

# **OCCUPATIONAL AND PHYSICAL THERAPISTS IN PUBLIC SCHOOLS: THE QUEST FOR PARITY**

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## **FOREWORD**

This report has been prepared in response to Senate Concurrent Resolution No. 190, S.D. 1, which requested a study on the feasibility of realigning the work and wage schedules to provide parity between the school-based health therapists and the professional education personnel in the Department of Education.

The data presented and the findings and conclusions reached in this report could not have been achieved without the cooperation and assistance from the many individuals in the fields of occupational and physical therapy, school health services, special education, and personnel classification and compensation who graciously consented to be interviewed and who provided information upon request. The Legislative Reference Bureau (LRB) extends its appreciation to: Geraldine Marullo, Calvin Masaki, Dr. Frances Riggs, Dr. Edward Margulies, Frances Yamamoto, Carlyn Dasinger, Julie Newell, Jane Kapoi, Paula Kurashige, Stephanie Kataoka, Gail Peralta, Henry Takeshita, and Beverly Koito of the Department of Health; Albert Yoshii, Gerald Sada, Margaret Donovan, Jane Festerling, Ethel Muratsuka, Kenneth Omura, Arthur Koga, and Beatrice Zane of the Department of Education; Diana Kaapu, Ed Young, and Dale Sains of the Department of Personnel Services; Lawrence Kumabe of the Department of the Attorney General; Garren Deweese of the Hawaii Government Employees' Association; and Barbara Chandler of the American Occupational Therapy Association for their contributions to this study. The LRB is especially grateful to the therapists and the supervisory personnel in the School Health Support Services Section for their time and candid comments.

This report does not provide a clear and final answer to resolve the problems of the occupational and physical therapists in the public schools as some might expect because the parity issue is inextricably tied to other major issues which are outside the scope of this study. Instead, the report lays out the chronology of events, the positions of the parties, and possible alternative actions to provide the Legislature with insight into the problem and to offer some guidance to the Department of Health in dealing with the problem. The LRB sincerely hopes that the findings and recommendations in this report will be received in a positive light as any criticisms in this report are not intended to place blame on individuals but to clear the air and establish a basis from which the School Health Support Services Section can address the concerns raised by its therapists.

Samuel B. K. Chang  
Director

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## **Chapter 1**

### **INTRODUCTION**

In 1975, The United States Congress enacted Public Law 94-142, the Education of All Handicapped Children Act, which guaranteed the right of all handicapped children to a free and appropriate public education. The Act made a commitment on the part of government to ensure this right through the provision of special education programs, including such services as speech therapy, psychological evaluations, occupational therapy, and physical therapy which would be necessary to facilitate a handicapped student's learning process. Initially, the intent of the Act was to ensure that children with special needs had fair access to the public education systems in the nation. As the program has progressed over the years, the emphasis has been on the deinstitutionalization and community-based integration and mainstreaming aspects of the law.

Unlike nonhandicapped students, handicapped students have divergent special needs which, if not properly addressed, would serve as obstacles to their educational development. Accordingly, P.L. 94-142 required the employment of teams of specially-trained diagnostic and therapeutic personnel to assist handicapped students in the correction of physical and emotional conditions which impede their learning processes. Prior to the implementation of P.L. 94-142, children with special needs were required to attend special schools or reside in institutions which provided, in varying degrees, education and related therapeutic services. The emphasis was on the clinical or medical aspects of the child whereas, under P.L. 94-142, the emphasis was on the educational development of the child. Public schools were required to establish special education classes for these children and therapeutic services had to be provided to such students on an itinerant basis in accordance with an individualized educational program plan developed for each student. P.L. 94-142 created a new specialization for the occupational and physical therapy professions since therapy in the public schools would be grounded on an educational rather than medical model. The meaning of "education" was expanded from learning of the "three Rs" to include the preparation for that learning process and public educational systems became responsible not only for teaching children with disabilities but also for facilitating their development in readiness for learning.<sup>1</sup>

Following the decentralization of resources and services to the district level in 1965, the State Department of Education (DOE) began the development of a management plan for special education which could be readily understood by decision makers and the public.<sup>2</sup> The DOE's first State Plan was adopted by the Board of Education on February 6, 1975.<sup>3</sup> That same year, P.L. 94-142 was enacted by Congress. While the State Plan specifically allocated the responsibility to the DOE for the provision of special education and related services such as speech therapy and psychological examinations, it delegated the

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responsibility for the provision of occupational and physical therapy services to P.L. 94-142 students to the Department of Health (DOH). This bifurcation of the therapeutic responsibility has been a target of criticism in recent years as the State has struggled to resolve the personnel shortage problem in the fields of occupational and physical therapy, in order to comply with the mandates of P.L. 94-142.

Therapists employed by the DOE who provide related services to P.L. 94-142 students are employed for a ten-month workyear while therapists employed by the DOH have a twelve-month workyear. As the personnel shortage problem in the occupational and physical therapy fields has worsened, the working conditions and employee morale have deteriorated steadily in the DOH School Health Support Services Section. DOH therapists have maintained that the shortening of their workyear as well as the provision of benefits on parity with teachers in the public school system would provide great inducement for occupational and physical therapists from the private sector in Hawaii, or from mainland states, to apply for the chronically vacant positions in the DOH school health services program.

During the 1989 Legislative Session, the Legislature adopted Senate Concurrent Resolution No. 190 requesting the Legislative Reference Bureau (LRB) to "...assess the feasibility of realigning the work and wage schedules to provide parity between the school-based health therapists and the professional education personnel in the Department of Education." (See Appendix A for the complete text of the Concurrent Resolution.) The Concurrent Resolution required that the analysis include a review of the appropriate collective bargaining unit for the health-related therapists.

To accomplish this legislative mandate, the LRB identified the following objectives for the study:

- (1) To identify the group of educational professionals to which the DOH therapists are comparing themselves;
- (2) To ascertain the reasons why there is disparate treatment of employees serving students under P.L. 94-142;
- (3) To determine why the parity issue has come to the forefront at this time when the program has been in existence for over ten years; and
- (4) To determine, in light of the information gathered for the objectives above, whether realignment of work and wage schedules is warranted.

To accomplish these objectives, the LRB reviewed pertinent documents and records regarding the P.L. 94-142 program for handicapped children; reviewed the State's personnel classification and collective bargaining laws and procedures; conducted a survey of other

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state P.L. 94-142 programs; and conducted extensive interviews with personnel from the DOH, DOE, Department of Personnel Services, the Department of the Attorney General, and the Hawaii Government Employees' Association.

## ENDNOTES

1. Wendy Colman, "The Evolution of Occupational Therapy in the Public Schools: The Laws Mandating Practice", The American Journal of Occupational Therapy, Vol. 42, No. 11, November 1988, p. 702.
2. Hawaii, Department of Education, State Plan for Special Education and Services (Honolulu: 1975), p. i.
3. Ibid.



## **Chapter 2**

### **THE P.L. 94-142 PROGRAM**

#### **Intent Under P.L. 94-142**

Public Law 94-142, the Education of the Handicapped Act, provides assistance to the states in providing a comprehensive program designed to meet the unique educational needs of handicapped children and to assure that the rights of handicapped children and their parents or guardians are protected.<sup>1</sup> Under the law, states with a policy assuring handicapped children the right to free and appropriate public education and a plan to implement that policy can qualify for federal grants which are subject to a state matching.

"Free and appropriate public education" is defined as special education and related services that: have been provided at public expense, under public supervision and direction, and without charge; meet the standards of the state educational agency; include an appropriate preschool, elementary, or secondary school education in the state involved; and are provided in conformity with the *individualized education program required for the child*.<sup>2</sup> According to the State Plan submitted by the Department of Education (DOE) to qualify for the federal grant, it is the State's goal to ensure statewide provision of free appropriate public special education programs and services for all handicapped children, ages three through nineteen and to seek services to provide full educational opportunities for all other handicapped children from birth to three and twenty through twenty-one.<sup>3</sup> "Special education" is defined as *specially designed instruction*, at no cost to parents or guardians, to meet the unique needs of a handicapped child, including classroom instruction in physical education, home instruction, and instruction in hospitals and institutions.<sup>4</sup>

To implement the policy, the DOE has been designated with the responsibility for educational programs and related services. "Related services" means transportation, and such developmental, corrective, and other supportive services (including speech pathology and audiology, psychological services, physical and occupational therapy, recreation, and medical and counseling services, except that such medical services shall be for diagnostic and evaluation purposes only) as may be required to assist a handicapped child to benefit from special education, and includes the early identification and assessment of handicapping conditions in children.<sup>5</sup>

#### **Departmental Responsibilities**

P.L. 94-142 did not specify that all personnel servicing handicapped students be employed by the educational agency responsible for program implementation. Consequently,

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Hawaii's State Plan allocated responsibilities to several departments. The Department of Health (DOH) is responsible for health and health-related program and services while the Department of Human Services (DHS) is responsible for vocational rehabilitation and related public assistance services. With respect to age, the DOH is responsible for ages zero to three; the DOE is responsible for ages three to twenty; and the DHS is responsible for ages twenty and older.<sup>6</sup> Interdepartmental memoranda of agreement have been executed to delineate responsibilities. (See Appendix B for the agreement between the DOE and DOH for occupational and physical therapy.)

Special education instruction is provided by teachers employed by the DOE in classrooms on public school campuses. Related services are provided by an array of professionals on an itinerant basis, i.e., speech pathologists and psychological examiners who are employed by the DOE; physical and occupational therapists employed by the DOH; nurses employed by the DOH; and social workers employed by the DOH and the DHS.

### **Least Restrictive Environment**

A very important requirement under P.L. 94-142 is that "...to the maximum extent appropriate, handicapped children, including children in public or private institutions or other care facilities, are educated with children who are not handicapped, and that special classes, separate schooling, or other removal of handicapped children from the regular educational environment occurs only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily."<sup>7</sup> In accordance with this "least restrictive environment" requirement, the DOE has established Special Education District Centers on regular school campuses in each administrative district which serve the types of handicapped who have previously been served in institutions or special education schools.<sup>8</sup> The DOE provides a continuum of educational settings from a regular classroom with special education instructional and related services to the provision of itinerant special education instructional and related services in a home or hospital. Placement of students in the appropriate setting is determined by educational evaluations and an individualized educational program (IEP) is developed for each student.<sup>9</sup>

### **Individualized Education Program (IEP)**

An IEP is developed at a meeting attended by the DOE district office representative, the teacher, the parents or guardian of the child, and when appropriate, the child following the identification and evaluation of the child as one in need of special education. The evaluation is conducted under the direction of the district superintendent's office by a multi-disciplinary team or group of persons including at least one teacher or other specialist with knowledge of

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the suspected disability.<sup>10</sup> The information in an IEP includes the present levels of the child's educational performance, annual goals, and short-term instructional objectives; special education and related services to be provided; projected dates for initiation and duration of program services; evaluation procedures and schedules for determining whether short term objectives are being met; and identification of the persons responsible for the implementation of the IEP.<sup>11</sup>

### Comprehensive Personnel Development System

States are required to provide for a comprehensive system of personnel development which includes: inservice training of general and special education instructional, related services, and support personnel; procedures to ensure that all personnel are qualified and that activities sufficient to carry out the plan are scheduled; and procedures for acquiring and disseminating significant information from educational research and demonstration projects and for adopting promising educational practices and materials developed therefrom.<sup>12</sup> In response to the mandate, the DOE, in collaboration with the University of Hawaii, developed "Ho'okoho", the inservice training program consisting of eight-hour competency based training modules. Ho'okoho is basically a peer training model with the majority of instructors who are qualified DOE regular and special education teachers sharing their skills and expertise. The Ho'okoho library is constantly expanding since new modules are developed as needs are identified through the annual needs assessment process.<sup>13</sup> As part of the mandate, the DOE is required to accommodate participants as much as possible. Accordingly, the modules of Ho'okoho are designed to serve a flexible number of people, even groups as small as three, and sessions are often scheduled during after school hours or on Saturdays. The training sessions are provided at no cost to participants.

### New Directions in Occupational and Physical Therapy

With the advent of P.L. 94-142, a new specialization in the fields of occupational and physical therapy emerged. Both fields have traditionally provided services to children with disabilities; however, the services were provided with a medical, rehabilitative rather than an educational orientation.<sup>14</sup> The changes were not limited to the context of service delivery. Therapists were also being hired by educational rather than health agencies and were required to work with educational professionals. Since therapists were working outside a clinical setting and often without medically-oriented colleagues with whom to confer, the national professional organizations developed guidelines to help therapists adapt to the educational setting. Therapists in the schools have been advised to: (1) be very familiar with the federal and state laws and procedures affecting their program; (2) possess good communication and interpersonal skills to effectively communicate with educators and parents about the therapy services they provide and the importance of their role in the child's

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educational development; (3) be competent in a wide variety of skills, e.g., evaluating children, writing and monitoring individualized goals and objectives, providing direct and consultative services, and supervising therapy assistants; (4) engage in professional development activities because of the constant advances in research and technology in the field; and (5) be flexible (to cope with unexpected occurrences which may disrupt the therapist's schedule).<sup>15</sup> Therapists must "...be not only well-grounded and secure about their evaluation and treatment skills but also feel very secure about their roles in this new setting."<sup>16</sup>

The role of the occupational and physical therapist in the educational setting requires that they focus on the student's educational needs for programming to promote functional independence in the classroom. If a student has a medical disability or motor impairment which does not interfere with educational performance, the occupational or physical therapist is not responsible for providing therapy services. Such therapy which is outside the educational program is the responsibility of the student's family to pursue through other public or private means.<sup>17</sup>

Occupational therapy services are provided through three models. The first is through direct service where specific therapeutic techniques and approaches are applied to one student or a small group of students. The second, monitoring, requires the therapist to design appropriate interventions to assist others in the immediate environment to carry out the procedures with the student. The critical feature of monitoring is the identification of an educational need that is best served by routine and consistent procedures requiring ongoing guidance and practice. The third model, consultation, where specialized expertise is used to facilitate the workings of the educational system, e.g., designing proper seating, preparing an adaptive device for classroom use, suggesting alternate means for presenting or producing classroom work, or assisting with IEP goal development can all be considered examples of consultation.<sup>18</sup>

Each model has its benefits and limitations. Direct service is time consuming and therefore costly, but can address complex problems and is adaptable. Monitoring is more time efficient but the student's health and safety must be considered. Consultation is an effective mechanism for ongoing environmental support, but requires special skills to be properly administered. To meet the growing demand for occupational services for school-aged children, experts in the field have stressed the importance of devising successful strategies for implementing the three types of service models.<sup>19</sup> The methods of service delivery as applied by the DOH are described in Appendix C.

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### Organizational Placement of Related Services in Other States

The American Occupational Therapy Association envisioned the occupational therapist position in the public schools as an educational employee hired by the education system. In a sample job description prepared by the Association, it was noted that "[i]n the educational system, occupational therapy is a related service in which the therapist functions as a member of an interdisciplinary team whose purpose is to provide an appropriate educational program for handicapped students (emphasis added)." The Association also noted that occupational therapists should not be paid less than teachers and should receive comparable benefits. In further describing the role of occupational therapists, the Association notes that there is a professional obligation to also plan, promote, or assist as needed in specific school projects, such as screening programs, or career days, and that the time allotment for different tasks performed must take into consideration their total role in the school system.<sup>20</sup>

The LRB conducted a survey of the other forty-nine states and the District of Columbia to examine the organizational placement of occupational and physical therapists servicing P.L. 94-142 students. Of the thirty-six responses received, all except for three jurisdictions reported that in all or at least the larger local educational agencies, occupational and physical therapists were hired through the educational system as educational employees. In the majority of those jurisdictions, occupational and physical therapists, as well as other related services personnel, are hired as ancillary personnel who are on the same work schedule as teachers. More often than not, salaries are either comparable or higher than that of teachers. In many of the smaller local educational agencies of those jurisdictions and in Arkansas, Montana, and Vermont, the occupational and physical therapists were hired through contracts with private practitioners or agencies such as hospitals or home health agencies.

California reported that two agencies hire occupational and physical therapists who work with P.L. 94-142 students. The California Children's Services (CCS) provides services for those with exceptional needs requiring "medically necessary" therapy and for those who are not necessarily handicapped and served by P.L. 94-142. CCS therapists provide services in medical therapy units on school sites or on satellite sites. They do not provide services in homes. Many school districts hire occupational and physical therapists for children who do not fit the "medically necessary" eligibility criteria but for whom the IEP team has determined that therapy is necessary to benefit from special education. Other local education agencies contract privately with occupational and physical therapists to provide services as a nonpublic agency. Therapists hired by school districts generally provide services on the school site.

The therapists employed by the CCS work on a longer year than those employed by school districts who generally work the same workyear as teachers. Therapists employed by school districts are usually classified rather than certificated employees whose salaries are lower than those of teachers. They are not regarded as teachers and they do not have the

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benefits available to teachers. When school is not in session, the CCS therapists work with other clients who may or may not be in special education programs.

Hawaii's placement of occupational and physical therapists in the DOH is unique. This decision to place the program in the DOH apparently was made because the DOH already had occupational and physical therapists who were providing limited services to students and the program could be conveniently placed in the School Health Services Branch which was already in the DOH. From the inception of the program, the State has taken the position that occupational and physical therapy services to P.L. 94-142 students is a health rather than educational service.

## ENDNOTES

1. 20 U.S.C.A. 1400(c).
2. 20 U.S.C.A. 1401(18).
3. Hawaii, Department of Education, State Plan for Fiscal Years 1988-1990 under Part B of the Education of the Handicapped Act as Amended by Public Law 94-142, submitted by Hawaii State Department of Education, April 1987, p. 3 (hereinafter cited as State Plan for Fiscal Years 1988-1990).
4. 20 U.S.C.A. 1401(16).
5. 20 U.S.C.A. 1401(17).
6. State Plan for Fiscal Years 1988-1990, p. 5.
7. 20 U.S.C.A. 1412(5).
8. State Plan for Fiscal Years 1988-1990, p. 8.
9. Ibid., p. 8a.
10. §8-36-10, Hawaii Administrative Rules (Department of Education).
11. §8-36-2, Hawaii Administrative Rules (Department of Education).
12. 34 CFR 300.380.
13. State Plan for Fiscal Years 1988-1990, Attachment AA.
14. See Wendy Colman, "The Evolution of Occupational Therapy in the Public Schools: The Laws Mandating Practice", The American Journal of Occupational Therapy, November 1988, p. 702; and Joy Sterneck and Judith S. Underwood, "Physical Therapy in a Public School Setting", Clinical Management, Vol. 4, No. 1, p. 22.
15. Martha J. Coutinho and Dawn L. Hunter, "Special Education and Occupational Therapy: Making the Relationship Work", The American Journal of Occupational Therapy, November 1988, pp. 710-711.

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16. Sterneck and Underwood, p. 23.
17. Iowa, Department of Education, Guidelines for Educationally Related Physical and Occupational Therapy Services (1988), pp. 2-3.
18. Winnie Dunn, "Models of Occupational Therapy Service Provision in the School System", The American Journal of Occupational Therapy, November 1988, pp. 718-721.
19. Ibid., p. 723. The same can be said for physical therapy services in the schools, especially in light of the fact that the nationwide shortage of physical therapists is more severe than that of occupational therapists.
20. American Association of Occupational Therapists, Training: Occupational Therapy Educational Management in Schools, Vol. 1, Module Two, Appendix D (1981), pp. 52-54.

## **Chapter 3**

### **PERSONNEL IN THE DEPARTMENT OF EDUCATION**

#### **Special Education Program**

The Department of Education (DOE) is responsible for implementing the mandates of P.L. 94-142. At the DOE state office level, the Special Education Section, within the Special Instructional Programs and Services Branch of the Office of Instructional Services, is responsible for the preparation of the grant application to the federal government and for monitoring the implementation of the program in meeting the mandates for services to students and parents. The seven District Offices are responsible for providing the educational and related services to the schools.<sup>1</sup> At the school level, the instructional services are provided through the school's special education department which employs special education teachers (certificated teachers) and special education assistants (paraprofessional noncertificated teacher's aides). Related services are also provided at the school level, but by itinerant personnel who may be based at a school or district office, but who service many different schools. Related services personnel include speech pathologists, psychological examiners, speech and hearing specialists, educational evaluators, diagnostic-prescriptive teachers, and school social workers.

Most of the related services personnel are placed organizationally under the District's Special Services program. Generally speaking, the Special Services program consists of programs which provide ancillary services to the pupil. These ancillary services include counseling, guidance, and career education, diagnostic and treatment services, attendance services, school health services, student records, and other student-related information activities.<sup>2</sup> A District may choose, as in the case of the Leeward District, to assign the administrative responsibility of some of the related services personnel to the special education program within the District Office. Leeward's decision was based on an agreement between the two District education specialists in charge of special services and special education that prior to a student being identified as requiring special education, the diagnostic and evaluation services are to be provided through the special services program. Once a child has been diagnosed and identified as requiring special education, the services are to be provided through the special education program.<sup>3</sup>

Related services personnel consist of certificated (ten-month, seven-hour-day) and classified (ten-month, eight-hour-day) positions. The historical development of this peculiar situation and the problems arising therefrom will be discussed in more detail in Chapter 5.



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### The DOE Personnel Classification System

The DOE has three types of employees: certificated employees, educational officers, and classified employees. The classified employees are subject to the civil service laws and the DOE is dependent on the Department of Personnel Services (DPS) and the Conference of Personnel Directors for the classification, recruitment, and pricing of these personnel. On the other hand, the DOE is solely responsible for setting the parameters for its certificated personnel and educational officers.

