

March/April

# OUTREACH 2019

CAPT's Bargaining Team  
meets in Lemoore to prepare  
contract proposals for our  
upcoming negotiations

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CALIFORNIA ASSOCIATION OF PSYCHIATRIC TECHNICIANS



# Reminders & IMPORTANT INFO

## Are you a CAPT member?

Over 90% of state-employed Psych Techs are CAPT union members. Are You? At 1 percent of your monthly salary, CAPT's dues structure is one of the lowest in the state's 21 bargaining units, The benefits CAPT members receive go far beyond contract-related benefits, such as bargaining and contract enforcement. Union members also receive union representation when their job or license is in jeopardy. CAPT's representational benefits offer its members on-the-job insurance.

If you would like to become a CAPT member or learn more about the benefits of membership, please contact your local chapter representative. A listing of CAPT's chapter presidents and their contact information is provided on the following page.

## 2018 CAPT Board Meetings

CAPT policies require publication of the dates and locations of the quarterly meetings of the statewide Board of Directors be published. In 2018, the four meetings are:

March 12-13	May 14-15	August 13-14	December 10-11
Southern CA	Central CA	Southern CA	Sacramento, CA

The May meeting will be held at La Quinta Inn and Suites in Paso Robles. Meeting agendas are provided at the meeting. For more information, please contact CAPT State President Eric Soto at (909) 364-2486. CAPT Board meeting are open to all CAPT members.

## Planning to retire soon?

Don't forget that CAPT offers its retired members insurance benefits similar to what it provides its active members. As a retired member, CAPT will continue to provide -- \$5,000 in Accidental Death and Dismemberment coverage and \$5,000 in Life Insurance -- without any age term.

**IMPORTANT:** For your insurance to continue after your retirement -- for only \$5 per month -- you must contact CAPT Headquarters at (800) 677-2278 within 31 days of the last day in the month in which you retired. If you fail to do so, your policy will lapse and cannot be reinstated.

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Check out our catastrophic leave list on our website. Keep abreast of what's happening! CAPT updates its website frequently, making sure you have current information on state, department, and CAPT news, at your facility and statewide.

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CAPT is a non-profit corporation serving as the exclusive representative of all employees in Psychiatric Technician Bargaining Unit 18 in California State Civil Service.

CAPT is also the professional association for all California Psychiatric Technicians.

## How to reach us ...

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You may contact your state and chapter officers directly. Their contact information is listed on the following page. If a voicemail is left on their cell or if you send an e-mail or text, be sure to leave your name, work location, and phone number, as well as a short explanation of your issue.

## Going mobile? Take CAPT with you!

CAPT's popular [www.psychtechs.net](http://www.psychtechs.net) website -- and all of its professional and union information -- is here for you when you're on the go! Our site automatically optimizes to suit your mobile device, and you can download our "CAPTApp" for your mobile device as well. Check these helpful tools out today!



us at: [twitter.com/psychtechs](https://twitter.com/psychtechs)

and follow some of our chapters on



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# THE PRESIDENT'S VIEW

## First 'Janus', now the Dills Act is under attack

CAPT Brothers and Sisters; Fellow Workers;

Dark and difficult times are on the horizon for the Labor Movement, Unions, and Working-Class families throughout California and the nation. In the wake of the *Janus v. AFSME* decision, the same corporate anti-union forces have continued the next phase of their assault on public employee unions and working families. Lawsuits have sprung up in Oregon, Washington state, and California. These lawsuits are being organized and bankrolled by conservative groups (millionaires, billionaires, and corporations) intent on destroying the democratic organizations workers rely on to ensure safe working conditions, fair pay, health care and a means to a meaningful life outside of the workplace.

Those same forces have also set their sights on CAPT. A lawsuit has been filed against your union by a member challenging among other things the very legitimacy of the Dills Act. The Dills Act is the legislation passed into law in the late 1970s which ensured the right of public employees in California to form, join, and participate in a union. The act also guaranteed the state would recognize the right of the democratically elected union to be the exclusive representative for all employees in a bargaining unit. The member filing the suit is being represented by the same group that represented Mark Janus and seeks to invalidate the Dill's Act which gave workers the right to organize and collectively bargain.

There are those who hate and despise workers being able to stand together. They will try to divide us. They will try to drive a wedge between one group of workers against another. You may be told, "You don't need a union to speak for you," or "I don't get in trouble, so I don't need a union." Their vision is to leave us all to the good graces of our supervisors, management and local

administrations. Their vision is to give our bosses the ability to change our assignments, shifts, and working conditions without regard to your say or rights. Their vision is to give our bosses the ultimate authority on whom to hire and whom to fire without the protection of union representation.

We are facing a moment when we will all have to make a clear and defined decision. Will you stand with your coworkers on your unit, in your program, in your facility? Will you stand shoulder to shoulder with your brother and sister Psych Techs all over California and protect your right and ability to effect positive change, collectively bargain for wages and benefits? Alone, a single match is easily blown out, yet a large enough collection of matches bound together in common purpose can withstand a gale force wind and spread the flame of union solidarity.

My choice has long been made. I shall always stand with you. Which side are you on?

Solidarity Forever,

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Friend Eric on Facebook at  
[www.facebook.com/statepres.soto](http://www.facebook.com/statepres.soto)



# PSYCH TECH STUDENTS



## CAPT is currently accepting applications for its 2019 Anthony Myers Memorial Scholarship Program

CAPT is now accepting applications for the fifteenth round of scholarships it will award to students enrolled in Psychiatric Technician education programs.

For applications to be considered, they must be **postmarked no later than Friday, July 12, 2019**. The scholarship winners will be announced at CAPT's 35th Annual Meeting, scheduled for mid-September.

CAPT will award up to 10 scholarships to help students with the cost of tuition, books and other expenses. This year, eight scholarships may be awarded for \$750 each. Two additional scholarships may be awarded to the individuals whose applications are not only accurately completed, but whose signed statements are exceptionally inspiring and letters of recommendation are highly supportive. One top scholarship may be awarded in the amount of \$1,500 and a runner-up awarded in the amount of \$1,000.

To receive a scholarship, an individual must be enrolled and actively participating in a Psych Tech education program accredited or approved by the BVNPT. The recipient must also be a CAPT member, a relative of a CAPT member or someone residing in a CAPT member's immediate household.



