.6 per cent, earn less than $460 per month.

Sylvia Porter, nationally known syndicated columnist on economic affairs, noted in a recent column, "National Health Insurance is Coming," that today, despite an era of unprecedented affluence, 26 million Americans live below the poverty line (about $70 per week for a family of four) and another 15 million are counted as "near poor" -- with incomes of $90 per week for a family of four.

At this rate, approximately 60 per cent of the state employees in New Mexico exist at the "near poverty" or poverty level, according to national standards. As one knowledgeable state employee noted:

While low salaries cannot be ignored, I think it is becoming increasingly evident that many highly trained persons are willing to work in New Mexico for vastly lower salaries than they would elsewhere. I think this will be increasingly true... ...There are other factors which make New Mexico appealing to many... ...I believe this could be documented by reviewing files of professional workers who have come to New Mexico, fully aware of the lesser salaries, but are content to stay because of what the area has to offer...

I certainly do not dispute this idea, but the state cannot rely solely on the fringe benefits which the "Land of Enchantment" has to offer. These benefits will not last forever, particularly as the state grows in population.

I would suggest serious consideration be given to upgrading salaries for state employees. I would also suggest that the state give serious consideration to entering into a program, perhaps with Federal government assistance if possible, to train and up-grade its employees in educational level, thus enabling them to form the middle management group which is generally lacking.
Perhaps through these two mediums a more stable or career-minded work force can be created.

While any training program would necessarily be small or limited in its early stages, it could grow as more money became available. The state could lead the way for private industry to do likewise. This is not to say that private industry in the state has not made an effort but to date it has been limited.

Finally, the state can undertake the much-discussed job enrichment concept. It can so structure its job classes in order that as many jobs as possible become meaningful to the incumbent, offer as much challenge as possible, and offer to the prospective applicant a "career package" rather than merely an isolated job.

What The State Cannot Do:

The state cannot hope to obliterate poverty merely by paying more in the way of salaries in its low level positions. There will always be menial work to be accomplished, and a certain segment of the population will be satisfied to perform these tasks.

Every job cannot be "enriched." Menial tasks can seldom be so structured as to offer challenge. Too, some individuals would not accept the "challenge" but would merely view the job as something they could not do.

The state cannot make the young stay in school long enough to reach a diploma level. Neither can it require the adult to return to school in order to reach a diploma level or even to up-grade their skills to this level of education.

The state, as an employer, cannot create a sufficient number of jobs
to put every resident to work in public employment to gain a "full employment level" (all those willing and wanting to work will have jobs.)

Finally, the state cannot put into its work force, personnel not educationally or experientially qualified to do that work.

The "Career Package":

Since this term will be used repeatedly, I believe it well to define the idea behind it.

When a boiler fireman quits, creating a vacancy which must be filled quickly, the effort is to hire a new boiler fireman. We carefully analyze training and experience, and when a capable person is found, he is placed in the job. We spend our efforts at delineating training and experience in any interview (and, of course, in the state administered test).

Let us add to any incoming interview for a new employee the whole picture. Let him know he is entering a closely knit group in which he will become a valuable team member and that there is promotion and growth once he proves his value. This means promotion in money, a better job, and prestige. Show him the "big picture." Show him the fringe benefits available to the state employee such as life insurance, retirement, and sick and vacation leave, and above all, the permanency of such employment.

This then is the "career package." It is up to the individual to accept or reject the offer made.
THE STATE PERSONNEL SYSTEM AS AN EMPLOYING FORCE

As an employer of approximately 11,000 citizens of the state, the State Classified Service is second only to the Federal Government as an employer within the state. As such, the state system can be a strong force for improved management of employees.

Classic in approach:

In his book Public Personnel Administration, Professor O. Glenn Stahl, describes the Federal government's system as "classic." The State of New Mexico used this model in building the New Mexico State Personnel Act. The only variations between the Federal and New Mexico Services are size of structure and, of course, the New Mexico Service is not decentralized.

Chart 6 on the following page indicates the length of service for current state employees. Approximately 30.4 per cent of these employees were in state employ prior to the advent of the State Personnel Act.

As early as 1943, the state had a "merit system," but this involved a mere handful of employees. With the advent of the Personnel Act, agency after agency was added to the classified system until now all but the State Police and the State Educational Personnel are a part of the system. The latter agencies have their own merit system which was in effect prior to 1963, and no move has been made to include them within Personnel Act.
CHART 6: Distribution of Employees by length of service

<table>
<thead>
<tr>
<th>YEAR OF HIRE</th>
<th>PERCENTAGE OF EMPLOYEES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1970</td>
<td>12.5%</td>
</tr>
<tr>
<td>1969</td>
<td>27.4%</td>
</tr>
<tr>
<td>1968</td>
<td>12.3%</td>
</tr>
<tr>
<td>1967</td>
<td>9.1%</td>
</tr>
<tr>
<td>1966</td>
<td>6.2%</td>
</tr>
<tr>
<td>1964 - 1965</td>
<td>3.4%</td>
</tr>
<tr>
<td>1961 - 1963</td>
<td>13.7%</td>
</tr>
<tr>
<td>1956 - 1960</td>
<td>2.5%</td>
</tr>
<tr>
<td>Prior to 1955</td>
<td>9.1%</td>
</tr>
</tbody>
</table>

(1) Most state employees (54.2%) were hired between 1966 and the present time.

(2) The Average Employee was hired in 1964 and now has 6 years of continuous service.

I have spoken of turn-over rates in low level employees as a current problem of the state and in particular of the Department of Hospitals and Institutions. Chart 7, following, graphically depicts the vast decrease that has occurred in employee turn-over since the passage of the Personnel Act in 1963. This chart, however, includes all employees throughout the state. The high point in employee turn-over was almost 80 per cent in the year before the act was passed. This was due to a change of administration in the State House at Santa Fe. From this point, turn-over for all employees has reached a low of approximately 24 per cent overall in the last fiscal year.

It might be noted that turn-over prior to the passage of the Personnel Act could have been for personal reasons of the employees, but probably the major reason during that period (gray area of the chart) was a change in political parties in the State House. Since 1963, turn-over has been for disciplinary or personal reasons. Political changes in Santa Fe have had little effect on employees working under the provisions of the Personnel Act.

This is another point that could be stressed to new employees not yet familiar with this fact. His or her job is secure from political machinations.

Chart 8 on page 27 shows the increase in wages paid to state employees year for year since 1961. In 1970, the average salary of state employees was $503 monthly or a gross pay of $125.50 weekly.
CHART 7:

ANNUAL TURNOVER RATES
BEFORE AND AFTER THE STATE PERSONNEL ACT

A DESCRIPTION OF THE STATE DEPARTMENT OF HOSPITALS
AND INSTITUTIONS

This third largest of all state agencies, with slightly less than
1,800 employees (average) is composed of the following units:

Miner's Hospital, Extended care facility for aged
Raton, and infirm miners and other
State Hospital, mentally indigent
Las Vegas,
Mentally ill
Meadows Home for the Aged The aged, infirm, and complications
Las Vegas, of mental illness and age
Los Lunas Hospital and Mentally retarded
Training School, Los Lunas,
Fort Stanton Hospital Mentally retarded
Fort Stanton.
Villa Solano, Mentally retarded
Hagerman,
Roswell Rehabilitation Physical rehabilitation of
Center, injuries
Roswell,
Fort Bayard Hospital, Geriatrics, Tubercular and a
Fort Bayard, general hospital.

Prior to 1966, each of these institutions was maintained separately
with its own governing board. In 1967 the Combined Hospitals Board was
formed to administer all of the facilities. The combined board lasted
one year, until May of 1968 when the Department of Hospitals and
Institutions was formed with its "headquarters" in Albuquerque. In 1969,
Department of Hospitals and Institutions moved to Santa Fe. The
Department of Hospitals and Institutions is directed by a "Secretary" responsible directly to and appointed by the Governor. 

As stated in the Preface, I have chosen only one of these institutions for study -- the Las Vegas Medical Center. I have done this for several reasons. The facility is uncomplicated in that its major mission is the treatment of only one medical problem, that of mental illness. The Institution is of sufficient size to lend itself to study and trial for the proposed plan of career formulation, and it is homogeneous in the make-up of its personnel. The problems in the field of personnel that are experienced in Las Vegas are very similar to those found in other state medical facilities except, perhaps, Fort Stanton where remoteness is the biggest problem. Thus, if the suggested plan of career pattern formulation proves successful for the Las Vegas Medical Center, it can be adapted for other facilities.
THE LAS VEGAS MEDICAL CENTER

A Brief History:

The Las Vegas Medical Center was created by an act of the Territorial Legislature in 1889, and as such is the oldest of state institutions. Its first building cost $25,000 and was built on land donated to the state. Until 1970, the hospital was known as the New Mexico State Hospital at Las Vegas. At the present, DHI is considering a name change to the Las Vegas Medical Center since this title will more accurately reflect the activity of the facility.

Early records of the hospital are sketchy and in some cases nonexistent. Some were lost in fires, others simply were not kept because there was no one to keep them. In the records that were kept, inaccuracy abounds due to the informality attending their preparation.

An early description of the hospital is found in the columns of the Santa Fe New Mexican: ⁹

The hospital contains an average of some 150 patients, and is well conducted. Its grounds are neatly kept, and include a small farm on which inmates raise fodder, vegetables and fruits. In March 1905, an addition to the original hospital was completed which added 55 rooms. The completion of this building made it possible to remove a good number of the insane from the county jails, as well as to furnish quarters for those who were being cared for in their homes. The capacity of the hospital is now about 180 beds.

Statistics of the Present Day Facility:

If the beginnings were humble, the hospital has grown steadily to a total of 14 buildings in an area of approximately six city blocks
square. The bed capacity is 375 for psychiatric treatment and 33 for general hospital purposes, or a total of 413.

The Meadows Home for the aged, built in 1948 adjoins the state hospital to the immediate south and provides 311 beds for long-term care of the aged. Meadows is not a part of the psychiatric hospital function, but since age and senility may have mental overtones, its function is somewhat related so it is considered a part of the Las Vegas Medical Center. Total beds for both institutions are 724.

The average patient census for the psychiatric/general hospital function is about 370. The average census for the Meadows Home is 300.

The average length of stay is all but inacquiable as it ranges from 35 years for the institutionalized patient to as little as six weeks under the current mode of therapeutics.

Costs per patient are $25 per day in the medical wards; $12 per day in the psychiatric wards, and $15 per day in the Meadows Home.

Admissions to the facility are of three types: voluntary or self-commitment, court commitments, and emergency commitments, the latter eventually becoming “court commitments.” Emergency commitments are used as opposed to jailing the patient in cases where he or she is felt to be a danger to family or community.

Immediate Treatment:

Immediately upon admission or as soon as possible thereafter, the incoming patient is given a thorough physical examination to determine his/her general state of health. At this same time, a psychiatric evaluation is made to diagnose the general mental condition of the
patient. Depending upon the findings of this initial examination, the type of care or priority for treatment is determined. The physical or mental condition of the patient, whichever is of greater priority, will determine placement within the hospital and subsequent treatment.

Term Treatment and the use of Treatment Teams:

Assuming the patient is in no physical (medical) distress upon admission but solely in need of mental treatment, he or she is placed according to mental treatment needs. The males and females are segregated. All wards are locked. The violent are heavily sedated and guarded. The less severely disturbed are placed in less-confining quarters, but these too are kept locked. Freedom to move about the grounds comes after the initial stages of treatment as an "earned" privilege.

Following the initial decisions as to placement within the institution and regimen to be followed, the new patient immediately begins work with the hospital's treatment teams. These teams consist of Psychiatrists, Psychological Counselors, Clinical Chaplains, Social Workers, Nurses, and necessary aides. This is the beginning treatment regimen.

Initial treatment may consist of private consultations or group therapy, whichever is considered to be in the best interest of the particular patient. It is noteworthy, however, that the greatest success has been obtained by introducing the "new" patient into group therapy as soon as possible.
Medications chiefly in the form of sedatives are continued, as are the therapy sessions, and the patient is introduced to Activity Therapy (such as art or other self expressions) with resulting "work" used as further diagnostic tools. The patient is also introduced to learning situations where appropriate and to other social activity.

As treatment continues, the patient is introduced to work therapy in an area of the hospital. This is a stride forward in re-introducing the patient to the work-a-day world to which he or she must eventually return, depending, of course, upon progress toward either cure or stabilization of the patient's condition.

Throughout this treatment process and in any conversation with the hospital's professional staff, constant emphasis is placed on efforts at restoring the patient to community life.

In cases where the patient is totally rejected by family and friends, institutionalization is a real danger to the patient. The staff does everything to discourage such dependency on the part of the patient.

Even in cases of rejection, patients can recover to the extent that they are able to be returned to society through the medium of "half-way houses," boarding homes or nursing homes. These places do not leave the patient completely on his own, but with continuing medications, the boarding home will allow a freedom and normalness never available to those who slip into the dependency of institutionalization.

