

OMH Multi-Union Health & Safety Committee Meeting Minutes

June 1, 2023

10:00am – 12:30pm

Union Representatives: (list for each union)

PEF: Geraldine Stella, Dr Wanda Bates, Sharon Bay, Gina Corona, Kelly Lockwood (minutes)

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

NYSCOPBA: Doug Trotter, Kristen Romano

Management Representatives:

Bryce Therrien, Mike Izzano, Kim Dilmore, Marshall Vitale, Lillie Johnson, Dr Grace Lee, Julie Burton, Johny Barnes

Agenda Topic	Issues	Action/Follow Up <i>(Add due dates for each from notes)</i>
A. Committee Operations 1. Minutes i. Review and Sign-Off 1. March 2, 2023 Mins	<ul style="list-style-type: none"> • Minutes are signed for 3/2/23. 	<ul style="list-style-type: none"> •
B. Special Agenda Item – Justice Center (JC) (TABLED) USP800 discussed instead	<ul style="list-style-type: none"> • JC discussion TABLED FOR NEXT MEETING <ul style="list-style-type: none"> ▪ OMH: Davin from the Justice Center (JC) and another team member will be present at the September OMH MUHS meeting. ▪ JC welcomes any questions the unions will have. ○ JC will have a separate meeting with CDPC locally to answer questions regarding the most recent incident. ○ PEF has provided questions in the agenda for the JC to respond to and will submit any other questions by September 1st to share with the JC. • <u>USP800: Discussed instead of Justice Center Item</u> <ul style="list-style-type: none"> ○ OMH: USP800 (update to USP979): OMH will provide information regarding the roll-out of this change by the September OMH MUHS meeting. <ul style="list-style-type: none"> ▪ Initial federal rollout was 2020, pushed back by COVID to Nov 2023 	<ul style="list-style-type: none"> • Unions will submit any questions for the JC not listed on the agenda by 9/1/2023 for the meeting on 9/14/23. • OMH will notify the co-chairs when the root cause analysis meeting will be held at CDPC to discuss changes that need to be made. • OMH will find out and notify the co-chairs which line staff (including titles) and union representation will be present for the meeting with CDPC to discuss changes that need to be made in the wake of the CDPC member incident.

	<ul style="list-style-type: none"> ▪ OMH intends to have implemented by Oct/early Nov 2023 ▪ Covers 3 areas of hazardous drugs: Neoplastic/Cancer treating drugs (mutagens/teratogens), drugs that affect the replication of cells, and drugs that have hazardous effects if mishandled (crushed and inhaled). Will be additional PPE in place for the three categories. ▪ No changes for antineoplastics. ▪ Members impact/changes – some changes to procedures, handbooks, PPE etc. 800 – not a significant overhaul to how these medications are handled. But an update for “an abundance of caution” for these medications. ▪ Dr Silverman is leading the team. OMH will be able to provide a more detailed summary with specific drugs by Sept meeting. ▪ Albany Med rolled these changes out in Feb 2023 and found there were no concerns, and the changes were not too disruptive. ○ PEF Questions: <ul style="list-style-type: none"> ▪ There is a team that meets to discuss changes – are there line staff involved in the discussions? <ul style="list-style-type: none"> • OMH: We need to find the titles of the team members involved in the discussion. ▪ Does OMH have a list of drugs included? <ul style="list-style-type: none"> • OMH: No- but it can be obtained by searching for USP800, explaining why you are requesting it. Then a document will be provided with more details. The document includes the most information about facilities and setup. • PEF will request this document and share with the unions. ▪ Will there be training on this topic? <ul style="list-style-type: none"> • OMH: If employees will be impacted by the changes (PPE requirements) then they will be trained. • OMH: If you have any questions, you can contact Bryce Therrien (OMH) directly. 	<ul style="list-style-type: none"> • PEF will share the USP800 overview with union representatives • Bryce (OMH) will find out if/which line staff (including titles) are involved with the team in charge of rolling out the USP800 update program • Bryce (OMH) will provide the Observation Level guidance document to the union co-chairs. • Unions will provide feedback on whether their members are confused by that document on observation levels
<p>C. Workplace Violence and Injury/Illness Data</p> <ol style="list-style-type: none"> 1. CDPC Incident update <ol style="list-style-type: none"> i. Incident response - what worked, what may need some improvement, ii. Can it be used as an example of best practices? 2. Facility Local Law Enforcement MOUs <ol style="list-style-type: none"> i. Please provide the MOUs from each facility 	<p>1) CDPC Incident Update</p> <ul style="list-style-type: none"> • OMH: CDPC Incident Update <ul style="list-style-type: none"> ○ Root cause analysis is being completed. The analysis and details will be shared locally (specifics of facility, incident, and the staff involved) ○ Once the root causes are identified and presented locally, the decision can be made to pivot some issues for discussion at 	<ul style="list-style-type: none"> • OMH will notify Mark Stipano (CSEA) about the date of the local meeting at CDPC discussing the specifics of the WV case.

