

**City of Detroit**  
**Office of the Inspector General**  
**Health Department Hiring Practices**  
**OIG Case No. 18-0053-INV**  
**February 11, 2020**



**Ellen Ha, Esq., CIG**  
**Inspector General**

## **EXECUTIVE SUMMARY**

On December 5, 2018, in accordance with the 2012 Charter of the City of Detroit (Charter), the Office of Inspector General (OIG) initiated an investigation in response to an anonymous complaint pertaining to questions surrounding hiring practices of the City of Detroit Health Department. It is important to note that we are an independent agency that is charged with ensuring honesty and integrity in the City. Our jurisdiction is limited by the Charter to investigate matters concerning abuse, waste, fraud and corruption. We gather evidence during the course of our investigation and make factual findings. Our investigation led to the following findings:

- Former Health Department Director Dr. Joneigh Khaldun abused her authority and wasted City resources by posting a competitive position that was intended to benefit one specific individual; and
- Flaws in the City of Detroit Human Resources job posting and classification process that left the positions posted open to possible abuse and manipulation

Pursuant to Section 7.5-311 (1) of the Charter, prior to releasing any report that is critical of an official act, the OIG allows the affected parties to respond to the OIG's draft report, either via a written response, an administrative hearing or both. The goal of the written response/administrative hearing is for the affected parties to present new evidence that challenges the OIG's findings in the draft report. Thereafter, all evidence is evaluated, which may result in changes to the OIG's report if necessary.

The following report highlights the effectiveness of the OIG's Administrative Hearing process. The OIG does not approach its investigations with a pre-determined outcome. Instead we allow the evidence to lead us to a conclusion. The Administrative Hearing process allows the affected parties to challenge our findings with additional evidence.

In this case, the administrative hearings resulted in some substantive changes, which are reflected in our final report. While the findings of abuse of authority and waste of City resources stand, there were some other findings that were amended as a result of the additional evidence. For example, although it is no longer mentioned in the final report, you will see references to HR scoring in the written responses from the parties in the final report. This is because the parties provided sufficient additional evidence that resulted in a more complete analysis, leading the OIG to reach a different conclusion in this case. Likewise, you will see references to the OIG's request to discipline an employee for providing a false statement. However, additional information and interviews show the employee misunderstood the OIG's questions, allowing the OIG to remove its recommendation for discipline as there was no longer a clear intent to provide a false statement.

The OIG is committed to providing factually accurate reports to the public. This is why we have a process that ensures that our initial findings are not absolute or final, allowing for ongoing discussions, review of new evidence and additional investigation when necessary, before the report is final. We are pleased with how the process worked in this case, and encourage others to actively participate in the process for the best outcome.

## **I. Recommendation**

This report is based on an anonymous complaint and subsequent investigation by the Office of Inspector General (OIG). The investigation found sufficient evidence that Dr. Joneigh Khaldun, former Director of the City of Detroit Health Department (Health Department) wasted City resources and abused her authority, by orchestrating a job posting and interview process intended to benefit a specific individual, Valentina Djelaj, who at the time held the position Special Associate to the Director.<sup>1</sup> The OIG further finds the Human Resources Department (HR) should train hiring managers pertaining to matters when it is appropriate to add a sub-classification to an established position, times when a new position needs to be created or the entire position needs to be reclassified. Because Dr. Khaldun no longer works for the City of Detroit Health Department, the OIG cannot recommend action against her. However, the OIG is recommending the following action be taken by HR:

- The HR Department provide training for all hiring managers pertaining to the proper procedures in posting jobs, including when a sub-classification is appropriate, when a new position needs to be created and when a position no longer fits the department's needs and has to be reclassified.

## **II. Allegations from the Anonymous Complaint**

In December 2018, the OIG received an anonymous complaint regarding certain hiring practices in the Health Department. The letter alleged misuse of public funds and abuse of authority. The complaint contained the following allegations:

- The former Health Department Director, Dr. Joneigh Khaldun, promoted a personal friend to a high ranking position in the Health Department and doubled her salary to about \$120,000;
- The person hired by the Health Department, Valentina Djelaj, lacked the necessary experience to run public health programs;
- The position was specifically created for Ms. Djelaj without any intent of it being competitive;
- Internal candidates who applied for the position were told "they should have known the position was created for Valentina;" and
- Ms. Djelaj used intimidation tactics with Health Department staff by emailing notifications of terminated employees.

The OIG was not able to substantiate the following allegations:

- The OIG found no evidence that Dr. Khaldun and Ms. Djelaj had any personal relationship outside of a working relationship at the Health Department;
- The OIG also found no evidence to support that Ms. Djelaj was attempting to intimidate Health Department employees by alerting the staff to

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<sup>1</sup> Special Associate to the Director was a position in the City of Detroit Health Department through the Southeastern Michigan Health Association.

personnel changes that affect Health Department programs and points of contact;

- The OIG found no evidence that Ms. Djelaj lacked the experience necessary to run public health programs; and
- The OIG also found no evidence that Ms. Djelaj's salary was doubled by Dr. Khaldun.

However, the OIG did find evidence to support the allegation regarding internal candidates. Furthermore, while looking into the hiring process of the Chief Integration Officer (CIO) position, the OIG noted several concerns with the process from creation until the time Ms. Djelaj was selected for the position.

### **III. Discussion**

#### ***Abuse of Authority/Waste of City of Resources***

The complaint alleged that the CIO position was created specifically for Valentina Djelaj, with no intention of it being a competitive position. Based on the OIG's investigation, there is sufficient evidence to substantiate this allegation. Therefore, the OIG concludes Dr. Khaldun wasted City resources by using HR personnel to post and schedule interviews for a position that was solely intended for Ms. Djelaj.

The OIG's review of several Health Department emails is summarized as follows:

- September 8, 2017—Ms. Djelaj prepares a memorandum to Southeastern Michigan Health Association (SEMHA)<sup>2</sup> for her title change to CIO, along with a position description, and submits both documents to Dr. Khaldun.
- October 2, 2017—Ms. Djelaj followed up with Dr. Khaldun, asking if she had any revisions to the position description and if it is ok to submit the paperwork to SEMHA.
- October 3, 2017—Dr. Khaldun sends her revisions to Ms. Djelaj, stating Dr. Khaldun would be fine if Ms. Djelaj moved forward with the position description.
- October 3, 2017—Ms. Djelaj states she would stamp the paperwork with Dr. Khaldun's signature and submit to SEMHA.
- October 3, 2017—Zaundra Wimberley (Operations Administrator with SEMHA) emails Ms. Djelaj asking for the CIO position description to process her promotion, which Ms. Djelaj emailed to Timothy Lawther, Deputy Director of the Health Department.
- October 4, 2017—Mr. Lawther emails Dr. Khaldun stating the need to change Valentina Djelaj and Zaundra Wimberley's City titles<sup>3</sup> to Public Health Division Administrator to accommodate their salary increases; a follow-up email is sent on the same day from Mr. Lawther to Dr. Khaldun which reveals the other option would be to reduce Ms. Djelaj and

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<sup>2</sup> SEMHA provides employees for grant-funded health programs.

<sup>3</sup> Ms. Djelaj and Ms. Wimberley were both employed with SEMHA; the email refers to transitioning both to City of Detroit positions.

Wimberley's salaries by \$10K respectively or go through a very long process of creating new positions.

- October 18, 2017—Dr. Khaldun emails Mr. Lawther asking if the CIO position could be finalized through SEMHA.
- October 20, 2017—Gary Petroni, Executive Director of SEMHA, emails Mr. Lawther explaining why SEMHA cannot process the requested position<sup>4</sup> change, with a legal opinion attached from SEMHA's legal counsel, which basically states SEMHA employees cannot report to Health Department employees.
- October 23, 2017—Dr. Khaldun sends Ms. Djelaj an email stating that her new position could not be pushed through SEMHA but there is a plan in place that Dr. Khaldun wanted to discuss with her offline.
- October 24, 2017—Dr. Khaldun emails Mr. Lawther inquiring about salary increases for Ms. Wimberly and Ms. Djelaj, indicating that they would wait on the official title/position changes until the City process was complete.
- December 8, 2017—Dr. Khaldun emails an outside party, copying Valentina in the email. The email refers to Ms. Djelaj as the Health Department's CIO.
- January 2, 2018—Ms. Djelaj begins using the CIO title in her email signature.
- February 9, 2018—Dr. Khaldun emails Ms. Djelaj to let her know the CIO position is posted, by forwarding Ms. Djelaj the email blast which contains the job posting with an "FYI" to Ms. Djelaj.

Based on the above emails, the OIG concludes Dr. Khaldun initially discussed promoting Ms. Djelaj to the CIO position through SEMHA, in approximately September 2017. There are several emails from October 2017 which references Ms. Djelaj's promotion and salary increase. In an email on October 18, 2017, from Dr. Khaldun to Tim Lawther, Dr. Khaldun poses a question to Mr. Lawther "Chief Integration Officer-can we go ahead and get it finalized through SEMHA?" The email is entitled "Valentina's position."

The emails evidence the process was halted after SEMHA Director Gary Petroni raised questions about a request to create an Organizational Development Manager<sup>5</sup> position for the Health Department through SEMHA. This request was subsequently denied by SEMHA as referenced in the above timeline. As a result, Dr. Khaldun and Mr. Lawther decided to post the CIO position with the City of Detroit HR Department. In an email dated October 23, 2017, Dr. Khaldun writes to Ms. Djelaj, with a copy to Mr. Lawther, The email states "Val, I need to discuss your role- because it is so integrated with organizational development with the City we are

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<sup>4</sup> The position in question was the Organization Development Manager, not the CIO position.

<sup>5</sup> SEHMA received a legal opinion dated 10/19/17 regarding an Organizational Development Manager position. The opinion states the SEMHA employees cannot report to Health Department employees, which would have been the case for the Chief Integration Officer position that reported directly to the Health Department Director.

unable to push it forward as is through SEMHA but we have a plan. Let's talk offline." Subsequent emails reveals "the plan" to make CIO a position within the Health Department, by moving Ms. Djelaj from a SEMHA employee status to a City of Detroit employee status.

### ***Dr. Khaldun's Written Response/Administrative Hearing***

In response to our draft report, Dr. Khaldun requested an administrative hearing. In her hearing,<sup>6</sup> Dr. Khaldun described a clear difference in the process of hiring through SEMHA and the City of Detroit. With SEMHA, Dr. Khaldun had the ability to hire and promote staff, as well as the authority to increase salaries freely, as long as the budget was available to cover such changes. Dr. Khaldun also stated that she transitioned Ms. Djelaj to the CIO position with SEMHA without posting because that was the common practice with SEMHA.<sup>7</sup> However, the City of Detroit HR process is very different. The HR process requires the position to be posted and for the salary to be within specified range for the given classification.

Dr. Khaldun also spoke in detail about the need for the CIO position. Dr. Khaldun stated the position was needed to integrate programs not only to make the department more efficient, but to provide City residents with a seamless process when applying for and receiving services.<sup>8</sup> Dr. Khaldun further stated that she created the position because it was necessary, not because she wanted a particular person to hold the title.

Ms. Djelaj drafted an organizational chart,<sup>9</sup> dated September 2, 2017, in which she listed herself as the Health Department's CIO. The organizational chart was emailed to Dr. Khaldun on September 5, 2017. Dr. Khaldun also referred to Ms. Djelaj as the CIO, prior to job being posted through the City of Detroit HR.

In an email dated December 8, 2017, Dr. Khaldun writes to another party "Copying Valentina-she is my Chief Integration Officer (aka my right hand who troubleshoots and dives into programs)." The OIG also discovered that Ms. Djelaj began using the title CIO in her email signature as early as January 2, 2018.<sup>10</sup> When Ms. Djelaj began using this title, no such position existed with SEMHA or the City. The City had not even posted the position at the time.

What is clear from the hearing is that Dr. Khaldun thought very highly of Ms. Djelaj and the work she was doing for the department, calling Ms. Djelaj "one of the few in the department I felt I could count on to provide reliable, high quality and acceptable work." Dr. Khaldun is adamant that she was only transitioning the positions to the City of Detroit, not the people. However, interviews with former Health Department employees, including former Deputy Director Tim Lawther, show that others did not believe this was the case.

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<sup>6</sup> Dr. Khaldun's Administrative Hearing was held on November 13, 2019.

<sup>7</sup> Dr. Khaldun's Administrative Hearing Transcript, Pg. 28.

<sup>8</sup> Dr. Khaldun's Administrative Hearing Transcript, Pg. 38.

<sup>9</sup> Ms. Djelaj drafted several organizational charts, with her title alternating between CIO and Special Associate to the Director.

<sup>10</sup> Prior to that date, Ms. Djelaj used the title Special Associate to the Director in her email signature.

### ***Interview with Tim Lawther***

The OIG interviewed Tim Lawther, former Deputy Director of the Health Department. In his interview, he confirmed that it was a widely held belief by him and others in the Health Department that the job was intended for Ms. Djelaj. Mr. Lawther also made clear that he believed the process was not open or ideal, with preferential treatment being given to Ms. Djelaj. Mr. Lawther also stated that he was usually more involved in the hiring process, including sitting in on the interview panels. However, Mr. Lawther was completely shut out of this process by Dr. Khaldun, outside of getting the position posted through the City of Detroit HR Department.

### ***Interview with Christina Hall***

The OIG interviewed another CIO candidate, Christina Hall. Ms. Hall was employed by the Health Department at the time of the CIO interviews. Ms. Hall described Dr. Khaldun's actions during the interview as "checked out." Ms. Hall stated Dr. Khaldun was late to the interview and questioned the HR representative about the interview questions in Ms. Hall's presence. Moreover, she noted that Dr. Khaldun did not write down anything during her interview. The OIG found the latter statement by Ms. Hall to be false, as the interview scoring packets show Dr. Khaldun noted Ms. Hall's responses to the interview questions on her scoring sheets.

Approximately two weeks after the interview for the CIO position, Ms. Hall met with Dr. Khaldun. In the meeting, Dr. Khaldun made several statements to her, which troubled Ms. Hall. According to Ms. Hall,

- Dr. Khaldun did not know what Ms. Hall did for the Health Department. However, she did not believe Ms. Hall was a good fit for the CIO position.
- Ms. Hall stated Dr. Khaldun said the CIO position was not actually as it was described in the posting. Ms. Hall believed the CIO position was Dr. Khaldun's attempts to have her "tentacles" in the Health Department.
- Dr. Khaldun did not understand Ms. Hall's interest in the CIO position.
- Dr. Khaldun told Ms. Hall that people normally move up not by applying for positions, but instead being proactive and doing things without direction from leadership to get noticed and a job will be created.

Ms. Hall also stated that although it was not expressly said in her meeting with Dr. Khaldun, it was made clear to her that the job belonged to Ms. Djelaj. At the time of the meeting, Ms. Djelaj was using the CIO title in her email signature.<sup>11</sup> The OIG confirmed that Ms. Djelaj was using the CIO title prior to her officially receiving the position.

Mr. Lawther confirmed that the meeting with Ms. Hall did occur. While Dr. Khaldun noted in her written response to the OIG that Mr. Lawther was having problems with Ms. Hall's work, he stated the opposite in his interview with the OIG. Mr. Lawther did not recall saying anything negative about Ms. Hall, but stated he did not believe she was a good fit for the position due to previous run-ins with Dr.

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<sup>11</sup> Ms. Hall did believe that Ms. Djelaj had received the promotion while still employed with SEMHA, which is not accurate.

Khaldun. Mr. Lawther described the CIO position as being Dr. Khaldun's "right hand," which would not be the right position for Ms. Hall. Mr. Lawther described their work-styles as conflicting, with Ms. Hall's turnaround time being slower than others because of her focus on details and accuracy which conflicted with Dr. Khaldun's need for results and a quicker turnaround. Mr. Lawther spoke highly of Ms. Hall and her work, directly contradicting statements from Dr. Khaldun.

In her written response to the OIG after receiving the draft report, Dr. Khaldun indicated that she previously interviewed Ms. Hall and Ms. Djelaj for the same position, with the position being awarded to Ms. Djelaj.<sup>12</sup> Ms. Hall did not mention this interview, or any of the prior conflict with Dr. Khaldun that Mr. Lawther mentioned. The additional information casts Ms. Hall's characterization of the interview and subsequent meeting in a different light, showing there may be a bias due to their fractured relationship. Nevertheless, based on Mr. Lawther's interview and Dr. Khaldun's statements, it appears most of Ms. Hall's responses regarding the CIO position were accurate.

The actions taken by Dr. Khaldun are troubling. The evidence shows Dr. Khaldun manipulated the system to create an illusion of fairness in the Health Department's hiring of a CIO, when there was none. This is abuse of authority.

It is clear from the emails and interviews Dr. Khaldun's intent was to make Ms. Djelaj the CIO, both when the position was with SEMHA and when the position was moved to the City of Detroit. Dr. Khaldun's own words in the administrative hearing also seem to strengthen this conclusion. Dr. Khaldun believed that the CIO position was critical to the Health Department's overall success and efficiency. It is therefore reasonable to conclude that Dr. Khaldun would not want an unproven or unfamiliar candidate to hold the CIO position.

#### ***Interview with Alexis Adams***

On January 3, 2020, the OIG interviewed Alexis Adams, a current employee of the Health Department and Dr. Khaldun's former assistant. Ms. Adams was part of the interview panel for the CIO positions. Ms. Adams stated she was not involved with any aspect of the CIO position, such as the job posting, prior to being on the interview panel. Ms. Adams also stated she believed that the interviews were conducted fairly. Ms. Adams stated she had not heard the position was created for Ms. Djelaj.

#### ***Interviews/Administrative Hearing with Valentina Djelaj***

On August 9, 2019, the OIG conducted an interview with Ms. Djelaj. Ms. Djelaj was asked about her role in the hiring process. Specifically, she was asked if: 1) she had a role in the writing the position description; 2) she had any prior knowledge of the position before it was posted with the City of Detroit; and 3) she had any discussions about the position being designed for her.

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<sup>12</sup> The position was Clinical Engagement Coordinator, which is the position Ms. Djelaj held prior to becoming the Special Associate to the Director.



While Ms. Djelaj acknowledged she assisted former Director Dr. Khaldun in drafting position descriptions for many positions in the department, Ms. Djelaj could not recall if the CIO was one of the positions she assisted Dr. Khaldun in drafting. Ms. Djelaj also stated in her August 9<sup>th</sup> interview that she had no prior knowledge of the CIO position. She claimed she only became aware of the CIO position through the City of Detroit job posting email. However, she claimed she had heard unofficial rumors, which led her to believe the position was going to be posted. Ms. Djelaj was also insistent that she did not believe position was created for her. Based on our investigation, the OIG finds Ms. Djelaj's August 9<sup>th</sup> statements are not consistent with the information contained in the various emails.

On August 19, 2019, the OIG had a follow-up interview at the request of Ms. Djelaj. In the interview, Ms. Djelaj revised some of her prior statements. She recalled assisting Dr. Khaldun with the drafting of the job description for the CIO position. Ms. Djelaj attributed this to her routine duties as Special Associate to the Director, the title which she held through SEMHA prior to becoming the Health Department's CIO.

Ms. Djelaj's statements from the follow-up interview are more in line with the email evidence uncovered by the OIG. Ms. Djelaj also confirmed she was involved in the attempts to create the CIO position through SEMHA, and was under the impression that it was going to become her position. This statement also falls in line with email evidence from both Ms. Djelaj and Dr. Khaldun.

In both her interview and the administrative hearing, Ms. Djelaj stated that both Dr. Khaldun and Mr. Lawther made it clear the CIO position was not created for her, and that it was her understanding that she would have to go through a competitive application process. While Ms. Djelaj offered some clarity of her statements in the administrative hearing, this one remains troubling. In his interview, Mr. Lawther stated he does not recall having any conversations with Ms. Djelaj where he made it clear that it was not her job; he believes that the only conversation that he had with Ms. Djelaj was informing her the posting was open and that she needed to submit an application. As previously noted, Mr. Lawther stated that he and others at the Health Department believed it was a forgone conclusion that the CIO position belonged to Ms. Djelaj.

Ms. Djelaj was specifically asked in the August 9, 2019 interview if she recalled using the CIO title prior to the City of Detroit posting. Ms. Djelaj stated she could not recall if she used the title prior to the posting. However, the emails show that Ms. Djelaj began using the title in her email signature beginning in January 2018. She also listed Interim CIO as her SEMHA title on her City of Detroit job application, as well as in her accompanying cover letter and resume, when she applied for the CIO position in February 2018. Her official SEMHA title, at the time, was Special Associate to the Director, not Interim CIO at SEMHA. There was no Interim CIO position at SEMHA or the City of Detroit. However, Dr. Khaldun made it clear in her hearing that those working in the Health Department, both as City employees and SEMHA employees, often use functional titles that better describe their jobs instead

of the generic white book titles. Based on the statements made during Dr. Khaldun's and Ms. Djelaj's administrative hearings, the OIG finds the use and approval of functional titles to be within the discretion of Management. Moreover, Ms. Djelaj had Dr. Khaldun's permission to use the CIO title.

The OIG believes the interviews with Ms. Djelaj revealed she had a role in the initial creation of the CIO position. She was aware the position was created for her when the process was initiated with SEMHA. Ms. Djelaj also stated that both Dr. Khaldun and Mr. Lawther both informed her the CIO position was not her position, but the interview with Mr. Lawther directly contradicts her statement.

### ***CIO Job Specifications and Posting***

The OIG has concerns about the posting of the Health Department's CIO position. HR used the Public Health Division Administrator (PHDA) classification code for the CIO posting. According to HR Rule 11, Section 3-Class Specifications:

Class specifications are intended to define given classes by indicating the kinds of positions that should be allocated to such classes based upon their duties, responsibilities and qualification requirements. They are by nature descriptive, but shall not be held to exclude positions whose duties and responsibilities are not specifically mentioned, if such duties and responsibilities are similar as to kind, equal in level, and **require the same set qualifications.**

Based on HR Rule 11, the minimum entrance qualifications as listed in the job specifications for the PHDA class should have been used for all PHDA postings, including any sub-class of PHDA. However, the position description created by Ms. Djelaj and Dr. Khaldun changed the minimum qualifications for education and experience set forth in the PHDA classification when the posting was submitted to HR.

When the decision was made to post the position with the City of Detroit, it was advertised as a sub-classification of the PHDA position. The PHDA position (Class Code 222070) has the minimum education requirements of a "Master's or Doctoral degree in Medicine, Public Health, Business Administration, Health Science Administration or other related field" in the job specification. Any position description created using the PHDA classification code should still have the same minimum qualifications, according to HR Rule 11.

Ms. Djelaj created the initial position description<sup>13</sup> herself, then emailed it to Dr. Khaldun for her review and for any revisions. The subject line on the email was entitled "my pd."<sup>14</sup> Moreover, the attachment to the email was the CIO position description. The position description was created in September 2017 by Ms. Djelaj,

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<sup>13</sup> The position description was found in an email from Ms. Djelaj to Dr. Khaldun on 9/8/17.

<sup>14</sup> "PD" in the subject line refers to position description.

with revisions from Dr. Khaldun, when Dr. Khaldun was still attempting to obtain an approval of the position through SEMHA.

The CIO position description created by Ms. Djelaj and Dr. Khaldun varied from the PHDA job specifications. The newly created position description removed the word “Medicine” and replaced it with “Social Work.” Ms. Djelaj has a Master’s in Social Work. Furthermore, the PHDA job specification requires “5 or more years experience in management or leadership position, with progressive leadership experience in public health, government, or nonprofit sectors.” The position description created by Ms. Djelaj requires “3 or more years of experience in public health project management, program development, and coalition building.” Therefore, we conclude the position description created by Ms. Djelaj and Dr. Khaldun was substantially different from the PHDA job specifications, and should not have been used for the City of Detroit job posting as it violated HR Rule 11.

HR disagreed with the OIG’s position that the posting violated HR Rule 11. According to HR Department Staff, HR has the ability to change qualifications when necessary. HR staff cited HR Rule 11 Section 4 e which states:

To meet the needs of City service, the Human Resources Director may institute revisions to the classification system. Such revisions may include the following as conditions warrant; combining, separating or altering existing classes; and designating classes as interim where the duties of positions in given classes have been substantially incorporated into other classes.

However, this section of the rule does not speak specifically to qualifications as Section 3 does. Furthermore, this reclassification method has a specific policy, which would require revisions to the job specifications to be approved by the Classification and Compensation Division of HR. That did not happen with this job posting, or several others postings from the Health Department using the PHDA title.

In HR’s written response to the draft report, HR stated “[w]hile it is the duty of [the] Classification and Compensation Division under the Director of Human Resources to formally make these changes, the Recruitment Division makes changes to job postings for marketing purposes to attract the best candidates.” The OIG understands the City’s need to attract the right candidates but believes this short cut creates unnecessary and avoidable problems in the classification system.

HR agreed that these type of changes should have been reviewed, stating in their response that “any enhancement to the job posting that resulted in substantive change to the Minimum Entrance Qualification (s) (MEQ’s) should have been flagged for review by the HR Director...” HR further stated they are in the process of training the recruitment division staff to identify when this step is required.

A job classification system is defined as a “group positions which have similar duties and the same levels of complexity and responsibility, require similar training and experience at the time of recruitment, and are compensated at the same general

levels of pay.<sup>15</sup> A job classification system is used to create parity and uniformity for the position within the class. But when there is a significant change to the minimum qualifications for one position in the class, without changes to other positions within the class, the classification is not equitable.

The OIG understands that the job specifications and job postings are two separate documents, with the job postings being more specifically tailored to the position. HR's position is that a sub-classed position allows changes in areas such as experience and education. However, the OIG concludes changing minimum education and experience requirements, even for a sub-class of the PHDA position, would violate HR Rule 11, if it is done for the posting alone without a formal reclassification.<sup>16</sup>

Furthermore, the current process used by HR allows the departments to manipulate the classification system for their benefit. The Health Department settled on the PHDA classification not because of the job duties actually assigned to Ms. Djelaj, but because it was the only classification that would accommodate the salary Dr. Khaldun wanted to pay her. In an email from Mr. Lawther to Dr. Khaldun on October 4, 2017, Mr. Lawther stated "[l]ooks like we'll need to change Valentina and Zaundra's<sup>17</sup> city title to Public Health Division Administrator in order to accommodate their salaries." Mr. Lawther replies to Dr. Khaldun in the same email thread "the only other options are to reduce the salaries by \$10K or so, or to go through the very long process of creating new positions in which to put them." This email also further supports the allegations that Dr. Khaldun was moving people, not positions, to the City of Detroit.

Therefore, the OIG concludes the emails reveal the Health Department misused PHDA position for convenience and expediency, instead of going through the proper process of creating a new position. However, it is ultimately HR's responsibility to ensure all job postings meet the minimum requirements for the job classification. Therefore, OIG does not find that Dr. Khaldun and Mr. Lawther were responsible for violating HR Rule 11. As such, the OIG believes HR erred in allowing the Health Department to use this classification code to hire Ms. Djelaj. HR responded to the OIG's findings by implementing new training for the recruitment division on when it is necessary to formally reclassify a position.

#### **IV. Conclusion**

The OIG found sufficient evidence to show Dr. Khaldun wasted City's resources and abused her authority by posting a competitive position, when she intended on hiring Ms. Djelaj for the CIO position. Dr. Khaldun's decision to hire Valentina Djelaj to the CIO position was a forgone conclusion, evidenced by her attempts to

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<sup>15</sup> <https://definitions.uslegal.com/j/job-classification>

<sup>16</sup> A formal reclassification involves the completion of HR Form 9040A, Classification and Compensation Review Request, and requires the approval of the Department, Budget Director and HR Director.

<sup>17</sup> There were no allegations made against Zaundra Wimberly, and the OIG found no evidence that would require an additional investigation into Ms. Wimberly.

start the process through SEMHA. Unfortunately, Dr. Khaldun is no longer employed by the City of Detroit, and there is no action the OIG can recommend against her. However, the OIG takes the position that this type of abuse is highly unacceptable for a City of Detroit hiring official, and would recommend appropriate discipline if Dr. Khaldun was still employed with the City.

Moreover, the OIG does not believe that HR should allowed significant changes to the minimum qualifications in the CIO job posting solely for recruitment or because the department wanted to get the position posted quickly. Doing so undermines the purpose of the classification system, creating a disparity in positions within the same classification when those positions should be similar.

HR has started to remedy this by training the Recruitment Division staff when it necessary for flag changes to the minimum qualifications for additional review. This allows the Recruitment Division and the departments to still have flexibility in their postings to attract the right candidate, such a preferred qualifications or an equivalent combination of experience and education, while following the outlined HR process for more substantive changes that require review and approval.

In addition to training HR Staff, the OIG is also recommending training for the hiring managers of City departments, to clearly outline when it is appropriate to use a sub-classification, when it is appropriate for a position to be reclassified and when it is appropriate to create a new position.

September 17, 2019

Ellen Ha, Esq.  
Inspector General  
City of Detroit  
65 Cadillac Square, Suite 3210  
Detroit, MI 48226

Inspector General,

I am submitting this response to your draft report dated September 5, 2019 that you sent to Valentina Djelaj.

**I am very disappointed and bewildered that on or prior to the date that the letter was drafted by the OIG (September 5<sup>th</sup>, 2019), I had received no type of notification or correspondence from the Detroit Office of Inspector General (OIG) regarding this investigation and was never allowed to provide any written or verbal testimony, or be interviewed, by the department. Hence, no input was requested of or given by me prior to a decision which finds negatively against decisions I made. I was only informed of this draft report when another employee of the City of Detroit sent it to me as a courtesy on September 9<sup>th</sup>. I have evidence that the employee received this report as early as September 6<sup>th</sup>, which means there was sufficient time between the time this report was drafted and finalized and for someone to be able to share it with me. I received a letter in the mail from the OIG on Saturday, September 14<sup>th</sup> 2019, that was dated September 5<sup>th</sup>, 2019. I believe this letter was only sent after a City of Detroit Health Department employee contacted the OIG September 9<sup>th</sup>, 2019 or September 10<sup>th</sup>, 2019 to ask if I had been informed of this investigation, at which time that City of Detroit employee was told that I was. I believe that statement, given to a City of Detroit employee by Ellen Ha, was not factual. I particularly believe it was not factual given the date when I received the formal letter through the US postal service from the OIG was 9 calendar days after the date of the official letter, that aligns with no notification going out from the OIG office until someone called to inquire if I had been notified. I am concerned that there was a false backdating of a letter sent to me allowing me to reply to this draft report. I am concerned that it was not originally intended for me to provide any input into this investigation. I am concerned that the Office of Inspector General is not following appropriate and impartial procedure as it relates to performing its duties.**

Your investigations are to be thorough and unbiased and inclusive of all parties that are impacted or accused, consistent with Section 7.5-311 of the 2012 Detroit City Charter that states, "No report or recommendation that criticizes an official act shall be announced until every agency or person affected is allowed a reasonable opportunity to be heard at a hearing with the aid of counsel". As this report makes negative accusations about my professionalism I do believe I am an "affected" person and should have been allowed to be interviewed for the

purposes of this report, including prior to any drafts or findings being made to the impacted parties.

I did review the draft report and have several concerns that I bring up below:

### **SEMHA Hiring Processes and Timeline for Organizational Changes**

I became Director of the Detroit Health Department in February of 2017, and promoted Mr. Lawther in the following months to an appointed position as Deputy Director of the department. As the Deputy Director, Mr. Lawther was the person responsible for all aspects of the contract, budget, and human resources processes for the Detroit Health Department and the liaison to SEMHA for those processes. This is clear based on the emails that were identified by the OIG in their draft report dated September 5<sup>th</sup>, 2019. I made my budget and HR decisions related to SEMHA based on what feedback I was given from Mr. Lawther. I also, on several occasions, told Mr. Lawther that I intended to follow all administrative procedures appropriately and that he was to inform me if he thought there was something that we were doing that fell outside of appropriate protocol and procedures.

I was made aware in the fall of 2017 by Mr. Lawther that the Detroit Health Department was projected to be over budget for the SEMHA contract. I also was made aware that key leadership positions in the Department, such as any position related to organizational development, should not be a SEMHA, but a City of Detroit employee. Based on that *new* knowledge, I stopped any attempt to create any type of key leadership position through SEMHA and instead started the process of posting and hiring through the City of Detroit. These positions included not only the Chief Integration Officer, but several others as a part of my strategy to improve operations, align and integrate programs, and have key leadership positions be City of Detroit employees. This process was undertaken at the same time I was working to develop a new organizational chart and structure that fit the needs of the Department.

Ms. Djelaj, in her role as the Special Associate to the Director, was responsible for creating multiple position descriptions in the department related to new organizational changes. I did request that she create a position description for a position titled Chief Integration Officer. I did believe that I was following SEMHA protocol for promoting Valentina into that position, with an appropriate pay increase, through SEMHA hiring processes. As soon as I realized that the position was not appropriate for filling through SEMHA, as directed by Mr. Lawther, I stopped moving forward with the process through SEMHA. I subsequently told Ms. Djelaj that she would have to competitively compete for the position of Chief Integration Officer through the City of Detroit hiring process. I at no time told Ms. Djelaj that she was guaranteed a position in the City of Detroit. I specifically told her that she would have to competitively compete for the position. If Tim Lawther had other thoughts, or promised other people jobs through the City of Detroit process, he did not receive that direction from me and was not authorized to tell SEMHA employees that. I did not promise any SEMHA employee that they would receive a job through the City of Detroit.

It was also my understanding, based on conversations with Mr. Lawther, that people employed through SEMHA could have their salaries increased based on what we thought was appropriate for the change in the scope of their roles, as long as it was within our administrative budget and within the scope of our contract with SEMHA, and approved by SEMHA. It was also my understanding that positions created through SEMHA were able to be changed based on submitting new position descriptions and submitting the appropriate paperwork to SEMHA. Based on what I witnessed as hiring practice for SEMHA employees prior to my appointment as the Director of the Department (in my role as Medical Director), it was my understanding that this was an acceptable practice for positions that were hired through SEMHA. The emails that were reviewed and cited in the draft OIG report were reflective of my understanding of that process, and I believe that further investigation into how other employees at the Department, including prior to me becoming Health Director, were hired and promoted through SEMHA would reflect that.

It is important to **not** confuse my actions or statements made while thinking I was operating under SEMHA hiring guidelines with those that were made while I was under the impression I was moving through a process in the City of Detroit. My email that the OIG referred to related to trying to increase a salary for a SEMHA employee until the City of Detroit process was finished refers to the fact that I believed it was appropriate to pay people appropriately for the jobs and functions they were currently performing through SEMHA. It does not imply that I believed those people would become employees of the City of Detroit.

It is important to note that there are several current City of Detroit employees that were formally SEMHA employees, performing similar functions for the health department as they did as SEMHA employees. While I was Health Department Director, I included the City of Detroit HR Department in all steps that I believed were required related to hiring. If the City of Detroit does not believe this is an appropriate contractual relationship with SEMHA then I believe the City of Detroit Procurement and Human Resources Departments should make that determination so that future leadership of the department is not placed into the position of having to perform parallel hiring processes through two different organizations, and to then be penalized for doing so.

### **City of Detroit Human Resources Support and Requests**

On several occasions I had meetings, phone calls, and email exchanges with the City of Detroit Human Resources Department to make sure I understood the hiring process for the City of Detroit and to assure I was following procedures appropriately. I never received any official training or any official policy or procedural handbook, although on several occasions both myself and/or my senior leadership team made such requests. It is also important to note that I did request of Denise Starr, Human Resources Director, to have Tamara Terrance removed from her assignment to the Detroit Health Department because I did not feel she was able to provide the Detroit Health Department with the timely and accurate service that was necessary for me



to run the department. At the time when I ended my employment with the City of Detroit in April of 2019, that had not happened.

I did include Tamara Terrance, my HR liaison, in all interviews, requested her approval for all job descriptions, and included her in every interview that occurred for every process that involved City of Detroit civil service positions.

### **CIO Position Posting and Interview Process**

I included my HR liaison, Tamara Terrance, in every step that I was aware was necessary with regards to the position description for the Chief Integration Officer. This includes sending the position description to Human Resources for final review, approval and posting; going through the HR liaison for selecting candidates to interview and scheduling those interviews; creating and approving interview questions; including my HR liaison in all interviews for candidates; putting in place an interview panel that was approved by my HR liaison; and allowing all interview panelists, and HR liaison, to provide their own independent feedback on all candidates and to document that on the provided candidate interview forms.

Ms. Hall did not provide answers to the responses that were sufficient to show that Ms. Hall had the professional skills or ability to provide self-directed project management required for the position. Her responses were less articulate than those given by Ms. Djelaj. Ms. Djelaj and Ms. Hall both had the same position description that was posted when they applied for the position, and neither of them had any access to the interview questions ahead of time that would indicate Ms. Djelaj had an advantage in the interview process. Ms. Terrance never indicated at any point that she thought the interview panel was breaching any HR process, and if she did, she had the opportunity to say something or to elevate it to her superiors if she thought anything was wrong.

At no time did I indicate that Ms. Djelaj would be guaranteed any job through the City of Detroit. In fact, I am aware that Ms. Djelaj told others in the City of Detroit Health Department that she was nervous about her job interview and that she was working diligently to prepare. On several occasions I informed Mr. Lawther and Human Resources that I intended to follow all administrative and contracting procedures appropriately. If Mr. Lawther ever told anyone that this job was created specifically for Ms. Djelaj, he was not authorized to do so and I never told him that. I do not believe it is fair or professional for the OIG to issue statements about my understanding of the hiring process as a "charade", particularly when I was never asked to participate in the investigative process, and the hiring practices through SEMHA were not fully investigated.

It is also important to note that during the elimination of positions at SEMHA and the creation of positions in the City of Detroit, functional titles did sometimes overlap. This includes titles such as "project coordinator", "project manager", and others. It is my understanding that I had full authority to create functional position titles as I saw fit through SEMHA. It is also my

understanding that I was able to create functional position titles in the City of Detroit. I do not believe that a functional title that was equivalent between the two different employers implies that there was any preference given to the person in the former SEMHA position. It is my understanding that this was an acceptable practice, and I refute any allegations that a title through SEMHA indicates that there was preference given for that SEMHA employee in the hiring process through the City of Detroit. Of note, there are several people who currently work in the City of Detroit, including prior to me being the leader of the Detroit Health Department, who have roles and/or titles that are the same as they were when they were working for SEMHA. This fact should not be used as a basis to attempt to prove any false accusations that I abused my authority.

I noted that the OIG spoke to Tamara Terrance, who stated that she believed "I had a candidate in mind" for the position of Chief Integration Officer. Tamara Terrance was involved in the entire interview process for the position of Chief Integration Officer, as mentioned above. It was common practice during our interview panels, at the conclusion of the interviews, to discuss the candidates while the interviews were fresh in our minds and to come to a conclusion as an interview panel on what candidate was the most qualified. On the day of the interview, the interview panel did discuss the candidates and it was verbally determined by the panel that Ms. Djelaj was the most qualified. That is the only guidance Ms. Terrance would have received from me regarding the selected person for this position, and would have been the basis for her emailing me the following day to inquire about a salary offer. Of note, it was my practice to hand Ms. Terrance the interview scoring sheets and forms at the conclusion of any interviews I conducted during any City of Detroit hiring process. I will defer to Ms. Terrance as to how she performed her scoring and why she delayed filling in her scores on her interview sheet.

#### **Christina Hall's Allegations Regarding the Interview and Subsequent Meeting with Me**

Ms. Hall indicated in her interview with the OIG for this investigation that she believed that I was "checked out" during the interview. I do not understand what Ms. Hall is referring to as "checked out", as I was present during her entire interview, asked questions during the interview and recorded her subsequent responses, and answered the questions that she asked during the interview. I would request that additional documentation, facts, or description of that statement be provided to substantiate her assertion of me being "checked out" during her interview.

Ms. Hall also purported that I was late for her interview. While I do not recall whether or not the interview started at the specific time that was indicated on Ms. Hall's schedule, in general, as the Health Director my schedule was often very busy and meetings sometimes did not start at their standard time. I made every attempt to start my meetings and interviews at their scheduled time. However, *Ms. Hall's interview did not commence until I was present in the room, as well as the rest of the interview panel.* No part of Ms. Hall's interview was conducted without me in the room, and I participated fully in her interview. Furthermore, no candidate,

including Ms. Djelaj, had the opportunity to review any of the interview questions ahead of time so as to assure fairness in the interview process. I believe I was following the proper HR process during Ms. Hall's interview and if there was any concern that I was not, I believe the HR liaison, Ms. Terrance, should have alerted me.

After the interview process and the decision by the interview panel to not offer Ms. Hall the position based on the fact that she was not the most qualified candidate and did not provide sufficient responses during her interview, I determined that it would be professional and appropriate to provide feedback to Ms. Hall about the reasons why she did not receive the job and to provide her with coaching related to her job performance that was consistent with what Mr. Lawther had previously stated were her professional challenges. I discussed this plan with Mr. Lawther, her direct supervisor, and he agreed that he did not believe Ms. Hall had taken his feedback well and that this would be a positive meeting so that Ms. Hall understood her role in the department and what was expected of her regarding her deliverables for quality improvement in the department. In the meeting, I did state that based on the interview process she was not selected as the most qualified candidate. I did provide feedback that I thought that it was important that she focus on the deliverables of her current role, which she was not currently doing sufficiently, and that it would be important for her professional career trajectory that she perform her duties in her job well, as that would help her long term as she sought future positions. I deny any allegations that I stated that the CIO position was not as it was posted and described. I deny any allegations that I asked her why she applied to the job. I would request that Ms. Hall provide further documentation in support of those allegations. Furthermore, I considered this meeting as a coaching session with Ms. Hall. In my leadership role at the department I thought it was important that I coach and mentor staff, and I regularly provided this mentorship and individual feedback particularly to my junior employees who either were seeking that mentorship or were not successful in their current positions.

**False allegation in the anonymous complaint about promoting a "personal friend":**

I met Valentina Djelaj and Christina Hall at the same time when they both applied for a position of Clinical Engagement Coordinator through the Southeast Michigan Health Association (SEMHA) in the summer of 2016 when I started in my role as Medical Director of the Detroit Health Department. I narrowed the field down to the two most qualified candidates, Ms. Djelaj and Ms. Hall. When I interviewed Ms. Hall for the position in 2016, I found that her responses were insufficient to describe an ability to engage with internal and external stakeholders and to lead projects sufficiently to advance the work of the health department. Ms. Hall did not get offered the position, but Ms. Djelaj did, as she provided superior responses to the interview questions and showed that she had the necessary experience leading public health projects and building coalitions. I never had any interactions with Ms. Djelaj prior to that interview process and refute any statements that Ms. Djelaj is a personal friend that I tried to promote.

## **Concerns about lack of unbiased or factual testimony of Christina Hall**

Ms. Hall was interviewed by the OIG for the purposes of their draft report. I noted several subjective and unprofessional comments from Ms. Hall that were documented by the OIG, that make me concerned about her ability to provide unbiased input into this investigation:

- “the CIO position was an attempt for Dr. Khaldun to have her “tentacles” in the department”
- “Dr. Khaldun was ‘checked out’ in the interview”
- False allegations about the content and purpose of the meeting we had subsequent to the CIO interview

It is important to understand the history of Ms. Hall’s employment in the context of this investigation. Subsequent to Ms. Hall being declined for a position through SEMHA as the Clinical Engagement Coordinator as described above, Ms. Hall was hired in a different position in the City of Detroit working for the Health Department. I was not involved in her hiring process and had no knowledge that she had been offered a position prior to her being in the role. Subsequently, Ms. Hall was tasked in that role with developing the Quality Improvement program for the Detroit Health Department, a very important role given the needs of rebuilding the Health Department and lack of such infrastructure being in place. The Deputy Director of the Department, Timothy Lawther, was Ms. Hall’s director supervisor and in charge of this work. The work unfortunately did not progress in a way that was sufficient for the Department’s needs. When I spoke to Mr. Lawther about the lack of sufficient progress on the work, he stated on several occasions that Ms. Hall did not have the background or skills to be able to drive the work forward and lead in the way that he needed, so that he often felt he needed to redo the work himself. I subsequently asked Mr. Lawther, as her direct supervisor, to share that feedback with her and to coach her on how to better perform her job duties, and to document those discussions. Based on my subsequent conversations with Tim Lawther it is my understanding that he did attempt to provide this feedback and that Ms. Hall did not handle it well and said negative personal things about me in the process. It is also my understanding from my conversations with Tim Lawther that Ms. Hall did not “like” Ms. Djelaj on a personal level, which I found concerning.

Based on the above information and the unprofessional comments submitted by Ms. Hall for the purposes of this report, I believe there is reason to question her ability to provide accurate and unbiased feedback about the interview process and would request additional documentation and verification for any statements or allegations that she makes.

## **Conclusion**

I deny the allegation that I wasted City resources or abused my authority by posting a position and moving through the City of Detroit hiring process. Your draft report states that recruiting, interviewing, and hiring Ms. Djelaj into the position of Chief Integration Officer through the City of Detroit was a foregone conclusion, based on my attempts to start the process through

SEMHA. That is inaccurate. The Detroit Health Department had the authority to move forward with posting positions through SEMHA, and the emails provided were related to the hiring process through SEMHA. Of note, there is not to my knowledge a non-compete clause for employees terminating their employment with SEMHA and applying for a position with the City of Detroit. There are several other former SEMHA employees who were subsequently hired by the City of Detroit to perform the functions they were previously doing as SEMHA employees. It is not appropriate for myself or Ms. Djelaj to be singled out because of someone else's personal grievances against us.

I am requesting the following:

1. The OIG do further investigation into the SEMHA contract and relationship with the City of Detroit, including the practices that were implemented by City of Detroit leadership during and prior to my being the Health Department Director.
2. Remove any statements or findings in this report that refer to me, as the Health Director, abusing my authority or wasting City resources, based on the evidence that I provided above and what I believe you will discover with a more thorough and unbiased investigation.
3. Withdraw the September 5, 2019 letter and issue a new report after the proper thorough and unbiased investigation has been completed.


As stated above, I received your letter regarding this investigation on September 14<sup>th</sup>, although the date of the letter is September 5<sup>th</sup>. It states that I have 14 calendar days (in actuality 5 days) to provide a written response or request a hearing. That does not give me sufficient time to both appropriately request documents and obtain appropriate legal representation to refute the allegations listed in this draft report.

This statement serves as my written response to your draft report, which should be withdrawn and reissued with thorough information since it is so flawed.

If a new draft report is not issued and the flawed draft report is allowed to stand, I am requesting an administrative hearing with my own legal representation and on a date and time that is convenient for all parties.

Thank you for your attention to this important matter. I hope that you will allow my request and conduct a thorough and unbiased investigation.

Sincerely,



Joneigh Khaldun



CITY OF DETROIT  
OFFICE OF THE INSPECTOR GENERAL

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In the Matter of:  
OIG Case No. 2018-0053-INV  
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The proceedings had and testimony taken in the above-entitled matter before me, Suzanne Lynn Bonarek, CSR3086, notary public for the County of Wayne, State of Michigan, at 65 Cadillac Square, Suite 3210, Detroit, Michigan on Wednesday, November 13, 2019 at 10:08 a.m.

PRESENT:

OFFICE OF INSPECTOR GENERAL  
65 Cadillac Square, Suite 3210  
Detroit, Michigan 48226  
BY: MS. ELLEN HA,  
MS. BEVERLY MURRAY  
MS. JENNIFER BENTLEY  
Appearing on behalf of OIG

BOGAS & KONCIUS  
31700 Telegraph Road  
Suite 160  
Bingham Farms, Michigan 48025  
BY: MR. BRIAN KONCIUS  
Appearing on behalf of Dr. Joneigh Khaldun

ALSO PRESENT:

Dr. Joneigh Khaldun, M.D.  
Jean Ingersoll

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I N D E X

WITNESS	PAGE
DR. JONEIGH KHALDUN, M.D.	3
JEAN INGERSOLL	3

E X H I B I T S

DESIGNATION	DESCRIPTION	MARKED
Exhibit No. 1	7-28-18 E-mail Chain	24
Exhibit No. 2	1-25-18 Dashboard Updates	27
Exhibit No. 3	3-8-18 Dashboard Updates	30
Exhibit No. 4	5-31-18 Dashboard Updates	30
Exhibit No. 5	6-14-18 Dashboard Updates	30
Exhibit No. 6	8-91-8 Dashboard Updates	30
Exhibit No. 7	Work Like There Is No Tomorrow	30
Exhibit No. 8	10-4-17 E-mail Chain	67
Exhibit No. 9	10-23-17 E-mail Chain	69
Exhibit No. 10	10-24-18/10-25-18 E-mail Chain	80
Exhibit No. 11	2-9-18 E-mail Chain	84

1 Detroit, Michigan

2 Wednesday, November 13, 2019

3 At or about 10:08 a.m.

4 - - -

5 D R. J O N E I G H K H A L D U N, M. D.

6 Having first been duly sworn to tell the truth, was  
7 examined and testified upon her oath as follows:

8 J E A N I N G E R S O L L

9 Having first been duly sworn to tell the truth, was  
10 examined and testified upon her oath as follows:

11 MS. HA: So today is Wednesday, November  
12 13th. It is about eight minutes past 10 a.m. This is  
13 an administrative hearing for OIG file number  
14 18-0053-INV.

15 We are holding this hearing pursuant to a  
16 request made by Doctor Joneigh Khaldun in accordance  
17 with section 7.5-311 of the 2012 Charter of the City  
18 of Detroit, and pursuant to written notice sent to Dr.  
19 Khaldun, and, likewise, in accordance with the OIG  
20 administrative hearing rules today. A copy of the  
21 hearing rules were provided to Dr. Khaldun prior to  
22 the hearing.

23 Ordinarily under the administrative hearing



1 rules we are required to finalize our report within 30  
2 days after the hearing unless we require additional  
3 information. However, because Ms. Djelaj's hearing  
4 had to be re-scheduled later this month, and because  
5 Ms. Djelaj's testimony would be considered as  
6 receiving additional information and/or investigation  
7 of this matter, pursuant to Rule 14 we will finalize  
8 our report within 90 days of Dr. Khaldun's hearing, or  
9 30 days after Ms. Djelaj's hearing.

10 The record should further reflect that  
11 sometime in December 2018 the City of Detroit Office  
12 of Inspector General received an anonymous complaint  
13 which alleged the following.

14 The then Dr. Joneigh Khaldun -- I'm sorry,  
15 the then Health Department Director, Dr. Joneigh  
16 Khadun, promoted a personal friend, Ms. Valentina  
17 Djelaj, to a high ranking position in the department  
18 and doubled her salary to about \$120,000. Ms. Djelaj,  
19 according to the complaint, lacked the necessary  
20 qualifications and experience for the Health  
21 Department Chief Integration Officer position.

22 It was also alleged that the position was  
23 specifically created by Dr. Khaldun for Ms. Djelaj

1 without any intent of it being competitive. The  
2 candidates who applied for the positions were  
3 allegedly told that they should have known the  
4 position was created for Ms. Djelaj.

5 And it was also alleged in the complaint  
6 that Ms. Djelaj used intimidation tactics with the  
7 health department staff by e-mailing notification of  
8 termination of the health department employees.

9 Based on our investigation of the anonymous  
10 complaint with respect to Dr. Khaldun, we found that  
11 the CIO position description with SEMHA was initially  
12 crafted by Ms. Djelaj with Dr. Khaldun's assistance  
13 and approval. Doctor Khaldun, through her Deputy  
14 Director Timothy Lawther, then sought to create a CIO  
15 position within the health department through the City  
16 of Detroit.

17 We also found that Dr. Khaldun abused her  
18 authority by manipulating the job posting for the  
19 health department CIO position to fit Ms. Djelaj's  
20 qualifications. We found, therefore, that Dr. Khaldun  
21 wasted city resources by having the CIO position  
22 posted, applications to be reviewed and sorted by the  
23 HR department, and was interviewing candidates which

1 she had already pre-determined that Ms. Djelaj would  
2 be the CIO at the City of Detroit Health Department.

3 Doctor Khaldun also introduced Ms. Djelaj  
4 as the CIO in her e-mails to other individuals, and  
5 allowed Ms. Djelaj to use the CIO title in her e-mail  
6 communications to others even before the CIO position  
7 at the health department was created.

8 Lastly, the OIG found -- sorry, lastly the  
9 OIG found no evidence to support the allegation that  
10 Ms. Djelaj was hired by Dr. Khaldun based on their  
11 friendship, or that Dr. Khaldun doubled Ms. Djelaj's  
12 salary as the CIO for the health department.

13 So we are here today to address the  
14 concerns raised by the OIG in its draft report  
15 pertaining to Dr. Khaldun only for this hearing. And  
16 in so doing it is important to note that, one, the OIG  
17 did not interview Dr. Khaldun prior to issuing its  
18 draft report, as the time the OIG decided to interview  
19 Dr. Khaldun for the investigation, Dr. Khaldun had  
20 already left the city's employment and, therefore, she  
21 was outside of our jurisdiction under the city's  
22 charter.

23 Number two, because the OIG cannot

1 recommend any disciplinary actions against anyone who  
2 is no longer employed with the city, and the former  
3 employee is no longer bound by the city's charter to  
4 cooperate in the OIG's investigation, the OIG  
5 generally do not contact its former employees.  
6 However, pursuant to the charter we did provide a  
7 courtesy copy of our draft report to Dr. Khaldun at  
8 her last known address because the OIG was critical of  
9 her official act.

10 Doctor Khaldun then voluntarily subjected  
11 herself to our jurisdiction by responding to the  
12 concerns raised by the OIG in the draft report through  
13 a written response and seeking an administrative  
14 hearing on this matter today. Contrary to Dr.  
15 Khaldun's assertion, the draft was -- the draft report  
16 was mailed to her on or about September 9, 2019.

17 Mr. Lawther was also provided a courtesy  
18 copy of the draft report at his last known address.  
19 However, unlike Dr. Khaldun, he did not respond to our  
20 draft report and he did not subject himself to our  
21 jurisdiction.

22 Lastly, with human -- with respect to the  
23 OIG's draft report concerning Human Resources

1 Department, Dr. Khaldun should know that we will be  
2 correcting the following as they pertain to the City  
3 of Detroit Human Resources Department in this matter.

4 One, contrary to our initial finding, the  
5 CIO position was an appointed position. And we have  
6 written verification from the Human Resources  
7 Department that the CIO position was not an appointed  
8 position.

9 Two, contrary to our initial draft finding,  
10 it would have been impossible for the HR to know which  
11 candidate had the highest score at the end of the  
12 interviews. That's what we stated in our draft  
13 report. However, we have additional evidence provided  
14 by HR personnel after we issued the draft report that  
15 the HR personnel would be able to determine at the end  
16 of the interviews which interviewee would have had the  
17 highest score. As such, the OIG will be making those  
18 corrections in our final report.

19 Pursuant to Rule 3 of the OIG's  
20 administrative hearing rules, the purpose of this  
21 hearing is then to permit Dr. Khaldun with an  
22 opportunity to present testimony, and any supporting  
23 information, in response to the OIG's draft report

1 findings as stated August 29th, 2019.

2 So I'd like to remind everyone in this room  
3 that this is not an adversarial proceeding and as  
4 such, will be heard in matter pursuant to the OIG  
5 administrative hearing rules; a copy of which was  
6 provided to Dr. Khaldun prior to today's hearing.

7 This hearing is not for the Office of  
8 Inspector General to present its evidence or  
9 witnesses. The purpose of this hearing is solely for  
10 Dr. Khaldun to provide the OIG with any testimony or  
11 evidence which would show that the OIG's findings, as  
12 outlined in the draft report against Dr. Khaldun, is  
13 inaccurate or incorrect.

14 Upon completion of the administrative  
15 hearing, unless we require additional information from  
16 Dr. Khaldun and after the administrative hearing of  
17 Ms. Djelaj, we will conclude the investigation by  
18 closing the record pertaining to Dr. Khaldun and Ms.  
19 Djelaj on this matter.

20 Thereafter, in accordance with the  
21 administrative hearing rules, the OIG will revise its  
22 statements pertaining to the HR department. And the  
23 OIG may attend or supplement its draft report.

1 Otherwise, we will simply supplement our original  
2 draft report with a copy of Dr. Khaldun, Ms. Djelaj  
3 and the City of Detroit Human Resources Department's  
4 written responses and a copy of the administrative  
5 hearing transcripts for Dr. Khaldun and Ms. Djelaj, at  
6 which time our report will be made final and  
7 published.

8 So may I have appearances on everyone in  
9 the room.

10 MS. BENTLEY: Jennifer Bentley, attorney  
11 for the Office of Inspector General.

12 MS. MURRAY: Beverly Murray, for -- the  
13 auditor for the Office of Inspector General.

14 MS. HA: Ellen Ha, Inspector General.

15 MS. INGERSOLL: Jean Ingersoll.

16 MR. KONCIUS: Mike Koncius, attorney for  
17 Dr. Khaldun.

18 DR. KHALDUN: Doctor Khaldun.

19 MS. HA: Thank you. So, counsel, you  
20 should understand that you can -- we will not be  
21 objecting to any hearsay testimonies because the rules  
22 of evidence do not apply here.

23 MR. KONCIUS: I appreciate it.

1 MS. HA: So you can ask leading questions,  
2 if you wish, although --

3 MR. KONCIUS: Thank you.

4 MS. HA: -- we'd prefer that you wouldn't.

5 MR. KONCIUS: Understood.

6 For a point of clarification, you had said  
7 that the draft report is going to be corrected to  
8 indicate that you now know the position for CIO was  
9 not an appointed position, correct?

10 MS. HA: Yes.

11 MR. KONCIUS: All right. And the other one  
12 was that you now know that it is possible to determine  
13 the scoring --

14 MS. HA: Yes.

15 MR. KONCIUS: -- at the time --

16 MS. HA: Of the hearing.

17 MR. KONCIUS: -- of the conclusion.

18 MS. HA: Right. I mean not the hearing,  
19 the interviews.

20 MR. KONCIUS: Interviews.

21 MS. HA: Yes.

22 MR. KONCIUS: So with that, I know some of  
23 the conclusions in this draft report were based



1 specifically on those facts that are wrong.

2 MS. HA: Yes.

3 MR. KONCIUS: So are you changing the  
4 findings of the draft --

5 MS. HA: Yes.

6 MR. KONCIUS: -- report --

7 MS. HA: Yes.

8 MR. KONCIUS: -- based on those?

9 MS. HA: Yes. So based on --

10 MR. KONCIUS: Do we know what those are  
11 today so that we can address the findings that are  
12 going to be --

13 MS. HA: For the HR department?

14 MR. KONCIUS: Well, as -- I mean I think  
15 those relate in part to what's at issue here with Dr.  
16 Khaldun.

17 MS. HA: So, Beverly, do you want to --

18 MS. MURRAY: So those particular issues  
19 will be corrected. I think that what we're still  
20 attempting to address with the hearing is the process  
21 by which this CIO position was created and the, the  
22 finding that it was created specifically for Ms.  
23 Djelaj, and that there was never any intent to hire

1 anybody else but.

2 So these are the, the other findings that  
3 we still need to address before we can say that  
4 there's going to be any other type of change, other  
5 than the ones that we've stated from HR.

6 MS. HA: And based on any new evidence or  
7 additional information provided here at the  
8 administrative hearing for Dr. Khaldun, we may reverse  
9 our findings or amend our findings.

10 MR. KONCIUS: No, I understand that. I was  
11 just --

12 MS. HA: That's what this whole hearing is  
13 for.

14 MR. KONCIUS: Oh, certainly. No, no, I  
15 understand that. But knowing that those two pieces of  
16 evidence have been found to be false, as they were  
17 initially in the report, --

18 MS. HA: Yes.

19 MR. KONCIUS: -- and those were -- I mean  
20 part of the, part of the findings with regard to Dr.  
21 Khaldun stating about we, therefore, conclude the  
22 candidates selection for the health department's CIO  
23 was not based on the highest score received, as it had

1 not been completed at the time.

2 MS. HA: Right, that portion will be struck  
3 out.

4 MR. KONCIUS: Okay. And then she further  
5 stated there was no obligation to select the person  
6 with the highest score since it was an appointed  
7 position, so that too will be stricken?

8 MS. HA: Yes.

9 MR. KONCIUS: It goes on in that paragraph  
10 to say this further supports the OIG's position that  
11 the interviews were nothing more than a ruse to place  
12 Ms. Djelaj in the position Dr. Khaldun wanted her to  
13 have all along. And the interview process was a sham  
14 to create an illusion of fairness. And I think it's  
15 this that went to findings with regard to Dr. Khaldun  
16 that we are here today to talk about.

17 So I was asking with those being reversed,  
18 have the findings as they relate to Dr. Khaldun been  
19 changed as we sit here today, or should they be  
20 changed before we further provide information? I mean  
21 if we're going to --

22 MS. HA: If -- so the information that  
23 evidence pertaining to the HR department will be

1 changed, but the hearing will be about Dr. Khaldun's  
2 actions with HR such as the -- what page were you on?

3 MR. KONCIUS: I was looking at page four,  
4 the first full paragraph.

5 MS. HA: That will be up to what comes out  
6 during today's hearing.

7 MR. KONCIUS: Okay. So as we sit here  
8 right now, no findings have been changed except for --

9 MS. HA: With respect to Dr. Khaldun.

10 MR. KONCIUS: -- the facts, okay.

11 MS. HA: Yes.

12 MR. KONCIUS: Had there been findings  
13 changed with respect to --

14 MS. HA: Ms. Djelaj?

15 MR. KONCIUS: -- Ms. Djelaj or the Human  
16 Resources Department?

17 MS. HA: Well, Human Resources Department,  
18 we've already stated on the record what factual  
19 changes we were making on the final report.

20 MR. KONCIUS: No, understood. But I'm  
21 saying with regard to conclusions, because the facts  
22 lead to the conclusions in the report, correct?

23 MS. HA: Yes.

1 MR. KONCIUS: All right. And so I'm saying  
2 with regard to now knowing the two facts that were  
3 provided for support for what is called OIG's  
4 position, that the interviews were nothing more than a  
5 ruse and that interview process was a sham, so my  
6 question is more not towards the facts. I understand  
7 that those are being changed. But as you have those  
8 new facts while we sit here today, have the  
9 conclusions been changed?

