

Metropolitan Board of Health of Nashville and Davidson County September 11, 2014 Meeting Minutes

The meeting of the Metropolitan Board of Health of Nashville and Davidson County was called to order by Chair Sam Felker at 4:04 p.m. in the Board Room, on the third floor of the Lentz Public Health Center, 2500 Charlotte Avenue, Nashville TN 37209.

Present

Samuel L. Felker, JD, Chair
Carol Etherington, MSN, RN, Vice Chair
Ruth C. Stewart, MD, member
Alicia Batson, MD, Member
Francisca Guzmán, Member
William S. Paul, MD, MPH, FACP, Director of Health
Ashley Daugherty, JD, Deputy Director of Health
Stan Romine, Director of Finance and Administration Bureau
Keri Kozlowski, JD., MPH, Chief Performance Officer and Director, Office of Quality Improvement
Josh Lee, JD, Metro Department of Law
Kathy Sinback, JD, Metro Department of Law
Brad Rayson, JD, Service Employees International Union, Local 205 Attorney
Mark Naccarato, Service Employees International Union, Local 205 Representative

Resolution Honoring William N. Hance, J.D.

Ms. Etherington made a motion to approve the Resolution honoring former Board of Health Chairman William N. Hance, J.D. as written (Attachment I). Dr. Stewart seconded the motion, which passed unanimously.

STD Program Update

Kim Douglass shared an update about the STD/HIV Program with the Board (Attachment II and III).

Amendment of Bylaws

Josh Lee explained the process of amending the Board's Bylaws to bring them up to date. Proposed amendments must be submitted to the Board during the meeting prior to the meeting in which the bylaws would be adopted. Mr. Lee agreed to compile and propose amendments independently at the October 9, 2014 meeting, and the Board could vote on those amendments independently at the November 13, 2014 meeting. Mr. Felker expressed his preference to adopt amendments on one occasion while anticipating that there may be additional amendments to be adopted in the future. Mr. Felker invited Board members to submit their suggested amendments to Mr. Lee directly.

Approval of Grant Applications

Stan Romine referred to the Grant Applications, which were submitted to Board members for their review. The grants and contracts were as follows:

1. Healthy Start Initiative – Application to U.S. Department of Health and Human Services for No-Cost Extension. Compensation: \$8,000.00;
2. EPA Air Pollution Grant (Application October 7, 2014. Compensation: \$750,000.00;
3. Part A Ryan White (Final application due September 19, 2014). Compensation: \$4,600,000.00; and
4. Children’s Special Services – Funded by Tennessee Department of Health and Title V. Compensation: \$754,900.00.

Board members requested that Dr. Paul report on competitive grants which MPH D is not awarded in his written updates.

Ms. Guzmán made a motion to approve the grant applications as presented. Dr. Batson seconded the motion, which passed unanimously.

Approval of Grants and Contracts

Stan Romine referred to the Summary of Grants and Contracts, which was submitted to Board members for their review. The grants and contracts were as follows:

1. Contract with United Neighborhood Health Services. Compensation: \$355,100.00;
2. REDcap Research Electronic Data Capture End Use License Agreement. Compensation: \$0.00;
3. Memorandum of Understanding with Metro Public Libraries. Compensation: \$0.00; and
4. Clinical Training Agreement with Belmont University. Compensation: \$0.00.

Board members asked that in future summaries there be clarity regarding contracts or grants in which MPH D provides direct care or service, and those in which a subcontractor provides the care or service.

Dr. Stewart made a motion to approve the grants and contracts as presented. Dr. Batson seconded the motion, which passed unanimously.

Approval of August 14, 2014 Meeting Minutes

Dr. Stewart made a motion to approve the minutes of the August 14, 2014 meeting as written. Ms. Etherington seconded the motion, which passed unanimously.

Report of Chair

Chairman Felker announced that the Subcommittee evaluating Dr. Paul met on September 9, 2014 and established the criteria that would be used in the evaluation and those who would be asked to participate in the evaluation; he also stated that REDcap would be used.

Report of Director

Copies of the Director's Update to the Board were provided to Board members (Attachment IV). Dr. Paul gave a brief summary of the report. Dr. Paul also distributed an organizational chart to the Board members (Attachment V).

CIVIL SERVICE BOARD

Personnel Changes and Exit Interviews

Stan Romine presented the personnel changes and exit interviews.

Lengthy discussion was held about Robert Taylor's exit interview. Mr. Felker asked that the issue of why the Health Department made the decision not to continue the Fatherhood grant be addressed at the October 9, 2104 Board of Health meeting. Mr. Felker also asked that the HR department follow up on the comments by Mr. Taylor and report to the Civil Service Board at the October 9 meeting.

Mr. Felker closed the meeting at 5:52 for a brief break.

Mr. Felker reopened the meeting at 6:05.

Update of Layoff Lists 2014

Stan Romine presented an update on the four layoff lists presented for the Board's approval during fiscal year 2014 (Attachment VI).

Grievance Appeal

Chairman Felker thanks Dr. Stewart and Ms. Etherington for their hard work on the Personnel Committee that heard the Grievance Appeal. Dr. Stewart and Ms. Etherington summarized the Personnel Committee's report (Attachment VII).

Chairman Felker asked that Mr. Rayson state the argument and remedy requested for Mr. Springer, should the Personnel Committee's recommendation be upheld.

Mr. Rayson asked that the Board uphold the Personnel Committee's recommendation, stated the argument and requested that Mr. Springer be placed in the Communicable Disease Investigator position for which he had applied, should the Personnel Committee's recommendation be upheld.

Chairman Felker asked that Ms. Sinback state the argument for the Department, and the remedy recommended, should the Personnel Committee's recommendation be upheld.

Ms. Sinback asked the Board to uphold Mr. Douglass's hiring decision, stated the argument for the Department, and asked that Mr. Springer be placed in an open and equivalent position as and Early Intervention Specialist, which the Department has offered him, and that Ms. Parker

remain in the Disease Investigation Specialist position, should the Personnel Committee's recommendation be upheld.

Ms. Guzman made a motion to accept the Personnel Committee's report. Dr. Batson seconded the motion, which passed unanimously.

Dr. Batson made a motion to accept the Personnel Committee's potential remedy and order that the Department place Mr. Springer in the Communicable Disease Investigator position for which he had initially applied, and order a transfer of Ms. Parker to the proposed Early Intervention Specialist position. Dr. Stewart seconded the motion, which passed unanimously.

Next Meeting

The next regular meeting of the Board of Health will be held at 4:00 p.m. on Thursday, October 9, 2014, in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville TN 37209.

The meeting adjourned at 7:25 p.m.

Respectfully submitted,

Samuel L. Felker, J.D.
Chair



Metro Public Health Dept

Nashville / Davidson County

Protecting, Improving, and Sustaining Health

RESOLUTION

- WHEREAS,** William N. Hance was appointed by Mayor Bill Purcell to the Board of Health in June of 2000; and
- WHEREAS,** Mr. Hance succeeded Janie Parmley in oversight of the Metro Public Health Department in his service as Board Chair from 2004-2014; and
- WHEREAS,** the employees of the Metro Public Health Department have for 14 years benefitted from Mr. Hance's kindness, keen insight, good humor, and wit; and
- WHEREAS,** Mr. Hance commanded a high level of respect within the Department and the Board of Health that reflected his stature and prominence in the community; and
- WHEREAS,** Mr. Hance capably and honorably represented the Board of Health at Mayoral and Council budget hearings; and
- WHEREAS,** Mr. Hance's support of and engagement in the activities of the Health Department yielded countless benefits for the Department and the citizens of Nashville and Davidson County; and
- WHEREAS,** Mr. Hance provided invaluable guidance during the planning and construction of the new Lentz Health Center, the construction of which began in August of 2012 and which opened in July of 2014; and
- WHEREAS,** Mr. Hance's tenure as Board Chair included significant public health challenges such as the H1N1 response, the historic flood of May 2010, and the fungal meningitis outbreak;

NOW, THEREFORE BE IT RESOLVED that the Metropolitan Board of Health of Nashville and Davidson County, on this 11th of September, 2014, does recognize and thank

WILLIAM N. HANCE, J.D.

for more than 14 years of sound leadership, brevity, and dedication.
Nashville is a healthier city thanks to your service as Board member and Board Chair.

