

## **Macon County Board of Health Meeting**

**Macon County Health Department WIC Conference Room  
1221 E Condit Street, Decatur IL 62521  
October 18, 2022, at 5:30pm**

Mark Scranton, Board of Health President, said, good evening, everyone. I want to call the Tuesday, October 18, 2022, Macon County Health Department Board Meeting to order at 5:36 pm.

Mark Scranton said, Carolyn would you do roll call, I'm sorry don't want to take the job away from Susan. We did that last meeting just 24 hours ago. Susan, go ahead and do roll call if you would. Roll call taken.

### **Roll Call**

Mark Scranton, President - present  
Jeff Entler, Vice President - present  
Candace Clevenger, Treasurer - present  
Carolyn Wagner, Secretary - present  
Jan Hack - absent  
Debbie Hill - absent  
Dr. Bret Jerger – present (late)  
Dr. Venkat Minnaganti - absent  
Cody Parks - present  
Dr. Jeff Smith - present  
Dr. Jerry Snyder - present

### **Health Department Staff in Attendance**

Brandi Binkley, MPA, SHRM-CP, CPHA, Public Health Administrator  
Bethany Stapel-Krieg, MPH, CPHA, Assistant Public Health Administrator  
Susan Hertel, Administrative Assistant  
Luke Leach, IT Support Specialist Assistant  
Rachel Deerwester, Director of Clinical Nursing Services  
Marisa Hosier, Director of Health Promotion and Public Relations  
Karen Shiflett, Director WIC/FCM  
Teresa Smith, Director of Starting Point  
Kathy Wade, Director of Environmental Health and Emergency Preparedness

### **Public in Attendance**

Mike Baggett, Assistant State's Attorney

Mark Scranton asked if everyone would please rise and recite the Pledge of Allegiance. Pledge of Allegiance followed.

### **Approval of Agenda Topics**

Mark Scranton stated okay, I would like to get a motion to approve the agenda topics. Jeff Entler made the motion, seconded by Dr. Jeff Smith, roll call taken, all votes yes, motion carried.

### **Public Comment**

Mark Scranton replied, Brandi do we have any public comments at all?

Brandi Binkley responded, no, and none here right now.

### **Approval of Previous Meeting Minutes – September 20, 2022**

Mark Scranton replied to okay approval of previous meeting minutes from September 20, 2022. Jeff Entler motion to approve, seconded by Carolyn Wagner, roll call taken, all votes yes, motion carried.

### **Approval of Previous Meeting Minutes – Closed Session - September 20, 2022**

Mark Scranton responded okay, I am going to delay the approval of the meeting minutes from the closed session until later in the meeting as we get down into closed session, for specific reasons due to the nature of the closed session from last month. I have some copies of that that I will share with the Board for review before we take that action. So that is the reason I want to wait until we get further down in the agenda.

### **Old Business**

Mark Scranton responded okay, old business review Health Board By-Laws.

### **Review of Board of Health By-Laws**

Mark Scranton responded, "I don't know if anybody has any questions on that. Everybody's had a chance to look at that yet? Where we're at on that at this point?"

Mike Baggett responded I'm still working on making a couple of suggestions, in terms of bringing the By-laws into compliance, there's not really a lot that isn't what I would call compliant with statutory requirements, the primary one being the election of officers. There's a provision in the By-laws that says that elections, if they're contested, shall be by ballot, effectively a secret election, and that's not permitted by law. So that needs to change to reflect the fact that your votes have to be done on the record in an open session. Other than that, some of the changes I'm recommending are really just taking language that is copy and pasted out of statutory law and getting rid of it. I'm not a big fan of copying statutes into bylaws when the statutes could change and, of course, due control.

So that's where I'm at right now, probably about, I'm looking at my notes here, I'm working through page six of eleven. I don't think there's a lot more to be done, but I should have something that I can send out to the By-laws committee before next month's meeting and maybe have that ready for the Board to consider.

Mark Scranton responded okay so you will have that next month, Mike?

Mike Baggett responded I would imagine given where I'm at currently, that that shouldn't be a problem.

Mark Scranton responded okay, great, thanks. Anybody else got any questions for Mike or anything you want to bring up on that?

### **Review of Personnel Manual**

Mark Scranton responded okay, review of the Personnel Manual, I know we tabled that last month. In light of our meeting from yesterday, I think that there were some things that were brought up. Mike, if I get too far off on this, let me know. But we had some discussion about some changes that we think need to be made in regards to maybe some structure on some things. I think we were all, personnel committee, was in agreement that we need to work on with Brandi and try to update that stuff. And that's going to be important to add that to the personnel manual. So, I don't really see much benefit of us really going through the rest of it right now until we got that stuff packaged together. And some of that, I think it's probably going to have to be ran by Mike or even perhaps even Ed, since its personnel related.

Candi Clevenger responded will it be the Personnel Committee that reviews it?

Mark Scranton responded what's that?

Candi Clevenger responded will it be the Personnel Committee that reviews it with Brandi?

Mark Scranton responded yeah, absolutely. And then we'll just make the recommendations to the changes after we revisit all the legal aspects and if there is any with that with like I said with Mike or Mr. Flynn, I think that would be, I think it would be good. We had a good conversation about some, making some changes in regards to some of the things that are in there now, some things that need to be added. So, I think we'll again follow up with that next month. I would like to try to get a consensus, if possible, for the Personnel Committee to meet, either prior to next month's meeting, if we have the information by then. I know with Brandi being gone for a couple of weeks or so, that may slow that process down because she's got a lot to do between now and that time. So, we'll just see where we end up at with that.

### **Discussion and Action Regarding Position Vacancies and Related Policies**

Brandi Binkley responded okay; I have one quick question about that if that's okay.

Mark Scranton yeah.

Brandi Binkley responded so, Bethany and I had been talking about and with you historically about just coming up with new ideas for staff and looking at new policies and things that we might want to implement just across the board. So, we had thought about asking the whole board just for ideas on things that you would like for us to look at writing drafts on. Do you want me just to bring that to the personnel committee first when we talk about these other policies, or do you want me to talk about it tonight? What do you prefer?

Carolyn Wagner responded are these recruitment retention ideas?

Brandi Binkley responded I would say most of them are, yes. Just trying to brainstorm and not even things that we feel sure would work or be feasible in our environment. But just want to kind of gauge the Board's interest on us researching and drafting policy because we don't want to get too far into drafting or sending it to legal without first seeing where you are and making sure we're on the same page before we get really deep into it. And also seeing what ideas all of you have of what we could research policy wise. So, I'm fine with doing it with the Personnel Committee. But if you'd rather, have it with the full Board.

Mark Scranton responded I think if you want to just give us a brief overview right now of what you're thinking. Because it's interesting you should bring that up because I had my own idea on a certain position that I've discussed with Kathy and it's obviously going to be a work in progress for discussion. But I think timing wise, I think that might be a good thing, could be a benefit. And are you okay with me talking about that a little bit? So, we have a vacancy right now in Kathy's team for somebody to oversee Emergency Preparedness.

Kathy Wade responded hey Mark, I wanted to let you know we now have two vacancies.

Mark Scranton responded "what's that?"

Kathy Wade replied we have two vacancies.

Mark Scranton responded okay; I want to talk about that one specifically. So, she has a vacancy for a food inspector because of someone resigning. But the Emergency Preparedness position has a lot of facets to it for the benefit of the rest of the Board to understand. And Kathy, feel free to jump in with some thoughts as well along the way, but I've had this in the back of my mind for a while because I'm on the EMA Board also, committee and with my background, that's one of the reasons I'm on that, on that committee for that. There's a lot of things that cross link and there's things that EMA does that Emergency Preparedness doesn't do and vice versa. I think we need to really have a much stronger presence with the individual we get for Emergency Preparedness. And so, I was asking Kathy what her thoughts were on that. I would like to see us revisit the job description for that position and the responsibilities because I think we could find some stronger individuals that have the background that would be more effective as an Emergency Preparedness Coordinator versus somebody having split duties, which the way the thing is set up right now, they're wearing kind of like two hats. And the reason I think about that is because there's a lot of things going with emergency preparedness that I

think could be more effectively shared in the community through some educational programs, maybe going out and just talking to people more about what Emergency Preparedness is. One of the programs that I'm going to probably put in front of the Board for consideration next month is some funding for a CERT program that used to exist here in Macon County; it had been grant funded. I'm a pretty strong advocate about having citizens, having been on a fire department for 14 years in Macon County, it's very hard to find volunteers. But when you got volunteers knocking on your door saying what can I do to help? What can I do to help my community? That program doesn't have any funding. I'm going to look at what the costs are. Tammy is doing some research on it for me. And the other individual I've asked to give me some data on that, is no longer here to ask for some more details on that. So, I've asked Kathy to maybe help me with some information for that so we can presentation to the Board later on.