**Hospital Staffing Pattern:**

Chart 9 on the following three pages shows the current staffing.
<table>
<thead>
<tr>
<th>POSITIONS</th>
<th>AUTHORIZED</th>
<th>USED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Services:</td>
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<td></td>
</tr>
<tr>
<td>Administrative Officer IV</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Administrative Officer III</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Administrative Officer II</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Administrative Officer I</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>In-Service Training Coordinator</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Accountant-Auditor II</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Accountant-Auditor I</td>
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<td>2</td>
</tr>
<tr>
<td>Account Assistant</td>
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<td>2</td>
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<tr>
<td>Accountant III</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Personnel Records Technician</td>
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</tr>
<tr>
<td>Clerk IV</td>
<td>1</td>
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</tr>
<tr>
<td>Clerk III</td>
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<td>5</td>
</tr>
<tr>
<td>Clerk II</td>
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<td>Clerk I</td>
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<tr>
<td>Messenger</td>
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<td>2</td>
</tr>
<tr>
<td>Key Punch Operator I</td>
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<td>1</td>
</tr>
<tr>
<td>Telephone Operator II</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Telephone Operator I</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Automatic Machine Trainee</td>
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<td>1</td>
</tr>
<tr>
<td>Secretary I</td>
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<td>1</td>
</tr>
<tr>
<td>Secretary-Transcriber II</td>
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<td>1</td>
</tr>
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Chart 9: (continued)

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35
Chart 9: (concluded)

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<tr>
<td>Beautician</td>
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</table>

Overall shortage: 76

Of the positions shown:

2 are in exempt status -- not subject to the State Personnel Act

4 are provisional -- awaiting test results either for appointment or promotion

67 are in probationary status -- less than six months in present position

361 are in permanent status

17 are being considered for promotion

0 are temporary or emergency employees

Source: Budgeted Positions Report, Department of Automated Data Processing, State of New Mexico, Santa Fe, June 30, 1970.
pattern of the hospital. This is included for two reasons: first, the career patterns for this institution will be based upon the current authorized positions, and secondly, the listing of positions will give the reader some insight into the job classifications involved in the operation of such a treatment facility. This listing includes only the psychiatric/general hospital portion of the Las Vegas Medical Center and does not include the staff of the Meadows Home. It is worth noting, however, that much of the staff listed here perform functions for the Meadows Home. An example would be in specific medical care. A patient needing medical treatment, but residing at Meadows Home, would be moved into the general hospital area of the Medical Center for that specific treatment then returned to Meadows. Similarly, the food service unit serves both the psychiatric hospital as well as the Meadows Home.

Because this pattern changes almost daily in the actual number employed, it can be considered accurate only on the "as of" date of the report. The authorized positions, however, are set generally for the period of a Fiscal Year, and are controlled by the Department of Finance and Administration in both types and numbers. This is not without purpose. A fairly rigid personnel structure forms a major portion of the base upon which budgeting is carried out. Thus, authorized positions have probably changed little since the listing was completed.
THE PERSONNEL PROBLEMS AREA

The Big Four Problems:

At the risk of slight repetition, I will reiterate the personnel problems currently confronting the Las Vegas Medical Center, with a short accompanying comment on each.

a. There is a high degree of turn-over among the lower level of employees. I should stress, however, that this turn-over rate is not solely relegated to the lower level employee. Chart 10 on the following page reveals loss in numbers for a one-year period. The "reasons" for leaving the job as noted in the left column are to a degree predetermined in that they are printed on the Personnel Actions form, which is used to effect all hirings, releases, resignations, and other changes of status for state employees. A sample of this form may be found in Appendix 6.

Chart 11 on page 40 further breaks down the employee loss by sex, job levels involved in the losses, and the average work experience of employees lost during the month indicated.

As can be noted from this latter chart, during five of the months, employee turn-over involved even top level jobs. In one instance this involved the "number two man" in the department. His reason for resignation was to accept a higher-paying job in another city.

I should emphasize that these charts reflect losses from DHI on a state-wide basis (all eight institutions).

b. The second problem of the "big four" is a continuing shortage of professional personnel. Please refer back to Chart 3 on page 13.
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<th>Oct 69</th>
<th>Nov 69</th>
<th>Dec 69</th>
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<th>Jun 70</th>
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Source: Termination Report, Monthly, Department of Automated Data Processing, New Mexico State Government, Santa Fe.
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</tbody>
</table>

Source: Termination Report, Monthly, Department of Automated Data Processing, New Mexico State Government, Santa Fe.
for the specifics of these shortages.

c. The third problem involves a trained middle management staff. I do not mean to infer a total lack of middle management, as workers (for example, Attendants) do progress from the "I" to the "II" to the "III" levels. However, this upward movement is based to a large extent on length of service rather than on an improvement of their personal qualifications. A sixth grade drop-out may qualify for Attendant I by virtue of state residence and by passing the state administered test. This individual may then be appointed, receive in-service training, and after a year or two, qualify for promotion to the "II" level. The Attendant II is expected to exert some form of supervisory authority over the "I" level employee and probably does. The Attendant III level requires this "supervisory experience." The "III" level is as high as this individual may progress. At no time is the individual required to take any additional formal training. Thus, attaining the top level in this work class is based on length of employment, merit, reasonably good work, and supervisory experience.

Not all is automatic, however. I recall the case recently of one Attendant I who had worked over 30 years for the Las Vegas Medical Center and retired, still as an Attendant I. This could be true of several other positions although I could find no specific case.

d. Finally, there is currently no meaningful up-grading in most positions based on in-service or outside-the-hospital formal schooling. Therefore, the worker merely marches forward on the pay scale. He or she does not grow into a position of middle management. I hasten to add, however, that there are few actual middle management positions available
in the state classified position listing.

**Some Assumed Reasons for these Problems:**

Possibly one reason for the rapid turnover is what I refer to as "job isolation." The incumbent, once in the job, sees only that job. He or she may not understand that with personal improvement, upward mobility in the state service is definitely possible. Thus, he holds the job until something better comes along, then leaves the state service. The "career incentive" is missing.

Chart 12 on the following page may present another reason for the personnel problems. This chart compares entering level salaries in New Mexico with those of neighboring states, and with Federal salaries. All of this is for benchmark positions. Pay is a major concern to a man with a family to house, feed, clothe, and educate, and these differences in pay are not unknown to the worker.

To provide the reader with further comparison, I have chosen to compare non-state income for four New Mexico counties: Bernalillo which contains the state's only metropolitan area, San Miguel where the Las Vegas Medical Center is located, Harding with the smallest population in the state, and Los Alamos where income reflects the high level of Federal pay. In Los Alamos County, there are extremely few employed persons who are not on the Federal payroll or whose pay is not influenced by the Federal scale.

Chart 13, page 45 indicates that the average, non-state weekly wage under "covered employment" (Unemployment Insurance) in Las Vegas was
CHART 12:

Comparison of entering level salaries paid by the State of New Mexico, neighboring states and by the Federal Government.

NEW MEXICO 100.0%
OKLAHOMA 106.6%
UTAH 110.0%
COLORADO 111.0%
TEXAS 113.6%
ARIZONA 114.0%
NEVADA 123.3%
FEDERAL 127.3%
Average of six Neighboring states 113.2%

$62.73 in the first quarter of 1967. Average state pay (not covered by unemployment insurance) had reached only $59.54 weekly three years later (Chart 4, page 18).

Another assumed reason for personnel turn-over which may not have been fully recognized, either by management or by the worker, is the individual applicant's suitability for the work for which he is applying.

One hospital administrator within the state system put it this way, "Whoever the person is, and whatever he does, he must be hospital oriented."

An attendant's job among the mentally ill could be considered as hazardous. A violent, mentally ill patient who misses a period of medication could easily revert to violent ways. It does not take the Attendant long to realize this. Further, working among the type of patient found in such an institution can be both depressing and frustrating. The worker "just can't take it..." and soon leaves.

The hiring interview may not always take this matter of suitability into consideration, or if it does, the applicant, desperate for a job, may sublimate any fear of the job in order to obtain work.

Hospital location may also be an assumed reason for personnel problems and/or the workers that the institution can recruit. While Las Vegas is a fair-sized small city, its general appearance is scarcely one which would attract newcomers. In fact, in recent months, Las Vegas Hospital has lost two employees on just this basis. One already-hired applicant arrived on a Sunday. The executive offices were closed, of course, so the worker busied himself looking around town. On Monday, the
<table>
<thead>
<tr>
<th>County</th>
<th>First Quarter 1967</th>
<th>First Quarter 1968</th>
<th>First Quarter 1969</th>
<th>Third Quarter 1970</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bernalillo</td>
<td>$108.02</td>
<td>$117.79</td>
<td>$122.45</td>
<td>$121.29</td>
</tr>
<tr>
<td>San Miguel</td>
<td>62.73</td>
<td>67.58</td>
<td>72.20</td>
<td>76.45</td>
</tr>
<tr>
<td>Harding</td>
<td>86.42</td>
<td>78.20</td>
<td>96.05</td>
<td>104.78</td>
</tr>
<tr>
<td>Los Alamos</td>
<td>114.95</td>
<td>122.00</td>
<td>114.58</td>
<td>124.88</td>
</tr>
<tr>
<td>State-wide Average</td>
<td>100.56</td>
<td>107.56</td>
<td>112.32</td>
<td>113.29</td>
</tr>
</tbody>
</table>

hospital received a call from that worker from a town in Texas, describing Las Vegas in terms which can't be printed here, ending with the observation that under no circumstances would he consider living in such a place. The second instance all but duplicates the first.
PART TWO

The discussion of a proposed solution, utilizing the "career ladder" as referred to in Part One, and a schematic sketch of the plan.
INTRODUCTION TO PROPOSED SOLUTION

It was noted in Part One that there is generally a shortage of medical and para-medical professionals on a national scale. New Mexico is as much subject to this shortage as is any other area of the nation. The Department of Hospitals and Institutions, as the state's medical agency suffers from this scarcity, but the problem is further complicated by poor pay scales for all levels of workers, the lack of trained middle management personnel, the suitability of some of the DHI employees for the work they undertake to do. The location of some of the DHI facilities may also play a part in both the recruitment and holding of employees.

In this section, I will propose that the Department of Hospitals and Institutions put into action a form of internal personnel management, "career ladders" as discussed in part one, in an effort to better carry out its mission. Hoped-for results might include:

1. Greater stability in the employee, particularly the lower level employee, through career incentive hiring.

2. Creation of a trained and stable middle management staff of para-professionals through internal and external training programs and the creation of middle-management positions.

3. Through items one and two above, free the professional to spend a maximum amount of his or her time in professional level duty.

4. Bring about an eventual reduction in personnel costs caused by the excessive turn-over in employees.

5. Lead to means by which the state could enter the area of assisting the disadvantaged in finding useful careers in an employment
area where there are currently shortages and in which shortages are bound to increase as the state grows.

The Proposed Plan:

Figure 1 on page 49 is a sketch of the plan. The reader will note the three already-referred-to divisions of hospital activity -- Administration, Ancillary Services and Direct Patient Care.

Classified positions already in use within the State Classification Plan will be grouped within these three major activity areas. The lesser jobs will lead upward to the more complex. At the bottom of the Administrative "ladder" one would find Clerks, Secretaries, Account Clerks and the like. Proceeding up the "ladder" would be the intermediate positions of Account-Auditor, Clerk IV, and so forth. At the top of the "ladder" would be the top level position of Hospital Administrator II.

At this point, it is noteworthy to indicate that the administrative career ladder is almost complete. Job classes move in generally even steps upward from the lowest position (messenger) to the top level position of administrator. For this reason, there is considered to be no need for the insertion of middle management classifications in this career pattern.

Such, however, is not the case either in the Ancillary Services or Patient Care areas. More on this facet, presently.

Immediately below the three career ladders, the reader will note one broad category marked "entry level."

All applicants for hospital work, not possessed of specific backgrounds which would fit them for placement in one of the positions in one
FIGURE 1: Schematic Plan of the Career Ladder System for use at the LWMC

Categories within career ladders:

1. Administration
2. Budget/Finance
3. Personnel
4. Secretary, Steno, Typist
5. X-Ray/Med Lab
6. Food Services
7. Pharmacy
8. Maintenance/ Laundry
9. Supply
10. Medical/Dental
11. Therapy/Rehabilitation
12. Nursing
13. Recreation/ Volunteer Services
of the three specific categories of employment, would begin at this level.

The entry level might be called Mental Health Worker Trainee. It would be a new class. Specifications for this class can be found in Appendix 2. Briefly characterized, it requires no minimum in education, one-year's residency in the state (in compliance with the law)\textsuperscript{10} and a willingness to undergo training. Qualification will require a basic test to be administered through the State Personnel Office Examinations Section.

This trainee position would carry an 18 month limit. During this time, the suitability of the applicant for hospital work would be determined. This would be the task of the in-service training staff of the hospital under whose immediate direction the trainee would fall.

Also, during this time, by circulating the trainee through all three major sections of the hospital, the trainee would be free to choose a career area most interesting to him. Again, he would be assisted and guided by the training staff. In the event the trainee had already determined an area of interest, his circulation throughout all hospital areas would give him a thorough understanding of the hospital.

While being circulated throughout the hospital, the trainee, while in any given section of the hospital, would actually perform meaningful work in that section. Also, during this period, any trainee not possessed of a high school diploma would be encouraged to enroll in continuing adult education courses on his own. (These are free of charge in all communities of New Mexico having the program).

The evaluation of the trainee could be carried out, as mentioned above, through a series of tests. These tests should show not only
aptitude, but should be designed so as to measure his progress in the trainee program.

Following this eighteen-month training period and the selection of a specialized area, the employee, who by this time would have become a "permanent" employee of the state, would move into apprenticeship-type work in his selected area of specialization. All the while, he could continue his education toward a high school diploma or enter a junior or community college, studying in his area of specialization.

Following the apprenticeship period, progression up a firm career ladder would follow based upon service, personal improvement through training, and actual work experience. No limit would be placed on the responsibility level to be reached by the employee. At any given point, he or she would be free to waive any further training, but in so doing would automatically limit the career he had undertaken.

It should also be noted that transfer from one hospital specialty area to another could be effected at any time. The only prerequisite for such a transfer would be meeting the minimum qualifications for the job into which the worker wished to transfer.

This much of the plan would utilize the under-employed or the unemployed who have little demonstrable skill. There would be no effect on recruiting or entry by any applicant into specific positions for which he or she qualified at any level of hospital work. Thus, there are two means of entry: from the very bottom for the underprivileged or undereducated or from the side (laterally) for anyone possessed of the skills necessary to meet the minimum qualifications for the position for which applying.
Nor should this plan interfere in any way with continued and direct recruitment of the professional worker. Conducting in-service training would be required of the professional worker. This is both expected and a standard part of any professional worker's time in a hospital setting.