Samuel L. Felker, J.D., Chair
Metropolitan Board of Health of Nashville/Davidson County

HIV/STD Clinic

STD/HIV Prevention & Intervention
Metro Public Health Department
Presented by Kim Douglass HIV/STD Director



Metro **Public Health Dept**
Nashville/Davidson County
Protecting, Improving, and Sustaining Health

- Staff: 27 positions
- Services offered:
 - Outreach
 - Clinical testing and treatment
 - Testing: Gonorrhea, Chlamydia, Syphilis, HIV
 - Treatment: Gonorrhea, Chlamydia and Syphilis

Disease Intervention Specialist (DIS), Early intervention services (EIS), Care and prevention services (CAPUS)

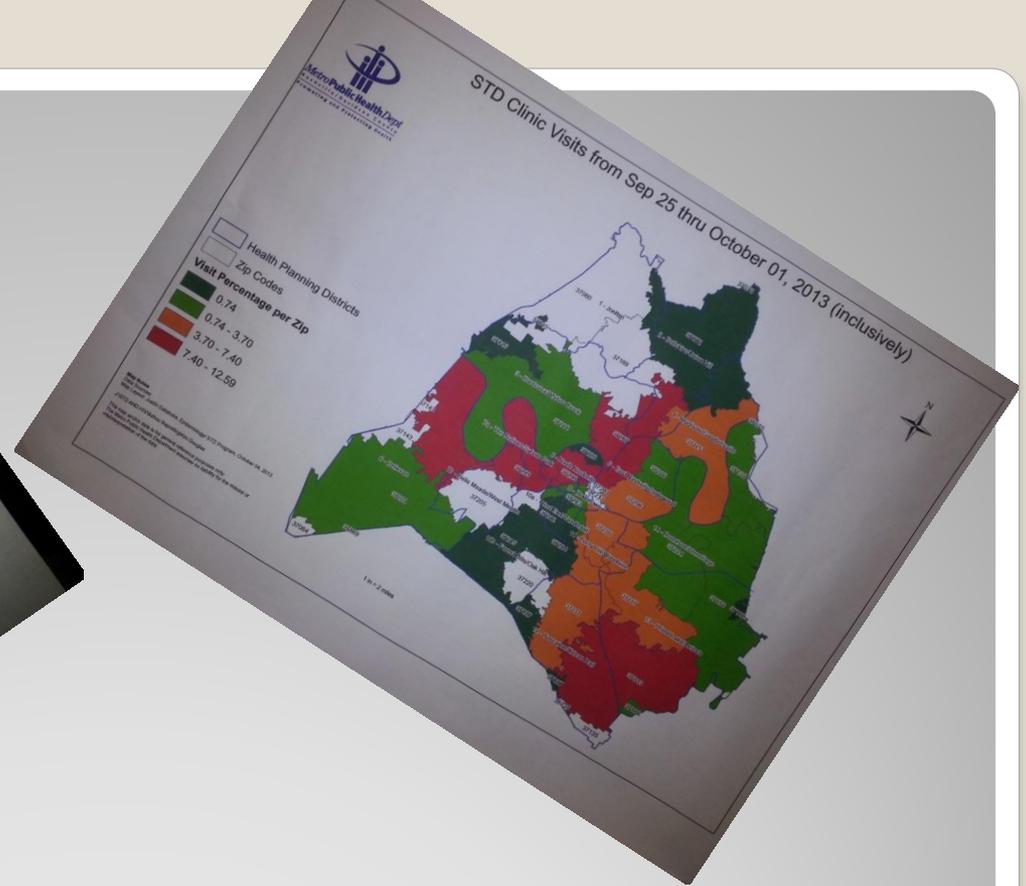
Staff and Services



- HIV/STD Clinic
 - State funded Budget 2014
 - \$1,194,700.00

HIV/STD Clinic





STD/HIV Department is Creating New and innovative ways to serve the public in greater capacity.





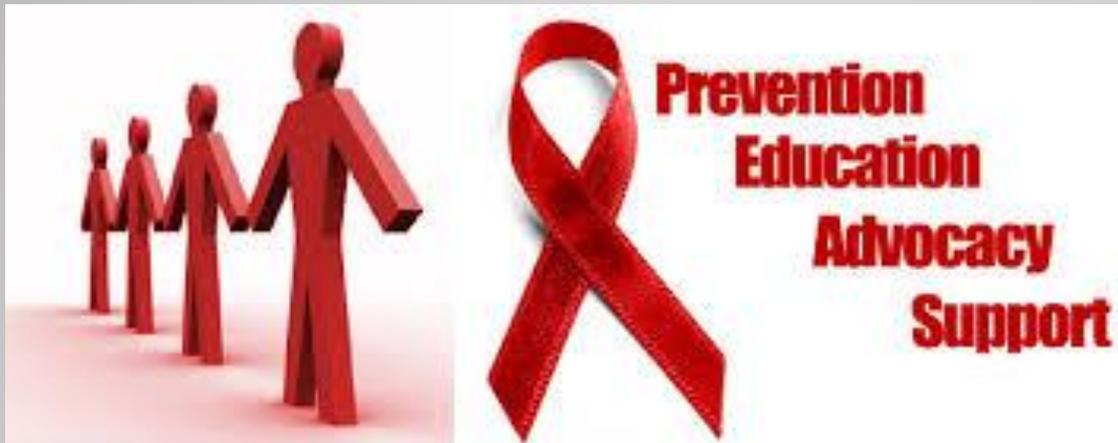
We realize that all the parts of our clinic are related and when any individual does his/her job well it makes it smoother for everyone. From our front staff to our Disease Intervention Specialist.

Knowledgeable, Bi-lingual and Courteous staff



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METRO-STD/HIV Clinic Outreach/Partner Services



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National Testing Day at TSU with the Mayor of Nashville and the Health Director of Metro Health Dept.



The Hanna Project



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Nashville Pride



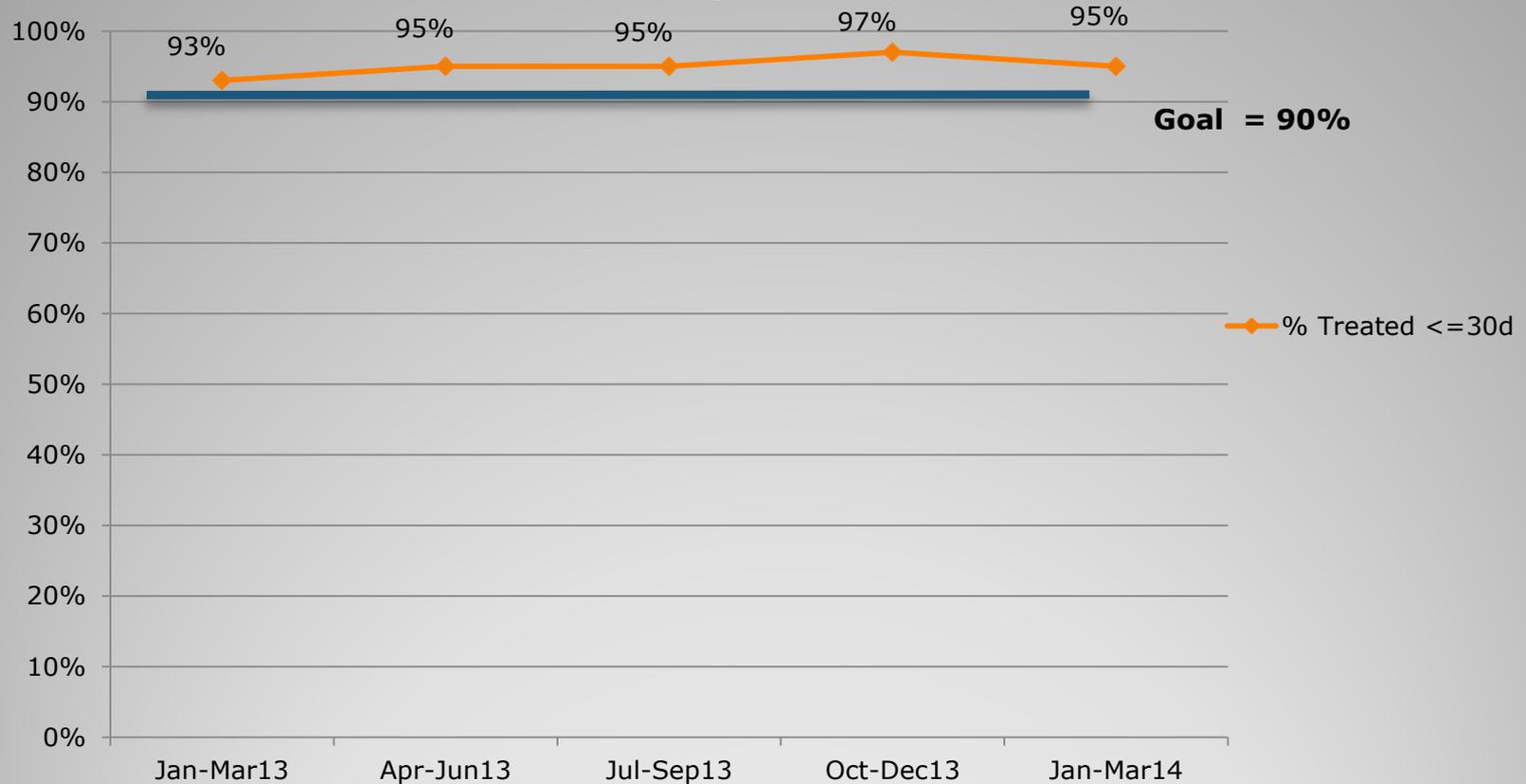
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Treatment and Partner Services