Complete eligibility requirements and an application are available online at

[www.psychtechs.net](http://www.psychtechs.net).

Just click 1 under the scrolling 'Announcements' located at the top of our home page.

Or, have one mailed to you by contacting CAPT Consultant Carol Wiesmann at: (800) 677-2278 or e-mail a request to her at:

[wiesmann@psychtechs.net](mailto:wiesmann@psychtechs.net).



In 2014, CAPT's Board of Directors voted to rename its annual scholarship program the Anthony Myers Memorial Scholarship Program in honor of CAPT's previous state president who passed away from cancer.

The Board agreed that it was only fitting to rename the program after Tony, who was not only instrumental in establishing the scholarship program, but dedicated to the education of Psych Techs and advancement of the profession.

Tony was first elected as state president in 2000. He continued to be re-elected and held office through 2013.

Open Enrollment for CAPT Members!

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Check with your Chapter President For the Dates in Your Area

Call your AFLAC Representative at 626.408.5318

Sandee Richardson License# 0K65161  
John Christensen License# 0L14159



# CHECK OUT THESE PSYCH TECH TRAINING OPPORTUNITIES

## The 20/20 Joint Labor Management Committee is breathing new life into its BVNPT Preparatory Training Course Program

The Committee is excited to announce that it will soon once again be providing educational opportunities for Psych Tech program graduates who have had difficulty passing the licensing exam.

In 2007, CAPT was awarded \$6 million by the State for the purpose of increasing Psych Tech training opportunities. These training opportunities include both the 20/20 Psych Tech sponsorship program, currently at two state hospitals and for the BVNPT preparatory training. The 20/20 JLMC, which provides program oversight, still has funds available to offer 40-hour Psych Tech review courses to state employees who have completed an accredited Psych Tech program but have been unable to pass the Psychiatric Technician Licensure Examination.

To gear up, the Committee just recruited two DSH Psych Tech Instructors as active members – Sonia Chavira from Coalinga State Hospital and Sandi Garcia from Metropolitan State Hospital. In addition, Ruby Striplin, the program's first PTI, is back to train Sonia and Sandi to ensure our training curriculum is up-to-date and relevant to the BVNPT examination.

"I'm excited that CAPT and the state are working diligently together to update and enhance this program of review courses. It was a great program once and we are dedicated to make it so again. Anything we can do to help our graduates pass their licensure exams will only give them further knowledge to bring to their Psych Tech careers," said Committee Chair and CAPT State President Eric Soto.

Recently, a short survey was sent to DSH PTAs with the goal of determining how best to allocate our educational funds and where the greatest need is to hold our first set of courses. We anticipate holding our first review course sometime this summer. We will also be expanding our efforts to reach as many qualified Psych Tech program graduates as possible.

If you are a state employee, have completed a Psych Tech education program and have failed to pass the BVNPT licensure exam, you may qualify for this 40-hour review course! As we move forward, watch for further information on CAPT's website and in our *Outreach*.

### *Are you interested in becoming a Psychiatric Technician?*

As stated previously, part of the awarded funds CAPT received in 2007 were also to provide psychiatric technician training opportunities through the 20/20 sponsorship program. With the support of the hospital administration, this program is currently active at two state hospitals – Coalinga and Metropolitan. It allows for a full Psych Tech educational training program where the state employee works 20 hours, goes to school for 20 hours and gets paid for 40 hours.

So, if you are a state worker at either Coalinga or Metro and are looking to become a Psych Tech, you may want to check out this opportunity. You may do so by contacting CAPT Coalinga Chapter President Jaime Garcia or Metropolitan Chapter President Chuck Garcia.



CAPT introduces its new program trainers: Psychiatric Technician Instructors Sandi Garcia, Metropolitan State Hospital (left) and Sonia Chavira, Coalinga State Hospital (right). Ruby Striplin (center), the program's initial PTI has returned to assist to train the trainers. Welcome to All!

# CAPT issues 'Red Tag' on

## California Men's Colony



Psych Techs ready to participate in the second round of the self-scheduling pilot at California Men's Colony were shocked to learn just days before that the pilot was abruptly canceled by CMC prison Warden Josie Gastelo and Chief Executive Officer Teresa Macias. The unilateral decision to cut the pilot was made without CAPT's involvement. Consequently, the CAPT Board of Directors voted to issue a "red-tag" sanction on the prison. A red-tag sanction warns potential employees about the facility's egregious labor practices. This is the seventh time CAPT's leadership has red-tagged a facility for egregious contract violations or bad labor practices.

The self-scheduling pilot, which began Oct. 1, 2018, was the first of its kind to potentially open flexible scheduling options for BU 18 employees. The pilot was the collective work-product of our Joint Labor Management 9.4 Staffing Committee. The goal of the committee is to comply with contract language in Article 5.1, which mandates the state to reduce and eliminate mandatory overtime. Self-scheduling has been utilized in the private sector for many years as a successful tool in reducing overtime. When you give employees the ability to set their own schedule, they are far more likely to report to work, thus reducing the need for mandates.

"The abrupt cancellation of the self-scheduling pilot at CMC was a shock to CAPT and very disappointing," said Southern Corrections Chapter President Marilyn Hayes. "Our participating members were only given a few days' notice that the next round/schedule they had selected in good faith would no longer be honored. Some participants were already out of town with the schedule they had chosen."

Each participant was required to sign an acknowledgment promising that they would complete the 12-week pilot. CAPT considers the warden's decision to pull the rug out from under these PTs disingenuous at best.

"The self-scheduling pilot was drawing a lot of positive attention for CMC," said Marilyn. "We had PTs at other facilities looking to transfer so they could participate in this wonderful program. Even the Department of State Hospitals was exploring self-scheduling at its facilities. It saddens me to know that something that could have been such a good thing for our members, increasing staff morale and reducing call-ins, was taken away by the CEO and Warden without even talking to the committee."

The committee will continue its efforts to pilot the self-scheduling program at another facility.

If you have any questions or would like more information, please contact Southern Corrections Chapter President at **(760) 520-5159**.

# Self-Scheduling Survey

## California Men's Colony

Psych Techs who either participated in or observed the 12-week self-scheduling pilot at the California Men's Colony were asked to participate in a CAPT survey designed to gauge the effectiveness of the program in reducing mandatory overtime and increasing employee morale.