Certificated employees generally include teachers, school counselors, school librarians, registrars, and specialists in the district office such as resource teachers. As noted in the previous section, there are also some related personnel positions which are certificated. Certificated employees are in collective bargaining Unit 5. Educational officers include principals, vice principals, and state and district office personnel who are not in the classified service. Educational officers have their own bargaining unit, Unit 6, and are on a separate salary schedule.<sup>4</sup>

Classified employees who work in the schools in DOE include school secretaries, cafeteria managers, cafeteria workers, and security aides. The DOE also employs clerical and professional classified employees of various types at the state and district offices. Most of the related services personnel are also classified positions. Classified personnel are typically in bargaining units 3, 4, or 13.<sup>5</sup>

### Related Services Personnel Classification and Compensation

The related services personnel who are certificated personnel (there are about thirty-five)<sup>6</sup> are part of collective bargaining Unit 5 (teachers and other educational personnel on the same salary schedule), so they are paid on the same salary schedule as teachers and receive the same seven-hour workday and ten-month workyear. Like teachers, they are not required to work during the summer months, but if they are asked to work, they must be paid an additional amount for such work and the call back is strictly voluntary. These certificated personnel also can move to higher classes as they are subject to the salary increases teachers are allowed for accumulated credits of approved continuing education coursework. Finally, these certificated employees have a career ladder in that they may participate in the administrative training program to qualify as principals, vice principals, or other educational officers. The salary range for these certificated personnel for the 1989-1990 school year ranges from \$22,292 for entry level at Class I (bachelor's degree) to a maximum of \$45,067 at the last step of Class VII.<sup>7</sup>

Those who are classified personnel are paid on the civil service schedule for Unit 13 employees. They work an eight-hour workday but have a ten-month workyear. They are

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subject to a mandatory recall during the summer months and are paid an additional amount for such work.<sup>8</sup> Their salaries cannot be increased by the accumulation of continuing education credits nor can they participate in the administrative training program. The speech pathologists are rated as SR 21 and their salaries range from \$26,700 at Step E to \$36,696 at Step Y7.<sup>9</sup> Effective July 1, 1990, the SR rating will be repriced to SR 22 as a result of a repricing action for all the Unit 13 classes priced at SR 12 through SR 21.<sup>10</sup>

### Classified DOE Personnel on a Ten-Month Schedule

There are several groups of DOE personnel that are on a ten-month workyear. School food services managers (cafeteria managers) who are paid the twelve-month salary of their SR rating "...without proration or deduction for periods when school is not in session",<sup>11</sup> and security attendants and educational assistants (teachers' aides) whose salaries are prorated from the twelve-month salary of their SR rating to a ten-month salary. The cafeteria managers are in bargaining Unit 2 for collective bargaining purposes while the security attendants and educational assistants are in Unit 3. The nonprorated salary for cafeteria managers was statutorily established in 1959.<sup>12</sup>

## ENDNOTES

1. Interview with Dr. Margaret Donovan, Educational Specialist III, Special Education Section, Department of Education, September 22, 1989.
2. Interview with Kenneth A. Omura, District Educational Specialist, Honolulu District, Department of Education, September 19, 1989.
3. Interview with Arthur Koga, District Education Specialist, Special Services Program, Leeward District, September 29, 1989.
4. Telephone interview with Beatrice Zane, Personnel Specialist III, Certificated Personnel Management Section, Department of Education, October 27, 1989.
5. Interview with Albert Yoshii, Personnel Director; and Gerald Sada, Personnel Specialist III, Classified Personnel Management Section, Department of Education, June 19, 1989.
6. Ibid.
7. Agreement between the Hawaii State Teachers Association and the State of Hawaii Board of Education, July 1, 1989 - June 30, 1993, p. 63.
8. Memorandum of Understanding between the State of Hawaii and the Hawaii Government Employees' Association, section VII, C.
9. Hawaii, Conference of Personnel Directors, Recommendations on the Compensation Plans for the State of Hawaii and its Political Subdivisions - September 1989, Salary Schedules, p. 7.

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10. Ibid., pp. II-3 to II-5.
11. Hawaii Rev. Stat., sec. 297-42.
12. 1959 Haw. Sess. Laws, Act 196. Prior to this Act, the law required that the salaries be prorated over a twelve-month period based on actual months of service, see 1951 Haw. Sess. Laws, Act 267.

## **Chapter 4**

### **RELATED SERVICES PERSONNEL IN THE DEPARTMENT OF HEALTH**

#### **Historical Background**

The enactment of P.L. 94-142 required the provision of occupational and physical therapy services to handicapped children in each school district for the first time in the State of Hawaii.<sup>1</sup> Prior to P.L. 94-142, occupational and physical therapy services to handicapped students were provided on a limited basis by the Department of Health (DOH). There were two schools for handicapped children which were designated as state schools wherein handicapped children from all over the State could qualify for enrollment. Pohukaina School was the center for the mentally retarded while Jefferson School was the center for the orthopedically handicapped. Occupational and physical therapists from the former Crippled Children's Branch stationed at these schools provided therapeutic services to the students. For students not enrolled at the schools but in need of such services, itinerant therapists from the Public Health Nursing Branch provided services.<sup>2</sup> The P.L. 94-142 occupational therapy program began with the first therapists providing services in January 1978 and the physical therapy program began in the Honolulu District in April 1978. From the inception of the physical therapy program, the DOH has had problems with personnel shortages.<sup>3</sup>

#### **Organizational Structure**

The occupational and physical therapy program is organizationally placed within the School Health Services Branch (hereinafter Branch) of the Family Health Services Division of the DOH. The Branch is administered by a Branch Chief. Although not required by the law,<sup>4</sup> the Branch Chief, since the inception of the school health services program, has been a physician. The DOH feels it is important that the Chief be a physician because of the extensive interaction required with pediatricians and other physicians in the community and the need to sign physical therapy prescriptions on occasion. There is frequent turnover in the Branch Chief position, but this is not considered unusual in the field of public health.<sup>5</sup> The current Branch Chief has occupied the position since April of 1988.

The Branch is composed of two sections, the School Health Services Section and the School Health Support Services Section. Each Section is supervised by a nurse, RN VI. The School Health Services Section provides first aid care, individualized health care for certain students, communicable disease prevention and control (in cooperation with the Division of Communicable Disease), scoliosis screening, compilation of the Health Problem Summary List, health counseling and referral, health education and information, and monitoring of the

## OCCUPATIONAL AND PHYSICAL THERAPISTS IN PUBLIC SCHOOLS

school environment to identify and eliminate specific health hazards.<sup>6</sup> Employees in the School Health Services Section include the health aides, paraprofessionals who are assigned to a school, and the school health nurses, registered nurses who supervise the health aides within a school complex. The health aides are employed on a ten-month basis at salaries that have been prorated from a twelve-month to a ten-month salary. The school health nurses are employed on a twelve-month basis and also provide health services to P.L. 94-142 handicapped students.

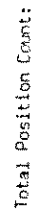
The School Health Support Services Section (hereinafter Section) consists of the occupational and physical therapy program as well as the vision and hearing screening and social work programs. (See Exhibit 1 for the organizational chart of the Section.) The vision and hearing screening program provides screening for school-aged children, including preschoolers.<sup>7</sup> The social work program provides assistance to all students with medical or health conditions which create problems in adjusting to school or the learning process.<sup>8</sup>

The occupational and physical therapy program is organizationally divided into two units, one for each discipline. The Occupational Therapy Unit is headed by an OT V position which is responsible for the administrative as well as programmatic matters of the Unit. An assistant supervisor position, an OT IV, assists the supervisor with the more direct field supervisory tasks and program development. The supervisor and the assistant supervisor also have been required to provide direct therapy services when vacancies have made coverage difficult for the other therapists in the field.

As of November 1, 1989, there were twenty-four OT III positions (twenty-one permanent; three temporary) in the Occupational Therapy Unit, of which one position was vacant. There were also eleven certified occupational therapy assistant (COTA) positions, of which three were vacant.<sup>9</sup> An occupational therapist is not required to have a license to practice in Hawaii. Instead, they must have a bachelor's degree and field work experience to obtain certification by the American Occupational Therapy Association and pass a national certification examination administered by the Association.<sup>10</sup>

As of November 1, 1989, there were twenty-one PT III positions (twenty permanent; one temporary) in the Physical Therapy Unit, of which six were vacant.<sup>11</sup> To be a licensed physical therapist a person must have graduated from an accredited school of physical therapy and passed a written examination administered by the board of physical therapy.<sup>12</sup> The minimum educational requirement is a bachelor's degree. The provision of physical therapy services requires prescription by a physician.<sup>13</sup>

## School Health Support Services Section Organizational Chart



F-2  
S-54

\*Temporary, no count positions.

## OCCUPATIONAL AND PHYSICAL THERAPISTS IN PUBLIC SCHOOLS

The Unit also employs eight (two permanent; six temporary) paramedical assistants (PMAs) and three temporary physical therapist assistants (PTAs) who provide therapy to students under the supervision of the physical therapists. As of November 1, 1989, four of the eight PMA positions and two of the three PTA positions were vacant.<sup>14</sup> Persons occupying the PMA positions require only a high school diploma and receive on-the-job training from the physical therapists. The PTAs are technicians who have graduated from a two-year associate degree program. Technical and administrative supervision of physical therapists are provided through a supervisor and an assistant supervisor. Because of the severe shortage of physical therapists in the State, the supervisors are required, more often than the occupational therapy supervisors, to provide direct therapy services to students.

There are no physical or occupational therapy schools in Hawaii. Consequently, residents interested in the field must obtain their education out-of-state. The absence of such professional schools in Hawaii also precludes effective job recruitment and continuing education programs for therapists. Hawaii's community college system offers associate degree programs for COTAs and PTAs. The COTA program has been in existence for about twenty years while the PTA program was initiated in the fall of 1987. Both programs produce about five to eight graduates a year although the enrollment capacity is larger. The attrition rate in the COTA program has been high because many students who are self-supporting quit for personal reasons. Recruitment of COTAs and especially PTAs has been difficult because the salaries offered by the State is much lower than that offered in the private sector. The DOH has not been successful in obtaining shortage differentials for COTAs and PTAs as it has for the occupational and physical therapist categories.<sup>15</sup>

### Supervision within the Section

The Section Supervisor is responsible for the administrative aspects of the Section such as program planning and budgeting and reports to the Branch Chief. The current Section Supervisor has occupied the position since March of 1989. The previous supervisor held the position for about twenty years. The Unit supervisors provide administrative programmatic supervision, including technical supervision through the review of all case reports submitted by the therapists in the Unit and by personal and telephone consultations with therapists. An obvious problem with this supervisory structure is the distance between the Unit office and the field offices in the seven school districts where the therapists are based. In most instances the contacts between the Unit supervisors and therapists are primarily via telephone and the monthly staff meetings held at the Unit office site in Diamond Head.

Administrative supervision of the occupational and physical therapy units on the neighbor islands has been delegated to the District Health Officers in the neighbor island offices although the Unit supervisors still perform the technical supervisory functions. In

## **RELATED SERVICES PERSONNEL IN THE DEPARTMENT OF HEALTH**

Hawaii County, an awkward situation exists where the District Health Officer has reportedly delegated this administrative responsibility to the Supervisor of the School Health Services Section, the other section of the Branch.

A new therapist who comes on board is provided with a manual of operations for the Unit assigned. The manuals for both the occupational and physical therapists contain comprehensive information about the program, therapist's responsibilities, and operational procedures and guidelines. In addition to the manual, the supervisor or assistant supervisor will provide an orientation covering all aspects of the job, including a description of intragency and interagency communication channels, visits to worksites, and introduction to co-workers (see Appendix D for New Employee Orientation Checklist).

### **Service Delivery by Occupational and Physical Therapists**

The occupational and physical therapy teams that service the seven school districts in the State are established according to projected needs of handicapped students in the districts. Therapists, as part of the multi-disciplinary team which screens eligible students for P.L. 94-142 services, conduct diagnostic evaluations of students to determine eligibility and to prescribe required therapy services. When a student is identified and an individualized education program (IEP) has been developed, the therapist or a therapy assistant will provide direct therapy services to individual students based on the IEP. Therapists are typically based at one school and must travel to other schools to provide therapy to students. The distances travelled from school to school in certain districts such as Windward, Leeward, and Hawaii County, are long. Many therapists are forced to provide therapy in inadequate facilities which fall below the facilities requirements for therapeutic standards. Some therapists work under ideal conditions, such as those stationed at the Jefferson Orthopedic Unit and Kainalu Elementary School where special education programs have a long history and the facilities have been designed for handicapped students. Because the program has had difficulty in projecting where the cases will appear, therapist caseloads are uneven with very high caseloads in some districts and low caseloads in others. Physical therapists generally carry higher caseloads because of the high number of vacant positions in the program.

### **Classification, Compensation, and Benefits**

The itinerant occupational and physical therapists who provide direct therapy are generally at the OT and PT III level with an SR 18 salary rating. The Unit supervisors and their assistants are classified as OT or PT Vs and OT or PT IVs with salary ratings of SR 24 and SR 21, respectively. (See Appendix E for class specifications.) COTAs and PTAs are priced at SR 12 while PMAs are priced at SR 10. Because there has been a shortage of



## OCCUPATIONAL AND PHYSICAL THERAPISTS IN PUBLIC SCHOOLS

occupational and physical therapists, for many years, the newly hired therapists have been paid at a higher salary (*new entry salary*) which is the minimum salary of the class plus a shortage category differential calculated by the Department of Personnel Services when a shortage is determined to exist. The shortage category differential amount is not implemented across the board through all the steps. Only those employees whose salaries fall below the new entry salary will receive an adjustment so that their salaries are at the new entry level. The physical therapists have higher new entry salaries since their shortage is more severe. To offset inequities caused by the higher salaries offered to new recruits, a "related differential" is usually also implemented "...to preserve internal relationships within the series."<sup>16</sup> The related differential essentially works the same way as the shortage category differential and is not applied across the board through all the steps. Table 1 illustrates the minimum salaries and the new entry salaries of the OT and PT series from 1986 through 1989.

Since the OT and PT IIs and IIIs have been receiving shortage category differentials at the entry level for a number of years, an inequity developed where the salaries of the new recruits have approached the salaries earned by old-timers. Consequently, the Legislature established a mechanism authorizing the Director of Personnel Services to implement "...if necessary to promote retention of existing incumbents...alternative adjustments to the salaries of incumbents in a shortage category and related shortage category."<sup>17</sup> Under the new mechanism, when deemed necessary, "...adjustments shall be applied to all employees including those who are paid the same as or more than the new entry salary."<sup>18</sup> Unlike the shortage category and related category differentials, the retention differential is applied across the board at each step in the salary range by use of a formula which nets out to zero at the maximum step. The retention differentials for the OT and PT series became effective on October 1, 1989 retroactive to July 1, 1989. The retroactive portion, however, is smaller since it was computed on the new entry salary in existence on July 1, 1989. The retention differentials effective July 1, 1989 and October 1, 1989 are displayed in Tables 2 and 3.

When compared to the entry level salaries of teachers (Class II with bachelor's degree - \$23,381) and speech pathologists (\$26,700), the new entry salaries for occupational therapists (\$27,912) and physical therapists (\$30,492) are not low. It is probably where a therapist has been in the department for a long time that the salaries may not seem adequate since the retention differentials are smaller at the higher steps. Salary levels in the private sector in Hawaii are reportedly \$250 to \$300 a month higher than that paid to the DOH therapists. However, even those DOH therapists who came from the private sector have admitted that the workload and stress is greater in the private sector.

# RELATED SERVICES PERSONNEL IN THE DEPARTMENT OF HEALTH

TABLE 1  
Shortage Category Differentials  
and Related Differentials  
Physical and Occupational Therapists  
7/1/86 - 10/1/89

Class	Effective 10/1/89				Effective 7/1/89				Effective 5/16/89				Effective 2/1/88				Effective 10/1/87				Effective 7/1/86			
	Minimum Salary	New Entry Salary	Shortage Category Differential		Minimum Salary	New Entry Salary	Shortage Category Differential		Minimum Salary	New Entry Salary	Shortage Category Differential		Minimum Salary	New Entry Salary	Shortage Category Differential		Minimum Salary	New Entry Salary	Shortage Category Differential		Minimum Salary	New Entry Salary	Shortage Category Differential	
PT II	\$1,690	\$2,222	\$532		\$1,690	\$2,081	\$391		\$1,544	\$2,081	\$537		\$1,441	\$2,081	\$640		\$1,441	\$1,609	\$368		\$1,386	\$1,809	\$423	
PT III	\$1,889	\$2,541	\$652		\$1,889	\$2,383	\$494		\$1,727	\$2,383	\$656		\$1,613	\$2,383	\$770		\$1,613	\$2,039	\$426		\$1,558	\$2,039	\$481	
PT IV	\$2,225	\$2,918	\$693		\$2,225	\$2,491	\$266		\$2,093	\$2,491	\$398		\$1,825	\$2,491	\$666		\$1,825	\$2,141	\$316		\$1,770	\$2,141	\$371	
PT V	\$2,523	\$3,367	\$834		\$2,523	\$2,610	\$ 87		\$2,376	\$2,610	\$234		\$2,076	\$2,610	\$534		\$2,076	\$2,248	\$172		\$2,021	\$2,248	\$227	
OT II	\$1,690	\$2,030	\$340		\$1,690	\$1,903	\$275		\$1,544	\$1,903	\$359		\$1,441	\$1,903	\$462		\$1,441	\$1,682	\$241		\$1,386	\$1,682	\$296	
OT III	\$1,889	\$2,326	\$437		\$1,889	\$2,178	\$289		\$1,727	\$2,178	\$451		\$1,613	\$2,178	\$565		\$1,613	\$1,929	\$316		\$1,558	\$1,929	\$371	
OT IV	\$2,225	\$2,662	\$437		\$2,225	\$2,280	\$ 55		\$2,093	\$2,280	\$187		\$1,825	\$2,280	\$455		\$1,825	\$2,024	\$199		\$1,770	\$2,024	\$254	
OT V	\$2,523	\$3,058	\$535		\$2,523	\$ 0	\$ 0		\$2,376	\$ 0	\$ 0		\$2,076	\$2,369	\$293		\$2,076	\$2,231	\$155		\$2,021	\$2,231	\$210	

Source: Department of Personnel Services, Compensation Branch.

# OCCUPATIONAL AND PHYSICAL THERAPISTS IN PUBLIC SCHOOLS

TABLE 2

Retroactive Retention Differentials  
Based on New Entry Salaries as of 7/1/89

Step	Class							
	OT II	OT III	OT IV	OT V	PT II	PT III	PT IV	PT V
D	\$213	\$289	\$55	\$0	\$391	\$494	\$ 0	\$ 0
E	\$186	\$253	\$47	\$0	\$342	\$432	\$266	\$87
G	\$159	\$217	\$39	\$0	\$293	\$370	\$228	\$75
L1	\$133	\$181	\$31	\$0	\$244	\$308	\$190	\$63
L2	\$106	\$145	\$23	\$0	\$195	\$246	\$152	\$50
L3	\$ 80	\$109	\$15	\$0	\$146	\$185	\$114	\$38
L4	\$ 53	\$ 73	\$ 8	\$0	\$ 97	\$123	\$ 76	\$25
Y5	\$ 27	\$ 37	\$ 0	\$0	\$ 49	\$ 62	\$ 38	\$13
Y7	\$ 0	\$ 0	\$ 0	\$0	\$ 0	\$ 0	\$ 0	\$ 0

Source: Department of Personnel Services, Compensation Branch.

TABLE 3

Retention Differentials  
Effective 10/1/89

Step	Class							
	OT II	OT III	OT IV	OT V	PT II	PT III	PT IV	PT V
D	\$340	\$437	\$ 0	\$ 0	\$532	\$652	\$ 0	\$ 0
E	\$298	\$382	\$437	\$535	\$466	\$571	\$693	\$834
G	\$255	\$327	\$375	\$459	\$399	\$489	\$594	\$715
L1	\$213	\$273	\$313	\$383	\$333	\$408	\$495	\$596
L2	\$170	\$218	\$250	\$306	\$266	\$326	\$396	\$477
L3	\$128	\$164	\$188	\$230	\$200	\$245	\$297	\$358
L4	\$ 85	\$109	\$125	\$153	\$133	\$163	\$198	\$239
Y5	\$ 43	\$ 55	\$ 63	\$ 77	\$ 67	\$ 82	\$ 99	\$120
Y7	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

Source: Department of Personnel Services, Compensation Branch.

## RELATED SERVICES PERSONNEL IN THE DEPARTMENT OF HEALTH

### Repricing Action

Cognizant that shortage category differentials are temporary solutions, the HGEA sought a repricing of the PT III and OT III classes from SR 18 to SR 21, the same level as a speech pathologist in the DOE. In its petition to the Conference of Personnel Directors, the HGEA contended that some of the positions worked with the same degree of independence as the speech pathologists. The Conference denied the repricing request noting that there was considerable evidence that repricing would not only be improper but would also seriously disrupt other long-standing relationships between these and other related classes. (See Appendix F for the Conference rationale on the denial of this repricing request.) The Conference did, however, recommend repricing of all Unit 13 classes priced at SR 12 through SR 21, so effective July 1, 1990, OT IIIs and PT IIIs will be priced at SR 20 and OT IVs and PT IVs will be priced at SR 22.

### Personnel in the Department of Health on a Ten-Month Workyear

School health aides in the DOH are employed on a ten-month basis according to the school calendar. The salaries of these employees are based on a six and one-half-hour workday and prorated from the twelve-month salary of their SR level to a ten-month salary.<sup>19</sup> School health aides are in collective bargaining Unit 3 and are priced at SR 9.

## ENDNOTES

1. Hawaii, Department of Health, School Health Branch Annual Report 1977-78, p. 31.
2. Interview with Dr. Frances Riggs, Family Health Services Division Chief; Frances Yamamoto, Occupational Therapy Consultant; and Carlyn Dasinger, Physical Therapy Consultant; October 4, 1989.
3. Ibid.
4. Hawaii Rev. Stat., sec. 321-241 through sec. 321-246.
5. Riggs, et al. interview.
6. Hawaii, Department of Health, School Health Services Branch Annual Report 1986-87, pp. 3-8.
7. Ibid., pp. 20-21.
8. School Health Services Branch Annual Report 1986-87, pp. 22-23.
9. Information provided by Julie Newell, Supervisor, School Health Support Services Section, Department of Health, November 1, 1989.