<ul style="list-style-type: none"> ii. Has the template been updated? 3. RA on changes to therapeutic treatments as PRN <ul style="list-style-type: none"> i. Ativan shortage 4. Residential and Transitional Living Centers (LM, KR) <ul style="list-style-type: none"> i. Hazard assessment and control recommendations ii. Residential agreements template - are they the same at each campus? 5. WV REPORTS AND DATA REVIEW <ul style="list-style-type: none"> i. Security 250 Forms – how can those be used for workplace violence data review? 6. WV data request: Response to union document <ul style="list-style-type: none"> i. Further review of information provided by OMH. 7. Injury and Illness Data: (MS/GS/KR) <ul style="list-style-type: none"> i. SH900s and OIRS data in a format that can be filtered and analyzed. 8. Annual Training <ul style="list-style-type: none"> i. Discussion of recommendation to return to an in-person component to annual WPV training 	<p>the SW level as needed. Three major causes so far and how they were addressed locally /can be addressed SW:</p> <ul style="list-style-type: none"> ▪ Cause: The concrete step <ul style="list-style-type: none"> • Response: Concrete steps in CDPC will be removed in renovations or covered in rubber/carpet hybrid if removal is not possible due to timeline in renovation. All steps will eventually be removed as part of renovation. ▪ Cause: Behavioral Plan Creation <ul style="list-style-type: none"> • Response: Dr Kristina Bartholomay (OMH SW Director of Psychology) is giving trainings on response plans and how to develop them. CDPC policy for developing behavioral plans is being updated, and this will be incorporated into OMH SW policy. OMH wants more collaboration with treatment teams. This patient's behavior shifted from self-harm to lashing out at staff in the weeks before the incident. This information did not make it into their behavioral plan quickly enough or communicated to staff. • OMH wants to take what we are learning here and apply it SW ▪ Cause: Monitoring/Observation Policy <ul style="list-style-type: none"> • Response: The policy needs to be more clear and specific. OMH will be checking with other facilities concerning the 1:1 policies present to make sure they are not confusing or contradicting, as well as updating the CDPC policies to be clear and easily understood. • Staff are confused by the codes and instructions on observation levels. • Bryce Therrien asked that unions notify him of any other locations where employees are confused by the instructions for observation levels. • JB said they had worked on a document detailing each job level and will send that to Bryce. ○ Other Causes/Changes: <ul style="list-style-type: none"> ▪ CDPC has created new roles for specific employees to walk the facility and make sure policies are being implemented and are available for question. Staff promoted to these positions will also provide mentorship to staff on the ward. • OMH considering making this a SW program. MHTA2 is the primary title being considered. 	<ul style="list-style-type: none"> • Mark Stipano (CSEA) will share this date with PEF (Janice Treanor, PEF field rep) • Bryce (OMH) will share law enforcement MOUs received from local facilities as they are received. • Bryce (OMH) will the local law enforcement MOU template with the unions. • OMH will provide WC form letters and reporting forms (borrowed from OCFS) with updates to PEF • Gina Corona will prepare any outstanding issues or questions on the topic of the Ativan shortages • OMH will provide a copy of the proposed RTLC template residential agreement to the unions. • Mark Stipano (CSEA) will send OCFS concern form and contact information for Holly Blaise to Bryce at OMH. • OMH will send PDFs and excel reports of data received from OIRS as it is received. • C.8. Mark Stipano (CSEA) to send Simple Show Heat Stress training to OMH. • C.8. Lillie/OMH will send updated charts on the annual training numbers to the unions
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- Unions: Unions recommended using people that can be relieved from direct care duties to ensure quality care from this program. These Coaches are important as there are many new people in their facilities that need mentoring.
- OMH says if there are any locations with significant numbers of new employees and no mentor to bring that to Bryce's attention so new roles can be created/included.
- OMH keeps some information regarding numbers of contract staff vs core staff. The unions encourage OMH to push for more core staff that will remain long-term, this can impact the level of care given.
- OMH Central Management has posted for a health and safety director at a grade 23 position working at 44 Holland Ave.
 - Unions will share the listing with trade groups.
 - The unions suggested adding more H&S titles added given the volume of the work listed for the single position.
- OMH sent list of capital projects to the unions in May and asked for feedback.

