SEIU District 1199 WV/KY/OH
Department of Correction and Rehabilitation

Agency Professional Committee Meeting
December 14, 2021

Department of Correction and Rehabilitation
Don Overstreet, Bureau of Labor Relations (APC Co-Chair)
Beth Hogon, Labor Chief
Jennifer Urra, Dep. Director Holistic Services
Kevin Runyon, Medical Operations Director
Kelly Storm, Behavioral Health Director
Lynna McDonald UMC OSC
Lyneal wainwright, Internal Reentry Administrator
Roberta Banks, Chief Bureau Personnel
Alison Vaughn, Labor Relations Administrator 1
Norm Evans, labor Relations officer, Warren Correctional Institution
Natasha Ewing, Program Administrator 3
Sherri Pennington, Hiring Manager Operational Support Center
Shawn Carr, Quality Ops Director
Norm Evans, LRO, WCI
Mike Davis Chief of Recreation and Religious Services.
Tracy Almanson Murphy Behavioral Health Program Administrator 3.
Janet Crawford HCM Manager – Compensation and Benefits Manager
Catherine Simerl HCM Administrator 1

SEIU District 1199 WV/KY/OH
Geoff Davies, SEIU, Division Coordinator, APC Co-chair
Sandra Gladding, Executive Board Member (PA2, NERC)
Athena Diven, Executive Board Member (CPS, MCI)
James Snowden, Executive Board Member (Nurse 1, GCI)
Mackenzie Webb, Delegate (Nurse 1, PCI)
Craig Wachauf, Delegate (CPS, MACI)
African Grant, Delegate (CPS, TCI)
Lisa Ragland, Delegate (CPS, RCI)
Denise Dunn, Delegate (Nurse 1, CCI)
Stephanie Sopkovich (BHP2, OSP)
Linda Wright, Delegate (Nurse 1, AOCF)
Mishelle Pachtler, Delegate (MH Nurse, GCI)
Dennis Spring (Psych/DD, AOCI)
Nicole Bowshier, Delegate (DCI)
Rick Benner, NP (CRC)
Emily Kepley, Delegate (SW1, ORW)
Darrel Parsley, Delegate (Nurse 1, SOCF)
Gary Spradlin, Delegate (Nurse 1, SOCF)

DRC Updates

Kronos

Cyber-attack worldwide. Working on it. Need employees to recreate their time. Doesn't affect actual timeclocks we just can't see the punches. Will have more info later today. Does not affect this pay but does last week. Don't know about personal data. It's just Kronos not OAKS.

Body cameras

piloted already. Took delivery yesterday, will start seeing them on white shirts. Policy is in process. Members have until Friday to comment.

Q: Medical – how will it affect patient privacy? If any?
A: Working on it that certain interventions excepted. It's not a gotcha, it's to protect staff, can also be used to document the work and care is being given. OSU is doing it also, not just corrections but other healthcare providers too
Q: Audio?
A: When activated yes there is audio. 90 second buffering so can go back. Can redact audio and video to protect confidential info.
Q: Will members be notified they are being recorded. Presumption that you are being recorded at all times when in presence of a white shirt?
A: A light will come on when its recording. You are being passively recorded video only and when activated. It's rerecorded over after 18 hours. The draft policy has all the details

Cell phones

working on policy that allows cell phones in institutions allow them in, working on policy.

Agenda Items, Discussions and Actions

Old Business

1. Covid Leave

The union understands that this is not under DRCs control – previous answers being it was directed by CARES Act money. But stating for the record that leave is a big issue with members having to use their own leave for regular issues as well as potential covid quarantine. This is leading to members running out and/or coming in sick to preserve their leave just in case. DRC needs to advocate strongly with whoever needs to hear it to provide more leave.

2. Pulling MH to Medical as part of medical rotation

Marion and London – have put MH nurses in the mandation rotation. Union disagrees with contractual right to put MH nurses in the rotation. That is being grieved so we will not discuss that part. We are concerned about using the process correctly and safety:

i. Follow contract
ii. Exhaust all resources first
    1. Need to use management before

a. PCI, CCI, MCI don't
b. Encouraged to work means nothing.

2. Every nurse needs to be in it, not just MH. But CNP not allowed?
3. Will it go both ways?
4. We don't have enough to be doing the work as it is, cannibalizing MH just means they can't do their work.

iii. Major safety issue

1. Must have extensive full OJT/orientation
2. Nurses going that don't know where anything is

KR: we don't want them pulled unless necessary and after used other resources. Not always managers because they are on call 24/7. Union disagrees, there is a difference being on call and being mandated.
Mgt: they don't do 8/80. Folks don't see what they do. Its hard to keep who we have. Same turnover problem. Yes, work as a team but shouldn't be automatically used. Union: we're not saying automatic but more than current, some institutions don't use management at all, and they're not in the institutions 40 hours a week.
Mgt: Some work some more than others, some have different duties other places also. If you have list of concerns by institution, please send to KR.