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10. Hawaii Rev. Stat., sec. 457G-2.
11. Information provided by Julie Newell, Supervisor, School Health Support Services Section, Department of Health, November 1, 1989.
12. Hawaii Rev. Stat., sec. 461J-6.
13. Hawaii is one of twenty-six states which require a physician's prescription. Twenty-four states permit physical therapy services without a physician's referral (fifteen of those states amended their laws within the past three years). The American Physical Therapy Association has designated the issue of direct access to physical therapy services as its most important issue and has mounted a major campaign toward this end. Correspondence received from the American Physical Therapy Association, August 28, 1989.
14. Information provided by Julie Newell, Supervisor, School Health Support Services Section, Department of Health, November 1, 1989.
15. Information extracted from personal and telephone interviews with Carlyn Dasinger, Physical Therapy Consultant and Frances Yamamoto, Occupational Therapy Consultant, October 4 and 25, 1989.
16. Hawaii Rev. Stat., sec. 77-9.
17. 1989 Haw. Sess. Laws, Act 328.
18. Ibid.
19. Hawaii Rev. Stat., sec. 321-245.

## **Chapter 5**

### **EVOLUTION OF THE PROBLEM**

#### **The DOE Memorandum of Understanding**

In the fall of 1969, the Department of Education (DOE) adopted a multi-disciplinary approach to identify, diagnose, and provide follow-up services for children with special needs requiring special education. The diagnostic team consisted of a psychological examiner, speech-hearing specialist, school social worker, and visiting teacher. The diagnostic team concept began as a pilot project of the special education project section of the special education branch, office of instructional services in the first semester of the 1969-1970 school year. It was originally intended that the teams would be administered from the state office; however, on December 12, 1969, the then assistant superintendent of the office of instructional services recommended that one team be established in each district under the administration of district curriculum specialists for special education. The teams operated differently from district to district and the original concept was not being uniformly implemented.<sup>1</sup> Certificated teacher positions were used to staff these diagnostic teams.

In 1973, the Legislative Auditor questioned the continued use of teachers to staff the diagnostic-prescriptive teams noting there was a lack of criteria governing staffing at the district level.<sup>2</sup> The auditor recommended, among other things, the establishment of standards and criteria to govern staffing in the district offices and the review for proper classification of teacher positions performing work similar to the work of the curriculum and staff specialists and the positions of those teachers performing tasks similar to those performed by civil service employees.<sup>3</sup>

The enactment of P.L. 94-142 in 1975 resulted in the need for more positions for diagnostic team services during a period of austere fiscal conditions in the State. Apparently in view of the growing caseload and its failure after repeated requests to the Legislature to obtain additional positions for the diagnostic teams, the DOE, in 1976, began seriously considering the conversion of the diagnostic-prescriptive team positions from certificated to classified status.<sup>4</sup> Following a staff study, the DOE committed itself to the conversion of vacant diagnostic team positions to twelve-month classified status.<sup>5</sup>

Since that time, there has been an inequity within the special services ranks in the DOE. Those employees who were hired to fill vacant and new positions after July 26, 1978 were hired as twelve-month classified employees, under job titles different from the ten-month certificated employees. They were required to work eight-hour days and were placed in Unit 13 (professional and scientific employees, other than registered professional nurses) for collective bargaining purposes while those employees who occupied positions at that time

## OCCUPATIONAL AND PHYSICAL THERAPISTS IN PUBLIC SCHOOLS

were continued as ten-month certificated employees working seven-hour days and were placed in Unit 5 (teachers and other personnel of the department of education under the same salary schedule).<sup>6</sup> Despite different job titles, these employees performed the same work and worked side by side. (See Appendix G for a chart of inequities as seen by therapists.)

Over the years, the classified diagnostic team personnel relentlessly have sought to achieve equity with their certificated counterparts. In 1987, the Hawaii Government Employees' Association (HGEA) pushed for legislation which would accord the twelve-month classified personnel with the same workyear, vacation, and sick leave allowances as teachers and would maintain their twelve-month based salaries.<sup>7</sup> Although the bill passed final reading in the Legislature, the Governor vetoed the bill, noting that there was no appropriation made for its implementation.<sup>8</sup> Despite the veto of the measure, on December 8, 1987, a Memorandum of Understanding (MOU) was signed and executed by the State and the HGEA which provided for the conversion of special services personnel from a twelve-month to ten-month workyear, without a decrease in salary. (See Appendix H for the text of the MOU.) The MOU essentially accomplished what the vetoed bill would have accomplished.

The MOU, however, created other problems of inequity. The MOU covered all Unit 13 employees under the budget code EDN 208. Under that restriction, some federally-funded speech pathologists and psychological examiners who worked with P.L. 94-142 students were excluded from the MOU. Moreover, there were other employees whose functions were not limited to the servicing of handicapped students in special education, who were included in the MOU.

### Problems in the DOH Occupational and Physical Therapy Ranks

When the occupational and physical therapy program began in 1978, there was a manageable number of students requiring services. Consequently, while traveling long distances to remote areas has always been a factor in the program, it was not a significant deterrent since the caseload was manageable. As the P.L. 94-142 program expanded with more students identified for special education services every year, the demands for related services also increased. Despite the increase in the occupational and physical therapist positions in the Department of Health (DOH), vacancies, especially in physical therapist positions, became a persistent problem. The chronic vacancy problem coupled with the burgeoning population of students requiring related services, resulted in higher caseloads for many therapists. Over the past several years, morale among the P.L. 94-142 occupational and physical therapists has been low.

## EVOLUTION OF THE PROBLEM

### The Occupational and Physical Therapist Workload Task Force

In 1986, the then Chief of the School Health Services Branch called for the formation of an occupational and physical therapist task force in an attempt to address the many problems of the School Health Support Services Section, especially the workload problem. It was an attempt by administrators to obtain input from the front-line staff in resolving the problems which heretofore were addressed only by administrators. The Task Force met from June 2, 1986 through June 3, 1987 and its completed report was published in March, 1988.<sup>9</sup>

The Task Force noted in its report that "...the issues were so intertwined that a single issue could not be dissected out for study. For instance, workload or caseload is influenced by the vacancy rate which is impacted by recruitment and retention which involves job attractiveness in comparison with other agencies."<sup>10</sup> Suggestions made by the Task Force to address the recruitment and retention problems included: higher salaries; decrease in workday or workyear to be more in line with a teacher's schedule; creation of more positions; development of a system for substitute therapists; placing a cap on the number of students comprising a caseload; improved administrative support for career development, development of guidelines for treatment space, communication with DOE, and development of a task force of DPS and DOH personnel to address hiring procedure delays; better career ladder; better facilities for treatment of students; a meaningful mission and philosophy to improve feelings of job worth; better professionalism between therapists; elimination of the shortage category differential and permanently raising salary; improved employee health fund benefits; a car maintenance allowance (in addition to current mileage allowance); child care for mildly ill children of therapists; upgrade of therapist positions for those who supervise paraprofessionals; more participatory management; and guidelines and procedures to prevent problems from occurring.

A member of the Task Force who was a student at the University of Hawaii School of Public Health observed that the Task Force "...revealed misunderstandings and misconceptions indigenous in the Unit and Section.... The Unit weaknesses lie in a lack of service philosophy and concrete goals and objectives with appropriate timelines. There is also a perceived lack of administrative support.... Of major concern to the Task Force, and still a viable issue, is communication. The perceived opinions of staff supervisors and administrators are affected by role expectations. These roles are not clearly defined nor are specified channels of communication properly used. Administration should take care to delineate these immediately."<sup>11</sup>

### Follow-up on Occupational and Physical Therapist Workload Task Force Recommendations

Although the Task Force was terminated on March 31, 1987, the final report was not published until March, 1988. Many therapists were frustrated and annoyed by the delay in the



## OCCUPATIONAL AND PHYSICAL THERAPISTS IN PUBLIC SCHOOLS

publication and concomitant delay of follow-up action. Unit supervisory personnel appear to have been the main targets of criticism, primarily because they have the most contact with the occupational and physical therapists. Some of the criticism may have been unfairly directed in that the Unit supervisors have had their share of frustrations in having their proposals for improving working conditions continually rejected, or submitted to the Family Health Services Division Chief without support, by the former Section supervisor. Such attempts included a proposal requesting the construction of four office structures at \$20,000 each to provide centralized base stations for therapists in each of the four school districts on Oahu which would ease the traveling burden; and a Memorandum to James Takushi, Director of Personnel Services, dated September 22, 1986, requesting investigation of the salary assignments for occupational and physical therapists vis-a-vis registered nurses, speech pathologists, and private sector occupational and physical therapists and the development of a process to expedite the hiring of new employees.<sup>12</sup>

The Workload Task Force played an important role in making the Branch administration more aware of the problems and concerns of the occupational and physical therapists and its report serves as a baseline from which improvements in the program can be developed. One of the changes instituted as a result of the report, was the development of a set of guidelines to improve the communications between the DOE and the DOH. The Unit supervisors have also made an effort to improve communication with the occupational and physical therapists in the field.<sup>13</sup>

### **Assessment and Improvement of Related Services (AIRS) Project Report**

The AIRS project was established under a cooperative agreement between the U.S. Department of Education and the DOE to assess the impact and effectiveness of special education related services in Hawaii.<sup>14</sup> The final report of the AIRS project found, among other things, a great deal of variation in therapists caseloads; a lack of available inservice programs to assist related service professionals in developing skills to more effectively and efficiently provide therapeutic services; the need for more preservice and inservice training to assist therapists in providing effective consultative services; the need for more study to investigate the impact of employment instability and the quality of working conditions upon the effective delivery of services; the need to study factors accounting for variations in the nature, frequency, and duration of related service across handicapping conditions and across districts; the need for collaborative efforts among appropriate state agencies to reduce the turnover rate and attract qualified personnel; and the need to establish a flexible data management system to properly monitor and evaluate the provision of services. To date there has been little, if any, attempt by the DOH to address the findings of the AIRS report.

## EVOLUTION OF THE PROBLEM

### Task Force on Health Therapist Shortages

In 1987, the Legislature adopted several resolutions concerning the health therapist shortage problem.<sup>15</sup> In response to these resolutions, an interagency task force was established with members from the Hawaii Chapter of the American Physical Therapy Association; Department of Education; Department of Labor and Industrial Relations; Department of Personnel Services; the Hawaii Governmental Employees' Association; the University of Hawaii; Department of Health (Personnel Office and program personnel); and the Occupational Therapy Association of Hawaii. The Task Force issued a report<sup>16</sup> in 1988 which noted that the State was encountering severe recruitment difficulties for therapists at the schools, hospitals, and other treatment areas and that the problem was expected to continue as the demand for therapists increases in the future. The report also noted that public sector salaries were approximately \$250 less per month than in the private sector for physical therapists and about \$300 less at entry and \$175 less on average for the occupational therapists. The Task Force recommended:

- (1) Higher shortage category adjustment and funding by the Legislature to provide competitive salaries;
- (2) Provision of grants or loans that could be cancelled through employment in shortage areas;
- (3) Provision of administrative and financial support to the physical therapy program to develop abbreviated curriculum designed to professionally upgrade the "PT Aides" to "PT Assistants";
- (4) Increasing numbers by enhancing enrollment in WICHE; obtaining and disseminating information about private university programs; supporting efforts for clinical training opportunities; and developing a long-term plan to establish a school in Hawaii for occupational and physical therapists;
- (5) Intensifying and expanding civil service recruitment efforts;
- (6) Supporting legislation authorizing recruitment incentives;
- (7) Creating a senior therapist level to provide career ladder and staff retention incentives;
- (8) Improving working conditions by allowing job sharing, providing continuing education, reducing facilities problems, and increasing allowances for personal vehicle usage.<sup>17</sup>

## OCCUPATIONAL AND PHYSICAL THERAPISTS IN PUBLIC SCHOOLS

The issue regarding the development of a Memorandum of Agreement for placement of therapists on the teachers' work schedule was deferred by the Task Force due to "...uncertainties regarding total costs, impact of morale of other employees, impact on twelve-month service delivery, preparation of reports and evaluations, etc."<sup>18</sup>

The report did not identify specific agency responsibilities for implementing the Task Force recommendations so there was little follow-up activity. The DOH attempted to act on the proposal for the establishment of a senior therapist class through the reallocation of existing positions. To reallocate positions the program units were asked to identify the positions to be reallocated and provide written justification for the upgrade of the position from an OT or PT III to an OT or PT IV. The DOH Personnel Office reported that although it has processed reallocation requests from other programs, it has not processed reallocation requests for the School Health Support Services Section because the Section has had problems in designating the positions to be reallocated. To date, however, no reallocation request submitted by the DOH (from other programs) to the Department of Personnel Services has been approved, so the senior therapist class is still nonexistent.<sup>19</sup>

### The Move for a Ten-Month Workyear

The DOH administration has concentrated its efforts on the recruitment of therapists, but their efforts have gone unnoticed by the therapists in the field as the turnovers and vacancies continued. Frustrated with what appeared to be a lack of movement by the School Health Services Branch in addressing their concerns, the therapists soon began organizing an effort to obtain a conversion of their workyear similar to that achieved by the DOE special services group which includes the speech pathologists with whom they work. They were convinced that their work was basically the same as that performed by the speech pathologists and that they too should be treated like certificated personnel. (See Appendix I for chart of inequities as seen by therapists.) Their efforts, however, have been thwarted primarily by the fact that they are DOH rather than DOE employees. The therapists have been confounded by their attempts to effectuate a change and believe that they have been given the "royal run-around". While this may have been true in some of the undocumented communications which occurred, the position of the DOH and the Governor have been clearly stated in letters to therapists. The DOH's reasons for not supporting a Memorandum of Understanding which would allow the therapists a ten-month workyear was stated in a letter to a therapist as follows:

1. Lack of coverage that would occur during the two (2) months in summer.
2. It is discriminatory toward all other department employees who work with similar populations doing similar work but not in the Department of Education environment.

## EVOLUTION OF THE PROBLEM

3. The tremendous extra personnel cost this 10 months of 12-months' salary would engender as the department sought to cover our responsibilities over a 12-month period.<sup>20</sup>

Their employee representative, the HGEA, informed the therapists that if they sincerely believed in their cause for a ten-month workyear, the HGEA would support them; however, they would need the concurrence of the DOH since a Memorandum of Understanding would require support from the DOH administration.<sup>21</sup> To complicate matters, many therapists seeking changes had become parties to a lawsuit<sup>22</sup> which was filed by SO SAD (Save Our Sons and Daughters), an unincorporated association of 178 occupational therapists, physical therapists, speech pathologists, educational evaluators, psychological examiners, school social workers, and school psychologists. The suit, which was recently withdrawn, centered upon the dissatisfaction of the DOE related services personnel with the benefits achieved through the Memorandum of Understanding between the DOE and the HGEA. Since the suit also named the HGEA as a defendant, communications between therapists and the HGEA were constrained.<sup>23</sup>

## ENDNOTES

1. Hawaii. Office of the Legislative Auditor, Audit of the Department of Education, 1973, pp. 116-118.
2. Ibid., pp. 114-116.
3. Ibid., p. 119.
4. Correspondence between the Department of Education and the Department of Personnel Services: from Clement Kamalu to Gerald Sada, May 18, 1976; from Eugene Yamamoto to Clement Kamalu, June 10, 1976; from Clement Kamalu to Gerald Sada, July 13, 1976; and from Eugene Yamamoto to Clement Kamalu, July 26, 1976.
5. Memorandum from Eugene Yamamoto, Assistant Superintendent for Personnel Services, to all District and Assistant Superintendents, dated July 26, 1978.
6. See 2 HPERB No. 142.
7. The positions specified in the legislation included social workers, psychological examiners, educational evaluators, speech pathologists, and school psychologists hired under P.L. 94-142. S.B. No. 634, S.D. 1, H.D. 1, C.D. 1.
8. Governor's Veto Message on S.B. No. 634, S.D. 1, H.D. 1, C.D. 1, June 22, 1987.
9. Hawaii, Department of Health, Family Services Division, School Health Services Branch, Occupational and Physical Therapy Workload Task Force Report, March 1988.
10. Ibid., p. 6.

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11. Ibid., pp. 20-21.
12. Interview with Jane Kapoi, Occupational Therapy Unit Supervisor; Gail Peralta, Occupational Therapy Unit Assistant Supervisor; and Paula Kurashige, Physical Therapy Unit Supervisor, August 1, 1989.
13. Interview with Dr. Francis Riggs, Family Health Services Division Chief; Frances Yamamoto, Occupational Therapy Consultant; and Carlyn Dasinger, Physical Therapy Consultant; October 4, 1989.
14. Robert A. McClelland and Glenn T. Hirata. Final Report, Assessment and Improvement of Related Services (AIRS) Project, August 1986, p. i.
15. H.C.R. No. 64, Relating to the Shortage of Trained Physical, Occupational and Recreational Therapists Serving Handicapped Children in the Public Schools and Other Treatment Areas in Hawaii; H.R. No. 122, Relating to Physical Therapists Serving Handicapped Children in the Public Schools; and S.R. No. 170, Requesting that Steps be Taken to Remedy the Shortage of Physical Therapists Employed by the State.
16. Hawaii, Department of Health, Report to the 1988 Legislature Concerning Legislative Resolutions to Solve Occupational, Physical, and Recreational Therapy Shortages (in Response to S.R. 170, S.D. 1, H.C.R. 64, H.D. 1, H.R. 122, H.D. 1), October 1987.
17. Ibid., pp. 14-16.
18. Ibid., p. 10.
19. Interview with Henry Takeshita, Personnel Officer, and Beverly Koito, Classification Specialist, Department of Health, September 28, 1989.
20. Letter from Dr. John Lewin to Diane Kaya-Yano, dated March 24, 1988.
21. Interview, Garren Deweese, Hawaii Government Employees' Association, October 9, 1989.
22. SO SAD (Save Our Sons and Daughters) v. State of Hawaii, Civil No. 88-2183-07, Circuit Court of the First Circuit, State of Hawaii.
23. Ibid.

## **Chapter 6**

### **THE POSITIONS OF THE PARTIES**

#### **I. The Therapists' Perspective**

##### **The LRB Survey of Therapist Concerns**

There have been a lot of confusion and differences of opinion regarding the degree of unity involved in the therapists' demand for a ten-month workyear. The therapists feel that they are unified on the ten-month issue, but the Department of Health (DOH) administrators would like to believe that only a few "agitators" are fanning the fire. The therapists claim they have been articulating their concerns for several years, but have felt that their administrators were always against a ten-month workyear. It appears that the therapists have been inconsistent because at meetings where the School Health Support Services Section (hereinafter Section) and School Health Services Branch administrators have been present, they have dwelled primarily on working condition problems.

The therapists have expressed a desire to have all the positions of interested parties on the ten-month issue clearly stated by an objective party so that they could better understand whether or not their position is reasonable and implementation is feasible. Because the Section is a small organization, some relationships between therapists and between therapists and supervisors have become "strained", causing comments or actions based on emotion rather than reason. Consequently, the Legislative Reference Bureau (LRB) arranged for two group meetings with therapists without their supervisors present and conducted a confidential survey of all OT IIIs and PT IIIs to provide all therapists ample opportunity to voice their opinions without fear of reprisal. (See Appendix J for the survey form.) In addition, the LRB made on-site visits to several workstations and received numerous telephone calls from individual therapists.

Of a total of thirty-five surveys mailed to therapists, twenty responses were received and two were returned because of improper addresses. With a response rate of about sixty-one per cent, the survey indicated that there is some unity on the ten-month issue. Even if therapists did not respond to the survey because they do not support the ten-month position, the fact that all who did respond were in favor of a change in workyear should be evidence enough for the DOH not to ignore this issue by claiming that only a minority of the therapists are involved.

Responses to the survey were generally in the same vein as the comments made at the meetings the LRB held with therapists. The occupational therapists view the parity issue primarily as a matter of correcting a long-standing inequity in the treatment of professionals

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working with P.L. 94-142 students while the physical therapists view the issue primarily as a means to attract and retain therapists in the program. Although the therapists have expressed many concerns over their working conditions during the meetings and interviews, they generally do not view a ten-month workyear as a means to effectively address such concerns. In essence then, there are two major issues the therapists want addressed: (1) equal treatment in terms of work schedule and continuing education with the Department of Education (DOE) professionals; and (2) improvement of working conditions within the program.

With respect to the parity issue, most of the respondents indicated that full parity meant having a teacher's workyear and workday and the same opportunities for increasing pay with continuing education credits and for optional summer employment as teachers. Only a few felt that they should be in the same bargaining unit as teachers. A majority of the therapists said they would be satisfied with same benefits obtained by the DOE's special services personnel in their MOU only as an initial step. When asked if an upgrade to OT IV and PT IV would justify working a twelve-month workyear and eight-hour day, most felt that since they were already performing work at the IV level (e.g., special projects assigned during the summer and development of programs for students at their assigned schools) they should be given a ten-month workyear as well as an upgrade.

As for problems encountered in their work, therapists were asked to rate problems which were raised by the Workload Task force and individual therapists at meetings and interviews as very applicable, moderately applicable, or not applicable. Therapists generally cited high caseload, staff turnover, inadequate salary, lack of support from administrators, professional improvement and career ladder concerns, and lack of coverage during a therapist's absence as major problems. (See Exhibit 2 for the specific problems and the ratings.)

One therapist noted that supervision is poor within the Section and that many staff take advantage of this lack of supervision, with the greatest abuse in the hours worked per day, and starting late.

## POSITIONS OF THE PARTIES

### EXHIBIT 2

#### Job-Related Problems of Occupational and Physical Therapists

SOURCE: Legislative Reference Bureau -- Survey of Occupational and Physical Therapists, August 1989

Therapists were asked to indicate the degree of applicability of the following factors in relation to problems encountered in their jobs by using the following designations: 1 for very applicable, 2 for moderately applicable, and 3 for not applicable.

The tallies of the therapist responses according to the degree of applicability are shown below to the left of the factors listed.

