

SUSPENSION NOTICE

CS-82 (R. 08.02.16)

Distribute a copy to:

- Employee
- Employee Representative
- Department File
- Employees' Retirement System
- Dept. of Employee Relations – Pay Services Section

Employee:	Lisa Lien		Employee ID No.:	007081
Department:	Health		Race:	Caucasian
			Gender:	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Division:	Disease Control and Environmental Health Childhood Lead Poisoning Prevention Program		Division No.:	
			Payroll Loc. No.:	
Job Title:	Home Environmental Health Manager	Immediate Supervisor:	Angie Hagy	

You are hereby suspended effective at 8:00 (am / pm) on 12/11/2017 (date) for 10 working days, for violating Rule XIV, Section 12, Paragraph d, i, k, and q of the City Service Rules. You are to return to work on 12/26/2017 (date).

Description of Offense:

In the role of Home Environmental Health Manager supporting the Lead program, Lisa has failed to demonstrate the drive for results, planning, organizing, conflict management and customer focus skills required in the her job description. She failed in her ability to manage the program and the employees therein.

Lisa was ineffective in her performance.

Lisa has failed to assure training is being consistently and effectively provided to nursing staff. Despite being a prior director of nursing, a written nursing orientation and training curriculum does not exist. A check off procedure for determining independent operation for nursing home visiting in lead does not exist. It is not clear what training the last two nurses hired into lead were provided. It is critical that nurses be provided sufficient training to do their duties and without a written training plan and a checkoff procedure it is impossible to assure that is done. The lead program lacks both which an effective manager would see as being integral to their program.

Lisa was insubordinate and inefficient in her performance.

She was instructed via email on May 30th of 2017 as well as verbally by the DCEH Division Director to have one on one meetings with her staff on at least a bimonthly basis to provide routine coaching and mentoring associated with employee performance management and employee performance review. As of November 17th of 2017 Lisa had failed to comply with that work rule. She instead relied on staff to just pop in to her office if they had an issue. Only someone who is comfortable will walk through the door. As such a drop in policy is an ineffective way to meet with staff, and should not be relied on for ongoing coaching and mentoring and establishing a dialogue to serve as the basis for performance review. This demonstrates a lack knowledge of basic management principals.

Lisa failed to follow department policy.

MHD policy requires graphics/public information officer to review and approve all forms and flyers. Numerous forms and flyers were created and/or modified for use by the lead program in violation of the department's graphics / communication policy.

Lisa has been incompetent or inefficient in her performance. Lisa violated provisions of the State Statute/Administrative Rule. Lisa failed to follow DCEH policy and procedures.

As a health department who contracts with the Wisconsin Department of Health, under Wisconsin State Statute 254.166, the City of Milwaukee Health Department upon notification of a report of child under the age of 6 with single elevated blood lead level (EBLL) of > 20 ug/dL or two venous blood lead level of > 15 ug/dL taken 90 days apart is

obligated to perform a thorough environmental investigation of the child's dwelling or premises in order to attempt to identify the source of the lead. All cases whether capillary or venous 20 and above per MHD protocol should be assigned to PHN coordinator assure follow up testing occurred, for 2017 only 39% were assigned a PHN in STELLAR. 133 cases year to date were new reports of lead poisoning though no PHN follow or environmental testing was done on 48 of them (36%) in violation of administrative rule. Furthermore on multiple occasions children undergoing chelation were released to return to environments that were not lead safe. Over the past two years it appears that overall case management suffered under an ineffective PHN Coordinator, but it appears that Lisa did not have the proper quality assurance processes in place to identify these failings. She failed to provide oversight and assure adequate span of control of the programs to which she was charged

Lisa has been incompetent or inefficient in her performance. Lisa violated provisions of the State Statute / Administrative Rule.

Lisa modified the EBLL process placing herself in role supervising investigations of lead poisoned children. Lisa did not delegate the day to day oversight of lead risk assessors to the field supervisor (Rich Gaeta) as written in his job description. As the technical expert over lead Lisa was required to be well versed in the requirements of DHS 163 which is the main administrative rule governing lead, and should have known the transfer of supervision from a manager required to have lead risk assessor licensure (the field supervisor) to one that does not possess it, is not permitted under administrative rule. Lisa failed to update either job description to reflect the change and she failed to obtain the required certification. The lead risk assessor certification is a one week course which she could have obtained easily over her tenure in her position.

Lisa has failed to comply with city or departmental work rules. Lisa was inefficient in her performance of her work.

Lisa engaged in negotiations with a vendor regarding providing outreach for obtaining lead abatement applications. Lisa engaged in discussions with the vendor for months shaping the scope of work and discussing what type of collaboration would be possible. After the details of the contract had been negotiated between Lisa and the vendor, Lisa presented the contract to the Division Director as if Lisa was approached out of the blue by the vendor with this opportunity. The Division Director turned the opportunity down, as many other community organizations could provide the same service and the cost per application \$3000 for 15 completed applications or \$200 per application was not cost effective. The vendor, with the understanding that this was a sure thing, wrote an angry letter to the Commissioner and the Mayor. When asked initially to provide all documentation with the vendor Lisa provided only two recent emails. The true level of the negotiations/interaction between Lisa and the vendor was only determined through an ITMD email request. When confronted with the fact that we email contracted her previous statements, Lisa did indicate that further assistance was provided.