This is not an impossible vision. One case does not a fact make, but the state service currently has in its employ in a top level position at one of its institutions (the position is that of Administrator), an individual who began work at that institution a few years ago as a janitor! Through continued schooling, length of service, and movement between jobs this individual has worked his way to the top with only minimal help from his contemporaries.

With Any New Plan there are Both Problems and Expenses:

First let us discuss possible problems.

Working, then spending off-duty time learning can be an exhaustive way to earn a better job and/or paycheck. Many will fall by the wayside no matter the strength of their initial intentions. Those who do fall down in their efforts toward betterment should not be penalized. They will continue in the work for which they are qualified and progress as far as possible within necessary minimum qualifications. There will always be a need for less-important tasks, and those willing to settle for a specific level of accomplishment should be utilized at that level.

For those desiring to continue their self-improvement, the training staff is there for that reason, to help them in every way possible. It is important that each worker realize this and make use of all possible training opportunities.
The second problem will be expense. Training staffs at any institution will of necessity have to be increased to accomplish their training mission. I have not studied this, but I doubt seriously that the cost of an increased training staff would exceed the costs involved in the loss of one worker, and the recruitment and training of a replacement. This cost is now "hidden" yet it is very real. Knowledgable personnel executives have estimated that the loss of an experienced worker, and the gaining and training of a satisfactory replacement is equal to six months salary for the job involved. Thus, going back to the one-year loss of 714 individuals (Chart 10, page 39) and utilizing the lowest wage paid ($278 per month), DHI's hidden cost through personnel losses for that one year period was approximately $198,000!

Assuming the training staff to be only 50 per cent effective in reducing turn-over, $99,000 would provide for excellent training activity.

There will be other problems. Many workers in DHI, particularly at the lower levels, are women earning a "second income" for their families. These individuals may not be interested in the complexities of this proposed program. They may wish only temporary employment or may wish to remain outside the training program. This is perfectly acceptable. For those merely seeking a job, there will always be just a job either on a temporary or permanent basis. No worker must be forced into this program, but every worker should be given the opportunity to participate if he or she wishes to do so.

There is always the problem of trial and error. I am not prepared to give a guarantee that such a program will achieve the hoped-for results. Turn-over may continue. Until more adequate wages are
considered for professional level personnel, and until they as a group become more plentiful, their shortage alone will create the problem of responsible tasks being delegated to lower and lesser-experienced levels of workers. In a way, however, this delegation of duty is a form of on-the-job training and in that respect will help to build the middle management staff being sought.

Adoption of this program may result in minor changes in State Personnel Board Rules. As these problems arise they must be adjudicated within the Personnel Law.

Adoption of this program at the Las Vegas Medical Center may well require certain internal personnel changes. Every effort must be made to retain current employees and "grandfather-in" those whose positions may be affected by change.

The term "Grandfathering" is widely used jargon in personnel work, and can best be explained with the following example.

When the minimum requirements for a job classification are altered upward, incumbents in such positions are technically no longer qualified to hold that job. It would be unfair to demote or dismiss them, since they, as individuals, had no part in the altering.

Also, they have performed in the job, and presumably can continue to do so. It is common practice in such situations to retain the individual without change. They are "grandfathered" into the "new" position, and receive any increase in pay, if such is involved. New applicants for the job, however, must meet the new (higher) standards.
PART THREE

The Career Patterns. Figures 2, 3, 4, and 5, explain the concept of "career ladders."
EXPLANATORY NOTES, FIGURE 2. THE ENTRY LEVEL

As explained earlier in the text, the current beginning pay range is Number 24 for the lowest classes. The complete Pay Schedule appears in Appendix One.

To place this new Entry Level position (Mental Health Worker Trainee) into effect, pay ranges for all job classes, except for any other trainee positions of similar make-up, will need to be elevated from one to four ranges higher than at present. As a suggested guide, I present the following Pay Range Grid:

<table>
<thead>
<tr>
<th>PAY RANGE GRID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Range 26 to 29</td>
</tr>
<tr>
<td>Range 30 upward*</td>
</tr>
<tr>
<td>Range 41 upward*</td>
</tr>
<tr>
<td>Range 44 upward*</td>
</tr>
<tr>
<td>Range 48 upward*</td>
</tr>
</tbody>
</table>

* - The minimum beginning wage would be Range 41, for example, for positions requiring a minimum of a Baccalaureate Degree. If the Job Classification requires, for example, Baccalaureate plus 2 years of experience, the Beginning Range might be 42 or 43.
I emphasize again that the entry position of Mental Health Worker Trainee would replace the now existing "Attendant I." Thus, using the preceding pay grid, the Mental Health Worker Trainee, when used, should have a beginning wage of Range 26 ($300 per month). This, in turn, would boost other position classifications to higher ranges in accordance with the grid minimums.

The entry level, the reader will remember, is to be used to bring into the hospital service the educationally underprivileged, train and evaluate them for a hospital career, and encourage them to improve educational skills in order to progress upward in the career pattern of choice.

Plan for Utilization of Currently Employed but Undereducated in the State Service -- "Grandfathering."

Personnel currently in the state service in a designated position, for example Attendant I, who are under-educated for the position as revised herein, would not be demoted to the Trainee level to match educational level, but would be automatically retained in the Attendant I (Mental Health Worker I) position, that is, "grandfathered in." With the understanding that the individual employee would set about achieving a higher educational level required for that job. Those choosing not to do this would not be eligible for promotion above the point at which they were grandfathered into the new classification. Those choosing to achieve the educational requirement would, of course, become eligible for promotions as higher educational and other qualification levels were met.

On the other hand, personnel with higher educational levels than
called for in their current positions would be given consideration for upward movement in the career pattern as soon as possible, considering performance and eligibility or length of service requirements.

This has the effect of rewarding those employed who have gained or will gain a better education as well as meeting performance standards. This is "incentive" or "challenge" and it is available to all. It is non-discriminatory because education through high school is free throughout the state.

Baccalaureate Degrees, on the other hand, cost money and are not available to some. At the Baccalaureate level, however, where a degree is not completely mandatory in order for an employee to perform a given task, a substitution is always written into the job specification allowing a certain amount of work experience as a substitute for a degree. In such cases, continued state service (experience in the job) is equivalent to a degree.

There is a limit to this work substitution. Some job classifications (engineering, for example) must require a minimum of formal training to the Baccalaureate level or higher if the work of the state is to sustain the necessary professionalism and be carried out correctly and efficiently.

To some, this may be considered as over-reliance on "credentialism," the requiring of a degree or educational level where such an educational achievement is really not necessary for the task at hand.

"Credentialism" is a subject in itself and cannot be discussed here, so for our purposes, we will consider that the state will write in degree or educational requirements in a realistic manner when creating positions.
The state will be expected to consider a degree as an absolute minimum for a classification only where necessary.

Although the attainment of a degree is a serious hurdle for the adult to achieve while working to support a family, it can be done and should not be considered to be beyond either personal or financial reach. Such a degree will mean much more in the way of individual compensation over the years.

A Federal Program:

The State Office of Economic Opportunity, at the time of this writing, is preparing a grant request to provide compensation to the under-educated to allow part time work and part time school in an effort to up-grade skills. The precise details of the program are yet to be completed and, of course, Federal funding for such a program remains uncertain. If the grant, as envisioned, is brought into being, this will be an opportunity for the under-educated to better themselves and increase their employment opportunities. The idea is not unlike the work-study program which has been in effect for a number of years in some areas of the country including New Mexico.

Certain state agencies were selected to take part in this program if it comes to fruition. DHI is one of these agencies.

Also, the plan envisions certain obligations on the part of participating agencies which will be a plan for advancement of the educated individual on a step by step basis. The career pattern proposed for DHI is intended for that purpose, and the writer has already submitted a synopsis of the plan as a part of the preliminaries for the grant.
submission. The current status of the plan is uncertain, but it remains under active consideration.

State Educational Proposals:

Recognizing the shortage in some governmental work specialties, DHI has recently been invited by the State Department of Education to cooperate on plans whereby the state educational institutions could either adapt curricula or add specific courses or educational programs of formal classes for those in state employ wishing to up-grade their talents. This plan would be effective at all levels. The University of New Mexico has perhaps become the leader in this field by offering graduate work in Public Administration on an inter-disciplinary basis for state employees. The writer was among the earlier persons to avail themselves of the opportunity so presented.

The Las Vegas Medical Center is admirably situated to take advantage of such a program, since the Highlands University is just across the city from the hospital.

A Process for Handling the Entry Level Employee

The state recruiting and testing methods to appoint entry level employees can be easily accomplished under existing routines.

The utilization of such entry level employees should be an on-going program, not tokenism. The budget as well as the needs of Las Vegas Medical Center will play a major part in determining whether recruitment-appointment in this lower level class will be continuous or will be
limited to specific times during the year (or lesser periods) when a group of manageable size can be undertaken, much as would a class in school.

I personally would prefer a program of a continuous nature, moderate in size. In so doing, the hospital would be assured a continuous (it is hoped) supply of promotables to the higher levels in the career pattern. Personnel from the training level could step into the lowest full-work levels with a minimum of time and difficulty in cases of unanticipated loss of permanent workers.

Further, I would note, that although the Trainee classification is of 18 months duration, that period is considered to be a maximum. Promising Trainees could be moved upward as early as 12 months after beginning the Trainee level classes, depending upon their demonstrated value in the organization. Such promotion is possible under existing State Personnel Board rules.

Proposed Job Specification -- Mental Health Worker Trainee

For the proposed job specification for this new entry level of trainee, please refer to Exhibit 2, Appendix 2.
FIGURE 2: (ENTRY LEVEL) for the educationally disadvantaged

CROSS CAREER POSSIBLE. Individual needs only to meet the minimum qualifications for position for which he or she wishes to apply. Movement will normally be upward, however.

ENTRY LEVEL

Mental Health Worker Trainee (equivalent to the position of attendant I in current usage).

See Appendix 2/Exhibit 2 for the proposed job specification for this position.

This position has no minimums on education.

Minimum Age: 18

Willingness to undergo in-service training, and/or to return to, or complete high school education via study or GED.

Length of training in this entry level is 18 months or less, as appropriate.

During this period, applicant will be determined as suitable for service (hospital) type positions.
EXPLANATORY NOTES, FIGURE 3: THE ADMINISTRATIVE SERVICES CAREER PATTERN

The administrative Career Pattern which begins on page 65 is presented without suggested change.

The reader will note that the build-up from the entry level is reasonably consistent step by step in each of the four categories comprising this career pattern.

Although the Secretary/Steno/Typist category ends at the class of Administrative Secretary (Range 38), work experience in this responsible category can allow the incumbent to reach a monthly salary of $820 by the end of a full career in the state service, under current salary schedules.

At this point (or at an intervening point), a lateral transfer can be made into the class of Administrative Specialist or into Accounting or Personnel, depending upon qualifications of the individual.

I would reiterate that the salary ranges as shown in this figure should be revised upward to make New Mexico more competitive with at least the surrounding state jurisdictions, and more commensurate with the Salary Grid on page 55 in terms of education.

The reader will note also that Hospital Administrator I and II and Medical Services Officer I and II are shown in the figure as "not authorized" -- (dot). If reference is made to the Staffing Pattern of the LVMC, Page 34, Chart 9, it will be noted that Administrative Officer I, II, III, and IV are used. This is a matter of title, not of persons actually authorized to perform the work. The facility has not yet changed titles from Administrative Officer, to either Hospital Administrator or Medical Service Officer. These latter two titles and specifications
therefore, are essentially the same as for Administrative Officer. The title changes, relatively new, were effected to more clearly delineate the type of administrative work performed. Title changes will eventually be accomplished.

The title "Hospital Program Specialist" was created by the DHI, but to date has not been authorized at LVMC since its use there is not particularly relevant to the mission of the facility.

Supply Administrator is a title which can be utilized either in the Administrative or Ancillary Services patterns at the discretion of the director of the institution. For this reason, I have listed this title both under Administration and Ancillary Services. The position is not filled at LVMC, however, because the size of the operation plus budgetary limitations has prevented filling the position. That level of responsibility has been shifted to "Headquarters," in Santa Fe in an effort to consolidate, and as a budgetary saving.

Personnel Officer (all levels) again are not filled. Personnel work has been centralized in DHI "Headquarters" in a move for economy. For this reason, the level of responsibility in personnel work remaining at the LVMC can be handled by a Personnel Records Technician. Without this centralization of activity, a Personnel Officer of the "III" level would need to be authorized for LVMC.

Other unfilled positions in the career pattern are not filled at LVMC, either as an economy move, or due to lack of need at the level of responsibility attendant to the position.
KEY TO FIGURE 3: THE ADMINISTRATIVE SERVICES CAREER PATTERN

(1) job
(2) Dot: These positions are:
   a. Not authorized at LWMC, eg., "Occupational Therapist," because this is not a function of the facility, but would fit in the career progression at this point.
   b. Not authorized because the level of work or supervision is not a part of LWMC.
   c. Not authorized. Position is being filled by a related class, eg., "Podiatrist Technologist." This position is filled by an "Attendant."

(3) "X" Newly assigned — not shown elsewhere in the charts.
(4) "XX" This position has been vacant almost continuously because of a total lack of applicants.
(5) "Plus" sign Not used at this level at LWMC, but would be needed with any increase in work or patient load.
(6) "N" New — proposed as a part of this study.