Mark Scranton continues but the CERT team basically does a lot of different things, specifically when it relates to different kinds of disasters. If any of you have ever been around dealing with working with a tornado or somebody's had a catastrophic event, fires and things like that. We are not as strong as a community with the support that we once enjoyed with organizations like the Salvation Army and Red Cross. So, there's a citizens group out there that was very involved in the past. There has been some formal training done. My understanding is there's even some resources, equipment wise and things that we may or may or not still have, but they lost this whole program across the state. It wasn't just Macon County that lost it.

So, I think once we get some numbers on what the cost will be and we're talking a few thousand dollars is my understanding not very very much money at all, I think it might be something we might be able to look at and say this is something that warrants using some money out of the Health Fund perhaps to fund that. I think it would benefit the health department as well as the EMA to bring that program back. And part of that would be that the person that's doing emergency preparedness along with EMA would be involved in helping to facilitate the training programs and stuff. I can tell you for personal experience, long before I ever got on the fire department, I went through many of you may remember David Freyling, who's a great, great, great guy in this community. I can remember going down to the building on Lake Shore Drive and going in the basement, taking classes for damage assessment and a bunch of different things through the Red Cross programs and stuff. And we just don't have that resource available anymore. And I think bringing the CERT team back, having a group of citizens that make themselves available to help out with some things in the community when situations arise that needs there I think would be very very beneficial. And I think there's some people out there that are really interested in serving in some capacity, and I think that's a place where it might be a good fit for some people. So, I see Emergency Preparedness being able to grow and develop. And by doing that, I think it will be a benefit to the community and it'll allow Kathy to have the flexibility to hire some people that are dedicated for doing the Environmental Health side stuff without having to try to find somebody that has the qualifications to try to do both tasks. But allows a person to focus on Emergency Preparedness stuff specifically. And I think that maybe something in the future we might look at.

Brandi Binkley responded so right now we do have it posted as is. I think that she's already started some interviews, but there's been no offers or anything. So, is there any way we could maybe get together and chat about that really soon? Mark Scranton said, absolutely. Brandi Binkley continued,

that way, if we changed the job description, we could get that posting changed and start getting candidates in, so we just don't get too far down the path and where current.. Mark Scranton said right, right. Brandi Binkley continued because I'm sure that Bethany or I and Kathy could get together with you and maybe talk through what that would look like.

Mark Scranton responded absolutely.

Brandi Binkley responded okay, we'll just reach out to you, if you're okay with that.

Mark Scranton responded yeah, we can set a time to do that and then we'll talk more about CERT program once we got some more information. But I did want to mention that for the benefit of the Board. Okay, then what other thoughts did you have that you wanted to talk about on that, Brandi, as far as..

Brandi Binkley responded so, again, I just want to preface this by saying these aren't things that we have drafted up in any way yet. We just wanted to see what your thoughts were. We don't even know if all of them would be feasible, whether that's financially or logistically implementing them. These are some things that have been asked for from employees. Some of them several employees have asked about over the course of time, and then some of them are just based on us doing some research. And then some are things that we've seen from employees exciting. So, I know one thing that we've already talked about is possible remote positions or hybrid positions for those positions that can be. Is that something that the Board would like us to look further into and maybe draft a policy to bring to you to look at or bring to the personnel committee?

Carolyn Wagner responded I would like to look at it, and I'd also like to know who's doing it, what other health departments are doing it, and what kind of success and issues they have dealt with. You sort of did that during COVID. Carolyn Wagner asked, did you have issues or concerns?

Brandi Binkley responded for the most part, I would say it was very successful. I think you're always going to have some issues as you work through something, especially as it was so new for us. But I would say for the great majority it was very successful and especially considering we had no space to put all of those contact tracers. And right now, we're running out of space for the current staff that we have as we have more programs and more staff that we're required to have under some of these grants. So, either we're going to have to do something else space wise or we're going to have to really seriously look at moving some of them to where maybe they're sharing a space and they're each working hybridly or some people are just completely remote. But we can even when we're asking other Health Department their successes or their frustrations, we can also of course include the information from our perspective of what worked and what didn't if that would help.

Mark Scranton responded my biggest concern, I mean, I know everybody had to adapt during the time of COVID a lot of businesses, offices have closed or reduced their staff in house and things like that. My biggest thing that I want to kind of keep eye on the ball, so to speak, as you go forward with

this idea of doing some of this is that we have some mechanisms in there for accountability because I'd be honest with you, it's really hard to track what somebody's doing when they're not at work and if they're getting tasks done that they're assigned to them. This guy here is going to spend 6 hours to do something that takes me 2. Something else that he does in 30 minutes I might spend two days on. So, I mean, it's not that you're not doing your job and I'm not doing mine. We just all function at different rates on particular topics or whatever and then it's like, okay, did I take the afternoon off? I mean, we need some kind of a way to track people's activities. I know if they're tied to a computer and they're doing computer work, they're going to be logged in. If they're not actively doing stuff on the keyboard, then after a certain time they're going to get bumped off or whatever.

So, I mean, I don't know what you have currently in place. Obviously, you guys have been doing this for a while because that's what you guys were doing for the last year and a half or so. But going forward, I understand if you're looking at it from a space restriction, accessibility, the other thing to think about is we have a building here that we can't make it any bigger. So, we're talking about we're down 15 to 20 jobs potentially right now. So, if you hire more people all of a sudden where's everybody going to go? Do you put some dividers up in this room for example and turn it into some cubicle space but then you want to have a meeting, you have no place to have a meeting. So, I mean, those are things to think about and I don't really have an issue with it as long as we think through some of the pitfalls that people can potentially take advantage of.

Carolyn Wagner responded, and I guess I have a question that kind of leads into this, this listing of the positions both vacant and currently filled.

Brandi Binkley responded yes.

Carolyn Wagner replied, "I noticed you have two newly added positions under Starting Point."

Brandi Binkley responded yes.

Carolyn Wagner responded were those added to satisfy grant requirements or was it demonstrated need?

Brandi Binkley responded so, they were added to satisfy grant requirement and then there was one program that we have that needed another person so that caseloads fit within the required amount per care coordinator. And so, then they finally gave us funding to be able to pay for that extra person. But those were dictated by funding agreements.

Carolyn Wagner responded and then the follow up question to that is are we to assume that all of these positions are driven by grant requirements. I guess what I'm trying to get at is how long have some of these vacancies been there? Are we in danger of losing grants because of that? Or conversely, has our utilization rates gone down that maybe some of these positions could just be given to attrition?

Brandi Binkley responded so it kind of depends on the position and department, the different division in the health department and the positions specifically. So, a lot of our programs in general, but especially the positions we have, are grant driven just because historically we had to have the grant money in order to have the position. Some of them, you've probably noticed over the course of time have had more turnover and so there's been, you know, a revolving door of people coming through some of these positions. But when they don't stay, of course it has that negative impact of losing the knowledge, additional training time. A lot of them because they are driven by grant deliverables, we still have to meet the requirement of the grant deliverables when we go to report for that grant in order to be compliant. So, we usually have situations where peers or supervisors are covering the load for that position while it's open in order to still meet those grant deliverables. If we don't meet grant deliverables, some of the grants will continue to fund you or maybe just decrease your funding based on what you've done over the course of time. But we definitely could run the risk of losing funding if we aren't meeting deliverables. So, we try everything that we can to fill that coverage. And that was one of the things I definitely wanted to speak with you about tonight. But then we also don't want to burn out the people that are here and not reflect that somehow that they are doing more than the job that they were hired for. Because we do have, just as one example in the WIC section, the last section you'll see where it says Competent Professional Authority (CPA). That's one of those I've referenced before that's very, very difficult to hire for because the qualifications required by the grant are very, very strict.

Carolyn Wagner responded, "what does this person do? What does that position do?"

Brandi Binkley responded they are, Karen, would you be willing to speak to give specifics for?

Karen Shiflett responded that the CPA is the nutritionist for the WIC program. They provide the certification visits and assessments.

Carolyn Wagner responded they have to be a Dietician?

Karen Shiflett responded they have to be a dietitian or have a degree in nutrition, and they can be a registered nurse as well.

Carolyn Wagner responded okay, with no additional education other than what you get in nursing?

Karen Shiflett responded correct.

Carolyn Wagner responded okay.

Brandi Binkley responded I would be more than happy if the Board altogether sometime, tonight or anytime, or just if any of you on one-on-one basis wanted to kind of go through some of these positions to hear more specifics. I have no problem going through that because you probably saw my board report. I feel like we're in a crisis staffing situation. I think it's going to get worse. And if we can



be more creative or if we can figure out other ways to ensure these positions are covered but not lose other staff or burning them out, then I'm definitely very open to any assistance that the Board can provide with moving that forward.