<u>1</u>	<u>2</u>	<u>3</u>	
13	7	0	High case load
13	6	1	High staff turnover
13	6	1	Inadequate salary
10	7	2	Number of schools served*
12	7	1	Inadequate therapy facilities
8	8	4	Inadequate office facilities
7	7	6	Long distances traveled between schools
7	8	4	Lack of support from unit administration*
11	7	1	Lack of support from section administration*
15	3	1	Lack of support from branch administration*
2	14	4	Lack of support from school administrators
1	5	14	Lack of cooperation from special education teachers and aides and DOE diagnostic team personnel
3	8	9	Lack of cooperation from parents
15	4	1	Inadequate opportunities for professional improvement
18	1	1	Out-of-pocket expense required for professional improvement
14	5	0	Inadequate inservice training programs*
4	8	8	Lack of flexibility with respect to vacation time
17	0	3	Lack of coverage during long-term absence of a therapist
13	6	1	Therapists are required to perform programming functions which are supposed to be performed by administrative personnel at the IV level
17	2	1	Lack of career ladder



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Other concerns specifically noted by therapists on their survey form included:

1. Having to cover in other districts.
2. Lack of respect for therapist's professional training, clinical judgment, medical background and knowledge, and therapist's ability to present the health perspective.
3. Need to accommodate DOE and DOH administrative requirements.
4. Lack of camaraderie among staff.
5. Lack of mission or long range goals.
6. Need for laptop computer to streamline paperwork like other diagnosticians in special services and special education teachers.
7. Lack of incentives to pursue continuing education (teachers get increased pay).
8. Need for substitutes (even on short-term basis).
9. Inequity between OT and PT salaries.
10. Some therapists required to supervise COTAs or PTAs, yet all are classified as IIIs.
11. Lack of communication between DOH staff and supervisors and between DOH and DOE.

\*One survey had no response for these factors.

## POSITIONS OF THE PARTIES

### The Rationale for a Ten-Month Workyear

The therapists believe that their work with handicapped students is equivalent to the work that DOE speech pathologists and special education teachers perform with their students and is extremely different from the work of other DOH occupational and physical therapists working in a clinical rather than school setting. Indeed, the fields of occupational and physical therapy have had to develop a new area of specialization after the enactment of P.L. 94-142, with an emphasis on habilitation rather than rehabilitation. While it is debatable that their work is "teaching", it is clear that their work is essential to a handicapped student's facility to benefit from instruction in the classroom.

Another argument offered by therapists is that a ten-month workyear at a twelve-month salary would make recruitment easier since there are private sector and public sector therapists working on the mainland who would be willing to accept jobs in the school health program if the change was made. While there is no way of ascertaining the validity of this claim, it is true that in most of the mainland school districts, the therapists are hired by the school district and work a ten-month workyear.)

Many of the therapists feel that because they are based in the schools, they interact more with the DOE professional staff rather than the DOH professional staff; yet, because they are DOH employees, they feel like "second class" citizens or "outsiders". This feeling is heightened by the fact that whenever there is a space problem at a school the physical and occupational therapists are lowest in priority because they are itinerant employees. While office space is primarily a problem for the storage of their often large pieces of therapeutic equipment, their main concern appears to be when inadequate space is provided for treatment of students. Therapists have complained about having to work in spaces formerly used as closets and even shower stalls where the therapy required cannot be performed. They believe they would be in a better position to negotiate for proper therapy facilities if they were DOE employees.

## II. The Employers' Perspective

### The DOH Position

The DOH administration contends that while it is sympathetic to the therapists' position, it would be administratively irresponsible to grant them the ten-month workyear in a memorandum of understanding. There are other personnel in the DOH who would be in a position to demand a ten-month workyear since they also work with school-aged children. These employees include those in the Mental Health Division, the Developmental Disabilities Division, and the Family Health Services Division preschool development screening program, as well as the Branch's school health nurses and vision and hearing screening personnel.

## OCCUPATIONAL AND PHYSICAL THERAPISTS IN PUBLIC SCHOOLS

Other reasons cited by the DOH against a ten-month workyear are the need for twelve-month services and the cost involved for the department to provide for coverage during the months that the therapists would not be working.

The DOH administrators believe that the resolution lies with recruitment incentives and this is where their efforts have been focused. They believe that the shortage category and retention differentials will help to attract therapists to fill the vacancies and that the filling of the vacancies will alleviate many of the morale problems in the Section. Administrators also believe that since there is a nationwide shortage of therapists, especially for physical therapists, the DOH should focus on recruitment of certified occupational therapy assistants (COTAs) and physical therapy assistants (PTAs) who graduate from Hawaii's community college system. To be sure, there is also a recruitment problem in the COTA and PTA ranks primarily because the state salaries for these job classes are not competitive with that of the private sector. The DOH has been unsuccessful in obtaining shortage category differentials for these classes because the Department of Personnel Services has contended that the number of positions are too few to consider the classes as shortage categories.<sup>1</sup> This intended use of more COTAs and PTAs would mean that the therapists would have to spend less time in direct therapy and more time in supervision of the COTAs and PTAs. Many therapists have expressed objections to such arrangements.<sup>2</sup>

In response to the proposition that the P.L. 94-142 occupational and physical therapists should be administratively transferred to the DOE, the DOH vehemently maintains that placement under the DOH is best because the "health" focus could be lost if the therapists were placed under the DOE. In support of this position, the DOH contends that the therapy services for students with special needs were provided by the DOH prior to the enactment of P.L. 94-142 and the present arrangement has been working quite well; therefore, it is incomprehensible why there is a feeling now that such services should be provided by the DOE.

### The DOE Position

The DOE does not have a clear position on the ten-month issue, evidently due to the fact that the subject employees are not DOE employees. However, the DOE's views regarding its experience under the special services Memorandum of Understanding (MOU) can offer some guidance. After interviewing several DOE administrators,<sup>3</sup> it appears that those administrators who have a lot of direct contact with the special services personnel impacted by the MOU have found that morale among such personnel has improved. One administrator even commented that the MOU was worthwhile as there seemed to be more pluses than minuses in terms of service delivery to the students. Others, however, have expressed deep concern that while morale has improved somewhat, more trouble can be expected in the future as the DOE has many professional as well as clerical employees not

## POSITIONS OF THE PARTIES

included in the MOU who are disgruntled by inequities which have resulted. Reportedly, even some certificated personnel have expressed dissatisfaction.

The MOU has had little impact on the vacancy problems of the DOE in special services positions. It should be noted, however, that the vacancy problem in the DOE is not as severe as that in the DOH. The workload has not been adversely impacted by the MOU notwithstanding the fact that the heaviest evaluation workload occurs during the summer months. Thus far, the districts have done an admirable job in implementing the callback provision and in fielding other questions that emerged when the MOU went into effect.

In response to the proposition that the occupational and physical therapists be transferred to the DOE, there are differences of opinion on this issue. There has been a longstanding policy of this State that school health services remain in the DOH. Accordingly, many administrators of the DOE appear hesitant to voice a strong opinion on this matter. Most have indicated that the arrangement between departments appear to be working; however, some claim it would be more expeditious if the DOE had control over all the P.L. 94-142 program personnel since it is the DOE that is answerable to the P.L. 94-142 mandate for services. Some believe that the occupational and physical therapists should be transferred to the DOE since they are part of the ancillary services the DOE is required to provide to students. Those who share this opinion usually also believe that the entire school health services program should be transferred to the DOE, but recognize that a new organizational structure would have to be established in the DOE to properly perform this function.

### The Department of Personnel Services

The Department of Personnel Services (DPS) has taken a strong, across-the-board position against any special treatment of employees such as that provided in the special services MOU when it is evident that such treatment would cause inequities with related classes of employees in the classified service. It was not in agreement with the MOU since it was aware that other employee groups would soon be making similar demands. The classification and compensation principles of the civil service system attempt to keep everything in balance. Whenever, there is any diversion from such principles, inequities develop. The DPS also notes that it is inappropriate to make comparisons between DOE certificated personnel and professional personnel in the classified service because the basis for the classification of these personnel groups are different. The certificated positions are ranked according to educational accomplishments whereas the classified positions are ranked according to duties and responsibilities performed.<sup>4</sup> The DPS's concern over classification and compensation principles were aptly stated in a recent report on the feasibility of changing the classification and compensation scheme for public librarians to place them in a more appropriate plan such as that used for educational officers. The report concluded it would be

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inappropriate for the librarians to be included in the teachers or educational officers compensation plans or to create a new one for them. It recommended that the librarians remain in Unit 13 and that the problems of inequities in the compensation of librarians should be resolved through the collective bargaining process since the rules of the Public Employees Compensation Appeals Board preclude repricing by salary comparisons across bargaining units.<sup>5</sup>

### ENDNOTES

1. Interview with Dr. Frances Riggs, Family Health Services Division Chief; Frances Yamamoto, Occupational Therapy Consultant; Carlyn Dasinger, Physical Therapy Consultant; October 4, 1989.
2. Meetings with groups of occupational and physical therapists, July 7 and 11, 1989.
3. The DOE administrators interviewed included: Albert Yoshii, Personnel Director; Gerald Sada, Personnel Specialist III, Classified Personnel Management Section; Dr. Margaret Donovan, Educational Specialist III, and Jane Festerling, Educational Specialist II, Special Education Section; Ethel Muratsuka, Educational Specialist II (Special Services), Student Personnel Services Section; Kenneth A. Omura, District Educational Specialist, Honolulu District; and Arthur Koga, District Education Specialist, Leeward District.
4. Interview, Diana Kaapu, Chief, Classification Branch, Department of Personnel Services, June 2, 1989.
5. Ernst & Whitney, Feasibility of Changing the Classification/Compensation Plan for Public Librarians, State of Hawaii Department of Education, Office of the State Librarian, December 1988.

## **Chapter 7**

### **POSSIBLE SOLUTIONS**

#### **Memorandum of Understanding Between the DOH and the HGEA**

Some would suggest that the simplest solution would be a Memorandum of Understanding (MOU) like the one entered into by the Department of Education (DOE) and the Hawaii Government Employees' Association (HGEA) for the special services personnel. While this solution would put the occupational and physical therapists on par with the DOE speech pathologists they work with, therapists have indicated that they would be satisfied with an MOU only as an initial step.

Although the HGEA is willing to enter into an MOU, the Department of Health (DOH) is not. The DOH argues that it would be bombarded with requests from other professionals in the department for similar MOUs. The HGEA is also cognizant that it would also be subjected to demands from other occupational groups within the bargaining units it represents, and is concerned that this could create a chaotic atmosphere for negotiations. The Department of Personnel Services (DPS) has argued that any preferential treatment for a group of civil service employees would violate basic equity provisions of the civil service law and create more disparity between that group and similarly situated civil service employees. (See Appendix K for internal DPS memorandum to Titus Yap from Diana Kaapu dated April 14, 1987 concerning the impact of a bill which would provide special services personnel with a ten-month workyear.)

The therapists argue that they are "unique" in the DOH because they are the only ones whose services are mandated by P.L. 94-142; therefore, other occupational groups cannot and should not be entitled to the same workyear and benefits. Their uniqueness could be better stated as work which is dependent on the presence of students in attendance at school. Ten-month workyears have been approved for similarly situated employee groups such as the special services personnel, school security aides, cafeteria managers, educational assistants, and even the school health aides who are under the School Health Services Branch, but only cafeteria managers and special services personnel maintained their twelve-month salaries.

The DOH argues that there were no repercussions following the MOU for the health aides because the health aides are being paid a prorated salary and, their services are not required during the summer school months. The DOH contends that it would be too costly to provide such services if therapists were to be given a ten-month workyear, yet this arrangement was allowed for the DOE special services personnel. While cost is a legitimate employer concern, it should not be grounds for inequitable treatment of employees.

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It is possible that a compromise could be developed with an MOU that provides for an eleven-month workyear but shorter workdays, especially during the summer months, and includes the Thanksgiving, Winter, and Spring breaks. The therapists have already agreed to a shorter lunch period (one-half hour) to allow more time for therapy sessions and many begin work at 7:00 a.m. and end at 3:30 p.m.<sup>1</sup> Shortening their workday by at least one-half hour during the school year and one and one-half hours during the summer months may help to alleviate some stress and boost morale without loss of services to handicapped students.

If an MOU is entered into, there would have to be a similar MOU for the occupational and physical therapy assistants since these positions must operate under the supervision of the therapists. It would make no sense to require these employees to be at work while their supervisors are not present.

### **Granting of Ten-Month Workyear Statutorily**

The Legislature could amend the statutes to specifically state that the workyear of the occupational and physical therapists in the School Health Services Branch will be based on the school calendar and that their salaries will not be prorated. This was done for the cafeteria managers in 1959, prior to the collective bargaining law. Although the ten-month workyear for educational assistants and health aides are also set statutorily, these employees have prorated salaries. The Legislature is not precluded from enacting a ten-month workyear for the therapists, but such an action could be viewed as interference in the collective bargaining process and would set a bad precedent for other groups to use the legislative arena to resolve collective bargaining issues.

### **Alter the Collective Bargaining Unit Structure**

Hawaii's collective bargaining law limits the number and configuration of bargaining units as follows:

(a) All employees throughout the State within any of the following categories shall constitute an appropriate bargaining unit:

- (1) Nonsupervisory employees in blue collar positions;
- (2) Supervisory employees in blue collar positions;
- (3) Nonsupervisory employees in white collar positions;
- (4) Supervisory employees in white collar positions;

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- (5) Teachers and other personnel of the department of education under the same salary schedule, including part-time employees working less than twenty hours a week who are equal to one-half a full-time equivalent;
- (6) Educational officers and other personnel of the department of education under the same salary schedule;
- (7) Faculty of the University of Hawaii and the community college system;
- (8) Personnel of the University of Hawaii and the community college system, other than faculty;
- (9) Registered professional nurses;
- (10) Institutional, health and correctional workers;
- (11) Firefighters;
- (12) Police officers; and
- (13) Professional and scientific employees, other than registered professional nurses.

Because of the nature of work involved and the essentiality of certain occupations which require specialized training, units (9) through (13) are designated as optional appropriate bargaining units. Employees in any of these optional units may either vote for separate units or for inclusion in their respective units (1) through (4). If a majority of the employees in any optional unit desire to constitute a separate appropriate bargaining unit, supervisory employees may be included in the unit by mutual agreement among supervisory and nonsupervisory employees within the unit; if supervisory employees are excluded, the appropriate bargaining unit for such supervisory employees shall be (2) or (4), as the case may be.<sup>2</sup>

Because of this limitation, there are optional appropriate bargaining units, like Unit 13, composed of a wide variety of occupational categories. Inevitably, in such units, there will be differences in the types of benefits each category might be demanding during a negotiation period. Bargaining units which cover a specific occupational category (teachers, firefighters, and police officers), tend to be more successful in negotiating for special provisions, even with respect to salaries, based on occupationally-related needs.



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The collective bargaining law could be amended to permit the establishment of another specific bargaining unit composed of school-based professional related services personnel. This could result in other occupational groups clamoring for separate units, so it would be advisable to conduct a complete examination of all occupational categories and reestablish appropriate bargaining units accordingly. Nineteen years have passed since the collective bargaining law was enacted and many occupational groups have been created since that time. Such a review and realignment would be in order. It has been argued, however, that more specific bargaining units with smaller memberships reduce an employee group's negotiation clout. Also, the civil service system could disintegrate as a larger number of employee groups gain unique benefits and it is impossible to preserve systemwide equities.

Another collective bargaining alternative would be to include all professional related services personnel from both DOE and DOH in the same bargaining unit as the teachers in Unit 5. (It would not be feasible to transfer related services personnel to Unit 6 since that unit contains educational officers in supervisory positions.) This would not be an easy task since most of the related services personnel are classified employees who are paid on a different salary schedule from members of Unit 5. The DOE would have to revise its personnel classification system to accommodate new types of noninstructional certificated personnel and the occupational and physical therapists would have to be transferred to the DOE in order to be on the same salary schedule as teachers. Such a move could be politically sensitive since it would also mean a loss in membership to the exclusive representative for Unit 13 and an increase in membership for the exclusive representative for Unit 5.

### **Transfer of the Occupational and Physical Therapists to the DOE**

An obvious solution to the woes of the therapists would be to transfer the occupational and physical therapy program to the DOE so that all P.L. 94-142 services are under the control of the DOE and could be included in the special services MOU. The transfer of all personnel providing services to handicapped children under P.L. 94-142 makes sense since the law envisioned the provision of services by a multi-disciplinary team and the team concept could be more effectively implemented if all the team members were under one department. This is not a simple solution, however, since the DOE is experiencing morale problems with some of its related services personnel who, like the DOH therapists, want to be treated like certificated personnel. If the DOE does not resolve its own internal inequities, the therapists will only be transferred from one battlefield to another. Many DOH therapists are also apprehensive about transferring to another department.

Severing the occupational and physical therapy program from the school health services program is another major issue that has to be resolved before any transfer can be effected. The policy question of where the school health services program should be placed organizationally is a sensitive issue since there are those who are steadfast in their belief that

## POSSIBLE SOLUTIONS

the occupational and physical therapy services should remain under the jurisdiction of the DOH. On the other hand, others believe that the placement of the occupational and physical therapy program in the DOH is questionable because the program focus is supposed to be educational rather than health. Since school health nurses and social workers of the School Health Services Branch also provide related services to handicapped children, it may be difficult to sever the occupational and physical therapy program from the Branch. The State has held a long-standing policy that health services in the schools should remain under the jurisdiction of the DOH. While the issue of transferring the program to the DOE has been raised several times in the past, there has never been a serious reconsideration of this policy.

### **DOE Action to End the Dichotomy in its Related Services Personnel Ranks**

The DOE's decision in 1981 to retain those positions with incumbents on the diagnostic teams as certificated positions until the positions were vacated has been the cause of a lot of distress among employees as well as administrators. Perhaps, if the DOE did not retain those positions and had declared that all positions would be classified, the years of protest and demands from the classified personnel for equal treatment might not have occurred. Although the DOE cannot be held responsible for the morale problems in the School Health Services Branch, the glaring inequity it created has served as a convenient rallying point for the DOH therapists.

Since the certificated related services personnel are supposed to be certified as teachers, the DOE could consider returning these positions to the classroom or to otherwise use these positions so that they will not be performing the same kind of work as classified personnel.

The DOE could also convert all the classified positions to certificated personnel, but such a conversion would require a revamping of the certificated personnel classification system since most of the related services personnel do not possess teaching or other education credentials.

### **Reclassifying the Positions within the Section**

Requests for repricing have been rejected by the conference of personnel directors based on existing position descriptions which were developed when the program first began. The DOH could reevaluate the entire personnel structure in the School Health Support Services Section and redefine job responsibilities and supervision requirements in view of how the program has developed since its inception in 1978. For example, the DOH should consider how much time the unit heads really spend in technical supervision and whether or not such supervision should be eliminated to free the unit heads for more program

## OCCUPATIONAL AND PHYSICAL THERAPISTS IN PUBLIC SCHOOLS

development (professional improvement as well as student-related programs), coordination with DOE officials, and other administrative tasks. The therapists maintain that they already operate independently without much technical supervision especially since their supervisors are located far away. The DOE speech pathologists have been classified as IVs because the DOE felt it needed independently functioning personnel to avoid having another layer of technical supervisors. If the DOH therapists are indeed functioning at a higher level than was envisioned when the position descriptions were written, those descriptions should be revised to reflect actual operations. The related supervisory positions would also have to be revised to reflect new duties.

### **Maintain the Present Workyear and Workday**

The DOH could maintain its position that it cannot support any change in the workyear of the therapists since the therapists knew that their workyear and workday schedules were not like those of teachers when they took their jobs. If this option is taken, the DOH should have a plan to address immediately the morale problem in the School Health Support Services Section. While this may appear to be the easiest course of action for the DOH to take, there is a strong possibility that the therapists will not be satisfied with only working condition improvements. Moreover, in order to avoid future demands for parity with education employees, the executive branch must find a means to resolve the problem of inequities among employee groups that it has created by entering into the MOU for special services personnel.

## ENDNOTES

1. Hawaii, Department of Health, School Health Services Branch, "Personnel Policies", May 1985, part of *manual of operations for occupational and physical therapists*.
2. Hawaii Rev. Stat., sec. 89-6(a).

## **Chapter 8**

### **FINDINGS AND RECOMMENDATIONS**

#### **Findings**

1. The educational employees with whom the occupational and physical therapists are seeking parity are the certificated personnel of the Department of Education (hereinafter DOE) in collective bargaining Unit 5 who work a ten-month workyear and seven-hour workday and provide related services to handicapped children under P.L. 94-142. Parity means a ten-month workyear; seven-hour workday; Thanksgiving, Winter, and Spring breaks; salary increases based on the accumulation of continuing education credits; and the opportunity to participate in the administrative training program and become an educational officer.

2. There is disparate treatment of the related services personnel working with handicapped children under the mandate of P.L. 94-142 because there are:

- (A) Department of Health (DOH) classified Unit 13 personnel who work a twelve-month workyear and eight-hour workday;
- (B) DOE classified Unit 13 personnel who work a ten-month year and eight-hour day; and
- (C) DOE certificated personnel in Unit 5 who work a ten-month year and seven-hour workday.

3. Although the concept of collective bargaining facilitates disparate treatment in that employers theoretically can negotiate agreements containing different provisions for all the thirteen employee groups, Hawaii's civil service and compensation laws limit the extent to which differences can exist to preserve equity among employee groups in the classified system.

4. Although the DOH occupational and physical therapy program has been in existence since 1978, the parity issue arose in recent years because the classified DOE related services personnel, who are in the same bargaining unit as the occupational and physical therapists, obtained a ten-month workyear in 1987 through a Memorandum of Understanding (MOU) negotiated between the DOE and the Hawaii Government Employees' Association (HGEA).

5. The therapists' request for a realignment of their workyear is reasonable. Although the provision of related services for handicapped students is required even during summer

## OCCUPATIONAL AND PHYSICAL THERAPISTS IN PUBLIC SCHOOLS

school sessions, the summer caseload is considerably less than the rest of the year. Therapists in many other states are hired by local education agencies and their work schedules are based on the school calendar. Regardless of which department a state employee is employed under, it is not unreasonable to expect comparable treatment when the work performed and the group served are basically the same.