*** See concluding page of chart. There is no pay level below Range 24 on the current pay schedule (Appendix 1). The "Entry Level" should begin at Range 25, and all other ranges should be moved upward from 1 to 4 ranges. Details of the range changes are shown in "Recommended Grid of Ranges," page 55.
**FIGURE 3: THE ADMINISTRATIVE SERVICES CAREER PATTERN**

<table>
<thead>
<tr>
<th>Range</th>
<th>Administration</th>
<th>Budget/Finance</th>
<th>Personnel</th>
<th>Typist</th>
</tr>
</thead>
<tbody>
<tr>
<td>54</td>
<td>Hospital Admin-</td>
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</tr>
<tr>
<td></td>
<td>istrator 2</td>
<td></td>
<td></td>
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<tr>
<td>52</td>
<td>Hospital Admin-</td>
<td></td>
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<tr>
<td></td>
<td>istrator 1</td>
<td></td>
<td></td>
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<td>51</td>
<td>Dir. Budget &amp;</td>
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<tr>
<td>50</td>
<td>Hospital Prog-</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>ram Specialist 2</td>
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</tr>
<tr>
<td>48</td>
<td>Medical Services</td>
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<tr>
<td></td>
<td>Officer 2</td>
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<td></td>
</tr>
<tr>
<td>46</td>
<td>Hospital Prog-</td>
<td>Auditor 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ram Specialist 1</td>
<td></td>
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<tr>
<td>45</td>
<td>Medical Services</td>
<td></td>
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<tr>
<td></td>
<td>Officer 1</td>
<td></td>
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<tr>
<td>44</td>
<td>Auditor 3</td>
<td></td>
<td></td>
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<tr>
<td>43</td>
<td>In-Service</td>
<td>Accountant 3</td>
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<tr>
<td></td>
<td>Training</td>
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</tr>
<tr>
<td></td>
<td>Coordinator</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Supply Admin-</td>
<td></td>
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<tr>
<td></td>
<td>istrator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>Buyer</td>
<td></td>
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</tr>
</tbody>
</table>

*(Centralized in Santa Fe)*

*All personnel work is centralized in Santa Fe, except for Technician, below)*

**continued**
FIGURE 3: (continued) THE ADMINISTRATIVE SERVICES CAREER PATTERN

<table>
<thead>
<tr>
<th>Range</th>
<th>Administration</th>
<th>Budget/Finance</th>
<th>Personnel</th>
<th>Typist</th>
</tr>
</thead>
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<td></td>
<td>Personnel Officer 2</td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>Administrative Specialist 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td></td>
<td>Account-Auditor 2</td>
<td>Personnel Officer 1</td>
<td>Administra-</td>
</tr>
<tr>
<td>37</td>
<td></td>
<td></td>
<td></td>
<td>tive Secretary</td>
</tr>
<tr>
<td>36</td>
<td>Administrative Specialist 1</td>
<td>Account-Auditor 1</td>
<td></td>
<td>Secretary 3</td>
</tr>
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<td>34</td>
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<td>33</td>
<td>Clerk 4</td>
<td>Personnel Records Technician</td>
<td>Secretary 2</td>
<td></td>
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<td>32</td>
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<td></td>
<td></td>
<td>Secretary 1</td>
</tr>
<tr>
<td>31</td>
<td>Account Assistant</td>
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<td>Secret- ary Transcriber 1</td>
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<td></td>
<td></td>
<td>Secretary Transcriber 2</td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td>Key Punch Operator 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td>Steno 3</td>
</tr>
</tbody>
</table>

Progression with training and experience

continued
FIGURE 3: (concluded) THE ADMINISTRATIVE SERVICES CAREER PATTERN

Range Administration Budget/Finance Personnel Typist Secretary/Steno

30 Cont'd

29 Clerk 3

28 Ward Clerk

27 Account Clerk

26 Ward Clerk Trainee

25 Messenger

24 Clerk 1

Bookkeeping Machine Operator

Telephone Operator 2

Automatic Machine Operator 2

Key Punch Operator 1

Typist 3

Steno 2

Typist 2

Automatic Machine Operator 1

Steno 1

Typist 1

Automatic Machine Trainee

(Entry Level) Mental Health Worker Trainee **

concluded
EXPLANATORY NOTES, FIGURE 4 THE ANCILLARY SERVICES CAREER PATTERN

Positions marked "N" in this figure indicate suggested job classifications which are not currently within the state listing. One such position is "Pharmacy Aide." Under current staffing, the hospital Pharmacist must perform not only his professional duties, but must also devote at least a part of his time to dispensing prepared medications, cleaning utensils, and so forth. Even if provided a "clerk" of some level, the Pharmacist is still not in a position to totally trust such a "clerk" with the handling of pharmaceuticals. Thus, at any time the Pharmacist must be absent from the pharmacy, the activity ceases for all intents and purposes. This situation is what I have referred to earlier in the study as a dilution of professional effectiveness.

By providing a permanent, knowledgable aide to the Pharmacist as suggested by the new job specification, the more menial tasks could be handled, the pharmacy need not be considered "closed" merely because the pharmacist is absent, and pharmacy procedures could well be improved.

The proposed "Pharmacy Aide" job specification will be found in Appendix 3, Page 106.

There is also one, or possibly two more positions which could be considered for placement in the Ancillary Services Career Pattern. They Are:

Chief of Maintenance (shown on chart)
Chief of Ancillary Services (not shown)

If utilized, the Chief of Maintenance would be, as shown, the top level position in the Maintenance/Laundry category of the career pattern.
I envision the job to be the outgrowth of time, service and education on the part of someone in the maintenance man series which is at lower levels within the category. An incumbent in such a position would be required to have the broadest possible background in maintenance services of hospital or institutional facilities, a high school diploma, some special trade or journeyman experience in one or more phases of building and maintenance, and several years of experience in this type of work as well as supervisory capabilities.

An alternative to this position or perhaps in addition to it, a position entitled "Chief of Ancillary Services" (not shown on chart) also could be utilized.

Chief of Ancillary Services should be an administrative position which would pull together the wide variety of activity in ancillary services, coordinate and/or interrelate them as necessary to secure effective cooperation, and in turn be responsible to the institutional director for operations in this grouping of categories. A Medical Service Officer (an established job specification) could be used in this capacity.

Since this position might be thought of as an organizational matter rather than a specific job category, I defer to the individual organization as to whether or not such a position would be of value. Such a position would, however, form a natural top-level position for any worker in the Ancillary Career Pattern with the experience, knowledge and education necessary to manage the ancillary activities of an institution.
Of the five categories listed in the Ancillary Career Patterns, all positions appear to follow in a reasonable continuum. My only comment is that the positions should be raised in Range to be compatible with the responsibility accorded the positions in the existing job specifications.
KEY TO FIGURE 4: THE ANCILLARY SERVICES CAREER PATTERN

(1) job

(2) Dot: These positions are:

a. Not authorized at LVNC, eg., "Occupational Therapist," because this is not a function of the facility, but would fit in the career progression at this point.

b. Not authorized because the level of work or supervision is not a part of LVNC.

c. Not authorized. Position is being filled by a related class, eg., "Podiatrist Technologist." This position is filled by an "Attendant."

In progressing up the ladder, not all jobs are succeeding one another. Lines attach to progressive classifications. Some jobs are "independent," having neither preceding nor succeeding positions.

(3) "X" Newly assigned — not shown elsewhere in the charts.

(4) "XX" This position has been vacant almost continuously because of a total lack of applicants.

(5) "Plus sign" Not used at this level at LVNC, but would be needed with any increase in work or patient load.

(6) "N" New — proposed as a part of this study.

** - See concluding page of chart. There is no pay level below Range 24 on the current pay schedule (Appendix 1). The "Entry Level" should begin at Range 25, and all other ranges should be moved upward from 1 to 4 ranges. Details of the range changes are shown in "Recommended Grid of Ranges", page 55.
* Supply Administrator is also shown as an Administrative position. The using agency is free to determine location of this position in accord with its individual organizational chart.
FIGURE 4: (continued) THE ANCILLARY SERVICES CAREER PATTERN

Range

X-Ray and Medical Lab

Food Services

Pharmacy

Maintenance and Laundry

Supply

35 Cont'd

34

33

32

31

X-Ray Technician 1

Medical Laboratory Technician 1

EEG Technician

Food Service Supervisor 1

Butcher

Maintenance Man 2

Executive Housekeeper

Carpenter

Power Plant Operator

Maintenance Mechanic

Storekeeper 3

Storekeeper 2

Progression with training and experience

continued
FIGURE 4: (continued) THE ANCILLARY SERVICES CAREER PATTERN

Range

30 Cont'd

R
c

30

X-Ray and Medical Lab

Baker

Cook 3

Cook 2

29

Food Services

28

X-Ray Operator

27

Pharmacy

Maintenance and Laundry

26

EKG Technician

Cook 1

25

Laboratory-Radiological Aide

Food Service Aide 2

Pharmacy Assistant

24

Maintenance Assistant

23

Laundry Worker 2

22

Supply

21

Farm Foreman

Laundry Manager

20

Gardener

Custodian Foreman

Housekeeper

29

Boiler Fireman

Maintenance Man 1

Custodian 2

Sewing Room Supervisor

28

Storekeeper 1

27

continued
FIGURE 4: (concluded) THE ANCILLARY SERVICES CAREER PATTERN

- **Range**: X-Ray and Medical Lab
- **Food Services**: Pharmacy
- **Maintenance and Laundry**: Supply

- **24 Cont'd**: Food Service Aide 1
- **Watchman**, **Utility Worker**, **Seamstress**, **Laundry Worker 1**

- **Mental Health Worker Trainee (Entry Level)** **concluded**
EXPLANATORY NOTES, FIGURE 5, THE PATIENT CARE CAREER PATTERN

Between Ranges 32 and 53, the Physician/Dentist has no assistance of a para-medical nature. He must rely on the professional nurse or the LPN, both of which are in short supply as noted earlier in the text. Beyond these short-supply professionals, only the Attendant I, II, or III provides direct patient contact. As we have seen also in the text, these individuals are generally of low educational development, turn-over at too rapid a rate to build up in themselves a degree of experience which would be desirable, receive only minimal in-service or on-the-job training and may or may not be suited to the type of work in which they are engaged.

It would seem wise, therefore, to give the hard-pressed medical professional an "assistant" possessed of meaningful competence.

This sounds easier than it is. For some years, the American Medical Association, realizing the seriousness of the shortage of medical doctors, has been attempting to devise a category of employment that might be termed "physician assistant." This is similar to MEDEX utilized in Washington State and well-accepted by the public in general. It utilizes health workers such as retiring or discharged medical corpsmen from the armed forces. Not every discharged or retired man or woman is chosen for the MEDEX plan, and those so chosen do undergo added training, but it is a realistic approach to a very pressing problem and certainly worthy of wider study.

In Exhibits 4 and 5, Appendix 4, PP 108 - 110 the reader will find the two proposed positions: "Medical Assistant" and "Supervising Medical Assistant." With these positions, I have attempted to approach
this "Assistantship" for physicians. It should be noted that these positions are medical as opposed to psychiatric through the greater of the two needs at the LVMC is the latter.

It is my intent that these two positions be para-medical, "next" to the physician. I do not, however, wish to specify their organizational placement. Such positions could either be "assigned" in a ward or a treatment unit (a fixed location) or could be allowed to "float" as does the physician. Thus, the aim is the creation of a middle-management, patient-contact, experienced para-professional to relieve the pressure of menial tasks with which every physician must contend in a hospital/institutional setting.

The same type of position might be in order for the nursing services. Along this line, Barbara Bates, M.D., has written a particularly thought-ful article "Doctor and Nurse, Changing Roles and Relations.11" The abstract of her article follows:

Among many patient needs, the physician concentrates on diagnosis and treatment, and must work with others to provide comprehensive care. Although caring, helping comfort and guidance are fundamental to nursing, forces within medicine, nursing and society tend to constrict the nurse's role to tasks delegated by medicine. An inter-professional relation characterized by medical authoritarianism and nursing's dependence blocks realization of the full potentials of the doctor-nurse team. Consequently, patient care suffers accordingly.

New approach including the clinical nurse specialist, the expanded role of the nurse and the physician's assistant, show promise of improving care. Each approach has its advantages; all will require reasoned judgment and joint planning.

Thus, the nurse's role well could be expanded in time, but if the numbers of nurses remain in short supply, we have gained little in our
effort toward para-professionals in a patient-contact nursing situation.

Specifically designed for use at LVMC in psychiatric nursing situation might be such positions as:

a. Psychiatric Nursing Technician
b. Senior Psychiatric Nursing Technician.

These positions would follow on higher in the career pattern beyond the Mental Health Worker. See Appendix 5, Exhibits 6 and 7 PP 112 - 115.

Such positions have been in use in the Colorado State Civil Service Commission and were used at the Colorado State Hospital, the equivalent of New Mexico's Las Vegas Medical Center. They appear to have had a broad scope, but would be suited to our purposes here. Salaries ranged from $386 to $447 (beginning ranges).

To complete the direct patient care/contact nursing category, I have contrasted Attendant I, II, and III as now utilized in the New Mexico Classified Service with the proposed Mental Health Worker I, II, and III (Exhibits 8 through 13, Appendix 5). The reader will note that the job content (duties) vary little with the current Attendant's job. Rather, the contrast is in basic requirements for the proposed Mental Health Worker series, the latter being slightly higher.

As Exhibit 14, Appendix 5, I have presented a proposed specification for the class, Behavior Modification Supervisor. This, too, is envisioned as a middle management position, organizationally placed so as to be allowed to "float" as needed, supervised by the Treatment Teams, and used not only by the Treatment Teams but in Ward, Activity Therapy and/or in recreational settings.
Finally, to the Treatment Teams, I would add the standard position of Psychometrist, organizationally attached under patient care with supervision by the chief of the Treatment Team or the Chief of Psychological Activity.