Action: Union to advise nurses to report when nursing management refusing to help.

Union: why is it MH are the go to? There are others.
Mgt: Because the skill set is the most appropriate. MH are not the go to.
When language was 4e was modified for non-bargaining unit modified, 4e, was intended to include other classes but it is 1199 overtime. 4e allows volunteers, not intended to force them. Then it goes to mandate

Why are RNs from other institutions being denied ability to pick up? Wardens saying no.
KR: covid situation has prevented, shouldn't be occurring now. If they're into comp time or prevents due to availability. Otherwise yes and should get details though. Send me names and instances.

Action: Union will send you institutions where and when has been denied.

Union: RNs are also being denied ability to pick up as CO, why?
Mgt: The RN still has to have permission of the managing officer.
GD: So, management has total discretion? They're denying because they might need them at their institution, to mandate or pick up.
Mgt: Well, you would want them to help their own institution first
Union: So, if I can't have you no-one can have you? Seems needlessly rigid, wasting opportunity to maximize pick-ups. A nurse might pick up at an institution down the road from her house rather than her own institution 30 minutes away.

Mgt: On the training issue, we want to ensure they have the training. We can ensure a checklist and orientation. Majority of MH came from medical.
NP and LPN – we allow to work OT, but it's not our go to. We have to realize the nature of the LPNs and number and putting them in rotation impacts their ability

Dennis Spring: In my facility pulling from MH to med and VV seems to be a safety issue. That's our main concern there. If it has to happen, we want more training. I'm most recent from medical but with the changes due to covid we need more. If we need to work together, we need to smooth it out, otherwise it leads to more turnover.
KR: we're comfortable with having those conversations with management. Need cross level training, know the skills test and make appropriate assignments. We can have an orientation checklist

DO: new transfers go through the orientation process, they do it and it varies from inst to inst.
JC: we want to standardize training for both classes.
GD: So an MH nurse would get the same?
JC: it would be part of the annual. Also as part of cross training in the institution.
LR: Those of us who work the floors when we get a new transfer they may get a week on all three shifts cramming but they don't get what they should or deserve.
KR: operation, no skill sets, it's incumbent on mangers to ensure it, where they're not it needs to be raised at the institution through your union
LR: we are vocal
GD: KR we will push the guidance to all institutions on this.
DS: If we have to go over there we have to be trained
DD: if I've not done or been trained over a year we forget, what if a nurse can't do something? Like Narcan? Hands on training needed
JS: Every year we sit in a 40 hour training that don't pertain to us; can we use that time?
KR: my message will be work with them to get a good process.
KS: we're committed to help
GD: What action can we have on the orientation/checklist? What form will that take?
KR: next step is for us to figure that out, bring our managers together. We will work on a plan.
MP: we have a manual in RTU. Everything in there. Good idea for all nurses. Not an instant fix, a long term help. Our supervisor started it with volunteers.
KS: I'll get with Trinity to get from him.

Actions: The union disagrees with the way that management have put MH in the mandation rotation is some facilities and has reservations about their ability and the appropriateness of pulling MH at all. It doesn't fix the issue at all which is lack of recruitment and inability to retain staff.
Management will address the issue of RNs not receiving appropriate training and orientation for medical.

3. Recruitment and Retention Supplement

a. Madison RTU update (Kelly was meeting with them again per last APC)
We are going to be losing another Nurse from our RTU at MACI, this will take us down to 4 RTU Nurses and 1 Outpatient Nurse that has been pulled to the RTU. As of January we will have 7 Psychiatric/DD Nurse openings.

KS: we placed a nurse from FMC voluntary for 30 days, also got an LPN contractor. Have another meeting schedule this afternoon on exploring additional options.

CW: I talked with one of our RTU this morning and she let me know another nurse is leaving January 3 to go to Twin valley. Will be another shortage, and the FMC nurse will be leaving too.

We have large numbers of RN vacancies:

16	*Pickaway Correctional Inst*
9	*Corrections Reception Center*
6	*Madison Correctional Inst*
6	*Marion Correctional Inst*
5	*Chillicothe Correctional Inst*
5	*London Correctional Inst*
5	*Ohio Reformatory for Women*
3	*Noble Correctional Inst*
3	*Richland Correctional Inst*
3	*Warren Correctional Inst*

CCI is down 40%. Marion down 50%, MH nurses working, last three weekends
PCI and CRC together down 25. Very few RNs on R&R according to the last report. Why isn't the state using R&R?