Several Psych Techs responded, and nearly 100 percent reported a reduction in MOT and call-ins. Moreover, 100 percent of the participants agreed that the self-scheduling pilot gave them more control over their schedule, with 70 percent saying their schedule improved exceedingly. Ninety percent said that, in their opinion, the self-scheduling pilot program improved workplace morale.

CAPT fully anticipated the pilot would continue at CMC and even expand. Unfortunately, however, CMC management abruptly decided to discontinue the pilot. CAPT is not prepared to give up on the concept of self-scheduling and its benefits that we believe accomplished the goal of the 9.4 Staffing Committee to reduce mandatory overtime. The committee worked tirelessly for ten months and our first 12 weeks produced favorable results without creating any problems.

CAPT appreciates everyone who took the time to participate in the survey. CAPT will use the information gathered to help salvage the concept of self-scheduling as a significant tool in reducing MOT at our state prisons and hospitals.



# Sunshine kicks off Bargaining



CAPT representatives outside CalHR on March 29, the date CAPT and the state exchanged sunshine proposals. From left: Stockton Chapter President Sam Ortiz, CAPT Consultant and Chief Contract Negotiator Ann Lyles, CAPT Consultant Coby Pizzotti, Northern Corrections Chapter President Kim Souza, CAPT Consultant Carol Wiesmann, and CAPT Consultant and Attorney Sean Bedrosian

On behalf of all Bargaining Unit 18 members, Stockton Chapter President and first-time bargaining team negotiator Sam Ortiz, and Northern Corrections Chapter President Kim Souza hand delivered our bargaining proposals to the California Department of Human Resources headquarters office on March 29. Accompanying Ortiz and Souza in the ceremonial exchange of proposals with our state employer were CAPT consultants Ann Lyles (chief negotiator), Carol Wiesmann, Coby Pizzotti, and CAPT Attorney Sean Bedrosian.

The initial presentation and exchange of contract proposals by the employee organization and the employer, commonly referred to as “sunshining,” is what kicks off the bargaining season. The documents delivered to the state by CAPT identifies improvements to the contract that CAPT plans to negotiate.

The collective bargaining process for state workers is governed by the Ralph C. Dills Act. A sunshine provision within the Dills Act requires that the initial proposals be exchanged in a meeting that is open to the public. The provision also requires that there be a 7-day waiting period for public review and comment before negotiations commence.

CalHR representatives, who represent our State of California employer at the bargaining table, will review our initial proposals and bring their own responses to our first bargaining session. We’ll be sure to let everyone

know -- through fliers, website updates and forum e-mails -- what those bargaining dates will be, what to expect and any related news.

Bargaining Unit 18 will be represented at the bargaining table by our 11 chapter presidents, State President Eric Soto, Chief Contract Negotiator Ann Lyles, and CAPT attorney Sean Bedrosian.

CAPT’s Executive Committee, along with Lyles and Bedrosian, will meet with the state’s negotiating team April 22 at CAPT headquarters to establish the ground rules for bargaining.

Preparation for contract negotiations began long before the Jan. 20 kickoff. Since July of 2013, the closing of our last negotiated contract, Lyles has collected pertinent union-related documents including grievances, complaints and other union actions to substantiate and validate our sought-after improvements. Add to this the hundreds of contract surveys that poured in from DDS, DSH, and CDCR.

CAPT members can keep positive energy and strength going during negotiations by getting involved in activities supporting the bargaining team and our union in general. Remember, state representatives keep an eye on CAPT’s membership numbers to gauge how supportive BU 18 members are of our union and our efforts. If you’re not a full union member, now is the time to become one and show our strength in numbers.



## Newsom to replace state's bargaining team

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A recent shakeup at the California Department of Human Resources could impact the timeliness of our upcoming contract negotiations with the state. Gov. Gavin Newsom is replacing state officials who handle union negotiations. On March 5, the governor appointed Eraina Ortega as the new director of CalHR. Ortega succeeds Adria Jenkins-Jones, the department's chief deputy director who filled in as acting director for about six months.

"Eraina brings a wealth of experience in financial management, labor and employee relations to CalHR and we look forward to having her lead constructive conversations at the bargaining table with our represented employees," Newsom spokesman Brian Ferguson said in an email, reported by *The Sacramento Bee*.

On March 7, CalHR employees were notified that the department's deputy director, Pam Manwiller, left her position. Manwiller led the state's 2016-19 contract negotiations with CAPT.

Who exactly will make up the state's bargaining team this round remains unknown. The state has five labor contracts that are set to expire in July, including our own.

Pursuant to the Dills Act, which governs the collective bargaining process for state workers, bargaining cannot begin until 7 days after the state and CAPT "sunshine" their contract proposals. Sunshining is the formal presentation and exchange of contract proposals and is open to the public for review and comment. In 2016, CAPT and the state sunshined on Jan. 20. This year, our sunshine date didn't occur until March 29, which sets formal negotiations no sooner than April 5, just over two months before our contract expires. Should CAPT and the state not reach an agreement by then, our contract's evergreen clause would go into effect, which basically extends the current contract until a new contract is ratified and adopted.

For the latest news and updates regarding our negotiations, stay in touch with your local chapter and visit CAPT's website at [www.psychtechs.net](http://www.psychtechs.net).

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## Contract Question? Ask Ann

I'm not too familiar with the workings of merit raises. Do we have paperwork for that? Does it go through our immediate Supervisor? Is it an actual raise in salary or a onetime thing?

Article 4.4 of our MOU covers Merit Salary Adjustments. The provision provides that once an employee passes probation, they are entitled to an MSA, about 4.8% initially. The first MSA

moves the employee from the bottom of the pay range to an intermediate "step." After another year passes, the employee gets another MSA, equivalent to what it will take to put them

# Bargaining Rights

Collective bargaining is the process by which the terms and conditions of employment between the employer and the employee are negotiated and determined. In 1977, the State Legislature enacted the Ralph C. Dills Act (Sections 3512 through 3524 of the Government Code). The act grants state employees the right to belong to organizations that serve as their exclusive representatives in contractual negotiations over wages, hours, and other terms and conditions of employment. The act requires the state and employee representatives to “meet and confer in good faith” and to endeavor to reach agreement on these matters.

Before the Dills Act, California state employees did not have union representation. Although our civil service system, CalPERS and some other laws and systems were in place, state employees still didn’t have a voice in facility issues, salaries, professional concerns, and much more.

