

Metropolitan Board of Health of Nashville and Davidson County July 6, 2017 Meeting Minutes

The meeting of the Metropolitan Board of Health of Nashville and Davidson County was called to order by Chair Carol Etherington at 4:02 p.m. in the Board Room, on the third floor of the Lentz Public Health Center, 2500 Charlotte Avenue, Nashville TN 37209.

Present

Carol Etherington, RN, MSN, Chair
Francisca Guzmán, Vice Chair
Samuel L. Felker, JD, Member
Margreete Johnston, MD, MPH, Member
Thomas W. Campbell, MD, Member
William S. Paul, MD, MPH, FACP, Director of Health
Sanmi Areola, PhD, Deputy Director and Interim Director of Environmental Public Health Bureau
Cathy Seigenthaler, BSN, CCHP, Director of Correctional Health Services Program
Jim Diamond, MBA, Assistant Director of Administration and Finance Bureau
Peter Fontaine, CPA, MBA, Director of Administration and Finance Bureau
Gill Wright, III, MD, MPH, Civil Service Medical Examiner
Joanna Shaw-KaiKai, MD, FACP, Infectious Disease Physician
Leslie Robeson, Director of Human Resources
Patrick Cummiskey, President, Correct Care Solutions Group
Josh Lee, JD, Metropolitan Department of Law

BOARD OF HEALTH

Administration and Finance Bureau Presentation: Correctional Health Services

Cathy Seigenthaler presented an update on the Correctional Health Services program (Attachment I), and Patrick Cummiskey, president of Correct Care Solutions Group, presented an overview of the firm's services (Attachment II).

Update on Scabies Outbreak

Dr. Paul updated the Board on the recent scabies outbreak at Davidson County inmate facilities, and the efforts to contain it (Attachment III).

Mr. Felker asked for information about how inmates are educated about scabies and the symptoms of infection.

Chair Etherington stated that scabies should be included in the annual Board Retreat to be scheduled after the new Board member is appointed and confirmed.

Approval of Grant Applications

There were no grant applications.

Approval of Grants and Contracts

Peter Fontaine presented three items for approval:

- 1. Grant from the State of Tennessee Department of Health – Food Safety Services**
Term: October 1, 2017 through September 30, 2018
Amount: \$99,300 (\$2,400 decrease)

2. Internship Agreement with Georgia State University of Veterinary Medicine

Term: April 1, 2017 through March 31, 2022

Amount: \$0

3. Notice of Award Amendment 1 from HRSA: Ryan White Part A HIV Emergency Relief Grant Program

Term: March 1, 2009 through February 28, 2018

Amount: \$2,447,302 (\$4,585,871 total; an increase of \$962.00) for budget period 03/01/17 through 02/28/18

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

Approval of the June 13, 2017 Regular Meeting Minutes

Dr. Campbell made a motion to approve the minutes of the June 13, 2017 Board of Health meeting with amendment as suggested by Mr. Felker. Ms. Guzmán seconded the motion, which passed unanimously.

Director's Report

Dr. Paul referred to the Director's Update provided in the Board packet (Attachment IV) and gave a brief summary of the report.

Dr. Paul invited Board members to attend the All Staff meeting at Trevecca Campus on August 21. [Recorder's note: The All Staff meeting was subsequently canceled due to details related to the solar eclipse occurring the same day.]

Dr. Paul announced Dr. Sanmi Areola as the newly appointed Deputy Director.

Dr. Paul also introduced Sarah Bounse, the Department's recently hired Health Equity Coordinator.

Report of the Chair

Chair Etherington will seek the Board's input on scheduling and content of the annual Board Retreat at the August meeting.

Chair Etherington anticipates that Dr. Alex Jahangir, Mayor Barry's appointee to replace Dr. Henry Foster on the Board, will be confirmed by Metro Council and attend the August 10 Board meeting.

The meetings of the Board with the Department's Executive Leadership Team will continue and the next will be scheduled in early fall.

Chair Etherington thanked Ms. Guzman, who has agreed to serve as the Board's representative to the Healthy Nashville Leadership Council.

Other Business

Ms. Guzman questioned the euthanasia rate reflected in the Animal Control Statistics Report. Dr. Areola advised that adjustments were being made to the collection of the data.

CIVIL SERVICE BOARD

Personnel Changes

Peter Fontaine presented the personnel changes.