Kelly: we have got app from facilities, and we give reasons why deny. It allows to reapply. If the feedback didn't resolve the issue we can resolve. We also have pending apps.
JC: there's a pending review and it goes to the director who we meet with this week. Some request and also general concerns on staffing,
GD: Pickaway has been since before the summer
JC: There are impacts to consider, budget, data that needs collected, vacancy rate and length and market analysis. Lots that goes before you approve taxpayer dollars.
GD: Chrome books for inmates?
JC: its apples to oranges, funding lines, earmarked money. Also, can't approve R&R if it's not sustainable. But director does care and does hear the concerns.

Union: It seems to us that we've been meeting on these issues for years, that we keep hearing that the state cares. We don't doubt the sincerity of all the people on this call but its hard to hear for members that the state cares when nothing changes and if anything, things get worse.

Agency	Classifications receiving R&R	Number of Employees	Locations
DRC	Behavioral Healthcare Provider 1	11	Belmont, Corrections Reception, Mansfield, Noble, Ross, Toledo, Warren
DRC	Behavioral Healthcare Provider 2	18	Belmont, Corrections Reception, Mansfield, Noble, Ross, Southeastern, Southern Ohio, Toledo, Warren
DRC	Correctional Advanced Practitioner Nurse Psy. MH	19	Allen/Oakwood, Belmont, Chillicothe, Corrections Reception, Lebanon, London, Lorain, Madison, Marion, Noble, Northeast, ORW, Pickaway, Southern Ohio, Trumbull
DRC	Correctional Nurse Practitioner	45	Allen/Oakwood, Belmont, Chillicothe, Correction Reception, Dayton, Franklin Medical, Grafton, Lebanon, London, Lorain, Madison, Mansfield, Marion, Noble, ORW, OSP, Pickaway, Richland, Ross, Southeastern, Southern Ohio, Toledo, Trumbull, Warren
DRC	Nurse 1	67	Franklin Medical, ORW
DRC	Physician	2	ORW
DRC	Psychiatric / DD Nurse	16	Franklin Medical, ORW
DRC	Psychologist	8	Chillicothe, Lebanon, Operations Support Center, ORW
DRC	Social Worker 1	8	Corrections Reception, Mansfield, Noble, Ross, Southern Ohio, Toledo
DRC	Social Worker 2	5	Belmont, Corrections Reception, Ross

4. Mandation levels
    a. Updated report (union requests September to December)

Action: Union request in writing

b. Update on team reviewing reducing processes (Kevin Runyon)

Kevin: we're looking at change from regular to HER. Don't have anything solid to report now but do have ongoing work. Would like to ask staff too – GEOFF PUT IT OUT TO RNs.

Action: Union to include question on communication with nurses requesting input on redundant or unnecessary processes and procedures.

Gladding: I started 25years my dad was ecstatic job for life! Not the case any more. Its alarming to me that I can't get staff in my organization, something is going on. People don't want to work in prison as it is but when we do get them we can't keep them. When I went to Dayton people hadn't been seen for months, out of compliance – it's scary. I understand there's different needs for different areas but its time to move things around shake things up a bit.

Kelly: we're having those covnos at our level and above our level. We resumed our paid internships our psychology internships, to cultivate that new generation. I don't know what's happened to our workforce though in our community and nationwide. Its other states too. We are looking at all of the options.

SS: the acuity has skyrocketed too, both medical and MH. I'm seeing some people multiple times a day, but when you're operating with staffing levels from 8 years ago its overwhelming. Everything has doubled or tripled.

DO: what about the inmate population, its gone down 10K but we've not recued the staffing levels. Is it productivity?
No, our caseloads have remained consistent and surged.
KS: Working to pen level 4 day program at Warren. I'm coming to shadow at OSP for a day.

Gladding: we see inmates dozens of times that aren't charted because there's not time, its just little crises.

Craig: when you said is it a productivity issue its not to take offense. Our population has gone down, we're housing inmates different but also scoring inmates lower security levels. Our staffing levels haven't changed sure but we can't fill them, so our staffing has in effect gone down. I've been a case manager for 9, state for 15 – my workload is now so much higher than what its been. So much more stressful, I can't begin got describe it to you. And I get to leave at the end of the day, and when I'm standing up for my nurses, they're the same but they can't leave. They can't be here right now because their workload is increased. What we have in the state now is the good people left, they've stuck it out. They've got through so many barriers and different things to do their job and yet we're still here and it's not getting any better. We keep seeing people leave and the needs of the inmates are going up. With experience when you go into a unit you can feel whether something is about to kick off, you can feel the tension. We feel the tension now everywhere, its there its palpable and its scary.