I have not added this proposed job specification, since the standard testor-evaluator would, I feel, completely fit the needs of the institution. To date, the LVMC has relied on the abilities of the psychological counselor to administer and/or interpret such testing. This is, again, a dilution of professional energy which must be avoided wherever possible.
KEY TO FIGURE 5: THE PATIENT CARE CAREER PATTERN

(1)  job
     job
     job

(2) Dot: These positions are:

a. Not authorized at LVNC, e.g., "Occupational Therapist," because this is not a function of the facility, but would fit in the career progression at this point.

b. Not authorized because the level of work or supervision is not a part of LVNC.

c. Not authorized. Position is being filled by a related class, e.g., "Podiatric Technologist." This position is filled by an "Attendant."

(3) "X" Newly assigned — not shown elsewhere in the charts.

(4) "XX" This position has been vacant almost continuously because of a total lack of applicants.

(5) "Plus sign" Not used at this level at LVNC, but would be needed with any increase in work or patient load.

(6) "N" New — proposed as a part of this study.

** See concluding page of chart. There is no pay level below Range 24 on the current pay schedule (Appendix 1). The "Entry Level" should begin at Range 25, and all other ranges should be moved upward from 1 to 4 ranges. Details of the range changes are shown in "Recommended Grid of Ranges", page 55.
FIGURE 5: THE PATIENT CARE CAREER PATTERN

<table>
<thead>
<tr>
<th>Range</th>
<th>Med/Dental</th>
<th>Therapy/Rehab</th>
<th>Nursing</th>
<th>Recreation</th>
<th>Vol. Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>73</td>
<td>Medical Director Department</td>
<td>Headquarters in Santa Fe</td>
<td></td>
<td></td>
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<tr>
<td>71</td>
<td>Med. Dir. Institution</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>70</td>
<td>Physician Specialist 4</td>
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<td></td>
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<tr>
<td>68</td>
<td>Physician Specialist 3</td>
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<td>66</td>
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<td>55</td>
<td>Dentist</td>
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<td>Clinical Psychologist 2</td>
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</tbody>
</table>

Progression with training and experience

continued
<table>
<thead>
<tr>
<th>Range</th>
<th>Med/Dental</th>
<th>Therapy/Rehab</th>
<th>Nursing</th>
<th>Recreation</th>
<th>Vol. Services</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
<td>Nurse 5</td>
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<td>46</td>
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<td>Clinical Psychologist</td>
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<td>Psychological Counselor 3</td>
<td>Director of Activity Therapy</td>
<td>Case Supervisor 2</td>
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</tbody>
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continued
FIGURE 5: (continued) THE PATIENT CARE CAREER PATTERN

Range: 42
Cont'd

Med/Dental

Therapy/Rehab

Nursing

Recreation
Vol. Services

Social Worker 1

Casework Supervisor

Occupational Therapist 2

Physical Therapist 2

Clinical Chaplain 1

Case Supvr 1

Psychological Counselor 2

Caseworker 2

Physical Therapist 1

Group Worker Coordinator

Activity Therapist 2

Occupational Therapist 1

Nurse 2

Librarian

Progression with training and experience

continued
FIGURE 5: (continued) THE PATIENT CARE CAREER PATTERN

Range
38
37
36
35
32
31
30
29
28

Med/Dental

Therapy/Rehab

Nursing

Recreation Vol. Services

Chaplain

Psychological Counselor 1

Caseworker 1

Activity Therapist 1

Group Worker 3

Group Worker 2

Casework Aide

Licensed Practical Nurse 2

Volunteer Services Coordinator

Licensed Practical Nurse 1

Library Assistant

Mental Health Worker 3

Recreation Leader

Podiatrist Technologist

Dental Assistant 2

continued
Figure 5: (concluded) The Patient Care Career Pattern

Range  | Med/Dental | Therapy/Rehab | Nursing | Recreation | Vol. Services
-------|------------|---------------|---------|------------|---------------
27      | Surgical Technician | Barber |          |            |               
        | Dental Assistant 1   | Beautician |         |            |               
26      | Occupational Therapy Aide | Mental Health Worker 2 | Teacher Aide |            |               
        | Group Worker Trainee | Physical Therapy Aide |            | Recreation Aide |          
24      | Mental Health Worker 1 |            | (Entry Level) Mental Health Worker Trainee ** |               |               

Progression: With training and experience
A DISCUSSION OF PRIORITIES FOR THIS PLAN

Since this is a pioneer study for the state and for the Department of Hospitals and Institutions and since a number of positions are involved, it might be well to establish some priorities within the plan.

Feasibility Study:

I believe the first priority of the Las Vegas Medical Center should be in interior study to determine its personnel needs. Should there be more workers, or more training for existing workers? Are the workers on the staff properly classified? Are the workers actually doing the work for which they are best suited? From what I have observed at the facility, each of the above questions have a degree of validity.

Other aspects of the training feasibility study might include, but need not be limited to:

a. Type of training needed, if such be the case.

b. Where should this training begin? Should it be in-house (in-service) or should it be conducted outside the institution in formal class room situations? Should it be both?

c. What levels of employees should be considered for such training?

d. How will these employees be chosen for training?

e. What type of training will most nearly fit immediate needs?

f. What would such training cost?

Another state institution, Los Lunas Hospital and Training School for the mentally retarded recently performed such an interior study
principally for the purposes of in-service training. The study gathered information on age of employees, their schooling level, sex, job class, and so forth. The resulting "picture" of the organization has proved extremely valuable and had given scope and direction to the institution's training that had been lacking. The same benefits might well accrue to the Las Vegas Medical Center.

Planning, Programming, and Budgeting:

Once the feasibility study is complete and the basic facts grouped into a meaningful plan with the help of "headquarters" in Santa Fe, the facility should utilize the technique of planning, programming, and budgeting for a (suggested) period of five years to determine costs, capabilities, a procedural mode of operation, and a set series of goals.

This advance planning must not be so rigid that it cannot adapt with changing conditions, but neither should the planning be so loose that it cannot be firmly committed to paper and explained to interested parties.

The programming aspect may well mean a small beginning, or a limited effort, but whatever the program, it must proceed toward set goals, in an orderly manner, with given points of evaluation along the way.

Needless to say, budgeting is the most important factor. However, a good feasibility study, a reasonably firm approach to a set goal, and a worthwhile program to attain that goal will go a long way toward achieving acceptance of the program and the gaining of budget monies to carry out the plan.
TRAINING

Throughout the text I have repeatedly mentioned the concept of training or a trained work force. I believe strongly that such a trained work force is essential to efficient operation of a facility. At this point, then, I would like to discuss what this training might involve.

First of all, I believe that the training must be in consonance with the needs of the individual institution, although there is a commonality among all institutions at the lower levels of employees.

This training, therefore, for the entry level might include, but need not be limited to:

1. Introduction to the hospital situation.
2. Introduction to the state service as an employing force and as a career.
3. How to work. This is particularly important to the new worker or to the under-educated who may actually ask the question, "...but how do I do this ...?"
4. Hygiene, both personal and patient.
5. Rules or customs of the institution and why they exist.
6. Reliability. It is mandatory that the patient consideration come first, and workers, particularly dedicated health workers, must consider the welfare of the patient at all times.
7. Recognition of goals; a "cured" or "rehabilitated" patient.
8. Accuracy: Medicinals must be accurate.
9. Simple clerical procedures and observation techniques.
Training outside the institution or formal on-the-grounds special training classes arranged with a local school giving academic credit toward a degree, is equally important and equally a part of the upgrading of employee talent.

Such training, even if free to the employee, is in effect an addition to his or her workday. For this reason such training must be meaningful as well as intimately connected to the daily job. It must be so designed that an employee will gain the maximum benefits in a minimum amount of time.

There are also some pitfalls in such training of which the institution should be aware.

For a number of years, the Colorado Civil Service Commission conducted intensive in-service training for its "Psychiatric Technicians." The Commission utilized three levels of the position, which compare roughly with the positions of Attendant I, II, and III now in use in New Mexico at the Las Vegas Medical Center.

Eventually, the trained supply of technicians exceeded the number of job openings, because once trained, the technicians did not leave the hospital service, forming a fairly stable work force. This factor, coupled with a change in treatment schema, budgetary considerations, and an effort to raise the level of capability of the individual workers, resulted in a phase-out of the in-service program at the supervisory level and cut-backs in other levels of the series.

In place of the technician, a higher level series known as Mental Health Worker was inaugurated. The in-service training at the Fort Logan Hospital, Denver, was moved to the Metropolitan State College,
also in Denver, and the credentials were raised to an Associate in Arts Degree as a minimum, with a B.A. or B.S. in Mental Health as the top level of education for this series of worker.

I insert this information gained from recent correspondence between Colorado and New Mexico to make the point that changing needs of any of several varieties can result in a trained work force for which openings either dwindle or cease to exist.

Hence, any in-service or outside-the-hospital training must be closely monitored in order to prevent what may become an over-supply of certain talents. If this does occur, the trained employee (or applicant) is left with a surplus capability which is tantamount of having no education and consequently of being unemployable.

The institution must strike some balance between needs, turn-over, costs of training, changes or possible changes in future needs, and convertibility of one type of training into another category lacking in trained personnel. Training must not be allowed to become an end in itself.

What Training Can Do:

Far too many administrators or trainers for that matter, tend to think of training programs as an extensive out-pouring of information to achieve grandiose goals. This is not the case. Training achieves goals that are both great and small. To illustrate, I will return for a moment to an experience of the Los Lunas Hospital and Training School.

The In-Service Training Director of Los Lunas Hospital visited
counterpart schools in the state of Louisiana. There he found a much different modus operandi in one small aspect, that of training the retardates in the use of tableware.

With much similarity in pay, educational levels of workers, duties, and the number of patients served, the Louisiana schools were having more marked results in the training of their educable patients in the minor aspect of using tableware. Louisiana schools utilized the guidance of Behavior Modification personnel. These personnel, by training the Attendants how to train the retardates had fairly well standardized this tableware training to a period of four months.

In contrast, New Mexico does not use the Behavior Modification Specialists. Instead it allows the Attendants to use their native talents. Los Lunas Attendants, therefore, use the same techniques to train the retardates that they used to train and raise their own normal children. Tableware training in Los Lunas, therefore, approaches one year as opposed to the Louisiana schools' standard of about four months.

It would seem a safe assumption, then, that training the trainer has decided advantages, although, the technique being taught is but one small aspect of the overall effort.

Could we not expect the Attendants at the Los Lunas Hospital and Training School, or the Attendants at the Las Vegas Medical Center to perform their tasks more fully if they were trained in not only the large, but the small aspects of their jobs?

Make no mistake of it, however. In training, the numbers of workers becomes important. While the trainer can impart his knowledge easily to many of the Attendants, the Attendant cannot in turn be expected to train large numbers of patients. Therefore, it would seem larger
numbers of Attendants as well as better-trained Attendants may be of importance in performing necessary services or training. This I believe to be an important factor.

It would seem that budgetary limitations force each institution to operate with an absolute minimum of workers at the patient-contact level. This serves as a detriment to all.

In further regard to numbers, I recall visits to both of the mentioned institutions. At Las Vegas, one ward Attendant was swamped by the patients under her care. She could do little but give attention to the serious problems. The remainder of the patients were left to their own devices. This is little more than custodial care.

Similarly, at Los Lunas, one average-sized man was in charge of a ward, alone. On that ward were some thirty-plus huge, strapping teenage retardates. Pandemonium, or something akin to it, was the order of the day. I received the distinct feeling that the Attendant was more concerned with retaining his own sanity than in performing any but the most basic of custodial tasks. I could scarcely blame him. More attendants would have helped to keep the situation in hand. Useful work or recreation, or any of several other activities could have kept those youngsters occupied. As it was, there was nothing more than custodial care, where there should have been training. Our institutions must not be allowed to slip backward into the total inadequacies of custodial care, simply because we have not enough workers to extend needed care.
SUMMARY

In the preceding text, I have covered the following points at length.

1. There is a shortage of medical, nursing, therapy and certain other special professionals within the state service in the Department of Hospitals and Institutions.

2. Second level, or middle management workers in the medical field are too few to meet reasonable needs. This fact has been developed from first-hand knowledge of the personnel structure of DHI and a review of the state's Classification Plan.

3. There is a relatively high turn-over in the lower level employees. Some of these employees have carried away considerable experience in the medical field when they have departed the state service.

4. A considerable percentage (greater than in other states) of adult New Mexicans lack an acceptable level of education for today's era of skilled or specialized job needs.

5. Many of the scarce medical professionals do not seek state employment for reasons of political mix (although this is not overly prevalent in the New Mexico Classified Service). There is also a wide variation between income from private as opposed to public (institutional) practice.

6. State employees are not paid as well as public employees in surrounding jurisdictions and certainly not as well as Federal workers within the state, performing approximately the same tasks.

7. The New Mexico State Service lacks some forms of training. The State Personnel Office has, in recent years, created and is continuing to create more and more in-service training, but to date, this
training has been mainly centered in Santa Fe and has been directed at helping the administrative career fields to the detriment of the broader spectrum, including the medical field.

8. In-service training in the medical centers has been minimal. Reasons for this might include the recent difficulty in recruiting in-service training personnel and/or the disinterest of the individual hospital workers.

9. The State Service lacks a formal organization for employee growth. Classifications quite often occur as I, II, and III, but these are only levels of work experience, and are not tied into formal growth through specific training.

10. As a result of conducting interviews, testing, reading of employee folders, and processing applications, I have developed a picture of persons employed within DHI. Many lack meaningful qualifications for the work they are performing. Most could perform far more efficiently with added training.

