



Kaiser IBHS Contract Campaign Update *February 2, 2020*

Following our Jan. 19 steward conference call, I alerted Governor Newsom's cabinet secretary that we are ready to resume bargaining with the goal of quickly reaching a fair settlement. There have been communications between Kaiser and the governor's office in recent days, and we expect that there will be additional communications this week. On Saturday, we conducted another call with 138 stewards, who decided to discuss next steps on Saturday, Feb. 8 after we get more information about the prospects for resuming productive negotiations.

Meanwhile, Gov. Newsom once again reiterated his commitment to achieving mental health parity. Taking questions from reporters on Wednesday, he said, "We are committed to radically reimagining our behavioral health system... It has been decades and decades in the making."

Additionally, we expect an important piece of legislation from our friend, Assemblyman Phil Ting, to be introduced as early as this week. Ting's bill would require healthcare providers such as Kaiser to provide follow-up mental health treatment appointments within 10 business days unless a clinician determines that the patient doesn't need to be seen within that time frame.

We had a positive 2.5-hour meeting in Sacramento Friday with officials from the Department of Managed Health Care. We came away from the meeting encouraged that the agency is committed to enforcing mental health parity laws. To help them hold Kaiser accountable, we will be taking statements from clinicians who have been threatened or retaliated against by management for wanting to see a patient more often than their schedule allows. Contact your steward or organizer to make a report.

Nine clinicians from across the state participated in Friday's meeting, as well as leaders from the American Psychological Association, California Psychological Association, National Association of Social Workers and the California Association of Marriage and Family Therapists.

Some of the most powerful remarks came from Alan Nessman, a senior attorney at the APA, who flew in from Washington, D.C. to attend the meeting. At the request of 48 Kaiser psychologists, the APA recently conducted its own inquiry into Kaiser's mental health system.

While the APA's full report is embargoed until later this week, Nessman told DMHC officials that the issues at Kaiser are "off the charts," and that it's the worst he's seen in 20 years as the association's attorney — not just in terms of access, but also the manipulation of patient care data and the intimidation of clinicians. Nessman also informed DMHC officials that when the APA approached Kaiser about collaborating on solutions, Kaiser executives told him, "We don't have an access problem."

We will provide everyone a copy of the APA's report when it is released later this week.

His counterpart, Elizabeth Winkelman of the California Psychological Association, explained to DMHC officials that Kaiser's lengthy wait times for follow-up treatment appointments violate professionally recognized standards of practice. She also discussed the standards for initial diagnostic evaluations, and said Kaiser's Northern California region is improperly recording various interactions with patients as complete intake assessments.

Our members spoke about patients' dangerously long wait times for treatment appointments, therapists' inability to accurately chart how often a patient needs to be seen, and Kaiser's efforts to cook the books on intakes.

Tanya Veluz, a therapist in Pasadena, told DMHC officials that patients at her clinic must wait four weeks to get into the Intensive Outpatient Program.

Sarah Soroken, a triage therapist in Fairfield, reported that she has observed managers counting 15-minute phone conversations with patients as complete diagnostic evaluations.

And Gary Slutzky, a psychologist in Roseville, who has worked at Kaiser for 40 years, told officials, "The focus at Kaiser has gone from treating patients to processing patients. The system is broken. It's not going to self-correct. It's getting worse. We need the DMHC to step in and do its job."

DMHC asked questions of our members and told them that "this has been a very illuminating conversation."

We should take pride in knowing that our actions, in particular our protest outside the DMHC's headquarters during last month's strike, set the stage for Friday's meeting and the DMHC's newfound commitment to investigate Kaiser's practices.

In Unity,

Sal Rosselli, President
National Union of Healthcare Workers