Approval of Job Description

Peter Fontaine presented the Human Resources Manager job description (Attachment V) for Board approval, and asked that the Board approve it and its inclusion in the Department's Pay Plan. Mr. Fontaine advised that several smaller Metro departments utilize the OR09 classification for their Human Resources Manager positions.

Dr. Campbell made a motion to approve the Human Resources Manager job description as presented, and to include it in the Department's Pay Plan. Mr. Felker seconded the motion, which passed unanimously.

Next Regular Meeting

The next regular meeting of the Board of Health is scheduled to be held at 4:00 p.m. on Thursday August 10, 2017, in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville TN 37209.

The meeting adjourned at approximately 6:50 p.m.

Respectfully submitted,

Carol Etherington, MSN, RN
Chair

Correctional Health Services

Health Care Provider Auditing Process

Catherine Seigenthaler, BSN, CCHP
Program Director

July 6, 2017



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

METRO GOVERNMENT

MPHD



Correct Care Solutions

Davidson County Sheriff's Office Facilities

- **Pre-trial offenders**
- **Locally sentenced misdemeanants**
 - Criminal Justice Center (Under Construction)
 - Hill Detention Facility, Downtown
 - Correctional Development Center, Harding Place
 - Maximum Correctional Center, Harding Place
 - Offender Re-entry Center, Harding Place

Note: CCS provides medical care only, and DCSO provides all correctional services.

Davidson Co. Sheriff's Office



CoreCivic

- **Felons sentenced to 1-6 years**
- **Temporarily housing pre-trial females**
 - 5115 Harding Place

Note: CoreCivic provides both medical care and all correctional services; MPHD monitors the medical care for the DCSO.

(Advise /Inform Only)
MPHD
(Medical Monitoring Only)



Contract Monitor for the Davidson County Sheriff's Office (DCSO)

- Located at the Hill Detention Facility (Downtown, 2nd Avenue)
- MPHD Contract
- Follows tenets of Contract and Request for Quotes (RFQ)
- Adheres to the National Commission of Correctional Health Care (NCCHC) Standards of Care as well as the American Correctional Association (ACA) Standards of Care

Contract Monitor for the CoreCivic Facility (formerly known as CCA)

- Located at CoreCivic (5115 Harding Place, Nashville, TN 37211)
- Sheriff's Office Contract
- Follows the tenets of the Contract (medical section) and RFQ
- MPHD was asked to monitor the medical services of this contract in 2003
- Adheres to the NCCHC and ACA Standards of Care

Daily Audits At All Facilities:

- Medical observation rounds (assessment by nursing staff twice per shift)
- Offender Intake/Receiving Screening Into the Jail/Prison Facility
- No Break Medications Such as Blood Thinners and HIV Medications
- Offenders on Dialysis
- Inmate Transfers
- Review of Segregation Report
- Suicide Attempts
- Medical Emergencies or Hospitalizations
- Detox Management
- Pregnant Offenders
- Medical Grievances

Weekly Audits At All Facilities:

- Weekly Sick Call Audit

Monthly Audits At All Facilities:

- Equipment and all Medical Logs (Emergency Kits, AEDs, etc.)
- Provider Encounters
- Staff Vacancies
- Comprehensive Mental Health Evaluations
- Medical Chronic Care Clinic
- Medical Acute Care Clinic
- Physical Assessments
- Discharge Planning
- Contract Monitor Monthly Report

Quarterly Audit At All Facilities:

Litigation Report

In addition to auditing processes, there is a monthly medical meeting with the CoreCivic Warden, and the Nurse Manager at each DSCO facility.

Reports and Reviews as Needed:

- Morbidity and Mortality Reviews
- Corrective Action Plans
- Reviews at the Request of the Public Defender's Office
- Reviews Regarding a Family Member Concern
- Reviews Requested by the Sheriff's Office
- Reviews Regarding Inmates Needing a Compassionate Release
- Judicial Release Requests

Attachment II



Healthcare Services

Metro Public Health Department
Davidson County Sheriff's Office



Correct Care Solutions, LLC

- Nashville-based
- Large urban jail experience
- 285,000 patients in our care each day
- Provide services in Jails, Prisons, Juvenile Facilities; State Psychiatric Hospitals; Residential Treatment Facilities



