

UNION CAUCUS

- Emergency Pay
- Dues

Email just the field surveyor entry 2019-2022. They think because they're trainees they're not in the union. let them know they are not, they are covered etc.

- Delegate calls – monthly? Necessary?
 - Delegate call good. Quick and dirty check in. Highlights. 30 minutes.
- APC Agenda
 - Classification change
 - Review for priorities
 - Recruit and retain
 - What preventing filling?
 - Pay review?
 - Have positions changed (requirements and duties)
 - What cuts possible
 - Who would like to speak on the issues?
 - What two things do we want to take away?
 - What are we doing to recruit and retain talent?
 -

Health and Safety Joint Committee

Columbus buildings mainly.

Who do we want on the committee? 3 people.

Any such committee shall consider such matters relating to health and safety of employees covered by this Agreement and may make non-binding recommendations to the State, an Agency covered by this Agreement, or an institution or facility covered by this Agreement regarding such matters. Matters involving effective service delivery may be an appropriate topic for this committee.

Heather do first meeting to set it up, then heather to put out for participants.

We continue to push the line thread for the update. Quantifiable progress.

SEIU District 1199 WV/KY/OH
Department of Health

Agency Professional Committee Meeting
May 5, 2022

Co-chairs:

Geoff H. Davies, Coordinator State Division, 1100
Elaine Stewart, Labor Relations Administrator, DOH

Union Attending:

Heather Searfoss*, Public Health Consultant
Julie Keegan, Public Health Consultant
Molly Kelly, Public Health Nurse Specialist
Susan Thompson, Reviewer
Chris Binder, Reviewer
Angela Ball, Surveyor (LTC)
Sherry Kraft, Surveyor (Non LTC)

Management attending:

Jaime Erickson (Human Capital Management Administrator)
Rebecca Sandholdt (Bureau Chief)
Jill Shonk (Asst Bureau Chief)

Classification change issues

Entry: 24 mos. Commensurate with assigned discipline (i.e., long term care, acute care, non long term care facility, icf/iid, hospice care, home health setting, dialysis center, ambulatory surgical center, or in community health protection) 24 mos. Exp. In a healthcare setting (i.e., long term care, acute care, non long term care, icf/iid, hospice care, home health setting, dialysis center, ambulatory surgical center, or in community health protection); 12 mos. Trg. Or exp. In utilizing a personal computer & software to access and record data; valid driver's license.

- What is "community health protection"?
 - Responses: like a community health worker, local health dept etc.
- What is the intent of the change? What is the practical effect?

Intent: to make it easier to recruit allows us to look at folks from other provider types.

Independent change allows us to bring in SMQT tested already from other states and areas.

Independent:

Certification, licensure, or registration commensurate with assigned discipline (i.e., registered nurse, or licensed dietitian, or licensed social worker, or registered sanitarian); 12 mos. exp. **as Health Care Facilities Field Surveyor - Entry**, 61581; successful completion of federal Surveyor Minimum Qualifications Test (SMQT); valid driver's license.

-Or certification, licensure, or registration commensurate with assigned discipline (i.e., registered nurse, or licensed dietitian, or licensed social worker, or registered sanitarian); 12 mos. exp. conducting inspections of long term care or non-long term care providers/suppliers &/or health care services; successful completion

of federal Surveyor Minimum Qualifications Test (SMQT); valid driver's license.

- What is the intent/effect of this language change?
- If they move to independent after a year is their training over?
 - Response: anyone who comes in will have a period of training dependent on skillset and background. Not prescribed.
- We have to pass the SMQT within 1 year. When is the SMQT for those hired in from not-entry?
 - There is no timeframe. Doesn't expire. This is minimum quals. Getting in the door. They still have the probationary period.
 - Is HR taking s away from having license professionals?
 - No, the licensure remains

Supervisor 1

MINIMUM CLASS QUALIFICATIONS FOR EMPLOYMENT

Certification, licensure, or registration commensurate with assigned discipline (i.e., registered nurse, or licensed dietitian, or licensed social worker, or registered sanitarian); 6 mos. exp. as Health Care Facilities Field Surveyor - Independent, 61582; valid driver's license.

