TIME AND AGAIN: OVERTIME IN STATE FACILITIES

REPORT #231, APRIL 2016

A LITTLE HOOVER COMMISSION LETTER REPORT
TO THE GOVERNOR AND LEGISLATURE OF CALIFORNIA

To Promote Economy and Efficiency

The Little Hoover Commission, formally known as the Milton Marks "Little Hoover" Commission on California State Government Organization and Economy, is an independent state oversight agency.

By statute, the Commission is a bipartisan board composed of five public members appointed by the governor, four public members appointed by the Legislature, two senators and two assemblymembers.

In creating the Commission in 1962, the Legislature declared its purpose:

...to secure assistance for the Governor and itself in promoting economy, efficiency and improved services in the transaction of the public business in the various departments, agencies and instrumentalities of the executive branch of the state government, and in making the operation of all state departments, agencies and instrumentalities, and all expenditures of public funds, more directly responsive to the wishes of the people as expressed by their elected representatives...

The Commission fulfills this charge by listening to the public, consulting with the experts and conferring with the wise. In the course of its investigations, the Commission typically empanels advisory committees, conducts public hearings and visits government operations in action.

Its conclusions are submitted to the Governor and the Legislature for their consideration. Recommendations often take the form of legislation, which the Commission supports through the legislative process.

Contacting the Commission

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LETTER FROM THE CHAIR

April 5, 2016

The Honorable Kevin de León
President pro Tempore of the Senate
and members of the Senate

The Honorable Jean Fuller
Senate Minority Leader

The Honorable Anthony Rendon
Speaker of the Assembly
and members of the Assembly

The Honorable Chad Mayes
Assembly Minority Leader

Re: 3.75 million hours of overtime

Dear Governor and Members of the Legislature:

Everyone would agree that 3.75 million hours of overtime in 2014-15 – at a cost of nearly $179 million – is a lot of overtime. But that's how much nurses and psychiatric technicians working in state facilities put on the clock. Most of that overtime was voluntary. But staff also was forced to work 417,226 hours of overtime in 2014-15, an archaic staffing solution that has been all but abandoned in private and other public health care facilities.

In mid-2015, Assemblymember Sebastian Ridley-Thomas asked fellow Commission members to review mandatory overtime in state facilities providing health care. In response, the Commission conducted a public hearing in August 2015 where it heard from representatives from the state departments that use mandatory overtime for nursing staff. It also heard from the nurses and psychiatric technicians who work in state facilities and the unions that represent these workers. Nurses traveled from all over the state and told harrowing tales of colleagues lives shortened by excessive work hours, work-related injuries and stress from uncertain work schedules.

Through the Commission's study process, it learned the state relies heavily on overtime to meet staffing needs and 80 percent of the time, that overtime is voluntary. This contrasts with private and other public sector health care facilities that have moved away from excess overtime for a variety of reasons. In fact, 18 percent of total pay for state nurses is overtime, four times the percentage of pay for registered nurses and healthcare workers nationally. First and foremost, it is unsafe for patients and for workers. Study after study has found that error rates increase for nurses working long hours. The risk of injury for nurses in an occupation that is already high risk increases with long hours. They also pointed to excessive and prohibitive costs associated with overtime.

When asked specifically about the use of mandatory overtime, officials from both private and public health facilities say the threat of mandatory overtime would make it difficult, if not impossible, to recruit and retain nursing staff.

Some 16 states regulate overtime for nursing staff, including California. California was one of the first states in the nation to limit excessively long hours for nurses. In 2001, the state revised the wage order that covers employees working in health care facilities, limiting staff that agrees to alternative work schedules to no more than 12 hours in a 24-hour period. After the wage order amendment, private sector health facilities moved toward 12-hour shifts, which significantly reduced overtime, whether voluntary or mandatory. The wage order, however, does not apply to employees covered by collective bargaining agreements, which includes all state nurses.

The unions that represent registered nurses, licensed vocational nurses, certified nursing assistants and psychiatric technicians who work for the state have not been successful in negotiating similar limits on overtime. Due to the lack of traction on this issue at the bargaining table, the Legislature has twice enacted legislation that would specifically eliminate mandatory overtime, once during the Schwarzenegger administration and again during the Brown administration. Both Governors vetoed the legislation with essentially the same message: the issue is best addressed at the bargaining table.

The Commission concluded in its review that forced overtime is merely a symptom of the much bigger problem of excess overtime overall in state health care facilities. The Commission found that excessive overtime, whether mandatory or voluntary, is neither safe for patients nor staff, and should be significantly reduced. The Commission also agreed that forcing nursing staff to work overtime makes it difficult to attract and retain quality staff, increasing the need for overtime.

Rather than focusing solely and unsuccessfully on mandatory overtime, the state should implement strategies to reduce all overtime. If the state cuts its overtime in half, the need for mandatory overtime in all likelihood would be significantly reduced or eliminated, except in extreme emergencies.

The Commission agreed that with 3.75 million hours of overtime on the books in one year, the state clearly is not appropriately staffing its health care facilities. The Commission recommends that the state set a target for reducing all overtime in state health care facilities by 50 percent by 2018 and for using mandatory overtime only in well-defined emergencies. It recommends continuing to reform civil service procedures to make it easier to hire and retain qualified staff. It also recommends providing managers with appropriate flexibility in scheduling and structuring staff. Given additional flexibility, management should then be held accountable for reaching overtime reduction targets. These steps would help reduce the state's reliance on overtime, but likely will not resolve excess overtime completely. As a result, the Commission also recommends the state conduct an assessment of what staffing is required to safely and cost-effectively run its health care facilities, and based on that assessment, authorize adequate nursing staff to further reduce overtime.

The Commission respectively submits these recommendations and stands ready to assist.

