Agency Professional Committee Meeting
January 16, 2024

AGENDA

For ODRC:
Kristine Edwards, Ass Med Op Dir and MAT (Kevin)
Alison Vaughn (LRA)
Don Overstreet, LRO
Linda Gerhigh, Regional MH (Kelly)
Erica Bradley (UM Admin for south) for Lyneal Wainwright
Michelle Dunkel (North Admin) for Lyneal Wainwright

For the Union
Dejanairah "Dj" Remmer, Behavioral Health Provider 2, CRC
Turon Hairston, Classification Specialist, CRC
Teddi Anderson, Nurse 1, FMC
Elaine Davis, Nurse 1, FMC
Teddi Anderson, Nurse 1, FMC
Jennifer Shantie, Nurse 1, LOCI
Athena Diven, Correctional Program Specialist, MCI
Sandra Gladding, Psychology Assistant 2 , NERC
George Poullas, Nurse 1, OSP
Lisa Ragland, Nurse 1, RCI
Juli Lambert, Correctional Program Specialist, RICI
Ethan Rittenhouse, Correctional program Specialist, SCI
Teri Tomesek, Correctional Program Specialist, TOCI

Agenda

1. **Current 1199 positions filled/vacant per institution.**
    - Requesting current filled and vacant, each institution.

Union Perspective:
- Reviews staffing numbers from today compared to August 2022
- Expressed concerns about potential removal of Recruitment and Retention (R&R) incentives.
- Raised concerns about retention and the unfairness of distribution in advance step hiring.

Agency Perspective:
- Emphasized success of advance step placements and help from targeted Recruitment and Retention supplements.
- Acknowledged concerns but stated that long-term benefits, including competitive health packages, are being considered.

Discussion:

Aug-22	Filled	Open	Total	% open
Psychologist	18	12	30	40.00%
Psychology Assistant 2	23	4	27	14.81%
Social Worker 1	38	9	47	19.15%
Social Worker 2	15	3	18	16.67%
Behavioral Hlthcr Provider 1	21	12	33	36.36%
Behavioral Hlthcr Provider 2	38	16	54	29.63%
Corr Adv Prac Nurse Psy-MH	19	2	21	9.52%
Psychiatric/DD Nurse	109	16	125	12.80%
Physician	2		2	0.00%
Correctional Nurse Practitione	44	8	52	15.38%
Nurse 1	293	115	408	28.19%
Correctional Program Spec	178	22	200	11.00%
Corrections Classification Spe	32	2	34	5.88%
Chaplain	30	1	31	3.23%
Grand Total	**860**	**222**	**1082**	**20.52%**

Janaury 2024	Filled	Open	Total	% Open
Psychologist	20	9	29	31.03%
Psychology Assistant 2	21	5	26	19.23%
Social Worker 1	30	2	32	6.25%
Social Worker 2	11	2	13	15.38%
Behavioral Hlthcr Provider 1	42	11	53	20.75%
Behavioral Hlthcr Provider 2	42	14	56	25.00%
Corr Adv Prac Nurse Psy-MH	19	2	21	9.52%
Psychiatric/DD Nurse	114	9	123	7.32%
Physician	1		1	0.00%
Correctional Nurse Practitione	43	10	53	18.87%
Nurse 1	335	71	406	17.49%
Correctional Program Spec	169	28	197	14.21%
Corrections Classification Spe	32	1	33	3.03%
Chaplain	30		30	0.00%
Grand Total	**909**	**164**	**1073**	**15.28%**

August 2022	Title	Filled	Open	Total	% Open
AOCI	Nurse 1	13	4	17	**23.53%**
BECI	Nurse 1	15		15	**0.00%**
CCI	Nurse 1	7	8	15	**53.33%**
CRC	Nurse 1	9	8	17	**47.06%**
DCI	Nurse 1	8	3	11	**27.27%**
FMC	Nurse 1	49	7	56	**12.50%**
GCI	Nurse 1	13	1	14	**7.14%**
LECI	Nurse 1	3	12	15	**80.00%**
LOCI	Nurse 1	9	5	14	**35.71%**
LORCI	Nurse 1	9	5	14	**35.71%**
MACI	Nurse 1	8	8	16	**50.00%**
MANCI	Nurse 1	12	3	15	**20.00%**
MCI	Nurse 1	8	7	15	**46.67%**
NCI	Nurse 1	7	6	13	**46.15%**
NERC	Nurse 1	8	1	9	**11.11%**
ORW	Nurse 1	13	3	16	**18.75%**
OSP	Nurse 1	9	1	10	**10.00%**
PCI	Nurse 1	18	21	39	**53.85%**
RICI	Nurse 1	14	1	15	**6.67%**
RCI	Nurse 1	13	1	14	**7.14%**
SCI	Nurse 1	9	2	11	**18.18%**
SOCF	Nurse 1	9	2	11	**18.18%**
TOCI	Nurse 1	11	2	13	**15.38%**
TCI	Nurse 1	10	2	12	**16.67%**
WCI	Nurse 1	9	2	11	**18.18%**