6. The therapists' request for the same benefits as teachers, such as salary increases based on the accumulation of continuing education credits and qualifying for the administrative training program, appears to be unreasonable under current circumstances since the therapists salary levels are based on job content rather than educational accomplishments.

7. Although a realignment of the therapists' work schedule year might be feasible, full parity with certificated personnel is not feasible without major changes. The State's long-standing policy that the school health services program should be the responsibility of the DOH would have to be changed to place school health services in the DOE. The DOE would have to reexamine and revise its personnel classification system to include certificated personnel for related services. The DOE would have to reorganize to establish an appropriate administrative structure to incorporate the school health services program into the department. All DOE and DOH related services personnel would have to be transferred from Unit 13 to Unit 5. It does not appear that the affected departments nor the exclusive representatives, or even the employees, are amenable to all such changes.

8. The extent to which the "Pandora's Box" theory would permeate the state employee ranks is questionable. If the DOH entered into an MOU with the HGEA on behalf of the occupational and physical therapists for a realigned workyear based on the premise that they are school-based personnel whose work is dependent on the presence of students in the schools, there should not be a large number of employee groups eligible for similar treatment. Other school-based personnel, such as cafeteria managers, educational assistants, security aides, and health aides obtained ten-month workyears without repercussion. Pandora's Box has already been opened by the special services MOU. If disparities arising from that MOU are not otherwise resolved, it is difficult to argue against an MOU for the occupational and physical therapists, even if they are not DOE employees.

9. The parity issue arose as a direct result of failure of DOH administration to address internal problems and the lack of meaningful communication within the School Health Support Services Section (hereinafter Section). Evidently, there was a long-standing communication problem between the former supervisor of the Section and the Unit supervisors. The Unit supervisors have been under a great deal of stress over the years because of the increase in demands for services and the high turnover rate. They have also had to deal with irate and unhappy therapists. They have attempted to resolve administratively some of the problems therapists were experiencing but failed to obtain support from the Section Supervisor. The

## FINDINGS AND RECOMMENDATIONS

strain in the relationship between the Section Supervisor and the Unit supervisors carried over to the relationship between the Unit supervisors and the therapists in the field. The Unit supervisors became increasingly more frustrated and impatient with therapists' complaints because they felt powerless to address those complaints. They had troubles of their own and wished the therapists could be less self-centered and more understanding of the whole picture of problems in the Section. Alienated therapists felt closer to the DOE.

Of course, blame cannot be placed on any one individual. Personality clashes also came into play in the relationships of employees in the Section and such problems in the workplace are often the most difficult to resolve. Nevertheless, it is the responsibility of the Chief of the School Health Services Branch (hereinafter Branch) and Section Supervisor to address those problems if the operations are being impacted. Had the many problems involving communication within the Section and individual therapists in the field been addressed promptly and properly by both Branch and Section administrators, morale within the Units would not have sunk so low. Proper addressing of the communication problem would have entailed at least having the Branch Chief serve as mediator between the Unit supervisors and the Section Supervisor. Proper addressing of the therapists' problems could also have included the provision of administrative training for supervisors to deal with morale problems and stressed employees; more intensive employee orientation to develop a professional sense of purpose and mission in the Section, more intervention by DOH supervisory personnel with DOE officials, and continuous and meaningful inservice training sessions for therapists "overwhelmed" by their job environment.

There is need for "healing" within the Branch. Whether or not justified, feelings of animosity have developed between therapists and certain administrative personnel. Therapists feel that their administrators are unsympathetic and some administrators feel that disgruntled therapists lack "professionalism" and have no justification for many of their complaints. The DOH must recognize that the morale problem is real and requires resolution. It will not be resolved by actions that have a short-term effect, such as shortage and retention differentials. Indeed, money is not "the bottom line" as is perceived by some administrators. The morale problem will not be resolved by dispensing therapist complaints as a lack of professional attitude. If a professional attitude is absent, the DOH administrators must assist its employees in developing such an attitude. There is clearly a communication problem present in the Section. Therapists claim they are afraid to be more candid for fear of reprisal. Whether or not true, the fact that this feeling exists is important and requires addressing.

To be sure, the Section and Unit supervisors have been overwhelmed with putting out daily fires and cannot address the morale problems without support from administrators from the Branch and the Family Health Services Division. The Unit supervisors must be relieved of their direct therapy substitution responsibilities if they are expected to perform their administrative responsibilities. The Section Supervisor, who is still new to the job, must

## OCCUPATIONAL AND PHYSICAL THERAPISTS IN PUBLIC SCHOOLS

assume a more active role in assisting the Units with their personnel problems and the Unit supervisors must communicate their concerns to the Section Supervisor.

10. The resolution of operational and attitudinal problems within the Section may not appease the therapists. Many therapists now appear convinced that the parity issue is the only issue and that anything less would not be satisfactory. In the process of finding an avenue to obtain the attention of policymaking officials, many therapists have stumbled across an even more important professional issue for which they may never lay down their arms unless the battle is won. These therapists have come to understand the uniqueness of their specialization in the treatment of P.L. 94-142 students in the fields of occupational and physical therapy. They firmly believe that they are educators as P.L. 94-142 has broadened the scope of education. The parity issue, which at one time may have been a red herring, has become a real cause.

### Recommendations

It is difficult for the Legislative Reference Bureau (LRB) to offer recommendations on the parity issue since the issue is inextricably tied to the broader issue of which department should have jurisdiction over school health services--an issue that is clearly outside the scope of this study. Recognizing this, and in view of the findings above, the LRB makes the following recommendations:

1. The Legislature should not take any legislative action to provide full parity to the therapists unless the Legislature is willing to make the policy decision that the school health services program be transferred to the DOE and to direct the implementation of the major changes noted above in Finding #7.
2. The Governor should assess current practices in the executive branch regarding adjustments to the work schedules of classified employees and establish a clear, uniform policy that will avert inequitable treatment among employee groups. The DOE should take action to end the dichotomy in its related services personnel ranks.
3. If the Governor fails to take the above action, the DOH should reconsider its position on an MOU and take the perspective of how it can realign the work schedule of school-based occupational and physical therapists without unleashing demands from therapists providing services outside of the school setting. The DOH, with assistance from the Department of Personnel Services (DPS), should identify, by specific positions and agency location, other school-based employees that are similarly situated and would demand a similar MOU.

## FINDINGS AND RECOMMENDATIONS

Many of the positions previously identified by the DPS were not school-based positions.

4. The therapists should reconsider their position on obtaining full parity with certificated personnel. Full parity cannot be achieved unless they are DOE certificated personnel. If full parity remains their goal, they must concentrate their efforts on transferring the school health services program to the DOE and becoming certificated personnel, but should not allow this goal to interfere with their duties in the DOH. The therapists accepted the terms of a twelve-month workyear upon their employment and are obligated to fulfill those terms. The DOH's position against a ten-month workyear should not be used by therapists as an excuse for morale problems. If they want to remain in the DOH, they must be resolved to settle for less than full parity and to work constructively with the Section administrators toward rebuilding morale in the Section.
5. The DOH should address immediately the morale problems in the Section through administrative means:
  - (A) Support should be provided from the Branch and Division administration to the Section to find means for healing the wounds that have been inflicted over the past few years. This could be in the form of hiring a management consultant to help Section administrators deal with the morale problem, to review the Section's operations and structure, and to recommend appropriate changes.
  - (B) Section and Unit supervisors must be provided the time for more professional development planning and other activities to allow more interaction among therapists and their supervisors at a professional level. The supervisors appear to be overwhelmed with work. An examination of their prescribed duties and what they are actually doing is needed so that additional administrative support or proper prioritization of duties can be provided.
  - (C) An honest effort must be made by DOH administrators to communicate with the therapists. Therapists need to believe that administrators are concerned and sincere about resolving problems. Administrators, including the Branch Chief and Section Supervisor, should take time for more personal contact with therapists, even if this means occasionally going out to the field to observe problems firsthand.
  - (D) The Section Supervisor must ensure that the communication lines to and from the Unit supervisors are open. The Unit supervisors must



## OCCUPATIONAL AND PHYSICAL THERAPISTS IN PUBLIC SCHOOLS

ensure that the communication lines to and from the therapists in the field are open.

- (E) The Unit and Section supervisors must reestablish and reinforce communication lines with the DOE district offices and school principals to facilitate better communications between therapists and the schools. The Unit and Section supervisors must work more closely with the DOE to ensure that inservice training of new school principals and special education teachers regularly include presentations from the occupational and physical therapy program. The Unit and Section supervisors should work more closely with the DOE's Ho'okoho project personnel to develop inservice training workshops for occupational and physical therapists.
- (F) The DOH should establish a system of hiring substitutes for therapists on leave and to cover vacant positions until the vacancies are filled.
- (G) The DOH should reevaluate the job descriptions of the positions in the Section to ascertain whether changes or upgrades might be in order for the entire section. Issues such as whether the Section Supervisor positions should be a generic administrative position rather than a nurse position, the performance of programming functions by OT and PT IIIs, and the assignment of supervisory functions to some, but not all, therapists should be examined.

## Appendix A

THE SENATE  
FIFTEENTH LEGISLATURE, 1989  
STATE OF HAWAII

S.C.R. NO.

190  
S.D. 1

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# SENATE CONCURRENT RESOLUTION

REQUESTING THE LEGISLATIVE REFERENCE BUREAU TO ASSESS THE  
FEASIBILITY OF HAVING HEALTH-RELATED THERAPISTS WORKING IN  
THE DEPARTMENT OF EDUCATION ON WORK AND PAY SCHEDULES  
COMPARABLE TO THEIR DIRECT PROFESSIONAL COUNTERPARTS.

WHEREAS, the "Education for All Handicapped Children Act",  
Public Law 94-142, requires states to ensure that "all  
handicapped children have available to them...a free appropriate  
education which emphasizes special education and related services  
designated to meet their unique need"; and

WHEREAS, in accordance with this mandate, the Department of  
Health, in conjunction with the Department of Education, has  
implemented a program which combines the skills of physical,  
occupational, and recreational therapists, teachers, and other  
appropriate personnel to provide handicapped children with the  
individualized, special education and related services they  
require; and

WHEREAS, therapists employed by the Department of Health,  
working in the State education system, are on different work and  
wage schedules from their Department of Education professional  
counterparts; and

WHEREAS, evidence presented suggests that many comparable  
state education systems have therapists and education personnel  
on the same work and wage schedules; now, therefore,

BE IT RESOLVED by the Senate of the Fifteenth Legislature of  
the State of Hawaii, Regular Session of 1989, the House of  
Representatives concurring, that the Legislative Reference Bureau  
is requested to assess the feasibility of realigning the work and  
wage schedules to provide parity between the school-based health  
therapists and the professional education personnel in the  
Department of Education; and

BE IT FURTHER RESOLVED the analysis shall include, but not  
be limited to, a review of the appropriate collective bargaining

unit for the health-related therapists in the Department of Education; and

BE IT FURTHER RESOLVED that the Legislative Reference Bureau submit this assessment to the Legislature no later than twenty days prior to the convening of the Regular Session of 1990; and

BE IT FURTHER RESOLVED that certified copies of this Concurrent Resolution be transmitted to the Director of Health, the Director of Personnel Services, the Chairperson of the Board of Education, the Superintendent of Education, and the Legislative Reference Bureau.

## Appendix B

### MEMORANDUM OF AGREEMENT

BETWEEN THE DEPARTMENT OF EDUCATION AND THE DEPARTMENT OF HEALTH

This Memorandum of Agreement is entered this day April 26, 1988  
by and between the Hawaii State Department of Education (DOE) and Department  
of Health (DOH) for the purpose of providing health services in public schools  
throughout the State. It is mutually agreed that the following  
responsibilities shall be applicable in providing school health services in  
the public schools.

#### Interdepartmental Coordination/Liaison

- a. The Assistant Superintendent of the Office of Instructional  
Services and the School Health Services Branch Chief will serve  
as administrative liaison between the two departments.
- b. The DOE District Educational Officer, Special Services, will  
serve as liaison between the principals and DOH School Health  
Services Branch staff working within a district's geographical  
boundary.
- c. The principal or the designee will serve as the administrative  
liaison between a school's staff and the DOH School Health  
Services Branch staff in implementing school health services  
within in the school.

#### Department of Health-School Health Services Branch Staff

- a. The DOH School Health Services Branch staff although working in  
a Department of Education setting are employed by and under the

supervision of the Department of Health. The Department of Health will designate the work assignments of the School Health Services Branch staff.

- b. The Department of Health will be responsible for the training of the DOH School Health Services Branch staff.
- c. The School Health Nurse is the designated representative of the Department of Health at the School Health Complex level.

#### School Health Services

- a. The Department of Health will, in coordination and collaboration with the Department of Education, determine services that will be provided.
- b. The Department of Health services provided will be within the policies and procedures of the Department of Education.
- c. The Department of Health will be responsible for the provision of School Health Services to the school-aged population within the public schools including related services to exceptional children.

#### Facilities

- a. The Department of Education will be responsible for the provision of health room space that meet educational specifications and standards for health room facilities in each school.
- b. The Department of Education will provide all the necessary health room and office supplies and equipment including telephone to ensure efficiency of services.

- c. The Department of Education will be responsible for the provision of an office space within the complex district assigned for the Department of Health-School Health Services Branch staff providing direct service.
- d. The Department of Education will be responsible for the provision of therapy and screening space that meet specifications and standards for the provision of all health services to the Department of Education students within the educational setting.

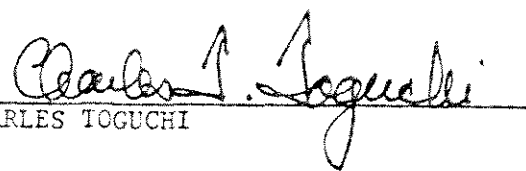
In witness whereof the parties hereto have executed this Memorandum of Agreement the day and year first above written.

HAWAII STATE DEPARTMENT OF HEALTH



JOHN C. LEWIN, M.D.

HAWAII STATE DEPARTMENT OF EDUCATION



CHARLES TOGUCHI

## Appendix C

### School Health Services OT/PT Programs

#### METHODS OF SERVICE DELIVERY

##### DIRECT TREATMENT SERVICES (DTS):

Provided by occupational therapists (OTRs), certified occupational therapy assistants (COTAs), physical therapists (RPTs), physical therapy assistants (PTAs), and paramedical assistants (PMAs) to meet the unique needs of a particular special education eligible student. Services are provided to facilitate the child's achievement of the goals and objectives identified in the IEP.

- Services are carried out individually or in small groups.
- The teacher is usually not involved during the therapy session.
- On the IEP:
  - The front sheet indicates the service, amount and frequency.
  - An insert page is provided if goals and objectives are different from those written by others.
  - An insert page is not needed if the goals/objectives are the same as those proposed by others. However, the therapist's name is listed as one of the persons responsible for mutual goals and objectives.

##### CONSULTATIVE SERVICES:

##### STUDENT ORIENTED CONSULTATION (SOC):

This service is provided to students who have been evaluated and are on the therapist's active caseload. They should have specific goals and objectives identified for areas of consultation.

This form of service is recommended for students who would benefit from therapeutic activities on a more frequent or consistent basis which are incorporated into the daily classroom program. These activities are generally carried out by persons other than the therapist after completion of a formal assessment and with input from the teacher. The therapist is responsible for monitoring/assessing the effectiveness of the activities and adjustment of the program as well as inservicing the teacher on how to achieve the goals on a regular basis. This is to help the student achieve his/her educational objectives in the Total Service Plan (IEP).

- the service, amount (time in minutes), and frequency (how often per month, quarter, semester) is listed on the front page of the IEP. E.g., PT consult, 30 min. per month.
- joint responsibility is reflected for mutual goals and objectives.

- an insert page is used if therapy goals/objectives cannot be meshed into the general program.
- an insert page is not needed if the goals/objectives are the same as those proposed by others. However, the therapist's name is listed as one of the persons responsible for mutual goals and objectives.

TEACHER ORIENTED CONSULTATION (TOC):

The aim of the teacher oriented consultation is to provide resource consultation to assist the teacher in developing and/or maintaining a therapeutic learning environment for the students.

This service is provided to school personnel at their request to share information or demonstrations to assist the teacher of handicapped children in dealing with situations and programs. This may include consultation to the teacher about a specific student who was discharged from the therapist's active caseload.

- DO NOT LIST this on the front sheet of the IEP.
- It can be listed in the "Conference Information" section (at the bottom of the second page of the IEP) that teacher oriented consultation is available upon request.



## Appendix D

### NEW EMPLOYEE ORIENTATION CHECKLIST

ADMINISTRATIVE:	Init.	Date
Organization chart/line of authority		
Division organization; role/function of consultants		
Branch organization; role/function of members		
Unit organization; role/function of personnel		
Goals and function: division, branch, program		
Job performance:		
Position description		
Standards of performance		
Performance ratings: probational, annual		
Confidentiality of information		
Who to report to (for work, when ill, for help)		
Attendance requirements: work schedule, vacation, sick, holidays		
Time sheet (as applicable)		
Meal breaks and breaks (when, how long, eating areas, times)		
Personal appearance, dress standards		
Auto use policy: mileage computation, when to turn in, etc.		
Licensure/practice act		
Medical clearance: tuberculin testing, hepatitis screening		
Standard operating procedures of program		
<b>WORKSITE:</b>		
Office hours/employee's hours		
Lavatories/restrooms		
Key/access		
Fire extinguisher/fire exits		
Emergency procedures/emergency aid		
Security problems and reporting		
Parking		
Safety: reporting hazards, accidents		
Smoking policy		
Bulletin boards		
Office supplies/tools/equipment		
Tour of worksite		
Introduction to co-workers		

## Standard operating procedures:

	Init.	Date
Communication channels		
Intra-agency		
Inter-agency		
Recording codes for statistics documentation		
Report writing		
Programming		
Consultations		
Evaluations		
Discharges		
Methods of service delivery		
P.L. 94-142 (audiovisual)		
Brief on DOE's Chapter 36		
DOE Organization - OIS Chart		
School district chart		
District Educational Specialists (DES)		
Introduction to personnel		
DOE school maps/codes		
Communication procedure regarding:		
Setting up therapy schedules		
Securing space for services		
Miscellaneous:		
Practice of standardized tests		

I reviewed this checklist  
with the Employee.

My supervisor reviewed this  
checklist with me.

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

## Appendix E

PART I	DEPARTMENT OF PERSONNEL SERVICES	6.281
	STATE OF HAWAII	6.286
.....		6.287
		6.298

Class Specification  
for the:

### OCCUPATIONAL THERAPY SERIES

#### Series Definition:

This series includes positions the duties of which are to perform, advise on, supervise, evaluate and/or manage professional occupational therapy services. The ultimate objectives of occupational therapy services are to restore, reinforce and enhance the emotional, physical or vocational capabilities of those individuals whose ability to cope with tasks of living are threatened or impaired by developmental deficiencies, the aging process, poverty and cultural differences, physical injury or illness, or psychological and social disability.

In conjunction with other health care practitioners, the Occupational Therapist works with patients whose primary diagnosis may include: neurological impairment; emotional illness; physical injuries; birth defects; mental retardation; and heart disease.

The Occupational Therapist assesses the client's physical, perceptual-motor, and cognitive capacities and deficits through specialized tests and observations, determines needs and goals, and develops therapeutic care plans designed to reduce sensory-motor dysfunction, perceptual problems and/or psychomotor or psychosocial retardation and facilitate learning of those skills and functions essential for adaptation and productivity, to diminish or correct pathology, to promote and maintain health and, ultimately, restore or enhance the client's abilities in self-care, work, home management, child care, educational, play/leisure and cultural activities.

Specialization in Occupational Therapy include pediatrics, geriatrics, physical dysfunctions, mental health and developmental disabilities.

Occupational Therapists work in hospitals, health care facilities, clinics, rehabilitation centers, schools, sheltered workshops, home care programs and community agencies.

The Occupational Therapist works toward the rehabilitation of clients in cooperation with physicians, nurses, other therapists, social workers, psychologists and other specialists who are frequently organized into an interdisciplinary team concerned with the total case management of the client.

Occupational therapy services are generally supportive in nature to other broad programs of health care. Occupational therapy may thus be provided as a service, on referral, rather than as an operating program in its own right, in host programs which do not generate extensive needs for this type of habilitation/rehabilitation activity. In other settings, where, due to size or type of clientele, there is a need for more occupational therapy services, an occupational therapy program and staff may be established. The scope of the program so established will be defined by the type of clientele served by the host program. Such occupational therapy programs are generally not extensively organized, due to the supportive, referral-generated, nature of services. Further, each such service or program is autonomous within the major program or health service area established by the host program and any program controls are established within the host program setting. Thus, each hospital or host program providing occupational therapy services is limited to servicing the specific target group or clientele of the hospital or host program rather than supporting a single, comprehensive, statewide occupational therapy program.

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This is an amendment to the class specifications for the classes Occupational Therapist II, III, IV approved on March 28, 1967, and a change in title and amendment to the class Occupational Therapist VI, approved on April 17, 1975. The class Occupational Therapist V 6.296, is abolished.

DATE APPROVED:

August 1, 1984 Clement L. Kamah

JAMES H. TAKUSHI

Director of Personnel Services

OCCUPATIONAL THERAPIST II

6.281

Duties Summary:

Under the supervision of a higher level Occupational Therapist, provides professional occupational therapy services in the evaluation and treatment of patients; and performs other related duties as assigned.

Distinguishing Characteristics:

This is the entry level in the Occupational Therapy Series. Positions in this class are responsible for providing professional occupational therapy services for individuals and groups with sensory-motor dysfunction, perceptual problems, and psychomotor and/or psychosocial retardation. The work is performed under the guidance of a higher level Occupational Therapist in order to gain experience for fully independent professional performance. A wide variety of professional occupational therapy skills and judgment are required in evaluating and treating patients. Recommendations pertaining to such areas as patient evaluation, treatments and goals are made to a supervisor. Decisions pertaining to routine aspects of patient treatment are initially made after consultation with appropriate sources. As experience is gained, such decisions are made more independently.