10 MS. HA: No.

11 MR. KONCIUS: Okay, all right.

12 MS. HA: That would be depend on today's  
13 hearing and also Ms. Djelaj's testimony.

14 MR. KONCIUS: Okay.

15 MS. HA: Yeah. So I just want everybody to  
16 have a clear understanding of what we will be doing in  
17 the final report.

18 So the whole purpose of today's hearing is  
19 just for Dr. Khaldun and the actions that she did or  
20 did not take with respect to appointing or hiring Ms.  
21 Djelaj as the CIO for the health department. The  
22 Human Resources Department cannot speak for Dr.  
23 Khaldun's actions, nor her e-mails.

1 MR. KONCIUS: I understand that, but it  
2 seems that their actions and these statements were  
3 taken into consideration with regard to the findings  
4 related to Dr. Khaldun.

5 MS. BENTLEY: Yeah, so I think that those  
6 weren't the only statements that were taken into  
7 consideration. I think what the IG was saying is that  
8 there are other things such as statements and e-mails  
9 that are also being considered --

10 MR. KONCIUS: Sure.

11 MS. BENTLEY: -- when coming up with our  
12 recommendation. So clearly, you know, we'll remove  
13 the information that needs to be corrected. And then  
14 based on what comes out today there might be  
15 additional things that need to be changed. But it's  
16 premature for us to say that any of the findings are  
17 going to be changed because they're not based just  
18 solely on those two corrections being made, it's the  
19 totality of the evidence.

20 MR. KONCIUS: Oh, no, I understand. But  
21 those are two big --

22 MS. BENTLEY: Right, yes, I agree --

23 MR. KONCIUS: -- entire pieces.

1 MS. BENTLEY: -- but that's not the only  
2 thing that was relied upon in making that  
3 determination. So that's just what we're looking for  
4 clarification on today.

5 MR. KONCIUS: I understand, I understand.  
6 I just didn't know if -- because of the weight given  
7 to those two pieces if there had been a change. I  
8 just wanted to make sure we're all on the same page --

9 MS. HA: Right.

10 MR. KONCIUS: -- with where we are today.  
11 And if we were, you know, not going to need to talk  
12 about something, we could skip a, --

13 MS. HA: Oh, yes.

14 MR. KONCIUS: -- skip a piece of the  
15 process. All right, so shall we start?

16 MS. HA: Sure.

17 MR. KONCIUS: Excellent. I think to, if it  
18 pleases everyone here, instead of burning some  
19 questions and answers, Dr. Khaldun's prepared a  
20 written statement to proceed.

21 MS. HA: Okay.

22 MR. KONCIUS: I'd like to ask her to read  
23 that. If there's some follow-up questions, I'm hoping

1 that they will be minimal from me, it will be turned  
2 over to you if I don't have any, --

3 MS. HA: Okay.

4 MR. KONCIUS: -- or very few. And we'll go  
5 from there if that's good. We're trying to streamline  
6 this for everyone.

7 MS. HA: Yes.

8 MR. KONCIUS: Okay.

9 MS. HA: We'd appreciate it.

10 MR. KONCIUS: I appreciate that.

11 MS. BENTLEY: It's your hearing so however  
12 you want to proceed is entirely up to you.

13 DR. KHALDUN: All right. So thank you for  
14 the opportunity to provide testimony today.

15 When I was asked by -- excuse me, just a  
16 moment, sorry.

17 MS. BENTLEY: If you need a break at any  
18 time, --

19 DR. KHALDUN: No, it's okay. I can do  
20 this.

21 MS. BENTLEY: -- just let us know, we can  
22 go off the record.

23 DR. KHALDUN: I'm proud of my work and I



1 will do it.

2 MS. BENTLEY: If you can hold on just a  
3 moment.

4 (WHEREUPON a short pause was  
5 had in the proceedings.)

6 DR. KHALDUN: Thank you. I take my job  
7 very seriously and I do take my integrity very  
8 seriously and any questions about it. So thank you  
9 for the opportunity to provide testimony today.

10 When I was asked by Mayor Mike Duggan to be  
11 the Health Director for the city, it was truly an  
12 honor and my life's dream to be able to utilize my  
13 skills and expertise and work collaboratively with the  
14 people of the city to improve the health of a place  
15 where generations of my family lived, and also  
16 struggled with significant health problems was a dream  
17 come true.

18 I love the job and found the people in the  
19 department quite passionate and committed to service.  
20 However, what I found soon after taking the helms of  
21 the department was that in the mix of the city's  
22 bankruptcy and the essentially gutting and  
23 privatization of the health department, what was also

1 left was inadequate infrastructure, processes or skill  
2 set to be able to sufficiently respond to the public  
3 health and management needs that the city deserves.

4 I have experience working in the Obama  
5 administration on implementation of health care  
6 reform; as the Chief Medical Officer of the Baltimore  
7 City Health Department, a nationally recognized  
8 department that in 2018 received the National  
9 Association of City and County Health Officials local  
10 Health Department of the Year Award.

11 I've worked with the Surgeon General and  
12 U.S. Assistant Secretaries on health initiatives, and  
13 I have taught and lectured on public health in  
14 prestigious universities across the country. And I  
15 truly felt that it was my mission and mandate to bring  
16 my nationally known expertise into this department,  
17 and to appropriately serve the people of Detroit with  
18 my breadth and depth of skills.

19 Unfortunately what I found when I started  
20 my job was very concerning. We were subject to  
21 inquiries and audit findings from state, federal and  
22 private funders about our management of funds and  
23 execution of grants. When I asked for specific

1 policies and protocols regarding operations of the  
2 department from managers, they were lacking. And I  
3 found that some individuals in management positions  
4 lacked the skills or experience to effectively manage  
5 budgets and people.

6 I have the utmost respect for the people of  
7 the Detroit Health Department and the commitment, hard  
8 work and passion I saw exhibited in my time there.  
9 However, as a responsible leader, I felt that  
10 additional skills and training were needed to assure  
11 the department's success.

12 I took on this job as the Health Department  
13 Director knowing that the most important thing I had  
14 to do was address this infrastructure and to hire and  
15 train an appropriate management team. People in the  
16 department also know that my management style was one  
17 of accountability and professional, direct and timely  
18 feedback to employees either positive or negative.

19 You will find that many people in the  
20 department, including managers, had limited experience  
21 receiving constructive feedback about areas where they  
22 needed to improve. Some were taken aback and I am  
23 sure angered, when I came into my role and implemented

1 new accountabilities and tried to put in place  
2 policies that made sure that we were managing fiscal  
3 and operational soundness.

4 I thought there was urgency in  
5 restructuring the departments, training and hiring  
6 staff with the appropriate competencies and putting in  
7 place accountabilities and structure. Things that I  
8 know from working in a world-class local health  
9 department in Baltimore, but that were dangerously  
10 absent in the Detroit Health Department.

11 I did what I think any competent leader  
12 would do when given the monstrous task of leading a  
13 struggling department, which is turn to and task your  
14 strongest people with your most important projects.  
15 Valentina was one of the handful of people in the  
16 department I felt I could count on to provide  
17 reliable, high quality and acceptable work.

18 Examples of this include when she  
19 volunteered to stand up a Hepatitis A Clinic within 24  
20 hours and I had to -- when I had to quickly respond to  
21 the beginnings of the largest Hepatitis A outbreak in  
22 modern history, and I found that the staff that was  
23 currently at the department were unable to

1 operationalize that clinic to protect Detroit's  
2 residents.

3 She also created from scratch the city's  
4 iDecide Reproductive Health Network stepping in -- and  
5 also stepped into address grant management challenges,  
6 including the local Maternal Child Health Budget when  
7 other managers failed to, causing us to risk continued  
8 funding for critical services in the city. And she  
9 also volunteered to step in to assist with day-to-day  
10 Animal Control operations when we had no Animal  
11 Control Director, and struggled just to get the phones  
12 answered and trucks out on the road.

13 I suspect that the true reason for this  
14 anonymous complaint against me is that I held firm in  
15 my beliefs that the people of Detroit deserve  
16 excellence and accountability from their health  
17 department. And I held firm to that belief, in spite  
18 of the unfortunate consequence of having to disappoint  
19 and sometimes anger, staff who were not quite meeting  
20 those expectations.

21 I'd like to turn now and offer more  
22 explanation for the allegations made in your draft  
23 report. Of note, as I mentioned in my response dated

1 September 17th, I was not informed of these  
2 allegations, nor was I contacted to be interviewed as  
3 part of the OIG investigation, even though I am the  
4 subject of its allegations. And it appears that I was  
5 actually still employed by the health department for  
6 four to five months after this complaint was received.

7           When the draft report was finalized, it was  
8 not sent to me the way it purported to make findings  
9 related to actions I took while employed by the City  
10 of Detroit. And the report was only sent to me by the  
11 OIG after the initial report was completed, and  
12 another Detroit Health Department employee inquired to  
13 the OIG about their investigation practices.

14           When I asked about getting access to  
15 documents and e-mails that the OIG used for support of  
16 its findings in this investigation, I was denied. As  
17 I am not a current city employee and have not been  
18 since April of 2019, I do not have access to the  
19 e-mails and files that would allow me to properly  
20 respond to this investigation in the timeline that you  
21 have required. The following represents my limited  
22 ability to respond to your allegations based on what  
23 access I have.

1           On page two in your discussion section you  
2 note that Ms. Djelaj prepared a memorandum to SEMHA  
3 for a title change to Chief Integration Officer, along  
4 with a position description and detail a series of  
5 e-mails where myself and Ms. Djelaj tried to finalize  
6 that position. This action did not violate any  
7 protocols. And it needs to be understood that this  
8 relates to hiring through SEMHA.

9           I'm submitting as evidence an e-mail  
10 exchange, I only have one copy, but here's an e-mail  
11 exchange between --

12           MS. HA: Can we just have it entered as an  
13 exhibit?

14           DR. KHALDUN: Oh, okay. Between my --

15           MR. KONCIUS: Hold on one second.

16           DR. KHALDUN: Oh, I'm sorry.

17           MR. KONCIUS: Can you mark that as Exhibit  
18 1.

19                           (WHEREUPON Exhibit No. 1  
20 was marked for identification  
21 by the reporter.)

22           MS. BENTLEY: Are you going to -- so these  
23 exhibits will be attached to the final report. Did

1 you need a copy before you leave today of what  
2 you're --

3 DR. KHALDUN: No, I don't, thank you.

4 MS. HA: Do you have a copy, counsel?

5 MR. KONCIUS: I don't. Oh, you know what,  
6 let me see.

7 MS. BENTLEY: I'll just make a quick copy.

8 MR. KONCIUS: Yeah, that might be best.

9 (WHEREUPON a short pause was  
10 had in the proceedings.)

11 DR. KHALDUN: All right, so I'm submitting  
12 as evidence an e-mail exchange between myself and  
13 former Health Department Director, Abdul El-Sayed,  
14 started -- dated, sorry, July 28th, 2016 where I  
15 proactively inquired about what the proper hiring  
16 processes were for the city and SEMHA and the desire  
17 to follow them.

18 I was then told by the person in charge of  
19 the hiring process, Kara Watson, that the position is  
20 through SEMHA and, therefore, the selection is totally  
21 up to you. And those are her words. This ability to  
22 hire --

23 MR. KONCIUS: If you want to, you can point



1 it out on the document.

2 DR. KHALDUN: Oh.

3 MR. KONCIUS: You don't have one in front  
4 of you, I'm sorry.

5 DR. KHALDUN: This ability to hire freely  
6 through SEMHA, including promoting of staff and  
7 increasing salaries as much as it is available through  
8 our budget, was the general practice when I started at  
9 the health department for SEMHA employees, and to my  
10 knowledge violated no hiring protocols.

11 As noted above, moving on, as I mention in  
12 my response to your initial draft, that response dated  
13 I believe it was September 17th, I inquired about  
14 proper hiring practices and was told that for SEMHA  
15 employees we were able to select and appoint the  
16 people we choose.

17 Valentina, while she was a SEMHA employee,  
18 was transitioned to operating as the Chief Integration  
19 Officer because I thought I was able to do that  
20 without posting the position through SEMHA, because I  
21 understood that this is how it was done after  
22 inquiring, as noted above.

23 The e-mails that you provided indicate --

1 the snippets of the e-mails that you provided,  
2 indicate that when my Deputy Director, who was tasked  
3 with overseeing the minutia detail of Human Resources  
4 efforts at the department, told me that we had to go  
5 in a different direction, I told Ms. Djelaj that we  
6 had to transition the position, not the person, to a  
7 City of Detroit position.

8 I do think it was appropriate to tell  
9 someone who previously thought they would have a  
10 certain position, again being fully transparent and  
11 following SEMHA hiring procedures, that we were no  
12 longer able to do so.

13 You will note in the evidence I submit  
14 today from a memo that Tim Lawther sent to me on  
15 January 24th of 2018, it's in the packet, that part of  
16 his task -- oh, sorry, every time I do it I have to  
17 stop?

18 MS. BENTLEY: Yes, because if you want to  
19 mark it as evidence -- or mark it as an exhibit. So  
20 let me go see if that packet is done, just because I  
21 want to make sure everything is in order and we don't  
22 end up missing anything at the end.

23 DR. KHALDUN: Okay.

1 (WHEREUPON a short pause was  
2 had in the proceedings.)  
3 (WHEREUPON Exhibit No. 2  
4 was marked for identification  
5 by the reporter.)

6 DR. KHALDUN: So you will note in the  
7 evidence I submit today from a memo that Tim Lawther  
8 sent to me on January 25th of 2018, that part of his  
9 task was to hire SEMHA in new positions into the City  
10 of Detroit. As you will also note on page three in  
11 this memo, part of his strategy was to communicate  
12 these new positions were available in the city.

13 You will note in the memos, that I'll be  
14 submitting as evidence today and this memo, that my  
15 Deputy Director had an intended plan and timeline for  
16 transitioning SEMHA positions, not people, to the  
17 city, awaiting approval from HR for requisitions, and  
18 then planning to appropriately interview those  
19 positions starting with priority positions.

20 And if you look at page three, you can see  
21 there's -- in this -- let me see here -- key updates,  
22 hire environmental health and food service staff into  
23 the city, hire SEMHA new positions into the City of

1 Detroit, ensure all PDs, position descriptions, have  
2 been updated to include appropriate content,  
3 competencies, emergency preparedness and language  
4 preference information.

5           You can see where he has later updates on  
6 the recruitment, salary studies that we requested of  
7 HR, and posting priority positions within the City of  
8 Detroit.

9           I would like to also say on the record for  
10 these memos, because of time I will not read  
11 everything, but I would request that you read through  
12 these with an objective lens to see what we were  
13 trying to do with -- relates to management of the  
14 department.

15           All right, there is nowhere in these memos  
16 where we indicate any intention of following anything  
17 except our understanding of HR guidance and process.  
18 I can attest that I frequently told my senior  
19 leadership team, including Deputy Director Tim  
20 Lawther, that I intended to follow appropriate  
21 protocols when it relates to hiring. Thus why,  
22 probably to their dismay, they had to send me memos on  
23 what they were doing every two weeks.



1 to me in his memos dated January 28th of 2018, March  
2 8th of 2018, May 31st, June 14th and August 9th of  
3 2018.

4 I also wanted to take note in the memo on  
5 March 8th of 2018, one, two, three, four, on page four  
6 you will find that you can see where Tim said that the  
7 plan was to interview and select Director of  
8 Operations and to schedule interviews for CDPP, that  
9 was Chronic Disease Prevention something, but various  
10 positions including the Chief Integration Officer  
11 through the City of Detroit.

12 So back to the Detroit Health Department.  
13 I felt such a deficiency in our policies and processes  
14 at the department that I recruited, through the HR  
15 process, and hired an additional staff person, Jean  
16 Ingersoll, who functioned as the Detroit Health  
17 Department Director of Policy. And I tasked with  
18 identifying and driving internal policy development  
19 and implementation in the department, including trying  
20 to assist with HR processes.

21 I am certain that if you ask Denise Starr,  
22 Human Resources Director, about my interactions with  
23 her during my tenure as Health Department Director,

1 she would say that I was frequently frustrated with  
2 her staff, and that I called her incessantly to ask  
3 for guidance and feedback. And that I specifically  
4 asked to have more professional and qualified  
5 employees support my health department.

6 I suspect that my vocal frustrations with  
7 the HR, Human Resources staff, were well known to  
8 those employees based on their demeanor I recognized  
9 often after I began voicing my frustrations with  
10 Denise Starr.

11 I also disagree with the assumption, the  
12 many assumptions that were in the report, that I  
13 intended to hire Zaundra Wimberley or Valentina Djelaj  
14 in the City of Detroit simply because I said, in the  
15 e-mail that you quoted, that we would wait for the  
16 city process to complete.

17 You can see in the memos I was trying to go  
18 through the city process. I had to work -- I'm sorry,  
19 what the e-mails indicate is that I was desperately  
20 trying to build my team, get the critical work of the  
21 department done and hire people. I had to work within  
22 the crumbling infrastructure and with the people I  
23 currently had while also starting the city process.

1 Ms. Djelaj was responsible for helping me  
2 draft a new organizational chart, which she did. My  
3 understanding was that she was allowed to, through the  
4 SEMHA process, have a position of Chief Integration  
5 Officer through SEMHA without posting it. The plan  
6 was to move the Chief Integration Officer through  
7 SEMHA -- I'm sorry, to a City of Detroit position. So  
8 the plan was to move the Chief Integration Officer  
9 position to a City of Detroit position, as the  
10 multiple communications and memos from Tim Lawther  
11 show, and to go through the competitive application  
12 process.

13 I already said that. I already said that.  
14 Moving on, noting that there was an e-mail signature  
15 being used by Ms. Djelaj implies at worst that more  
16 care should have been taken when it was recognized  
17 that the position would not be allowed through SEMHA,  
18 and she should not have used that signature line so as  
19 not to create confusion.

20 If there was really some secret corruption  
21 scheme, as your draft implies, it seems to me that we  
22 would not have been so bold as to put something in a  
23 signature line of an e-mail. And I would not have



1 introduced her to people as such, which your e-mails  
2 imply. It was customary for people to change their  
3 e-mail signature titles in the department for their  
4 functional roles, and we did that frequently, which  
5 Valentina also did and she was allowed, to under SEMHA  
6 protocol as I understood it at that time.

7           There are no actual words in the e-mails  
8 that you quote in your draft report that state that I  
9 did not want to follow the competitive process. In  
10 fact, the e-mails you reference, and the memos and  
11 e-mail documents I am providing today, indicate that I  
12 did in fact intend to follow the process. I  
13 frequently reached out for guidance to allow me to be  
14 able to do that and involved the Human Resources  
15 Department at every step.

16           I do not understand the allegation that  
17 involving the Human Resources Department at every step  
18 was a bad thing. Are you saying that I should not  
19 have constantly reached out to and included Human  
20 Resources when I was hiring people? And am I to be  
21 blamed for being misguided by Human Resources staff or  
22 for them not following their own protocols?

23           I'm concerned that your allegations will

1 inherently punish people for being initial employees  
2 of SEMHA, and thus already having established  
3 relationships in the department, and then being  
4 successful when they are in fact the most qualified  
5 candidates for the job within the city.

6 I do suspect that if you did a thorough  
7 investigation of hiring practices through SEMHA, you  
8 will find that there were many people who were  
9 previously employed through SEMHA that later became  
10 city employees. I can name Esperanza Cantu -- I'm  
11 doing this from memory because I don't work there  
12 anymore. But I remember Esperanza Cantu, David  
13 Bowser, Lauren Fink and several of the environmental  
14 health employees as as examples where that occurred.

15 You will find evidence of these hires in  
16 the memos from Tim Lawther to myself that I provided  
17 as evidence today. For the people who I just spoke  
18 about, I actually was not involved in those interview  
19 panels. I also do not have access to hiring documents  
20 or e-mails. But I do suggest that if you want to get  
21 a thorough and accurate picture of hiring processes  
22 through SEMHA, which seems appropriate for your  
23 investigation, that you look into those hires as well.

1           And let me also not underscore the  
2 importance of the Chief Integration Officer in my  
3 efforts to build the Detroit Health Department.

4 Unfortunately, as you may be well aware, the  
5 department has been fraught with severe turnover of  
6 leadership, and was essentially completely gutted and  
7 privatized with the City's bankruptcy.

8           I found that there were severe silos in the  
9 department and a need to focus more on integrating  
10 programs; not just to find departmental efficiencies,  
11 but to make it seamless for Detroit residents to  
12 experience our services.

13           The department held a grant called Ready to  
14 Learn from The Kresge Foundation, and that grant  
15 actually sought to integrate care delivery for the  
16 department's child center programs. And we had  
17 started making strides to integrate the various  
18 programs.

19           The Chief Integration Officer was a  
20 critical position that I thought was necessary for the  
21 department. I did not create the position for a  
22 particular person, but in fact because I thought it  
23 was needed.

1 I also think, for the record, that the OIG  
2 staff in misinterpreted the understanding of SEMHA  
3 employment when describing the legal opinion of  
4 SEMHA -- from SEMHA. All SEMHA employees report to  
5 City of Detroit leadership, if you go high up enough  
6 in the organizational chart.

7 In fact if you look at the entire health  
8 department organizational chart, you will find the  
9 fact is that SEMHA employees have to report to City of  
10 Detroit employees, but City of Detroit employees  
11 actually cannot report to SEMHA employees.

12 At the bottom of page three of your draft  
13 report, you note that Tamara Tarrance followed up an  
14 e-mail with me on March 22nd, the day after the  
15 interviews were held for the Chief Integration  
16 Officer. In that e-mail Tamara asked me what salary  
17 we were requesting for Valentina Djelaj.

18 It's important to note that I conducted an  
19 estimated dozens of interviews through the City of  
20 Detroit hiring process during my tenure there. It was  
21 common practice at the completion of all the  
22 interviews for the interview panel to verbally discuss  
23 the candidates in person and determine at that time

1 who the strongest candidate was. This was decided at  
2 the ended of the interview panel for the Chief  
3 Integration Officer, as was customary for several  
4 other interviews that were conducted during my tenure  
5 in the city. That's the reason why Tamara sent me the  
6 e-mail the following day inquiring about salary.

7           Again, while I'm not a current City of  
8 Detroit employee and was refused access to the data  
9 and e-mails that the OIG used in their investigation,  
10 I would expect that you would find several e-mails  
11 from Tamara Tarrance regarding interviews for other  
12 positions in the city where she inquired about salary  
13 and timing of hires. I think it is inappropriate to  
14 take this e-mail out of context when it was common  
15 practice for the department.

16           I also have severe concerns about your  
17 interview with Tamara Tarrance and her lack of  
18 professional conduct in general. During City of  
19 Detroit interviews it was always expected that people  
20 on the interview panel would give their interview  
21 packets to Tamara. I do not know why Tamara would not  
22 complete her scoring in a timely manner. I also am  
23 not clear on what the OIG would state that proves

1 wrongdoing on my part and not Tamara HR's part.

2 I'm also concerned that Tamara made a false  
3 statement by indicating that the Chief Integration  
4 Officer was an appointed position. I know it wasn't a  
5 -- not an appointed position and Tamara should have  
6 known that as well. I believe she told you it was an  
7 appointed position to try to cover up her  
8 shortcomings.

9 I was told by Tamara from the beginning of  
10 my tenure at the health department that the top scorer  
11 on an interview did not necessarily have to be hired  
12 during the process. I find it incredibly concerning  
13 that it seems that Tamara made false statements during  
14 her interview with the OIG, particularly when it  
15 became clear that she was not following appropriate  
16 protocol.

17 I do not understand how me involving Tamara  
18 every step of the interview process equates to a ruse,  
19 as the author of your draft report states. If  
20 anything, the interview of Tamara shows that she did  
21 not follow appropriate protocol due to her own  
22 misbehavior. And I had nothing to do with that.

23 I am simply not understanding why me

1 involving Human Resources for all of these steps is  
2 any evidence of wrongdoing. I already mentioned my  
3 concerns about the OIG interview with Christina Hall  
4 in my draft response dated September 17th of this  
5 year. I outlined the history of her tenure with the  
6 health department and challenges with performance in  
7 my original response to your draft report.

8 I want to reiterate that I recall being  
9 present for her entire interview. I recall her  
10 responses being insufficient to indicate that she had  
11 the interpersonal skills or independent thinking  
12 needed to be successful in the role.

13 I also want to reiterate that Tim Lawther,  
14 her direct supervisor, frequently spoke of her  
15 shortcomings when I inquired about why quality  
16 improvement work in the department was not  
17 sufficiently progressing. This is also evidenced in  
18 the series of manager update memos that I've shared  
19 with you today as evidence, which speak to Mr. Lawther  
20 updating me on memo after memo over a series of months  
21 that he was trying to work with Christina on the same  
22 quality improvement project with little to no  
23 progress.

1 I also believe that Christina completely  
2 misinterpreted my statements that I made when I met  
3 with her shortly after the interviews were completed  
4 for the Chief Integration Officer. My only fault in  
5 that discussion is that I tried to mentor someone who  
6 was not interested in being in my mentorship; and that  
7 I did not ask another employee or staff to join that  
8 meeting. Quite frankly, because I did not want to  
9 embarrass her by giving feedback in front of other  
10 employees.

11 I frequently mentored junior doctors and  
12 other staff, public health students. And I give  
13 lectures on leadership and professional development.  
14 In fact, I founded a leadership development program  
15 when I was at the University of Maryland because I  
16 truly enjoy mentoring people, and I think it is an  
17 important part of a leader's responsibilities.

18 When I do mentor people, I frequently talk  
19 to them about not simply seeking job titles and  
20 promotions, but finding something they are passionate  
21 and good at and trying to excel at it. And I do that  
22 -- I do think that is a path to career advancement,  
23 and I particularly say that when people look at my



1 career and see me as a mentor and ask me how I got to  
2 where I am. It's because I do work that I'm  
3 passionate about. And I've been asked to work for  
4 people because of my work.

5 I am submitting as proof of that philosophy  
6 a written record of a national speech I gave in  
7 October of 2018 at the Females in Emergency Medicine  
8 Conference in New York City. That's Exhibit --

9 MR. KONCIUS: It's Exhibit 7.

10 DR. KHALDUN: Exhibit 7, entitled Work Like  
11 There Is No Tomorrow. This speech can also be viewed  
12 on a YouTube video entitled FIX 18 Lecture Series, Dr.  
13 Joneigh Khaldun. It proves that I do talk frequently  
14 about following passion and not solely seeking job  
15 titles. Something that I am sure I also told  
16 Christina Hall in that -- in our meeting.

17 The comments made by Christina Hall in your  
18 draft report indicate that she recognized that as a  
19 leader I was trying to bring accountability and  
20 structure to the department, which I've already told  
21 you was my number one goal when I was there. I  
22 suppose that is the reference to tentacles that she  
23 made when she talked about me.

1 I believe her disappointment in not being  
2 promoted to the Chief Integration Officer, as well as  
3 her consistent negative feedback about her proficiency  
4 in the job she was in at the time, caused her to  
5 completely misinterpret statements made during our  
6 conversation. And I do not believe that any of her  
7 very subjective remarks should be in anyway held  
8 against me regarding your report.

9 I would also like to speak to your section  
10 on page six which describes the Chief Integration  
11 Officer job specifications and posting. I clearly  
12 looked to the City of Detroit's Human Resources  
13 Department for guidance on position descriptions, and  
14 this is indicated on the memos from Tim Lawther that I  
15 submitted today.

16 You will also note in calling out the  
17 Director of Nursing, Director of Operations and Team  
18 Development and Engagement positions, if I was not  
19 able to post them, then anyone at any time in Human  
20 Resources could have informed me of this and I would  
21 have changed direction. Again, what you noted in your  
22 e-mails is that I frequently and incessantly reached  
23 out to Human Resources to ask them for guidance.

1 I think to vilify a leader for trying to  
2 find ways to build a qualified and skilled team purely  
3 for the benefit of the city's residents is a dangerous  
4 precedent to set, and will only discourage future  
5 leaders for trying to elevate and build the  
6 department.

7 I'm also confused about the reason in your  
8 report on page seven that implies that I only wanted  
9 the public health division administrative position  
10 because of a salary. As I already stated, I wanted  
11 the Chief Integration Officer to be a critical  
12 position in the department. I think that for the  
13 level of skill required for that position it should be  
14 salaried at an appropriate level.

15 It is also important to note that the City  
16 of Detroit salaries in general are not competitive.  
17 And I found it extremely challenging to recruit and  
18 retain the type of talent and skill needed to build --  
19 re-build a department that I found in such dire  
20 straits.

21 I frequently ran into people across the  
22 city, state and country that indicated they were not  
23 interested in working in City of Detroit government

1 because the salaries were not sufficient. I also  
2 attempted many times to get Human Resources -- to ask  
3 Human Resources to increase salary ranges for many  
4 positions across the department.

5 You will note that in the memo from Tim  
6 Lawther to me that's dated January 25th of 2018, that  
7 we were working on getting salary studies done as per  
8 Human Resources protocols so that we could be  
9 competitive for high quality employees. I honestly  
10 wanted to try to get the most qualified people in  
11 positions to work with Human Resources and be able to  
12 meet the expectations of our funders and appropriately  
13 serve the people of Detroit.

14 I think it's very clear from your multiple  
15 e-mails that I desperately tried to work with Human  
16 Resources at every step in the process. And I do not  
17 understand why that is being interpreted as a bad  
18 thing. If Human Resources did not appropriately  
19 follow their own protocols, I do not understand why  
20 I'm being blamed for that.

21 I hope you'll consider my testimony today,  
22 as well as the additional documents I'm sharing, by  
23 painting a more complete picture of my attempt to try

1 to build the Detroit Health Department into the  
2 organization that the city's residents deserve. Thank  
3 you.

4 MR. KONCIUS: Thank you. I've got a couple  
5 of questions and then we'll turn it over to you for  
6 questions, if that's okay.

7 Doctor Khaldun, thank you very much,  
8 appreciate it. Thank you for your time.

9 EXAMINATION

10 BY MR. KONCIUS:

11 Q Were you personal friends with Valentina Djelaj?

12 A No.

13 Q Did you go out and socialize with her?

14 A No.

15 Q With regard to the Human Resources Department and the  
16 posting of the position of CIO, was it HR who  
17 officially posted the position?

18 A Yes.

19 Q How was it posted or where was it posted?

20 A I'll be honest, I always deferred to Human Resources  
21 on how and where, I mean you can see either my Deputy  
22 or other people. At my level, even though I got  
23 engaged a lot, I would not know exactly how or the

1 website where it was posted. But I know I could not  
2 post any City of Detroit position without Human  
3 Resources.

4 Q And you didn't post the CIO position, correct?

5 A No. Or, that is correct.

6 Q Was HR given the opportunity to review and revise the  
7 CIO position?

8 A Yes, we could not do anything. My understanding is I  
9 could not post, hire, interview, offer salary to  
10 anyone in the City of Detroit unless Human Resources  
11 approved it.

12 Q And are you aware did Human Resources approve the CIO  
13 position that Ms. Djelaj filled with the City of  
14 Detroit?

15 A Yes.

16 Q And was Human Resources involved in the interview  
17 process of Ms. Djelaj and Ms. Hall?

18 A Yes.

19 Q For the interview process with Ms. Djelaj and Ms.  
20 Hall, did you score for both individuals; did you use  
21 score sheets?

22 A Yes, I do remember the score sheets. And this was --  
23 I don't recall every single detail but, yes, I did

1 score the score sheets. I did that for every  
2 interview that I did.

3 Q And during the interviews who asked the questions of  
4 the candidates?

5 A It was customary for us to have a panel and we would  
6 have questions ahead of time, and then we would go --  
7 the panelists would each take a turn asking each  
8 question.

9 Q Is that what happened with Ms. Hall?

10 A Yes.

11 Q Is that what happened with Ms. Djelaj?

12 A Yes.

13 Q How many people sat on the interview panel for Ms.  
14 Hall?

15 A I recall it was myself, Tamara Tarrance and Alexis  
16 Adams.

17 Q Was it the same people for Ms. Djelaj as well?

18 A Yes.

19 Q Were they held on the same day?

20 A Yes. Again, I'll be honest, if I can just look at my  
21 calendar. I think -- I believe they were but I  
22 honestly -- I'm not trying to be -- I just don't  
23 remember. I don't have the calendar in front of me,

1 but I think they were.

2 Q Did the individuals you identified as participating in  
3 the interviews speak about the candidates and their  
4 performance in the interviews immediately following --

5 A Yes.

6 Q -- the end of the interview?

7 A Yes.

8 Q And when you finished both interviews with Ms. Hall  
9 and Ms. Djelaj, did that group of individuals that you  
10 identified as being part of the interview process  
11 discuss the choices for candidates --

12 A Yes.

13 Q -- as a whole?

14 A Yes, we did.

15 Q Did you come away with an understanding of who the  
16 group believed to be the best fit for the job?

17 A Yes, we did.

18 Q Who was that?

19 A That was Valentina Djelaj.

20 Q Did anybody disagree with that?

21 A No one did. And I asked, as was customary when I  
22 completed interviews, asked everyone to state their  
23 own opinion on each of the candidates.



1 Q And did everybody -- what did everybody say in terms  
2 of their opinion of Ms. Djelaj and Ms. Hall?

3 A They said that Valentina Djelaj was the most qualified  
4 candidate based on her resumé and her responses to the  
5 interview questions.

6 Q When Ms. Djelaj was working for you prior to the CIO  
7 position, was one of her jobs assisting and creating  
8 job descriptions?

9 A Yes.

10 Q So that was for many job descriptions across the  
11 organization, correct?

12 A Yes. Many people wrote -- we did not have enough  
13 people, quite frankly, so many managers, even myself,  
14 we all had to chip in and write position descriptions  
15 all the time. We did not have that support from Human  
16 Resources.

17 Q Did you ask Ms. Djelaj to create the CIO position  
18 description?

19 A Yes. If I may?

20 Q Go ahead.

21 A There were also other people who were SEMHA employees  
22 who I recall, when we were restructuring, they also  
23 drafted their own position descriptions and ended up

1 being in those positions with salary increases. So  
2 that was just customarily what we did through SEMHA.  
3 When we were operating as if we were at SEMHA, that is  
4 what was customary for us to do.

5 Q What role did you play, if any, with regard to using  
6 the PHDA classification code in the CIO posting?

7 A I deferred to whatever Human Resources told me I could  
8 do. Based on the vision for the position I would,  
9 through my deputies and staff, I would ask Human  
10 Resources what would be the appropriate position and  
11 they would tell me and I would use whatever they gave  
12 me. I did not know -- I don't know how to create a  
13 new position in the department so I completely  
14 deferred to Human Resources.

15 Q So you did not choose the PHDA classification code?

16 A No. I mean I would have chosen it because they told  
17 me that's what I could do. But I didn't make that up  
18 because, I don't know -- I did whatever they told me  
19 to do.

20 Q You mentioned earlier about functional titles. Do you  
21 remember talking about that?

22 A Uh-huh.

23 MS. BENTLEY: Is that a yes?

1 A I'm sorry, I'm sorry, yes.

2 MS. BENTLEY: Thank you.

3 Q (Continuing by MR. KONCIUS): What is a functional  
4 title, as you understand it?

5 A My understanding was that you could have an official  
6 title in the City of Detroit, what do they call it, it  
7 was like a white book or something. There's like an  
8 official book of City of Detroit positions. And my  
9 understanding was you could be sitting in one of those  
10 official white book positions, but you could -- you  
11 had pretty much leeway to make up whatever functional  
12 title you wanted to and -- based on what you were  
13 doing in the department. That is what my  
14 understanding was.

15 Q So the functional title identified what, the actual  
16 job duties someone was performing?

17 A Yes. It would, it would be what someone would, again  
18 my understanding, what someone would say publicly  
19 about what their job was.

20 I'm trying to give an example. There's  
21 several in the department where people were in white  
22 book positions, even myself quite frankly, in white  
23 book positions but then what you said on your

1 signature line would be different and it would be your  
2 functional title.

3 Q And that happened with both SEMHA and city positions  
4 as you stated before; is that correct?

5 A I believe so.

6 Q I know you gave a couple of names earlier who you  
7 thought were people who fell into that. Is there  
8 anybody else you can think of who would have used a  
9 functional title?

10 A I mean there were -- when I was trying to re-build the  
11 department, I really had to, out of necessity, create  
12 a very top heavy organization because the lower level  
13 managers just did not have the skills to manage. And  
14 so in my mind the PHDA position, again based on what  
15 HR told me, was the position where I could hire such  
16 -- those level -- recruit and hire at that position.

17 So I believe, actually Jean Ingersoll's  
18 position of, I think she was PHDA. Again if I had  
19 access to e-mails, it would be much easier. I'm doing  
20 this all from memory from over a year ago. But I  
21 believe Jean Ingersoll was PHDA. I believe, what is  
22 her name, Angelic Rodriguez who functionally was the  
23 Director of Operations, I believe she was PHDA. We

1 had a Health Information Officer, I forget her name, I  
2 believe she was also PHDA.

3 These are all things that Human Resources  
4 had to approve. There's no other way to post and hire  
5 someone except through HR. So they would have  
6 approved all of those, approved the questions, been in  
7 the interview, every step of the way.

8 Q Do you know who Aimee Surma is?

9 A Yes.

10 Q And do you know what was her SEMHA title?

11 MS. HA: What was her last name?

12 MR. KONCIUS: Surma, S-U-R-M-A.

13 A She -- her SEMHA title, again this is like over a year  
14 ago, but she was our Lead Program Manager basically.

15 Q (Continuing by MR. KONCIUS): She was a -- would it  
16 sound right to you if I said she was Nurse Team Lead  
17 under SEMHA?

18 A That was her -- what she functioned as. Yeah, I --  
19 she is a nurse, she was a nurse but she did a lot more  
20 management work than nursing.

21 Q Would it -- tell me if you recognize as her functional  
22 title Program Manager, Lead Prevention and  
23 Intervention?

1 A Lead Prevention and Intervention.

2 Q Lead Prevention, excuse me.

3 A Yes.

4 Q And those -- do you understand those to be different  
5 titles?

6 A I'm sorry, the Lead Prevention and Intervention title?

7 Q Versus the Nurse Team Lead?

8 A Yes.

9 Q But it's the same person, correct?

10 A Yes.

11 Q And the functional title, that was to show what they  
12 were doing in their day-to-day; is that correct?

13 A Yes, for people -- often times people don't understand  
14 what the City of Detroit titles mean so we would have  
15 functional titles so any layperson actually could  
16 understand what you did.

17 Q Do you know who Latrice Johnson is?

18 A Yes.

19 Q And do you remember if their SEMHA title was Team  
20 Leader?

21 A I don't remember. I know she oversaw our Vision and  
22 Hearing Program.

23 Q And would that have been a functional title that you

1 would recall her having?

2 A Yes. If she introduced herself, she'd say, you know,  
3 Vision and Hearing Program Leader, something like  
4 that.

5 Q How about members of the City of Detroit Health  
6 Department, do you know Kanzoni Asabigi?

7 A Yes.

8 Q And do you know what title they use in the City of  
9 Detroit Health Department?

10 A I believe he was Senior Public Health Advisor but I  
11 think he was in the PHDA role too. As the official  
12 title I think was, again because HR said we could do  
13 it, I think he was Public Health Division  
14 Administrator as well.

15 MS. BENTLEY: Will you spell that name, for  
16 the record, please.

17 MR. KONCIUS: As I understand it, it is  
18 K-A-N-Z-O-N-I first name; last name is A as in apple,  
19 S-A-B-I-G-I.

20 Q (Continuing by MR. KONCIUS): How about Yolanda-Hill  
21 Ashford? Theres a hyphen after that.

22 A Yes.

23 Q Is that a City of Detroit Health Department staff?

1 A Yes.

2 Q Do you know what their functional title was?

3 A She was somehow like Family and Community Health  
4 Manager. I believe her function probably changed a  
5 few times because I found severe deficiencies in her  
6 ability to manage some of our grants well, including  
7 the local Maternal Child Health Grant.

8 Q How about Shirley Gray?

9 A Yes.

10 Q Do you know is that a City of Detroit staff member?

11 A Yes.

12 Q Do you know what her functional title was?

13 A She was the SisterFriends manager.

14 Q Do you know what the official title that she would  
15 carry would be?

16 A She probably would have been a -- was she a project  
17 leader. No, she was -- I think she was PHDA, Public  
18 Health Division Administrator as well.

19 Q And how about Adaora Ezike?

20 A Yes.

21 Q And Adaora is A-D-O -- excuse me, A-D-A-O-R-A, and  
22 last name is E-Z-I-K-E. And you recognize that name?

23 A Yes.



1 Q Is that a City of Detroit employee?

2 A Yes.

3 Q And do you know what their functional title would be?

4 A I know she worked on -- she was Special Projects  
5 Leader. I really don't remember.

6 Q That's fine. But where would the official titles be  
7 noted for individuals who worked for the health  
8 department, either City of Detroit or for SEMHA?

9 A Where would the official titles, they would --

10 Q Where would they be listed?

11 A More likely like in official Human Resources  
12 documents. I think they had subclasses. Again, I  
13 defer to Human Resources for all of this but I think  
14 they had -- you could have the operational official  
15 title but then you could subclass or something.  
16 Again, I defer entirely to Human Resources, I don't, I  
17 don't know.

18 Q So do you believe if somebody wanted to find them,  
19 they'd be found in the Human Resources Department?

20 A The official title they should, they should be.

21 Q And how were functional titles used?

22 A Like on your e-mail and how you introduced yourself at  
23 meetings. Your e-mail signature.

1 Q So if somebody wanted to look at functional titles,  
2 they could look at peoples e-mails?

3 A Uh-huh.

4 Q What about memos, would people put out memos with  
5 titles like that?

6 A Uh-huh.

7 MS. BENTLEY: Yes?

8 Q (Continuing by MR. KONCIUS): Yes?

9 A I'm sorry, yes. I'm getting tired, yes.

10 Q In looking at the candidates for the CIO position did  
11 you look at their education or background or skills  
12 and compare it to the position description?

13 A I'm sorry, when looking at the candidates, did I  
14 compare?

15 Q Yes.

16 A I generally did. Usually when I got the approval from  
17 HR to even post a position, I thought about what the  
18 appropriate skills were needed for a particular  
19 position.

20 Q Was it your responsibility or was it HR's  
21 responsibility to vet the candidates as it related to  
22 the skills sought in the position description?

23 A I wish HR had done that but they did not. And it was

1 a -- I just knew as common practice that as a  
2 department we would be responsible for that duty.

3 Q And do you believe that in the hiring of the CIO  
4 position, the two individuals that you interviewed, do  
5 you know whether or not they had the qualifications  
6 for the position?

7 A I would assume that they would. Again, I don't have  
8 the e-mail. But in general I did not interview people  
9 that I did not think would be qualified for the  
10 position.

11 Q And there were only two interviewed for the CIO  
12 position, correct, that was Ms. Hall and Ms. Djelaj?

13 A I actually don't remember. I do remember their  
14 interviews. I, I actually don't remember, there could  
15 have been additional ones. But again if I had access  
16 to documents and e-mails and my calendar I could tell  
17 you, but I don't have any access to any documents.  
18 This is all from memory. I only recall Valentina and  
19 Christina's interviews.

20 Q Did anyone at any time during the hiring process for  
21 CIO object to the hiring of Ms. Djelaj?

22 A No. No one from Human Resources, no one on the  
23 interview panel.

1 Q When Ms. Djelaj received salary increases during her  
2 employment there, what was the reason for the salary  
3 increases she received?

4 A It was because, and this was just common practice for  
5 her as well as other SEMHA employees, it was because  
6 they were doing -- with the transition to a leadership  
7 team, which I was, they were doing more expansive job  
8 duties.

9 Q And as she took on more job duties, she was provided  
10 more compensation?

11 A Yes. When I became Medical Director to Health  
12 Officer, again I thought I had the ability to be able  
13 to restructure the department based on what I felt was  
14 needed for the department.

15 Q And other individuals received raises during that time  
16 too; is that correct?

17 A Yes.

18 Q And that information would be available in HR's best,  
19 do you know?

20 A So I'm right now I'm talking about SEMHA. Through  
21 SEMHA it was if you had the budget and you had the  
22 person, it was common practice. And I saw it when I  
23 was just the Medical Director and not the Health

1 Officer from former leadership; you could change  
2 peoples salaries, change their titles pretty freely as  
3 long as we had the budget, was my understanding,  
4 through SEMHA.

5 Q And that was done?

6 A That was done.

7 Q With people other than Ms. Djelaj?

8 A If I recall, yes, uh-huh.

9 Q Did you conduct a sham interview process?

10 A Absolutely not.

11 Q Did you misuse any funds?

12 A No, I did not.

13 Q Did you abuse your power or authority?

14 A Absolutely not.

15 Q Did you promote a personal friend to a higher ranking  
16 position in the health department?

17 A No, I did not.

18 Q Did you double anyone's salary in the health  
19 department?

20 A I do not recall doubling anyone's salary in the health  
21 department.

22 Q Did you double Ms. Djelaj's salary?

23 A I do not recall doubling her salary.

1 Q Was the CIO position that was filled for the City of  
2 Detroit specifically created for Ms. Djelaj without  
3 any intent of it being competitive?

4 A Absolutely not; as evidenced by me following every  
5 single HR process and evidenced by my Deputy Director  
6 showing me that we were trying to -- or proving in his  
7 memos that we were trying to follow the HR process.

8 Q Did you ever tell anyone that they should have known  
9 the position was created for Valentina?

10 A Absolutely not.

11 Q Did you ever tell that to any internal candidates who  
12 applied for the CIO position?

13 A I absolutely did not. In fact, if I may add, I  
14 frequently told people, including for this position,  
15 that we had to follow the appropriate process and that  
16 there were no favorites. And I said that many times  
17 throughout the department.

18 In fact I believe that people were actually  
19 scared because they knew that I am someone who really  
20 intended to follow protocols. And I do believe that  
21 Valentina was scared and nervous in fact about the job  
22 interview because she knows that I always followed  
23 protocol. And unfortunately that also angered people

1 in the department.

2 Q Had you heard from anyone else that internal  
3 candidates were told that they should have known the  
4 position was created for Valentina?

5 A No.

6 Q You never heard anybody say it?

7 A I have my suspicions. Again, going back to the  
8 context, I know that I gave very direct and sometimes  
9 negative feedback to people when they were not doing  
10 well in their jobs. And I do know that there was  
11 several people, including Tim Lawther, that were less  
12 than pleased with me when I told them that I did not  
13 think they were performing sufficiently in their jobs.  
14 And I do believe that created an environment where  
15 people were jealous and where people were, how do I  
16 put this, did not want to see me be successful,  
17 particularly because I really tried to hold everyone  
18 accountable and I held no favorites at the Detroit  
19 Health Department.

20 Q So you didn't tell any internal candidates who applied  
21 for the CIO position that they should have known the  
22 position was created?

23 A Absolutely not.

1 Q You didn't direct anybody else to say that, did you?

2 A No, I did not.

3 Q HR had the power to change the job description or the  
4 process; is that correct?

5 A Yes.

6 Q And you sought HR's guidance during the entirety?

7 A Yes.

8 Q Especially when it was made known that it had to be a  
9 City of Detroit position?

10 A Yes.

11 Q You were available and willing to provide any  
12 information regarding this investigation if anybody  
13 reached out to you; is that correct?

14 A Yes, including during my time when I was a City of  
15 Detroit employee, which apparently was during the time  
16 when the OIG had this complaint.

17 MR. KONCIUS: I have no further questions,  
18 thank you.

19 DR. KHALDUN: Thank you.

20 MS. HA: So we have Ms. Ingersoll, did you  
21 need to question her?

22 MR. KONCIUS: Did you want to question Dr.  
23 Khaldun and then we'll question Ms. Ingersoll?



1 MS. HA: That's fine. I just was wondering  
2 why Ms. Ingersoll was here if she wasn't going to  
3 be --

4 DR. KHALDUN: Oh, she is.

5 MR. KONCIUS: No, I think she will be but  
6 we might be able to cut some of that down.

7 MS. HA: Oh, I see. I got it, okay. Go  
8 ahead Beverly.

9 MS. MURRAY: I only have a couple of  
10 questions. And I wanted to clarify a few things on  
11 the record before -- I know it was mentioned in the  
12 Inspector General's opening, but I want to state again  
13 that the reason that there was no interview is because  
14 our investigations take time to gather documents and  
15 review and come to a conclusion where we're  
16 comfortable. So by the time we had gotten to that  
17 point you were no longer employed. So that is why,  
18 because of the jurisdiction issues, there was no  
19 interview.

20 Ms. Djelaj was still employed, that is why  
21 we brought her in for interview. Mr. Lawther was also  
22 not employed at the time that we were ready to conduct  
23 the interviews.

1 I also wanted to clarify that the draft  
2 report, there was a decision made to forward the  
3 report to you. It was not in response to a call or  
4 anything from another health department employee. We  
5 had already decided that we were going to mail the  
6 response, and give you the opportunity for hearing  
7 even though there was -- or, sorry, the opportunity to  
8 provide us with response or request a hearing. So  
9 that was done prior to any contact with anyone else  
10 from the health department.

11 And I also wanted to clarify there were  
12 points in the report that are in there because they  
13 were part of the allegation, such as the allegation  
14 that there is a personal friend or that the salary was  
15 doubled. We didn't necessarily -- we didn't  
16 substantiate those findings. And I think in going  
17 forward we need to make it a little more clear that  
18 those were not substantiated, but they are included in  
19 the draft report because they were part of the  
20 complaint and they have to be addressed.

21 So those were just the points that I wanted  
22 to clarify. As far as the CIA position --

23 MR. KONCIUS: You got to listen now --

1 DR. KHALDUN: Thank you.

2 MR. KONCIUS: -- to answer questions.

3 MS. HA: Do you need to talk to your  
4 client?

5 MR. KONCIUS: No, I was just making sure  
6 she was listening, --

7 MS. HA: Oh, okay.

8 MR. KONCIUS: -- that is all.

9 MS. HA: All right.

10 EXAMINATION

11 BY MS. MURRAY:

12 Q I believe one of the e-mails that we reviewed that  
13 helped us come to this conclusion, I should say helped  
14 me or helped one of the people I was working with come  
15 to this conclusion, is the e-mail between yourself and  
16 Tim Lawther. It was dated October 4, 2017. And I  
17 think that the reason that we came to that is because  
18 in the -- in your statement you mention that there was  
19 a transition of the positions, not the people. But  
20 the way that the e-mail reads is it was the complete  
21 opposite. So this is on page two of the report.

22 A Okay.

23 Q And it's at the bottom where it says October 14th,

1 2017.

2 MS. HA: October 4.

3 Q (Continuing by MS. MURRAY): October 4th, 2017, sorry.

4 And the way that the e-mail read was that there was

5 going to be -- that these positions -- their positions

6 were being trans-- the people were being transitioned

7 to city positions. And that in order to properly

8 transition them and accommodate their salaries, the

9 Public Health Division Administrator position was the

10 way to go. So there was no discussion about the

11 titles, it was more so about the people.

12 So that is why we were -- so does that

13 sound familiar to you at all?

14 A No, I have no access to any documents. I would love

15 to see a thread of e-mails. Would you like me to

16 respond to what you just said or are you --

17 MR. KONCIUS: There's nothing to respond

18 to. You don't have the e-mail.

19 DR. KHALDUN: I don't have anything.

20 MR. KONCIUS: There's no quotes.

21 DR. KHALDUN: That seems like something --

22 an e-mail that Tim sent.

23 MR. KONCIUS: There was no question.

1 MS. MURRAY: So I do have the e-mails, I'm  
2 going to -- so is it an exhibit?

3 DR. KHALDUN: For the record, I did ask for  
4 these e-mails and any information and I was denied it.  
5 But it seems like now you're going to be submitting  
6 things that I did not have access to.

7 MS. BENTLEY: And you will have an  
8 opportunity to respond to it here. The issue for us  
9 is that our investigation is still considered open and  
10 we can't give out our investigative materials pursuant  
11 to the charter, because the charter says that we have  
12 to keep it confidential. So you'll have an  
13 opportunity to view it here and look at it and respond  
14 to what she has here.

15 Let me make a couple copies.

16 (WHEREUPON a short pause was  
17 had in the proceedings.)

18 (WHEREUPON Exhibit No. 8  
19 was marked for identification  
20 by the reporter.)

21 Q (Continuing by MS. MURRAY): We were referencing  
22 Exhibit 8 where there was discussion between yourself  
23 and Timothy Lawther about changing Valentina and

1           Zaundra who, in the draft report is Zaundra Wimberly's  
2           city titles to Public Health Division Administrator to  
3           accommodate their salaries.

4                        So the question that I have from this is,  
5           at this point it seems like you're transitioning the  
6           people, is that --

7    A    No.  Again like I talked about in my testimony, I was  
8           operating under -- there's two things here.  One, in  
9           SEMHA I could do what I wanted and that is how I was  
10          operating.  Again, if I had access to my e-mail, I  
11          will tell you but that's how I was operating in  
12          general.  And so I was increasing peoples salaries  
13          through SEMHA.

14                      And again what's important is that I had  
15          decided that salaries need to be sufficient for the  
16          type of skill set and work that I needed people to  
17          have.  And so the fact that Tim decided to put their  
18          names in there, does not imply that I intended to have  
19          any SEMHA employee be a city employee.  For me it  
20          implies that I had decided that these functional roles  
21          through the SEMHA, again SEMHA where I could do it, I  
22          had determined what salaries were necessary for those  
23          jobs.  And as we transitioned, which all of the memos

1 from Tim say, as we transitioned positions from SEMHA  
2 to the City of Detroit, I did think that the salaries  
3 should be the same.

4 Q In that same e-mail thread he gave you another option  
5 which was to create a new position through the City of  
6 Detroit. Can you explain why you decided not to go  
7 through that process?

8 A I don't know. Again as you can see also in these  
9 e-mails, I really didn't know the HR process and I  
10 just, I just didn't know it and Tim really lead all  
11 this. You can see that in all the memos that I said  
12 as well. And you can even see I said fine, okay, are  
13 there implications, I'm not clear. I really said I  
14 don't understand, I'm not clear on what you're even  
15 asking me. I think that's actually what the e-mails  
16 show, if you want to use an objective lens.

17 Q So I know you mentioned that with SEMHA you had a lot  
18 of leeway for title changes and salary increases. Did  
19 you submit an official position change to SEMHA to  
20 change Valentina's title from what she held at the  
21 time, which was Special Associate to the Director to  
22 the Chief Integration Officer?

23 A I don't remember. That would have been -- again, at

1 my level I'm not the one who submitted official  
2 things. I was not the Human Resources person. That  
3 would have been I guess Tim who would have done that.

4 Q Okay. And there is another e-mail, this would be  
5 Number 9, dated October 23rd, 2017.

6 MS. BENTLEY: We'll mark this as Exhibit 9.  
7 (WHEREUPON Exhibit No. 9  
8 was marked for identification  
9 by the reporter.)

10 Q (Continuing by MS. MURRAY): So in this e-mail it  
11 says, the part that I highlighted, it say Val, I need  
12 to discuss your role, because it is so integrated with  
13 organizational development with the city we are unable  
14 to push it through -- push it forward as is through  
15 SEMHA but we have a plan. It says let's talk offline.

16 So what was discussed after you sent this  
17 e-mail?

18 A What was discussed, as is noted in these memos, is  
19 that we did have plans -- I mean I talked about it in  
20 my initial testimony, but we did have plans to pull  
21 positions in the City of Detroit and then we had plans  
22 to, I think Tim's memo actually says, to inform staff  
23 that these positions were posted.



1           What you'll also note -- again this is my  
2 first time looking at the e-mail, but thank you for  
3 sharing it. You can see that Val had the most updated  
4 versions. It basically looks like Valentina was  
5 involved in various position description -- you know,  
6 in the process is what this actually shows. If you  
7 look at that thoroughly, it's consistent with what  
8 I've been describing, is that Valentina's job was to  
9 make, create position descriptions. And you'll also  
10 see that I was trying to desperately move the process  
11 forward in saying any of these people in their roles  
12 by a certain date.

13           What you'll also note is it says sent from  
14 my Verizon Samsung Galaxy Smart Phone. And the reason  
15 why cell phones have that at the end is because when  
16 you don't have time, when you're on your cell phone  
17 and you don't have to time to have long discussions,  
18 that's the exact reason why that's there. And so I  
19 often sent very short e-mails if I was on my phone and  
20 then we talked again later.

21           And I assure you I did not promise  
22 Valentina that she had a job. I did tell her that we  
23 were not able to post the Chief Integration Officer

1 through SEMHA and it had to go through city.

2 And I assure you that Valentina was nervous  
3 because she knows how I am. She was nervous that she  
4 would have to apply for the job. And I believe if you  
5 did a thorough investigation, you may find people who  
6 would say that Valentina was nervous about her  
7 interview for the City of Detroit position.

8 Q Okay, to back up a little bit. When you had Valentina  
9 create the Chief Integration Officer position  
10 description, initially through the SEMHA process it  
11 was your intent to hire her into that position,  
12 correct?

13 A Because like the communi -- there was a communications  
14 manager position, there was another person, what's his  
15 name, Jeremy, what's his last name, Jeremy Thomas.  
16 So, yes, that is what we did through SEMHA. That was  
17 not -- that was following rules as I knew it at the  
18 time.

19 Q Okay. And in your opening you mentioned or  
20 highlighted some of Valentina's work. So is it safe  
21 to say that you had a high -- a good working  
22 relationship and you thought highly of her as an  
23 employee?

1 A I don't understand your question. There are many  
2 people in the Detroit Health Department that did good  
3 work and who I highly regarded. Because you're  
4 accusing me of things around Valentina, that is why I  
5 said that, but I can name several people.

6 Again, I am someone who held people  
7 accountable. When they did good work, I told them.  
8 And when they did less than stellar work, I told them.  
9 I do not think it is appropriate to try to handpick  
10 one person and say that somehow I played favorites,  
11 which I think is what you're implying.

12 MS. BENTLEY: That's not what she said. So  
13 the question was if you held Valentina in high regard  
14 and felt she did a good job at the health department.

15 A I believe that she did the tasks that she was asked to  
16 do.

17 Q (Continuing by MS. MURRAY): Okay. So when the  
18 decision was made to transition the CIO position to  
19 the City of Detroit, what would have happened to  
20 Valentina had she not been selected as the CIO, it was  
21 your -- would she have been terminated?

22 A I don't know because she was a SEMHA employee. So  
23 whatever they do with SEMHA, that is her employer.

1 Q Well, let me back up a little. In Valentina's  
2 interview she made it clear that this new CIO position  
3 was being made to replace the existing position of  
4 Special Associate to the Director. Is that your  
5 under --

6 A I would not, I would not -- that's not my words. I  
7 was re-structuring the Detroit Health Department. So  
8 there are many -- there are some roles that  
9 transitioned over to City of Detroit and there are  
10 some roles that did not. This was not a replacement  
11 type of role.

12 MS. BENTLEY: So was the position that  
13 Valentina was in in SEMHA, was that role being  
14 eliminated?

15 DR. KHALDUN: Again you're asking me things  
16 without me having any access to anything.

17 MS. BENTLEY: Sure.

18 THE WITNESS: This is all from memory. But  
19 I can tell you I was making a new organizational  
20 chart. I got promoted from Medical Director to the  
21 Director and Medical Director, two roles actually held  
22 at the same time. And so if you took a broad  
23 objective lens at the health department and looked at

1 it, you would see that many roles, some I tried to  
2 move over, some were new.

3 For example, let's see here, Director of  
4 Operations, that didn't exist before and I created it  
5 newly when I actually learned what dire straits the  
6 department was in and tried to post it. So it is not  
7 accurate to say that positions like, I don't know how  
8 you say it, transition or morph, like one didn't  
9 replace another necessarily. It was a broad  
10 organizational change that I was trying to do, which I  
11 think any new director of the department can do.

12 MS. BENTLEY: Understood. So was it your  
13 intent then to remove that job title from SEMHA and  
14 maybe just reallocate it to something else possibly, I  
15 don't know, but was it to remove it from SEMHA then  
16 since you were doing the Chief Integration Officer  
17 role?

18 DR. KHALDUN: No, that is not what I would  
19 say. It was not a -- it's like, you know, there's a  
20 pen, move from SEMHA to city. That is not what I was  
21 trying to do. I had a broad organizational view.  
22 It'S -- you don't take one out and put another one in.  
23 That is absolutely not what I was doing.

1           There was a SEMHA budget. We had a certain  
2 amount of money for the budget and people who were on  
3 the SEMHA budget. And so it did not -- it was not a  
4 transition of one position equates to another  
5 position. That's actually not how I was thinking.

6           MS. BENTLEY: So again --

7           DR. KHALDUN: Again I don't know if you're  
8 trying to accuse me --

9           MS. BENTLEY: No, I'm just trying to  
10 understand.

11          DR. KHALDUN: I'm saying what I was  
12 thinking.

13          MS. BENTLEY: And that's fine. I'm just  
14 trying to understand the process, right. I think we  
15 all are.

16          DR. KHALDUN: Sure.

17          MS. BENTLEY: So if Valentina -- so once  
18 Valentina got the CIO position, then her job through  
19 SEMHA was not open, correct?

20          DR. KHALDUN: Potentially. I really don't  
21 -- I'm serious, I really don't recall thinking of it  
22 that way. I can say, how about this, I was as the  
23 Medical Director, again I found out on a -- there was

1 a two week time frame, to put context together, where  
2 Abdul El-Sayed decided he was leaving in two weeks.  
3 No one knew what was going to happen at Detroit Health  
4 Department.

5 I met with the Mayor on a Wednesday where  
6 he asked me to take the job and I became that person  
7 two days later. It was a mess. And I'll be honest  
8 with you, I don't remember which position went to  
9 where. The budgets, the processes, it was all a mess.

10 And what I do recall is I was broadly  
11 thinking about the organization. What I was doing as  
12 a Medical Director only was very different than what I  
13 was doing as a Director and a Medical Director. And  
14 it was not about favorites and people. It was about  
15 me trying to get a team in place when I had like two  
16 days -- I had no preparation time and I was trying to  
17 get my leadership team in place.

18 Now I don't know what -- I have no idea  
19 what Valentina would have said or thought. I did not  
20 tell her that. That's her testimony.

