MINUTES OF THE PERSONNEL COMMITTEE

TUESDAY, SEPTEMBER 11, 2018, 4:30 PM
CITY HALL, ROOM 207

A. ROLL CALL.

1. Members: Ald. Bill Galvin, Chair, Ald. Kathy Lefebvre, Vice Chair, Ald. Barbara Dorff, Ald. Veronica Corpus-Dax

Others present: Ald. Brian Johnson, Public Works Director Steve Grenier, Finance Director Diana Ellenbecker, Interim Co-Parks Director Dan Ditscheit, Interim Co-Parks Director James Andersen, Assistant Community Development Director Cheryl Renier-Wigg, City Attorney Vanessa Chavez, Chief of Staff Celestine Jeffreys, HR Director Joe Faulds, HR Operations Manager Melanie Falk and others.

B. APPROVAL OF THE AGENDA.

Moved by Ald. Barbara Dorff, seconded by Ald. Veronica Corpus-Dax to approve the agenda. Motion carried.
Yes- Barbara Dorff, Bill Galvin, Kathy Lefebvre, Veronica Corpus-Dax, No- None, Abstain- None

C. APPROVAL OF MINUTES.

1. Approval of the minutes from August 14, 2018

Moved by Ald. Veronica Corpus-Dax, seconded by Ald. Kathy Lefebvre to approve. Motion carried.
Yes- Barbara Dorff, Bill Galvin, Kathy Lefebvre, Veronica Corpus-Dax, No- None, Abstain- None

D. REGULAR BUSINESS.

1. Presentation by M3 on the City's Health Insurance plan.

Cindy Van Asten of M3 Insurance presented information regarding the City's health insurance plan.

Moved by Ald. Kathy Lefebvre, seconded by Ald. Veronica Corpus-Dax to receive and place on file. Motion carried.
Yes- Barbara Dorff, Bill Galvin, Kathy Lefebvre, Veronica Corpus-Dax, No- None, Abstain- None

2. Consideration with possible action on health insurance plans to be effective January 1, 2019.

Moved by Ald. Barbara Dorff, seconded by Ald. Veronica Corpus-Dax to approve the health insurance plan as presented effective January 1, 2019. Motion carried.
Yes- Barbara Dorff, Bill Galvin, Kathy Lefebvre, Veronica Corpus-Dax, No- None, Abstain- None

3. Consideration with possible action on request to fill the following replacement positions and all subsequent vacancies resulting from internal transfers.
a. Cleaner (part-time) - Parks, Recreation & Forestry
b. Bridgetender - Public Works
c. Housing Administrator - Community & Economic Development

Moved by Ald. Kathy Lefebvre, seconded by Ald. Barbara Dorff to approve items a, b and c. Motion carried.
Yes- Barbara Dorff, Bill Galvin, Kathy Lefebvre, Veronica Corpus-Dax, No- None, Abstain- None

4. Consideration with possible action on request to provide benefits for the 4K Teacher and 4K Naturalist positions.

Moved by Ald. Barbara Dorff, seconded by Ald. Kathy Lefebvre to provide benefits to the 4K Teacher and 4K Naturalist positions as presented, effective October 1, 2018. The contingency fund will be used to cover the cost of these benefits through December 31, 2018. Motion carried.
Yes- Barbara Dorff, Bill Galvin, Kathy Lefebvre, Veronica Corpus-Dax, No- None, Abstain- None

5. Consideration with possible action on request by Ald. Galvin to modify Personnel Policy, Chapter 9 by adding a Bone Marrow and Organ Donor policy for City employees.

Moved by Ald. Veronica Corpus-Dax, seconded by Ald. Barbara Dorff to approve. Motion carried.
Yes- Barbara Dorff, Bill Galvin, Kathy Lefebvre, Veronica Corpus-Dax, No- None, Abstain- None

6. Consideration with possible action on request by Ald. Wery to restore an Assistant to the City Council position.

Ald. Dorff stated that she was not in favor of this position.
Moved by Ald. Kathy Lefebvre, seconded by Ald. Veronica Corpus-Dax to refer this request back to Ald. Wery for clarification on the job duties of the position. Motion carried.
Yes- Bill Galvin, Kathy Lefebvre, Veronica Corpus-Dax, No- Barbara Dorff, Abstain- None

7. Consideration with possible action on request by Ald. Galvin to institute a Grant Writer position to work with all City departments. The new position must bring in more funds than the cost of salary and benefits.

Moved by Ald. Bill Galvin, seconded by Ald. Barbara Dorff to refer to staff to investigate contracting for a grant writer versus creating a full-time grant writer position and to report back to the committee with recommendations on costs and process. Motion carried.
Yes- Barbara Dorff, Bill Galvin, Kathy Lefebvre, Veronica Corpus-Dax, No- None, Abstain- None

E. PUBLIC HEARINGS.

F. INFORMATIONAL.

1. Report of routine personnel actions for regular employees.

2. Next meeting date: September 25, 2018.

Moved by Ald. Barbara Dorff, seconded by Ald. Veronica Corpus-Dax to take items 1 and 2 together. Motion carried.
Yes- Barbara Dorff, Bill Galvin, Kathy Lefebvre, Veronica Corpus-Dax, No- None, Abstain- None

G. ADJOURNMENT.

Moved by Ald. Veronica Corpus-Dax, seconded by Ald. Kathy Lefebvre to adjourn. Motion carried.
Yes- Barbara Dorff, Bill Galvin, Kathy Lefebvre, Veronica Corpus-Dax, No- None, Abstain- None

VERBATIM MINUTES

- - Personnel committee is being brought to order, and members present are Alder Galvin, Alder Dorff, Alder Lefebvre, and Alder Corpus-Dax. - Can I? - Sure. - Approval of the agenda. - The agenda's next. I just did a roll call. So I just. - I said here. - Oh. - I'm here. - Alright, I'm looking for approval of the agenda. - Move to approve. - Second. - Second. - Okay, all in favor? - Aye. - Aye. - Passes unanimously. Approval of the minutes. - Move to approve. - Second. - All in favor? - Aye. - Aye. - And that passes unanimously. Under D, regular business. Okay, number one, presentation by M3 on the city's health insurance plan. Staff? - So we do have a representative from M3, Cindy VanAsten, who's here to give a presentation. - Alright. - [Cindy] Hello, how are you? - Very good, and yourself? - [Cindy] Very good, thank you. Thanks for having me this evening. I think Joe passed out the PowerPoint presentation, but I wanted to talk to you today a little bit about was the current benefits offered by the city to make a voice. I'll talk a little bit about self-funding. I don't wanna assume you know what self-funding is, so I thought I'd just talk a little bit about the self-funding health plan. The current population on the health plan, how is the health plan performing, what has the trend of the city plan been, and what are our recommendations going into 2019? Alright. So if you look at slide two, the benefit portfolio, the city offers to the employees a roll health plan, medical plan,