Sincerely,

Pedro Nava
Chair, Little Hoover Commission

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Time and Again: Overtime in State Facilities

Nurses serve on the front lines of the state's toughest facilities, providing health and mental health care in physically and psychologically demanding jobs. They not only check vitals and provide medications, but often help bathe, feed and provide all-around care for those who are ailing, injured or disabled. Nurses are more likely to suffer work-related injuries than most other professionals, whether accidentally being stuck by a needle or suffering back injuries from lifting and moving heavy patients. Nurses also are subject to more workplace violence than nearly any other profession.[1]

Nursing is a demanding profession in all health care settings but the 14,367 nursing professionals employed by the State of California face significant additional workplace challenges.[2] They work long hours – state nurses logged 3.75 million hours of overtime in 2014-15.[3] Approximately 85 percent of the entire state nursing staff worked overtime, earning nearly $179 million in overtime pay in 2015.[4] This overtime is the equivalent of 1,802 employees working 40-hour weeks for a full year.[5]

In this review, the Commission found the state is significantly out of sync with national data in its use of overtime. Overtime pay for the California nursing staff reviewed as part of this study is 18.2 percent of total pay, that's four times the percentage of pay for registered nurses and health care workers nationally.[6] The U. S. Bureau of Labor Statistics reports that supplemental pay, which primarily is made up of overtime, but can also include shift differentials and bonuses, is just 4.4 percent of total wages for registered nurses, 3 percent of total wages for health care workers and 4.6 percent for health care staff working in hospitals.[7]

State nurses often provide care for a difficult population. A majority of the state nursing staff work inside state prisons that house convicted felons or in state hospitals that house the seriously mentally ill, felony offenders incompetent to stand trial and sexually violent predators who have served their time, but have been deemed too dangerous to regain freedom in California's communities. Other state nursing staffers serve the developmentally disabled population and aging and disabled veterans.

These dedicated professionals – registered nurses, licensed vocational nurses, certified nursing assistants and psychiatric technicians – not only serve the needs of challenging populations, but also face one additional work hazard virtually non-existent in health care settings in the private sector and in much of the public sector. Upon completing a demanding eight-hour shift, state nursing staff can be forced to stay and work yet another eight-hour shift of overtime, for a total 16-hour shift.

The vast majority of overtime for state nurses, approximately 89 percent, is voluntary.[8] Nurses told the Commission they prefer to volunteer so that they have control over when they work extra hours rather than be required to stay unexpectedly. But because the state relies so heavily on overtime as a staffing tool, at times there are not enough volunteers to staff every shift. As a result, state nurses were forced to work more than 417,000 overtime hours in 2014-15.[9]

According to the union contracts for State of California nursing staff, this can happen up to twice in one seven-day work period and up to six times every month. In most private and public sector health care settings, mandatory overtime is reserved only for the rarest emergencies. It is not considered a staffing tool. A senior official managing a veterans home in Tennessee told Commission staff this practice was the equivalent of indentured servitude and that he would be unable to keep employees if he forced staff to work overtime.

In testimony to the Commission, a representative from the California Association of Psychiatric Technicians, described what the association members experience daily

working for the state:

> *"Imagine working in a facility where you have seen three people assaulted on your shift, and then, when you are getting ready to leave to go home, you are told that you need to stay to work another eight-hour shift. You are tired, your nerves are frayed and now you have to go for another full shift. Furthermore, you may not have child care available beyond what you have already normally scheduled."*[10]

States departments that use mandatory overtime for nursing staff include California Correctional Health Care Services, which provides nursing staff for the California Department of Corrections and Rehabilitation, the Department of State Hospitals, the Department of Developmental Services and the California Department of Veterans Affairs. Mandatory overtime use varies by department and even by facilities within these departments. California Correctional Health Care Services uses mandatory overtime the least of these departments overall – just 6 percent of all its overtime – but with the largest nursing staff of some 4,900 nurses the effect is still significant.[11] The Department of State Hospitals had the most mandatory overtime hours – 193,567 hours in 2014-15.[12] That is the equivalent of 4,839 40-hour workweeks. The Yountville Veterans Home uses a significantly higher percentage of mandatory overtime compared to the other state veterans homes – approximately 34 percent of all its overtime in 2014-15 was mandatory.[13]

State officials depend on overtime to ensure that regulated patient staffing ratios are maintained when there are vacancies, when staffers call in sick, are out on Family and Medical Leave Act or for workers compensation-related injuries or use vacation or other leave time.

California State Departments	Fiscal Year	Total Overtime*	Voluntary Overtime*	Mandatory Overtime*
California Correctional Health Care Services	2014-15	1,187,094	1,114,540 94%	72,554 6%
Department of State Hospitals	2014-15	1,821,319	1,627,752 90%	193,567 10%
Department of Developmental Services	2014-15	607,337	479,315 79%	128,022 21%
California Department of Veterans Affairs	2014-15	132,687	109,604 83%	23,083 17%
Total Overtime	—	3,748,437 100%	3,331,211 89%	417,226 11%

*Numbers are shown in hours.

Sources: Joyce Hayhoe, Director of Legislation and Communications, California Correctional Health Care Services. Lupe Alonzo-Diaz, Deputy Director of Administrative Services, Department of State Hospitals. Dwayne LaFon, Deputy Director (A), Developmental Centers Division, Department of Developmental Services. August 27, 2015. Written testimony to the Commission. Beth Muszynski, Chief, Research and Program Review, Veterans Homes Division, California Department of Veterans Affairs. January 25, 2016. Written communication.

Commission Study Process

This review of overtime use by the State of California facilities providing health care was conducted in response to a request from Commissioner and Assemblymember Sebastian Ridley-Thomas in a May 2015 letter to the Commission asking for a review of mandatory overtime. Assemblymember Ridley-Thomas authored legislation in 2014 that would have banned mandatory overtime for nurses working in state facilities. It was enacted by the Legislature but vetoed by Governor Brown. In his veto message, Governor Brown indicated this issue would best be resolved through the collective bargaining process. Similar legislation in 2005 was vetoed by Governor Schwarzenegger with a similar veto message. Two bills under consideration by the Legislature in 2016, AB 840 (Ridley-Thomas), and SB 780 (Mendoza), would prohibit mandatory overtime for nurses and psychiatric technicians who work in state facilities.

As part of its study process, the Commission held a public hearing on August 27, 2015. At this hearing the Commission heard from the unions that represent the nurses and psychiatric technicians, as well as nurses and psychiatric technicians who work in state facilities. These employees and their union representatives described the challenges they face and safety issues that arise when they are forced to work excessive amounts of overtime shifts.

The Commission also heard from a panel of representatives from California Correctional Health Care Services, the receiver appointed by the courts in the long-standing lawsuit over prison medical treatment and the California Department of Corrections and Rehabilitation. Another panel included representatives from the Department of State Hospitals, the Department of Developmental Services and the Department of Veterans Affairs. These department leaders described the scheduling and resource challenges that have led them to rely so heavily on overtime as a general staffing tool. These officials acknowledged the safety risks associated with working long hours and suggested that limits on all overtime, both voluntary and mandatory should be reviewed. They also outlined opportunities for operational improvements that could maintain patient care and patient and staff safety while reducing the need for overtime. A list of the witnesses who testified is included at the end of this letter.

Additionally, more than a dozen state health care workers from across the state came to the Commission's hearing to provide public comment. The Commission also received written comments from health care workers.

