



Tom Barrett
Mayor, City of Milwaukee

February 15, 2018

TO: Interim Commissioner of Health Patricia McManus

RE: Health Department Priorities & Support Team

Commissioner McManus:

There is a great deal of work to be done in the Health Department. My entire Administration is committed to working with you to move the department forward.

I have directed key members of the Administration to form a support team to help you transition into the interim Commissioner role. Those individuals are:

Sharon Robinson – Director of Administration
Steven Mahan - Community Development Grants Administration
Maria Montegudo - Director of Employee Relations
Dennis Yaccarino - Director of Budget & Management
Aaron Szopinski – Policy Director, Office of the Mayor

This team is available to meet with you regularly to help you move quickly on items critical to the success of the Health Department. Given the vacancy rate in the Health Department and pending staff transitions, the support team will be indispensable to your work.

Attached to this memo is an assessment of actions taken to date and short-term priorities for the Health Department. Our goal at this time is to ensure that residents of our city have confidence in the Health Department as we begin to remedy the department's deficiencies. It's critical that we do this work together, and that you have the support to do the work you need to do.

In addition to the recommendations outlined here, I invite you to develop and present to me and the Common Council the department's recommendations and ideas to improve the operation and performance of the Health Department. Your experience and perspective will be important to the future leadership of the department.

Thank you for your willingness to take on this important job. The employees of the Health Department are competent and dedicated. They remain committed to the department's mission and success, as do I.

Let's get to work.

A handwritten signature in black ink that reads "Tom Barrett". The signature is fluid and cursive, with a large initial "T" and a stylized "B".

Tom Barrett
Mayor

enclosures

February 15, 2018

Mayoral Assessment & Priorities for the City of Milwaukee Health Department

February 15, 2018

The City of Milwaukee Health Department is a complex and dynamic organization tasked with improving the health and safety of Milwaukee's residents. The top priority of the Health Department is ensuring the safety and health of Milwaukee children and families. The department's \$21.8 million budget and nearly 250 employees work to improve and optimize the personal, environmental, and social health of our great city.

The Health Department is currently at a critical transition point. The department will be under new leadership and faces serious management challenges. Mayor Barrett and the Common Council will support the Health Department to take on those challenges and lay a foundation to restore the public's trust in the department.

Under State statutes, the Interim Commissioner is part of the Mayor's Cabinet, and directly accountable to the Mayor. Authorization for Health Department programs, partnerships, and funding is provided by the Common Council, as outlined in the City Charter and Code of Ordinances.

In recognition of the support that will be needed by the Interim Commissioner in key strategic areas and vulnerable areas of the department, Mayor Barrett has directed the formation of a Health Support team from his Administration. The team will provide support for the Interim Commissioner in the areas of staffing, operations, funding, compliance, and other critical areas.

For an effective and efficient transition the Interim Commissioner and department leadership need to address four priorities:

- 1 Restore the department's credibility and public trust**
- 2 Address staffing challenges, capacity issues, and employee morale**
- 3 Establish clear standards for internal and external transparency and accountability**
- 4 Establish and adhere to compliance and professional standards**

This document is a reference and guide for the work of the Interim Commissioner and department leadership to move the department forward.

The Challenge

In January of 2018, serious deficiencies in the Health Department's Childhood Lead Poisoning Prevention Program came to light. Families whose children were tested and found to have elevated blood lead (EBL) between the years 2015-2017 either did not receive the appropriate follow-up or that follow-up was not

documented. For children with higher EBL results, the Health Department did not consistently document or conduct home visits, environmental assessments, or hazard abatement.

Eliminating lead hazards for every Milwaukee child requires coordination between health providers, the Health Department, parents, caregivers, contractors, and Federal and state agencies. The failures and mismanagement of the lead program undermine the public's trust in the department and the city's prior record of success.

Assessment of Actions Taken To Date

Since January 2018, Mayor Barrett has directed the Health Department to:

- Review records and files to determine whether there is documentation to confirm children and families received a follow-up contact for EBLs
- Contact all families who may not have received the appropriate follow-up actions for children with EBLs
- Offer expanded clinic hours and staff a hotline for families concerned about lead exposure
- Create and present a report to the Mayor assessing failures in the Primary and Secondary Prevention Programs and recommending corrective steps
- Develop a corrective action plan that includes revised policies and procedures for the Primary and Secondary Prevention Programs
- Invite assistance and monitoring from the Department of Housing & Urban Development (HUD) Lead Hazard Office and HUD Wisconsin Field Office February 7-8
- Work closely with HUD to address the "Stop Work" order issued on February 12

Additional review and corrections to the lead program are underway. Mayor Barrett will continue to share the department's progress with the public.

The four priorities below should guide that work and the short-term management of the Health Department.

