



IBHS Summary of Bargaining Proposals September 24, 2021

Below is a summary of the proposals we have made in bargaining. Our primary goal is to win provisions that will require Kaiser to boost staffing and improve working conditions as well as enable it to better recruit and retain a culturally diverse workforce so that clinicians want to work for Kaiser and all patients can get timely, clinically-appropriate and culturally responsive care.

Kaiser management has rejected our core proposals on Staffing, Access and Workload and on Recruitment and Retention without presenting any real alternative on how to address these issues. Our bargaining committee will continue to put forth our demands, but much is dependent on our collective willingness to engage in actions to move Kaiser toward agreeing to a fair contract.

Staffing, access and workload proposals

- Kaiser would be required to hire additional staff if/when it cannot consistently offer return appointments within 10 business days. Individual providers would not be obligated to schedule intake appointments whenever return access goes beyond 10 business days.
- A joint labor/management staffing committee would be established to review all staffing plans and settle disputes over staffing levels, with the ability to arbitrate if the parties cannot agree on a resolution.
- Kaiser cannot assign more work than can be done in a standard workday and must provide sufficient time for clinicians in all departments to complete all duties and tasks attendant to the care of their patients.
- Specific to Psychiatry and the C2C locations, providers would have a minimum of 15 minutes IPC time for each return and 30 minutes for each new patient, outside of the scheduled appointment time.
- After allowing one year for Kaiser to hire sufficient staff to meet return access requirements, Kaiser would have to reduce external providers by 25% per year, as it continues to hire new staff
- At least half of Kaiser clinicians would have the opportunity to work from home on an ongoing basis.
- Kaiser must affirm that it will follow all state mental health parity laws and regulations and cannot restrict clinicians in the exercise of their clinical judgment in determining treatment decisions.

Proposals that would help with recruitment and retention

- 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 external applicants.
- Personal leave — To eliminate the current requirement of exhausting all paid leave before an employee can take unpaid leave.
- On-call time — To eliminate all involuntary call for covering after hours and weekends in the Emergency Department.
- 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.
- Allowing retirees to return to work as per diems with no impact on retiree benefits.
- Developing and implementing labor/management strategies and investing more resources to prioritize diversity in recruitment to more closely align with the demographics in the service areas.
- Streamlining the credentialing and on-boarding process.

Economic proposals

- A three-year contract with a minimum 4 percent wage increase in the first year, effective October 1, and 4 percent wage increases in years 2 and 3.
- Eliminating the first two steps of the current wage scale to boost starting salaries in order to better recruit more clinicians. Under this proposal, many clinicians would see greater than 4 percent raises in the first year because of the modification to the wage scale, but no one would receive less than 4 percent.
- Adding MLK Jr. day and Juneteenth as paid holidays.
- Time and a half (instead of straight time) for all hours worked on a holiday.
- Expanding the Student Loan Repayment Program to all regular employees, doubling the annual maximum amount (to be available for five years) and making the payouts non-taxable.
- Lowering copays for most doctor's visits and prescriptions from \$20 to \$5.
- Adding "spouse and eligible dependents" to alternate mental health coverage.
- A performance incentive plan with a maximum payout of \$5,000 for each year of the contract, with metrics and goals jointly determined by the Union and the Employer.
- Increasing the bilingual differential to 10% of wage rate and expanding the bilingual program to ensure that there are enough bilingual clinicians to provide culturally responsive care to non-English speakers.
- Adding a \$10,000 bonus to HRA accounts when a retiree reaches age 85.
- Increasing the per diem differential from \$1.00/hr. to 20% of regular pay rate.

Other NUHW proposals

- A pandemic side letter that includes health and safety guidelines as well as economic protections for future public health emergencies.
- Adding language to confirm the established legal right of workers to advocate for their patients and/or file complaints with regulatory agencies without retaliation from the Employer.
- Allowing those who go out on Military Leave to return with their existing PTO and sick leave accrual rates.
- Increase time for New Employee Orientation from 30 to 60 minutes.
- Increase paid steward training days from 6 to 12 per year and number of paid bargaining committee members from 8 to 15.
- Eliminate language from the Corrective Action Procedure that currently restricts the ability of filing grievances over Level 4 Last Chance Agreement discipline.
- Changes to the Professional Practice Committee (PPC) language, to:
- Restore the 30-minute union only meeting to Local PPC feedback meetings
- Add service area PPCs for BMS providers and for dedicated ED staff
- Provide for admin time for PPC members to perform duties outside of meetings
- Add agreed upon LPPC guidelines to the contract

Proposals from Kaiser

Kaiser has presented us with only three original proposals so far. They have given several "counter-proposals" but these have all essentially been rejections of proposals we have made. Kaiser's proposals are:

- Creating an ongoing labor/management "Model of Care" committee that would meet 4 hours each month to "work collaboratively in a focused effort to **continue** our (KPs) model of care." The committee would "serve as a clinical consultative body to Regional Mental Health Administration" and would have no decision making authority. Kaiser proposed this committee as their alternative for our Staffing, Access and Workload proposal. Our proposal has clear mechanisms to hold KP accountable to increase staffing sufficiently to meet timely access requirements as well as making workload sustainable. Kaiser's proposal gives them three more years to talk about doing these things with no guarantee anything will happen.
- Modifying the advanced hiring criteria to allow the employer to hire beyond step 4 of the wage scale without first getting agreement from the Union.
- Not allowing probationary employees to transfer.