



**IBHS BARGAINING UPDATE**  
**AUGUST 12, 2021**



Yesterday, during our second day of bargaining, we had hoped to get a response from Kaiser to our staffing, access, and workload proposal that we had presented on July 22. Instead, Kaiser's chief negotiator told us that our proposal did not belong in the contract.

Some of the management representatives did say they share our interest in addressing return access and staffing issues but believe this should be done in a "collaborative" setting and not in contract negotiations. We reminded them that these were the among the most important issues that our members want to see addressed in bargaining precisely because Kaiser has failed to address them in any way, collaborative or otherwise, for years.

We particularly noted that we have been trying to get Kaiser to address issues with return access for at least ten years. When asked by one of our bargaining committee members if they agreed that return access was a serious issue, management declined to answer. We pointed out that their repeated response whenever we have raised access issues in the past year has been that there is no problem. We also asked how we could work together to collaboratively solve a problem that only one side believes to exist.

We acknowledged that we are encouraged by both the work of the Model of Care Collaborative in developing recommendations for improving delivery of behavioral health services as well as the ongoing collaborative efforts of the Regional Professional Practice Committee. However, these forums have so far not produced any tangible results related to access or workload issues. We also stated we believe that some of the management representatives in the room are sincere in their desire to collaborate but added that true collaboration requires a deep commitment from the entire organization. So far this has been something Kaiser's top execs have not been willing to do.

We repeated to the management team the conceptual framework for collaboration that we had given top KP execs earlier this year which had been rejected:

- Agree to a one-year contract with a 3% wage increase and maintenance of incentive plan
- Provide immediate relief on the workload issue by increasing indirect patient care time in providers' schedules
- Spend the next year building a collaborative relationship, implementing the model of care recommendations, and addressing staffing and access issues

We suggested that the management team reach out to the top execs, who are the real decision makers, if they really want to have a collaborative relationship. We said we simply could not drop our bargaining proposals and start engaging in a collaborative process with no assurance of accountability or concrete improvements while patients and clinicians continue to suffer.

## Other proposals

Toward the end of the day, we introduced several new proposals to Kaiser. The most notable of these was our proposal to significantly increase the amount of time in providers' schedules, in all departments and work units, "to perform all necessary and/or required tasks and duties attendant to assigned patients." Our proposal also states that all providers will have "time set aside in their schedules sufficient to accomplish these duties during their regularly scheduled hours."

We also made a proposal on recruitment and retention which included provisions such as:

- Developing and implementing labor/management strategies and investing more resources to prioritize diversity in recruitment to more closely align with the demographics in the community
- Offering more part-time regular positions for both new and existing employees
- Offering the opportunity of flexible schedules for regular employees, for example 4 X 10 hour shifts for a full-time employee or 2 x 10 for a 20 hour employee

Finally, we made proposals in these areas:

- Increase time for New Employee Orientation from 30 to 60 minutes
- Increase paid steward training days from 6 to 12 per year
- Increase number of paid bargaining committee 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
- Duration of new contract of three years

## Future bargaining

We expect responses to all our proposals at our next bargaining session.

We have six additional bargaining sessions already scheduled, with the next two slated for August 18<sup>th</sup> and 23<sup>rd</sup>.

All members are invited to attend any bargaining session. If you are interested, you may sign up at [nuhw.org/KaiserBargainingDaysSignup](http://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  
Matthew Lindgren Rojo, Richmond, Adult CM  
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  
Greg Tegenkamp, Kaiser Division Director, NUHW