with one plan design option. The benefit deductible is a $2,250 dollar in that work deductible, $4,500 auto network deductible, and a family deductible of $4,500 in that work, and $9,000 out of network. UMR is the third party administrator for this plan. UMR is a wholly owned subsidiary of UnitedHealthcare, and it is their self-funded arm of their business. We access the UnitedHealthcare's Choice Plus network, which is a national network, and your utilization in network is at 99.7%, so when you look at these plan designs and you look at out of network, you have very minimal out of network exposure happening, and it is a national network. We also offer a dental plan that is, we use Humana as a third party administrator for dental. We have a vision program, which is voluntary, with Superior Vision. We have a flexible spending account through Benefit Manage. And we have life insurance, voluntary long-term disability, and short-term disability through the city. So that's just a high-level glance. - I was just going through that first one. You've got down here, other services, you have prescription drug benefit provided by OptumRX. Is that the mail order for this? Is that the mail order? - [Cindy] Well there is mail order, but OptumRX is the name of the pharmacy benefit manager that is also a wholly owned subsidiary of UnitedHealthcare, so we have UMR as a third party administrator, and then Optum is our pharmacy, and then we also have a stop loss. In fact, I'll talk a little bit more about what stop loss is and who our stop loss partner is. - No, my question is, is it that the employees would just go through mail order, or can they go through a pharmacy themselves? - [Cindy] Yes, they can go through a pharmacy. They do have mail order as an option. - Okay. - [Cindy] But they can go to any pharmacy, and all the pharmacies in this geographic area are considered in network. - Okay. - [Cindy] So the plan, what it's like for, the plan is self-funded. Self-funded just means that the city assumes the administrative, the financial and legal responsibility for the health plan, so instead of paying the premium to a health insurance company, we hired an administrator, which in this case is UMR, to administer the plan design. Does everybody understand what self-funding is? I won't spend a lot of time on the self-funding, but I will keep moving on to get to the plan design and how the plan's performing if that's okay? So slide six, our current population. We have 842 active employees on the plan, 108 retirees. Total number of members who covered belly buttons under the plan is 2,576. Of that, 950 are employees, 612 are spouses, and 1,014 are dependents. 48.6% of the population under the plan is female, and the average age of the whole membership is 32.7. So how the plan is currently performing is on slide seven. There are three health plan performance monitors on here. This first one you're looking at is an aggregate of your active and your retiree population, so this report, just going down from the top, UMR is our administrator, and our pharmacy benefit is with OptumRX, and our re-insurance carrier for stop loss is Symetra. Our specific stop loss deductible is at 275,000, and we have an aggregated spec at 65, so the city's responsible for the first $275,000 of every covered member. Once that 275,000 is met, this aggregating spec of 65,000 can be one or many, and it kind of blankets over that 275 per member. It's an opportunity to buy down the premium with a little bit more exposure to the city, so the aggregating spec is 65,000. In the center of the page, you'll see the aggregate premium rates of single family, and again, it's aggregate because this document's looking at active employees plus the retiree population. Going down to the middle of the document from left to right, we produce this report monthly so that we can always understand where the plan is running from a claims dollars going out and premium dollars coming in. So for the first seven months of the plan, the provider network fees have been 111,797. Part of our relationship with UMR will be accessing to that Choice Plus network. That network has access fees to go through it. The administration and the Affordable Care Act fees and compliance fees, to pay UMR, is at $163,000. M3 consulting fees, as well as wellness, is the next bucket fair. Wellness includes Health 1265, health with assessment, onsite nursing services, are all built into that. Wellness program for 107,242, and our stop loss and transplant premiums of $372,000. I mentioned on top that we have a specific stop loss of 275,000. We also have in place a transplant program, which protects the plan another level. At any time there is a transplant, it pulls it out of the stop loss and pulls it out of the plan to a separate trans carrier, so it's another level of protection for very high-cost services. So our total fixed costs for the first seven months of the plan here are 814,771. The next bucket is what we consider the variable costs. That's where our claims are and our pharmacy drug claims. Our total variable costs through seven months are 7,000,325. You'll notice the column that says paid claims. Well, where's cap loss deductible? If we had any members hit over that 275, we would see reimbursement back to the plan, and this is where we'd show our reimbursement back, because we hit our threshold. So our total costs for our variable are 7,000,325. When we add our variable costs and our fixed costs, the total plan costs for the first seven months of the planned year are 8,141,058. The three columns on the right are really talking about single contracts and family contracts. That means single, employees covered as single, or how many employees are covered as a family by month. We roll that up on the bottom, and on the left you'll see there was an average single enrollment for these seven months 289 employees and an average enrollment of family of 658, for a total enrollment count of 947. In the middle, we're looking at where our loss ratio is, and this is talking about our total planned costs for these seven months, and our projected plan costs. Our projected plan costs come from last year about this time when we determine what your premium equivalents need