Lisa failed to disclose requested information when asked. Lisa admitted to having a previous relationships with the vendor and assisted her in revising bids in order to be selected. When asked for the documentation, partial documentation was rendered. This violates department ethics policy and also increases management's lack of confidence in her integrity. This acted ended in embarrassment for the city as when the deal wasn't implemented the vendor sent an letter to the Mayor.

Lisa was ineffective in her performance. Lisa violated City Ordinance. Lisa violated department/city policy.

"Doing Business with the Lead Program" is form that the lead program updated as recently as spring 2016, but has been around in various iterations according to staff for at least 10 years. The lead program has required all contractors to sign the agreement prior to receiving abatement contracts. Prior versions of the form are found in the lead risk assessor manual which is provided to each new risk assessor upon hire. The form prohibits contractors from grieving disputes with the lead program to outside parties and levies a fee for failed performance (dust wipes). The amount of the fee was increased to 250 per wipe sometime in 2016. When asked about the form, Lisa denied all knowledge of it, though she referred to a complaint she got from a contractor that made reference to it. Lisa agreed that prohibition of grieving complaints outside of the lead program was inappropriate. She was not aware that legal process to promulgate fees had to be through contracts or through ordinance. She said the fee was just something Rich, Ben and Rose came up with, she didn't know exactly when it was changed but she had not been involved in it. She had no part in the decision, and there was no justification as to the amount or to the increase.

This demonstrates a complete lack of depth of knowledge of the program to which she is charged with oversight. The form was in the program manual which she was charged with updating and maintaining. The fees were charged to contractors. The contractors were displeased when they were charged for failures, it seems highly unlikely Lisa was unaware of its existence or provisions. It only took a few weeks after a contractor had my information before he provided me the form and complained about the content. When previous complaints did surface Lisa should have

immediately launched an in-depth review of the practice. At best it shows incompetence, lack of technical expertise and lack of managerial oversight of her staff, at worst it shows willful violations of city ordinance/ city processes and may result in yet undetermined financial liability to the city.

Lisa has been incompetent or inefficient in her performance.

The number of housing units abated has generally shown a downward trend that is independent of overall program funding. The number of units abated for 2017 through 12/8 is 329, down by more than an average of 100 units from three years ago. From 2008-2012, 600-800+ units per year were done. Driving results is one of the key competencies of this position, and it was not achieved.

Comments:

Along with the 10 day suspension Lisa will be put on an employee improvement plan. As Lisa has substantial deficiencies both in technical and managerial skills, she will be removed from having direct oversight of staff. She will be assigned discrete projects so that her performance may be closely monitored to assure that she obtained the requisite technical expertise over the projects she is assigned and achieves the required process and performance measures.

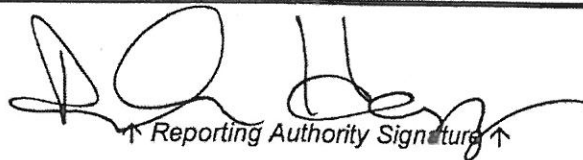
Through the course of the investigation staff brought to management's attention antagonistic and preferential behaviors, though not documented in the above disciplinary action are incredibly worrisome. However given the significance of the concrete infractions that the department was able to document, the investigation was stopped rather than seek further support of these complaints. It should be clear that any harassing or bully behavior or any retaliation related to this disciplinary action will not be tolerated.

The magnitude of the injustice served to the children of the City of Milwaukee is immense and had the previous Division Director not been lax in his oversight the result of this disciplinary action would have been much more consequential.

Failure to meet the second chance provided to you in the performance improvement plan will be met with fair but swift action.

DATES REQUIRED:

1. Date of investigatory meeting: 11/14/2017 & 12/1/2017
2. Date suspension notice was provided to the employee or notice was mailed to the employee: Date: 12/11/2017


↑ Reporting Authority Signature ↑


RIGHT OF APPEAL TO THE CITY SERVICE COMMISSION:

Regularly appointed Civil Service employees (those who have completed their probationary period) may appeal suspensions exceeding 15 days or any second suspension within a six-month period. Such appeal must be in writing to the City Service Commission within three days of receipt of this notice. Employees of a department under the supervision of a board or commission of three or more members must appeal to that board or commission.

Please print name: Angela Hagy

Title: Director, DCET

Date: 12-11-17


↑ Department Head Signature ↑

RIGHT OF GRIEVANCE PROCEDURE:

Regularly appointed employees who receive a disciplinary action that is not appealable to the City Service Commission, may file a grievance under the Discipline and Grievance Procedure as provided under Chapter 350-241 of the Milwaukee Code of Ordinances. Such grievance must be filed in Department within 5 days of receipt of this notice with a copy to DER-Labor Relations.

Please print name: BEVAN K. BAKER

Title: Commissioner of Health

Date: 12-11-17