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Davidson County: Chlamydia Treatment



Chlamydia Treatment



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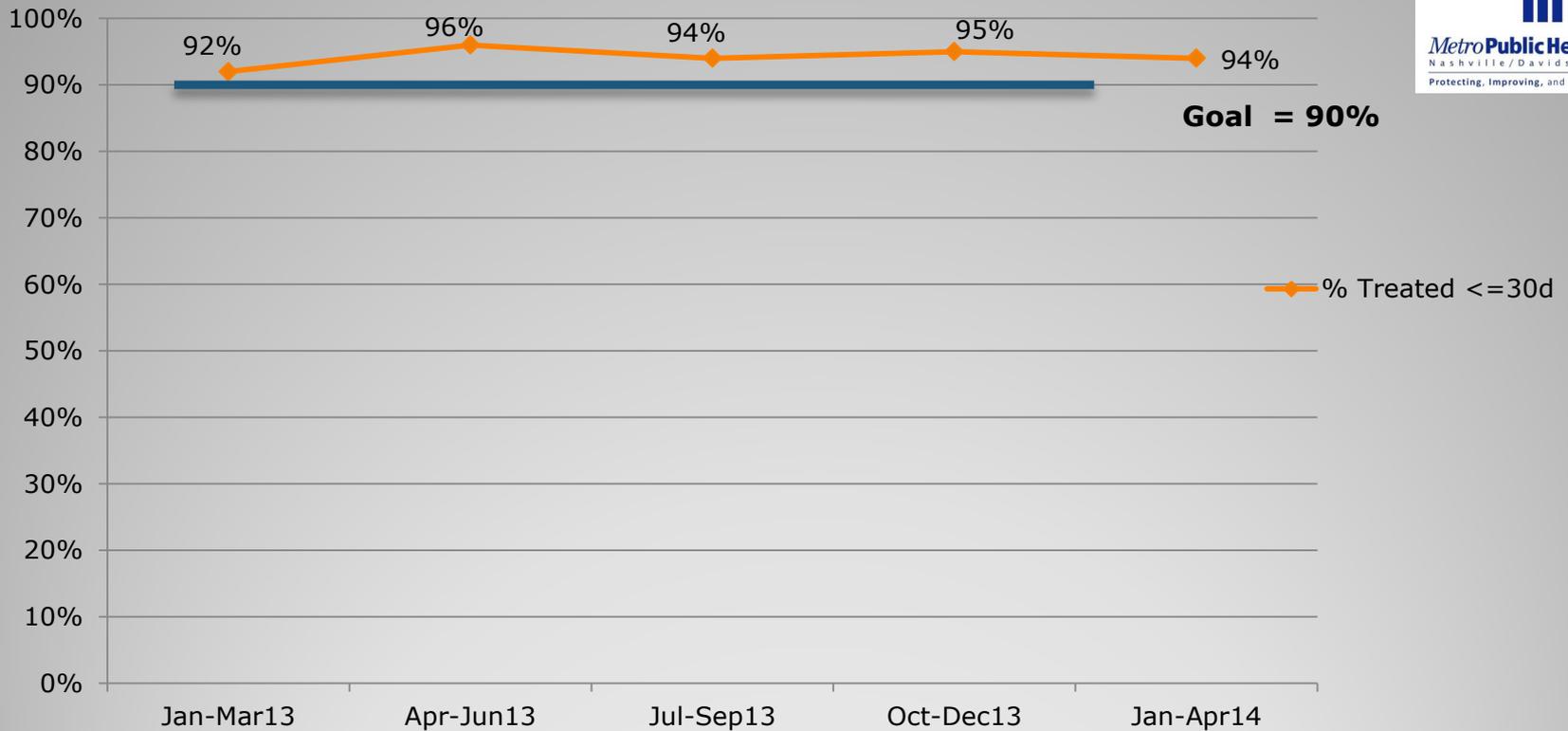
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Davidson County: Chlamydia Partner Services (Pregnant Women)



