DRC/1199
Agency Professional Committee Meeting
September 20, 2022

DRC item: Workforce coordinator positions creation. Intend to fall under 1199. Take some things from Case Managers. One at each institution, No other details at this time. DAS working on JD and will provide. Not at reception centers. No timeframe.

1. Physician verification

When appropriate, format
We have the right, each location will determine the hours to submit if below.
Some low as 16 some below 24, different in each.
The issue being institutions requiring docs provided.
BH: we can look at policy, if PCP signs it, not doctor. We can review the policy.
Update it as a result of technology, makes sense. Telehealth etc.
Geoff gives examples.
It should only be when reasonable, suspicious circumstance. E.g. request time off and denied.
Called off on mandation.
How do we need verified.
Need/concern is abusing sick time.
Any suggestions- Sandy. Why is it on us? Deal with the problem children rather than everyone.
Beth – agree. The problem have to be objective and not arbitrary. The number of hours is the objectivity.
What other circumstances – call off on a mandation.
We have issues with people using frivolous leave
No, we have an issue with staffing and mandation. When you're being mandated or worked three times a week then yes its going to be an issue bit its not my fault for using leave.
Runyon: can we get specific examples.
BH: Asking for suggestions
Sandy – you only have so many days, its their right to sue them When they're out of it deal with them.

We're not doing it arbitrarily. Show me where we are and we will address. Has to be for suspicious reasons. If they call off on this shift and the seem sick then it may not be suspicious.
We have a lot of nurses working overtime and people call off, they know supervisor will request verification.

Alison: I've been doing this 20 years. It's been the same standard we have had the whole time. If its not triggered by pattern. If someone request leave but they were denied and they call off sick, or they have been mandated and they leave sick. We can look into specific circumstances.

Sandy: I'm hearing management as the right but then you're saying well if it's a singe incident let us know. But
Beth: those situation ad hoc they requested off and it was denied then those types.
Gary: if an employee has 250 hours and they call off Friday then you could look at that
BH: yes. And if child is sick then statement from doctor would work.
Timeframe to provide – three days.
Snowden: is three days reasonable? I cant get in for weeks sometimes.
BH: three days upon return.
BH: you should know though, if we don't tell you we cant require it of you because you don't know.

2. **Culture of investigations, Fewer Q&As** – members are investigated because they clocked in late, or forgot to clock out, or because someone questioned their judgement. Frivolous Q&As creates a hostile environment it also wastes everybody's time. Culture of incident reports and discipline for everything.

Runyon – If it's a clinical issue it should be quality not Q&A. If its outside the practice or clinical error should be CQI. That's needs to be raised at the time. We shouldn't have the fear to make a mistake in medicine.

We have an invest policy, the appointing authority (Warden) makes the decision. Some choose to have a group review.

DO: every institution puts out payroll reports. So if an employee is late or doesn't clock out they pat the payroll report that captures everything. So that we have accountability. There has to be a process or mechanism to verify the reason. They're not frivolous they're necessary to have consistency and fairness. If someone has a valid reason for being late. Most of the time they request leave and they never appear on the report.

Geoff to advise delegates send examples of frivolous Q&A. They exist for a reason of accountability and consistency.
Instigation allows mitigating circumstances from investigation, like traffic. Other point is on accountability

Gary: we have someone shows up one two minutes late every now and then. She got tore up for it and a Q&A so then said if I'm going to be late I'm going to call off then.
Beth: that's not appropriate, just a friendly reminder should do.
Snowden: we're talking about reasonability. Appreciative of the people who show up. One of the tools in your box, why are you wasting time on a guy who's late when its timestamped. They can put in a reason. Corrective counseling is a tool. Why do we need to Q&A that?
Beth: you can make or break and employee with an investigation. If you treat them with respect, I can be supportive, instead of belittle them and feel like crap. That's not acceptable. I'm committed to the process being constructive rather than destructive.
DO: staff are working a lot of overtime. I have administrators who say if they get a simple phone call to tell me I'll be late because of ABC they're willing to forgive that tardiness, they're happy just to have them. As long as they have some notice and they're not chronic abusers 90% of people making notification are not getting followed up.
Gary: ten minute flex one way or another, shouldn't make a difference.
BH: that kind of flex is considered based on situation and supervisors. Not opposed.