21 MS. HA: So I'm a little confused.

22 DR. KHALDUN: Okay.

23 MS. HA: So the Chief Integration Officer

1 position through SEMHA and the Chief Integration  
2 Officer position that was created by the health  
3 department at --

4 DR. KHALDUN: For city.

5 MS. HA: -- Mr. Lawther's suggestion, were  
6 the roles different CIO as SEMHA and CIO as the City  
7 of Detroit?

8 DR. KHALDUN: I want to be very careful  
9 there. They were --

10 MS. HA: Okay.

11 DR. KHALDUN: Because this is what SEMHA --

12 MS. HA: Yeah, that's why I'm confused.

13 DR. KHALDUN: Yeah, they're very -- they're  
14 two employees, right. They're two different  
15 employers. Now again I don't remember -- I don't even  
16 know what the position description looks like because  
17 no one shared it with me, I don't have it.

18 But in my mind when I was doing the  
19 position description change through SEMHA -- maybe I'm  
20 understanding your question now -- it is very -- the  
21 vision of what was needed in the department, how about  
22 that. The vision that was needed for a Chief  
23 Integration Officer would not have changed whether it



1 was SEMHA or City of Detroit because it was a needed  
2 position.

3 MS. HA: Okay.

4 DR. KHALDUN: Now what I don't recall quite  
5 frankly is what was attempted, like the actual  
6 position description through SEMHA and what actually  
7 got posted through the City of Detroit. I honestly  
8 don't remember.

9 MS. HA: Okay.

10 DR. KHALDUN: I just don't.

11 MS. MURRAY: Do you recall who provided HR  
12 with the position description, was it you or was it  
13 Lawther?

14 DR. KHALDUN: In general I didn't --  
15 usually it was Tim or he had -- Zaundra sometimes  
16 worked with him on some of those things, but I -- that  
17 was not my --

18 MS. HA: But who had envisioned a function  
19 of Chief Integration Officer, was it Timothy Lawther  
20 or was it you?

21 DR. KHALDUN: I think it was me. It was me  
22 based on -- I think I described it in my testimony.

23 MS. HA: Okay.

1 DR. KHALDUN: We needed -- I mean we had  
2 these very --

3 MS. HA: Because you're the one who was  
4 actually looking to restructure the health department?

5 DR. KHALDUN: The vision was me.

6 MS. HA: Okay.

7 DR. KHALDUN: How positions got posted and  
8 who --

9 MS. HA: Right.

10 DR. KHALDUN: -- wrote them and HR  
11 approving, I was not involved in that level of detail.  
12 I had a vision --

13 MS. HA: Okay.

14 DR. KHALDUN: -- of integrating -- I mean  
15 you go -- you went to our department, Lead Program,  
16 Immunizations, you had to get in line at the  
17 beginning, right. It was not a seamless visit. And  
18 it was very -- we just had a very siloed department.  
19 And I think it was to a disservice to the city's  
20 departments.

21 MS. HA: Okay.

22 DR. KHALDUN: And so there was a vision for  
23 integrating processes and protocols. We even started

1 creating a uniform in-take form --

2 MS. HA: Okay.

3 DR. KHALDUN: -- so that when people came  
4 in, and Valentina did lead this, when people came into  
5 the various programs, they wouldn't have to, you know,  
6 come back three days later and -- so it was a  
7 integration effort so that we could become more  
8 streamlined and really best service city residents.  
9 That was the vision.

10 I don't know the details of what the actual  
11 PD's, position descriptions, looked like and who  
12 submitted them. That wasn't -- I didn't do that level  
13 of detailed work.

14 MS. HA: Okay.

15 MS. MURRAY: I have a question about  
16 another e-mail from -- well, it starts October 24th,  
17 2017.

18 MS. HA: Exhibit 10.

19 (WHEREUPON Exhibit Nos. 10  
20 was marked for identification  
21 by the reporter.)

22 MS. MURRAY: So at the bottom of this  
23 page --

1 DR. KHALDUN: Wait a minute, I'm sorry.

2 MR. KONCIUS: You can listen.

3 DR. KHALDUN: Can I just take some time to  
4 read it?

5 MS. HA: Please.

6 MS. BENTLEY: Well, no, just if you need  
7 more time, you just have to tell us.

8 MR. KONCIUS: You know, it's hard that --

9 DR. KHALDUN: Are you a plaintiff lawyer or  
10 are you an objective --

11 MR. KONCIUS: She has to see these ahead of  
12 time.

13 MS. BENTLEY: And I've explained what our  
14 limitations are for the charter.

15 MR. KONCIUS: And what was the limitation  
16 in the charter?

17 MS. BENTLEY: It's the charter requires  
18 that we keep our investigations confidential while  
19 they're ongoing. So we can't give out documents.

20 MR. KONCIUS: But she could have come in  
21 and seen them as she's seeing them today, correct?

22 MS. BENTLEY: No, we can't do that but  
23 because it's pertinent to the questions being asked to

1 her today, we're able to provide that.

2 MS. MURRAY: I think these e-mails are  
3 quoted as they're written in the report.

4 MR. KONCIUS: They're not quoted in the  
5 report, that's just not true.

6 DR. KHALDUN: I think you took out pieces  
7 that you wanted and put it in the report.

8 MS. MURRAY: The questions that I'm asking,  
9 these are quoted in the report.

10 DR. KHALDUN: Yes, you took out the pieces  
11 that you --

12 MR. KONCIUS: I think they should --

13 MS. MURRAY: No, I understand what you're  
14 saying, it's not the entire e-mail. But the points  
15 that are relevant are --

16 DR. KHALDUN: The ones that you wanted to  
17 take out you did, yes.

18 MS. HA: Right. And for the final report,  
19 all of these exhibits, the entirety of the e-mails,  
20 will be attached.

21 MR. KONCIUS: But they couldn't be  
22 provided --

23 MS. BENTLEY: Correct.

1 MS. HA: Right.

2 MR. KONCIUS: -- during this --

3 MS. HA: And it's not just for Dr. Khaldun.

4 MR. KONCIUS: -- investigation.

5 MS. HA: It's to everyone.

6 MS. BENTLEY: It's just our limitation.

7 DR. KHALDUN: I'm sorry, okay, so you had a  
8 question.

9 Q (Continuing by MS. MURRAY): So at the bottom of this  
10 page there is -- you sent an e-mail to Tim Lawther.  
11 And it says that wanted to check in to see where we  
12 are on the salary increases for Zaundra and Valentina.  
13 I think for both we wait for the official  
14 title/position changes until we work through the city  
15 process, which I am hoping is very soon.

16 So again this reads as if -- so not  
17 focusing on the salary part but the title change, that  
18 there was going to be a title change for both  
19 employees through the City of Detroit?

20 A I think it is very, I think it is very unfair and  
21 subjective to make those assumptions because clearly I  
22 knew that I could do, as I've talked about many times  
23 through SEMHA, increases in salaries and I did name

1 those two individuals. I think to jump from just  
2 because of an e-mail saying that I thought that these  
3 people definitely -- I said we're going to work  
4 through the city process. Now if you want to be --  
5 let me not even go there. But it says we're working  
6 through the city process and we're waiting for  
7 position and title changes until the city process is  
8 done. That is what we were doing. That's what showed  
9 in the memo.

10 What is not here, I did not say that they  
11 would get those official jobs. I did not say that we  
12 -- I actually said I want to work through the city  
13 process. And what this shows is that I was trying to  
14 get them appropriate salary increases because I  
15 thought that for the scope of work, as I've already  
16 said today, when people are doing work in the city at  
17 a certain level, they deserve to be paid for that.

18 And what you can also see, which I talked  
19 about in my written -- my oral remarks, is that all of  
20 these e-mails show I was desperately looking for help  
21 from my Deputy. I was desperately trying to run a  
22 struggling department and get people into the right  
23 roles at the appropriate and fair salaries, fair

1 salaries for the work that they were doing.

2 And you can also see that I said here I  
3 want to be responsive to people. People were -- there  
4 was a quick change in transition of people. People  
5 were very upset that they were now doing more work and  
6 not getting appropriately paid. There was this  
7 question about SEMHA, city, quite frankly it was a  
8 mess, and I was trying to be responsive and do the  
9 work that was necessary as a city.

10 And I think it is unfair to assume that  
11 because I was trying to make increases for people on  
12 SEMHA, which again I could do that through SEMHA, I  
13 did not say that I thought that they would get the  
14 job. I said specifically I want to work through the  
15 city process.

16 Q Okay. So I understand and I won't -- okay. The last  
17 question that I have is, I believe is another -- just  
18 another e-mail that was referenced in the report. It  
19 is from February 9th, 2018.

20 MS. BENTLEY: We'll mark that as Exhibit  
21 11.

22 (WHEREUPON Exhibit No. 11  
23 was marked for identification



1 by the reporter.)

2 MS. BENTLEY: Just let us know when you're  
3 ready to proceed.

4 Q (Continuing by MS. MURRAY): And so on this e-mail  
5 from February 8th, 2018 there was an e-mail blast that  
6 let everyone in the city know that there was -- that  
7 these positions were posted. And then you followed  
8 that up -- that blast up with an e-mail to Valentina  
9 Djelaj just to let her know that specifically that the  
10 positions were posted.

11 Was there any specific reason why you  
12 singled her out to let her know?

13 A No. It's because again we said, and I think it's in  
14 my memo from January 25th -- or wait. Well, what you  
15 can see in my memo from January 25th from Tim is that  
16 we frequently said that we were going to let the  
17 appropriate people know, encourage them to apply for  
18 jobs.

19 And I'll be honest with you, I had had a  
20 conversation with Valentina saying that it was -- as  
21 it is clear from your e-mails, right, I have nothing  
22 to hide, that she would have to competitively -- you  
23 know, to compete for the job. And I knew that she

1 knew she had to do that and so, yes, I did send it to  
2 her.

3 I will also say it was common practice, if  
4 you did a thorough investigation and you looked at --  
5 I'm assuming again because I wasn't involved in these,  
6 but I know that Tim would tell me what she said here,  
7 post priority city positions and communicate with  
8 staff.

9 It was common for us, as we were  
10 transitioning from positions being SEMHA to being City  
11 of Detroit, to let current SEMHA employees know, who  
12 again we had relationships with in the Detroit Health  
13 Department, to let them know.

14 That was part of our plan. You can see it  
15 twice actually on the memo January 25th. Open  
16 recruitment, communicate with staff; post positions,  
17 communicate that with staff. And I did communicate  
18 it.

19 MS. BENTLEY: Do you recall forwarding any  
20 other of the job postings to any specific people?

21 DR. KHALDUN: For many of the job --  
22 actually I would joke about this sometimes. People  
23 would look at me like I was crazy. I would often,

1 when there were jobs available, send it to people.  
2 Jean's nodding because I did do that, because I always  
3 wanted people -- again, that's my naive self. I  
4 wanted people to know that there were opportunities  
5 available.

6 And I actually was told later that I should  
7 not do that because I heard that people were making  
8 different assumptions and interpretations about me  
9 forwarding jobs to them. And again I'm learning, but  
10 I honestly did that frequently because I wanted people  
11 to know that there were opportunities for them to  
12 advance.

13 Again part of my role, part of my heart is  
14 mentoring and giving people opportunities and I did  
15 that here.

16 MS. BENTLEY: Do you happen to recall any  
17 of the names? I know it was a while ago.

18 DR. KHALDUN: Of people that I would have  
19 sent jobs to?

20 MS. BENTLEY: Yeah, that you would have  
21 forwarded to in a similar fashion?

22 DR. KHALDUN: Maybe -- again I really don't  
23 remember. I don't want to say anything that's wrong.

1 But for our -- I'm sure I would have -- Yolanda -- and  
2 this was both I'll also say for internal and external  
3 jobs, I would frequently send job opportunities to  
4 people. I don't want to misspeak and have you tell me  
5 I'm not telling the truth.

6 MS. BENTLEY: No, I understand it's to the  
7 best of your recollection. I know it was a while ago.  
8 You mentioned Yolanda. Would that be Yolanda  
9 Hill-Ashford or somebody else?

10 DR. KHALDUN: Yes. I believe I would have  
11 sent -- actually I think I sent something to -- did I?  
12 Gosh, I'm forgetting to be honest. But there was a  
13 Deputy Director position that I sent I think to  
14 Harolyn. Again it's part of my nature. I don't -- I  
15 just don't remember but I frequently sent people job  
16 descriptions.

17 MS. BENTLEY: What's Harolyn's last name,  
18 please?

19 DR. KHALDUN: Baker.

20 MS. BENTLEY: Thank you.

21 DR. KHALDUN: But again I don't, I really  
22 don't remember.

23 MS. BENTLEY: No, I'm not trying to catch

1 you up on anything. I'm just looking for additional,  
2 you know, people to just corroborate what you're  
3 saying. So that's the whole purpose.

4 DR. KHALDUN: Uh-huh.

5 MS. BENTLEY: And again that's what all  
6 these questions for. It is a draft report so we make  
7 decisions based on the information we have. So if  
8 there's additional things, that's the point of  
9 questions.

10 DR. KHALDUN: I would also say some of the  
11 people who I sent things to are also some of the  
12 people who were probably very upset and angry with me  
13 because I tried to hold them accountable.

14 MS. HA: The individuals that you sent the  
15 e-mails to or --

16 DR. KHALDUN: Potentially, yes. If --  
17 anyone at a manager level in my department could have  
18 potentially -- yeah, felt -- I'll let you finish your  
19 question.

20 MS. HA: Yeah, that's fine. I'm just a  
21 little confused because if our Deputy Inspector  
22 General leaves and I thought Beverly Murray would be  
23 qualified to take the position and I forward her a job

1 description, you think she's going to be -- she would  
2 be upset because --

3 DR. KHALDUN: No.

4 MR. KONCIUS: You know, how can you --

5 DR. KHALDUN: I'm sorry, I'm not --

6 MS. HA: I'm sorry.

7 DR. KHALDUN: No, it's a misunderstanding.  
8 That's not at all what I'm saying.

9 MS. HA: Okay.

10 MS. BENTLEY: So correct me if I'm wrong  
11 but my understanding was that you were saying that you  
12 forward job descriptions to health department  
13 employees?

14 DR. KHALDUN: SEMHA.

15 MS. BENTLEY: I'm sorry, SEMHA.

16 DR. KHALDUN: Either, again --

17 MS. BENTLEY: Either way that you've been  
18 critical of in the past but you still forward them job  
19 postings?

20 DR. KHALDUN: Correct, correct.

21 MS. HA: Oh, I see.

22 DR. KHALDUN: Thank you.

23 MS. MURRAY: I don't have any further

1 questions.

2 MS. BENTLEY: No questions.

3 EXAMINATION

4 BY MS. HA:

5 Q Okay, so I'm a little confused about what functional  
6 title does.

7 A Oh.

8 Q So who gives the health department employee a  
9 functional title?

10 A I'll be honest, you can -- that's a common -- I would  
11 have you actually talk to Human Resources about that.

12 Q Okay.

13 A Because I did not do this, I mean I couldn't. I did  
14 this with Human Resources approval. I believe Tamara  
15 told me many times.

16 Q Yeah, and I'm really not -- it doesn't matter.

17 A Sure.

18 Q I understand that there are functional titles.

19 A Yeah.

20 Q But at the health department how do you give people a  
21 functional title, like do I just --

22 A It depends.

23 Q Okay.

1 A Again, this is all from memory but if I recall,  
2 sometimes the person, whoever that person was going to  
3 be reporting to, would create the functional title.  
4 Sometimes we would think collaboratively as a Senior  
5 Leadership Team on what the functional title would be  
6 based on the job that the person would be doing.

7 I can't say that there was one single  
8 person who said peoples titles were what they were.  
9 And I believe again, I'm sorry, you'll have to talk to  
10 Human Resources because I'm just not looking at  
11 anything right now. But I do believe that Human  
12 Resources when they posted the positions, they had  
13 that functional title. I thought it was in there when  
14 they posted it.

15 So, for example, all of the different  
16 titles we talked about with Public Health Division  
17 Administrator, --

18 Q Okay.

19 A -- my understanding was that when it was officially  
20 posted, Human Resources for all those  
21 subclassifications they had it there and so the person  
22 would actually know what their job was that they were  
23 going to be doing.



1 Q So the real reason why I'm confused is Valentina  
2 Djelaj used the CIO title in her e-mail --

3 A Yeah.

4 Q -- before the position was created at the city through  
5 the health -- not health, Human Resources Department.

6 Who gives her the functional title of CIO for the --

7 A Through SEMHA.

8 Q Through SEMHA?

9 A Well, because if I'm --

10 Q Okay.

11 A The time frame here it looks like what you're  
12 describing right now is e-mailed when she was a SEMHA  
13 employee.

14 Q Okay.

15 A Again, that's what I talked about in my statements was  
16 that through SEMHA we frequently changed titles,  
17 increased salaries. I mean again I don't know the  
18 exact date when she would have changed her e-mail  
19 signature, I don't know but...

20 Q I thought for some reason that SEMHA said that the  
21 health department could not have a CIO title under  
22 SEMHA. Am I wrong about that?

23 A So that, again any conversation, that would be

1 something that Tim Lawther had. But I guess -- and  
2 maybe I didn't, I should say it again but I thought I  
3 put that in my remarks.

4 Things were moving very fast, I'll be  
5 honest with you. And I had no reason to believe that  
6 we could not have -- again if you think about the time  
7 frame, other people outside of CIO, whatever titles  
8 they were, we, common practice, changed their title,  
9 changed their salary. I actually had no reason to  
10 believe we could not do that with Valentina because  
11 I'd never been told through SEMHA that we couldn't do  
12 what we wanted, quite frankly.

13 And so what could have happened is we  
14 assumed that we could do the Chief Integration Officer  
15 through SEMHA, which we did. And what could have  
16 happened is that Valentina started using that in her  
17 e-mail. Again, if I could -- I don't have access to  
18 any documents or e-mails so I'm trying to -- I don't  
19 know. It is plausible that she thought and we thought  
20 that we could do that through SEMHA. And it's  
21 possible that is when and why she changed her e-mail  
22 signature. I do not know -- I don't have control over  
23 e-mails, I don't know.

1           In my mind, again if we wanted to look  
2           broad, there are several SEMHA employees who were  
3           doing the exact same functional role, who went through  
4           the city process in the appropriate way, and ended up  
5           having the exact same functional role as they did in  
6           SEMHA in the City of Detroit, if that makes sense.

7           So, for example, David Bowser. He was a  
8           SEMHA employee and, you know, I wasn't involved in it,  
9           my understanding Tim was leading this whole process,  
10          is that there was a position description that fit.  
11          And there was a functional title that they decided --  
12          Tim decided would be appropriate. There was an  
13          interview process.

14          Again, the memos show that we went through  
15          interview processes with the City of Detroit and those  
16          people are -- I don't know if they still work there,  
17          but people ended up being City of Detroit employees.

18          So I think what I'm trying to say is the  
19          SEMHA and City of Detroit processes were very -- they  
20          ran in parallel. And we were moving a lot of people  
21          -- or a lot of, I should say not a lot of people, a  
22          lot of positions.

23          And yet what you also notice, even when I'm

1 speaking, is we were doing a massive coordination of  
2 moving positions from SEMHA to city without the  
3 support of Human Resources, without understanding --  
4 clearly as you can see in my e-mails I don't  
5 understand what are we doing; I don't understand what  
6 this means. It's not clear. You tell me about. I  
7 say it's not clear.

8 We were trying to move -- transition  
9 positions from SEMHA to city. There were a lot of  
10 individuals that were potentially involved or  
11 impacted. But there is nowhere in anything that I've  
12 seen or that you've put in your draft report where it  
13 says I don't want to follow city process. In fact you  
14 see many times where I say Tim, Human Resources, help  
15 me, I want to follow city process. In the meantime I  
16 still have to keep a department running.

17 And so I think what has happened, if we use  
18 an objective lens, is that probably things with  
19 Valentina using the title -- and, quite frankly, I  
20 didn't hide. I thought I was doing the right thing.  
21 That's why she had the title and that's why I  
22 introduced her as such. There was nothing -- there  
23 was no corruption, there was nothing to hide. I

1 thought I was doing the right thing.

2 Q You mean she had the title of CIO at SEMHA?

3 A I, in my mind -- again I'm asking you to be me for a  
4 moment. That is what I thought she had. I truly did.  
5 There was nothing to hide. There was no corruption  
6 scheme. There was no ruse.

7 You know, I thought I was doing the right  
8 thing, which is quite frankly why it was so out in the  
9 open because -- now did I not follow some process or  
10 protocol, perhaps, I don't know. Someone should have  
11 told me. But I -- my intentions were very pure when I  
12 was trying to move positions from SEMHA to City of  
13 Detroit.

14 And what I'm concerned about is that you  
15 are taking out e-mails and trying to somehow prove  
16 that I was corrupt when perhaps I was misguided,  
17 perhaps I did not understand protocol. But my  
18 intentions, which you see throughout all kinds of  
19 documents and the e-mails that you provide, my  
20 intentions were to try to follow the city process. I  
21 did not hide anything. I reached out to all kinds of  
22 people all throughout the thing. So if you want to  
23 say that perhaps -- I had positive intent the entire

1 time.

2 Q So if I were a health department employee and I wanted  
3 to get a CIO position, wouldn't it be reasonable for  
4 me to think that if Valentina was already using the  
5 CIO position, that she's probably going to get the CIO  
6 position and that I shouldn't even bother to apply  
7 because she's apparently acting as a CIO?

8 A I don't think that's fair to say.

9 Q Okay.

10 A No, I disagree. And if you look at -- and quite  
11 frankly I'd recommend that the city stop its contract  
12 with SEMHA because I think it sets people up for this  
13 exact situation. I don't think that's fair.

14 Again I have said many times there were  
15 people -- you can look at environmental health, for  
16 example. I don't -- again I wasn't even in those  
17 interviews, but there are people who were SEMHA  
18 employees doing environmental health, food safety,  
19 restaurant inspection work. We had to transition the  
20 environmental health program to City of Detroit  
21 positions.

22 And those positions, again I worked with  
23 HR -- I won't even get into how that -- anyway, I

1 worked with HR, those positions were posted and those  
2 same people who were SEMHA employees doing  
3 environmental health work had to apply for the same  
4 functional, you know, doing restaurant inspections  
5 work in the City of Detroit.

6 It is not fair, I do not believe it is fair  
7 to blame me for doing quite frankly the only thing I  
8 could do because I have to have a restaurant  
9 inspection program. Now if someone wants to assume  
10 something, I don't know. But everyone in  
11 environmental health and food safety had the  
12 opportunity to apply for the same functional job as a  
13 City of Detroit employee.

14 And I believe, again I wasn't in -- Tim and  
15 others lead this process but I believe that there's  
16 probably several people, if not most people, who used  
17 to be SEMHA employees doing essentially the same thing  
18 who ended up being the most qualified candidate, based  
19 on that interview panel that I was not involved in,  
20 ended up being a city direct Detroit employee ended up  
21 doing the same thing.

22 Anything that's -- that process, you may  
23 not like it. That is the only thing I could do. I

1 followed the rules and I did -- I followed the rules  
2 for environmental health and food safety. I followed  
3 the rules for the David Bowser position. I'm  
4 forgetting what the functional title was, but the  
5 David Bowser position.

6 Oh, actually there was an epidemiologist  
7 position. You can't change an epidemiologist  
8 position. Like it's a basic public health function.  
9 So I'm sorry if -- because I was told I had to move  
10 people -- again, I'm sorry, I had to move positions.  
11 Positions had to be moved from SEMHA to City of  
12 Detroit, an epidemiologist is an epidemiologist. A  
13 food safety person is a food safety person.

14 And so it's not fair to tell me, I don't  
15 think, that someone's perceptions -- that is what the  
16 process is. And I think you should look very closely  
17 at SEMHA hiring practices, at City of Detroit hiring  
18 practices, and talk to Human Resources and the City of  
19 Detroit Procurement Office about what they want to do  
20 with that. But I don't think it's fair to blame me  
21 for being thrown into a process that was very unclear.

22 MS. BENTLEY: How often do you sit on the  
23 interview panel?



1 DR. KHALDUN: I wouldn't know how to answer  
2 that. It depends on what it was.

3 MS. BENTLEY: So how do you decide what  
4 interview panels to sit on?

5 DR. KHALDUN: If they were Senior, if they  
6 were Senior Leadership Team people, I tended to sit on  
7 those. But if they were -- which I think is  
8 acceptable -- if they were managers three, four below  
9 me, I wouldn't necessarily be in those. But for key  
10 department positions, which I think is appropriate for  
11 a department director, they're involved in those.

12 Q (Continuing by MS. HA): So what you're saying is that  
13 people who have the functional title at SEMHA would  
14 most likely get the title in the city?

15 A I'm not saying that because you're saying people. I'm  
16 not saying people. There are just basic functions of  
17 public health. So I really don't want anyone putting  
18 words in my mouth.

19 Q Okay.

20 A There are functions of public health that SEMHA was  
21 providing services for. I don't know how or why that  
22 SEMHA contract -- I was not here at the time, I don't  
23 know how or why that SEMHA contract came into place.

1           But what happened when I started is I was  
2           told that for whatever reason -- again I wasn't  
3           involved in these conversations. I was told that  
4           these core public health functions should not be in  
5           SEMHA. But when the health department was restarted  
6           in whatever year, 2014, 2015, other people decided, I  
7           was not here, that all these critical public health  
8           functions could be provided by SEMHA.

9           And then very quickly when I started as the  
10          Director of the department and started again trying to  
11          put some infrastructure in place, that's when I was  
12          told that it was not appropriate for these positions  
13          to be on SEMHA. And so all of a sudden I'm there,  
14          someone else came and put all these positions on  
15          SEMHA. Here I am trying to run a health department  
16          and being told that that contract was not appropriate.

17          And so I had to figure out a way and budget  
18          and go through the whole Human Resources process,  
19          which I really didn't understand, to be able to get  
20          positions into the City of Detroit.

21          But public health is public health.  
22          There's only so many functions you can make up; you  
23          know, if you're looking at data, if you're inspecting

1 restaurants. So the descriptions of the positions  
2 very likely for most of those transitioning positions  
3 from SEMHA to City of Detroit would have been the  
4 same. And that is not any fault of mine.

5 MS. BENTLEY: Who told you it wasn't  
6 appropriate to have them under SEMHA?

7 DR. KHALDUN: That would have been -- again  
8 to be honest I was not involved in the conversation.

9 MS. BENTLEY: Best of your recollection.

10 DR. KHALDUN: My understanding, what was  
11 it, something about -- you see, I wasn't in the weeds  
12 of this, but something about for environmental health  
13 there's some way that the state dollars -- it all had  
14 to do with dollars and function and contract, things  
15 that I didn't understand. But I really did what I was  
16 told by others.

17 Now I remember going through a budget  
18 process, yeah, like a week after I started in my job  
19 with no transition onboarding. I had to go and talk  
20 about my budget. It was like budget season. It was  
21 like mid, late February. I had no idea what was going  
22 on and someone told me that I think the way the  
23 revenue came in for environmental health and food

1 services, that the city could not accept the revenue  
2 because they were SEMHA employees.

3 You can see I tried to do what I was told.  
4 But I was told pretty quickly in my tenure that it was  
5 not appropriate for some SEMHA employees to be doing  
6 the work they were doing.

7 MS. HA: Okay, I don't have anything  
8 further at this time.

9 MR. KONCIUS: I've got some follow-ups to  
10 the, --

11 MS. HA: Sure.

12 MR. KONCIUS: -- to the info.

13 RE-EXAMINATION

14 BY MR. KONCIUS:

15 Q Doctor, do you have those e-mails in front of you,  
16 Exhibits 8, 9, 10 and 11?

17 A Yes.

18 Q Would you take a look at Exhibit 8, and that's the  
19 October 4th e-mail chain. It starts at the second  
20 page from Timothy Lawther to yourself, subject staff  
21 titles. Do you see that?

22 A Yes.

23 Q Timothy Lawther was the individual sending that

1 e-mail, correct?

2 A Yes.

3 Q You didn't draft that, did you?

4 A No.

5 Q Prior to this you were working under SEMHA to create  
6 the CIO position, correct?

7 A Yes.

8 MS. HA: Prior to this meaning prior to  
9 October 4th?

10 MR. KONCIUS: Prior to this e-mail, yes.

11 A In general at this point I would have been roughly six  
12 months into my new job at that time, and in general I  
13 was working under the SEMHA mindset at that time.

14 Q (Continuing by MR. KONCIUS): And that had been a  
15 discussion that had been ongoing, correct?

16 A Can you clarify for me the question?

17 Q Yeah. Considering the CIO position had been a  
18 conversation that had been ongoing for some time.

19 A The vision for specifically someone who needed to  
20 really pay attention to integrating the work across  
21 the department, that was something that I early on  
22 knew was a position that was needed when I was  
23 promoted.

1 Q And it was after -- how long had you been considering  
2 that that you understood it needed to be done through  
3 the City of Detroit?

4 A I'd have to look at the dates of the e-mails but as  
5 you can see, I deferred to Tim. I wasn't involved in  
6 the, you know. I did what I was told and deferred to  
7 other people to give me appropriate direction, whether  
8 it was Tim Lawther or the Human Resources Department.

9 Q And you were required to create a position through the  
10 City of Detroit and not continue looking to do that  
11 through SEMHA, correct?

12 A It sounds like that's what I was told.

13 Q And is that what you recall being told?

14 A Yes.

15 Q And you chose to follow that, correct?

16 A Absolutely.

17 Q You didn't create a position in SEMHA after that time,  
18 you followed through the City of Detroit procedures;  
19 is that right?

20 A That was my intent and that is what some of the  
21 e-mails they provided said, is that I want to work  
22 with the city process.

23 Q If you look on that first page here it says Tim

1 Lawther, MPH, MA, Chief of Staff, Detroit Health  
2 Department. Do you see that?

3 A Uh-huh.

4 Q Is that Tim Lawther's --

5 MS. BENTLEY: Yes?

6 Q (Continuing by MR. KONCIUS): Is that a yes?

7 A Oh, I'm sorry, yes, yes.

8 Q Is that Tim Lawther's title, Chief of Staff?

9 A Actually I think that was a functional title, now that  
10 you talk about it. He was -- this was over two years  
11 ago. I'm not sure what official title in the city he  
12 sat in. He functionally changed titles between Deputy  
13 Director and maybe even -- Deputy Director and Chief  
14 of Staff. And I'll be honest, I don't recall which --  
15 because it was an appointed position, let me also say.  
16 In the official City of Detroit Tim became appointed  
17 by my subra -- but the Mayor officially appoints  
18 people I believe. But at some point quickly after I  
19 became Health Director. But again it actually speaks  
20 to how we had some fluidity in changing functional  
21 titles.

22 MS. HA: I still don't understand about the  
23 functional titles because I mean who, who -- if I felt

1           like I was working as an investigator instead of  
2           saying Inspector General, I can just change my title  
3           to Ellen Ha, Investigator because I'm functioning in  
4           that way?

5                     DR. KHALDUN: Can I, can I just speak?

6                     MS. HA: Sure.

7                     DR. KHALDUN: I appreciate, Inspector  
8           General, that you are confused and may not understand  
9           it. That is not a reflection of me. That is a  
10          reflection of -- that is what is happening and was  
11          customary and usual at the City of Detroit Health  
12          Department. That is what I found before I was in  
13          charge.

14                    So again the purpose of this is to -- I  
15          feel like you're talking about my behavior while  
16          Director of the health department, which is why I'm  
17          focusing on that. You may not understand it but that  
18          was customary. And I actually was told by Tamara and  
19          many people in HR that we could do that.

20                    So again if you look at the white book,  
21          there are all kinds of just titles. There's, you  
22          know, there's all kinds of titles in the white book.  
23          I was told -- actually initially -- no, not initially.



1 See, now it's all a blur. At some point I reported to  
2 Dave Massaron when I was here. He was -- I forget his  
3 title at the time, but I reported to him and I  
4 remember him saying that you can put people in  
5 functional -- in whatever the white book said, but  
6 that they could have whatever functional title that  
7 you wanted. That was -- that is customary.

8 MS. HA: But who approves the functional  
9 title? Obviously I can't just pick a functional title  
10 for myself, right? Somebody has to approve that  
11 person's functional title eventually.

12 MR. KONCIUS: I don't think she can speak  
13 to your department.

14 MS. BENTLEY: No, talking in the health  
15 department.

16 MS. MURRAY: In the health department who  
17 would have approved the functional title?

18 DR. KHALDUN: It could have -- sometimes it  
19 was me but sometimes I think you'll see even in one of  
20 the memos, again there's nothing to hide here. It was  
21 customary and usual. I think Tim even, for other  
22 people who I wasn't involved in the interview process,  
23 I think for David Bowser and Esperanza Cantu, they

1 went back and forth about should the functional title  
2 include community in it. You know, these kind of  
3 nuances -- because people, it was really important to  
4 people that when they went out and talked in public,  
5 they didn't have these City of Detroit titles that  
6 quite frankly didn't mean -- didn't specify to someone  
7 outside the organization, or quite frankly even inside  
8 the organization, what they actually did.

9 MS. HA: So I guess who gets the last say  
10 in terms of whether or not that person uses a specific  
11 functional title, is it you, --

12 DR. KHALDUN: Usually the --

13 MS. HA: -- the Health Department  
14 Director, --

15 DR. KHALDUN: It depends --

16 MR. KONCIUS: Let her finish the question.

17 MS. HA: -- is that the Deputy Director or  
18 is that a SEMHA?

19 DR. KHALDUN: If I may.

20 MS. HA: Sure.

21 DR. KHALDUN: I'm a little concerned  
22 because I think probably because people have not  
23 worked at the Detroit Health Department, I don't

1 actually feel comfortable because you're mixing there  
2 SEMHA and City of Detroit into your sentence.

3 MS. HA: Okay.

4 DR. KHALDUN: They are different processes  
5 and so you can't even put that in one sentence  
6 together. I really want you to understand the thought  
7 process there. And so --

8 MS. BENTLEY: Does SEMHA approve a  
9 functional title for a SEMHA employee?

10 DR. KHALDUN: They -- whatever paperwork  
11 goes through SEMHA, I mean for someone to be hired  
12 they have to have some title. But with SEMHA, and  
13 again I'm not -- if you could just show me some  
14 e-mails or any -- if I just had access to my own  
15 e-mails from the time, it would be easier. I'm doing  
16 this from two plus, almost three years ago.

17 MS. BENTLEY: Well, and you're more recent  
18 in this. I don't know if you, Jean Ingersoll, if you  
19 could -- if you have some additional insight into  
20 that, but I think we're trying to understand the  
21 process. It's not about --

22 DR. KHALDUN: I would highly recommend, to  
23 be honest, that you -- this is about, understand, the

1 Chief Integration Officer. But the questions we're  
2 talking about right now are pertaining to the -- this  
3 is how the Detroit Health Department operated. I feel  
4 like you tried to key in because you had a certain  
5 lens and you were trying to subjectively prove  
6 something corrupt about me that you keyed in on this.

7 MS. BENTLEY: That's, that's an unfair  
8 statement because --

9 MR. KONCIUS: I'm not sure. We have the  
10 report.

11 MS. BENTLEY: -- it's a draft report and  
12 we're here for clarification. So -- and we've already  
13 admitted to things that were incorrect and we've  
14 received evidence to show that. So that's the -- so  
15 that's what we're here for.

16 DR. KHALDUN: I believe words such as sham,  
17 ruse, charade, are very subjective and they are not  
18 factual. And I believe --

19 MS. BENTLEY: So it's based off of -- those  
20 conclusions are based off factual evidence. So we are  
21 very open, and the reason we're here is that if  
22 provide additional factual evidence and help us  
23 understand the process, we will remove words that you

1 feel are subjective. So please understand that's the  
2 process. And to come at us suggesting we have an  
3 agenda, that's just simply not fair.

4 MR. KONCIUS: Well, I think it is given the  
5 words in the paper. So she can have her position and  
6 you can have your position. That's why we are here,  
7 to try to figure this out.

8 MS. HA: We wouldn't be here --

9 MR. KONCIUS: Will we have an opportunity  
10 to revise the report?

11 MS. BENTLEY: We would revise the report  
12 based on the evidence presented today and then you'll  
13 get a copy of it. And one reason we attach the  
14 administrative hearing transcripts, as well as any  
15 statements you provide to us, is maybe at the end of  
16 the day you still don't agree with what our findings  
17 are but we present everything. So people that read it  
18 can really draw their own conclusions if that's, if  
19 that's the case.

20 DR. KHALDUN: I do want to make sure -- let  
21 me be clear. I hear that you're saying you don't  
22 understand. I appreciate that. I am explaining to  
23 you what the process is or was for hiring through

1 SEMHA and hiring through city. Now whether or not  
2 that's what the City of Detroit and SEMHA should be  
3 doing, that is not my responsibility. That is what  
4 the facts are. To your point, I'm sharing with you  
5 process. If you don't like it --

6 MS. BENTLEY: It's not about us liking it,  
7 it's just about us understanding it. So when's she's  
8 asking questions about -- like me as a health  
9 department employee, I can't just make up my own  
10 title. Somebody in health department has to approve  
11 it and so we're just trying to understand who that  
12 person would be.

13 MR. KONCIUS: But that's not --

14 MS. BENTLEY: And then separate SEMHA --

15 MR. KONCIUS: -- what we've testified to  
16 here today.

17 MS. BENTLEY: Then fine, then we'll get  
18 clarification. And then SEMHA, we understand SEMHA's  
19 separate process so if they're going to have a  
20 different functional title, is it somebody at the City  
21 of Detroit that approves that or is it somebody at  
22 SEMHA. We're just merely trying to get that  
23 understanding.

1           So if our questions are somehow flawed  
2           because you think we don't understand it properly,  
3           please clarify. But we're asking questions based on  
4           the best information that we currently have.

5           DR. KHALDUN: And what I am sharing with  
6           you, again --

7           MR. KONCIUS: Hold on, let's -- there's no  
8           questions. There's no questions --

9           DR. KHALDUN: Okay.

10          MR. KONCIUS: -- on the table right now.

11          MS. MURRAY: Well, the Inspector General  
12          had a question and I was --

13          MR. KONCIUS: I was doing my --

14          MS. MURRAY: I know, I'm sorry.

15          MR. KONCIUS: That's fine. I mean I  
16          understand that this is a little loose but --

17          MS. BENTLEY: Yeah, and just because there  
18          are certain clarifications that we know we need at the  
19          time so -- and because it's in the moment and a  
20          clarification can be made right then, you know, we'd  
21          like to interject and ask the questions. And, you  
22          know, you're free to interject when we ask questions  
23          as well. It just helps to keep a clear record. And,

1 you know, she doesn't have to remember what she said  
2 10 minutes ago and get a clarification on that.

3 MS. MURRAY: Let me attempt to rephrase the  
4 question. So what I'm understanding is that the city  
5 titles are a bit generic and as such sometimes people  
6 have the functional titles that better reflect what  
7 their actual job responsibilities are.

8 Public Health Division Administrator, as an  
9 example, doesn't really tell you much about what that  
10 person does. But if you added something such as the  
11 Chief Integration Officer or Health and Maternal, you  
12 know, Director or --

13 DR. KHALDUN: SisterFriends Manager.

14 MS. MURRAY: It gives you more specific  
15 details. So I understand why the functional title's  
16 there.

17 I think what the Inspector General is  
18 asking is who, who makes that determination as what  
19 the functional title is; whose decision is that, is it  
20 the employee, do they come up with their own  
21 functional title, was it Tim Lawther, was it you, was  
22 it their supervisor? I think that's what she's trying  
23 to ask.



1 DR. KHALDUN: And what I'm saying is  
2 honestly it would have -- it depends. It really  
3 depends. So, for example, I know for the  
4 SisterFriends Manager, they're managing the  
5 SisterFriends Program and so that's what it was.

6 But I do know, again I'm being transparent  
7 here. I have nothing to hide. I know for those, and  
8 I'm repeating myself here, but for -- I believe for,  
9 again, not remembering what the functional title was,  
10 but for those individuals that ended up being in those  
11 functional titles, David Bowser, Esperanza Cantu,  
12 Lauren Fink, because they were lower level, if you  
13 will, positions or -- I would not have necessarily,  
14 which is probably why I don't remember either, said --  
15 I mean they were just Community Epidemiology Manager.  
16 I'm making that up but those -- for someone who's  
17 three, four steps below me, for a functional title I  
18 might not have been the one who would have determined  
19 what that functional title would have been.

20 MS. HA: Okay. So the functional title for  
21 Valentina Djelaj before she was actually hired for the  
22 CIO position through the city, that was approved by  
23 you?

1 DR. KHALDUN: The vision of a Chief  
2 Integration Officer initially I thought I could do it  
3 through SEMHA and I was following the rules through  
4 SEMHA, I did approve for the Chief Integration Officer  
5 to be through SEMHA.

6 MS. HA: Okay. I don't have anything  
7 further.

8 MR. KONCIUS: Okay, I've got some more.  
9 Exhibit 8, you know what, I don't have a copy of the  
10 draft report but does everybody have one so if I refer  
11 to it, it's going to be a part of it, we don't need it  
12 as an exhibit here, is that fair or should we create  
13 one?

14 MS. HA: So let me just remind you that if  
15 we put that as an exhibit, that becomes part of the  
16 final report.

17 MS. BENTLEY: And public record.

18 DR. KHALDUN: We don't want that because  
19 it's so bad. I'm sorry, I take that off --

20 MS. HA: That's all right, you're entitled  
21 to your opinion.

22 DR. KHALDUN: I take that off, I take that  
23 off.

1 MR. KONCIUS: It can go both ways on that.  
2 But one of the things that was stated earlier today is  
3 that these e-mails were quoted in the report. And I  
4 mean if we could just say that's not true and move on  
5 from that, I won't have to go through the bullet  
6 points that don't quote these e-mails.

7 MS. HA: So when you're saying bullet  
8 points, are you talking about the bullet points on  
9 page two --

10 MR. KONCIUS: Yes.

11 MS. HA: -- and three?

12 MR. KONCIUS: Yes.

13 MS. HA: So I don't believe they are the  
14 exact quote of the e-mails because, you know, we have  
15 strict rules about quotating e-mails and quotating  
16 anything. It would actually have the quotes.

17 MR. KONCIUS: Right.

18 MS. HA: These are our summary of the  
19 e-mails but --

20 MR. KONCIUS: It was represented earlier  
21 that these were quoted in the document and so I just  
22 -- if we can agree that that's not true, that these  
23 are in fact summaries, that's fine.

1 MS. HA: For the bullet points, yes. But  
2 if you look at page three after the first paragraph  
3 after the bullet point it says in an e-mail on October  
4 18, 2017 from Dr. Khaldun to Timothy Lawther, Dr.  
5 Khaldun poses a question to Mr. Lawther. Quote, Chief  
6 Integration Officer dash can we go ahead and get it  
7 finalized through SEMHA, end quote. The e-mail is  
8 entitled Valentina's position, end quote. Those are  
9 quoted.

10 MR. KONCIUS: Well, that is a part of the  
11 e-mail quote and that happens to be one that wasn't  
12 produced today, right?

13 MS. HA: Right.

14 MR. KONCIUS: So I mean that is a quote  
15 from the e-mail. That's not the complete e-mail or is  
16 it, I don't know. But I mean for sure the ones we've  
17 been handed here today when we were talking about  
18 whether or not we'd been able to take a look at them  
19 or see them, it was referenced that they were quoted  
20 in the report. And I just want to make sure that -- I  
21 mean I can walk through each of them and --

22 MS. BENTLEY: I mean they're partially  
23 quoted, which I think we can agree to --

1 MR. KONCIUS: Well, they're summarized.

2 MS. BENTLEY: -- that there's additional --  
3 well, and some of them are quoted I think in the body  
4 of the report but, you know, just remember they're  
5 also going to be attached to the final report.

6 DR. KHALDUN: E-mails that I have not seen  
7 are going to be?

8 MS. BENTLEY: No, just whatever the exhibit  
9 is.

10 DR. KHALDUN: But what you're referencing  
11 here --

12 MS. BENTLEY: Sure.

13 DR. KHALDUN: -- this a real question, even  
14 what you're referencing in the bullets, those e-mails  
15 unless they're submitted, those complete e-mails  
16 unless they're submitted today, if anyone wanted to  
17 look at this report, they would only see bullets in  
18 your interpretation of conversations. They would not  
19 actually see the facts of the e-mails?

20 MS. BENTLEY: That's correct, with the  
21 exception that once our investigation is closed,  
22 everything is subject to FOIA. So they are then  
23 available to the public.

1 DR. KHALDUN: But you will be putting out  
2 your own version of what your, you know, what your  
3 findings are and so -- I get that someone can do a  
4 FOIA but I'm -- yeah. So someone could easily just  
5 take what they wanted out of here and make their  
6 assumptions, if they perhaps did not want to go  
7 through the whole FOIA process, they would only be  
8 able to view what your interpretations of the  
9 conversation was for these particular bulleted areas.

10 MS. BENTLEY: Yes.

11 MS. HA: Yes.

12 Q (Continuing by MR. KONCIUS): So then Exhibit 9, if  
13 you look at Exhibit 9.

14 A Uh-huh.

15 Q Was this e-mail only sent to Valentina Djelaj?

16 MS. HA: Exhibit 9?

17 MR. KONCIUS: Yes.

18 Q (Continuing by MR. KONCIUS): Exhibit 9, am I wrong?

19 This is from Dr. Khaldun --

20 A Oh, here it is.

21 Q -- to Timothy Lawther.

22 A If that is what -- I mean that's what they're  
23 presenting to me today I'm assuming.

1 Q Read it, who's it sent to?

2 A It says Timothy Lawther and Valentina Djelaj.

3 Q So it's not just sent to Valentina Djelaj, correct?

4 A Correct.

5 Q Is there any language in here that says push through?

6 A Let me look at this.

7 Q Those words.

8 A Right here.

9 Q Does that say push through?

10 A No, it does not say push through.

11 Q Does this e-mail say her new position could not be  
12 pushed through SEMHA but there's a plan in place?

13 A Where does this --

14 Q Is that a quote in the e-mail you're looking at?

15 A No. I mean I'll just -- I can just read the e-mail.

16 MS. BENTLEY: What page of the report are  
17 you referring to?

18 MR. KONCIUS: Three bullet point. I mean  
19 if we can agree --

20 MS. HA: There's a bullet point for October  
21 23rd, 2017.

22 MR. KONCIUS: Correct. And that is not a  
23 quote of the e-mail, correct?

1 MS. HA: No.

2 DR. KHALDUN: No.

3 MS. HA: Which is why --

4 MS. MURRAY: Can I clarify. At the bottom  
5 of page three it is quoted, the same e-mail with the  
6 quotation marks. So I understand what you're saying  
7 now. Yes, some of the bullet points are summarized,  
8 but some of them are also quoted later on in the  
9 report.

10 MR. KONCIUS: And it's not a full -- hold  
11 on a second. And it's not a full representation of  
12 the e-mail. It says in here that it was only sent to  
13 Ms. Djelaj. It doesn't say that it was sent to  
14 Mr. Lawther. The quote of it just has Val, comma. It  
15 doesn't have the part that was to both Tim and Val.  
16 And that's what I -- these were presented today, and  
17 you said the purpose of this is to identify issues  
18 with regard to the report so that it's a clear factual  
19 record. I'm not trying to like belabor the point and  
20 that's why I asked earlier if we could agree that  
21 these are aren't fully quoted in the report.

22 MS. MURRAY: So I think that what I can  
23 agree to is that the word I maybe probably should have



1 used is referenced. The report references these  
2 e-mails. And whether it's a direct quote or a  
3 summary, they are referenced in the report. So you  
4 had -- you were aware, at least partially, what the  
5 e-mails said.

6 MR. KONCIUS: We are aware about --

7 MS. BENTLEY: In the body of the report --

8 MR. KONCIUS: -- you believe the e-mails to  
9 read I think, but that's, that's my understanding.

10 MS. BENTLEY: So but it does also state in  
11 the report that it was sent to Ms. Djelaj with a copy  
12 to Mr. Lawther and then it's quoted and it says push  
13 it forward. So it is fully represented in the report,  
14 that part that you were concerned about.

15 MR. KONCIUS: Well, I mean that part is  
16 fully represented there but the whole e-mail is not.  
17 We can agree on that, right?

18 MS. BENTLEY: Well, it is now because it  
19 will be attached to the final report.

20 MR. KONCIUS: But it's not a part of the  
21 report.

22 MS. BENTLEY: It will be a part of the  
23 final record. It will be attached to the final

1 report.

2 MR. KONCIUS: Right, but not the draft  
3 report, right? I just -- I'm not --

4 MS. BENTLEY: It's not a -- the draft  
5 report is just a draft. It doesn't go anywhere.

6 MR. KONCIUS: I know but this is what we  
7 here to talk about today.

8 MS. MURRAY: Any changes that need to be  
9 made, I understand what you're saying. So I will -- I  
10 can write that down as something that needs to be at  
11 least more clear in our final report so there's not as  
12 much confusion.

13 MR. KONCIUS: I think -- okay, well, I mean  
14 I think there's a lot that needs to be a little more  
15 clear in the final report but that's what we're here  
16 to do. And so that's why I didn't want to belabor the  
17 point to go through them but...

18 Q (Continuing by MR. KONCIUS): If you look at Exhibit  
19 10, that is the October 24th, 25th e-mail chain. Do  
20 you see Exhibit 10?

21 A Okay.

22 Q There's an e-mail at the bottom from you to Tim it  
23 appears on 10-24; is that correct?

1 A Yes.

2 Q In which it refers to working through the city  
3 process. Do you see that?

4 A Yes.

5 Q What was the city process you were working through?

6 A Getting the requisitions approved by Human Resources.  
7 Getting the position descriptions approved by Human  
8 Resources. The entire hiring process through city.

9 Q And that was for the city position of Chief  
10 Integrative -- Integration Officer, excuse me?

11 A Yes. We were working on specific positions being  
12 transitioned into the City of Detroit.

13 Q And did you in this e-mail anywhere promise that role  
14 to Valentina?

15 A I never promised any role to Valentina.

16 Q Not in this e-mail, correct?

17 A Not in this e-mail.

18 Q Not outside?

19 A Not ever.

20 Q If you look at Exhibit 11, it is an e-mail that has a  
21 body of FYI and a series of dots?

22 A Uh-huh.

23 Q That's from February 9th, 2018, do you see that

1 e-mail?

2 A Yes.

3 Q Did you promise the job to Ms. Djelaj in this e-mail?

4 A No, I did not.

5 Q Did you promise it to her at any time outside of this  
6 e-mail?

7 A No, I did not.

8 Q This is a -- do you know the attachments thereto; I  
9 see one that says Public Health Division  
10 Administrator, Chief Integration officer.html but it  
11 doesn't have any attachments to this. Do you know  
12 what that is in fact an attachment?

13 A I don't know. It looks like there was, there was  
14 several, Chronic Disease and Injury Prevention,  
15 Marketing and Engagement. There was several  
16 positions. I did not indicate anywhere -- anything  
17 really except FYI and several positions.

18 Q And these are -- do you think these were job  
19 descriptions, job postings?

20 A They likely -- based on what the subject of the e-mail  
21 was it was probably the job descriptions.

22 Q And if you turn to the back, it looks like an e-mail  
23 from, is that Mayor Duggan?

1 A It looks like actually it was from the Detroit jobs --  
2 again I haven't been there in a while, but the Detroit  
3 jobs. The e-mail blast I guess that would have went  
4 out to the city.

5 Let me also, again I have nothing to hide.  
6 Current SEMHA employees would not have gotten an  
7 e-mail blast from the City of Detroit.

8 MS. BENTLEY: So they have like a SEMHA  
9 e-mail address?

10 DR. KHALDUN: No, they have Detroit --  
11 again you really should investigate all these things,  
12 but they would have a Detroit e-mail. SEMHA  
13 employees, if they were working on behalf of, this is  
14 health department, they would have a Detroit e-mail  
15 address. My understanding is, again that's my  
16 understanding, is that they would not have necessarily  
17 gotten e-mail blasts.

18 MS. BENTLEY: It goes to all DetroitMI.gov  
19 e-mails.

20 DR. KHALDUN: Oh, does it, then I'm wrong.

21 MS. BENTLEY: That's just why I was asking  
22 for that clarification.

23 MS. HA: We wouldn't get it because we're

1 on a different server.

2 DR. KHALDUN: Oh, I see.

3 MS. INGERSOLL: May I clarify that  
4 actually?

5 MS. BENTLEY: Yes, go ahead.

6 MS. INGERSOLL: I requested to be involved  
7 in certain communications, so you would have had to  
8 request to be involved and -- to receive those type of  
9 e-mails.

10 DR. KHALDUN: And that's probably why --  
11 hang on.

12 MR. KONCIUS: Are you able --

13 MS. INGERSOLL: I apologize. Jean  
14 Ingersoll, for the record.

15 DR. KHALDUN: Can I speak to that?  
16 Actually what you just witnessed is me knowing there  
17 are several people who would actually complain in the  
18 health department when jobs were posted that they  
19 didn't know they were posted. And that's probably why  
20 I thought that you didn't -- you weren't on the list  
21 and that's an honest -- yeah.

22 MS. BENTLEY: Okay.

23 DR. KHALDUN: I believe that that speaks to

1 what Jean was saying. It was not uniform in people  
2 getting these opportunities e-mailed to them.

3 MS. BENTLEY: If you have anything to add,  
4 feel free.

5 MS. INGERSOLL: No.

6 DR. KHALDUN: Jean, jump in.

7 MR. KONCIUS: No, get in now because -- and  
8 this is flowing, let's do this.

9 MS. INGERSOLL: Okay. I'll just talk a  
10 little bit about what's fresh on our minds.

11 MS. HA: You mean what's fresh on your  
12 mind.

13 MS. INGERSOLL: What we just most recently  
14 spoke about, --

15 MS. HA: Okay.

16 MS. INGERSOLL: -- SEMHA versus city  
17 hiring.

18 In your additional investigation I hope  
19 that you'll find that if you talk to the city HR  
20 department, at least 10 to 12 positions were just  
21 recently transferred from SEMHA to city. So there's a  
22 very clear and defined process now of how that works.

23 So if you, for instance, interviewed

1 Angelic Rodriguez Edge, the Operations Director, Daryl  
2 Conrad, there's several other individuals, but there's  
3 a process in which we were required to transfer SEMHA  
4 employees to city employees. There's actually a rule  
5 called Rule 4, I'm not sure if you heard of Rule 4,  
6 you can actually do that without any request.

7 And so what I know --

8 MS. BENTLEY: Without any request to HR?

9 MS. INGERSOLL: Correct. We worked with HR  
10 but there is a rule, Rule 4, where you can transfer  
11 employees from one entity to another. And just a few  
12 things about that, those were HIV positions. You can  
13 look more into those but that just recently happened.

14 Individuals were required to apply, though.  
15 We actually required several to apply. Several did  
16 not opt to. They left the health department, others  
17 did apply. Some of the salaries were equitable, some  
18 were not but that was the process which we worked with  
19 HR on.

20 MR. KONCIUS: Did any of the individuals  
21 from SEMHA transitioning to the City of Detroit in a  
22 competitive process not receive a position with City  
23 of Detroit?



1 MS. INGERSOLL: I am unaware. I don't know  
2 that for certain.

3 DR. KHALDUN: Do you happen to know the  
4 functional titles between the SEMHA and the City of  
5 Detroit?

6 MS. INGERSOLL: I do not know, but what I  
7 do know is that it was customary. In fact, I -- very  
8 rarely did I receive a draft position description from  
9 HR. It was either we created them ourselves, or it  
10 could have been that a position may be 10, 20 years  
11 old, recollecting that the department is in its  
12 infancy, many of these we would have had to recreate  
13 on our own, right.

14 And so what I recall is that the very top  
15 of the document would have the functional  
16 classification or functional title, but also the  
17 actual classification. So, for instance, in the white  
18 book it's called a Dog Catcher. We don't call it a  
19 Dog Catcher. The functional title is an Animal  
20 Control Officer. So very similar to firemen wouldn't  
21 be appropriate anymore, it's a fire-fighter, right.

22 So the white book would obviously, to your  
23 point, Inspector Ha, would look much different than an

1 actual functional classification. Never once did I  
2 receive a procedure, a policy, a rule, a requirement  
3 on that being approved, on how to approve it or  
4 disapprove it. Essentially we could choose. And I've  
5 never seen it come back to say we couldn't do  
6 something. It's the same with SEMHA with one  
7 exception.

8 MS. HA: Before we go any further can we  
9 just establish some foundation so --

10 DR. KHALDUN: Oh, yes.

11 MS. INGERSOLL: Oh, sure I apologize.

12 MR. KONCIUS: Feel free. Why don't you go  
13 ahead. I was just following your lead.

14 EXAMINATION

15 BY MS. HA:

16 Q So, Ms. Ingersoll, have you worked with the City of  
17 Detroit Health Department?

18 A I have.

19 Q How long?

20 A About a year and a half.

21 Q And in what capacity?

22 A In July 2018 I was hired as Director of Policy and  
23 then transitioned approximately April of 2019 as a

1 Interim Health Officer and completed my service in  
2 October of 2019.

3 Q Okay. And what did you do as -- what was your second  
4 title?

5 A Interim Health Officer.

6 Q Interim Health Officer?

7 A Yes.

8 Q Can you describe for us, just briefly, in terms of  
9 what you did?

10 A Essentially it was overseeing the operations of the  
11 health department. I was not the Medical Director.  
12 After Dr. Khaldun's departure we contracted with Wayne  
13 County and hired Dr. Sharangpani, Ruta Sharangpani, as  
14 the Medical Director.

15 Q Okay. And as part of your new position as the, was it  
16 Operation Officer?

17 A Initially Director of Policy and then Interim Health  
18 Officer.

19 Q As an Interim Health Officer, did you come to  
20 understand and follow the SEMHA procedure, as well as  
21 the City of Detroit Health Department and HR process?

22 A So to provide a little more context, probably halfway  
23 into my tenure as the Director of Policy, as part of

1 the Senior Leadership Team we all work together to  
2 hire other individuals who are a part of that  
3 leadership team. I was never given any sort of  
4 policy, procedure, toolkit, hiring guidelines for  
5 either city HR or SEMHA.

6 DR. KHALDUN: Can I?

7 MS. HA: Go ahead, Dr. Khaldun.

8 DR. KHALDUN: Did you ask specifically to  
9 receive such information and policies?

10 MS. INGERSOLL: So I did and I would sit in  
11 -- we have biweekly meetings with HR, city HR.

12 MS. HA: Okay.

13 MS. INGERSOLL: Of which very rarely did  
14 everyone attend from HR. And I became very frustrated  
15 that it was unclear how we were operating. It seemed  
16 very fluid to me personally. Some of the HR managers  
17 would attend, some payroll, recruitment and Ms.  
18 Tarrance, and I forget her functional role.

19 But often we wouldn't have all the  
20 information we needed to make decisions. Action items  
21 weren't complete because there may have been an  
22 individual missing. It became very frustrating  
23 because there wasn't a document or a toolkit.

1           In fact the city began using a system  
2           called NeoGov. I don't know if you're aware or  
3           familiar with NeoGov but it was -- I had used it at my  
4           former employment at the State of Michigan, so I was  
5           relatively familiar. But you can kind of customize it  
6           to whatever your process is.

7           So Ms. Tarrance attempted to train me on it  
8           but there was no job aid. There was no help. We  
9           literally sat and just clicked every single dropdown  
10          until she identified an option that she thought was  
11          correct. Norton, there were no asterisks -- you know,  
12          when you shop online or whatever, you see an asterisk  
13          that required fields, there was none of that. So  
14          almost all of it was guessing.

15          But there was a process with which  
16          individuals behind the system would approve  
17          requisitions. So you would essentially have in your  
18          budget or allocation certain positions and then you  
19          would submit a requisition, HR would review it. And  
20          essentially budget would then review it and you would  
21          get an e-mail back saying your requisition has been  
22          approved. And from there -- hopefully this is  
23          providing a little bit of information. And at that

1 point you would draft a position description.

2 Typically once again because we were newer as a health  
3 department we had very few actual electronic copies of  
4 those.

5 Another really unique thing about the  
6 health department you'll find is that we are state  
7 accredited. Accreditation means something different.  
8 I'm unaware of any other city departments, they may  
9 have certifications but not accreditations. An  
10 accreditation requires categories. So there may be  
11 like a field, a field team member would have one sort  
12 of category --

13 (WHEREUPON a short pause was  
14 had in the proceedings.)

15 MS. INGERSOLL: So it's my understanding  
16 there were different competencies. So a field level  
17 individual would be kind of the initial competency.  
18 Then there'd be a mid level manager that would have  
19 other competencies. And then a senior leader or maybe  
20 an executive it would be titled would have different  
21 types of competencies. And very often we found that  
22 HR left that information out and we would have to go  
23 and correct that. So it was a very fluid process.

1           We really were the subject matter experts.  
2           And we would inform -- which should be listed in those  
3           position descriptions. And I apologize, I can't  
4           remember if I said this already, but never once did I  
5           have HR come back or even SEMHA come back and tell me  
6           that we didn't do that with one exception.

7           I recall having a new executive secretary,  
8           so it's my understanding many of the secretaries that  
9           were in the Senior Leadership area were SEMHA  
10          employees. And we hired a new secretary that  
11          supported myself, and I believe Ebony Robinson was  
12          Associate Director, and SEMHA asked us, asked the City  
13          of Detroit Health Department, to re-classify the  
14          secretary to make her inline with the other  
15          secretaries. And I actually disagreed with that.  
16          This individual was not supporting the same type of  
17          level. So in my mind the secretary supporting Dr.  
18          Khaldun would be classified at a higher level and  
19          would make more money than maybe the next, maybe the  
20          Chief Deputy and then maybe myself. And so we had  
21          several conversations back and forth.

22                 And I'm sure once you do your inspection --  
23          excuse me, your investigation, you'll find that that

1 was one instance where I actually disagreed, and  
2 didn't necessarily believe that that individual  
3 supporting different levels of senior leaders should  
4 all make the same amount of money. So that was the  
5 only exception that I was aware of.