Health Care Contract History:

- Initial contract awarded to Correct Care Solutions ("CCS") – October 1, 2005. Re-awarded twice via RFPs.
- Current Contract
 - * Began 11-2-2015
 - * 36 month contract
 - * Can be extended annually, not to exceed 60 months from start date
 - * Estimated annual contract value - \$12,000,000

DCSO Service Locations

- Hill Detention Facility - Intake Classification housing, Medical Housing, and Special Needs Housing
- Offender Re-Entry Center – Minimal Security Facility
- Correctional Development Center – Males; Medium Security Facility
- Maximum Correction Center – Maximum Security Unit and Behavioral Health Housing

Current Challenges In Correctional Healthcare:

- Aging patients
- Large % of non compliant chronic care patients
- Hepatitis C Infected patients
- Severally mentally ill patients
- Pregnant opioid addicted females
- Substance abuse of patients

2016 Healthcare Services provided in Davidson County jails

- Intake Screens by CCS Staff - 36,747
- Treatments provided – 89,645
- Nursing Sick Calls (medical) – 18,791
- Mental Health Sick calls/referrals – 11,453
- Emergency Room visits - 933
- Behavioral Health contacts – 19,175
- Medication Administration – 882 patients per day

Medical Staff: 75.3 FTEs

Mental Health: 10.05 FTEs



Contract Oversight

*Catherine Seigenthaler BSN,
CCHP*

*Director, Correctional Health
Services*

CCS Continuous Quality
Improvement Program



National Commission
on Correctional
Health Care
(NCCHC)

American
Correctional
Association
(ACA)



Subcontractors

Mental Health Cooperative

- Current Provider of Behavioral Health Services
- Founded 1993
- Full Service, Evidence Based Behavioral Health Care Provider



Other Partners

- Diamond Pharmacy
- LabCorp
- Mobile X-ray
- Dialysis Clinic, Inc.
- Community Providers
 - General Hospital
 - Vanderbilt Hospital

Legal Issues in Correctional Healthcare

- ESTELLE VS. GAMBLE (1976 US SUPREME COURT): INMATES RIGHT TO TREATMENT FOR SERIOUS MEDICAL NEEDS
- BOWRING VS. GODWIN (1977 US SUPREME COURT): NO DISTINCTION BETWEEN PHYSICAL HEALTH AND MENTAL HEALTH NEEDS

Questions?



Attachment III

Response and Investigation of a Rash Outbreak at the CoreCivic Facility

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

July 6, 2017



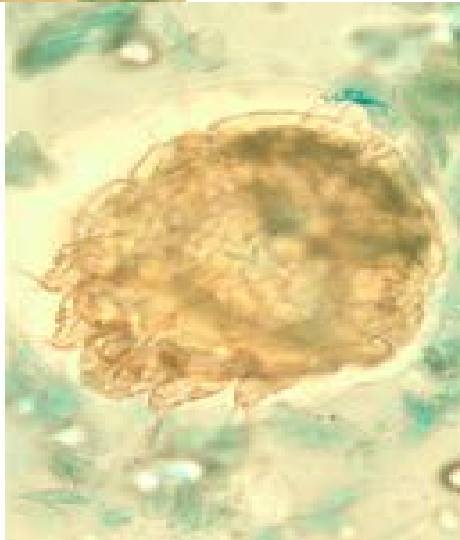
Metro Public Health Dept

Nashville/Davidson County

Protecting, Improving, and Sustaining Health

Scabies

- Infestation of the skin by the human itch mite.
- The microscopic mite burrows into the upper layer of the skin where it lives and lays its eggs.
- The most common symptoms are intense itching and a pimple-like skin rash.
- Usually spread by direct, prolonged, skin-to-skin contact with a person who has scabies.
- Occurs worldwide and affects people of all races and social classes.
- Can spread rapidly under crowded conditions where close body contact is frequent, or from a “crusted” case.



Selected Scabies Outbreaks

recent publications

- University teaching hospital
- Kindergarten
- Intensive Care Unit
- Long term care facility
- Psychiatric hospital
- Often unrecognized “crusted” case

MPHD Roles

- Medical contract monitor
- Public health authority

Objectives

- Implement public health interventions to contain and stop the outbreak.
- Implement monitoring and surveillance activities to understand the outbreak and track effectiveness of interventions.
- Provide appropriate information to the public and routine updates to elected officials and affected individuals.
- Evaluate processes and implement changes to prevent occurrences of similar outbreaks in the future.

