



New York State
**PUBLIC EMPLOYEES
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January 21, 2021

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Ann Marie T. Sullivan, Commissioner
New York State Office of Mental Health
44 Holland Avenue
Albany NY 12229

**REGIONAL
COORDINATORS:**

Dear Commissioner Sullivan:

Michele Silsby
Region 1

This is to advise you that PEF is growing increasingly concerned over the staffing levels at Rochester Psychiatric Center (RPC), which are critically low.

Andrew Puleo
Region 2

Vacant
Region 3

The situation is dire. As you know, the RPC delivers a critical function for the mentally ill and developmentally disabled in the Rochester and surrounding areas. Mismanagement and inaction at the highest levels of the facility administration are leaving patients without the care and supervision they require, and stressing direct care and nursing staff to the breaking point. This has resulted in excessive mandatory overtime, hostile working conditions and compromised safety and services.

Roberta (Bobbi) Stafford
Region 4

David Dubofsky
Region 5

Victoria Stockton
Region 6 Advocate
Region 6

We understand that the state is in a difficult fiscal position and that the Executive has ordered a hiring freeze as well as a freeze on discretionary spending to shepherd its limited resources through this crisis. Unfortunately even in the past, when the facility was able to recruit new nurses or direct care staff, these nurses often resign within a year or two after being inadequately trained, repeatedly mandated for overtime and treated poorly by upper administration.

Virginia (Gini) Davey
Region 7

Michael Blue
Region 8

Diane Jaulus
Region 9

Darlene Williams
Region 10

The morale at RPC is terrible. Facility director Phil Griffin has been approached by union leaders and presented with a binder full of documentation describing bullying by the Executive Nurse Management, hostile working conditions, retaliation against staff, problems with new employee orientations and unsafe working conditions, yet he has ignored these concerns and has taken no tangible actions to address these serious issues in a substantive way.

Bernadette O'Connor
Region 11

Nora Higgins
Region 12

TRUSTEES:

Christopher Buman
Jeanette Santos
Maddie Shannon-Roberts

To give one example of how bad retention is, between 2018–19 there were 26 RNs hired and during that same period, 42 RNs resigned or retired, citing reasons such as poor treatment by management, lack of training, burnout and stress. There are currently 24 RN vacancies and between 30–50 therapy aide vacancies. This results in almost all shifts at RPC being covered through a combination of mandatory and voluntary overtime. Employees may often “agree” to extra shifts because they know if they don’t “volunteer,” they will be mandated anyway, so they prefer to try and maintain some semblance of control and predictability in their schedules to manage family obligations.

New York State's own Department of Labor found violations of the policy in the few situations where members did take the initiative to file complaints. Unfortunately, mandatory overtime has become so commonplace, with nothing having really changed or been addressed, that nurses have largely stopped filing the complaints. In the past few months, any complaints that have been submitted are being unilaterally denied by the Department of Labor due to the COVID State of Emergency, which we contend is being abused in an overbroad manner by this facility to further avoid addressing the root problems.

Mandatory Overtime regulations require RPC to follow their Nurse Staffing Plan, which includes seniority protocols before mandating nurses for overtime. RPC has disregarded MOT regulations by not following the staffing plan, will not share the Nurse Staffing plan with PEF, and plays games with sharing the seniority order list. This allows them to engage in a shell game with who gets mandated or has what shift, resulting in mistrust, resentment and low morale, as nurses feel they have no control over their lives.

PEF has received many Protests Of Assignment from PEF RNs which indicate they are regularly being left alone on units with upwards of 30 patients with high acuity needs (e.g., actively psychotic, sexually or physically aggressive, choking risk, medication management needs, etc). Nurses report routinely working with Mental Hygiene Therapy Aides (MHTA) who are often on their second or third mandated double shift and exhausted. Nurses report being required to work mandatory overtime multiple times weekly. This level of chronic stress, fatigue and burnout leads to increased injuries, mistakes and resignations at high rates.

The individuals who receive services at RPC and other state-operated mental health facilities deserve better than this. These patients require more intensive, personalized care over a longer term, due to the nature of their illnesses, and they are not getting what they need because the RPC / OMH administration is not addressing these issues in a meaningful way. The tangible result of this neglect is a depletion of nurses and other direct care professionals at RPC because, in addition to all of the above concerns, the state has essentially decided not to compete with salaries and benefits commensurate in the private sector during a statewide nursing shortage.