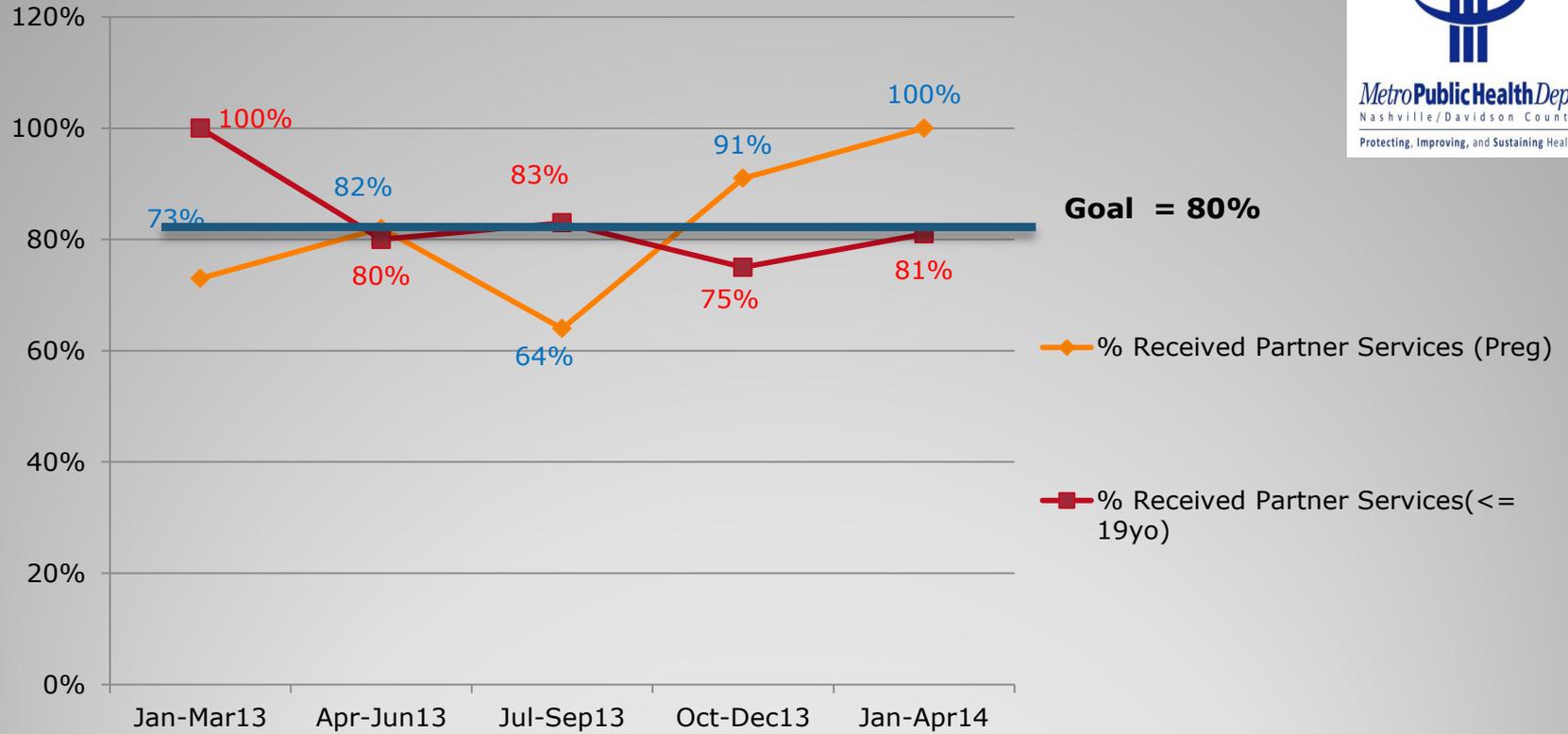
Chlamydia Partner Services

Davidson County: Gonorrhea Treatment

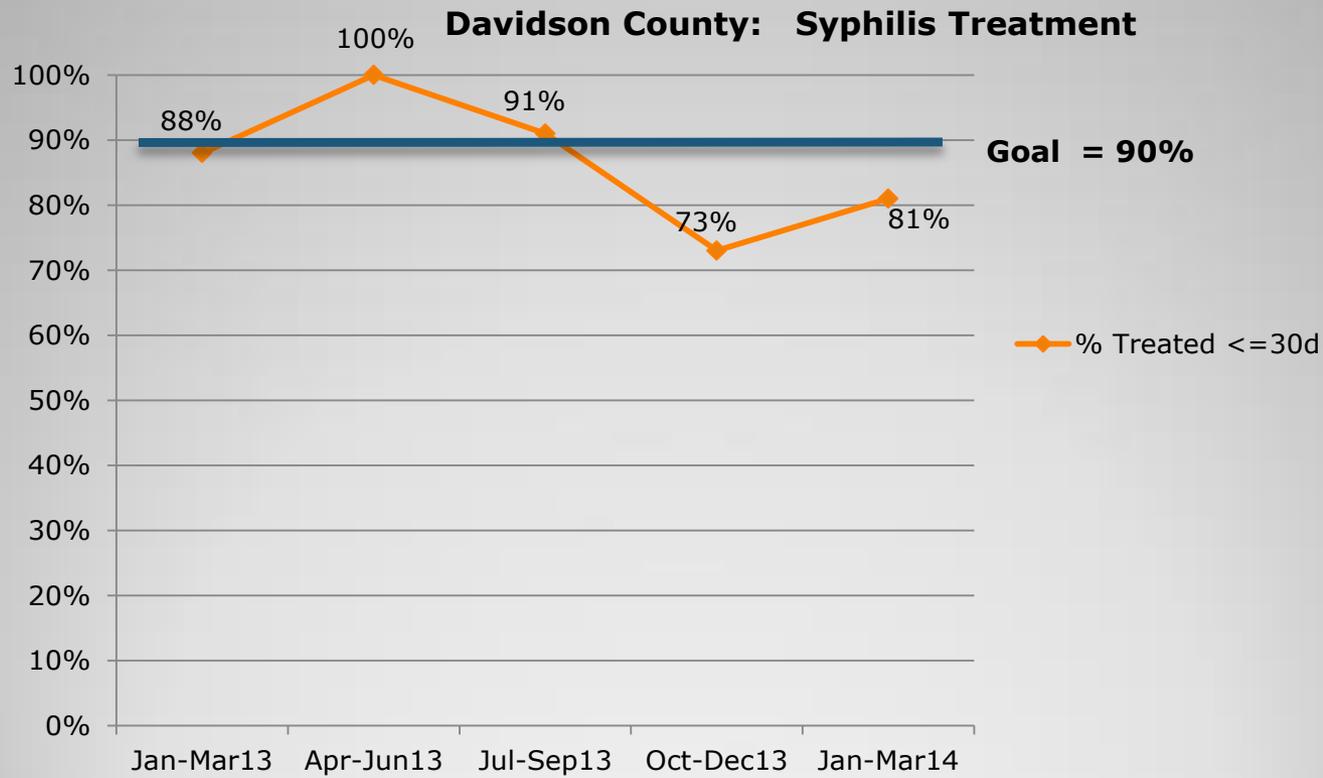


Gonorrhea Treatment

Davidson County: Gonorrhea Partner Services



Gonorrhea Partner Services

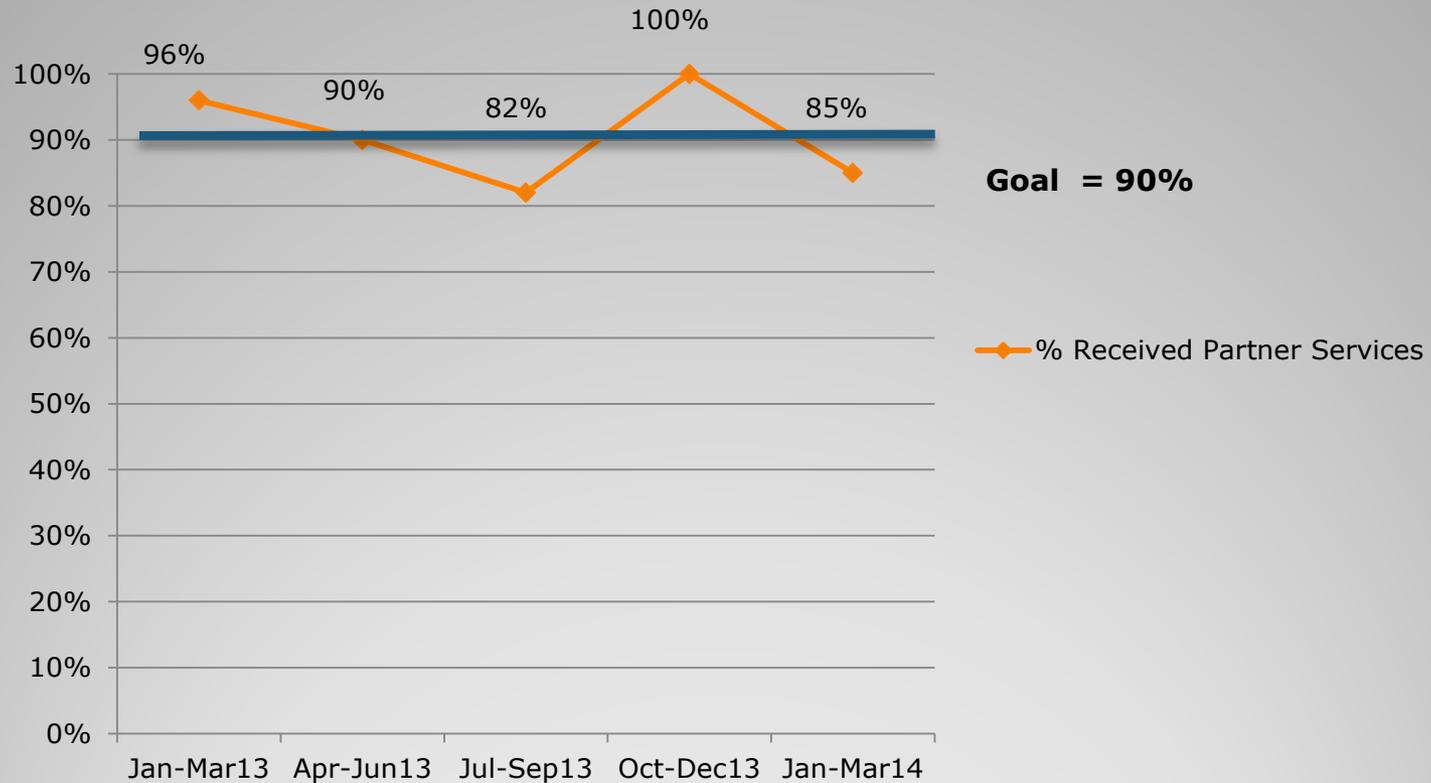


Syphilis Treatment



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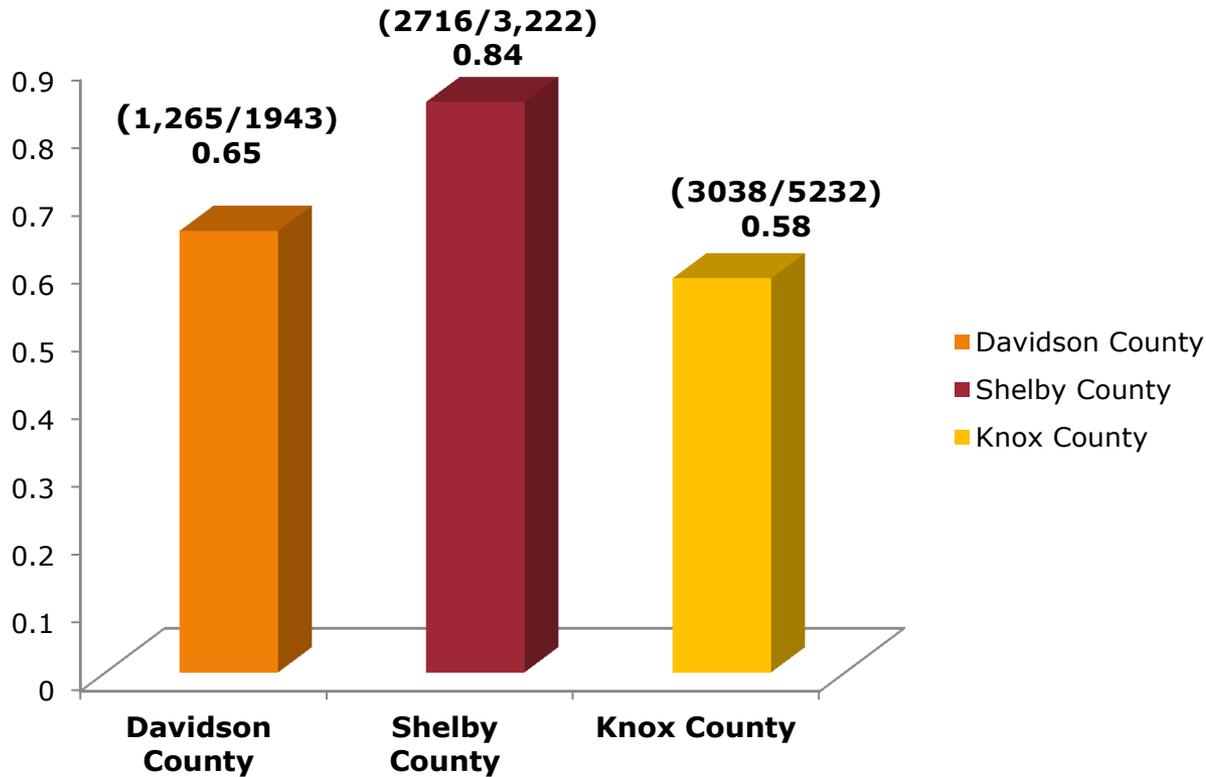
Davidson County: Syphilis Partner Services



Syphilis Partner Services



Partner index



One equals one person identified per interview. These are the largest areas of STD infection in the State of Tennessee.

Davidson County ranks second in the state with a .65 partner index.

PARTNER INDEX



VODKA YONIC



UNSTANDARDIZED TESTING

A journey through the sometimes confusing world of STD screening

BY ABBY WHITE

“I’m just trying to figure out what tests my insurance covers,” I plead quietly. I’m sitting in the waiting room at the OB-GYN, and I’m on the phone with my health insurance company. I’ve already been transferred multiple times, and my patience is wearing thin.

“What kind of tests?” the woman on the other end of the line inquires.

“STD tests,” I whisper back, cupping my hand over the mouthpiece of my phone. I furtively glance around the room — a massive, bright, cheery space filled with flowery upholstered couches, pregnant women and every kind of magazine ladies might want to read neatly stacked on end tables — to see if anyone heard me.

Maybe I’m being paranoid, but it feels like the other women, if they’re not happily chatting with each other about their due dates and birth plans, are watching me — judging me — from behind copies of *Us Weekly* and *Parent* magazines. A toddler is playing uncomfortably close to my purse in the adjacent chair.

“I can’t hear you. What kind of tests?” the woman on the phone says. I sigh.

“STD tests,” I say loudly.

I now have the entire room’s attention. The woman next to me drags her toddler away from whatever hazardous material — hypodermic needles, sex toys, or God forbid, condoms — might be in my purse. Blood rises to my cheeks in shame.

“Hold, please,” the woman on the phone responds.

I close my eyes and silently curse my mother. This is totally her fault. Well, sort of.