6 I think those would be clarifying  
7 statements that I would make, unless you have -- do  
8 you have questions?

9 MR. KONCIUS: Well, were there other -- I'm  
10 comfortable if you have other statements you'd like to  
11 make because I know you were taking notes, and I think  
12 we didn't -- I didn't invite you to jump in earlier  
13 because I didn't know that would be okay in the  
14 process, but --

15 MS. INGERSOLL: Yeah, is that okay?

16 MR. KONCIUS: -- I'm comfortable if you've  
17 got something to share.

18 MS. HA: Yes, please.

19 MR. KONCIUS: This seems pretty loose.

20 MS. INGERSOLL: I think it also may be  
21 helpful to talk about a little bit more about actual  
22 positions at the health department. So we touched a  
23 little bit on Health Information Officer. HIO is a



1 position as we got farther along as a health  
2 department realized that we needed a Health  
3 Information Officer. And that was something that we  
4 worked with HR on, although, you know, once again not  
5 the subject matter expert, but we did work with IT to  
6 draft that position description.

7 So often we would work with other  
8 departments. Especially with the Health Information  
9 Officer, that was something I was involved in. And  
10 there were times where we would draft the interview  
11 questions as well. So once again if it was unique,  
12 maybe the Chief Epidemiologist that we talked about or  
13 the Health Information Officer, we would draft  
14 interview questions and we would send those to HR for  
15 approval.

16 But at other times we would show up to an  
17 interview with questions that we had never seen that  
18 didn't necessarily align with the actual job with  
19 which we were interviewing for. And in fact at times  
20 the names on those interview questions would be wrong.

21 But to speak to the actual interview  
22 process itself, I have actually never been involved in  
23 an interview where we didn't all confer or come to a

1 consensus at the end of those interviews. And I also  
2 did not add up the numbers so I would never have been  
3 aware of who received what number. All of those score  
4 sheets would have been given to the HR representative.  
5 That individual would have taken them back, added them  
6 up. And I think maybe one time we actually received  
7 scores in an e-mail. But I don't recall that being  
8 customary practice to send us interview responses as  
9 it relates to scores or an average. And in fact at  
10 times I didn't know who the highest rated candidate  
11 was.

12 Q (Continuing by MS. HA): So who got hired then, was it  
13 -- how do you know that that --

14 A Typically HR would come back and just give us the  
15 candidate name and it would be --

16 Q The chosen one?

17 A Yes. HR would say Bob Smith scored the highest, what  
18 would you like to offer this person.

19 Q I see.

20 A And it may not even be that clear. It may have just  
21 said what would you like to offer Bob Smith.

22 Q Okay.

23 A So it was -- you know, we had very little guidance I

1 would say. And SEMHA was similar, although they may  
2 have had policies and procedures but we never, we  
3 never saw them, we never went through them. They  
4 would typically just e-mail us and ask us questions.  
5 And it was just a very kind of fluid process.

6 MR. KONCIUS: Can I ask you --

7 MS. MURRAY: Can --

8 MR. KONCIUS: Oh, go ahead, please, please.

9 MS. MURRAY: When the position's open with  
10 SEMHA, is it SEMHA's HR that interviews the candidate  
11 or is it still the health department that interviews?

12 MS. INGERSOLL: I have actually never  
13 interviewed a SEMHA employee myself.

14 DR. KHALDUN: I can speak to that. And  
15 again, the evidence I submitted, that's why I  
16 submitted it. That's that e-mail, I think it's -- is  
17 it Number 1?

18 MR. KONCIUS: Exhibit 1 was an e-mail,  
19 here.

20 DR. KHALDUN: So to be clear. What the  
21 e-mail says, we can directly appoint whomever I  
22 choose. Doctor K, that's me they're referring to, the  
23 position is through SEMHA, not the city; therefore,

1 the selection is totally up to you.

2 It even says here in the beginning, an  
3 e-mail from Kara Watson, does the entire -- SL means  
4 Senior Leadership. But does the entire SL Team need  
5 to be involved or can Dr. K just handle them. And  
6 again you can see from the e-mails for SEMHA, my  
7 understanding was it was -- from before I even had  
8 moved here quite frankly in 2016 when I was  
9 transitioning to just being Medical Director, it was  
10 very clear to me from day one that through SEMHA you  
11 can change titles, you can select people and you can  
12 interview however you want and SEMHA did not have to  
13 be involved. And I never saw a SEMHA -- the SEMHA  
14 like administrative leadership involved in any type of  
15 selecting candidates, the interview, nothing.

16 MS. MURRAY: Okay.

17 MR. KONCIUS: Did Human Resources ever send  
18 you a person or a name in -- at the back end of an  
19 interview process that wasn't the same as the person  
20 you collaborated to identify as the right choice?

21 MS. INGERSOLL: Not that I recall.

22 MR. KONCIUS: Was Alexis Adams employed  
23 while you were operating as the --

1 MS. INGERSOLL: Yes.

2 MR. KONCIUS: I'm sorry, what was your  
3 position again? I'm blanking.

4 MS. INGERSOLL: Director of Policy and then  
5 Interim Health Officer.

6 MR. KONCIUS: And Alexis Adams was employed  
7 during that time?

8 MS. INGERSOLL: Yes.

9 MR. KONCIUS: Do you know if she's still  
10 employed?

11 MS. INGERSOLL: Maybe as of one month ago  
12 possibly but I don't know at this point.

13 MR. KONCIUS: You can continue. I'm sorry,  
14 I was just jumping in.

15 MS. INGERSOLL: Can I -- just one more  
16 thing, so kind of back to the hiring process in  
17 general. We talked about postings. We talked about  
18 interviewing, but we didn't really talk about that  
19 middle process where a selection may occur of  
20 individuals to interview.

21 So to my knowledge screening at least on  
22 the city level doesn't happen in HR. I can recall  
23 many times receiving a stack of potential candidates,

1           you know, of which could have experience from  
2           encyclopedia salesperson to nuclear physicist.  
3           Clearly like sensationalizing but you kind of get the  
4           drift.

5                         So we would essentially be required to look  
6           through every single application, which potentially  
7           could be hundreds, a very laborious process. And it  
8           kind of made me think, well, why do we even, you know,  
9           why we didn't have these competencies criteria,  
10          screening questions when they're not necessarily used  
11          at least on the HR side.

12                        So what we would do is, as senior leaders  
13          we would look through them and then we would also then  
14          give them to other individuals to look through so we  
15          could at least, you know, come to an agreement that,  
16          yes, this individual we feel fits the experience,  
17          qualifications and skills. So not one person was  
18          essentially making that selection.

19                        MS. HA: You mean selecting the person --

20                        MS. INGERSOLL: Selecting the interviewees,  
21          yes, I apologize. So that's something we didn't  
22          cover.

23                        MS. MURRAY: Okay, wait, can I clarify that

1 a little bit? So what you're saying is when the job  
2 is posted, HR would then just forward you the  
3 applications. They -- these would all be people who  
4 meet the minimum qualifications?

5 MS. INGERSOLL: No.

6 MS. MURRAY: Not necessarily?

7 MS. INGERSOLL: Not necessarily, no.

8 MS. MURRAY: Okay. So they just forwarded  
9 you all the applications --

10 MS. INGERSOLL: Every single one.

11 MS. MURRAY: -- and then you went through  
12 and made a --

13 MS. INGERSOLL: Yes, yes.

14 MS. MURRAY: Okay.

15 MS. INGERSOLL: And in fact there were  
16 times that they would hand deliver the paper copies so  
17 we could not -- in essence those were the records. We  
18 didn't have additional records of individuals so we  
19 had to be very, very cautious of keeping all of them  
20 together.

21 That's all I have.

22 Q (Continuing by MS. HA): Who did you deal with at HR  
23 during your tenure as the Interim Health Officer?

1 A It depends upon the subject matter. So I would  
2 typically deal with Tamara Tarrance, when she would  
3 respond to my e-mails. There was numerous times where  
4 she would remove me from e-mails because I was not the  
5 Director of Operations and she didn't feel that I  
6 needed to be involved in the hiring process. So that  
7 became very frustrating because you were doing double  
8 work and not really understanding whether or not your  
9 request was forwarded onto the appropriate people.

10 I also met with Denise Starr and discussed  
11 with her some challenges that we were having. Daryl  
12 Conrad at times, Kamia Crossin (ph) at times, Bernard  
13 Morgan, several individuals, but those are the ones  
14 that come to mind.

15 MS. HA: Okay.

16 MR. KONCIUS: Did you ever hear -- were you  
17 involved in the hiring process of Ms. Djelaj?

18 MS. INGERSOLL: I was not.

19 MR. KONCIUS: Did you ever hear Dr. Khaldun  
20 talk about Ms. Djelaj and the role of CIO?

21 MS. INGERSOLL: Not much. I came into my  
22 role in July of 2018 so that was many months after  
23 that. You know, I understood the importance of that



1 role but as it specifically relates to the hiring, I  
2 was not involved in that.

3 MR. KONCIUS: That had happened prior to  
4 you arriving?

5 MS. INGERSOLL: Yes, yes.

6 MR. KONCIUS: Did you ever hear Dr. Khaldun  
7 encourage individuals to apply for jobs?

8 MS. INGERSOLL: Absolutely. We all did.  
9 It was customary not only for other health departments  
10 but even SEMHA to share postings. You know, really  
11 open and competitive recruiting is what we wanted. We  
12 wanted to become a world-class health department and  
13 that's, you know, what we were aiming for.

14 MR. KONCIUS: Did you ever hear her  
15 discourage anybody from applying for jobs?

16 MS. INGERSOLL: I have never heard her say  
17 that, do that.

18 MR. KONCIUS: Have you ever heard her say  
19 -- tell anybody else to discourage someone from  
20 applying for a job.

21 MS. INGERSOLL: No.

22 DR. KHALDUN: Were there ever a time when  
23 you believe you got verbally or written information

1 from a Human Resources representative that turned out  
2 to later on be inaccurate or need to change?

3 MS. INGERSOLL: Yes. Specific to salary  
4 increases I had heard two different things; one was  
5 there was a certain percentage where we had to request  
6 that in writing with a memorandum. But then when I  
7 spoke to my direct supervisor at the time, Hakim  
8 Berry, he then confirmed that we had been given an  
9 incorrect percentage to draft a memorandum, although I  
10 did draft a memorandum anyway.

11 You know, I think -- I have heard  
12 specifically a gentleman named David Bowser tell me  
13 that the reason why I may not be getting responses in  
14 e-mails is because there were certain things they  
15 didn't want to put in writing. So that's why it  
16 became very frustrating for me when individuals didn't  
17 show up to meetings in person, I couldn't get  
18 clarification because individuals did not respond to  
19 me via e-mail.

20 In fact I had many text messages with  
21 Mr. Morgan and other individuals where -- and e-mails  
22 and voice mails, and in your investigation I'm sure  
23 you'll find that, that I would ask a question and then

1 I would call Bernard when I didn't -- Mr. Morgan when  
2 I didn't receive a response. And he said it was  
3 customary to not only include him in an e-mail but  
4 also wait 48 hours for a response. And so that was  
5 our kind of standard protocol. And even at times I  
6 would text him and say, you know, I apologize, I  
7 haven't received a response.

8 And so that's what became very difficult to  
9 even understand what is -- not only what's the policy  
10 or protocol but, you know, waiting for that became  
11 very frustrating. And other examples --

12 MS. BENTLEY: I just have one  
13 clarification.

14 MS. INGERSOLL: Yeah.

15 MS. BENTLEY: So you said they don't want  
16 to put it in writing. Are you referring to a  
17 department or specific people? If you could just  
18 clarify that.

19 MS. INGERSOLL: As it relates to my  
20 conversation with Mr. Bowser, it was in relation to  
21 Tamara Tarrance. If you did query him, he could  
22 possibly give you those examples.

23 Other specific examples I don't have at

1           this moment, but those are just two that I can give  
2           you.

3                       MR. KONCIUS: Do you have anymore  
4           questions?

5                       MS. BENTLEY: I do not.

6                       MS. HA: I do not.

7                       MS. INGERSOLL: Okay.

8                       MR. KONCIUS: I don't either. Thank you.

9                       MS. INGERSOLL: You're welcome.

10                      MR. KONCIUS: I do have a couple of closing  
11           pieces, if that's fine, just to --

12                      MS. HA: Of course.

13                      MR. KONCIUS: -- identify -- all right,  
14           thank you. I appreciate it.

15                      MS. HA: You have additional documents?

16                      MR. KONCIUS: No, no additional documents.

17                      Just sort of like a basic recap because I think we  
18           talked about identifying some of the concerns in the  
19           report so that they could be reviewed and addressed.

20                      And, you know, the language used regarding  
21           a sham job posting and interview process I think is  
22           inflammatory and not supported by what we've heard  
23           here as the facts in evidence and we'd ask that that

1 be changed. It doesn't appear from what we've talked  
2 about today that there's any support for that position  
3 when it's been looked into because we identified that  
4 Ms. Djelaj and Dr. Khaldun were not personal friends.

5 The facts section of the report, and maybe  
6 it's just mistitled, under section two it's identified  
7 as basic facts and the basic facts are only the  
8 anonymous allegations. I don't think those are  
9 actually facts and should not be addressed as such, so  
10 we'd ask that that be changed.

11 I think later in the report it was  
12 identified too that the salary had not been doubled,  
13 and that is something that shows in the facts section.  
14 I believe --

15 MS. HA: Yeah, I think you're right. We  
16 will rename that section.

17 MR. KONCIUS: I appreciate it. And it's  
18 true of the other bullets that are there, because I  
19 believe these bullets to be the allegations contained  
20 in the letter --

21 MS. HA: Yes.

22 MR. KONCIUS: -- versus sort of facts that I  
23 think would have been identified through the process.

1 So I'd appreciate that, thank you.

2 I think we identified today that the  
3 position had not, for the City of Detroit, been  
4 created for Ms. Djelaj. It was originally to be  
5 created in the SEMHA organization. The City of  
6 Detroit process was different, separate and required a  
7 process that was -- and was desired to be followed and  
8 was followed. There's a quotation in here that  
9 says --

10 MS. BENTLEY: Can you identify the page,  
11 please.

12 MR. KONCIUS: I will. Let me -- page two  
13 in one of the bullets for the fact section but it's a  
14 -- so if it's a quote up there, I believe maybe that  
15 is a quote from the allegations. And if that's the  
16 case, if it's identified as such rather than a fact,  
17 that would be I think appropriate there. But I  
18 believe it was quoted elsewhere.

19 The quote I'm referring to is that internal  
20 candidates who applied for the position were told,  
21 quote, they should have known the position was created  
22 for Valentina, end quote. And I don't see that --

23 MS. HA: What page is that?

1 MS. MURRAY: This is page --

2 MR. KONCIUS: That's page two. And then --

3 MS. BENTLEY: Second bullet from the  
4 bottom.

5 MR. KONCIUS: Second, yeah. And then it is  
6 -- let me see where else it was referred to in the  
7 document.

8 MS. HA: So I think for that if we just  
9 change the caption for section two, that probably  
10 would resolve --

11 MR. KONCIUS: For that, for that individual  
12 citation. I'm --

13 MS. HA: Because that is under section two,  
14 right?

15 MR. KONCIUS: That, that one is. I believe  
16 it was cited elsewhere and I'm trying to find that for  
17 you.

18 MS. HA: All right.

19 MS. BENTLEY: We'll make note of your  
20 objection to that. And when we go back through all  
21 the evidence and decide what we need to correct,  
22 we'll --

23 MR. KONCIUS: I appreciate it.

1 MS. BENTLEY: -- take that under  
2 consideration.

3 MR. KONCIUS: Thank you. Because I don't  
4 see it as identified to somebody who was interviewed.  
5 I don't see it as something that was stated by someone  
6 else. And so that we would ask to have changed. I  
7 appreciate that.

8 MS. BENTLEY: Uh-huh.

9 MR. KONCIUS: You'd already identified that  
10 the information regarding the scoring was incorrect  
11 and will be changed and we appreciate that, thank you.  
12 And that it was indeed possible to know just days  
13 after what the scoring was, we appreciate that. And  
14 that it was not in fact an appointed position but it  
15 was one that had to go through the process. And you  
16 identified that as now being understood as incorrect  
17 and to be changed and we appreciate that, thank you.

18 One concern that exists in here is page  
19 four, and it's in that first full paragraph that  
20 identifies two of the concerns that have since been  
21 identified as false. There's language in here that  
22 says this further supports the OIG's position that the  
23 interviews were nothing more than a ruse to place Ms.



1 Djelaj in the position Dr. Khaldun wanted her to have  
2 all along. Given that the facts surrounding this have  
3 been identified as false, we'd like that to be removed  
4 and changed. I don't think it's appropriate to have a  
5 position in an investigatory document and so if it's  
6 OIG's position, I'd respectfully request that it can  
7 be and should be changed.

8 MS. MURRAY: Which paragraph was that in,  
9 I'm sorry?

10 MR. KONCIUS: The first full one that  
11 starts we, therefore, conclude.

12 MS. MURRAY: Oh, I see, thank you.

13 MR. KONCIUS: Also the final sentence  
14 referring to the interview process as a sham to create  
15 an illusion of fairness should be removed, and any  
16 citation to the word sham because the basis upon which  
17 it was in here appears to be relied upon have both  
18 been proven false.

19 On page five, the first full paragraph that  
20 starts with the actions taken by Dr. Khaldun are  
21 troubling, do you see that?

22 MS. BENTLEY: Yes.

23 MR. KONCIUS: All right. It doesn't then

1 go onto refer to the specific actions, instead it goes  
2 onto identify bold statements regarding, and what it  
3 says is this evidence shows that Dr. Khaldun  
4 manipulated the system to created an illusion of  
5 fairness in the health department's hiring of the CIO  
6 when there was none. And it goes onto conclude that  
7 this is abuse of authority.

8 I think the basis for which those had been  
9 taken, if I'm reading this report correctly, have been  
10 identified as in fact false when we started this  
11 through new information you received with regard to  
12 the interview process and the scoring. So I think  
13 that should be removed and changed.

14 In fact what we've seen today was that this  
15 system, the process was required to make a City of  
16 Detroit position versus a SEMHA position. The way it  
17 was identified and done was changed after that was  
18 informed, and we'd like that to be identified in the  
19 record.

20 MS. BENTLEY: I'm sorry, can you repeat  
21 that?

22 MR. KONCIUS: Can you read that back.

23 (WHEREUPON the reporter read

1 back as follows):

2 "In fact what we've seen today was that this  
3 system, the process was required to make a City  
4 of Detroit position versus a SEMHA position.  
5 The way it was identified and done was changed  
6 after that was informed, and we'd like that to  
7 be identified in the record."

8 MR. KONCIUS: And the next paragraph on  
9 this page five is referring to time and resources  
10 being needlessly spent in coordination of the efforts  
11 between health department and HR in creating the CIO  
12 position. And then it says in addition, planning and  
13 carrying out the interview process was mostly, if not  
14 entirely, unnecessary.

15 And because of the statements you  
16 identified as now understanding is false that you were  
17 provided by Human Resources before, this should be  
18 removed and changed. And it should no longer be  
19 identified as a clear waste of city resources because  
20 the process was followed that was required to be  
21 followed. And it was not an appointed position as is  
22 stated at the end of this paragraph. If it was,  
23 there'd have been no reason to have gone through the

1 process. You saw the e-mails with Mr. Lawther showing  
2 Dr. Khaldun's seeking to do the right thing throughout  
3 the process, and the promotions for Ms. Djelaj and  
4 others.

5 The next paragraph, again in this page five  
6 under misuse of public funds, I think will again be  
7 identified as being false if you identify the doubling  
8 of the salaries erroneous. And to the extent that  
9 this might not need to be in any final report this can  
10 be removed with regard to, you know, the allegations  
11 themselves as being something improper.

12 There is a notation further down that is  
13 the increase that occurred in October 2017 was  
14 intended to be for the promotion to CIO, and it refers  
15 to the October 24th, 2017 e-mail. And I don't believe  
16 that the evidence shows that those are connected.  
17 Instead, the raises that were discussed and identified  
18 were for the work that was being done in the  
19 department at the time and not for the City of Detroit  
20 position, as we saw with Dr. Khaldun asking to do  
21 right by the process.

22 The insinuation that Dr. Khaldun undertook  
23 a process to create the city of -- or the Chief

1 Information Officer position, and this is the  
2 paragraph right before misuse of public funds  
3 identified as evidence of being a clear waste of city  
4 resources, should be removed. In fact it was a  
5 process that was in her power to start for a SEMHA  
6 employee, and it was a process that was dictated to be  
7 changed to the City of Detroit thereafter. And so I  
8 don't know how that could possibly be used to identify  
9 some sort of wrongdoing.

10 So I guess in the end what we're doing is  
11 asking that this report be reviewed sort of in its  
12 entirety, and where appropriate maybe even have a new  
13 draft report completed, if that is within the power,  
14 or entirely ignored as you create a final report,  
15 because I do not believe that this provides factual  
16 information that will lead you to a correct outcome.

17 I think you've received that here today.  
18 Identifying that this draft report was based on an  
19 investigation that did not include an interview with  
20 any of the parties who were most intimately involved  
21 in this issue, specifically Dr. Khaldun, Timothy  
22 Lawther.

23 And I think to have not been able to review

1 the documents that are identified or referred to prior  
2 to having to respond to something along these lines is  
3 either a failure in policy or a failure in the  
4 implementation of the policy. So maybe that can be  
5 looked at and changed in the future. That's just an  
6 aside.

7 Do you have anything?

8 DR. KHALDUN: Thank you for the  
9 opportunity. It was truly an honor to serve the City  
10 of Detroit, and I wish I had been supported in a  
11 better way by my Human Resources Department. But it  
12 was truly an honor and I hope that future health  
13 department directors will be appropriately supported  
14 so that the City of Detroit can get the services that  
15 they deserve.

16 MR. KONCIUS: Thank you for your time.

17 MS. HA: Thank you.


18 MS. BENTLEY: Thank you.

19 (WHEREUPON the hearing was  
20 concluded at approximately  
21 1:49 p.m.)  
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C E R T I F I C A T E

I, Suzanne Lynn Bonarek, do hereby certify that I have recorded stenographically the proceedings had and testimony taken in the above-entitled matter at the time and place hereinbefore set forth, and I do further certify that the foregoing transcript, consisting of (170) pages, is a true and correct transcript of my said stenographic notes.

  
\_\_\_\_\_  
SUZANNE LYNN BONAREK, CSR 3086  
Wayne County, Michigan  
My Commission Expires: 3-27-20



Joneigh Khaldun &lt;jskhaldun@gmail.com&gt;

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**Interviews for Clinical Engagement Coordinator**

5 messages

**Kara Watson** <watsonk@detroitmi.gov>

Thu, Jul 28, 2016 at 12:04 PM

To: Kanzoni Asabigi &lt;AsabigiK@detroitmi.gov&gt;, Leseliey Rose Welch &lt;WelchL@detroitmi.gov&gt;, Abdul El-Sayed &lt;abdul.m.elsayed@gmail.com&gt;, Joneigh Khaldun &lt;jskhaldun@gmail.com&gt;

Hello all,

I am preparing to schedule interviews for Dr. K's Clinical Engagement Coordinator....4 over the next 2 weeks (via phone) and 1 in person during the week that Dr. K arrives.

Does the entire SL team need to be involved or can Dr. K just handle them?

Please advise as soon as possible so I can check availability.

Thank you,

**Kara Watson**

Executive Secretary III  
Detroit Health Department  
3245 E. Jefferson, Suite 100  
Detroit, MI 48207  
313-876-0301 (office)  
313-969-8940 (cell)  
[watsonk@detroitmi.gov](mailto:watsonk@detroitmi.gov)

*Mike Duggan, Mayor*

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**Dr. Abdul El-Sayed** <abdul.m.elsayed@gmail.com>

Thu, Jul 28, 2016 at 12:59 PM

To: Kara Watson &lt;watsonk@detroitmi.gov&gt;

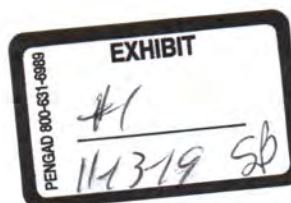
Cc: Kanzoni Asabigi &lt;AsabigiK@detroitmi.gov&gt;, Leseliey Rose Welch &lt;WelchL@detroitmi.gov&gt;, Joneigh Khaldun &lt;jskhaldun@gmail.com&gt;

I think Dr K can handle!

--

Abdul El-Sayed, MD, DPhil  
Executive Director & Health Officer  
City of Detroit

Detroit Health Department  
3245 E. Jefferson Ave, Ste 100  
Detroit, MI 48207  
t 313.876.0301





m 313.451.4158  
[abdul.m.elsayed@gmail.com](mailto:abdul.m.elsayed@gmail.com)

*Michael E Duggan, Mayor*

-sent from my mobile device  
[Quoted text hidden]

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**Joneigh Khaldun** <[jskhaldun@gmail.com](mailto:jskhaldun@gmail.com)> Thu, Jul 28, 2016 at 2:26 PM  
To: "Dr. Abdul El-Sayed" <[abdul.m.elsayed@gmail.com](mailto:abdul.m.elsayed@gmail.com)>  
Cc: Kara Watson <[watsonk@detroitmi.gov](mailto:watsonk@detroitmi.gov)>, Kanzoni Asabigi <[AsabigiK@detroitmi.gov](mailto:AsabigiK@detroitmi.gov)>, Leseliey Rose Welch <[WelchL@detroitmi.gov](mailto:WelchL@detroitmi.gov)>

Yes I agree. Kara, I just wanted to make sure we do not have to go through the city interview process ( questions, group interviews....) for this correct? We can directly appoint whomever I choose?  
[Quoted text hidden]

---

**Kara Watson** <[watsonk@detroitmi.gov](mailto:watsonk@detroitmi.gov)> Thu, Jul 28, 2016 at 2:50 PM  
To: Abdul El-Sayed <[abdul.m.elsayed@gmail.com](mailto:abdul.m.elsayed@gmail.com)>, Joneigh Khaldun <[jskhaldun@gmail.com](mailto:jskhaldun@gmail.com)>  
Cc: Kanzoni Asabigi <[AsabigiK@detroitmi.gov](mailto:AsabigiK@detroitmi.gov)>, Leseliey Rose Welch <[WelchL@detroitmi.gov](mailto:WelchL@detroitmi.gov)>

Dr. K.,

The position is through SEMHA, not the city...therefore, the selection is totally up to you.

Kara

>>> Joneigh Khaldun <[jskhaldun@gmail.com](mailto:jskhaldun@gmail.com)> 7/28/2016 2:26 PM >>>  
[Quoted text hidden]

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**Joneigh Khaldun** <[jskhaldun@gmail.com](mailto:jskhaldun@gmail.com)> Thu, Jul 28, 2016 at 3:05 PM  
To: Kara Watson <[watsonk@detroitmi.gov](mailto:watsonk@detroitmi.gov)>  
Cc: Abdul El-Sayed <[abdul.m.elsayed@gmail.com](mailto:abdul.m.elsayed@gmail.com)>, Kanzoni Asabigi <[AsabigiK@detroitmi.gov](mailto:AsabigiK@detroitmi.gov)>, Leseliey Rose Welch <[WelchL@detroitmi.gov](mailto:WelchL@detroitmi.gov)>

Thanks! We should be able to get this person hired in a few weeks.  
[Quoted text hidden]

**I. Important Meetings/Events Past Two Weeks**

CHA planning	Steven Way grievance
EITC planning	2 <sup>nd</sup> & Pallister LOI
Animal response strategy	Gleaners
Management mtg	MOU for Butzel
Project Clean Slate	SLM
City budget hearing	Swearing in with City Clerk
UWSEM funding	CHA steering committee
HIPAA breach	Family Place closure

**II. Important Meetings/Events Upcoming Two Weeks**

2 <sup>nd</sup> & Pallister tour with staff	Renea Kennedy re: DACC
Children's success initiative	DACC with Mayor
EITC (TBD)	CHA implementation
Project management tools	SPRO bi-monthly
SEMHA operations	City HR bi-weekly
CHA/Accreditation bi-monthly	



DASHBOARD UPDATES FOR EXECUTIVE DIRECTOR, 1/25/18 NAME: TIM LAWTHER

Area	Key Updates	Expected Completion Date	Goal next 14 days	Asks for Dr J
<b>Technology/IT</b>	<p>Files at Grandy to be catalogued and moved.</p> <p>DACC technology to be upgraded: 1) server migration to City network; 2) new computers; 3) new phones; 4) new radios; 5) timeclock; 6) workbrain.</p> <p>Secure Healthleads CRM</p> <p>Box.com to be implemented</p> <p>EMR to be implemented</p> <p>Fix MBPIA network issues</p> <p>Complete MBPIA smartboards</p>	<p>Grandy 2-23-17</p> <p>DACC 1-30-18</p> <p>CRM 3-1-18</p> <p>Box 1-30-18</p> <p>EMR 5-30-18</p> <p>Network 2/1/18</p> <p>Smartboards 2/15/18</p>	<p>Sign Grandy record contract</p> <p>Approve DACC radio RFP bid and confirm delivery date; finalize phone system upgrade requirements and order.</p> <p>Execute CRM sole source contract through SEMHA.</p> <p>Secure &gt; 30 box.com licenses</p> <p>Adjust EMR RFP deliverable dates and release by 1/29/18</p>	

DASHBOARD UPDATES FOR EXECUTIVE DIRECTOR, 1/25/18 NAME: TIM LAWTHIER

Human Resources				
Roll out Employee Engagement & Wellness Plan	Engagement & Wellness Plan 1-31-18	Secure support from Communications on rolling out engagement/wellness calendar to all staff.	Secure CHRT Fellowship funding and implement PH Fellowship project for staff	Define realistic fundraising goal and approve process for AHA walk, taking into account need to compete for fundraising with employee engagement committee.
Secure CHRT Fellowship funding and implement PH Fellowship project for staff	CHRT 2-28-18	Finalize CHRT proposal and develop letter of support	Roll out Workforce development plan, including professional development plan	
Roll out Workforce development plan, including professional development plan	Workforce 4-30-18	Set workplan for workforce development intern to complete PD review and standardization	Hire EH/FS staff into City.	
Hire EH/FS staff into City.	EH/FS staff 3-1-18	Open recruitment for EH/FS staff; communicate with staff.	Conduct sexual harassment training for all managers.	
Conduct sexual harassment training for all managers.	Harassment 2-28-18		Hire SEMHA and new positions into COD.	
Hire SEMHA and new positions into COD.	New COD positions 3-31-18	Secure salary study for NP, ACO, ACI from HR.	Ensure all PDs have been updated to include appropriate content, competencies, Emergency Prep, and language preference information.	
Ensure all PDs have been updated to include appropriate content, competencies, Emergency Prep, and language preference information.	PDs 3-31-18	Post priority City positions and communicate with staff		
		Finalize which leaders want interns; send		

DASHBOARD UPDATES FOR EXECUTIVE DIRECTOR, 1/25/18 NAME: TIM LAWTHER

<p>Roll out intern program and policy</p>	<p>Intern 2-1-18</p>	<p>intern plan/policy to JK for approval</p>	
<p>Create breastfeeding friendly organization</p>	<p>Breastfeeding 12/22/17</p>	<p>Re-do SOP priority list and assign priorities to staff</p>	
<p>Create and post priority SOPs</p>	<p>SOPs ongoing</p>	<p>Communicate supervisor training requirements and dates to "new" managers</p>	
<p>Implement supervisor training</p>	<p>Training 2/28/18</p>	<p>Develop proposal for AHA fundraiser for JK; communicate to Engagement</p>	
<p>Participate in AHA fundraiser as organization.</p>	<p>AHA 5/12/18</p>	<p>Committee goals and process.</p>	
<p>Implement Customer Service training for all staff</p>	<p>Customer service ongoing</p>	<p>Communicate new customer services dates in February to staff</p>	
<p>Rollout new timesheet, performance management, payroll, online learning, and employee self-service system (UltiPro) to all COD staff.</p>	<p>UltiPro – 2018 ICS – 2/1/18</p>	<p>Get with Suzanne to facilitate Scott B. completion of request for staff ICS spreadsheet.</p>	
<p>Finalize POD/ICS training metrics and follow up</p>			

DASHBOARD UPDATES FOR EXECUTIVE DIRECTOR, 1/25/18 NAME: TIM LAWTHER

Finance/Contracts/ Procurement	Finalize FY 18 budget  Finalize FY 19 budget  Complete LMCH FY18 1 <sup>st</sup> quarter amendments; ensure ongoing compliance  Conduct monthly budget review meetings with all cost center leaders  Implement billing improvements, including timely filing, denial management, training; catch up on old billings  Adjust SEMHA Master Agreement language – conflict of interest, federal requirements, foundation grants.  Implement Medicaid Match program for outreach (including TPP)  Implement EMR	'18 Budget 1/16/18  '19 budget 2/15/18  LMCH 2/15/18    Budget review ongoing  Billing 6/30/18    SEMHA 2/28/18  Match 3/1/18  EMR 5/31/18	Ensure OCFD completes remaining FY'18 budget position entry; review OCFD FY19 proposal to ensure priorities are included.  Work with Valentina to develop LMCH finance/operations reorganization; talk with State about ongoing salary adjustment delays – try to avoid official TA request from State.  Define billing metrics for staff and approve QI project plan for catch up.  Ensure OCP sends HRSA conflict of interest CAP requirement letter to SEMHA; propose SEMHA Master Agreement language to Boysie.	Talk with Tim and Valentina about latest State concerns about LMCH staff budgets, and opportunities to fix.

DASHBOARD UPDATES FOR EXECUTIVE DIRECTOR, 1/25/18 NAME: TIM LAWTHER

	<p>Procurement plans Foundation grant budgets Ensure all bank deposits made and revenue management proper SOPs Ensure language line/ interpreters available for all staff</p>	<p>COD Procurement 1/31/18; SEMHA procurement 1/15/18 Foundations 1/15/18 Deposits 1/31/18 SOPs ongoing Language 1/19/16</p>	<p>Change deliverable dates in EMR RFP and release for bid. Ensure unbudgeted foundation grants are budgeted and get staff to input into new tracking system. Complete final assessment of DACCC revenue management improvements and assess need for more drastic measures. Send all staff email regarding use of language line and interpreter services.</p>	
<p><b>Facilities</b></p>	<p>Find new locations to replace Focus Hope Open UTP clinic in NE Health Center Open UTP clinic in Butzel</p>	<p>New location 3/30/18 NEHC 3/1/18 Butzel 3/1/18 DACCC 4/30/18</p>	<p>Start contracting process for 2<sup>nd</sup> &amp; Pallister; tour space with R2L staff; connect with Menardo about Family Place and MBPIA. Work with OCFD to finalize process for fire</p>	

DASHBOARD UPDATES FOR EXECUTIVE DIRECTOR, 1/25/18 NAME: TIM LAWTHIER

			<p>suppression contracting.</p> <p>Verify completion of DACC business case in OCFO; follow up with Lucy to get decision.</p>	
<p><b>Human Services/Muni ID/HOPWA</b></p>	<p>Assess client water security and proactively refer to avoid shutoffs</p> <p>Take COD Human Service activity in house and create comprehensive Department of Health &amp; Human Services; start with EITC and PCS</p> <p>Implement 2 Community Schools pilots</p> <p>Take Muni ID internal</p> <p>Improve service delivery and coordination to precarious housing population - ESG</p> <p>Secure funding for Human Services oversight/ development</p>	<p>Water ongoing</p> <p>DHHS 3/1/18</p> <p>Schools 8/1/18</p> <p>Muni ID 5/31/18</p> <p>ESG 6/30/18</p> <p>Funding 3/1/18</p>	<p>Collect and review lead program's water shutoff data and reconvene team to define next steps.</p> <p>Develop Human services vision pitch and send to JK.</p> <p>Work with Joneigh to define next steps with DWMHA pilot project.</p> <p>Get OCFO and HR sign off on ESG staff location and payroll transfer from HRD; review final draft ESG universal intake form.</p>	<p>Get final word on EITC.</p> <p>Define TL role in DWMHA/Community Schools project.</p>



DASHBOARD UPDATES FOR EXECUTIVE DIRECTOR, 1/25/18 NAME: TIM LAWTHIER

	Secure Healthleads as DHD CRM	CRM 3/1/18	Work with JK to determine status of human services prior to submission to McGregor of continuation proposal.	
	Submit HOPWA audit	Audit 2/28/18	Execute sole source contract with Healthleads through SEMHA.	
	Improve HOPWA federal draw-down process and efficiency	Draw down 2/1/18		
	Expand job skills training at HOPWA	Job skills 2/1/18		
	Grow tenant-based housing census at HOPWA	Census 9/30/18		
	Finalize and post program SOPs at HOPWA	SOPs 4/30/18		
<b>CHRONIC DISEASE &amp; INJURY PREVENTION</b>	Create Chronic Disease & Injury Prevention unit	CDIP 1/31/18	Present CDIP plan to JK	
	Implement D-REACT project	D-REACT ongoing	Remove sole source barriers to contracting with WCHAP and Propeller Health	
	Launch DFPC grocery store toolkit	Grocery 4/15/18		
	Improve DDOT Fresh Wagon program to increase participation and focus.	Fresh Wagon 6/1/18	Meet with Joel to discuss Food Policy leadership and goals.	

DASHBOARD UPDATES FOR EXECUTIVE DIRECTOR, 1/25/18 NAME: TIM LAWTHER

	<p>Focus activity of Food Policy Workgroup within Sustainability</p> <p>Implement Good Food Physician Toolkit</p>	<p>Sustainability ongoing</p> <p>Toolkit 8/31/18</p>		
<p><b>SPRO</b></p>	<p style="text-align: center;"><b>SENT UNDER SEPARATE COVER</b></p> <p>In addition:</p> <ol style="list-style-type: none"> <li>1. Creating training for staff on taking an idea to a concept to a proposal to a program to a success to be rolled out by 3/15/18</li> <li>2. Review project management tool and training for all program managers, and discuss with JK by 2/15/18.</li> <li>3. Secure UWSEM funding for transportation and CHA by 2/15/18.</li> <li>4. Create new project approval form and governance process to be complete by 2/28/18</li> <li>5. Overall funding strategy to be developed 2/28/18.</li> <li>6. 3 new Foundation partnerships established 2/28/18.</li> <li>7. Secure transportation vendor through RFP by 4/30/18. RFP will be finalized by 1/31/18. OCP process to start, in conjunction with Mobility, ASAP.</li> </ol> <p style="text-align: right;"><b>Asks for Dr. J</b></p>			

DASHBOARD UPDATES FOR EXECUTIVE DIRECTOR, 1/25/18 NAME: TIM LAWTHER

	<p>8. Work with SPRO, DPE, Harolyn, Scott W to draft R2L next steps document in preparation for Kresge Head start funding by 1/31/18.</p>	
<p><b>Data, Planning &amp; Evaluation</b></p>	<p><b>SENT UNDER SEPARATE COVER</b></p> <p>In addition:          1. Send final draft of GHIB grant to MDHHS by 1/26/18. GHIB funding from MDHHS to be received by 2/10/18; draft agreement with UM SPH for monitoring activities; Post HIA Consultant/Project Manager PD; review and adjust GHIB workplan.</p>	<p><b>Asks for Dr. J</b></p>
<p><b>QI/Accreditation/Strategy</b></p>	<p>Develop strategic plan.          Develop and implement organizational QI plan.          Become PHAB accredited.          Secure State of Michigan accreditation for LHD programs.          Develop and implement HealthStat and DHD dashboard</p>	<p>Strategic Plan 8/31/18          QI Plan 2/15/18          PHAB accreditation 12/31/18          SOM accreditation 12/31/18          HealthStat/Dashboard 3/1/18</p> <p>Submit QI plan to JK by 2/2/18.          Finalize Accreditation plan and submit to JK by 2/2/18; propose domain champions and SMEs to JK.          Finalize HealthStat metrics from Ops and Admin; continue to work with C.Hall on ensuring other program areas are</p> <p>Talk with TL about HealthStat roll up to organizational dashboard, and integration with project management tools</p>

DASHBOARD UPDATES FOR EXECUTIVE DIRECTOR, 1/25/18 NAME: TIM LAWTHER

			progressing toward compliance	
<b>EH/Fs</b>	<p>Complete staff transition to COD</p> <p>Implement proactive, health-focused childcare inspections</p> <p>Implement new and increased fees</p> <p>Post restaurant inspections online</p> <p>Implement BSEED Electronic Plan Review System</p> <p>Post revised SOPs</p> <p>Explore options/benefits of training EH staff as lead assessors</p> <p>Assess ability/need to deputize select EH/Fs inspectors to issue tickets</p>	<p>Staff 4/1/18</p> <p>Child care 3/31/18</p> <p>Fees 5/31/18</p> <p>Inspections 4/1/18</p> <p>BSEED 3/1/18</p> <p>SOPs 3/31/18</p> <p>Lead 2/15/18</p> <p>Deputy 2/1/18</p>	<p>Post Council-approved EH/Fs positions for recruitment, and tell staff when open</p> <p>Work with Tashika, Scott and Christina to include Head Start Prevention and Wellness guidelines in checklist; assess success of initial referral to DHD programs.</p> <p>Secure uploading of new Sword module for child care center inspections in late-February; train staff on existing modules in early-February</p>	<p>Reschedule DACC/EH-FS deputization meeting</p>

DASHBOARD UPDATES FOR EXECUTIVE DIRECTOR, 1/25/18 NAME: TIM LAWYER

	Expedite Vapor Intrusion resident relocation	Relocation 2/15/18		
	Improve DEGC training of new food service entrepreneurs to support plan review timeframe	DEGC 5/1/18		
	Maximize Sword database	Sword 3/31/18		
<b>Misc.</b>	DHD partnership inventory/ management	Partnerships 2/28/18	Finalize process and implementation plan for SEMHA employees to drive mobile unit	
	Mobile Unit drivers	Drivers 2/1/18		

**III. Priorities for the next Two Weeks**

1. Finalize FY'19 budget and new initiative agreement
2. Open priority City position recruitment
3. Start contracting process for 2<sup>nd</sup> & Pallister
4. Finalize accreditation champions/SMEs
5. Implement HIPAA breach response
6. Finalize and communicate Family Place closure response (incl. temp staff relocation)

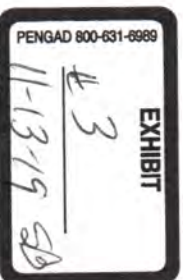
DASHBOARD UPDATES FOR DIRECTOR, 3/8/18 NAME: TIM LAW'THER

**I. Important Meetings/Events Past Two Weeks**

Budget hearing prep x6	CH 7 interview on restaurant inspections
Namita capstone project review	Universal intake and screening kickoff and planning
Public Health & Safety Committee	2 <sup>nd</sup> & Pallister lease x3
HealthStat strategy and planning	Core support team (SPRO, DPE, QI) coordination strategy
CHA community visioning	Interview question development with CoD HR
Restaurant inspection posting planning	AOT & Inhalers progress and plan
Restaurant inspection posting with CM Benson x2	CoD HR meeting
Budget hearing at Council	Post-breach follow up

**II. Important Meetings/Events Upcoming Two Weeks**

Vision/hearing budget and staffing	CoD Development Office-DHD planning
CHRT workforce development project planning	Dr. Pritchett-Johnson re: mental health services
EH/FS HealthStat	Mobility planning
Development/Funding planning	CoD HR&Finance meeting
OGM process improvement	DHD Management meetings
Director of Operations interviews (6)	CHAG-SEMHA audit
Matrix partnerships	



DASHBOARD UPDATES FOR DIRECTOR, 3/8/18 NAME: TIM LAWTHER

Area	Key Updates	Expected Completion Date	Goal next 14 days	Asks for Dr J
<b>Technology/IT</b>	Files at Grandy to be catalogued and moved. DACC technology to be upgraded: 1) server migration to City network; 2) new computers; 3) new phones; 4) new radios; 5) timeclock; 6) workbrain. Secure Healthleads CRM Box.com to be implemented EMR to be implemented Fix MBPIA network issues Complete MBPIA smartboards Close out breach	Grandy 2-23-17 DACC 1-30-18 CRM 3-1-18 Box 1-30-18 EMR 5-30-18 Network 2/1/18 Smartboards 2/15/18 Breach 3/31/18	Vendor to start dealing with Grandy records; Dr. White to identify person to assist in resolution to medical files. Radio order to be approved by FRC then ordered for April delivery; ensure Payroll has new staff in workbrain; continue to transition to Ebony; secure order for tablets and Chameleon Web in time for FY17-18 expense. Meet with UWSEM to discuss fiduciary role on Healthleads	

DASHBOARD UPDATES FOR DIRECTOR, 3/8/18 NAME: TIM LAWTHER

			<p>contract (and other funding).</p> <p>Determine first 30 box.com licensees at DHD</p> <p>Ensure DoIT approves EMR RFP to OCP for posting</p> <p>Work with Ebony to finalize disciplinary action, policy improvements, staff re-training, team building.</p>	
<p><b>Human Resources</b></p>	<p>Roll out Employee Engagement &amp; Wellness Plan</p> <p>Secure CHRT Fellowship funding and implement PH Fellowship project for staff</p> <p>Roll out Workforce development plan, including professional development plan</p>	<p>Engagement &amp; Wellness Plan 1-31-18</p> <p>CHRT 3-31-18</p> <p>Workforce 4-30-18</p>	<p>Develop communications plan for employee engagement with Tameika and Zaundra.</p> <p>Identify additional funding sources to secure Poverty Solutions matching funds (committed \$50K) for CHRT Workforce Training.</p>	<p>Participate in Director of Ops interviews on 3/14 from 11:30-2:30</p> <p>Clarify Alexis role in AHA and Engagement Committee v. Zaundra role – confusion about who does what</p>



DASHBOARD UPDATES FOR DIRECTOR, 3/8/18 NAME: TIM LAWTHER

<p>Hire EH/FS staff into City. Develop schedule and implement staff trainings.</p>	<p>EH/FS staff 3-1-18 Trainings 4/15/18</p>	<p>EH and FS positions are posted; staff is aware; identify interview schedule once closes. Circulate potential trainings list for SLT discussion.</p>	<p>with whom, when, and how.</p>
<p>Hire SEMHA and new positions into CoD.</p>	<p>New COD positions 3-31-18 PDs 3-31-18</p>	<p>Interview and select Director of Operations; schedule interviews for CDDP, Director of Nursing, Chief Integration Officer, and Team Engagement positions.</p>	
<p>Ensure all PDs have been updated to include appropriate content, competencies, Emergency Prep, and language preference information.</p>	<p>Intern 3-16-18</p>	<p>Secure graduate-level interns for summer through Mayor's office; post intern policy.</p>	
<p>Roll out intern program and policy</p>	<p>SOPs ongoing</p>	<p>Determine roles for AHA, and future, fundraisers with staff</p>	
<p>Create and post priority SOPs</p>	<p>AHA 5/12/18</p>	<p>Verify supervisors who participated in SEMHA</p>	
<p>Participate in AHA fundraiser as organization.</p>	<p>UltiPro – 2018</p>		
<p>Rollout new timesheet, performance management, payroll,</p>			

DASHBOARD UPDATES FOR DIRECTOR, 3/8/18 NAME: TIM LAWTHER

	<p>online learning, and employee self-service system (UltiPro) to all COD staff.</p> <p>Rollout new SEMHA time keeping system to all staff</p> <p>Develop master org chart with all positions included</p>	<p>SEMHA 4/15/18</p> <p>Org Chart 4/1/5/18</p>	<p>time keeping training for follow up</p>	
<p><b>Finance/Contracts/Procurement</b></p>	<p>Finalize FY 19 budget</p> <p>Conduct monthly budget review meetings with all cost center leaders</p> <p>Implement billing improvements, including timely filing, denial management, training; catch up on old billings</p> <p>Adjust SEMHA Master Agreement language – conflict of interest, federal requirements, indemnity, foundation grants; develop MOU</p>	<p>'19 budget 4/15/18</p> <p>Budget review ongoing</p> <p>Billing 6/30/18</p> <p>SEMHA 2/28/18</p>	<p>Schedule regular budget review meetings with all programs; set requirements for preparedness.</p> <p>Send final documents to LMCH auditor for final report.</p> <p>Finalize SEMHA MOU with Kat.</p> <p>Get EMR RFP approval through DoIT Committee and posted; follow up with Boysie and Lena.</p>	<p><b>Medicaid Match for UTPP is off the table for now as per State.</b></p> <p>Be ready to escalate to Boysie if GHIB RFP and contract are not completed by 3/12/18 (I called Boysie on 3/6 and sent an email copied to you on 3/8)</p>

DASHBOARD UPDATES FOR DIRECTOR, 3/8/18 NAME: TIM LAWTHER

	<p>with SEMHA for private foundation grants.</p> <p>Implement Medicaid Match program for outreach.</p> <p>Implement EMR</p> <p>Review all contracts</p> <p>Foundation grant budgets</p> <p>SOPs</p> <p>Secure online and in-person credit card payments for DACC, EH/FS, IMMS</p> <p>Contract for GHIB HIA</p> <p>Contract for GHIB air monitoring</p> <p>Assess new fiduciary agent opportunities.</p>	<p>Match 6/1/18</p> <p>EMR 5/31/18</p> <p>Contracts 6/30/18</p> <p>Foundations 1/15/18</p> <p>SOPs ongoing</p> <p>Cards 4/30/18</p> <p>HIA 4/15/18</p> <p>Air 4/15/18</p>	<p>Review expiring contracts for renewal, amendment, or sunset.</p> <p>Audit DACC, IMMS, EH/FS use of triplicate receipts.</p> <p>Review and approve credit card utilization agreement (DACC, IMMS, EH/FS)</p> <p>Follow up with Boysie to get both GHIB RFP and sole source contract completed.</p> <p>Talk with Eric Davis at UWSEM about potential for fiduciary agent role.</p> <p>Ensure budget managers have plan to spend non-salary budget prior to 4/25/18, when OCP closes new procurement requests.</p>	
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DASHBOARD UPDATES FOR DIRECTOR, 3/8/18 NAME: TIM LAWTHER

Facilities				
Find new locations to replace Focus Hope	New location finalized 3/30/18	Secure approval of 2 <sup>nd</sup> & Pallister LOI and begin leasing process.		
Open UTP clinic in NE Health Center	NEHC 5/1/18	Get formal approval for DACC expansion and renovation.		
Open UTP clinic in Butzel	Butzel 5/1/18	Get City logo on new vehicles; get larger alternator put on new trucks; work with GSD to get ramp and lights added to work order after.		
Improve DACC facility; increase kennel space. Fully move out of Family Place	DACC 4/30/18			
Get mobile unit on the road	Mobile 3/31/18			
Get 2 new DACC vehicles on the road	DACC 3/31/18			

DASHBOARD UPDATES FOR DIRECTOR, 3/8/18 NAME: TIM LAWTHER

Human Services/Muni ID/HOPWA	Assess client water security and proactively refer to avoid shutoffs	Water ongoing	Work with Universal intake team to assess opportunities to improve water shutoff intervention in DHD programs (Lead and ESG both found most clients rented and were both unaware of water shutoff potential, and did not want intervention to assess).	Advise as to best way to get Council members and DONs to know about ESG outreach (1 <sup>st</sup> pilot test wave of 30 houses being outreached to in 48214 on 3/10/18).
Secure HealthLeads as DHD CRM	Take Muni ID internal	Muni ID 5/31/18	Determine if Governor will be present at Muni ID-MDHH press conference.	ESG working with Aimee in Lead to evaluate opportunity to train CHWs to do capillary tests for lead – is this something you want us to undertake in ESG?
Grow tenant-based housing census at HOPWA	Improve service delivery and coordination to precarious housing population - ESG	ESG 6/30/18	Debrief from Bowser meeting with Marianna in CM Castaneda-Lopez's office on Muni ID improvements.	Lyke Thompson has indicated a willingness to provide information to ESG on the homes in 48214
Finalize and post program SOPs at HOPWA	Improve case management and housing assistance program integration at HOPWA.	SOPs 4/30/18	Finalize ESG 1-pager.	(ESG Outreach is starting March 10 as pilot to 30 houses
Implement universal screening/case management system	Assess client water security and proactively refer to avoid shutoffs	Intake 12/31/18		

DASHBOARD UPDATES FOR DIRECTOR, 3/8/18 NAME: TIM LAWTHER

			<p>identified by DLBA and the Task Force.) Assess pilot and work with JK to educate Council and DONS (email sent to Vicky Kovari).</p> <p>Connect DBowser to Athena Hall to identify SisterFriends support for pregnant mom in DLBA home in need of assistance.</p> <p>Work with Kat to finalize SEMHA MOU; talk with UWSEM about potential role as fiduciary agent.</p> <p>Plan for MDHHS-Muni ID press conference.</p> <p>Determine best option to secure additional funding from Macgregor for human service work.</p> <p>Review and approve HOPWA case</p>	<p>that he has already visited to better coordinate work in that neighborhood. Is it OK to pursue an MOU with Lyke?</p>
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DASHBOARD UPDATES FOR DIRECTOR, 3/8/18 NAME: TIM LAWTHER

			<p>management restructuring to integrate housing services and case management; ensure PDs are approved by SEMHA and rolled out to staff consistent with SEMHA policy.</p> <p>Revise timeline and develop strategy for Universal Intake based on goals and discussion from last internal team meeting, and submit to JK.</p>	
<p><b>CHRONIC DISEASE &amp; INJURY PREVENTION</b></p>	<p>Create Chronic Disease &amp; Injury Prevention unit</p> <p>Implement D-REACT project</p> <p>Launch DFPC grocery store toolkit</p> <p>Improve DDOT Fresh Wagon program to increase participation and focus.</p>	<p>CDIP 4/15/18</p> <p>D-REACT ongoing</p> <p>Grocery 4/15/18</p> <p>Fresh Wagon 6/1/18</p>	<p>Develop systems and policy change focused workplan with Alex.</p> <p>Determine opportunities for collaboration between Family &amp; Community Health and CDIP chronic disease prevention ideas.</p>	

DASHBOARD UPDATES FOR DIRECTOR, 3/8/18 NAME: TIM LAWTHER

	<p>Focus activity of Food Policy Workgroup within Sustainability</p> <p>Implement Good Food Physician Toolkit</p> <p>Healthy Environments Partnership</p> <p>Develop GDYT Food Tract</p> <p>Enter Bicycle and pedestrian safety coalition space</p>	<p>Sustainability ongoing</p> <p>Toolkit 8/31/18</p> <p>Environments ongoing</p> <p>GDYT 4/1/18</p> <p>Safety ongoing</p>	<p>Review and approve contract with WCHAP and Propeller Health once final draft.</p> <p>Review final report of Demolition Task Force for JK approval.</p> <p>(Alex "loaned" to Communications to help design graphics and collateral for UTPP.</p>	
<p><b>SPRO</b></p>	<p><b>SENT UNDER SEPARATE COVER</b></p> <p>In addition:</p> <ol style="list-style-type: none"> <li>1. Develop plan for enhanced functional support for DHD by improving coordination between (changed) SPRO, DPE, QI units.</li> <li>2. Determine best use of vacant FTE in SPRO based on strategy above.</li> <li>3. Ensure revised Skillman budget includes appropriate timeline for project to succeed.</li> <li>4. Meet with UWSEM to discuss fiduciary role. Discuss CLEEC lead grant specifically.</li> </ol>			<p><b>Asks for Dr. J</b></p>



DASHBOARD UPDATES FOR DIRECTOR, 3/8/18 NAME: TIM LAWTHER

	<ol style="list-style-type: none"> <li>5. Secure agreement on UWSEM-SEMHA contract for transportation and survey funds.</li> <li>6. Finalize draft budgets and timelines for OCDO funding priorities.</li> </ol>	
<p><b>Data, Planning &amp; Evaluation</b></p>	<p style="text-align: center;"><b>SENT UNDER SEPARATE COVER</b></p> <p>AOT</p> <p>In addition:</p> <ol style="list-style-type: none"> <li>1. Audit EK work for the week.</li> <li>2. Review status updates on Division plan (especially data infrastructure); evaluate leadership success of EK on data systems integration.</li> <li>3. Review and approve community advisory group plan on GHIB HIA once received.</li> <li>4. Discuss analysis of EBLL at I-75 construction to assess Eric understanding of the project.</li> <li>5. Secure OCP release of GHIB HIA RFP and Sole Source Contract (see Finance section above)</li> <li>6. Finalize plan to cover JK absence from CHA Steering Committee – propose Eric run the meeting, with support from Esperanza and me.</li> <li>7. Work with Esperanza to finalize list of potential Steering Committee members, especially in faith-based community.</li> </ol>	<p style="text-align: center;"><b>Asks for Dr. J</b></p> <p>Follow up with Baltimore HIO on proposal to DHD.</p>

DASHBOARD UPDATES FOR DIRECTOR, 3/8/18 NAME: TIM LAWTHER

	8. Ensure knowledge transfer to Ebony on SisterFriends evaluation. 9.			
<b>QI/Accreditation/Strategy</b>	Develop strategic plan. Develop and implement organizational QI plan. Become PHAB accredited. Secure State of Michigan accreditation for LHD programs. Develop and implement HealthStat and DHD dashboard Determine Head Start Prevention plan	Strategic Plan 8/31/18 QI Plan 3/31/18 PHAB accreditation application 12/31/18 SOM accreditation 12/31/18 HealthStat/Dashboard 3/1/18	Submit QI plan to JK by 3/31/18. Finalize HealthStat metrics from Ops and Admin; continue to work with C.Hall on ensuring other program areas are progressing toward compliance. Finalize HealthStat strategy and plan to build into organizational dashboard and strategic roadmap and send to JK for review.	Review and approve subject matter experts for accreditation domains.
<b>EH/FS</b>	Complete staff transition to COD Implement proactive, health-focused childcare inspections Implement new and increased fees	Staff 4/1/18 Child care 3/31/18 Fees 5/31/18	Block times for staff interviews Connect OCP to Hotel housing TCE residents to ensure payment.	Reschedule deputization meeting with DPD.

