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

Agency Professional Committee Meeting
May 3

Co-Chairs:
Geoff H. Davies, Coordinator, SEIU District 1199
Don Overstreet, DRC, Bureau of Labor Relations

For the Union:

Athena Diven	CPS	Executive Board	MCI
Sandra Gladding	PA2	Executive Board	NERC
James Snowden	Nurse 1	Executive Board	GCI
Dennis Spring	Psychiatric/DD Nurse	Delegate	AOCI
Shelby Bowers	CPS	Delegate	CCI
Dejanairah Remmer	BHP2	Delegate	CRC
Mish Pachtler	Psychiatric/DD Nurse	Delegate	GCI
Jennifer Shantie	Nurse 1	Delegate	LoCI
Craig Wachauf	CPS	Delegate	MaCI
Angela cooper	Psychiatric/DD Nurse	Delegate	MaCI
Stephanie Sopkovich	SW3	Delegate	OSP
Lisa Ragland	Nurse 1	Delegate	RCI
Louanna Gladman	PA2	Delegate	SOCF
Darrel Parsley	Nurse 1	Delegate	SOCF
Gary Spradlin	Nurse 1	Delegate	SOCF
African Grant	CPS	Delegate	TCI
Jonathan Lehman	Nurse 1	Delegate	ToCI

For DRC:
Beth Hogon, Labor Chief
Jennifer Urrher, Dep. Director Holistic Services
Kevin Runyon, Medical Operations Director
Kelly Storm, Behavioral Health Director
Lynna McDonald, UMC OSC
Roberta Banks, Chief Bureau Personnel
Donald Harris, LRO, MaCI
Eric Eilerman, Office of Collective Bargaining

1. **Recruitment and Retention initiatives** – across the board raises for all classifications. DRC cares but can do nothing, or DRC can do something but is choosing not to. There is a demonstrated ability to increase pay. **Why is it not possible for those 1199 positions suffering chronic shortages?**

Davies: Almost every FPC I've been to management say the say thing, they are powerless to do much except change schedules and use mandation because they cannot get more nurses and being able to compete is out of their control. We have raised at every meeting with you including contract negotiations the need to make major changes including raising pay and offering incentives for new hires and for those here to retain those here. Every time DRC has claimed that it is outside their control and that OCB and others control that. So we invited OCB here today.

Hogan: the CO raise came about as a result of an OCSEA request for a classification review of all of the corrections positions in the state. We cannot change the positions in the state, Stuart Hudson has said we are willing to sit down and discuss and do the market research and take steps, we need to use the mechanisms we have. Throwing money at it is not doing anything.

Davies: Recruitment and Retention supplements are insufficient and targeted.
Hogan: We encourage you to use the contract language we have to request a review.
Davies: we don't need to use the classification survey, the state has the ability to raise wages at any time, all they have to do is negotiate and we are always willing to meet to do that, we've been asking for action on this for months.

Eilerman: 39.02 provides the ability to request a review. COs wasn't because of the pandemic. They reached put prior to as well it wasn't as a reward for covid it was part of the review process.

Davies: The classification review process is geared towards duties and how they have changed. What does it measure?
Eilerman: We use the complexity of the duties, what's required, we use the Jacob Point Factor model

Davies: Right. We've gone through this process with the case managers, it's a specialized process run by compensation specialists who do this for a living. The results are based on the PDQs from the workers. If the process relies on input front laypeople into a specialized process how can the outcome be fair and based on the reality of the workload and what they dealing with? Also the process itself doesn't measure the kind of work or the volume. Seeing more patients because you have fewer nurses isn't going to be enough to change the outcome of that process. A Nurses basic duties haven't changed, if they have not changed would the model recommend any different rate?
Eilerman: No it wouldn't. But recruitment and salary data is taken into account also.
Davies: So what is the line between duties and salary survey data? What is the threshold that has to be met to increase pay based on salary surveys and recruitment and retention not duties? What was the threshold with the COs?
Eilerman: If there is compelling data labor market info can be taken into account also, we can even look at it informally outside of the process.
Davies: We can absolutely do that, we can do both tracks where we look at the classification review but we would want to also meet to talk about doing something using managements ability to adjust wages.

