

**Recovery Services 1199 APC**  
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ODMHAS

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**1. CPC's "supervising" Peer Recovery Supporters**

Sexten: We are not having CPS in a supervisory role. As correctional employees we do oversee individuals as a general duty. But RS Peer Supporters is an initiative that we're reflecting the community. They come along some with a substance disorder who can give experience. We identified individual inmates with lived experience and done well and willing to give back to others who are also going through it. So we have looked for inmates who would volunteer. Provided them the required training. We've had people coming back to work for us. People go on to work in other counselling settings.

Davies: How do CPCs work with these Incarcerated Persons who are Peer Supporters?

Sexten: the CPC and the RS supervisor is in each institution. Is overseeing the selection process and the assignments of the Peer Supporter (Recovery Coaches). When our staff go home these Peer Supporters are still there and can.

Your question who oversees them? The Rec Services Supervisors who connect them with CPC have volunteered to go through the training. 16 hours online and 40 hour classroom.

Sexten: Its purely voluntary to be involved in.

Davies: What is it the CPC do? Is it voluntary?

Sexten: Well its not voluntary, we cant refuse them We do have Rec Service supervisor who will connect to assist them with individual who may be struggling.

Sexten: What they able to do is help connect individuals with an offender. So if CPC is having trouble interact then the Peer Support can assist with it. Used to have program aides and volunteers.

Bellamy: best analogy is program aide. Difference being that since this program is joint venture with DRC for organization for having a lea person that would be handling communicate through the supervisor. Whether CPC might like to participate which is working with various inmates for orientation, groups, help getting through treatment. Its an organized fashion what guys have done for years. Taken from a model from the community.

Davies: What kind of follow up an paperwork comes with that? If its just connecting coaches with inmates, doesn't sound like it. You don't need 40 hours of training just to connect one person with another.

Sexten: [No answer, but Sexten then asks committee members what they're asked to do]

Adams: I said I'd do it until the supervisor gets hired. I wasn't made to do it but others have felt like they didn't have choice.

Fletcher: CPC at RiCI wasn't presented as a choice. Doing treatment plans, gate passes, meals, now if any PS has a concern or complaint she's hearing that. There's tracking paperwork that PS and inmate fills out, they're scanned and boxes in place. So much has been added that RiCI has had to change treatment components to deal with it?

Bowling: I was very excited for it. It was Mr. Williams when he was here. Ms Freeman and Rochanne are running it now. I was asked but I cant. There has to be a staff member with them at all times.

Sexten: any training for the inmate is done during work hours so staff can be there on state time.

Fletcher: since we're licensed and have to do supervision with supervisor but it seems like clinical supervision to the incarcerated individuals. Whether we're calling it that or not it reads the same.

Sexten: two things you said: Wes said inmate said must be there with inmate and Geoff you said it's a coordinator role. This is a program we're doing to assist. I've not directed any supervisor to force anyone to do this.

Davies: so its not voluntary. There is a specific amount of time spent now on duties on this by those doing it. While there may be many duties as coordinator these

Spolarich: we didn't change the class specification. That's not managed by us. The duties we discussed fall under the class specification. We didn't change that, we changed the duties. Class Specifications can be broad.

Davies: For those doing these duties, are they not doing others? Or is it on top?

Sexten: that's left up to the manager at the facilities. Not everywhere is the same. We have left that with them.

Spolarich: its based on a 40 hour work week. We're short because of staffing duties. And other transitional issues. Overall are expectation is its reasonable. If you're finding specifics where its not possible then just let us know. They want 70 hours in 40. Our expectation is not rush through your duties.

Nobody has been disciplined because they cant get to it.

Sexten: we look at the workload with everything we do. We strive to not burden our employees with what they do beyond what we think is reasonable.

Spolarich: the clinical discretion was made that its wort the balancing act because of the benefit to the population.

## **2. CPC doing OTP job duties/positions.**

### **3. MAT duties – where are CPCs required to perform these duties, what are they, and who should be doing them?**

Sexten: there are differences in Mat and OTP. MAT protocol with DRC lays out that in individual can receive vivitrol or **Naltrexone** and protocol calls for us when we are screening someone we ask that person if they're interested in naltrexone. If they say yes they receive two injections of vivitrol (injectable) or start on oral naltrexone) and the role is we ask them. If yes we refer them to medical. Daily does to release. Then they are linked up to someone in the community.

The OTP is individual who comes in prison with a methadone etc. prescription already who continue on it. Screened. Our process bc of DEA and federal overseers say the individual must be enrolled in treatment, which would be RS. We do program screening, provider to community medical services, enrolled then in a treatment program. Law requires 50 minutes of counselling. We met with them in the OTP program until they're enrolled in IOP, Community, they go into a program.

Its established Mat in 2017, and OTP in 2022. Final DEA in October 2022

Davies: Were specific MAT duties added in 2017?

Sexten: the thing that is changed in fusion. Tracking. Those duties at ORW are not new duties that just jumped up 70%, they're activities that have incorporated all the way across.

