

Macon County Board of Health Meeting
Macon County Health Department WIC Conference Room
1221 E Condit Street, Decatur IL 62521
March 15, 2022, at 5:30pm

Vivian Goodman, Board of Health President, called the meeting to order at 5:34 pm.

Roll Call

Vivian Goodman, President – present
Mark Scranton, Vice President – present
Jan Hack, Secretary – absent
Sue Krows, Treasurer – absent
Candace Clevenger – absent
Jeff Entler – present
Debbie Hill – absent
Dr. Bret Jerger – present
Dr. Venkat Minnaganti – present
Cody Parks – present
Dr. Janet Patterson – present

Health Department Staff in Attendance in Building

Brandi Binkley, MPA, SHRM-CP, CPHA Public Health Administrator
Bethany Stapel, MPH, CPHA, Assistant Public Health Administrator
LaKeeya Funches, Accountant
Susan Hertel, Administrative Assistant
Evan Trimby, IT Support Specialist
Luke Leach, IT Support Specialist Assistant

Health Department Staff in Attendance on Call

Rachel Deerwester, Director of Clinical Nursing Services
Marisa Hosier, Director of Health Promotion and Public Relations
Karen Shiflett, RN, BSN, Director of WIC/FCM
Teresa Smith, Director of Starting Point
Kathy Wade, Director of Environmental Health and Emergency Preparedness

Public in Attendance

none

Approval of Agenda Topics

Vivian Goodman asked if there were any changes to the agenda topics. Brandi Binkley reported Jeff Entler would like to ask for something to be added to the agenda.

Jeff Entler asked if there was a possibility of having a monthly report from each one of Brandi's Directors, maybe a 10–15-minute talk to tell us what they do, some of their challenges, about their staff at the meeting...not just for the new people on the board but a good refresher for everybody. Just have some

focused and highlighted information about the department and tell them they do a good job. Vivian Goodman asked if he meant a monthly report.

Brandi Binkley reported there was nothing else. Mark Scranton moved to accept the agenda topics as amended, seconded by Jeff Entler. Roll call. All votes were yes. Motion carried.

Public Comment

Vivian Goodman asked if there was any public comment. Brandi Binkley responded there was not.

Approval of Previous Meeting Minutes

Vivian Goodman asked for a motion to approve the minutes of the February 15, 2022, Board of Health Meeting. Cody Parks moved to accept the Minutes from the February 15, 2022, Board of Health Meeting, seconded by Jeff Entler. Roll call. All votes were yes. Motion carried.

Communications

Brandi Binkley stated she had a few things that the BOH had asked that she will update them on in this section. The first thing she wanted to make you aware of is I know last month I mentioned that we were still short two roles in Administration, the two Admin Assistant, and then IT support staff, and so we have filled all those positions. And I am very happy to report we were able to fill them with staff that we had hired in the Contact Tracing Grant. So really excited that they have joined the team as permanent members and Susan is here, she will be taking over as the primary lead for doing all of the board functions with us and LaKeeya has been wonderful to help cover for that and so we are happy to have Susan, and then Makeyla has also joined administration. So, she may be here covering if Susan ever cannot make it. Then if you were here a little bit ago Luke joined IT, so you may see him here in the room. Of course, we have hired a lot of other positions but those are ones that you will deal with more frequently or see them here at meetings more often, just wanted to make you aware of that and welcome them and let you know they are in training with us.

Brandi Binkley also stated there was another update Keyless entry. We were able to get all the data entry that we talked about last month, all that has been done, in addition to that we were able to get about 60% of staff already credentialled and they are in the process of doing that right now and they are able to already use the doors with the keyless swipe, so that is exciting. And thank you to the team that has been able to make that happen.

Brandi Binkley stated COVID-19 Updates: – Some of this she has sent in emails, but I did want to just review it while we are all together. So, then you could have the opportunity to ask questions or talk through it together. You asked me to give updates about numbers and any transitions that we were going to be making. We have moved, as mentioned, some of the full-time contract tracers into permanent positions. Three recently that I just mentioned and then we had moved another one into a permanent position sometime last year. She's still here with us. So really excited to be able to do that. Brandi Binkley continued by stating that as of the transition on March 5th, which is what I emailed you about it, we did cut down the number of full-time contract tracing staff. We maintained the three Team Leads. The things that they can do in the system, they are able to access, they were going to be the ones that could complete all of the functions, including the interviews and the more basic contact tracing, and then one contract tracer that is assisting with wrap up duties and any kind of response or calls that are coming in, complicated

situations, outbreaks. So, we have 4 that are still full-time right now. We did transition the people that were full-time, other than these four, they did go part-time. And then we moved the part time people to more of a PRN or an as needed role. The reason we did not just completely terminate them from employment was because we, if they were willing to stay with us, then we already have them onboarded. They are ready to go, just in case there is a surge again that we can just kind of call them back up. Brandi Binkley continued by stating that we did have them go ahead and start turning in their equipment so that we have that in and didn't lose track of them, if anyone became disconnected and if they need to have that assigned back out. If there is a surge we can very quickly be done by our team, so that was done, and the turnaround on that was fairly quick. We were able to give them more notice that the last time we made a significant change. So that has gone pretty well, and all of care resource duties and all the contract tracing outbreak management are being handled by the part time and full-time staff that are still intact. So right now, we have, as I mentioned before, 22 that are part time that includes the ones that are working actively and then the ones that are PRN status.

Brandi Binkley stated then we are planning for some additional changes effective March 21st. We would like to change the frequency of reporting. We are looking at making it once a week. We have talked about once a week or twice a week, and if you have any strong opinions here tonight, we can definitely talk through those. If you have a preference of once or twice a week and then we are changing the operation to Monday through Friday. The amount of calls that are coming in on the weekends is close to zero. And so, we don't want to continue to have staff working because then you must have supervisory at least on call and you know the trickle effect of then who all must be responding and we're just not having the need on the weekend, so we feel like after all this time, it's time to adjust to the Monday through Friday. This would include our vaccination operator line, which is barely being used now by the public. Those calls are being answered by our main line. Those people are still being seen to get vaccinated, so that will all still be happening. They'll just have our main number. We do already have communications in the works to be able to inform the community of all these changes. And there will be a recording on the vaccination and the COVID operator hotline. So, when people call, it won't just ring, ring, ring with no answer and it won't just disconnect them. So, they'll at least be able to hear a recording. Brandi Binkley continued by stating we also would like to adjust to not staffing all of the holidays. Historically we've done them all up until this past Thanksgiving and Christmas Day, and Christmas Eve, so we would like to adjust to no holidays - again that takes away the need for staff time to provide flex time and all of that and we're just not seeing the need at this time, and we still have our answering service intact, which is something that is their area providers that have some kind of emergency or there's a communicable disease that needs reported. That number is always accessible and even was before COVID. So that if there is an emergency in the community, that provider has that they are still able to reach us. So that is what I have as far as logistics and contact tracing and staffing and all the changes that we have made and would like to make moving forward.