to be for the risk on the plan and the plan design that was in place. Our projected plan cost of 8,000,228, and the difference of that 8,000, the plan's running at a funding loss rate ratio of 99. Ideally, we wanna stay under 100. If we're under 100, claims in is less than, claims out is less than that premium. On the bottom right, we're looking at what our the costs per employee for year. So our fixed cost is 1,475, while our claims and pharmacy costs are at 13,000. Rolled up together, our current employee per year cost is 14,740. We're showing a benchmark under here. Public sector benchmark is 16,733, so the plan is actually performing better than the public sector in the market. If you wanted a private sector as an example, it's 13,400, so the city's plan is running really close to what the private sector plans are for a per employee per year cost. - Are you concerned that the funding ratio is at 99%? Isn't that so close to? - [Cindy] It is close. We're actually gonna go - Oh, alright. - [Cindy] right into that. You're right on. If you flip the page, this is what they have at that same data, but this is active employees only, so if you drop down to the middle section on the bottom, total planned cost, projected planned cost, and the dollar difference, your actives are running at a 95% loss ratio, and you'll notice there on the bottom the per cost per employee at 14,474. The sheet right behind that is your retirees, so there are 99 retirees in this seven month period as average on the plan, and they're running at 137% loss ratio, so right to your comment there. 137% loss ratio. Several years ago, the council, by recommendation from the personnel committee, put in place a differential between the retiree population and the actives that the retiree population would increase of 6.6% above and beyond each year, whatever the actives' premium was at, working to create a differential, you can see behind offset the entire cost of that utilization into that population, but it does create a different burden level. - Is it enough? - [Cindy] Is it, well it doesn't cover the total burden of the differential, but it starts to, if you were to take the entire retiree utilization and have them pay that full premium, it would make the plan probably not affordable, and so this is a way to offset it while still maintaining affordability for that retiree population. - Is the city doing work with them like they do with the employees for health maintenance? You know, they have programs where they get involved in the different programs to try and up their healthiness, or just, I mean, within that group of retirees, is there a subgroup that is really, you know, hitting us hard with medical costs and things like that? - [Cindy] Well there is a group. You can see they're higher utilizers and their cost per employee per year is much higher, but I think, to your question, is there a subset of work being done to help them, no, there's not. And we're gonna talk a little bit about how to manage the plan and get some recommendations as well. - When they go up to Medicare, does that amount change? - [Cindy] Actually the retirees, once they hit age 65, are off your plan. - Okay. - [Cindy] So this is - This is just that in between - [Cindy] Yes. - Okay. - [Cindy] So it's that in between and the, they're not Medicare eligible yet. - Right. - [Cindy] So they end up in the individual market today, which is not very robust, okay? - Okay. - [Cindy] So slide 10 is a really busy slide, and really the message on this slide is about three-quarters of the way down in the green area where it says total payments. If you'll look at the line two under that that says total pay. Total pay in 2014 for the plan was 13,000,789. In 2014, it was 13,000,185. In '15, 13,000,415. In '16, 13,000,196. And in 2017, 12,000,691. This would tell you that the plan trend has been stable for the last five years. The story that's not on this page, in 2013 and 2014, there was a $500 deductible in place. In 2015, the deductible changed to 1,500. In 2016, the deductible was 1,500. We had what we call a deductible reimbursement account that covers the last 500 of that deductible, but it exposes the member to that higher deductible on the front end. And then, in 2017, that deductible for the employees increased again to 2,250. We held that same deductible at 2,250 in 2018 as well, and in 2018, we held the rates flat, so from '17 to '18, there was not a plan design change, and there was not a rate change. So while the plan on here shows it's stable and your trend has been pretty flat, it's been flat because we've made plans and modifications that really came at the exposure of the member. So if we look at page 11, what we're recommending for the 2019 plan year is really a 6% increase in the rate without any plan design changes. The trend in the market right now for inflation in the medical is between seven and 9%, so 6% is really falling just a shave under what medical trend of inflation is. We're further recommending that the plan on the right that says alternate be offered as a second option to the membership, and it is considered a health savings account compatible plan. Health savings account are highly regulated by the IRS, and the plan design has to be such that the first out-of-pocket dollar, all goes toward deductibles, so you don't see any co-pays in this plan. You see everything deducted by co-insurance. So the change in deductible is 2,500 for a single, $5,000 for a family, and their max out-of-pocket for a single is 5,000 single and $10,000 family. Everything else underneath that is deductible in co-insurance so all first dollar to the member. Once they've met their deductible, the plan would pay at 80%. The member would pay at 20 up until they hit that maximum out-of-pocket, and then the plan would pay at 100%. This includes pharmacy. So there's no pharmacy co-pays. The member would pay the full pharmacy up and to that deductible. This plan is just shy of a 7% decrease from the current rate. So the recommendation is the current plan offering with 6% increase and the alternate plan allowing employees to make a choice between which plan best suits their needs. Is everybody familiar with that health savings account? - Mhmm. - It is a question that I want you to save, so, what is the incentive for the

employee to take the alternate plan? - [Cindy] So great question. The 6% less in rate, which would be different depending on if you think the average contribution's 12.5, but with the war on talent today in the marketplace, you'll have a lot of people come in that are coming out of health savings accounts. 72% of all employers offer some sort of high-deductible health plan, so they're coming into the city with health savings accounts already established in many cases looking to have HSA to continue to contribute to that for future planning here. So the opportunity for talent is there, and the opportunity for members to be educated and understand the tax savings that it brings to them is another offering that keeps competitive in the marketplace. - They pay less than the premium. For the policy. - Well, how much are employees paying now? - Well, between 11-and-a-half percent or 12-and-a-half percent, or excuse me, 11-and-a-half percent to 15-and-a-half percent of the 618 that, where it says current right here. - So they'd save another 6%? - I think so, yeah. - Alright. - And I believe that alternate's compared to the renewal. - [Cindy] It is, yes, thank you. - I think it's another good choice to give people for them to have that choice. - Well, if they're feeling relatively healthy, so they'll save roughly $200 on a family plan, which is 2,400 bucks a month. - A year. - A year, I mean. I'm sorry. To compare the family the family deductible, there's a thousand dollars difference, so they're still ahead of the game even if they max out. - Then you couldn't put money in a health savings account. That's - [Cindy] Correct. Imposing closing tax rates, interest varying and rolls over. - Oh, they don't have to clean it out at the end of the year? - [Cindy] No, it rolls over and it - When did that change? - [Cindy] Pardon me? - When did that - [Cindy] That's always been part of the health savings account, but there's a health reimbursement account that doesn't do any of those things. - Those things benefits. But it's - [Cindy] Yeah. - But that's similar to that. Yeah. - [Cindy] Further, if I could tell you the rest of the recommendations and then maybe come back to that. If you flip to page 12, Chairman Galvin, you asked earlier about managing that plan in between. We're recommending some plan management opportunities. One we'd like to add, Teladoc. Teladoc is a 24/7 365 access to board-certified doctors. Not only is it tele, it also has video capabilities. There is a cost to adding Teladoc, but the breakeven for Teladoc to be cost-neutral is 29 consults. After 29 consults, it would be planned savings for the plan, but it also serves as an opportunity for your members to access at a different point. Teladoc is gonna be very similar in nature to your walk-in retail clinics, where they can diagnose common colds, rashes, things of that nature, over the phone and on video at a lesser cost than actually going into a retail clinic or into primary care. Today, the plan covers colonoscopies and mammograms on a routine preventive basis at 100%, but if you went in for a colonoscopy today, and they removed polyps, while it would be covered as routine today, it now becomes, on future colonoscopies, a diagnosis, because polyps were removed. Mammograms, if you went in, same thing. You went for your routine preventive mammogram, if they found anything that looked funny or needed a check-up, it's gonna have a diagnosis on it in future years when you go in to get colonoscopies or mammograms, it's gonna fall to your deductible and co-insurance. The recommendation is to cover colonoscopy and mammograms, the first one at each planned year, at 100%. The cost of the plan is negligible, but the expense overall in keeping people healthy and going for those mammograms is greater than the exposure to the plan. Pharmacy, we're recommending that we move to a premium formulary program, which, it has a return on investment or savings to the city of $107,000, all things being equal today, projecting forward. What this formulary is gonna do is it's gonna require members to only be able to get certain brands. Best example that I can give you is diabetic supplies. All of the medication is still covered. Nobody's being denied any medication, but instead of getting a certain plan diabetics-wise, you'll have to get brand B. Members are communicated to and informed upfront. They would receive letters, as does the doctor's office of anybody that's affected. You have 45 members that would be affected, and the medications that are being affected are diabetics supplies and asthma inhalers would be changing brands, so nobody would be limited or told they can't get it, but they're gonna be forced into a channel that OptumRX has better pricing and better buying. It's just managing the log numbers. - So it's like a generic? Some kind of generic drug? Is it - [Cindy] It could be a different kind of generic. In some cases, it really comes down to the brand. - The brand. - [Cindy] The brand. It must say generic. So un-generic, not all generic brands are covered by the same pharmaceutical. - I have the test for my asthma, and on my change insurance, I had to get a new meter and everything, so now you're getting rid of, so you're. Actually, I think you're wasting. In a way, people are wasting them because nobody would do with that. What you have is perfectly usable, and you have to change it, same thing with my asthma. What they want me to use is not, it didn't work. It wasn't good, and so I had to pay the high deductible to get the one that really works for me. - [Cindy] So that's something, that's a really good comment you make, because if there is a problem with the medication working, there is an appeals process that the medical doctor provided can help through and appeal that to have that changed, because the intent isn't to get it less effective. It's really to log the buying and how they, pharmaceutical companies purchase in those numbers. - It wasn't that, the brand is effective, but the unit, the little unit didn't deliver it properly. - [Cindy] That was an appeal case, which you could likely would have been overturned so that you would be getting the proper medication or dispense, you know, but. - Okay. - So the - [Cindy] Let me make

