
From: David Rohrbach </o=first organization/ou=first administrative group/cn=recipients/cn=drohrbach>
Sent: Tuesday, April 05, 2011 3:47 PM
To: Betty Grimm
Subject: RE: Unit Manager

1. We have lost two unit manager positions. Joe was a rehabilitation specialist working in the role of a therapy technician supervisor. Rather than looking to first hire a Rehabilitation Technician Supervisor and wait until later (if it ever happened) to hire A unit manager now is the time to hire a Unit Manager. The difference between the RS pay and the Um pay is not that much and well worth the added flexibility and future security of having somebody in place to run things.
2. Joe's position and the UM position are not connected. The UM would be doing very little of what Joe was doing and perhaps nothing at all. The upper management positions are more directed to oversight and not delivery.
3. Again, the UM position is a separate position. As for who will be picking up Joe's duties, that would be Mark Freckleton, Ashley Jorgenson and O'Neal Rich and Me. Colleen Foster will be providing some oversight to the drug and alcohol component but service delivery will be limited.
4. Mark Freckleton. Hopefully later on we can get another Rehab tech supervisor. It will be easier to get that later than it would be a Unit Manager.
5. Colleen and Nick will not be taking over delivery of services on a full time basis. Nick will most likely have nothing to do with it unless Colleen is removed from the picture. Colleen will provide some oversight through her credentials as a CADC. Though he will most likely have nothing to do with Solutions, Nick is a CADC and could be called on if needed.
6. We are calling Solutions a co-occurring capable Unit. It will look no different than it was other than we no longer really need the Drug and Alcohol groups ran by a CADC. They can be run by clinicians and staff. I will have a CADC provide some oversight to the process.
7. At first it will add to my duties. Nothing will change for me until the person is trained. At first I will be doing all that I have been doing plus training somebody. In time, the Unit manager position will take away some of the direct supervision responsibilities and allow me to do more training, planning and oversight to the process instead of running two processes. As for how much of that direct supervision can be shifted and what flexibility I can gain from the process will depend on who we hire and how fast they pick it up. The oversight is more connected to case management, PBS and quality assurance than in direct care. The direct care experience goes more into the ability to train direct care staff. The Unit manager position would be of great value and importance as it relates to doing the quality assurance for a program. The programs manager supervises the Unit managers and provides oversight for all the programs.

From: Betty Grimm
Sent: Tuesday, April 05, 2011 2:53 PM
To: David Rohrbach
Subject: FW: Unit Manager
Importance: High

Your responses need to come to me so that I can reply.
Get busy please!!

From: Julie Cloud
Sent: Tuesday, April 05, 2011 12:50 PM
To: Betty Grimm

Cc: Joyce Clark
Subject: Unit Manager

Betty, I'd like to ask you some questions in regards to the reclassification of Rehab Specialist to Unit Manager for my job analysis. I would like written responses if possible (you can ask Dave to complete this if you like) or I can come out and meet with you. Of course, the sooner I get this information, the sooner we (HR) can take action.

1. What has changed to create a need for a Unit Manager rather than an RS?
2. What duties was Joe performing that the Unit Manager will now perform?
3. What duties was Joe performing that the Unit Manager will not perform and who will perform those duties?
4. Who will supervise the 7 employees that Joe supervised?
5. I understand from a past email (below) that Colleen and Nick will take over the CADC duties. Is Nick currently a certified CDA? How does this impact Nick and Colleen's work loads?
6. Are we going to call Solutions a Mental Health unit rather than occurring or how will that look?
7. What duties is Dave now performing that will be transferred to the Unit Manager? What will be the impact on Dave's duties?
8. Anything else you would like to add.

Thanks...Julie

Julie Cloud

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"Whether you think you can,
or think you can't...you're right.
---Henry Ford

Prior email from Betty:

Sharon and Frank will be coming out on Monday at my request to meet with Dave and I. Joe was not only the Rehab Tech Supervisor for Solutions but with his CADC credentials was also the Drug and Alcohol Counselor for the Co-occurring unit (Co-occurring meaning Mental Health and Drug and Alcohol) Better than 75% of the juveniles that have been and are currently in the Solutions Unit have NO drug or alcohol problem. Dave and I will be asking the Director for permission to change the mindset from Co-occurring Unit to Mental Health Unit and we would add D/A as part of the treatment. Our proposal will be the juveniles on the Solution's

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Unit would complete D/A workbooks that could be overseen by our current CADC staff, Colleen Foster or Nicholas Tinker. Colleen is the D/A counselor in Choices, Nick is a group leader on Choices. IF Sharon agrees to our plan our next request will be to reclass Joe's position to a Unit Manager position. Please advise if you would like a phone call on Tuesday to let you know in which direction we will need to be going to fill Joe Blume's position