11. I have also arrived at certain other findings which I feel should be investigated in an effort to improve working conditions for employees, and hence services to state citizens. These have been discussed in the text, but I will briefly reiterate here:

a. Low wage scales can result in employee dissatisfaction with his work, resulting in an intolerable turn-over rate. There is also serious cost to agencies that must constantly train or re-train.

b. Without accomplished assistants or middle management, the precious time of professionals is diluted by menial tasks for which no job nor incumbent exists.
c. Budgets of most of the hospitals and institutions are severely limited. For this reason, staffing must be held to an absolute minimum, or in some cases below desirable minimums. The result is limited programs for the care of patients who are totally dependent upon the state for care.
CONCLUSIONS

Based upon the facts, interpretations and readings which have made up the body of the text, I make the following conclusions.

1. Training, both in-house and under formal class routines must become a part of the hospital's operations. Not only will this training allow those who take part in it to advance their careers, but I believe it will lead to greater job satisfaction through personal confidence in duty performance.

2. Every effort must be made to adjust pay scales upward in order that New Mexico become competitive with surrounding state jurisdictions. This point as well as point 1, above, could lead to greater job satisfaction, and it is hoped, stability in the numbers of workers.

3. Professionals, according to our best advice are scarce in private as well as institutional practice. This is the case despite concerted efforts to interest greater numbers of individuals in the health care career fields. Further, the anticipated growth of New Mexico can be expected to compound the situation and it will be some period of time before relief can be expected. Para-professionals can help to relieve the situation, but the training of such personnel must not be delayed.

4. Training must not be unnecessarily limited. There is vast manpower in the state which has not been tapped. In many cases, youth as well as the older generation have not finished their education for a variety of reasons. Educators must give serious thought to "rescuing" these unfortunates at a minimum of cost to the individual.
5. Singlehandedly, the state cannot create sufficient jobs to create a full employment situation, but the state can take the lead in pursuing an aggressive program to keep our most valuable resource, youth, within the state. Many of these youth allude to a desire to be of service to their fellow man. Those who are speaking such words in a serious vein must be given the opportunity to do so.

6. If, after given a fair trial, the proposed categorization of state job classes (career patterns) shows any merit, the plan should be given serious consideration as a general method of operation throughout all agencies.
RECOMMENDATIONS

From the text, the reader can easily discern that the problem facing the DHI is complicated.

There are ramifications in the behavioral vein. From the standpoint of the employee, there is undoubtedly a morale problem based in the inadequacies of pay for work that is demanding and occasionally very difficult. We might also consider that the administrators do not see the employee needs for training and better working conditions. In all fairness, however, it must be said that the administrators operate within a limited budget. Each year, this budget has grown more inadequate for valid needs.

The problems of the public administration within the Department of Hospitals and Institutions is further complicated by the fact that it is but one entity (albeit a large one) within the web of public agencies of the state. DHI must rely upon legislative understanding, and hence funding, of its needs. The Legislator, in turn, must weigh all needs of the public. In a behavioral sense, then, we might question priorities as envisioned by all of these administrators.

Further, in the sense of public administration, can we fault the educators for not recognizing the public needs in education? Educators are as much a part of the public scene as are, for example, the legislator or the tax collector.11

Based on the foregoing, and with the points I have made in the summary and conclusion, I recommend the following for the Department of Hospitals and Institutions:
1. A study of the Las Vegas Medical Center to determine:
   a. The training needs for presently assigned employees and for new employees which will replace those who terminate.
   b. Need for new job specifications to fill gaps in existing services, or in services that can be anticipated within the near future.
   c. Any need for additional employees under existing job classes.

2. Consideration of the adoption of the suggested division of the facility into career patterns and sub-categories either in the form presented, or in a form which the Department feels would more nearly suit its needs. This should include:
   a. Publicity of the plan within the hospital in order to interest the maximum number of working personnel in improving their skills and hence their earning power.
   b. Careful screening of applicants to determine true suitability to perform hospital-type service work, and above all, that those entering employees be willing to accept some form of continuing education or training leading toward career improvement.
   c. Improvement of in-house training for all employees through an enlarged and knowledgable house training staff.
   d. Coordination with the Federal Government in all programs available to assist the under-employed or under-educated in upgrading their skills.
   e. Coordination with schools in the geographical area of DHI facilities to organize such formal training as will upgrade employee skills. This training should be intimately connected with the daily
work of the employee in order to achieve maximum meaning for the worker.

3. DHI headquarters should work closely with other state agencies such as:
   a. The State Personnel Office in order to continue to obtain:
      1. Continued assistance of personnel experts in the finding, preparing and recruiting of personnel for the DHI staff.
      2. Preparation of new or revised job classifications, either as suggested herein, or others that may be considered of equal or greater importance.
      3. Assistance in the study of questionable job specifications currently existing, and the elimination of non-essential job classes.

4. The Department should also work as closely as possible with the Legislative Finance Committee and the Legislature to insure a full understanding of the various medical programs of the state and their costs, as well as the career plan suggested herein.

5. The Department might also consider asking the State Planning Office to assign a planning official to work closely with DHI in obtaining a maximum of grants-in-aid for training personnel, and for other assistance that might be available to help the Department in carrying out its mission.
A FINAL WORD

Although the majority of this paper has dealt with faults, or areas where the Department might improve its operations, I would be seriously remiss if I left the reader with the idea that all is wrong and nothing right.

There are many dedicated workers who are a part of this system. They range from the Head of the Department to the lowest Attendant anywhere in the most remote facility.

Examples of this dedication could be found in the cottages of the Los Lunas Hospital and Training School where no table linens would be available if the Attendants did not buy the materials and sew the linens on their off-duty time.

The aged and the mentally ill would have no recreation if the Attendants did not go beyond their normal duties and create recreational opportunities for these patients, often abandoned by their families.

Nor is such dedication limited to the hospital workers. One individual in the headquarters at Santa Fe is an accomplished hair trimmer. When she leaves Santa Fe for an administrative visit to an institution, she carries her own equipment. After the administrative matters are taken care of, she trims hair because there is no barber or beautician.

Others, also in the headquarters battle ceaselessly against the odds of insufficient funds to keep an activity afloat, or to keep an accomplished person at a location desperate for his or her expertise.

Neither must I leave the reader with the impression that the Department suffers nothing but turn-over in its personnel. Many employees
have spent all but a life-time in the State Service, dedicated to helping patients with almost hopeless prognoses.

In creating training and career opportunities for these workers we will do much to improve their chosen field of work.
APPENDICES
APPENDIX ONE

Exhibit 1:

Current Salary Schedule
New Mexico State Classified Service
APPENDIX TWO

Exhibit 2:

Proposed job specification for
Mental Health Worker Trainee
Exhibit 2:

Proposed Job Specification:

NEW MEXICO PERSONNEL BOARD CLASSIFICATION PLAN

Number 999

MENTAL HEALTH WORKER TRAINEE

DEFINITION:

Under the supervision of the Director of In-Service Training, receives a fixed program of study in in-service training leading to proficiency in the care of mentally ill, retarded or aged patients of state hospitals or institutions.

POSITION DISTINCTION:

This is an 18-month training position, designed particularly to accommodate the lesser educated employee by placing them in an employment and training situation, enabling them to move toward more responsible positions in hospital work.

EXAMPLES OF WORK PERFORMED:

During this training period, the individual employee will under-go in-service training designed to orient him to a hospital work situation, and to acquaint him in hospital administrative, ancillary and patient care service areas, performing basic tasks in each of these disciplines. Actual work performed would include such activity as clerical, accounting,
MENTAL HEALTH WORKER TRAINEE (continued)

Telephone Switchboard Training, Personnel Activity, Medical and X-Ray laboratory work, Warehousing, Food Service, Emergency Treatment activity, Ward duty and various Therapeutic activities, strictly as a trainee. The employee will be responsible to both the Director of In-Service Training, and to the supervisor of the section in which he is training, receiving periodic work review by each which may include testing and work evaluation reports as necessary to judge progress. The employee will be encouraged to enroll in continuing adult educational programs as are available outside the agency in order to complete educational criteria equivalent to a high school diploma. The employee will also be assisted in selecting a specific career pattern to follow: (i.e., administrative, ancillary or patient-care).

MINIMUM QUALIFICATIONS:

1. Seventeen years of age.

2. An expressed willingness to under-go prescribed training, both in-house and in formal schooling situations.

3. An expressed interest in hospital-related employment, and in progressing to responsible hospital/institutional employment with the state service.

4. A current physical (administered by the hiring agency) determining the applicant to be free from disabling or communicable diseases.
APPENDIX THREE

Exhibit 3:
Proposed job specification
for Pharmacy Aide
Proposed Job Specification

NEW MEXICO PERSONNEL BOARD CLASSIFICATION PLAN

Number 999

PHARMACY AIDE

DEFINITION:
Under immediate supervision of a registered pharmacist, performs supportive work in a hospital pharmacy.

EXAMPLES OF WORK PERFORMED:
Mixes pharmaceutical preparations of a general nature, under strict supervision of the hospital or institutional pharmacist. Issues prepared medicinals to fill on-house requisitions, labels and stores supplies and cleans shelving and work areas and utensils of the pharmacy. Carries out perpetual inventory of supplies, medicinals and equipment, ordering replacements at the direction of the pharmacist and/or in order to maintain adequate levels for needs. Unpacks new supplies, verifying shipments against invoices, and shelves supplies, paying attention to dated materials or supplies. Washes and sterilizes bottles, beakers, and other equipment. Maintains necessary prescription and or requisition files, performs minor typing tasks and such other duties as may be required.
MINIMUM QUALIFICATIONS:

1. Highschool Graduation or successful completion of the GED Test, plus one year's full-time employment in a retail setting such as clerking in a drug store, food store, or in a general merchandise setting or clothing store, or as a restaurant waiter or waitress.

   Eighteen months work experience as a Mental Health Worker Trainee, with a minimum of three months training spent in a supply or pharmacy activity may be substituted for the one year's paid employment in retailing.

2. Basic knowledge of the principles of receipt and storage of medical-type supplies and equipment, and the necessity for absolute cleanliness in a pharmacy work area.

3. Ability to follow oral and written instructions, and to work with the knowledge that an error in reading labeled medicinals may have serious consequences for patients, to maintain simple records, and to get along well with other people in a service setting.

APPENDIX FOUR

Exhibit 4:

Proposed job specification for medical Assistant

Exhibit 5:

Proposed job specification for Supervising Medical Assistant
Exhibit 4

Proposed Job Specification

NEW MEXICO PERSONNEL BOARD CLASSIFICATION PLAN

Number 999

MEDICAL ASSISTANT

DEFINITION:
Under the immediate supervision of a physician, assists in the examination and treatment of patients in a medical institutional setting.

EXAMPLES OF WORK PERFORMED
(No one position need include all of the examples listed.)
Prepares treatment rooms for examination, drapes patients with necessary coverings and prepares sterile field as may be necessary. Positions instruments and hands them to physician as called for. Following examination, cleans and sterilized instruments, inventories supplies and equipment, determining replenishment needs. Interviews patients, checks blood pressure, pulse, temperature, height and weight, and makes observations of patient and conditions at time of initial contact. May operate equipment, give injections or prescribed treatments. May collect laboratory specimens and may assist in medical laboratory work as necessary.

MINIMUM QUALIFICATIONS:
1. High School graduation, including at least two courses in health or biological sciences, plus one year full-time paid employment as
Attendant III (Mental Health Worker III) or an equivalent position.

a. One year of successfully completed college level study including two courses in health or biological sciences may be substituted for the work experience.

b. One year of LPN study may be substituted for the specified courses and work experience.

2. A knowledge of the basic rules of hygiene, of sterilization procedures, of handling sick/injured patients without causing further injuries and of the basic principles of health care, medication and/or treatment.

3. Ability to observe patients and understand vital signs, to communicate observations and ideas to others, and to follow written or verbal instructions under stress.

4. To be free of disease or physical defects as attested by a current physical examination.

Exhibit 5

Proposed Job Specification

NEW MEXICO PERSONNEL BOARD CLASSIFICATION PLAN

Number 999

SUPERVISING MEDICAL ASSISTANT

DEFINITION:

Under general supervision of a physician or intern, assists in examination and treatment of patients in a medical/institutional setting, or as necessary, in an ambulance enroute to definitive care.

EXAMPLES OF WORK PERFORMED:

In a medical care/institutional setting, works directly with physician or intern in preparing (which may include simple diagnosis), treating, observing and otherwise caring for patients. Performs supervisory tasks in a ward or small hospital/institution in the absence of LPN's, RN's or medical professional persons. Takes temperatures, blood pressures and pulse, administers physician-prescribed medications including injections, and observes patient reactions. Makes notes in patient records and carries out physicians orders. Schedules in-house appointments for patients, assembles medical information as may be requested by physician, accompanies physician and nurse on hospital/ward rounds, and performs the other duties as directed by a physician or Registered Nurse.

MINIMUM QUALIFICATIONS:

1. One year or more of college level study including two or more
courses in the health or biological sciences, plus two years full-time paid employment as a Medical Assistant.

a. Two years study in a recognized nursing program may be substituted for the one year of college level study, the specific courses, and the work experience.

2. A good beginning knowledge of the principles of nursing or pre-medicine, as acquired through on-the-job training or through two years of formal nursing or pre-medicine training, and of the sub-professional responsibility to the patient.

3. Ability to follow verbal/written instructions under stress; a knowledge of medical record-keeping, ability to complete concise medical reports and the ability to maintain harmonious relations with patients and other staff workers under stress.

4. Good physical health as attested by a current physical examination.

Exhibit 6:
Proposed job specification for Psychiatric Nursing Technician

Exhibit 7:
Proposed job specification for Senior Psychiatric Nursing Technician

Exhibit 8:
Current job specification for Attendant I

Exhibit 9:
Proposed job specification for Mental Health Worker I

Exhibit 10:
Current job specification for Attendant II

Exhibit 11:
Proposed job specification for Mental Health Worker II
(continued)
Exhibit 12:
Current job specification for Attendant III

Exhibit 13:
Proposed job specification for Mental Health Worker III

Exhibit 14:
Proposed job specification for Behavior Modification Supervisor
Proposed Job Specification:

NEW MEXICO PERSONNEL BOARD CLASSIFICATION PLAN

Number 999

PSYCHIATRIC NURSING TECHNICIAN

DEFINITION:
Under supervision, provides sub-professional nursing care, providing a variety of direct and indirect rehabilitative services for in-patients.