January 2024	Title	Filled	Open	Total	% Open
AOCI	Nurse 1	13	4	17	**23.53%**
BECI	Nurse 1	13	1	14	**7.14%**
CCI	Nurse 1	16		16	**0.00%**
CRC	Nurse 1	16	1	17	**5.88%**
DCI	Nurse 1	9	2	11	**18.18%**
FMC	Nurse 1	52	4	56	**7.14%**
GCI	Nurse 1	13		13	**0.00%**
LECI	Nurse 1	12	3	15	**20.00%**
LOCI	Nurse 1	11	2	13	**15.38%**
LORCI	Nurse 1	13	1	14	**7.14%**
MACI	Nurse 1	15	1	16	**6.25%**
MANCI	Nurse 1	11	4	15	**26.67%**
MCI	Nurse 1	7	7	14	**50.00%**
NCI	Nurse 1	12	1	13	**7.69%**
NERC	Nurse 1	8	1	9	**11.11%**
ORW	Nurse 1	13	3	16	**18.75%**
OSP	Nurse 1	10		10	**0.00%**
PCI	Nurse 1	22	17	39	**43.59%**
RICI	Nurse 1	10	5	15	**33.33%**
RCI	Nurse 1	13	1	14	**7.14%**
SCI	Nurse 1	10	1	11	**9.09%**
SOCF	Nurse 1	9	3	12	**25.00%**
TOCI	Nurse 1	8	5	13	**38.46%**
TCI	Nurse 1	9	3	12	**25.00%**
WCI	Nurse 1	10	1	11	**9.09%**

Union: What are your plans here? What is the takeaway?
Don: Collectively it's a concerted effort to fill and hire. Theres a direct correlation to mandatory overtime. Its our goal.
Geoff: Will and effort did it only?
Kristin: RNs. Goal is to fill them all. Difference is not the R&R. I think its more those folks looking for opportunity. Different field fits better for some than others. The offer that we had and those who requested advance step placements helped us compete.
Don: some institutions there have been more advance step than every, prior to that not so much. It's a too we've used to assist. R&R always helps

Mental Health:

Linda: success with advance step placements, has helped. And some places without the R&R is a factor. Also MH mangers have gone to job fairs. Taking staff with them too. Also quite a few paid internships that we can capture.

Union: Will R&R be taken away where it is in place?
Kristine: no immediate plans. ORW had it for several years even before covid. It has to do a lot with job demand outside the institution. Local competition. Able to compete with those employees. Geographical location.
Geoff: R&R is temporary. Concern you'll take it away.
Don: Well, it definitely helped.
George: Retention factor is huge. We have people with no experience but its not the same as nurses who have experience. Also retaining current nurses. There are a huge number who are near retirement who would stay longer if the package was right. Health benefits eroded, has changed the quality of staff. A lot more retention.
Don: absolutely, people with tenue and retaining them. R&R is retention as well for sure. We feel we have a generous package for health benefits and the step increases. We know pay increases through the contract too. We believe the long term is more competitive. But you have to put time in to get there.
George: it's not as competitive as it used to be.
Don: we'll take back recommendations. Have discussion. We're in the middle with OCSEA. Budgets are being put together and analyzed, looking ahead.
Lisa Ragland: 25 yrs. or more nurses. We're on the downhill road. I figure doing advance placement, what about those with seniority for 25 years or more or 27 e.g., at certain steps. We've stepped out at 8.
Don: There's a lot to be said about that, we'll have agency specific bargaining. You make a very good point.
Kristine: incentive for training new people.

2. **Case managers – taking away positions, how to get them back? What is needed?**

Union Perspective:

- Raised concerns about the reduction of case manager positions and the need for incentives for officers to move up.
- Advocated for voluntary participation in the shadowing program and improved communication.

Agency Perspective:

- Discussed concerns about the reduction of case manager positions and emphasized ongoing negotiations.
- Asserted that current steps are being taken to maintain staffing levels and distribute workload fairly.

