

OMH Multi-Union Health & Safety Committee Meeting Minutes

September 26, 2022

10:00 AM to 12:30 PM

Union Representatives: (list for each union)

PEF: (Zoom) Darlene Williams/**Co-Chair**, Wanda Bates, Carl Ankrah, Shar'ron Coleman. (In Person) Gina Corona, Geraldine Stella/Staff, Kelly Lockwood/PEF minute taker

CSEA: (Zoom) Lovette Mootry/**Co-Chair**, Mark Stipano, Rob Scholtz

NYSCOPBA: (Zoom) John Harmon, Doug Trotter, (In Person) Kristin Romano/**Co-Chair**

Management Representatives:

In Person: Bryce Therrien/**Co-Chair**, Mike Izzano, Lynn Heath, Marshall Vitale, Julie Burton, Kim Dilmore, Johny Barnes

Zoom: Jodi Riley, Dr. Grace Lee, Tim Lamitie

Agenda Topic	Issues	Action/Follow Up
<p>A. Committee Operations</p> <ol style="list-style-type: none"> 1. OMH - changes 2. Minutes (Dec. 2021, June 2022) 3. Date for Dec meeting 	<ol style="list-style-type: none"> 1. Bryce Therrien, Asst Dir of BER – will be taking over as OMH Co-chair, and is main point of contact. Mike Izzano will still be involved in the committee. 2. Mike is reorganizing the minutes and will send out to the chairs – less a transcript 3. 12/9/22 confirmed. (NOTE: the date was changed to 1/13/2023. Be prepared to choose dates for 2023 at the next meeting) 	<ul style="list-style-type: none"> • MI will send revised minutes to Committee chairs before the next meeting (1/13/2023) • Unions to send Bryce the proposed dates for 2023 by the next meeting (1/13/2023)
<p>B. Workplace Violence</p> <ol style="list-style-type: none"> 1. WV Reports and Data Review 2. Facility WV review (outstanding items from data request – see agenda for list) 3. WV Data request See agenda – list of 	<ol style="list-style-type: none"> 1. OMH - Did an inquiry – collected info where all places WV and H&S is discussed. Key takeaways: all our facilities are meeting, most quarterly, some more frequently. Minutes are recorded, unions are invited, some participate more than others. Minutes and assessments collected. <ol style="list-style-type: none"> a. All 18 have environment of care meetings; 13/18 have separate WPV committee meetings; Facilities try to combine meetings and separate out topically; 2 fold 	<ul style="list-style-type: none"> • Bryce will send info OMH collected, including the WV information, to the unions by Oct. 31st, 2022. • Unions will review - for discussion at the next meeting (1/13/2023) • Kristin will send a request to Bryce for list of where