sure that they can. - If the city goes with this premium PDL program, that does away with the other prescription program that we have? - [Cindy] It's actually within that program. - Okay. - [Cindy] And it's that pharmacy benefits managers formulary. - Alright. And, kind of like she was asking, are they, you said it kind of forces them into a channel? So one of these prescription drug, they say you need prescription A. They've tried it before and they have maybe some sort of adverse reaction to it. Is there an appeal process? So, they have to go through an appeal process. - [Cindy] They have to go through an appeal process. - And how long does that appeal process last while you're waiting to get your medication? - [Cindy] The appeal process can be anywhere from 15 to 30 days. - Okay, I never have experienced that, but I've heard of people who have. I'm just wondering if 15 to 30 days, does that seem reasonable when you need your medication? - [Cindy] I can tell you that's the standard for how those processes work within all pharmacy benefit managers. And we have many clients on that premium formulary with little to no disruption or noise. What happens is if you went in to get it filled, it's gonna change at the point of sale at the pharmaceutical, at the pharmacy, yeah, but the appeal process can be 15 to 30 days. Typically what will happen is the pharmacy'll dispense the medication, but they'll dispense it at the higher cost, and after the appeal process goes through, the member would be reimbursed, and the process going forward would allow that medication. - They'd still get it. - Right, and I guess maybe, I don't know, it's a thought. Going forward, if we do go with this program, is there anyway of notifying employees who are on prescription drugs on a regular basis, kind of notify them that hey, this won't be covered in the future. Do you wanna start the appeal process now before it actually kicks in? - [Cindy] Yes. - Okay. - [Cindy] Yes, and actually the intent is to do it 90 days in front of, - Alright. - [Cindy] So if this gets approved, that process would happen in October already. - Alright, thank you. That eases a lot of my concerns. Thank you. - [Cindy] Yep, the next recommendation is on the opioids screening limit. So you all have heard a lot about the opioid epidemic. The American Medical Association has recommended to provider physicians that they screen, do a urine drug screen, to patients who use a controlled substance. These urine drug screens, on average, are costing $600 plus. They happen typically on a quarterly basis. They're not covered today under the health plan, because it's considered not medically necessary. We're recommending that we allow the plan to cover up to $600 a year, which has been the average spend, as an effort to allow the physicians to manage the opioid utilization, to make sure members are, have the right amount of medication at the right time but not be penalized through the plan. Again, this cost to the plan is considered ineligible from a cost standpoint, but it's a big deal to your members who are gonna get a $200 drug screen quarterly, or the doctor won't give them the medication. Following that, our additional pre-authorizations. So, on the left side column, all of those current items listed are pre-auths to date that members or, in most cases, if the medical facility or physician office that is calling to do the pre-authorization, not unless there's a pre-auth required for these in-patient stays in the hospital, extended care facilities, residential treatment, and so forth. We're recommending that we add some additional pre-authorizations on the plan. Non-emergency air ambulance, chemotherapy and cancer. Now the reason you might say, why do you wanna pre-op chemo people who need it, and dialysis. It isn't to stop any treatment. It's to allow the case management and utilization management that we work with in UMR to be notified on the front end, because right now they don't find out anything until the claim comes through. There's a huge delay in claims submission to the insurance company from the providers. Sometimes it's 30, 60, 90 days, 12 months. It's a long delay. You'd be shocked at how, the delay on a lot of bills. This allows that, from a pre-auth, to know on the front end. You'll see specialty injectable drugs administrated in the doctor's office. More and more there's these orphan drugs coming out, and pharmacy is at a high rapid trend in growth. While the medications are very necessary, what we're trying to get captured with the pre-authorization is, what is the right quantity limits to go out for the condition, particularly some medications that you might the member is on for 10 days and it's not working, and they've got a 30-day supply. Or they got an injection and they're gonna change the dosage and quantities. We're trying to be on the front end of understanding what's happening, how are these happening, and get case management involved, so these pre-authorizations are really trying to manage betterly within the plan. I just made that word up, by the way, betterly. Caught myself. - I would have to say, based on the amount of prescription drugs turned in to be destroyed at the police department, they extrapolate throughout the United States, and we are over-prescribing, and I understand why we want them to have enough medication, but yeah, with something like this in there, they might have to go to the pharmacy more often. That's better than having full medication sitting around being used illegally or wrongfully or flushed down the toilet or destroyed. Yeah, I agree. - [Cindy] Then the last recommendation on the sheet is a program called Naturally Slim. It's a digital weight-loss program. It's a voluntary program that allows members to engage in this weight-loss program. There's a cost to the plan for any member that would engage. On average, it's about $280 a year. It's a 12-month program. We know that nutrition and weight has an effect on absolutely every condition within the plan, and we know there is many opportunities, Weight Watchers, Jenny Craig, whatever. This is digital. It allows people who wanna engage to engage in their own time, in their own space. The return on investment here