Discussion:

Union:

- Officers are topped out, they would make less as a Case Manager. Vacancy rate has increased.
- What is the incentive of an officer to move up?
- Is it intentional to keep officers in place?

Don: certainly it's a numbers game. Dirven by numbers. We are aware of it.
Erica: are we talking about vacant positions getting filed or deactivated? We're currently sitting in all interviews we have not had an overabundance more frequent than any time. We do have deactivate positions die to pop levels. We don't intend on reactivating them until increase. We rarely have instances without multiple applicants. We have a lot of quality and apps. There are a few where we see not as many, but overall the demand is high. We're not having trouble filling

Geoff: COs looking at case managers workload now and saying not enough more money for what they're doing.
Ethan: We're required to have a degree. We think that should be a pay increase. CO steps out and switches to CPS they'll not move. Down the road from now you're going to have issues.
I went to college because I wanted to get to the next step
Kristine: yes but we're not seeing difficulty in filling the position. Case file of 8 we interviewed but the file was much larger. Not seeing an impact right now.
Michelle: Also seeing positions other than CO. Financial, nurses and external.
Juli: what I'm seeing and hearing – you came in a do what you do because you care. They're now coming for days off and not to be frozen. Out populations are being affected by that. Inmates are saying they just don't car anymore.
Don: quality in the delivery of care.
DJ: A lot of officers, case managers, there's no incentive to move up.
Kristine: you still have to be a case manager to be a Unit Mager, career ladder.
Don: I hear you, about using the CO bump. The appropriate spot for that is negotiations. It will be raised I know.

Caseloads
Michele: Theres the same amount of work but less caseload? Don't agree. Fact is the job is driven by how many people are on their caseload. The numbers shouldn't increase.
Turon: we have two CMs covering one spot and put them at 360 a piece.
Kristine: it could be positioning needs requested they need to reevaluate. If there's 120 additional then we would need to look at that for equally distributed. Is it people or geography, equal and fair? Also, each institution, are we redistributing people or areas equally?
Michelle: you are staffed on institution population, not specialized caseloads. The institution needs to look at that. We traditionally look at buildings, geographic. If we shut this or that unit down we have someone with less here and more there, so we cant do the geographical. It maybe that it gets lopsided. We've worked with redistribution based on population not geographics.
JL: who does that fall on at int?

Management: UMC and DWO.
Geoff: What is the greater portion?
Michelle: It's handled at personnel level based on institution. Not sure on reasoning?
Geoff: What is the trigger?
Michelle: We'll take it under advisement of what that is.
Geoff: What extent do other areas count? Or is it just numbers?
Management: RTUs, youth, what it's time and effort in caseloads and divide that accordingly that comes down to local administration. Time and duties. That comes down to local operation and what best fits. We can't argue every institution is the same. We would present those cases to personnel. We don't make the decision, we advocate. Personnel makes the decision. HR and Lyneal and the justification.
Allison: personnel and HR don't make the position, they're the ones doing the paperwork. The decision are made regional OSC level in conjunction with regional directors and warden.
AV: used to be the committee, but that's not active anymore.
There has to be substance to the request. Need elaboration on the weighting of the factors. Don thinks its more needs of institution.
AV: key thing is you have to bring them up at FPC and take it forward if feel not being able to provide the justification.
Turon: they tell us go to APC.

Geoff: just to recap we request the meeting with Lyneal, UMC and DWO requesting the case manager spot be reactivated.

3. **Case Manager P.O. Shadowing**

Union Perspective:

- Objected to the program being mandatory, make it voluntary and provide more information to interested individuals.
- Raised concerns about the lack of communication and information regarding the program.

Agency Perspective:

- Explained the initiative to improve communication and relationships between case managers and parole officers.
- Emphasized the value of understanding each other's roles and building a collaborative team.

Discussion:
Union: What is the problem/concern this is looking to resolve? Why is it necessary?

Michelle: relationship of release planning and cooperative. Conditions of supervision. Why am I as a case manager having the inmate sign the conditions before they eave when PO will do it? Well the answer is IP needs notice of need to report to first meeting. We then have paperwork to have that and ability to issue warrant. But we found through focus group that they didn't know why they were doing that. So, we want that experience for everyone to see what others are doing in order to eliminate redundancies.

We want cooperative understanding and build relationships between staff and APA.
So if I'm the case manager and you're the PO I have someone to reach out to as a resource who can help. Same thing for OCSS access to increase communication.
Our plan is after the shadowing to hear from people what could be done better, easier.

