

OMH Multi-Union Health & Safety Committee Meeting Minutes

March 2nd, 2023

10:00am – 12:30pm

Union Representatives: (list for each union)

PEF: Darlene Williams (Zoom), Geraldine Stella, Dr Wanda Bates (Zoom), Sha’ron Coleman (Zoom), Gina Corona, Kelly Lockwood (minutes)

CSEA: Lovette Mootry, Mark Stipano, Rob Scholz, Lisa Fairchild

NYSCOPBA: Doug Trotter (Zoom), Kristen Romano (Zoom)

Guests: Janice Treanor (PEF Field Rep), Zakiya Rhymer (CSEA), Maddie Shannon-Roberts (Art 18 co-chair, PEF), Danielle Bridger (PEF Regional Coordinator, Zoom)

Management Representatives:

In Person: Bryce Therrien, Mike Izzano, Kim Dilmore, Marshall Vitale, Lynn Heath, Christina Calderwood, Julie Burton, Maxine Smalling

Zoom: Dr Grace Lee, Tim Lamitie, Jodi Riley

| Agenda Topic | Issues | Action/Follow Up <i>(Add due dates for each from notes)</i> |
|--|--|--|
| <p>A. Committee Operations</p> <p>1. Minutes</p> <p style="padding-left: 20px;">i. Review and Sign-off</p> <p style="padding-left: 40px;">1. Dec 2022/Jan 2023</p> <p style="padding-left: 40px;">2. PEF H&S Conference</p> | <ul style="list-style-type: none"> • Minutes approved and signed by in-person attendees, then send to Darlene Williams to sign. • PEF H&S Conference: PEF encourages OMH/unions to send members to the conference May 15-17, 2023. PEF is waiting on a list of management designees from OER, PEF will invite directly. If committee members receive an invite that is not for them, please pass it along to the appropriate person. This is a LM event with the full support of OER behind it. <ul style="list-style-type: none"> ○ OMH requests PEF to send a list of OMH attendees ahead of time. ○ PEF clarifies there is no concrete list yet due to lack of local OMH H&S committees. PEF identifies targets for the attendees – council leaders to choose attendees from their facilities. | <ul style="list-style-type: none"> • Final signatures on meeting minutes by 6/1/23 |
| <p>B. Workplace Violence and Injury/Illness Data</p> | <p>1) CDPC Incident: Originally tabled for 11am, when Rob Scholz could be present.</p> | <ul style="list-style-type: none"> • OMH to share information about the status of pressing charges against the CDPC |