EXAMPLES OF WORK PERFORMED:
Is directly involved in the total treatment program for in-patients, emphasizing close contact with individuals and/or small groups of assigned patients. Identifies ways to utilize patients' daily living experiences therapeutically and participates directly with and assists patients in perceiving and using all daily experiences as learning situations. Assists patient in reorienting and reestablishing himself in to larger communities such as family, work, school, social and recreational groups, participates in patient evaluation including admission interviews, data gathering and review of medical/mental patient histories. Consults with doctors, counselors, family members, social and other organizations; maintains records, prepares reports and makes routine decisions regarding treatment.
MINIMUM QUALIFICATIONS:

1. Two years of college level study (60 semester hours) in nursing, psychology, or closely related health science, plus 2 years in-service work experience as a Mental Health Worker III.
   a. Graduation with an Associate of Arts Degree in the field of mental health care may be substituted for the 60 semester hours and two years work experience.

2. A basic knowledge and recognition of the kinds of disabilities, symptoms and treatment concepts of the mentally ill, and a knowledge of the professions, agencies and procedures involved in the field.

3. Ability to express himself in written and oral reports, relating to work and observation, an ability in interviewing patients and making basic analysis.

4. Current good health as attested by a current physical examination.

Created and adapted from Colorado Civil Service Commission positions of Psychiatric Technician and Mental Health Worker I.
Exhibit 7:

Proposed Job Specification:

NEW MEXICO PERSONNEL BOARD CLASSIFICATION PLAN

Number 999

SENIOR PSYCHIATRIC NURSING TECHNICIAN

DEFINITION:

Supervises the sub-professional nursing care, under the direction of psychiatrist or psychological counselor, providing direct and indirect rehabilitative services for mentally ill in-patients.

EXAMPLES OF WORK PERFORMED:

Exercises supervision over the Psychiatric Nursing Technician and/or the Mental Health Worker, and under the general direction of a medical professional or registered nurse with responsibility for evaluation and screening of patients, utilizing a variety of resources and techniques; participates in treatment planning through a variety of activity including interviews with patients, family members, clinical chaplains, psychological counselors and/or Treatment Teams, as well as other community organizations and professionals. May be assigned to conduct one-to-one therapies in difficult cases, and assists in planning work, activity and social therapies for specific cases or identified groups of patients. Keeps all records and reports of activities, and in some cases may work outside institutional settings in state-wide offices for furloughed patients.
MINIMUM REQUIREMENTS

1. Three years successfully completed education from a recognized college with major study in psychology or closely related mental health sciences, plus one year minimum of in-service work experience as a Psychiatric Nursing Technician.
   a. Graduation from an accredited college with a major in psychology may be substituted for the training and experience listed above.

2. A good knowledge and recognition of the types of mental disabilities, their symptoms and treatment concepts, as well as a knowledge of professions, agencies and procedures involved in the field of mental health.

3. Ability to write complete reports of interviews, courses of treatment and observations made of patients, and of contacts with families, social organizations and other outside experienced assistance enlisted in behalf of the patient.

4. Current good health as attested by a current physical examination.

Created and adapted from Colorado Civil Service Commission positions of Senior Psychiatric Technician and Mental Health Worker II.
Exhibit 8:

Current Job Specification: (copy)

NEW MEXICO PERSONNEL BOARD CLASSIFICATION PLAN

Number 999

ATTENDANT I

DEFINITION:

Under immediate supervision, performs duties related to supportive care of physically or mentally ill patients.

EXAMPLES OF WORK PERFORMED:

Supervises and assists patients in routine care and cleaning of wards or cottages or other living units; assists in nursing care such as feeding, bathing, and dressing patients; assists patients to walk or transports them in wheelchairs; escorts patients to clinics or recreational activities; observes patients and reports deviations from normal behavior; records patient temperature, blood pressure, pulse, and respiration rate; cleans and sterilizes instruments and equipment; attends to patients' physical comfort; performs other duties as required.

MINIMUM QUALIFICATIONS:

1. Minimum age of 18 years. (17 years of age is acceptable if the applicant has successfully completed an approved vocational Nursing Assistant Training Program).

2. Knowledge of basic rules of hygiene; simple clerical procedures; common English usage.

3. Ability to follow written and oral instructions; to work with the realization that errors may have serious consequences for patients; to perform a variety of tasks which may involve unpleasant conditions; to maintain simple records and reports; get along well with other people.
Exhibit 9:
Proposed Job Specification:

NEW MEXICO PERSONNEL BOARD CLASSIFICATION PLAN

Number 999

MENTAL HEALTH WORKER I

DEFINITION:

No change from Attendant I

EXAMPLES OF WORK PERFORMED:

No change from Attendant I

MINIMUM QUALIFICATIONS:

1. Successful completion of at least two years of High School and a minimum age of 19 years of age. (18 years of age acceptable if applicant has successfully completed an approved vocational Nursing Training Program as part of high school, or under the New Mexico Technical and Vocational Institute).

2. Knowledge of basic rules of hygiene; simple clerical procedures and common English usage.

3. Ability to follow written and oral instructions; to work with the realization that errors may have serious consequences for patients; to perform a variety of tasks which may involve unpleasant conditions and to maintain simple records and to get along well with others.
Exhibit 10:

Current Job Specification: (copy)

NEW MEXICO PERSONNEL BOARD CLASSIFICATION PLAN

Number 999

ATTENDANT II

DEFINITION:

Under supervision, performs non-professional duties in the institutional or domiciliary care of mentally or physically ill persons.

EXAMPLES OF WORK PERFORMED:

Provides supportive care of selected patients by such activities as bed-making, taking and recording temperature, checking diet, and observing patient's condition; instructs patients and supervises Attendant I's or other assistants in general patient care and sanitation; assigns ward or cottage cleaning duties; assists at clinics or in laboratories; administers prescribed simple treatment; reports unusual patient conditions or reactions to professional medical personnel; cleans treatment facilities, laboratories, etc; sterilizes instruments; performs related work as required.

MINIMUM QUALIFICATIONS:

1. Two years of full-time paid employment as an Attendant or Nurse Aide in a medical or psychiatric setting. The following substitution may be made:

   One year of experience in New Mexico State Service as an Attendant or Nurse Aide with successful completion of in-service training for Attendant I may be substituted for the 2 years of experience.

2. A minimum age of 18 years is required for appointment.
3. Knowledge of the basic needs and non-professional care of patients; of the principles and practices of patient care, hospital sanitation and personal hygiene; knowledge of hospital or institutional routines and housekeeping functions; of the elementary principles of supervision.

4. Ability to follow written and oral instructions; to keep records and make reports; to recognize and report abnormal physical and mental symptoms of patients; to have a sympathetic attitude toward patients; to perform a variety of tasks, some of which may involve unpleasant conditions; to establish and maintain effective working relationships with fellow employees and the public.

5. Good physical health attested by a current valid certificate as required by New Mexico institutional licensing regulations.
Exhibit 11:

Proposed Job Specification:

NEW MEXICO PERSONNEL BOARD CLASSIFICATION PLAN

MENTAL HEALTH WORKER II

DEFINITION:

No change from Attendant II

EXAMPLES OF WORK PERFORMED:

No change from Attendant II

MINIMUM QUALIFICATIONS:

1. Successful completion of High School or GED Test and a minimum age of 19 years of age, with at least one year of in-service satisfactory employment as a Mental Health Worker I or equivalent.

2. Knowledge of basic rules of hygiene, of the basic needs of non-professional care of patients, hospital sanitation and institutional routines and housekeeping functions, and of the elementary rules of supervision.

3. Ability to follow written and oral instructions, record-keeping and the preparation of institutional reports; to recognize and report abnormal physical/mental symptoms of patients; to have sympathy toward patients; to perform a variety of tasks, some of which may be unpleasant, and to establish and maintain effective working relationships with fellow employees and with the public.
4. Good physical health attested by a current valid certificate as required by New Mexico institutional license regulations.
Exhibit 12:

**Current Job Specification:**

NEW MEXICO PERSONNEL BOARD CLASSIFICATION PLAN

Number 999

ATTENDANT III

**DEFINITION:**

Under general supervision assumes sub-professional responsibility for a patient care unit, including ward management and instruction of non-professional personnel in patient care; may assist in more advanced and complex patient care work.

**EXAMPLES OF WORK PERFORMED:**

Makes rounds in an assigned unit or units to review the work of subordinates and give required instructions; keeps records and reports on patients and ward operation; evaluates the work of subordinate personnel and makes recommendations concerning promotion or transfer, may interview new employees; with supervisor arranges for their orientation and induction training, and assigns them areas to work; schedules work assignments, including days off, vacation, holidays and keeps attendance records; disciplines attendants for minor offenses and refers the more serious ones to a superior; reviews and consolidates unit requisitions for supplies and equipment; assists subordinate personnel with difficult patient care procedures and treatments; assigns patients to work details and provides necessary attendant supervision; plans recreational activities for patients and arranges for their supervision; escorts newly admitted patients to assigned unit, arranges for issuance of clothing and linens, and stores
patients' clothing and valuables; reports changes noted in patients' behavior or condition; checks patients upon leaving the institution for proper attire and to see that they have all their personal possessions; performs related work as required.

MINIMUM QUALIFICATIONS:

1. Four years of full-time paid employment as an attendant or nurse aide in a medical or psychiatric setting, 1 year of which must have been in a supervisory capacity.

2. Good knowledge of the principles and practices of patient care, hospital sanitation, and personal hygiene; of hospital or institutional routines and housekeeping functions.

3. Ability to follow written and oral instructions; to keep records and make reports; to administer medication; to have a sympathetic attitude toward patients; to plan, assign, and supervise the work of subordinates; to render practical nursing care.

4. Good physical health attested by a current, valid certificate as required by New Mexico Department of Public Health institutional licensing regulations.
Exhibit 13:

Proposed Job Specification:

NEW MEXICO PERSONNEL BOARD CLASSIFICATION PLAN

MENTAL HEALTH WORKER III

Number 999

DEFINITION:

No change from Attendant III

EXAMPLES OF WORK PERFORMED:

No change from Attendant III

MINIMUM REQUIREMENTS:

1. High School Graduation or successfully completed GED plus four years of full-time paid employment as a Mental Health Worker II, in a medical or psychiatric setting, one year of which must have been as a designated supervisor of Mental Health Workers I or II.

2. Good knowledge of the principles and practices of patient care, hospital routines and sanitation, personal and patient hygiene, and of institutional housekeeping.

3. Ability to follow written and oral instructions; to keep records and make reports, to administer medications, to have a sympathetic attitude toward patients, to be able to plan, assign and supervise the work of subordinates, and to render practical nursing care.

4. Good physical health as attested by a current certificate as required by New Mexico Department of Public Health.
Exhibit 14:

Proposed Job Specification:

NEW MEXICO PERSONNEL BOARD CLASSIFICATION PLAN

Number 999

BEHAVIOR MODIFICATION SUPERVISOR

DEFINITION:

Under supervision of the institutional professional staff, is responsible for planning, directing and supervising training and other activity and work therapy for mentally ill patients.

EXAMPLES OF WORK PERFORMED:

(NOTE: Not all positions will involve all tasks listed, nor does a lack of specific listing preclude worker from accepting commensurate responsibilities). Supervises and teaches subordinate staff personnel in the special skills involving care and rehabilitation of the mentally ill. Works with the Director of In-Service Training to develop staff capabilities, and with the Treatment Teams to ascertain the special skills necessary in rehabilitative work for patients. Confers with directors of any internal, specialized program to determine needs of the institution; utilizing techniques of teaching both staff and patients. Evaluates such training of adequacy, making recommendations for improvement to In-Service Training where indicated, including outline of priorities. Demonstrates behavior shaping principles to families or other agencies assisting furloughed patients, and prepares all necessary detailed reports in connection with behavior shaping of patients. Takes part in interdisciplinary conferences with staff.
MINIMUM REQUIREMENTS:

1. College level training of at least three years, with special emphasis in Special Education Techniques, Psychology, Mental Health work, or closely related fields, plus two years in mental health work in a public or private agency, or as a Mental Health Worker III.
   
a. College graduation from an accredited four-year course with major work in psychology, mental health, or pre-social work, may be substituted for the formal training of three years and work experience of two years.

2. A knowledge of special education techniques, and a recognition of the types and symptoms of mental disabilities as well as treatment concepts.

3. Ability to plan, prepare and supervise special teaching techniques, to write reports of one-to-one interviews with staff and patients concerning treatment regimens, and of social organizations available to the hospital to provide a continuum of care to furloughed patients.

4. Current good health as attested by a valid physical examination as required by the New Mexico Department of Institutional Licensure.

Created and adapted from "Behavior Shaping Supervisor" No. 6337, State of Louisiana, dated May 1970.
APPENDIX SIX

Exhibit 15:
State Personnel Board Form
Number 101
### NEW MEXICO STATE PERSONNEL BOARD

#### PERSONNEL ACTION REQUEST

**SPB FORM 101, REV. 6/70**

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#### NATURE OF ACTION (CHECK ONE)

- **APPOINTMENTS:**
  - EXEMPT
  - PROBATIONARY
  - TEMPORARY
  - PROVISIONAL

- **REINSTATEMENT:**
  - SPB 105 OR SPB 103 REQUIRED

- **TRANSFER:**
  - FROM OFFICE

- **IF PREVIOUS STATE EMPLOYMENT, GIVE LATEST YEAR:**

- **REASIGNMENT OF CLASS:**

- **SEPARATIONS:**
  - DISMISSAL
  - RESIGNATION

- **LEAVE:**
  - STATE DURATION
  - SICK LEAVE
  - FAMILY LEAVE

- **OTHER:**
  - CORRECTION OR CHANGE

#### FOR AGENCY USE

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#### EXHIBIT 15
ADDENDUM

U. S. Government Memorandum
and excerpts of U. S. Supreme
Court Decision: Griggs et. al.,
vs Duke Power Company
ADDENDUM

Note of Explanation.