Geoff: So, if it's that why not have a group rather than everyone?
Athen: we feel its they don't understand what we do. And they feel theyre part not part of DRC
Michelle: sure they're coming in though, you'll be hosting them
Athena: I do not want to do ridealongs.
Michell: it's not set up for that, its for you to experience whatever they're doing that day. If you don't wan tot do a certain thing when you set your day make sure you communicate or pick the day right.
Ethan: you already piloted?
Michelle: No, we intend everyone to do it through October.
Ethan: I get your reasoning, but is there specific reason not just a committee in each area rather than mandate everyone to do it? So, like two case managers in southwest from each institution do that and get that feedback.
Erica: we thought about that and the outcome was there was more need to understand what each does. Reduce the silos. We discovered we couldn't tell what the other is doing. The overall viewpoint was that this was create dout of concern in the field. We don't get good communication from POs, we don't have access, how do we management caseload.

Lisa: what happens if someone is off or otherwise misses their opportunity?
Don: its about enhancing understanding and respect for the others job and realizing we're on the same team. This is what came out of that focus group, they were every enthusiastic

Geoff: Why is it not voluntary?

- Some CMs want to do this, great!
- CMs with high seniority who don't want to do it. What's the point? Educate us more why this is necessary. (OCSS system access now)
- Where will I be going? Will I be in the field or just in the office?
- Why do I need to ride along?
- Office?

Geoff: this sounds like a very heavy way to achieve identifying redundancies and overlap and have information and understanding. This seems like a very efficient and heavy handed way of doing that.
Alison: its not that at all. Its building a team.
Alison: for those who don't want to go out int field find out what the office day is and schedule around that.
Lisa: you said they have to, you have to shadow a PO.
Just specify office day. No transport, searches, arrests. Of course, if you want to do that stuff then ask. You have the flexibility.

Juli: we have not been told any of this.
Michell: there's a handout that explains all of this.
Turon: what hand out?
Michelle: sounds like we need more communication.
Shantie: ridealongs will get vests?
Don: yes. If that's something you want to do.

The Union recommends voluntary and then formulate information education needed for those who don't based on the goals of the program.

Turon: its up to us to schedule it?
Michell: APA has selected who you can shadow with.
Also, Chief and unit manager. We'll go back to basics of communications on that because there's clearly a lack of communication.

4. **Case Managers 4-Hour Programming**

Union Perspective:

- Requested data on changes and guidance for each institution.
- Emphasized the importance of raising awareness of unnecessary and duplicative duties

Agency Perspective:

- Updated on the outcomes of the initiative, focusing on the need for institutions to review and potentially reassign duties.
- Discussed the difficulty in providing a universal list due to variations in duties across institutions.

Discussion:
Lyneal in September: *It is what it is. Not changing. Katy will provide direction/FAQ on GTL issues. UMC should be talking to case managers about priorities. So, if your UMA didn't give you then they should. Won't make a list, because not me each institution is different. SOCF might be doing transport and escorts. Or going to chow or.... Directions were for wardens and UMAs to get with CM for stuff not case management related and then go to warden and admin to see how can get these duties taken off.*

Geoff: What is the status? Did any of the above happen?
CRC got an email for what duties they thought. That was last
RICI – they did a good job. Offender Programming in ORAS counts to four hours.

Geoff: What was the overall changes? Can they be collated as a guide for all institutions.

Management: We didn't collect data but we did educate UMCs about having the conversations about what can be reassigned and who can take some duties like AP1s taking apps, and video in reach. Some were already doing that, some weren't. We do not control what gets decided, we ca just ask what gets reviewed. I didn't know if everybody would have had a meeting with heir UMC.

Lynell did put out a direction about abundance of attorneys using Case managers for connection with clients. We did put out that's not a case mgt responsibility, visit instead.
We have surveyed case managers and requested UMC do it. And the executive team. We are constantly looking at duties to remove. Overall thing is video conferencing increase. Wardens go that letter within two weeks.
Its difficult for us to say these are the 20 things. Its different for every institution. Duties are vastly different sometimes. But what would help us is: what institutions and what duties are unnecessary, duplicative and could be reassigned.
We've font video conferencing, video applications. If there's anything else we can do let us know but we need awareness of what it is. We had the focus groups and main thing was duplication of duties of APA and Case managers.