As part of this review, Commission staff also interviewed officials from the Los Angeles County Sheriff's Department, a representative from the California Hospital Association, an official with the California Association of Health Facilities, an official with Washington State Hospitals, the executive director of the Western Psychiatric State Hospital Association and a consultant who specializes in staffing and organizational development for hospitals and correctional health care settings. Additionally, Commission staff interviewed veterans home administrators in Tennessee, Florida and Maine.

Overtime Regulations

As of 2010, 16 states had laws or regulations related to nurse overtime, including California.[14] These laws and regulations generally regulate nurse overtime and total work hours in two ways: they either prohibit health care facilities from requiring employees to work more than their regularly scheduled hours, except during a health care disaster, or they limit the total number of hours worked by nurses in a specific time period. For example, such a regulation could limit a nurse to working no more than 12 hours in a 24-hour period or 60 hours in a seven-day work period.[15] Many of these regulations were implemented in the early 2000s in response to nurse staffing shortages, which resulted in nurses working increasingly long hours and growing evidence that these long hours increased error rates causing patient harm.

California was one of the first states to regulate nurse overtime. Amendments were adopted by the California Industrial Welfare Commission in 2001 to the Public Housekeeping Industry Wage Order, which covers a broad variety of health care facilities. This change to the wage order effectively ended mandatory overtime in health care settings in the private sector. The wage order

provides that an employer can propose an alternative workweek agreement, and if the agreement is approved by at least two-thirds of the affected employees, it will go into effect. The alternative workweek adopted by many health care facilities is a 12-hour shift. The wage order established that no employee assigned to work a 12-hour shift shall be required to work more than 12 hours in any 24-hour period except in the event of a health care emergency, as defined by the wage order. A worker could be held for one extra hour if the employee scheduled to replace the worker on the next shift does not report for duty and did not notify the employer more than two hours in advance. Pay is doubled after 12 hours for workers with these alternative workweek agreements.[16]

The wage order does not apply to nurses covered by contracts subject to collective bargaining. The bargaining units representing state nursing staff have been unsuccessful eliminating mandatory overtime through contract negotiation. State nursing and psychiatric technician contracts are being negotiated again in 2016.

Health and Safety Issues Associated with Long Work Hours

A growing body of research has shown that working long hours in health care facilities can lead to health hazards for both patients and staff.[17] Findings from a 2010 study suggest unplanned overtime increases the likelihood that nursing staff will experience a work-related injury or illness and miss work because of it.[18]

A 2004 U.S. Institute of Medicine Committee on the Work Environment for Nurses and Patient Safety study examining the effects of working conditions on patient safety found that nurses with shift durations that exceeded 12 consecutive hours had significantly higher error rates.[19] As a result of these and other findings, the committee recommended that in order to reduce error-producing fatigue, nursing staff should be prohibited from providing patient care in excess of 12 hours in any given 24-hour period and in excess of 60 hours per seven-day work period.

Researchers have found that nurses were three times more likely to make an error when working 12 or more hours, compared with 8.5 hour shifts.[20] The risk for patient care errors almost doubles when critical care nursing shifts last longer than 12.5 hours.[21]

Beyond error rates affecting patient care, working long shifts puts nurses at greater risk for injury. As work hours increase, injury rates among workers increase.[22] Working long hours also appears to increase the risk for several negative health effects, including a decrease in self-perceived general health quality, an increased risk for hypertension and for coronary heart disease and an increase in the time it takes to become pregnant.[23]

Nurses working shifts greater than 13 hours also have more than double the risk for burnout and job dissatisfaction.[24] Several studies show working long hours increases the risk for work/family conflict and poor work/life balance. Long and demanding work hours increase risk for sleep deprivation, which in turn can lead to fatigue and bad moods, reducing quality time with family and friends and straining personal relationships.[25]

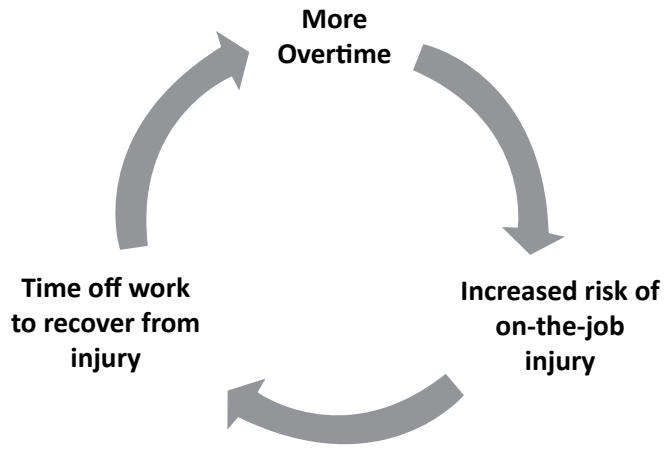
Research on Mandatory Overtime

While much research has been conducted on fatigued nursing staff errors and a growing body of work has begun to assess the effects of long hours on the health and well-being of nursing staff, limited research is available on the effects of mandatory overtime. One study of the effects of mandatory overtime on nurses working in the Philippines found that the more frequently a nurse works mandatory or unplanned overtime, the greater the odds of experiencing a work-related injury or illness and missing work because of it. The study found that the effect of mandatory or unplanned overtime was significant over and above the effect of the number of hours worked. The study concluded, given its findings, that "national or organizational-level policies restricting mandatory overtime in the Philippines may be worth considering."

Sources: Institute of Medicine (US) Committee on the Work Environment for Nurses and Patient Safety. 2004. "Keeping Patients Safe: Transforming the Work Environment of Nurses." Also, Helene Jorgensen and Lonnie Golden, Economic Policy Institute. January 1, 2002. "Time After Time: Mandatory Overtime in the U.S. Economy."

In written testimony to the Commission, the Department of State Hospitals stated that psychiatric technicians in 2014-15 missed nearly 355,000 hours of work time due to workplace injuries, or the equivalent of being down 200 full-time employees. Data on whether these injuries occurred during a regular or overtime shift was not available, but the department did say that hours lost to workplace injuries contribute to the need for nursing staff to work overtime.[26]

As a result there is an endless loop of nurses working long hours, which leads to increased risk for on-the-job injuries requiring time off work, resulting in a need for more overtime to cover the absences.



Nurses who work in state facilities also are often dealing with some of the most challenging patients, convicted felons and others charged with felonies but too mentally ill to stand trial. Working in prisons and state hospitals can add additional safety risks for nursing staff in a profession that is at high risk already to violence in the workplace. Health care and social assistance workers in general are five times more likely to suffer workplace violence than most other professionals and are nearly twice as likely to suffer workplace violence than public safety professionals.[27] In 2013, there were 2,586 aggressive acts committed by patients against staff in California state hospitals.[28]

"According to the department, the potential to be assaulted is a daily threat for nursing staff."