PEF feels that as a result of RPC's poor reputation as an employer, due to they way they treat employees, they cannot attract or retain quality nurses and direct care staff, so they instead:

- Retain agency nurses – These independent contract nurses are generally more expensive, non-union and have no understanding of the environment in which they are working. These individuals are often poorly oriented to the facility and are just placed into units without any familiarity with individuals, policies and practices. They are of limited utility because they do not carry a caseload and cannot be subjected to mandatory overtime. Management provides them preferential treatment and preferential scheduling and relies on them to go into the count to meet minimum standards and staffing ratios even if it's not safe or appropriate. And even these nurses are resigning due to hostile work environment and staffing shortages!
- Force redeployment and rely on out of title work – RPC staff are routinely being reassigned to cover scheduling holes without adequate training or familiarity with the patients and units they are moved to. The work they typically do may be put aside and simply not get done, including support for other patients on their traditional caseload/assignment (e.g., CMHN being forced to work inpatient and their patients in community may not be getting the services to support their

staying stable and safe, such as going to their appointments, staying on their medications, staying connected with support systems, etc.).

The above issues have been magnified throughout the COVID pandemic as the facility needed to add two additional “swing” units to isolate and quarantine. In addition, the facility does not have an adequate ordering and supply procedure to secure enough fit-tested N95 masks for those working with positive patients or on COVID isolation units. This leads to employees being given sub-standard PPE for the work they are performing and creates a serious occupational health hazard that leads to facility and community spread. This is outrageous, given that we are a year into the pandemic. We should not be sending our essential workers into danger or setting them up to get exposed, thus endangering patients and family members.

As you heard, frequent bullying and threats by management to employees is one of the main reasons for resignations. Current literature on workplace fatigue, burnout and stress indicate these factors also significantly raise the risk of injuries and assaults. This is especially true in residential health care settings, like the RPC. While workers’ compensation / lost days have fluctuated, the costs to the state, patient care, and employees are significant. Over the past five years, RPC has had almost 400 Long Term incidents involving six or more lost work days. There would be many more incidents that did not result in lost time, and others we call “near misses,” as they have not resulted in an injury – *yet*. Injuries have resulted in 2,000 lost days and almost \$9.5 million in medical and wage related compensation costs.

We are requesting your intervention to hold executive staff accountable for the type of atmosphere their team creates. A toxic atmosphere affects both staff and patients. When patients observe or even perceive that toxicity, it may agitate them and create a greater risk of violence, or if they see how the executive team treats staff, then they will treat them the same. Hostile work environments put both staff and patients at heightened risk. Management has taken no responsibility to develop policies, establish complaint systems, facilitate prompt and thorough impartial investigations, or promote non-disciplinary measures to address and provide support and assistance to those employees who have been targeted, nor to create a training and action plan to change the culture that includes the employee bargaining unit representatives.

To begin addressing this very serious crisis, our short term asks include the following:

- Ensure the release of any and all waivers delayed through Division of Budget or at the agency level and streamline the hiring process for nurses and MHTA when vacant positions occur
- Push for an increase in RN geographic pay to 12,000 vs. current 8, 000
- Increase flexible scheduling and shifts and get RN/MHTA input for scheduling solutions
- Hold OMH facility and nursing management accountable for hostile work environment and culture and poor treatment of staff which has led to frequent resignations of qualified staff
- Pressure facility director to address these concerns in a substantive way, to begin turning around the culture of intimidation and hostility created by the Chief Nursing Officer.

Longer Term

Longer term, we ask that you work with legislators and the Department of Civil Service to create a competitive salary and benefit structure to attract nurses and other direct care professionals into the state’s

mental health and other residential facilities. This long-term investment will pay huge dividends with the highest need clients and reduce the stress on other areas of the budget (i.e., corrections, social services, etc.). It will also reduce the stress on existing staff and allow these professionals to render care within their expertise.

Let me be clear: the state has an obligation to provide basic quality care for the mentally ill, and we expect the management at RPC to meet that responsibility. The chronic under-staffing of this facility unacceptably puts both patients and staff in harm's way and expands the state's liabilities concerning the quality of care afforded to these at-risk individuals. We need a plan to ensure that clients and staff have adequate and appropriate PPE, clear and consistent expectations on the use of PPE, and for continued testing of clients and staff *prior to entry* into the facility.

In addition to the ongoing discussions about these issues during the labor-management meetings, we have briefed the state legislators in the RPC service area of our growing concerns and provided them just under 130 signed petitions from current staff members that include specific details and real time experiences that speak to the issues listed above.

We look forward to working with you and our elected officials to alleviate these unacceptable conditions for both clients and staff at RPC.

Sincerely,

A handwritten signature in black ink that reads "Wayne Spence". The signature is written in a cursive, flowing style.

Wayne Spence
President,
NYS Public Employees Federation, AFL-CIO