Cooper: what I'm hearing from you guys is that you're the management and you have management rights to run the place but there's nothing you're actually doing to help this.

Storm: I'm interested in your input. Madison RTU is short I know; we're looking at other facilities too. The RTUs are different than what we intended.

Wachauf: Its culture as well. Private sector pays more but can also cut. But the culture in DRC has not kept up with the public. We have to learn to communicate with our population but management has not learned how to communicate with us. We are not actually the army. Something has to change if you wans to attract and keep this new generation.

Ragland: We feel depersonalization and devalued. We don't see you on the floor with us.
Mish Pachtler: Maybe you guys need to get with management, come see what we do every day. Maybe then you'd get it.

Overstreet: We know you are right, we have to […] of how we conduct our business in the workplace.

Action/update: The union and state have agreed to meet to discuss next steps for market review and potential wages adjustments. The Union will also pursue the classification review process based on salary data and has requested information from the employer to start that process.

2. Change the standard public job posting text to include the benefits and wage progression to at least make it more appealing, and provide guidance to institutions for their public postings to ensure they are relevant and appropriately targeted – e.g. posting a position as "correctional nurse" on Indeed.com for example limits any search engine and requires potential hires to specially look for that term.

Runyon: We have changed the wording based on your suggestions We have taken out an ad in the ONA newsletter and magazines with that wording in it. HR also handles postings on other sites like Indeed.com and we have updated those also.

Action/update: While Indeed.com has been updated to include benefits the main DRC postings have not. Also, the wage says "from $30.03". We could sell that better if it said *"Union position, starting at $30.03 and rising to $31.49 after 6 months and $33.07 at 12 months and an annual step increase as well as guaranteed 3% raises through 2024*." While better advertising of the position is important the fundamental issue still remains that the state does not pay enough nor offer enough incentives to compete with hospitals and chains.

3. Recruitment and Retention Supplements

A. OSP Social Worker R&R – update following December APC.

Storm: Maintains the biggest issue is movement and environment. A request needs to me made for R&R and have advised management at ORW applies. Also requested MHA to increase their clinical role.

Sopkovich: it is not movement its staff. We are back to back with caseloads, we do not have enough people. We have two taken jobs in Recovery Services because of the workload.
Storm: we believe the staffing ratios to be correct if they have increase in acuity we reassess inmates to see if placements need correction. We are diverting also to decrease the clinical burden.
Sopkovich: it's the amount of referrals, kites, assessments, crises
Storm: we need to find the source of that. I'm open to looking into it we can talk more after the meeting.

Sandra Gladding (summary): How do you come up with staffing ratios? The tools you use to determine this do not reflect all of our work. Like inmates coming into our offices to ask questions, being called out for ERs to see inmates, time spent doing the ungodly amount of paperwork and documentation being required. I used to write a note, now I have to write several notes for one inmate on different dates because we cannot combine interventions into one appointment (psychoeducational contacts, counseling and MHL), trying to keep track of all the data we have to keep/report/input, kites, RIB, the list goes on. I know it is safe to say that the majority of mental health staff at the institutions feel like they are drowning. We're expected to maintain status quo while covering for HITs and vacant staff positions; not to mention picking up the work of those positions not being refilled. There are only 40 hours in our week to get things done. The data you are using does not include the majority of our work. Looking at Fusion and caseload numbers makes it seem we have plenty of staff. We all know this is not true.