| | | |
|--|---|--|
| <p>1. NEW - CDPC Workplace Violence Incident Review</p> <ul style="list-style-type: none"> i. review the results of the workplace violence risk factors and control measures identified by the incident investigation of the February, 16, 2023 incident on Unit J ii. Questions submitted by CSEA (attachment to 2/22/2023 Mark Stipano email) iii. Guest - Zakyia Rhymer, the CSEA Local President for CDPC <p>2. WV REPORTS AND DATA REVIEW</p> <ul style="list-style-type: none"> i. Report on information provided by OMH (MS, GS, KR – will add clarifying questions) ii. Facility WV programs <ul style="list-style-type: none"> 1. Review of information provided by OMH 2. CDPC WPV reporting procedures update <ul style="list-style-type: none"> a. March 20, 2022 PESH Violation, Inspection Number: 1589899 (more to be dealt with later in agenda) <p>3. WV data request: Response to union document</p> <ul style="list-style-type: none"> i. Further review of information provided by OMH <p>4. Injury and Illness Data: (MS/GS/KR)</p> <ul style="list-style-type: none"> i. Info sent to the unions on a quarterly basis <ul 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 <p>5. Risk Assessments</p> <ul style="list-style-type: none"> i. Further review of information provided by OMH <p>6. Other WV Program questions:</p> | <ul style="list-style-type: none"> • CSEA (Rob Scholz) asks what is being done regarding this 2nd incident at CDPC. • Report: Zakyia Rhymer (CSEA): Describes incident: <ul style="list-style-type: none"> ○ Member was punched in the face, fell, hit their head on a concrete block on the floor (all units in this location have these). The member passed out, and the patient continued to attack her. Staff felt limited due to the nature of the security unit and it being 1:1. The member was taken to Albany Med on a stretcher. Police were called but could not arrest the attacking patient because they were in the facility, told the injured member at the hospital they would need to go to the police station and press charges. The patient suffers memory problems, blurred vision, fractures to their face, and are not expected to return to work. ○ Jeff Roach is the officer that went to the hospital with the victim. Officer had contacted his superior about arresting the attacking patient and was told they could not arrest because the patient was already in custody. ○ CSEA asked for a commitment from the agency that this was an assault and wanted confirmation that they would agree that she is entitled to 2 years civil service law leave for WC. OMH did confirm it was determined to be an assault. • Status: OMH: CSEA wants to know what OMH is doing regarding this incident – regional president is looking to put this on the news and has passed photos of the injured worker to the legislature. <ul style="list-style-type: none"> ○ CSEA does not feel management is pushing to get incidents like these fixed. ○ OMH: Much has already been done, though it does not feel fast enough for people at the facility. OMH is committed to making a safe environment for workers. CDPC has the lowest patient-related injury numbers in the state, but when incidents occur, they are severe. ○ CSEA: SH900 logs are difficult to use- there are 70 different codes for back injuries. We have local presidents saying management does not support staff, that members are not supported in WV reporting, and are underreporting incidents. The president would like to see a tangible move to support staff. CSEA would like another point of contact to report and deal with trauma related to WV. Employees do not want to | <p>patient (if and why/why not pressed) with PEF and CSEA by April 14th.</p> <ul style="list-style-type: none"> • Christina Calderwood/OMH to follow up with CDPC for status of patient transfer to mid-Hudson. What safety measures are being put in place, status of charges for patient by April 14th. • OMH to share process for filing charges against a patient in general by June 1st. • Christina Calderwood/OMH will follow up with CDPC for the current status of Albany PD and what actions they have taken, and also what their process is for pressing charges by June 1st • Set up a meeting between unions and OMH to review and discuss root-cause analysis by June 1st. • 2: OMH/Bryce give the rest of 2022 data to unions before June 11st. • OMH/Bryce will share PESH complaint and corrective actions with the unions by June 1st • OMH/Bryce will speak with Dr Silverman to see what reporting is reasonable to share with the unions on a regular basis by June 1st. • OMH will share a sample of injury/illness data reports to the unions from the local level to see what is available by June 1st. |
|--|---|--|

| | | |
|--|---|---|
| <ul style="list-style-type: none"> i. Further review of information provided by OMH ii. Who is the main contact for OMH WPV program? <p>7. Annual Training</p> <ul style="list-style-type: none"> i. Discussion of recommendation to return to an in-person component to annual WPV training <p>8. Mail screening</p> <ul style="list-style-type: none"> i. Report out by unions on injuries related to mail handling incidents and locations <p>9. Security</p> <ul style="list-style-type: none"> i. Management will report on SW protocols for security response to codes (3000 policy) | <p>return to work at Unit J, which has been a problem for a long time.</p> <ul style="list-style-type: none"> • PEF: Charges: When the individual was assaulted, why were charges not pressed on their behalf? Why was the individual told they needed to press charges themselves? <ul style="list-style-type: none"> ○ OMH supports the patient pressing charges. ○ Police were sent to speak with her, OMH does not control Albany PD or protocols. OMH is surprised it was not done. ○ PEF: From our knowledge, the individual does not need to be the one to press charges. Charges should have been filed on her behalf. ○ OMH: The last they knew charges were being pressed against the attacking patient. The injured member is a private person and there may be a delay in getting information about/from them. OMH can follow up with CDPC for more information regarding what is happening with the injured. ○ The patient has been transferred out of Unit J to a forensic facility (mid-Hudson). This is an extremely quick move. ○ CSEA: Security is meeting this Friday. The information on the incident and response needs to be given to Dr Bartholomew (Psychologist from Bronx PC to provide counseling to OMH staff) and the CSEA regional president as quickly as possible. If staff are unwilling to call / report WV via normal communications, they need another route. ○ Dr Lee: CDPC is doing follow-up for this incident. The issue is not who is responsible for pressing charges, rather just getting police to press charges. <ul style="list-style-type: none"> ▪ Struggle to get charges pressed. ▪ Struggle with courts and getting charges to stick. Even if they do stick, patient can still be sent back. ▪ PEF comments that police do not make the decision about what happens in court, but that they are responsible to do their due diligence. Why was it not done in this case? ▪ Dr Lee is unable to speak for Albany PD or their intentions. Christina Calderwood will follow up with CDPC to find out their understanding of the current status of the charges. Though there is limited access to the person who was attacked (due to their own request) OMH will try to find that information. | <ul style="list-style-type: none"> • Unions/Mark S will email Bryce with his request to receive data in a specific format by May 4th. |
|--|---|---|