Carolyn Wagner responded so, what you're saying tonight is that all of these positions are required based on your current utilization, none of them should be given over to attrition?

Brandi Binkley responded no, I do not believe so. I will say statewide, but including in Macon County, some of the WIC caseloads have been down, but that's across the entire state. So, the state's very aware of that and trying to work through that to get more people to utilize WIC. So that could be something eventually that the state says we're not going to give as much funding because of utilization or something of that nature. And then I would say to you, hey, we're just not getting enough WIC clients, so we don't need to get this position. But I would say as of right now, yes, at least as we're moving into a world where we do want more people to use WIC and we do hope more people start utilizing yet we would need the staff. And again, with their requirements for very specific credentials, I'd rather be in front of it than behind, but those positions are pretty much never fully staffed through any year just because they're so hard to get.

Carolyn Wagner responded, "were there other ideas?"

Mark Scranton responded anything else, Brandi?

Brandi Binkley responded yeah, yeah, I'm sorry. Another one that comes up a lot is paid parental leave. So, after someone would either have a baby or adopt a baby, having some number of weeks to be home, take care of the child. We did present this in the past, but it didn't pass. So, we do already have a draft for that. And this is one that comes up from staff a lot. And so, I'm definitely interested in moving that forward if we can. But I wanted to see if you all are even interested.

Carolyn Wagner responded wouldn't that need to be a County wide?

Brandi Binkley responded so, not all of our, well I'll give you history and then Mike might want to weigh in too but that was part of why we were told no before, which is because it can cause difficulty if we have a policy that the rest of the County doesn't. All of our policies don't directly mirror the County's policy. So, we do have some things that the rest of the County doesn't have, and our vacation schedule works a little bit different than the County handbook does. So, I'll let Mike weigh in on the legal side of that, but I do feel like we're trying to be more progressive and kind of a leader in the county, especially for something like maternal and child health, which is an area that is a top priority for Health Departments that this would be something we'd want to support for our staff, certainly, and then maybe the rest of the County would want to catch on too. Did you have anything you want to share with Mike? Anything to weigh in legally?

Mike Baggett responded not particularly, my role is obviously not to make policy recommendations to advise on whether something is a good idea or a bad idea. I simply would advise the Board that you have the authority to adopt personnel practices that are not necessarily consistent with those personnel practices in force in other departments within the County. But at the same time, the Board should be aware that any personnel practices that it adopts could have some impact. Whether that's a good or bad impact is a different area to be considered, but it could have some impact on the practices of other offices within the county. So particularly with departments where we have collective bargaining agreements, if you have personnel practices that are quite a bit more generous adopted at the Board of Health with respect to the Health Department employees, then the county may find itself in a difficult position when it's time to negotiate collective bargaining agreements with employees of other offices where they are seeking similar treatment. Again, that is not said in order to persuade or dissuade the board from taking any action or pursuing any course of conduct, just to advise you that those are considerations that are properly considered by the Board before deciding on something like that.

Carolyn Wagner responded another alternative, and I don't want to get too deep in this because it's going to go to the Personnel Committee, but other alternatives could be short-term disability insurance. I mean, that's what we had at HSHS.

Brandi Binkley responded the County does have that.

Carolyn Wagner responded okay, so that could be used for maternal leave.

Brandi Binkley responded, and people do use it. Most situations, it's around that two-week mark and it's about two thirds of their pay, so not everyone can afford to take it. So that's why we were looking to try to do more if we possibly could.

Carolyn Wagner responded would maybe think of augmenting that amount instead of just completely paying it out of the funding but utilize the short-term disability and perhaps boost it.

Brandi Binkley responded so for the first 30 days of your parental leave. You can't even get that short term disability. You have to use benefit time or go on unpaid time. So, something even just a little bit to help in that time period to get people through to where they can use that. Because if that doesn't kick in, some people can't even afford to get to that 31st day, taking off work.

Jeff Entler responded the um, the parental leave issue was right in the beginning of my entering the County Board and there was some pretty strong opposition to it. But I will throw up a little bit of a message flag and see what the thoughts would be and try to see what kind of support there would be to come back this way so that we don't waste a lot of time with something that's going to get pushed down quick.

Cody Parks responded so, what do you get now?

Brandi Binkley responded we don't get anything now. There's short-term disability, but we don't have any paid... Cody Parks said, yeah, that's it, that's what I'm asking.

Candi Clevenger responded but if you have time you can take that for 12 weeks, right?

Brandi Binkley responded yes, you have your benefit time, yes. Alright, want me to keep going? Another one, and this might be a similar issue, child care reimbursement is one we've been asked about several times. Do you want me to keep going? Okay.

Candi Clevenger responded do you have that set up to include with your with your employment benefits? You know how you can save it and set it aside? With tax free dollars.

Jeff Entler asked, an HSA?

Brandi Binkley responded Hello Dr. Jerger (as Dr. Jerger entered), there is water there if you want.

Brandi Binkley continued the next one is tuition reimbursement, for people who are wanting to continue their education in their roles. Again, another one we've been asked about a lot. You know we have....

Carolyn Wagner responded I think that is definitely....

Mark Scranton responded in regard to that specifically tied to the job or their job growth potential.

Carolyn Wagner responded yeah, if they want to move into, to move up.

Mark Scranton yeah, they want to move into and move up. I can see that being a plus because it's better to take somebody that works for you and train them to move them up than it is to try to find somebody you don't know what you're buying.

Cody Parks responded, "I agree with that."

Brandi Binkley responded, and we do have a system put in place for non-required or certain types of training where people do have to sign an agreement if they leave within a certain amount of time and having to pay a portion back. So that's something we can include in there. Brandi Binkley continued, another one, gym membership stipends.

Candi Clevenger responded that has been talked about for years, and so would they get reimbursed for it?

Brandi Binkley responded yeah, I mean, however, if we could make it happen, we could make it happen. We've done, we've worked with the County very closely in the past about doing discounts and setting up agreements with different gyms or centers in town so that they can have a discount. But we've been asked about the possibility of doing some kind of stipend to promote wellness and then also give them a little bit more of a benefit that they can.

Jeff Entler responded that seems like a really good idea because that's, that's extremely reasonable.

Mark Scranton responded a lot of companies have gone to that for wellness because it ends up saving money in the long run. I think around here you grab a couple of treadmills, a couple of stair climbers, you put them all here in the room.

Brandi Binkley responded we've tried in the past. Mark Scranton said we'll get a board there, and people have their computers in front of them, I can see it now. Brandi Binkley continued so we'll look at some stuff on that and then another one.

Mark Scranton responded Brandi real quick, I think that's a really good idea because I know, like I personally don't go because I live on the wrong side of town. Everybody's always puts everything on the north side of town, we got to figure out how to stop doing it because everybody. Lives on the south side town, misses all the best restaurants. I know people that are going to planet Fitness and they talk about what a great place that is, for example, and they got a massive amount of equipment in there...

Jeff Entler responded and it's like \$10 a month.

Mark Scranton responded yeah, it's cheap. You're not going to do that if you live in Mt Zion. It's just not convenient. But I can see that could be a real plus too.

Cody Parks responded the childcare thing you was talking about, you've got some of these places offer like in house. I know that sounds weird, but... Maybe that would work.

Brandi Binkley responded no; we tried that years ago we're at a disadvantage space wise, but I would love to do that. That, and like the workout center we talked about years ago as pitching ideas when we were in this We Choose Health project of what can we do to promote wellness internally. And then we were partnering with area business to help them with employee wellness, and it didn't go anywhere. But if it could go somewhere now, then I would be thrilled.

Jeff Entler responded the day care item is fraught with hurdles. I was on a daycare board and all kinds of restrictions and regulations, requirements.. Mark Scranton added, liability.. Jeff Entler continued, it's

hard to keep it even in the black if you're trying to use that as a benefit. I can shed a lot of insight on that.

Brandi Binkley responded well, then the last one that I have other than asking your ideas too would be increasing bonuses. Right now, the only people that get a sign on bonus here are nurses that come in. It's \$1,000 and it's paid in three installments, so they don't get it for a while unless they are staying here.

But when you're looking at, I saw one the other day at Springfield Clinic and it was I think \$15 to \$40,000. You see them being \$10,000. Obviously, we can't do that much, but can we do more, and can we maybe do other stuff that would come in and then do some kind of agreement like you don't immediately get it and then you can't just leave. But I don't know if that would work or if we would be able to get that cleared through legal. But just an idea as we're trying to look...

Carolyn Wagner responded I would also like to look at retention.

Brandi Binkley responded oh yeah, 100 percent.