2) Facility Local Law Enforcement MOUs

- OMH canvassed facilities for the local law enforcement MOUs. BT will forward to unions as he receives them.
- The unions ask if the local law enforcement template has been updated.
 - OMH: No change. It's attached to Policy QA530.
 - <https://omh.ny.gov/omhweb/policymanual/qa530.pdf>
 - OMH updated accident reporting forms - added bargaining unit. OMH provided a template to facilities.
 - Changes to the workers comp forms clarified if something is an assault. Fully compliant with WC law.
 - It was sent to facilities as a locked Word doc with drop down menus.
 - Unions ask if there is language clarifying 1 or 2 years of leave? And is the process outlined if the member needs to dispute the ruling?
 - OMH: The length of leave is identified in the letter, the member needs to challenge if it is an assault. The appointing authority makes a determination for assault. If a member would like to challenge, they have 4 months to do so. If a

member challenges after 4 months there could be an informal review. OMH has tried to be reasonable when unions have brought these cases forward.

3) RA on Changes to Therapeutic Treatments as PRN

- OMH followed up with Dr Silverman regarding the use and shortage of Ativan – it is not a first line medication the state uses. Facilities have other options for first line of PRNs and have been asked to develop patient-specific PRNs.
 - Gina Corona will verify with the pharmacy at her location about any shortages.
 - If there are other questions, send to Bryce.
- Remove from Agenda

4) Residential and Transitional Living Centers

- The unions identified personal needs accounts (PNA) as a concern for violence – a root cause for exacerbating verbal threats and a difficult and dangerous work environment for members. Has a risk assessment been done? Are there specific residential agreements for each transitional living space?

PNAs:

- OMH: Risk assessments should be being done as part of WV review. For PNA distribution: OMH believes they have made recommendations for distribution, will review.
- Unions: What we have found is for personal accounts – staff dole out cash to people, and sometimes reserve it.
- OMH can be contacted directly for further questions - Julie.

Locations and Residential Agreements:

- OMH: Residential agreements are different at each facility; all are driven by regulation. These will not vary within each residence, though some locations will utilize these agreements to cohort residents depending on abilities, so it is possible there may be variations within a facility. OMH recently added a new position to look at state residents and progression to communities/community providers. Discussion of changes to environment and programming will need to discuss impacts and potential consequences.
- The unions request a copy of the residential agreements, OMH does not have these centrally located. OMH has been looking at creating a template for locations to use, this will likely fall on the new position to organize.

5) WV Reports and Data Review

- Security personnel/perspective during incidents:
 - The 250 Form already exists at OMH and is the form that security fills out when they respond to an incident, that may include workplace violence and gives an alternative perspective as opposed to the WV incident report completed by the employee(s). The question is, does OMH do any systematic review of the 250 Forms to assist with analyzing workplace violence incidents to assist in identifying possible control measures?
 - During the CDPC incident review, it was recommended that a box be added to the OMH WV report that states there is a 250 form associated with the incident.
 - OMH does not intend to create a new data set at this time, though the new health and safety director will be made aware of this request.
 - Unions: The weight is on the facilities for reporting, and different reports may show different numbers of incidents that are WV. The 250 report may show 7 assaults, but there may be only 4 employee WV assault reports filed. The Risk management depts have to reference several different reports - they are not cross referenced, and data is being lost. DOCCS also has numerous reports but all are analyzed in the workplace violence review to show whole picture.
 - The new OMH H&S director will hopefully be able to attend EOC meetings (where these reports are most likely discussed) and assist with resolving WV issues.
 - Unions - WV training must include information on how to report (process) and where to access forms. Given the number of mandatory trainings each year, sitting with employees to go over how to fill out an incident/WV report and giving them an opportunity to ask questions in real time is more effective.
 - OMH: 2020 version is used and includes the process for reporting and accessing information – delivered at local training and at orientation.
 - OMH does not know how much beyond the OER requirements is being done, they will find out.