Union note: MAKE THIS A PROPOSAL AT EVERY FPC.

3. Student nurse recruitment update

Runyon: we have educational agreements with colleges. OSU with London, Madison and ORW. Students toured and 12 are starting November 4 clinicals Education managers Cassie Barrett, told he we own programs in every institutions. We are going to do a training with HCA and management about what the process looks like, MOUs with the schools. And at least show em you went tut and did it. We'll find out who is being aggressive with it. HCA at ORW has posted postcards to every nurse in union county to come work here.
Are they committed then after that?
No, they do they clinicals here, see it and its chance for them to experience
How many responses did she get?
Just started.
GD: they may or may not stay of course.
JS: there's no DRC representation at the colleges fairs.
African: it's a personnel function right?
Yes, they should be
Gary: we have nurses willing to do it on their days off
BH: we could give special circumstances for that.
KR: it should be organized though, not just nurse showing up
BH: right HR needs to be involved.
Gary: a nurse can recruit a nurse better than HR.
Runyon: I would expect your HCAs and QICs to be out doing that.

4. Vacation scheduling

Management not approving time off "I don't know what the staffing will be at that time"

Runyon: I completely disagree with denial based on that. Also don't agree on because we don't know what the doctors going to be. Also note on canvas.
Can we get understanding on resubmitting or not responding.
Just because you don't know two or whatever weeks from now. Also, tell me yes or no within ten days, don't tell me to resubmit or not respond.
Yes
DO: agreed. But where it's more than one day or a week or two weeks you'll never be able to book. It come back to the earlier management know the easier it should be.
And they should be posting it up so people know.

Snowden: I think we have a great understanding to put a theory to the test. When we're talking about nursing we have a problem with RNs getting mandated, but the LPN at our institution don't canvas, they just get granted. Why don't e get the LPNs to canvas.

Geoff: approve or deny, response withing ten days, don't deny because "what if"?
Runyon: Yes, I agree its crazy, if I want to take a vacation to Disney or whatever then I'd be pissed off. We have the HCA an administrator to work with them. If you can point to some, please that would be helpful. Of particular places if there's a delay. If it's an education issue
Vaughn: COs by contract must canvass their accruals by December for the following year. The other part talks about other requests. That's why LPNs don't necessarily canvass, they're not required to.

5. Nurse recruitment update

Inst	Dept	Position	Filled	Open	Total	Percentage open
WCI	Med	Correctional Nurse Practitione		1	1	100%
LECI	Med	Nurse 1	3	12	15	80%
Allen	Med	Correctional Nurse Practitione	1	2	3	67%
PCI	Med	Nurse 1	18	21	39	54%
Chilicothe	Med	Nurse 1	7	8	15	53%
NCI	Med	Correctional Nurse Practitione	2	2	4	50%
ManCI	Med	Correctional Nurse Practitione	1	1	2	50%
Mci	Med	Correctional Nurse Practitione	1	1	2	50%
SOCF	Med	Correctional Nurse Practitione	1	1	2	50%
MaCi	Med	Nurse 1	8	8	16	50%
CRC	Med	Nurse 1	9	8	17	47%
Mci	Med	Nurse 1	8	7	15	47%
NCI	Med	Nurse 1	7	6	13	46%
LOCI	Med	Nurse 1	9	5	14	36%
LorCI	Med	Nurse 1	9	5	14	36%
DCI	Med	Nurse 1	8	3	11	27%
Allen	Med	Nurse 1	13	4	17	24%
ManCI	Med	Nurse 1	12	3	15	20%
ORW	Med	Nurse 1	13	3	16	19%
SCI	Med	Nurse 1	9	2	11	18%
SOCF	Med	Nurse 1	9	2	11	18%
WCI	Med	Nurse 1	9	2	11	18%
TCI	Med	Nurse 1	10	2	12	17%
ToCI	Med	Nurse 1	11	2	13	15%
FMC	Med	Nurse 1	49	7	56	13%
NERC	Med	Nurse 1	8	1	9	11%
OSP	Med	Nurse 1	9	1	10	10%
GCI	Med	Nurse 1	13	1	14	7%
RCI	Med	Nurse 1	13	1	14	7%
RiCI	Med	Nurse 1	14	1	15	7%

KR: 11 of our facilities have R&R. Two years ago, we had only 2.