-Or certification, licensure, or registration commensurate with assigned discipline (i.e., registered nurse, or licensed dietitian, or licensed social worker, or registered sanitarian); 18 mos. exp. conducting inspections of long term care or non-long term care providers/suppliers &/or health care services; successful completion of federal Surveyor Minimum Qualifications Test (SMQT); valid driver's license.

Supervisor 2

MINIMUM CLASS QUALIFICATIONS FOR EMPLOYMENT

Certification, licensure, or registration commensurate with assigned discipline (i.e., registered nurse, or licensed dietitian, or licensed social worker, or registered sanitarian); 6 mos. exp. as Health Care Facilities Field Surveyor Supervisor 1, 61585; valid driver's license.

-Or Certification, licensure, or registration commensurate with assigned; 12 mos. exp. as Health Care Facilities Field Surveyor – Independent, 61582 or equivalent and record data; valid driver's license.

Difference 1 is conducting inspections so its not specific independent level experience, but with Supervisor

Reponses: 2 its specific independent

Effective with 30 day notice from OCB. DAS are vetting it now. Next week or so.

1. Current staffing matrix and positions open in each bureau

- a. Open/filled report for every bureau in ODH (1199)
- b. When are the open positions being filled?
 - i. What is the plan for surveyors? 37% open

JE: we were never given notice that freeze is over but we are posting positions requesting to be filled. Do have surveyor positions consistently posted.

Monthly vacancy review process to clean up what's needed. This has been delayed so its possible we have vacancies that may not be filled. By next APC we should have every vacancy accurate.

Consistently positions, are we getting apps?

JE: we do get a few more difficult. Technical positions with small candidate pool. Surveyor group is in this category.

We post on other sites besides state. Indeed etc. We can check to see where they're coming from.

If no-one is applying then have we looked at reasons?

- Right message/language?

Response: We post as healthcare facilities surveyor but if there's other language we could use let us know. Open to feedback.

Public Health consultant –

Reponses: yes but that could be a double edged sword. It could exclude as well as include. Hiring manager would want us to request.

HAS: we need to fool the bots, typing in HIV needs to get me where I go.,

You can find jobs related to discipline types and qualification

- Is it getting through? Where/how are they advertised?
 - o Mediums
 - o Fairs/events
 - o Schools

Yes we are, e.g. Kent State just recently. Majority of our jobs require experience or licensure so its not straight out of school.

- How are they posted? See #2
- Who is in charge of the recruitment? What are they doing/changing approaches?

43.11 Recruitment/Retention A. Recruitment/Retention Supplement

JE: for the pays scales DAS does labor market studies and based on the point factoring for duties. The pay range is not an agency. Class and Comp from OCB, you can get with them

Geographic difficulties?

Response: aside from surveyors not aware of E.g. we've not posted the veterinary one yet but we might sent out specific to folks for that one specific. I'm not hearing from any particular area that we've posted an reposted and not got anything.

ES: any HR group looks at the opportunities and its shrunk since covid. We in a state and national issue. We are filling, we are working hard to catch up.

HAS: isn't there a listserv for local health departments? There is one I think for local government.

JE: yes, we work with the programs to send it out. We allow hiring managers to send out whatever as long as its appropriate.

ES: we agree with targeted recruiting techniques but we don't know all of them. If you have any suggestions send them in.

What are you doing with the bureau for opportunity diversity?

ES: yes, we're blasting it out to them

- ii. Public Health Nurse specialist 43% open.
 - 1. What is turnover?
 - 2. Why are they leaving?
 - 3. Pay review?

We have people apply, get them in a train them and they leave. We have a 40-50% vacancy generally always. They come in and stay for a bit and find out nurses are paid more at every job everywhere else, and they transfer out. We have 75 cincis and are we providing the car eper the guidelines?

REQUEST PAY REVIEW?