“In the past, the state would just unilaterally implement changes in working conditions, and we wouldn’t even have the right to contest them,” said retired CAPT Chief Negotiator Ken Murch, who helped bargain the first-ever state employee contract, thanks to the Dills Act.

“Now we can grieve issues, address work rules, bargain for salaries and other items, have representation, use binding arbitration and concentrate on occupational needs. The act really helped equal the playing field in state service.”

There are currently 21 bargaining units. Each unit separately negotiates with the state contracts called “memoranda of understanding” (MOU). CAPT’s MOUs cover three years. Our current contract expires July 1, 2019.

## Among its many rights, the Dills Act:

*Created a process for determining wages, hours and terms and conditions of employment for rank-and-file and supervisory employees.*

*Gave rank-and-file employees the right to form, join, be represented by and participate in employee unions.*

*Outlined “meet and confer in good faith” rights and procedures, especially full bargaining rights.*

*Gave supervisors representational rights, but not full bargaining rights.*

*Created the Public Employment Relations Board as the agency overseeing compliance with the Dills Act.*

at the top of their range. The process is initiated by management, and the contract language addresses any denial. After the second year, employees only receive what we bargain in for them as General Salary Increases (GSI) unless they move into a higher paid classification (with a new probation).

Ann Lyles is CAPT’s chief contract negotiator and has held a Psychiatric Technician license since 1978.

Before becoming a full-time CAPT consultant in 2005, Lyles was a long-time CAPT activist. She began her PT career at Lanterman Developmental Center, then moved to Patton State Hospital. She held the positions of Patton Chapter secretary and president and served six years as the association’s state vice president.



# 2019 Negotiations

## Team members set bargaining objectives



In mid-February, CAPT's bargaining team members gathered in central California to train and prepare for our contract negotiations with our employer, the State of California. Present at the event held at the Tachi Palace in Lemoore were team members Eric Soto, state president, the 11 chapter presidents, their alternates and veteran CAPT Consultant Ann Lyles (shown left), the first PT to lead our unit's bargaining



as CAPT's chief contract negotiator. Also present were CAPT Consultants Carol Wiesmann, Coby Pizzotti, Christine Caro and Attorney Sean Bedrosian, who will serve as CAPT's legal representative during bargaining.

During the event, bargaining team members received an in-depth presentation on the Ralph C. Dills Act—the law that formalized



the collective bargaining process. To learn more about the Dills Act, see page 11. Team members were also trained in the skillful art of negotiations.

The majority of the team's time, however, was devoted to the all-important business of improving our contract. With contract proposals in hand, each chapter president delivered and explained proposals



aimed at improving our working conditions, salaries, and benefits. Team members engaged one another with stories, examples and theoretical scenarios as they set their resolve and strategy on needed improvements. The majority of the proposals resonated well with the others, confirming solidarity on many points of interest. The bargaining team proposed and discussed



dozens upon dozens of contractual improvements, some of which necessitated debate to reach a consensus.

CAPT's negotiations with the state will take place at CAPT headquarters in Sacramento. The actual negotiation dates have not yet been set. CAPT and the state must wait 7 days from the March 29



the uncontentious portions of the contract that are simply rolled over into the next contract. Proposals that seek to amend or change the existing contract language is proposed during the second phase. New contract provisions are introduced at the third and final phase. Table negotiations are concluded when tentative agreements are prepared for all bargained sections of the contract. After the TAs are signed, contract ratification meetings are held at each chapter. BU 18 employees will then vote via mail ballot to ratify the contract.



through its chapters once the bargaining calendar is set.

Negotiations are typically organized and conducted into three bargaining phases. The first phase occupies contract rollovers,

Sunshine date before it can meet for negotiations. See page 9, to learn more about the Sunshine process. CAPT will inform members



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# STATE LEGISLATION

## CAPT sponsors a ban on MOT and supports measures that support Psych Techs

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The 2019-20 legislative session, which began Dec. 3, is well underway and so is CAPT's involvement. In the beginning months of a legislative season, bills are introduced, printed and assigned to policy committees where the subject matter of the bill is heard and debated. If passed by both houses, the bill reaches the governor's desk for final approval.

During these past months, your CAPT representatives were hard at work securing authors for legislation that will, if passed and signed by the governor, defend psych techs in several key areas, including mandatory overtime, safety, and investigatory interviews. Below is an overview of the legislation CAPT is actively working on behalf of every CAPT member. In addition to the bills listed, CAPT is following hundreds of other measures that could impact the Psychiatric Technician profession. If you have any questions or would like more information about the legislative process or any of the bills CAPT is following, contact CAPT Consultant Coby Pizzotti at **1-800-677-2278**.

**CAPT-sponsored AB 529 (Ramos and Cervantes)** would end the practice of mandatory overtime for all state-employed Psychiatric Technicians, including Psychiatric Technician Assistants. Unfortunately, the state government was exempt from a 2001 regulation that prohibited mandatory overtime of RNs, LVNs, PTs, and CNAs working in the private sector. Mandatory overtime practices in our state hospitals, prisons, and developmental centers can lead to increased stress on the job, less patient comfort, and mental and physical fatigue that can contribute to errors and "near-misses" with medications and case-related procedures. The practice also ignores the responsibilities nursing professionals have at home with children, other family members, or with other obligations. Furthermore, being forced into excessive overtime can cause exhausted nursing professionals to practice unsafe patient care, jeopardizing their licensure status.

CAPT believes that no nursing professional should be forced to work overtime as it diminishes the ability of the individual to provide optimum quality patient care, increases the potential for health and safety errors, and reduces the ability of the state to recruit and retain well-qualified staff.

**CAPT-supported SB 363 (Pan)** would eliminate the exception in existing law granted to hospitals operated by the Department of State Hospitals, the Department of Developmental Services, and the Department of Corrections and Rehabilitation from the jurisdiction of the Division of Occupational Safety and Health. SB 363 would make the Departments subject to enforcement of laws and regulations by DOSH, requiring its hospitals to adopt workplace violence

prevention plans and to report the total number of violent incidents monthly to the bargaining unit of an employee affected by an incident.

Last year, there were 2,700 assaults on staff by DSH patients. Many of these assaults resulted in staff being severely disabled and never being able to return to work. The bargaining units of these employees have been trying for years to convince the Department and Legislature that this number of assaults is unacceptably high. A workplace prevention plan reporting to the Legislature will go a long way to bring critically needed attention to the conditions and dangers in which our members work.