Several weeks ago, I was talking to my mom, and she was going on and on about how one of her friends’ daughters had contracted HIV

Chastity.com — the first website that pops up when you Google “How many STDs are there” — today there are more than 25 different kinds of STDs. Those chaste people should know.)

I talk to the cheerful woman perched at the gyno office front window and call the lab, but nobody can give me an exact amount, instead estimating that it could cost a few hundred dollars. My waiting room audience is riveted, waiting to see what I do next.

I start to feel the blood rushing to my cheeks again; not out of shame this time, but out of anger. Why was it so difficult to get a firm answer? And why should I feel bad — or judged — about any of this? Wasn’t I being a responsible citizen by ensuring that I wasn’t carrying and passing along a host of diseases that could potentially maim, and even kill?

Defeated, I submit to the two tests my insurance covers. I cringe as the needle is inserted into my arm, and wonder how many people go through this much trouble for an STD test. As the nurse affixes a bandage, I feel like I’ve turned in my homework unfinished. This will not do. I’m determined to get an A.

As I walk to my car, I look up the Metro Public Health Department website on my phone. I discover that I can visit one of the area clinics and pay \$10 for a full STD panel screening. Sold.

The next morning, I pull up to the Lentz Public Health Center off Elliston, located on 23rd Avenue North between the Rock Block and the TriStar Centennial campus. After wandering around the hallway for several minutes, I finally find Room 116, otherwise unmarked, the window on the door obscured by black paper. Apparently nobody wants to look at the sad folks needing STD testing.

I quietly walk in to a tiny, austere room with a smattering of half-awake folks slumped

The Clinic was featured in an article in the “Nashville Scene” entitled: “Understanding Testing: a journey through the sometimes confusing world of STD screening”. In the article the clinic was praised for its efficiency, cost and the staff was praised for their professionalism.

Community acknowledgment of the clinics professionalism



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Questions – Comments

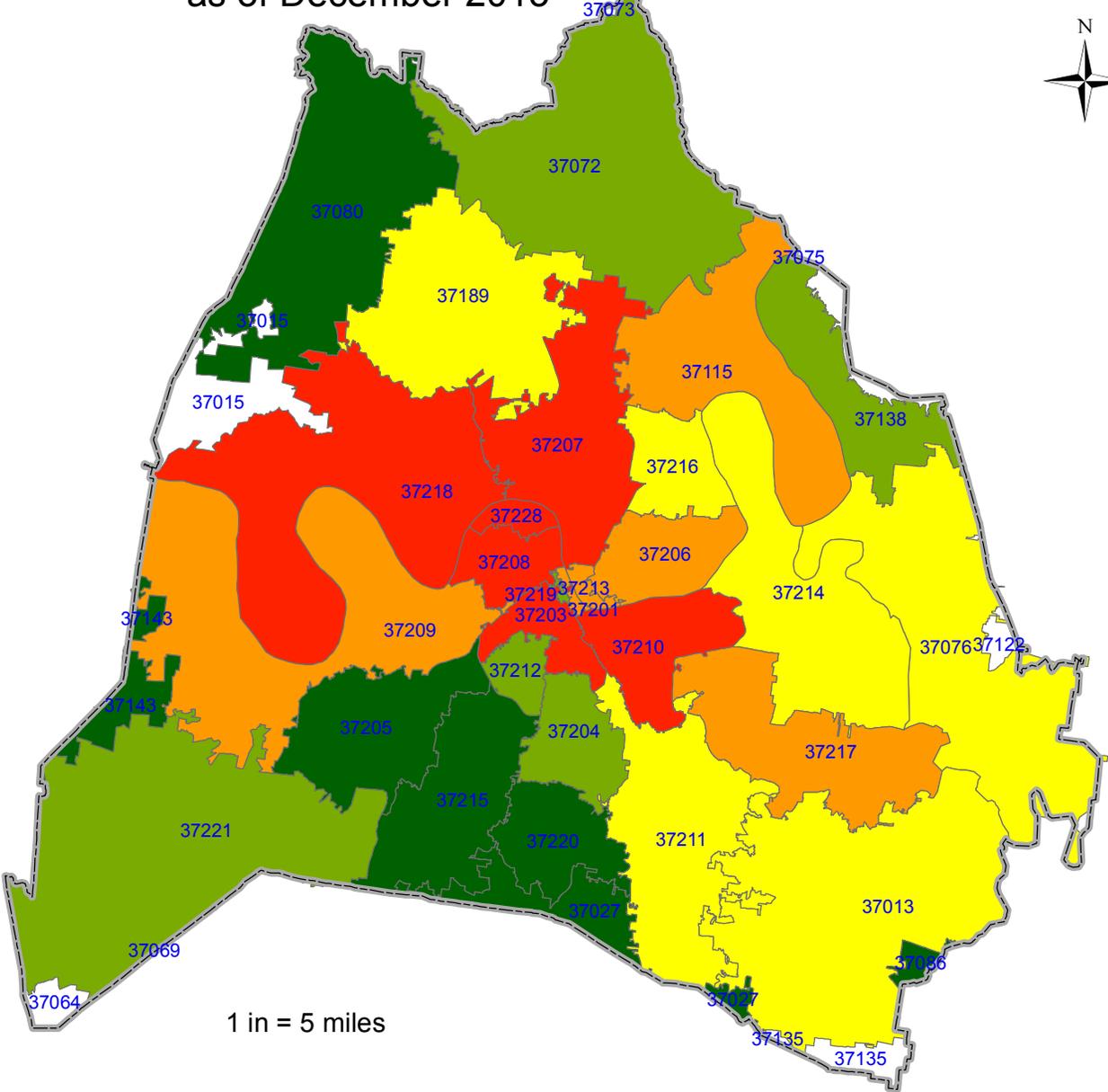
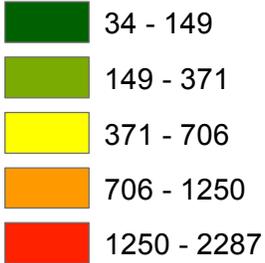


