

SEIU District 1199 WV/KY/OH - ODRC
Agency Professional Committee Meeting
February 11, 2020



SEIU-1199 Delegates:

Athena Diven, MCI
 Nicole Bowshier, DCI
 Leah Stevens, ORW
 Jo Ward, CRC
 Lisa Ragland, RCI
 Deborah Perkins, SCI
 Douglas Osborne, NCI
 James Snowden, Grafton
 Dennis Packard, SOFC

Sandra Gladding, NERC
 Kristina Christo, MCI
 Tamra Hairston, FMC
 Monica Ford, LeCI
 Michael Hickle, TCI
 Rachel Whitten, MaCI
 Heidi Ferrell, Lorain
 Shelby Bowers, CCI
 Stephanie Sarrach, OSP
 Meredyth Mclaughlin, WCI

Management:

Don Overstreet, Labor Relations Director, Beth Hogan, Labor Bureau Chief, Tracy Almanson-Murphy (Admin BH Svcs), Kevin Runyon Medical Ops Directions, Shawn Carr Quality Operations

<p>Ohio plan check in (and rumors going around about case managers, correctional program specialists, having to work 2 late nights a week. New director at CCI wants to implement and it has been heard at other institutions).</p>	<p>DO: Erin Moore update. No talk or discussion about two late nights. Update: nothing, still work in progress. Still forming committees with UMCs. Reviewing SMEs. Hope for additional feedback at next meeting. We'll review CCI. Not coming from us. Put to rest.</p>
<p>Simultaneous Request agreement – signatures if approved (vote result expected February 11. Discussion of communication and enforcement</p>	<p>Will draft and send to boss. ASAP.</p>
<p>Overtime for nurses – volunteers from other institutions (Agency Specific Language) and float pool. Empowering coverage.</p>	<p>KR: regional and sister institutions. Willing to look at it. Zero problem. How we can do it? Kevin: I'll work with my people on what's allowable within the contract. My concern is that I pick up the extra shift or take comp time to pick it up. They're still required to fulfill their time at their own institution. How do we make sure that doesn't happen. Next step is set a timeline to happen by and bring back to you. Will send guidance out to management. Need to firm it up beforehand. Mandatory Committee follow up March 4.</p>

	<p>DO: what if get frozen? Pre-mandation?</p> <p>Jo Ward and Lisa Ragland: well a float pool would help that.</p> <p>BH: we don't have the personnel pool to do that, by DAS, it would have to be intermittent.</p> <p>Deb Perkins – fixed term irregular is the pool, its already (27.06)</p> <p>We need to set a date for that mandatory OT committee</p> <p>Christo/Ward: when is agency contract up? It doesn't work.</p> <p>KR: one more year. We will look at that.</p> <p>BH: we can also look at Intermittent – 27.03. Limited 1000 hours. They have to go to the academy which eats up 300 hours there.</p> <p>KR: we also have to look at vacancy rates. Part of what we talked about is what is the true picture. Part of mandatory OT committee. I have to back up initiatives with data otherwise it dies on the vine.</p> <p>Monica Ford – turn around time for hires. They go somewhere else with how long it takes.</p> <p>CTA is working on more and larger classes for earlier start dates, but problem is state wide including COs. Its at least three weeks, four weeks and five weeks. We are trying to increase capacity.</p> <p>Jim: Agency don't go through CTA. Grafton skirted CTA that way before with Agency. Can we start them while they're waiting for CTA?</p> <p>What is requirement?</p> <p>Beth: yes we can take that back, makes sense.</p> <p>Don will follow that up and bring to next Mandatory OT Committee Meeting which is March 4</p> <p>Hickle: we're down to a couple vacancies and we've had agency who like it but been told they cant get in. Then they leave. Why not pay the fine?</p> <p>KR: I'm not saying it will happen every time but if we can justify I'm hoping they'd been receptive. TCI has been unfortunate with the</p>
<p>Chaplains' technology – need state cell phone. Chaplains as a whole. Prohibited?</p>	<p>Discussed with Mike Davis (Religious Services Admin. There is no policy that forbids not any intent to do so. Definitely could acknowledge some benefit. But its also something that is better dealt with locally.</p>