- Unions: It is important that supervisors are alerted to the fact there is an incident – Contract staff do not always know to report. The supervisors should make sure proper paperwork is filled out when an incident happens. OMH agrees.
- OMH: Training was brought up to date – OMH is working with facilities directly to refresh these locations about what needs to be included and is required at the facility.
- Link to policy/manual:
<https://omh.ny.gov/omhweb/policymanual/om-200.pdf>

6) WV Data Request: Response to Union Document

- Unions conducted a review of SH900 data.
 - Findings:
 - Members are reluctant to report injuries
 - Members do not want to fill out forms
 - Reluctant to suggest control measures.
 - Unions suggested a system similar to OCFS, which has a WV Concern Form as well as a Reporting form.
 - OMH would like a better way of collecting risk information from line staff than by using environmental care reports.
 - OMH asks the unions to send any systems that work well to OMH from facilities for reporting.
 - Unions suggested on-site meetings once per year – all unions involved at a facility - do a walk through together, then a 30 min meeting with staff to educate about forms and solicit info from members.

7) Injury and Illness Data

- OMH is still receiving OIRS data – they have about 50% and have sent reminder emails out. The data is received as a PDF, which then needs to be transferred into a spreadsheet. OMH will send the PDFs immediately, then send a version in excel as soon as they convert it.

8) Annual Training

- OMH uses OER training materials and requirements, facilities can choose to go above and beyond. It is done as 2 trainings, OER required trainings and then facility risk management.
- Recommendations/current trainings:

	<ul style="list-style-type: none"> ○ Simple Show: Automation program – the program gave away a free heat stress training, works well for gen Z and Alpha. Create the visuals, then add narrative over the top. CSEA will be posting it for their members. OMH is interested – giving members bite-sized data that members can go through, more effective. ○ OMH has been using LinkedIn learning for the agencies <ul style="list-style-type: none"> ▪ OMH is trying to get members that do not use computers / have accounts to set them up for use outside work hours. ▪ Courses are 1-2 hours, but are smaller, bite-sized videos. Members are completing more courses and viewing the videos more often (for the number of people currently set up with it). ○ EOWDD: 2 hours, must be done live. Some facilities are doing in person, many doing virtual. It is a series of videos followed by a vignette, then the facilitator will ask questions and have discussions. Even though it is not in person, OMH has been told there is a preference for this style of training. 	
<p>D. Bullying/Hostile Work Environment / Co-Worker Conflict</p> <p>1. Respectful Workplace Efforts (RWE)</p> <ul style="list-style-type: none"> a. Update by OMH on training – locations trained, up next. b. Will they continue with training delivery in person? c. From the trainer’s perspective – how have the participants been in the sessions? Have they been receptive? Any negative reactions? 	<ul style="list-style-type: none"> ● OMH Report Out on RWE Training: <ul style="list-style-type: none"> ○ Facility Info: <ul style="list-style-type: none"> ▪ 4 facilities completed: Buffalo, CDPC, Mohawk Valley, NYSPI – about 90% trained – chart/handout ▪ Next up: Jordan (August), St Lawrence (August), Rochester (Sept), other 3 are TBD. ○ Occurrence: When facilities say they are ready OMH will run 1-2 sessions at a time. ○ Feedback: <ul style="list-style-type: none"> ▪ Vast majority have a positive experience. ▪ Negative: Some say it is too long, or a waste of time. ▪ Of note: Some employees who take this training are resistant. Tend to be the people who need the training the most. These people are spoken to, and if no improvement, are asked to leave. ~5 people asked to leave and not return since summer 2022. ▪ It is important to have administrative support for the training to enforce the seriousness. Supervisors must be present and supportive; they will encourage staff to participate. <ul style="list-style-type: none"> ● Managers must take this training as well ● OMH is meeting with exec directors of facilities to set expectations. 	<ul style="list-style-type: none"> ● Lillie will send updated report/chart to unions reporting on RWE training numbers ● Unions will share feedback of RWE training from local presidents