Carolyn Wagner responded because we were able to do a little bit of that at CHIC, not a lot and I think we only did it once, but it was based when we had some extra money, was based on years of service and people were given a onetime bonus. This was not their annual evaluation. It was clearly stated to them this is an appreciation of your longevity.

Mark Scranton responded I think we've gotten as a society, especially after what's happened in the last couple of years, now it's gotten even progressively worse. My concern is I even hear it from my own people because I don't do it and other businesses around. The attitude that existing employees get is I've been here through all this crap. I've been busting my butt. I show up for work, I don't call in sick, I don't come in late. And now you're going to hand an incentive to somebody walking off the street that you know nothing about. And they come in, you say, okay, if you're here for three months, you're going to get \$500. And six months down the road, the person's gone. Now, yeah, it's a risk you take, but for the person's been with you for a while, I'm not talking more than a year or more.

It leaves a real bad resentment, and I think a lot of employers are starting to kind of back off of that.

I mean, I've seen some things. I mean, Agri-Fab, for example, it's got a big sign out there in Mt. Zion. They're given \$50 gift cards to give people \$50 gas allowance every week. Well, yeah, because you're taking people out of Macon County and incentivize them to drive to Sullivan. So here we give you \$50 for gas. I mean, I had a guy working for me. He left, and he's now driving to Rural King in Mattoon, and I'm like, why? You're spending so much money and spending your time on the road and you're not making any more money? People are going to make their own choices, but that's the danger in doing that. I don't have an issue with it per se, especially if it's tied to a stipulation. You have to work here for a certain period of time, and they don't get all of it at once. One thing that we started doing at work that's actually worked really good, too, is current employees.

Mark Scranton continues I did this about four months ago. I got them all together, and this is the way you bring in your people that are already here. I said, anybody that brings in somebody for a job, and they actually refer them, not just, hey, my buddy so and so actually brings a person to the table. It says, this is a person that I can speak well of, that I could tell you, that's reliable. That I think would be a real asset. If they say 90 days, I give the employee \$500.

The new hire doesn't get anything, but I give them \$500 for referral. And so far, since we started at the beginning, I've had two people do it. It's not a huge amount, but it does help create a little bit better attitude with current employees about, hey, I know somebody that's working that might be interested in coming here. They like what we're doing, and they want to be part of the team. I think those types of things may be actually more beneficial as you're trying to find people, to fill spots, and that kind of achieves the same thing, but you're not enticing new hires, so that's something to think about, too.

Brandi Binkley responded yeah; I like that idea. And we have been asking staff to get their contacts to apply, and we have had some really great referrals. So, I think that's a great idea. And, yes, I completely agree, retention bonuses, if we're going to do something more with recruitment, it's definitely always a priority to make sure your current staff are shown that appreciation in all ways possible. Any other ideas that you want us to look through?

Bethany Krieg responded I thought of one that I'm not sure that we had on our list, but we do get asked this quite a bit by staff if they go back to get another degree or a master's degree or something, if they'll get any increase in pay.

Carolyn Wagner responded we got asked that one as well, too. And at that time, that wasn't unless it moved up into a higher position that was required that degree. Yeah, it's definitely something to look at. I would be interested because I'm on the Personal Committee. I'd like to see your exit, copies of your exit interviews for maybe, like, the last two calendar years so that I can look through and see, too, and then the committee can see what those issues were.

Mark Scranton responded if there is kind of a pattern.

Carol Wagner responded yeah, right, exactly.

Mark Scranton responded yeah, that might be helpful to understand that. Okay, great.

Carolyn Wagner said that's a great idea.

Mark Scranton asked, anything else, Brandi?

Brandi Binkley responded no; I don't have any other ones. Thank you.

Mark Scranton responded so, moving on.

**Review, Discussion and Action (if needed) on flex time/pay policy**

Mark Scranton review, discussion, action, flex time, flex pay policy. I don't think we've really got anything concrete on that. We want to do it other than we got information right now about current staff of hours.

Carolyn Wagner responded I can make a motion to table it for a while.

Mark Scranton responded I'd like to see at some point maybe and we could make the President's discretion. We could form an ad hoc committee. I'd like to see maybe one, and I'm thinking about creating a quasi-committee here to look at this. And I could see involving somebody from the Personnel Committee. I'm saying somebody be one or two people, somebody from Personnel, somebody from Finance. Because I think the two things kind of get tied together. And I'm not volunteering myself or anybody else, but a couple of us are serving on both committees already. Three of us are sitting here. So, I'm not saying that it has to be those people. So that's why we have to be some kind of a fresh set of eyes. So that might be something we might think about. Maybe we put an ad-hoc committee together three to four people and kind of dive into that.

Jeff Entler responded and maybe even volunteers people.

Mark Scranton responded yeah. So maybe that's something we look at. So, we get everybody thinking about that if there's something they're interested in being involved with. And maybe we can pursue that next month, try to get that going. Okay. I think that'd be good. Okay.

Brandi Binkley responded we need a motion to table.

Carolyn Wagner responded I did, I motioned to table it until next month. Seconded by Cody Parks, roll call taken, all votes yes, motion carried.

**Presentation, Discussion and Action on Current Levy and Options for Use of the Health Department Health Fund Reserve by Macon County Treasurer John Jackson**

Mark Scranton responded okay, Presentation, discussion, and action on current levy and options for use of the Health Department Fund reserve by Macon County Treasurer John Jackson. I will be substituting for Mr. Jackson tonight because he couldn't be here. But we talked earlier today, and I know he had spoken to Mr. Baggett as well as what our options would be. And I'm happy to report back that I think Mr. Jackson has come up with something that I think is very practical. It ensures the integrity of the Health Reserve Fund for now. And he has the latitude to do this whether we want to give him a blessing to do it or not. It's going to be my preference the board support this. He's already done it with some other departments in the County already. He can take the Health Fund as it currently exists and move that 100% over into a money market account. Right now, we could get about 2% on that money currently, which is pretty good without zero risk, and he can do up to six transactions a month. We can take out a little bit of time each month. We could pull the plug in the whole thing and move the money back, whatever we want to do. But right now, that money's not earning us anything.

So, I think that would be great that we consider that because that way at least gets the money moved from time being to where it starts gaining some interest and then we can discuss some other options down the road. I know a couple of the other departments of the County have taken some of their money. They chose to go into some CDs. I'm not personally a big fan of CDs for different reasons because it normally locks the money up for a specific period of time. If we have a situation that demands some money immediately, you're just going to lose everything you gain in this thing, say if you're into a CD for two years and it's a year and six months and nine months and you got to pull that money out, you're going to lose pretty much everything you gained by doing that. I do not like having my money tied down. I like to keep it liquid. This money market account, it's just a stroke of the pen to take it out of the account. Where it's at right now, move the money market account, I don't know, would it require board action to approve that, Mike?

Mike Baggett responded absolutely not. The health fund is a component of the County's general fund. It's restricted. It can only be used for Health Department purposes, and it is subject to the general control of the Board of Health. With respect to expenditures, however, the treasurer alone is empowered by statute with the authority to invest it so long as it's in compliance with the public. I'm going to get the acronym wrong or the name of the statute wrong, but it's Public Finance Investment Act, I believe. PFIA so the treasurer has statutory authority to invest the county's general fund money pursuant to the conditions laid out in that statute beyond that he can invest it or deposit it with certain institutions at the discretion or, I'm sorry, direction of the County Board. But other than that provision where the County Board can tell him where to deposit the money in terms of investing it, he is empowered by the statute with the discretion and authority to do so. He doesn't need the permission or consent of this Board to do it. I know, I've spoken to the treasurer personally about this. I don't think he would mind having the consent or the request of the Board to do something, but he doesn't need it as a part of his legal authority to do so.

Mark Scranton responded I understand that, but in the spirit of teamwork and good interaction between our respective positions, I think it would be good for the Board. Is that something we can do tonight or would it have to be put on the agenda that we're just going to make a recommendation?

Mike Baggett responded the way I'm reading the agenda, there is the potential for action on options for the use of the Health Department Health Fund reserve. So, the fact that it's listed on the agenda as contemplating potential final action, I think puts it within propriety for you to take action if you feel appropriate.

Mark Scranton responded should the motion contain specificity in regards to what he does with the money in terms of investment instrument right now.

Mark Scranton responded if you have that, I guess language prepared to reduce to some specific request. I don't know what your discussions with the treasurer have been in terms of giving him direction on specifically how the Board of Health would want it to be invested. But if you have that ready, then absolutely, I think you could do that.

Mark Scranton responded well, I had the conversation I had with him because he said that its simplicity to do that and then move forward with diving into some deeper options down the road.



But there's no reason to wait because every day if it goes by, we have that money sitting there and it's not doing us any good at all. So, I propose to make a motion that we give the treasurer the ability to take the money that's currently in the Health Fund Reserve and move it to a money market account. Jeff Entler seconded the motion. Mark Scranton asked, any discussion?