Jeff Entler asked Brandi if the 22 part time people, how many hours a day?

Brandi Binkley responded, so when we first changed on March 5th, we they were scheduling them for 20 hours and then they would do what we had talked about where they will clock in, they'll check and see if they're actually needed, if there's anything assigned to them and if they're not, they would clock right back out. Or if they were working phones, you know, based on the volume that was coming in, we would basically have people clock out that were not needed. Now they are decreasing that more and they plan to again decrease it more on that March 21st date because they keep the we keep a shift schedule in Teams so they can our staff can constantly watch what their schedule is that is coming up. So, they're being

communicated with by our Team Leads and letting them know your hours are going to be decreased. You know what might have been on the schedule has now changed. Please check your schedule. Those hours are going down. I don't know. With the March 21st adjustment, if they're going to go down to like 10 or five, but they don't get that number of hours guaranteed. It's always you clock in...Is there any work assigned? If not, you clock right back out.

Mark Scranton responded with I do not understand why we keep 22 people on a part time job that they may or may not work, especially at \$5 gallon gas.

Brandi Binkley responded they do not come here. Mark Scranton said, they don't come here at all. Brandi responded, so the part time people are the ones that are working, but they are all remote. Brandi continued - our Team Leads come to the building, but that's because some of their functions they have to work are in the building. But then there are some days they are remote, but they are also moving to the Monday through Friday schedule, so that will somewhat affect that. A lot of their work is remote as well. All of those contact tracers are working remotely. So even when they do clock in and they have to clock right back out they're just doing that at home and then the PRN staff, they're not clocking in at all right now and their email access has been terminated, so there's no work being performed by those PRN people. They will be called via phone call to their personal number if they are needed at some point if there is a surge. And we are not going to keep them on forever.

Jeff Entler asked what PRN stands for, Brandi and Dr. Jerger responded by stating as needed.

Mark Scranton replied with why don't we give the people the benefit of 22 part time people? Why don't we cut the number of people and increase other people's hours? I mean, you're still going to spend the same amount of money, but logically I think that would make a lot more sense.

Brandi Binkley responded well, so a few reasons, all of those 22 people are not working or even active right now. I think that the number without glancing that we have active is probably around 7 or 8 active part time that are even clocking in at all and we cannot with the workload right now, we cannot have even part of seven or eight in addition to the four that we did keep, we can't have them actually working for seven hours a day. We don't need them that much. So, it didn't make sense to keep them full time other than these four. And of course, we won't keep those four forever because as the need continues to decrease and they're able to wrap up all of the cases and clean everything up as far as with data entry with IDPH and all of that, then those people won't be in those positions forever either. So, the bulk of the staff that are PRN part time, they're not clocking in, they are not working. It's not like we equally distributed all the hours to all 22 of those people. We only are giving the hours to the people who were full time. There's, I believe, two part time people that were part time who did not go PRN and that is because of the assignments that they had. They are still part time, but they have very specialized training. So, they're still working part time.

Cody Parks asked, so the rest of them are just in case. Brandi Binkley responded they're just, yeah, they're basically you would almost call it like an on-call list where they're not regular working. They're not expected to check their email. They are not coming into training. It's literally just like an emergency, on-call list. Cody Parks asked, are they not getting paid?

Brandi Binkley answered yes, they are not getting paid anything. No, not at all. And then the part time people, you know, the ones that are just working part time, they're not being paid benefits. It would just be those four that have been maintained at this point full time. Cody Parks said, yep.

Vivian Goodman asked if there were any other questions for Brandi?

Dr. Bret Jerger asked if you want to talk about that now? About how often we will report the numbers, do you want to do it now or did you want to wait till later?

Brandi Binkley responded whichever, I just thought I'd throw it in this part. We have thought about change, going ahead and changing it last week since you all have given me discretion, but I figured since we were meeting in a week anyway, if I might as well just wait so we could talk through it.

Mark Scranton responded that he thinks Brandi should decide. If it comes from the board, again, I don't want to be getting six phone calls, people complaining about it.

Vivian Goodman responded well; we gave her discretion already. Brandi Binkley stated she was okay with that. Mark Scranton interjected; it needs to be clearly identified that you (Brandi) made that decision. It's a directive coming from you because I guarantee you nobody's going to pay attention to that. They're going to say the board is going back to changing this again and then we're going to catch a lot of grief.

Dr. Jerger stated this is the month we were going to reassess it anyway. Yeah, I mean, we already talked about the meeting, you (Mark Scranton) were not here at that meeting. Dr. Jerger mentioned that we would reassess it in March, which is a perfect time actually. Some concurrent conversation occurred with several Board Members.

Dr. Jerger stated that the only this he would request, I don't know how you guys feel I think, the number of deaths since the start of the pandemic needs to be taken off there. I don't think that needs to be there anymore. Dr. Jerger stated he doesn't see the purpose. Mark Scranton stated I feel it doesn't serve any purpose. Dr. Bret Jerger then stated Yeah, so unless you guys disagree with me on that, I would recommend that we take that.

Vivian Goodman stated some people like to have that information.

Dr. Jerger stated the downside is that, like we talked about before you don't know what, like Dr expressed it before, which deaths are from COVID and which ones are they died, and they had COVID at the same time. So, in other words, we're not even giving out true information at that point. Dr. Jerger continued by stating that we don't know that and they talked about that fact, it's most of the patients who died had at least four to six other issues in their body and it wasn't actually COVID that caused them to die. So, it's kind of misleading to even let people know that. Now if we had the breakdown of exactly what it was, I'm all for it 100%. But over 60% of the people that have passed, even the CDC has put that out, is not because of COVID. They died with Covid, but they didn't die because of COVID.

Dr. Minnaganti stated no, I beg to differ with that because, at least I can speak for DMH I can't speak for the other hospitals as I don't work there. Most of this is done with good intentions to see what exactly the cause of death is, yes, are there people who come from other reasons, and they happen to incidentally be positive for COVID. Yes, they may have died from cardiac or problems. But in most of these, I can't speak for the entire county because I can only speak for DMH, that's where I work. Yes, it's a fairly accurate amount. Yes, could there be some other patients that have had COVID but died from other non-related COVID conditions, yes, it's possible. So, I'm not saying I have vetted all of the records of the deaths in the hospital no, I did not. But I can say it fair amount of that is accurate as far as DMH is concerned. I'm not

speaking for the hospital, but as a professional because I see, I look into those cases myself. I know which ones died from COVID and which one die with COVID.