Fletcher: we're there not MAT and OTP specific positions posted?

Sexten: yes there were positions posted focused on screening for MAT at 4 sites. They were filled at one time. They either moved or left.

Fletcher: so, at some point someone determined this needed four positions and when those weren't filled these workloads were then absorbed by the institutional CPCs?

Sexten: I would say those screenings are the same kind of screenings as other programs we are doing

Fletcher: right but four positions of work is being stuffed into other people. Very specific job postings, whoever's left is stuck doing it.

Sexten: [silence]

Spolarich: this is the function of government employment. Whether staffed or not there's work to be done. Volume goes up and down. While we struggle to fill positions these task still need to be done. If you have a better idea of how to organize this let us know. If there's a better way to But we are working on other areas to relieve the staffing pressure in other areas. We expect everyone to help, including supervisors.

Adams: we can get OT? We were told you cant. We've had one staff had a nervous breakdown because of overwhelmed with the work we have to do.

Spolarich: you can if the duties you've been assigned cannot be done in a regular workday. You're carrying your load but this is what I cant get done so that can get communicated so we can go higher to get OT approved where Stacey is carrying the five groups etc. It can't just be I can't get stuff done. If not comfortable with supervisor, you can contact your manager.

Sexten: we've not had a lot of OT and that's because if a manager calls me to say we're doing this and that and you're wanting us to do ABC, I'm going to tell them if that all doesn't fit into the schedule, staffing or space, we're not going to press people to work, it has to be appropriate. When catching up with Texas U drug screen the direction was set aside this to do that. I'm not trying to burn out people.

Fletcher: I have several institutions coming to me saying it is too much.

Spolarich: Which ones? Shoot us an email. We can look at the load to adjust whatever.

Fletcher: if its everyone?

Sexten: I would want to know the specifics. I had this recently and it was because one CPC was doing all the IOPs and the others were doing BIPs and meetings, and interviews and that wasn't appropriate. It was the balance there of the duties.

If there are institutions where they're saying its too much I want to know.

#### **4. Current vacancies by institution**

##### **1. Recruitment and Retention Supplements**

Spolarich: we have brought it up. Put it forward. It is not a unilateral decision we make. It has to be vetted by DAS. In the process. There is only so much ability to push these issues. DD has brought it up. Its there it will be reviewed.

I'm looking at different things we can do. Find out some other issues were having, we're losing staff. So I can present that to the executive team to get the okay to go to DAS to sit down with 1199 to discuss possibilities.

What we do with our hospitals does not cover RS. 43.11 covers specific classification, RS not covered under that. We are where we are unfortunate, between contracts. That's the language we've used so far, for 1199. Unfortunately, we didn't have that. I can't tell you more than that. We are trying to get it. We do not want to put something out there that might not happen. I do not want to put false hope out there.

Davies: What is the vision? Where is the hope?

Sexten: ask supervisor to look at case load for CPC to make sure equally distributed. We are going to do task every supervisor to look at assignments and schedules of institution to make sure its equal and even sharing. And schedules best meet the needs. We're looking at how to spread the pain more evenly. We're bringing them in as best we can. This is not a RS alone issue. Everybody is short. The applicant pool is hallow. This is a statewide issue. More money isn't the solution. Job satisfaction is and can be. Its not deckchairs its balance.

Sexten: I'm on a statewide committee statewide advisory council to look at work force shortage for mental health. its not unique to ohio.

Spolarich: We can give words but it wont be what they want to hear. We are doing everything we can to address it but we cant tell you what it is.

Davies: How do we communicate that more broadly, what you are saying?

Fletcher: how do we educate on how to go through this piece, the retention piece. Its on someone's desk, whose?

Spolarich: does it make you feel better or give someone to be blamed?

Fletcher: I hear what you're saying.

Spolarich: Pressure isn't going to solve anything, it would be already if it had. On thing you don't know is I've put in multiple proposals, gone back week after weeks looking for an answer. There's a process to it, but that process doesn't move as quick as anyone wants.

Adams: I understand the staffing. My husband was a union delegate and he went management. They did an incentive plan, little stuff.

Hat incentives?

Gas cards

Morale boosting initiatives and incentives making people feel valued.

## **5. Clarification of the various jobs titles within recovery services that seem to fall on the CPC duties**

We only use two diff classifications for BU: CPC & AODC. Difference is based on certification.

Work duties: guided by license, CDCA cannot diagnose etc. But CPC

Where does TC work into it.

CPC and AODC in TC. It's a different modality.

What other non-BU are there?

RS Supervisors, TC Supervisor

Regional Admins – BHP Super 2

SAMI focused (Sub Abuse and Mental Illness)  
MAT focused (Medication Assistance Therapy)

They have different duties/focus on them. Is that why people accept the job and leave? Because when they get in its different?

We only have a couple of them around the SAMI. They only run SAMI groups cofacilitating with MH? Yes.

We have one SAMI being used as a regular CPC.

I'll look into that.