Carolyn Wagner responded I just have a question. How frequently do you need to dip into that for paying the bills? I mean, more than six times a month.

Brandi Binkley responded oh no, we don't.

Carolyn Wagner responded I didn't think so, but I just, okay.

Mark Scranton responded he watches, the treasurer watches that very frequently. They're looking at it on a daily basis. They watch revenue coming in, expenditures going out, because they're getting all the money flows through there with this property tax payments are made and all that stuff. So, he's got his eyes on the ball, I can tell you.

Carolyn Wagner responded and there's no penalty fee as long as you stay within those six times.

Mark Scranton responded no, limited six transactions a month, that was the only stipulation because it's the money market account, it's no different than what you and I would do if we went to the bank and said, hey, I want to have a savings account, that is paying 2%. You've always got access to your money. They don't want you to turn it into a checking account where you're constantly taking money out and putting money in. I mean, there's a cost associated with that. Mark Scranton asked any other questions or discussion? Anybody? Okay. Susan roll call.

Mike Baggett responded I am sorry Mr. President, who seconded that.

Brandi Binkley responded Jeff.

Mike Baggett responded I'm sorry, thank you.

Roll call taken, all votes yes, motion carried.

### **Discussion and Action on Masking Policy**

Mark Scranton responded okay, next item on discussion and action on staff masking. Though we visited this last month, and I think if I remember correctly, Rachel said there might be some things coming down the pipeline, on some difference in guidance from CDC or something. So, has anything changed on that right now?

Rachel Deerwester responded there was an update to the executive order, and it did just align with the CDC guidance. So, basically stating that whatever the CDC guidance is, the executive order is going to follow suit with that. So, it did kind of eliminate the across-the-board masking for that. I don't know if you have any more specifics that you wanted to say on that Brandi, I will let you go ahead.

Brandi Binkley responded so okay, aside from not looking at every single legal entity, to which are we subject, what I'll say for the executive order is my understanding is your healthcare areas, for sure, they should be masked. So anywhere we have to have that PPE, whether it's clinical or our dental clinic, for sure have to be masked. It does recommend still that if we're in high transmission, that everybody would be masked. And then as a reminder, if somebody has COVID and they come back during the period of time they can come back to work, they should be masked, which I had kind of mentioned, just concerned if about an employee's upset about anybody knowing they have COVID by them having to wear a mask. So, we in administration have kind of been looking at different options of how we could look at every little caveat of who should wear a mask and doing what types of visits or what types of functions in the building, and then who, visitor wise, should be required to wear a mask. So, I don't know if you all are okay with us taking that and making edits with staff as we see fit. And then, of course, letting staff know this is subject to go back to full masking if we're in high transmission levels. If you're okay with us doing that, I think Bethany and I feel pretty confident to do that. And then I, Mike I don't know if you have been able to look at all of the, the enforcement, everything that we're subject to. I wouldn't say I worry about that necessarily. I just want to be very cognizant of it. We have been the whole time. I don't necessarily think anyone's coming after the Macon County Health Department, but after talking to my colleagues at other Health Departments many of them are still completely masked. And then the other group of them, they're masking in clinical areas. If they're doing administrative functions or maybe in a hallway that's not in a clinical area, they may not require masks there. It's kind of a split of the two, but everywhere is requiring masks, at least in some parts of their building.

Mark Scranton responded so do you want the board to give you direction to implement a policy, to make some adjustments, or do you want us to tell you that this is what you need to do, or do you want to review this and develop a policy? I want to see something in writing. I don't want to just say, you got to wear a mask. You don't have to wear a mask. You got to wear a mask on Monday, Wednesday and Friday, but Tuesday and Thursday you don't have to. I want to see some structure in it. And I think it needs to be tied specifically. And that's why I looked before in the personnel manual about risk exposures, even though I know COVID is not listed in there, but it does give you a baseline to follow about I'm working in office. I'm behind glass. I'm only interacting me with the fellow employees. If you feel like you want to wear a mask that makes you comfortable, I totally respect that and appreciate individuals' decisions to take those steps. In other areas, it's more specific because of interaction with clients and that type of thing. So, you kind of have to figure out how to separate that. But I think it needs to be clearly spelled out because this could come back to be a problem. You talked about I know I think Marisa talked about, I think, a little bit last month that you're doing stuff here versus if you're going out in the field and you're going to people's homes. That, to me, for example, would be a clear indication that should be part of that policy, that when you're out in the field visiting people, Kathy may say, I'm okay with my inspectors going to a restaurant and interacting with kitchen help and business owners or whatever. So, there may be some things that maybe you can take away from the supervisors and directors that they can maybe help integrate that plan and those policies and have something that's cohesive, not just for one size fits all. And I'm okay myself. I'm okay with you guys bringing something back to us next month. I mean, I hate to kick the can down the road, but I think from what you're saying, I think you need some time to look at that and come up with something that everybody's comfortable with.

Brandi Binkley responded sorry, go ahead.

Bethany Krieg responded I was going to say so we have been working on that for the last couple of months. I mean I have, and I know that, I mean we can, if the board wants to be involved with it and review and approve the policy. But, I mean, kind of just some things that we already had jotted down. It's still required in the following areas or situations: If someone tests positive for COVID, symptomatic COVID like symptoms, possibly, that one could be shifted. Some of these could be shifted, but in clinic settings when patients are present. So, examples would be our Vaccination clinics, STI clinics, WIC, family case management, in person visits, visits to long term care facilities, stuff like that.

Mark Scranton responded Bethany, let me interrupt you real quick. So, what we're just talking about that's what you got on paper?

Brandi Binkley responded yes; we already have it.

Mark Scranton responded so are you at a point where you're good with that or do you still want to develop that further?

Bethany Krieg responded I feel pretty good about it.

Brandi Binkley responded I feel good about it too.

Bethany Krieg responded there are a few areas that are a little....

Mark Scranton responded so if you're okay with it, let's move on to some other things. If you could have somebody, go burn some copies of that and pass it back around for us to look at. I got no problem coming back this yet tonight and we can approve that.

Brandi Binkley responded, do you have it formalized?

Bethany Krieg responded, I mean I have some things just jotted down, but it's fine.

Brandi Binkley responded I know the board before on some things has said you could shift it back to our discretion just to get out. Every time, we've done anything with the masking, with the quarantine, isolation for staff. They do always get that in writing. It is always explained as clearly as possible but given in writing and then they are always allowed to come ask us questions. So, if you would trust us to go ahead and make these changes based on risk exposure. Then we would put it out in writing and then that way if something did happen and we went into high transmission and we said, okay, now everybody has to wear one that we can make those shifts as we have throughout the pandemic, and you don't have to, we don't have to wait for another Board meeting.

Mark Scranton responded no, no, I guess you misunderstood what I am saying, I'm saying if you guys, we were sitting here just talking about putting the plan together, if you guys already have a plan, I think to support what you guys want to do, we can look at that and say, yeah, this looks great.  
Brandi Binkley said oh, okay, I got you.

Mark Scranton continued, okay, go forth.

Brandi Binkley responded ok yeah, because I think we're at the time where we are ready to make some shifts for sure. Mark Scranton said, yeah. Brandi Binkley continued, we just want to make sure we're not going to get in trouble with some agency, oversight agency where that we're not putting anybody in unnecessary risk.

Jeff Entler responded so what do you think, will that let half of the building not have to wear masks? A quarter. Any ideas? I'm just curious.

Bethany Krieg responded it's going to be hard because even if they're in one position, they might not have to wear it this part of the day, but they might have to wear a different part of the day.

Jeff Entler responded or different parts of the building...

Bethany Krieg responded it depends on what they are doing.

Mark Scranton responded like well, like Marisa's talked about before, you're in the office working, don't need to wear it. I got to go out and see somebody in their home now I got to wear it. If you have those provisions put into that policy, then I say we're going to go along with what you guys have developed. I'm not..

Jeff Entler said especially with what the Governor just changed.

Mark Scranton responded yeah; I'm not trying to change what you're doing. I just want to support what you're doing.

Brandi Binkley responded oh, okay, I see, that's fine. I just wanted you all to know we feel comfortable doing it. We just knew since the board did bring it up and since we had asked about any possible legal ramifications, we were trying to be thorough. But I think we do feel ready to make some shifts.

Candi Clevenger responded the Governor did mention in his executive order that CMS still holds the masks.

Brandi Binkley responded, yeah, and included in the clinical settings. And then the other piece of that I know I mentioned the starting point. That's one area that I feel people will have to mask a little bit more just because they are going into clients' homes who are older or compromised. But sometimes things aren't super obvious or common sense to all employees. So, I think we've probably been very very detailed throughout. You still miss things and people have questions but we make ourselves very available if they do. So, we'll try to think of every scenario and throw all the examples into that communication. But we're certainly open if staff have any other questions.