**CAPT-supported AB 1435 (Nazarian)** legitimizes the investigatory process by ensuring that DSH and DDS public employees are provided due process during investigations. Specifically, the bill requires the Office of Law Enforcement Support, when conducting an investigation, to include a panel of peers of the person being investigated to review the allegations and assist the office in evaluating the allegations. It would also require the office, prior to interviewing a person, to inform the person as to the voluntary nature of the interview and the fact that information from the interview can be used in criminal or administrative actions. If it uses subject matter experts to assist an investigation, the information provided by the subject matter experts must be made available to the party being investigated before that party participates in any investigatory interview. The peer review process could potentially weed out many of the false allegation claims saving the department investigators time and allow them to focus their efforts on legitimate cases of wrongdoing.

**CAPT-supported AB 340 (Irwin)** seeks to keep firearms from those who are prohibited from possession by establishing additional reporting requirements to the Disarming Prohibited Persons Taskforce. CAPT is seeking an amendment to the bill that would require the additional reporting of how many firearms are taken out of the hands of those with severe mental illness.

**CAPT-supported AB 969 (Gonzalez-Fletcher)** would give employees of the state Legislature the right to form, join, and participate in the activities of employee organizations of their choosing for representation on all matters of employer-employee relations. CAPT believes it is time the same protections afforded to state employees covered under the Dills Act be granted to our brothers and sisters working in the legislature as civil servants.



# Sen. Hurtado tours PDC

CAPT representatives led Senator Mellissa Hurtado (D-Sanger) on a tour of the Porterville Developmental Center February 22. CAPT lobbyist Coby Pizzotti had spoken with the senator before the election about visiting the facility. The PDC is not only in Sen. Hurtado’s district, but it is also within her jurisdiction as the chair of the Senate Human Services Committee. Porterville Chapter President Katherine Ramirez, CAPT State Secretary-Treasurer Jaime Garcia, and Pizzotti showed the senator and her staff, including her district director, legislative director, communications staff, and committee staff around the facility where they got to meet and speak

with Psych Techs as well as the clients they work with. Katherine did an outstanding job explaining the challenges of working at the facility, especially in regards to mandatory overtime. Katherine also described the successful programs that are led by Psych Techs that help prepare clients for their competency hearings. Sen. Hurtado came away from the experience thoroughly impressed.

For us, Every Day is

Workers’  
Memorial Day

Sunday, April 28

*Every 15 seconds, a worker dies  
from a work-related accident or  
disease, and 160 workers experience  
a work-related accident.*

Known as International Workers’ Memorial Day and the United Nations’ World Day for Safety and Health, April 28 marks the annual day of mourning for workers killed, disabled, injured or made unwell by their work. The day also serves as a potent reminder that most workplace deaths, injuries and illnesses are preventable.

As licensed and certificated nursing professionals, we always remember the importance of both safety and prevention. That’s why we always have worked — and will continue to work — to make our facilities the safest possible for both ourselves and those we serve.

We’ve made progress, but there is much more to do. Contact your chapter office to find out how you can get involved to help improve safety for those living and working at your facility.

## California Association of Psychiatric Technicians

It is your right to contact the California Division of Occupational Safety and Health with workplace safety concerns. Please see the listing of Cal/OSHA Enforcement Branch Regional and District Offices below.

San Francisco (415) 557-0100  
Fremont / San Jose (510) 794-2521  
Oakland (510) 622-2916  
Santa Rosa (707) 576-2388  
Sacramento (916) 263-2800  
Concord (925) 602-6517

Modesto (209) 545-7310  
Fresno (559) 445-5302  
Foster City (650) 573-3812  
San Diego (619) 767-2280  
San Bernardino (909) 383-4321  
Santa Ana (714) 558-4451

Torrance (310) 516-3734  
Bakersfield (661) 588-6400  
Los Angeles (213) 576-7451  
Van Nuys (818) 901-5403  
West Covina (626) 472-0046

The law requires Cal/OSHA to make confidential, upon request, the name of any person who submits a complaint.

# The Psychiatric Technician Project



Kia Yang, a Psych Tech and doctorate student at Alliant International University, Fresno will be conducting a research studying a brief online mindfulness-based technique with psychiatric technicians.

The study will explore stress among psychiatric technicians. This study is entirely on-line and will consist of two parts. The initial part will take approximately 20-30 minutes to complete, and the second part will take 5-10 minutes. Participants may experience benefits such as less stress and better ways of coping.

Your participation will aide in important research findings about our profession and shed light on ways to cope with stress before it leads to burnout and psychological distress, adversely affecting personal and work life. Your participation is completely confidential. To participate, simply visit [https://alliant.qualtrics.com/jfe/form/SV\\_bluJDsTc2dUXlop](https://alliant.qualtrics.com/jfe/form/SV_bluJDsTc2dUXlop) to get started or email [kyang4@alliant.edu](mailto:kyang4@alliant.edu) for a link. After completion of the study, participants will have the opportunity to enter a drawing to win one of four \$50 Amazon gift cards.

Kia is aware of the stress that is experienced by our profession. She has worked as a Psych Tech for approximately four years in a secured treatment facility and taken on different roles within her work as a Psych Tech and with CAPT.





# SO **Union** IDARITY

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## Works

I want every CAPT member to be aware that our union solidarity has never been more critical than it is today. Well-organized, anti-union organizations are using clever rhetoric to lure public employees against their unions and to file lawsuits, which are intended to cripple the power workers yield when unionized. *The Sacramento Bee* recently reported nearly a dozen such lawsuits in California alone and sadly, CAPT has been mentioned in a lawsuit and must now devote union resources to fight for your rights under the Dills Act.

As we predicted, the anti-union forces are attacking workers and their right to bargain collectively in union-strong California. After the SCOTUS ruled in the *Janus vs. AFSCME* case that unions cannot collect fair share or “free rider” fees from those that do not wish to be affiliated with a union, they are now turning to the courts again. This time, anti-union organizations have claimed that opt-out periods are insufficient and that members should be able to drop at any time. Currently, when a member signs up for the union, they are required to stay in the union for the duration of the contract. This prevents people from signing up only when they need the union to represent them when facing an adverse action or need representation before the licensing board.