Lupe Alonzo-Diaz,
Deputy Director of Administrative Services,
California Department of State Hospitals

California is taking steps to address workplace violence for nurses through regulations being considered by the California Occupational Safety and Health Standards Board in response to legislation enacted in 2014, SB 1299 (Padilla). The regulations, discussed at a December 2015 board hearing, require health care facilities, including state health care facilities, to develop plans to prevent workplace violence. This includes adequate staffing, among various other precautions.[29] It is not yet clear how the proposed regulations will affect nurse staffing in state facilities.

Beyond the data and the research, the Commission heard from several nurses and psychiatric technicians who work for the state and were invited to testify at the public hearing. In addition, more than a dozen other health care workers came to Sacramento from all over the state to provide public comment and put a face on the human toll that excess overtime takes on staff. These workers described their health issues related to working long hours in a stressful environment and provided heartfelt witness for co-workers whose lives were cut short by stress-related illnesses. A co-worker of a 27-year-old nurse who died in 2015 as a result of a heart attack wrote that prior to his death, the nurse was overly fatigued and mentioned it often. In his last week of work, he had worked four double shifts in a five-day period and half of those double shifts were mandated and half were voluntary.

The Commission also heard about the challenges of providing excellent care while worrying about child care or elder care after unexpectedly being required to work an extra shift.

Others spoke of spending many hours sleeping in their cars in parking lots after working back-to-back shifts – not feeling alert enough to drive home. Shift work and long hours are among the top five factors that increase the risk for automobile crashes.[30] One nurse described being awakened by a horn blowing from oncoming traffic as his truck crossed the median and bounced into a ditch while driving home exhausted after a mandatory overtime shift. He lives 48 miles from the prison where he works, so it is impossible to get adequate rest after working a 16-hour shift and having to report back for a regular shift eight hours later. Another nurse spoke of a colleague being seriously injured in a head-on collision after leaving work after a mandated shift.

Hearing witnesses also spoke of nursing staff being disciplined for fatigue on the job or for appearing not to be alert or for patient errors. The state can require that an employee work a 16-hour day and then can penalize the employee for being drowsy. Research shows that the risk of struggling to stay awake at work increases by 50 percent when shifts exceed 12.5 hours.[31]

Based on the research and the testimony the Commission heard from the nurses who work long hours in state facilities, it is apparent that overtime, whether voluntary or mandated, puts both staff and patients at risk for health hazards. Although the focus of this review as requested is on the state's use of mandatory overtime, the Commission concluded that the state should evaluate its overall use of overtime if the desired outcome is improved health and safety for staff and patients.

A representative from the Department of Developmental Services testified to the Commission that "if the intent of limiting mandatory overtime is to reduce prolonged work hours and greater fatigue, then limits on all overtime need to be reviewed. Staffers are, by far, working more hours voluntarily, and would experience the same fatigue factors."[32] In response to questions from the Commission regarding the significant use of voluntary overtime, nurses participating in the August hearing said they prefer to volunteer to work a shift. This enables them to control when and where they work and decreases their likelihood of being forced to work overtime when that may be less convenient or conflict with an important family commitment. Many also volunteer to work overtime out of concern for their patients and to assist their co-workers. Workers also benefit financially from working overtime. To improve worker and patient safety, however, the state must take steps to reduce the need for excess overtime in state facilities providing health care.

Overtime Costs

Not only does excess overtime take a toll on the health of state employees, it also is expensive and may leave the state vulnerable to lawsuits resulting from health care errors. Although it is not clear whether the state is spending more on overtime than it would cost to hire additional staff to significantly reduce overtime, the state clearly spends an excessive amount on overtime.

California spent more than $1 billion on overtime pay for state employees in 2015.[33] According to the State Controller's payroll database, the amount of overtime paid to 12,144 state nursing staff in 2015 was nearly $179 million. Nearly $58 million in overtime was paid to nursing staff employed by California Correctional Health Care Services and the California Department of Corrections and Rehabilitation in 2015. The Department of State Hospitals paid more than $90 million in overtime in 2015.[34]

According to testimony provided to the Commission, psychiatric technicians at the Department of State Hospitals worked an estimated 1.2 million hours of overtime in 2013-14 at a cost of approximately $53 million.[35] A July 2013 audit of the Department of Developmental Services found the state paid $28.6 million in overtime, approximately 9 percent of total employee earnings. The audit also found that more than half of that overtime was paid to just 62 of the 1,838 workers employed by the department. The auditor recommended the department "reassess its minimum staffing requirements, hire a sufficient number of employees to cover those requirements, and examine its employee scheduling processes."[36]

Hiring sufficient staff, or even filling current vacancies in nursing positions across the departments that rely heavily on overtime, however, may not save the state money. According to a Senate Appropriations

Committee analysis of SB 780 (Mendoza), the bill under consideration in 2016 that would eliminate mandatory overtime for psychiatric technicians, the 53 new positions that would be needed to cover mandatory overtime hours currently worked by existing staff would cost the state approximately $500,000 more each year than using mandatory overtime. Filling the 53 positions would cost approximately $5.7 million per year in salary, benefits and other expenses while paying mandatory overtime hours costs approximately $5.3 million per year. The Department of State Hospitals cost for mandatory overtime in 2014 was approximately $5.7 million. Hiring additional full-time employees to work those hours would total about $7.1 million, resulting in an annual cost increase of $1.4 million.[37]

An Assembly Appropriations Committee analysis of the bill that would ban mandatory overtime for nursing staff, AB 840 (Ridley-Thomas), indicated the cost of hiring additional staff to cover the hours currently worked as mandatory overtime would be more than $3 million statewide.

In written testimony to the Commission, the Department of State Hospitals indicated there is a gap between cost savings from reducing overtime and the cost of salaries and benefits for additional positions. The testimony included a breakdown of the additional cost of hiring staff versus using overtime by position: it would cost the state an additional $7,100 per additional psychiatric technician, $11,829 per additional registered nurse and $4,999 per additional licensed vocational nurse.[38]

The state could benefit from further analysis of the costs of overtime as compared to adequately staffing to reduce or avoid overtime. Such an analysis also should take into consideration the connection between long work hours, workplace injuries and workers compensation costs.