Contacts are maintained with patients, physicians, nurses, other Occupational Therapists, and other allied professional workers such as social workers and teachers.

Examples of Duties:

Makes initial evaluation of the patient to help determine existing level of function in terms of sensory-motor dysfunction, perceptual problems and psychomotor or psychosocial retardation; formulates and implements treatment individually or in group therapy situations; organizes activities to encourage individual participation; evaluates progress and recommends changes and/or termination of services; participates in patient case conferences; prepares records and reports; participates in the training of para-professional employees.

Knowledges and Abilities Required:

Knowledge of: Functional anatomy, kinesiology, neuroanatomy, physiology, neurophysiology, abnormal and educational psychology and related sciences; basic principles, practices and philosophy of occupational therapy; evaluation and testing procedures and treatment techniques.

Ability to: Apply the principles, methods and techniques of occupational therapy; select and use evaluating and testing procedures effectively; prepare and implement treatment plans; deal effectively with patients and other individuals; recognize when adaptive devices need to be used and where available resources are obtainable; operate standard occupational therapy equipment and make minor adjustments and repairs; and keep records and prepare reports.

OCCUPATIONAL THERAPIST III

6.286

Duties Summary:

Under general supervision, performs diagnostic assessments and prepares and implements treatment plans in providing professional occupational therapy services for the full range of cases coming within the scope of a program for the habilitation and rehabilitation of patients; may provide all occupational therapy services for a unit, center or facility; and performs other related duties as assigned.

Distinguishing Characteristics:

This class reflects the fully independent journeyworker level which performs the full range of professional occupational therapy services in evaluating and treating individuals and groups with sensory-motor dysfunction, perceptual problems, and psychomotor and/or psychosocial retardation. Incumbents of positions in this class are required to plan and organize their own activities so as to meet the needs of assigned clients. The work may involve the provision of all occupational services for a unit, center or facility, however, work performance is generally limited to planning, providing and evaluating direct patient evaluations and treatment services. A high degree of professional judgment is exercised in determining goals and selecting treatment techniques for each patient or client.

Incumbents in this class receive general supervision from a higher level Occupational Therapist or professional consultation from other technically qualified professionals normally through conferences and reviews of reports. Recommendations and decisions pertaining to treatment goals, evaluations, etc., involving the more difficult aspects of complex cases are made in accordance with facility policies. Decisions on routine aspects of evaluation and treatment services are made as part of the regular assignment. Positions may work as a responsible, discipline representative, member of a multidisciplinary team.

Examples of Duties:

Selects and administers appropriate diagnostic and evaluative instruments/methods and analyzes results; prepares treatment plans and goals, including specific methods and time frame; treats patients following treatment schedules; reevaluates patients and adjusts plans as necessary; collaborates with physicians, members of multidisciplinary teams, and other members of the health care team relative to patient treatment and progress; instructs and directs subprofessional occupational therapy personnel; estimates needs

and requisitions and purchases supplies used in patient treatment; instructs patients in applying treatment procedures; attends staff meetings and conferences; conducts in-service training programs for occupational therapy aids, nurses, volunteers, and other health care personnel; confers with patients' families and/or outside agencies when indicated; assists in budget preparation by supplying data on program needs; prepares reports and records; provides orientation and guidance to students.

Knowledges and Abilities Required:

Knowledge of: Functional anatomy, kinesiology, neuroanatomy, physiology, neurophysiology, abnormal and educational psychology and related sciences; basic principles, practices and philosophy of occupational therapy; occupational therapy evaluation and testing procedures; current treatment techniques including use and modifications of appropriate therapy equipment and appliances; and methods of instructing clients; and available occupational therapy resources in the community.

Ability to: In addition to the abilities listed under the II level, this class requires the ability to independently apply principles, methods and techniques of occupational therapy; instruct clients and others in the application of the occupational therapy process; and supervise subprofessional occupational therapy personnel.

OCCUPATIONAL THERAPIST IV

6.287

Duties Summary:

Responsible for the small to moderate-sized program of occupational therapy services for a rehabilitation center or facility, institution or such other organizational entity and provides direct services; or develops and evaluates policies, procedures and standards and conducts studies concerning the provision of occupational therapy services to a program, group of clinics, centers or facilities, etc.; and performs other related duties as assigned.

Distinguishing Characteristics:

Positions in this class reflect involvement in the supervisory and program development and evaluation aspects of professional occupational therapy work. Recommendations pertaining to administrative and technical aspects of occupational therapy services as well as decisions on treatment areas and routine administrative matters are made at this level. Positions in this class are typically of the following general types:

1. The Occupational Therapist responsible for planning, organizing, coordinating, and conducting a program of occupational therapy services for a facility, center, institution or a sub-program of a large division level occupational therapy program where the scope of the services is considered small to moderate. The scope of such a program is based on the number of professional and subprofessional subordinate staff, the size and scope of the program within the hierarchy of the agency's total occupational therapy program, the limited specializations within the occupational therapy program of services, the availability of supervisory guidance or lack of such guidance, etc. A position in this class may be the sole professional Occupational Therapist in a facility or program, or may supervise a small staff (1 to 8 positions) of subordinate professional, subprofessional and/or allied health services positions. The primary consideration however, is that the position is responsible for the program of occupational therapy services and is significantly involved in planning, organizing, coordinating and conducting of such a program, including the development and maintenance of operational policies and procedures and necessary coordination of services with other disciplines. Positions of this type may also provide direct services to clients for a significant portion of the time.
2. A program specialist who conducts program planning and evaluation activities including the development, revision, and evaluation of policies, procedures, and standards in an occupational therapy program area and provides advice and assistance to line personnel in public and/or private treatment facilities or program(s). Such functions may be performed as the occupational therapy representative of an interdisciplinary team established to monitor and evaluate ongoing private and/or public therapy treatment programs and may involve coordination of the team's activities.

Examples of Duties:

Plans, conducts and coordinates a program of occupational therapy services including program evaluation activities; develops and implements staff development activities; develops and revises operational policies, procedures and standards for the occupational therapy program; conducts studies of operations, program problems and activities and makes recommendations for modification and expansion of existing occupational therapy services or initiation of new services;



updates policies and procedures manuals; attends conferences and staff meetings for cooperative planning of programs or treatment services; prepares correspondence, reports, case histories, treatment plans and other material; may supervise a small group of lower level Occupational Therapists and other subprofessional and professional workers; assigns, schedules and reviews work of subordinates and provides them with guidance and assistance; evaluates work performance and approves leaves; provides technical guidance and assistance to line supervisors, administrators and their staff; provides orientation and in-service training to new professional, subprofessional and volunteer personnel; provides advisory and consultative services and program information to teachers and other school officials, operators of private treatment facilities, parents, other therapists, diagnostic team members, family members, etc.; administers a variety of occupational therapy assessment instruments and interprets results in conducting diagnostic evaluations; determines treatment goals, and develops and implements treatment plans for patients/clients; selects, modifies and designs therapeutic equipment; visits homes and care facilities to determine suitability in meeting standards of operation, in preparation for patient discharge, and to provide training and occupational therapy services; maintains adequate supplies and material for program operation; provides fieldwork training experience for occupational therapy students; prepares and supplies program budgetary information.

Knowledges and Abilities Required:

Knowledge of: Functional anatomy, kinesiology, neuroanatomy, physiology, neurophysiology, abnormal and educational psychology and related sciences; principles and practices of occupational therapy; occupational therapy diagnostic evaluation and testing procedures; various treatment techniques; trends and developments in occupational therapy; available occupational therapy resources in the community; and, for some positions, principles and practices of supervision.

Ability to: In addition to that specified for the prior levels, interpret and formulate operating policies and procedures, and plan, coordinate and conduct an occupational therapy program; advise and counsel staff effectively; prepare program budget; explain the program of services offered to clients and the public; for some positions, supervise the work of others.

OCCUPATIONAL THERAPIST V

6.298

Duties Summary:

Plans, organizes, coordinates and directs a large program of occupational therapy services including the supervision of a large staff of Occupational Therapists and allied therapy personnel; serves as staff specialist in the field of occupational therapy for a broad, statewide public health program involving the planning, development and implementation of new projects and providing consultative services for the broad program of occupational therapy; prepares program plans and develops, revises and evaluates policies, procedures, standards and guidelines; and performs other related duties as assigned.

Distinguishing Characteristics:

This class reflects positions with extensive supervisory and/or staff specialist functions. Positions in this class are typically of the following general types:

1. The supervisor of a large occupational therapy unit with responsibility for planning, organizing, coordinating, directing and evaluating a program of occupational therapy services. Supervision is over a large occupational therapy staff (10 or more positions). In addition to the performance of supervisory functions, this class is responsible for the development and maintenance of operating policies, procedures and guidelines and implementation of the occupational therapy program. The work of a position in this class is complicated by the coordination of services of a large staff and the responsibility for program planning and direction and integration of services with other disciplines.
2. A staff specialist responsible for a broad, and diverse occupational therapy program concerned with planning, developing, evaluating, improving, revising, recommending and implementing occupational therapy services on a statewide basis. In addition, a position in this class serves as the occupational therapy consultant in the major statewide public health program having distinct ongoing programs in several areas of occupational therapy specializations and provides direction to the program's Occupational Therapists. As the top level Occupational Therapist in the public health program, supervision received is administrative in nature and the position works independently under general direction.

Examples of Duties:

Plans, organizes, coordinates and directs a program of occupational therapy services including program evaluation activities; supervises a large occupational therapy staff including orienting new staff members, determining work assignments, evaluating job performance, interviewing job applicants, resolving work problems, providing employee training, etc.; develops occupational therapy program policies and procedures and prepares written guidelines; evaluates effectiveness of the occupational therapy program; conducts studies to identify occupational therapy needs of the community and recommends modification and expansion of program coverage as needed; prepares and maintains administrative reports on projects, program accomplishments, plans and goals; reviews records, reports, correspondence and other material prepared by subordinates; interprets and explains policies, procedures and work standards; prepares and submits budget requests; works with other agencies and community groups on matters pertaining to occupational therapy; prepares requisitions for and maintains inventory of occupational therapy supplies and equipment.

Plans and develops a statewide program of occupational therapy services in a broad public health program having ongoing functions in several areas of occupational therapy specialization; develops policies, guidelines and procedures for the occupational therapy program; evaluates objectives and effectiveness of the occupational therapy program and recommends revisions and modifications to improve content, quality and level of services and/or recommends new programs in light of needs and current state and national trends in occupational therapy; prepares program plans and budget; participates in planning new community projects, conduct studies to determine appropriate needs, arranging for facilities, preparing budgetary request for staffing, equipment and supplies, formulating policies and procedures, and applying for Federal project grants and renewals; coordinates occupational therapy services in various clinics and/or program areas in order to provide continuity of services; provides statewide consultative services in occupational therapy to Occupational Therapists, program administrators, service directors, allied professional health personnel and others in policy determination, program development, operation and evaluation; plans and conducts workshops; gives lectures, and demonstrations and participates in seminars representing the occupational therapy staff in the public health program; and prepares reports.

Knowledges and Abilities Required:

Knowledge of: In addition to the knowledges required at the previous level, an extensive knowledge of both private and public occupational therapy and related health care services available in the community.

Ability to: In addition to the abilities required at the previous level, the ability to develop occupational therapy and other related health service programs, projects, policies, procedures, plans and budgets; and establish and maintain effective and cooperative working relationships with other staff members, representatives of other departments, community groups and the general public.

PART II	DEPARTMENT OF PERSONNEL SERVICES	6.281
	STATE OF HAWAII	6.286
.....		6.287
		6.298

Minimum Qualification Specifications  
for the Classes:

OCCUPATIONAL THERAPIST II, III, IV, V

Basic Education Requirements:

Applicants for all levels must have a baccalaureate degree in occupational therapy from a school of occupational therapy approved at the time of graduation by the American Occupational Therapy Association, Inc. in collaboration with the American Medical Association; or in the case of a foreign-trained person, the credentials indicating completion of an occupational therapy education program shall be evaluated and approved by the Certification Committee of the American Occupational Therapy Association, Inc. In addition, applicants must have successfully completed the field work requirements prescribed by the degree awarding school.

Certification Required:

All applicants shall have passed the occupational therapist national certification examination administered by the American Occupational Therapy Association, Inc. as prescribed in the provisions on Occupational Therapy Practice, Chapter 457G of the Hawaii Revised Statute.

Experience Requirement:

Applicants must have progressively responsible work experience of the types and quantities described in the table below:

Class Title	Occupational Therapy Exper (years)	Total Exper (years)
Occupational Therapist II	0	0
Occupational Therapist III	1	1
Occupational Therapist IV	2	2
Occupational Therapist V	3	3

Occupational Therapy Experience: Professional experience as an Occupational Therapist under medical supervision. The experience must have equipped the applicant with a full professional understanding of the theories, prevention, and treatment of disabilities by occupational therapy and their proper application by the use of activities which are appropriate to the patient's physical and psychological condition and utilizing appropriate manual and other physical skills.

For levels III and above, at least one year of experience must have been comparable to the next lower level in this series.

For some positions at the Occupational Therapist IV and V levels, it may be necessary that the applicant be required to show evidence of ability to supervise others.

Substitutions Allowed:

Substitution of Education for Experience: Possession of a master's degree in occupational therapy from a college or university whose occupational therapy program has been approved by the American Occupational Therapy Association, Inc. may be substituted for one year of the required Occupational Therapy Experience which is comparable to the II or III level.

Quality of Experience:

Possession of the required number of years of experience will not in itself be accepted as proof of qualification for a position. The applicant's overall experience must have been of such scope and level of responsibility as to conclusively demonstrate that he/she has the ability to perform the duties of the position for which he/she is being considered.

License Required:

For certain positions, applicants may be required to possess a valid State of Hawaii driver's license, Type 3.

Selective Certification:

Specialized knowledges, skills and abilities may be required to perform the duties of some positions. In such positions, certification may be restricted to eligibles who possess the pertinent experience and/or training required to perform the duties of the position.

Agencies requesting selective certification must show the connection between the kind of training and/or experience on which they wish to base selective certification and the duties of the position to be filled.

Tests:

Applicants must qualify on the appropriate examination for the class. For non-competitive actions, the examination may be waived.

Physical and Medical Requirements:

Applicants must be physically able to perform, efficiently and effectively, the essential duties of the position which typically require the ability to read without strain printed material the size of typewritten characters, glasses permitted, and the ability to hear the conversational voice, with or without a hearing aid, or the ability to compensate satisfactorily. Handicaps in these or other areas will not automatically result in disqualification. Those applicants who demonstrate that they are capable of performing the essential functions of the position will not be disqualified under this section.

Any condition which would cause applicants to be a hazard to themselves or others is cause for disqualification.

Any disqualification under this section will be made only after a review of all pertinent information including the results of the medical examination, and requires the approval of the Director.

Mental/Emotional Requirements:

All applicants must possess emotional and mental stability appropriate to the job duties and responsibilities and working conditions.

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This is an amendment to the minimum qualification specifications for the classes Occupational Therapist II, III, IV, and V approved on August 1, 1984.

DATE APPROVED: 11/1/86

  
JAMES H. TAKUSHI

Director of Personnel Services

Copies sent to:

District Health Office - Hawaii, Kauai, Maui  
C/S Hospital Administrative Office  
Hawaii State Hospital  
Waikanae Training School & Hospital  
Personnel Office - [unclear] code files

PART I	DEPARTMENT OF PERSONNEL SERVICES	6.316
	STATE OF HAWAII	6.321
. . . . .		6.322
		6.332

Class Specification  
for the

PHYSICAL THERAPY SERIES

This series includes all professional Physical Therapist positions whose duties are to provide direct services, consultation, supervision, program evaluation and management in the field of physical therapy.

Physical therapy is an integral part of health and medical care programs concerned with reducing the incidence and severity of physical disability, bodily malfunction and pain, and the maximum restoration of a disabled individual's physical capacities.

Physical therapy practitioners work with clients who are disabled by illness or accident, or who were born with a handicap. They evaluate neuromuscular, musculoskeletal, sensorymotor and related cardiovascular and respiratory functions of the clients. Evaluation includes administering and interpreting tests to assist in diagnosis, and to determine the degree of impairment of relevant aspects, such as muscle strength, motor development, functional capacity or respiratory and circulatory efficiency. Treatment includes exercises for increasing strength, endurance, coordination, and range of motion; stimuli to facilitate motor activity and learning; instruction in the use of assistive devices; and the application of physical agents such as heat and cold, sound, water, electricity and massage to relieve pain or improve the condition of muscles and skin.

Physical Therapists practice under the supervision of, or on a referral from, a duly licensed physician, dentist or podiatrist.

Physical Therapists frequently participate as members of interdisciplinary teams concerned with the total case management of the client. These teams are composed of doctors, psychologists, nurses, speech pathologists, vocational counselors, social workers, occupational therapists, and the like.

Of the various areas of specialization in physical therapy, Physical Therapists in the State government are primarily involved in pediatrics, orthopaedics, geriatrics, community health, neurology, and cardiopulmonary diseases.



Classes in this series encompass direct service positions, consultants, and supervisory/administrative positions. The levels of classes are distinguished on the basis of the nature and extent of supervision received, the nature and extent of supervision exercised, and the nature and scope of operations supervised.

Physical therapy services are generally supportive in nature to other broad programs of health care. Physical therapy may thus be provided as a service, upon referral, rather than as an operating program in its own right, in host programs which do not generate extensive needs for this type of habilitation/rehabilitation activity. In other settings, where, due to size or type of clientele, there is a need for more physical therapy services, a physical therapy program and staff may be established. The scope of the program so established will be defined by the type of clientele served by the host program. Such physical therapy programs are generally not extensively organized, due to the supportive, referral-generated, nature of services. Further, each such service or program is autonomous within the major program or health service area established by the host program and any program controls are established within the host program setting. Thus, each hospital or host program providing physical therapy services is limited to servicing the specific target group or clientele of the hospital or host program rather than supporting a single, comprehensive, statewide physical therapy program.

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This is an amendment to the class specifications for the classes PHYSICAL THERAPIST II, III, IV approved on March 28, 1967, and a change in title and amendment to the class PHYSICAL THERAPIST VI, approved on September 30, 1983. The class PHYSICAL THERAPIST V, 6.331, approved on March 28, 1967, is hereby abolished.

DATE APPROVED: \_\_\_\_\_

*9/28/84*

*James H. Takushi*  
JAMES H. TAKUSHI  
Director of Personnel Services

PHYSICAL THERAPIST II

6.316

Duties Summary:

Under the supervision of a physician or higher level physical therapist, prepares treatment plans and administers all prescribed physical therapy procedures; makes evaluation and testing summaries; and performs other related duties as assigned.

Distinguishing Characteristics:

This class involves responsibility for planning and administering medically prescribed physical therapy treatments. Work at this level is designed to provide progressively responsible physical therapy experience for eventual fully independent professional performance. Work is performed under the guidance of a medical doctor and/or higher level therapist. A wide variety of professional physical therapy skills and judgment are required in evaluating and treating patients. Recommendations referring to treatment programs, goals, etc., are made to the physician or a higher level physical therapist. Decisions pertaining to routine aspects of patient treatment are initially made after consultation with appropriate sources. As experience is gained, such decisions are made more independently. Contacts are maintained with clients, physicians, therapists, medical personnel and the general public.

Examples of Duties:

Under the guidance of a physician or higher level physical therapist, administers physical therapy evaluations and testing procedures and treatment modalities; reviews the orders of the physician and/or physical therapist, and administers prescribed therapy; consults with the higher level physical therapist in deciding suitable types of modalities; sets up and applies progressive schedules of treatment for individual cases; observes and reports unusual client reactions; recommends changes in treatment procedure; explains types of treatment and probable reactions to clients and/or to families; sees to the proper maintenance and upkeep of equipment, making minor repairs and adjustments and requesting other repairs when necessary; prepares reports of activities orally or in writing.

Knowledges and Abilities Required:

Knowledge of: Anatomy, neuroanatomy, physiology, kinesiology and related sciences; principles and practices of physical therapy; the technical procedures and modalities of physical therapy; and the operation and care of physical therapy equipment.

Ability to: Carry out prescribed physical therapy treatment; explain physical therapy treatment to others; deal effectively with clients and staff; set up treatment schedules and detect when therapy should be changed or discontinued; and keep records and prepare reports.

PHYSICAL THERAPIST III

6.321

Duties Summary:

Under general supervision, prepares treatment plans and administers all physical therapy procedures for the full range of cases falling within the scope of a program for the treatment or prevention of physical disability or disease; performs evaluations and prepares testing summaries; may provide all physical therapy services for a clinic, hospital, facility or school district; and performs other related duties as assigned.

Distinguishing Characteristics:

This class involves responsibility for independently planning and administering medically prescribed physical therapy treatments which will assist in the prevention and correction of a wide range of human disabilities or potentially handicapping conditions. Incumbents of positions in this class are required to plan and organize their own activities so as to meet the needs of assigned clients. Assignments may include those cases for which the doctor's medical diagnosis serves as the only basis for developing a therapy treatment plan. Positions in this class may serve as the only professional physical therapist assigned to serve a medical rehabilitation facility, school, center or clinic; however, work performance is generally limited to providing client evaluations and direct treatment services. A high degree of professional judgment is exercised in selecting treatment techniques and in determining changes to or termination of treatment services.

Incumbents in this class receive general supervision from a higher level physical therapist or physician, or professional consultation from other technically qualified professionals through conferences and review of reports. At this level, decisions on routine aspects of evaluation and treatment services are made as part of the regular assignment. Positions may function as a responsible, discipline representative member of a multidisciplinary team.

Examples of Duties:

Independently plans and administers the full range of physical therapy evaluation and testing procedures and treatment modalities; reviews physician's diagnosis and referral orders; plans and administers the proper therapy; consults with the physician in deciding suitable types of modalities; sets up and applies progressive schedules of treatment for individual cases; observes and reports unusual client reactions; recommends changes in treatment procedures; explains types of treatment and probable reactions to clients and/or families; measures and fits clients for bracing, prosthetic appliances, and other such aids; sees to the proper maintenance and upkeep of equipment, makes minor repairs and requests other repairs as necessary; makes home visits when necessary; submits reports of activities; may instruct and direct subprofessional therapy personnel and provide guidance to lower level Physical Therapists; maintains records of clients' initial evaluations and subsequent progress or lack of progress.