### **New Business**

**Macon County Board Resolution Approving Increase in Appropriations in the FY22 Health Fund Budget for CCU Workforce Retention**

**Macon County Board Resolution Approving Increase in Appropriations in the FY22 Health Fund Budget for COVID-19 Crisis Grant**

**Macon County Board Resolution Approving Increase in Appropriations in the FY22 Health Fund Budget for COVID-19 Response Grant**

Mark Scranton responded okay, well, while she's doing that. We will go ahead and move on to new business. Macon County Board Resolution Increases Appropriations in the FY 22 Health Fund Budget for CCU Workforce Retention- all these three grants are going to look at I pretty much have the same questions. I know Carolyn called me and asked me if I understood what some of these things were, because you had put in, into the language about what each one of these grants were about money, where it was going to go. And I guess one of the things I was trying to understand because she asked about it and I was like, so is this for grants that currently exist?

Brandi Binkley responded yes.

Mark Scranton responded so what are we actually doing here with these, approving these then?

Brandi Binkley responded so these particular resolutions, if there's a change to the budget during the budget year, after the budget has already been approved, then you have to do a resolution. So, our budget last year was approved by the board in September and then went to the County Board. Full approval was in November. So, if we find out about funding anytime during the year, we do have to do a resolution that goes through our Board of Health and then through EEHW, finance, and the full County Board. The other times that you might see resolutions, just as an example, is if we got some brand-new kind of contract with a brand-new vendor or something, we usually go through legal to have them review that and then send that through resolution if needed. But a lot of the times when you see a resolution, it will be linked to any kind of change in the budget throughout the budget year. So, if there was new funding that was given, if there's an increase in funding that was given during the year, if there was an extension on a date through which funding can be spent and/or the date that you can complete your deliverables, those would all be some examples of why you'd see resolutions throughout the year. And these are all linked to the money coming in. And then how they are spent.

Mark Scranton responded these are all things that are currently in process?

Jeff Entler responded we probably had in the past year, probably three or four of these prior...

Brandi Binkley responded of different grants? Jeff Entler said yeah. Brandi Binkley answered, I couldn't say a definite number, but yes, definitely several because this will happen through the year if there are those changes.

Jeff Entler responded yeah, prior, I think I've seen them.

Brandi Binkley responded yeah, we usually have them every year. Because another thing that will happen is like IDPH is one example, and they might notify us of a grant or an increase in grant funding after we've already applied for the grant. There might be another Health Department that's not spending all of their money, so they offer it to us, do we want the money? So, if somebody's spending it, it's not being wasted from the state. And so, in that situation, we may do a resolution to show we're getting more money, here's what we're spending it on. And then you can see it does go through all those steps of oversight until it's finalized at the full County Board meeting.

Mark Scranton responded does these resolutions impact the budget since we've already passed it adversely, or what impact does this have on the budget?

Mike Baggett responded if I, if I can address that, I mean, the whole point of the resolution, the midyear resolutions, you can't lawfully spend money that hasn't been appropriated by the County Board. So anytime you have an increase in funding and a necessary expenditure as a result of that increase in funding, it does affect the budget. It shouldn't affect it in a negative way. Mark Scranton said, right, and Mike Baggett continued, but you can't spend more money than has been already appropriated by the County Board. So, if the federal government or the state government decides because they're so generous, that halfway through the year they want to give you an extra million dollars, you can't spend a dime of that million dollars unless it's already appropriated for in your budget. So, if you have already spent all the money up to that point that was appropriated by the County Board during your fiscal year, you can't touch that million dollars even though it's sitting there waiting for you until you've been given permission. The County Board has to appropriate it. So, because the Board of Health works in a unique fashion in respect to the County Board, it has to go to the Board of Health first. And then you make a recommendation whether to agree to accept the grant and increase your budget. And then you ask the County Board to increase your budget to give her the permission, the authority to spend the money that's been granted. If you have a diminishment in your budget, there is no necessity to go through the resolution process. The only time you have an obligation to amend your budget midyear is when there is an increase in appropriations and increase in spending.

Jeff Entler responded so the simple way to look at it is probably just money in and money out.

Mike Baggett responded that should be the only time it ever happens. And in fact, to amend a budget midyear, the law requires that it be an emergency situation. Now, emergency is not defined by statute, but oftentimes you find language in the appropriating resolution that indicates that in the absence of an amendment, a midyear amendment, you will lose this opportunity to spend some grant dollars or donation or whatever, and therefore you would have to spend county general money or Health Fund money, health reserve money, if you wanted to do the same activities.

Mark Scranton responded these are revenue coming in, expenses going out so zero, zero, bottom lines.

Mike Baggett responded but without the County Board telling you, you can spend it, you can't lawfully spend it.

Mark Scranton responded right. Okay anybody else got any questions on that? Okay, roll call on that resolution.

Susan Hertel asked will we do these separately?

Jeff Entler responded, yep.

Susan Hertel responded we do? Okay.

Susan Hertel responded so do we have a motion or we can just take the roll call?

Brandi Binkley responded we have to have a motion.

Carolyn Wagner made the motion seconded by Dr. Bret Jerger.

Susan Hertel responded on all three of them?

Carolyn Wagner responded yes if I can, thanks.

Dr. Bret Jerger I second all three.

Susan Hertel responded okay, thank you.

Mike Baggett responded the County Board has some restrictions on when they're allowed to vote on mass. I don't think the same restrictions apply to you because you're not the final approving authority with respect to the appropriation. So, you can vote on all of these at once. If that's the desire of the Board, if any member wants to vote on them separately, then that would be the appropriate way to do it.

Mark Scranton responded does anybody have any concerns on that? Okay.

Susan Hertel responded so we can do all three together?

Mark Scranton responded yes. Roll call taken, all votes yes, motion carried.

### **Discussion and Action on Masking Policy**

Mark Scranton responded okay, so we'll back up real quick for a second here. We got this printed off, what we saw about on the proposed mask changes. Everybody take a moment to look at that, and like I said, I'm okay we are not wanting to tell you how to do it, we just want to support what you are doing and when you make your final draft of this, my thing would be that I would put some language in there that you're going to make modifications when necessary. However, you want to word that and then be able to give the staff some kind of a timeline that you know, we're telling you that we're doing this change and it's going to take effect on such and such a date, or in seven days or whatever you think is appropriate. I don't want somebody that takes a long weekend and comes in on a Monday

morning and find out they got to do something completely different that they didn't know about when they left work on Thursday. So, posting of any changes that might be made, I don't know if we necessarily have to take action on this other than just saying we'll support what you want to do. Mark Scranton said, yes, Dr. Smith.

Dr. Jeff Smith responded just in looking at this under that first paragraph where it's masks are still required in the following areas, when it says symptomatic, I would just be a little bit more specific. I would come up with some criteria, like a temperature, something like that...

Jeff Entler responded a positive home test.

Dr. Jeff Smith responded a runny nose, because there are so many allergies around here, especially this time of year with a lot of harvesting going on. I just think you need an outline to be more specific on what is a COVID like symptom, because what it is for one is certainly not what it is for another. It's very vague.

Mike Baggett responded and you can define that and use that kind of catch all provision, including, but not limited to, so some discretion can be exercised appropriately.

Dr. Jeff Smith responded some people's fever is 99 other people are 101.5. Right, Jerry?

Brandi Binkley yeah, we can definitely...

Mark Scranton responded so, I don't think we need to make a motion or anything. I just tell you we support what you're doing.

Jeff Entler responded glad to see this.

Mark Scranton responded I think you make the staff some of them happy, and some of them will not change. Okay. So, another thing on New Business, so, I know it is not on the agenda, but what we talked about yesterday, Brandi. Brandi and Carolyn, I am looking at you two. We all talk about, are you okay with bringing up what we talked about for the staff just to kind of get the pulse the board?

Carolyn Wagner responded oh, correct, yes, yes.

Mark Scranton responded so Madam Secretary had a genius idea, because we're talking about trying to do things that kind of lift people up as we come out of the stuff that's gone on the last few years. So, I'm going to invite my fellow Board members to be hosts and hostesses for a holiday event, to serve a lunch or dinner. Yet to be determined. We're going to work out the logistics of that. But I would like for us as a Board to serve our staff for a holiday lunch or dinner. I'm on the Board at the Lincoln Square Theater. I've offered that facility for us to host this. I think it would be a lot of fun. I think it would be great for spirit, morale, interaction with us as Board members, getting to know some of the people within the department. We pitched the idea to Brandi and Bethany yesterday, and they were enthusiastic. I guess what I'm looking for about the idea, so I just let you know. We're going to probably work on that with some plans and probably bring that to the Board next month with a date



and stuff. But I would like to get our Board members involved in hosting that event and being the drink pourers, the servers, the bus boys, whatever might be necessary to make sure that the staff, the Health Department has a enjoyable experience. And I think it would be a real team builder for everybody. We talked about it. We thought it'd be a great thing to do in the spirit of the holidays and everything else. And so, we're letting the rest of you know that we would like to do that, and we hope that we get 100% participation from the Board. So, I just want to put that out there. But we'll send some updates on as we get forward to the date settled down and everything as far as the time and everything goes.