Factors Driving the Need for Overtime

There was general agreement from all participants at the Commission's August 2016 hearing that working long hours in a health care setting is not good for the health and safety of state nursing staff and the patients under their care. Despite this, the representatives from the departments that use a significant amount of overtime indicated the state would be out of compliance on nurse-patient staffing ratios if they did not have the option of mandating staff to work overtime. Witnesses at the August hearing cited numerous factors driving overtime, including civil service challenges that make vacancies hard to fill, numerous nursing staff being off work on various types of leave, difficulty balancing staff resources with fluctuating patient care needs and inappropriate staff scheduling.

Civil Service Challenges

The Commission has long recommended civil service reform to make it easier to hire and retain the most qualified employees for state jobs. The California Department of Human Resources and the State Personnel Board are currently working on civil service reform. The Commission applauds these efforts and encourages the administration to continue to make civil service reform a top priority, particularly efforts to streamline the hiring process and modernize civil service classifications.

Vacancies are a significant driving force of overtime in 24/7 state facilities providing health care. Recruiting health care staff is difficult under the best of circumstances and is exacerbated not only by outdated civil service hiring procedures, but also by the nature of the patient clientele in state facilities and the very real threat of having to work unplanned and unexpected shifts. Further complicating hiring, many state facilities are in remote locations with a limited hiring pool. Other state facilities are in expensive urban areas where it is hard to attract and retain entry-level nursing staff.

California Department of Veterans Affairs officials described specific challenges in hiring certified nursing assistants, the entry-level nursing staff that does the bulk of the work in skilled nursing facilities. It can take months to fill a vacancy in these entry-level positions, a wait that is too long for low-income workers who can get hired by private sector employers much more quickly. California's certified nursing assistant job classification requires that an applicant not only be certified but also have six months experience. Private sector employers have an advantage in hiring newly certified nursing assistants while providing on-the-job training. Eliminating the

six-month work experience requirement would provide a small step toward making it easier to hire entry level nurses. In the Department of Veterans Affairs, certified nursing assistants worked 75 percent of all mandatory overtime shifts. Options for creating internal registries – employees willing to work on a part-time, temporary or as needed basis – are difficult under the civil service structure, but virtually impossible when there are significant numbers of vacant positions, which is precisely the challenge in some of the state's veterans homes.

Officials with California Correctional Health Care Services also cited implementation of a law enacted in 2012, AB 340 (Furutani), that prohibits a state employee who retires from returning as a retired annuitant for 180 days. While well-intended and enacted as part of much broader pension reforms, this change has made it somewhat more difficult for the state facilities that provide 24/7 health care to tap into recently retired employees who have institutional knowledge, experience and expertise. The law does, however, provide state departments an option to hire retired annuitants before 180 days have passed if the department declares that the appointment is critically necessary and the appointment is approved by the California Department of Human Resources (CalHR). Also, CalHR can delegate this approval authority to departments, which would eliminate this particular barrier. Those departments reviewed as part of this study should request, if they have not done so already, and CalHR should authorize, this delegation of authority so that these departments can fill critical vacancies by hiring retired annuitants without the otherwise required waiting period.[39]

State departments also could encourage employees considering retirement to instead participate in the state's Partial Service Retirement Program which allows employees an opportunity to reduce work time and ease into retirement.

Civil service rules designed in a bygone era prioritize hiring full-time employees and often exclude workers who might prefer the flexibility that part-time hours would provide to attend school or care for children or aging parents. Civil service improvements should include a full range of options used by many other employers – hiring part-time workers, more actively promoting job sharing, using permanent intermittent employees and "on call" employees. The state also could more actively recruit students working toward nursing degrees and licenses.

Balancing Staff Resources with Fluctuating Patient Needs

Each of the departments that used mandatory overtime cited fluctuating patient acuity – or the level of medical or nursing care an individual requires – as having an immediate impact on staffing needs. As a result, staffing needs can vary unpredictably from day to day and even shift to shift. The types of fluctuating patient acuity that affect staffing needs include fall risks, patients needing wound care, the types and amounts of medications prescribed to patients and various levels of assistance required with daily activities.

Beyond the day to day changes, hearing witnesses said that the state has failed to take into account the changing demographics of state facility populations. The 2011 prison realignment, which shifted supervision of many low-level offenders from state prison to local law enforcement, has left an older and less healthy population of offenders in state prisons, potentially requiring higher nurse-to-patient ratios. An increasing number of Vietnam War veterans are moving into state veterans homes and often have gone decades without adequate health care. They often have greater needs than their World War II and Korean War counterparts in terms of substance use disorders and mental health issues from years of untreated posttraumatic stress disorders. The population in general is heavier, requiring additional staff for patients who need to be turned or assisted in getting out of bed.

Clearly the state could be doing a better job of predicting adequate staffing or there would not be 3.75 million hours of overtime worked annually by the nurses at state facilities. Overtime in a round-the-clock facility is to be expected, but should be the exception and not the rule. Some hearing witnesses told the Commission the assumptions the state uses to calculate the relief factor do not adequately account for changes in patient acuity, leave time, staff injuries and staff vacancy trends. The "relief factor" is the number of total staff required to

ensure that all shifts in a 24/7 operation are covered after calculating leave and sick time.

At the time of the Commission's hearing, the Department of State Hospitals was in the process of conducting a study to evaluate staffing levels, "including patient to staff ratio and relief factors for 24-hour care nursing classifications to determine appropriate level of staffing for its current patient population and hospital operations."[40]

In written testimony, the California Correctional Health Care Services specifically cited the lack of funding to provide one-on-one suicide watches as particularly challenging. When offenders are placed on suicide watch, they must be monitored on a one-on-one basis. For the most part, in state facilities, this is handled by nursing staff. To fulfill this requirement, the department will reassign someone to do the suicide watch and replace that position through voluntary overtime, contract registry (temporary staff that may be available to work a shift) or mandatory overtime. In 2014-15, California paid $12.7 million for staff to work 387,000 hours on suicide watch in state prisons.[41]

California Correctional Healthcare Services provided a specific example of the staffing challenges that occur because of the suicide watches. In December 2014 at Corcoran State Prison, the department was authorized for 62 psychiatric technicians. There were 10 vacancies and three employees "temporarily separated," meaning they were out on long-term sick leave, pending an investigation or on military leave. December is a month with many holidays. Children of staff are on winter break from school and many staffers get scheduled and approved for vacation time. The holidays also are a time where people often suffer from depression, including incarcerated offenders who are separated from their families and placed on suicide watch. As a result of all of these factors, in December 2014, psychiatric technicians worked 570 hours of mandatory overtime at Corcoran State Prison. According to testimony:

> "*We have fewer people available, people previously scheduled for time off, people who don't want to voluntarily work overtime during the holidays, people who call in sick around the holidays, and prisoners who are depressed – all of which creates a perfect storm.*"[42]

