

**AFSCME LOCAL 517**  
**EXECUTIVE BOARD MEETING MINUTES**  
**7/25/2016**

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In attendance: Lynne Freezy, Nate Arthur, Christy Main, Kristie Campeau-Perlock, Robbin Ann Rosén, Barb Christianson, Annie Walton.

Meeting called to order 12:09 p.m.

1. Lynne discussed the Bargaining Survey results:

- 390 total responses. Most of the responders are:
  - full-time staff; some are intermittent (varied schedules from week to week).
  - have worked here less than 5 years. Next for most responses are the 5-10 year staff.
  - 1<sup>st</sup> shift.
  - hourly staff and those on the PTO system.
    - Most are PTO staff because only about 60 some staff are still on sick leave/vacation vs. 300+ on PTO.
- Most responders:
  - asked for a 3-4% COLA increase; 5-6% is next amount requested.
  - listed NA/Salaried when asked if a shift differential is important.
  - think their job is classified properly.
  - don't think reducing their workload is important.
  - do not think their departments are adequately staffed.
  - think protecting against contracting out county jobs to private firms is very important.
  - think stress is the top health/safety problem.
  - think wages/salaries are the most important during the upcoming negotiations followed by insurance and holiday/vacation/PTO.
  - get most of their info. on the union from their co-workers.
  - prefer a % wage increase vs. a flat dollar amount across-the-board.
    - Discussion that a % wage increase means the higher paid staff will get more of a wage increase than the lower paid staff vs. a flat dollar amount means we all get the same increase.
- Some staff want COLA% increase to match health care cost increase.
  - Not the same. Premiums are not equal to wages contract. Contract comes before health insurance. Could suggest bargain splits.

- May want to request data regarding social workers with master's degrees wanting higher pay/higher classification (Social Worker III)
  - Comments on new staff making almost the same or more than long-term staff.
2. Discussion on getting rid of the \$25 co-pay plan:
- Insurance Labor Management Committee members are recommending that we eliminate the \$25 co-pay plan now.
  - It drives up the cost of the other plans.
  - Puts us in a better position to negotiate with Health Partners.
  - Not many AFSCME staff on this plan (<20)
  - It costs the county more money.
  - Most staff are on the \$35 co-pay plan (>400)
  - Most county staff in MN are the same as Wash. Co. – health-wise.
  - Eliminating this plan would slightly raise the cost of the \$35 co-pay plan by ½ a point.
  - We have to vote to approve the elimination of this plan at the next general membership meeting.
    - Have to give “reasonable notice” on voting.
  - Question of at what point will the county push us to eliminate the \$35 co-pay plan and push us on the HSA once we get rid of the \$25 co-pay plan?
    - Need staff attending budget hearing/truth in taxation meetings to voice the importance of the services we provide. Do the work now to get money on the table for our wages.
    - What happens to the staff on Medicare if we're all on HSAs in the future?
      - Talk about whether staff can have an HSA when on Medicare.
    - Dakota County contributes \$500 towards deductible, employee handles the next \$500, then HSA coverage kicks in.
3. Discussion on safety issues from the survey
4. Issues with increasing pay % with promotion.
5. Negotiations Committee:
- Have list of those interested on being on committee.
  - Probably start after end of September.

Meeting adjourned at 1:01 p.m.

<http://afscme517.org/>