Marisa Hosier responded thank you.

Mark Scranton said yeah.

### **Board Education: Communicable Disease Updates**

Mark Scranton continued, okay, Board education, communicable disease updates.

Brandi Binkley responded just a few things, happy to report for COVID, we are in low community level and for the first time in quite some time we went down to substantial community transmission that's that healthcare level. So, I was definitely happy to see that. Nothing new to report for MPV or NPX or monkey pox in that area. We have been working some other communicable disease cases as we always do every month. We have some extra things going on with that and staff have been very diligent on taking the extra time and spending the extra hours to make sure those things are addressed right away to try to control spread. So very, very grateful to the team for that. The other couple of things I just wanted to touch on in board education are just a reminder. The Board packet will go out next month, one day early due to that Friday being a holiday. So that'll be November 10 instead of the 11th.

Mark Scranton responded okay.

Brandi Binkley responded anything you want me to add, just make sure you get that to us. And then the other thing is I just wanted to kind of put out there is I know when you all came on the board, I know we have a lot of new people. I did offer for you to come in and meet with me just to talk through different projects we had going on and really anything and get a tour of the building. I just wanted to re-extend that offer and just say that it's a standing offer. If there are any of you that do want to have more one-on-one time or talk through logistics, operations, staffing or just kind of keep building that teamwork approach. As far as getting as much information as you can possibly have since you're having to make a lot of decisions. I'm more than happy to do that and so just let me know if you'd like to do that or if you want a standing time each month or if you just want to contact me as needed. You all have my cell phone number and email, so please just let me know. I want to make sure you have everything from us that you need to make these decisions every month. So those are the only things I have on the Board of Education. Thank you.

Dr. Jeff Smith responded can I ask one question?

Brandi Binkley responded yeah.

Dr. Jeff Smith responded what is the definition for Decatur to meet criteria for both community level.

Brandi Binkley responded so you want me to read them off to you. It's all done by the CDC COVID tracker. So, the community level is what kind of dictates, if people are following the guidance, how you would behave out in just any type of setting. So, if you should wear a mask, where you should wear a mask, basically what extra safety criteria you should follow. The community transmission level is what guides the healthcare facilities and what they're supposed to be doing out in the community. So, there are several different criteria as far as how many cases, percentages of positive, I'm trying to think of what else, case rate, that all kind of get figured into that. And it's all done by CDC. We switched to using CDC numbers and putting those out to the public if they want that information to guide their decisions quite some time ago now, just because that was what was starting to be used as a consistent measure throughout the nation. So, I can bring it up and tell you what all of them are if you want me to or send it to you via email.

Dr. Jeff Smith responded yeah, send it to me.

Brandi Binkley responded yeah, okay, I can do that.

Dr. Jeff Smith responded we don't need to spend too much time now.

Brandi Binkley responded well that criteria has changed, as I'm sure you know, throughout the pandemic of what makes up determination of where you're at. So, yeah, I can send that to you for sure. Any other questions for me, Board of Education wise?

Dr. Jeff Smith responded just a comment on the hospitals. Even though Decatur is considered a low community risk because Springfield is not yet that's the only reason, they're still wearing masks at Decatur Memorial is because they're still considered to since they are connected, legally.

Brandi Binkley responded, and yeah, we did reach out...

Mark Scranton responded connected by 40 miles.

Brandi Binkley responded well, Rachel did to see what the hospitals are doing...

Dr. Jeff Smith responded that is the legal issue always .... Kind of silly but we can be low, but we still have to comply with what the Springfield area is doing.

### **Presentation and Acceptance of Financial Report**

Mark Scranton responded okay. Presentation and acceptance of the financial report. Is Sheree?

Brandi Binkley responded Sheree is unable to be here tonight. So, I am covering that.

Mark Scranton responded I didn't see her, that is why I was wondering.

Brandi Binkley responded she was not able to be here tonight. But I have got everything prepared for me. So, with the financial report, as of September 30, we were 83% into the fiscal year. It reflect the ending fund balance being \$7.8 million. And she sent a reminder that that is subject to year-end adjustments and not a completely accurate number. So, you will see some change in that. Our reports are currently showing \$1.6 million as accounts receivable, which is money due to the Health Department, which is not accurate. Sheree is working with the auditor's office to get that adjusted and corrected. Complications occurred with the switch to the new accounting software. So, you will see some fluctuation in that. And she just wanted you to understand the explanation of why. And then total revenue, it shows that the \$7.1 million, which is 102% of budgeted revenue, total expense shows \$5.6 million, which is 79.9% of budgeted expenditures. And then those figures will also change with the addition of the budget changes from the resolutions this evening.

Mark Scranton responded okay.

Carolyn Wagner responded I have a question, in the Emergency Preparedness, um, it looks, as I'm reading this, that that department is way over budget. Am I looking at that correctly?

Brandi Binkley responded let me find out from her what that is reflecting and why it looks that way. She or I can follow up with you on that.

Mark Scranton responded because that's huge.

Carolyn Wagner responded yeah. And then conversely, um, I'm looking at I'm guessing this is probably the Environmental, fines and fees. When we look at that, they're down, like, only 52.9%. So, I guess my question was, do we, do we just, I mean, is that because of better compliance? Is that because we just don't have the number of places needing inspections? I was just curious. I was just wondering.

Brandi Binkley responded I can definitely find that out specifically from her, if you're okay with that. And then she or I can follow up with you, if that's okay.

Carolyn Wagner yeah, yeah.

Brandi Binkley responded all right, perfect.

Mark Scranton responded any other questions. I make a motion, approve the financial report is presented, seconded by Carolyn Wagner, roll call taken, all votes yes, motion carried.

### **Approval of Department Expenditures**

Mark Scranton responded okay, review and approval of department expenditures. Anybody have any questions on any of this? Mark Scranton, said okay, hearing none, I make a motion to approve as presented. Carolyn Wagner seconded, roll call taken, all votes yes, motion carried.

### **Grant Applications for Review and Approval**

Mark Scranton responded okay, grant applications for review and approval, I don't see any in here.

Brandi Binkley responded none.

Mark Scranton responded okay so we don't have any.

### **Department and Division Reports**

Mark Scranton responded department of division reports, we didn't get a change to do this last month, so we have ...

Brandi Binkley responded Teresa Smith.

Mark Scranton responded alright, so she will give us a presentation on Starting Point.

### **Division Presentation – Starting Point (Aging & Disability Resource Center)**

Hello, my name is Teresa Smith, and I am the director of Starting Point here at Health Department. So, I've been here at Health Department about 20 years. I started as a Care Coordinator in 2002 and then did some time as Care Coordinator, did some money management, moved on to Care Coordinator supervisor. I think 2014, became the Assistant Director, and then just in January of this year became the Director of Starting Point. So, we have 17 staff members of Starting Point. We specifically don't know how well you guys know about Starting Point. It's a Senior Services division, so most of our services are geared towards seniors in Macon County. So older adults sixty years and older. We have 17 staff members in our division. However, we only have 15 currently, we have three open positions, one in the process of being filled. We have myself as a Director and an Assistant Director, a money management advisor and care coordinator supervisor. And we have eight care coordinators, two senior Information specialists, two caregiver advisors, one billing clerk, and one support staff. So, that's all the people, they kind of make up in our decision.