has been seven to one on members being able to lose weight and get chronic conditions under control. So we're recommending Naturally Slim being implemented as a voluntary option to engage people where they're at at the right time for them. There's a lot of stuff in the middle. I can back up anywhere you'd like me to. - Is any of this bargainable? - Did you hear from staff? - Yeah, I mean, one, we do have for the next time to talk about this health and what we would recommend, and yeah, there are parts of that we can talk about if there's any shifting to the deductibles or any part of the plan, yeah, it's, some of it is. - Okay. And, so this is what you're recommending to the city? - [Cindy] Yes. - You think this will help us keep costs down or at least keep them flat? - [Cindy] It will help us start to manage what's inside. There's some other pieces we're talking about from the plan management standpoint that we don't have developed enough to bring to you, but these are pieces that we do have developed to get at that. - And how long have you been contracted with the city? - [Cindy] Well, M3's been contracted, I would say, for about 12 years, and I've been working with the city in my position for about eight. - Okay, so after studying everything for this last eight to 12 years, these are things that they feel would help the city be better? - [Cindy] Absolutely. - Save more money? - [Cindy] Mhmm. Really the city save money and your members become healthier along the way. - And that's what I'm talking about. - [Cindy] Yes, that's what you want. - And that's a good trend to continue. - [Cindy] Yes, it is. - Any further questions? - No. - Anyone else? - No concerns or issues. - No. - I move the counties recommend to their supervisor, and this is the, the one thing they brought up, the county, is, you know, this is all good and everything, too, but we have to work on somehow getting the cost down. The cost is just rising so high, so it is hard for the communities to try to manage this for their employees. - [Cindy] I'd be remiss if I didn't say that your Health 1265 wellness program is a really robust program that is also helping, really to help people get engaged and know where their health condition is at. So that program has been successful for the city as well. - Good. - Okay. Thank you very much. Hold on, Shirley, you have a question? - [Shirley] I just have a question. For pre-authorization for chemotherapy treatment, how long does that pre-auth take? - Actually it's supposed to take 72 hours or less. - [Shirley] Okay, just because sometimes that, that's a quick treatment, and that chemotherapy's super expensive, unlike a medication or prescription drug. - Right. - [Shirley] I mean, I could use a lot of money on treatment. - 72 hours is the timeframe. - [Shirley] And that's usually, it takes usually three days? - Yeah. - [Shirley] Okay. - Alright, thank you very much. - Thank you so much. - Alright. - Is there any other, does anyone else? - Any other comments or questions from anybody? - I recently just received some placement files. - I'll entertain that motion. - I'll make a motion to receive a placement file. - Second. - Second. - Alright. - Whoever you wanna choose. - Everyone. - I think Veronica. - Always. - Motion by Alder Lefebvre, and seconded by Alder Corpus-Dax to receive a placement file. All in favor? - [All] Aye. - That passes unanimously. Alright, whenever you're ready. - We're ready. - Alright, number two, consideration with possible action on health insurance plans to be effective January 1 of 2019. - Can I just have, this is, I think, slide number 11, but just read this for now. You can have this. This is what we'll be looking at for this item. There you go. - Thank you. As Cindy stated, we're recommending that we keep our current plan going forward, but then we add 6% to the premium for the employee and the city, and also we're offering an alternate HSA for employees that have issues can take that one. - Do you have anything else to add? - No, I think what Cindy talked about with recruiting employees, I think it is helpful to have this option for them. - Me too. - I think it's also important to keep in mind that last year we could've had about a 2% increase to our plan, but we chose not to because our trend was going pretty well, so I think when she talks about the trend being seven to 9% across the market, and we're at 6%, that's with that 2% that we didn't take last year, too, so I think our plan is doing really well. - Is there any thought towards taking our current wellness programs and trying to push, prod, drag the retirees in it? You know, they're relatively young, speedy. - Yeah. - I've had myself in the back hurt age, but but to keep them healthy, get them healthier, which is best for everybody, but also to help keep some of our costs down, and it might be an incentive to them, too, to save some of those dollars that they have. - I think that idea's been bounced around before, and we can continue to look at it. I think it is a good idea to open it up to as many people as we can, and I think another option we've been looking at as well is our, I don't think we've opened up Health 1265 to everyone, but it's also making sure our spouses and dependents are being healthy as well, so there's a lot of different things we can look at. - Oh, sure. Absolutely. Okay. - There might've been something similar, I can't remember, because then we have United Health, it's not Silver Sneakers anymore. It's called something else for the wise? Would they ever consider something like that for that health culture wise that they could join? - Silver Sneakers was a program for - Seniors. - Seniors, and I think the YMCA's not involved with it anymore, but I think - Medicare. - the Croc Center is. - Okay. - United Health has something. It's not called Silver Sneakers, but it's called something else, so it's like the same thing. - Right. - It's with the wise - Okay. - and all the health clubs, but Silver Sneakers, I think, is still in effect with, it may not, but it's, I don't know if they're doing the wise, these health clubs, and they're changing that, too. They're going into a 365 or something. - Well I think we can continue to look at anything we can do with our retirees to get them engaged, or - Sure. - Or healthy. - It's alright.

You all good for the same kind of motion as the last one? - No, I think this would be whether you approve or not. - I'd like to move to approve that health insurance plan as presented. - Second. - Okay, motion by Alder Dorff, seconded by Alder Corpus-Dax to approve the health insurance plan as presented. All in favor? - [All] Aye. - Or do we have to vote in here? Do we have to vote on it? - No. - No. - Okay. - Take care of it. - Do we have, it's unanimous, and it passes. And item number three, consideration with possible action by request to fill the following replacement positions and all subsequent vacancies resulting from internal transfers. Do we wanna take these one by one? - It's up to you. You can take them all together or one by one, it's up to you. - We'll take them all together. - Okay. - Number A, cleaner part-time from Parks & Rec and Forestry. He is a bridge tender from Public Works and seat as a housing administrator for Community and Economic Development. - So you do have the memos prepared for you on your, in the packets that position the field request. If you have any questions, we do have staff who'd like to answer. - I have no questions. - I have no questions. - I don't either. - Alright, then I'll look for a recommendation. - I will move that we just accept the recommendations from the staff - Approve their - And go back to work. - They can just be a motion to approve. - Motion to approve, motion to approve. - Second. - Motion to approve by Alder Lefebvre, seconded by Alter Dorff. All in favor? - [All] Aye. - None oppose, that passes unanimously. Item number four, consideration with possible action on the request to provide benefits for the 4-K teacher and 4-K naturalist positions. - So at the last meeting we talked about offering benefits to the teachers and naturalists at the wildlife sanctuary, and we have in here a packet, the cost breakdown for these employees, and we have it at the family coverage and the single coverage, and we have a budget of that where the employee would pay 12-and-a-half percent, so if you look at where it is, what the employee would pay per month, what the city would pay per month, and that'd come out to an annual cost of $72,336.99, and then there's times when we do have certain employees that are part-time or not full-time employees, and we do pro-rate what they pay for the benefits, so that's why we also bring the option of if the employee paid 20%, and that'd be a cost of $66,136.67, and then we just did the same breakdown for single coverage, so that would come out to $29,393.44 for, if an employee pays 12-and-a-half percent or $26,874 if the employee pays 20%, so this is the breakdown, and I think, I'm not sure how it works at the school district, but this would be benefits offered for the full year even though they work from September to June. - It works that way. - Okay. So that's what I think we'd recommend, and I think going forward with this, we do have budget coming up. I think it'd probably make the most sense to take this collectively with the entire parks budget to look at whether or not this makes sense for, if they have this or not. And it also might make sense to you to start this, maybe not January 1st but the next school year as well. That starts at 10 grants. It's up to your discretion. - I do know that because I have a grandchild involved that, that he was to start the year without a teacher. They couldn't even find a teacher for his class, and I think they perhaps have a sub in there now. Do you know? Did they manage to find a teacher? - [Man] Yeah, we have a naturalist and then a teacher's aid right now. We're still recruiting for the full-time teacher. - The teacher, right, so they don't even, you know, so obviously not just begging for jobs like we might've been led to believe, and I would like to see this implemented as soon as possible if there's a way to find the funds for this year. We still don't have a teacher for some of the most vulnerable children that we have in our community. - Where would we get the money from, Joe? Or where would you recommend getting the money from? - Well, I think this would just be from the levy, I think essentially, so I'm not sure. - Well we started this year. - Yeah, yeah. - It's a contingency. - Have we started this year's contingency fund? - So it would be like October, November, December, maybe? - [Woman] The option is contingency. It's a non-budgeted item. - And for three months - Three months late - Till the new budget kicks in - Right. - Right. - Which would be maybe 25,000. - Max? - Yeah. - I was thinking, you know, it could be last-minute. - It could be. - I think we could get those numbers for you for Tuesday. - Okay. - How would this affect the hiring process? Would you have to change the application or the, what you put on money? And put those changes in and notify people? - Yeah, it'd be changed. I think it's a very minor change we could easily - Minor change but the word's gotta get out, we've gotta get applicants in. How long have you been trying to fill that position? Or positions? - [Man] I would say we've been trying to fill it for about a month and a half. We had several qualified good candidates who accepted other positions. - Okay. - Within the district. - And when did you start taking applications? - [Man] It was about a month and a half ago. - They don't sooner than that? - [Man] We do have two classrooms, so we would have two teachers, a need for two teachers and two naturalists. One classroom is fully staffed with a teacher and a naturalist. It's the second classroom that we're working on. - Okay. - Did someone leave or something? If you need a job, that's why. - [Man] Last year, we only had one classroom, and the teacher left. This year, we added a second classroom, so we had to not only fill the teacher position that left, but we have another classroom, so we had to fill two teachers and one naturalist. - Usually, I mean in the school district, we're looking in March and April. It's very late to look for someone, but I'm not sure if that's well-known possibly by Parks Department that you've tried to find teachers before they graduate. - [Man] Well, the issue is we opened up the second classroom fairly late in the process, so we