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STD/HIV Clients Distribution in Davidson County Zip Codes as of December 2013



**STD per Zip Code - Morb+ Only
Per 100,000**

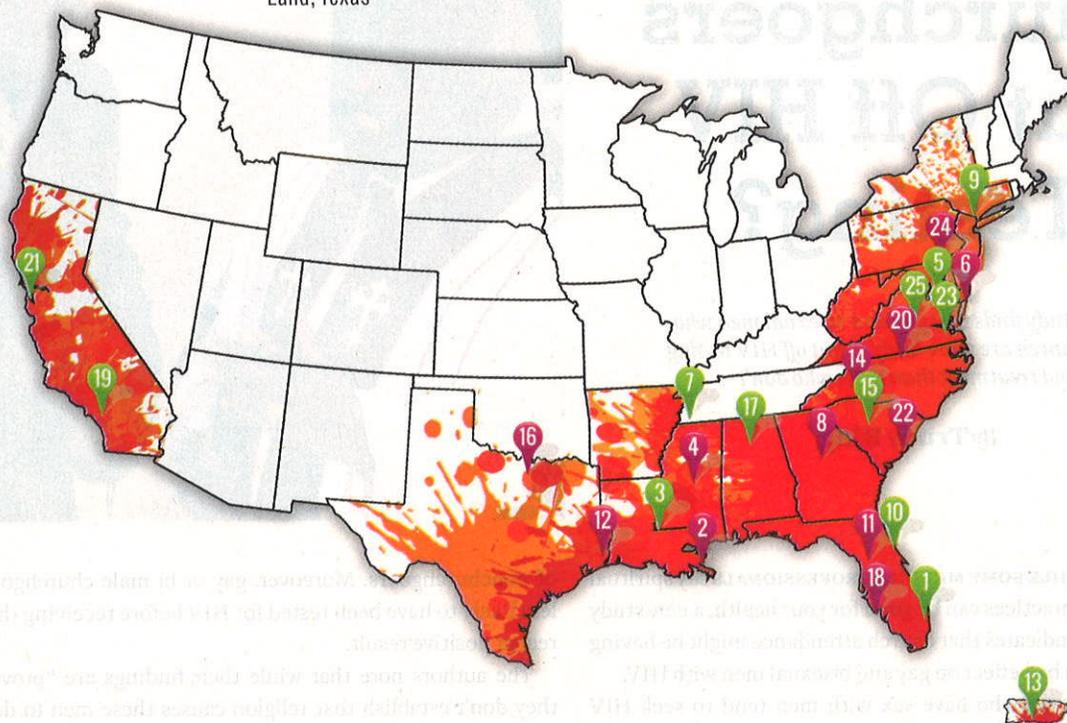


The 25 U.S. Cities With the Highest Rates of HIV Infection

Miami, New Orleans, and Baton Rouge top the list, according to the CDC

IN ITS 2013 HIV SURVEILLANCE REPORT, the Centers for Disease Control released a collection of data from state and local health departments that tracked the rate of new HIV infections across the country in 2011. Listed below are the U.S. cities and major metropolitan areas with the highest rates of new infections per capita. ♦

- | | | | |
|--|---|---|--|
| 1. Miami | 7. Memphis, Tenn. (includes Miss. and Ark. suburbs) | 13. San Juan-Caguas-Guaynabo, Puerto Rico | 20. Greensboro-High Point, N.C. |
| 2. New Orleans-Metairie-Kenner, La. | 8. Atlanta-Sandy Springs-Marietta, Ga. | 14. Charlotte-Gastonia-Concord, N.C.-S.C. | 21. San Francisco |
| 3. Baton Rouge, La. | 9. New York City (includes N.Y., N.J., and Pa. suburbs) | 15. Columbia, S.C. | 22. Charleston-North Charleston, S.C. |
| 4. Jackson, Miss. | 10. Jacksonville, Fla. | 16. Dallas | 23. Virginia Beach-Norfolk-Newport News, Va.-N.C. |
| 5. Washington, D.C. (includes Va., Md., and W.Va. suburbs) | 11. Orlando, Fla. | 17. Birmingham-Hoover, Ala. | 24. Philadelphia (includes Pa., N.J., Del., and Md. suburbs) |
| 6. Baltimore-Towson, Md. | 12. Houston-Baytown-Sugar Land, Texas | 18. Tampa-St. Petersburg-Clearwater, Fla. | 25. Richmond, Va. |
| | | 19. Los Angeles | |



DON'T FORGET

Director's Update to the Board of Health

September 11, 2014

Improve the health and well-being of children

Infant Mortality

The Metro Council declared September 9 as Safe Sleep Awareness Day in Davidson County in conjunction with its recognition of September as National Infant Mortality Awareness month. We held out kick-off event for the campaign Tuesday.

Ensure cleaner air and a safer environment

River Village Apartments

Earlier this week the Metro Council approved an agreement between Metro and the Tennessee Department of Environment and Conservation to help move along the clean-up of the illegal dumping site at 2121 26th Avenue North, on the grounds of the River Village Apartments. The agreement recognizes there are continuing legal efforts to recoup the cost of clean-up from the former owner of the complex, and specifies that the state will be repaid to the extent possible, up to the amount of its actual costs, from any money thus received.

Improve access to preventive, medical and behavioral health services

Affordable Care Act

Mayor Dean spoke recently with the Get Covered Nashville coalition that has been working on ACA enrollment through the funded agencies as well as voluntary efforts. We are exploring ways to support enrollment efforts for people in the federal exchange health plans created under the ACA. The next enrollment period begins on November 15 and lasts only until February 15.

Behavioral Health Services

MPHD Behavioral Health Services and staff were recognized at the Nashville Fire Department Commendation Ceremony on August 13 for our partnership to train fire department personnel in suicide prevention. Also, at our request Mayor Dean has signed a proclamation declaring September "Suicide Prevention Awareness Month" in Davidson County.

