

OMH Multi-Union Health & Safety Committee Meeting Minutes

January 13, 2023

10am-12:30pm

Union Representatives: (list for each union)

PEF: Geraldine Stella (Director, H&S), Maddie Shannon-Roberts/Art 18 Co-Chair (Guest), Dr Wanda Bates (Executive Board, Asst Council Leader, CBO Bedford Hills), Gina Corona (Executive Board, Regional Coordinator, OMH SW Labor Management (Hutchings Children's)), Kelly Lockwood (Minute Taker)

CSEA: Lovette Mootry (Co-Chair), Mark Stipano (OSH Specialist), Lisa Fairchild (Legal Assistance Program Administrator), Rob Scholz (Director of Contract Administration)

NYSCOPBA: Kristin Romano (Co-Chair/WC/H&S), Doug Trotter

Management Representatives:

Bryce Therrien (Assistant Director – BER), Naomi Freeman (Deputy Director, Division of Forensic Services), Lillie Johnson, Marshall Vitale (Director, Administrative Support Services Group), Lynn Heath (Director of Human Resources), Mike Izzano (Director of Human Resources), Christina Calderwood (Director of Children's Services), Tim Lamitie (Director of Facility Administrative Services), Jodie Riley (Mgt Co-Chair, Human Resources Specialist 3 (LR))

Agenda Topic	Issues	Action/Follow Up <i>(Add due dates for each from notes)</i>
<p>A. <u>Committee Operations:</u> SW COMMITTEE OPERATIONS</p> <ol style="list-style-type: none"> 1. OMH - changes to Representatives and main contacts? 2. Minutes <ol style="list-style-type: none"> i. Review and sign-off <ol style="list-style-type: none"> 1. December 2021 - signed off? 2. June 22 & 24, 2022 – draft minutes review/changes from OMH <ol style="list-style-type: none"> a. Izzano was going to share new style for minutes using the June draft the Unions provided 3. 9/26/22 draft minutes (new format from the Unions) 3. Dates for 2023 <ol style="list-style-type: none"> i. Proposed dates for 2023 <ol style="list-style-type: none"> 1. Meeting dates: <ol style="list-style-type: none"> a. March 2 	<ul style="list-style-type: none"> • 2: Minutes are approved – for signature • 3: Dates for 2023 <ul style="list-style-type: none"> ○ PEF agenda had a typo – November prep meeting date is 11/1, not the 11th. ○ PEF Committee members agreed to notify their supervisors now for the upcoming 2023 committee meetings. Supervisors to contact Bryce Therrien with any questions. ○ OMH asks to stagger H&S dates with LM meetings for next year – currently lining up to be the same week or back-to-back. ○ PEF to send proposed LM dates to OMH 	<ul style="list-style-type: none"> • PEF/K. Lockwood will send out the calendar invitations for future meetings by 3/2/2023 • Committee members will notify their supervisors of the new dates - ASAP • Gina Corona to send Bryce Therrien the dates for SW LM