- Employees can press charges, OMH has never heard of a facility doing so on behalf of an employee – though they do support employees pressing charges when needed.
- OMH/Bryce: Pressing charges is out of the control of OMH, it is up to the DA. PEF states that under the WV rule it is a suggestion, not a requirement to do so. It is recommended OMH facilitates a closer relationship with local DA/PD. Also, to talk to NYS police (as OMH is a state agency) and local PD are not comfortable dealing with state agencies due to questions of jurisdiction.
- The creation of the Justice center was to aid in instances where police are hesitant to get involved. Not only to support patients (dealing with abuse and neglect) but should also protect the employees.
- **CSEA: Analysis: Considerations during a root-cause analysis for these types of issues:**
 - Understaffing, especially for MHTA and Nursing titles leading to contract staff having little MH experience.
 - Unusual patients who do not want to be released will injure others or themselves when they are nearing the end of their time in the facility to stay in.
 - When several staff are assigned 1:1 they are not available to respond to an incident, in these circumstances staff who are assigned as response team members are needed.
 - Previous attacks have happened in doorways while the staff person is distracted while working the lock and a buffer space should be established.
- OMH: We do not currently have the specifics yet to analyze.
- PEF asks that these be considered in analyses. Will speak when OMH has the data. This situation is not unique to CDPC.
- CSEA would like to see the root cause analyses done quickly while the circumstances of the incident are still clear in the minds of those involved.
- OMH would like to retain enough for staff to patient ratios of 1:5 but due to retention problems that day, there were 12 patients and 9 staff, 4 of which who were on 1:1.
- In this case:
 - PEF and CSEA additional information on concerns:
 - Incident:

- 2 agency nurses who were brand new, were assigning MHTAs staff to patients, who have little MH experience.
- This patient was not the part of the group being moved and should not have been in the area.
- OMH heard the response to the code was robust – people were lined up outside waiting to help.
- Union response is that many people came, but nobody knew what to do or could not leave 1:1 assignment.
 - It is agreed to table this discussion until the incident investigation and RCA reports are completed.
- CSEA: At some point it is likely this person will be back in their facility. We would like support for the teams impacted by the event. CDPC should have weekly meetings for constant communication between leadership of the unions and CDPC.
- General WV
 - Employees do not feel safe.
 - Employees do not have enough training or information.
 - Additional PEF concerns: Forensic patients are being sent into dentist office where there are tools/weapons, and staff has no training on how to handle that.
 - Staff feel as though management is trying to pin all issues on them.
 - Members who have assignments that require them to stay with their patient are reluctant to respond to code greys due to the potential for discipline by the agency and possible charges from the Justice Center.
 - Issues occur when doors are opened – individuals rush doors. (This is not indicated in OIRS data)
 - OMH/CDPC hires too many agency nurses instead of state employees. It is important to know the patient when making assignments. Referenced a professor from SUNY Albany whose research shows the right treatment staff for the right patient is important.
 - The unions are asking for OMH to hire a safety director – OCFS has one, it is very successful.
 - It is important to include an action plan for staff to know how to respond and get the training they need.