Events Timeline

May 5-6	Warden notes first date of inmate complaint of itchy rash
May 16	MPHD contract monitor is notified of rashes among inmates. Suspicion for scabies is low
May 30	MPHD notified of scabies-like rash among court employees. CoreCivic accepts MPHD recommendation to give prophylaxis
June 1	Outbreak investigation begins Two Women's pods treated prophylactically
June 6-7	Additional Women's pods treated prophylactically
June 13	Last rash onset among inmates
June 15	Male inmates offered treatment prophylactically

Case Definitions

- Confirmed: Itchy rash with positive lab test for scabies*
- Probable: Itchy rash with a clinical diagnosis of scabies, associated with pre-identified locations/contacts, and no other diagnosis*
- Suspect: Itchy Rash with no clinical assessment from a provider, with or without scabicial treatment*

*and a current or former employee at CoreCivic, a Metro courthouse or jail employee, or household contact to any of the categories previously listed

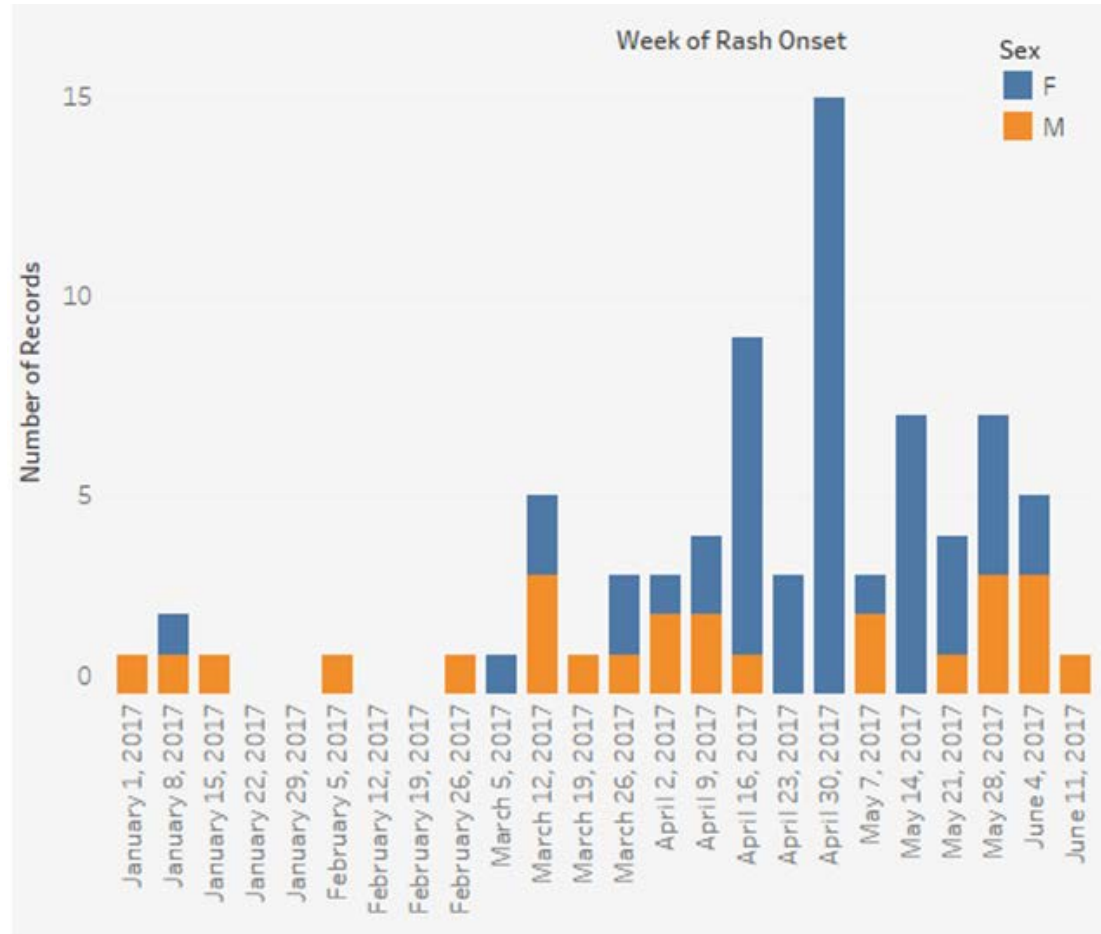
Methods

- Review sick logs (January 1, 2017)
- Review medical records (January 1, 2017)
- Surveillance Team pulled sick calls and medical relating to rash and/or itch
 - These were submitted to the epidemiologist
 - Many inmates have one type of record (medical visit or sick call), not both
 - Records were entered into line list and classified per case definition
 - Descriptive statistics conducted to date; currently looking at the most appropriate study to conduct

Overview of Cases

	Population	Case Count (Suspect, Probable)	Prophylaxis Counts
Court Staff		25 (0, 25)	12
Jail Staff		14 (0, 14)	1
All Inmates	1016	88 (68, 20)	897
Total		127 (68, 59)	910