Knowledges and Abilities Required:

Knowledge of: Anatomy, neuroanatomy, physiology, kinesiology and related sciences; principles and practices of physical therapy; the technical procedures and modalities of physical therapy; current treatment techniques including use and modification of appropriate therapy equipment and appliances; and available physical therapy resources in the community.

Ability to: Independently plan and administer physical therapy treatments based upon medical diagnosis; test for and evaluate clients' physical limitations; explain physical therapy treatments and instruct clients and others in the application of the physical therapy procedures; deal effectively with patients; set up treatment schedules and determine when therapies should be discontinued; keep records and prepare reports; supervise subprofessional physical therapy personnel.

PHYSICAL THERAPIST IV

6.322

Duties Summary:

Plans, organizes, and directs a small to moderate sized program of physical therapy services for a health institution, rehabilitation facility or other such organizational entity; or serves as a staff specialist in developing and evaluating policies, procedures and standards and conducting studies concerning the provision of physical therapy services to a program, group of clinics, centers or facilities, etc.; and performs other related duties as assigned.

Distinguishing Characteristics:

Position at this level receive general supervision, which is primarily administrative in nature, from a higher level physical therapist, physician and/or other administrative position. The supervision may involve advice on policies, procedures, etc.

Positions in this class reflect significant involvement in the supervisory and program development and evaluation aspects of professional physical therapy work. Recommendations pertaining to administrative and technical aspects of physical therapy services as well as decisions on treatment procedures and routine administrative matters are made at this level. Positions in this class are typically of the following general types:

1. The Physical Therapist responsible for planning, organizing, coordinating, and conducting a comprehensive program of physical therapy services for a facility, center, institution or a sub-program of a large division level physical therapy program where the scope of the services is considered small to moderate. The scope of such a program is based on the number of professional and subprofessional subordinate staff, the size and scope of the program within the hierarchy of the agency's total physical therapy program, the limited specializations within the physical therapy program of services, the availability of supervisory guidance or lack of such guidance, etc. A position in this class may be the sole professional Physical Therapist in a facility or program, or may supervise a small staff (1 to 8 positions) of subordinate professional, subprofessional and/or allied health services positions. The primary consideration however, is that

the position is responsible for the program of physical therapy services and is significantly involved in planning, organizing, coordinating and conducting such a program, including the development and maintenance of operational policies and procedures and necessary coordination of services with other disciplines. Positions of this type may also provide direct services to clients for a significant portion of the time.

2. A program specialist who conducts program planning and evaluation activities including the development, revision, and evaluation of policies, procedures, and standards in a physical therapy program area and provides advice and assistance to line personnel in public and/or private treatment facilities or program(s). Such functions may be performed as the physical therapy representative of an interdisciplinary team established to monitor and evaluate ongoing private and/or public physical therapy treatment programs and may involve coordination of the team's activities.

Examples of Duties:

Plans, conducts and coordinates a program of physical therapy services including program evaluation activities; develops and implements staff development activities; develops and revises operational policies, procedures and standards for the physical therapy program; conducts studies of operations, program problems and activities and makes recommendations for modification and expansion of existing physical therapy services or initiation of new services; updates policies and procedures manuals; attends conferences and staff meetings for cooperative planning of programs or treatment services; prepares correspondence, reports, case histories, treatment plans and other material; may supervise a small group of lower level Physical Therapists and other subprofessional and professional workers; assigns, schedules and reviews work of subordinates and provides them with guidance and assistance; evaluates work performance and approves leaves; provides technical guidance and assistance to line supervisors, administrators and their staff; provides orientation and in-service training to new professional, subprofessional and volunteer personnel; provides advisory and consultative services and program information to teachers and other school officials, operators of private rehabilitative facilities, parents, other therapists, diagnostic team members, family members, etc.; administers a variety of physical therapy assessment instruments and interprets results in conducting

diagnostic evaluations; determines treatment goals, and develops and implements treatment plans for clients; selects, modifies and designs therapeutic equipment; visits homes and care facilities to determine suitability in meeting standards of operation, in preparation for patient discharge, and to provide training and physical therapy services; maintains adequate supplies and material for program operations; provides fieldwork training experience for physical therapy students; prepares and supplies program budgetary information and other administrative reports.

Knowledges and Abilities Required:

Knowledge of: Anatomy, kinesiology, neuroanatomy, physiology, neurophysiology, and related sciences; principles and practices of physical therapy; physical therapy diagnostic evaluation and testing procedures; various treatment techniques; trends and developments in physical therapy; available physical therapy resources in the community; and, for some positions, principles and practices of supervision.

Ability to: In addition to that specified for the prior levels, interpret and formulate operating policies and procedures, and plan, coordinate and conduct a physical therapy program; advise and counsel staff effectively; prepare a program budget; explain the program of services offered to clients and the public; maintain cooperative working relationships with clients, staff members and the community; and, for some positions, supervise the work of others.

PHYSICAL THERAPIST V

6.332

Duties Summary:

Plans, organizes, coordinates and directs a large program of physical therapy services including the supervision of a large staff of Physical Therapists and allied therapy personnel; or serves as staff specialist in the field of physical therapy for a broad, statewide public health program involving the planning, development and implementation of new projects and the provision of consultative services for a broad physical therapy program; prepares program plans and develops, revises and evaluates policies, procedures, standards and guidelines; and performs other related duties as assigned.

Distinguishing Characteristics:

This class reflects positions with extensive supervisory and/or staff specialist functions. Positions in this class are typically of the following general types:

1. The supervisor of a large physical therapy unit with responsibility for planning, organizing, coordinating, directing and evaluating a program of physical therapy services. Supervision is exercised over a large physical therapy staff (10 or more positions). In addition to the performance of supervisory functions, a position in this class is responsible for the development and maintenance of operating policies, procedures and guidelines and the implementation of the physical therapy program. The work of a position in this class is complicated by the coordination of services of a large staff and the responsibility for program planning and direction and integration of services with other disciplines.
2. A staff specialist responsible for a broad and diverse physical therapy program concerned with planning, developing, evaluating, improving, revising, recommending and implementing physical therapy services on a statewide basis. In addition, a position in this class serves as the physical therapy consultant in the major statewide public health program having distinct ongoing programs in several areas of physical therapy specializations and provides technical and professional direction to sizeable Physical Therapy staff of the program. As the top level Physical Therapist in the public health program, supervision received is administrative in nature and the position works independently under general direction.

Examples of Duties:

Plans, organizes, coordinates and directs a program of physical therapy services including program evaluation activities; supervises a large physical therapy staff including orienting new staff members, determining work assignments, evaluating job performance, interviewing job applicants, resolving work problems, providing employee training, etc.; develops physical therapy program policies and procedures and prepares written guidelines; evaluates effectiveness of the physical therapy program; conducts studies to identify physical therapy needs of the community and recommends modification and



expansion of program coverage as needed; prepares and maintains administrative reports on projects, program accomplishments, plans and goals; reviews records, reports, correspondence and other material prepared by subordinates; interprets and explains policies, procedures and work standards; prepares and submits budget requests; works with other agencies and community groups on matters pertaining to physical therapy; prepares requisitions for and maintains inventory of physical therapy supplies and equipment.

Plans and develops a statewide program of physical therapy services in a broad public health program having ongoing functions in several areas of physical therapy specialization; develops policies, guidelines and procedures for the physical therapy program; evaluates objectives and effectiveness of the physical therapy program and recommends revisions and modifications to improve content, quality and level of services and recommends new programs in light of needs and current state and national trends in physical therapy; prepares program plans and budget; participates in planning new community projects, conduct studies to determine appropriate needs, arranging for facilities, preparing budgetary request for staffing, equipment and supplies, formulating policies and procedures, and applying for Federal project grants and renewals; coordinates physical therapy services in various clinics, and/or program areas in order to provide continuity of services; provides statewide consultative services in physical therapy to physical therapists, program administrators, service directors, allied professional health personnel and others relative to policy determination, and program development, operation and evaluation; plans and conducts workshops; gives lectures and demonstrations and participates in seminars representing the physical therapy staff in the public health program; and prepares reports.

Knowledges and Abilities Required:

Knowledge of: In addition to the knowledges required at the previous level, an extensive knowledge of both private and public physical therapy; and related health care services available in the community.

Ability to: In addition to the abilities required at the previous level, the ability to develop physical therapy and other related health service programs, projects, policies, procedures, plans and budgets; and establish and maintain effective and cooperative working relationships with other staff members, representatives of other departments, community groups and the general public.

PART II	DEPARTMENT OF PERSONNEL SERVICES	6.316
	STATE OF HAWAII	6.321
.....		6.322
		6.332

Minimum Qualification Specifications  
for the Classes:

PHYSICAL THERAPIST II, III, IV, V

Education Requirement:

Applicants for all levels must be graduates of schools of physical therapy approved at the time of their graduation, by an agency recognized by either the United States Department of Education or the Council on Post-Secondary Accreditation; or in the case of a foreign-trained person, a credentials evaluation indicating completion of an education program(s) that has been determined to be equivalent to entry level Physical Therapist education in the United States. Such an evaluation shall be performed by a credentials evaluation agency recognized by the State Department of Health. In addition, applicants must have successfully completed the clinical affiliation requirements prescribed by the degree awarding school.

License Required:

Applicants must possess a valid unrevoked license issued by the State Department of Health to practice as a Physical Therapist.

Experience Requirements:

Applicants must have progressively responsible professional physical therapy work experience in the quantity shown in the table below:

Class Title	Physical Therapy Exper. (years)
Physical Therapist II	0
Physical Therapist III	1
Physical Therapist IV	2
Physical Therapist V	3

Physical Therapy Experience: Professional experience as a Physical Therapist under medical supervision. The experience must have equipped the applicant with a full professional understanding of the theories of prevention and treatment of physical disability or disease by physical therapy and their proper application by use of physical measures, activities and devices for preventive and therapeutic purposes which are appropriate to the patient's physical and psychological condition.

For the class Physical Therapist III and above, at least one year of experience must have been comparable to the next lower level in this series.

For some positions in the classes Physical Therapist IV and V, it may be necessary that the applicant be required to show evidence of ability to supervise others.

Substitutions Allowed:

Substitution of Education for Experience: Possession of a master's degree in physical therapy from an accredited university may be substituted for one year of the required physical therapy experience which is comparable to levels II or III.

Quality of Experience:

Possession of the required number of years of experience will not in itself be accepted as proof of qualification for a position. The applicant's overall experience must have been of such scope and level of responsibility as to conclusively demonstrate that he/she has the ability to perform the duties of the position for which he/she is being considered.

Selective Certification:

Specialized knowledges, skills and abilities may be required to perform the duties of some positions. In such positions, certification may be restricted to eligibles who possess the pertinent experience and/or training required to perform the duties of the position.

Agencies requesting selective certification must show the connection between the kind of training and/or experience on which they wish to base selective certification and the duties of the position to be filled.

Tests:

Applicants must qualify on the appropriate examination for the class. For non-competitive actions, the examination may be waived.

Physical and Medical Requirements:

Applicants must be physically able to perform, efficiently and effectively, the essential duties of the position which typically require the ability to read without strain printed material the size of typewritten characters, glasses permitted, and the ability to hear the conversational voice, with or without a hearing aid, or the ability to compensate satisfactorily. Handicaps in these or other areas will not automatically result in disqualification. Those applicants who demonstrate that they are capable of performing the essential functions of the position will not be disqualified under this section.

Any condition which would cause applicants to be a hazard to themselves or others is cause for disqualification.

Any disqualification under this section will be made only after a review of all pertinent information including the results of the medical examination, and requires the approval of the Director.

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This is an amendment to the minimum qualification specifications for the classes PHYSICAL THERAPIST II, III, IV, and a change in title and amendment to the class PHYSICAL THERAPIST VI, approved on September 30, 1983. The class PHYSICAL THERAPIST V, 6.331, approved on March 28, 1967, is hereby abolished.

DATE APPROVED:

Oct 18, 1984

Clement L. Kamah

JAMES H. TAKUSHI

Director of Personnel Services

NOV 20 1984

## Appendix F

pricing the Para-Medical Assistant V (S) class over the Occupational Therapy Assistant II (S) class. The impact of occupational certification is but one factor in pricing and was duly considered when the Occupational Therapy Assistant II class was established in 1986.

We note that the UPW did not regard minimum qualification differences as a problem during the last repricing session when it joined the Conference in requesting a one SR adjustment for both para-medical assistants and occupational therapy assistants (as well as other medical related classes in BU 10) in tandem with actions taken on the licensed practical nurse series.

The Conference believes that the subject class is priced properly in relation to the comparative class as well as to other medical related classes in bargaining unit 10 and, therefore, recommends no change in the pricing of the Occupational Therapy Assistant II at SR 13.

PHYSICAL THERAPIST III (S), BU 13, SR 18  
OCCUPATIONAL THERAPIST III (S), BU 13, SR 18

RECOMMENDATION: No Change

Source and Reasons for Request: HGEA

This request seeks to reprice the subject classes to SR 21 compared to the class Speech Pathologist IV (S), BU 13, SR 21. Essentially, the union contends that some subject positions work with a degree of independence equal to that of positions

in the comparative SR 21 class.

If the request is granted, HGEA asks that other classes in the series be repriced to maintain internal equity.

Conference Rationale: The Occupational Therapist III (S), SR 18, a benchmark class, reflects the journeyworker level providing professional occupational therapy services. The Physical Therapist III (S), SR 18, reflects the journeyworker level providing professional physical therapy services. The equivalent, journeyworker class in speech pathology work is not, as the union contends, the Speech Pathologist IV (S), SR 21, but the Speech Pathologist III (S), SR 18; the Speech Pathologist III also reflects the journeyworker level providing professional speech-language evaluations and treatments. There are two concepts for the Speech Pathologist IV (S). The first is responsibility for providing a program of services in accordance with a statewide program. The second is a highly competent and experienced worker whose assignments involve a high degree of independence under a non-technical supervisor. Since it appears the union has no argument with type one positions, discussion hereafter will revolve around the second type.

In order to fully recognize and appreciate differences which affect pricing, a more complete review of the subject and comparative classes is necessary. Distinguishing characteristics provide the best information for this purpose:

1. Speech Pathologist IV (S):

"Positions of this type reflect highly competent and experienced workers whose assignments involve a high degree of independence in their performance. Work primarily involves providing diagnostic evaluations and/or direct services in speech-language under a non-technical supervisor and having continuing responsibility for developing and maintaining understanding, sound working relationships and coordination of services with clients, parents, school officials, physicians, nurses, social workers, other agency personnel, etc. Technically sound recommendations and decisions on diagnostic evaluations and treatment plans are independently made at this level. Initiative in seeking technical consultation, from within and outside the department, rests with the incumbent of a position in this class."

2. Occupational Therapist III (S):

"Incumbents in this class receive general supervision from a higher level Occupational Therapist or professional consultation from other technically qualified professionals normally through conferences and reviews of reports. Recommendations and decisions pertaining to treatment goals, evaluations, etc., involving the more difficult aspects of complex cases are made in accordance with facility policies. Decisions on routine aspects of evaluation and treatment services are made as part of the regular assignment. Positions may work as a responsible, discipline representative, member of a multidisciplinary team."

3. Physical Therapist III (S):

"Incumbents of positions in this class are required to plan and organize their own activities so as to meet the needs of assigned clients. Assignments may include those cases for which the doctor's medical diagnosis serves as the only basis for developing a therapy treatment plan. Positions in this class may serve as the only professional physical therapist assigned to serve a medical rehabilitation facility, school, center or clinic; however, work performance is generally limited to providing client evaluations and direct treatment services."

A thorough review of the above characteristics reveals differences between the subject and comparative classes which

transcend the independence factor. It is also worth mentioning that PECAB, in sustaining a no change recommendation to reprice the Physical Therapist III (S) during the 1985-86 session, pointed out that to reprice the Physical Therapist III (S) would:

"seriously upset the long-standing relationships existing between these classes and other related classes in hospital/medical support professional classes (e.g., public health nutritionists and other therapy specialist classes at SR 18). It would trigger wholesale demands for upward adjustments in sessions to follow."

The union has not presented a reasonable case for repricing in light of the considerable evidence that doing so would not only be improper but would also seriously disrupt other relationships. Based on the evidence presented, the Conference recommends no change in the pricing of the subject classes.

EDUCATIONAL THERAPIST IV (S), BU 13, SR 21

RECOMMENDATION: No Change

Source and Reasons for Request: HGEA

The HGEA requests that the subject class be repriced to SR 24 based upon a comparison with the class Special Education Teacher V (S), BU 13, SR 24. The union contends that the subject class should be repriced because both classes are concerned with the education of children and students who require special educational assistance due to psycho-educational problems or mental retardation, and because

Source: Hawaii, Conference of Personnel Directors, Recommendations on the Compensation Plans for the State of Hawaii and its Political Subdivisions - September 1989.



## Appendix G

### INEQUITIES BETWEEN TWO GROUPS OF PEOPLE DOING THE SAME JOBS WITHIN THE DEPARTMENT OF EDUCATION

AREAS FOR COMPARISON	10 MONTH COUNTERPARTS IN DOE SPECIAL SERVICES (certificated, represented by NSTA Unit 5)		12 MONTH (WITH MEMORANDUM MODIFYING 12 MONTH SCHEDULE) DOE SPECIAL SERVICES WORKERS (classified, represented by NCEA, Unit 13)
TITLES/JOBS OF WORKERS	Speech Pathologists, Psychological Examiners, School Psychologists, Educational Evaluators (also called Diagnostic-Prescriptive Teachers), School Social Workers	=	EXACTLY THE SAME
DUTY SERVICES TO STUDENTS	Direct Speech Therapy Caseload: 30-60 students per week Diagnostic Testing: 5-10 students per week	=	CASELOADS ARE IDENTICAL
SALARY SCHEDULE	Starting Salary as of 2/89: Masters + 0 years = \$24,218/year (or \$132.34/day or \$20.70/hour)	≠	Starting Salary as of 2/89: Masters + 0 years = \$17,292/year (or \$94.49/day or \$11.81/hour)
WORK SCHEDULE	Days per year: 183 Hours per day: 6.5 Hours per year: 1190	≠	Days per year: 183 Hours per day: 8.0 Hours per year: 1464
SUMMER SCHEDULE	OPTIONAL 6 week, 4 hour day Summer contract for additional compensation. Paid as follows, Summer, 1988: Class I \$11.01/hr NO DEGREE Class II \$11.65/hr Bachelors Degree Class III \$12.37/hr Bachelors Degree + 30 hours beyond BA	≠	Probable Summer Work (so far, there has not been a Summer when we have not been called to work). When called, work is MANDATORY, and is compensated at entry level rates. Paid as follows, Summer 1988: \$10.53/hour Masters through Doctorate degrees
IF CALLED TO WORK ON OTHER NON-SCHOOL DAYS	OPTIONAL, but compensated at 1/183 of annual salary. (Based on beginning Masters salary above, pay would be \$132.34/day or \$20.35/hour)	≠	MANDATORY, if called, and compensated at same rate as SUMMER SCHEDULE PAY above. (\$10.53/hour)
OPPORTUNITIES FOR CAREER ADVANCEMENT	May apply for the Training Program to become an Educational Officer/Principal	≠	NO OPPORTUNITY for upward movement within the DOE system, from these jobs
EDUCATIONAL OPPORTUNITIES	May avail themselves of university/college courses in the Summer recess and/or in the late afternoon during the school year.  Additional pay awarded as extra credits are accrued.  SABBATICAL: Have a choice of: 1. One semester at full pay, OR 2. Two semesters at half pay	≠  ≠  ≠	Have not yet had any Summer without mandatory work, in order to take Continuing Educational courses. Cannot avail selves of afternoon courses.  NO pay steps awarded for additional education.  SABBATICAL: NO CHOICE 1. Two semesters at half pay (very restrictive for the majority of workers who cannot afford to cut salaries by half in order to continue education.
TEACHER CERTIFICATION	Not necessarily called TEACHER Certificate, but may be called Speech Therapist Certificate, etc.  Ed. Evaluators (DPTs) who have come from the classroom to take these jobs WILL NOT EVER LOSE THEIR TEACHER CERTIFICATION.	≠	Same background, just not arbitrarily given the same Certificates. Same qualifications, as counterparts, however. Ed. Evaluators (DPTs) who have come from the classroom to take these jobs WILL LOSE CERTIFICATION if they remain on this job 5 years.
SUBSTITUTES	In case of long term illness/disability, a substitute may be hired.	≠	In case of long term illness/disability, NO SUBSTITUTE is hired. Position remains VACANT!!!
COMPARABILITY TO SAME TYPE OF JOBS IN DOE IN ALL OTHER STATES/SYSTEMS	Comparable work schedule.  Pay varies from system, depending on the size and wealth of the area which the system represents, i.e. New York City pays more than Enid, Oklahoma.	≠	NO OTHER SYSTEM* IS ON THIS TYPE OF SCHEDULE. NO OTHER SYSTEM works side-by-side with the same work but with inequitable working hours, pay, upward mobility, sabbatical, call-back, etc.
TURN-OVER PATTERNS	No one leaves these jobs, except to retire.	≠	Dangerously high turn-over rate, with CONSISTENTLY MANY VACANCIES OVER A 12 YEAR PERIOD. SERIOUS RECRUITMENT & RETENTION PROBLEMS thus causing State to be out of compliance with PL 94-142 on a consistent basis.

\*We consulted with American Speech & Hearing Association for this information

(Note: Compiled by occupational and physical therapists.)

## Appendix H

### MEMORANDUM OF UNDERSTANDING

This MEMORANDUM OF UNDERSTANDING is entered into this 8th day of December by and between the State of Hawaii, hereinafter called the Employer, and the Hawaii Government Employees' Association, Local 152, American Federation of State, County, and Municipal Employees, AFL-CIO hereinafter called the Union.

