

SEIU District 1199 WV/KY/OH
Recovery Services

Agency Professional Committee Meeting
December 2023

Geoff Davies (1199)
Stacey Adams (NCI)
Wesley Bowling (SCI)
Clifford Brown (WCI)
Michael Dray (CCI), Correctional Program Coordinator
Amanda Fletcher (RiCI)

John Sexten, Director Recovery Services
Laurie Spolarich, Recovery Services

1. 14 day referrals to be seen within 3 days, as a “crisis” situation.

- a. Internal protocol review – timeframes and what defines a referral follow up from last APC

Discussion:

Management: This protocol is not yet complete. Items arose where the administrator for the DRC electronic healthcare record (EHR) needed modification (this is currently being done), impacts with the DRC Bureau of Classification transfer language (this is being reconciled) and training on the new protocol. This should all be completed in January 2024.

Union still concerned that DRC Mental Health is using Recovery Services when they shouldn't be our essentially outsourcing assessments for intoxicated individuals who should be getting medical screenings instead.

Management: The new protocol does not include crisis. Any referral to Recovery Services should be substance use related. Whether it's a medical or BH assessment depends on the situation. They may consult with us. If it's currently happening that would need to know situations dates and times. The referral should be evaluated by the RS Supervisor.

Update for members: Members: Refer to your supervisor if you are being given a referral for an intoxicated person you do not believe is in crisis or it is not a crisis that requires 3 day referral or is RS, consult your supervisor. If you are having problems with that, please contact your delegate. The finished protocol will be provided by management in January. Management say that Crisis is not mentioned in that protocol. We will review that protocol when issued, please contact us with any concerns.

2. CPC classifications explanation

Follow up from September APC: concern raised that there are so many different assignments and roles what are they and what do they do. There is overlap.

- a. JDs will be sent out once done. With HR right now.

3. Medication Assisted Treatment – Opioid Treatment Program

- a. Coordinator DRC role or RS role?
- b. Status of filling those positions
- c. DRC policy lists MAT Coordinator as a DRC position. Is it DRC or ODMHAS?
- d. Who in each institution is performing MAT Coordinator Duties
- e. How many hours per week is a single MAT Coordinator role?
- f. Is it a separate and singular assignment or coupled with others CPC assignments?
- g. How is the MAT Coordinator Role assigned?

Union concern is the MAT/OTP Coordinator positions are not filled and CPCs are essentially do that work. It is taking too much time.

Union would like the MAT Coordinator (K10) to be an institution specific separate assignment/project to be bid on. We would like the OTP Coordinator (K12). Right now CPCs are doing all the work of the coordinator, while already being low staffed. Recovery Services programs should be taking place alongside the MAT/OTP program but currently the CPC is doing all of it in some cases. CPC vacancy rate is 30% across the agency. It was 28% in November 2021 and the MAT program will only grow.

Management: Central Office for DRC is titled as a MAT Coordinator.

Rec Services OTP Administrator is an MHAS position

OSC MAT Coordinator – oversee MAT for their department. That's Joe Thompson.

OTP Coordinator: An employee of OHMAS who assists with screening, placement, and coordination. This position is listed by HR as MAT, so it's a little confusing.

JOHN: OTP is listed by HR as MAT.

John: You do the AOD screening/flow chart. Factors into the AOD program screening.

Union gives example of a CPC with two groups, AA/NA, prep for group and paperwork, Kites, Fusion, DOTS and MAT/OTP and it adds up to more than 40 hours.

Union: Could you do more education with everyone on the structure. Because we don't have these specific OTP coordinators, what they should be doing is dumped on top of what CPCs are already doing. Once they're hired it would go to most of the oversight and monitoring at the sites there at Lorain, CRC, ORW and Grafton

Management: We hear what you're saying, where it maps out to be more that is based on two IOP groups. If you know a person is being given MAT and more other things, they can handle then John wants to know to address that. The expectation is a CPC does 2 treatment activities, and other duties assigned as needed. There could be the case also that some are slower or have time management issues.

Union: Where and how much does OPT/MAT referrals take up of the "duties assigned as needed"

Management: it varies.

Union: Senate Bill 288 expands good days being offered to inmates so this program is only going to grow. You said that under the program there is the potential for all inmates to be eligible, so we would have up to 50K inmates essentially on the waiting list for Recovery Services programs while getting one hour of substance use counselling and receiving medication. Without the resources they are not taking part in the program but being held. Some might say we're just giving them drugs to keep them calm. And they might leave before the waiting list gets to them.

Management: there should not be more than 2 treatment programs then a couple hours of the other duties.

Union: Its coming out as much more than that for some. So what we're hearing is this: people when we do the math people doing 46 hours of work in 40 hours and its stressing people out. NA and AA, paperwork. 2.5 hours , that 7.5 hours total per week. Add 30 minutes for breaks. Then add OTP and MAT and it comes out between 3-6 hours. Then documentation.

Management: Federal requirement for OTP is 1 hour of substance use counseling per week. Minimum So we out them in a MAT group while they're waiting to get in SAMI/OTP
At the 90 day mark if theres not room they just stay in the 1 hour deal? Yes.