DASHBOARD UPDATES FOR DIRECTOR, 3/8/18 NAME: TIM LAWTHER

	<p>Post restaurant inspections online</p> <p>Implement BSEED Electronic Plan Review System</p> <p>Post revised SOPs</p> <p>Assess ability/need to deputize select EH/FS inspectors to issue tickets</p> <p>Improve DEGC training of new food service entrepreneurs to support plan review timeframe</p> <p>Maximize Sword database</p> <p>Share info from Vapor Intrusion State Workgroup</p> <p>Develop and implement Campground inspection process, policy, and fees.</p>	<p>Inspections 8/1/18</p> <p>BSEED 3/1/18</p> <p>SOPs 4/30/18</p> <p>Deputy 2/1/18</p> <p>DEGC 5/1/18</p> <p>Sword 3/31/18</p> <p>Workgroup 4/15/18</p> <p>Campground 4/15/18</p>	<p>Develop timeline for restaurant grading system</p> <p>Finalize Sword contract.</p> <p>Approve temporary fees to use for Scout Hollow campground inspection for Parks &amp; Rec.</p>	
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## DASHBOARD UPDATES FOR DIRECTOR, 3/8/18 NAME: TIM LAWTHHER

### III. Priorities for the next Two Weeks

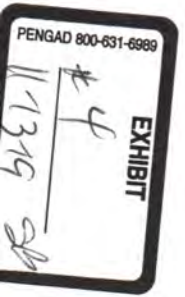
1. Secure start date for 4 priority positions; set interviews for 3 other priority staff; ensure all EH/FS staff applied
2. Complete HealthStat>Dashboard proposal
3. Complete Core Support team (DPE, SPRO, QI) redevelopment proposal
4. Ensure all CoD programs have plan to spend non-salary funds by April 25
5. Ensure GHIB and EMR RFPs are posted
6. Begin 2<sup>nd</sup> & Pallister leasing process

**I. Important Meetings/Events Past Two Weeks (Tim out for 4 days)**

DoT meeting re: Array of Things	MCH Fiscal review response
New America intro call re: Universal Intake/Case Management	GHIB internal knowledge transfer
CHA Steering Committee	DHD Finance meeting
Governor's PH Advisory Council	Andy onboarding x3
GHIB internal update	PHAC
Universal intake/case management internal planning	GHIB TAC call
DMC/Community Foundation pitch for employee development	12 Budget review meetings
EMR RFP demo planning	CoD Planning-DHD community engagement
Arthur/DHD onboarding	DHD HR Reorg follow up
DHD management team	Muni ID internalization
Human Rights complaint re: D. Roberson	Wayne Metro case management collaboration

**II. Important Meetings/Events Upcoming Two Weeks**

UC/Argonne Array of Things planning	Andy onboarding x4
DHD-SEMHA operations	Climate and Health planning
GHIB internal planning	Ms. Roberson discrimination complaint with Human Rights
UM GHIB communications planning	Bed bug ordinance
Regional Chamber Healthy Community Project	Leveraging air quality funding for Tiger grant
Labor relations training	Dr. Mmeje
Mayor meeting re: CHA	Universal intake pilot project
Quarterly budget meetings with Director	OGM monthly
Bi-weekly HR	



DASHBOARD UPDATES FOR DIRECTOR, 5/31/18 NAME: TIM LAWTHER

Area	Key Updates	Goal next 14 days	Asks for Dr J
<b>Technology/IT</b>	<p>Cure MD is only bidder for EMR; participated in EMR demonstration, including case management module, with 20 DHD staff users</p> <p>Box.com purchasing process being completed by DoIT</p> <p>ICHAT reinstated at SisterFriends</p> <p>Agreed with New America Foundation to develop collaborative pitch for technology Sprint to identify opportunities and barriers to integration of universal screening technology.</p> <p>Achieved agreement with Wayne Metro on next steps for pilot, including training of DHD staff on ServicePoint and MIBridges enrollment.</p>	<p>Finalize EMR vendor</p> <p>Identify Round 2 users of box.com based on DoIT direction and secure access; identify training opportunities for staff.</p> <p>Ensure ICHAT test and users are functional.</p> <p>Demo Service Point, Healthleads, and Eccovia with end users.</p> <p>Set training date for DHD staff to receive MIBridges enrollment training.</p>	
<b>Human Resources</b>	<p>Submitted funding proposal to DMC Foundation for CHRT Staff Training initiative</p>	<p>Select ESill candidates.</p>	<p>Confirm Zaundra's role in restorative Practices is</p>

DASHBOARD UPDATES FOR DIRECTOR, 5/31/18 NAME: TIM LAWTHER

<p>Agreed with HR on inclusion of writing sample and test for all ES position candidates, and process to ensure fair interviewing process</p> <p>75% of PDs have been updated to include appropriate content, competencies, Emergency Prep, and language preference information.</p> <p>Summer interns selected and plan complete.</p> <p>Workforce development plan draft reviewed – needs work.</p> <p>Team Engagement position interviews did not lead to obvious selection</p> <p>Regular lunchtime river walks and First Friday bike rides were rolled out; other location employee wellness activities are still being coordinated with on-site committee members</p>	<p>Create requisitions for all priority positions to be hired July 1</p> <p>Develop plan, likely as part of performance reviews, for updated PDs to be rolled out to staff; update intranet with new PD format.</p> <p>Onboard interns June 4</p> <p>Finalize workforce/professional development plan</p> <p>Develop proposal for staff satisfaction/ workforce development survey.</p> <p>Publicize all employee engagement activities more broadly, including at sites beyond MBPIA.</p> <p>Convene Dr. A, Zandra, Andrew, and me to set roles, tasks, and timelines for EH/FS customer service improvement.</p>	<p>supportive, not leadership.</p> <p>Feedback on level of team Engagement position (Div. Admin or Project Leader).</p> <p>Decision on priority positions, org chart proposal, and Lauren and Bowser salaries and titles.</p> <p>Assist in getting better support from Communications for Employee Engagement activities (emails, flyers, etc.).</p>
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DASHBOARD UPDATES FOR DIRECTOR, 5/31/18 NAME: TIM LAWATHER

		<p>Finalize Ms. Roberson disciplinary action response with Human Rights.</p>	
<p><b>Finance/Contracts/Procurement</b></p>	<p>Continued work with OCP to ensure end of year purchasing is on track; list of concerns sent to Dr. J for Boysie follow up. No major progress on areas of concern</p> <p>Held monthly budget meetings with all program managers and respective senior leaders, with focus on annualized projections and specific plans to meet budgets.</p> <p>UM-SPH contract sent back by UM; I talked with Law and they are finalizing their review of the agreement; I asked OCP to add the new \$94,000 to this contract to make it easier going forward</p> <p>UM requested approval to expend funds prior to contract execution so as to meet deadlines; escalated to OCP leadership on 5/30/18, no response yet.</p> <p>Drafted responses to LMCH Financial Review findings.</p> <p>HIA contract clearances (required by law) have been sent to OCP by the winning bidder (Detroit Hispanic development</p>	<p>Schedule regular budget review meetings with all programs; set requirements for preparedness.</p> <p>Prepare SEMHA budget planning documents and training for June budget meetings with program managers.</p> <p>Prepare quarterly budget report for SLM.</p> <p>Send final response to LMCH State Financial Review.</p> <p>Send final documents to LMCH auditor for final report.</p> <p>Meet with SEMHA and City on inability to grant indemnity to SEMHA.</p> <p>Meet with UWSEM on fiduciary agent opportunities.</p>	<p>Continue to push for UM-SPH and HIA contracts to be completed every time you see Boysie. I will escalate specifics if I don't hear back from OCP and Law 6/1/18</p>



DASHBOARD UPDATES FOR DIRECTOR, 5/31/18 NAME: TIM LAWTHER

	<p>Corporation) and are being reviewed. Once complete the contract should be sent for review within a week.</p>		
<p><b>Facilities</b></p>	<p>Toured potential space at 411 Piquette and 400 Mack for HOPWA, Lead, and, ultimately, all Central office/ 7 Mile/ Samaritan services.</p> <p>Lease negotiated with Considine for HOPWA; awaiting Katie approval.</p> <p>DBA and Katie Hammer considering options for HOPWA at Municipal Parking, enhanced renovation of entire NEHC, and Considine – decision expected 6/1/18.</p> <p>Lead staff to be built out in atrium of W. 7 Mile.</p> <p>Butzel UTPP Clinic to be ready in June.</p> <p>GSD to rectify NEHC renovation shortfalls prior to move in; still searching for additional City funds to renovate full NEHC.</p>	<p>Secure HOPWA space by June 15</p> <p>Complete Lead Blight Fund staff space at W. 7 Mile by June 11</p>	

DASHBOARD UPDATES FOR DIRECTOR, 5/31/18 NAME: TIM LAWTHERR

Human Services/Muni ID/HOPWA			
	<p>Defined next steps with DoIT, Chanay, and D.Bowser to ensure municipal ID ready for internalization August 1; equipment has arrived; existing vendor (SF Global) contract cancellation approval sent to OCP, so SFG will be aware of cancellation on 6/1/18.</p> <p>Met with Wayne Metro and agreed on pilot to begin at Samaritan and work towards an ED; staff will be trained on ServicePoint and MLBridges; client numbers and process flows are being developed by Lisa for discussion with Wayne Metro at next meeting in mid-June; goal is to roll out pilot in late July.</p> <p>Wayne Metro confirmed they are interested in working with us on their likely Head Start application.</p> <p>ESG has &gt;40 people in their case management system currently; data being collected and soft referrals occurring. Expansion into Chandler Park (~30 households) to occur in mid-June; new staff being hired to manage phones; HRD committed to continued funding (including sending ~\$9,000 to SEMHA to offset Bowser salary); Lyke's WSU Team</p>	<p>Define source of funding for Muni ID program starting in August.</p> <p>Review draft of final McGregor grant report for 6/30 submission.</p> <p>Review ESG metrics for case studies to help sell the ESG program more broadly across the City.</p> <p>Set meeting date with Wayne Metro and review process flows and plans in preparation for final pilot negotiation.</p> <p>Revise timeline and strategy for Universal Intake based on discussion with New America Foundation, Wayne Metro, and UWSEM.</p>	

**DASHBOARD UPDATES FOR DIRECTOR, 5/31/18 NAME: TIM LAWTHER**

	<p>partnering with ESG to install deadbolts, smoke/CO2 detectors, and wheel locks.</p> <p>CM Castaneda-Lopez will introduce a revision to the Muni ID ordinance to make the point system easier to navigate and easier for people with driver's license to obtain.</p> <p>HealthLeads and ServicePoint have been demo'ed and both are good systems; Cure MD case management system (part of the EMR) may be the best option – waiting on a couple details to see how it might work outside of the clinic environment, but holds promise.</p> <p>HOPWA reorganizing to be consistent with other programs, including having all professional staff act as housing coordinators, which will reduce case loads and improve case management for clients.</p>		
<p><b>CHRONIC DISEASE &amp; INJURY PREVENTION</b></p>	<p>Team of staff interested/ working in Chronic disease met to discuss activities and opportunities to collaborate, led by Alex; next meeting (6/21) to define roles, strategies, and partners as last step before comprehensive workplan.</p> <p>Decided to have SEMHA contract directly with Propeller Health and WCHAP for</p>	<p>Revise Alex internal chronic disease matrix to ensure connection to organizational goals and increased policy focus.</p> <p>Develop systems and policy change focused workplan with Alex.</p>	

**DASHBOARD UPDATES FOR DIRECTOR, 5/31/18 NAME: TIM LAWTHER**

	<p>Smart Inhalers to eliminate indemnity (Propeller) and Medicaid Match (WCHAP) issues; language finalized and sent to SEMHA for review.</p> <p>Grocery Store coalition launching listening sessions to engage grocers in health promotion.</p> <p>Successful meeting held with Planning, DEGC, DDOT, Parks and Rec, Sustainability, DHD to come to consensus on food access and policy.</p> <p>Press release likely coming from GDYT which will include introduction of Food and Health Tract, including DHD providing some training and connections for students interested in public health.</p> <p>Potential for Detroit Food and Fitness Collaborative (DFFC) to re-launch after 10-year hiatus to focus on chronic disease prevention; parties interested.</p>	<p>Determine opportunities for collaboration between Family &amp; Community Health and CDIP chronic disease prevention ideas.</p> <p>Review survey of food access (and other) metrics prior to being sent to departments from initial food access meeting.</p> <p>Review Healthy Environments Partnership request for DHD to host (and manage?) walking club program.</p> <p>Strategize plan for DFFC 1<sup>st</sup> meeting</p>	
<p><b>SPRO</b></p>	<p>Memo sent under separate cover</p>		
<p><b>DPE</b></p>	<p>Worked closely with Lauren to submit MDHHS GHIB protocol due June 1 (submitted May 25); TAC call was successful.</p>	<p>Continue to ensure staff feel connected to organization and are focused on right things (GHIB for Lauren, MCH</p>	<p>Chat with TL about desire/need to continue with Array of Things.</p>

DASHBOARD UPDATES FOR DIRECTOR, 5/31/18 NAME: TIM LAWTHER

	<p>Draft of CHA presentation for Mayor and draft vision and values sent to JK.</p> <p>Refocused Haifa on integration of survey into her timeline with the CHA health Assessment Committee – will delay final report from Committee.</p> <p>Lauren will be satisfied with new title (Manager, Community Epidemiology) and a city position with a raise to ~\$80,000.</p> <p>Haifa will be satisfied with a title change to PH Project Leader and a raise to ~\$70,000; she will be funded ~50% from LMCH next year, so 0399 only covers portion of her salary.</p> <p>Receiving all of Eric's files to ensure knowledge transfer; Lauren, Haifa, and Leila reporting directly to me until new position hired.</p> <p>Setting meeting with Cooling Center team to define next steps and solidify plans to open cooling centers, built off successful warming centers plan.</p> <p>Working with Argonne to assess contracting issues.</p>	<p>and organizational data infrastructure and annual report for Haifa, Cooling Centers and DREACT for Leila).</p> <p>Get up to speed on Cooling Centers.</p>	
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DASHBOARD UPDATES FOR DIRECTOR, 5/31/18 NAME: TIM LAWTHER

	<p>Stopped community meeting on DREACT, and instead focused on attending existing community meetings.</p>		
<b>QI/Accreditation/Strategy</b>	<p>Offboarding Christina, including getting access to files, contacts, plans, etc.</p> <p>Onboarded Ethan to lead accreditation and report to me; introduced to CDC supervisor of fellowship.</p>	<p>Review status of all program HealthStats; finalize Operations and Org. development HealthStats.</p> <p>Rethink SME assignments for accreditation based on Kessell and Hall departures.</p>	
<b>EH/FS</b>	<p>Came to consensus with HR to conduct test with writing sample for all applicants for EHSL, II, III positions on same day; interviews for 12 applicants for ESIII will also occur on same day.</p> <p>Vapor mitigation system installed at 9200 Gratiot does not appear to be sufficient nor compliant; Matrix doing its own testing just in case.</p> <p>Mosquito testing is about to come into full force; only current location for testing the frozen mosquitos is at the inspector's desk at MBPIA.</p> <p>Scott reviewed bed bug proposal and sent feedback to Marcell Todd who has</p>	<p>Interview and rank applicants for ES III positions; set interview times for ES I and ES II positions.</p> <p>Meet with DEQ and building owner Monday to determine next steps with 9200 Gratiot Vapor mitigation issue.</p> <p>Develop timeline for restaurant grading system</p> <p>Finalize Sword contract.</p> <p>Approve temporary fees to use for Scout Hollow campground inspection for Parks &amp; Rec.</p>	<p>Do you want me to send an email to staff about the mosquito testing? It is 100% safe, but the perception of staff may not good.</p> <p>How would you like to proceed on 4500 Trumbull soil lead issue?</p>

DASHBOARD UPDATES FOR DIRECTOR, 5/31/18 NAME: TIM LAWTHER

	<p>scheduled a meeting with Scott and me for week of 6/4.</p> <p>Scott sent good feedback on Food truck ordinance to Mark Toaz in Law, copied JK; awaiting response from Law.</p> <p>Lead in soil at 4500 Trumbull Senior Center, next to school. Harolyn will work with school to test kids if necessary; Scott will contact DEQ again, but does not think they have resources; BSEED has not yet responded about resources to assist with soil tests.</p> <p>First temporary campground inspection occurred for Grand Prix, second to occur at Scout Hollow Campground in Cody Rouge; no current fee, so using temporary event license fee structure until get new fee approved by Council.</p> <p>WSU IT students have started and will meet with Scott to define parameters of work to create restaurant grading system; goal is to have it at least mostly coded by end of August; in the meantime, we will continue to research best practices and define next steps.</p>		
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**III. Priorities for the next Two Weeks**

1. Continue to transition operational functions to Andy, especially SEMHA budgets

DASHBOARD UPDATES FOR DIRECTOR, 5/31/18 NAME: TIM LAWTHER

2. Finalize EMR vendor and start contracting
3. Secure box.com licenses
4. Re-engage programs on HealthStat, including templates
5. Finalize Business Associate Agreement
6. Create and roll out policy template
7. Define next steps for Cooling Centers
8. Finalize proposal for Array of Things continuation
9. Define tangible next steps for customer service and process improvements in EH/FS



DASHBOARD UPDATES FOR DIRECTOR, 6/14/18 NAME: TIM LAWTHER

<b>I. Important Meetings/Events Past Two Weeks</b>	
Cure MD case management demo	EPA TA project
Climate & Health planning	Bed bug and medical marijuana ordinances
Municipal parking walk through for Lead staff	Withington discrimination complaint with Civil Rights
Tiger grant air quality funding	Dr. Mmaje
AoT call with Argonne, U.Chicago, DoIT	CHRT staff development evaluation plan
CHA prep	HOPWA lease extension
GHIB communications coordination with UofM	Detroit Regional Chamber Healthy Community project
Mayor re: CHA/CHIP	NE Health Center tour
DHD-SEMHA operations	Universal intake
GHIB calls/meetings (Law, Governor's office, UofM, OCP, Mayor's office, internal) x12	Labor relations training
Restorative practices training	Samaritan space walk through for HOPWA
MALPH BoD	REACH grant x3
LMCH financial review response x2	Quarterly budget meeting
Andrew onboarding x4	Health in All Policies/Master Plan recommendations
Bi-weekly City HR meeting	Muni ID future

<b>II. Important Meetings/Events Upcoming Two Weeks</b>	
GHIB TAC	Universal intake internal stakeholders
Cecelia Walker re Butzel rent	EH interviews x11
CHA/CHIP	Demolition Contractor Appeals Board
Engagement & Restorative Practices	Detroit Regional Chamber Healthy Community project
Management meeting	Internal chronic disease planning
DHD-UWSEM data sharing and fiduciary opportunities	All team meeting
Eccovia Solutions CRM demo	Aaron Foley re CHA



DASHBOARD UPDATES FOR DIRECTOR, 6/14/18 NAME: TIM LAWATHER

Area	Key Updates	Goal next 14 days	Asks for Dr J
<b>Technology/IT</b>	<p>Cure MD is only bidder for EMR; participated in EMR demonstration, including case management module, with 20 DHD staff users</p> <p>Box.com purchasing process being completed by DoIT</p>	<p>Review EMR contract and finalize timing and decision</p> <p>Finalize with DoIT who needs, and how they get, box.com</p> <p>Define CRM pros and cons for final decision.</p>	
<b>Human Resources</b>	<p>Interviews set for EHSI, II, and III positions</p> <p>City managers trained on Labor Relations.</p> <p>Dwight Thomas leaving City for Teamsters position (not involved with City contract).</p> <p>Position Description template revision approved.</p> <p>Developing survey to assess staff training needs, satisfaction, skills</p> <p>Talked with Civil Rights re S. Withington complaint. They will be interviewing 5 staff</p>	<p>Select ESIII candidates.</p> <p>Create requisitions for all priority positions to be hired July 1, post vital positions.</p> <p>Draft outline for performance review process (City and SEMHA)</p> <p>Finalize workforce/professional development plan</p> <p>Post PD template on intranet</p>	<p>City HR wants to have Zaundra train City staff on Ethics, in addition to Workplace Etiquette. I asked for cost offset. Thoughts?</p>

DASHBOARD UPDATES FOR DIRECTOR, 6/14/18 NAME: TIM LAWTHER

	<p>over the next 2 weeks as potential witnesses; ethics complaint response (by same person) will be sent next week; grievance (by same person) was dismissed.</p> <p>Submitted DMC Foundation proposal for CHRT staff development project, with enhanced evaluation component.</p> <p>Awaiting SEMHA approval for Zaundra to maintain Master staff list.</p> <p>Zaundra taught Workplace Etiquette class for DPW.</p>		
<p><b>Finance/Contracts/Procurement</b></p>	<p>Continued work with OCP to ensure end of year purchasing is on track. Billboards and Radio One procurement requests cannot be completed by OCP, as they both have back taxes due that cannot be waived. Those funds can be used for DACC and Lead emergency procurement needs</p> <p>Response to LMCH Financial Review was sent to auditors on time, after sign off from ODFS, Ebony, Valentina, and Yolanda.</p> <p>UM-SPH notice to proceed was delivered so that UM can start spending money on GHIB contract; HIA contract going to Council next week for final approval.</p>	<p>Train SEMHA program managers on budget prep and provide templates for budget development; review May FSRs with eye on budget development; evaluate comprehensive variance report for both SEMHA and City.</p> <p>Push emergency procurement for DACC and Lead through system.</p> <p>Meet with SEMHA and City on inability to grant indemnity to SEMHA (&gt;6/24)</p>	

DASHBOARD UPDATES FOR DIRECTOR, 6/14/18 NAME: TIM LAWTHER

	<p>Discussed Capital Agenda items with Andrew, will review submission.</p>	<p>Meet with UWSEM on fiduciary agent opportunities (6/21)</p>	
<p><b>Facilities</b></p>	<p>Secured 90-day extension for HOPWA at Fisher Building                  Secured space for Lead Blight staff at Municipal parking</p>	<p>Finalize space plan for organization, including 248 staff                  Get City to expedite lease for HOPWA post 90 day extension.                  Secure remedy to NEHC renovation shortfalls</p>	<p>May need your intervention to get the HOPWA lease executed – will let you know</p>

DASHBOARD UPDATES FOR DIRECTOR, 6/14/18 NAME: TIM LAWTHER

<p><b>Human Services/Muni ID/HOPWA</b></p>	<p>Katie, Jerrell, and Chanay are talking about where the Muni ID program will sit once it comes to City (DHD or Workforce); there is no budget for it currently anywhere; Jerrell an Katie will see if they can get budget from Mayor's Office or escalate as fundraising priority of ODG; ½ the equipment has been received for testing; OCP notified that we will not extend contract with vendor; partnership with MoGo formed (\$30 off annual fee with Muni ID)</p> <p>Ongoing talks with Land Bank to prioritize housing for pregnant women within 1 mile from a SisterFriend/mentor/family member – they are supportive of concept; ESG has 35 people in their case management system currently; data being collected and soft referrals occurring. Expansion into Chandler Park (~30 households) to occur in early-July; new staff person hired to manage phones; all program data now on <a href="http://www.box.com">www.box.com</a>.</p> <p>Additional Housing Coordinator hired by HOPWA to meet demand and cover for staff on FMLA</p>	<p>Review and approve McGregor grant report (6/30).</p> <p>Solidify move of Community Supports Manager position from SEMHA to City ASAP.</p> <p>Review draft of final McGregor grant report for 6/30 submission.</p> <p>Review and approve communications for City leaders on expansion of ESG into Chandler Park in July.</p> <p>Universal intake meeting to be held with internal stakeholders (6/15) to update activities.</p> <p>Meet with Wayne Metro about delaying project with SisterFriends until July to be prepared with workflows, etc.</p> <p>Make final decision on CRM database system</p>	<p>City leaders should be made aware of ESG expansion into Chandler Park (at least District 4 and 5)</p>
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DASHBOARD UPDATES FOR DIRECTOR, 6/14/18 NAME: TIM LAWTHER

<p><b>CHRONIC DISEASE &amp; INJURY PREVENTION</b></p>	<p>REACH overview, with MCH connections, sent to JK for review and sell to Arthur, et al; met with WSU to review options for grant leadership.</p> <p>CDIP workplan draft sent to JK for quick overview of Alex's world – more work to be done.</p> <p>Internal CDIP stakeholders to meet with staff interested/ working in Chronic disease met to discuss activities and opportunities to collaborate, led by Alex; next meeting (6/21) to define roles, strategies, and partners as last step before comprehensive workplan.</p> <p>Successful meeting held with Planning, DEGC, DDOT, Parks and Rec, Sustainability, DHD to come to consensus on food access and policy.</p>	<p>Internal CDIP stakeholders to meet again to revise objectives and ensure coordination of effort.</p> <p>Solidify REACH grant roles (convener, fiduciary, participant, etc.)</p> <p>Community listening sessions to be held with Grocery Store Coalition to get better sense of needs and capabilities.</p> <p>Define DHD role (leader/manager, partner, funder, etc.) with Healthy Environments Partnership (to be affected by REACH decision)</p> <p>Review SEMCOG grant on pedestrian and bicycle safety</p> <p>Ensure SEMHA comfortable with direct contracts with Propeller health and WCHAP for Smart Inhalers.</p>	<p>Do we go for the REACH grant as fiduciary and lead or just participant with WSU as lead?</p>
<p><b>SPRO</b></p>	<p>Memo sent under separate cover</p>		

DASHBOARD UPDATES FOR DIRECTOR, 6/14/18 NAME: TIM LAWTHER

	<p>In addition, transportation RFP through City will not be awarded until next FY.</p>	
<p><b>DPE</b></p>	<p>Reviewed Michigan Association of Planners review of Detroit Master Plan for health inclusion opportunity; met with Lauren and Esperanza to define roles going forward (Lauren lead, Esperanza support on engagement); set meeting with internal stakeholders to develop list of priorities for Master Plan/Health In All Policies work; define deliverables for TA (available until mid-September).</p> <p>Weekly meetings with all DPE staff to set agendas and learn more about assets to be brought into DHD.</p> <p>GHIB contracting issues resolved – everyone aware of status.</p> <p>Internal group met to discuss opportunities and current efforts around environmental justice</p> <p>Reviewing Christina files; setting priorities for Ethan's work on Accreditation – Gaps in policies top priority</p>	<p>Set meeting with community coalition working on master Plan health inclusion opportunities for mid-July.</p> <p>Transition leadership of TAC call to DHD (6/14)</p> <p>Have stakeholders meeting to define next steps for Heat Emergency work (especially cooling centers at this point).</p> <p>Finalize AoT contracting issues</p> <p>Solidify opportunity for enhanced work in environmental justice space</p>
<p><b>QI/Accreditation/Strategy</b></p>	<p>Review status of HealthStats across organization; identify templates.</p> <p>Finalize list of priority policies to roll out in next 12 weeks</p>	<p>Chat with TL about desire/need to continue with Array of Things.</p>

Commented [JK1]: For our 1-1.

DASHBOARD UPDATES FOR DIRECTOR, 6/14/18 NAME: TIM LAWTHER

<p><b>EH/FS</b></p>	<p>Mosquitos will be tested in Muni ID closed office space so as to avoid concern at MBPIA.</p> <p>DPSCD is developing testing plan for Edmonson school; DEQ won't be able to test until late July at earliest</p> <p>Owner at 9200 Gratiot agreed to submit test results and plans to revise mitigation system; DHD and DEQ watching closely.</p> <p>First temporary campground inspections went well.</p> <p>Medical marijuana community meeting was long and contentious; relationship with LPD improving.</p>	<p>If DPSCD does not agree to test Edmonson school by mid-June, we need higher level intervention</p> <p>Interview all applicants for ES III positions and hire</p> <p>Assess WSU Cornerstone student project on restaurant grading system to ensure meets DHD needs</p> <p>Third notices for food license renewals to go out within week; may need to send cease and desist notices to several restaurants; having Scott's team call and visit locations to assist as possible prior to cease and desist.</p> <p>Develop list of new fees and revised EH and FS fees and new FS revenue projections for Council approval in Fall.</p> <p>Develop issue and opportunity list for medical marijuana ordinance.</p>	<p>Be prepared to intervene with Dr. Vitti on Edmonson lead testing.</p>
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III. Priorities for the next Two Weeks



DASHBOARD UPDATES FOR DIRECTOR, 6/14/18 NAME: TIM LAWTHER

1. Continue to transition operational functions to Andy
2. Health Stat templates or processes
3. Policy gaps and assignments
4. DACC fiduciary MOU and DHD fiduciary options
5. Get priority positions posted

DASHBOARD UPDATES FOR DIRECTOR, 8/9/18 NAME: TIM LAWTHER

**I. Important Meetings/Events Past Two Weeks**

GHIB call with Governor's Office	Weekly finance
DACC renovation	Civilla Universal screening
New Parthenon closing x4	Internal EH working group
OGD re: DHD funding and financial processes	MI Assoc of Planners re: HiAP
DHD Internship presentations	Community Epidemiology interviews
Immunization staff "bonuses"	MDHHS budget amendments
Lyft contracting	Community Support Services interviews
EMR/CRM utilization	DACC teamsters contract finalization

**II. Important Meetings/Events Upcoming Two Weeks**

GHIB call with Governor's Office	MALPH call
Team Engagement committee future	Food truck ordinance with CM Castaneda-Lopez
UM Economic mobility	GHIB TAC call
Detroit Restaurant Association	Management meeting
Chief Epi interviews	UWSEM universal intake/screening
Wayne Metro case management pilot	Regional Chamber-DHD partnerships
Bi-weekly HR meeting	HIO interviews

EXHIBIT

PENGAD 800-631-6989

#6  
11/13-19 SB

DASHBOARD UPDATES FOR DIRECTOR, 8/9/18 NAME: TIM LAWTHER

Area	Key Updates	Goal next 14 days	Asks for Dr J
<b>Technology/IT</b>	<p>Server migration occurring throughout August – staff will be notified.</p> <p>Eccovia chosen as vendor for CRM - SisterFriends will be pilot.</p> <p>CRM will likely work for clinical services – working with Eccovia to finalize lab and pharmacy integration.</p> <p>Civilla looking for pilot to test referral process for WRAP users – WIC chosen.</p>	<p>Set time for Eccovia to review SisterFriends processes and workflows for accurate price quote.</p> <p>Finalize ability for Eccovia to integrate with Lab and Pharmacy</p> <p>Identify next steps for WIC pilot with Civilla.</p>	
<b>Human Resources</b>	<p>EHS I, II, III offers extended, working through replacement offers for people who refused offer.</p> <p>Community Epidemiology and Support Services position interviews complete.</p> <p>Interviews set for HIO and Chief Epidemiologist.</p>	<p>Finalize third EHSIII hire – if offer rejected by external candidate, hire additional EHS I or II and provide another internal advancement opportunity in ~6 months.</p> <p>Extend offers to Lauren Fink and David Bowser.</p>	<p>Approve or adjust plan for DHD staff Olympics/BBQ</p>

DASHBOARD UPDATES FOR DIRECTOR, 8/9/18 NAME: TIM LAWTHER

<p>Funding sources drafted for DACC Teamsters contract positions,</p>	<p>Team engagement activities:</p> <ul style="list-style-type: none"> <li>• DHD Olympics/BBQ plan developed and sent to SLT for review</li> <li>• First Friday of the month bike rides at 5pm</li> <li>• Book club every other Tuesday meeting – reading Handmaid’s Tale now</li> <li>• Walking clubs daily at Jefferson; movement classes to be piloted at 7 Mille.</li> <li>• Fitness punch cards being distributed for staff who want to win prizes for participating in physical activity</li> <li>• “Accountability Buddies” program to be rolled out where certain staff mentor other staff and help hold them accountable to their fitness goals</li> <li>• Lunch and Learn topics being developed</li> </ul>	<p>Finalize DACC teamsters contract funding sources.</p> <p>Rollout professional development policy to staff.</p> <p>Determine HIO hire</p> <p>Post new PD format to intranet</p> <p>Rollout Professional Development policy</p> <p>Finalize draft of training plan</p> <p>Begin to gather staff demographic data</p> <p>Hear funding decision on CHRT project in 2 weeks</p>	
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DASHBOARD UPDATES FOR DIRECTOR, 8/9/18 NAME: TIM LAWTHER

<p><b>Finance/Contracts/ Procurement</b></p>	<p>Working with Jean to define contracts and agreements and develop tracking system.</p> <p>UM DMACS survey contract negotiations almost complete</p> <p>MCDC contract executed</p> <p>UWSEM as fiduciary looks probable; awaiting meeting between Dr. Driver and Dr. Khaldun.</p> <p>MPFA contract sitting in OCP; multiple emails to staff and managers and calls made to Boysie to expedite, with no progress yet.</p> <p>GF marketing funds identified; POs can be spent against; social media purchase made for August.</p> <p>Met with OGD to continue transition of certain grant reporting functions from ODFS to ODG</p>	<p>Finalize UM DMACS contract with SEMHA</p> <p>Ensure MDEQ and MPFA contracts are executed with City</p> <p>Finalize adjustments on POS that did not get received in FY18 and resubmit for FY19.</p>	<p>Call Boysie to get MPFA contract executed</p> <p>Complete approval of SEMHA program budgets in eGrams.</p>
<p><b>Facilities</b></p>	<p>HOPWA lease approved by City, sent to landlord for final approval</p>	<p>Finalize DACC renovation plan – options due 8/17/18</p> <p>Finalize MBPIA and W. 7 Mile space plans</p> <p>Secure lease for HOPWA</p>	

DASHBOARD UPDATES FOR DIRECTOR, 8/9/18 NAME: TIM LAWTHER

Human Services/Muni ID/HOPWA			
	<p>Reworking HOPWA budget to increase rental assistance by \$250,000 as result of national program changes and increased need for assistance.</p> <p>ESG expanded into Chandler Park, with initial visit to ~30 homes.</p> <p>Eccovia chosen as vendor for CRM - SisterFriends will be pilot.</p> <p>CRM will likely work for clinical services – working with Eccovia to finalize lab and pharmacy integration.</p> <p>Civilla looking for pilot to test referral process for WRAP users – WIC chosen.</p>	<p>Finalize HOPWA rental assistance budget amendment</p> <p>Approve HOPWA staff rental inspection training opportunity.</p> <p>Determine Wayne Metro role at SisterFriends at meeting between 2 agencies.</p> <p>Begin process mapping universal intake and eligibility, leading to service provision, then backend case management; identify intern to finish intake form consolidation.</p> <p>Identify Muni ID funding source with Jerrell.</p> <p>Finalize money transfer from HRD to DHD for FY'19</p>	

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<p><b>CHRONIC DISEASE &amp; INJURY PREVENTION</b></p>	<p>D-REACT recruitment proceeding very well.</p> <p>Listening session for 8/23 set with local grocers to discuss health promotion and healthy customer service as part of Grocery Store Coalition.</p> <p>Exploring funding opportunities to reconvene Healthy Eating, Active Living Coalition (HEAL)</p>	<p>Finalize Chronic Disease workplan</p> <p>Convene CDC REACH partners to continue progress with partnerships.</p> <p>Finalize reporting processes for D-REACT</p> <p>Review outcome of grocery store listening session</p> <p>Sustainability/Food Policy Workgroup meeting to discuss possible future community meeting.</p> <p>Review funding requests for HEAL coalition prior to submission</p>	
<p><b>SPRO</b></p>	<p>Memo sent under separate cover</p>		
<p><b>DPE</b></p>	<p>Solidified role of TA in HIAP and Master Plan work</p> <p>Meeting with HFHS and Beaumont to discuss CHNA was cancelled by Kimberley Dawn-Wisdom.</p>	<p>Review HIAP / HIA within Master Plan draft.</p> <p>Review plan for community resources guide, connecting CHA with GHIB.</p>	

DASHBOARD UPDATES FOR DIRECTOR, 8/9/18 NAME: TIM LAW'THER

	<p>Appointment of Susan Hawkins apparently ruffled feathers at HFHS (perhaps related to above?)</p> <p>CHA connection to Sustainability work planning between Esperanza and Leila.</p> <p>Community engagement best practices through LHDs being developed and will be sent to Building the Engine for Community Development workgroup</p> <p>Health topic has been removed from Sustainability Office's community meetings; Health has been asked to participate as facilitators of equity discussion.</p> <p>CHA Force of Change subcommittee completing plan to move forward</p> <p>CHA/CHIP presentation by Esperanza to Asthma Steering Committee</p> <p>GHIB on track</p> <p>Internal EH working group finalized workplan</p>	<p>Finalize Local PH System Assessment completion plan</p> <p>Review Sustainability's equity framework prior to agreeing to participate as facilitators of community dialogue.</p> <p>Review community meetings in 48217 to assess opportunities to expand and coordinate engagement.</p> <p>Review Force of Change plan prior to finalize dates for community meeting.</p> <p>Finalize draft of DHD partnership inventory form to hopefully rollout in early September.</p> <p>Work with Andy Doctoroff to identify 10-year funding for GHIB project.</p> <p>Finalize GHIB Complaint Smartsheet form for website and go live.</p>	
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DASHBOARD UPDATES FOR DIRECTOR, 8/9/18 NAME: TIM LAWTHER

		<p>Ensure meetings set for Leila to transfer Climate Health knowledge to Sheila Finch.</p> <p>Finalize AoT decision based on Argonne analysis support.</p> <p>Approve EH Work Group final workplan</p> <p>Finalize EH Fellow workplan</p>	
<p><b>QI/Accreditation/Strategy</b></p>	<p>HealthStats email and template drafted for managers to prepare for August meetings</p>	<p>Continue meeting with managers on HealthStats.</p> <p>Coordinate policies required for Accreditation with policy template and list of policies Jean is working on.</p> <p>Post Admin positions</p>	
<p><b>EH/FS</b></p>	<p>EHS I, II, III offers sent and most accepted.</p> <p>9200 Gratiot (TCE incident; owned by pastoral Alliance) was inappropriately used as polling place (no health impacts of short term exposure there according to DEQ); Clerk has agreed to find another location for general election; 9208 Gratiot (Matrix) has high levels of TCE in concrete slab; Matrix investigating remediation with building owner; weekly calls with MDEQ</p>	<p>Finalize proposal for medical marijuana fees and prepare JK for negotiation with BSEED</p>	<p>Sign Cease and Desist letters for establishments who have not paid for license renewals.</p>

DASHBOARD UPDATES FOR DIRECTOR, 8/9/18 NAME: TIM LAWTHERR

	<p>and MDHHS to follow up on progress for Matrix Head Start facility.</p> <p>No West Nile identified yet, surveillance continuing</p> <p>DPSCD test results from Edmonson school show soil lead levels below EPA limits, but looking at areas with higher levels to ensure not used by school.</p> <p>Cease &amp; Desist orders for establishments who have not renewed licenses are ready to be signed.</p> <p>Requested data, code, and summaries of Seattle restaurant grading system as model.</p> <p>WSU installing new monitors at all water towers to assess Legionella; replacing worst towers; testing weekly through season.</p>		
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**III. Priorities for the next Two Weeks**

1. Roll out professional development and staff training policies
2. Finalize CRM solution for SisterFriends and use of CRM v EHR for DHD
3. Finalize MPFA contract with OCP
4. Get Andrew up to speed on SEMHA financing
5. Reinvalidate HealthStats



## Work Like There Is No Tomorrow

I started my intern year like any other intern- excited and scared. I was also pregnant.

In my fourth year of medical school, I was newly married, and knowing I wanted to have children, I knew it was likely I would start my family during residency and sought an environment that would support that. I had it all planned out- I specifically asked during my residency interviews about residents with families, and took personal note when I saw female residents.

Sure enough, I started intern year 6 months pregnant. And the day after the match, I called my residency director to let them know my intentions.

I was one of the lucky ones. My residency program at Kings County Hospital was incredibly supportive- they supported my scheduled 3 month maternity leave. They allowed me to work a "lighter" load during my last weeks of pregnancy. All was well, I hit the ground running, I had it all planned.

Then it all exploded in my face.

3 weeks after the birth of my child, I literally had the worst headache of my life. I was crawling on the floor, holding my head in my hands, I went into my own ER where I worked, and was diagnosed with bilateral subdural hematomas- with early signs of herniation. On a Sunday afternoon in late October I had emergency craniotomies to save my life.

Coming back from that was no small feat. I don't remember all the details of those days. I do recall feeling dizzy and falling the first time I walked on the street. I recall going to a vending machine, having a

dollar in my hand, looking at the vending machine, and being frustrated because my brain could not compute all the nuanced steps of going from dollar in hand to snack in mouth.

I was one of the lucky ones. We've all seen people with this CT scan that did not make it. And the lucky question I got to answer was:

What would you do if given a crazy second shot at life?

So, my family is from Detroit, and we recently moved back there 2 years ago. My husband is not a Detroiter, but one thing he noticed in moving to the area is "you know what, they play a lot of Eminem on the radio here". Sure enough, they do. Eminem is one of many talented people from the Detroit area, and in fact he has some of the greatest career advice right here in one of his songs.

[Read lyric]

These are true words of wisdom.

After my experience, I committed to lead a life of service, and doing what my gut and instincts tell me to do, regardless of what others may have done or not done, who tells me what I can or can't do, or if it's been done before.

After my surgery, I continued in residency as much as one can with a kid and 2 new holes in your head, and actually continued on to have even another baby, and my last year was elected chief resident. As residency was ending, I knew I wouldn't be happy. I knew the usual ER doc path- find either an academic or community job, figure out how to get the best benefits package and salary while working the fewest number of shifts, and enjoy the rest of your life, wasn't going to work for me.

In a random act of desperation, I googled “public health opportunities for emergency physicians” and, thanks to some diligence and faith that a lot of people had in me, I ended up in Washington, DC- on a whirlwind that took me through the Obama Administration working on implementation of the Affordable Care Act, working with DC leaders on local violence prevention efforts, national leaders on injury prevention, to fighting violence and the opioid epidemic in Baltimore.

Now, every day I am living my dream. I oversee the health of all 700,000 residents of the city of Detroit- a city that, while its seen some tough times, is the city of generations of my family, and is now in the middle of a renaissance. I oversee a staff of 250 people, a budget of 40 million dollars, and any given day can be working with youth to develop a campaign, working on the opening of a new clinic, responding to an infectious disease outbreak, or working on bringing in new technologies into Detroit that can help residents improve their health.

On any given weekend, I’m back in the emergency department teaching medical students and residents, some days, like many of you, I’m doing incredible feats and life saving measures, other days I just see “coughs” and “colds” and “toe pain for six months”. It’s all inspiring work- because I don’t care if you are a “frequent flyer”- your circumstances have caused you to come to the emergency department on this day at this time and I’m going to do the best I can with this second chance at life to serve whatever need you have right now. Even if it’s just someone to talk to, or a safe place to sleep, or a sandwich.

Today, I stand here and tell you there is not enough time to put your career and life on hold. Life is short, and you must arrange your career and your life in a way that leaves you no regrets, as if tomorrow is not guaranteed.

We have to work like there is no tomorrow. And here are three key strategies on how to get there.

***1. Do more things that don't seem like work.***

Many people ask me how I got to where I am. I can tell you, there is no title that equals success. Success is when you are up at 3am in the morning working on something that matters and you do it because it is something that speaks to your soul and what you believe you need to do in this life.

For me, that means thinking about all the things wrong with society upstream that makes people come into the emergency department for preventable health conditions. I don't want to just take good care of you when you have your stroke. I want to fix society so that you don't have a stroke in the first place. Public health is where you can do that.

I found myself naturally thinking through how I could help people achieve their dreams- what people it may be awesome for them to meet, or what experiences it may be great for them to have, and what awesomeness they could share with society- for me that meant creating a fellowship so I could create a pathway for others to achieve their dreams.

You will know it when it happens. It may not have an associated title. There is likely not a degree that will specifically get you that job. And I hate to tell you, there is likely not a pre-planned career path and set of courses to take to get you there. You will get there by listening to that inner voice that tells you something is right- you may have to do it for free, you may not see anyone else around you that is doing it, but you will know it when it is happening. Listen to that voice, and don't quiet it.

## ***2. Be intentional about how you spend your time***

One of the most powerful tools we all have is the word “no”. Saying “no” to things that are not important, emergent, or aligned with that little voice of passion in your head will allow you to say a lot more “yeses” to what *is* important. I have 3 children. They all go to 3 different schools, and have various extracurriculars they participate in. Am I at all of their events? No. But do they know that if I can, I will make it to their performances, meets, and games? Yes. And at least 75% of the time, I am there. It also means that there are some sacrifices- I am not in my office every day until 9p, and believe me, there is ample work to do such that I could be. Sometimes I say no to people and things that would be “nice” to do, maybe they would “look good on my resume. [EXAMPLE] But I participate in picking my children up, and if there is work I still need to do I pick it back up after dinner and bedtime and whatever sporting event. We must proactively think about what matters, and boldly plan and ask for the life we want to live.

## ***3. Remove the “would haves”, “could haves” and “should haves” from your life.***

You should not wake up any given day and wonder, “wow” why did I not do that? Or, “what would have happened if I’d taken that chance and that opportunity to do something I was really interested in”? To live a successful life, sometimes you have to take a leap of faith, and take a chance on something that could potentially help you get you closer to that dream. I encourage you, if an opportunity presents itself that sounds like it embodies what your passion is- don’t be too scared to take it on. When I was asked to take significant public health roles in Baltimore and Detroit, the jobs were not posted, and there was no job description. It was not perfectly laid out what I was going to be doing. I took the jobs because I knew they were opportunities to make a big

difference in the lives of vulnerable people, in a big way, and I knew I would regret not doing it.

Avoid stifling your career with worry about what may happen if it doesn't work out, fear because no one's explained every single detail of a job opportunity to you, or reservations, because you think that you are not "qualified enough" to do the job. And the same goes for your personal life- travel, family, choosing when and if to have children. You take that chance, believe in yourself, and live with no regrets.

There is no clearly defined path to success, and each of us has the responsibility to define success for ourselves, and then follow that little voice, that guide inside of us that tells us we are on the right path to achieving it.

My near-death experience taught me that life is short, and while I am still a work in progress, I've made a commitment to myself, my family, and my community to live in a way that each day, I am serving society the best way I know how, in a path that seems nontraditional to some, but for me, is exactly what I should be doing. I've followed that little voice in my head that says, "go for it, why not?".

Work like there is no tomorrow, because you never know when that may be true.

Thank you.



**From:** khaldunj@detroitmi.gov  
**To:** Timothy Lawther  
**Subject:** Re: staff titles  
**Date:** 04-Oct-2017 07:57  
**Attachments:** Text.htm [Save] [Open]  
**Message Id:** 59D4944C.LYN.CODPO2.200.20000AA.1.127157.1

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OK. Let's do PH Admin.

>>> Timothy Lawther 10/04/17 7:44 AM >>>

If there was ever a layoff situation, it is possible that other folks with the same title (only in DHD) could potentially have bumping rights into the role (e.g. Yolanda, Harolyn, Eric, Dave, Dr. A). That is usually reserved for union positions, which these are not, but the City sometimes operates within a union mentality for non-union positions, as we saw with CL. I think the downside is low. The only other options are to reduce the salaries by \$10K or so, or to go through the very long process of creating new positions in which to put them.

---

Tim Lawther, MPH, MA  
Chief of Staff  
Detroit Health Department

313.876.4301 (office)  
313.400.4224 (cell)  
lawthert@detroitmi.gov

Michael E. Duggan, Mayor

>>> On 10/4/2017 at 7:34 AM, in message <59D4C73F.D4F : 170 : 33692>, Joneigh Khaldun <khaldunj@detroitmi.gov> wrote:

Fine with me. Are there other implications of that I should be aware of? I'm not clear what the downsides could be.

Sent from my Verizon, Samsung Galaxy smartphone



----- Original message -----

From: Timothy Lawther <lawthert@detroitmi.gov>

Date: 10/4/17 6:40 AM (GMT-05:00)

To: Joneigh Khaldun <khaldunj@detroitmi.gov>

Subject: staff titles

>>> "Timothy Lawther" 10/04/2017 06:40 >>>

Looks like we'll need to change Valentina and Zaundra's city titles to Public Health Division Administrator in order to accommodate their salaries. Used to be called Public Health Project Leaders. Are you OK with that change?

---

Tim Lawther, MPH, MA  
Chief of Staff  
Detroit Health Department

313.876.4301 (office)  
313.400.4224 (cell)  
lawthert@detroitmi.gov

Michael E. Duggan, Mayor

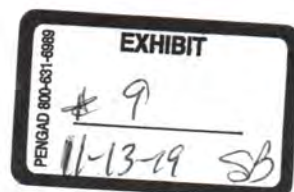
**From:** khaldunj@detroitmi.gov  
**To:** Timothy Lawther, Valentina Djelaj  
**Subject:** Communications Positions  
**Date:** 23-Oct-2017 12:02  
**Attachments:** TEXT.htm [Save] [Open]  
**Message Id:** 59EDDA46.LYN.CODPO2.200.20000AA.1.12CA51.1

---

Hi Tim and Val, Thanks for moving forward these PDs! VAL should have the most updated versions, there are 3. Once she sends please review, and share with Tamekia. I would like all 3 people to be appointed to their roles Monday Oct 30 if possible.

Val, I need to discuss your role- because it is so integrated with organizational development with the City we are unable to push it forward as is through SEMHA but we have a plan. Let's talk offline. Best Joneigh

Sent from my Verizon, Samsung Galaxy smartphone



Hi Tim and Val,

Thanks for moving forward these PDs! VAL should have the most updated versions, there are 3. Once she sends please review, and share with Tamekia. I would like all 3 people to be appointed to their roles Monday Oct 30 if possible.

Val, I need to discuss your role- because it is so integrated with organizational development with the City we are unable to push it forward as is through SEMHA but we have a plan. Let's talk offline.

Best  
Joneigh

Sent from my Verizon, Samsung Galaxy smartphone

**From:** lawthert@detroitmi.gov  
**To:** Joneigh Khaldun  
**Subject:** Re: Position changes  
**Date:** 25-Oct-2017 08:08  
**Attachments:** TEXT.htm [Save] [Open]  
**Message Id:** 59F04689.LYN.CODPO3.200.2000063.1.4AA7F.1

Zaundra and Valentina should be processed today. I now have the forms to process raises for City folks, and Tammy is top of that list. In her current title, PH Project leader, the high is \$85K. I will need to work with budget to get that approved, but will do so today...hopefully. Moving her to PH Admin role will take a crosswalk revision, which I prefer to do after it is finally approved but I can do it differently if you think it's better

---

Tim Lawther, MPH, MA  
Chief of Staff  
Detroit Health Department

313.876.4301 (office)  
313.400.4224 (cell)  
lawthert@detroitmi.gov

Michael E. Duggan, Mayor

>>> On 10/24/2017 at 9:51 PM, in message <59EFEE07.F8E : 170 : 33692>, Joneigh Khaldun wrote:  
Hi Tim,

Wanted to check in to see where we are on the salary increases for Zaundra and Valentina? I think for both we wait for official title/position changes until we work through the City process....which I am hoping is very very soon?

Also wanted to check in on Tammy McCrory- we need to ASAP process her raise ( and what can we do to get her into PH administrator position? If we can not do that, what is the range for project leader and do we have budget for 90?

Also, can we get final word on our EH, Leseliey, and SF Coordinator TASSes?

Thanks! I want to be responsive to people!

Best,  
Joneigh



Joneigh S. Khaldun, MD MPH FACEP  
Director and Health Officer  
Detroit Health Department  
City of Detroit

3245 E. Jefferson Ave, Ste 100  
Detroit, MI 48207  
t 313.876.4341  
m 313.300.3982  
khaldunj@detroitmi.gov

Mike E. Duggan, Mayor

**From:** khaldunj@detroitmi.gov  
**To:** Valentina Djelaj  
**Subject:** Fwd: City of Detroit Employment Opportunity: Public Health Division Administrator/Public Health Project Leader (Detroit Health Department )  
**Date:** 09-Feb-2018 13:04  
**Attachments:** Text.htm [Save] [Open]  
PUBLIC HEALTH PROJECT LEADER (Chronic Disease & Injury Prevention).html (error accessing attachment)  
PUBLIC HEALTH PROJECT LEADER (Marketing & Engagement Manager).html (error accessing attachment)  
PUBLIC HEALTH DIVISION ADMINISTRATOR (Director of Nursing).html (error accessing attachment)  
PUBLIC HEALTH DIVISION ADMINISTRATOR (Team Development & Engagement).html (error accessing attachment)  
PUBLIC HEALTH DIVISION ADMINISTRATOR (Director of Operations).html (error accessing attachment)  
PUBLIC HEALTH DIVISION ADMINISTRATOR (Chief Integration Officer).html (error accessing attachment)  
PUBLIC HEALTH PROJECT LEADER - (Financial Compliance and Operations Manager).html (error accessing attachment)

**Message Id:** 5A7D9C63.LYN.CODPO2.200.20000AA.1.1502D9.1

---

FYI.....

Joneigh S. Khaldun, MD MPH FACEP  
Director and Health Officer

Detroit Health Department

City of Detroit

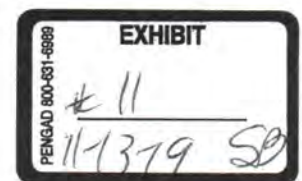
3245 E. Jefferson Ave, Ste 100

Detroit, MI 48207

t 313.876.4341

m 313.300.3982

khaldunj@detroitmi.gov



Mike E. Duggan, Mayor

>>> Detroit Jobs 02/09/18 12:59 PM >>>

The Detroit Health Department is currently accepting applications/resumes for the following:

- \* Public Health Project Leader (Marketing & Engagement Manager)
- \* Public Health Project Leader (Chronic Disease & Injury Prevention)
- \* Public Health Project Leader (Financial compliance & Operations Manager)
- \* Public Health Division Administrator (Chief Integration Officer)
- \* Public Health Division Administrator (Director of Nursing)
- \* Public Health Division Administrator (Director of Operations)
- \* Public Health Division Administrator (Team development & Engagement )

Qualified applicants should go to [www.detroitmi.gov/employment](http://www.detroitmi.gov/employment) to apply.



September 18, 2019

To Whom It May Concern:

I strenuously object to the findings in the draft report produced by the City of Detroit Office of Inspector General on September 5, 2019 for case No. 18-0053-INV. This investigation was flawed for the following reasons:

- It is not clear that all parties impacted (i.e. Dr. Joneigh Khaldun, Timothy Lawther, Zaundra Wimberly, etc.) by this report were spoken to prior to the completion of this draft. These individuals have crucial information that impacts the investigation and should be contacted if OIG intends to publish any report. Otherwise, it will be a flawed, inaccurate report.
- The draft report states that Dr. Joneigh Khaldun promoted "a personal friend" which is speculation and unsubstantiated. Valentina Djelaj and Dr. Khaldun are not friends. Their working relationship is only described as a supervisory work relationship between supervisor (Dr. Khaldun) and subordinate (Ms. Djelaj). Dr. Khaldun and Ms. Djelaj spoke for the first time on August 3, 2016 for Ms. Djelaj's telephone interview for the Clinical Engagement Coordinator position at Southeastern Michigan Health Association (SEMHA). They met in-person for a second interview for the same position on August 16, 2016. Their work relationship was strictly professional and the two did not meet on matters outside of work.
- The report claims that Ms. Djelaj "lacked the necessary experience to run public health programs". This statement is false. At the time of her application Ms. Djelaj had five years of experience running public health programs and projects at various institutions.
- The draft report states, "Ms. Djelaj used intimidation tactics with Health Department staff by emailing notifications of terminated employees". Although the draft report states that the OIG did not investigate this matter, the allegation paints Ms. Djelaj in a terrible light and should either be investigated further by OIG or removed from the report.
- Up until October 23, 2017, it was Ms. Djelaj's understanding that she was being transitioned to the Chief Integration Officer position through SEMHA. The creation of new roles that more appropriately align with the duties and responsibilities staff are carrying out is a very common practice through SEMHA (see Addendum A for the October 23, 2017 email between Ms. Djelaj and Dr. Khaldun regarding the creation of Tamekia Ashford's position of Communications Director through SEMHA).
- The draft report shares email exchanges between City of Detroit Health Department employees and SEMHA employees; however, it does not account for all of the external conversations Ms. Djelaj had with Mr. Lawther and Dr. Khaldun regarding this posting where she was explicitly told she would need to apply for the Chief Integration Officer position and that the position was not hers. When Ms. Djelaj found out the position was being moved to the City of Detroit, she was surprised and concerned

that she would need to look for a new job as hers (Special Associate to the Director) was being eliminated from the budget. It was also shared with her that the CIO position was one of many that were moving from SEMHA to the City of Detroit for budgetary reasons—not all details were shared with Ms. Djelaj at length. Additional positions that Ms. Djelaj understands were moved from SEMHA to the City of Detroit around that time include:

- Director of Nursing (Public Health Division Administrator); position held by Velma Denise Cade at SEMHA and not selected through the competitive application process
  - Team Development and Engagement (Public Health Division Administrator); position held by Zaundra Wimberly at SEMHA but this position was not filled at the City of Detroit
  - Policy Director (Public Health Division Administrator); position held by Kimberly Rustem at SEMHA but she left the department while at SEMHA
  - Financial Compliance and Operations (Public Health Project Leader); Health Department functional title is Operations Manager; position held by Twanisha Glass at SEMHA and was selected through the competitive application process
  - Community Epidemiology Manager (Public Health Project Leader); position held by Lauren Fink at SEMHA and was selected through the competitive application process
- The draft report states that there was no scoring during the interview. As Ms. Djelaj often sits on interview panels with Tamara Tarrance as the recruiter, she believes that this statement is false. It is her experience that at each interview Ms. Tarrance provides score sheets for interview panelists, panelists score candidates on these score sheets, and Ms. Tarrance tallies up the score after the interviews are complete. There is often a discussion following the interviews and if there is an obvious high score, selection occurs almost immediately.
  - The draft report states that Ms. Tarrance believed there was no obligation to select the person with the highest score since it was an appointed position. This statement is false. The Chief Integration Officer position is not an appointed position. City HR is aware that this position is not appointed and should not have provided false information to OIG.
  - It should also be noted that it appears the other interview panelist; Alexis Adams-Wynn was not interviewed for this investigation. This individual should be contacted and interviewed to ensure a thorough investigation is conducted by the OIG.
  - The draft report states that Ms. Djelaj was using the CIO title prior to her officially beginning in the new role through the City of Detroit. As Ms. Djelaj was carrying out the duties and responsibilities of the CIO while she was still in the SEMHA position of Special Associate to the Director, Dr. Khaldun stated it would be appropriate for Ms. Djelaj to change her title to ensure community members and partners understood her role and function within the department. As is common with SEMHA

positions, staff members have titles that are not always reflective of their current duties and responsibilities and thus, functional titles are often created. According to information provided by SEMHA earlier this fiscal year, the following staff members currently operate in functional titles at SEMHA:

- SEMHA title-Nurse, Team Lead; Functional title- Program Manager Lead Prevention and Intervention, Aimee Surma
- SEMHA title-Team Leader; Functional title- Vision and Hearing Program Manager, Latrice Johnson
- This is also the case with City of Detroit staff. It is Ms. Djelaj's understanding that the following staff members currently operate in functional titles at the City of Detroit Health Department:
  - Senior Public Health Advisor (PHDA), Kanzoni Asabigi
  - Family and Community Health Director (PHDA), Yolanda Hill-Ashford
  - Manager, SisterFriends Detroit (PHDA), Shirley Gray
  - Trauma and Behavioral Health Manager (PHPL), Adaora Ezike
- The draft report points out that Ms. Djelaj received significant raises throughout her numerous roles at both SEMHA and the City of Detroit. These raises were warranted due to the significant amount of responsibility that came with each new role. Ms. Djelaj supervised additional staff and oversaw additional projects and programs with each progressive position change.
- Ms. Djelaj assisted in drafting many position descriptions through SEMHA and the City of Detroit as that was a duty of both the Special Associate and CIO roles. The CIO position was drafted by both Ms. Djelaj and Dr. Khaldun when the position was intended to be processed through SEMHA (see Addendum B for numerous emails regarding the creation of the CIO position through SEMHA). Ms. Djelaj was not involved in processing the CIO position through the City of Detroit. However, from her experience in assisting in processing additional positions through the City of Detroit, she has never received feedback that the qualifications for subclasses cannot be tailored to better align with the position. If City HR does not provide feedback, the Health Department assumes that positions are correct and approved for processing. HR should have provided guidance to Health Department leadership to correctly process the position through the City. Regardless, Ms. Djelaj does possess the minimum education requirement that is necessary for the PHDA position (Class Code 222070), which is a "Master's or Doctoral degree in Medicine, Public Health, Business Administration, Health Science Administration or other related field". Additionally, the report states that Dr. Khaldun and Ms. Djelaj changed the PHDA job specifications regarding years of experience of management or leadership. Again, this position description should have been vetted by City HR and corrected, if necessary. At the time the position was originally drafted, it was modified to better fit the needs of the organization and was to be processed by SEMHA.

- It is Ms. Djelaj's understanding that there are currently numerous sub class positions within the City of Detroit Health Department in which the experience and education have been modified. These positions include:
  - Director of Nursing (PHDA)-not currently occupied
  - Director of Operations (PHDA)-occupied by Angelique Rodriguez-Edge
  - Policy Director (PHDA)-occupied by Jean Ingersoll

What is City HR's responsibility to correct these positions? Why do they continue to process positions that have errors? Who holds the HR Department accountable for their actions? There is no recommendation to discipline the HR department or staff in this report, why is this the case?

- In the draft report, OIG states that Ms. Djelaj was dishonest but there was no basis or fact for this finding. Before Ms. Djelaj's first interview, she was not informed of the purpose of the session. At the interview, the interviewers began asking Ms. Djelaj questions prior to sharing the complaint with her. If she were informed of this information ahead of time, she could have reviewed documents and come prepared to discuss details of the hiring process.
- There were also accusations that Ms. Djelaj "recanted". This accusation is false. During the August 9, 2019 interview with OIG investigators, Ms. Djelaj could not remember what aspect (if any) she wrote for the CIO position, as she contributed to writing nearly every new Health Department and SEMHA position description in her Special Associate role. After Ms. Djelaj left the meeting with the investigators, she was able to review her old emails and records and requested a follow up meeting with the primary investigator, Beverly Murray, to clarify the answer to this question.
- Ms. Djelaj misunderstood the OIG's question about her prior knowledge of the CIO position. Ms. Djelaj was under the assumption that the OIG was asking if Ms. Djelaj knew when the position would be posted through the City of Detroit. To this question Ms. Djelaj provided the response that she became aware of the CIO position through the City of Detroit job posting and a forwarded email (to all staff) from Health Department leadership about multiple positions. It is true that Ms. Djelaj did not know when the position was going to officially be posted. She was only aware that it would eventually be posted through the City of Detroit. These responses were provided by Ms. Djelaj during her interview with OIG, therefore, the inconsistencies alluded to in the report by OIG are false.
- The accusation that Ms. Djelaj made a false statement regarding why the position was changed from SEMHA to City of Detroit, is untrue. The information provided in the email thread to Ms. Djelaj was only part of the reason the City of Detroit had to post the CIO position. It is now understood by Ms. Djelaj that the reason SEMHA administrative positions needed to be moved from SEMHA to the City of Detroit was because the SEMHA budget supporting administrative positions was over expended

and the Deputy Director, Timothy Lawther, made the recommendation to Dr. Khaldun to move positions from SEMHA to the City. It is also Ms. Djelaj's understanding that the City of Detroit administration would like more SEMHA staff to be moved over to the City. However, details as to why this is of interest to the City are not fully known by Ms. Djelaj at this time. During the first and second interview with OIG, this information was not fully understood by Ms. Djelaj and thus her statements to OIG were not false.

- The draft report states that there is an outlined HR method to process new positions. This process is not well known to departments. Can the City HR department share these formal materials with departments and update any outdated policies and procedures to ensure departments have the tools needed to process positions correctly?

For these reasons I am requesting the City of Detroit Office of Inspector General reverse the draft report or have an administrative hearing, or rescind this draft report and conduct a thorough and complete investigation to ensure a proper draft report is issued. If all those who have knowledge of the matter are not even contacted, let alone interviewed, the only conclusion one can draw is that an unfair, biased investigation has occurred. I find it difficult to believe that is the intent of the OIG.