Mark Scranton stated, but you're talking about accumulative deaths that we keep posting. So, if you put deaths on there for that week along with your other statistics.

Dr. Jerger stated that he was referring to since the start of the Pandemic. I thought we were getting rid of both the number of cases since the start of the Pandemic and the deaths since the start of the Pandemic, but that number is still on there. I totally agree we need deaths who die weekly because people want to know that, but the cumulative numbers are what I am talking about. Dr. Jerger stated to me that is just a scare tactic. I do not know why we have that on there. Vivian Goodman stated is there anyone else.

Jeff Entler stated he tends to agree with that, I would like that cumulative number off. What do you think, Brandi? You are going to be the one that will bear the question.

Brandi Binkley stated I definitely see I know what you are saying, and our purpose has never been to instill fear in people, but we also have people who have lost their loved ones whether it was when they had COVID or died from COVID. Brandi continued and stated we've always been very careful to say people have died with COVID and not say died from COVID because we are aware of this. You know, even before we did our first report and so I would really like the Board, if you all want that removed to decide on that because I just like the community probably does want to know that. The people they care a lot about and especially ones that have lost someone so, that is probably something I would not remove if I made that decision myself. Brandi continued by stating that I mean we are going to quit reporting at some point, probably in the near future anyway, if we don't go into another surge or something. So, I feel like the statement or the perception of doing that right now, we were so close to just wrapping it up anyway, could be very poor, especially coming from a public health department.

Mark Scranton stated he thinks people want to know what's happened in the current week. Past history doesn't unless cause, you know from one week to the next and go back and look, it's okay, it's gone up, it's gone down, and it's gone up. It's gone down. I can't tell you what I did two weeks ago, let alone remember 18 months ago. You know, I mean history. I mean, if somebody wants to look it up that bad, they could, they could do research or I mean, it's out there. The information is out there if people want to look that up. I mean, the State, CDC everybody is like pretty much turning the switch off on this stuff for the most part. I mean, you don't even see it being reported on the news hardly at all now. So, I think we should do current statistics and I'm good with once a week reporting so I don't need to make a motion for that or not but.

Vivian Goodman stated we just need to agree because we already gave Brandi the go ahead to change it whenever she felt that it was time.

Mark Scranton stated that Brandi brought it up and hasn't changed it, so do we need to make a motion to approve that change? Brandi is asking for some guidance, do we want to do once a week, or twice a week. So, we have to tell her something.

Dr. Bret Jerger stated I think our guidance since she is already the one is consensus on I don't think there needs to be a motion for that. Jeff Entler said, once a week that would be what I'd go with.

Mark Scranton, Jeff Enter and Dr. Jerger all agreed on once a week.

Jeff Entler said we are already down to twice a week now, aren't you?

Brandi Binkley responded no we are Monday through Friday. We were looking on putting it down but that is when I decided to.

Jeff Entler said, oh, because I looked and I thought it was...okay.

Cody Parks said you hardly see it on the local news anymore at all. He said they don't talk about it much.

Marisa Hosier responded hey Brandi we are reporting on Monday and Thursday.

Jeff Entler responded, I thought we were down to two days.

Brandi Binkley responded, I am sorry I thought you hadn't implemented that yet, I apologize.

Jeff Entler responded for probably about two weeks right.

Marisa responded yes, roughly two weeks.

Vivian Goodman responded I am good with once a week, the numbers are down, they are way down from what they were previously, so I am fine with once a week.

Cody Parks responded no one complained about two days a week, did they?

Brandi responded, no I haven't heard a complaint at all.

Cody Parks responded, let's go until we get a complaint.

Brandi Binkley responded so okay, we can do that. That probably won't really be that noticeable anyways. What about the consensus on the cumulative deaths?

Mark Scranton responded he did not see a point in it.

Dr. Jerger responded with the current ones for that week, while Mark Scranton chimed in absolutely, while Dr. Bret Jerger finished, to let people know that is what happened that week.

Cody Parks asked when we were going to stop completely. I mean, I know that's a loaded question. What I am saying is how many more weeks you'd think it would go if we just leave it like it is. And that way we don't stir a bunch of feathers.

Mark Scranton responded and pointed to Dr. Minnaganti I would ask that man there, he knows more about it.

Cody Parks responded I mean the weekly reporting.

Dr. Minnaganti responded with it has pretty much died down right now. Cody Parks stated you don't hear much about it in the news anymore.

Dr. Minnaganti responded, yeah, very little unless something happened in a big city and you know, something spills over. Cody Parks responded with maybe in the next 30 days it may just go away. Dr.

Minnaganti stated there are only 3 or 4 cases at DMH in the hospital now, and no one is on a ventilator. Mark Scranton said that is a good thing.

Cody Parks responded maybe we should just leave it like it is until the next meeting and look at it again. That way we don't get everybody riled up. What do you guys think?

Vivian Goodman responded well that is what Brandi suggested.

Brandi Binkley said, I mean, yeah, and then Cody Parks also said, in another month we will talk about this again, then we'd go down to once per week so then maybe we make that change then so everybody doesn't get riled up.

Dr. Minnaganti responded so for now you want to keep it once or twice a week for now for one more month.

Mark Scranton responded she has the discretion to change it at any time without the Board approval. She can make that call in two weeks, she might decide to drop it down to once a week.

Dr. Minnaganti responded that is fine Brandi - once or twice a week.

Cody Parks responded Brandi, you see the numbers they are right there in front of your face.

Brandi Binkley stated part of what I will consider as well is obviously, the contact tracing grant ends March 31st, but we do still have the COVID response dollars if we need to cover you know, staff to do that. If there was another surge, but also kind of keeping an eye on when reports are going to stop by our neighboring counties because that could be something to take into account. Brandi continued by stating that if we're the only one that stops, then everyone around us still does at least once a week, you know, that could be negatively impactful. And so, I can definitely take that into consideration. The only thing I need to know is cumulative deaths. If you have a consensus, do you want that completely removed or leave it alone for now.

Dr Jerger responded, what are the other counties doing?

Brandi Binkley stated I think it depends on the county; everybody's reports look a little different. Dr. Bret Jerger said that's what I was thinking; I don't think everybody is doing that.

Cody Parks responded that it would also be Brandi's discretion on that part.