were planning back in March to open the second classroom. - Okay, so that's why. Next year, we might do it differently. Got it. - Are there any more plans for more classrooms at that facility? - [Man] In the new facility, there'll be two classrooms also, and we are not adding a third one. There won't be room for a third one. - So you'll have four rooms altogether? - [Man] No, we're going to only have two next year, and they'll all be in the new addition. - Okay. So we want no more staff other than - No, we're looking at a maximum of four staff members to have next year. - Alright. Do you have any questions? Any comments? Motions? - I guess the motion would not be exactly the same. I mean, I would, I'd like to, okay, move that we provide benefits for the 4-K teacher and 4-K naturalist positions as presented, beginning October - First - First. - 2018. - Does that make sense, Trent? Does that work with council and everything? - That does make sense the way you presented it. I guess my thought would be the teachers and the naturalists that we already have hired would get that on October 1st. - Absolutely. - Right. Right. - Yeah. All positions at the - Right, the naturalist and the teacher. - Alright, so the motion on the floor by Alder Dorff is that we start providing benefits to the current and future teachers that you're going to be hiring October 1st of this year? And that the money would be - Yeah, meetings. - And then the money would be coming from the contingency fund. - The contingency fund. And that's the point. For this year. - Does that work for everybody? Make sense? - Well I think what, the motion would make sense. I think probably what I'll do is I'll speak with Director Dichtheid and Director Helmbacher before next Tuesday and see how we're gonna make this work and then probably come back to you on Tuesday if that's, or get back to you before next Tuesday. That's what my thought would be, but it's up to the council. - It makes sense. - Okay. Alright, so that's the motion on the floor. Made by Alder Dorff. I need a second. - Second. - Seconded by Alder Lefebvre. All in favor? - [All] Aye. - And that passes unanimously. Number five. Consideration with possible action request by Alder Galvin to modify the personal policy, chapter nine, by adding a bone marrow and organ donor policy for city employees. Staff? - So at the last meeting, it was brought forward to look at this policy, and we looked into it, and I think the request was to give the same type of leave benefit that the state gives to employees. So if you look at the statutes, Wisconsin Statute 103-11, controls for the bone marrow and organ donation leave, it gives up to six weeks leave in a 12-month period for the purpose of serving as a bone marrow or organ donor, and then there is some conditions on that, that the employee would have to provide a certification to the employer that they are gonna be a donor, then also that the leave would only be necessary to undergo the surgery and also to recover from the procedure, and so what we did was, we looked at the statute that allows for up to six weeks leave in a 12-month period. That also allows for us to give more generously, so we took the benefit from, that the state gives to state employees, and we added to employees where, if you look at 9.8.2, where it talks about how we would give paid off leave to an employee up to five days for a bone marrow donation and up to 30 days for a procedure for organ donation, and if the leave does exceed the days, then the employee will have to substitute vacation or personal time for that. So then it talks about the eligibility for employees that you have to have worked 52 consecutive weeks and for at least a thousand hours during that 52-week period, and then you'll notice that it has to be a reasonable and a practical matter for the employer, and that the employee should make reasonable effort to schedule it around the employer's operations, not unduly disrupt our operations, and then also that it's very likely that the bone marrow or organ donor will meet the requirements of the Family Medical Leave Act, so if that does occur, that person will have to apply through FMLA, and those FMLA days will count concurrently with it, and then it also goes from our policy that the complaint procedure that, if the individual does have an issue with how we're providing this policy, we'll advise an employee that they can file a complaint with the Department of Workforce Development. - Looks good. - That looks good. - The 9.8.4, the only thing is, you have to have it in there, but I'm sure you gotta work with the person, because with the organ donor, or someone's gonna get that organ, and they get it then you have to be there, so they have to just leave. They can't say, oh, since I can't leave until the end of the week, that ain't gonna work. - Yeah, I think that's where the statute's written where it says in a reasonable and practical matter and also reasonable effort to schedule, so they can do whatever they can - Make sure that it's, yeah. - Yeah, I'm sure the city knows in advance that the employee is going to be an organ donor. That kind of gets a little old if he FMLAs all his life. - Right. - Alright, thanks, Joe. That's very good. - And the last thing is I will just reformat and re-number chapter nine to insert this language. - Okay. - Alright. - Motion to approve. - Motion to approve by Alder Corpus-Dax. - Second. - Second by Alder Dorff. All in favor? - [All] Aye. - That passes unanimously. Number six, Alder Wery, consideration with possible action request by Alder Wery to restore an assistant with a city council position. - So, Alderperson Wery did reach out today and ask that I put this job description together. He said that he's unable to make it tonight, but he did communicate to me that he felt like this position would be a part-time position and it would just be an assistant to the common council, not to the mayor. - That's how I was reading it, though. It was kind of, I don't think, yeah, that was in his request to go to the mayor too. It was for the council to have something to help him. I guess he was thinking of one. - Yes. - Yeah, there's been an assistant to the mayor and the common