Written testimony from the Department of Developmental Services stated that overtime is required to meet established staffing guidelines. According to the testimony, prohibiting mandatory overtime would likely require new staffing standards and "there currently is no process for establishing new or additional positions to fill behind or cover for client health and safety/acuity needs, or for staff illness and injury – one of the main reasons for overtime in the developmental centers system."[43]

Written testimony from the California Department of Veterans Affairs also indicated an inadequate relief factor to backfill for employees on leave. According to the testimony, furloughs imposed on state workers during the Great Recession led to an increase in the average employee's vacation/annual leave balance by 16 days as employees used furlough time instead of vacation or annual leave time. The result is the department does not have adequate backup staff to cover all of the leave time that staff has accrued.[44] Additionally, CalVet officials told Commission staff that 60 of 248 direct care staffers at the Yountville Veterans Home have been granted "reasonable accommodations" for disabilities and cannot be required to work two consecutive shifts. As a result, the bulk of the overtime, falls on the remaining staff. The Governor's 2016-17 Budget proposes adding 32 nurses at an annual cost of $2.9 million at the state's three oldest veterans homes – Yountville, Chula Vista and Barstow – to reduce reliance on overtime and costly nurse registries. The proposed budget increase is based on an updated relief factor that considered patient acuity, training, and clinical and physical emergencies.[45]

Training is another factor cited as a driver of overtime. Nurses are required to participate in training for both personal and facility licensing. Staff must participate in a minimum number of hours of training annually, regardless of staff shortages.

In addition to vacancies and changes in patient health care needs, each department cited employee absences for workers compensation injuries, sick time and various other employee leave requirements. Written testimony

provided by the Department of Developmental Services showed a direct parallel between undelivered hours from filled positions (time when employees are away from work for various reasons) and overtime hours. According to the testimony, 90 percent of the overtime is directly related to undelivered hours of filled positions.[46]

Scheduling Errors

Commission staff also was told that some forced overtime is the result of poor scheduling. Employees working in state facilities that operate on 24/7 schedules are required to request vacation and annual leave time months in advance. Yet one nurse told Commission staff in the prison where he worked it was rather common to inadvertently put an employee with planned vacation time on the schedule thus creating a need for someone to work overtime to fill the shift. He also said the effort to recruit employees to work a voluntary overtime shift varies from supervisor to supervisor. Improving scheduling practices and encouraging supervisors to minimize overtime by making it part of their performance review are immediate steps that can be taken to reduce the state's reliance on excess overtime.

In testimony to the Commission, a representative of the Department of State Hospitals indicated they were in the process of rolling out a new automated staff scheduling application for 24/7 operations, ASSIST. One goal of the new scheduling system is to reduce mandatory overtime.[47] The Department of State Hospitals should document the effectiveness of the software and share best practices with other state departments with 24/7 operations.

The factors that drive overtime – vacancies, fluctuating patient care needs, training, leave time – are not unique to California state health facilities. Yet California seems to stand alone in its heavy reliance on overtime to meet its staffing requirements.

Managing Health Care Facilities without Excess Overtime

As previously indicated, Commission staff interviewed a variety of government officials who manage public health care facilities, primarily in other states, but also officials with the Los Angeles County Sheriff's Department and a representative of the California Hospital Association.

These public or private health care facilities strive to minimize overtime in general and only use mandatory overtime in extreme emergencies. According to these officials, limiting overtime reduces health and safety risks, improves staff morale and avoids excess costs.

Private hospitals in California and elsewhere are motivated to limit overtime due to the cost – both in terms of actual overtime payroll expenses and increased staff turnover. Patient satisfaction also declines when nurses work long hours, another reason hospitals limit overtime. Many private hospitals have staffing pools of nurses who have indicated they are willing to work two or three days per week. Hospitals use this in-house or per diem pool first if a staffing shortage arises. Other options for hospitals and health care facilities are nurse registries or travel nurses – nurses willing to relocate to fill a vacancy, usually for three months or longer. Both of these options are expensive. Although there are best practices to be learned from the private sector health care operations, there are significant differences that make staffing state health care facilities more challenging. California state prisons and state hospitals have no control over their patient population – the patients have been committed to the facilities by the courts. Comparing California staffing to public facility staffing in other states also can be challenging due to the sheer size of the offender and state hospital population in California, but again, there are lessons to be learned.

A chief administrator of state hospitals in Washington told Commission staff that mandatory overtime is an option but that he has only used it one time. Washington has two state hospitals housing more than 1,100 patients with mental illness as well as one childrens' psychiatric facility. Like California, Washington uses voluntary overtime to manage staffing shortages, although to a much lesser degree. In 2014, voluntary overtime was 5.5 percent of total payroll. To avoid overtime, Washington relies on a strong pool of floaters and on-call workers to fill gaps when permanent employees are on vacation, sick or injured. Some of the workers in the float pool are guaranteed a minimum number of hours

per week. These workers are paid straight wages when they work, allowing Washington to minimize its overall use of overtime. Washington also builds one anticipated one-on-one suicide watch per 30-bed ward into its staffing model. If more than one suicide watch per ward occurs, the administrators tap the float pool. Washington also contracts with a private sector staffing company for registered nurses. Although the size of Washington's patient population in state hospitals is one-fifth the size of California's state hospital population, the patient demographics and health and mental health care needs are similar. The staffing agency is aware of the nature of the work and although the registered nurses provided by the agency do not have a background in psychiatric care, the department has not had any issues with the quality of care they provide. These temporary employees often later apply for permanent positions.[48]

All of the veterans home officials in other states interviewed as part of the study process said that they avoid using overtime as much as possible due to the associated costs. Florida provides a budget for staffing its veterans homes beyond the standard staffing regulations for skilled nursing facilities. For example, a veterans home administrator told Commission staff that she requires a minimum of 42 certified nursing assistants for a day shift serving 120 veterans. She is able to schedule 50, knowing that rarely will all show up. Also, staff is required to call in four hours before a shift begins if they are not able to work leaving time for supervisors to find a replacement.[49] Tennessee veterans homes have an unusual structure in that the homes operate as a body, politic and corporate – in practice meaning in many ways they operate independently from the state. The homes are not required to follow many of the rules required of other state departments, including civil service rules. As a result, the home administrator has flexibility both in hiring and in providing competitive pay.[50]