Immediately after the preparation of this paper, the State Personnel Office received a Memorandum and excerpts of the Supreme Court Decision in the case of Griggs et al., vs Duke Power Company. This case is relative to the use of standardized tests in accepting or promoting workers.

I have attached as an addendum a copy of the letter of transmittal and the excerpts of the court decision, as received from the Dallas, Texas Regional Office of the Department of Health, Education and Welfare. It follows this explanatory note.

My thesis, aside from the formulation of career patterns, both proposes new job specifications and up-grades educational or work standard minimums for existing job classifications. I refer to the changes between Attendant I, II, and III, and Mental Health Worker I, II, and III, as well as other specifications.

Simultaneously, I have retained a mode of introducing the educationally disadvantaged into career service with the intent of encouraging and/or providing a means by which this disadvantaged group can work their way up a career pattern/ladder.

The thrust of the paper, or my resulting desire, is that the state enter the field of training and up-grading its employees while providing them with a career pattern to follow. The premise is that the better educated the worker, the better service he or she can provide; or a more educated worker (eg., Attendant) will be better able to absorb and carry out the training which they, in turn, give to the patient (eg., Attendants training the educable retarded).
Thus, educational standards proposed or in existence for the job classifications discussed here-in are not designed as eliminatory, although job minimums do eliminate those applicants lacking the necessary job knowledge. Educational levels and tests are designed in a positive manner, based specifically on a given job, and are intended to elicit job knowledge in the individual applicant or test candidate.

I will make no attempt to interpret or to comment on the addendum. However, I do feel authoritative study and interpretation of the letter and intent of the decision is necessary, and further that it will have some bearing on the state testing procedures.

I will comment to the extent that state tests are prepared and used as a means of determining the "best qualified" for any given job class.

The tests are based upon the portion of the job specification titled "Examples of work performed." The tests are eliminatory only in the sense that an individual, not knowing what he purports to know according to his schooling and/or experience, may fail the examination.

Applicants according to their educational achievement will pass the state-administered examination with varying grades along the normal distribution curve. This results in a grade, then, used to give the employing agency a guide as to the capability of the individual in the job for which he or she is being considered. Theoretically, all who pass would eventually be hired.

I reserve further comment, but desire to add this information for whatever bearing it may eventually have on merit system testing.
ADDENDUM
(copies)

United States Government

U. S. Civil Service Commission

MEMORANDUM

Subject: Analysis and Implications of U. S. Supreme Court
Decision in Griggs, et. al., vs. Duke Power Co.

Date: March 23, 1971

From: Hal Monk

To: Katherine Taylor

The Court granted certiorari and took up this case in order to determine
whether Title VII of the Civil Rights Act of 1964 prohibits an employer
from requiring a certain level of academic education or passage of stand-
ardized tests as a condition of initial employment or promotion when
neither standard is shown to be significantly related to successful job
performance and the requirements operate to disqualify Negroes at a
substantially higher rate than white applicants. The Court held, among
other things, that such practices are prohibited.

The Opinion, written by Chief Justice Burger, was adopted by eight members
of the Court without dissent. (Justice Brennan did not participate).
Therefore, it is obviously reflective of the views of the membership of
the Court. The thirteen named plaintiffs were represented by the NAACP
Legal Defense and Educational Fund, Inc. It is noteworthy that in some
areas, this group has been in the forefront of those critical of merit system tests and educational standards.

I find some short-term comfort in the fact that the instant case was brought as a class action under Title VII and the decision, strictly construed, appears controlling only upon those employers subject to its provisions. Since we were never able to get definitive answers to questions relating to the applicability of this Title to employment security agencies, there is a possibility that the decision will become obligatory on them immediately. The other grant-in-aid agencies, by virtue of their exemption from Title VII, do not appear to be affected by this decision just yet.

Legalistics notwithstanding, the decision is a strong expression of public policy with a force of moral suasion that we can ill-afford to ignore in such a sensitive area. Furthermore, although not directly controlling on our agencies at this time, we may assume that the reasoning and language of this decision will be most persuasive as lower Courts consider cases presenting similar issues involving government employers. It seems illogical to assume the Courts will require less of government employers than this decision demands of private corporations.

Because of these reasons, I suggest that our office should advise State and local personnel agencies of the Court's holdings in this case and urge implementation of them in State and local personnel operations as soon as practicable. The attached analysis of the Opinion is furnished for your information in this regard. .
In 1955, the defendant employer instituted a policy of requiring a high school education for initial assignment to any department except "Labor," which was the only department in which Negroes were then employed.

In 1955, the company abandoned its policy of restricting Negroes to the Labor Department and adopted a high school graduation requirement for transfer from "Labor" to the operating departments. A few months later, the employer offered incumbent employees of the Labor Department an alternative method of qualifying for transfer (promotion) to the operating departments; passage of the Wonderlic Personnel Test and the Bennett Mechanical Aptitude Test. To qualify for initial placement in the operating departments, outside applicants were required to have completed high school in addition to making satisfactory scores on the two tests.

The Court ruled that these employment standards were prohibited by Title VII of the Civil Rights Act of 1964 and held that the evidence did not show that they were sufficiently job related to be valid. The educational requirement was criticized because "... white employees hired before the time of the high school education requirement continued to perform satisfactorily and achieve promotions in the operating departments." This same reasoning can be used in an ex post facto criticism of elevation of minimum educational qualifications in most classes in our programs. Regarding the tests, the
Opinion said, "... neither was directed or intended to measure the ability to learn to perform a particular job or category of jobs." I suggest that those jurisdictions which are using generalized, broad-range test forms, i.e., for entry level classes requiring non-technical degrees, or canned intelligence tests, should be urged to abandon them promptly.

The Opinion also noted that the requisite test scores approximated national medians for high school graduates and found this objectionable because the test standards were thus more stringent than the high school requirement and would screen out approximately half of all high school graduates.

The Supreme Court made no finding of a racial purpose or invidious intent in the employer's adoption of either the high school requirement or general intelligence tests and found that those standards had been applied fairly to whites and Negroes alike. Nevertheless, the Court found that the result of such requirements "operated to render ineligible a markedly disproportionate number of Negroes" and that the tests, therefore, "were unlawful under Title VII unless shown to be job-related."

The Supreme Court also overruled the conclusions of the district court that Title VII was intended to be prospective only and that "residual discrimination arising from prior employment practices was insulated from remedial action." There is an inference that present personnel practices should attempt to correct past wrongs, possibly extending to adjust job requirements to compensate for past educational disparities.
The Court further held that "Under the Act (title VII), practices, procedures or tests neutral on their face, and even neutral in terms of intent, cannot be maintained if they operate to 'freeze' the status quo of prior discriminatory employment practices." The Court noticed that "whites fare far better on the . . . requirements than Negroes," and concluded that "This consequence would appear to be directly traceable to race."

"Basic intelligence must have the means of articulation to manifest itself fairly in a testing process. Because they are Negroes, petitioners have long received inferior education . . . and this Court barred the institution of literacy tests for voter registration on the ground that the test would abridge the right to vote indirectly on account of race."

"Congress has now provided that tests or criteria for employment or promotion may not provide equality of opportunity only in the sense of the fabled offer of milk to the stork and the fox. The posture and condition of the job seeker must now be taken into account. Congress has provided that the vessel in which the milk is proffered be one all seekers can use."

The Court held that Title VII proscribes not only overt discrimination but also practices that are fair in form, but discriminatory in operation. "If an employment practice which operates to exclude Negroes cannot be shown to be related to job performance, the practice is prohibited.

In the instant case, the Court found that neither the high school requirement nor passage of the general intelligence test was shown to bear a demonstrable relationship to successful performance of the jobs for which they were used. "Both were adopted . . . without meaningful
study of their relationship to job performance ability. Rather, a vice
president of the company testified, the requirements were instituted on
the company's judgment that they generally would improve the overall
quality of the work force." The Court found this goal inadequate justifi-
cation for the exclusionary requirements.

The Court specifically avoided dealing with the question of whether
testing requirements that take into account capability for the next
succeeding position or related future promotion might be utilized upon
a showing that such long-range requirements fulfill a genuine need of
the employer.

The Opinion noted and lauded the defendant employer's good faith in
attempting to upgrade the Negro employees, but rejected this as a defense
to the complaint:

"... good intent or absence of discriminatory intent does not
redeem employment procedures or testing mechanisms that operate
as 'built-in headwinds' for minority groups and are unrelated to
measuring job capability. The company's lack of discriminatory
intent is suggested by special efforts to help the under-educated
employees by company financing of two-thirds the cost of tuition
for high school training. But Congress directed the thrust of the
Act to the consequences of employment practices, not simply the
motivation. More than that, Congress has placed on the employer
the burden of showing that any given requirement must have a
manifest relationship to the employment in question."

The Court found "the facts of this case demonstrate the inadequacy of
broad and general testing devices as well as the infirmity of using
diplomas or degrees as fixed measures of capability." Dicta indicates
the Court takes a dim view of fixed minimum educational requirements,
per se:

History is filled with examples of men and women who rendered highly effective performance without the conventional badges of accomplishment in terms of certificates, diplomas, or degrees. Diplomas and tests are useful servants, but Congress had mandated the common-sense proposition that they are not to become masters of reality.

The Court cited EEOC Guidelines on Employment Testing Procedures, issued August 24, 1966, and deems it an "inescapable conclusion" that the Commission's construction of test usage standards comports with Congressional intent. These guidelines interpret a "professionally developed test," as permitted by Sec. 703(h) of Title VII, to mean:

"A test which fairly measures the knowledge or skills required by the particular job or class of jobs which the applicant seeks, or which fairly affords the employer a chance to measure the applicant's ability to perform a particular job or class of jobs."

The EEOC's Guidelines on Employee Selection Procedures, 35 Fed. Reg. 1233, issued August 1, 1970, demand that employers using tests have available:

"data demonstrating that the test is predicative of or significantly correlated with important elements of work behavior comprising or relevant to the job or jobs for which Guidelines are being evaluated."

In conclusion, this decision appears to pose the following implications for our programs:
1. Absolute minimum education qualifications are suspect. They will be difficult to justify in instances where employees without such qualifications are successfully performing duties of similar positions.

2. Broad-range and standardized tests are generally proscribed.

3. Any tests used as requisites for jobs must be more job-related than our traditional concept of face validity.

4. The decision demands that all educational requirements and test instruments used "bear a demonstrable relationship to successful performance of the jobs for which used" and have a "manifest relationship to the employment in question."

From the Court's use of these adjectives, I assume that the job standards must have job relativity which is apparent, obvious and evident.

5. The burden of showing the job-relativity of employment standards is solely on the employer. I doubt that test forms with any questions measuring general intelligence will meet the criteria enunciated.

6. Any requirement or test which screens out appreciably more Negroes than whites will be suspect. Assuming such requirements are entirely neutral, they will be prohibited if they operate to "freeze" past discriminatory practices, perhaps even including those arising from inferior education for Negroes.

7. There is no proscription at this time against use of minimum qualifications and tests which take into account an applicant's capability for next succeeding positions or related future promotions.
8. Good intent evidenced by the employer's efforts to assist applicants or employees in qualifying for employment or promotion will not redeem those practices and procedures which are not sufficiently related to measuring job capability.
FOOTNOTES


2. The Job Classifications (or specifications) of Attendants I, II, and III, are repeatedly referred to throughout the text. This job class is prevalent in great numbers in the Las Vegas Medical Center as will be noted in Chart 9, page 34. The reader may wish to become familiar with the duties and minimum requirements. This may be done by reading Exhibits 8, 10, and 12, pages 116, 118, and 121 in the appendices.


4. The Article referred to was Headlined "Adult Education Direly Needed in New Mexico."

5. Tables 11 and 483, U. S. Statistical Abstract, 1970, show New Mexico with a total income of $2.9 Billion, a population of 994 Million, or a per capita income of $2,894 per annum. Of the 17 poorest states of the union, New Mexico is 10th on the list. The poorest is Mississippi with an annual per capita income of $2,192. The highest per capita income of the 17 poorer states is that of Oklahoma, which is shown as $3,065. All 17 of the poorer states are considered so because they fall below the national poverty level in per capita incomes. These states represent one-fifth of the U. S. total population.


10. New Mexico Statutes, 1953 Compilation, Annotated, Vol. 2, 5-1-5, "Public Employees..." The law states in effect that any person applying for public employment must have been a resident of the state for one year prior to application. Item B. of the cited statute excludes "...Professional or Supervisory..." personnel.


12. Golembiewski, Robert T., Ed., Perspectives on Public Management, Cases and Learning Designs, The Peacock Publishers, Inc., Itasca, I11., 1968. See Cases X "Managing the Technical/Political Mix: Laboratory Methods and Political Scalps" The Trenton Milk Contract, Golembiewski, PP 159 - 186: XII "Managing Effectively within the Law..." Bear Clay's Body, Golembiewski, PP 225 - 242; XIV "Managing the Whole Ball of Wax: ..." The Blast in Centralia No. 5, Martin, PP 243 - 263. While not directly connected with the thoughts put forth in this paragraph, these readings are of actual cases of public administrative mistakes, and should provide the reader with insight as to the manner in which errors can happen, as well as interesting reading.