We're not seeing recruiting from R&R. Local workforce. Etc. we've done all the fairs. Director asked for better analysis of community settings. For future R&R what does the competition look like. What are we competing against packet wise. Also, why are we losing nurses? We're not getting exit interviews so we're not knowing why they're leaving. Looking a that.
Recruiting efforts. We're in the magazines. Following your suggestions.
Ross is looking at scheduling
Dennis: where are we at with AOCI R&R? We're down 5 SW in MH and multiple nurses in HIS. Just lost and RN, agency, and LPN in the last week/
Runyon: Allen was denied to months ago based on vacancies at the time. Don't know that there is a MH request.
Dennis: Kelsey Hardwick coordinator in RTU told me they had interviewed only 2 people in the last year and neither called back. Agency Nurses getting paid 6-7 busks an hour more and not even Nurse Prac getting that. Gets people down.
Garrick: MH admin would submit that request.
Runyon: they can also advance step hire. New nurses.
GD: So, its not the governor now for advance step? No. Well then target experienced nurses to bring them in, our nurse wont have an issue if commensurate.
Gary: we have applicants but they're not interviewing until the posting comes down.
Allen has a 10% R&R for MH and if its not working you have to look at more. You have the ability to give 25% right now to everyone, contract wise.
Runyon: we need the data
Lisa: you can look at the market all you want but local areas is word of mouth, people aren't going to come if they know its not a good place to work. You have a bunch of people with a lot of experience, we're training those people you're hiring in. We're not getting paid for that training for those getting more money.
Runyon: I'm a little frustrated about you being upset about this. Also what are we doing about recruiting? We're doing advance step hiring. Then you complain about that.
It comes down to can we pay more.
Gary: we think it awesome whatever you need to do. But when you have money don't piss on your people who are already off, or give the contract nurse the days and making state nurses work the weekend.
Runyon: I'll look at those places where agency not weekends. But it's a buyers' market.

Dunn: what about 25% across the board? People coming in, people already there.
Beth: we do to everyone by shift, but the director is very aware that some areas pay better than others and that's where we're trying to target with the supplements to address that inequity. If you're at Adena on $5 more than at Ross or Chili, then (made up) that's what we look at. 25% across the board for everybody
Dunn: what makes you think we don't deserve that
Beth: I do, but we're within the market.
Gary: I've got my schedule here, we're getting hit two three times a week. We're down to five nurses with LOAs. 69 mandates this month. We're five nurses. If we lose one person we'll then lose two more because they wont stay.
Dunn: 25% across the board would keep some agency too, or get them in.
Runyon: I've requested disability report to put in the report to account fr that too.

GD: Community settings? What looking at?

Snowden: Lorain: MH they had one prescriber. He waits and went to metro. Why didn't we try to keep him?
Libby: we had similar situation at NERC
DO: it would behoove us to have exit interviews.

Exit interview is part of the HR process. It can be done electronically. Send a link to them to fill out or it can be the warden to sit down and do it. HR can do some as well.
Response rate not good at all.

6. Mental Health recruitment update

Inst	Dept	Position	Filled	Open	Total	Percentage open
NCI	MH	Behavioral Hlthcr Provider 1		2	2	100%
CRC	MH	Behavioral Hlthcr Provider 1		1	1	100%
RiCI	MH	Behavioral Hlthcr Provider 1		1	1	100%
DCI	MH	Behavioral Hlthcr Provider 2		2	2	100%
ToCI	MH	Behavioral Hlthcr Provider 2		2	2	100%
Allen	MH	Behavioral Hlthcr Provider 2		1	1	100%
FMC	MH	Behavioral Hlthcr Provider 2		1	1	100%
OSP	MH	Behavioral Hlthcr Provider 2		1	1	100%
ManCI	MH	Corr Adv Prac Nurse Psy-MH		1	1	100%
PCI	MH	Corr Adv Prac Nurse Psy-MH		1	1	100%
LorCI	MH	Psychologist		2	2	100%
NERC	MH	Psychologist		2	2	100%
Allen	MH	Psychologist		1	1	100%
GCI	MH	Psychologist		1	1	100%