Staffing Ratios 2021 provided by Kelly Storm

Position	RTU	Outpatient	Reception Process	Multi-missions. Special populations. Large RH pop	Comment

MHA4 or MHM					1 – every institution
MHA3				1 (for large institutions w/ 24/7 MH or multiple missions – deemed by OSC	
Psychiatrist	1:80	1:300	1.5 / Male .5/ Female		ALP assigned & ratios determined by chief psychiatrist – ratios are per ALP - not separate categories (i.e. don't get both ratios)
APN	0	1:300	0		
Psych RN	1:25 (+6)	1:200	1:50		
LISW/Psychologist	1:80	1:150	1:80	add 1 -per OSC	
LSW/Psych Assistant	1:50	1:100	1:80	add 1-3 per OSC	
Activity Therapist	1:30	0	0	Add 1 per osc	
Psychiatric Attend (varies & assigned per OSC leadership)	3-5	0	0	1	

B. AOCI application for medical

Runyon: Not aware of any application made. Union confirms it was sent by a member of management to one of Runyon's team. Runyon will look into it and respond.

4. Nursing Reductions – update from December 2021 APC

December 2021 APC Union, Union requested all current positions by institution filled and unfilled *and where reduced and why*. Requested management revisit the formula: if 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? Management said they would send the TO report from different points in time. Not yet received.
Mgt Kevin Runyon*: we'll look at those numbers and get back with you.*
BH: We get the TOs from different points in time. Within a week.

- Reduction of 1 RN at BeCI – lucky to have full staffing, why take the help away?
- Reduction of 2 RNs at LorCI – mandation remains an issue, the work has not decreased

Union believes that while we have a staffing crisis and nurses are already working short, we should not be eliminating positions.

Runyon and Urrher: We are not always eliminating; we might be moving them to other intuitions that need them more. We have 5300 less inmates in the state. Previously we would have closed prisons, but we haven't reduced instead we move positions. We have to see what the numbers are, they might not come back up.

Lucasville delegates: Lucasville runs at minimums; we were cut one RN. When one person is out we're done. We have no buffer.
Snowden: We are looking at it this way: we have nurses out for a while. We're not full staff, and yet we cut 2 positions. Why don't we look at it this way that if we keep the positions and it turns out we're overstaffed well that's a good problem to have. We can move them or cut them then.

Urrher: The budget has a limit, and we do what we can within it. We do care. We'll be doing something in nurses' week but of course it won't be enough. If you are ay our rates are not competitive do the research, it depends on your market. I will ok at all the levels tomorrow.

Davies: I've been to institutions where even management have said that the reductions don't take account of a lot of the work the RNs are doing which isn't necessarily documented. How does an institution go about appealing your decision to reduce?

Management: We're about to review them. We would od a job study to determine, needs to be a lot of documentation.

Action/update: the information requested to show where the positions have been eliminated or added has still not been provided. The union will pursue this information through a complaint to the Attorney General's office if needed.

5. 12 hours shifts at Trumbull medical – denied by OSC

Agreed that 12 hour shifts are possible as long as they do not have built in overtime. 12 hour schedules exist at other institutions so no reason we couldn't do it at Trumbull also with agreement.

Action/update: if it is still desirable for Trumbull's nurses the Trumbull delegate will follow up with local management on next steps.

6. 13.06B – physician verification – actual signatures.

Current contract language says *"Each supervisor may require an employee to furnish a satisfactory written, signed statement which may include a certification from a licensed physician, to justify the use of sick leave or other authorized leave for medical reasons. This certificate shall not be required in an arbitrary or capricious manner."*

Recently at an institution a nurse was disciplined for not providing the verification as it wasn't signed by the physician, a literal handwritten signature. Most doctors' offices now issue print outs or you can access the visit summary from your patient portal. Requiring a handwritten signed document is outdated, the Union raises this to discuss alternatives to keep up with current trends and be relevant.

Management disagrees, maintains they can require a signed document and if the union wants to change the language do it in contract negotiations.

Union: That doesn't make any sense. We can absolutely agree on a mutual interpretation and application of the language to be more flexible to allow for current trends. An example of unnecessary rigidity that we have discussed before. If we want to attract new employees from current and future generations DRC needs to become more flexible.

Action/update: None. If members are disciplined for not providing an actual signed document but do provide verification from the doctor such as a visit summary or report please file a grievance based on unreasonable and unjust discipline.