council. - And that was out of the mayor's office, somewhere in that proofing of rules? - Yes. - Well, I know it says not the assistant to the mayor and council, but he wants to be just an assistant to the council. - Yeah, that's correct. - I guess my concern would be, this person, say they're hired to work 20 hours a week, and they only have 10 hours. Do we expect him to just sit there? - Yeah, not do anything, but if this mayor's officer staffed somewhere else in the building has work to do. Can we allow that without creating a, is this, I mean, when it comes to this kind of thing, how does that work? - I think typically we would have them, well, we usually don't just let people take off, but if I guess they do have to use personal leave or things like that, we would do our best to find some meaningful work for the person. - Alright. - Would they be able to assist alderwomen, too, because, It says aldermen. - It should be aldermen. That's the language - The person might not favor this position. Functions for. - Functions for is to assist aldermen. - Well, yeah. - And this is taken from old language, so I apologize. I did not catch that. That was my fault. - Alder Johnson. - [Brian] Yeah, I was just agreeing like a couple thoughts too. I guess one is I wouldn't necessarily support having it meet that dual-role either. I don't think that was the intent of the communication, and with all due respect to the mayor's office, I feel like there's probably ample support there. I think Alder Wery's intent was to look at supporting for council-related functions. I think just the nature of the responsibility strikes me as odd as well. When we're looking at someone to do what are basically administrative-related functions but also have the expertise and skillset to write what appears to be pretty comprehensive grants. So that concerns me and I think that also flies into the next agenda item, which is about the grant writer position, but the one thing that I'd like to toss out there is an alternative, and when I look at a lot of the responsibilities that are listed on here, I can't help but think that these are things that could give a lot of experience to interns, to some of our students who are looking to learn about public service and government-related activities, and I'd be curious to know if we've ever considered that at this level, and specifically, rather than funding a salaried position, and again, I don't know if the math on this would work out, but what if, much like what you see in other state positions or congressional positions where a budget is given to positions, if this is something that could be considered where each alder is given a budget to maybe interview and hire their own intern. If they don't wanna do that, they just give the money back to the city, but then it could at least achieve that objective, and I think much more cost effectively, than what a full-time position would certainly provide, so just wanted to toss that out there as an option, but I leave it up to the committee for debate. - Alright. I don't wanna create a position that's gonna be at odds with the mayor's office. And there's been some contention between the alders and the mayor's office in the past, and I don't wanna have a position where this person is made to feel that they're there to serve the alders and not to work with city staff, and that's kind of my concern the way some of this wording came out on this, too. I want a position that's there, I would like to see something in place. There's a lot of stuff that I have questions about, things I've made recommendations for, and I just don't have the time to go digging into the computers or be contacting other municipalities or looking up stuff online. I kind of like your idea, but I'm not sure how we would administer that, too. What if we hire someone and they turn out to be a clunker, and, because you gotta work part-time, too, and we're not there to monitor them. And then they have an office in here where someone, let's face it, they're kids, college kids, young, trying to learn who mentors them and helps them along and points them in the right direction if they're having a problem, something like that. But it's kind of a neat idea, even if wasn't just one per alder, but - They didn't need fall offices. - Yeah, exactly. That gets crazy. - Plus, I guess when I look at the job description, I kind of feel like that's my job. I mean, I'm supposed to handle citizen complaints and develop responses and promote public relations by participating and representing the city with various organizations. I mean, that's kind of why I'm an alder. - Right. - And I could not delegate many of these things. - Well this is based on an old job description - Yeah, so this is not. I mean, this is completely - It has to be reworded. - This is a high level job description here. - Another thing, though, too, anybody would have come in has to work with staff. They're gonna have to work with city staff. I don't think, you know, this doesn't work. They have to work with city staff. They're gonna have to get questions and infinite searching. - I'm thinking maybe it's not right the way it's on here, but it's something that could be worked out. It's a work in progress. I just wanted to say that. But an intern is good. I think that's a good, students that want to go into public, the public, not office but public - Public sector? - Yeah, public sector. Couldn't think of the word. - I think they'll be able to find one. Someone would be very well interested in the getting into the government part. - Sure, Barb. - I just don't see the necessity to have an assistant to a city council position. Certainly, I feel that city staff, I've worked well with city staff, they've worked well with me. If there is anything that I need to find out, they can either point in the right direction or have the answer for me. Part of my responsibility, part of why we are paid what we're paid is not just to sit in meetings but also to do some of the research and the work that comes up along the way and find out answers to our own questions, and I, 12 people fighting over one little intern assistant. I don't see how that would be very effective. I am not in favor of this position, so I'll just leave it at that. - I'm in favor of it. I see a need for it. I understand a lot of what you're describing. Those are our jobs, and