**REQUEST LIST WITH POSTING DATES AND REPOSTINGS.
REQUEST THE SALARY SURVEY DAAT FROM DAS**

They were going to Children ith Medical Handicaps, and Medicaid. They pay \$30 and we're \$27. Survey.

Geoff: have you looked at these and what discussion has there been on these?

JE: yes we look at it and post it as a priority. If there is an area or particular place where the rates are crazy we can look at it and see.

Surveyors were not on a hiring freeze

JE: we post subbroys and hire as many as we need based on the disipline

Whats the issue then? We cant fill them?

JE: its candiate pool is down, a lot more shallow than they used to be.

What are we doing to be as attractive as possible/

JE: the surveyor position is pretty unique. It takes the right kind of person. A nurse isn't a nurse is a nurse. Differne tfrom someone in a doctors office.

Micro targeting? Like to be experienced nurses who want to leave the floor, care coordinator example.

CB: I was beside for 10 years, it not the feces as much as its managerial support. Coming to ODH the job as a surveyor.

Social workers example – can we appeal to them?

JE: if you've seen language that would appeal or that you think would work send it to us we're open to changing our message. If theres groups or listserves we can target send those too. We can rely on word of mouth too. Any strategies you think of that you think we're not employing let us know.

iii. What is the plan for those positions with 100% vacancies?

c. What positions are covering multiple jobs/duties and what is being done to mitigate – e.g. recent BID employee who quit because was doing someone else's job for the past year.

Retention supplement? We had a high number quitting.

JE: we did before it had a short term effect.

We open to language or marketing ideas whatever it may be.

Short term or salary changes wont get you what you want though. Will the raise keep you there.

SK: You tried it before try it now

ES: We did int 2016 tied to overtime. But the ideas we take away is immediate things to improve the visibility of our positions.

Molly: theres a big diff between hosptail and surbeyors and my job, but I also oversee these clinic and the clinical care within them. I do need to start going in them.

MOLLY NEED STO PROVIDE EXAMPLES OF COMPARABLE POSITIONS PAY.

d. HC Facilities Sur Ind (NonLTC) 2 open 8 filled

i. Why/how is this posted? I thought this was a holding class? Are the 2 open positions posted? How can there be openings if they're holding?

We wont be psoting them that way they would be reclassified. Example of the review process needed. We can do and send a new listing.

Department ID-Position	Job Code Title - Position	Open	Filled	Open %	Filled %
BHIW-Chronic Disease	Human Services Program Consult	1	0	100.00%	0.00%
BHIW-Health Promotion	Oral Health Consultant	1	0	100.00%	0.00%
BHIW-Health Promotion	Oral Health Specialist	1	0	100.00%	0.00%
BMCFH-Early Childhood Home Visiting & Maternal Infant Wellness	Public Health Nurse Specialist	1	0	100.00%	0.00%
BMCFH-Early Childhood Home Visiting & Maternal Infant Wellness	Public Health Nutritionist	1	0	100.00%	0.00%
Bureau of Infectious Diseases	Health Services Policy Special	1	0	100.00%	0.00%
Bureau of Infectious Diseases	Public Health Consultant	1	0	100.00%	0.00%
Bureau of Infectious Diseases	Public Health Veterinarian	1	0	100.00%	0.00%
Bureau of Maternal, Child and Family Health	Human Services Program Consult	2	0	100.00%	0.00%
Bureau of Public Health Laboratory	Pbhc Hlth Genetics Consultant	1	0	100.00%	0.00%
Director/Medical Director Office	Nurse Education Consultant	1	0	100.00%	0.00%
Office of Public Health Practice	Public Health Consultant	1	0	100.00%	0.00%
Director/Medical Director Office	Human Services Program Consult	4	2	66.67%	33.33%
BHIW-Health Promotion	Public Health Consultant	3	3	50.00%	50.00%