7. Case Managers Plan - update Our Plan

- Status
- Current freeze on positions – when and why?

McDonald: Policy impact analysis the last couple of days. Once approved we can put it out. UMA policy will also be in the plan. Next week or so to director.

Action/update: Union requests the plan and request also to bargain over its impact.

8. Chaplains – what is the staffing model now and plan going forward. Chaplains complaining they are more fewer (one FT per institution), and contractors leaving a lot of work now to be done by the chaplain which pushes other work on to case managers

- What is the model?
- How many contractors are there at each insertion and what are they doing? Why not more chaplains?

Mike Davis could not attend the meeting to speak on this issue for management, so Kelly Storm filled in. Communicated that Mike Davis had had a meeting with the chaplains just last week and nobody raised any concerns so they were confused why there would be problems now.

Action/update: Committee agreed convene a separate meeting with Don Overstreet, Beth Hogan and Mike Davis to discuss the issues raised.

9. **New use of force Policy**
    - Behavioral intervention, new MH duties associated? Who will perform those duties?

10. **eLearning or training/CEU to do from home or work**
    - BH: it is something we did in the past. Are we still allowing? Yes. Certain classifications we will confirm and send to you.

With CEUs that is a local issue to be handled by the wardens. eLearning management is willing to work with anyone to either do it at work or from home, just communicate with your management.

11. **Vacation planning – see MOU from 2019 on simultaneous requests**
    - Review of previous agreement sent.

Action/update: management agrees to carry over the agreement and will sign an updated copy. Union will determine whether its necessary to vote it again and will them share it with members.

12. **RNs being mandated for LPNs -** There is no OCSEA language that prevents LPNs being mandated. Why are RNs bearing the burden?

Runyon: in the beginning we didn't have LPNs, we added then to be used in high traffic areas, Monday to Friday to help RNs. To cover things like Pill Call. On theses shifts they were not part of the staffing plan, however over time they have been used on weekends to give RNs days off and when they cant be relieved it leads to overtime. I could say we'd take all the LPNs off but then we'd have to change RN duties. LPNs are excess to make RNs jobs easier. Yes they can be mandated but then they cant be used in the minimum, usually that's 2-2-1 RNs.

Davies: right, but RNs are now being mandated to LPN spots.

Snowden: we had LPN off every Saturday, granted off. But you cant mandate LPN on a good day and COs cannot take off. We're mandating RNS to fill that every weekend.

Runyon: I'm advising though don't make me put them back to Monday to Friday because nurses won't like the consequence.
Urrher: Its not the contract, its how we're using them. Maybe we need to look at that.

13. **Body Cameras**
    - Nursing confidentiality concerns
    - Effects on inmates – acting out

Officers should be turning it off during routine medical procedures, unless it's a qualifying event. If there is cause to record then any confidential information is then redacted/blurred later. 18 hours is records just video not audio. It is not downloaded unless supervisors manually does it.

14. **Security**

- Currently unprecedently level of vacancies in COs and other staff. Safety concerns. What is being done to ensure that the safety of all staff is paramount?
- What contingency plan is in place in the event that inmates do decide to take over?
- What security review are in place? For example, doors in the units in Marion and Lebanon – do they lock from the inside? Have Case manager offices been reviewed for desk placement (barricade)?

Management: CO pay will hopefully lead to additional resources. Hiring events institutions. We're quickly onboarding to not lose the candidate, then and there.
Union: Right but we've got people on OJT Monday who quit by Friday. What is CTA doing? It's not preparing them for reality.
Management; We're reducing posts, shutting units where we can. Madison we're removing Level 3s.
Grant: But the training they're getting isn't preparing them for it.

15. CO incentive pick up

Only the $50 incentive will end but we'll still accept volunteers.
Why can't Mental Health and Nurses pick it up if they have experience?
Hogon: its down to the wardens. Our advice is now consult with your individual licensing boards. We' fine with it but the warden or your board might not be.