<ul style="list-style-type: none"> b. June 1 c. September 14 d. December 7 2. Prep dates (notice) <ul style="list-style-type: none"> a. February 2 b. May 3 c. August 2 d. November 1 		
<p>B. <u>Workplace Violence and Injury/Illness Data</u></p> <ol style="list-style-type: none"> 1. WV REPORTS AND DATA REVIEW – <ol style="list-style-type: none"> i. Report on information provided by OMH (MS, GS, KR – will add clarifying questions) ii. <u>Facility WV programs</u> <ol style="list-style-type: none"> 1. Review of information provided by OMH 2. WV data request: <ol style="list-style-type: none"> i. Review of information provided by OMH 3. Injury and Illness Data: (MS/GS/KR) <ol style="list-style-type: none"> i. Info sent to the unions on a quarterly basis <ol style="list-style-type: none"> 1. At least 3 weeks prior to the meeting ii. SH900s and OIRS data in a format that can be filtered and analyzed iii. MS analysis 4. Risk Assessments <ol style="list-style-type: none"> a. Review of information provided by OMH 5. Other WV Program questions: <ol style="list-style-type: none"> 1. Review of information provided by OMH 2. Reporting form as part of the policy? 6. Mail screening (NEW) <ol style="list-style-type: none"> i. Is there an agency Policy/process for screening mail? ii. Problems with contraband, drugs and alcohol, cell phones and weapons coming in at all facilities, but 	<ul style="list-style-type: none"> • OMH provided data per the Unions’ request. The unions are grateful for the response, the quality of the data and how rapidly it was sent. • Mark Stipano prepared a summary document with pivot tables illustrating the unions’ preliminary findings. <ul style="list-style-type: none"> • OMH/Bryce Therrien presented a detailed data analysis on Facility data results. <ul style="list-style-type: none"> ▪ OMH thanks the unions for their time processing the data and the presentation. He would like to use this data to propose solutions to trends rather than individual problems. There will be differences between facility types and even facilities within the same type. • Discussion on the findings: <ul style="list-style-type: none"> ▪ The hope is to begin using these findings to make recommendations for training and processes that will make workplaces safer. • <ul style="list-style-type: none"> ○ 1) Members are hesitant to file WPV report (example given of a nurse whose hair was pulled out and was unwilling to file). How do we get people to feel comfortable filing? <ul style="list-style-type: none"> ▪ OMH would like to take anecdotes such as these to confirm they match actual events. More data review is needed. ○ 2) A number of the WV reports did not include recommendations for control measures for reported incidents (referenced a story of a patient who was agitated, threw a hamper that injured staff. Securing hampers would be a reasonable control but was not included in the report. <ul style="list-style-type: none"> ▪ OCFS offers a virtual and in-person training for workplace violence teams to conduct their annual risk assessment and WV review. The training is done jointly with labor and union 	<ul style="list-style-type: none"> • OMH and Unions are to come up with a list of attendees for subcommittee to discuss data (request for SH900 logs to review). (2) attendees each. Meet once attendees are confirmed. Due by next meeting (3/2/2023) • NYSCOPA/Kristin: Provide a list of specific locations where mail screening issues are present by next meeting 3/2/2023 • CSEA/Mark: Provide list of specific locations where there are injuries due to mail screenings by next meeting 3/2/2023 • OMH/Christina: will go back to facilities and alert them issues are raised (she will follow up with Kristin) by next meeting 3/2/2023

especially at transitional living and at outpatient clinics

iii. Patients using PNAs to purchase drugs and alcohol

7. Security

i. Not having security or safety officers at the gates

ii. What are fill levels for those positions?

staff. This training was first done 8-10 years ago and is being revised for this year.

- There is money in joint funds that can be used for unions to offer trainings to committees and members. These types of trainings are run already at DOCCS and OCFS. Current contract for funds runs through Dec 2023. Training is tailored to the specific agency and does not cost the agency any money. OMH already has a great training department, the unions would be happy to assist in training.
- OMH cannot currently comment/commit but will consider it.
- 3) **How to get the staff to report incidents, and how to capture labor and management recommendation and implementation of WPV control measures.**
 - Unions: WV Concerns report can help capture “near misses”. OCFS has a WPV reporting incident form, as well as a concerns report. This brings potential issues to the attention of management before they become a reportable incident. The information provided by OMH shows there are instances of members being unsure how to report, confused about incidents being WPV or not, and if there is a potential incident, does that count as WPV? Members feeling discouraged with reporting due to lack of clarity or understanding.
- 4) **Is there a way to take Facility best practices and implement it elsewhere? (**
 - Elmira had some good practices that could be used elsewhere. OMH should consider scaling up successful programs at smaller locations e.g. Elmira and try to replicate them at larger locations. Manpower and resources may not always be possible, but it would be good to take pilots that are successful and find ways to adapt them to larger locations.
- Unions: Reporting issues are a significant concern. Even if an employee does not wish to file a complaint, supervisors must according to PESH. This has been cited in PESH complaints in the past.
- It is agreed that a subcommittee will be created to look at the data for further analysis.
- OMH/Bryce presentation OMH data that has been compiled and assessed so far, the question is raised “Why are we seeing some facility incidents leading to lost time, and not others?”. There are

high numbers of patient-related accidents, though children psych locations have a marked decrease in patient related accidents in the end of 21-22 with one exception – Rockland. These accidents are staff having problems related to the patients, not patient injuries.

