

If the classification changes are not approved, how does that impact, if at all, your receipt of the grants? This is the best plan I have come up with to utilize the money in the grants. It is 5 million dollars. I see no way to spend this money unless we invest in people. As I see it, there are two options. To add a significant number of positions or to divert some duties from a variety of positions to the 5 or 6 new ones and to add to the duties of those who we upgrade.

For purposes of receipt of the grant, do these changes have to happen now? Why? Why could these increases not be addressed and discussed during the normal budget process? The grants are a combination of grants that allow back billing to January and grants that move to the future. There are 3 looming urgencies – the need for an intensive influenza vaccination program, the looming COVID vaccination program, and the possibility of widespread illness from the return to school, college and the weather forcing people back indoors. The grants want us to prepare for all of that. Plus, a reorg of this magnitude could have a substantial effect on reducing a general fund drain. I thought you would want that as soon as possible in 2020 and not to start in 2021.

How do all the upgrades relate to the grants? The domains and a small number of the tasks were shared with you. The grants fund the increase in public health infrastructure. The plan is to take work from existing employees and shift it to the new medical assistants, the new workflow coordinator, the business development liaison and then assign that work, the financial management and the supervision to staff who are upgraded. The upgrades are dictated by the City's AIMS – the increases aren't arbitrary, they are 5% by AIM – I didn't know that and submitted a far lower amount for these positions, and it was adjusted due to AIM. A union member cannot be given additional duties to their current position without an upgrade by contract.

How was it determined that those positions should be bumped up? The positions that are bumped up are bumped up to address specific domains and our response to them. The additional of technology, the grant deliverables – except for the sanitarians. They are being considered due to performing duties outside the intended description and to align them with increased pay for increased certification. Are they legitimately related to the grant or is this simply a back-door attempt to reclassify positions? There is nothing backdoor here and I have never in 27 years attempted anything back door with Council. I am transparent and more than willing to entertain options. This is my best attempt to complete what I see as a Herculean task and add as few positions as I can. I see this as investing in what and who we have while adding as few new positions as possible. That is what I thought Council would prefer. How do you justify these reclassifications and not others? These are the jobs most specifically aligned to the domains of the grant. I wish it could be something across the board, but it is not. certain jobs will change. Our dietician is doing COVID data quality assurance. Something totally outside the normal expectation. These aren't normal times, and this isn't traditional grant funding. It is designed to augment a broken public health system and my goal is to get the work done with the fewest additional positions while lowering dramatically the burden on the general fund.

In other parts of DCED, has there been any hiring through grants or payments via grant situations to personnel that lead to increases in salaries? Please document. – Yes, In the Lead Grant. We had to restructure and change position and titles to meet the grant requirement. We had to move a financial manager position to a Lead Program manager which led to an increase, our program manager led to an increase, and a project manager all due to increased responsibilities and state certifications.

How long is the grant for? There are 4 separate grants – 3 grants are 1 to 1.5 years and the 4.6-million-dollar grant is 2.5 years

How will the additional salary expenses be covered when the grant is over? It is my hope that the funding to public health will remain after the 2.5 to 3-year period. I cannot imagine that the funding will go from 4.6 million to nothing. Even a 75% cut in this funding would allow us to keep the positions at the same general fund burden we have today. Please keep in mind, the upgrades are not the only reduction – entire salaries and portions of salaries in addition to these upgrades are moving out of the general fund and into grants. At worst possible case, we would eliminate positions – the reality we always face. My team and I have been extremely successful at writing grants. We would write grants to keep the positions but only if they are needed.

If these positions are reclassified as part of the normal budget process, resulting in an increase in salaries, can those increases, at that time, be paid through the grant? Yes, but we would lose the ability to back bill at the increased rate. The reason we are acting now is that the work plan is due now and we want the higher salary rates included in the grant budget.

When will the Grant funding begin? Some is in place now. One grant was already allocated to the lines. The second has an ordinance waiting to go but the large 4.6 million and the \$100,000 immunization contract addendum is in process now. The \$4.6 million is retroactive to 7/1/2020 and we want the higher salaries reflected in the current workplan plus the upcoming clinics are looming and we need to add the duties and especially the 3 medical assistants sooner rather than later. The Workflow coordinator will assist with assigning of cases as soon as possible.

Please discuss the Grant approval process? The grant is offered by the PA department of Health and is the Enhanced surveillance and detection grant Who is the Grant with? Who is overseeing? As Health Director, I have oversight and MaryEllen Shiels is moving out of the Cancer Control Program to full time in the Public Health Emergency Preparedness role to do billing, grant reporting, etc.... Has the overseer reviewed the materials that have been brought before Council – has this use of the money been approved? The use of this money fits within the scope of the grant and has measurable deliverables that will be added to the annual program plans posted on the city's website. We have had daily then weekly and continued weekly meetings with the state over this funding and how together as a state we are going to fulfill COVID in addition to regular duties. Many other Health departments are hiring many more positions. For example, Erie County, population 268,000 people plans to hire 33 people. I propose we hire 5 and reassign duties, shift responsibilities and see where we stand. I am not an expert on how to add the burden of COVID to the normal day to day duties in a way that build a robust public health infrastructure ready to handle any disease or public health emergency. I am trying to get us prepared for new vaccines, better compliance with old vaccines, increasing syphilis cases, drug overdoses, potential increases in suicides, all the things you read about in the paper along with not reducing what our citizens have come to expect – home visits, restaurant and daycare inspections, etc.... We barely stayed afloat before and frankly to expect to do all that is expected with only 5 new positions may be a mistake but we have a general fund burden in this city that exceeds the revenue. I am trying to reduce that burden, build an infrastructure and utilize the money in the best ways possible. how do we know it will be approved? Because I have run each potential expenditure by the state to make sure it is acceptable, and I have cross referenced each activity with the allowable domains.