Outbreaks and Emergencies

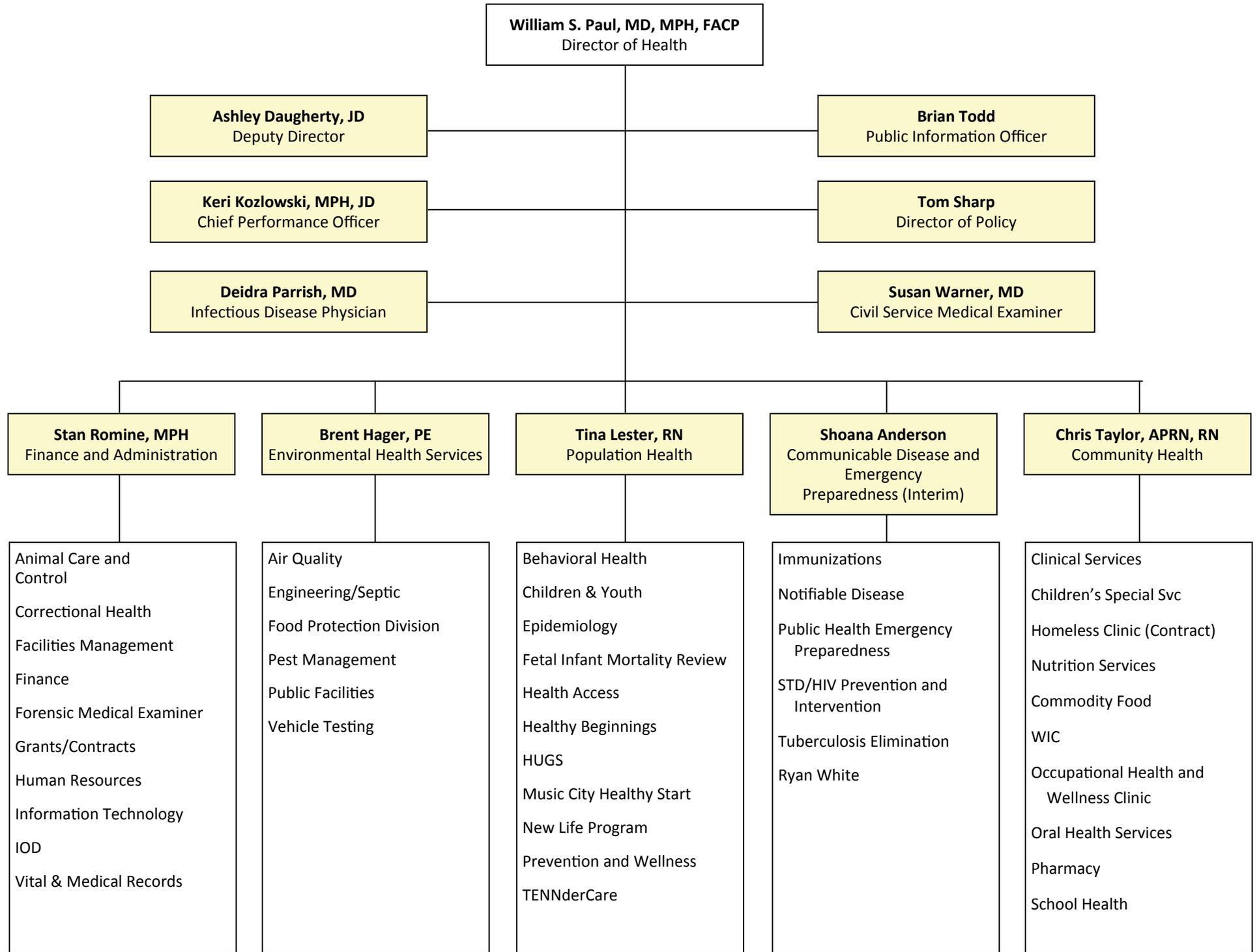
Nashville has reported its first positive mosquito pools for West Nile virus. The risk of human infection in Nashville has been very low.

Management and accountability

MPHD's onboarding and internship practices now exist and are available to all staff on our intranet. By the Board meeting, our Hiring practices will also be posted.

MACC

As relayed to you earlier, Metro Animal Care and Control has been reassigned to the Bureau of Finance and Administration. MACC manager Lauren Bluestone will report to Stan Romine. I appreciate the cooperation and willingness of Dr. Hager, Stan and Lauren in making this change.



William S. Paul, MD, MPH, FACP
Director of Health

Ashley Daugherty, JD
Deputy Director

Brian Todd
Public Information Officer

Keri Kozlowski, MPH, JD
Chief Performance Officer

Tom Sharp
Director of Policy

Deidra Parrish, MD
Infectious Disease Physician

Susan Warner, MD
Civil Service Medical Examiner

Stan Romine, MPH
Finance and Administration

Brent Hager, PE
Environmental Health Services

Tina Lester, RN
Population Health

Shoana Anderson
Communicable Disease and
Emergency Preparedness (Interim)

Chris Taylor, APRN, RN
Community Health

- Animal Care and Control
- Correctional Health
- Facilities Management
- Finance
- Forensic Medical Examiner
- Grants/Contracts
- Human Resources
- Information Technology
- IOD
- Vital & Medical Records

- Air Quality
- Engineering/Septic
- Food Protection Division
- Pest Management
- Public Facilities
- Vehicle Testing

- Behavioral Health
- Children & Youth
- Epidemiology
- Fetal Infant Mortality Review
- Health Access
- Healthy Beginnings
- HUGS
- Music City Healthy Start
- New Life Program
- Prevention and Wellness
- TENnderCare

- Immunizations
- Notifiable Disease
- Public Health Emergency Preparedness
- STD/HIV Prevention and Intervention
- Tuberculosis Elimination
- Ryan White

- Clinical Services
- Children's Special Svc
- Homeless Clinic (Contract)
- Nutrition Services
- Commodity Food
- WIC
- Occupational Health and Wellness Clinic
- Oral Health Services
- Pharmacy
- School Health

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Communicable Disease and
Public Health Emergency
Preparedness (Interim)

Chris Taylor
Community Health

Jim Diamond
IT, Forensic Medical Examiner

John Finke
Air Quality

Sandra Thomas-Trudo
Epidemiology

Cathy Seigenthaler
Correctional Health

Lauren Bluestone
Animal Care and Control

Tracy Buck
Prevention and Wellness

Leslie Robeson
HR

Spencer Hissam
Engineering/Septic

Angie Thompson
Behavioral Health

Tonya Foreman
Vital/Medical Records

Steve Crosier
Food Protection Services

Fonda Harris
Health Access

Dianne Harden
Business Office

Dr. Sanmi Areola
Public Facilities,
Pest Management

Annette Nabaa
HUGS

Mark Sturgis
Facilities Maintenance

Lewis Dubose
Vehicle Inspection

Healthy Beginnings

Music City Health Start

TENNderCare

**2014 Lay-off Status
as of 09-08-14**

Name / Continuous Service Date	Classification / Salary Grade Program	Lay-off Date	2 year Recall Ends	Status
Belle, Linda 10-04-2005	Public Health Nurse 3 / HD03 Music City Healthy Start	05/07/14	05/07/16	lay-off rescinded accepted HUGS Public Health Nurse 2 Voluntary Reduction in Salary Grade – 05-10-14 with no cut in pay
Thomas, Carla 02/05/11	Program Specialist 1 / SR06 Music City Healthy Start	05/07/14	05/07/16	lay-off rescinded upon temporary funding extension resigned to accept other employment
Officer, Melanie 09/08/2008	Office Support Rep 3 / SR06 Music City Healthy Start	05/07/14	05/07/16	laid-off position not included in funding extension applied for OSR 3 / Notifiable Disease and promotional positions – not selected

Ralph, Luwana 02/26/1996	Speech Language Pathologist / SR11 Children's Special Services (CSS)	05/24/14	05/24/16	laid-off
Hollahan, Kimberly 07/16/2009	Speech Language Pathologist / SR11 Children's Special Services (CSS)	05/24/14	05/24/16	laid-off recall to Program Specialist 2 / CSS 08-01-14 at max salary (6.6% cut in pay)

Shaw, Linda 02/01/1979	Public Health Nurse 3 / HD04 Healthy Beginnings	07/01/14	07/01/16	terminated by service pension appealed lay-off process – 08/07/14 accepted PHN 1 / CSS 09-01-14 at max salary (13.9% cut in pay)
Garvey, Pamela 12/07/1998	Program Specialist 1 / SR06 Healthy Beginnings	07/01/14	07/01/16	lay-off rescinded lateral transfer to PS 1 HUGS 07-01-14
Shaw, Evelyn 03/14/2001	Program Specialist 1 / SR06 Healthy Beginnings	07/01/14	07/01/16	laid-off applied for promotion – not selected
Barr, W. Nicole 03/26/2001	Program Specialist 1 / SR06 Healthy Beginnings	07/01/14	07/01/16	laid-off applied for promotional positions – not selected
Bradford, Catherine 10/30/1995	Office Support Rep 3 / SR06 Healthy Beginnings	07/01/14	07/01/16	lay-off rescinded lateral transfer to OSR 3 TB 07-01-14

Hoffman, Debra 03-17-1997	Office Support Rep 3 / SR06 Fatherhood	09/27/14	09/27/16	lay-off pending applied for OSR 3 positions – not selected
Jones, Karen 08-13-2012	Program Specialist 2 / SR08 Fatherhood	09/27/14	09/27/16	lay-off pending applied for lateral and promotional positions – not selected
Montgomery, Paxton 12-03-2010	Program Specialist 3 / SR10 Fatherhood	09/27/14	09/27/16	lay-off pending
Springer, Charney 10-22-2005	Program Specialist 2 / SR08 Fatherhood	09/27/14	09/27/16	offered Communicable Disease Investigator position (Ryan White early intervention) to be vacated by retirement of Russanne Buchi-Fotre decision pending
Williams, Foster 02-25-2008	Program Specialist 3 / SR10 Fatherhood	09/27/14	09/27/16	lay-off pending applied for Bureau Director – not selected

Smith, E. Dawn 08-27-2013	Public Health Nurse 1 (50%) / HD03 Early Head Start	09/27/14	09/27/16	lay-off pending inquired about available positions
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Dear members of the Board of Health:

The following is the civil service subcommittee's report. I have written the report and Carol Etherington will add an addendum. The addendum is added not because of a stark disagreement about the outcome, but to explain a "shade of difference" in how we viewed the grievance. Since there were only two members of the subcommittee at the final day of the two part hearing, we thought it fair for you to receive a report from both of us.