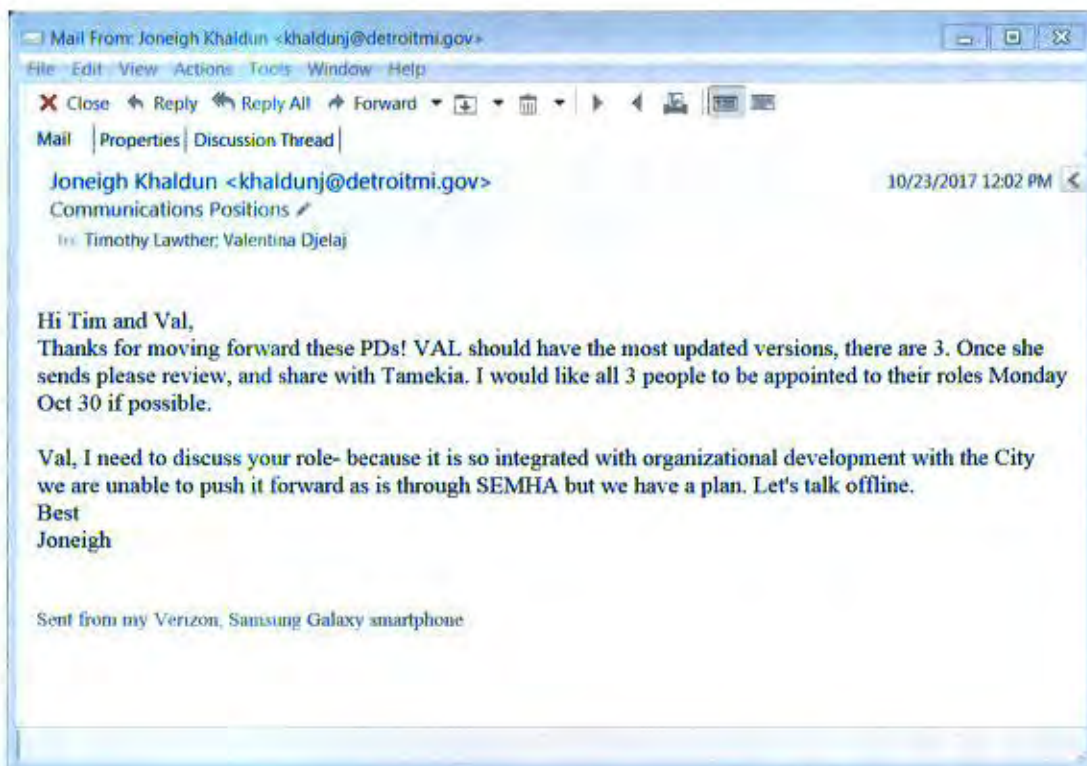
Sincerely,



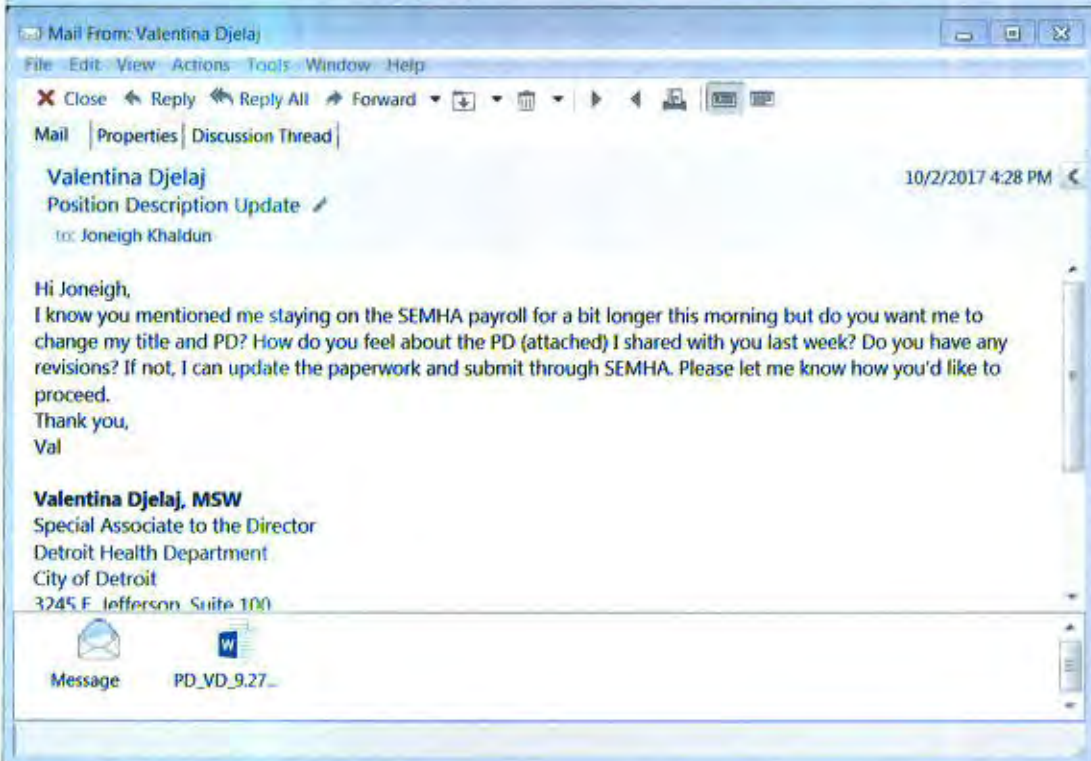
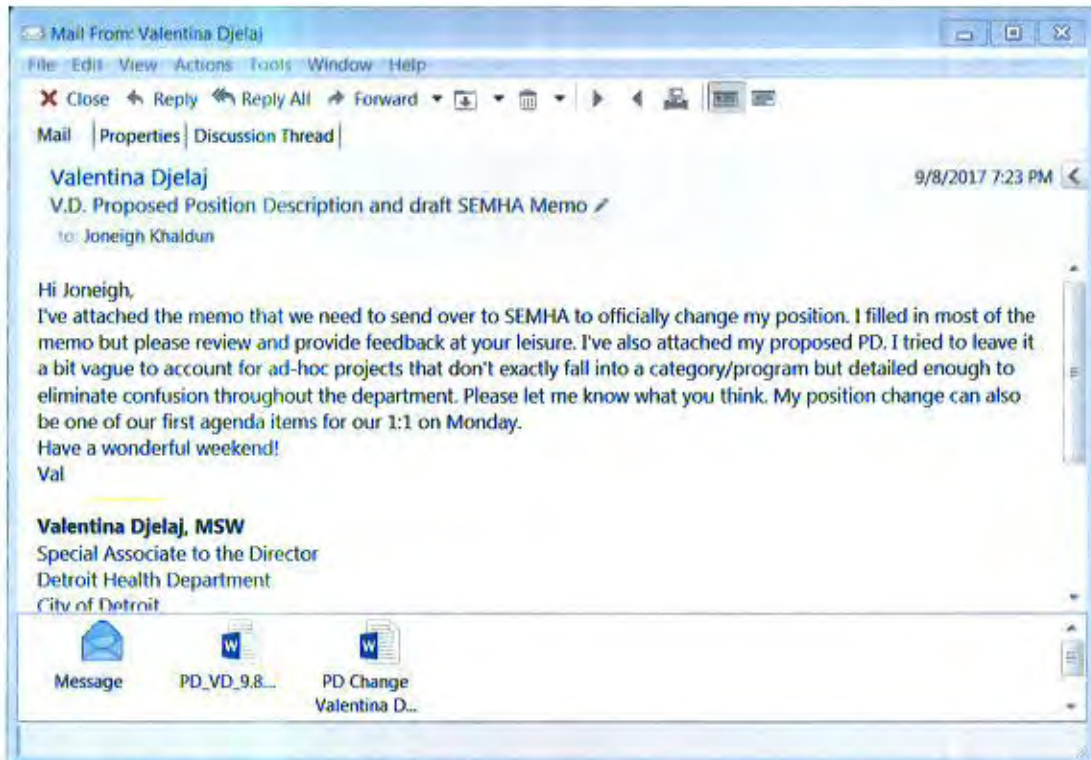
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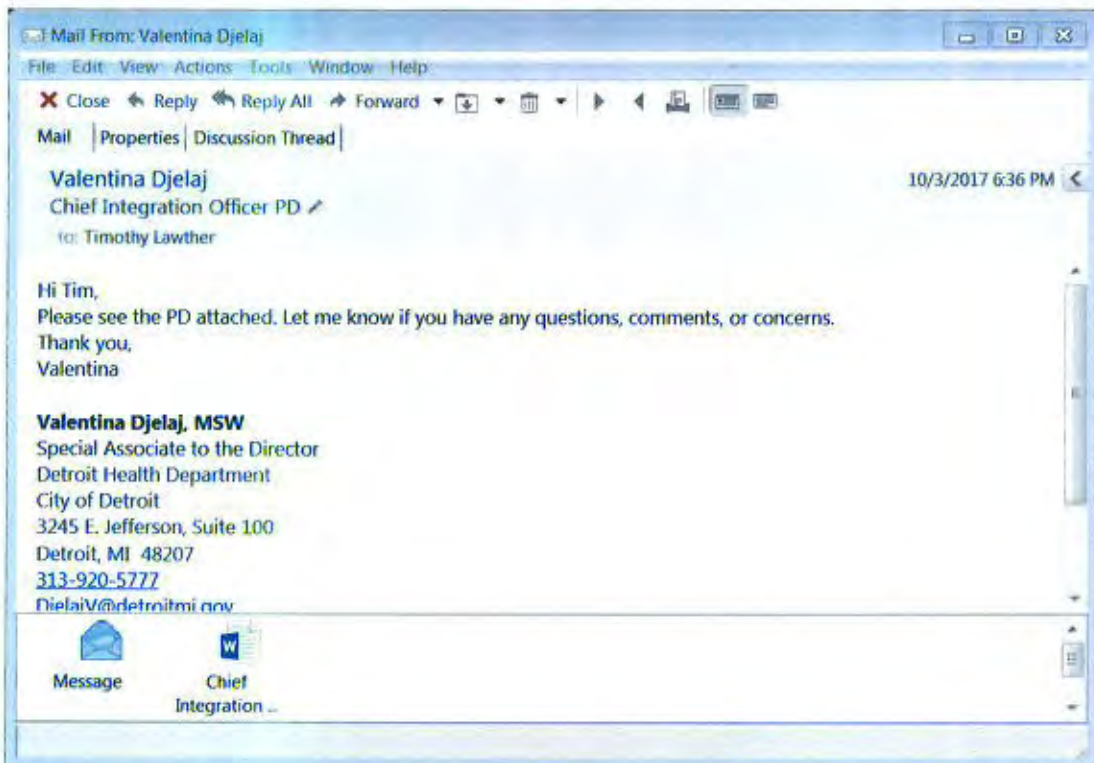
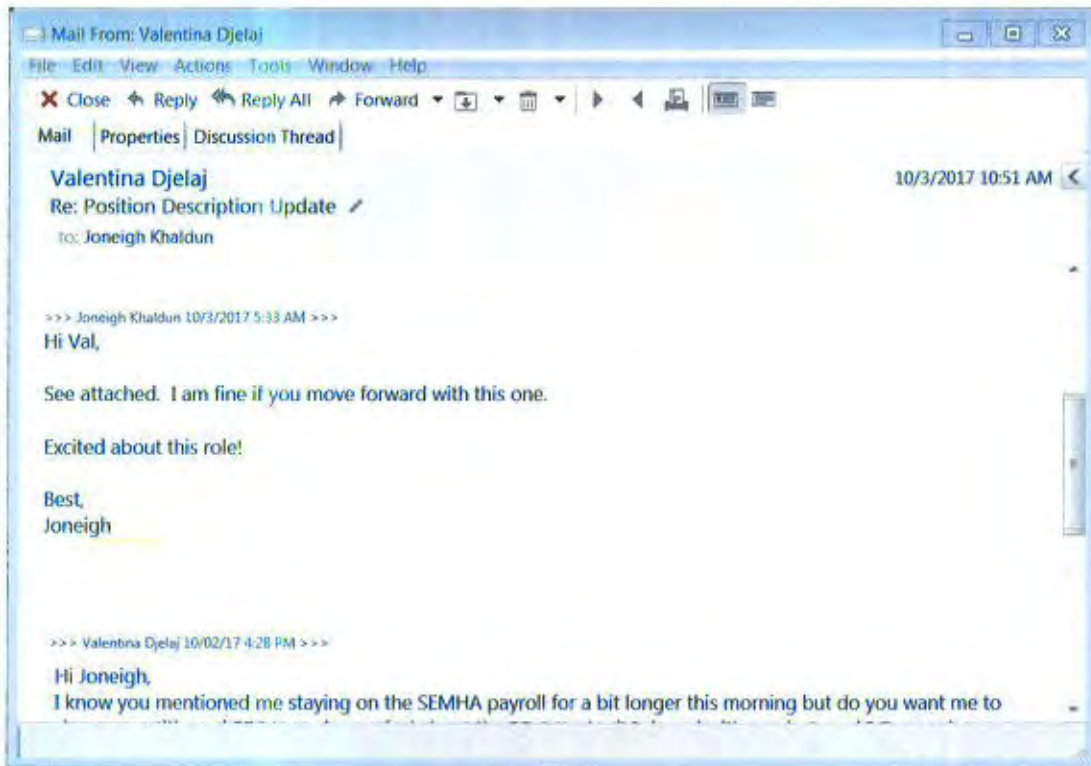
Valentina Djelaj, MSW

## Addendum A

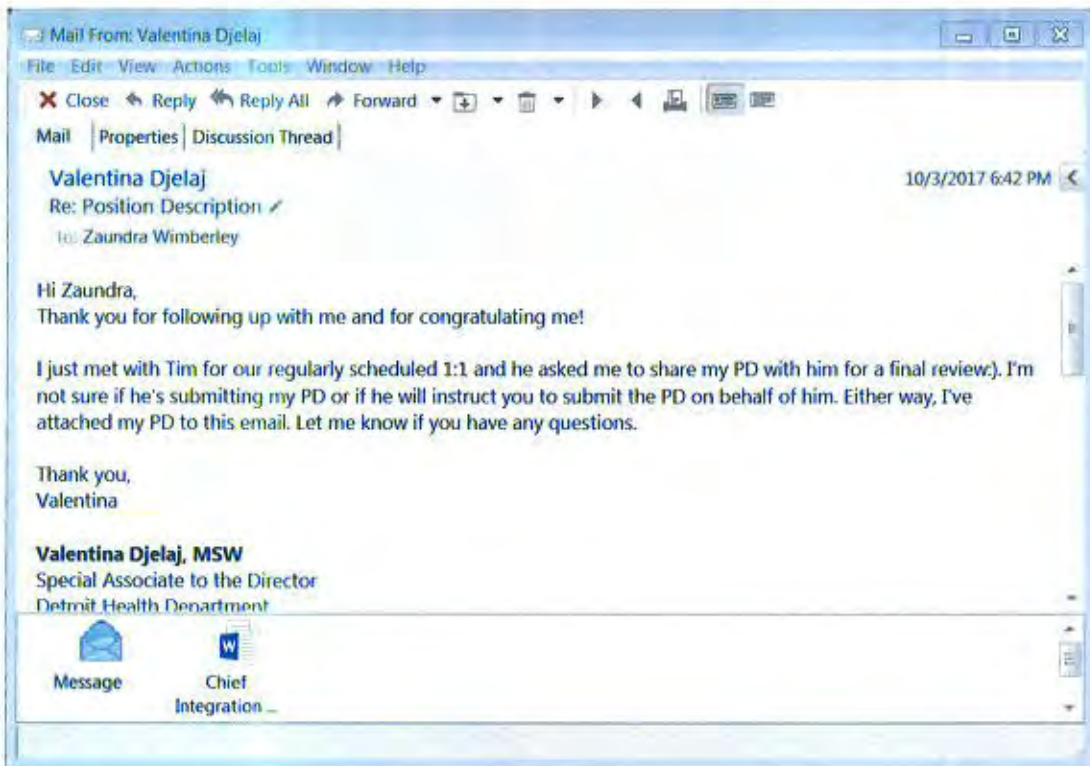


## Addendum B









CITY OF DETROIT  
OFFICE OF THE INSPECTOR GENERAL

-----  
In the Matter of:  
OIG Case No. 2018-0053-INV  
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The proceedings had and testimony taken in the above-captioned matter before me, Diane Lynn Szach, CSR3170, notary public for the County of Oakland, acting in the County of Wayne, State of Michigan, at 65 Cadillac Square, Suite 3210, Detroit, Michigan on Friday, November 22, 2019 at 10:00 a.m.

PRESENT:

OFFICE OF INSPECTOR GENERAL  
65 Cadillac Square, Suite 3210  
Detroit, Michigan 48226  
BY: MS. ELLEN HA  
MS. BEVERLY MURRAY  
MS. JENNIFER BENTLEY  
MS. JACQUELINE HENDRICKS-MOORE  
Appearing on behalf of OIG

SALVATORE, PRESCOTT & PORTER  
1010 Davis Street  
Evanston, IL 60201  
BY: MS. JULIE B. PORTER  
Appearing on behalf of Valentina Djelaj

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I N D E X

WITNESS	PAGE
VALENTINA DJELAJ	13

E X H I B I T S

EXHIBIT	DESCRIPTION	PAGE
1	8/24/16 offer letter from Mr. Petroni	22
2	3/23/17 Salary Adjustment Form	30
3	9/8/17 email with attachment	42
4	10/2/17 email with attachment	51
5	Dr. Khaldun's 10/3/17 email response	54
6	Email chain starting 10/3/17	56
7	Email chain starting 10/3/17 at 6:42	57
8	10/25/17 salary increase memo	65
9	Examples of functional titles	75
10	3/28/18 Position Offer	100
11	Director of Operations Posting	108
12	City posting for PHDA position	108
13	Email chain re: PHDA director of nursing	111
14	4/30/19 Memorandum	132

1 Detroit, Michigan

2 November 22, 2019

3 10:00 a.m.

4 \* \* \*

5 MS. HA: Today is Friday, November 22nd,  
6 2019. This is an Administrative Hearing for  
7 Ms. Valentina Djelaj for Office of Inspector General  
8 File Number 18-0053-INV. We are holding this hearing  
9 pursuant to a request made by Ms. Valentina Djelaj in  
10 accordance with Section 7.5-311 of the 2012 Charter of  
11 the City of Detroit pursuant to written notices sent  
12 to Ms. Djelaj, and in accordance with the Office of  
13 Inspector General's Administrative Hearing Rules, a  
14 copy of which was previously provided to Ms. Djelaj.

15 The record should further reflect that  
16 sometime in December 2018, the City of Detroit Office  
17 of Inspector General received an anonymous complaint  
18 which alleged the following.

19 One, the then Health Department director,  
20 Dr. Joneigh Khaldun promoted a personal friend,  
21 Ms. Valentina Djelaj, to a high-ranking position in  
22 the department and doubled her salary to about  
23 \$120,000. Ms. Djelaj according to the Complaint

1           lacked the necessary qualification and experience for  
2           the Health Department chief integration officer  
3           position.

4                     Allegation 3, the position was specifically  
5           created by Dr. Khaldun for Ms. Djelaj without any  
6           intent of it being competitive.

7                     Item 4 of the allegation stated that the  
8           candidates who applied for the position were allegedly  
9           told that they should have known the position was  
10          created for Ms. Djelaj.

11                    Ms. Djelaj was also alleged to have used  
12          intimidation tactics with Health Department staff by  
13          emailing notifications of termination of Health  
14          Department employees.

15                    Based on our findings of the Complaint with  
16          respect to Ms. Djelaj, we found, one, the chief  
17          integration officer position description with SEMHA,  
18          Southeastern Michigan Health Association, was  
19          initially crafted by Ms. Djelaj with Dr. Khaldun's  
20          assistance and approval.

21                    Two, based, on the email exchanges between  
22          Dr. Khaldun and Ms. Djelaj, Ms. Djelaj was made aware  
23          that SEMHA was not able to create a chief integration

1 officer position.

2 Three, however, Ms. Djelaj was also made  
3 aware that since SEMHA was not able to create a CIO  
4 position, Dr. Khaldun through her deputy, Timothy  
5 Lawther, sought to create a Chief integration officer  
6 position with the Health Department through the City  
7 of Detroit Human Resources Department.

8 Ms. Djelaj applied for the position of the  
9 chief integration officer at the Health Department and  
10 got the position.

11 On August 9, 2019, during her initial  
12 interview with the Office of Inspector General,  
13 Ms. Djelaj stated that she did not recall assisting  
14 Dr. Khaldun in crafting a SEMHA CIO position or the  
15 Health Department CIO job description.

16 Subsequent to the first interview with the  
17 Office of Inspector General, Ms. Djelaj requested a  
18 followup meeting with the Office of Inspector General.  
19 During that meeting, Ms. Djelaj admitted to assisting  
20 Dr. Khaldun in crafting the chief integration officer  
21 job description. However, Ms. Djelaj denied any  
22 knowledge of Dr. Khaldun's attempt to create a CIO  
23 position with SEMHA, or the fact that the description

1 of the CIO position that she assisted in creating was  
2 later carried over by the Health Department when the  
3 CIO position was posted through the City of Detroit  
4 Human Resources Department. Ms. Djelaj also denied  
5 using the chief integration officer title in her  
6 emails before her official appointment with the Health  
7 Department.

8 Therefore, based on the above findings with  
9 respect to Ms. Djelaj, the OIG concluded Ms. Djelaj  
10 was not forthcoming in her statements provided to the  
11 Office of Inspector General pertaining to her  
12 knowledge and involvement in creating the Chief  
13 Integration position with SEMHA or the Health  
14 Department.

15 With respect to the Human Resources  
16 Department, Ms. Djelaj and her attorney, Ms. Porter,  
17 should know that based on new evidence provided by the  
18 Human Resources Department, the OIG will be correcting  
19 the following as they pertain to the Human Resources  
20 Department in this matter.

21 One, contrary to our initial finding which  
22 is recorded in the draft report, the CIO position was  
23 not an appointed position, and we now have written

1 verification that it was not an appointed position.

2 Secondly, contrary to our initial finding  
3 that it would have been impossible for the Human  
4 Resources Department to know which candidate had the  
5 highest score by the end of the interviews, HR  
6 personnel would be able to determine at the end of the  
7 interviews which interviewees would have had the  
8 highest score.

9 Therefore, because we received such factual  
10 evidence from the Human Resources Department which was  
11 not provided to us prior to the issuance of the draft  
12 report, we will be correcting the two findings  
13 pertaining to the Human Resources Department in our  
14 final report.

15 With respect to today's hearing, pursuant  
16 to Rule Number 3 of the OIG Administrative Hearing  
17 Rules, the purpose of this hearing is to permit  
18 Ms. Djelaj with an opportunity to present any  
19 testimony or any evidence supporting her response to  
20 the OIG's findings against her as stated in our draft  
21 report dated August 29, 2019, with the exception of  
22 the two corrections that we will be making with  
23 respect to the Human Resources Department.



1           In doing so, it is also important to note  
2           that, one, the OIG did not make any determination  
3           pertaining to whether Dr. Khaldun and Ms. Djelaj were  
4           personal friends. If any, the relationship is not  
5           relevant. The OIG did not find any evidence to  
6           support that Dr. Khaldun doubled Ms. Djelaj's salary.  
7           And the OIG was not able to substantiate the  
8           allegation that Ms. Djelaj was intimidating any Health  
9           Department employees with any evidence.

10           For the record, everyone in this room is  
11           therefore reminded this hearing is not an adversarial  
12           proceeding, and as such will be heard in the manner  
13           pursuant to the Administrative Hearing Rules, a copy  
14           of which was again provided to Ms. Djelaj and  
15           Ms. Porter prior to today's hearing.

16           The hearing is not for the Office of  
17           Inspector General to present its evidence or  
18           witnesses. The purpose of this hearing is solely for  
19           Ms. Djelaj to provide this office with the testimony  
20           or evidence which would show that the Office of  
21           Inspector General's findings as outlined in the draft  
22           report against Ms. Djelaj is incorrect or inaccurate.  
23           Therefore, upon completion of this Administrative

1 Hearing, unless we require additional information from  
2 Ms. Djelaj, the Office of Inspector General will  
3 conclude the investigation by closing the record  
4 pertaining to Ms. Djelaj on this matter, and in fact  
5 we will be closing the record on this investigation,  
6 because we've had a hearing with Dr. Khaldun, and we  
7 did receive written response from the City of Detroit  
8 Human Resources Department.

9 So in accordance with the Administrative  
10 Hearing Rules, the OIG will either revise, amend, or  
11 supplement its report and will issue our final report,  
12 which will also contain a copy of notices of the  
13 Administrative Hearings, Dr. Khaldun and Ms. Djelaj's  
14 written statements and responses to the draft report,  
15 a copy of the City of Detroit Human Resources  
16 Department written response, and a copy of the  
17 transcript of the Administrative Hearings of  
18 Dr. Khaldun and Ms. Djelaj.

19 May I have everyone's appearances starting  
20 with --

21 MS. BENTLEY: Yes. Jennifer Bentley,  
22 attorney for the Inspector General.

23 MS. HENDRICKS-MOORE: Jacqueline

1 Hendricks-Moore, Investigator for the OIG.

2 MS. MURRAY: Beverly Murray, Forensic  
3 Auditor with the Office of Inspector General.

4 MS. HA: Ellen Ha, Inspector General.

5 MS. PORTER: Julie Porter, counsel for  
6 Ms. Djelaj.

7 MS. DJELAJ: Valentina Djelaj.

8 MS. HA: Thank you. You may go ahead.

9 MS. PORTER: Okay. Thank you. We really  
10 appreciate the opportunity to address all of you about  
11 the draft report relating to Ms. Djelaj. There is a  
12 lot about the report that troubles us, and we really  
13 appreciate the opportunity to talk all of that through  
14 with you today and to share our perspective on it.

15 My hope today and my plan, if it's okay  
16 with all of you, is to first present testimony from  
17 Ms. Djelaj. I'll ask her questions, and she'll answer  
18 my questions I hope. And then of course if you have  
19 questions for her, she's happy to answer those. I  
20 have a number of exhibits that I would also like to  
21 introduce through her testimony.

22 There are a lot of other witnesses that we  
23 think have information that would be critical to a

1 fair process here. We do not have subpoena power and  
2 we have not been able to secure people to come here  
3 today, but we will describe to you during Ms. Djelaj's  
4 testimony people who we believe have information that  
5 is relevant to the matters that are being addressed by  
6 you, and you can do with that what you see fit.

7 After Ms. Djelaj's testimony and after  
8 you've asked questions, I hope you will give me the  
9 opportunity to present Ms. Djelaj's perspective. I  
10 would like to present an argument to you that  
11 summarizes her perspective.

12 And I heard you say, Ms. Ha, that some of  
13 the possible outcomes are to revise or amend or  
14 supplement the report. My understanding is that  
15 another option is to withdraw the report. I would  
16 like you to keep an open mind. I ask that you keep an  
17 open mind. I was an inspector general once, and I  
18 know that in doing investigations you have information  
19 from different sources, and one of the things that I  
20 really respect about inspector generals is their  
21 keeping an open mind throughout a process and being  
22 willing to hear it, and if something is wrong, dial it  
23 back.

1 I do think that even with very good  
2 intentions, there is some real mistakes here about  
3 what Ms. Djelaj knew and what Ms. Djelaj did, and in  
4 particular during her interviews the conclusion that  
5 she lied is very troubling. She did not lie, and she  
6 certainly did not intend to mislead anyone. I think  
7 there were some misunderstandings and some cross talk  
8 about what was being discussed, and I really want to  
9 explore that with you today. And to the extent as  
10 you're listening to my questions to Ms. Djelaj, if you  
11 still have internal doubt or there is something  
12 sticking for you, please while we're still here in the  
13 room ask her and ask me and give us the opportunity to  
14 clear any of that up, because her integrity in the  
15 career that she has started to build to serve the  
16 public is very important to her, and any of us I think  
17 who was accused of telling a lie or doing something  
18 false in our jobs, that would cut deep, and it has cut  
19 her very deep, and so she very much welcomes the  
20 opportunity to clear up any questions that remain.

21 MS. HA: That's what we're here for.

22 MS. PORTER: Thank you for that.

23 So with that I would like to proceed to ask

1 questions if that's okay.

2 V A L E N T I N A D J E L A J

3 was thereupon called as a witness herein, and after  
4 first being duly sworn to tell the truth, the whole  
5 truth and nothing but the truth, testified as  
6 follows:

7 EXAMINATION

8 BY MS. PORTER:

9 Q. Could you please state and spell both your first name  
10 and your last name?

11 A. Yes. Valentina Djelaj, V-a-l-e-n-t-i-n-a  
12 D-j-e-l-a-j.

13 Q. Ms. Djelaj, are you employed?

14 A. Yes.

15 Q. Where do you currently work?

16 A. The City of Detroit Health Department.

17 Q. I would like to talk to you about your educational and  
18 your employment background. Can you tell us first  
19 where you attended college?

20 A. Yes. I attended Michigan State University for my  
21 Bachelor's in social work, and I attended Wayne State  
22 University for my Master's in social work.

23 Q. When did you get your Bachelor's in social work from

1 Wayne State?

2 A. I received my Bachelor's from Michigan State.

3 Q. I'm sorry, from Michigan State. My apologies.

4 A. In 2011.

5 Q. Thank you. And when did you get your Master's from  
6 Wayne State?

7 A. 2012.

8 Q. Did you have any particular concentration while you  
9 were doing your Master's?

10 A. Yes, community practice and social action. So that is  
11 macro social work where we learn program development,  
12 policy change, community organizing.

13 Q. Why did you study that?

14 A. Because I am passionate about serving communities as  
15 the client, making change on a larger level, and  
16 ensuring that systems don't possess barriers for  
17 clients. So I figured that was the -- that was the  
18 path that I should take in order to create the  
19 greatest amount of change.

20 Q. I want to talk -- we'll get to your jobs in a minute.  
21 While we're on the topic of education, I want to ask  
22 you about some of the continuing education that you've  
23 had during the time that you've been working. Have

1           you done some continuing education while you're  
2           working?

3       A.    Yes.

4       Q.    Tell us about that?

5       A.    So I pursued a graduate certificate in research and  
6           evaluation at Wayne State University, and completed  
7           that. I completed a practicum there as well where I  
8           looked at sexual assault survivors and the barriers  
9           that they encountered getting nonoccupational  
10          post-exposure prophylaxis, which is HIV prophylaxis.

11      Q.    Was that around 2016?

12      A.    Yes, yes.

13      Q.    Okay. What else?

14      A.    I also pursued a restorative practice conferencing  
15          certificate. So I was trained on how to conduct  
16          restorative practices conferences, which is for  
17          conflict resolution. And I also pursued a woman in  
18          leadership certificate through Cornell University, and  
19          that -- those courses consisted of negotiation skills,  
20          emotional intelligence, enhancing communications  
21          staff. It was a certificate that was web-based with  
22          forums, exams. And I pursued that because I am a  
23          woman seeking additional leadership positions



1 throughout my career, and I wanted to get a good  
2 foundation for that.

3 Q. Why did you pursue the restorative justices -- the  
4 restorative practices certificate?

5 A. So as a social worker, I've always thought about  
6 meeting clients where they're at. I understand the  
7 social deterrents of health. I understand that  
8 systems fail clients all the time, and there are  
9 different avenues for dealing with conflict. Our  
10 current judicial system doesn't seem to work in my  
11 mind, and so that is something that was intriguing  
12 when I first found out about restorative practice and  
13 restorative justice, and I wanted to better understand  
14 how to utilize those skills for our clients in  
15 addition to in the workplace.

16 Q. Since finishing your Master's and entering the work  
17 force, have you participated in any volunteer work?

18 A. Yes. I have been on the LGBT Abuse Collaborative for  
19 Southeastern Michigan. I've been on the Macomb  
20 Community Domestic and Sexual Violence Council. I  
21 have also been a board member at Turning Point, Inc.  
22 in Macomb county. I have served as the vice chair of  
23 the external relations committee, co-chaired the

1 advocacy committee, and am a board member there.

2 Q. Are these all things you've been doing within the past  
3 five years or so?

4 A. Yes.

5 Q. Who was your first employer after school?

6 A. Wayne State University.

7 Q. What did you do there in your first job?

8 A. I was a research assistant, and my functional title  
9 was Linkage-to-Care Coordinator, so I oversaw a case  
10 load of over 50 plus newly diagnosed with HIV youth  
11 ages 12 to 25. And then I also conducted the research  
12 study, collected the identifying data, and worked with  
13 these youths to get them housing, healthcare,  
14 insurance, any kind of services they needed.

15 Q. Was that the 2012, 2013 time frame?

16 A. Yes.

17 Q. Where was your next job?

18 A. I was actually promoted at Wayne State School of  
19 Medicine to the Connect to Protect Detroit Study  
20 Coordinator, which is also a research assistant  
21 position, and I supervised the new Linkage-to-Care  
22 coordinator, and I oversaw a community participatory  
23 research study including a coalition. And with this

1 coalition I worked with nonprofits and community  
2 organizations and health departments both state and  
3 local to create practice and policy change to address  
4 root causes of HIV.

5 Q. What were the years that you performed that job?

6 A. 2013 to I believe 2015, maybe 2016. I'm sorry.

7 Q. That's okay. And one thing we can't see on the  
8 transcript is you're closing your eyes and counting on  
9 your fingers?

10 A. Sorry, yes.

11 Q. Is it fair to say you're doing your best to give us  
12 the approximate dates?

13 A. Yes.

14 Q. But around three or four years you did this?

15 A. Yes, four.

16 Q. You described to us some of the responsibilities you  
17 had there. What more can you tell us about what you  
18 learned and the job skills you gained while doing that  
19 job?

20 A. Yes. So overseeing research studies, overseeing  
21 programs, creating practice and policy change, working  
22 with political officials, working with CEOs of major  
23 organizations to create partnerships. I also gained

1 supervisory experience there. And I also started  
2 learning and further enhancing my budgetary  
3 experience. By the end of the position there I had  
4 supervised seven employees.

5 Q. Okay. And when you talk about your budgetary  
6 experience, what does that mean?

7 A. So learning to create -- everything from learning to  
8 create a budget to operating within my budget, to, you  
9 know, teaching staff how to budget themselves for  
10 their appropriate research study.

11 Q. Okay. After completing that job, who did you go to  
12 work for next?

13 A. I worked for the Imagine Center for Psychological  
14 Health in addition to Wayne County Safe and University  
15 of Chapel Hill. For Wayne County Safe and University  
16 of Chapel Hill I was a research coordinator for the  
17 women's health study, which looks -- it was a  
18 longitudinal study that looks at the recovery process  
19 for sexual assault survivors. And I supervised a few  
20 staff in that research study, and I actually launched  
21 that study at Wayne County Safe. And then in addition  
22 to that, I was doing that part-time, I was also doing  
23 psychotherapy at the time Imagine Center for

1           psychological health.

2       Q.    At some point while you were still doing that  
3           psychotherapy work, did you come to work for the  
4           Detroit Health Department?

5       A.    Yes.

6       Q.    Approximately when was that?

7       A.    I started working at the Detroit Health Department in  
8           September of 2016.

9       Q.    What was your first job there?

10      A.    The Clinical Engagement Coordinator.

11      Q.    How did you learn of the Clinical Engagement  
12           Coordinator job?

13      A.    Two ways.  One, I saw it through an online posting  
14           through Indeed.  And then I explored it further at the  
15           SEMHA website, Southeastern Michigan Health  
16           Association.  And in addition to that, a fellow  
17           colleague of mine from the coalition forwarded me the  
18           posting and thought that I would be a great fit  
19           because of my experience working with physicians and  
20           the medical community and medical students.

21      Q.    Why were you interested in working for the Detroit  
22           Health Department and the affiliated entities?

23      A.    So I had -- so the Health Department essentially in

1 2013 during the bankruptcy, the city's bankruptcy,  
2 contracted out all of its services to nonprofits,  
3 Wayne State University, and a few other entities. And  
4 in around 2015 and around 2016 when I started looking  
5 for a new place of employment, I started hearing some  
6 great things from the Health Department. I heard some  
7 speeches from some key leaders at the Health  
8 Department including the health officer at the time,  
9 who was Abdul El-Seyad. He had made a speech at a  
10 council that I was -- that I attended and was a member  
11 of, the Southeastern Michigan HIV AIDS Council. And  
12 really -- his vision for the Health Department and for  
13 residents really resonated with me. I felt as though  
14 I could create some real change there.

15 In addition to that, I enjoyed working and  
16 educating medical students through my coalition. I  
17 had taught them how to conduct HIV testing with  
18 at-risk youth. And I enjoyed working with providers  
19 in the community and doing a lot of education through  
20 the sexual assault education work that I was doing.  
21 So I figured it was the next step in my career, and I  
22 really thought it was a great fit.

23 Q. You mentioned SEMHA, S-E-M-H-A. Can you tell everyone

1           what your understanding was at the time of what SEMHA  
2           is? And you're making a face. Let me ask that a  
3           different way. Why don't you tell us what your  
4           understanding now is of what SEMHA is?

5           A. Okay, because at the time I did not understand what  
6           SEMHA was. SEMHA to my understanding now is the  
7           fiduciary agent for the City of Detroit Health  
8           Department.

9           Q. What do you understand that to mean?

10          A. So all of the local public health services that the  
11          City of Detroit offers gets funded through the State  
12          of Michigan and approved through the city and  
13          essentially goes to SEMHA to monitor and keep and  
14          maintain all financial records for. I don't know why  
15          that was ever the case or why that was decided, but  
16          what I understand is that many of the local health  
17          departments utilize SEMHA's services.

18          Q. How did you come by that understanding, Ms. Djelaj?

19          A. Through my years working at the city and working with  
20          SEMHA as well.

21          Q. Okay. Let me show you what I would like to mark as  
22          Exhibit 1.

23                               (Exhibit No. 1 was marked

1 for identification.)

2 BY MS. PORTER:

3 Q. What is Exhibit 1?

4 A. It is the offer letter from SEMHA for the position of  
5 clinical engagement coordinator. This is my offer  
6 letter.

7 Q. So this is the very first job that you had with SEMHA,  
8 is that right?

9 A. Yes.

10 Q. And we see at the top the letter is dated August 24,  
11 2016 from Gary Petroni, Executive Director.

12 A. Yes.

13 Q. Did you know him at the time?

14 A. No.

15 Q. It says that you will be placed with the Southeast  
16 Michigan Health Association as the employer of the  
17 grant funded administrative program. Is that what you  
18 were just sort of describing to us?

19 A. Yes.

20 Q. And your position would be clinical engagement  
21 coordinator. At the time that you were coming in for  
22 the job, what did you understand that the job would  
23 be?



1 A. I understood that I would be essentially the right  
2 hand to the medical director. I would help the  
3 medical director carry out projects, work with the  
4 medical director to establish partnerships with  
5 medical providers across the city.

6 Q. Who was the medical director at that point in time?

7 A. Dr. Joneigh Khaldun.

8 Q. If we look about halfway down, we see that it says  
9 that you'll report to Dr. Khaldun, and you'll have a  
10 salary of \$70,000, is that right?

11 A. Yes.

12 Q. And was that your understanding when you say you would  
13 be the right hand to the medical director, you would  
14 be the right hand to Dr. Khaldun?

15 A. Yes.

16 Q. At the time that you received this letter on  
17 August 24, 2016, had you met Dr. Khaldun yet?

18 A. Yes, I had met her for my interview.

19 Q. Other than for interviewing for the job, had you  
20 already known Dr. Khaldun at all?

21 A. No.

22 Q. Had you done anything with Dr. Khaldun other than  
23 interviewing for this position?

1 A. No.

2 Q. Did you have any relationships with her outside just  
3 getting this job?

4 A. No.

5 Q. Okay. Once you got the clinical engagement  
6 coordinator position, where did you physically work?

7 A. I worked at 3245 East Jefferson.

8 Q. And you described to us what you thought the job would  
9 be like. Is that what the job turned out to be?

10 A. Somewhat. In addition to that I had additional  
11 responsibilities. We had just entered a Hepatitis A  
12 outbreak, and so I was quickly expected to stand up a  
13 Hepatitis A clinic -- multiple Hepatitis A clinics,  
14 develop materials, help draft press releases, stay on  
15 state calls with the State Health Department. And I  
16 was essentially spearheading the effort to do any type  
17 of outreach. So I was working with our immunization  
18 team in developing a staff or creating a staff list of  
19 individuals that would be spending time in the  
20 clinics. And then I also had to quickly get  
21 well-versed in Hepatitis A so I could teach physicians  
22 in the community about, you know, what type of  
23 treatment they should be providing for which type of

1 patients. I also had to go myself and do intakes for  
2 people at these clinics because we were so short  
3 staffed.

4 Q. Did your job continue to change over the time you  
5 served as clinical engagement coordinator?

6 A. Yes.

7 Q. How so?

8 A. I was expected to create new projects and new  
9 proposals that would be shared with the mayor at a  
10 moment's notice. One was our I-Decide reproductive  
11 health clinic. We had -- former leadership had  
12 proposed an idea to create a reproductive health  
13 mobile clinic, and the mayor didn't -- wasn't fond of  
14 that idea. So I was expected to create an entirely  
15 new plan to address reproductive health or unintended  
16 teen pregnancy in the city.

17 Q. Do you feel like the prior job experiences that you  
18 had had before coming to SEMHA and the City of Detroit  
19 Health Department prepared you for that set of  
20 shifting responsibilities?

21 A. Yes.

22 Q. Tell us how?

23 A. So I had through my coalition and through other types

1 of work in the Linkage-to-Care coordinator role had to  
2 be very adaptable, especially working with transient  
3 youth living with HIV, and even sexual assault  
4 survivors, I had to quickly adapt and change either  
5 the research study approach with the proper approvals,  
6 or create new plans if the first kind of plan did not  
7 work. I also had to create, you know, work plans,  
8 budgets in the past. So that was something that I was  
9 well-versed in doing. I just had to adapt whatever  
10 skills I had to the way the health department was  
11 doing it.

12 Q. Tell us what your day-to-day relationship with  
13 Dr. Khaldun was like in your clinical engagement  
14 coordinator job?

15 A. I spent -- I spent a decent amount of time with her  
16 having regularly -- regular supervision sessions,  
17 working closely on the I-Decide reproductive health  
18 project. I was often in other meetings with her, but  
19 it was a larger group of individuals as well. I also  
20 had meetings with the health officer. I also had  
21 meetings with the associate director. So really I had  
22 a lot of meetings with a lot of folks including  
23 special project teams, budget, finance. But I did

1 have regular supervision sessions with Dr. Khaldun and  
2 was in meetings with the mayor and Dr. Khaldun and a  
3 team as well.

4 Q. Once you were in the clinical engagement coordinator  
5 job, did you have the opportunity to observe the  
6 organizational structure at the Detroit Health  
7 Department and how it was changing in realtime as you  
8 were there?

9 A. Yes. It was quickly adapting actually. It seemed  
10 like every day someone else had a new role within the  
11 Health Department, and that evolved even further once  
12 the change in leadership happened. We had multiple  
13 organization charts just under one health officer, and  
14 multiple different divisions. They were renamed,  
15 re-categorized, directors -- or managers became  
16 directors and so forth.

17 Q. What was your understanding of why the change was  
18 happening so rapidly?

19 A. We went from having five staff at the Detroit Health  
20 Department to having over 200. So it was my  
21 understanding that it was adapting as the organization  
22 was growing.

23 Q. And just approximately what is the time period when

1 that rapid growth was occurring?

2 A. Oh, it went from 2015, yes, from five people to around  
3 2016, start of 2017.

4 Q. And now having hundreds of people?

5 A. Yes.

6 Q. Okay. And I think you mentioned to us before your  
7 understanding of the reason was that there were some  
8 changes during the bankruptcy and the city was  
9 emerging from that?

10 A. Yes.

11 Q. Okay. Between approximately August 2016 when you  
12 started as clinical engagement coordinator to March of  
13 2017, how did your job responsibilities end up? By  
14 the end of your tenure in that job, what were you  
15 focusing on?

16 A. I started getting additional staff to supervise, so  
17 medical students, interns. I started getting  
18 additional responsibilities, managing my own projects.  
19 Once the former medical director became the health  
20 officer, I was still working very closely along with  
21 those priority projects that she was overseeing. So I  
22 was working very closely with her.

23 Q. Okay. And just to be sure we all know who we're

1 talking about, when you talk about the former medical  
2 director becoming the health officer, who is that?

3 A. Dr. Khaldun.

4 Q. So when you started as the right hand to Dr. Khaldun,  
5 at that point in time her title was what?

6 A. Medical director.

7 Q. Okay. And then at some point she changed jobs to  
8 become the health officer?

9 A. Yes. When Dr. El-Sayed left the Health Department,  
10 the mayor promoted Dr. Khaldun.

11 Q. Then around March of 2017, you became special  
12 associate to the director and health officer, is that  
13 right?

14 A. Yes.

15 Q. And let's look at what I'll mark as Exhibit 2 to your  
16 testimony.

17 (Exhibit No. 2 was marked  
18 for identification.)

19 BY MS. PORTER:

20 Q. Okay. What do you recognize Exhibit 2 to be?

21 A. This is salary adjustment form.

22 Q. It's dated March 23rd, 2017 and it's from Tim Lawther,  
23 do you see that?

1 A. Yes.

2 Q. Who was Mr. Lawther?

3 A. Mr. Lawther at the time was the chief operating  
4 officer.

5 Q. For what?

6 A. The Detroit Health Department.

7 Q. He writes in the memo to Mr. Petroni, "In recognizing  
8 the need to maintain excellent staff, I'm recommending  
9 the SEMHA employee Valentina Djelaj receive an annual  
10 salary of 80,000, and her title be changed to special  
11 associate to the director effective March 27, 2017,"  
12 is that right?

13 A. Yes.

14 Q. And then he says in the last sentence of that  
15 paragraph that he's consulted with a few folks. Who  
16 was Joseph Mutebi, M-u-t-e-b-i?

17 A. He is the finance manager for the Detroit Health  
18 Department Office of -- ODFS, the Office of -- they're  
19 changing their name. I don't recall, but it's the  
20 finance division of the City of Detroit.

21 Q. The next person listed is Leseliey Welch,  
22 L-e-s-e-l-i-e-y, last name Welch, W-e-l-c-h?

23 A. She was the associate director I believe at the time.



1 Q. And then it refers to Dr. Khaldun, who you told us was  
2 the health officer at the time, correct?

3 A. Correct.

4 Q. And it says that I consulted with these people, and  
5 the salary is within the budget and required. Did you  
6 have any understanding at that time of the  
7 significance of what Mr. Lawther was saying there?

8 A. No, just that it was acceptable.

9 Q. Okay. Once you became special associate to the  
10 director and health officer, you were reporting to  
11 Dr. Khaldun, is that right?

12 A. Yes.

13 Q. Just as Dr. Khaldun must have had different  
14 responsibilities in her new job as health officer, did  
15 you have different responsibilities in your new role  
16 as special associate?

17 A. Yes.

18 Q. Tell us what those were?

19 A. I was overseeing much more -- there were items of more  
20 importance. So I was preparing materials for City  
21 Council, I was preparing additional materials for the  
22 mayor. I was preparing additional materials for the  
23 Finance Department that were weighted more significant

1 than some of the other work I had done.

2 Q. Now, by this time when you started this job, you had  
3 been at the Detroit Health Department for six or seven  
4 months, is that right?

5 A. Correct.

6 Q. Had you learned whether SEMHA had HR specialists?

7 A. They do not -- they did not.

8 Q. Did the City of Detroit have HR specialists at that  
9 time?

10 A. Let me go back. Can you define specialists?

11 Q. No, so I'll ask it differently. As you matured within  
12 this department, did you learn whether there was any  
13 human resources function at SEMHA?

14 A. Yes, there were -- there was one staff member at SEMHA  
15 that was -- that would process the HR paperwork.

16 Q. Okay. And did you also come to observe whether there  
17 were folks on the City of Detroit side that focused on  
18 human resources issues and personnel issues?

19 A. Yes.

20 Q. What observation did you have about whether the SEMHA  
21 human resources people and the City of Detroit human  
22 resources people were working in an integrated fashion  
23 or not?

1 A. They were not.

2 Q. And tell us what you observed?

3 A. It was my understanding that they were not allowed to,  
4 that they were two separate entities, that the City of  
5 Detroit would not work with SEMHA staff.

6 Q. In the absence of at least what you perceived to be a  
7 cohesive working relationship between SEMHA and the  
8 City of Detroit Human Resources folks, did you come to  
9 have responsibilities for any human-resources type  
10 functions?

11 A. Yes. I would create nearly every new position  
12 description or I would have a role in it. So if it  
13 was a new position such as a behavioral health manager  
14 position, I would have to do my research on, you know,  
15 what did exist out there, what type of specifications  
16 those types of positions would need. And then there  
17 would be -- you know, I would essentially provide  
18 those position descriptions to our COO or our  
19 associate director or our health officer.

20 Q. Did you have experience doing that, writing position  
21 descriptions?

22 A. No.

23 Q. How did that come to fall on you?

1 A. In the absence of having someone to do the work, and  
2 my I guess skill in just being adaptable and quickly  
3 learning, I was assigned the task, and I didn't want  
4 to let anyone down.

5 Q. And why was it important to be writing new job  
6 descriptions during this time period of your career?

7 A. For the department or just for me?

8 Q. For the department.

9 A. It was important because the organization's needs were  
10 constantly changing. In addition to that, the  
11 positions that did already exist, they were one or two  
12 lines of a position description, which did not  
13 properly account for all the responsibilities that  
14 each role would need to maintain.

15 MS. BENTLEY: Just a quick question. Did  
16 you create job position descriptions for both SEMHA  
17 positions and City of Detroit positions?

18 A. So they were SEMHA positions.

19 MS. BENTLEY: Thank you.

20 A. SEMHA staff members were not able to interact with or  
21 process paperwork through the City of Detroit.

22 BY MS. PORTER:

23 Q. And at the time you were a SEMHA person?

1 A. Yes.

2 Q. As all of this is going on and you're functioning in  
3 this position as special associate -- did I get the  
4 title right?

5 A. Yes.

6 Q. Okay, special associate. Did you have discussions  
7 during that time with Dr. Khaldun about her vision for  
8 what she was trying to create in the Health  
9 Department?

10 A. Yes, loose conversations. I think it was -- I wasn't  
11 a part of the senior leadership team, so I wasn't  
12 really aware of all the -- the entire vision of the  
13 department. I was more task oriented. So she would  
14 say we do need -- these are the needs, help me create  
15 a position that would align with those needs. But it  
16 would be more piecemeal, it wouldn't be a broader  
17 vision.

18 Q. Okay. Let's focus our attention on October 2017. At  
19 that time you've been at the Health Department for  
20 about a year, is that right?

21 A. Yes.

22 Q. What was your relationship with Dr. Khaldun like at  
23 that point in time?

1 A. The same.

2 Q. So when you started you didn't know her at all?

3 A. Oh, okay, yes.

4 Q. Tell us how that had evolved?

5 A. I worked with her day in and day out. I respected her  
6 as my supervisor, but would just work with her  
7 throughout the workday.

8 Q. Did you spend time with Dr. Khaldun outside of work?

9 A. No.

10 Q. Did she ever invite you to her home?

11 A. No.

12 Q. Did you ever invite her to your home?

13 A. No.

14 Q. Did you have meals together?

15 A. No.

16 Q. Did you go to restaurants together?

17 A. No.

18 Q. Sporting events?

19 A. No.

20 Q. Theater?

21 A. No.

22 Q. Is it fair to say from what you're describing that  
23 your relationship with her in October of 2017 was

1 purely professional?

2 A. Yes.

3 Q. How about now, now we're two years later?

4 A. Still professional.

5 Q. All right. At some point in or around October 2017  
6 did you and Dr. Khaldun discuss the possibility of  
7 creating a job title within the organization for a  
8 chief integration officer?

9 A. Yes.

10 Q. Explain to everyone how that came about?

11 A. So as I was mentioning, the needs of the department  
12 were constantly changing. There was a need to have an  
13 individual work on braiding funding at the Health  
14 Department. As we kept getting in additional dollars,  
15 having a difficult time still managing our budget,  
16 managing finances, and trying to integrate our  
17 programs and service, there was someone that needed to  
18 solely focus on that. It was difficult to have each  
19 manager work across the aisle if you will, so cross  
20 programs. There needed to be someone to individually  
21 give attention to that. There were constant errors  
22 happening, staff split across multiple budgets that  
23 were never updated because managers weren't talking to

1 other managers, directors weren't talking to other  
2 directors. So there was someone that needed to focus  
3 on that solely. I started doing that because  
4 paperwork was coming across my desk to share with  
5 Dr. Khaldun, but I would find constant errors in them,  
6 in this paperwork.

7 So I brought these issues to her attention  
8 and created a system to ensure that those issues  
9 wouldn't happen any more. But there was still the  
10 need to integrate programs and services so we didn't  
11 have clients in the city going to our immunizations  
12 department waiting for four hours for immunization,  
13 then needing to go to the WIC clinic, which is just  
14 across the hallway, and waiting an additional four  
15 hours in line for that, and then catching the bus  
16 maybe four hours to go home. So there was a need to  
17 have someone focus on how to better streamline  
18 services across the department.

19 Q. What is your understanding of any differences between  
20 what that chief integration officer job would be and  
21 what you were doing as special associate to the  
22 director?

23 A. There was a little bit of carryover with the role



1 because every day it seemed like I didn't operate in  
2 just one position. There would be additional  
3 responsibility every day. So it is hard to decipher,  
4 but the main difference was focusing the financial and  
5 fiscal management responsibility, the integration of  
6 programs and services. I was supervising additional  
7 staff. Any new projects or grants that were coming  
8 in, I would spearhead, hire those staff, and then get  
9 those programs off the ground like our lead pilot  
10 prevention program.

11 Q. As someone who had been working at the department now  
12 for over a year, did you have a personal view about  
13 whether a chief integration officer position was  
14 needed?

15 A. Yes, I strongly thought it was needed.

16 MS. BENTLEY: Is that a position that  
17 exists in most health departments?

18 A. I'm not certain if it exists in health departments.  
19 I've seen it exist in other organizations at least  
20 online when I was kind of searching for the right fit  
21 in nonprofits.

22 BY MS. PORTER:

23 Q. And when you said yes, you did believe it was needed,

1           what was it that was missing that this title would do  
2           and provide that wasn't -- that somebody wasn't  
3           already doing in the department?

4    A.    Can you rephrase that?  I'm sorry.

5    Q.    Sure.  This was going to be a new title and a new  
6           position?

7    A.    Right.

8    Q.    What would be the new thing that would be happening  
9           that wasn't already happening within the department?

10   A.    That people were not working across their programs and  
11          no one was solely focusing on that.  Everyone was kind  
12          of -- just had enough energy to focus on their  
13          programs and running the day-in and day-out  
14          operations.  Someone had to be thinking strategy and  
15          thinking how else to make things more efficient.

16                    Another just reason was that special  
17                    associate title just as an FYI was not resonating with  
18                    anyone.  No one -- internally and externally staff or  
19                    the community did not understand that.  That  
20                    integration piece of the role was really important to  
21                    external parties.  Even when people, you know, had met  
22                    me or I had been introduced, people understood that I  
23                    was solely working to integrate the programs.

1 Q. So in addition to the responsibilities that you had  
2 taken on when you started as special associate, had  
3 you started to do some of these integration-type roles  
4 that you've been describing to us?

5 A. Yes.

6 Q. And why were you the person doing that and not  
7 somebody else?

8 A. There was -- one, truly everyone had their own  
9 bandwidth issues. And, two, I took the initiative to  
10 just start doing the work and had to fill the need.

11 Q. Okay. Let's talk about what I'll mark as Exhibit 3.  
12 (Exhibit No. 3 was marked  
13 for identification.)

14 BY MS. PORTER:

15 Q. The first page of Exhibit 3 is an email that you wrote  
16 to Dr. Khaldun on September 8, 2017. Do you see that?

17 A. Yes.

18 Q. And it says, "I have attached the memo that we need to  
19 send over SEMHA to officially change my position. I  
20 filled in most of the memo, but please review and  
21 provide feedback at your leisure. I've also attached  
22 my proposed PD." And what does PD mean?

23 A. Position description.

1 Q. Okay. It says, "I tried to leave it a bit vague to  
2 account for ad hoc projects that don't exactly fall  
3 into a category/program, but detailed enough to  
4 eliminate confusion throughout the department. Please  
5 let me know what you think. My position change can  
6 also be one of our first agenda items for our  
7 one-on-one on Monday." Then it's signed by you as  
8 special associate to the director, correct?

9 A. Correct.

10 Q. And then the attachment appears to be a draft position  
11 description for chief integration officer, is that  
12 right?

13 A. Correct.

14 Q. Did you write this email in Exhibit 3?

15 A. Yes.

16 Q. And did you write the attached position description?

17 A. Yes. I contributed to multiple drafts of a working  
18 document.

19 Q. And then there is a second document attached to your  
20 email on City of Detroit Health Department Interagency  
21 Memorandum, do you see that?

22 A. Yes.

23 Q. And that's drafted from Dr. Khaldun to Mr. Petroni,

1 right?

2 A. Yes.

3 Q. And it says please change the position description and  
4 job title of Valentina Djelaj beginning from 9/11/17,  
5 right?

6 A. Yes.

7 Q. And it would be a change from special associate to the  
8 director and health officer, your current position, to  
9 the new position of chief integration officer, right?

10 A. Yes.

11 Q. And the proposed salary is blank?

12 A. Yes.

13 Q. Did you draft this as well?

14 A. I did.

15 Q. And then on the last page it's got all your personal  
16 information, but again the salary is blank, is that  
17 right?

18 A. Correct.

19 Q. Okay. Going back to the email, and just the overall  
20 Exhibit 3, why did you draft this?

21 A. It was something that Dr. Khaldun and I had discussed,  
22 and she had wanted me to complete the paperwork to  
23 process.

1 Q. At the time that you wrote this email and this job  
2 description and this memo, what did you expect were  
3 going to happen with these items?

4 A. That they would hopefully be approved through  
5 Dr. Khaldun and be processed through SEMHA.

6 Q. When you say that you thought they would be processed  
7 through SEMHA, help everyone understand what did you  
8 think the significance of that was? Why did it matter  
9 that this was something that was going through SEMHA?

10 A. This was common practice through SEMHA. As again the  
11 organization evolved, individuals' positions would  
12 change, responsibilities would change. I was one of  
13 many people at that time, including our communications  
14 director, whose responsibilities were changing. And  
15 SEMHA was the -- because we were funded through a  
16 certain budget, that funding sat on the SEMHA side,  
17 and the position would be processed that way.

18 Q. In your experience so far at the department, had you  
19 seen other positions be created and filled within  
20 SEMHA?

21 A. Yes.

22 Q. Did you have an understanding of what was required at  
23 that time for a job position to be created and filled

1 on the SEMHA side?

2 A. Just -- I didn't understand the background of what  
3 would happen with SEMHA, but just the documents and  
4 the proper items to complete.

5 Q. Did you have an understanding at that time about  
6 whether Dr. Khaldun had the power and ability to  
7 create new jobs and fill them as she saw fit on the  
8 SEMHA side?

9 A. Yes, it was my understanding that she did.

10 Q. And had you actually seen that happen before?

11 A. Yes.

12 Q. Just once or more than once?

13 A. More than once.

14 Q. Lots of times?

15 A. Yes.

16 Q. Now, at that point in time, Ms. Djelaj, were you  
17 familiar with the City of Detroit's job classification  
18 system?

19 A. No, not exactly. It was actually very confusing to  
20 me.

21 Q. In particular I want to ask you about what is called  
22 the public health division administrator or PHDA  
23 classification. Did you know what that was at the

1 time?

2 A. I only knew as much as individuals were in that role,  
3 so I understood it to be a director level position.

4 Q. Okay. When you wrote what we're looking at as  
5 Exhibit 3, were you trying to write the CIO job  
6 description to match up with the PHDA classification  
7 with City of Detroit?

8 A. No.

9 Q. Why not?

10 A. Because it didn't make sense to me. It was something  
11 entirely separate.

12 Q. Was the concept of the PHDA classification even on  
13 your radar at the time you were writing the CIO job  
14 description?

15 A. No.

16 Q. Explain that.

17 A. I don't know. I guess I just didn't think it was  
18 relevant. I don't know.

19 Q. And is that because what you were writing was for  
20 SEMHA, not for City of Detroit?

21 A. Correct, yes.

22 Q. Is it your understanding that that PHDA classification  
23 is just a City of Detroit thing, and not a SEMHA



1 thing?

2 A. Correct. The only thing that I can say that we were  
3 trying to do, and even prior to creating this  
4 position, was aligning with the position competencies.  
5 There are three tiers in the Detroit Health  
6 Department, and we were trying to make those  
7 consistent across the board to match state level  
8 competencies or national competencies for health  
9 departments. But that -- again, there were three  
10 tiers, and that is something that was a template that  
11 everyone was able to access on our shared drive, and  
12 that is something that I knew was consistent on both  
13 the city side and the SEMHA -- or we were trying to  
14 move toward making it consistent.

15 Q. So you're pointing to the position description  
16 attached to Exhibit 3, and I think you were looking at  
17 the third page in that position description where it  
18 says position competencies?

19 A. Yes.

20 Q. And so I think what you're saying is those were  
21 standard and set, and those -- in your understanding  
22 these do overlap with the way the City of Detroit did  
23 their job posting?

1 A. Yes.

2 Q. Look what they write over there where it says  
3 education and experience. It says the successful  
4 candidate will hold a Master's degree in public  
5 health, social work, business administration, health  
6 science administration, or other related fields, and  
7 have three or more years experience in public health  
8 project management, program development, and coalition  
9 building. Do you see that?

10 A. Yes.

11 Q. Now, when you drafted this position description, was  
12 this the very first position description that you had  
13 drafted?

14 A. No.

15 Q. Do you remember about how many others you had done at  
16 this point in time?

17 A. Many. I would have to say probably more than ten.

18 Q. And what was your practice at that time in figuring  
19 out how to figure out what to put there under  
20 education and experience?

21 A. I had some examples from previous work I had done from  
22 previous descriptions, and most of my research was  
23 what was -- what I could find online, what was the

1           qualifications for -- you know, the going  
2           qualifications for each position.

3       Q.    Is it fair to say that you were creating an education  
4           and experience requirement based on what you had seen  
5           online and across the department?

6       A.    Yes, and based on my conversations with our health  
7           officer and our COO.

8       Q.    Okay.  If this had said, just by the way, that the  
9           minimum requirement was for a Master's degree in  
10          medicine, public health, business administration and  
11          health science administration or other related field,  
12          would you have qualified for that?

13      A.    Yes.

14      Q.    Why?

15      A.    I have a Master's degree in social work.

16      Q.    Okay.  So at the time that you sent this to  
17          Dr. Khaldun in September of 2017, when you wrote this  
18          CIO job description, did you have an understanding of  
19          whether you would be the person to fill that role?

20      A.    What was the time line again?  I'm sorry.

21      Q.    Well, this particular one is September 8, 2017.

22      A.    Yes.

23      Q.    So at the time that you're writing this CIO job

1 description in September of 2017 and sending it to  
2 Dr. Khaldun, did you think that if SEMHA created the  
3 job title, that that would be your job?

4 A. Yes.

5 Q. Why did you think that?

6 A. For the most part because I was already doing all of  
7 the responsibilities of this role, and it just made  
8 sense at the time.

9 Q. Okay. Let me show you what we'll mark as Exhibit 4.

10 MS. BENTLEY: Before we move on from  
11 Exhibit 3, I would just like to redact her home  
12 address since this is going to be a public document.  
13 So if we can make that change. I'm just going to grab  
14 a quick marker.

15 MS. PORTER: That would be great. I  
16 appreciate your attention to that.

17 MS. BENTLEY: You can continue if you'd  
18 like.

19 MS. PORTER: Are you sure?

20 MS. BENTLEY: Yes, that's fine.

21 (Exhibit No. 4 was marked  
22 for identification.)

23 BY MS. PORTER:

1 Q. I'm showing you what we've marked as Exhibit 4 to your  
2 testimony. This is a little less than a month after  
3 the exhibit we just looked at. It's dated October 2,  
4 2017. Do you see that?

5 A. Yes.

6 Q. And this is another email from you to Dr. Khaldun,  
7 right?

8 A. Right.

9 Q. And it says, "I know you mentioned me staying on the  
10 SEMHA payroll for a bit longer this morning, but do  
11 you want me to change my title in PD? How do you feel  
12 about the PD attached I shared with you last week? Do  
13 you have any revisions? If not, I can update the  
14 paperwork and submit through SEMHA."

15 What were you trying to tell Dr. Khaldun in  
16 this email.

17 A. I was just -- I understood she was busy, frequently  
18 being pulled in multiple different directions, but I  
19 wanted to ensure that she hadn't forgotten about this  
20 PD or it didn't have any additional changes. We had  
21 talked about making some additional changes, so she  
22 recommended them to me, and then I also took another  
23 look at it and drafted additional language on here, so

1 I wanted her to review it.

2 Q. When you talk about you drafted additional language,  
3 are you referring to the attachment to this email as  
4 part of Exhibit 4?