16. Improvements for Recruitment and Retention Follow up

Union and DRC agreed to reconvene to follow up the proposals from the last meeting to discuss how to move them forward. (see below).

- ***Nurses self-scheduling***
  Kevin Runyon: We're open to scheduling as long as doesn't create overtime. It has to be all on board in the institution on the labor side. A lot of times it comes back to backfill. We're all for it, never said you have to do a straight 8/40 etc. its whatever works. Seniority issue – can be difficult, has to have buy in and not alienate young nurses. Would also have to take into account LPNs.

- ***Minimum staffing levels at institutions:*** *Let members to know the minimums so they can plan around and more so that there can be consistency in requests for time off.*
  We have day to day challenges in mission and backlog makes it impossible. We leave it up to management team to say whether they can drop down. Without falling out of policy etc. Our policy and protocol drive timeframes to see individuals. This is assessed regularly by management. They should know backlogs and opportunities. We'd like ideally for them to be looking at that constantly.

- ***Part Time positions:*** *create positions to supplement current and to retain current nurses who otherwise would leave and opportunities for nurses who would come ion but don't want to be full time*
  Don't think we've looked at it for nurses. But it is something we can look at it. Issues obviously with how it works with the full time workforce. Challenge would be the schedule: who would get what and how.

- ***Retiree positions:*** *bring in as temporary, avoid agency. Each according to nurses' ability, not a set minimum. Make union positions.*
  Mgt: Worth looking at.

- ***No mandate on a day you pick up, or 24 hours before or after (incentivizes more senior)***
  Overstreet: it's something to consider for sure. Also, other incentives for volunteering.

- ***Pick up bonus:*** *Bonus of some form for every shift picked up, total number of shifts within a timeframe = benefit, either money on the hour, a lump sum, or comp time. Link it to attendance to avoid manipulation but not approved leave. Create a real incentive besides time and a half to pick up.*
  Hogan: would have to take it to get authorization from OCB

- ***Mandation Pass:*** *Both management and union discussed the idea of a mandation waiver where nurses earn exemptions of mandation if they pick up shifts. Concern now raised by nurses that it could be manipulated so that it is the more senior less flexible nurses who are left with mandation*
  Our idea is that you would have to pick up nine shifts in one quarter to earn one exemption, not sure how that could be manipulated
  Nurses aren't going to pick up nine times just for one exemption.
  The number could be modified for each institution through Local Agreements
  We would have to discuss further.

- ***Supervisors should work the floor when short.*** *What criteria is given if any to qualified management for when they should work the floor. Our anecdotal experience is it is few and far between.*
  Runyon: just got approval for QICs to pick up overtime to work the floor. Also, though we need to talk so that my team specially speaks to managers to iterate that being a leader is by example. If there is going to be no-one there at all management will come in. What does the union think?
  Union: If it's been offered and no-one picks it up management is free to take it, we're talking about involuntary overtime. If a volunteers to come in and not be mandated if someone called off the next shift then management working it would be optimal.
  Runyon: my team and I are going to discuss where management is picking and choosing where to work.

- ***Feed staff a decent meal if they are held over. Focus should be on making food available to nurses within the department***
  Management: We can look into that

- ***Guarantee nurses' good days*** *Being mandated is bearable if you know for sure you get your two days off in a row when you're supposed to have them off. You can plan family time, catch up on housework, any of it. Constant uncertainty if you're going to have to work on your good days is mentally draining*
  Pros and Cons: could ends up being the same people getting mandated to the next shift, but it could also incentivize nurses to pick up if good days protected
  Management: it's a tool we cannot give up, but we can pull data on who is on good days to see if its in specific places? We can see if those managers have other options. Give us a proposal, we would look at them.

- **Fewer Q&As** – members are investigated because they clocked in late, or forgot to clock out, or because someone questioned their judgement. A Q&A is an official process with documentation, frivolous Q&As creates a hostile environment it also wastes everybody's time. Culture of incident reports and discipline for everything

- **Stop management managing by watching cameras** – get out on the floor and help.