5. **Drug-Free Workplace Policy Update (Marijuana):**

Agency Perspective:

- Clarified the unchanged policy: no impairment at work, and consequences for positive tests without a medical card.
- Acknowledged the need for further clarification on medical card requirements.

Union Perspective:

- Sought clarification on the interpretation of marijuana laws and how they affect employees.
- Raised questions about the parameters of marijuana use and testing.

Discussion:
Don: do not come to work impaired. The policy hasn't changed. Recreation or medicine? Still in the system. If so happen to be tested positive, then what?
Don: if you don't have a card you'll be in trouble. EAP etc. If you're in those classifications that don't restrict it you can't test positive period.
But if not and you have a medical marijuana card the process requires a medical review officer to contact you. With prescription medication, if being abused can be in violation. If approved to possess medical marijuana, then okay.
Testing positive in any way is essentially prohibited.
If have a medical card then deal with under with that process, just like prescription medication. MRO.
We're not going to know it was two weeks or two hours ago.
Geoff: Is the presence of THC going to get you on the discipline track? Regardless of minimum,
Teddi: they should do a point level.
Medical card of self declaring?
Alison: if test positive the MRO will request documentation. No need to provide the institution.
Requirement to get notarized info AG to give state info.
Don: we'll get mor information on that. The only person you should share with is Medical Information.
Juli: My members had to fill in a form with conditions and get it notarized and send it back
DON: that would be the Medical Officer. They would no t be institution. HIPPA Stil maintained. Not with person who notarizing.

Information provided by management:
https://com.ohio.gov/divisions-and-programs/cannabis-control/licensee-resources/what-we-do/non-medical-cannabis-faq

Can my employer firing me for using marijuana?

Yes. The law allows an employer to fire, discipline, refuse to hire, or take other adverse employment action against an individual because of the individual's use, possession, or distribution of cannabis.
An employer may establish and enforce a drug testing policy, drug-free workplace policy, or zero-tolerance drug policy.
An individual who is fired because of the individual's use of cannabis is considered to have been fired for just cause for the purposes of unemployment compensation review, if the individual's use of cannabis was in violation of the employer's drug-free or zero-tolerance policy, or other program or policy regulating the use of cannabis.
Additionally, pursuant to the law as approved by voters, all federal restrictions on employment, including the regulations adopted by the United States Department of Transportation in Title 49 of the Code of Federal Regulations, remain in place.

6. **Recruitment and Retention Supplements:**

Union Perspective:

- Raised concerns about the denial of R&R requests for certain positions.
- Requested updates and clarification on the denial reasons.

Agency Perspective:

- Shared updates on R&R submissions, denial appeals, and ongoing efforts to address recruitment challenges.
- Encouraged institutions to identify duties that could be reassigned.

Belmont Sex Offender Social Workers R&R

- Only Classification in BECI MH not receiving, same recruitment issues.
- Update – was it submitted? Status?

Management: I did not receive an application for sex offender services.

BeCI	BHP1	Yes	5/2/23	20%
BeCI	BHP2	Yes	5/2/23	20%
BeCI	CAPN	Yes		25%
BeCI	CNP	Yes		25%
BeCI	SW1	Yes	5/2/23	20%
BeCI	SW2	Yes	5/2/23	20%

2/2/24 UPDATE: Management have confirmed application has been submitted.

Lebanon Correctional BHPs

Mgt: See note indicating that on 9/5 the committee denied an increase.
Union: Why was the BHP2 denied? What other app have been made? We request a review

LeCI	BHP2	9/5/23	Yes	5/2/23	10%	On 9/5/23, committee reviewed application to increase supplement but declined to approve.

						APC notes from mgt: BHP get 10% but they did a request 9/5 to increase it. Declined. Told they can reapply. I do know staff have been hired with advanced step. So even though they were denied they did get approval for advance step increases. BHP and SW1 – not on the list, they usually follow suit. But they can covnert to 2 and get the R&R. Appeal to re-review: Step hiring doesn't
LeCI	CAPN		Yes		25%	
LeCI	CNP		Yes		25%	
LeCI	Nurse 1		Yes	12/8/22	20% across all shifts	
LeCI	Psych/DD Nurse		Yes		5%	
LeCI	Psychologist		Yes	8/23/23	20%	
LeCI	SW2		Yes	5/2/23	10%	

Chillicothe Correctional Institution

Update – was it submitted? Status?

Mgt written response: I am not sure what R&R ask they are inquiring about but see below grid.

Union: We need to committee responses. We are appealing.