5 A. Yes.

6 Q. In between this email that we see in Exhibit 4 and the  
7 email that we looked at in Exhibit 3, do you remember  
8 any particular discussions that you had with  
9 Dr. Khaldun about the CIO job?

10 A. I don't recall specific conversations. It felt like a  
11 rolling conversation. It felt like we continuously  
12 discussed little pieces here and there. But I did  
13 know that she wanted to move forward with it at SEMHA.

14 Q. Okay. And the email references updating the paperwork  
15 and submitting through SEMHA. What did you mean by  
16 that?

17 A. Yes, to submit the position and be hired through  
18 SEMHA.

19 Q. And at this point in time, October 2 of 2017, did you  
20 believe that if a CIO position was created, that that  
21 would be your job?

22 A. Yes.

23 Q. Why did you think that?

1 A. Again I was doing the work, and I felt that it was  
2 still -- it still made sense to me.

3 Q. And was that consistent with the discussions you were  
4 having were Dr. Khaldun?

5 A. Yes.

6 (Exhibit No. 5 was marked  
7 for identification.)

8 BY MS. PORTER:

9 Q. Let me show you what I've marked as Exhibit 5 to your  
10 testimony.

11 MS. MURRAY: Before you do that, can I ask  
12 one question?

13 MS. PORTER: Of course.

14 MS. MURRAY: The first part of the email  
15 where it says I know you mentioned me staying on the  
16 SEMHA payroll for a bit longer, can you explain what  
17 that part of the email meant?

18 A. Yes. So I was trying to recall what I was -- where I  
19 was going with this, but I think around this time  
20 there were conversations about other staff moving over  
21 to the city, and rumors going back and forth across  
22 the department about I think the communications  
23 director position and a few others, policy director,

1 so I felt safe at the time, but I knew that it was  
2 genuinely the City of Detroit's stance to move  
3 eventually all positions over to the City, but not  
4 immediately, and over years of time, because they were  
5 having some difficulties with SEMHA. But I didn't  
6 know all the complexities, a lot of it was rumors and  
7 speculation. And I had been around through the  
8 bankruptcy and actually worked at -- well, I was at  
9 Wayne State, but I had an office in Herman Kiefer when  
10 the Institution for Population Health took over. So I  
11 knew it was -- it's always a possibility.

12 MS. MURRAY: Thank you.

13 BY MS. PORTER:

14 Q. Let's look at Exhibit 5, which is dated October 3,  
15 2017. And you agree with me that this appears to be  
16 Dr. Khaldun's response to your email from October 2?

17 A. Yes.

18 Q. She says, "Hi, Val, see attached. I'm fine if you  
19 move forward with this one. Excited about this role."

20 A. Yes.

21 Q. And tell us what the attachment is to the email?

22 A. It is a Track Changes version of this chief  
23 integration officer position description.



1 Q. What is your understanding of who made these edits to  
2 the CIO job description?

3 A. Dr. Khaldun.

4 Q. And when she says in her email to you, "I am fine if  
5 you move forward with this one," what did you  
6 understand her to mean?

7 A. To process this paperwork through SEMHA.

8 Q. Let me show you what I'm going to mark as Exhibit 6 to  
9 your testimony.

10 (Exhibit No. 6 was marked  
11 for identification.)

12 BY MS. PORTER:

13 Q. Let's do the top one first. It's an October 3rd email  
14 at 10:51 a.m. from you to Dr. Khaldun where you say  
15 this looks great, I'll stamp it with your signature  
16 and submit to SEMHA. What are you referring to there?

17 A. That I would process the paperwork as I had done all  
18 other documents through SEMHA.

19 Q. Are you referring to the revised job description that  
20 she had just sent you?

21 A. Yes.

22 Q. And then later that day if we look at the email from  
23 the bottom, there is an email from you to Tim Lawther.

1 Remind us who he is and what his job was at that time?

2 A. I believe he was still the chief operating officer.

3 Q. And you say, "Hi, Tim. Please see the PD attached.

4 Let me know if you have any questions, comments or  
5 concerns." And were you sending him that same CIO job  
6 description?

7 A. Yes.

8 Q. Why were you sending this to Tim Lawther?

9 A. Because he had the authority to process the documents  
10 through SEMHA.

11 Q. What is your understanding of what he was going to do  
12 with the position description that you sent him?

13 A. Process it through SEMHA.

14 (Exhibit No. 7 was marked  
15 for identification.)

16 BY MS. PORTER:

17 Q. I'm showing you what we're marking as Exhibit 7.

18 Let's do the top one first. October 3, 2017, at 6:42  
19 p.m. you're sending the same CIO description to  
20 Zaundra Wimberley, is that right?

21 A. Yes.

22 Q. Who is Ms. Wimberley?

23 A. She was the operations administrator I believe. Yes.

1 MS. HA: For SEMHA?

2 THE WITNESS: For the City of Detroit.

3 Well, she works at SEMHA, but, yes, at the Health  
4 Department. So in a similar type of role as I was,  
5 but she worked with Tim Lawther. She did not work for  
6 SEMHA specifically.

7 MS. HA: Okay.

8 BY MS. PORTER:

9 Q. So the email says, "I just met with Tim for our  
10 regularly scheduled one-on-one, and he asked me to  
11 share my PD with him for a final review. I'm not sure  
12 if he's submitting my PD or if he will instruct you to  
13 submit the PD on behalf of him. Either way, I've  
14 attached my PD to this email." Why did you send this  
15 to Ms. Wimberley?

16 A. One of her roles that she was taking on was processing  
17 some of the paperwork as well, and ensuring that  
18 positions align, competencies match the proper level,  
19 and she was kind of the keeper of the positions  
20 in-house.

21 Q. Okay. So I want to be very, very clear. Here we are  
22 October 3rd of 2017. At that specific point in time,  
23 Ms. Djelaj, were you the person who had a heavy hand

1 in drafting the position title for CIO?

2 A. Yes.

3 Q. And at that particular point in time did you think  
4 that you were the person who was going to be placed in  
5 that title?

6 A. Yes.

7 Q. At that particular point in time did you think that it  
8 was going to be competitive, that you were going to  
9 have to apply for it?

10 A. No.

11 Q. At that particular point in time did you think there  
12 was any risk that someone else might get the job?

13 A. No.

14 Q. At that particular point in time what was your  
15 understanding of Dr. Khaldun's intentions with respect  
16 to the CIO role?

17 A. That she would process it as we had discussed through  
18 SEMHA and hire me in that position.

19 Q. Okay. Now let's look at the bottom of Exhibit 7. We  
20 have an October 23rd, 2017 email from Dr. Khaldun to  
21 you and Mr. Lawther, is that right?

22 A. Yes.

23 Q. And it says communications position is the subject

1 matter. And she says, "Hi, Tim and Val. Thanks for  
2 moving forward these PDs." Let me stop there. What  
3 is your understanding of what was happening at that  
4 time with respect to position descriptions for the  
5 communications jobs?

6 A. I had drafted two new position descriptions for the  
7 communications position or department within the  
8 Health Department, and again those were two people  
9 that had worked similar to me, funded through SEMHA or  
10 through the administration budget, and their positions  
11 and their responsibilities were increasing. So I  
12 drafted additional position descriptions to account  
13 for the needs of the department. This was followup.

14 Q. Okay. At the end of that first sentence Dr. Khaldun  
15 says, "I would like all three people to be appointed  
16 to their roles Monday, October 30th, if possible."

17 A. Yes.

18 Q. What did you understand her to mean by that?

19 A. There were three positions, excuse me. One person did  
20 not take the job, so that is why I forgot. But, yes,  
21 that she wanted these people to be appointed through  
22 SEMHA as we had done before.

23 Q. Okay. Then she says, "Val, I need to discuss your

1           role. Because it is so integrated with organizational  
2           development with the City, we are unable to push it  
3           forward as is through SEMHA, but we have a plan.

4           Let's talk offline." Do you see that?

5           A. Yes.

6           Q. Now, do you specifically recall receiving this email  
7           October 23, 2017 or thereabouts?

8           A. I do recall. I was out of town at a restorative  
9           practices conference, and I received the email while  
10          there, and I was really shocked by it.

11          Q. At the time that you first received it, did you know  
12          what that meant?

13          A. No, not exactly. I really didn't understand what it  
14          meant at all.

15          Q. Did a time come when you had the opportunity to  
16          discuss this with Dr. Khaldun?

17          A. Yes. The following week we had our regularly  
18          scheduled one-on-one, and that's where she told me  
19          that the CIO position would no longer be processed  
20          through SEMHA, and that the special associate position  
21          would no longer exist at SEMHA either. And that in  
22          order to, you know, ensure equitable opportunity, that  
23          this position would be posted, and that I would have

1 to apply for that position.

2 Q. And when you say the position would have to be posted,  
3 what do you mean?

4 A. The chief integration officer position.

5 Q. So the special associate position that you were in at  
6 the time was going to be eliminated?

7 A. Yes.

8 Q. And the CIO position that you thought you were going  
9 to get was going to be posted?

10 A. Yes.

11 Q. What did she tell you that meant, that it would be  
12 posted?

13 A. That it would be posted, and then there would be an  
14 opportunity for me to apply just as anyone else. And  
15 she made it very clear at that meeting that the  
16 position was not mine, and that it wasn't something  
17 that was appointed, and that I would have to, you  
18 know, apply just as anyone else.

19 Q. When you say she made it very clear, what do you mean  
20 by that?

21 A. I remember vividly, because I had such an emotional  
22 reaction to it. She had said that city processes are  
23 different from SEMHA, and that it would need to be

1 fair for everyone, and in order to do that, this is  
2 what -- this is the process we had to take. And I  
3 just remember leaving that meeting with tears in my  
4 eyes, because I didn't feel like I had a job or I  
5 didn't know what the next steps were.

6 Q. In the immediate aftermath of that discussion, what  
7 did you do?

8 A. I tried to carry on with my day, but luckily it was  
9 toward the end of the day. And when I went home, I  
10 brought up my resumé and I started updating it.

11 Q. Why did you do that?

12 A. Because I felt as though I needed to -- it was my time  
13 to move on from the Health Department.

14 Q. Tell us why?

15 A. I felt that the entire process was abrupt, and that I  
16 was concerned about job security. I had a family at  
17 home. I was newly married, but I had been my sister's  
18 guardian. So I had a teenager at home who was going  
19 to be going to college soon. You know, we had a  
20 graduation, all these things, and I didn't feel secure  
21 in my current job.

22 Q. This teenager you're talking about, that's your  
23 sister?



1 A. Yes.

2 Q. Were you financially responsible for her at the time?

3 A. Yes.

4 Q. Other than Dr. Khaldun, is there anyone else that you  
5 spoke with about the fact that this was now going to  
6 be a competitive process?

7 A. I did speak to Tim Lawther about it as well, because  
8 we had regular supervision sessions as well. And he  
9 just mentioned that it had to be -- again, you know, I  
10 was asking about the process and why it was happening,  
11 and they really didn't -- either one of them didn't  
12 really explain much to me, but Tim again very  
13 specifically said, you know, this needs to be a fair  
14 and competitive process. This position is not going  
15 to be offered to you just because, you know, you felt  
16 it was through SEMHA, this is going to be an open and  
17 competitive position and it can't be promised to  
18 anyone.

19 Q. Did you have any doubt about that at all at that time?

20 A. What do you mean? I'm sorry.

21 Q. Was there any question in your mind as of -- you know,  
22 after this October 23rd, 2017 time frame that this was  
23 going to be a competitive process?

1 A. No, it was my understanding that it was going to be a  
2 competitive process. And I was actually -- I mean, I  
3 was concerned about that, because I was still fairly,  
4 you know, young in my professional career, and I  
5 thought that someone with years of experience could  
6 come in and do this work as well, and it frightened  
7 me. But Tim made it clear, Dr. Khaldun made it clear.  
8 What wasn't clear to me was when it would happen.  
9 They kept saying as soon as possible, but I stopped  
10 asking because I was afraid that my position as  
11 special associate would go away any day.

12 Q. Let's turn back to the special associate work. So you  
13 know the CIO job is going to be posted at some future  
14 time. Did you continue on in your work as special  
15 associate?

16 A. Yes and no. I continued on in the work I was doing,  
17 which was essentially the work of the CIO. So in the  
18 interim of not having a CIO through the City of  
19 Detroit, someone had to do this work, someone had to  
20 prepare the memos for council, someone had to do this.  
21 And I didn't want to lose my job in the process, so I  
22 continued to do the work.

23 Q. Okay. Let me show you what we'll mark as Exhibit 8 to

1 your testimony.

2 (Exhibit No. 8 was marked  
3 for identification.)

4 MS. BENTLEY: Was it your understanding  
5 that if you didn't receive the CIO position, that you  
6 would no longer work for the Health Department?

7 A. Yes, because that's happened before. There are  
8 multiple examples of that happening.

9 BY MS. PORTER:

10 Q. Before we look at Exhibit 8, why don't you give the  
11 examples that you're thinking of.

12 A. The director of nursing is one that comes to me  
13 immediately. Recently we had that happen actually  
14 with our Ryan White HIV programming. And if grants  
15 run out at the Health Department as well, whether it's  
16 SEMHA or city, staff no longer had positions. So it  
17 happens all the time.

18 Q. Now we're looking at Exhibit 8 to your testimony,  
19 which is a memo dated October 25, 2017 where  
20 Mr. Lawther is asking that a salary increase from  
21 80,000 to 95,000 be processed for you. Do you see  
22 that?

23 A. Yes.

1 Q. And it says the budget is sufficient to accommodate  
2 the salary per the finance manager, and then there is  
3 a little scribble there, right?

4 A. Yes.

5 Q. At that time who was Joseph Mutebi, M-u-t-e-b-i?

6 A. The finance manager.

7 Q. For what?

8 A. The City of Detroit Health Department, but really  
9 funded through ODFS, the finance department.

10 Q. And when we look a little further down, it describes  
11 you as a SEMHA employee, right?

12 A. Correct.

13 Q. And it's talking there is not going to be a change in  
14 your position, just a change in your salary?

15 A. Correct.

16 Q. And was it your understanding at this time that this  
17 was a salary increase that was being paid through  
18 SEMHA?

19 A. Yes.

20 Q. For the special associate position?

21 A. Yes.

22 Q. Was it your understanding that if you didn't get the  
23 CIO position, that you would just stay on as special

1 associate at \$95,000?

2 A. No, the position would be removed.

3 Q. What is your understanding of why you were getting a  
4 salary increase at this time?

5 A. Because of the increased responsibility that was  
6 happening. I was working 60 to 80 hours a week  
7 creating materials at 11:00, 12:00 p.m. or a.m. I was  
8 supervising additional staff, I was doing -- I was  
9 just doing a significant amount of work with increased  
10 responsibility.

11 Q. Now, my understanding -- you can turn that one over.

12 MS. HA: Can I just ask one question about  
13 this Exhibit 8?

14 So if I'm listening correctly, it's your  
15 understanding that your position as the special  
16 associate director position was going to be eliminated  
17 by SEMHA, correct?

18 A. Correct.

19 MS. HA: So when you received this memo,  
20 was it your understanding that your position was going  
21 to be eliminated?

22 A. Yes.

23 MS. HA: It just strikes me as odd that you

1           could still get a pay increase for the same position,  
2           but it's going to be eliminated.

3       A.    Yes, it was.

4                       MS. HA:  Didn't it strike odd to you?

5       A.    Yes and no.  We had been talking about my increased  
6           responsibility, and so it didn't seem odd to get the  
7           increase, the raise.  The title seemed irrelevant to  
8           me.  I knew that I was doing increased work.  So that  
9           is what I was focused on.  And honestly I felt it was  
10          well-deserved, and especially if I wasn't going on to  
11          move on to the next position, which at that time I was  
12          considering not even applying for the CIO position.  I  
13          thought it was warranted because of all the additional  
14          work I was doing.

15                    MS. BENTLEY:  At the time you received the  
16           pay increase, did they give you any kind of indication  
17           as to what the time frame would be before the position  
18           was eliminated?

19       A.    They said as soon as possible, but it had been my  
20           experience that because of all the drafting of, you  
21           know, position descriptions and how long HR has taken  
22           historically through the city, I was assuming that it  
23           was going to take a while.

1 BY MS. PORTER:

2 Q. So let's pick up right there. My understanding is  
3 that the CIO job was ultimately posted by the City of  
4 Detroit around February of 2018. Does that sound  
5 about right?

6 A. That sounds about right.

7 Q. Did you play any role at all in causing that position  
8 to be posted?

9 A. No.

10 Q. Once the position had moved from being a SEMHA job to  
11 being a job offered by the City of Detroit, did you  
12 have any role in revising or updating the job  
13 description?

14 A. No. And as I mentioned before, SEMHA employees -- the  
15 City of Detroit, the recruiters at the Human Resources  
16 Department, they wouldn't even talk to SEMHA  
17 employees. There was a very strict -- I mean, they  
18 would -- we could email them all day long, but most of  
19 the time they we would say we can't talk to you or  
20 just ignore our emails, because they were two separate  
21 HR processes, and there had been some sort of  
22 litigation between SEMHA and the city in the past, and  
23 they didn't want to go down that road again.

1 Q. That was your understanding?

2 A. That was my understanding. And there was a rumor -- I  
3 don't think it was just a rumor. I think it actually  
4 happened. I don't know the details, though.

5 Q. We talked before about City of Detroit job  
6 classifications, and the fact that the CIO job that  
7 was ultimately posted was posted as a PHDA, right?

8 A. Correct.

9 Q. Did you do that?

10 A. No.

11 Q. Were you any part of that decision-making process?

12 A. No.

13 Q. Before the job was publically posted, did you even see  
14 how the City of Detroit had changed the job  
15 description that you had written?

16 A. No.

17 Q. Once the CIO job was posted, did you immediately apply  
18 for it?

19 A. No.

20 Q. Why not?

21 A. Again, I didn't feel at the start that it was the  
22 right move for me job-security wise. I had to  
23 consider my family. I had to have a serious



1 conversation with my husband and my sister and see  
2 where I needed to go next. I was looking for other  
3 places of employment at the time. I didn't find  
4 anything that spoke to me the same way that I felt the  
5 CIO position did. So ultimately the day before the  
6 posting went down, I applied. And I know that because  
7 I went I logged in the next day, and the posting was  
8 gone. I just wanted to make sure everything in my  
9 application looked good and that I didn't -- I don't  
10 know, you just sometimes want to double check things,  
11 and the next day I noticed that the posting was gone.  
12 So I really waited to the last minute.

13 Q. You talked some about considering your family in  
14 making this decision. Were there any differences  
15 between what the job would have been under SEMHA and  
16 what it was going to be under City of Detroit that  
17 made you think about your family?

18 A. Well, I had been spending a lot of time away from my  
19 family for this work. I knew that financially it  
20 would be great, but I was concerned about the amount  
21 of stress that I would be under. I was concerned  
22 about job security again. And I just -- I didn't feel  
23 like I could trust the system.

1 Q. Okay. Let me talk for a minute -- before we talk  
2 about your interview for the job, let me talk a little  
3 bit about what was happening before you ultimately got  
4 the CIO job. So between October 2017 when you and  
5 Dr. Khaldun are talking about this job description and  
6 March 2018, were there times that Dr. Khaldun referred  
7 to you as her chief integration officer or her acting  
8 chief integration officer?

9 A. Yes.

10 Q. Did you understand there to be anything wrong with  
11 that?

12 A. No, because it was my experience, and it's still my  
13 experience, that people at the City of Detroit and at  
14 SEMHA operate in functional titles.

15 Q. Even before you worked for the City of Detroit or  
16 anything associated with the City of Detroit, have you  
17 experienced anything like that in your career before?

18 A. Yes, at Wayne State. That's a very common practice.

19 Q. Explain your experience with that?

20 A. Yes. So at Wayne State numerous positions are hired  
21 or are posted through their website, through their  
22 system, and I don't know what the percentage is, but a  
23 good amount of the positions are either research

1 assistants or research associates. And then when  
2 you -- you know, and then there is that actual title,  
3 and then the functional title that, you know, you  
4 function in every day. So, for example, my  
5 Linkage-to-Care coordinator position, it even says  
6 slash research position, because, yes, legally and on  
7 paper research assistant, but if I told my clients  
8 that are 13 and newly diagnosed with HIV, hi, I'm a  
9 research assistant, that doesn't resonate with them,  
10 that doesn't mean anything to them. Actually even the  
11 title Linkage-to-Care coordinator, I'm not sure if it  
12 meant something to them, I had to explain it. But the  
13 idea was that I'm coordinating your linkage, I'm  
14 getting you the care. And so that made more sense,  
15 and that is what I functioned in. I never wrote  
16 research assistant in my signature or anything like  
17 that. And the same thing goes for the study  
18 coordinator position. You know, research assistant is  
19 what -- because it was a community-based participatory  
20 research, but I was a coordinator of that coalition  
21 and that study.

22 Q. And were you the only person doing that?

23 A. No, every -- everyone I worked with did that except

1 for the -- actually, no, they would have, too. They  
2 were research associates. The PIs, the principle  
3 investigators in the city were also research  
4 assistants.

5 Q. And just because lots of people do something doesn't  
6 mean it's okay, but did you think there was something  
7 wrong?

8 A. No, I thought it was common practice. I didn't think  
9 it was wrong.

10 Q. You mentioned that this was also something you had  
11 experienced at City of Detroit and SEMHA. I want to  
12 show you what we're marking as Exhibit 9 to your  
13 testimony.

14 (Exhibit No. 9 was marked  
15 for identification.)

16 BY MS. PORTER:

17 Q. Now, Exhibit 9 consists of some examples that you  
18 pulled together, recent emails from a variety of  
19 people at the City of Detroit using functional titles,  
20 is that right?

21 A. Correct.

22 Q. Let's march through them. The first one, Aimee Surma,  
23 her email identifies her as program manager, Lead

1 Intervention and Prevention. In your understanding is  
2 that her actual title with the City of Detroit?

3 A. In my understanding and in my records from the most  
4 recent documentation from our former deputy director,  
5 Tim Lawther, and SEMHA, her title is nurse program  
6 lead.

7 Q. And what is her understanding why she might use the  
8 title program manager, Lead Intervention and  
9 Prevention, instead of the actual title that she's  
10 classified under for the City of Detroit?

11 A. So this would be a SEMHA position.

12 Q. I'm sorry, SEMHA.

13 A. That's all right. There are multiple reasons. Some  
14 reasons, and I'm not saying this is the example for  
15 Aimee, but some reasons are that individuals or  
16 supervisors hadn't caught up with paperwork, you know,  
17 we had again hired people overnight and brought back  
18 entire programs. Some other reasons are that. You  
19 know, salary ranges were different. Other reasons are  
20 like she's using this title specifically so that it  
21 could distinguish herself from the other lead manager  
22 we have, so hers specifically says intervention and  
23 prevention, and she you oversees the budget and the

1 staffing for this program.

2 Q. Below that we see Latrice Johnson who is in her email  
3 using the title Vision and Hearing program manager.

4 What is the actual title?

5 A. Team lead.

6 Q. And is that through SEMHA or City of Detroit?

7 A. SEMHA.

8 Q. If we turn the page, Kanzoni Asabigi?

9 A. Yes.

10 Q. Mr. Asabigi is using the title senior public advisor.

11 What do you understand his actual title to be?

12 A. Public health division administrator.

13 Q. And is that with SEMHA or City of Detroit?

14 A. City of Detroit.

15 Q. The one below that is Yolanda Hill-Ashford, who lists

16 her title in her email as director of Family and

17 Community Health. What do you understand her actual

18 title to be with City of Detroit?

19 A. Public Health Division administrator, and I believe  
20 she's the Healthier Maternity subclass.

21 Q. If we turn the --

22 MS. HA: She's a City of Detroit employee,  
23 right, not SEMHA?

1 A. City of Detroit, yes. Both of those on that page are  
2 City of Detroit.

3 BY MS. PORTER:

4 Q. On Page 3 of Exhibit 9, Adaora Ezike is using the  
5 title Trauma and Behavioral Health manager. What is  
6 Ms. Ezike's actual title?

7 A. Public Health project leader.

8 Q. Shirley Gray is using the title manager, Sister  
9 Friends, Detroit. What do you understand her actual  
10 title to be?

11 A. Public Health Division administrator.

12 Q. And then on the last page at the byline David Bowser  
13 is using a title human services manager. What do you  
14 understand his title to be?

15 A. David Bowser at the time was Public Health project  
16 leader. He was recently promoted to Public Health  
17 Division administrator.

18 Q. Did you think that these folks were doing anything  
19 wrong in using functional titles?

20 A. No.

21 Q. Is this a rampant problem where people are just  
22 calling themselves the wrong thing, or at least in  
23 your understanding is something different going on?

1 A. It's -- yes. No one just makes up their own title.  
2 It is something that internally within the department  
3 itself is approved by a senior leader, and it is  
4 something that helps the public better resonate or it  
5 helps, you know, with that relationship with the  
6 public and also with staff. And again it happens for  
7 multiple reasons. As the needs of the department have  
8 changed rapidly -- I mean, David Bowser is a good one.  
9 For example, we are picking up and creating a human  
10 services division now at the Health Department, and he  
11 is now the human services director. So as  
12 responsibilities enhance and the needs of the  
13 department change and grants come in, and -- you know,  
14 it makes sense to changes the roles with that.

15 MS. BENTLEY: How did you know what their  
16 legal title was versus the functional title for these  
17 individuals?

18 A. Right. So as the -- in my current role I'm part of  
19 the senior leadership team, so I have access to that  
20 information.

21 MS. HENDRICKS-MOORE: I just have a quick  
22 question. You mentioned that when they used these  
23 functional titles, these are based on either the



1 program that they're overseeing. You also stated that  
2 the senior leaders approve them using that?

3 A. Yes. Someone at some point has to approve it. You  
4 can't just like appoint yourself your own title. So  
5 it goes up the chain of command.

6 MS. HENDRICKS-MOORE: So I just wanted to  
7 understand that your testimony was that when they used  
8 these functional titles, that they are approved by the  
9 senior leaders?

10 A. The senior leaders in the department, correct. But  
11 there is no formal paperwork to have that title, so  
12 that's --

13 MS. PORTER: And I think it's important to  
14 note, I don't think that you guys would take it this  
15 way, but Ms. Djelaj is not accusing anybody else of  
16 wrongdoing.

17 MS. HA: No, no.

18 MS. PORTER: She's not explaining.

19 MS. HENDRICKS-MOORE: I understand.

20 MS. PORTER: She's just providing some  
21 context.

22 MS. HA: Can I ask a question?

23 MS. PORTER: Of course.

1 MS. HA: Going back to Exhibit 8, when you  
2 received a raise through SEMHA, it's dated  
3 October 25th, 2017. What functional title, if any,  
4 did you have with the Health Department at this point  
5 in time?

6 A. I'd have to look at my notes. I know I did not change  
7 after reviewing everything after our session, I know I  
8 did not change my email signature until after the new  
9 year. So I would have probably still been under  
10 special associate. I'm not sure if Dr. Khaldun  
11 started referring to me as that at that time or not.  
12 Again it was more so special associate didn't resonate  
13 with people throughout the City as well as throughout  
14 the community, it didn't mean anything, and so it  
15 wasn't something that they understood, so she would  
16 kind of explain that.

17 MS. HA: So who would or actually who gave  
18 you the functional title of chief information -- I'm  
19 sorry, chief integration officer?

20 A. Dr. Khaldun.

21 MS. HA: Dr. Khaldun. Do you know about  
22 what time period?

23 A. I don't. I know there was conversation after the New

1 Year. Again, I was doing all the responsibilities, so  
2 she had said, you know, in the interim you can do  
3 this.

4 MS. HA: And it was before the chief  
5 integration officer was posted through the City of  
6 Detroit Human Resources Department?

7 A. Correct. And again that's without a guarantee that I  
8 would be able to fill that role, but just that there  
9 was be someone in the interim doing that.

10 Another example of us doing that was the  
11 animal control director. We had an interim director  
12 for quite some time in animal control, and she was  
13 just functioning as the animal control director for I  
14 think almost a year actually.

15 MS. HA: Okay.

16 BY MS. PORTER:

17 Q. That's exactly what I wanted to follow up on as well.  
18 So in that time before the job was posted, there was a  
19 time period when with Dr. Khaldun's permission you  
20 were using that CIO title?

21 A. Correct.

22 Q. Did you think you were doing something wrong in doing  
23 that?

1 A. No.

2 Q. Were you trying to claim that job as yours?

3 A. No.

4 Q. Were you trying to intimidate anyone to prevent them  
5 from applying for the job?

6 A. No.

7 Q. I mean, at this point you knew it was going to be  
8 posted, right?

9 A. Correct.

10 Q. Were you trying to say, you know, this is mine, keep  
11 your hands off?

12 A. No.

13 Q. Why were you doing it?

14 A. I was doing it because I was being told, and I was  
15 doing my work as I felt I needed to do my work.

16 MS. HA: Did you ever ask Dr. Khaldun why  
17 she would give you the functional title of chief  
18 integration officer, and yet she would post the  
19 position where you would have to apply like everybody  
20 else?

21 A. No. I don't believe I ever asked it point blankly  
22 like that. I think it just seemed like common  
23 practice, so it didn't seem that odd. Again, the

1 animal control director was doing the same thing. I  
2 just thought this is the way things operate at the  
3 Health Department. Again, I came from Wayne State,  
4 which was very odd as well with functional titles. So  
5 I didn't look into this too much. Again, I was  
6 working 60 to 80 hours a week. I didn't have time to  
7 think about positions, titles. I cared about, oh, we  
8 have a Hepatitis A outbreak, we have this, we have  
9 this due, a mayor meeting in the morning. I know  
10 maybe other people would think about that, but I guess  
11 titles just didn't seem important.

12 MS. BENTLEY: So when you got the salary  
13 increase on October 25th, it was basically I believe  
14 from your testimony that you were essentially doing  
15 the CIO job functions. So was there -- I'm sorry, is  
16 that correct?

17 A. Correct.

18 MS. BENTLEY: I shouldn't assume. And was  
19 there any discussion at that time to change your  
20 functional title to reflect what it was that you were  
21 doing and what you were being paid for?

22 A. No. Honestly I don't think we had the conversation  
23 until right before the holiday, if not right at the

1 New Year or the day we came back or something, because  
2 she had referred to me as CIO in an email, and I  
3 remembered just thinking, oh, okay, so this is  
4 happening as, you know, an interim kind of thing, and  
5 that's fine, just as we're doing with the animal  
6 control and just as we're doing with whatever other  
7 divisions we had. I think we changed like Healthier  
8 Maternity to whatever Yolanda's position is now. So I  
9 just thought it was common practice, and then that was  
10 her official sign on, but I was still anticipating,  
11 you know, when the position would be posted, and if I  
12 wanted to apply for it.

13 So I didn't change my signature until  
14 months later, because I kept hearing as soon as  
15 possible, as soon as possible. So I just assumed, oh,  
16 I don't want to make any assumptions, I don't want to  
17 jump to conclusions, I don't want to -- you know, I  
18 don't want anyone to misinterpret what I'm doing. But  
19 then months after I felt, okay, if she's referring to  
20 me as this, and in my email signature I'm saying  
21 something else, how silly does that sound when I'm  
22 responding to an email thread and I have a different  
23 signature and she's calling me something different. I

1 thought it looked a little inconsistent. So I do  
2 remember just having a conversation and saying is this  
3 what you want me to do, and she's like, yes, until the  
4 position is posted. And I don't remember like when  
5 about we had it, I just felt like -- it didn't seem  
6 like a significant conversation.

7 BY MS. PORTER:

8 Q. And to be very clear -- I'm sorry.

9 MS. HENDRICKS-MOORE: I do have another  
10 question. I'm just trying to understand. I know that  
11 you stated that you found out that the position was  
12 going to be posted. Did she say anything about the  
13 funding being paid for that position, was it coming  
14 out of another funding?

15 A. I don't know if she said it. I think we say stuff  
16 around the Health Department a lot like, oh, it's  
17 general funds or, oh, it's SEMHA. That's usually the  
18 two buckets we say. I don't remember if they  
19 specifically said that. I just know we say it very  
20 loosely at the Health Department, because there really  
21 are only two buckets. There are multiple foundations  
22 that fund us as well, but those are usually very  
23 significant, like we make those very clear. So it's

1           either SEMHA or general funds. I don't think we even  
2           say city, I think we say general funds.

3                       MS. HENDRICKS-MOORE: Because I was just  
4           trying to understand, you know, your apprehension as  
5           far as applying for the position. So, you know, I  
6           hate to assume. So even though we knew it was going  
7           to be another position, we just knew that it wasn't  
8           going through SEMHA, it was going through the city?

9   A.    Yes.

10                     MS. HENDRICKS-MOORE: The other question I  
11          had was with the position, did she say that it was  
12          going to be up under another supervisor, or was it  
13          still going to be up under Dr. Khaldun?

14   A.    At some point she mentioned having -- and I can't  
15          remember -- Tim Lawther changed his position multiple  
16          times. He was the chief of staff, and then he wasn't,  
17          and then she kind of rethought what she wanted chief  
18          of staff to do. And she had mentioned that she wanted  
19          her senior leadership team to report to a chief of  
20          staff, but I can't remember the exact timeline. I  
21          don't think that was before the position. But  
22          eventually I did report to the chief of staff and I  
23          did not report to Dr. Khaldun, but that was after I



1 applied for and received the chief integration officer  
2 position.

3 MS. HENDRICKS-MOORE: And was the chief  
4 integration officer, was it still being up under the  
5 same department the same responsibilities as what you  
6 were doing now as interim?

7 A. That was my understanding.

8 MS. HENDRICKS-MOORE: So basically if you  
9 decided to apply for the position, it was really just  
10 doing exactly what you were doing?

11 A. Well, exactly what I was doing, but I guess more  
12 regularly. So there was some administrative work that  
13 I was doing as special associate that an additional  
14 person was taking on, so writing some memos and  
15 writing Dr. Khaldun -- like ghostwriting for  
16 Dr. Khaldun for her newsletter and things of that  
17 nature. It would be more focusing on that fiscal  
18 management and budgetary kind of responsibility for  
19 the programming and braiding and launching  
20 programming.

21 MS. HENDRICKS-MOORE: I was just trying to  
22 understand exactly what the difference was, and it  
23 just sounded to me like the difference was just that

1           it was going through the City of Detroit and not  
2           through SEMHA and being directly appointed, and that  
3           was the reason why you were taking the time to  
4           consider whether or not you wanted to apply for the  
5           position since it wasn't --

6       A.    Yes.

7                           MS. HENDRICKS-MOORE:   Okay.

8       A.    But I do want to say again that, yes, that piece I  
9           definitely didn't -- it wasn't the sticking point for  
10          me, because so many other positions were like that.  I  
11          knew other positions.  There were rumors about funding  
12          and funding going away, and us not being able to  
13          balance our budget, and I don't know where they  
14          started exactly, but it was -- and actually I think it  
15          was the bankruptcy, so people just constantly feared  
16          us closing one day.  But I knew that or I felt I heard  
17          enough that I knew that positions were moving to the  
18          city.  So whether it was the exact same position or a  
19          different position as the organization evolved, that  
20          was common, so I didn't really think about it that  
21          much.

22                           MS. HENDRICKS-MOORE:   Okay.

23       BY MS. PORTER:

1 Q. Just to sort of sum up this part, and then we'll move  
2 on, is it fair to say that between October 2017 and  
3 March 2018, so during that time frame it's clear that  
4 Dr. Khaldun wants there to be a CIO. She now knows it  
5 can't be done through SEMHA, it's going to have to be  
6 done through City of Detroit. That much is clear,  
7 right?

8 A. Right.

9 Q. But also during that time frame that integration work  
10 and responsibility still needed to be performed,  
11 right?

12 A. Right.

13 Q. And you were the person doing it?

14 A. Right.

15 Q. And so when you got that raise in October of 2017,  
16 that was SEMHA funds, right?

17 A. Right.

18 Q. And so from October 2017 through March of 2018, you're  
19 being paid through SEMHA funds and using a functional  
20 title to do the CIO job, right?

21 A. Correct.

22 Q. And then March 2018 is when the interviews for the  
23 position happened?

1 A. Correct.

2 Q. And at some point after that somebody is going to be  
3 the official CIO being paid by City of Detroit, not by  
4 SEMHA?

5 A. Yes.

6 Q. So that whole raise that you got and all that, that  
7 goes away and somebody is going to be CIO?

8 A. Right.

9 Q. I just want to be sure that was clear on the record.

10 A. Yes.

11 MS. HA: Can I just ask also how these  
12 raises are triggered at SEMHA? Because it seems like  
13 you got a raise on March 23rd, 2017, that's Exhibit 2,  
14 and then the next raise, at least based on the record  
15 presented here, was on October 25th, 2017, so that's  
16 about what, seven months?

17 A. Mm-hmm, yes.

18 MS. HA: And in that seven months -- your  
19 first increase on March 23rd was a 14.28571 percent  
20 increase, it went from 70,000 to 80,000. Then on  
21 October 25, to be effective October 16, your increase  
22 in pay was 18.75 percent, and your salary from \$80,000  
23 went up to \$95,000?

1 A. Correct.

2 MS. HA: What triggers these raises?

3 A. So at SEMHA up until recently, nothing. I'm going to  
4 be frank, just staff talking to their supervisors.  
5 One of the policies that I helped draft with our  
6 interim health officer just recently was a salary  
7 approval memo, salary adjustment memo and SOP, because  
8 what I was finding while doing this integration work  
9 is managers and directors that have been working for  
10 the Health Department for X amount of years were just  
11 adding raises for themselves in their budget or their  
12 staff with no justification. So that was something  
13 that I actually informed our health director at the  
14 time. And then it took a while to develop the  
15 policies. But we actually have one in place. Staff  
16 are actually pretty upset about it because they were  
17 just used to asking for a raise and getting it with no  
18 justification. But that is something that we put into  
19 place because there was no policy, and SEMHA was very  
20 hands off when it came to that.

21 MS. HA: So how did you get your increase  
22 in March and in October?

23 A. That was without this policy, because I wasn't a

1 member of the senior leadership team to make this  
2 policy. But I asked for it based on the amount of  
3 responsibility. Again, I was just, you know,  
4 creating -- from clinical engagement coordinator, you  
5 know, creating newsletters for physicians and having  
6 meetings with physicians, and creating a CME program  
7 and coordinating all that. Yes, that's a lot of  
8 responsibility. But to managing directors and then  
9 creating or redrafting directors reports that they  
10 submitted and redoing budgets, and that was a lot more  
11 responsibility, and council memos and news to the  
12 mayor, the responsibility increased. And then in  
13 addition to that, I was supervising additional staff  
14 as needed. And, I mean, I even had to at some point  
15 go over to animal control, and when our associate  
16 director was out and our director was out, I had to go  
17 and manage the staff there at a moment's notice.

18 MS. BENTLEY: Who did you ask for the  
19 raise?

20 A. I spoke with our -- and again I don't know, he had so  
21 many titles, I think he was the chief of staff at the  
22 time or the deputy director, but Tim Lawther, and  
23 Dr. Khaldun. But Tim Lawther managed our budget, so

1 he knew what was allowable and what was not. I first  
2 had a conversation with Dr. Khaldun and asked, you  
3 know, can I have this conversation with him, and then  
4 she allowed it. And then she would make the final  
5 approval.

6 MS. BENTLEY: Thank you.

7 MS. HA: Thank you.

8 BY MS. PORTER:

9 Q. Great. Why don't we move forward to talking about  
10 your interview for the CIO job.

11 A. Okay.

12 Q. Did you prepare for the interview?

13 A. Yes.

14 Q. How did you prepare for the interview?

15 A. I prepared probably more than I've ever prepared for  
16 any interview, and I, you know, researched questions  
17 online. I did a couple of mock interviews with my  
18 husband, with my aunt. I had -- I lost a lot of  
19 sleep. I ensured I was wearing the property attire.  
20 I mean, I looked up everything. I did everything I  
21 could to prepare and think through every question and  
22 possibility that would be asked.

23 Q. Why did you do that?

1 A. Again, I knew if I didn't have the job, I would -- my  
2 position as special associate would go away. I  
3 finally made a decision to commit to the City of  
4 Detroit, and I was afraid of someone with again, you  
5 know, years of experience coming in and being able to  
6 do the work. I still felt pretty confident that I  
7 would get the position, but again, I knew it would be  
8 a large pool. I know the City of Detroit is a coveted  
9 place to work, and, you know, people want to come  
10 here, so I was concerned that we would have -- I would  
11 have very high competition.

12 Q. And why did you feel confident that you would get it?

13 A. Well, I felt that -- I mean, I was already doing the  
14 work, so it would make sense. But, you know, I had  
15 spoken to Tim Lawther in one of my supervision  
16 sessions with him, and he made a remark, it was a  
17 joke, but I didn't take it as such. He said, you  
18 know -- or maybe it wasn't a joke, I'm not sure. But  
19 he said we have really steep competition you know.  
20 People have been applying from around the world. And  
21 that made me nervous. And so I was very stressed. It  
22 was a lot.

23 Q. And did you have any access one way or another to who



1 applied? Did you have any idea?

2 A. No.

3 Q. Did you know how many people applied?

4 A. No.

5 Q. To this day do you know how many people applied?

6 A. No.

7 Q. Where was your interview?

8 A. It was at the administration building.

9 Q. Who was present during your interview?

10 A. Tamara Tarrance, Dr. Khaldun, and Alexis Adams-Wynn.

11 Q. Who is Ms. Adams-Wynn?

12 A. She is the executive -- I don't know her title.

13 Excuse me, I think she operates in a functional title.

14 She is executive associate I believe to the health

15 officer.

16 Q. What is your understanding of why she was present  
17 during the interview?

18 A. Because if the CIO was kind of an extension of the  
19 health officer, she was also that. It also was my  
20 understanding that a City of Detroit employee had to  
21 be on the panel with Dr. Khaldun, and we had a very  
22 small leadership team at the time, and she was one of  
23 the only people that were available to be frank. And

1 I don't know if -- just for the room -- as the City of  
2 Detroit Health Department kind of grows, again I  
3 mentioned that there are -- there is interest in  
4 moving staff from SEMHA to the city. And so at one  
5 point when I first started I think it was a 25/75  
6 split, with 75 percent being SEMHA employees. Now  
7 we're closer to 50/50. So it was -- it's much easier  
8 to get other individuals for the panel.

9 MS. HA: How do you know that you were  
10 functioning as the chief integration officer for the  
11 City of Detroit Health Department? Did you know that  
12 before you applied for the actual position that was  
13 posted?

14 A. No. I think because they mentioned it was moving  
15 toward the city.

16 MS. HA: Yes.

17 A. That I just assumed it was a lot of the same  
18 responsibilities. I mean, now in hindsight I can  
19 easily say I was doing most of if not all of the  
20 responsibilities. But at the time I don't even know  
21 if I would have said that, I wouldn't have known. But  
22 again it's so hard to say definitive dates things  
23 happened. Every day you come into work and then,

1           okay, additional responsibility. And it was never  
2           unethical to do any of these, so I didn't ask  
3           questions. It was just, oh, this was the need, do  
4           this, and then I would make sure it happened. But  
5           again in hindsight I can say, oh, yes I was doing the  
6           responsibilities of the CIO.

7                       MS. HA: So when you were applying for the  
8           City of Detroit Health Department chief integration  
9           officer position, you had to look at the job posting,  
10          correct?

11       A.    Yes.

12                      MS. HA: And you had to read through the  
13          job description, correct?

14       A.    Correct.

15                      MS. HA: Was it the same job description as  
16          the one that you had created for SEMHA?

17       A.    To me at quick glance it did. Maybe even the same  
18          one. To this day I have not compared them side by  
19          side, so I'm not certain that they are. Because,  
20          again, I have just seen the examples we have, we have  
21          two examples of the CIO position if not three. There  
22          was so many drafts that I can't remember unless I  
23          compare them side by side, but I never took that time.

1 But I knew that generally it seemed like the same  
2 role.

3 MS. HA: Okay.

4 BY MS. PORTER:

5 Q. About how long did the interview last?

6 A. I think 45 minutes, maybe an hour. I think closer to  
7 45 minutes.

8 Q. What do you recall happening during the interview?

9 A. I remember Tamara Tarrance going through her initial  
10 few questions that she asks everyone, are you a  
11 resident of Detroit, are you a veteran, just the basic  
12 questions, looking at my ID. And then the group round  
13 robed with questions.

14 Q. Do you remember any of the questions?

15 A. I remember one specifically. Shoot. Oh, it was tell  
16 me about a time where you failed to meet a deadline.  
17 And I remember this question because I used an example  
18 of something that had occurred at the Health  
19 Department. And I knew I was taking a risk by using  
20 this example, because it is not that it painted  
21 Dr. Khaldun in a bad light, but it just showed that I  
22 needed to learn how to manage up, and she needed to  
23 learn how to, you know, take push back from staff.

1 And I was really concerned about it, but I didn't have  
2 a better example, so I used it and went with it. And  
3 to this day I've used it in other interviews as an  
4 example, because I think it's a good example.

5 Q. Before the interview did anybody say anything to you  
6 or do anything to suggest that the interview process  
7 was not going to be authentic?

8 A. No.

9 Q. During the actual interview process did anybody say  
10 anything or do anything that made you think that the  
11 interview process was not authentic?

12 A. No.

13 Q. After the interview process and after you got the job,  
14 has anything happened or has anybody said anything to  
15 you or indicated anything to you that made you think  
16 this was a sham and was not an authentic process?

17 A. No.

18 Q. What do you know about how interviewees are scored in  
19 interviews for City of Detroit positions?

20 A. I've been on multiple interviews panels with Tamara  
21 Tarrance, and it depends. I've even had conversations  
22 with Darryl, Tamara's supervisor. I can't think of  
23 his last name right now. And he said each recruiter

1 has a different process, which still doesn't make  
2 sense to me, but apparently they do. And there are  
3 score sheets that are given in the interviews with  
4 Tamara, and questions that are asked and agreed upon  
5 before candidates or panelists take turns asking  
6 questions. They must ask the same questions to each  
7 candidate. And then each candidate or each panelist  
8 scores each candidate.

9 And then often times there is a very clear  
10 high score, you can just sense it in the room, and you  
11 can also -- I mean, after the last candidate leaves,  
12 we debrief a bit, and usually there is a very clear,  
13 definitive candidate that is selected, and then we  
14 say, oh, yes that person is selected, and we turn in  
15 our score sheets, and Tamara tallies it either before  
16 or after. I usually tally my own just because, I  
17 don't know, I just like tallying my own, and then we  
18 go from there.

19 Q. I want to ask you about Christina Hall. Do you know  
20 who she is?

21 A. Yes.

22 Q. Are you familiar with her resumé?

23 A. No.

1 Q. Are you familiar with her work before she worked in  
2 connection with the Health Department?

3 A. No.

4 Q. Do you have any idea whether she has the same sort of  
5 background or experience as you?

6 A. No, I really don't.

7 Q. Do you have personal knowledge of how she performed in  
8 the CIO interview?

9 A. No.

10 Q. Who do you think would know that?

11 A. I think the panelists, so the interview panelists. So  
12 Tamara would, Dr. Khaldun, and Alexis would.

13 Q. If they were the same people who interviewed her?

14 A. I do know that we have to have the same interview  
15 panelists. Very rarely in an emergency situation,  
16 one, that is the only time that I know we swapped out  
17 a panelist. So I'm assuming -- I would have known  
18 about the emergency that day because I would have  
19 taken the call.

20 Q. Okay. How long after the interview did you learn that  
21 you had been selected for the CIO position?

22 A. Just a couple of days I believe, not a week -- yeah, a  
23 couple of days.

1 Q. How did you learn?

2 A. Via email. I got an offer letter.

3 Q. And what was your reaction?

4 A. I think mixed emotions. I was very excited, but again  
5 in the pit of my stomach I was a little uncertain.

6 This whole process was an arduous process. I felt --

7 I don't know, I just felt that I couldn't -- I don't

8 know. I kind of held back from celebrating, but I was

9 excited, so I did. I don't know.

10 Q. Let me show you what we'll mark as Exhibit 10 to your  
11 testimony.

12 (Exhibit No. 10 was marked

13 for identification.)

14 BY MS. PORTER:

15 Q. Exhibit 10 is a letter dated March 28, 2018 from

16 Tamara Tarrance to you. She says that

17 congratulations, your name has been selected from the

18 public health division administrator, and then it says

19 in parentheses, chief integration officer eligibility

20 list. Do you remember if this is what you received,

21 or like what you received by email?

22 A. Yes, this is the letter I received.

23 Q. Okay. In that first sentence or the second sentence I



1           guess that I just read, there's a reference to public  
2           health division administrator, and then it says chief  
3           integration officer in parentheses. Do you know why  
4           it's described that way?

5       A.    At the time, and I am a little uncertain about it now,  
6           but at the time I understood it to be a subclass of  
7           the public health division administrator role.

8       Q.    Are you the person that decided that it should be  
9           described that way?

10      A.    No.

11      Q.    Do you know who was?

12      A.    I'm assuming either class compensation, or a  
13           combination of class compensation and our health  
14           officer and Tim Lawther. Again, I don't know his  
15           title at the time, so.

16      Q.    And you said that's an assumption?

17      A.    That's an assumption. It's just usually the  
18           department head makes that decision with HR.

19      Q.    Okay. Look with me, please, at the second page of  
20           Exhibit 10. It says at the bottom as a new employee,  
21           you were required to attend new hire orientation?

22      A.    Yes.

23      Q.    That gives you a date and a time. Did you attend new

1 hire orientation?

2 A. Yes.

3 Q. Why did you do that even though you had been around  
4 for a while?

5 A. Because I knew it was mandatory, and I wanted to -- I  
6 wanted to abide by the rules.

7 Q. Okay.

8 A. And I was hoping to learn more about the city's HR  
9 process.

10 MS. HA: Was it your understanding that if  
11 you did not get this chief integration officer  
12 position with the Health Department, that you would be  
13 out of a job?

14 A. Yes.

15 MS. HA: Okay.

16 A. Again it's happened before, so I knew -- not for me,  
17 but for others. So I knew that it was a possibility.

18 MS. BENTLEY: I'm just going to redact the  
19 address again.

20 MS. PORTER: Thank you for being sensitive  
21 to that.

22 MS. HA: Did you ever discuss your concern  
23 about the fact that you may not have a job after the

1 health department picked someone else?

2 A. I did not. Again, it was just common practice, so I  
3 didn't think it was an option to be frank. I didn't  
4 think I had any wiggle room, or it seemed like the  
5 decision was made, so I didn't think that that was an  
6 option.

7 MS. HA: You mean you didn't think there  
8 was an option talking to --

9 A. I mean, I just felt it was pointless conversation. It  
10 was very clear to me that it was -- the CIO position  
11 through the City of Detroit was decided that was the  
12 path we were taking, and I had known of other people  
13 losing their job this way. And it didn't make sense  
14 why I would be the exception. So I just assumed this  
15 was common practice.

16 MS. HA: So you never talked to Dr. Khaldun  
17 about the possibility?

18 A. No.

19 MS. HA: Okay.

20 BY MS. PORTER:

21 Q. Not that you recall?

22 A. Not that I recall, yes.

23 MS. PORTER: One of the things that I was

1 planning to do today was going to be to introduce the  
2 City of Detroit White Book which identifies the  
3 various positions. And the purpose of that would be  
4 to make the point that the CIO position and the PHDA  
5 position is not an appointed position, it is something  
6 that had to be interviewed for. I take it there is no  
7 need to do that?

8 MS. HA: No.

9 MS. PORTER: We're going to skip that part.

10 MS. HA: Thank you.

11 BY MS. PORTER:

12 Q. I do want to ask you about an issue in the draft OIG  
13 report about the minimum job requirements for a PHDA  
14 position. One of the topics that arises in the draft  
15 OIG report is this concept that the city had a PHDA  
16 position, and that the minimum requirements for that  
17 can't be changed?

18 A. Correct.

19 Q. Now, I understand that you're not taking a position  
20 here about whether HR is doing that right or wrong,  
21 but I just want to talk about your knowledge on that  
22 issue for a moment. So I want to show you what we'll  
23 mark as Exhibit 11 to your testimony.

1 (Exhibit No. 11 was marked  
2 for identification.)

3 BY MS. PORTER:

4 Q. What is Exhibit 11?

5 A. It is the City of Detroit posting for the public  
6 health division administrator director of operations.

7 Q. How are you familiar with this posting?

8 A. I believe this posting went out around the same time,  
9 if not the same time, as the CIO posting.

10 Q. And before I ask you questions about that, let me show  
11 you one more which we'll mark as Exhibit 12 to your  
12 testimony.

13 (Exhibit No. 12 was marked  
14 for identification.)

15 BY MS. PORTER:

16 Q. What is Exhibit 12?

17 A. It is a City of Detroit posting for the public health  
18 division administrator director of policy.

19 Q. So did you have anything to do with writing either of  
20 these job descriptions?

21 A. To my recollection, no.

22 Q. Okay. If we look at Exhibit 11, in the section called  
23 Minimum Qualifications on Page 3, this says that the

1 minimum qualifications for this PHDA position for  
2 director of operations is a Master's degree in public  
3 administration, business administration, public  
4 health, or a related discipline, and seven or more  
5 years experience managing the operations of a public  
6 agency or related entity, right?

7 A. Right.

8 Q. And again do you recall having anything to do with  
9 writing that?

10 A. No, I don't believe so.

11 Q. Do you know where that came from?

12 A. I believe Tim Lawther drafted this PD, but I can be  
13 for certain.

14 Q. And in terms of minimum qualifications, do you know if  
15 those were the same or different than the requirements  
16 for just a standard PHDA position?

17 A. These appear to be different.

18 Q. And do they appear to be tailored to the job?

19 A. Yes.

20 Q. And if we look at Exhibit 12 to your testimony, at the  
21 second page under minimum qualifications for this PHDA  
22 position, it talks about having a Master's degree or  
23 higher in law, sociology, public policy, economic,

1 statistics, public health, or related discipline. Do  
2 you see that?

3 A. Yes.

4 Q. With three or more years of experience in an applied  
5 research environment preferred?

6 A. Mm-hmm.

7 Q. Is that a yes?

8 A. Yes.

9 Q. And then it says experience working directly with  
10 senior governmental officials and community  
11 stakeholders required, right?

12 A. Yes.

13 Q. And does that also appear to you to be tailored to a  
14 director of policy type of position?

15 A. Yes.

16 Q. So again not commenting on whether HR is right or  
17 wrong to do this, but just in your experience, do the  
18 minimum qualifications for these PHDA positions vary  
19 depending on the particular job at issue?

20 A. Yes.

21 Q. Before this investigation, did anyone raise with you  
22 the suitability of the way that City of Detroit wrote  
23 or posted the CIO job description?

1 A. No.

2 Q. I'm going to show you what we'll mark as Exhibit 13.

3 (Exhibit No. 13 was marked

4 for identification.)

5 BY MS. PORTER:

6 Q. This is an email chain that starts on Page 3 of

7 Exhibit 13, and then an October 22, 2019 email from

8 Denise to you copying or -- I'm sorry, to Tamara

9 Tarrance copying you. Do you see that?

10 A. Yes.

11 Q. And the subject of these emails is PHDA director of

12 nursing, is that right?

13 A. Correct.

14 Q. Just give the folks here an overview of what is going

15 on in this email chain?

16 A. This is communication between our new health officer

17 and Tamara Tarrance, our recruiter, and myself about

18 the public health division administrator director of

19 nursing posting. It was -- we had a vacancy for that

20 position. We wanted to repost and make some

21 amendments to the position description. We did. We

22 interviewed candidates. We did not select any of the

23 candidates interviewed. We didn't feel as though they



1 were the proper -- they had the proper experience.

2 So after the posting or actually at the  
3 interviews, Tamara Tarrance pulled me aside and said  
4 something about the posting isn't correct, we made it  
5 correct. So if you don't want to move forward with  
6 these candidates, we'll have to repost the new  
7 position. So this is Denise following up with Tamara  
8 about the position Tamara had reposted with the  
9 corrections. She didn't tell us what the corrections  
10 were. But we wanted to make some additional revisions  
11 because we felt that the candidate pool wasn't  
12 sufficient. We thought we were missing something with  
13 -- for experience.

14 And so we were exploring that option, but  
15 Tamara Tarrance forwarded -- I guess already posted  
16 the position with her corrections, forwarded Denise  
17 the new applicants, and then this is Denise sharing  
18 her confusion a bit. And then I jumped in and shared  
19 my confusion as well trying to figure out what it was  
20 that Tamara changed in the posting because I wasn't  
21 sure. And I don't know if she ever actually sent it.

22 Q. I want you to look at the second page here at the  
23 email on the bottom where Ms. Tarrance is responding

1 to you about this posting. She says in the second  
2 line of the email, "Please also be advised that the  
3 public health division administrator job title has a  
4 general job specification, and there are some specific  
5 subclass public health division administrator, ie.  
6 PHDA healthier childhood, healthier maternity special  
7 projects." Then she says, "Those are the only PHDA  
8 classifications that have a city-created by  
9 classification compensation job specification. All  
10 other PHDA positions have preferred qualifications  
11 based on the specific area identified by DHD, ie.  
12 director of operations, chief integration officer,  
13 director of nursing are not City of Detroit created  
14 subclass titles." What did you understand her to  
15 mean?

16 A. I actually didn't really understand her explanation,  
17 so I followed up with an email asking for  
18 clarification and really trying to understand, because  
19 it was so important that we hire a director of nursing  
20 as soon as possible. I wanted to just better  
21 understand whether or not it has been appropriately --  
22 the job description, position description had been  
23 appropriately approved through all the necessary

1 channels, and if she could provide any details or  
2 guidance on that.

3 Q. Now, this is an email that you received during the  
4 course of this investigation, right?

5 A. Correct.

6 Q. What issues did this raise for you in terms of trying  
7 to understand what the IG's concerns were about your  
8 own job position and title and what has happened here?

9 A. Well, if the OIG thought that things were happening  
10 inappropriately, I wanted to ensure that things were  
11 happening appropriately as we were further developing  
12 the organization. So it appeared to me that although  
13 HR is overextended, they do a lot of great work. I  
14 was concerned that based on the draft OIG report, that  
15 these -- that this position was not appropriately  
16 approved either, so I wanted to ensure it was  
17 approved.

18 Q. And as a matter of just best HR principles, do you  
19 have any idea which one is right, you know, whether  
20 you can tweak the minimum qualifications or you can't  
21 tweak them?

22 A. No, I would look to HR for guidance on that.

23 Q. I want to talk with you about the interviews that you

1 had with the OIG earlier this year. What is the first  
2 notice that you received that OIG was conducting an  
3 investigation and wanted to talk to you?

4 A. I received an email from Beverly, I can't remember the  
5 date exactly, but requesting to meet. I was a little  
6 caught off guard. I had assumed that it had to do  
7 with another OIG investigation that was occurring with  
8 one of the programs that I oversee in connection with  
9 the city.

10 So I had asked our interim health officer  
11 if -- because our interim health officer was giving us  
12 regular updates on communication with our staff. I  
13 didn't realize I was on the list of people to be  
14 called, and I just wanted to get the same type of  
15 guidance that she provided to any of the other staff.  
16 And then I believe Jean Ingersoll, our interim health  
17 officer, emailed someone here, maybe a combination of  
18 people, and asked if it was related to the same  
19 investigation, and there was notice saying it was not.  
20 So I didn't know what to expect, but I scheduled the  
21 interview and came in.

22 Q. Were you reluctant to come in?

23 A. No.

1 Q. Were you hesitant to come in?

2 A. No.

3 Q. When you got here, what happened?

4 A. Beverly met me at the front door and let me in. I was  
5 interviewed by Jacqueline and Beverly. I sat over  
6 here. There was a recording that was -- actually I  
7 think we did the Garrity letter first. I initialed  
8 things and signed off on the process. Then they  
9 started the recorder. I really wasn't sure about the  
10 recorder, but I wanted everything I said to be on the  
11 record just in case. Just I didn't want anyone's  
12 notes to be incorrect. I just wanted to make sure  
13 everything that I said was what I said.

14 And then we initially -- then the team  
15 started asking me questions. I can't remember who  
16 started. And then I think it was maybe two or three  
17 questions in I actually asked that we pause for a  
18 second so I could hear the Complaint, because I didn't  
19 know what it was. And then Beverly read the Complaint  
20 or the allegation or whatever we call it. And then --

21 Q. Were you surprised?

22 A. Yes. I really didn't understand it. I didn't  
23 understand -- yes, I really just didn't understand it

1 and I was really caught off guard. And then the team  
2 started asking me questions, and I really can't  
3 remember all of them or even a good amount of them,  
4 because I was so caught off guard. I just remember  
5 thinking, you know, I'm answering the questions just  
6 as they're being read to me, but I kept thinking the  
7 SEMHA and City of Detroit relationship is very  
8 confusing.

9 So after I left the session, I slept on it,  
10 I thought about it overnight, and I think it was the  
11 next day, maybe the day after I decided to contact  
12 Beverly again and ask for a followup interview,  
13 because I felt as though the questions were confusing  
14 and -- not that they were confusing, but they were  
15 confusing because I didn't have anything to reference.  
16 The time lines were confusing, I really wasn't sure  
17 about the dates. I left a lot of questions saying I  
18 don't know, and it wasn't because -- I couldn't  
19 think -- something about it, it was just I wasn't  
20 certain about dates and I didn't want to lie. I was  
21 so concerned about just -- I don't know, I was just  
22 concerned about the entire process and not feeling  
23 prepared for it that I didn't want to say anything

1 that could hurt me or paint me in the wrong light or  
2 make it seem like I'm lying. So I just tried to be --  
3 I tried to answer the questions that I knew. And even  
4 that, I felt like I needed to expand upon some of  
5 them.

6 And I went back to my notes, I went back  
7 into my former emails, which is in a completely  
8 different email system than the one we have now. So I  
9 went back, I tried to remember like the dates and  
10 times that everything happened, but again it was so  
11 confusing to me, and it's still confusing because, you  
12 know, my role was evolving over time. The work I was  
13 doing was evolving, so it's difficult to say on this  
14 exact day, yes, I have a letter saying this. But it  
15 doesn't make sense because these responsibilities just  
16 came in frequently, and it just kept evolving over  
17 time, so it's hard to pinpoint days and times.