Brandi Binkley responded that okay, she is fine with that. I just have one more thing in communication. Brandi Binkley also asked if anyone had any more questions about that? I did not add this to the agenda item because I know you asked me just to bring it every month for right now and I put a copy of it at your place. This is the flex report you'd asked for an update on each month. So, where people were at as far as their beginning balance and then be able to show what they would accrue. So, the time period does show at the top the accrual dates so that you can see how long that was. Brandi continued by stating I can bring this to you each month. If this is not what you were hoping for then I can ask Sheree to make some edits. We thought this was something that you need but we can also make some edits to it. I will say as a reminder, we had talked about doing the final flex pay out with the grant ending March 31st. So, these balances do for the most part reflect that being done. And remember, as I had mentioned, it will have kind of a fresh start to be able to start really keeping people down and hopefully be able to transition back to

that old policy. And so that's what you can see here as far as where people are at. If you see someone that is, I know there's one person on here, I think that is at 30 hours, that person had something scheduled to use that time, so otherwise I think we're doing better. We do have, as an example, in Environmental Health right now, they're doing a lot of temporary events and they're doing a lot of inspections on the weekend. So, you may see some accrual with them as time goes on over the summer because of things they have to cover. They do their best to then allow them to, you know, be off during the week, you know, flex around those hours so that they don't, you know, accrue flex or have it sitting on the books. And again, we don't always pay that out and once that temporary policy is gone, they won't be able to accrue over that 35 anyways, and it wouldn't be regular practice to pay out so. Any questions? I'm happy to answer if I can or bring an answer back to you.

Mark Scranton responded can you explain because I am confused because you have paycheck date, accrual date, explain what that means, are these hours been accumulated over a two-week period or whatever what are we looking at here?

Brandi Binkley explained the accrual through date that's the 2/18 to 3/4. So, these numbers would, if you look at the flex beginning balance and, in the flex ending balance, our time clock has the two week pay periods. That should reflect up through that March 4th and then that paycheck, that was on March 11th. Brandi continued by stating that also shows the flex that was paid out, was paid out on the March 11th paycheck. So, this should kind of be after the payout and after anything they accrued through that pay period where they ended up the flex end balance would be where they ended up effective after that March 11th date. So, March 11th pay date. So it was 3/4 work day.

Mark Scranton responded so, just pick the first one to talk about - Accountant. So, are you telling me that accumulated 22 hours over the course of two weeks?

Brandi Binkley explained no, that's their beginning balance. So right above that column you can see the flex beginning balance. That's where they would have already been sitting from all their historical accrual, so that's what basically is on their books. And then the accrued or used column you'll see there, that's negative four. That reflects what they used during that pay period. And then the final column that says flex end balance, that would be what they had at the end of that 3/4 workday for all those two weeks. The middle column shows what they would be accruing or using in that particular time period.

Mark Scranton asked so are they getting paid for that time or are they getting time off?

Brandi Binkley explained normally they would get that time off. We did have some that got some time paid off, like that final flex pay out that we talked about before that grant ended and those were only the people that would have been over 35 hours. So, you'll see, for example, if there are people that were in the first column who are an even 20. There's a good chance they were probably paid down to that 20 hours. Excuse me, which is they probably were over 35 and so we paid them down to that time. So, you'll actually see a few people on here who were paid down to that 20 and hopefully that will be the last flex pay out because hopefully nobody will be having to work a ton of hours anymore. Brandi continued then the next column would show what they accrued during the time period at the top and where they are currently at as of the end of 3/4. So, they may have even used more and be lower than in that final column. I had Sheree run the report on that date just so it was ready and a clean end of that pay period. Does that answer your question, Mark, about the first column?

Mark Scranton replied on the back page though under WIC it says CPA...Jeff Entler also chimed in saying, I was going to ask that. Mark Scranton continued, are we talking accounting people or does that stand for something else?

Brandi Binkley responded no, that's Competent Professional Authority. That is someone that works in WIC, so that is, as an example, that is one of the people that I was telling you did have more than 35, but she was going to be using the time and had a plan and scheduled days off. So that person is going to be using that time and did not have anything paid out. It will be getting used. I don't know her exact dates. I think it was this month or in April that she was going to use it.

Mark Scranton has one more question, I do not see the Administrator listed here.

Brandi Binkley stated I should be on there.

Vivian Goodman held up her copy and showed Mark it is right here.

Mark Scranton asked where. Vivian Goodman responded under P - under Public Health Administrator.

Mark Scranton replied well all the other Administrators are listed under A.

Brandi Binkley said those are actually different roles – they are Administrative Assistants.

Jeff Entler responded so just to be clear that the next time we meet, that's going to be past the 31st. Jeff continued unless there are some mitigating circumstances like somebody quits and has to be paid down, but for the most part you're going back to your normal policies that you had before March of 2020.

Brandi Binkley replied yeah. So, we've been telling supervisors, really for months, like really the whole time they know this, the payouts were not promised. It's never been, you know, a promised thing other than when someone leaves, if they have some on the books like we talked about. But we've been telling supervisors, make sure you prepare. Make sure you keep the flex down, make sure you're having people take their time. Get back into, you know it's only for emergencies obviously or extenuating circumstances like having to cover for someone. If someone is getting close or at 30 hours, make sure they schedule their days off, so I do feel like we're heading in that direction. I really hope nothing else happens with COVID. We do not have all positions filled yet, but we're working on it, which of course then people take training or require training from other staff, so there's still going to be those types of things, but that's only going to end up being flex and time taken off. It's not going to be the payouts like we've done which are not the regular practice. So yes, other than like you mentioned, if someone left. Which right now I feel really good about where people are because we have been able to - in situations where they had a lot of hours on the books, pay that down and kind of get that fresh start and hopefully we're wrapping things up so that we don't have all the hours with COVID anymore and can sometime soon revert back to the original procedure.

Dr. Minnaganti asked, is this all because of COVID right? What would it have been two years ago?

Brandi Binkley, do you mean flex time or payout?

Dr. Minnaganti responded flex time.

Brandi Binkley responded the flex time was in place before two years ago, but people could not accrue over 35 hours.

Dr. Minnaganti asked about the hours here - if this is all because of COVID?

Brandi Binkley replied no. This is everyone in the whole building. So, it really varies why did they have to work over why did they earn flex time? An example is if we are short staffed, which in most of the divisions we are, to some extent. We have people covering for others or there is required training that might go through lunch. So, they work through lunch and learn some flex time for that then they can take off another time. Brandi Binkley continued by stating that not all of this is directly related to COVID. COVID certainly exacerbated it for many people in the building. But other than being short, staffed kind of on a regular basis there is not as much of a need to earn that flex time or to have work over and nowhere near what they did during COVID.

Jeff Entler asked if there is really a need at all times to record it. What is someone wanted to work an extra hour what is there was something they needed to get done? They are not going to record that, are they?

Brandi Binkley responded they would. I think I I'm pretty confident we probably have people that are working over or not claiming the time for themselves or you know, don't want it for some reason or trying not to look like they're working over too much or getting too much flex or that kind of thing. I know that we have people who work and never get, you know, the time or anything like that. Brandi Binkley continued by stating that we do have to when someone is working, we do have to clock it like Mike Baggett talked about last month. One of the reasons that we do that is because for our grants, we do get audited. We must deal with GATA. The documentation must be very, very thorough, very specific. We must show if somebody is working 30 hours in a specific grant versus 40, that makes a big difference for reimbursement and makes a big difference for how much funding we're going to get next year. It makes a big difference about how we are chosen when they're deciding how much money each county gets, like how much Macon County get? Well, it looks like we're working less in the grant that our staff really are, we might get funding taken away or decreased.