Bureau of Maternal, Child and Family Health	Oral Health Consultant	1	1	50.00%	50.00%
Bureau of Maternal, Child and Family Health	Public Health Nurse Specialist	7	9	43.75%	56.25%
BID-HIV/STI/Hep	Public Health Consultant	6	9	40.00%	60.00%
BHIW-Chronic Disease	Public Health Consultant	5	10	33.33%	66.67%
Bureau of Public Health Laboratory	Public Health Nurse Specialist	1	2	33.33%	66.67%
BID-HIV/STI/Hep	Human Services Program Consult	2	8	20.00%	80.00%
Bureau of Survey and Certification	Health Care Fac Fld Sur Entry	10	17	37.04%	62.96%
Bureau of Survey and Certification	HC Facilities Sur Ind (NonLTC)	2	8	20.00%	80.00%
Bureau of Survey and Certification	Health Care Fac Fld Sur Ind	25	112	18.25%	81.75%
BID-Immunization	Public Health Consultant	2	9	18.18%	81.82%
BID-ORBIT/TB/HAI	Infectious Disease Control Con	1	5	16.67%	83.33%
BMCFH-Early Childhood Home Visiting & Maternal Infant Wellness	Human Services Program Consult	1	6	14.29%	85.71%
BMCFH-Early Childhood Home Visiting & Maternal Infant Wellness	Public Health Consultant	1	7	12.50%	87.50%
BHIW-Violence and Injury Prevention	Public Health Consultant	1	11	8.33%	91.67%

2. Review of open positions

- a. Postings content and accessibility. Are positions posted/worded/titles in a way to maximize applications?

Public Health Consultant (PN 20014447) – is a consultant for the tobacco program

Public Health Consultant (20014453) - Manage grant activities, including contracts, purchases, and sub-grant agreements.

Human Services Program Consultant (PN20014263) - As a Human Services Program Consultant working in our HIV, STI, & Viral Hepatitis Interventions and Treatment Section...

JE: we do use working title and other language if other programs make that request. If you do let us know. But there are keyword search that you can back into the position.

b. Selling the position

Kudos on current. Can we include wage information, progression, and guaranteed raises etc.?

What's in it for you:

At the State of Ohio, we take care of the team that cares for Ohioans. We provide a variety of quality, competitive benefits to eligible full-time and part-time employees. For a list of all the State of Ohio Benefits, visit our [Total Rewards website!](#) Our benefits package includes:

Wage progression Guaranteed raises

Medical Coverage

- Quality, affordable, and competitive medical benefits are offered through the Ohio Med PPO plan.

Dental, Vision and Basic Life Insurance

- Dental, vision and basic life insurance premiums are free after one year of continuous service.

Time Away From Work and Work/Life Balance

- Paid time off, including vacation, personal, and sick leave
- 11 paid holidays per year
- Childbirth/Adoption leave

Ohio Public Employees Retirement System

- OPERS is the retirement system for State of Ohio employees. The employee contributes 10% of their salary towards their retirement. The employer contributes an amount equal to 14% of the employee's salary. Visit the [OPERS website](#) for more information.

Deferred Compensation

- The Ohio Deferred Compensation program is a 457(b) voluntary retirement savings plan. Visit the [Ohio Deferred Compensation website](#) for more information.

Ohio is a Disability Inclusion State and strives to be a Model Employer of Individuals with disabilities. The State of Ohio is committed to providing access and inclusion and reasonable accommodation in its services, activities, programs and employment opportunities in accordance with the Americans with Disabilities Act (ADA) and other applicable laws.

~~c. What other outreach is there?~~

- ~~i. Posting other places~~
- ~~ii. Job fairs~~
- ~~iii. Recruitment at colleges~~

d. review of timeliness of posting and filling and delays in the process.

- i. How long does it take to post then fill for the person to be working?
- ii. What is the current average? Anecdotal evidence of people moving on while waiting for the state.

JE: I don't have stats specially but we did do a deep dive before covid and anecdotally from the time it was spotted to the start date it was average 3 months. 2 weeks post, interview process, background check. 30 day notice to employer. Not hearing its asking so long now that people turning it down but its surely possible. Our team should be keeping in touch with them so they know.

MK: ours have been filled quicker lately.