RCI	MH	Psychologist		1	1	100%
Mci	MH	Psychology Assistant 2		1	1	100%
PCI	MH	Psychology Assistant 2		1	1	100%
SOCF	MH	Social Worker 1		2	2	100%
Allen	MH	Social Worker 2		1	1	100%
LECI	MH	Social Worker 2		1	1	100%
LorCI	MH	Behavioral Hlthcr Provider 2	1	3	4	75%
SOCF	MH	Psychology Assistant 2	1	2	3	67%
PCI	MH	Social Worker 1	1	2	3	67%
ManCI	MH	Behavioral Hlthcr Provider 1	2	2	4	50%
Allen	MH	Behavioral Hlthcr Provider 1	1	1	2	50%
Belmont	MH	Behavioral Hlthcr Provider 1	1	1	2	50%
DCI	MH	Behavioral Hlthcr Provider 1	1	1	2	50%
LECI	MH	Behavioral Hlthcr Provider 1	1	1	2	50%
WCI	MH	Behavioral Hlthcr Provider 1	1	1	2	50%
NCI	MH	Behavioral Hlthcr Provider 2	1	1	2	50%
MaCi	MH	Psychiatric/DD Nurse	5	5	10	50%
SOCF	MH	Psychiatric/DD Nurse	5	5	10	50%
Chillicothe	MH	Psychologist	1	1	2	50%
DCI	MH	Psychologist	1	1	2	50%
LECI	MH	Psychologist	1	1	2	50%
LOCI	MH	Psychologist	1	1	2	50%
NCI	MH	Social Worker 1	1	1	2	50%
LorCI	MH	Social Worker 2	1	1	2	50%
Chillicothe	MH	Behavioral Hlthcr Provider 2	2	1	3	33%
LECI	MH	Behavioral Hlthcr Provider 2	2	1	3	33%
ManCI	MH	Behavioral Hlthcr Provider 2	2	1	3	33%
SOCF	MH	Behavioral Hlthcr Provider 2	2	1	3	33%
ToCI	MH	Psychiatric/DD Nurse	2	1	3	33%
CRC	MH	Psychologist	2	1	3	33%
Mci	MH	Social Worker 1	2	1	3	33%
Allen	MH	Social Worker 1	3	1	4	25%
ORW	MH	Social Worker 1	7	2	9	22%
WCI	MH	Psychiatric/DD Nurse	8	2	10	20%
MaCi	MH	Behavioral Hlthcr Provider 1	5	1	6	17%
CRC	MH	Psychiatric/DD Nurse	13	2	15	13%
CRC	MH	Behavioral Hlthcr Provider 2	7	1	8	13%
GCI	MH	Psychiatric/DD Nurse	11	1	12	8%

Gary: list says we have five open positions, but they're not posted. Day treatment program?
Garrick: that in discussions on having a level 4 day treatment program at SOCF, but at this count just looking at environment assessment.
GS: So those five vacancies are approved?
Garrick; don't know. I here for Kelly, will have to go back and ask. Got people waiting to transfer.

7. Mental Health how "core hours" is defined. NERC seems to think it's your entire shift. That does not allow for flexibility. I always thought it was 6 hours of your shift where you had to be present. If my schedule is 7-3 then core hours could be 8-2 or 9-3, depending on when management and the union feel is necessary for you to be present.

Gladding: just in general. Core hours
DO: under the old ohio plan there was core hours that had noting to do with flexible schedules. Always associated with some type of flexible work schedule.. Say the window is 8a-4p. If you have a 1 hour window you can so 7-3/9-5. Core hours is when the supervisor knows you're there. Even though you have a flexible work schedule they can count on you being there.
Gladding: they're telling us our core hours at when we're there. 8-4. There's no flexibility,
AD: Our MH guy told his people it was 8-230 so had to be there between then.
DO: could also be to meet operational need.