The appeal brought to light a number of difficulties we need to help MPHD address. Overall, the civil service appeal process is affirmed as a positive and institutionally healthy means of addressing employee grievances. I hope all members will find the report clear and helpful and the document will help guide future broader discussions about the policies and procedures we want to see implemented as part of the revised civil service rules.

Civil Service Subcommittee Report on Mr. Chauncey Springer's Stage II Grievance

The subcommittee found Mr. Springer's grievance has merit. The following support the merit of the grievance.

- Civil service rules (specifically 3.1 and 3.5.A.) emphasize the need to recruit and to fill open vacancies with qualified MPHD employees. 3.1 states, "When it is determined that the number of **current eligible applicants is insufficient** for the filling of current or expected vacancies, public advertisements and/or announcements of the vacancies shall be made." and 3.5.A states "budgeted vacancies which would provide promotional opportunities shall be announced and advertised in such a manner that all eligible and qualified **employees within the department shall have an opportunity to apply.**" The position was initially posted as an internal search only. Mr. Springer applied for the position before the search extended and posted beyond MPHD employees. He is qualified for the position and works for the fatherhood grant which is ending and thus ending his employment. All MPHD employees involved in the search and hiring process were aware of Mr. Springer's application and knew that he would be on the layoff list once the fatherhood grant ended. Whereas this position is not a promotion for Mr. Springer, reading all of chapter 3 of the civil service rules it is clear the value is on retaining competent and dedicated MPHD employees. The rules validate recruitment within the department supercedes external recruitment for vacant positions.
- Civil Service rule 3.3 states that the available applicant "whose total credentials best meet the job qualifications shall be selected for employment." While the subcommittee did not want to second guess the supervisor's hiring decisions, the lack of any documentation or scoring system about the decision necessitated weighing relative qualifications. Mr. Springer is highly qualified for the position for which he applied. He had been in employment positions within MPHD with the same tasks and job skills and had received good performance reviews. He has a master's degree and has been with MPHD for nine years and is familiar with the policies and procedures of the position. He has extensive field work experience with the population the position serves. The applicant awarded the position has never been

employed in public health and it is unclear whether she has ever done field work. Her work experience related to the position consists of one employed position of three year duration that does not require field work. The supervisor told the committee the applicant awarded the position interviewed well, but the interview notes do not reflect an interview that added information about the applicant's overall qualifications. No interview scoring system existed and it is unclear how the good interview would balance out the lack of experience the applicant had in the field. The supervisor did make note of the mark on Mr. Springer's employment record several years ago as a reason for not hiring Mr. Springer, but Mr. Springer was not allowed to address this negative information in the hiring process. Mr. Springer has had favorable evaluations and no further poor evaluations past the incident for which he was disciplined so it seemed to the committee the incident did not weigh so heavily on his overall qualifications. Overall, Mr. Springer is judged to be the more qualified candidate for the position and without clear documentation about the selection process, it is unclear why the supervisor judged the successful candidate to be more qualified. The supervisor did note the hired candidate would bring "new ideas" into his department, but the value of an external candidate with new ideas is seen by the subcommittee as inferior to experience, skill set and past employee achievement and documented reputation of an internal candidate.

- Civil service rule 3.2.G. states, "oral and written verification of the applicant's credentials, character and background, previous work experience and performance evaluation from former employees". The subcommittee found the one reference checked for the successful applicant was completed **after** the position was offered to her and **after** Mr. Springer had filed a grievance. The reference checked was for an employment held for six weeks and the reference was not entirely positive. There is no record presented to the subcommittee of other reference checks or attempts at reference checks. Mr. Springer has a nine year employment record and his current supervisor is available to give a reference if so asked, but there is no documentation anyone familiar with Mr. Springer's work was asked to render their opinion about his suitability for the position.

The subcommittee found the grievance meritorious and also had several concerns and suggestions about the information uncovered in the hearing:

1. The hiring practices at MPHD are not transparent. There was a lot of confusion about which positions had been posted and which positions had been re-posted with new titles. There was further confusion about whether particular positions were posted only internally or also posted outside MPHD. As a subcommittee member, I had a difficult time understanding this even after the trajectory of the vacancies had been explained several times. MPHD should work to make this process as transparent as possible to both MPHD employees and external candidates.
2. A transparent, objective process for hiring is not currently being utilized (or was not at the time that the grievance was filed). Many public and private entities use validated tools during the hiring process. The tools ensure that hiring is based on objective criteria to avoid bias and to document the process. MPHD should consider the available tools and redesign the hiring process to incorporate a validated tool. All employees involved in the hiring process should be trained on how to

properly use the tools and on the importance of accurate and complete documentation.

3. The value of placing current employees facing layoffs in vacancies is not conveyed to hiring supervisors as a value trumping more minor preferences for hiring external candidates. This value has been affirmed on many occasions by the Board of Health (most recently at the August, 2014 Board meeting) and the value has been discussed numerous times when layoff lists have been introduced to the Board. The need to identify vacancies and strategically move employees known to be most likely be on a future layoff list needs to be emphasized at all levels of hiring. The civil service rules will be rewritten this year and this value, if upheld by the BOH, needs to be stated explicitly in the civil service rules to avoid future confusion.

4. The reference checking process revealed during the hearing of this appeal is concerning. No references provided by the successful applicant were checked prior to hiring. Just as concerning, when, after the grievance at issue was filed, only one reference was obtained. This not entirely positive reference was from a past employer who had employed the successful applicant for just six weeks. Reference check policies and procedures should be revisited to insure references are checked prior to hiring, and the reference outcomes should be part of the objective data used for hiring decisions.

5. The burden to remedy the grievance was mentioned several times by MPHD. The burden of remedy should not factor into deciding if a grievance has merit. The perceived burden of remedy could always be used as argument against all appeals and the employees right to file a grievance and appeal the denial of the grievance is more important than the burden of remedy. The subcommittee found it troubling that this was brought forth as a reason to deny the appeal and attempt to use our concern for the new employee in the position Mr. Springer applied for as a reason to not affirm Mr. Springer's appeal.

6. The double bind of correcting one action and causing another grievance should not exist. MPHD argued that by affirming Mr. Springer's grievance and placing Mr. Springer in the position for which he applied, the current employee (recently hired external candidate) could then file a grievance if placed on the layoff list. Again, the process for grievance and appeal of a departmental denial should not put the BOH in the position of having no available remedy. The process of grievance and appeal is an important process for employees. It should be noted that Mr. Springer filed his grievance May 7th and the hired external candidate did not start employment until June 16th. MPHD Stage II Grievance Finding was dated June 2 and the appeal was filed soon after and before the new employee was in the position.

Potential remedies if the BOH should affirm Mr. Springer grievance:

- Mr. Springer is placed in the position for which he applied and the newly hired employee is placed in the suitable vacancy made available the first week of September.
- Mr. Springer is placed in the suitable available position made available the first week of September.
- Other potential remedies suggested by MPHD.

Respectfully submitted,

Ruth Stewart MD

ADDENDUM

Mr. Springer, Ms. Parker and Mr. Douglas were all seemingly acting out of a desire to either 1) seek a position they believed themselves qualified for (Springer and Parker), or 2) fill the position with a person believed to be the most ideal candidate (Douglas). At this point, it is my judgment that Mr. Springer and Ms. Parker are qualified. The documents reviewed for this case clearly state that internal candidates should be considered priority unless more qualified persons were available. While 'most qualified' is in the eye of the beholder, the hiring process, as outlined above by Dr. Stewart was so flawed as to render that a hollow argument.

As the committee is allowed to make a recommendation that may be construed as a "remedy", I submit that if a position is available within MPHD that can utilize his skills (and offers the same pay grade), that Mr. Springer be offered that position. Our common desire is to have an effective, efficient program that serves, first and foremost, the patients/populations. After this experience, it may be that Mr. Springer's skills and talents can be better utilized working with a different supervisor while retaining Ms. Parker who is described as promising MPHD employee. That said, if such a position does not exist, I concur that the grievance must be upheld in favor of Mr. Springer.

Respectfully submitted,

Carol Etherington, MSN, RN