what's described here is a lot of stuff that I feel is our jobs, but I also feel that there would be some use, and I have gone to city staff. They've always been very helpful, but there have been times when getting a response back has been quite a long time, because in the hierarchy of things, more important things get in front of that, and it's sometimes been longer than I would like to get answers on things or questions or materials, and I feel guilty sometimes when I give them a task to do, because I just think how much more other stuff they have, and this is gonna tie up their time and drag them down and make everything else they're trying to do that much longer. - Where do you think this person's gonna get the answers from? How are they gonna have all the knowledge? Aren't they going to be going to the very city staff that we've already went to and asking? - Well, they could maybe, like you said, get pointed in the right direction. They could do some of the research themselves. This is a position that, even if it's part-time, this could be a part-time position for someone who used to work at city staff and is retiring and is just looking to stay somewhat active. A part-time job but enjoy the retirement. It may not be a college kid who's learning the ropes. It may be, I've seen other city staff from here who was a fireman that became an insurance expert and was hired as an advisor to city after he retired. - I guess there's so many questions. How are things gonna be prioritized? Who gets the access to the person? Who's the boss? - Absolutely, and I think I think if we pursue this, there's a lot more questions that need to be answered. - There's more to be done on this, yeah. - I mean, based on what you have here, again, like we've said, this is, a lot of this would not apply to what we, at least what I'm seeing, as what we would need, so I guess I would send this maybe back to Chris to have him write up what he's looking for and moving forward from there. - I think so, yeah. - Clarify it a little bit and then we can make a better decision moving forward if this is something that the rest of us all want. - And maybe other alders too can make suggestions. Something that they felt that they needed help with. They felt that this person could help them. So. - When did we lose this position? And why? - That goes back probably more than 10 years. - Is there any reason? Just budgetary cuts or? - Maybe some restructuring. Recollection of any or what? - I think they probably just did a little research for them. - Okay. - Was it a part-time position at the time? - No, it was full-time. - Okay. - And that would report to the mayor and to city council? Just as this job description shows, it's very different than what I think - That's why I think Chris is on the board, absolutely. - Brian, do you have any other thoughts on this? - [Brian] I hear the alders fighting about splitting one person and how do you manage that because - Right. - clearly that time could quickly get dominated by somebody, which is why I proposed maybe a budget allocation towards each alder, where, if they wanna hire their own intern, they can do that. That was the purpose of splitting that up. I don't think you need 12 offices anyway. Everything's remote nowadays. We don't have offices here at city hall, and so, it's - And so, really they can work from their home if they want. - Right. - Sure. - Any other thoughts or? - I'd be fine with sending this back to Chris. This isn't, - We need an emphasis on what he wanted. I also don't agree with there being a split of you work with just the alders, you don't work with - Right. - City staff. - I can say that I did send a job description to him I think like a week or two ago, and what was sent to me today was, this is fine, just, now send this to the mayor's office, so there might've been some miscommunication, but this was sent to him to look at, so I think maybe Chris, excuse me, Alderman Wery, and alderpersons could get back to me with more suggestions on how they want this to work. I think that'd make sense. - Okay. - So you wanna table it or? - Yeah. - That's up to you guys. Either refer, table it. - Refer back to Alder Wery. That's a valid motion. Okay. - I move that motion. - Looking for a second. - You ain't getting it, okay, I second - No, no, no, no, I'm looking, no. Motion by Alder Lefebvre to refer back to Alder Wery for more clarification. - Second. - Second by Alder Corpus-Dax. All in favor? - Aye. - Aye. - Oppose? - No. - Okay, we have three ayes with Alder Dorff being a no. - Number seven, consideration of possible action request by Alder Galvin is to the grant writer position to work with all city departments. The new position must bring in more funds than the cost of salary and benefits. - I was contacted by an individual that attempted to write a grant for the city for renewal, and that person found it almost impossible to get any decent information from all the different various departments to get the grant together in time, and the city potentially lost out on some monies there. I know from working at the police department, we would have ad hoc people write grants, which would be added on to the regular duties. So were good. Some were not so good. And then there's the maintaining of the grants that they have to be done yearly and things like that. There's many grants out there that the department, that the city is involved with that are annual grants, and some of those become fairly easy to renew, but I also think there's a lot of grants out there that we're not, we're hitting but the tip of the iceberg on, and as we're looking to save tax dollars and become a more efficient and better community, well just, for example, bike and pedestrian. There's upwards of $300,000 a year available from state and federal grants that the city could be taking advantage of, and then after, I've talked to a couple of different departments. I've talked to finance. They said obviously you have to be careful when you're doing these grants that you're not getting yourself into a rabbit hole where there's a lot of matching grants that you don't have the tax dollars for, or matching dollars for the grants, so what I'm looking for is a full-time position that generates enough grants that, basically, we can kind of say covers the

salary, or at least it's worth having that person around. That person would obviously have to work with all the different departments and reach out to some of the staff to get information, but I'm hoping it would save staff in those departments a lot of work and effort of writing and maintaining grants, and so, allowing them to have more time for other duties and be more efficient, so, that's what I'm looking for. Barb? - And I did some research on it because I wondered what the school district had, and because when I left, they didn't actually have an official that night and we all did our own grants, but now they have someone that supports grant writing, and I asked her would she say that she, that the grants she's written and has supported, have brought in at least as much as her salary, and she said they brought in many times her salary, and I know that to be true. We also have several people in the community that the school district contracts with to write grants. There's a small amount of money in their budget, I think it was $1,500 last year, and there are people out there that do a very good job at writing grants, so there's a pool of people out there, a pool of candidates out there. We might wanna think about contracting with them, or we might wanna think about a position. I think it's probably a really good idea, because there are funds out there, there are funds that this city could use to improve the quality of life, and I think it would be a great idea to look at hiring a grant writer. - Alder Lefebvre. - I think what Barb mentioned, we should look into either a consulting some, you know, consulting help us, or have an actual city staff person, so I think we should look at both. - So, - See which - Okay, let's poll that just for a second. Veronica? Or Alder? - No, I like the idea. I like the idea. I think, you know, definitely be beneficial to the city. - Okay. Does anyone wanna speak up here? - [Woman] Can I just - Sure. - [Woman] add a comment? For the record, Vanessa Chavez, city attorney. If you're gonna put a condition that they bring in more than their cost of salary and benefits, that sounds more like a contractor than an employee. - Okay. - [Woman] And so, I think you guys kind of need to figure out which direction you wanna go, because is you wanna make that a contingency, you really should structure it as a contractor, whereas if you're just assuming or you know that there's enough that they will be out there to cover it, then you just go with a straight employee. - That's under a contractor. Do we want a position or contractor? - Or we just don't wanna put any, we don't wanna - Do we wanna look at options of contracting or - We could do that, and we could, if we decide to have an employee, after a few years, decide is it worth it? You know, it doesn't have to be forever because positions aren't forever sometimes, but, but we've got to look at both ways of doing it. - This is what's a better goal. - So, what would you like to see for a motion? - Referred to staff. - Okay. - Yeah. - And if, I know BTC has grant writers. I wonder if there's just a partnership that can be had there. - I knew WGB at Saint Harbor, attended school there. There's lots of grant writers. - Because in addition to writing the grant, which is a very technical set of skills, their staff may or may not have, there's, I mean, knowing where to find the grants. - Right. - And that's why we're looking for someone full-time that's dedicated to perusing state, federal, and there's private organizations. - And maybe look at some of these contractors that are out there and see, you know, if they're interested. - Well I understand. Alright. - But maybe refer it to staff. - I'll make a motion to refer to staff that they investigate contracting positions versus full-time positions and come back with some recommendations on cost and processes involved. - I second it. - Okay, we have a second. - Sorry. - I'm sorry. - I'm sick of saying that. - Are we done? All in favor? - [All] Aye. - That passes unanimously. Okay, E, informational report of routine personal actions for regular employees. - So you do have that report in your packet, and I did talk to city attorney Chavez that you can take both items up at the same time if you want, just receive a placement file. - Okay. - Alright. - Next meeting date is September 25th, because we're backing it to a month, correct? - Right. - Okay. So September 25th at 4:30. - 4:30, yep. - We move to receive a place on file, the information on items one and two. - Okay. - Second. - Okay, motion by Alder Dorff, second by Alder Corpus-Dax to receive and place a file, items one and two under letter E. All in favor? - [All] Aye. - Aye, and no public hearings, and motion to adjourn? - Second. - No, I should do it. - Second it. - Motion by Alder Corpus-Dax, second by Alder Lefebvre to adjourn. And we're adjourned. - Okay. - And leave the meeting. - You just have to go all the way back out, just go all the way back out. Just go - Agendas. - Go back to agendas? - Yeah. - Here we go. - There you go.