Garrick: don't think there's a different understanding for MH. We can follow up with NERC so they understand that how its supposed to be operationalized.
DO: it has to be when available to inmate, that could be different institution to institution and dept to dept.

8. **DRC item:** Workforce coordinator positions creation. Intend to fall under 1199. Take some things from Case Managers. One at each insitution, No other details. DAS working on JD and will provide. Not at reception centers No timeframe.

9. **Case Managers Plan - update Our Plan**
    a. Plan status
    b. Current freeze on positions – when and why?

LW: Our Plan, its not a manual it's a set of instructions. Did Lean analysis. ORAS. Also looked t job responsibilities
Review unit schedule.
Refocus programming. We got so busy with covid.
Manual deletions. No longer under Ohio Plan. By the end of the year will have the policies integrated.
Review the TforC waitlist.
Its all in policy, not manual. As you'll see from the revision.

Review: UMC 01 policy. Not signed off yet. With legal. Schedule will be Unit management 8a-6pm coverage. Anyone in the unit CM, Sergeants, Secretary, can

cover late nights (M-Th) and weekends. Caveat: to be made and sent in by the 15th of each preceding might. Sec/CM/Serg/UM need to sit and make schedule. Work it out. If you have a dysfunctional unit you'll have an issue. Should be able to manage the schooled,
Fridays will be 8-4. Weekends will be four hours between 8a and 4pm. Anyone can work that coverage. Has to be Saturday or a Sunday.
Some institutions have started the schedule. Late night is one person per unit late night or weekend.
Community involvement and family activity: if you have ot then you have to stay and if you want to come in at 7 and not 8. But you have to turn intact schedule the month before. Can change if have coverage. You can switch. There is flexibility in the schedule. But we need the unit covered.
Late night will be 6pm. If you have a city you can stay after that. Please do not kill us with this golden ticket.
Weekend once a month. Same person could do it if they wanted to.

GD: What duties being trimmed?
Responsibilities: workforce development. Can't tell you what's involved in that yet. But can say that AP1 can do video visits, some of the ORAS data entry. Did take them off. Streamlined the ORAS dashboard.

No freeze on positions. We have 1:250 ratio. We have numbers at institutions that have changed that we don't have the numbers o we need. If 1202 people, they would have 9 instead of 10. Do they have population for 1:250. We don't have the population to support additional or it might just be vacant or have the pool to hire. We don't have a freeze.
Beth: we've closed units at Ross, London d Toledo. Graton are over allocated but should be filling at Lorain and Trumbull. Will reach out to find out why not
AG: Trumbull have, working. Take of TCI.

10.Chromebooks

c. In what situations will a duty NOT be given to case managers?

Case manager no longer responsible for tax forms information, going back to the librarians

d. What duties have been taken away to account for the additions

The poll front case managers

Data entry - secrtaries

Video interview – Secretaries

Video court – that's video in reach. Community reentry That can be secretary. Case

Athena: I just got a request t for 4-6 hours of video court for next year.
Child support getting ridiculous

When we get the policy review we will forward to you.

11.Case manager Recruitment Update

LorCI	UM	Correctional Program Spec	4	2	6	33%
TCI	UM	Correctional Program Spec	4	2	6	33%
LOCI	UM	Correctional Program Spec	7	3	10	30%
ToCI	UM	Correctional Program Spec	6	2	8	25%
PCI	UM	Correctional Program Spec	7	2	9	22%
RCI	UM	Correctional Program Spec	7	2	9	22%
GCI	UM	Correctional Program Spec	8	2	10	20%
LECI	UM	Correctional Program Spec	8	2	10	20%
SCI	UM	Correctional Program Spec	6	1	7	14%
CRC	UM	Correctional Program Spec	8	1	9	11%
Belmont	UM	Correctional Program Spec	9	1	10	10%
Mci	UM	Correctional Program Spec	9	1	10	10%
RiCI	UM	Correctional Program Spec	9	1	10	10%
LorCI	UM	Corrections Classification Spe	10	1	11	9%