- **OMH/Dr Lee: Patient transfers**

- Part 57 transfer: Applies to transfer of involuntary patients at adult civil psych centers to forensic secure psych center. Patients must be: involuntary, imminent risk to cause physical harm to others, not responsive to treatment modalities to alleviated violent behavior.
- There is no way to fully prevent violence simply by which facility the patient is moved to.
- Forensic facilities are also psych centers. Not cells/COs, but therapeutic staff. They are also clinical settings: Part 57 regulations, there is a process to follow that provides safeguards for the patient.
- Making a transfer like this has to do with not just that an event happened, but what kind of event.
- There is a difference between how voluntary and involuntarily admitted patients are handled.
- There must be clarification regarding the type of injury.
- Also includes whether the requesting facility engaged in reasonable treatment efforts.
- Patient must be made aware – they can object and go to court before they are sent to a forensic facility. If it is considered an emergency (such as this case) the patient still gets the opportunity to object, even if the transfer has already happened.
- The process must be strictly followed so the patient is not sent back to original facility due to procedural errors.
- **PEF: Questions on Part 57.** What steps need to be taken? Do staff simply need to be aware of these patients at all times? What happens when staffing falls below 90%? Do services get suspended?
 - Dr Lee: There is not a routine clinical management system for patients like this. Patient is assessed when admitted for presenting problems, risk factors, violence risks, and treatment needed. Treatment staff are trying to avoid part 57 – what does patient need to avoid? Rounds are needed, checking for patients showing precursors of aggressive tendencies/behaviors. The expectation is that patients do not remain in forensic care, that they eventually can be placed back into a civil location.
 - PEF: What are the metrics to return a patient to a civil location?

- Dr Lee: It often takes a long time. Staff must consider what caused the behavior, what is the behavior, what is the treatment, what is the severity of the behavior? The length of stay is a clinical determination, not a sentence. A more serious incident requires careful consideration.
- PEF: If charges are pressed, determined attempted murder. Would that place the attacker in a forensic center longer?
- Dr Lee: If they are in-patient treatment, they will be kept. If OT is no longer needed and charges are pending, the courts decide. If the charges are serious the court may remand the patient to custody – they could end up in a county jail. If they no longer meet part 57 criteria, they may return to the civil facility. Patients can be discharged to the community with pending charges.
- **Communication:** CSEA reached out two weeks prior to the event about issues at CDPC. OMH should not communicate only with management, staff need to be included. Not just an internal meeting. Root-cause analysis needs to include staff as well.
- **Analysis:** The unions asked for a WV risk assessment to be done on the incident. OMH would like to let the facility do their own analysis – wants to be in a support role for the facility to investigate and grow from the event. Unions would like to set meeting with local leaders and union representation. OMH states the most recent meeting worked well (able to review footage and discuss in detail) due to only internal folks being present. If these sessions are opened to outsiders, HIPPA and other considerations come into play that can limit discussion.
 - OMH: Many other processes have begun due to this incident outside the purview of OMH MUHS committee. Joint Commission standards will determine when this report is complete. Training should be able to begin right away, even as investigations are taking place. People will freeze up regardless of training level. Consider the lessons learned and move to take care of things we have the power to change quickly. Are there resources for staff – wellness room, EAP? Weekly community meetings for staff to attend and discuss? Where are resources coming from? Find more staff. Unions agree, training can start right away and will be important.

- **Justice Center Involvement:** Unions note the atmosphere the Justice Center has created around incidents. Employees do not want to act due to the threat of censure or possible firing. This influences reactions and reaction times. This needs to be considered in the root cause analysis.
 - OMH/Bryce: I used to work at the justice center. When determining discipline, the center does consider whether incidents were response to emergency situations. Example- if category 2, it used to be a termination. Now it is council. Justice Center does not control the disciplinary action, OMH does. OMH does not, however, control substantiations. Bryce is willing to assist in making and building connections between the unions and the Justice Center, as well as committing to consider all cases in OMH before charges go out. If change is desired, the Justice Center needs to be included in the discussion.
 - OMH/Maxime: This information is critical for training. Employees not made aware there are different standards for responding to an emergency situation. This must be reflected in reporting as well. Fixing documentation processes, defining emergency situations, and awareness that employees will be protected when responding to an emergency.
 - Unions: Significant changes happening due to low staffing and process updates. Documentation is moving to electric format – people are reporting less often due to lack of access to their own workstations / time to document. Losing important information due to lack of accessibility. CSEA are no longer document, they were told no longer needed in patient chart. RNs are being told to do it. Members have great input if communications can be improved – they are trying to come up with solutions to issues. In terms of training, difficult to support staff to take time to train when there is not enough staff to cover.
- 2) WV Reports and Data Review**
 - Unions seeking 2022 data from OIRS. OMH should have received data through Q3 of 2022, Bryce will put it into a usable format to share with unions. OMH has reliable data back through 2020 and is setting up a good system for retaining data.