While I cannot comment specifically on pending litigation, I can speak to the point that this is a clear continuance of a well-funded, well-coordinated and sustained effort to cripple and dismantle unions at the expense of working-class families. The aim of these anti-worker, anti-union groups seek to return the American worker to an age in which the common man and woman are powerless to band together and effect positive change to their workplace, to collectively bargain and enjoy meaningful lives both in and out of their place of employment. Only collectively do we have the power and influence to protect our wages, jobs, benefits, pensions and working conditions. Don't let these organizations destroy a labor movement that took centuries to build.

These campaigns, lawsuits, and political attacks by anti-union organizations are financed by the wealthy one percenters. This is a fight much larger than you and your union dues; this is about the rich trying to cripple working families from participating in the political process. This is a pure and unadulterated power grab by the haves from the have nots. This method of filing a lawsuit after lawsuit is meant to bleed the unions dry of their resources, which are intended to protect workers through the collective bargaining process, contract enforcement, defense against adverse actions and licensing representation.

If and when you hear someone telling you about your right not to pay union dues, ask them these questions: Who is going to defend me when I am involved in a false allegation by a patient? If enough drop from the union, who will pay to negotiate and enforce our contract? Who will ensure that the departments are producing enough post and bid slots, as well as bid vacation openings? Who will protect our pensions from the pension reformers? Who will represent me before the licensing board? Don't let someone give you the runaround; demand a specific answer from them. Tell them the one percent I pay isn't worth the risk of losing so much more.

Unions everywhere need to stand ready and continue to educate their members about the continued assaults against their workplace democracies and the motivation behind those assaults.

Solidarity forever,



Eric Soto  
CAPT State President



# Studies

# Research



## California Looks To Lead Nation In Unraveling Childhood Trauma

By Anna Maria Barry-Jester  
*California Healthline*  
March 5, 2019

Imagine identifying a toxin so potent it could rewire a child's brain and erode his immune system. A substance that, in high doses, tripled the risk of heart disease and lung cancer and reduced life expectancy by 20 years.

And then realizing that tens of millions of American children had been exposed.

Dr. Nadine Burke Harris, California's newly appointed surgeon general, will tell you this is not a hypothetical scenario. She is a leading voice in a movement trying to transform our understanding of how the traumatic experiences that affect so many American children can trigger serious physical and mental illness.

The movement draws on decades of research that has found that children who endure sustained stresses in their day-to-day lives — think sexual abuse, emotional neglect, a mother's mental illness, a father's alcoholism — undergo biochemical changes to their brains and bodies that can dramatically increase their risk of developing serious health problems, including heart disease, lung cancer, asthma and depression.

"[Nadine] has probably single-handedly done more to elevate this issue than anyone else," said Dr. Mona Hanna-Attisha, the pediatrician known for documenting the rise in children's blood lead levels in Flint, Mich., after the city switched its water supply.

With Burke Harris' selection as the state's first surgeon general, California is poised to become a vanguard for the nation in embracing the research that traces adverse childhood experiences, or ACEs, to the later onset of physical and mental illness. In pockets across the country, it's increasingly common for schools and correctional systems to train staff on how academic and behavioral

problems can be rooted in childhood trauma. Burke Harris envisions a statewide approach whereby screening for traumatic stress is as routine for pediatricians as screening for hearing or vision, and children with high ACEs scores have access to services that can build resilience and help their young bodies reset and thrive.

As California's surgeon general, she will have a powerful bully pulpit — and the firm backing of a new administration with deep pockets. In his first weeks in office, newly elected Gov. Gavin Newsom has made clear he intends to devote significant resources to early childhood development. He has named several recognized experts in child welfare, along with Burke Harris, to top posts, and is promoting child-centric policies that include extended family leave for new parents, home nursing visits for new families and universal preschool. In his first state budget proposal, released last month, Newsom called out ACEs by name and committed \$105 million to boost trauma and developmental screenings for children.

"It should be no surprise to anyone that I'm going to be focusing on ACEs and toxic stress," Burke Harris said in a phone interview just days into the new job. "I think my selection is a reflection of where that issue fits in the administration's priorities."

### A Game-Changing Study

Adversity is the sort of thing we intuitively understand, at least to some extent. Having a parent who struggles with addiction or mental illness is hard on kids, as is growing up in a neighborhood marked by poverty, gun violence or drug abuse. A 1990s study laid the groundwork, however, for an understanding of adversity that suggests it poses a pervasive threat to public health.

During interviews with patients at a Kaiser Permanente obesity clinic in Southern California, Dr. Vince Felitti was shocked at how many said they had been sexually abused as children. He wondered if the experiences could be connected. (Kaiser Health News, which produces *California Healthline*, is not affiliated with Kaiser Permanente.)

As head of the Department of Preventive Medicine at Kaiser Permanente in San Diego, he had access to a huge pool of patients to try to find out. Together with the Centers for Disease Control and Prevention, he surveyed more than 17,000 adult patients about 10 areas of childhood adversity. Among them: Did a parent or other adult in your household physically abuse you? Emotionally abuse you? Sexually abuse you? Go to prison? Was your mother regularly hit? Did you often go hungry? Were your parents divorced? The researchers scored each patient, assigning a point for each yes, and matched up the responses with patients' medical records.

What they found was striking. Almost two-thirds of participants reported experiencing at least one kind of adversity, and 13 percent — about 1 in 8 — said they had experienced four or more. Those who reported experiencing high doses of trauma as children were far more likely to have serious health problems as adults, including heart disease, stroke, cancer and diabetes. And the higher their ACEs score, the worse their health was likely to be.

This extended to mental health, as well: Adults who reported experiencing four or more ACEs were 4.6 times as likely to have clinical depression and 12 times as likely to have attempted suicide.

In the 20 years since, scientists have built on the research, replicating the findings and digging into the “why.” In the simplest terms, traumatic events trigger surges in cortisol, the “stress” hormone. When those surges go unchecked for sustained periods, they can disrupt a child's brain development, damage the cardiovascular system and cause chronic inflammation that messes with the body's immune system.

And where children really get into trouble is when they also are missing the best-known antidote to adversity: a nurturing and trustworthy caregiver. Without that positive stimulation, children can end up with an overdeveloped threat response and a diminished ability to control impulses or make good decisions. Children with high ACEs scores are more likely to

develop attention deficit hyperactivity disorder, known as ADHD, and cognitive impairments that can make school a struggle. They are more likely to grow into adults who drink to excess, are violent or are victims of violence.