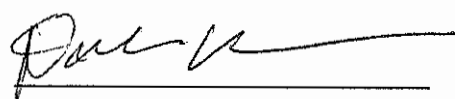
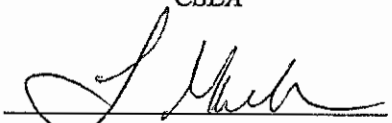
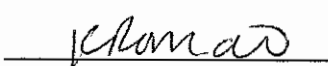
<p>questions. What reporting forms are used? Do they vary by facilities</p> <p>4. Risk Assessments</p>	<p>WPV into EOC; 3 facilities they are not clear (Bryce is finding out);</p> <ul style="list-style-type: none"> b. H&S for CSEA and PEF are often folded into something else <ul style="list-style-type: none"> i. BPC combines joint H&S meetings c. Step meeting not regularly occurring, it is folded into EOC d. NYSCOPBA does not have equivalent of Art 18/PEF, Art 15/CSEA. OMH will check if they are on joint committees in worksites. e. PEF emphasized that the Union designates their reps to committees f. PEF requested minutes of the committee meetings <p>2. Outstanding items from facility review request -- see agenda for details. Bryce will send information.</p> <p><u>Reported by OMH at the meeting:</u> For the WV Data request; OMH sent Unions OMH Workplace Violence Prevention Program Directive, Section # OM-200, dated 2/25/2013, and the WVP-R1 (Revised 8/2017). They are the most up-to-date versions. Standard form - Most filled out manually -- some sites don't have regular access to computers. The forms are handled at the facility. -- some may be in an electronic database (e.g. Elmira). But couldn't be replicated elsewhere. Some just have forms in a folder. Facilities reach out if they are having difficulty with reports. We're here for support and guidance. We don't have all the data feeding up to central office. Governing body meeting 2x a year, facilities have to report out on workplace violence at those meetings. <u>OMH to supply a summary of the WVP- R1 reports for the sample facilities (ACTION)</u></p> <ul style="list-style-type: none"> 3. Reporting Forms -- OMH: All except 4-5 facilities use the recommended one, the rest use forms that are similar to the recommended form WVP=R1 (Revised 8/2017). Most are filled out manually (paper) -- majority of filings are handwritten. 	<p>NYSCOPBA is meeting with the other unions. (1/13/2023)</p>
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<p>C. Bullying/Hostile Work Environment/Co-Worker Conflict</p>	<p>Respectful Workplace Efforts (RWE) – OMH has written comments from PEF. CSEA – Rob Sholz may have sent comments. Oct 14 pilot for Unions and Management – training half the day, review and recommendations the other half. Unions to designate their attendees. Other pilots will be scheduled at various facilities.</p>	<ul style="list-style-type: none"> • Unions will notify OMH of their designees before the 10/14 meeting.
<p>D. COVID-19 –</p> <ol style="list-style-type: none"> 1. Data (Rates by work location for patient and staff – COVID+, PUI, Quarantine). See agenda for list 2. Flu vaccinations, COVID boosters, Combo vax 3. Added at meeting – NYSCOPBA – Rikers: is there a Flu/COVID test being done before they come to your facilities – is there a test/isolation policy for inmates coming to you. especially for transport staff – masking? Swing shift info for boosters and vaccinations 	<ol style="list-style-type: none"> 1. OMH reported Denise Green reached out to the other stakeholders. She is working on RN bonus right now. Unions asked for Denise to come to meetings to discuss data (OIRS). OMH agreed based on her availability 2. Dr. Silverman <ol style="list-style-type: none"> i OMH will offer any of the approved boosters/vaccinations ii Not familiar with how each facility will roll out = did some creative things like carts to units. He can follow up if on if there are specific things you want to know iii PEF – sites with multiple buildings – more likely to get vaccinated if it comes to them. iv OMH - trying to make it successful and easy to participate do track flu vaccinations and COVID. Flu vax rates tend to be geographic. There are groups are less willing to get them. v PEF – there is a big distrust – people receive COVID booster and still got COVID so it created distrust. Evening and night shifts are harder to get 3. Rikers - <ol style="list-style-type: none"> a. Dr. Lee – the accepting facility is supposed to get info from the sender. If the sender is not giving that info up front, the reception facility should be asking for it. PPE is encouraged but not mandatory for patients. Many COVID + have been in longer term patients and less from transfers from outside facilities. Admission procedures seem to be broadly be working. Quarantine is still happening, facilities have been successful. 	<ul style="list-style-type: none"> • Denise Green will send info to the Unions • Denise will be invited to future meetings to discuss OIRS data • OMH - will re-issue vax education materials and encourage facilities to get widespread availability OMH to send Flu vaccination program info by next meeting (1/13/2023)