- OMH facilities are each a separate operation and keep separate injury and illness logs for each. This March 20th PESH citation focused on the data being kept in a more usable manner. The PESH violation data and action items were provided to CSEA, Mike Izzano can share with Bryce, who can send on to the committee.
 - Mark S points out they were also cited for not having a reporting system for WV incidents. Unions would like this addressed in a way that makes members comfortable and able to report.
 - OMH also needs to track information regarding incidents that are not reported, but they are responsible to keep data on. Unions point out assault related workers comp injury records are not also being reported as WV.
- 3) WV Data Request:** It is agreed for OMH to provide semi-annual data every 6 months, there will be a 6-month lag.
- 4) Injury and Illness Data**
- The unions would like to receive both OIRS data as well as SH900 due to the nature of information that is provided with each type of report. The unions have been receiving summaries each year up through Feb 2023. If this information is provided and analyzed on a local level it can take the burden off this committee. It is a large volume of data - the unions are happy to discuss sampling the data.
 - DW notes that members were asked as part of OSHA 30 training to receive SH900 logs and were denied or were unable to get them. OMH HR is not aware union reps can request and receive this information – this should be addressed at all OMH facilities.
 - OMH will share a sample of local injury and illness reports in a report-out graphic format for the unions to view and decide what reports would be necessary.
 - The unions are entitled to all of the information on the reports unless it is a Privacy Concern Case. If not, it is a PESH violation. Mark Stipano will follow up with OMH/Bryce for the format he would like to receive this data in.
 - There is no standardization of injury types in the OMH injury reporting system.
 - Using ‘restraint’ as an injury type – not adequate to describe what has happened.

| | | |
|---|--|---|
| | <ul style="list-style-type: none"> • OMH expresses concern about the unions requesting large amounts of data – requests are simple but take time to process and put together. It is agreed that a subcommittee would be set up to identify the information needed by unions and what format it should be present in – will go over the samples presented by OMH. <p>7) Annual Training</p> <ul style="list-style-type: none"> • OMH is not considering in-person module in workplace violence training of their own. They use OER/SMLS training. • Unions: Using OER training is good for basic, but facilities need to develop their own site-specific, required, in-person trainings. This is important as not all employees have access to a workstation to take virtual OER training. <p>9) Security</p> <ul style="list-style-type: none"> • Policies need to be reassessed. Policy 3000 • Video evidence: Unions would like to know who is viewing the video footage. Video can be a good way to understand what happened and discuss future changes. | |
| <p>C. Bullying/Hostile Work Environment/Co-Worker Conflict</p> <p>1. Management will report out on progress of Respectful Workplace Efforts (RWE)</p> | <ul style="list-style-type: none"> • Lillie Johnson and Johny Barnes were not present to report on the progress. OMH willing to share their contact info with unions. • Unions ask if there are locations that would be ideal for the next round. Unions would like to see a summary of the trainings delivered to understand how training was received. The unions asked for the updated training locations and numbers. | <ul style="list-style-type: none"> • OMH to share contact information for Lillie and Johny Barnes to unions by June 1st. • OMH to provide feedback from the NYSPI and Mohawk PC trainings to unions by June 1st. • OMH to provide updated training locations and numbers to the unions by June 1st. |
| <p>D. Infectious Diseases</p> <p>1. Develop an employee infectious disease tracking and reporting protocol to share information with the unions</p> <p>2. Data (Rates by work location for patient and staff</p> <p>i. Have in sortable electronic format</p> <p>ii. Similar to</p> <p>https://apps.omh.ny.gov/omhweb/covid</p> | <ul style="list-style-type: none"> • This topic will be tabled until the next meeting due to time constraints. | <ul style="list-style-type: none"> • Keep this topic on the agenda for June 1st meeting. |