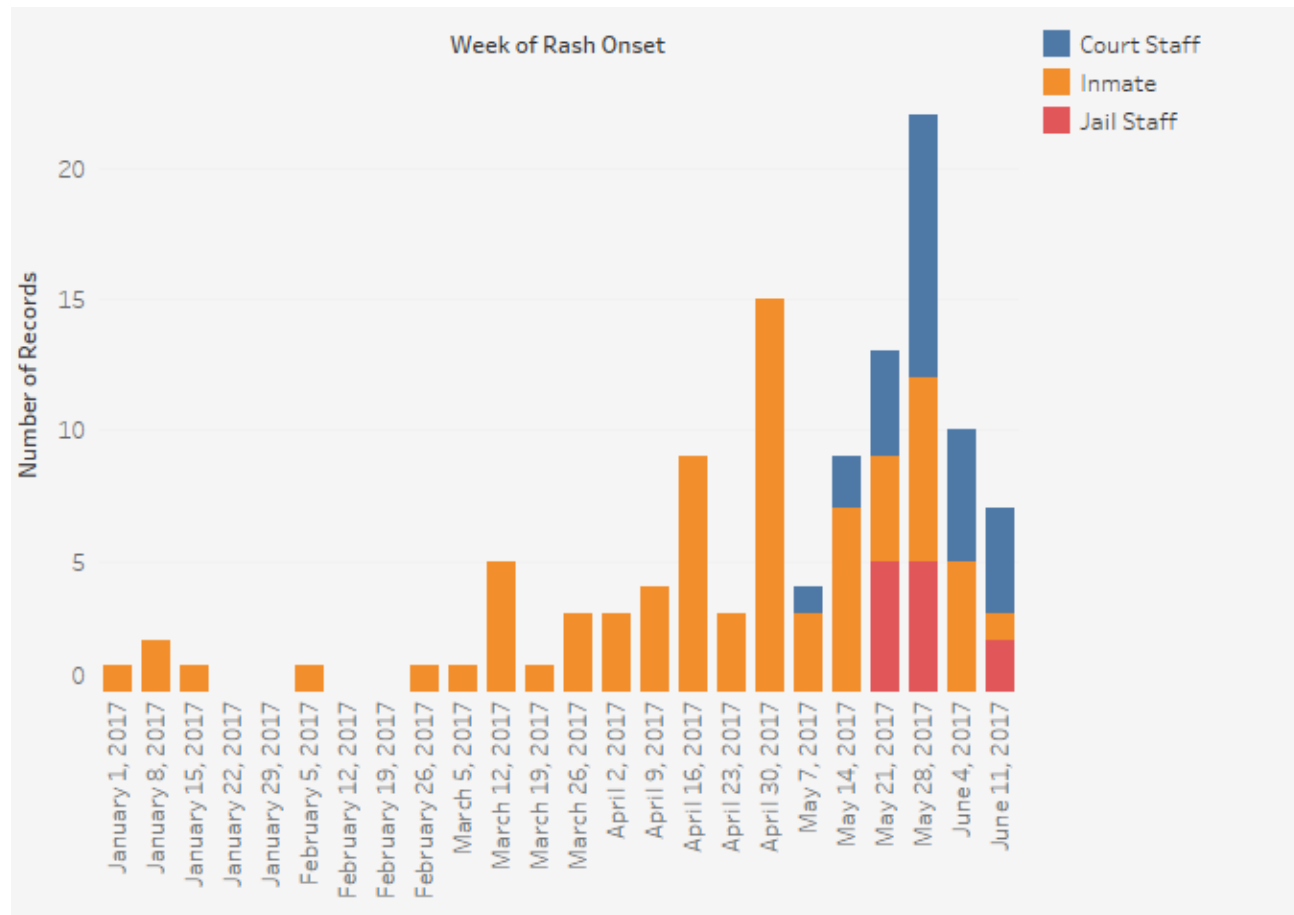
Scabies Epi Curve by Inmates' Sex



Scabies

Epi Curve

by Affiliation



Observations

- Clinically diagnosed scabies outbreak
- Started in March, 2017 or earlier
- Clinical cases in on-site employees and employees at Birch building
- Intervention was designed and implemented to stop scabies outbreak
- No new cases of itchy rash for 3 weeks.

Questions and Considerations

- Clinical suspicion for scabies was low. Why?
- Was medical evaluation and treatment appropriate and timely? Were there barriers to treatment?
- CoreCivic is running a prison and temporarily serving as jail. Were differences between pre-trial and post-sentencing populations a factor?
- What are efficient and effective methods in correctional settings for early detection & identification of possible outbreaks?

Director's Update to the Board of Health July, 2017

Improve and Sustain Family and Child Well-Being

Tobacco Recognition

Our Tobacco Settlement program efforts were recognized by Tennessee Department of Health Commissioner Dr. John Dreyzehner as one of the top five in the state for reducing smoking among pregnant women. We appreciate the recognition and the work of the Tobacco Settlement team under the leadership of Tina Lester and Tracy Buck. Additional funding discussions are under way and the work continues.

Promote and Support Healthier Living

Collaboration

Angie Thompson and I accepted an award for MPH on June 19 from Mental Health America of Middle Tennessee for nonprofit collaboration. The recognition was based on our work in suicide prevention, the Safety Net Consortium, Mental Health Systems Improvement, and ACE Nashville. ACE Nashville has been selected by the Center for Nonprofit Management for consulting and technical assistance under their Collective Impact Catalyst program.

Create Healthier Community Environments

Gas Compressor

A construction permit was issued on June 23 to Tennessee Gas Pipeline Co. to build a natural gas compressor station in Joelton. MPH proposed limiting the emissions from this facility to levels below those originally proposed by the company in its application. After its review of the documentation, the Environmental Protection Agency agreed with our assessment and proposal. We believe the limits imposed through our review are a significant improvement for the protection of air quality.