Brandi Binkley continued by stating that there's a lot of reasons why we had need to do that. Then of course, when we get an audit, you know, they need to have a very accurate reflection of how much time people are working in a grant as well aside from just the reimbursement part. That is why we do stress to the employees we do want them clocking everything so we do have that accountability. Gosh, it was 2019 when we had the audit that recommended that we get an even more detailed time clock than what we used to have, which was pretty detailed that could show every quarter hour what grant and job code people working in. That was an audit finding for us to even improve upon the pretty detailed time clock we already had and that is why we adopted this new time clock, EWS. EWS does tie to the county's accounting system so that we do have the most accurate reflection of by the quarter hour, what staff are doing and which job codes there working in and that is with the audit for the purpose of ensuring that if we're claiming that somebody worked 30 hours and we're asking for the money for that, where is our proof. And so that's why these things are so important.

Vivian Goodman asked if there were any other questions.

Presentation and Acceptance of Financial Report

Brandi Binkley presented the Financial Report. Sheree is not able to make it tonight. So, if you just want to review your documents that were in the packet, the first one, the summary income statement is showing 25% of the year has passed. Our ending fund balance there at this point is 6.7 million, and then the income statement detail is total revenue is at over 2 million and that is 30% of our budgeted revenue. Our total expenditures are at 1.7, which is at 25.5% of our budgeted expenditures.

Vivian Goodman asked for a motion on the Acceptance of Financial Report. Mark Scranton moved to accept the Financial Report, seconded by Dr. Bret Jerger. Roll call. All votes were yes. Motion carried.

Review of Department Expenditures

Vivian Goodman stated that the Department Expenditures are in your packet. She asked for a motion to approve those.

Jeff Entler made a motion to pay the bills, seconded by Mark Scranton. Roll call. All votes were yes. Motion carried.

Grant Applications for Review

Vivian Goodman announced the Discussion and Approval of CCU Workforce Retention Grant.

Brandi Binkley stated that this was in your packets; it's the one that says Macon County Health Department Grant Application Assessment Tool at the top. It is pretty straight forward; this is some of the COVID response dollars but coming through the Illinois Department on Aging specific for our Starting Point program. The purpose of the funding is to be able to retain staff, support staff and so we are definitely going to apply for it if you would please give us approval to do so. We have already started brainstorming what we could use it for. Brandi continued by stating that this is money that we talked about back at budget time that we were hoping to get to help support for the new Care Coordinator, which is similar to a case manager in Starting Point. So, this is something we talked about months ago, but they finally had put it out. It's due March 25th and I think it would be great for our Starting Point division if you would approve that.

Jeff Entler said March 25th as in a short period of time. Does that give you enough time to?

Brandi Binkley said we will make it work.

Jeff Entler asked if they have already been working on it.

Brandi Binkley responded yes. They only sent it out maybe last Thursday? I can't remember what day, but usually don't have a lot of turnaround time to write the grants, so you got to just make it work. Hence something like flex time where we have staff, you know, maybe up until midnight, working on a grant just to get it in with everything else, but especially with this significant amount of money that can help improve things for our staff to be able to work efficiently and be able to support that staff person. We definitely would like to make it happen.

Cody Parks asked so about \$75,000 for the remainder of this year then and \$255,000 for next year is what it looks like.

Brandi Binkley responded correct, yes, and their fiscal year is actually July 1 through June 30, so which is different than the county one, but that FY22 the 75,000 would have to be spent or accounted for by the June 30th date and we do already have a whole plan brainstormed out for both fiscal years.

Dr. Minnaganti asked what does the money do exactly, what does it translate in services, what does it include?

Brandi Binkley responded so one of the things that we are would like to do with it is support Care Coordinator staff. We were able to get approval from all of you and the County Board to pay for that out of the Health Fund waiting to know if we got this funding. In the Starting Point program, the Care Coordinators are basically like case managers and there are rules for how many clients they can serve. Our staff had been over but there just wasn't available funding to hire more people to help with that caseload. And so when we were given permission to hire that new Care Coordinator, we did have an actual adequate number of staff to be able to take care of the caseload based on the required numbers in our deliverables.

Brandi Binkley continued by stating that also, there are a lot of other things in this grant that you could do if you need to make upgrades to technology. For example, if there are staff retention things that you can do. That might be professional development or training that staff might need. One of the things they put in there was, you know, bonuses which we're not able to do but some health departments or CCU's are doing. If you need supplies, that's something that you can purchase with this money. So, it is fairly open ended which is great because if there are things that we need in that division - which there are - that this funding would be able to support that without having to ask me to pull from Health Fund dollars.

Jeff Entler asked do you have high confidence level that you will be accepted or is it?

Brandi Binkley responded oh yes, I'm sorry I didn't say that. We are pretty much guaranteed to get it. There's an allotted amount of money for each county. So, it's one of those like, apply for it so you can get it kind of thing. So yes, I feel very confident that we will get it.

Jeff Entler moved to accept the Grant Applications, seconded by Dr. Bret Jerger.

Dr. Minnaganti asked what the grant amount is because there was a typo on the document. The grant amount should be \$355.

Brandi Binkley responded where you are talking about the Grant amount.

Dr. Minnaganti said Brandi said the grant amount was 355, but the two numbers do not add up to that.

Brandi Binkley responded, that might just be a typo. It is the 355. I appreciate that I didn't catch it when I looked at it either. Several Board Members talked concurrently.

Vivian Goodman stated okay, so we have a motion that Jeff Entler made the motion, Dr. Bret Jerger seconded it. Vivian asked if there was anything else before we continue. Roll call. All votes were yes. Motion carried.

Department and Division Reports

Vivian Goodman stated we have our Department and Division Reports in your packet, does anyone have any questions on those?

Mark Scranton responded he had one question about Environmental Health. He said I'm just kind of curious to see the numbers are going up significantly, but I'm wondering how come we got six people in that department that could do inspections and it looks like there were 3/4 were done by two people. The numbers were pretty lop sided I know. Mark Scranton continued by stating I know Whitney has other activities as well as doing inspections, so she does not have anything, but I don't know what the balance is there to try and get everybody; we have two people running their tails off trying to get inspections done.