PRIORITY ONE: Restoring Credibility and Public Trust

The Mayor remains committed to rebuilding trust, fixing problems, and growing partnerships that achieve positive health outcomes in our city. That requires effort and care by Health Department staff and leadership, our community health partners, and strong support from state and Federal agencies.

To that end, several immediate steps must occur to restore public trust in the Health Department:

- 1) Ensure that children and families with EBLs are contacted and provided with necessary support and intervention**
- 2) Take immediate corrective actions for HUD-supported and regulated programs in the areas of environmental assessment and lead abatement activities**
- 3) Ensure that the Childhood Lead Poisoning Prevention Program is staffed appropriately and that resources and direction support the necessary work.**
- 4) Continue to be forthcoming and transparent with the public**

Publicly sharing the progress made in family contact and follow-up as well as engaging with lead abatement contractors and program partners is important. These steps will help the lead program move forward. They will also provide an example that is performance-focused and engaged with the community we serve.

The Department of Administration - notably the Community Development Grants Administration and Budget Office, as well as the Department of Employee Relations (DER) have been directed by the Mayor to form a Health Support Team to assist the Interim Commissioner. The Health Support Team, as well as the Department of Neighborhood Services (DNS), will provide critical assistance to the Health Department in re-aligning the lead program.

Beyond the lead program, the Health Department should take an active stance in tracking and highlighting program efforts and outcomes. The Health Department is more than one program, and its many achievements and accomplishments should be shared in a regular and accessible way. Completing the current accreditation process and expanding work on the department's performance measurement system will be important steps that demonstrate to the public that MHD is on track and high performing.

PRIORITY TWO: Staffing Challenges, Capacity, & Employee Morale

For the department to effectively and efficiently address the current challenges, immediate attention should be directed to filling key vacancies, understanding separation rates, reducing turnover, and addressing employee morale issues.

Immediate priority should be given to the staffing needs of the lead program, ensuring that both leadership capacity and delivery capacity are available to comply with funding requirements and best practices for management and abatement. Employees with new roles and responsibilities need to be clearly identified and given appropriate authority and recognitions associated with those responsibilities. Direct reports and other staff support personnel need to be aware of reporting relationships, program policies and protocols, and program goals and outcomes.

Key vacancies in other areas of the department need to be addressed to ensure the appropriate personnel is in place and available to respond to a public health emergency, as well as ensure continuity of other programs and services. A memo from the Budget Office outlining key vacancies is included with this document. Employees need the Interim Commissioner and leadership team to set the direction, communicate the department's mission and goals, and ensure employees feel valued and appreciated.

PRIORITY 3: Performance Management, Accountability & Transparency

Improving morale and performance requires internal accountability and transparency. There are four roles in the department that will face increased workloads over the next several months, both for public communication as well as transparency and performance management. The Communications and Compliance functions are dealing with a huge amount of open records and media requests as a result of the public attention on the lead program. Since January, the Communications Officer in the department has been largely reacting to a large volume of external requests from media, which takes away from other department programs and lets others set the public narrative.

The Health Operations Administrator and Planning and Policy functions have also carried the burden for internal reporting to the Mayor. It is important in the next several months that the department handle that information workload and begin to proactively report to the Mayor on the progress of corrective actions for the lead program, as well as the status and performance of other health programs.

Management and employees need to know and understand what is happening, and how they can help, or how they will be impacted. The Interim Commissioner and leadership team should regularly report to staff on department activities, priorities, and accomplishments. Clear direction from the leadership to all employees will boost morale and trust among the staff.

The department should establish clear and documented expectations for internal accountability, accountability to elected officials, and public information. The accreditation process underway has done much of this, and the department should prioritize completing that process. Centralizing the grant administration and compliance function in MHD would also improve internal and external compliance and accountability.

The Interim Commissioner will need to set the tone and lead by example. In the first several weeks it will be important to:

Meet with Health Department division heads to learn the department, set expectations for internal communication and make clear the path of accountability.

Make a regular briefing schedule for the Mayor and Health Support Team to leverage all of city government to support improvements in the Health Department.

Establish regular briefings with the Council President and key Committee chairs.

Develop a staffing plan w/ DER, MHD staff, and the Health Support Team that prioritizes hiring key positions

PRIORITY 4: Clear Management Parameters and High Standards

The City of Milwaukee, its elected leadership, and all city employees are ultimately accountable to the public. The public discussion about the problems of the lead program has increased the accountability pressure on every level of city government. The Mayor is committed to accountability for the public and continued sharing of the issues in the Health Department.

Timely, thorough, and fair personnel investigations are called for as part of this commitment. Personnel investigations of Health personnel will be conducted by the Department of Employee Relations, and referred upon completion to the Health Department with recommendations for action.