The Los Angeles County Sheriff's Department runs the largest county jail system in the country. According to the captain of its medical services bureau, Los Angeles County also tries to limit overtime in general and currently does not use mandatory overtime for health care staffing shortages. The county has an agreement with the union that represents county nurses that states the county will not force overtime absent an emergency. The union interprets an emergency as a natural disaster while management sees inmates needing health care as an emergency. Still, the county avoids forced overtime through a variety of options. Employees are asked to volunteer to come in four hours early or stay four hours after their shift to cover gaps. The staff at facilities in close proximity can float between facilities depending upon need. The county also uses custody staff, not nursing staff, for one-on-one suicide watches. Like state prisons, custody issues make it more difficult to create a staffing pool or list of approved temporary employees as the background checks can take months. If the temporary staff is not used often enough, it's not worth the effort. Like state facilities, the county has a significant amount of nursing staff out on Family and Medical Leave Act. Of 1,400 staff working in medical services, 10 percent is out on Family and Medical Leave Act at any given time. According to the captain, it is no surprise that the health care worker is the first in the family called upon to care for an ailing relative.[51]

In addition to interviewing the captain, Commission staff also spoke with Susan Turner, a former chief nurse executive for the California Department of Corrections and Rehabilitation who is currently consulting with Los Angeles County. She suggested that if the state used its nursing staff more efficiently there would be less need for overtime. She recommended that the state provide more flexibility by allowing people to work part-time or to job share. Ms. Turner stated that part of the state's problem is that it lacks a staffing pipeline. Private hospitals use student rotations in addition to staffing pools, registries and traveler nurses. All state facilities could benefit from rotations of students who then might be more likely to seek permanent employment with the state.[52]

Summary

Through its public hearing and study process, the Commission learned that working long hours in a health care setting, whether voluntary or mandatory, is detrimental to the health and well-being of nurses and their patients.

More than a decade ago, the U.S. Institute of Medicine recommended prohibiting nursing staff from providing patient care in excess of 12 hours in a 24-hour work period and in excess of 60 hours per seven-day work period to reduce error-producing fatigue. The wage order amendment in 2001 resulted in many of the private sector health care providers in California adapting to significantly reduce excess overtime and follow the Institute of Medicine recommendation. The state, however, remains far behind in implementing staff scheduling in its facilities that provide health care. It needs to adapt to the standards set by the U.S. Institute of Medicine in 2004, and going forward, continue to monitor research and staffing trends to ensure that workers and patients are protected from practices that result in injuries and errors. The state will likely meet resistance in following the national standard from those workers who are dependent upon overtime to maintain their quality of life. In the long run, however, eliminating excessive overtime benefits the health of staff and patients.

It is inexcusable that California state facilities rely heavily on overtime as a staffing tool when other public sector health care providers have succeeded in reducing overtime in general and avoiding mandatory overtime in all but extreme emergencies. The departments are not solely to blame as they must comply with outdated civil service rules that make it harder and take longer to fill vacancies and more difficult to implement creative staffing tools that could help minimize the need for excess overtime. They also are governed by budget and staffing allocations that may not be based on accurate assumptions for employee leave time and fluctuating patient needs.

Managers in private sector health care facilities and those interviewed in public sector health care settings as part of this study process were motivated to limit overtime in general in part due to the associated costs. The state should set a target for reducing overtime in state health care facilities, give state managers and supervisors some flexibility as well as adequate tools to develop strategies to minimize overtime and then hold state managers and supervisors accountable for achieving overtime reductions. Cutting the use of overtime in half should significantly reduce, if not eliminate any need for mandatory overtime. And even if the state is effective at cutting overtime in half, it will still be using overtime in health care facilities at a rate that is twice the national average.[53] Finally, the state needs to better analyze changes in patient acuity, both short-term and long-term trends, staff leave time trends and schedule staff more appropriately to avoid the 3.75 million in overtime hours that nurses worked in 2014-15.

Overtime in California
Fiscal Year 2014-15

14,367 nursing professionals employed by the State of California.

3.75 million hours of overtime.

85% of the entire nursing staff worked overtime.

$179 million in overtime pay. = **1,802** employees working 40-hour weeks for a full year.

18.2% of total pay for state nurses is overtime. → **4x** the percentage of pay for registered nurses & healthcare workers nationally.

Recommendations

Recommendation 1: The Governor and the Legislature should set a target of reducing overtime for nursing staff working in state health care facilities to 50 percent of the 2014-15 rate by 2017-18 and eliminate the use of mandatory overtime except in documented emergencies.

Recommendation 2: The administration must continue to prioritize civil service reform, particularly efforts to streamline the hiring process and modernize civil service classifications. Recommendations specifically related to reducing overtime in state facilities providing health care include:

- Allowing greater flexibility in hiring part-time staff, job sharing and establishing staffing pools with permanent intermittent or "on call" employees for health care staff.
- Revising the minimum qualifications for a certified nursing assistant to not require six months of patient care experience if the applicant has achieved certification and has had adequate hands on instruction on potential job duties.
- Delegating authority, as allowed by statute, from the California Department of Human Resources to state departments with health care facilities to be able to hire retired annuitants without the otherwise required 180-day waiting period to fill critical vacancies in nursing positions.
- Actively recruiting nursing students to work rotations in state facilities providing health care.

Recommendation 3: The administration should ensure management has appropriate flexibility and adequate tools to schedule staff and hold management accountable for reaching overtime reduction targets.

Recommendation 4: The Governor and the Legislature should authorize an analysis of short and long-term trends in patient health care needs, staff leave time trends and costs of overtime as compared to the costs of hiring adequate staff. Based on that assessment, the Governor and the Legislature should authorize adequate nursing staff to achieve overtime reduction goals in state facilities providing health care.

Appendices

Public Hearing Witnesses

August 27, 2015

Lupe Alonzo-Diaz, Deputy Director of Administrative Services, California Department of State Hospitals

Kelly Harrington, Director, Division of Adult Institutions, California Department of Corrections and Rehabilitation

Joyce Hayhoe, Director of Legislation and Communications, California Correctional Health Care Services

Dwayne LaFon, Deputy Director (A), Developmental Centers Division, California Department of Developmental Services

Luisa Luema, Licensed Vocational Nurse, California Department of Corrections and Rehabilitation, California Correctional Health Care Services and member of SEIU Local 1000

Margarita Maldonado, Vice President for Bargaining, SEIU Local 1000

Beth Muszynski, Chief of Research and Program Review, Veterans Homes Division, California Department of Veterans Affairs

Lessie Moore, California Association of Psychiatric Technicians Chapter Vice President and Psychiatric Technician, Patton State Hospital, City of San Bernardino

Coby Pizzotti, Consultant, California Association of Psychiatric Technicians

Cheryl Schutt, Statewide Chief Nurse Executive, California Correctional Health Care Services

Eric Soto, California Association of Psychiatric Technicians Chapter President and Psychiatric Technician, Metropolitan State Hospital, City of Norwalk

NOTES

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2 Michele Hawkins, Program Management and Analysis Bureau, State Controller's Office. February 17, 2016. "Report of Civil Service Employees, Including Department, Facility, Classification and Regular and Overtime Pay Data for Payments Issued in Calendar Year 2015." Written communication to Commission staff. (The number includes registered nurses, licensed vocational nurses, certified nursing assistants, and psychiatric technicians.)