Brandi Binkley reported Kathy is on and I will let her speak to it, but I will say that some of it is, yes, Whitney is primarily our Emergency Preparedness Coordinator. She was in Environmental Health before she moved years ago to take me on the Emergency Preparedness Coordinator position. So, it was always designed that Whitney would have less assigned inspections and that was even before the COVID pandemic. Jerry and I know this is being I believe this is being adjusted with our newer people that are being trained, but Jerry has covered more zones than other staff and that was intentionally set up that way. Brandi continued by stating that Colleen is one of our newest. You can see she's done several, but one of our newest people, that could be why her number is growing and then John is the one that Kathy has talked about, is our newest. So, he is training, but I don't believe he may be on his own all the way now, but I'll let her speak more to that. But that was to give you a little bit of insight. Kathy, are you still on?

Kathy Wade responded I am, and you were correct. The way that we have the work divvied up is that Jerry covers two full zones of food. That's his specialty. That's where he shines. That's where he does his education and training. So, he does the food there. Colleen is starting to get trained on wells, so she has a area of food, I'm sorry, uh, zone in food and starting to get trained on wells. John is just now getting out on his own, so we're making sure that he's pretty comfortable with food, but then he's going to start getting into septic, too. And remember that right now is also the time of year that septic and wells and all of those things start picking back up to get those done. So those numbers have just been kind of low anyways the last couple months, but they are going to start picking up tremendously.

Brandi Binkley said thank you.

Jeff Entler said he had a question, I had noticed on the dental report which I can't seem to put my fingers on, but I have a note that it seemed to be edging down a little bit the number of X rays I think. Is that typical? I think I saw three months in that report.

Brandi Binkley responded I can't speak specifically to the X rays. I know that there have been some things that have happened that have affected their patient numbers here recently. So, for the growing and for a little bit of a temporary decrease. We have in the past month I think it might have been a little bit before that, but completely adopted our new dental software. And so, there were some days at the dental clinic that had to be shut down in order to train all this staff and change out everything that needed to be taken care of. That did affect the number of patients that were seeing during that time.

Brandi continued by stating that we also received that grant that we talked about, so we were able to change the clerical there from part time to full time and so they are looking at growing the number of patients that they see per day because they're able to start earlier and wrap a little bit later with her being added as full time. There have also have been some days that our dentist was not able to come in.

Because we lost that contractual dentist to another health department, if the dentist is not able to come in then we are unable to see patients on that day unfortunately. We have been very creative here lately using our dental assistants in the clinic to help in other areas in the health department, but that may be where you're seeing some of the decrease with some of the days with weather or if he must be off for anything. We don't have a backup dentist. We have been in further communication with the contractual dentist that we used to use to see if he can start covering some additional days if our dentist does take off. Because he's full time at the other health department, that's very difficult for him. It's hard to get dentists or contractual dentists to help cover.

Mark Scranton replied he had one more thing really quick, I know that it just got done last week, but I am curious to see if we had any response or what is the status with the Cottage Food registration? Has it started yet? Do you know, are people inquiring about that?

Kathy Wade responded I will speak to that, Brandi. So yes, the Cottage Food did get passed through the County Board last Thursday night. Friday, I worked on all the forms from the state transferring them over to our logo and our stuff. Evan worked on a new email address for me to be able to put on there. And then as of Monday, every Cottage Food operator that I had on file for the last two years received an email letting them know of the changes in the updates; included the new registration form and the Act. Kathy Wade continued by stating that then I had two on my list that had just called in, probably within the last month or two that I did call those two back and gave them all of the new information. So, everything is current and just waiting to see who all is going to come in and start registering.

Mark Scranton asked if the County Board approved the fee that we approved, or did they push that back?

Brandi Binkley stated they did, they didn't change it.

Vivian Goodman asked if there were any more questions. Thank you, staff, for the reports and all the work that you do. We will move to Employee Recognition.

Employee Recognition

Vivian Goodman acknowledged all employees on the monthly certificate and thanked them for their years of service and hard work. Jamie Smith-4 years, Mariah Koehler-4 years, Sally Williams-25 years, Ashley Bond-5 years, Stephanie Mallory-1 year, and Mary Irwin-1 year. We want to congratulate them on their anniversaries and thank them for their time and service.

Old Business

Vivian Goodman introduced OMA and FOIA Training Update.

Brandi Binkley responded, I just wanted to make sure that you all knew. I did send an email out, but just thought we should touch on it during the meeting. The trainings are now available. So, if you have not taken that, we need to please do that as soon as possible. The Open Meetings Act requires it to be completed within 90 days of starting in your position, but it's been shut down as you know. So, if you could just complete that as soon as possible and get us proof of that, we would really appreciate it, and could just email that to me.

Dr. Minnaganti replied, do we have to do this every year? Brandi Binkley stated no you do not have to. Dr. Minnaganti thought he saw that they have to do it every year. Brandi Binkley stated I don't think so, but I will double check on it though and let you know.

Dr. Janet Patterson asked if Brandi will let everyone know. Brandi Binkley responded I will double check and let you know if you all must do it. Brandi stated that she hasn't taken hers yet since the website came back up. Brandi stated that the MCHD leadership and Administration staff do it every year to stay up to date. Then if there is a change, staff can bring that to the BOH. Brandi said she hasn't done it since it came back up and could be wrong about the annual requirement, but will check and let them know.

Brandi Binkley added to the Board that they are not required to take the FOIA training just the Open Meeting Act unless something has changed with that. In that case I will let you know. The FOIA is a courtesy to let you know that training is there if you want to check it out, since you are all subject to it.

Vivian Goodman, we have already discussed the COVID Press Release regarding Frequency. She asked if there was any discussion and Action for BOH Appointments?

Brandi Binkley stated that is just, you know, we've been talking about that each month. I know last month you all said, you know, leave it to the Nominating Committee to handle. So, I just left it on the agenda in case the Nominating Committee needed or wanted to address anything, but it may not be needed at all, I just want to make sure it was there.

Vivian Goodman asked if the Nominating Committee had any questions?

Jeff Entler asked who the Nominating Committee was.

Brandi Binkley responded Dr. Minnaganti, Jan Hack, and Cody Parks.

Vivian Goodman said okay, now new business.

Mark Scranton replied to Vivian by stating just a minute, so the last time we talked Jan was not at the meeting and was wondering if she is interested in the term renewal or not. Because if not, we have a doctor's position to fill. That is kind of important, we really need to think ahead about that.

Dr. Janet Patterson replied, are you talking about me.

Mark Scranton replied yes. Didn't you guys say last month her term was up? Has anybody talked to her yet if she wanted to stay on or not?

Brandi Binkley responded I am not sure.

Dr. Janet Patterson responded, yes, I am willing to, but I am also willing to pass it off to someone else.

Mark Scranton said what's that I am sorry?

Dr. Janet Patterson replied I am willing to continue if that works for the Board.

Mark Scranton replied, yes because finding a doctor is definitely a challenge. I would say.