| | | |
|--|---|---|
| <p>/docs/cv-19-data.pdf</p> <ul style="list-style-type: none"> iii. Monthly data iv. Facility v. Patient Census vi. Patients Currently Confirmed Active vii. Cumulative Patient Census Since prior month viii. Cumulative Patients with Confirmed Infection to date ix. Cumulative Patients Deceased due to Confirmed Infection to date x. Total Number of Staff Assigned xi. Staff Currently Confirmed Active xii. Cumulative Staff with Confirmed Infection to date xiii. Cumulative Staff Deceased due to Confirmed Infection to date | | |
| <p>E. Training</p> <ul style="list-style-type: none"> 1. OMH report out on the TRUST training program <ul style="list-style-type: none"> i. Update on status of training ii. Talk more about how the change to TRUST streamline the process from PMCS | <ul style="list-style-type: none"> • This topic will be discussed in more detail next meeting when Lillie Johnson is present. Lillie has a plan for where to go next. OMH/Bryce will send updated numbers for trainings completed so far | <ul style="list-style-type: none"> • OMH/Bryce to send updated numbers of trainings to the unions by June 1st. |
| <p>F. Security Response to Codes - policy on security response to the codes</p> <ul style="list-style-type: none"> 1. Follow up /report on NYSCOPBA / OMH discussion 2. Report by OMH on what the protocol is, finalizing related policies, and final report from Quality Management | <ul style="list-style-type: none"> • Unions/KR were unable to research the data. 3000 data just discussed. • OMH: 3000 Policy <ul style="list-style-type: none"> ○ 3000 policy encompasses SO duties: arrest, use of handcuffs, uniforms. ○ Multi-discipline team went through policies and provided updates, which is currently in review. OMH is optimistic it will be complete by next meeting. • The unions recommend that this document – since it involves multiple disciplines, to have attachments or access to documents that pertain specifically to the member’s agency (this is how DOCCS has theirs set up). NYSCOBPA would like to review the draft before it is finalized. <ul style="list-style-type: none"> ○ OMH will discuss after the meeting and check in with the team on the status. John Harmon, Jr would like to be included in this discussion. ○ All topics mentioned at previous meetings (including response to codes) have been included in the update. | <ul style="list-style-type: none"> • Doug T will contact Bryce to set up a small meeting with NYSCOPBA (John Harmon, Jr) to discuss the topic in more detail by April 4th. • NYSCOPBA to send a list to OMH of any facilities that are having security respond to codes first ASAP |

| | | |
|--|--|--|
| | <ul style="list-style-type: none"> ○ OMH has been using commentary from OMH MUHS committee meetings when speaking with management. OMH asks that if the unions are aware of specific facilities that have SOs responding to codes right away that the unions share so they can be spoken to. Doug shares Greater Binghamton (officers may come and stand by, but their presence is a show of force regardless of their actions), as well as Rochester. ○ OMH is unaware of JCOPE findings about inappropriate code response for last two cycles, is confident it has been corrected. ○ Julie: If you are aware of facilities that are having security respond to codes first, let us know. We can fix it before we finalize the policy. | |
| G. PESH Inspections: <ol style="list-style-type: none"> 1. Report out on any new PESH complaints or inspections since the last committee meeting <ol style="list-style-type: none"> i. Creedmore PC Mailroom Inspection ii. CDPC Recordkeeping and WVP Program Inspection 2. Status of previously reported items | <ul style="list-style-type: none"> ● OMH is still waiting on the report. OMH/Bryce has sent action plan around PESH findings to unions. | <ul style="list-style-type: none"> ● |
| H. Wrap Up <ol style="list-style-type: none"> 1. Any outstanding questions? 2. Review of Action items from 1/13/23 <ol style="list-style-type: none"> i. List action items | <ul style="list-style-type: none"> ● Unions will send action items to Bryce for setting due dates. | <ul style="list-style-type: none"> ● 2: Unions to send action items to Bryce for due dates to be set by May 5th. |
| I. Next Meeting Dates 2023 <ol style="list-style-type: none"> 1. Dates for 2023 2. Meeting dates (10 – 12:30) <ol style="list-style-type: none"> i. June 1 ii. September 14 iii. December 7 3. Prep dates (notice): (9:30-12:30) <ol style="list-style-type: none"> i. May 3 ii. August 2 iii. November 11 | <ul style="list-style-type: none"> ● | <ul style="list-style-type: none"> ● |

Minutes Approved and accepted by:

Date:

For NYSCOPBA


Signature:

Kristin Romano

Date:

For OMH

Signature


Bryce Therrien

Date:

Signature

Date:

Signature:

For PEF

Darlene
Williams

For CSEA

Lovette Mootry