

(518) 785-1900 (800) 342-4306 Fax (518) 785-1814

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TRUSTEES: Christopher Buman Jeanette Santos Maddie Shannon-Roberts March 30, 2020

Commissioner AnnMarie Sullivan Office of Mental Health 44 Holland Avenue Albany, New York 12229

Dear Commissioner Sullivan,

The Public Employees Federation, AFL-CIO, is writing you with our list of concerns regarding OMH's response to the COVID-19 pandemic. As you well know, PEF members employed by OMH are dedicated to their work and often put themselves last and the people they care for first. Our members work for OMH with pride and find their line of work to be deeply fulfilling on both a personal and professional level. Thus, we write to you not only to protect employees' health and safety, but also on behalf of our members who are the "voice for the voiceless" for those OMH serves who cannot adequately advocate for their needs.

We are appreciative that over the last week, after numerous phone calls between the parties, dialogue between PEF and OMH has improved. We also note that OMH is making inroads in increasing its communication and support of its staff. Regardless, we remain deeply concerned about a number of urgent health and safety issues. As reflected in the daily press conferences by Governor Cuomo, we are not yet at the apex of this pandemic. Thus, time is of the extreme essence to make substantial changes to OMH operations to protect our members and the community OMH serves.

Our issues are as follows:

• Essential/Non-Essential Staff and Telecommuting: PEF is deeply concerned by OMH's designation of all staff as essential and directing that all report to work at the same time. Many duties performed by designated essential employees can wait until after the crisis is over. Additionally, many of these tasks can be performed from home in such a way as to allow OMH to continue adequate delivery of services.





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TRUSTEES: Christopher Buman Jeanette Santos Maddie Shannon-Roberts To that end, because employees can be directed back to work at any time, there is no reasonable basis to require <u>all</u> OMH staff to report to work and risk transmission of the virus to the community population. Keeping as many staff home as practicable would lessen the risk for more vulnerable employees, such as those with weakened immune systems, pregnant employees, and those residing with young and/or vulnerable family members.

• At a minimum, we strongly urge OMH to consider the well-being of "essential" vulnerable employees by providing accommodations for them to work from home. As you know, PEF and GOER have forged an emergency agreement to offer a robust telecommuting pilot program to agencies to ensure adequate social distancing. OMH continues to deny any requests for telecommuting. Our members want to continue to work but are very concerned about the health and safety of themselves, their families, and the communities they serve.

• **Personal Protective Equipment (PPE):** The media is replete with stories of staff having to create makeshift PPE from coffee filters and garbage bags, or enlist the help of crafters to sew masks. Our members advise that they are experiencing critically low supplies to no supplies of N-95s, face masks, face shields, gloves, and gowns, along with hand sanitizer.

- What is your plan to get the necessary PPE and cleaning supplies to the places they are needed?
- > What is your plan during a PPE shortage?
- How is OMH advocating for these necessary materials to protect its employees and communities?

• **Programs:** We understand that it is difficult to limit or end services for the communities OMH serves. Normalcy, education, therapeutic services and recreational activities is a critical component of the well-rounded services provided to OMH communities. However, given the life or death situation we as a society find ourselves in, it can no longer be "business as usual," lest the lives of the communities that OMH serves be put at grave risk. "Above all, do no harm" must be the guiding principle. Continuing programs only contributes to the risk of harm.

We request you immediately suspend <u>all</u> non-essential programs including but not limited to: training classes, school programming, counseling sessions and groups and home visits during this pandemic. These practices are contrary to the wellaccepted and effective practice of social distancing and only encourages the spread of the virus as our members are moving between groups of people. To the extent that certain services must be provided, arrangements must be made to continue





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• Admissions: Similarly, we request OMH put a moratorium on all but the most urgent admissions and transfers during this crisis. To the extent admissions and transfers are necessary, OMH must put in place the most rigorous screening practices to ensure the people being transferred or admitted are not transferring the COVID 19 virus into facilities.

We recently learned of a plan to transfer patients from hospitals in the New York City area into OMH sites. Patients coming from "hotspots" may be more likely to have had some sort of exposure to the virus. In order to protect the OMH patient and staff population, vigorous controls MUST be in place to protect the population of the receiving facility. A quarantine and transition period where transferred patients are separated from the general population will be needed to monitor the patient for COVID symptoms. A timeline for integration into the general population should be developed. We would prefer the full 14 days, which is the estimated incubation period of the virus. We know that COVID+ persons can shed and spread the virus without showing symptoms themselves. The quarantine period would allow us to monitor the patient for development of symptoms, but also if the patient is COVID+ and asymptomatic, allows time for the virus to run its course in the host. Additional controls must accompany the transition of new or transferred admissions. We urge OMH to limit as much as possible the amount of exposure to patients and staff, and protect the healthcare workers who have direct contact with the patients.

• In person meetings and visits: Our members are still being directed to do assessments, in-person trainings, and home visits across New York State. Any time a person moves between multiple groups of any size the risk of contracting the virus and spreading it to other groups increases. At a minimum, OMH must stop this practice immediately.

• **COVID-19 Reporting:** PEF does not understand why members/employees cannot be made aware when someone in the system that they may have contact with has symptoms or a diagnosis of the virus. Sharing basic information does not appear to be a violation of HIPAA. We realize this is a sensitive topic, but we all must ensure that we stop the spread of the virus in the most aggressive way possible. *See*, https://www.hipaajournal.com/hipaa-compliance-and-covid-19-coronavirus/

PEF is committed to working with OMH to ensure the safety of its members and the communities they serve are protected during this difficult time. The nature of the pandemic, available resources, and needs of the community all change on a daily basis. We are cognizant that this is an extremely taxing,





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We need OMH to step up and work with us to implement these changes immediately. We cannot take a "wait and see" approach in a life or death situation.

We look forward to your prompt response.

Sincerely,

Wayne Spone

Wayne Spence President, Public Employees Federation