Dr. Janet Patterson replied I am just sporadic because I work in Springfield on Tuesdays.

Mark Scranton replied that definitely requires more time so.

Dr. Janet Patterson replied that is why I was not here last time.

Mark Scranton said so we potentially have two vacancies then, right?

Brandi Binkley replied, in addition to Dr. Patterson.

Mark Scranton said right.

Brandi Binkley replied and that is, of course the County Board Chairman and County Board would decide who to approve. If our Nominating Committee and Board have people that would like to approve moving on, then the sooner we can get that to them the better because they will probably be putting it on County Board Agenda in May I would guess which is coming faster than we think.

Mark Scranton replied well actually they vote on it in May, right?

Brandi Binkley stated yes, the terms would come May 31st.

Mark Scranton replied that we must have names next month realistically.

Jeff Entler replied by asking if there are two positions.

Brandi Binkley said there are three total.

Jeff Entler replied I thought there were just two.

Brandi Binkley replied, there are three, Dr. Jerger, Dr. Patterson and Vivian Goodman.

Jeff Entler replied okay.

Brandi Binkley replied which now from what I have heard from each of those people, they're all interested in staying on.

Dr. Janet Patterson asked if that is done by the County Board, I am sorry I don't know too much about the process.

Mark Scranton replied, yes, they have the final approval. We are basically making our recommendation.

Cody Parks said so then it is up to them.

Vivian Goodman replied that the Nominating Committee needs to bring their recommendations next month.

Cody Parks asked how we find people. I am sorry so how do you find people as far as I am saying people don't come to us. If we have a spot that's open that no one will take, how do you find them? That might be a stupid question, but...

Mark Scranton said you never know; I have had two people approach me. They have a medical background, but they are not physicians.

Cody Parks replied if no one approached the Board, how do you find people? Do you start asking certain professions? You know what I mean. It might be a bad question.

Brandi Binkley replied no, it's a very good question. So historically we've had a lot of Board Members who have wanted to stay on and who renewed terms. You know, for years and years if there have been

vacancies, for example, the last time we had a vacancy for a doctor I assisted in worked, you know with the Nominating Committee to reach out to doctors that were recommended. So that was either someone recommended by the Board, or someone recommended by staff, or someone recommended by some other stakeholder. And so, that's how we were lucky to get Dr. Patterson on the Board by basically just reaching out to people who would have relevant experience and expertise to be able to bring to the board, and ask them if they are interested?

Brandi Binkley continued by stating I made a packet that I could send people in advance that kind of tells them what the commitment is, what the expectations are, when the meetings are so that they know what they're getting into before they would say yes to a possible nomination. Then those ideas would just be brought to the Board, they would discuss. Then like Mark said, basically vote to make that recommendation to the County Board Chairman. Therefore, the County Board, the County Board Chairman does have basically the right to appoint or not appoint. So, as we talked about before, the County Board Chairman could say, yes to all three. Let's say you presented all three of the people that we already have for renewal of their terms. County Board Chairman could say no to all of them and just put completely different people on. Our Board has always in practice looked for people to help recruit, help suggest people and then recommend them on for that next step. So, you could do you know...

Cody Parks replied you say they put them on. If they don't think the people we pick and you say they put them on, is that what you mean? That they have their own people also or the County Board?

Brandi Binkley stated I mean what I've been told is that sometimes County Board people might choose someone, they might be approached, so they also owe them a favor or something, you know, different things like that that I'm not really involved in. That is kind of what I have been told as far as where they get the people. When I say they, I mean County Board because ultimately, they can say yes, we want the ones that the Board of Health has recommended or they can they no. Brandi continued by stating that we've had a situation in the past. Our Board was concerned there was a possible conflict of interest with someone that was running for office, but then the County Board was okay with that so they proceeded. So, it kind of just depends, but really it is from this Board kind of just doing some legwork of finding people, especially if it's someone that must be specific to meet a certain you know professional expertise and then recommending them on. I hope that helps.

Mark Scranton replied by stating that Vivian started to mention it, but the Board attendance review...I would suggest Brandi has done that in the past that I requested it. So I would think that would be valuable not only to the Nominating Committee but to the Board to have a review of the attendance over the last term or whatever to make sure we meet the requirements per the bylaws about attendance at the meetings because I do not know where everybody is at. Mark Scranton continued by stating that I think most of the people are here most of the time, but we never, at least since I've been here, we have never had a completely full Board at a meeting. So, I mean, I know there are conflicts. You know, people who can't make a meeting for whatever reason. So, I think attendance is important because that only reflects involvement on the Board, but also when you're talking about considering somebody that may be up for term renewal then then that's under consideration as well. Like it's important to attend meetings. So, I would think that would be something we would like to have for next month or the Nominating Committee should get it.

Brandi Binkley responded with well, per the bylaws the Nominating Committee is to review this in March. I did send it all to the Nominating Committee on March 7th, so they have hopefully had a chance to review it. Brandi stated that she did put it on the agenda for this month if they wanted to talk about it at all, but per the bylaws April is when they would actually review it with the full Board. Brandi said this is probably what Mark is talking about and showed the sheet with charts that she sent to the Nominating Committee that showed attendance. The Nominating Committee should have that and present it to the full Board at next month's meeting for discussion.

Mark Scranton replied okay.

Vivian Goodman stated we will move on. Jeff, I think we will interject you in right here.

Jeff Entler stated I'll just kind of reiterate what I said earlier. I have a desire to learn more about the people that work here, about which gets into each department and some specifics about the department. I would recommend that that on a monthly basis, one person per month that we get a real short snapshot...Mark Scranton interjected by saying snapshot...Jeff Entler continued by stating a snapshot of what they are doing. Jeff continued by stating not only what their department does, but their specific job and maybe some successes and challenges. I think we want to limit it to 10 or 15 minutes. We are in here a long time, and I don't know that we want to get too verbose but...

Mark Scranton interjected I came and did that once with Environment Health and we were here about an hour, but we got into some pretty heavy stuff. But as a result of that conversation, are now going digital for food inspections so good conversation came out of that. But I agree with you, I think we need to learn more and be better informed about what the staff needs from us as a Board. I think it is helpful just with relationship standpoint, because I will be honest with you Brandi took me around when I first started on the Board and if somebody walked in door right now other than maybe Kathy and a couple other people, I wouldn't know who they are. I think that's not good for the Board to be familiar at least with the directors.

Jeff Entler responded even for the people that have been on the Board awhile, it gives you refresh because I'm sure all the people, their jobs have changed to a degree. There have been increases, decreases. Jeff Entler continued by stating I would make a proposal that we start that in the next couple of months. Open it up to any discussion if others think that is a good use of time.