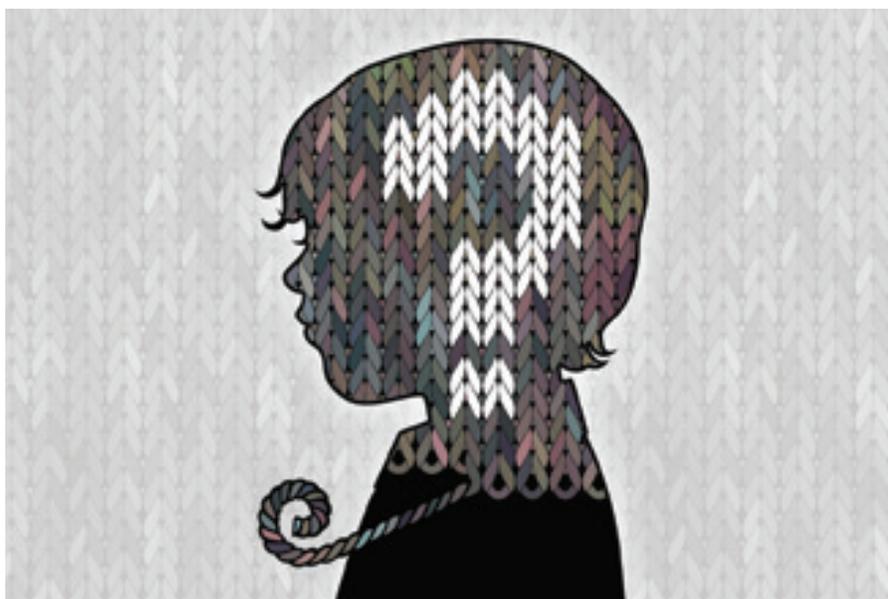
The research is compelling, because it has the potential to explain so many intractable health problems. What if some portion of Generation ADHD really has PTSD? What if obesity and hypertension are disorders with roots in childhood experiences, and not just what we eat for dinner?

### **‘What Happens To You Matters’**

Until now, Burke Harris' professional epicenter has been Bayview-Hunters Point in San Francisco. It's a vibrant community with a history of activism, but also deeply impoverished, and blighted by pollution and violence. It was there that Burke Harris, at her pediatric clinic, noticed that many of her young patients with serious medical conditions also had experienced profound trauma. And patients who had experienced serious adversity were 32 times more likely to be diagnosed with learning and behavioral problems than kids who had not.

When a colleague introduced her to the ACEs study, she saw her patients written between its lines. Though these problems might be concentrated in Bayview, they certainly weren't confined there. This was a health crisis transcending race, class and ZIP code.

In the years since, Burke Harris has worked to advance ACEs science through her work at the clinic and her nonprofit research institute, the Center for Youth Wellness. She regularly travels the country to train fellow pediatricians in trauma screening and treatment. She has written an acclaimed book on the issue, “The Deepest Well,” and her TED talk on the topic has been viewed nearly 5 million times online.



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Now, she'll be directing her singular focus back on California.

She plans to start with a statewide tour to hear from doctors and other health leaders about barriers to increasing pediatric screening and care. She'll also be talking about the science of ACEs. "It's Public Health 101 that raising awareness is a critical form of primary prevention," she said.

But even with the funding included in Newsom's budget, there are challenges to standardizing trauma screening. For one: In medicine, it's common practice that you screen only for what you can treat. Many doctors — even those persuaded by research on adversity — have raised concerns about the lack of established protocols for treating childhood trauma. What can a pediatrician, with her 15-minute time slots and extensive to-do list, do about the ills of an absent parent, or a neighborhood riddled with gun violence?

In general, experts working on the issue say a critical ingredient in helping kids heal is ensuring they find and develop healthy relationships.

"All of us want to feel seen, heard, understood and supported," said Alicia Lieberman, a researcher at the University of California-San Francisco who specializes in early childhood trauma. Involving parents is an essential aspect of treatment, particularly because so many have experienced trauma themselves. "It has to start with an acknowledgment that what happens to you matters."

Researchers have found early success in seemingly simple interventions: Therapists coaching parents by filming and playing back positive interactions with their child. Therapists working with teachers on how to support their students. Key to success, said Pat Levitt, chief scientific officer at Children's Hospital Los Angeles, are quality programs that start early and recognize the role of relationships.

At her clinic, Burke Harris coordinates with a team that wraps a child in care, treating mind and body. When a patient scores high on the adversity scale, she can send them down the hall to a therapist; connect them with classes on meditation, nutrition and exercise; involve the family in counseling; and aggressively monitor for and treat any physical manifestations.

Most clinics aren't set up for this staff-intensive approach.

Dr. Andria Ruth, a pediatrician with the Santa Barbara Neighborhood Clinics in California, is among those researching how to "treat" adversity within a more traditional doctor's office. Her research team is randomly assigning patients who screen positive for trauma into one of three groups. One group is assigned a navigator who connects the family to services for basic needs, such as food and housing. A second group also sees a behavioral health therapist at their child wellness visits. The third group receives both those services, and gets home family visits from therapists.

Ruth has a healthy skepticism about what's possible, but she and her colleagues are convinced childhood trauma does pose a potent health threat: None of them felt comfortable including a control group that wouldn't receive any services.

In the big picture, these experts say, addressing the fallout of traumatic stress will require a broader paradigm shift, to a system that recognizes that bad behavior can be a physical symptom rather than a moral failing. Gov. Newsom has signaled a move in that direction: In January, he said he would transfer the Division of Juvenile Justice out of the Department of Corrections, which runs the state's prison system, and into the Health and Human Services Agency.

Garnering that kind of official backing is a powerful boost, said Jason Gortney, director of innovation at the Children's Home Society of Washington, that state's oldest and largest nonprofit dedicated to child welfare. His organization has lots of programs with promising results, he said, but connecting them to state agencies that aren't used to working together is a challenge.

With Burke Harris crusading from the surgeon general post, Gortney said, he and fellow advocates across the country are hoping California can provide a beacon.

"Maybe California can show some of the other states how to do this," he said.