HSA: keeping in touch is great and super important. Making sure that stays tight is important. But in this labor market we have to be quicker than 3 months. We cant say you got it but there is that ambiguity that exists. the constant communication is helpful to keep them on the hook.

MK: Step hiring – can we hire in at a higher rate?

JE: they were way back and then they were prohibited. Its cyclical. The possibility exists but it's not the norm.

MK: wheni was at the prison I got a turkey and a ham every year.

3. Surveyors: Schedules

Why do members get day to day schedules? Schedulers are being directed by management, not scheduling per the complaints coming in. Members don't always know what they are doing next day or week. Lack of consistency. Last minute updates on Thursdays – what do surveyors with children do? ES: Core issue is you'd appreciate more notice. We will have some conversations on this topic after this call.

Off hours – Sunday entry and off hours etc.

RS: the Sunday entry from end of April was not supposed to happen. Scheduling got ahead of themselves. As soon as Jill realized those were pulled off the schedule. We have tried hard to use our flex options that we give around the holidays or during a month without a holiday and that is when we're putting our off hour and Sunday entry surveys. Ive been meeting with the surveyors to go over those and the changes we've made. Have received requests to put out the schedule for you're on annuals you're on complaints and getting back to a calendar for off hour surveys.

SK: how long would that take?

RS: Won't be tomorrow, but won't be a year or two. Within a month we'll have something. Scheduling are down staff, trying as hard as they can.

This is still an issue for the main schedule, for annuals. As of April 25, the May schedule had not been released. Not enough time in advance. You find out Monday you're working the next Sunday. Contract is two weeks. "I already picked up an assignment for the Saturday so I can plan my life and now I've been

put on a Sunday already.” 1199 has asked multiple times in past for a yearly generalized schedule for off hour surveys

- Why can't we be told about Sunday entries for annual in more advance? They're supposed to be planned out per the annuals surveys needing completed list. It used to be four weeks in advance for off hour entries. Doesn't have to have facility, just that will be your day.
- Schedule being changed daily, sometimes outside of 75 miles. Told to stay overnight but with less than 24 hours' notice. Happening to new surveyors too, how do we keep them?

D. When a frequent traveler is required to travel in state more than 75 miles one way from his/her residence, and is required to report at a worksite or vicinity work sites for two (2) or more consecutive days, they may be required to stay overnight and may receive the current contract rates for reimbursement of actual expenses. When such assignment requires the employee to stay overnight for three (3) or more consecutive nights, they may choose to commute from the worksite to their residence one (1) time instead of staying over one of the three or more nights required by the assignment.

Public health Nurses Specialist: visiting facilities in person annually and comp every 3 with team of 4. Now virtual? We allow the facility to check off themselves. *New draft policy* says only two people on a comprehensive review. We have more who have never been and need trained than we have people who can. How, when only two? And no overnight bc not classified as frequent traveler (85%). Is this coming?

MK: Your program has control of that

4. Surveyors: Office days for paperwork

Once you leave the facility you can follow up you have to move on to the next survey. You can ask for additional time but you don't always get it. You also have to write it up which is a lot and that has to be within one day. No time to do it onsite so you do it off site, or the next write up day. When you don't have enough time to investigate it leads to more complaints. More complaints generated because you're not addressing the issue – it continues to be an issue because not addressed.

I'll get the write update if I ask but it doesn't account for the time I need to do logs, emails, training, meetings, other administrative work. Newer people though also cannot get the write ups done because they're being schooled – how can I tell you when I'm available when I'm scheduled?.

RS: as ive been having these meetings with field staff ive been specially talking about write up time. It is to be given. Ive said if you come to your FM and you have 6 hou pf writeup time and you have logs, admn and so on as well put that in your ask to your FM to allow that field manager to approve to request that day for you.

(straight time, not OT/weekend time). Tell them.

Sherry: Ive never been denied time to write. Its bout communication.

RS: based on previous convos this is one of the reasons why ive started doing these meeting so everyome hears it from me, including he surveyors. I will continue to have these meetings.