Vivian Goodman responded, we will get back into the flex. You guys had an issue with the flex time, now you get back into that. I know there is a wealth of information on the website, we get our Department Division Reports. I mean, I understand you guys wanting to, you know, get to know people, which is a good thing but if we are going to do this, we must make sure we can get very short.

Mark Scranton replied, I think they give a very short presentation, and have a Q&A and set a time limit.

Jeff Entler said when he first thought about it, I said ten minutes, to the benefit of the person that is going to present, ten might be too short. So, if there is a strong feeling to want more to be able to shine a little more.

Dr. Janet Patterson responded by asking if he means highlighting one division each time?

Jeff Entler replied yes.

Mark Scranton said they are sitting here on the Board at the meeting anyway, so it is not like we are changing anything other than asking them to be here in person.

Dr. Janet Patterson replied they used to be here in person before COVID. They came, they didn't all speak but they were available for questions if needed.

Mark Scranton asked so I guess that is the question of when we are going to go back to that if that is the way it was done in the past.

Brandi Binkley responded I can answer both of those things, so Jeff did reach out to me earlier today. I think this is a great idea. I agree. You know, keep it, within a reasonable amount of time, because we do respect your time very much. And I do feel like if we have a division, some of our divisions have a lot of programs and services that will probably not fit into ten minutes. So, we could maybe give that even have them split up and kind of just keep rotating. We used to do something kind of like this years and years ago. I think it's beneficial. And I do think our Directors will be grateful to know that you want to know more about them and hear from them here about the programs and the struggles and the things that you could do to support and advocate for them.

Brandi continued by stating I'm more than happy to start this next month or if you'd rather wait until May give it a couple months, that's fine. I think it's a great idea. I think we can ask the supervisors to plan for about ten minutes that way, it allows for a little bit of overage and then also Q&A. I think that they would be grateful for the opportunity to share information with you in this platform. We can just rotate them out after everybody has had the chance so they can come back and talk more about something they want to get more specific about. As far as your question with bringing them all back in person - some of them do stay in the building, but still join virtually. I have told them; in the coming months we are going to transition back to that. As you can see, our space is fairly limited. I don't want all of my supervisors in a room where they can't distance themselves just in case for at least a little bit longer. We've told staff about some of these big changes we would like to give us two to three weeks. Let us keep watching the numbers and make sure we don't go back into something. I can't have my whole staff out if something happened. If there was an outbreak in this room you know, over let's say, over there, if they're all sitting there, then I have every Director out of the building. And so, I do want to be careful when we do that and try to still space them apart. So, I am hoping in the next couple of months or so that I would be able to have them all back here again because I think that's nice, too, for you all to be able to see faces associated with this hard work that's being done and also the struggles that they're having that you can, you know, relate to them and have more of that personable side. So, I'm hoping within the next couple of months, but we can definitely start the presentations next month and whomever is actually presenting have them here or like we've done, if they're in their office and we kind of just tag them in and then we can do something like that.

Jeff Entler responded thank you.

New Business

Vivian Goodman stated that next would be the Discussion and Approval Intergovernmental Mutual Aid Agreement for the Establishment of the Illinois Public Health Mutual Aid System (IPHMAS).

Brandi Binkley stated that it is in the Emergency Preparedness monthly report section. This is not a new thing it just needs to be updated. All those updates were done by our Emergency Preparedness Coordinator. It is required by the grant that we update it and then just have the Administrator and the Board sign off basically just giving formal adoption. Whitney is on if you happen to have any questions, but again, we just have to have kind of the check that you are in approval with this before we can meet our grant requirement for it. Vivian Goodman asked if there were any questions.

Mark Scranton asked how long has this been in existence?

Brandi Binkley responded I don't know. I'm sorry, I didn't mean to cut you off. I'm not sure exactly how many years it has been in existence. Whitney might be able to answer that, but I know the last updates were in 2016. It is not required to be updated every year, but it was time we needed to get it updated.

Mark Scranton responded I read through it and as soon as I saw this, it's just like MABAS. It pretty much mirrors fire/health. It is pretty much the same, the same thing. So, it is definitely a necessity. Brandi Binkley said yes, true.

Vivian Goodman said if there are no questions she would entertain a motion to approve.

Mark Scranton made the motion to approve, seconded by Cody Parks. Roll Call. All votes were yes. Motion Carried.

Discussion and Approval of Annual Report

Brandi Binkley stated alright, this is another thing you saw this last month. It's on the second to last page of your packet, and we have put this out every year so just wanting to just do a formal approval of that. Like I said, you had it last month, so I don't know that there were questions, but if you have questions now, I'm more than happy to answer them or have the Director answer.

Vivian Goodman asked if there were any questions.

Jeff Entler asked how does this get disseminated? Obviously, it's a flyer, it's folded, it sits here, but does it get emailed out? Brandi Binkley said yes, it does. Jeff Entler asked if it gets communicated to a lot of places.

Brandi Binkley responded yes, we put it out to media on our website, get it out through all the County Departments via the Board Secretary. So, any of the outlets that we would normally use for our press release distribution, it's pretty much identical for that annual report distribution. We also submit it to state, so they have a record of it.

Vivian Goodman asked if there were any other questions. She asked for a motion to approve the annual report. Jeff Entler made the motion to approve, seconded by Dr. Patterson. Roll Call. All votes were yes. Motion carried.

Vivian started to move to next section and Brandi said oh I am sorry I didn't mean to cut you off. All we must do in closed is review the minutes unless anyone has anything else. So, I can pass them out and the Board can review them and if we need to discuss, then go into closed.

Brandi then passed the closed meeting minutes out and gave the Board a chance to read them. She stated this is a reminder, when you leave, please leave these and the staff will shred them due to confidentiality.

Kathy Wade asked if they needed to leave. Brandi Binkley replied, no, we are not possibly going into closed.

Brandi Binkley told the Board to take their time to review the minutes, as there are a couple of pages there.

Vivian Goodman asked if anyone feels we need to have a Closed Session. Mark Scranton said I don't. Jeff Entler agreed. She asked if the Board was okay with just approving and then asked for a motion to approve. Jeff Entler made the motion to approve the Closed Meeting Minutes from February 15, 2022, seconded by Dr. Jerger. Roll Call. All votes were yes. Motion Carried.

Vivian Goodman then asked the Board to pass those in so they can be shredded.

Adjournment

Vivian Goodman asked if the Board if they had anything else. Then she asked for a motion to adjourn.

Mark Scranton moved to adjourn, seconded by Jeff Entler. Roll Call. All votes were yes. Motion Carried. Meeting adjourned at 6:47 p.m. Meeting adjourned.

Brandi Binkley thanked everyone for being there.

Respectfully Submitted,

Susan Hertel
Administrative Assistant

President: _____

Secretary: _____

Date: _____