CCI	BHP1	Yes	6/1/23	Yes	6/13/23	20%
CCI	BHP2	Yes	6/1/23	Yes	6/13/23	20%
CCI	CAPN			Yes		22%
CCI	CNP			Yes		25%
CCI	Nurse 1	Yes	12/5/22	Yes	1/13/23	7.5% for Day Shift; 12.5% for Night Shift; 5% for hew hires until assigned a shift
CCI	Psych/DD Nurse			Yes		5% for 1st shift
CCI	Psychologist			Yes	8/23/23	20%
CCI	SW1	Yes	6/1/23	Yes	6/13/23	20%

7. **MAT Program and Nurse 1 Responsibilities:**

Union Perspective:

- Raised concerns about staffing needs for the MAT program and suggested creating dedicated positions.
- Sought clarification on responsibilities and liabilities.

Agency Perspective:

- Clarified the procedures for handling medications within the MAT program, emphasizing accountability.
- Discussed the roles of MAT coordinators and nurses.

Information provided by management:

Here are the MAT/OTP numbers as of 12/31/23:

Institution	Oral Naltrexone	Vivitrol	OTP	Column1
CCI	483	9		
SCI	142	14		
ORW (CMS)	80	50	119	
GCI (GCI)	77	1	137	
LORCI (CMS)	69	43	72	
CRC (CMS)	41	5	46	
AOCI	39	17	1	OTP Delivery Site
RICI	39	9		
PCI	21	4	82	OTP Delivery Site
MANCI	14	5		
TOCI	12	0	7	OTP Delivery Site
WCI	10	3	52	OTP Delivery Site
LECI	9	0	12	OTP Delivery Site
MACI	8	15		
DCI	5	13	25	OTP Delivery Site
TCI	5	4		
LOCI	4	1		
RCI	4	24		
NCI	2	16		
BECI	1	8		
MCI	1	0		
OSP	1	0		
SOCF	1	3		
FMC	0	0		OTP Delivery Site
NERC	0	12		

Notes to accompany this data:
Current CMS on-site facilities: CRC, ORW, LORCI, GCI. Current OTP delivery sites: AOCI, DCI, FMC, LECI, PCI, TOCI, WCI.
Facility selection for OTP is dependent upon bed movement and availability, security level, as well as proximity to a CMS clinic.
AOCI is designated for OTP participants in specialty housing only (i.e., SCDU, dementia unit, etc.)
FMC is designated for OTP participants who are admitted for short term medical care and require continuity of OTP.
GCI has 85 participants on the main and 52 participants at the camp. They are currently transferring participants to the camp to even out the census.
WCI is designated the main OTP site for security level 3. LECI was established for those participants that may have a separation at WCI.

Union Concerns:

- Security of deliveries, liability on nurses
- Low eligibility bar
- Recovery Services note that in theory every inmate could sign up
- Number of med passes now needed
- Liability form – receiving nurse is responsible for institution to ensure fed/state rules compliance at all times.
- Do not have enough staff, resources, or infrastructure for this program. Previous meeting Kevin Runyon said we have to operate within our current budget and framework. No additional resources.

Discussion:

Kristine: same as pharmacy truck. Controlled substances. Nurse signs the slip responsible for taking it to where they go to be secured. CMS brings the decisions in a secure box. Does the count and sings the chain of custody. Take back to medical to secured location. Once the medications administered inmate signs and the loop closes. Diff between chain of custody and chain of receipt is. They're responsible wither comes from pharmacy or whenever, Same as any place any meds.

Geoff: They are not signing to be personally responsible for later on in terms of medication.
Kristine: it's the same as shift to shift count. Its accountability.
Mgt: all it says is I got what this person brought and have taken it to the secure place.
Linda: comment about racing totes from entry: when you sign those papers your not signing for anything in those totes. You don't know what's in it just how many totes.
Kristine: yes, but process is for list. But then you do go over the list to verify.
Linda; Sometimes its not the nurse its someone else. What they're saying the responsibility of that actual medication, Specific medication. They're not comparable.
Kristine: when CMS delivers the meds the nurse should count to make sure its accurate. They're signing seven bottle for suboxone with 2 tablets for X number. It is verified individually. Needs to be in a secure room.
Union: Staffing needs- dedicated nurse for program, create Recovery Services RN position?
Kristine: Clarifications. MAT Coordinator is someone who tracks MAT participants for Naltrexone vivitrol. Also MAT nurse who administers, do have that positions.
The only thing medical is doing for OTP pill call.,
Kristine: Also please give me info on redundancy of documentation.