CB:

5. Surveyors: State Cars Policy.

- a. Policy is not allowed to eat in the car. Rebecca Sandholdt email now says not supposed to eat in facility, eat in the car. Contradiction.
- b. Time it takes to transit from facility to a lunch location, also time it takes to log in to clock – eats into lunch period. Solution? Office based employees. Can your lunch time be automatically deducted?

a. *Clocking out and in from the lunch break to meet the 30 minutes. If they want to combine.*

ES: not ware of it, but behind the scene can do it behind the scene. That can be posed direct to the supervisors.

SK: I do that.

ES: talk to Belinda about that.

RS: September 16 2021 email during covid recommendation not to eat in facility. Didn't say go eat in the car, but di indicate snack or drink fine. Or if on complaint by themselves they can eat in the facility. Or eat outside if its nice. Social distance inside and eat is fine just maintain infection control.

Concern would go both ways, protecting me and others. May be putting others at risk also.

What should you do?

SK: ive never had an issue finsing a place to eat

Not sure we can have a definitive rule. When we were making thse changes there were a lot o surveyors in e troom. You'll have to use good judgement. I fyou have to eat in your car or at mcdonalds. You always have options. You just don't want a bunch of people getting their bags out and eating together.

Just leave the car the way you got it.

Topic: 1199 Specific Questions:

Questions and answers:

1. I have a schedule already approved with my program in which I combine my breaks with my lunch, how do I account for that 30 minutes of paid time when stamping?

a. 1199 Employees who have an approved schedule that combines their breaks and lunch every day will be assigned a schedule/rule in Kronos that allows for this. The employee will timestamp their full hour for lunch and a 30 minute deduction will occur. *please note this is for employees approved to combine who do not take any breaks during the workday.

Driving to the location to eat counts as work time: get clarification.

Combine breaks for the hours, clock in and out for the 30 minutes

6. Surveyors: Weekend complaints by desk review? Strike due to current intake complaints review
ES: Other states have brought up this suggestion and CMS has not responded. CMS is reviewing AFSMA and is working on establishing a workgroup to identify efficiencies for survey process. SOP does say complaints onsite. We will bring up the idea again to CMS. — what do we need to do to make this happen?

7. Surveyors: Weekend positions— Strike also due to – surveyors now being given more leeway to determine if a weekend visit is necessary.

- a. ~~What would we want it to look like?~~
- b. ~~Voluntary not mandatory (no pull and move)~~
- c. ~~What steps need to be followed?~~
 - i. ~~Union survey~~
 - ii. ~~Management position~~
 - iii. ~~Finalization~~
 - iv. ~~Submit proposal?~~

8. Surveyors: LTC surveyors training new trainees.

New/Correct training guides to follow? In past the mentors/trainers were sent a guide which they followed for each numbered survey the trainee was on so they were given the proper assignments, prep time was decreased for the TC (lead) and the mentors were aware of what the focus of the survey should be directed for the new trainees to succeed.

RS: I did talk with Angela previously, reached out to Jill who oversees training. We are looking into this and how we can get something developed to be easier for the mentors. Maybe not as specific as week one week two, but something that can identify what’s needed that week. Don’t have a timeline but it is a priority for me.

9. Current number of surveyors, is it sufficient?

With the current backlog of up to 2.5 years are resident at risk? How are we making sure patients/residents are being well taken care of? Are we delivering appropriate care and oversight of facilities for taxpayers’ safety? Ownership of SNFs could have change in that time too. Complaints aren’t timely. Some people who complained who we are calling have died since. For facilities with few complaints, is it true we may not have been there for three years?

- a. What is the backlog?
- b. Is the current model fit for purpose?
- c. How much is attributable to pandemic and how much to staffing
- d. What is status of extra funding request?

RS: Additional funding needs to come from feds first. Haven’t received any commutation from CMS that we are receiving but when we do we will share. We do have CARES Act funding to help.

I’m not sure of any facility we have not been in for the past two years. Due to some of the changes we’ve made in our complaint unit and allegations we are seeing some improvement in the numbers.