Vehicle Emissions

The two vehicle emissions contracts you approved in April were subsequently approved by the Metro Council and went into effect on July 1. The immediate changes are revised hours at the six existing garage testing facilities. There are expanded morning and evening hours, and four of the stations will now be open on Saturdays (previously there were two). The remote sensing contract implementation is dependent upon revisions to the State Implementation Plan and other regulatory changes; these changes are in process.

Prevent and Control Epidemics and Respond to Public Health Emergencies

Scabies

(Separate agenda presentation)

Ryan White

The Ryan White HIV Program and the Regional Planning Council held their annual data summit June 20. Each year the Ryan White research analyst completes a report containing the latest data related to HIV. Data include an epidemiological profile, treatment service utilization data, HIV testing data, client survey data and client and community outcome data. Highlights from this year's report:

- There are 5,166 people in Middle Tennessee living with HIV disease; 73.4 percent of those are Davidson County residents. Over the last five years we have seen an 18 percent increase in prevalence.
- There were 160 new cases of HIV infection in 2016. The 15-to-24 year-old age group accounted for 29 percent of the increase, a familiar pattern. However, for the first time since 2012 we saw intravenous drug use as a reported transmission category for women. It was a small number (five) but a trend that bears watching.
- Racial disparities in HIV prevalence, incidence and client outcomes continue.
- The most promising news is that when a person engages in HIV medical care, 86.2 percent become virally suppressed. This is above the national average.
- Due to medical advances in HIV prevention and treatment we now have the tools that can lead us to ending the epidemic. We must continue our success in viral suppression and achieve the following: 1) Significantly increase the percentage of people living with HIV who know their status; 2) Quickly link people to HIV medical care upon diagnosis; 3) Ensure that people living with HIV receive routine medical care; 4) Eliminate disparities; and, 5) Make HIV prevention and education services readily available to all.