Personnel actions taken before the investigations are completed may impact the integrity of those investigations, or create other liability for the city. The Interim Commissioner should make a briefing with Employee Relations and the City Attorney a top priority upon starting work, and consult with them on planned personnel actions.

There is currently a huge public and legislative demand for information and facts on personnel, communications, documents, and the timing of actions concerning the lead program. It is of the utmost importance that the investigations are done impartially and with respect for the due process rights of city employees.

The city will continue as much information sharing as possible, but avoid releasing information that would prejudice or compromise any investigation. A document, also attached to this report, has been distributed by DER. It sets parameters for when and how information that is relevant to those investigations may be shared in response to open records or informational requests. Information impacting the investigations may be released only upon the conclusion of the investigation.

Public health professionals are trained to be compassionate and strive to meet the needs of others before their own. The Health Department should continue to identify and implement initiatives to ensure that we attract, retain, and promote a team of expert public health workers. Those workers need to have the experience, commitment, and dedication to address the current and future needs of the department.

Addressing their needs and concerns immediately with empathy and conviction is crucial in the next several months.

Beyond the immediate public concern about the lead program, the department needs to establish and celebrate its high standards and academic relationships. Health department staff are often highly credentialed and extensively trained for the work they do. Public health programs and policies are often complex and based on decades of research and experience.

While numerous audits and oversight actions have been proposed, the department should consider inviting a public health body or academic institution to review selected Health Department programs. That review would serve to affirm or develop program administration that aligns with national best practices, and give the city and department a truly independent review of their work.

The Path Forward

Mayor Barrett remains committed to restoring public trust and moving the Health Department forward. That requires regular public communication, internal coordination, and careful attention to the issues. The Health Department is a crucial function of city government that impacts thousands of Milwaukee families and children, and needs to function well during this leadership transition. This document should be the foundation for corrections and improvements to ensure the City of Milwaukee Health Department remains a productive, proactive, and effective institution in our city.



Department of Administration
Budget and Management Division

Tom Barrett
Mayor

Sharon Robinson
Administration Director

Dennis Yaccarino
Budget and Management Director

February 15, 2018

MEMORANDUM

To: Mayor Barrett

From: Dennis Yaccarino, Budget Director *DY*

Subject: Health Department vacancies

Based on the information available to us, the Health Department currently has 49 vacant positions. The positions that the department are the most critical to be filled are listed below.

- Business Operations Manager
- Disease Intervention Specialist (5 positions)
- Health Communications Officer
- Inventory Control Assistant II
- Health Operations Administrator
- Infectious Disease Epidemiologist
- Lead positions (1 LRA, 1 Lead Project Coord. & Environmental Hygienist)
- Public Health Nurse positions (6 PHNs, 1 PHN Coordinator & 1 PHN Supervisor)
- Violence Prevention Research Coordinator
- WIC Program Manager

A list of all 49 vacant positions in the department is attached.

MK:
Attachment

MHDvacancies215.doc



MILWAUKEE HEALTH DEPARTMENT - Vacant Positions PP3 2018

Position	Division	Unit	Funding Source
Accounting Assistant II	Administration	Business Operations	O&M
Business Operations Manager	Administration	Business Operations	O&M
Clinic Assistant	Family and Community Health	WIC Program	WIC Grant 7360GR3801115100
Clinic Assistant	Family and Community Health	WIC Program	WIC Grant 7360GR3801115100
Clinic Assistant	Family and Community Health	WIC Program	WIC Grant 7360GR3801115100
Commissioner -Health	Administration	Administration	O&M
Community Education Assistant-Bilingual	Family and Community Health	MBCCAP	Well Womens
Crisis Intervention Specialist			
Dietetic Technician	Family and Community Health	WIC Program	WIC
Disease Intervention Specialist	DCEH	STD/HIV	ELC Grant
Disease Intervention Specialist	DCEH	STD/HIV	ELC Grant
Disease Intervention Specialist	DCEH	STD/HIV	ELC Grant
Disease Intervention Specialist	DCEH	STD/HIV	ELC Grant
Environmental Hygienist	DCEH	Lead Program	Lead Grant
Environmental & Disease Control Specialist	DCEH	Environmental Health & Emergency Preparedness	O&M
Environmental Health Specialist	CEH	Weights & Measures	O&M
Environmental Health Services Manager	DCEH	Lead Program	Lead Grant
Grant Budget Specialist	Administration	Business Operations	
Health Interpreter Aide	DCEH	Immz. Program	
Health Communications Officer	Administration	Communications	
Health Operations Administrator	Administration	Administration	O&M
Health Project Coordinator (0.6)	Family and Community Health Services	EFM	Grant
Health Project Assistant - DAD	Family and Community Health Services	DAD (Mens Health)	EFM Grant
Infectious Disease Epidemiologist	DCEH		
Inventory Control Assistant II	Business Ops.		
Lead Risk Assessor II	DCEH	Lead Program	Grant
Lead Project Coordinator - CDBG	Disease Control and Environmental Health	Lead Program	Grant
Office Assistant II	DCEH	Lead Program	Grant
Office Assistant IV	Family and Community Health	MBCCAP	Well Womens
MCHVP Program Manager	Family and Community Health	EFM Program	Grant