18 Q. Let me stop you for a minute. Why was it important to  
19 you to actually go back and look at the old emails and  
20 documents?

21 A. Because I didn't want to feel like I was lying or I  
22 didn't want to be painted in the wrong light. I knew  
23 how serious an OIG or I thought -- what I knew about

1           it, it was serious, and I wanted to make sure I was  
2           doing everything appropriately and saying everything  
3           appropriately.

4    Q.    The topics that these folks were asking you about in  
5           November of 2019, you know, how the CIO position was  
6           created, what particular role you had had, was that  
7           something that you had thought about at all in the two  
8           years preceding your interview at OIG?

9    A.    No.

10   Q.    And before coming to talk to these folks in November  
11           of 2019, had you been able to do anything to prepare  
12           for that or look to get the chronology in your mind?

13   A.    No.

14   Q.    Were you doing your best to answer the questions in  
15           your first interview with OIG?

16   A.    Yes.

17   Q.    Now, you said after the interview you went back and  
18           thought about it and you went back to your notes and  
19           you decided to reach back out and request a second  
20           meeting?

21   A.    Right.

22   Q.    Why did you do that?

23   A.    I wanted to ensure I was giving all the proper answers



1 to all the questions that were asked. I still wasn't  
2 certain about some things because a lot of it was  
3 just, you know, informal conversations, drafts that  
4 maybe Dr. Khaldun and I were writing on that I didn't  
5 keep. And then that SEMHA-City dynamic, I was  
6 concerned -- I mean, it is a confusing dynamic to be  
7 honest. I mean, I was a SEMHA employee. I still  
8 don't completely understand all the nuances between  
9 the City of Detroit and SEMHA. And I'm a city  
10 employee now, and yet I still don't understand all the  
11 nuances.

12 So I think it's -- I mean, even explaining  
13 it to you, it's a dynamic process, so I felt as  
14 though -- and maybe they had experience with it, but I  
15 felt as though I had to at least attempt to explain  
16 that dynamic a little bit and explain what is  
17 appropriate SEMHA processes versus appropriate city  
18 processes, which both actually have very little  
19 documentation on them, you know, all the appropriate  
20 processes. Like you mentioned with the raises and  
21 such, SEMHA doesn't have that. We had to make an  
22 internal policy at the Health Department. So a lot of  
23 these things are just, oh, this is how it's done, and

1 so I wanted to make sure I kind of explained it.

2 Q. Okay. We're almost done. I just want to ask about a  
3 few of the specific things in the draft OIG report.  
4 The draft report says that you stated in the  
5 November 9, 2019 interview that you had no prior  
6 knowledge of the CIO position, and only became aware  
7 of it through the City of Detroit posting?

8 MS. BENTLEY: I think we need to correct  
9 the date. You said November 9, 2019. So that would  
10 been --

11 MS. PORTER: Oh, no, that's not right.

12 MS. BENTLEY: Right.

13 MS. HA: It was the August 9th, 2019.

14 MS. PORTER: Yes, thank you. Thank you  
15 both. I appreciate that.

16 BY MS. PORTER:

17 Q. Let me ask the question again so that it's clear. The  
18 draft report claims that you stated in your initial  
19 August 9, 2019 interview that you had no prior  
20 knowledge of the CIO position, and only became aware  
21 of it through the City of Detroit posting. Sitting  
22 here right now, do you remember the specific questions  
23 that you were asked on that topic?

1 A. Somewhat. I remember how I interpreted it. I don't  
2 know if this is exactly the words that were used, but  
3 I heard it as do you have any knowledge or did you  
4 have any knowledge of the City of Detroit chief  
5 integration officer posting. And so I answered it or  
6 what I thought, you know, the time line of the  
7 posting, like when it would actually happen. And  
8 again, I was told ASAP, ASAP, ASAP, that's it. So,  
9 no, I didn't know when it was happening. So I was  
10 trying to figure out my life externally to the Health  
11 Department, and figure out if I was even going to  
12 apply or if I was going it try to stick it out, or if  
13 I was going to -- what I was going to do. So when I  
14 heard that, and again I was still -- I was caught off  
15 guard, that's how I interpreted it. I don't know why  
16 or how, I don't know if we have records of the  
17 question or how it was asked, but I heard it that way.  
18 And again, yes, I don't know, I just heard it that  
19 way.

20 Q. So whether you heard it right or whether you heard it  
21 wrong, at the time that you're sitting with OIG in  
22 August of 2019, did you have any reason to think that  
23 you had done something wrong with respect to the CIO

1 title or the posting?

2 A. No.

3 Q. Were you trying to mislead OIG about that?

4 A. No.

5 Q. When we read the draft OIG report, it looks like what  
6 IG was focusing on was the initial creation of the  
7 posting within SEMHA?

8 A. Right.

9 Q. Whatever the exact words that were used, to the best  
10 of your memory sitting here now, is that what you  
11 thought you were being asked during the August 2019  
12 interview?

13 A. I think so -- can you rephrase that question? It's so  
14 confusing.

15 Q. So one of the things we spent a lot of time unpacking  
16 today is that there was a SEMHA job posting that you  
17 participated in writing at a time that you thought the  
18 job was yours, and that that changed, and there was a  
19 City of Detroit job that was actually posted.

20 A. Right.

21 Q. And what seems clear from the draft report is that the  
22 IG folks believed that you were concealing that you  
23 had played some role in drafting the job position on

1 the SEMHA side.

2 A. Right.

3 Q. What I'm trying to ask is were you trying to conceal  
4 that?

5 A. No.

6 Q. Did you think you had any reason to conceal that?

7 A. No.

8 Q. Did you think that you had done anything wrong with  
9 that?

10 A. No. Because they were two separate entities, so I  
11 didn't think anything.

12 Q. Sitting here right now, do you think you did something  
13 wrong in your work for SEMHA?

14 A. No.

15 Q. In trying to look at the OIG report and understand how  
16 it is that there might be a conclusion that you  
17 weren't being straight with them, what do you think  
18 may have happened here?

19 A. I think it was just miscommunication. I really didn't  
20 understand what was being asked of me, and I really  
21 see SEMHA and the City of Detroit HR processes as I  
22 believe both entities see it as two separate entities.  
23 Again, I didn't think anything of it. I didn't think

1 that it was unethical or inappropriate or anything.

2 Q. Now to be clear, we did ask for copies of the  
3 recording so we could see exactly what was asked, and  
4 I understand it's the policy of the office not to  
5 share those. So we don't know specifically what you  
6 were asked or what was answered, is that fair?

7 A. Right.

8 Q. And it may be that you were asked specifically about  
9 one thing and were confused?

10 A. Right.

11 Q. One thing I want to be very clear about is were you  
12 intentionally trying to lie to IG or mislead IG about  
13 your work on this?

14 A. No.

15 Q. There is another aspect of the draft report that  
16 claims you made a false statement about why the CIO  
17 position was changed from SEMHA to City of Detroit.  
18 Again, do you remember the specific questions that  
19 anyone asked during your interviews about that?

20 A. I don't recall that, and I really don't remember  
21 talking about SEMHA a great deal at all. I really  
22 don't remember talking about it at all, because one of  
23 the reasons I wanted to go back is to really explain

1 the SEMHA-City of Detroit hiring dynamic, or at least  
2 what I thought I could. So I just really could not  
3 remember that.

4 Q. I want to go back to Exhibit 7 that we looked at  
5 before. In Exhibit 7, this is the October 23rd email  
6 from Dr. Khaldun to you and Mr. Lawther, she says at  
7 the bottom, "I need to discuss your role. Because it  
8 is so integrated with organizational development with  
9 the city, we're unable to push it forward as is  
10 through SEMHA, but we have a plan." Did you regard  
11 that as Dr. Khaldun explaining to you why the CIO  
12 position was changed from SEMHA to City of Detroit?

13 A. No. And also because she never brought this up again.  
14 We never talked about this process. It was more so  
15 this is just what we do, we move some positions to the  
16 city, and I knew it had something to do -- she  
17 mentioned something like very briefly about budgeting,  
18 but I didn't know the extent of it. I now understand  
19 it a little better, but even now I still don't  
20 understand why it was. It has something to do with  
21 not budgeting the appropriate amount for all the staff  
22 that were in this 399 administrative budget, and  
23 that's all I know. I don't know why we did that or

1 why the city functions that way or the department or,  
2 you know, who made that decision. But aside from this  
3 email, which again throughout the investigation, yes,  
4 now it refreshes my memory that this was said, but I  
5 forgot about this email entirely. It wasn't  
6 significant, and this is never really what we talked  
7 about.

8 Q. Now you say it wasn't significant. I mean, it was  
9 significant that the way the job was going to be done  
10 is different?

11 A. Yes.

12 Q. So what do you mean when you say that?

13 A. The why, because it's integrated with organizational  
14 development with the city. That was never elaborated,  
15 that was never explained, and that was never something  
16 that we discussed. I had understood that to be some  
17 other positions, but not the chief integration officer  
18 position.

19 MS. HA: You said earlier that when you got  
20 this email from Dr. Khaldun, you were out of town  
21 attending a conference, right?

22 A. Yes.

23 MS. HA: And you said you were upset with



1           this email?

2       A.     Yes.

3                       MS. HA:   What did you understand this email  
4           to say?

5       A.     All I heard it say is we're not going through with  
6           your position at SEMHA.  I didn't hear why.  This  
7           meant nothing to me.  Truly even reading it now, it's  
8           integrated with organizational development.  Why?  I  
9           knew other positions that were integrated with  
10          organizational development through SEMHA, so I didn't  
11          understand what the reasoning was.  It didn't make  
12          sense to me.  So I kind of disregarded that second  
13          part, I disregard the first part.  I really just heard  
14          things aren't going to work out.

15                    MS. HA:   So you never spoke with  
16          Dr. Khaldun about what she meant by we have a plan?

17       A.     Her plan was, oh, we are going to post this position  
18           through the city, and you can apply like everyone else  
19           can.  I was like this is not a plan.  It seemed -- I  
20           don't know, it seemed unfair considering what we had  
21           originally spoke about through SEMHA.  So it just  
22           seemed like it didn't make sense to me.

23                    Again, I was caught off guard by the entire

1 process. So really like even in hindsight I'm trying  
2 to recall anything that we talked about regarding  
3 organizational development. That was never a sticking  
4 point for this position. It was not the thing we  
5 talked about. It was the bottom line, how much money  
6 do we have in this account. And that again was over  
7 months and months and months of talking, and now in my  
8 current position being able to say, oh, I understand  
9 that formally we budgeted way too many positions in  
10 this account that can't carry this many people.

11 MS. HA: So this is an email that was sent  
12 by Dr. Khaldun on October 23rd. So two days later,  
13 October 25th, you must have spoken with Dr. Khaldun or  
14 Timothy Lawther, because you got a pay raise which  
15 became effective October 16?

16 A. So we had been talking about a raise for quite some  
17 time in our individual one-on-one sessions. But that  
18 was just again, I had been continuing to take on the  
19 brunt of the work, I had been doing work for directors  
20 and managers, redoing their work, and it just seemed  
21 appropriate. I don't even remember if I was in town  
22 for when that document was processed or not. That  
23 must have been a conversation that Dr. Khaldun and Tim

1 had.

2 Regarding the date, that was a common  
3 practice we usually go back to the original pay, the  
4 first day of the pay period. So that's just common  
5 practice.

6 MS. HA: Okay.

7 MS. BENTLEY: So October 16th would have  
8 been the first day of the pay period?

9 A. I'm assuming, yes.

10 BY MS. PORTER:

11 Q. I think we looked and saw it was a Monday.

12 A. Yes.

13 Q. The reason I was returning the focus on this document  
14 was just to sort of crystalize the alleged false  
15 statement in the draft report is -- as I understand it  
16 is that you made a false statement about why the CIO  
17 position was changed from SEMHA to City of Detroit?

18 A. Right.

19 Q. Again, without having the transcript and knowing  
20 exactly what you said and remembering what you  
21 remember now, did you do your best to tell the folks  
22 at OIG what you understood to be the reason why it was  
23 changed and whether you knew the reason?

1 A. Yes. And I actually -- I mean, again, I now feel like  
2 I know better now. I was digging, you know, and  
3 talking to our chief operating officer or director of  
4 operations just about budgets, and we were budgeting  
5 for this next fiscal year, and I was looking at some  
6 old budgets and I was just figuring it out, so it was  
7 easier -- I mean, I was able to figure it out  
8 afterwards, but I don't even remember if I brought  
9 that point back up the second time, because I thought  
10 I answered appropriately. And maybe I did, but I  
11 never felt like that was something that I didn't  
12 explain fully. I truly did not know, you know, all  
13 the details of it.

14 Q. At least to you the October 23rd email that we're  
15 looking at in Exhibit 7, did you feel that this gave  
16 you the information that would cause you to know why  
17 it is that this position was not going to go through  
18 SEMHA?

19 A. No, I don't feel that way.

20 MS. PORTER: Those are all the questions I  
21 have. Ms. Djelaj is willing to answer whatever  
22 additional questions you have. And if you don't,  
23 maybe can take a quick break for everybody to stretch,

1 and then I'd like to talk at you a little bit.

2 MS. HA: That's fine, let's take a break.

3 (Brief recess.)

4 (Exhibit No. 14 was marked

5 for identification.)

6 BY MS. PORTER:

7 Q. There is one additional exhibit we wanted to  
8 introduce, and I'm showing you Exhibit 14. Can you  
9 just tell everyone what Exhibit 14 is?

10 A. Yes. This is a memorandum from our director of  
11 operations at the Health Department to employee  
12 services, human resources requesting the raise, my  
13 raise, and showing my former responsibilities compared  
14 to the new responsibilities that I have taken on over  
15 the time.

16 Q. So this is a very recent document that doesn't have to  
17 do with what is in the OIG report, but I wanted to  
18 introduce this because you had testified earlier about  
19 a change that you caused to be made in the way that  
20 salary adjustments were processed.

21 A. Correct.

22 Q. Is this document an example of the changes that you  
23 helped implement?

1 A. So the -- yes. And the changes through SEMHA are  
2 separate than the changes through the City of Detroit.

3 Q. Okay. So just explain to us briefly how the changes  
4 are manifested in Exhibit 14?

5 A. So I'm going to be honest. This was a long process,  
6 and I was not a part of all the approval processes.  
7 It even went up to Hakim Berry to process because we  
8 could not find written documentation of how to ask for  
9 a significant raise like this through the City of  
10 Detroit. So what we did was start with a memo. There  
11 was an additional document. It was an one-pager just  
12 saying my name and title, and it had the health  
13 officer's signature. She had left the department.  
14 The salary adjustment wasn't even processed yet. So  
15 this is after she had left, and the interim health  
16 officer thought it was warranted as well, the raise,  
17 and was processing it through the director of  
18 operations.

19 Again, it's similar to SEMHA in that we  
20 require justification as to why and how  
21 responsibilities have changed or increased when we ask  
22 SEMHA employees for raises or if they ask for raises  
23 as well.

1 MS. PORTER: Do I need to mark as exhibits  
2 Ms. Djelaj's response to the draft report?

3 MS. HA: No. It will be attached to the  
4 final report.

5 MS. PORTER: Okay. And my understanding is  
6 that Dr. Khaldun also wrote a response. Is that  
7 considered part of the record?

8 MS. HA: Yes, as well as the response from  
9 the Human Resources Department.

10 MS. PORTER: Good, yes.

11 MS. BENTLEY: And Dr. Khaldun's hearing  
12 transcript and all of the exhibits she submitted.

13 MS. PORTER: Okay. I would like to speak  
14 with you just to give an overview of the testimony you  
15 heard today and the response that Ms. Djelaj wrote to  
16 you. She takes this very, very seriously. I hope  
17 that comes across to you today. This is very  
18 important to her. She feels that her integrity has  
19 been questioned and is at stake, and she wants to  
20 answer any question at all in your mind about  
21 anything. And so let me share some things, and then  
22 if you do have remaining questions, please ask them.

23 I want to talk through each of the

1           allegations in the anonymous letter. I won't bother  
2           with the notion that she used intimidation tactics.  
3           And I understand IG has already concluded that some of  
4           these aren't founded. But I think that the overall  
5           thrust of the claim that was made here, and one that I  
6           can certainly understand would cause IG concern, is  
7           that there was a sham process in place here to promote  
8           a friend and pay her too high a salary, and the city's  
9           resources and processes were manipulated and wasted  
10          for that. And even though I know you have already  
11          picked off parts of that, I won't speak long about all  
12          of them, but I think I would like to address all of it  
13          just as a piece, because that allegation at its core  
14          is not what happened here. Does that happen in some  
15          places? Yes. I am from Chicago, I have prosecuted  
16          that case. And I understand that that happens and  
17          that should never happen in a city. It may be  
18          happening in Detroit, but it did not happen with  
19          respect to this woman, and that's really what I want  
20          to focus on.

21                    So first, the anonymous complainant alleged  
22                    that Dr. Khaldun promoted a personal friend to a  
23                    high-ranking position and doubled her salary. There



1 is not evidence I'm aware of to support the allegation  
2 that Ms. Djelaj and Dr. Khaldun were or are personal  
3 friends. Ms. Djelaj respects Dr. Khaldun as someone  
4 who was her boss for a period of time, but they were  
5 never personal friends, they were work colleagues.  
6 They met for the first time when Ms. Djelaj started at  
7 the Health Department in 2016, and they have not had  
8 anything other than a purely professional relationship  
9 ever since.

10 You did not conclude in your draft report  
11 that there was misuse of public funds, and I think  
12 that's correct, but I do just want to comment on the  
13 allegations about the salary increases. Ms. Djelaj  
14 has had salary increases from the time that she  
15 started, and those were appropriate for a couple of  
16 reasons. First they were fully approved through the  
17 proper channels. We introduced documentation of that  
18 during this hearing. People may or may not agree that  
19 the processes that SEMHA used to do that are best  
20 practices, but that's the processes that they had, and  
21 at least from Ms. Djelaj's perspective those were  
22 followed.

23 And all of those increases, including to

1 this day, were based on her very, very substantial  
2 work for the City of Detroit. I have no idea how the  
3 money is allocated across different specialties and  
4 professions across the city. It's a big city with a  
5 lot of people doing important work, and so we're not  
6 trying to say that Ms. Djelaj is holding up the City  
7 of Detroit all by herself, she's not. But she worked  
8 very, very, very hard at her jobs, 60 to 80 hour  
9 weeks. She was very committed to her work, and was  
10 someone who was constantly accepting and taking on.  
11 You know, there are many employees who don't do that.  
12 You put one more thing on their desk, and they say  
13 that's not my job, I'm not doing it. That's not what  
14 she did. And she agreed to keep taking on tasks even  
15 though they weren't part of her specific job  
16 description, because from the very beginning and from  
17 the time that she came here, she cared about the  
18 mission, and she wanted the work to get done.

19 So she did get pay increases over time that  
20 were commensurate with the additional work that she  
21 was taking on and doing. And that includes this time  
22 period in late October 2017 that is really important  
23 in your investigation and in your draft report. There

1 is nothing in the draft report, there is nothing in  
2 any witness statements that we're aware of to suggest  
3 that she wasn't being fairly paid for the work that  
4 she was doing during that time frame or that she was  
5 being paid in a way that was inconsistent with the  
6 city procedures. So as your report properly  
7 concluded, this was not a misuse of public funds.

8 The anonymous complainant also alleged that  
9 Ms. Djelaj lacked the necessary experience to run  
10 public health programs. The draft report didn't say  
11 that that's so. But I think it's important to take  
12 her overall qualifications in context when thinking  
13 through the bigger allegation, which is this was just  
14 a sham to put somebody that Dr. Khaldun wanted in the  
15 spot.

16 Part of the reason that we took the time to  
17 walk through Ms. Djelaj's prior work experience, her  
18 education and her qualifications is that she's someone  
19 who has spent her whole education and career focused  
20 on public health issues. She has a undergraduate  
21 degree in social work and a Master's degree in social  
22 work, and I'm not a social worker, so I don't always  
23 think what that entails. But for Ms. Djelaj it has

1 always been about public health and about building  
2 communities and help bring folks together and  
3 integrate the city processes with community  
4 organizations whether it's from people who are HIV  
5 positive to, you know, you described many of the other  
6 public health issues that she's focused on,  
7 Hepatitis A, all the different stuff she's talked  
8 about. I find my client to be very impressive. She's  
9 done a lot in her career so far, and she has been  
10 well-suited for the positions that she has earned at  
11 the City of Detroit.

12 The draft from OIG speaks to HR Rule 11 and  
13 the minimum entrance qualifications listed in the job  
14 specifications for this PHDA class, and as I  
15 understand the point that you're making, the argument  
16 is that the same minimum qualification is supposed to  
17 be used for all PHDA qualifications across the board,  
18 and this idea that there are subclasses or tweaks on  
19 the PHDA that can have minimum qualifications, what I  
20 think you're finding is, that's not right, and HR  
21 shouldn't be doing that. That may be right and it may  
22 be wrong, we don't know, and Ms. Djelaj is not taking  
23 a position on that. The important part that I hope

1 that you will find and take away from this is that so  
2 far as she knew, if it's a PHDA position, she's  
3 qualified for it, she does meet that minimum  
4 qualification.

5 But more to the point of I think what  
6 you're getting at in the report, she did not draft  
7 that. The CIO description that Ms. Djelaj wrote was  
8 for SEMHA. It was at a time where she was working  
9 under the SEMHA umbrella. This was the way all of the  
10 positions had been filled. The staff was growing  
11 exponentially. She's not an HR person, she wasn't  
12 trained in HR. It probably shouldn't be part of her  
13 job to write position descriptions, but that was  
14 falling on her shoulders because it needed to be done.  
15 And, yes, that did include a position, the CIO  
16 position which she wrote for herself, and she did  
17 think that she was going to fill that position, and  
18 Dr. Khaldun thought she was going to fill that  
19 position, and they thought that they could through the  
20 SEMHA processes. As we understand it, there is  
21 nothing wrong with that. That was done for many other  
22 kinds of jobs. And, again, maybe it shouldn't be that  
23 way, but it wasn't to be a sham and it wasn't to be a

1 fraud just to put your favorite person in. It was  
2 this is a need we have, Ms. Djelaj is doing that  
3 position, it's essential and critical to the  
4 functioning of the department, and we need to  
5 formalize it, because, you know, this special  
6 associate thing really doesn't capture what she's  
7 doing.

8 And I didn't hear Dr. Khaldun's testimony,  
9 but in my understanding from Ms. Djelaj in her  
10 testimony today and the response that she wrote to  
11 you, this was a time when the department was changing  
12 a lot and growing a lot. And so figuring out what  
13 positions we need and what should we call them and  
14 where should they be and how are we going to pay for  
15 them was very fluid. We are not trying to throw HR  
16 under the bus. It's a hard job, it's a big city,  
17 there is a lot going on. And it wasn't helped a whole  
18 lot by having SEMHA on the one hand and the City of  
19 Detroit on the other maybe not working together in the  
20 most seamless way.

21 And I think part of what's happened here is  
22 you just had a complaint to investigate. You're not  
23 trying to get to the bottom of whether every job

1 position is done right. You have a complaint and  
2 you're trying to see if the allegations are founded,  
3 which is fine. What I'm concerned about is Ms. Djelaj  
4 getting caught in the cross hairs of that in something  
5 that may just be happening in a widespread way, but  
6 not because she's doing something wrong or because  
7 other people are doing wrong, but just because people  
8 need to do a better job on these processes. And when  
9 I say some people, I don't mean my client, I mean --  
10 I'm talking about HR.

11 On whether this job was made for  
12 Ms. Djelaj, on the SEMHA side she concedes that it  
13 was, but that changed. And that important divide in  
14 the time line is in late October of 2017 where  
15 something happened which all of you may know but she  
16 doesn't know behind the scenes that causes Dr. Khaldun  
17 to tell her we can't do it this way any more, we can't  
18 process this through SEMHA, but we have some other  
19 plan. And the other plan turned out to be it's going  
20 to have to be posted through City of Detroit, it's  
21 going to be a competitive process, it's not an  
22 appointed position, there are going to be interviews,  
23 maybe you'll get it, but maybe you won't. That is

1 what everyone told Ms. Djelaj, and that is what she  
2 believed. And she was scared, and she thought that  
3 she was going to lose her job.

4 At the time that you wrote the draft  
5 report, you had some information, but you didn't have  
6 Ms. Djelaj's full perspective, you didn't have  
7 Dr. Khaldun's perspective. You had Christina Hall's  
8 perspective. I don't know who wrote the anonymous  
9 complaint, but I would put my money that it was  
10 Ms. Hall, not because I'm trying to identify a  
11 complainant, but because it matters some. You know,  
12 somebody who has been passed over twice for jobs that  
13 Ms. Djelaj happened to get may have an issue with  
14 Ms. Djelaj and think it's not fair. And all of us  
15 want to think that we're the ones who should get the  
16 job and we're the most qualified. I don't know  
17 Ms. Hall's qualifications, and Ms. Djelaj doesn't know  
18 Ms. Hall's qualifications, but we do know Ms. Djelaj's  
19 qualifications. She was very qualified for the jobs  
20 that she earned.

21 And the way the CIO thing came about, for a  
22 while she was the one doing the job. This functional  
23 title thing is complicated, because on one hand you



1 have a whole set of classifications and formal titles,  
2 but it's very normal in other big cities and Detroit  
3 for people to use these functional titles, and I don't  
4 think it's meant to be sinister. I don't think anyone  
5 is trying to cheat. It may make it confusing, but I  
6 think the idea is to deal with the practical needs  
7 while the technical stuff is working itself out on the  
8 HR side. And that's what happened here, Ms. Djelaj  
9 was the acting CIO. Whether it was called that  
10 immediately or called that later, she was doing that  
11 job at the time.

12 I don't know what Dr. Khaldun told you or  
13 why she decided to refer to Ms. Djelaj that way, but  
14 that wouldn't be uncommon given the practices of the  
15 City of Detroit at that time for people to refer to  
16 folks in these functional titles. Nor would it have  
17 been improper or uncommon for Ms. Djelaj to refer to  
18 herself that way, which she told you she started doing  
19 later in time.

20 Some of the exhibits we produced in the  
21 hearing, the postings and correspondence regarding  
22 some of these other titles show that that is a routine  
23 practice. If it's wrong to do that, and the IG thinks

1 folks shouldn't be doing that, there is a place for  
2 you to make that point and talk about the practices of  
3 the city. I actually don't think it is wrong. I've  
4 seen it in so many different places, I think it's  
5 common. But if it's wrong, it's not because  
6 Ms. Djelaj is out on a limb or Dr. Khaldun is out on a  
7 limb with some creepy practice that they made up to  
8 try and protect this position for Valentina. That is  
9 not what happened here.

10 Ms. Djelaj had no intent in using that  
11 title to ward other people off or protect that turf as  
12 her own. She was scared she wasn't going to get it,  
13 that is true, but she used the title because it was  
14 the functional title, and it was the job she was doing  
15 at the time, and that did not diminish her fear when  
16 she went in to the interview process that she very  
17 soon might be out of a position. She prepared for the  
18 job, the job interview, she crammed for it with her  
19 family. She, you know, looked in and at the needs of  
20 her family and thought about whether this was going to  
21 be the right thing, and she went to the interview.

22 You know, again at the time you wrote the  
23 draft report, you didn't have as much information as I

1 hope you have now. There is another witness, Alexis,  
2 I'm sorry, Adams-Wynn. I don't know what she might  
3 have to say about the interviews, but at least the  
4 experience that my client has shared with you, and  
5 again I don't know what Dr. Khaldun had to say about  
6 this, but my client's understanding was that this was  
7 a real interview. She believed it to be a real  
8 interview before she went for it, after she went for  
9 it, during the interview. And the fact that she did  
10 win and get the job doesn't mean that the process is  
11 rigged. It could mean that, but in this case it  
12 doesn't mean that.

13 We don't know how many other people applied  
14 for the job or how many other people were interviewed  
15 besides Ms. Hall, but what we do know is that  
16 Ms. Djelaj is an extremely qualified and talented  
17 woman who had been working within the department for  
18 almost two years at a critical time helping build it  
19 out. And that integration function, that job is a  
20 complicated job that requires a lot of knowledge of  
21 the inner workings of the department. So the fact  
22 that she got this does not mean that it was rigged,  
23 and I hope that when you sort of take into account the

1 additional information that you've received, that that  
2 will cause you to change that finding.

3 One other note on the interviews. I know  
4 you have already based on what City of Detroit  
5 apparently told you acknowledged that not only was the  
6 notion that this was an appointed position incorrect,  
7 but also this notion that it couldn't have been done,  
8 that they would have known who would get the job right  
9 away, it couldn't have been scored quickly, that is  
10 not Ms. Djelaj's experience, and it doesn't seem  
11 consistent with what would have happened here.

12 Again, without knowing how many other  
13 people were interviewed, it's hard for me to say, but  
14 if for example the only people that were interviewed  
15 were Ms. Djelaj and Ms. Hall, I don't think that would  
16 have been a tough decision. I say that not to  
17 diminish Ms. Hall, but because of all the evidence  
18 you've heard about Ms. Djelaj's qualifications for  
19 this position. If there were five other very, very  
20 qualified people, I can't speak to that. I would like  
21 to -- you know, if there were more folks at issue, we  
22 would like the opportunity to address that, but I  
23 don't know what your evidence is, so I can't talk

1 about that.

2 One of the other allegations in the  
3 anonymous complaint was that internal candidates who  
4 applied were told that they should have known the  
5 position was created for Valentina. We haven't seen  
6 any evidence of that. To the extent that Ms. Hall is  
7 the person saying that, the OIG we suggest should  
8 speak to whoever allegedly told her that. I don't  
9 know who that would be. That's not what Dr. Khaldun  
10 told Ms. Djelaj. It's not what Tim Lawther told  
11 Ms. Djelaj. They told her exactly the opposite of  
12 that. But our understanding is that that is not  
13 substantiated.

14 I think that addresses all the points that  
15 I have for you about the complaint. I want to turn to  
16 the report, the draft OIG report statement that  
17 Ms. Djelaj was dishonest during her interviews. I  
18 urge you to reconsider this knowing everything you  
19 know now and having had the opportunity to hear from  
20 Ms. Djelaj. And if you're not convinced by the time  
21 I'm done talking, please ask more questions, because  
22 she did not lie in her interviews to you. She had no  
23 reason to lie to you. I'm not asking you to take my

1 word for it. I'm asking you to ask her, and really  
2 question what would be the motive for her to do that.  
3 It would have to be that this really was a sham  
4 process and that she had done something wrong and she  
5 was trying to cover it up. That didn't happen here.  
6 It certainly didn't happen from Ms. Djelaj's  
7 perspective.

8 In terms of context, I can absolutely  
9 understand why in advance of calling somebody in for  
10 an interview you might not want to tell them what it's  
11 about. I've done that a lot of times myself, and that  
12 is a fair choice of interviewers to make. But it also  
13 makes it important to consider it from the subject's  
14 perspective. She didn't know what it was about. She  
15 actually thought it was about something else.

16 Ms. Djelaj, I don't know if you've seen it  
17 today, I certainly have, is -- she thinks very  
18 carefully about her answers. If she's not 100 percent  
19 sure it's right coming out of her mouth, she doesn't  
20 want to say. She was nervous. And again there are  
21 good reasons not to tell someone in advance what  
22 something is about. Sometimes there's good reason not  
23 to show people the documents that you know exist. But

1 she had not been back through her files, she had not  
2 looked at these things. And I think to her credit  
3 when she did know what it was about and when she did  
4 go back and look, she had concerns, you know, maybe I  
5 didn't answer everything they've asking me. I need to  
6 go back and explain more.

7 The draft report talks about her recanting  
8 earlier comments that she had made. I urge you to  
9 strike that characterization and think about what's  
10 the proper way to think through what she was telling  
11 you. I think a more fair description of what may have  
12 happened here is that through nobody's fault I think  
13 OIG was earnestly trying to get to the bottom of this  
14 complaint and ask questions about some complicated  
15 personnel issues. I believe Ms. Djelaj was earnestly  
16 trying to answer those for you. There may have been  
17 times that you were talking past each other whether  
18 it's about the SEMHA-City of Detroit issues or  
19 something else, I don't know. Without listening to  
20 the recording, I can't be sure exactly what happened  
21 here. But I'm going out on a limb a bit because I  
22 haven't heard it, but that's -- from what Ms. Djelaj  
23 has recalled about the conversation or what she's

1 explained in her testimony today, that seems to me to  
2 be a fair assessment of what happened.

3 It's important here, it's very important  
4 because our truth telling and our willingness, you  
5 know, especially in the context of an important  
6 investigation is in many ways more important than the  
7 substance of the work that we do. It is critical to  
8 Ms. Djelaj. It's one of the reasons that this has  
9 been so deeply upsetting for her, the idea that you  
10 think that she lied when she, A, didn't lie; and, B,  
11 didn't have a reason to lie; and, C, doesn't want you  
12 to think that she lied. All of those things are very,  
13 very important to her. So I really urge you to  
14 reconsider your conclusions on that in light of the  
15 new information and additional information that you  
16 have heard.

17 The specific issues in the first interview,  
18 the August 9th, 2019 interview, the draft OIG report  
19 is focused on what she told you about job  
20 descriptions. I just want -- again, maybe you can  
21 relisten to the recording and this will make sense,  
22 and maybe it won't, so this is a risky argument for  
23 me, but I -- my sense is there may have been some



1 confusion about whether the job description that was  
2 being asked about was the SEMHA job description versus  
3 the City of Detroit one. Even more fundamental than  
4 that it's a -- it's a series of events two years  
5 earlier that Ms. Djelaj did not know was important and  
6 did not know was a problem and had not reviewed. So I  
7 ask you to look back on your notes or your recording  
8 with compassion for someone who is trying to answer  
9 something without having had the opportunity to go  
10 back and review her notes or emails and today not  
11 hearing the recording.

12 Same thing on this idea that Ms. Djelaj  
13 made a false statement for saying she wasn't aware why  
14 the position was changed from SEMHA to the City of  
15 Detroit. To this day it's not clear to me that  
16 Ms. Djelaj really knows why. What she does know in  
17 that October 23rd, 2017 email was it wasn't going to  
18 happen the same way any more, but she wasn't -- no one  
19 really explained to her why that was. She has pieced  
20 things together over time, but she didn't have access  
21 for example to the email that you site in the report  
22 that she was not copied on from maybe a legal memo.  
23 That's not something that she was privy to, it's not

1 something that anyone explained to her.

2 The draft report also concludes that  
3 Ms. Djelaj was not honest about using the CIO title in  
4 emails before the position was posted. The evidence  
5 that you cite for that in the draft is that you have  
6 found an email from January 2018 in which she used the  
7 title. Without hearing the recording, I can't be  
8 100 percent sure of the argument I'm making to you,  
9 but from your report it seems like what she told you  
10 is she didn't remember using the title. The fact that  
11 you were able to find an email from January 2018 where  
12 she did use the title doesn't mean that that's a lie.  
13 She is acknowledging to you that she used the title,  
14 and she's tried to explain to you why that was and why  
15 she thought that was okay. But I urge you to  
16 reconsider the conclusion that she wasn't honest with  
17 you about it. She was doing her best to remember when  
18 she used the title or whether she did at that  
19 particular point in time.

20 My understanding is that under the rules  
21 that you sent to me in Paragraph 12, issues a report,  
22 it says if the Inspector General elects to issue a  
23 formal report based on findings from the

1 investigation, a copy of any written response and/or  
2 transcript of the hearing shall accompany the report.  
3 If the Inspector General elects not to issue a formal  
4 report, the affected agency or person shall be  
5 notified in writing.

6 My wish, number one, is that you elect,  
7 Inspector General, not to issue a report at all. This  
8 was an anonymous complaint. You have investigated it,  
9 you've collected a lot of information, the allegations  
10 aren't substantiated by you. So my hope is that you  
11 don't issue any report at all.

12 If you do issue a report, please, please  
13 consider all that we've presented and that you've  
14 heard from other witnesses. This has happened to me  
15 before. I think this happens a lot where you have  
16 some information and it looks one way. I hope that we  
17 have shown you some other facets of this that would  
18 cause you to reconsider the conclusions that you've  
19 drawn.

20 And so if you were going to issue a report,  
21 I hope that it's rewritten to account for the evidence  
22 that we've presented today both as to the substance  
23 and especially as to the concept that Ms. Djelaj made

1 false statements to you. She has a long career ahead  
2 of her I hope, and she is doing great work for people,  
3 and I would hate for a misunderstanding to cause her  
4 not to be able to fulfill every bit of her potential.

5 So is there anything else?

6 THE WITNESS: No. Thank you.

7 MS. PORTER: Do you have questions?

8 MS. MURRAY: I do. I have a couple. I  
9 would like to thank you for all this information, and  
10 it's been helpful in helping clear up some things, and  
11 we will definitely take it into consideration when  
12 we're reviewing our report.

13 MS. PORTER: Thank you so much.

14 MS. MURRAY: So I know that, Ms. Djelaj,  
15 you say that there may have been some confusion about  
16 how the question was asked in the initial and probably  
17 the followup interview. So I just would like to ask  
18 the question now and get a clear answer, because there  
19 were a couple of things that we were trying to  
20 address, the first one being -- well, you've already  
21 answered that. The first one is if you had a role in  
22 writing the position description, and I think that you  
23 made it clear that you had a role when the position

1 was being posted through SEMHA. You were not sure at  
2 the time that the same position description was given  
3 to the City of Detroit, so I understand that better  
4 now.

5 But the second one was if you had any prior  
6 knowledge of the position before it was posted, and  
7 again I think the answer to that is --

8 A. So for SEMHA, yes. City of Detroit, yes, I had  
9 knowledge of the position when it would be posted. I  
10 think that's where I honed in, or, you know, the time  
11 line or that -- I guess I was thinking that way would  
12 be unfair or, I don't know, but that's where I was  
13 focused. So, yes, I had had knowledge of both  
14 positions on the SEMHA and the city side, but not the  
15 way it was written, right, on the city side, just the  
16 way it was written on the SEMHA side.

17 MS. MURRAY: So when the decision was made  
18 that the position was going to be posted with the City  
19 of Detroit, you did get information from Dr. Khaldun  
20 that it was no longer going through SEMHA, it was  
21 going to be a City of Detroit process?

22 A. Yes.

23 MS. MURRAY: So is it your testimony that

1           you don't have -- you don't understand why that was or  
2           you don't know have any idea of why that came about?

3       A.    I think the why is still a bit unclear.  I think now  
4           sitting here today I think it's the most clear, and it  
5           has something to do with the budget and not having  
6           enough in the administration budget.  That piece about  
7           organizational development wasn't thoroughly expressed  
8           or explained to me.  I do know that was expressed to  
9           other people for other positions, but that was not  
10          something that I really thoroughly understood.  It was  
11          more so the -- and this is constant throughout the  
12          years, not having enough money in our administrative  
13          budget.

14                   MS. MURRAY:  Okay.  You did testify earlier  
15           that at the time the department was growing and that  
16           other positions at SEMHA were being moved over to the  
17           City of Detroit.  So when Dr. Khaldun made the  
18           statement, did you think that it was just part of that  
19           process that it was being moved?

20       A.    Yes.

21                   MS. MURRAY:  And based on how those other  
22           positions were moved, did it work the same way?  Did  
23           all of the people have to apply and then go through a

1 --

2 A. Yes. And there are multiple examples. Some people  
3 chose to not apply, they moved on from the city. And  
4 I think in my response I gave a couple of examples.  
5 Some individuals did apply and actually get their  
6 position. Some individuals did not get their position  
7 and the positions were never filled because we didn't  
8 find good candidates for that role. And because the  
9 budget shifts often and leadership changes their mind,  
10 some were removed from the budget altogether and other  
11 amendments were made. But, again, I don't know all  
12 the nuances, and I wasn't apart of many of those  
13 decisions, so I wouldn't know how to elaborate  
14 further.

15 MS. MURRAY: I do have some questions that  
16 came up through some of the things you said earlier  
17 that I just wanted to ask. The Hepatitis A work that  
18 you were describing, do you remember how that came  
19 about? Is that something that Dr. Khaldun directed  
20 you to do?

21 A. Yes, yep. So the state health department called us  
22 and said that there were increased Hepatitis A  
23 exposures in the city. We knew the location, and it

1 was around food handlers. And so, yes, Dr. Khaldun  
2 instructed me to stand up a clinic. And again, with  
3 very little experience doing so, I actually had to do  
4 everything from again creating the documents we used,  
5 to helping with the press release, to actually doing  
6 the intakes at the session one day. It was actually  
7 just myself doing the intakes, a nurse, and  
8 Dr. Khaldun because we were so short staffed.

9 MS. MURRAY: And when Dr. Khaldun was  
10 promoted, was there a new medical director, or did she  
11 still remain?

12 A. She actually filled both roles, and this is more of a  
13 technical thing, which is interesting. We had a chief  
14 medical advisor that started, but for the State of  
15 Michigan, only Dr. Khaldun was qualified to be both  
16 the health director and the medical director. So she  
17 functioned in both roles. But we did have a chief  
18 medical advisor that did a lot of the logistics work  
19 that Dr. Khaldun used to do in her medical director  
20 role. But, again, that's per the public health code,  
21 and there are all of these qualifications that I could  
22 always get for you and send. But it was new and  
23 interesting and we had to learn the process when



1 Dr. Khaldun had to become both the medical director  
2 and health officer.

3 MS. MURRAY: So when she became both, did  
4 the position that you held previously, the clinical  
5 engagement coordinator, did that position still exist?

6 A. No. So those roles and responsibilities evolved. One  
7 of the individuals I ended up supervising was the  
8 physician detailer. So some of the work I had done  
9 through the clinical engagement coordinator role,  
10 educating providers, doing CME work, continuing  
11 medical education work, that was shifted to a  
12 physician detailer who did this 100 percent of the  
13 time for various public health issues. So it was a  
14 need -- again, through the evolution of the positions  
15 and the department, we saw a bigger need with  
16 educating providers, so we created an entire role that  
17 was solely focused on going door to door, clinic to  
18 clinic and doing this work.

19 MS. MURRAY: And the specialist associate  
20 position to the health officer, was that a position  
21 that existed prior to Dr. Khaldun becoming the health  
22 officer?

23 A. Yes.

1 MS. MURRAY: Okay. And when you learned  
2 that this position was going to be posted with the  
3 City of Detroit instead of being processed through  
4 SEMHA, I believe you stated that you expressed  
5 concerns with Dr. Khaldun -- to Dr. Khaldun and Tim  
6 Lawther. Did you express concerns to anyone else  
7 about your future employment with the Health  
8 Department?

9 A. I'm sure in casual conversation, because when  
10 people -- even when people saw the position, people  
11 thought I was leaving the department. And other  
12 people were like are you not working with Dr. Khaldun  
13 any more? You know, just casual conversation I'm sure  
14 I did. I don't recall, though, the specific  
15 conversations.

16 MS. MURRAY: That's fine. Do you recall if  
17 you applied for any other jobs between October and  
18 February?

19 A. Yes, I believe I did, a couple. I would have to look  
20 in my emails and see what those are.

21 MS. MURRAY: Were they jobs within the  
22 Health Department or outside?

23 A. No, outside the Health Department.

1 MS. MURRAY: And do you recall if you  
2 interviewed for any of these positions?

3 A. No, I did not interview.

4 MS. MURRAY: And prior to your interview  
5 for the chief integration officer position, did you  
6 have a working relationship with Alexis Adams-Wynn?

7 A. Yes. Yes, a work relationship, yes.

8 MS. MURRAY: Would you say that that was --  
9 what kind of relationship? I'm not sure of her role  
10 exactly.

11 A. Oh, just -- she was the assistant -- I think she was  
12 executive assistant to the director at that time.

13 MS. MURRAY: Did you supervise her at all  
14 or anything like that?

15 A. No. And she was a city employee. City employees  
16 cannot be supervised by SEMHA employees. So that was  
17 never --

18 MS. MURRAY: Those are all the questions  
19 that I have.

20 MS. BENTLEY: I don't have any additional  
21 questions.

22 MS. HA: Did you ever speak with  
23 Dr. Khaldun after your initial interview here on

1 August 9?

2 A. I spoke with Jean Ingersoll. Dr. Khaldun, yes, I  
3 believe emails. She is one of my references on my  
4 resumé.

5 MS. HA: Did you ever talk to her about  
6 your interview here?

7 A. Not about the details of the interview here, no.

8 MS. HA: Okay. Has she talked to you about  
9 her response or the fact that she got a copy of the  
10 report?

11 A. Yes, yes.

12 MS. HA: Okay. And did she tell you about  
13 her hearing?

14 A. Well --

15 MS. PORTER: The question is about your  
16 communication with Dr. Khaldun, and you can answer  
17 that.

18 A. Yes. So Dr. Khaldun and I actually sought the same  
19 legal counsel. So I knew she was having a hearing and  
20 that lawyer had to -- I had to -- we had to separate  
21 and I had to get myself a new lawyer. So I did know  
22 that she was doing that.

23 MS. HA: Okay. I don't have any further

1 questions.

2 MS. HENDRICKS-MOORE: I just wanted to  
3 piggyback on that, because I believe there was a  
4 question that was asked Dr. Khaldun had an  
5 administrative hearing here. So did she have a  
6 discussion with you after the administrative hearing  
7 she had here about what we had --

8 A. No.

9 MS. PORTER: So you're asking about a  
10 discussion.

11 A. A discussion, no.

12 MS. PORTER: Why don't you answer fully,  
13 though, whether there was any communication.

14 A. Oh, yes. So she sent me a happy birthday, a message,  
15 it was my birthday. And she had text me -- I had  
16 asked her -- I don't know if I want me to pull it up  
17 and see exactly what she said. I knew it was her  
18 hearing date because of communication with the two  
19 lawyers, and she had said that it went well, and  
20 that -- I don't know.

21 MS. HA: Did she ever ask you to say  
22 something that you are not comfortable discussing?

23 A. No.

1 MS. HA: Did she ever ask you to -- did she  
2 say anything like don't forget to mention this or  
3 that?

4 A. No, no.

5 MS. HA: Okay. I don't have anything  
6 further.

7 MS. BENTLEY: So just procedurally-wise, we  
8 obviously have a lot of new information to go through.  
9 Pursuant to the administrative hearing rules we need  
10 to make a final decision within 30 days unless we  
11 require additional information. So I know you  
12 mentioned potential additional witnesses, and we'll  
13 just take a look at everything and see if we need to  
14 do that. So if we do need to do that, it would be 90  
15 days -- we would have to issue something within 90  
16 days from actually Dr. Khaldun's hearing, which was  
17 the 13th I believe, so just to give you a time frame.

18 MS. PORTER: Thank you for that. Just let  
19 us know if you're able.

20 MS. BENTLEY: Yes, I can certainly let you  
21 know if it will be the 30 days or extend beyond that.

22 MS. PORTER: Okay. Do any of you have  
23 other questions?

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MS. BENTLEY: I do not.

MS. HA: No.

MS. PORTER: If you decide you do, like if you have that burning question, please, please ask us. We'll either come back or do it by phone or whatever.

MS. BENTLEY: We'll certainly reach out if we have additional questions.

MS. PORTER: Thank you.

MS. HA: Off the record.

(Hearing concluded at 1:28 p.m.)

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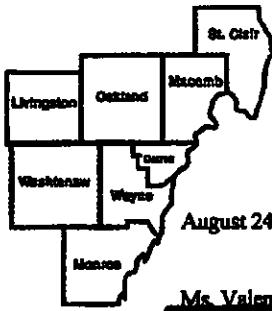
C E R T I F I C A T E

I, Diane L. Szach, do hereby certify that I have recorded stenographically the proceedings had and testimony taken in the above-entitled matter at the time and place hereinbefore set forth, and I do further certify that the foregoing transcript, consisting of (167) pages, is a true and correct transcript of my said stenograph notes.

*--Diane L. Szach--*

Diane L. Szach, CSR-3170  
(Acting in Wayne County)  
Oakland County, Michigan  
My Commission Expires: 3/9/24





# Southeastern Michigan Health Association

200 Fisher Building  
3011 West Grand Boulevard  
Detroit, Michigan 48202-3068  
(313) 873-6500  
FAX: (313) 873-6504

Gary J. Petroni  
Executive Director

August 24, 2016

Ms. Valentina Djelaj  
[REDACTED]

Dear Ms. Djelaj:

The City of Detroit Health Department recommends that you be placed with the Southeastern Michigan Health Association as the employer of the Grant Funded Administration Program. Your Department Number will be 0399 effective August 31, 2016. Your position will be Clinical Engagement Coordinator as an exempt full time employee and is approved contingent upon your passing a pre-employment physical and alcohol/drug screening. This good faith offer is also conditioned upon SEMHA's ability to successfully establish eligibility for employment, independent contractor clinical privileges on a timely basis. The eligibility determination is made at the sole discretion of SEMHA and will be based not only on SEMHA's policy on good moral character and references but also the information obtained through the mandatory background check requirements imposed by Public Act XX of 2006. This conditional offer is also conditioned upon the applicant's full cooperation with the production of acceptable personal identification, obtainment of signed releases, consent forms, criminal history records, fingerprints and the obtainment of any other information required by policy or law. Failure to comply fully with all of the requirements within five (5) business days will result in the automatic withdrawal of this offer. Please immediately call the Benefits Office at (313) 873-6500 to arrange your clinic appointment. Please sign, date, and return enclosed form to SEMHA.

Note: SEMHA IS AN AT-WILL EMPLOYER - SEMHA reserves the right to terminate an employee's employment at any time, with or without cause and with or without prior notice, except as may be required by law. Employees are herein notified that they are free to resign at any time with or without cause and without prior notice.

Report to: Dr. Jonseigh Khaldun Contact #: (313) 876-0301  
Hours (per week): 40  
Salary (per year) \$70,000

**FRINGES:**

FICA	Paid Vacation	Long Term Disability	On the job banking (optional)
Worker's Compensation	Paid Personal Day(s)	Group Life	
Unemployment Benefits	Paid Sick	Tax Deferred Annuity	
Health Insurance	Paid Holiday	Direct Deposit (recommended)	
Dental/Vision Insurance	Profit Sharing	Employee Assistance Program (EAP)	

After results have been received from the clinic by SEMHA and your drug screening is negative, your supervisor will contact you. You will then be expected to attend a SEMHA New Hire Orientation on a scheduled Tuesday at 9:00 a.m., Suite 200, Fisher Building, Detroit, Michigan (or Location Address). Your parking will be validated if you park in the Fisher Theater Parking Lot located at 3011 West Grand Boulevard and Third Street, Detroit, Michigan. Please bring a driver's license if you will drive for your job(ie; driving for the job includes: attending meetings, conferences, picking up or dropping off items for the program); any Professional License (i.e., M.D., D.S.S., L.P.N., R.N., M.S.W., etc.) vehicle insurance (if your job requires travel and/or you receive mileage reimbursement); and proof you are able to work in the United States (a list from the U.S. Department of Justice is available of what is acceptable). For payroll/personnel purposes only, bring your social security card. The name on this card is the name that will appear on your paycheck. Please contact the SEMHA Personnel Office if you have any questions.

I look forward to working with you.

Sincerely,

Gary J. Petroni  
Executive Director

GJP/dg



[REDACTED]

RECEIVED  
 MAR 28 2017  
 APR 03 2017  
 BY: OR  
 DG

**SAMPLE REQUEST FOR SEMHA EMPLOYEE SALARY/ RATE  
 ADJUSTMENT  
 INTERAGENCY MEMORANDUM**

DATE: March 23, 2017  
 TO: Gary J. Petroni  
 SEMHA Executive Director  
 c/o Personnel Office  
 FROM: Tim Lawther, COO  
 Detroit Health Department  
 SUBJECT: Increase/ Adjustment/ Position Change

**NOTE: IF MULTIPLE INDIVIDUALS ARE IN THIS DEPARTMENT, EACH MUST RECEIVE THE SAME DOLLAR (\$) OF PERCENT (%) AMOUNT UNLESS YOU HAVE THE SEMHA EXECUTIVE DIRECTOR'S APPROVAL AS AN EXEMPTION.**

In recognizing the need to maintain excellent staff. I am recommending that the SEMHA employee Valentina Djelaj receive an annual salary of \$80,000, and her title be changed to Special Associate to the Director, effective March 27, 2017. The program 0399 budget for FY '17 and forward have monies available for this pay increase. I have consulted with Joseph Mutebi, Leseliey Welch, and Joneigh Khaldun and this salary is within the budget and required.

<u>Dept. Number</u>	<u>SEMHA Employee Name</u>	<u>Current Position</u>	<u>Proposed new Title If Applicable</u>
0399	Valentina Djelaj	Coordinator, Clinical Engagement	Special Associate to Director

*Note: To be in compliance with the Bullard-Plawecki Employee Right To Know Act. DO NOT include more than one employee on a document when sending it to an employee's file.*

ABRA Entry Date: 4/3/17 Effective: 3/27/17

CURRENT SALARY	INCREASE	
80 Hr/per pay	14.28571 % Increase	
\$ 70,000 <sup>00</sup> Annual	\$ 80,000 <sup>00</sup> Annual	
\$ 33.65385 Hourly	\$ 38.46154 Hourly	

Recommended  
 Not Recommended  
 \_\_\_\_\_  
 Program Director/Administrator

Labor Allocation:  Yes  No Dept \$/%  
 Dept \$/% Dept \$/% By: DG

Recommended  
 Not Recommended  
 \_\_\_\_\_  
 Executive Director/Health Officer/Director

cc: Employee

ASOCSPEC  
 Associate, Special

Promotion

EXHIBIT  
 2



**Human Resources**  
ADMINISTRATION

Coleman A. Young Municipal Center  
2 Woodward Avenue, Suite 316  
Detroit, Michigan 48226

Phone 313•224•3710  
Fax 313•224•1750  
www.detroitmi.gov

October 10, 2019

Ellen Ha, Inspector General  
65 Cadillac Square, Suite 3210  
Detroit, MI 48226

## **AMENDED RESPONSE**

**RE: Response to OIG Case No. 18-0053-INV**

Dear Ms. Ha,

This letter shall serve as the Human Resources Department's official response to OIG Case No. 18-0053 under cover letter dated September 5, 2019. We are respectfully requesting that the foregoing responses be carefully considered and weighed prior to making a final determination or issuing a formal report. Please know that we take these allegations very seriously and that the Human Resources Department is committed to maintaining the integrity and accurate application of all HR processes and policies.

Chief Recruiting Officer, Daryl Conrad and I thoroughly reviewed the entire recruitment process in question. Our review did not yield any evidence that the recruitment violated Rule 11 or that there was any intentional disregard of our Civil Service Rules, processes or procedures. Mr. Conrad offers the following in support of our position:

1. The Public Health Division Administrator Position (base title) was created in July of 2016 and the qualifications included the following:

Experience

Five or more years of experience in management or leadership position, with progressive leadership experience in public health, government, or nonprofit sectors.

Education

Masters or Doctoral degree in Medicine, Public Health, Business Administration, Health Science Administration or other related field.

Six subclasses were created for specialized positions under the base classification. \*Public Health Division Administrator – Integration Officer was not a subclass.

The new base-title classification and sub-classes were approved by City Council on July 19, 2016. For point of clarification, new titles require City Council approval while subclasses only require approval by the Human Resources Director.

2. In February 2018, the position was posted with the base title and a “working title” description to help market the position. Many of the titles within the City of Detroit’s Classification System are broad and may not offer enough detail for purposes of advertising. It is not uncommon to use “working titles” to differentiate positions and attract candidates.
3. The Human Resources Department revised the base title job description and made changes to minimum qualifications in regard to years of experience and education for posting purposes.

#### Experience

“Five or more years of experience in management or leadership position, with progressive leadership experience in public health, government, or nonprofit sectors” was changed to “Three or more years of experience in public health project management, program development, and coalition building.”

#### Education

“Master’s or Doctoral degree in medicine, Public Health, Business Administration, Health Sciences or other related field” was changed to “Masters in Social Work, Public Health, Business Administration, Health Science Administration or other related field. The Chief Integration Officer must have experience integrating programs and services in public health departments or within nonprofit organizations.”

### Civil Service Rule 11 – Classifications

#### Section 4e. Revision to the Classification System:

To meet the needs of the City service, the Human Resources Director may institute revisions to the classification system. Such revisions may include the following as conditions warrant; combining, separating or altering existing classes; establishing new classes; abolishing existing classes; and designating classes as interim where the duties of positions in given classes have been substantially incorporated into other classes.

It is our position that Rule 11 does not forbid changes to the qualifications. In fact, it describes the nature of classifications and allows for altering existing classes where warranted. While it is the duty of Classification and Compensation Division under the Director of Human Resources to formally make these changes, the Recruitment Division can enhance or provide further detail to the existing job specification to help market and attract the best candidate(s).

In this instance, any enhancement to the job posting that resulted in a substantive change to the Minimum Entrance Qualification(s) (MEQ’s) should have been flagged for review

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by the HR Director and the corresponding job description officially amended, pursuant to Rule 11, Section 4(e) above. Initial training re-emphasizing this crucial step in the amendment process commenced in October 2019 and will continue throughout the year and as new members join the Recruitment team.

4. The position was posted from February 9, 2018 to February 18, 2018 in compliance with Civil Service Rule 2 Examination.
5. All applications were reviewed. Four candidates (Hall, Ali, Djelaj and Wood) were chosen to be interviewed. Fache failed the interview assessment.
6. All four candidates possessed the altered minimum qualifications of “three years’ experience in health care project management, program development, and coalition building”.

None of the candidates that passed the interview step had the minimum qualification of, “five years in management or leadership position with progressive leadership experience in public health, government, or nonprofit sectors.”

7. As per all recruitments, the Test Development Unit (Recruitment Division) developed validated interview questions for the Public Health Division Administrator – Integrations Officer.
8. Interviews took place on March 21, 2018. The interview results demonstrated that Valentina Djelaj was the preferred candidate.
9. The OIG report which indicates, “in fact, it would have been impossible for Tarrance (HR) to know which individual received the highest score, just a day after the interviews” is not accurate.

Unless there are substantial differences in Training, Experience and Personal Qualifications (TEP), the recruiter is aware of the highest candidate immediately after conducting all of the interviews. Final ratings, such as Veteran’s Preference and Detroit Resident Preference points have to be affixed to create a final score.

10. Public Health Division Administrator Class Code 22-02-70 is not appointed as the OIG report indicates, it is a Civil Service position. The report states that “Ms. Tarrance claimed there was no obligation to select the person with the highest score since it was an appointed position” is not accurate.

---

Therefore, to conclude that the position being appointed, “supports that the interviews were nothing more than a ruse to place Ms. Djelaj in the position and the interview a sham to create an illusion of fairness”, is also not accurate.

11. The interview guides and related scoring suggests that time and effort was put into a fair and equitable process and was not a sham.

Civil Service Rule 2 – Examination, Civil Service Rule 3 - Employment Registers, Civil Service Rule 4 - Certification and Civil Service Rule 11 - Classification were all followed in the posting and selection of the candidate.

Conclusions of Chief Recruitment Officer Daryl Conrad:

I am unable to comment on whether any unethical activity took place by the Health Department. That is the responsibility of the Office of Inspector General. I can only make conclusions based on the accuracy of information reported in regards to the applicable Civil Service Rules and the recruitment process.

Rule 11 Classification allows for the altering of classes when warranted, by approval of the HR Director. Had the original qualifications not been altered for posting purposes, none of the candidates including Djelaj, would have qualified and therefore not chosen.

The Recruitment Division put a great deal of effort into the posting, assessing and selecting of the final candidate. The Recruitment Division did not participate nor assist in any unethical activity, we completed our duties as we would have in all other recruitments. We believe that Recruitment is authorized to enhance job postings by describing in greater detail the qualifications for the job.

Additionally, Recruitment has the autonomy to post job advertisements with “Equivalency” or “Preferred” language for degrees or experience. This flexibility is essential to ensure that the best qualified candidate(s) makes it to the hiring pool. For example, if a job specification requires a business degree, Recruitment maintains the right to post for a preference of, “a finance or accounting degree.” This does not mean that someone who meets the MEQ with a business degree will not be considered. Conversely, the applicant with the finance or accounting degree may have skills more aligned to the position and may receive additional points in the final scoring.

The Recruitment Division has completed a review of Civil Service Rule 11 with all recruiters as a means of training to ensure we are compliant. Training will be required in the future of all new Recruiters, as well as on-going for all staff as needed.

We welcome input from department hiring managers, but moving forward we will be more thoughtful about how much input departments can have to avoid any appearance of impropriety.

---

Again thank you for this opportunity to respond. Please feel free to contact me should you have any additional questions or concerns.

Sincerely,

A handwritten signature in blue ink that reads "Denise Starr". The signature is written in a cursive, flowing style.

Denise A. Starr, Director  
Human Resources Department





Coleman A. Young Municipal Center  
2 Woodward Avenue, Suite 316  
Detroit, Michigan 48226

Phone 313•224•3710  
Fax 313•224•1750  
www.detroitmi.gov

September 18, 2019

Ellen Ha, Inspector General  
65 Cadillac Square, Suite 3210  
Detroit, MI 48226

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It is our position that Rule 11 does not forbid changes to the qualifications. In fact, it describes the nature of classifications and allows for altering existing classes where warranted. While it is the duty of Classification and Compensation Division under the Director of Human Resources to formally make these changes, the Recruitment Division makes changes to job postings for marketing purposes to attract the best candidates.

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The Recruitment Division will review Civil Service Rules with all recruiters as a means of training to ensure we are compliant. This training will be required of all Recruiters and completed by the end of November, 2019.

We welcome input from department hiring managers, but moving forward we will be more thoughtful about how much input departments can have to avoid any appearance of impropriety.

New hiring managers receive an overview of the recruiting process at the outset of a recruitment; inclusive of posting requirements, subjects and weights, duties, essential functions, prohibition of discrimination in the recruiting process, etc.... HR will ensure that this done on a continuous basis for new and seasoned hiring managers alike.

Again thank you for this opportunity to respond. Please feel free to contact me should you have any additional questions or concerns.

Sincerely,



Denise A. Starr, Director  
Human Resources Department