- What is being counted as an assault – does this include response to a patient-related crisis (running to a situation and injuring yourself) or just when interacting with the patient (being injured while restraining patient)?
- Cameras in OMH facilities and how they are being used – may be more appropriate for an L/M discussion.
- 6) Mail Screening:
 - OMH - OER sends out guidelines for what must be included in a mail screening policy (2001), and agency policies must contain these guidelines at a bare minimum. OMH protocols based on those procedures provided by OMH.
 - SLMS training was geared towards anthrax/suspicious powders, not narcotics. Training is taken by all mail-room employees, administrative and support staff, and any other title designated by OMH.
 - Unions raised the issue due to a fentanyl exposure and subsequent (PESH citation at Marcy CF for not having a procedure for handling incoming drugs or ventilation control measures (the PESH citation was sent prior to the meeting for reference)
 - OMH has similar circumstances to DOCCS for risk of exposure due to drugs coming into the facility. There is a specific way mail is handled to reduce contraband and illicit substances entering DOCCS facilities. Some locations are adjusting their processes, though there is currently no written/standard report of what that process is. In some locations all mail goes through a centralized location and is photocopied and given to recipients to avoid any contaminated correspondence (except legal mail). Tim Lamitie was not aware of this process change in CBOs in DOCCS facilities. Do patients / residents have the right to have their original mail? OMH asked for data (possibly from the SH900 logs) on how many incidents are happening and where. NYSCOBPA has this as an item and documented in EOC and WPV meeting minutes.

- NYSCOPBA - patients in transitional living situations will leave their facilities when they receive their personal needs account funds and find substances to get high, then return. Incidents of violence during these times do rise, though they are not often reported as WPV, if at all. Contraband and cell phones do make it back into the facility. It is difficult to determine between the types of visitors or residents entering the facility- guest, staff, or resident. The intent of these facilities is to bring patients closer to a normal lifestyle- and the goal is to not impinge on this process for the patient.
- OMH asked for specific locations with high level of instances, and send any .
- additional questions on policies and procedures by the next meeting.
- d) Security
 - The unions would like to focus on prevention of WPV around areas like parking lots using cameras and adequate lighting to deter issues. There is not a person present to screen all people coming and going.
 - OMH difference in urban vs rural facilities on what is available in terms of security, OMH requested a list of specific facilities having issues. All inpatient facilities (including forensic adult and children's sites) have a formal security office with access control /id to swipe cards, as well as gated entryways that are monitored. The number of security officers are dependent on the needs of the location and what level of acuity the patients have.
 - Many of the issues are raised around transitional residences. The facilities are intended to be part of the community – not meant to be fenced off. CCTV footage was added – not as a preventative measure, rather to have evidence when incidents occur.
 - CCTV: OMH -Video evidence is after the fact. Not actively monitored. Primarily for review after-the-fact. Discussion turns to clarification of the original and continued purpose of cameras in facilities –originally, they were meant to be used for Justice Center to help with cases- specifically where patient and staff interactions happen.
 - CSEA - the description provided to the unions was understood to not include using cameras for disciplinary

	<p>purposes, if that is the sole purpose then there is a problem having the cameras present.</p> <ul style="list-style-type: none"> ○ OMH -the cameras are not going to prevent interactions between patients and staff but will assist with justice center procedures if an incident happens, particularly to protect staff members from accusations of wrongdoing during issues. Staff are often exonerated by use of camera footage. PFCS trainers are asked 1-2 times per week to review video. Investigators are not OMH, are not involved in the situations. It often happens that review of the videos can be used to understand the staff member actions and how they relate to the situation. ○ CSEA - concerned that though the intention was originally sound, that newer managers (due to high turnover rates) do not understand the intended use of the cameras and will abuse the resource. ○ OMH - camera placement is something carefully chosen and monitored to make sure they do not end up in spaces that are staff only, or in spaces that can violate patient privacy. 	
<p>C. <u>Bullying/Hostile Work Environment/Co-Worker Conflict</u></p> <p>1. Respectful Workplace Efforts (RWE) – response to Union comments</p> <ul style="list-style-type: none"> a. PEF provided written comments b. CSEA – Lovette and Rob provided response?? c. Next steps for Pilot and full implementation d. ADD QUESTIONS – when will formal training start. Comments/changes revisions??? 	<ul style="list-style-type: none"> ● OMH reported the pilot program is going well – it is no longer considered a pilot. Still doing NYSBPI. Comments by the unions were received and changes were made to the program. All employees are taking it, not just OMH employees. It will begin in the next few weeks at more facilities – next to be trained: Mohawk Valley in January, CDPC in February, Buffalo PC in April. Working on commitments from other facilities to build good press in advance of starting the trainings – trying to make it feel like it will help improve culture and is not a punishment for employees. They will conduct 750 classes with 20 participants per class. It is important to have all levels of employees present, not to segregate management. ● Scheduling: difficulties with scheduling for overnight employees – trying to avoid post-shift trainings – being flexible about time so facilities can get the attendees covered for their shift to attend the trainings. May do on-shift training so people are paid for their time. ● Feedback: OMH has been receiving feedback in evaluations, generally very positive. Some mention of potential tweaks. The curriculum is never final, comments are taken by OMH for trainings to improve. 	<ul style="list-style-type: none"> ● OMH/Lillie J to send schedule and list of facility training directors to committee co-chairs in the next 2 weeks. ● Unions will distribute the information to their representatives.