Organizational Updates

Budget

The Metro Council concluded its revisions to the Metro operating budget on June 20. Thanks to the advocacy efforts of this board and others, the Council added \$885,500 to the MPHD budget to fund the first year of our proposed expansion of the school nursing program. It was the largest addition to Mayor Barry's budget proposal made by the Council. Much work remains, but we are grateful for the confidence shown in our stewardship and the potential benefits of this program. The addition of the money to the MPHD budget means that portion of the funding will not be in competition for resources within the MNPS budget process going forward. In addition, the FY18 budget includes new funding for an opioid position, the pretrial diversion project, a pilot of a WIC dental (fluoride varnish) program, pay plan changes, and an increase in the pet license fee to pay for the new electronic licensing system installed at MACC.

All-Staff Meeting reminder

A reminder that our All Staff Meeting will be on Aug. 21 at Trevecca Nazarene University on Murfreesboro Pike. That is the day of the full solar eclipse. If you have viewing plans, you should know the meeting will adjourn at noon, two minutes after the eclipse begins and almost an hour and a half before the full eclipse.

Metro Animal Care and Control

Monthly Report

June 2017



METRO NASHVILLE
ANIMAL CARE & CONTROL

June 2017 Intakes

	Kitten	Adult Cat	Puppy	Adult Dog	Other	Wildlife	Total
Owner Surrender	67	60	20	111	7	0	265
Request for Humane Euthanasia	0	2	0	34	1	0	37
Stray	160	39	33	155	10	35	432
Total	227	101	53	300	18	35	734

Kitten/Puppy: 0 weeks old to 5 months old

Adult Cat/Dog: 6 months or older

Other: Includes Livestock, small animals

June 2016 and June 2017 Intakes

	2016				2017			
	Cats	Dogs	Other	Total	Cats	Dogs	Other	Total
Owner Surrender	128	165	20	313	127	131	7	265
Request for Humane Euthanasia (Owner Surrender)	13	53	4	70	2	34	1	37
Stray	170	194	13	377	199	188	45	432
Total	311	412	37	760	328	353	53	734

Other: Includes Livestock, small animals and wildlife

May 2017 Outcomes*

	Kitten	Adult Cat	Puppy	Adult Dog	Other	Wildlife	Total
Adopted	33	35	25	103	3	0	199
Transferred to Rescue Agency	37	0	27	45	7	7	123
Returned to Owner	1	1	3	81	0	0	86
Community Cats Program	3	25	0	0	0	0	28
Humanely Euthanized	43	33	1	92	7	27	203
Total	117	94	56	321	17	34	639

Kitten/Puppy: 0 weeks old to 5 months old

Adult Cat/Dog: 6 months or older

Other: Includes Livestock, small animals and wildlife

June 2016 and June 2017 Outcomes*

	2016				2017			
	Cats	Dogs	Other	Total	Cats	Dogs	Other	Total
Adopted	67	109	10	186	68	128	3	199
Transferred to Rescue Agency	30	102	19	151	37	72	14	123
Returned to Owner	0	58	2	60	2	84	0	86
Community Cat Program	59	0	0	59	28	0	0	28
Humanely Euthanized	67	108	6	181	76	93	34	203
Total	223	377	37	637	211	377	51	639

*Outcome Data will rarely match Intake Data due to the fluidity of the shelter census. Animals are constantly being moved through the "Animal Flow Through" process.

***Not Yet Outcomed refers to animals that are still in the shelter or foster care.

Metro Animal Care and Control

Trailing 12 Month - Data Report

		Trailing 12 Month Average	
		Jun-17	Ending June 30, 2017
A	Intake Total	734	636
B	Stray	432	291
C	Owner Surrender	265	255
D	Owner Req. Euth	37	85
E	Wildlife	35	12
F	Other	18	22
G	Adopted	199	205
H	Transfer	151	138
I	RTO	86	78
J	ORE Euthanized	39	40
K	Wildlife Euthanized	27	7
L	Euth Total	203	117
M	Euth %	19%	11%

Data Report Key

Intakes

Outcomes

HUMAN RESOURCES MANAGER

CLASS NUMBER: 06531

GRADE: OR09

EEO CATEGORY: Officials/Administrators

FLSA: Top-Level Mgt.