<p>E. Monkey Pox</p>	<p>OMH - No cases in facilities as of last week. known vaccine, known treatment. Info bulletins issued to facilities (8/2 and 8/24).</p>	
<p>F. Training</p>	<p>OMH - TRUST is replacing PMCS Therapeutic Communication Skills, Trauma Informed Practice. Two pilots: Rockland Psychiatric Center and Elmira. Feedback positive. Content relevant and quality. Some opportunities for improvement, the team is currently adjusting based off of feedback. Plan to roll out train the trainers (TTT) in 2022 – Hutchings, Manhattan. Starting 2023 – total of 12 train the trainers (TTT) through June 2023. All trainers will have to go through TTT to be TRUST trainers. Content is similar, but it is more robust and organized differently.</p> <p>Curriculum redesigned. Modules offer more flexibility to training. Designed for larger classes. Each facility needs a minimum of 8 trainers, as well as a min of 2 trainers in each setting-specific module. Training will reduce redundancy; they also reduced the number of techniques for ease</p> <p>PEF - how this is being implemented? How people are being selected? How the job description is being listed for trainers? What is being put out for the facilities.</p> <p>OMH: Language for implementation is still being worked on for written description. Coaches and trainers are two different things. Until TRUST is fully implemented, PMCS still used</p>	<p>Bryce will provide training numbers and trainers to Unions by the next meeting (1/13/2023)</p>
<p>G. Security Responses to Codes</p>	<p>OMH - want interventions to be therapeutic not law enforcement. We don't want our patients or staff to get hurt, or staff to get in trouble. During duress, want a clinical provider to be involved-safety to be involved as last resort. Sometimes safety officers are involved in duress situations. Clinical staff to take lead, determine best interventions. Not always happening.</p> <p>NYCOPBA – admin leave suspension etc happen around those situations on the wards when staff there refuse to do what they are supposed to do and Security staff have to handle and then are disciplined.</p> <p>PEF - on the Civil side - people are traumatized, tired, short staffed, PMCS training is lacking. People are by themselves, or not able to deescalate, or overmatched. Or worried about Justice center. We're not treating trauma for staff.</p>	<ul style="list-style-type: none"> • NYSCOPBA to provide more info at the next meeting – investigations / substantiations, or discipline levied against members. Data or anecdotal evidence? Clarify if main issues are investigations / substantiations or discipline outcomes (1/13/2023) • OMH to provide any revisions of the directive to the unions (1/13/2023)

	<p>CSEA – don't want to say nobody is doing their job, it's just that they are so tired. Maybe the staff was mandated for 4 days and patient has been escalating all week. everyone is overworked. Burnout. Need to call other people. Until we get staffing corrected this will be a problem.</p> <p>NYSCOPBA – it's all the civils, not the forensics. Agrees part of it is burnout. People are worried about investigations. There is a disconnect with some of the treatment teams. Issues with following a treatment plan. Population getting more violent. What are we doing about staffing recruitment retention? Trauma impact on staff.</p> <p>OMH – we agree it's complex – staffing, PMCS training- doing our best to talk about. Interventions need to be clinically directed. Need more discussion and info from the union – investigations / substantiations, or discipline levied against members. Data or anecdotal evidence? Need explanation and clarification at next meeting whether the main issue is investigations / substantiations or discipline outcomes. Directive being "refreshed".</p> <p>REQUEST: The unions requested the current directive on security response from OMH – what is the written protocol from JCOPE that says safety officers are not supposed to be on the unit.</p>	<ul style="list-style-type: none"> • OMH to provide JCOPE protocol (1/13/2023)
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Minutes Approved and accepted by OMH Multi-Union H&S Committee Co-Chairs for:

<p><i>Public Employees Federation</i></p> 	<p><i>CSEA</i></p> 	<p><i>NYSCOPBA</i></p> 	<p><i>OMH</i></p> <p>1/11/2023</p>
<p>Darlene Williams</p> <p>Date: <u>3/10/23</u></p>	<p>Lovette Mootry</p> <p>Date: <u>4/13/23</u></p>	<p>Kristin Romano</p> <p>Date: <u>1/13/23</u></p>	<p>Bryce Therrien</p> 