3 Lupe Alonzo-Diaz, Deputy Director of Administrative Services, California Department of State Hospitals. Also, Dwayne LaFon, Deputy Director (A), Developmental Centers Division, California Department of Developmental Services. Also, Joyce Hayhoe, Director of Legislation and Communications, California Correctional Health Care Services. August 27, 2015. Written testimony to the Commission. Also, Beth Muszynski, Chief, Research and Program Review, Veterans Homes Division, California Department of Veterans Affairs. January 25, 2016. Written communication. (Department of Veterans Affairs did not include overtime hours for the West Los Angeles facility.)

4 Michele Hawkins. Refer to endnote 2.

5 This calculation is based on a 40-hour workweek multiplied by 52 weeks, which equals 2,080 hours. 3,748,437 overtime hours divided by 2,080 equals 1,802.13.

6 Michele Hawkins. Refer to endnote 2. Total pay for state nursing staff in 2015 included $983,564,266 of regular pay and $178,957,477 of overtime pay. Total pay did not include lump-sum or other categories of pay.

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9 Lupe Alonzo-Diaz, Dwayne LaFon, Joyce Hayhoe, Beth Muszynski. Refer to endnote 3.

10 Coby Pizzotti, Consultant, California Association of Psychiatric Technicians. August 27, 2015. Written testimony to the Commission.

11 Joyce Hayhoe, Director of Legislation and Communications, California Correctional Health Care Services. August 27, 2015. Written testimony to the Commission.

12 Lupe Alonzo-Diaz, Deputy Director of Administrative Services, California Department of State Hospitals. August 27, 2015. Written testimony to the Commission.

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Little Hoover Commission Members

Chairman Pedro Nava *(D-Santa Barbara)* Appointed to the Commission by Speaker of the Assembly John Pérez in April 2013. Advisor to telecommunications industry on environmental and regulatory issues and to nonprofit organizations. Former state Assemblymember. Former civil litigator, deputy district attorney and member of the state Coastal Commission. Elected chair of the Commission in March 2014.

Vice Chairman David A. Schwarz *(R-Beverly Hills)* Appointed to the Commission in October 2007 and reappointed in December 2010 by Governor Arnold Schwarzenegger. Partner in the Los Angeles office of Irell & Manella LLP and a member of the firm's litigation workgroup. Former U.S. delegate to the United Nations Human Rights Commission.

Scott Barnett *(R-San Diego)* Appointed to the Commission by former Speaker of the Assembly Toni Atkins in February 2016. Founder of Scott Barnett LLC, a public advocacy company, whose clients include local non-profits, public charter schools, organized labor and local businesses. Former member of Del Mar City Council and San Diego Unified School District Board of Trustees.

David Beier *(D-San Francisco)* Appointed to the Commission by Governor Edmund G. Brown Jr. in June 2014. Managing director of Bay City Capital. Former senior officer of Genetech and Amgen. Former counsel to the U.S. House of Representatives Committee on the Judiciary. Serves on the board of directors for the Constitution Project.

Senator Anthony Cannella *(R-Ceres)* Appointed to the Commission by the Senate Rules Committee in January 2014. Elected in November 2010 an re-elected in 2014 to the 12th Senate District. Represents Merced and San Benito counties and a portion of Fresno, Madera, Monterey and Stanislaus counties.

Jack Flanigan *(R-Granite Bay)* Appointed to the Commission by Governor Edmund G. Brown Jr. in April 2012. A member of the Flanigan Law Firm. Co-founded California Strategies, a public affairs consulting firm, in 1997.

Loren Kaye *(R-Sacramento)* Appointed to the Commission in March 2006 and reappointed in December 2010 by Governor Arnold Schwarzenegger. President of the California Foundation for Commerce and Education. Former partner at KP Public Affairs. Served in senior policy positions for Governors Pete Wilson and George Deukmejian, including cabinet secretary to the Governor and undersecretary for the California Trade and Commerce Agency.

Assemblymember Chad Mayes (*R-Yucca Valley)* Appointed to the Commission by former Speaker of the Assembly Toni Atkins in September 2015. Elected in November 2014 to the 42nd Assembly District. Represents Beaumont, Hemet, La Quinta, Palm Desert, Palm Springs, San Jacinto, Twentynine Palms, Yucaipa, Yucca Valley and surrounding areas.

Don Perata *(D-Orinda)* Appointed to the Commission in February 2014 and reappointed in January 2015 by the Senate Rules Committee. Political consultant. Former president pro tempore of the state Senate, from 2004 to 2008. Former Assemblymember, Alameda County supervisor and high school teacher.

Assemblymember Sebastian Ridley-Thomas *(D-Los Angeles)* Appointed to the Commission by former Speaker of the Assembly Toni Atkins in January 2015. Elected in December 2013 to represent the 54th Assembly District. Represents Century City, Culver City, Westwood, Mar Vista, Palms, Baldwin Hills, Windsor Hills, Ladera Heights, View Park, Crenshaw, Leimert Park, Mid City, and West Los Angeles.

Senator Richard Roth *(D-Riverside)* Appointed to the Commission by the Senate Rules Committee in February 2013. Elected in November 2012 to the 31st Senate District. Represents Corona, Coronita, Eastvale, El Cerrito, Highgrove, Home Gardens, Jurupa Valley, March Air Reserve Base, Mead Valley, Moreno Valley, Norco, Perris and Riverside.

Jonathan Shapiro *(D-Beverly Hills)* Appointed to the Commission in April 2010 and reappointed in January 2014 by the Senate Rules Committee. Writer and producer for FX, HBO and Warner Brothers. Of counsel to Kirkland & Ellis. Former chief of staff to Lt. Governor Cruz Bustamante, counsel for the law firm of O'Melveny & Myers, federal prosecutor for the U.S. Department of Justice Criminal Division in Washington, D.C., and the Central District of California.

Full biographies available on the Commission's website at www.lhc.ca.gov.

“Democracy itself is a process of change, and satisfaction and complacency are enemies of good government.”

Governor Edmund G. “Pat” Brown,
addressing the inaugural meeting of the Little Hoover Commission,
April 24, 1962, Sacramento, California