JOB OBJECTIVE

Administers all phases of the HR function for the Metro Public Health Department (MPHD).
Performs related duties as required.

JOB DESCRIPTION

MAJOR JOB RESPONSIBILITIES

Serves as an internal HR management to solve complex issues and provides technical assistance in HR functional areas to ensure consistency and equity in policy and practice.

Handles controversial and/or complex HR projects; makes assessment of issue(s) or problem area(s), determines how the project/study will be conducted, defines the scope of work, develops the methodology for the collection of relevant data, and assembles and designates data into meaningful formats to facilitate data analysis.

Counsels managers, supervisors, and line employees regarding employment-related policies, procedures, rules, laws, and regulations; advises supervisors and managers on appropriate supervisory practices; explains departmental decisions on human resources-related matters; analyzes operational problems and develops solutions; recommends and interprets human resources policies to meet departmental goals; writes procedures to implement departmental policies and strategies; may review departmental hiring decisions for compliance with policies and procedures; develops, coordinates, and may conduct mandated and other training programs.

Represents the department on a variety of human resources-related committees and before commissions to ensure that departmental concerns and issues are raised and addressed; responds to human resources-related inquiries by state and federal regulatory agencies;

Responds inquiries or issues requiring an interpretation of Civil Service rules or policies; responds to EEOC charges, applying a working knowledge of basic principles of EEO and other employment laws when responding to employee relations issues; investigates claims of discrimination and harassment; prepares reports of findings and makes recommendations for action; investigates employee complaints and formal grievances.

Provides analytical support for a wide range of compensation projects; conducts statistical analysis and costing of pay plan issues and/or modifications; analyzes data from relevant compensation surveys; reviews requests for new or revised classifications to determine appropriate salary grade; coordinates and conducts job evaluations and compensation reviews to determine market pricing or resolve internal equity issues.

Supervises human resources employee and/or clerical positions, provides guidance and technical support, and assists employees with difficult and/or unusual assignments.

SUPERVISION EXERCISED/SUPERVISION RECEIVED

Supervises HR and the work of professional, para-professional, and/or clerical employees.

Receives general direction from and reports to the Director of Health or his/her designee, who establishes short- and long-range goals for the HR office and is consulted on extraordinarily complex issues and on matters requiring a change in departmental policy.

WORKING ENVIRONMENT/PHYSICAL DEMANDS

Work involves everyday risks or discomforts which require normal safety precautions typical of such places as offices, meeting and training rooms, etc. The work area is adequately lighted, heated, and ventilated.

Employee works primarily in an office setting under generally favorable working conditions. There may be some walking, standing, bending, carrying light items, etc. No special physical demands are required to perform the work.

EMPLOYMENT STANDARDS

EDUCATION AND EXPERIENCE

Required:

- Bachelor's Degree from an accredited college or university and
- Four (4) years of professional HR experience.

Preferred:

- Ten (10) years of professional HR experience
- Five (5) years of supervisory / management experience
- IPMA or SHRM certification

PERFORMANCE STANDARDS

Thorough knowledge of Metro Civil Service or Benefit Board provisions, Charter requirements, and related practices and procedures.

Thorough knowledge of human resources principles or benefit administration practices, laws, regulations and trends.

Knowledge of management principles and practices.

Knowledge of budgeting procedures.

Skill in problem-solving, conflict resolution, and decision making

Skill in interpreting, explaining and applying pertinent laws, rules, regulations, policies, guidelines

Demonstrated competency in diversity, inclusion, and cultural awareness.

Ability to plan, organize, and coordinate activities of employees and/or programs and services.

Ability to analyze problems, consider options, formulate strategies, and make practical recommendations.

Ability to maintain confidential and sensitive information.

Ability to conduct effective studies, surveys and analyses.

Ability to communicate ideas effectively, both orally and in writing.

Ability to implement program changes in an effective manner.

Ability to establish and administer a comprehensive HR program.

Ability to draw conclusions from large amounts of data.

Ability to comprehend abstract concepts and to apply them to work situations.

Ability to coordinate multiple operating systems into a functioning whole.

Ability to deal courteously with the public.

Ability to establish and maintain effective working relationships.

LICENSES REQUIRED

Valid Driver License may be required for some positions in this classification.