MILWAUKEE HEALTH DEPARTMENT - Vacant Positions PP3 2018

Position	Division	Unit	Funding Source
Microbiologist	Laboratory Services	Lab	Grant
Nutritionist	Family and Community Health	WIC Program	WIC Grant
Nutritionist	Family and Community Health	WIC Program	WIC Grant
Program Assistant II	Administration	Business Operations	O&M
Public Health Nurse 1	Family and Community Health	EFM (Mens Health)	O&M
Public Health Nurse 1	Family and Community Health	PNCC	O&M
Public Health Nurse 1	DCEH	STD Program	O&M
Public Health Nurse 1	DCEH	STD Program	O&M
Public Health Nurse 1	Family and Community Health	NFP Program	Grant
Public Health Nurse 1	Family and Community Health	NFP Program	Grant
Public Health Nurse Coordinator	Family and Community Health	MBCCAP	Grant
Public Health Nurse Supervisor	Family and Community Health	NFP Program	Grant
Public Health Social Worker	Family and Community Health	FCH Administration	Family Foundations Grant
Public Health Social Worker	Family and Community Health	FCH Administration	Family Foundations Grant
Public Health Social Worker	Family and Community Health	FCH Administration	Family Foundations Grant
Violence Prevention Research Coordinator	Administration	OVP	Grant
Virologist	Laboratory Services	LAB	O&M
WIC Program Manager	Family and Community Health	WIC Program	Grant

Scope of MHD Investigations

February 9, 2018

This document has been prepared to try to facilitate the exchange of information between MHD employees and the LRB staff and CC members conducting a review of the Lead Program operations in a manner that does not conflict with the personnel investigations being conducted by the Department of Employee Relations.

The importance of understanding the scope of each investigation stems from the need to ensure the integrity of the personnel investigations and the need to comply with the due process requirements afforded to the employees subject to investigation as established by state law.

Three tiers of information have been identified:

Tier 1 - Information that may be made available by the MHD to the CC or the investigator, if requested.

Tier 2 - Information that must be reviewed on a case by case basis by the DER and/or the City Attorney's Office to determine if release should be permitted because the information does not appear to compromise the on-going personnel investigations.

Tier 3 - Information that should not be released to anyone while the personnel investigations are open as the information is essential to the investigations and may be used to determine responsibility of actions and the appropriate consequences.

In general, examples of the information under each category are included below:

Tier I - Information that may be released for Common Council investigation

- Funding sources, policies, organizational structure, position authority and history
- Federal requirements, statutory requirements, federal and state guidelines and MHD policies, procedures and workflow
- Information and data related to the recommendations in the July 29, 2018 City of Milwaukee Health Department Childhood Lead Poisoning Prevention Program Assessment of Operations and Recommendations for Corrective Action.
- Information and data related to the allocation of resources and funding in the short and long term related to the Home Environmental Health programs.
- Aggregate reports regarding abatement and prevention activities.
- Medical protocols, Nursing Standards of Practice, HUD requirements, HUD reports by MHD on metrics
- Information regarding HUD funding and changes
- HUD red letters

Tier II - Information to be released after review and approval by the DER or the CA (decisions to be made on a case-by-case basis)

- AIM data related to the lead program
- Job descriptions with incumbent names
- Employee email and other forms of communication
- Employment history
- Civil Service status of employees in the Lead Program
- Employee assessments or performance appraisal forms
- Prior disciplinary record of employees

Tier III - Information that shall not be released pending investigations

- Who, what, when, where that prompted the data analysis/investigation and accountability for "what went wrong."
- Chronology of events and disciplinary actions taken/not taken
- Current disciplinary status or actions related to the investigation
- Issues related to employees' judgment regarding responses to work-related issues, statutory, policy or guidelines adherence, work environment, work rule violations, Civil Service Rule violations, whether policies or procedures were or were not properly in place, issues of competence, assessment of misconduct or wrongdoing.
- Protected information regarding employees (e.g. FMLA or ADA status) - need to know basis only for ER investigation

- Issues of organizational culture (e.g. bullying, favoritism, harassment).
- Exit interview data

NOTE: Neither DER nor CC investigation may access HIPPA protected information.

CONFIDENTIAL