	<ul style="list-style-type: none"> • Attendance: Unions would like to offer the union representatives the opportunity to sit in on some trainings. • OMH will send the schedule of trainings to the Unions and a list of training directors. Local Union leaders can contact their facility training directors to sit in, and/or contact Lilli for more information. The unions will notify Lillie who of their reps will attend which meetings. 	
<p>D. COVID-19</p> <p>1. Data (Rates by work location for patient and staff – COVID+, PUI, Quarantine)</p> <p>i. Follow up on the data they committed discussed at the October and December 2021, and the 6/22 and 24, 2022 meetings)</p> <p>1. The OMH Daily CV-19 public report (<i>“Provides data on infections and confirmed deaths caused by COVID-19 virus among the patients, clients, and staffs of our psychiatric centers”</i>) on the OMH guidance page https://omh.ny.gov/omhweb/guidance/ does not show archived data</p> <p>2. https://apps.omh.ny.gov/omhweb/covid/docs/cv-19-data.pdf</p> <p>ii. For October 1 2021– to June 30, 2022 (now asking for up to September 1, 2022)</p> <p>iii. Have in sortable electronic format</p> <p>iv. Monthly data would be preferable instead of Daily Reporting</p> <p>v. Use the current data sets included in the daily data report on OMH website</p> <p>vi. Facility</p> <p>vii. Patient Census</p> <p>viii. Patients Currently Confirmed Active</p> <p>ix. Patients Currently Confirmed Active Added Since Yesterday</p> <p>1. If using different date groupings, use “Since Prior Month”</p> <p>x. Cumulative Patient Census Since March 2020</p> <p>xi. Cumulative Patients with Confirmed COVID-19 Since March 2020</p> <p>xii. Cumulative Patients Deceased due to Confirmed COVID-19 Since March 2020</p> <p>xiii. Total Number of Staff Assigned</p> <p>xiv. Staff Currently Confirmed Active</p>	<ul style="list-style-type: none"> • OMH: There is not a way to consolidate the information requested by the Unions. OMH willing to discuss how to compile the data similar to the OIRS quarterly reports, and welcome union input on the best way to track and compile data. • Unions will have an internal discussion about repackaging this agenda item and prepare a request by the next meeting. 	<ul style="list-style-type: none"> • Unions will repackage agenda item by next meeting (3/2/2023)

<p>xv. Staff Currently Confirmed Active Added Since Yesterday</p> <p>1. If using different date groupings, use "Since Prior Month"</p> <p>xvi. Cumulative Staff with Confirmed COVID-19 Since March 2020</p> <p>xvii. Cumulative Staff Deceased due to Confirmed COVID-19 Since March 2020</p>		
<p>E. <u>Infectious Diseases</u></p> <p>1. Flu</p> <p>i. Please report out on the OMH educational program and vaccination</p> <p>ii. Info – education – flu and booster same time</p> <p>iii. Numbers?</p> <p>iv. How are they offering boosters – for all worksites. For CBOs who does it DOCCS or OMH?</p>	<ul style="list-style-type: none"> • Unions - status of the flu and COVID booster campaign. For CBOs - who is offering the boosters- DOCCS or OMH? <ul style="list-style-type: none"> • OMH - Numbers of people getting the vaccine / boosted are shared with facility leadership regularly (monthly for flu and vaccination data, Covid on a weekly basis). Unions can get info from facilities directly. Staff/patient flu data is shared regularly in a monthly report. The local level will be most accurate - information reported to Central Office is lagged. Local info is more accurate. o PEF – rep at (Fishkill and Bedford did not hear info about COVID vaccination rate, or availability of COVID boosters. o OMH – Facilities may differ depending on county or DOCCS facility. OMH nurse provides Flu vax, COVID Booster may done through a clinic or out in the community. But if there is a significant interest a booster clinic could be set up at the location. 	<ul style="list-style-type: none"> • PEF/Dr Bates will work with unit chiefs at Bedford and Fishkill to determine if there is any interest for COVID booster. Dr. Bates will send the info to labor and management co-chairs, and report at next meeting. • OMH Will send central office data on staff flu vaccine rates by facility to the co-chairs by the next meeting 3/2/2023
<p>F. <u>Training</u></p> <p>1. Report out on the TRUST training program</p> <p>i. Update on status of training?</p> <p>1. Manhattan and Hutchings – completed in 2022?</p> <p>2. 12 more Jan – June 2023 – planned?</p> <p>ii. Language for implementation/written description – has that been done?</p> <p>1. were any specific Union titles selected for the TTT and coaches?</p> <p>2. Will it be a full-time assignment?</p> <p>iii. Talk more about how the change to TRUST streamline the process from PMCS</p>	<ul style="list-style-type: none"> • OMH: TRUST training was rolled out in Manhattan and Hutchings. Participants come from the area, not just the specific facility the training is occurring at. More than 10 are planned through June. 30% of the seats go to non-state employees. • To date: 80 OMH facilities. Facilities requires at least 8 certified instructors, including a coach, and takes 7 days. Only Elmira has started teaching the training effective this month. It can be assumed Elmira has the 3 trainers, that is a difficult number to work with. Traditionally, most participants are some sort of training specialist – OMH has encouraged the facilities to get practitioners to receive the training as well. Being a trainer is not a FT assignment, but a coach is. Facilities are beginning to allow coaches to return to full time coaching at this point. Coaches should be having monthly meetings with management to ensure they are not being pulled away from coaching duties – they do 	<ul style="list-style-type: none"> • OMH Lillie will send unions the guidelines being reviewed. (To Bryce, then sent along to who else needs it) (written description implementation guidelines)