Gladding: we (MH) do get to go home, but we would love some OT to get stuff done, charting and added tasks. I'd feel so much better that I don't have notes from three days ago but 8 patients today.

KS: I don't have an answer, would have to talk locally.

LR: I need to apologize and explain myself for earlier. 4 months ago I wouldn't have done OT. In the past two months I've done OT multiple times because I don't want my coworkers to leave. Everyone is working as hard as they can, but it just doesn't seem after 18 months of talking we're making any progress on any improvement, retention, relief, getting people in. That itself takes a toll on our workforce.

Beth: thank you for saying that and doing that, I feel it. But we are having discussions with recruitment and retention on money we don't have signed agreements yet.

5. Ohio Plan update

Lyneal W: Our Plan -it's not a manual, its now a list of duties and to make it lean as possible. We have LEAN analysis with ORAS, to see what we can take out. Mr Grant is on that committee
Another thing is efficiency with ORAS and DOTs to communicate. Refocusing programming.
Lanaya Macdonald: Also, along with UMA policy. Plus, director wants specific things in there to streamline processes. One of the big things is policies that connected with Unit Management are housed with us.
GD: One good way to streamline is stop late nights and weekends.

New Business

1. MH Caseloads and Staffing
    a. DCI

Staff have returned, but have extended vacancies they've asked for R&R. When first we were stopping transfers to Dayton due to closing units for officer levels and staff disability. We've resumed transfers. The regional has met with management to talk about caseloads and staff to see if they want to pursue R&R again. We're supplementing with voluntary OT from other institutions.

SS: we don't mind the OT but the acuity has gone up so much, we feel like we're put through the ringer. Chris is batting best he can

Nicole Bowshier: yes, they did just come back, but we are starting to get mor offenders they will be reapplying because an RN is doing a SW position in addition to their own

    b. OSP
        i. we don't have a MH nurse. Only three to cover 100 caseloads. Have the extra paperwork of max security. We are overwhelmed. Losing a medical nurse.
        ii. Will they be sending from Toledo?

Kelly: Maria King, regional admin, and Chris MHA there have put together a staffing proposal in reviewing. We me with OSP and Trumbull about the split position there. One of my plans is to go there and see how to increase access. What hinders the team is not just staffing but also access points and sharing space with other disciplines. Have met with warden for modification and plan to go back Q1 of 2022. Evaluating resources for PCNs.
Did transfer 5 individuals from SOCF and TOCI because we only had one independent license at Toledo, but that's all. No more we're anticipating.

Warren – only have 4 RNs on the floor for five shifts, getting hit. Are they considered for R&R or not?

Kelly: don't have an app from them. Have worked with Nancy to transition some services from RTU back to medical.

We're looking at adding a high security unit there. Because current doesn't allow additional security levels

2. R&R Denial at ORW for Social Workers – appeal
    a. We do similar as psychologists (who get it)
    b. Local MH staff get 30, we start at 25K
    c. It's about retention but also recruitment – why would anyone come here?

EK: the independently licensed SW are covering a lot of watches at other institutions. We've been going to AOCI and TOCI and DCI
KR: the NPs got it because of the salary comparison.
AV: we don't have this info, its Jenny and Kelly. Except for what Kevin has said that's no-one left.
DO: a lot will be addressed with the director coming up.

3. Nursing Reductions

We request all current positions by institution filled and unfilled and where reduced and why. Why not move the PCN?
Why are we reducing positions if mandating? How are you reducing positions for example at Grafton where they have cycled through mandation list in one weekend? Or they have open positions currently?

Kevin – they're not being mandate because they're position is mandated or frozen its because the positions are open and call off.
GD: if there are institutions with unfilled vacancies why would you reduce a position there, just leave it. There wouldn't be mandation of there enough fille positions.
Kevin: we'd have to see the number
Geoff: We asked for them already, you should have them already to know where you've reduced positions. All we have is half an email from management from months ago, we need to know from you officially and accurately to know the specifics.
KR: we'll look at those numbers and get back with you.

African: formula based on number of inmates – can we revisit the formula? If the The population is down but OT and mandation is still high are we using the right formula or factors to determine how many nurses we need?

Housekeeping:
Future APC to be scheduled for 2nd Tuesday every other month beginning February.

Feb 15

January date to meet to discuss initiatives to improve conditions. First two weeks of January discussed, Don Overstreet to confirm which date. Union will send list of committees.