It is mutually agreed that effective September 1, 1987, the following modifications of the Unit 13 Agreement effective July 1, 1987 to June 30, 1989 shall be applicable to the special services personnel (budgeted through EDN 208) who are in bargaining unit 13 and who are hired for Department of Education positions as social workers, psychological examiners, educational evaluators, speech pathologists, and school psychologists, who shall hereinafter be called the Employees. Unless specifically modified herein, the provisions of the professional and scientific employee's BU 13 agreement shall be applicable.

#### I. Work Year, Holidays and Vacation

- A. The Employees shall not be entitled to earn vacation leave credits in accordance with the provisions of Article 35 - Vacation Leave, Section A, Earning of Vacation Leave of the Unit 13 Agreement.

Employees with accrued vacation leave credits may request vacation leave only for regularly scheduled work days during the work year.

- B. The Employees shall have the same work year, holidays and vacation (the day after Thanksgiving, Winter, Spring and Summer recess) as Bargaining Unit 5 members in the Department of Education provided that:
1. The work schedule for full-time Employees shall remain eight (8) hours a day and forty (40) hours a week for each normal work week, and
  2. The work schedule for half-time Employees shall remain four (4) hours a day and twenty (20) hours a week for each normal work week.
- C. The Employer shall retain the right to determine the numbers and types of Employees it needs to perform work during the vacation

periods noted above and the duration of such work. In the process of deciding which Employees will be assigned to perform the work, the Employer shall take into consideration the following:

1. For summer vacation periods, the Employer shall to the extent possible identify manpower requirements for the summer vacation periods by April 30 of each year provided that adjustments may be made by the Employer to the manpower requirement projections after April 30 due to unanticipated operational requirements.
  - a. To the extent possible, the notification of Employees of their summer vacation or work assignment shall be made no later than May 15 subject to changes in employee status designation based on additional manpower needs required to satisfy unanticipated operational requirements.
  - b. The Employer shall consider the availability of qualified volunteer employees for work assignments with qualifications being determined by the Employer.
  - c. To the extent possible, the rotation of work assignments among Employees based on Employees' qualifications, work assignments, and qualification requirements shall be observed. The Employer shall develop a rotation of work schedule after consultation with the Union and with due consideration being given the desires of Employees to work during summer vacation periods.

## II. Overtime and Other Benefits

- A. Article 24 - Overtime of the Unit 13 Agreement shall not be applicable to Employees. Employees shall not receive extra compensation for required occasional professional duties performed before or after the regular work day.
- B. Article 26 - Meals; Article 27 - Standby Pay; Article 28 - Call Back Pay; Paragraph B of

Article 29 - Show-up time and Reporting Pay;  
of the Unit 13 Agreement shall not be  
applicable to Employees.

### III. Sick Leave

- A. Article 36 - Sick Leave of the Unit 13 Agreement, shall not be applicable to Employees.
- B. Employees shall accrue sick leave credits in the same manner as Bargaining Unit 5 members provided that Employees shall take and be charged for sick leave in accordance with the provisions of the Sick Leave provision of the Unit 13 Agreement.

### IV. Personal Leave With Pay

The Employer shall grant up to two (2) days personal leave per school year with pay. Such personal leave shall be granted only upon application for business that can only be transacted during the normal work hours of the employee and shall be charged to sick leave.

### V. Funeral Leave

In lieu of Section C, Article 37, Funeral Leave of the Unit 13 Agreement and in recognition of the fact that the Employees do not earn vacation leave credits, the following shall be applicable:

If the death or funeral occurs outside the State of Hawaii, the Employee shall be granted, upon request, a reasonable number of additional days of accumulated sick leave (not to exceed three (3) working days) or leave without pay to attend the funeral.

### VI. Leave for Jury or Witness Duty

In lieu of Section C, Article 38, Leave for Jury or Witness Duty, of the Unit 13 Agreement and in recognition of the fact that the Employees do not earn vacation leave credits, the following shall be applicable:

An Employee called to serve as a witness in a case which involves or arises out of his/her outside employment or personal business or private affairs shall not be entitled to leave of absences with pay as provided in paragraph (A) of Article 38 of the BU 13 Agreement,

provided that the Employee shall be entitled to take leave of absences without pay or personal leave (if available).

#### VII. Compensation

The Employees shall be employed under the provision of Chapter 76, H.R.S., and shall have their compensation fixed in accordance with Chapter 77, H.R.S., provided that:

- A. The Employees shall receive compensation based on an Adjusted Prorated Monthly Rate of Pay prorated and payable over twelve (12) months. As defined herein, the Adjusted Prorated Monthly Rate of Pay shall be equal to the sum of the Employee's Prorated Monthly Rate of Pay plus a Special Services Adjustment plus a Standby Adjustment.
  - 1. The Employee's Prorated Monthly Rate of Pay shall be determined by multiplying the Employee's Monthly Rate of Pay as determined by the salary schedule in the BU 13 Agreement by 10 months and dividing the product by 12 months.
  - 2. The Employee's Special Services Adjustment shall be determined by multiplying the Employee's Prorated Monthly Rate of Pay by the differential factor of .125.
  - 3. The Employee's Standby Adjustment shall be determined by multiplying the Employee's Prorated Monthly Rate of Pay by three (3) months and such product by .25. The resulting product shall then be divided by 10 months.
- B. The Employee shall receive compensation based on a ten (10) month (September through June) work year when salaries are earned. Prorated compensation for the summer months of July and August shall be one-tenth (1/10) per month of the total salary earned during the September through June work year.
- C. The Employees shall receive extra compensation for any work that they actually perform upon direction of proper authority on the day after Thanksgiving, during Winter, Spring and Summer recess, holidays and on weekends. Compensation for such additional work shall

not be prorated.

The rate of extra compensation shall be the entry rate in the Employee's assigned salary range and classification and shall be paid on the basis of one-half (1/2) day's pay for up to four (4) hours of work per day and one (1) full day's pay for more than four (4) hours work per day. The 8 Hour rate of pay as reflected on the Unit 13 Salary Schedule shall be used to compute such extra compensation.

- D. The Employees shall receive compensation for holiday(s) or vacation days if they are on paid status for at least one of the five working days immediately preceding the holiday(s) or vacation (four of the five working days involved may be on a leave without pay status);
- E. The closing month of the school year. Employees on a paid status up to and including May 15 shall receive full compensation for the month of June less any days absent without pay provided that they are on regular duty or on approved leave of absence for all days from May 16 to the closing day of school;
- F. Exception: In the case of resignations or terminations, compensation shall not be received for vacation or holidays occurring subsequent to the effective date of resignation or termination.
- G. The effective date for negotiated pay rate adjustments for Employees for proration purposes shall be no earlier than September 1. The rate of pay for extra compensation shall be based on the current Unit 13 salary schedule.

#### VIII. Grievances

Any complaint by Employees or the Union concerning the application and interpretation of this Memorandum of Understanding shall be subject to the Grievance Procedure contained in the Unit 13 Agreement in effect from July 1, 1987 through June 30, 1989, between the Employer and Union.

IN WITNESS WHEREOF the parties hereto have executed  
this MEMORANDUM OF UNDERSTANDING the day and year first above  
written.

STATE OF HAWAII

Lawrence Ishii  
Its Chief Negotiator

HAWAII GOVERNMENT EMPLOYEES'  
ASSOCIATION, AFSCME,  
LOCAL 152, AFL-CIO

Russell White  
Its Executive Director

Y. L. Lee  
Its Director of Budget  
and Finance

Reginald E. Ferguson  
Its Director of Personnel  
Services

City and County of Honolulu:

Coretta K. Fukuoka (DNC)  
Its Director of Civil  
Service

County of Hawaii:

Henry Brown  
Its Director of Personnel  
Services

County of Kauai:

John T. [Signature]  
Its Director of Personnel  
Services

County of Maui:

Manabu [Signature]  
Its Director of Civil  
Service

## Appendix I

### WHAT IS THE PROBLEM?

#### INEQUITIES BETWEEN PROFESSIONAL STAFF WORKING 10 MONTH VERSUS 12 MONTH SCHEDULE PROVIDING RELATED SERVICES WITHIN THE DEPARTMENT OF EDUCATION

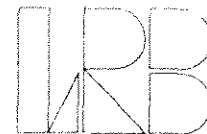
AREAS FOR COMPARISON	10 MONTH RELATED SERVICES STAFF (UNIT 5)	12 MONTH PHYSICAL AND OCCUPATIONAL THERAPY RELATED SERVICES STAFF (UNIT 13)
EDUCATIONAL BACKGROUND	Bachelors or Masters Degree available at the University of Hawaii at Manoa	Physical and Occupational Therapy Degrees are earned upon acceptance into and completion of costly and competitive 4 1/2 to 5 year programs ONLY OFFERED ON THE MAINLAND
DUTIES/SERVICES TO STUDENTS	Direct Speech Therapy Caseload: 30-60 students per week Diagnostic testing Supervision of paraprofessionals	Direct Physical and Occupational Therapy Caseload: 30-40 students per week Diagnostic testing HIGH RISK FOR BODY INJURY Supervision of paraprofessionals
WORK SCHEDULE	Days per year: 183 37 days/year less Hours per day: 6 1/4 1 1/2 hours/day less Hours per year: 1190 570 hours/year less	(Subtracting 21 days accumulated vacation per year) Days per year: 220 37 days/year more Hours per day: 8 1 1/2 hours/day more Hours per year: 1760 570 hours/year more
SALARY SCHEDULE	Salary schedule as of 2/89 Masters + 0 years = \$24,218/year \$20.70/hour If 10 month staff works 1760 hours/year they would earn \$36,432/year 99,072 /year more than OT III \$6,540 /year more than PT III	Starting salary as of 2/89 Bachelors or Masters + 1 to 15 years OT III \$27,360/year \$13.15/hour PT III \$29,892/year \$14.37/hour If OT III or PT III works 1190 hours/year OT III would earn \$15,648/year PT III \$17,100/year
SUMMER SCHEDULE	OPTIONAL 6 week, 4 hour day Summer contract for additional compensation Paid as follows, Summer 1988: Class I \$11.01/hour NO DEGREE Class II \$11.65/hour Bachelors Degree Class III \$12.37/hour Bachelors Degree + 30 hours beyond BA	NO ADDITIONAL PAY! \$0.00 /hour Bachelors or Masters
IF CALLED TO WORK ON OTHER NON-SCHOOL DAYS	OPTIONAL, but compensated at 1/183 of annual salary. (Based on beginning Masters salary above, pay would be \$132.34/day or \$20.35/hr)	MANDATORY 12 MONTH WORK SCHEDULE with 21 days accumulated vacation
OPPORTUNITIES FOR CAREER ADVANCEMENT	May apply for the Training Program to become an Educational Officer/Principal.	NO OPPORTUNITY for upward movement within the DOE system. Only three positions within School Health Branch system for Physical and Occupational Therapists.
EDUCATIONAL OPPORTUNITIES	May avail themselves of university/college courses in the summer recess and/or in the late afternoon during the school year.  Additional pay awarded as extra credits are accrued.  SABBATICAL: Have a choice of: 1. One semester at full pay, or 2. Two semesters at half pay	Have not yet had any Summer without mandatory work in order to take Continuing Educational courses. At best have been allowed to take courses during the work day without using vacation time when courses have been directly related to therapy. NO PAY STEPS awarded for additional education SABBATICAL: NO CHOICE: 1. One year at half pay NO PERSONNEL WHO HAS REQUESTED SABBATICAL HAS BEEN GRANTED LEAVE FROM PHYSICAL AND OCCUPATIONAL THERAPY PROGRAM.
SUBSTITUTES	In case of long term illness/disability, a substitute may be hired.	In case of long term illness/disability/maternity, NO SUBSTITUTE is hired. Position remains VACANT!
COMPARISON TO PT/OT IN DOE SETTINGS IN OTHER STATES	Comparable work schedule.  Pay varies from system depending on the size and wealth of the area which the system represents.	NO OTHER SYSTEM IS ON THIS TYPE OF SCHEDULE. Those on 12 month schedules are financially compensated for the additional workload.
TURN OVER PATTERNS	No one leaves these jobs except to retire.	COMPETING WITH PRIVATE SECTOR eg. Rehab Hospital, KWCMC. Dangerously high turn over rate. Consistently, PT/OT program has had many vacancies. Serious recruitment and retention problems thus causing state to be out of compliance with PL 94-142 on a consistent basis.
ADMINISTRATION'S SOLUTIONS TO DECREASE CASELOAD		* Fee-for-service hiring at \$31/hour. * Use of paraprofessionals to take on therapy duties of professional staff.

(Note: Compiled by occupational and physical therapists.)



## Appendix J

Samuel B. K. Chang  
Director



LEGISLATIVE REFERENCE BUREAU  
State of Hawaii  
State Capitol  
Honolulu, Hawaii 96813  
Phone (808) 548-6237

Aug. 1, 1989

4126-A

Dear Therapist:

As you are probably aware, pursuant to Senate Concurrent Resolution No. 190 which was adopted by the Legislature during the Regular Session of 1989, the Legislative Reference Bureau is conducting a study "on the feasibility of realigning the work and wage schedules to provide parity between the school-based health therapists and the professional education personnel in the Department of Education." Although we have been meeting with various therapists on Oahu through group meetings and field visits, we would like to extend to each one of you, especially those of you on the neighbor islands, an opportunity to express your candid opinions regarding the parity issue through this survey. For the purpose of this survey, the assumptions being made are that the realigned work schedule would consist of a 10-month workyear and a 7-hour workday and that the salary would not be prorated on a 10-month basis.

While conducting interviews during the past two months, we have heard conflicting statements regarding the therapists' position on the parity issue. The purpose of this survey is to ascertain what your position is, as a group, and the rationale behind the position. We ask that you complete the survey form and return it to us by August 28, 1989 in the enclosed postage-paid return envelope. While the survey results may be used in our final report, the individual survey forms will be kept confidential and we will not attempt to identify individuals who are responding to the survey.

Thank you very much for your time and assistance.

Very truly yours,

Susan K. Claveria  
Researcher

SKC:at  
Enc.

LEGISLATIVE REFERENCE BUREAU  
SURVEY OF OCCUPATIONAL AND PHYSICAL THERAPISTS  
AUGUST 1989

1. Position type: (check one)

☐ OTR  
☐ RPT

2. Indicate below, the degree of applicability of the following factors in relation to problems encountered in your job by using the following designations:

1 = very applicable  
2 = moderately applicable  
3 = not applicable  
(mark all boxes)

☐ High case load  
☐ High staff turnover  
☐ Inadequate salary  
☐ Number of schools served  
☐ Inadequate therapy facilities  
☐ Inadequate office facilities  
☐ Long distances traveled between schools  
☐ Lack of support from unit administration  
☐ Lack of support from section administration  
☐ Lack of support from branch administration  
☐ Lack of support from school administrators  
☐ Lack of cooperation from special education teachers and aides and DOE diagnostic team personnel  
☐ Lack of cooperation from parents  
☐ Inadequate opportunities for professional improvement  
☐ Out-of-pocket expense required for professional improvement  
☐ Inadequate inservice training programs  
☐ Lack of flexibility with respect to vacation time  
☐ Lack of coverage during long-term absence of a therapist  
☐ Therapists are required to perform programming functions which are supposed to be performed by administrative personnel at the IV level  
☐ Lack of a career ladder  
☐ Other (please specify \_\_\_\_\_)

3. Is the parity issue primarily: (check one)

- ☐ A matter of correcting a long-standing inequity in the treatment of professionals working with P.L. 94-142 students
- ☐ An attempt to obtain redress for putting up with the problems noted in item #1.
- ☐ A means to attract and retain therapists in the P.L. 94-142 program

4. If the parity issue is not an attempt to obtain redress for the problems noted in item #1:

A. Is the parity issue of greater priority than redress of those problems?

☐ Yes ☐ No

B. What actions would you suggest are necessary to address those problems

5. If your work schedule is realigned to a 10-month, 7-hour-workday, would you still be able to maintain your current caseload level?

☐ Yes ☐ No

If the answer is yes, please explain how this would be possible.  
If the answer is no, please indicate what per cent of your current caseload can be maintained and explain why.

6. If the therapist position you occupy were upgraded to a IV position, would you feel that working a 12-month workyear and an 8-hour workday would be justified? ☐ Yes ☐ No

Please explain.

7. What does parity mean to you? (check all applicable items)

- ☐ Same workyear and workday as teachers
- ☐ Same workyear and workday as Unit 13 DOE diagnosticians
- ☐ Same salary schedule as teachers
- ☐ Same salary schedule as Unit 13 DOE diagnosticians
- ☐ Same employer (DOE)
- ☐ Same collective bargaining unit as teachers
- ☐ Same provisions as teachers for increasing pay with continuing education credits
- ☐ Same provisions for optional employment during summer school term as teachers
- ☐ Same provisions for optional employment during summer school term as diagnosticians
- ☐ Other (please specify)

8. If full parity with DOE professionals cannot be achieved, what changes, at the minimum, do you think would be required to achieve the goal identified in item #3?

Please explain.

9. Would you be satisfied if you were given the same benefits as provided the unit 13 diagnosticians in their Memorandum of Understanding (a 10-month workyear, 8-hour workday, and salary remaining at the 12-month level)? ☐ Yes ☐ No

10. Additional comments:

## Appendix K

April 14, 1987

### MEMORANDUM

TO: Titus Yap, Deputy Director

FROM: Diana H. Kaapu, Chief, CCR Division

SUBJECT: SB 634, S.D.1, H.D.1

#### Introduction:

We continue to have serious concerns with Section 2 of this bill which purports to remedy the inequities between certificated and classified personnel working in Special Services in DOE.

As drafted, the bill retains existing civil service workers in BU 13 and in the civil service system, subject to Chapter 76 and 77. It then specifies alternative, 10 month, work schedules for the incumbents but also specifies that they shall continue to get the salary normally provided 12 month employees.

It is obvious that there has been a continuing disparity between the certificated and classified Special Services employees. However, this bill does not remedy that disparity since only hours are brought into alignment while negotiated wages, terms and conditions of employment will remain disparate. More significantly, it concurrently creates a much more wide spread disparity between the positions covered by the bill and identical, or similarly situated, civil service employees who are not covered by the bill and will not be accorded the same benefits but will continue to work a 12 month year.

#### Examples of Disparities Created by the Bill:

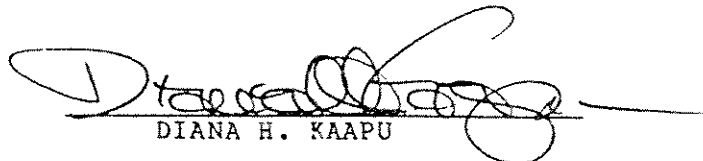
1. Civil service professionals whose positions consist exclusively of serving the same, handicapped, children in the schools, but who are not covered by the bill, e. g., 19 Physical Therapists located in School Health Services Branch, DOH. (This is the shortage group targeted in HCR 90/HR 154.)
2. Civil service non-professionals whose positions consist of serving children (including handicapped children) in the schools, but who are not covered by the bill. Some of these are DOE employees, such as 72 bi-lingual Educational Assistants, while some are DOH employees, such as 230 School Health Aids.

3. Numerous other identically (and similarly) classified employees in the civil service in other programs whose job content is substantially similar, although they are not covered by the bill, e.g., Social Worker, Speech Pathologist, Special Education Teacher, etc.
4. There is also at least one long-standing other situation where civil service and certificated personnel work side-by-side, with the same disparity, which is not covered by this bill; civil service and certificated librarians in the Community/School Libraries.

Conclusion and Recommendation:

The identified disparity is not resolved, while a far greater disparity is created, by SB No. 364, as drafted. Please refer to the attached table which shows a substantial number of related positions not covered by the bill; e.g., 89 positions directly servicing the same group of special students in the schools and over 200 positions serving students, including, but not limited to, handicapped students. There is no reason to believe that these employees will not be distressed by the preferential treatment given the employees covered by the bill and that they will not ask for similar preferential treatment in the future. The Department of Health, the primary employer of these other positions, has already expressed concern with the potential negative impact of the bill. In addition, the solution proposed violates the basic equity provisions of the civil service law.

For these reasons, an alternative solution, such as removing these positions from the civil service and changing their BU, is strongly recommended. Alternatively, the remainder of the certificated positions should be transferred to the civil service, perhaps with a grace period.

  
DIANA H. KAAPU

cc: Steve, BSS Branch

# POSITIONS COVERED BY SB 634 & VARIOUS RELATED POSITIONS

<u>Identical Titles</u>	<u>DOE POS.</u>		<u>OTHER DEPT POS.</u>	
	<u>Spec. Svcs.</u>	<u>Other Pos</u>	<u>Svg Schls<sup>c</sup></u>	<u>Not Svg Schls<sup>d</sup></u>
Social Worker	40	08	2	509 <sup>d</sup>
Educational Eval.	34	0	0	0
Speech Pathologist	124	0	17	0
School Psychologist	7	0	0	0
Psychological Exam	38	0	0	0
TOTAL COVERED	213 <sup>a</sup>	0	0	0
TOTAL NOT COVERED	0	8	19	509

## Related Positons

Physical Therapist	0	0	19	23
Occup Therapist	0	0	24	49
Occ Ther Asst	0	0	11	0
Nurse (SchHlth)	0	0	28	0
Nurse (Other)	0	0	0	937 <sup>d</sup>
Ed Assistant	72	376	0	448
School Health Aid	0	0	230	0
Audiometric Asst	0	0	12	0
PMAs	0	0	4	1068
ALL NOT COVERED	72 <sup>b</sup>	376	328	2525

## Similar Titles

Clinical Psychol.	0	0	0	51 <sup>d</sup>
Special Ed. Tchr	0	0	0	18
Audiologist	0	0	7	1 <sup>d</sup>
ALL NOT COVERED	0	0	7	70

- a = Positions covered by bill
- b = Positions in same program; not covered by bill
- c = Positions providing services to children, in schools; not covered by bill
- d = Includes some positions providing services to same clientele but not on a full time basis.