<p>1. e.g. - how does it make it easier on the facility if adding time onto the training</p>	<p>offer feedback in an informal monthly report. Coaches are required to work with one of three pillar projects. The implementation guideline process is currently in review, OMH will share these guidelines with the unions. This training can replace several other trainings (includes these topics). For most participants it will cut down on training days, though a few positions may have 1-2 days added (specifically part time and some forensic employees).</p>	
<p>G. <u>Security Response to Codes - policy on security response to the codes?</u></p> <p>1. Follow up /report on NYSCOPBA / OMH discussion</p> <p>2. Report by OMH on what the protocol is, finalizing related policies, and final report from Quality Management</p>	<ul style="list-style-type: none"> • OMH - general policy is that Clinical does initial response unless/until Security is required. When a policy is finalized, it will be shared with Unions. May be finalized by 2023 but cannot state definitively. • OMH typical response is to allow the clinical team to respond to codes in a leading role and S.O. are supportive, taking direction from the clinical team. 3000 policy will formally update that and be published soon. Security responds immediately to code but stays out of sight. <ul style="list-style-type: none"> ◦ NYSCOPBA: – S.O.s should not be present initially; it is difficult to stay out of sight and the presence of security personnel can cause the situation to escalate. The code needs to be called and security officers only brought in if the situation escalates beyond the ability of the clinical team to control. ◦ OMH - Clinical staff have always lead in these situations. Joint commission finding related to code response - the 3000 policy will finalize the process for calling codes and using security staff. Safety and Security policy - 3000 policy -many components, use of force, uniform, code response. In the OMH Policy Manual. • NYSCOPBA requested a copy of the draft and final policies. CSEA - camera usage: How are new staff informed of and trained on camera use in OMH facilities? • OMH – viewing is limited. Incident reports do include a place to show video footage has been viewed. A court order must be made in order to view. Typically, the only time these are viewed are for WComp or patient restraint. Each facility has their own policy regarding how long footage is stored on an internal server. Access must be granted to view the video. 	<ul style="list-style-type: none"> • OMH/Marshall will send the link for the current 3000 policy
<p>H. <u>PESH inspections:</u></p> <p>1. Report out on any new PESH complaints or inspections since the last committee meeting</p>	<ul style="list-style-type: none"> • OMH / CNYPC: PESH complaint/investigation on mail handling issues. PESH requested 2019 – 2021 SH900 logs – being assembled for them now. Will report at next meeting 	<ul style="list-style-type: none"> •

2. Status of previously reported items		
I. Wrap Up 1. Any outstanding questions? 2. Review of Action items from 9/26 -2022 i. List action items	•	•
J. Next Meeting Dates 2023 1. 10 – 12:30 (see item A.3) a. March 2 b. June 1 c. September 14 d. December 7	•	•

Minutes Approved and accepted by:

3/3/23.
For NYSCOPBA

Date:

K Romano
Kristin Romano

For OMH

Date:

Fi
Bryce Therrien

3/10/23
For PEF

Date:

Darlene Williams
Darlene Williams

For CSEA

Date:

Lovette Mootry
Lovette Mootry