<p>E. Infectious Diseases</p> <p>F. Training</p> <ol style="list-style-type: none"> 1. OMH report out on the TRUST training program <ol 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"> • Tabled until next meeting *This agenda item should be combined with other training agenda items • Trainings Started/Completed: <ul style="list-style-type: none"> ○ TRUST initial: <ul style="list-style-type: none"> ▪ Buffalo ▪ Elmira ▪ MVPC • Upcoming Trainings: (not reported yet) <ul style="list-style-type: none"> ○ Sept, Oct, Nov, Dec • List of coaches was passed out by OMH. <ul style="list-style-type: none"> ○ 166 have gone through the training, end of May it is 201. 2 more trainings in June, will be 30 people if all attend). ○ Training consists of two non-consecutive weeks. ○ The state requires at least 8 at each facility – not all facilities have them. It is difficult to recruit and keep trainers, and to get people to travel for the training. 30% of seats in the training go to non-state hospitals. ○ Coaches: Another position within this training, do not count as trainers (though they can teach the training). Take the same 2-week training. • Reporting: <ul style="list-style-type: none"> ○ OMH released info on how to report in SLMS. ○ OMH meets with upstate and downstate staff every other month, they bring a staff member specifically to show people how to report training. ○ Coaches meet once per month with OMH to discuss issues and get support. ○ Coaches do a report for OMH once per quarter, have a specific format to follow. ○ OMH does not have an efficient way to marry the different levels of reports together- working on a SurveyMonkey to address the issue. ○ SharePoint will have the most accurate list of trainers and coaches on the OMH hub. ○ Amount of training days: Since TRUST training is a conglomerate of many different required trainings, it most often results in a decrease in the number of training days across the board for all agencies. Average net decrease of 5-6 days of training, except for outpatient residential – increase of one day. 	<ul style="list-style-type: none"> • • OMH will share SurveyMonkey analysis of data on TTT with the unions • OMH will consider adding exit interviews for coaches and report at next meeting.
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	<ul style="list-style-type: none"> • Coach turnover has been high, unions suggested exit interview for coaches. 	
G. Security Response to Codes – policy on security response to the codes? 1. Follow up /report on NYSCOPBA / OMH discussion, and any outstanding questions.	<ul style="list-style-type: none"> • A call was facilitated between Doug Trotter and Marshall (OMH) – security is the 2nd response, clinical staff is first • 3000 policy is not in place yet. Once OMH receives it, it will be sent to the unions. 	<ul style="list-style-type: none"> • Bryce (OMH) will send 3000 policy to the unions when it is finalized.
H. PESH Inspections 1. Report out on any new PESH complaints or inspections since the last committee meeting i. Creedmore PC Mailroom Inspection ii. CDPC Recordkeeping and WVP Program Inspection 2. Status of previously reported items	<ul style="list-style-type: none"> • PESH inspection: CNYCP • CNYPC has not received the NOV from PESH, OMH will send it when they receive it 	<ul style="list-style-type: none"> • H.2. OMH will provide PESH NOV once it is received from the Creedmore mailroom inspection
I. Wrap Up 1. Any outstanding questions? 2. Review of Action items from 03/02/23 i. List action items	<ul style="list-style-type: none"> • Justice Center presentation will be 90 minutes • 15-20 mins for USP800 update • Have education and training be one report 	<ul style="list-style-type: none"> •
J. Next Meeting Dates 2023 1. Dates for 2023 2. Meeting dates (10 – 12:30) i. September 14 ii. December 7 3. Prep dates (notice): (9:30-12:30) i. August 2 ii. November 11	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> •

Minutes Approved and accepted by:

Date: 9/14/23
For NYSCOPBA

Signature: Kristin Romano
Kristin Romano

Date: 09/13/23
For OMH

Signature: Bryce Therrien
Bryce Therrien

Date: 9/14/23
For PEF

Signature: Darlene Williams
Darlene Williams

Date: _____
For CSEA

Signature: Lovette Mootry
Lovette Mootry