John: if you're at Lorain or CRC where they have 45-50 in the OTP you have multiple groups.

Amanda: we want that assignment to be one person. There will be multiple groups.

John: I hear what you're saying, where it maps out to be more that is based on two IOP groups. If you know a person is being given MAT and more other things they can handle then John wants to know to address that.

Union: we want to know what the clear expectation is so that a member know if they are above it or not.

Geoff: What are the federal guidelines, if someone is eligible but we don't have the capacity to ge them in the Recovery service programs.

John: In theory all 50K inmates could be eligible. In theory we could dose them if they meet the criteria and they are eligible.

Union: They're on the waiting lists to get in RC service treatment and 1 hour of substance use?
Its not formal treatment program. Not for MAT exactly. You don't do bio notes etc.

Some nurses think we're just dosing them because there's not the time available to give them the treatment for MAT. Some CPS would think that too.

Outcome for members:

Essentially, if you have more than 40 hours a week of work to do please let us know. 40 hours according to the time expected to do that. But you are doing more than that, it is not possible to get it done.

Management do not see it as an agency wide problem, it is isolated and down to the way assignments are being made or individual members may have problems managing their own time. We believe there are many more than that and it's because there is more work than can be done in a 40 hour week.

Please get in touch. We will take this forward to bargaining.

Example of your assignments

40 hour week

Group (2xIOP)	20
Paperwork for the week	12.5
AA/NA	2
Prep for groups }	
Kites }	
Fusion }	----- ?
DOTS }	

MAT/OTP }
Peer Support }

4. Peer Support Supervisors vacancies status

- a. Peer Support job Description and assignments
- b. Who in each institution is performing RCC Duties How many hours per week is a single RCC role? Is it a separate and singular assignment or coupled with others CPC assignments? How is the RCC Coordinator Role assigned

Management: 4 of the 5 vacancies Per Support Supervisors are filled.
3 are currently in the positions, 1 started December 3, 2023 and is currently at the DRC training Academy, and the 1 remaining position has a candidate who was extended an offer, accepted the offer and will be starting January 14, 2024.

Anthony Woods, Peer Support Supervisor	NERC, TCI, OSP, LAECI, NEOCC
Megan Freeman, Peer Support Supervisor	SCI, CCI, RCI, NCI, BECI
Traci Brown, Peer Support Supervisor	DCI, LOCI, MACI, WCI
Oliva Winegardner, Peer Support Supervisor	MCI, ORW, FMC, PCI, CRC

Again what is the expectation with everything else? This role is taking up huge amounts of time for the CPC and in particular institutions (NCI, BECI, ORW, RICI) the CPCs are not getting the support from the Peer Support Supervisors. CPCs are doing the Peer support in addition to their assignments as a CPC.

We request that the roles of the Peer Support Coordinator and the Peer Support Supervisor be more clearly laid out, and that the Supervisor is in the institutions one day per week.

Management: Coordinator role falls into that, Duties assigned as needed. Yes

Union: so we are the institutional Coordinator. The protocol says we do the supervisor, but you're saying that's what the supervisors do. And if you're not there you need to find coverage, so supervisor gets done. No we need to know what the Supervisor should be doing.

it sounds to me like CPCs are operating in the peer recovery supervisor position as a CPC

Management said the Peer Support Supervisor should be working with the recovery coaches and the CPCs. Management would not provide the Supervisor job description but said they would resolve issues and through this we would see how its meant to run.

Much like the OTP/MAT positions we believe that there are more members being negatively affected and expected to do more than the time allows for. We believe there are many more than that and it's because there is more work than can be done in a 40 hour week. Please get in touch. We will take this forward to bargaining.

do a survey (put the link in the update)

5. Recruitment and Retention Proposal

We have an ongoing crisis in staffing. In each institution there is 1 to 5 vacancies. Even one vacancy in an institution shared with the load being transferred to others means 15-25% increase in duties. Staffing hasn't improved but nothing has changed this dynamic.

Staffing Totals	November 2021			January 2022			April 2023			September 2023		
		Vac	%		Vac	%		Vac	%		Vac	%
Total CPC positions	181	50	28%	180	44	24%	168	49	29%	165	49	30%
Total AODC positions	17	3	18%	17	4	24%	29	6	21%	30	6	20%

- Union proposes general increase across the board to be more competitive (in addition to COLA)
- Risk Supplement to be applied to CPC positions.
- Targeted recruitment bonuses in hard to fill areas for CPC and AODC

Management: The risk supplement is already built into CPC pay. We'll talk in bargaining on all this.

6. Noble Correctional Therapeutic Community

a. Logistic and professional challenges

Space and relationships. We would like the directors of both agencies to get together to resolve these concerns. Local management both DRC and Recovery Services is essentially powerless due to space, or not willing to make our recommended changes. Issues with relationships, and support from local management and security. Need to remove barriers to involvement in the committees to create a better relationship.

Management: Some activities carry legal liabilities: Crisis, SRT etc. so they were removed when changed to ODMHAS. We will look into this.

Housekeeping:

Next APCs March 27 (TBC), June 5, September 25, December 18