	<p>Mike Davis is willing to address with managing officers that if they see the benefit then they're welcome to do it.</p>
<p>The new visitation policy states that mental health staff are to monitor visitation three hours/month to include late nights and weekend coverage. That seems like a conflict of interest and a liability regarding confidentiality. We cannot reveal anything to a visitor without a signed release of information from the inmate AND we should not be conducting any therapeutic intervention with visitors. Just wondering what the purpose is. The policy has not gone into effect yet but an impact analysis was sent out. Is this a go? Is this on hold until they replace Jameson? How are they going to handle requiring staff to come in on the weekends?</p>	<p>Tracy Almanson Murphy It is policy, Mental health. They're wanting this type of responsibility, late night, unconventional hours so forth. Don't want anyone to give confidential info. Community Outreach only. Its been a push for mental health staff to have a mixed schedule. We have variance for 22 and 23.</p> <p>What kind of activities? – E.g. Anything, providing direction, general info. No different than from when in the community.</p> <p>There is a policy format for comments that can be responded too.</p> <p>Its not monitoring its providing community outreach. You would be available during visitation. If visitors have a person who is on the caseload.</p> <p>Jo: MH are connecting with family members? We already provide to the inmates. Instead of just inmates this is family too?</p> <p>No, jus providing community information.</p> <p>KR: it's a family visiting day. Holistic family thing. Mothers and families so that they can have access to general policies and advice.</p> <p>Will MH staff have training.</p> <p>Lisa: family member approaches asks how does X access this service etc.</p> <p>Yes. It's a way to involve the family.</p> <p>Three hours a month?</p> <p>Stephanie Sarrach: we do late nights at OSP.</p> <p>Its not new for some people.</p> <p>Yes but what if I have needs for inmates on grounds. Like 5404. Or suicidal>?</p> <p>You have to use best judgement. What would you do now? It's the same if you were in a different area.</p> <p>Lisa: you need to priorities what you think. What if come back and family is disgruntled.</p> <p>NOT A CHANGE TO JOB DESCRIPTION. BUT THIS IS A CHANGE.</p> <p>Geoff requests job description and copy of new directive./JD – Beth: we'll get it to you.</p>

Job specs are on our internet page. DAS website.

Sandy: we started it already. Yesterday. We have staff member. Being paid to sit and observe and be available. That's expensive. She sat there. No one came up. Its taking time away from being able to do our job, we're already behind.

Almanson: Policy 15.

Its marketed to family members for once quarter Holistic Health care – family involvement. Quarterly.

Gladding: quarterly or monthly?

Policy 15 is visitation.

Policy 22 and 23 is family day.

Several

Leeway is given on how you do the three hours. We don't want to make it too strict.

Is there training on this? Guidelines? Protect the nurse/employee.

No but most of the people in MH have licensures so I'm certain they'd have...

How do I protect myself from claims I inappropriately shared info?

- Family notes. Don't have to.

We definitely need guidelines.

Almanson: guideline is follow your licensure.

Policy 15, 22, and 23. Comment on there.

If you want us to do this you need to train us.

We've had customer service training. Everyone.

There's a customer services assessment inviting people to apply.

GEOFF– this is a huge change for lots now to be family facing.

	<p>Gladding – I’d rather have institution-based guidelines/etc. rather than agency wide.</p> <p>Snowden: what are we doing to protect our people doing this?</p> <p>Gladding: family events can we bring in outside speakers?</p> <p>KR: sure. Lung Association, NAMI</p>
<p>SOCF MH clinic RN assignment, what is the proper way to rotate it? Mgr. says she decides who goes next.</p>	<p>Dennis – assignments is bidding. Contract 24.16. We’ve raised this at FPC with no luck. Members want a shot at that, or if not rotate we need to bid it.</p> <p>Almanson – schedule is on a rotating basis.</p> <p>Snowden: 24.16 is to bid on assignments. There was a side bar somewhere to rotate to learn and so on. Then talked to Norris and we cant find that agreement anywhere. When I look at this is ay how do we make this as fair as possible. The fair way is to follow letter of the contract because you earn your seniority.</p> <p>Ragland: if I’m on the schedule an I have this on Thursday and this on Fridays but everyone else rotates where is the fairness?</p> <p>Almanson: its hard with gentlemen’s agreement’s if its not written. My suggestion is to talk to your counterparts and go to management.</p> <p>Packard: so go back and say best way is to rotate fairly and if everyone agrees then see if the management agrees.</p> <p>It was rotated but then the last person the manager said no.</p> <p>Don: there’s a difference between tasks and assignment. It comes back to the interest of fairness in rotating duties.</p>
<p>SOCF MH Manager developed a special assignment “MH Radio Person” should it be rotated? Mgr. says no.</p>	<p>Social Workers not getting a shot at the crisis assignment</p> <p>There are four members who could rotate through crisis assignment. You can bid on hours and days off. Supervisor has to make a determination based on employees’ strengths and weaknesses.</p> <p>Kevin: data collection and info gets results not anecdotal.</p>
<p><u>Late Item:</u> Staff/inmate ratio in Outpatient Mental Health as related to recent reduction in MH nursing staff in Outpatient MH (CRC)</p>	<p>There is a ratio – will get back. They have no caseload. Don’t have group. Others want a fair shot.</p> <p>Packard: we have to go back and rotate duties to be as fair as possible.</p>

Snowden: mixing LPNs and RN duties. Someone calls of who gets pill call – RN or the LPN? Should be LPN. Should be the LPN. That's not being followed, its on the RN

1199 has overtime process, OCSEA has their overtime

They said no because those who would rotate are behind and wouldn't be able to.

Well yes, because the assignment ends at 2:30pm and it get passed to someone to then do in addition to their work.

It was rotated up until six eight months ago.

TAKE IT BACK< PUT IT ON THE FPC.