



## State of Ohio Chapter

### ODRC Agency Professional Committee Meeting

December 17, 2019

**Union Attending:** Louann Gladman (SOFC), Linda Wright (AOCl), Monica Ford (LeCl)

**Management:** Don Overstreet, Beth Hagon (Bureau Chief Relations), Tracy Almanson, Amy Whitmore Medical Operations, Lynna McDonald UMC OSC, Arron Moore Unit Management North Region Administrator

1. Retention and Recruitment

a. CRC - RNs

Vacancies before I transferred the (Jo) and for a hot minute we were full. We've tried altering the schedule, we're stuck on shift diff, problem with advertisement of 10-hour shift, and then management wanted to change to 8 hours. Its been more than 2 years. Competing with FMC and hospital sin Columbus. We have an option we're not using and that's R&R.

Tracy Edmondson – pulled current vacancies and contract staff and as of 1/25 mental H has 3 vacancies and using contractors. Other two contractors are posted.

There are only twelve nurse s int hat department. 3 vacancies haven't made it out of the academy - but we haven't seen them shown up. Pull the schedules to see the overtime rates.

Do you have hire dates? The R&R process is that if management submits, we'll submit it, we review every quarter. We'll be looking at how long its been for the vacancy. The committee will look at the historical data. Go back to leadership to work that out to make sure. There is a policy on recruitment and retention, your management should read that. We're more than willing to look at it.

We can't make them fill it out – neither can we.

If it meets the criteria, we'll recommend filling. (35Pay07 policy). We haven't received a complete packet from CRC to say. Our next meeting is January 23 to review.

Don – they're in the process of reviewing, I'll do some follow up. Let them complete it and

b. MaCl sex offender program BHP1 position

Same answer – Sex Offender Social Worker don't meet the criteria (see previous grievance for some reason).

c. LeCl RNs – same deal. We'll follow. We're 5 down, we're just being mandated of the rail. She not doing agency, she's pre-mandating 2-3 weeks ahead of time.

2. Ohio plan

Lynaya – revise and modernize. Since then its changed. We won't be using it at all. Created a new one – the Our Plan. Goal will be to take offender from reception through post release. Will have Unit management but will have all other areas also – a holistic approach. Work in progress. Fluent. We have RH 1 and 2 by Feb 1. So, it's been put on hold for now. We have several work groups with union and management – visitation, orientation, curriculum.

IS there an 1199 committee? Not to Don's knowledge. Subcommittee participation – Who is representing 119 in that – Joe Daniels has it. But there will be a discussion with the Union. Athena on them.

Can we get a list of the union? Yes.

It's a long way from completion. There will be as much inclusivity as possible.

Tentative date of July 1, but unlikely.

Monica -80% of plan had to do with case management and schedule and programming. Will we be revamping that?

Not late night and weekends but may be flexibility for each institution to determine the need.

Visitation has been extended, each institution would.

3. Medicaid entitlement responsibility on case managers

- a. No. There's no specific. Its up to each institution. Not the same everywhere. Up to the institution.

4. Vacation LOA and definition of simultaneous request

We want an email for open dates to have this discussion and set it out. We hadn't received dates. To be honest we are all really busy. We'll commit in the next couple weeks. Geoff will send dates.

5. Clarification of personal time (again)

Kevin Runyon did send it out. Will send it to Geoff so he can tote it around.

Jim Snowden – I was denied because put in too far ahead of time.

Beth – Kronos doesn't allow it more than 2 pays ahead but doesn't prevent management from approving in advance. How to fix it – do it on paper, use a book. They have got guidance that they don't have to make you do it in the two pay periods.

6. Extra BHP position at Mansfield (and R&R)

Mgt: they've converted the RN to a BHP because of the duties required. We said yes if it meets the requirements needed per the ACA standards. The BHP can do it but not the nurse.

Did they lose the BHP position? They previously had a vacancy that they couldn't fill. Now we've had an RN retire and another leaving for Rici. They are not filling the retired RN spot and want the BHP position back.

Management is saying they don't need the RN position, the BHP is more required. – 5205 MH Housing Assessment. Requires a BHP to do it. Nobody but an BHP can do it. The institution says they don't need the RN position as much as the BHP. Eliminated the PN number. Electing not to fill the position.

Union: so, there's not the work to do anymore?

No, the work is still there. But the ratios are need more for the BHP than for the RN.

Union: the rest of the RNs are doing it; they're picking it up. We've already discussed the problem we're having with staffing and float pool and so on and now we're just making that worse.

There was no mutual agreement

7. Bilingual services follow up

Its not a requirement, we have no leeway on it.

Snowden: there is a pay incentive in performing your job above your qualifications. We here you but there's no mechanism to address it. HSE doesn't have to do it.

We're seeing an influx of Spanish speakers. Its common sense.

8. Not waiting 14 days to use agency and mandating in meantime
  - a. How does complaint to vendor work? It goes through DAS, and they have a whole process.
  - b. The answer we get is we can't get the contractors to pass the drug test. How long do we continue with an agency who's not providing?
    - i. Issue is they say they're complaining but they're not – we're not getting anything.
    - ii. Can the union get that info? The complaint can come from personnel or HCA, but the monthly contract monitoring comes from the HCA or the AHCA.
    - iii. Trust me everyone is fed up.
    - iv. Other contractors – we use the state of Ohio through DAS that we all use. Its genesis. Its negotiated at state level. Its ultimately up to the governor, DAS signs of on it but its up there. CAN WE POLITIC THAT?
  - c. Nursing pool discussion? Start a state nursing pool? Payroll issues but could do a DRC nurses pool wouldn't violate contracts. It's an interesting concept. We do sister institutions. It at some point is robbing peter to pay Paul. That discussion is in its infancy – travelling pool nurse. Great idea but there's a lot of hurdles. DON AGREES.
    - i. Part time positions? ETA?
      1. Kevin Runyon said he was interested in it we can follow that up with him.

There is no requirement to wait 14 days. The situation on the ground may be different, (program) but otherwise. We encourage agency to reduce mandation as much as possible.

9. Implementing electronic medication on Fusion – females second week of January and males two weeks after that.

10. 2020 Schedule