Teresa Smith continued, and we serve as the care coordination unit for the state of Illinois Department on Aging, and we also serve as an aging and disability resource center for the Area Agency on Aging, and that is out of Bloomington. So as a care coordination unit, we are contracted with IDOA to provide fee for service. So, what we do, we provide three basic needs for the Macon County. We complete comprehensive needs assessments in the community for residents that are sixty years and older. We determine eligibility for our community care program in Macon County, and we complete choices for care or DON screenings. And that is basically anybody who is looking at skilled nursing facility in

Macon County. Any age, any person who might be considering going into skilled nursing facility has to have a choice of proof of care done, DON screening completed, and that's by State of Illinois law. So, each of these are fee for contracts. So, if we complete the service, we're paid by IDOA for those services. We complete about 417 initial needs assessments for the community care program each year. In our community care program, we have 1070 clients. So, our community care program, there are income and asset limits. Actually, income does not matter in most cases, but you have to have less than \$17,500 in assets to be a community care program member. Anybody in the area, anybody in Macon County can have a complete case assessment done regardless of their assets. So, you could have \$200,000 in assets and still not know what resources are available in our community. And we have a lot of resources available for seniors, so we'll still go out and we'll do the assessment, and we'll look at all the needs you may have, do a complete assessment, let that person know these are the resources you are able to pay privately for. This is the things that you can do to help keep your loved one in your home or keep yourself home as long as possible. If you're eligible for a community care program, we actually go out, the State of Illinois will pay for Home Care Aids, somebody who can go in and help that senior with the cooking, the cleaning, bathing, getting to the grocery store, preparing meals, getting to the doctor's office, all these things, they can put that in place. They can put in place in an emergency home response system. So, this is kind of the lifeline "I've fallen, and I can't get up button". They can put that in place, and they can also put in place in money management program. All these things can be put in place by the State of Illinois, paid for by State of Illinois. So, we have seven care coordinators who each carry about a caseload of 150 clients through our community care program. Every month they will call each of those clients. Every month this phone call, every six months they go out and see them for a monitoring visit.

Teresa Smith continued every year they go out and complete that complete comprehensive assessment again. So fiscal year 22, we completed 1,118 of those assessments. So, we keep pretty busy out in the community. As far as the choices for care/DON screening that's the people who are going or looking at going into a nursing facility, State of Illinois states that they have to be eligible for that facility. So, they're basically trying to make sure that people are not being forced into a nursing facility, number one, before they truly need that level of care. And they also need to know what their options might be to go home, what their options might be if they don't want to go to the nursing facility. So, we completed 1,559 of those last fiscal year. We have one care coordinator who goes out, usually, they're completed in the hospital, usually it's part of a discharge planning. You've fallen, you've broken your hip, you're going to have to go to the nursing facility short term for rehab. Or you might just be to the point where you're no longer able to safely stay home and you need to go to a nurse facility for long term placement, that's usually a conversation that's had by the doctor, the patient and the discharge planner. We come in and just make sure that it is according to state law. So that's the end. And then we have a money management program that is under the State of Illinois, two different levels to the money management program. Some people might just be getting, having difficulty seeing their bank statements, having difficulty writing out their checks. They still retain control of their own accounts, but they need somebody to come out and help them. We have a program that consists of that. We also have a little bit more stringent level of representative payee control where somebody might need whether it's usually for some reason involving maybe they have a long history of substance abuse, maybe they've been homeless, they've been evicted, they have all these different reasons. We contact or contact by Social Security Administration, and they request that we become representative payee for these clients. So, their Social Security checks actually come

to the Macon County Health Department. We take care of paying all their bills and then each week they come into the Macon County Health Department and pick up a weekly allowance. That's what they use for food, that's what they use for whatever needs they have. So that is a program that we run. We have about 33 clients in that program. It's totally funded through either State of Illinois, or it can be funded through Adult Protective Services if they have an open case or they can pay privately, we can have somebody age 18 or over if they want to pay privately for these services, we will provide those services. And we have an insurance policy that totally covers, it's through Travelers, that covers any sort of situations that could arise with that. So, it's fully insured and bonded. Okay, so that's the programs that are funded through State of Illinois. We also have a bunch of grant programs. And I think that somebody actually had a question about one of our caregiver advisors and our senior information specialist. We've had an increase in that grant funding, therefore we're increasing the staffing and we have to do that to match the grant funding. So, we have a caregiver advisor program. Anybody in Macon County who provides care to somebody who's 60 years or older or provides care to a grandchild. And so, if the caregiver is 55 years or older, it's called grandparents raising grandchildren. But it can be any sort of family connection. We can provide in person counseling; we provide group counseling. We have some very limited funding. We've had grandparents who all of a sudden have three grandchildren dropped off at their doorstep, and they are not financially prepared for it. I mean, we can help them with getting food, getting them prepared, getting them the children their uniforms for school, whatever it might be. We have those programs.

Teresa Smith continues we have a diabetes self-management program which basically is a 6 week class that teaches people who have diabetes or somebody who's caring, if somebody has diabetes, how to care for their disease, trying to prevent disease related hospitalizations or illnesses. We have a stress buster's class which is designed for seniors who are providing care to help them manage their own stress and so that they're able to take care of themselves, so they can provide care for others. So, everything we do is geared either providing the senior or the caregiver of that senior support so that they're able to stay healthy and in the community for as long as possible. So that's kind of a highlight of some of, we have many other smaller grants. If you ever have any questions, if you ever want to stop by and visit, I'm always available. I will tell you in depth more, but for now, I think that everybody's probably ready to be done with the evening. So, I will conclude, unless you guys have any questions, I thank you for your time and for your support.

Mark Scranton responded Teresa, thank you.

Jeff Entler responded thank for all you do.

Dr. Jeff Smith responded thank you.

### **Employee Recognition**

Mark Scranton responded okay, employee recognition. We have some anniversaries this month, October, it's in your packet. And thank those for their service.

Carolyn Wagner responded there are some big ones.

Mark Scranton responded yeah, there are some big ones, that's a long time.

Brandi Binkley responded Karen is here. (Applause)

### **Closed Session**

Mark Scranton responded okay, I make a motion that we go into closed session Pursuant to Section 2.C.21 of the Open Meeting Act, and Pursuant to Section 2.C.1 of the Open Meeting Act for the purpose of employment, compensation, discipline, performance, or dismissal of specific employees of the Public Body.

Mike Baggett responded as well as to review closed minutes or closed meeting minutes.

Mark Scranton responded yes, thank you for that. Okay, now, a motion will go into closed session. Jeff Entler made the motion, seconded by Dr. Jerger, roll call taken, all votes yes, motion carried.

Brandi Binkley responded, and I am going to stop the recording, and I have requested for Luke to stop the live stream.

Went into closed session at 7:07 PM.

Open meeting resumed at 7:50 PM.

Mark Scranton responded Board members that were roll call from present and also along with Bethany Stapel (Krieg) and Brandi Binkley, Susan has been graciously dismissed by Bethany for the evening, so she will not be returning to join us for the remainder.

Brandi Binkley responded Mark, sorry to interrupt, if it matters, I don't think the live stream hasn't yet restarted.

Mark Scranton responded oh I am sorry, I thought you had it ready to go.

Brandi Binkley responded I have the recording; Luke is restarting it. I'm sorry, I just wanted to make sure you were aware.

Mark Scranton responded so okay, so we have two things to.

Jeff Entler responded three things.

Mark Scranton responded three things, sorry.

Mike Baggett responded sorry; Mr. President pursuant to the discussions held in closed session. The Board, it is now appropriate for the Board to consider and take final action, adopting a letter of reprimand to the Public Health Administrator. If there is a motion.

Carolyn Wagner responded I make the motion, seconded by Jeff Entler.

Mark Scranton responded Carolyn made the motion and Jeff seconded, correct? Okay. Roll call taken, all votes yes, motion carried.

Mark Scranton responded okay.

Mike Baggett responded Mr. President, the other two items. There was a question put to the Board as to whether to allow the Administrator to roll over a certain number of sick days, I believe not to exceed six. The understanding if they're still available before she utilizes any other time post November 1. So, if there's a motion to that effect.

Mark Scranton responded did you say sick days?

Mike Baggett responded I'm sorry, vacation days.

Mark Scranton responded vacation days, okay, I was going to say, thought we talked about vacation days.

Carolyn Wagner responded I'll make the motion, seconded by Dr. Bret Jerger.

Mark Scranton responded Brandi, are you okay with that?

Brandi Binkley responded yeah, I'll do whatever the..

Mark Scranton responded just to discuss it, then I'll make sure we're so clear on where we're headed with that. Okay.

Brandi Binkley responded do you want to put something in writing, too, so that I can confirm that I did have that permission or is this enough?

Mike Baggett responded the minutes will be sufficient.

Mark Scranton responded it's on the record.

Brandi Binkley said, alright, okay, thank you.

Carolyn Wagner responded roll call, all votes yes, motion carried.

Mark Scranton responded okay the last item we have is the approval for the Closed session minutes from the meeting of September 20, 2022. Need a motion and a second. Jeff Entler made the motion, seconded by Cody Parks, roll call taken, all votes yes, motion carried.

Mark Scranton responded okay, any other discussion? Anything?



### **Adjournment**

Mark Scranton responded motion to adjourn. Meeting adjourned at 7:53PM.

Mike Baggett responded members I will collect the copies of the reprimand.

Mark Scranton responded and also the copies of the closed session minutes.

Respectfully Submitted,

Susan Hertel  
Administrative Assistant

President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Date: \_\_\_\_\_