More specificity on the grants? The grants are designed to build capacity – make us ready for anything – they empower us to bring on an electronic medical record, a citizen notification system, to streamline process and to hire people who can do dual roles – for example medical assistants who can give shots like a nurse but deliver education like a community health specialist. A lower salary for a higher benefit. They are designed to educate, mitigate, vaccinate, and investigate disease. They are designed to cross train staff and to allow the shifting of manpower as situations (high case counts) occur but then to move back to regular duties as a situation calms.

Request for the Pay Study – all documents, data and correspondence related to the study. Council will submit a right to know request if this is not complied with. I do not have access to the job study as a Bureau Manager – The job study has nothing to do with this reorganization. I drafted it as a response to the grant application. Joe asked HR to see if my plan “fit” the job study suggestions for Health after the ordinance was written and fortunately some of it did. Actually, I believe additional positions may have been higher, but this is the plan I thought best.

internal equity – how are you justifying bumping up people as a result of a grant? I am justifying those positions that are getting significant changes with additional or higher-level work to receive increased pay. I am suggesting the 5% increase as per the AIM except for Public Health Emergency Preparedness is about 6.5% because that position gets the financial billing of 4 large grants added and the paygrade, I believe warrants the increase. Has this ever been done before, with or without council approval? Not by me in 27 years but I have never had \$4.6 million dollars to spend in a 2.5-year long period of time.

Why can't you just contract with workers? First, I don't know how that would be perceived by the Union and I would be creating a dual workforce for 2.5 years – people doing similar jobs and one getting paid time off and benefits and the others not – I didn't want to hire these bilingual medical assistants and offer them no benefits – it defeats the purpose of public health and health equity when to do so could result in unspent grant funds. It's the right thing to do to give these 5 people a decent pay and benefits for as long as the grant permits. We are also helping the local labor market to hire residents.

There are only 8 hours in a day – were these workers under-utilized to begin with? Not at all – these workers worked tirelessly and earned over time and eventually COVID comp. My entire staff became essential and a group shifted to a 7 day a week schedule during COVID and we may again if the craziness comes back or once the vaccinations start. We kept seeing TB patients and treating those positive with STDs during COVID – animal bites didn't stop – it was all hands-on deck and now the cases are slower, but the normal work has returned and we are now behind. We need to shift existing work to the new positions, add technology to streamline work for all and then add duties to accomplish these tasks. It will be crazy – like building a ship in a hurricane – to add software and duties but we have to in order to provide service the right way. In many ways we are fixing a broken system in the middle of a nightmare but there isn't any other time to do it. The money is there and to not spend it is crazy when I have advocated long and hard for a better public health system not just here but in the state.

I think the questions below imply that we have hired positions at increased rates because grants could pay for it or to “back door” traditional means. I am offended that there is even that thought. The Union positions hired in Health have been by the book by bid at the salaries dictated. The managerial positions hired have been approved by the Mayor and HR and are within normal hiring – there we no positions brought in at unreasonable rates – the positions in health have been under funded and never upgraded unless the city suggested it -like when HR proposed it to council that our clerk 2s become clerk3s when they had to handle

and process patient blood and urine. If salaries seem high in managers it's because of longevity – Associate Directors 30 and 35 years each – Nutrition and Physical Activity Manager 30 years, etc....not because of any backdoor attempts at utilizing grants incorrectly.

List/names of all new hires the last two years and the HR process that was followed and the paygrade and compensation provided.

All positions were union and started at the grade salary which I will get from HR

Sarah Hewertson, Community Health Nurse – M31

Sonia Villegas – bid in from Streets – M12

Lesley Lopez, Clerk 3 – M8

Michael Al Khal – M18A

Nilda College – M18A

Haley Krueger – M18A

Managers (I can't see starting salaries in Eden – just current salaries)- am asking HR for salaries

8/27/18 – Erin Barron, Clinical Services Manager -13S – to be determined by HR

Stevie Wolst – transfer from Recycling – 13S- to be determined by HR

Provide a list of all personnel hired through the grants and the compensation the last two years –

Scott Grim part time last month – 5 contact tracers hired last month. Eliminated clerical position to add Sanitarian several years ago when development began – change paid through fees.

Has there been any hiring through grants or payments via grant situations to personnel that lead to increases in salaries outside the normal scope – provide documentation on all the hires? No

There can be no additional salaries added as a result of grants – everything I do or have done is through Council or during a budget process. You can see we have no added staff previously nor have we ever inflated salaries.