## State's high court upholds 'air time' repeal

On March 4, the California Supreme Court handed down a decision rejecting a public employee union's bid that the California Rule be applied to "additional retirement service credit," also known as air time. Air time allowed public employees to buy up to five years of service beyond what they actually worked, thereby increasing the value of their pensions. In theory, the payments were supposed to cover the cost of the increased pension benefit. In practice, however, it did not. A CalPERS study found the cost was underestimated by 12 to 38 percent.

The benefit was repealed in 2012 by The California Public Employees' Pension Reform Act (PEPRA), pension reform legislation that sought to decrease the amount of the pension system's unfunded liabilities by reducing benefits to new employees and eliminating benefit tools used to make pension checks larger. The pension reforms enacted through PEPRA mostly affected new hires, those hired after

Jan. 1, 2013. Classic members, those CalPERS members employed before 2013, would have their previous air time credits honored.

Public employee unions sued arguing that the California Rule protects air time by preventing governments from reducing for any reason public employee pension benefits. The California Rule embodies longstanding court precedents that constitutionally protects public employee pension benefits from being cut by the government. Under the rule, a pension is considered deferred compensation—its value cannot be reduced.

The court unanimously ruled that the California Rule did not apply to air time because air time is not deferred compensation. In other words, deferred compensation is earned and protected by contract law. Air time, rather, is an optional tool used to increase one's pension. Essentially, the court differentiated between core pension benefits from retirement credits.

The court said that unlike the option to buy retirement credits, core pension rights are granted to public employees as deferred compensation for their work.

Pension reform advocates hoped that the court would go further in its ruling by watering down the California Rule, making it easier for government agencies to reduce pension benefits amidst funding shortfalls. The decision, however, did not address whether or not core pension benefits could be reduced, which makes it hard to predict how far the court will go in limiting the California Rule's application on pension benefits. The ruling was the first of a series of pension cases the court has agreed to review.

# National Nurses Week

## May 6 - 12



National Nurses Week begins each year on May 6 and ends on May 12, the birthday of Florence Nightingale. First observed October 11–16, 1954, National Nurses Week honors the 100th anniversary of Florence Nightingale's mission to Crimea, where she and a team of nurses improved the unsanitary conditions at a British-based hospital, reducing the war death count by two-thirds.

Psych Techs provide enhanced care, treatment, and quality of life for individuals suffering from mental illness and developmental disabilities, an undertaking worthy of special recognition and respect. CAPT celebrates and honors the individuals who have dedicated their lives to the Psychiatric Technician profession, a principled discipline characterized by compassion, commitment, and a deep respect for life and personal dignity. Society truly owes a debt of gratitude to Psychiatric Technicians for their unique role in the health care industry. CAPT is grateful to all our Psych Techs for their heart of compassion, service, and commitment to others. Thank you!



## Psych Tech Pledge

To uphold the integrity and human dignity of those entrusted in my care, and protect them against humiliation, insult or injury without regard to race, color or creed;

To inspire hope and confidence and give assistance, with understanding and friendliness, in finding realistic and meaningful living;

To continue my development of professional competence by complementing scientific study, improving therapeutic techniques, and maintaining high standards of leadership in the field of psychiatric technology.



# Steward Spotlight

**Hirut Cohane**  
**Psychiatric Technician**  
**Stockton Chapter**



## HOW LONG HAVE YOU BEEN A STATE EMPLOYEE?

I have been a state employee for 5 years and six months.

## HOW LONG HAVE YOU BEEN A CAPT STEWARD?

I became a steward at the end of 2018 after attending a November steward training.

## WHAT MOTIVATED YOU TO BECOME A STEWARD?

I was motivated to become a steward after witnessing my peers not knowing or understanding their contract and Weingarten Rights. Many were afraid and just did not know the proper way to speak out and were accepting anything that management said to them. From working in other public sector entities, I always voiced my rights as an employee, and I enjoy being the voice for our members.

## WHAT ARE SOME STEWARD ACTIVITIES YOU ENJOY DOING?

I like going around speaking to our members and asking if they have any concerns that are within my duties to help them with. I enjoy when our stewards have our own personal site meetings as well as attending the CAPT annual meetings.

## WHAT DO YOU SAY TO YOUR COWORKERS TO ENCOURAGE THEM TO GET INVOLVED IN THE UNION?

I encouraged non-members to come to the meetings to see what our union is talking about and the benefits of being a member and reiterating that as a member you have representation.

## WHAT WOULD PEOPLE BE SURPRISED TO KNOW ABOUT YOU?

There are few surprises that people wouldn't know about me. I would have to say that I actually began working in Mental Health for a short time in 1996, but my heart was set on becoming an attorney. I began my college studies for that and went on to graduate in paralegal studies in Nevada.

## Who's your beneficiary?

Life changes such as birth, marriage, divorce, and death are inevitable. Moreover, when changes occur, your current beneficiary choices — who will inherit your life insurance may need to be updated. Please take time to contact CAPT to make sure your life insurance beneficiary on file is your intended recipient. Recently, CAPT could not process a life insurance benefit because the beneficiary on file was deceased. In such cases, the benefit goes to the estate and is subject to inheritance taxes. If you are a CAPT member, be sure to update your beneficiary on file when necessary. You can request a new membership card from your local representative, or you can call Debi Loger at 1-800-677-2278 for assistance.



## Catastrophic Leave

*Helping one another through  
Catastrophic Leave Donations*

**BARGAINING UNIT 18 MEMBER(S)  
CURRENTLY IN NEED OF  
C.L. DONATIONS:**

**None at this time**

CAPT got the concept of Catastrophic Leave off the ground two decades ago; the program's been in our state Bargaining Unit 18 contract since 1989.

Article 6.9 of the CAPT contract gives state-employed Psych Techs and related professionals the right to request leave donations from coworkers in cases of financial hardship due to injury or the prolonged illness of the state Bargaining Unit 18 member or his or her family member, or for parental or adoption leave purposes.

You can help state-employed coworkers by donating vacation, annual leave, personal leave, CTO and holiday credits. Simply contact your personnel office to fill out a Catastrophic Leave donation form. And don't forget: You can donate to state employees who work in different departments or facilities.

If you need help and have received department approval to get leave donations, contact CAPT to be included in our publications. You also may qualify for reduced union dues while you recuperate. Contact your chapter president to find out more.

Those requesting donations on our online and magazine lists will automatically be removed by the next *Outreach* publication date unless CAPT is informed of ongoing needs. If you still need to remain on our lists -- no problem! Just call Christine Caro at **(800) 677-2278**.



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