Our backlog is currently less than 100, across all provider types. Its what’s left from the emergency suspension period – September 2020 to 2021. That’s only LTC. NLTC and continuing care have been

cleared. Its not this huge monster anymore. Adding to annuals, we've been able to increase that. Last month was 48 shooting for 50 and more per month. Moving in right direction. Also every quarter I have to to run in our backlog plan and our plan. CMS does not have issues with us right now. The other thing also we're looking at which we've proposed to CMS is that we were going to start with most concerning facilities first, e.g. IJ complaints facilities. So they may have been 18 months without and annual vs another at 24 months but there historical record is better. Assigning according to risk to residents. CMS has approved that and encouraged others to follow same model. Our backlog is not 2.5 years. The things we've put in place to get to those facilities of most concern we are doing.

What is 100 comparatively?

We do 7000 complaints a year. much higher than that currently. So 100 backlog is not a lot.

Over 100 LTC surveyors, we could assign all that this week but with the annuals and volume coming in.

~~10. Surveyors: Schedule OT one time a month? Preplanned mandation system.~~

~~We currently have enough people volunteering, no mandate for past 4 weeks.~~

- ~~a. What would we want it to look like?~~
- ~~b. What steps need to be followed?~~
 - ~~i. Union survey~~
 - ~~ii. Management position~~
 - ~~iii. Finalization~~
 - ~~iv. Submit proposal?~~

11. Return to Offices

- a. Phones. For most of us in the physical office, we do not have a state cell. Are they going to be switching to a VOIP solution (where we would be able to receive calls and voice mail through our email)? Would recommend an FAQ or worksheet be released to get everyone set up.

Response: if needed they can talk to their supervisor but no plans for phones on desks right now. Some don't have a work cell phone because don't need it. But there are capabilities to do electronic phone, to get voicemails etc. I don't want an extra phone. ES: If you need a phone ask your supervisor but otherwise no, ask OMS.

- b. Some managers are telling their consultants, they still don't know anything/specifics. Other managers have said, one 8-hour day per month is required, that's what I was told I will be working.
Response: All program areas have it, if they don't know they should reach out to their supervisor. Each area has their plan and if haven't been communicated it should be by now. Its been a while.
- c. any updates on the lease for the NWDO office
 - i. Akron:
 - ii. Toledo: none

- d. Clarify ODH's position on living/working out of state
 - i. Telework policy says can work from anywhere in the US? Where is the line?
 - 1. There is no hard and fast. Case by case. Not west coast of course. Aware though that some employees live across the border. We would continue to look at it on a case by case basis.
MK: who would mak ethta decision? This person is till here and is planning to move soon but shes a great employee.
Bureau chief, DAS. Cant speculate
Put it to the manager who will put it up the chain who will reah out to HR to see if viable. If amanger said no straight off, but the ultimate decision maker is HR. If amanger said no then the answer is no. They can always reach put to Jaime.
 - ii. How many members affected?
- e. Program staff hired lives in Cleveland and attached to the Akron office. Why not post as virtual?
 - i. We do have standard language added about the hybrid model
 - ii. Can we move it up farther so people see it more? Sure we can look.

About Us:

Our mission at the Ohio Department of Health (ODH) is "advancing the health and well-being of all Ohioans". Our agency is committed to building a modern, vibrant public health system that creates the conditions where all Ohioans flourish.

The Ohio Department of Health supports a hybrid teleworking model. This position may work a hybrid schedule at the discretion of the manager or supervisor, which will require occasional attendance in the office for training, meetings, and other operational needs. Employees must reside within a reasonable distance to their assigned headquarters for compliance with workplace reporting requirements.

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to the State, an Agency covered by this Agreement, or an institution or facility covered by this Agreement regarding such matters. Matters involving effective service delivery may be an appropriate topic for this committee.

Heather do first meeting to set it up, then heather to put out for participants.

There will be some notices put out about trainings that people should take

Housekeeping: August 4th APC. We'd like to do it in person.

ES: lets talk in July to see what it looks like. Also travel considerations.