



IBHS Bargaining update September 3, 2021

We had a full day of bargaining last Friday. While management representatives didn't walk out early as they did during a recent bargaining session, it's clear that Kaiser does not want solutions to critical issues of staffing, patient access, clinician workloads, and recruitment and retention to be included in our contracts, which would make any agreement on these issues fully enforceable. We remain confident that we can accomplish our goals for our next contract, but it will take a strong, unified effort by all of us and our allies to move Kaiser in our direction.

KP's response to our Staffing, Access and Workload proposal

Management sidestepped giving any direct response to this proposal. Instead, they made proposals to have an ongoing Model of Care Committee and to make some slight modifications to the current Provider Profile language. The Model of Care Committee would consist of 5 Union and 5 management representatives, meeting twice a month, to work "collaboratively" on patient care and workload issues. The committee would have no decision making authority, but rather serve as a "consultative" body to Regional Mental Health Administration.

Our last contract included a joint clinician-management Model of Care Committee which met for six months. This committee did have constructive dialog and made a series of joint recommendations. However, Kaiser upper management gets final say over what gets implemented and whether it will fund any of the recommendations..

While a Model of Care Committee might be productive in a truly collaborative environment, it still does not contain any mechanism to hold Kaiser accountable to addressing staffing, workload and access issues. To ensure accountability, we must secure contract language with real teeth, like that we proposed.

Management's Provider Profile proposal is deeply flawed. It maintains the same inadequate amount of IP time, while putting the onus on clinicians to better manage their panels rather than on Kaiser for providing sustainable workloads. Kaiser's proposal would also:

- Allow management to unilaterally develop and implement workflows
- Require clinicians to use outcome measures and allow managers to monitor outcome scores in order to "identify the need for staff training and support for panel management"

While our Staffing, Access and Workload proposal would hold KP accountable to hiring sufficient staff to provide timely access to clinically appropriate care, management's proposals place responsibility on the therapists and have no accountability measure for KP.

KP's response to our Recruitment and Retention proposal

Management rejected our proposal, which included working toward improving diversity in recruitment as well as streamlining the credentialing process and offering more part-time opportunities. They said they already use almost all of the recruitment strategies we proposed but did not explain why these strategies should not be in the contract. When asked about maintaining the Student Loan Repayment Program as a recruitment strategy, they said they had not ruled that out.

Other KP proposals

On a more positive note, the Employer proposed some minor modifications to the Advanced Step Placement Language that would expand the ability to offer higher starting wage rates to more candidates. They also agreed to our proposal to increase New Employee Orientation from 30 to 60 minutes.

Our new proposals

We made several new proposals tied to recruitment and retention. These include proposals on:

- Flexible work schedules – To make it easier for employees to reduce (or increase) hours or to be granted an alternative work schedule, such as 4 X 10.
- Time off policy – To have a uniform process that would prioritize granting time off requests in almost all circumstances, while still ensuring core staffing needs are met.
- Posting and filling positions – To require the Employer to hire internal applicants for vacant positions before considering any external applicants.
- Personal leave – To eliminate the current requirement of exhausting all paid leave before an employee can take unpaid leave.
- Rehire policy – To allow former employees (often those who took time off for care of a newborn) who return within two years to resume PTO accruals at their previous accrual rate, instead of starting at the lowest accrual rate.
- Per diem differential – To increase from \$1.00/hr. to 20% of regular pay rate, to make it easier to recruit per diem employees.

We also made proposals to add MLK Jr. Day and Juneteenth as paid holidays and to add language to the contract that would confirm the established legal right of workers to advocate for their patients and/or file complaints with regulatory agencies without retaliation from the Employer.

Upcoming Negotiations

Our remaining scheduled dates for bargaining are September 15, 20 & 29. We also offered the Employer fourteen dates in October. We intend to have most, if not all, of our remaining proposals to the Employer at our next session.

All members are invited to attend any bargaining session. If you are interested, you may sign up at nuhw.org/KaiserBargainingDaysSignup

In unity,
IBHS Bargaining Committee

Alexis Petrakis, San Rafael, Child
David Meshel, San Francisco, Child
Kathy Ray, Walnut Creek, Child
Kim Hollingsworth Horner, Fresno, Child
Mary Anne Beach, Antioch, Child IOP
Misha Gutkin, Vallejo, Child
Birgitta Snyder, Pleasanton, BMS
Lisa Galan de Martinez, San Leandro, BMS
Diana Dorhofer, Roseville, Chronic Pain
Ilana Marcucci-Morris, San Leandro C2C, IAC
Shinobu Ogasawara, San Leandro C2C, IAC
Jennifer Browning, Roseville, Adult

Melody Bumgardner, Santa Clara (Campbell) Adult
Julia Thompson, Manteca, AMRS
Matt Hannan, South San Francisco, AMRS
Luzia Daley, Modesto, BMS
Anjahni Davi, Martinez Chronic Pain
Kimberly Richardson, Sacramento, Intake
Gretchen Kryss-Peak, Livermore C2C, ADAPT
Julia Gallichio, Pleasanton, Adult
Jane Kostka, Sacramento, Adult
Shay Loftus, Fairfield, Adult
Mickey Fitzpatrick, Pleasanton Adult