

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

Vivian Goodman, Board of Health President, called the February 15, 2022, Macon County Health Department Board meeting to order at 5:36pm. Vivian Goodman called the meeting to order. Roll call completed.

Roll Call

Vivian Goodman, President – present
Mark Scranton, Vice President – present
Jan Hack, Secretary – present
Sue Krows, Treasurer – absent
Candace Clevenger – present
Jeff Entler - present
Debbie Hill - present
Dr. Bret Jerger - absent
Dr. Venkat Minnaganti – present at 5:41pm
Cody Parks – present
Dr. Janet Patterson – absent

Health Department Staff in Attendance in Building

Brandi Binkley, MPA, SHRM-CP, CPHA, Public Health Administrator
LaKeeya Funches, Accountant
Bethany Stapel, MPH, CPHA, Assistant Public Health Administrator
Evan Trimby, IT Support Specialist
Sheree Zalanka, Chief Financial Officer

Health Department Staff in Attendance on Call

Rachel Deerwester, Director of Clinical Nursing Services
Amber Holthaus, Assistant Director of Clinical Nursing Services
Teresa Edwards, Director of Starting Point
Marisa Hosier, Director of Health Promotion and Public Relations
Karen Shiflett, RN, BSN, Director of WIC/FCM
Lindsey Munsterman, Assistant Director of WIC/FCM

Public in Attendance

Mike Baggett, Assistant State's Attorney

Approval of Agenda Topics

Vivian Goodman asked if there were any changes to the agenda topics. Brandi stated there were not. Mark Scranton made a motion to approve the Agenda. Cody Parks seconded the motion. Roll call was completed. All votes were yes. Motion carried.

Public Comments

Vivian Goodman said there was a re-sent public comment from last month that has been distributed. No other public comment.

Approval of Previous Meeting Minutes: Board of Health Meeting January 18, 2022

Vivian Goodman stated that the meeting minutes were in everyone's packets and hopefully they had time to read them. Mark Scranton stated that he reviewed the minutes earlier and it was his understanding there was a quorum of six people on the meeting last month. He stated he wasn't here, but on the roll call, it only indicates five. He doesn't know if somebody was marked absent and came later in the meeting. He said it appears that Dr. Patterson came in at some point, but he didn't know if that was an error on the initial roll call or if she came in after the meeting was started.

Brandi Binkley stated that she is sure there was a quorum and she is unsure from memory if this is the meeting that someone came in late. Mark Scranton said he saw in the minutes that Dr. Patterson made a motion to approve the Acceptance of Financial Report, so he's not sure how far into the meeting that was. He said he would like to clarify this for the record because if there weren't six people to start the meeting then the BOH couldn't do anything until they had six people.

Brandi Binkley stated that she always makes sure there are six people before the BOH would vote on anything, so her assumption is that most likely it was an error of her being marked absent. She stated there is also the recording, so the team will be able to verify and correct that as marked as Dr. Patterson being present.

Mark Scranton made a motion to approve the minutes with that exception of attendance being checked. Motion was seconded by Jeff Entler. Roll call was completed. All votes were yes. Motion carried.

Board Education

Brandi Binkley said there were just a couple things for tonight. She then stated she would give Dr. Minnaganti his and provided the document to him at that time. Brandi explained that she did pass the Statements of Economic Interest. She stated this is required to have certain staff and BOH Members complete this and turn them in. If possible, please complete this evening and turn in to Brandi at the end of the night. If not possible, Brandi asked them to please complete and return to her as soon as possible so she can submit to the County. Brandi Binkley did state that she asked the County for clarification for if there was an error if that could be marked out and initialed or not. Brandi has not yet heard back. Brandi said if anybody's has errors, to please let her know. She is not sure if she has to request a brand new form or if the correction can be made directly on that form. Brandi said let her know if there is an error and she can take it from there. Mark Scranton asked if they have changed this that it has to be notarized. Brandi Binkley explained that it does not have to be notarized. Mark Scranton said he's not sure if that changed or not because it has been a while since he's had to complete one. Brandi Binkley asked if there were any questions about those and there were not.

Brandi Binkley continued by providing a COVID-19 Update. Brandi said that Macon County is kind of on the other side of the surge; not completely out of it, but working to be. No knows what the future will hold, but MCHD still encouraging people to take precautions, get tested if they are not feeling well or exposed. The case rate in Macon County 355.74 per 100,000; target is 50 per 100,000. There is definitely still a lot, but not as many as last time this was discussed.

Brandi Binkley said that the BOH has probably seen in the news they did pull back the Pfizer vaccine for the young kids. They are hoping to get something out in April. MCHD was ready to start with it as soon as it came, so the team will be more than ready in April when it hopefully comes out. Brandi Binkley stated that is all she has regarding COVID update.

Mark Scranton asked where things are and if MCHD still have contact tracers here in the building doing that? Brandi Binkley explained that yes, we do still have contact tracers answering phones 24/7, well, not 24/7 but 7 days per week. They are working about 7:30 a.m. to 8:30 p.m. They have different shifts; they alternate. They are working 7 days a week to ensure there is that adequate coverage. In addition to contact tracing, they are also still assisting with handling all incoming phone calls and questions associated with contact tracing. As a reminder, with that centralization to the state Surge Center, there have been changes in how local health departments are supposed to prioritize what is being worked on. There has been a lot of shift to focusing on outbreaks, clusters, supporting long term care or congregate facilities to ensure spread is limited in those areas. Even though the state has taken on some cases, the CMDH team is still very busy. There have been some people that may be moving into different positions or resigning

or leaving. These positions will not be replaced at this time. The original funding MCHD had (the contact tracing funding) ends March 31st. There is Crisis Grant money that continues after that. There is also the additional grant that was discussed last month that has funds to continue beyond COVID. It will cover COVID expenses, but also other communicable disease efforts far beyond COVID. These are things the health department normally responds to. This will help sustain these efforts. Brandi Binkley said yes, there is a team here and they are helping with other things like vaccination clinics and are still very busy. As numbers have dropped and will continue to drop, leadership staff have been talking with the contact tracers and have been very transparent about if and when their employment is no longer there or the funding ends. They have definitely been communicated with about that.

Mark Scranton asked how many people staff do we still have. Brandi Binkley responded that we have 31 on the team but explained that includes supervisory staff which some are regular health department staff that do other things and not just contact tracing. Brandi continued that it includes the school team, long term care team, care resource team, Emergency Preparedness Coordinator...so that's not all just temporary contact tracers that we have.

Mark Scranton said he talked to Brandi about this the other day and has concern because he is seven weeks now and has not had contact with anybody from Macon County Health Department, not by the IDPH, not by anyone. He also stated he knows several other people he knows ended up positive and they've never been contacted by anybody, either. He said he would like to find out where the gaps are. He said that really bothers him that there are people that are supposed to be doing this job and he was out 30 days and hasn't had one single person contact him at all from either department. He said if there is a process in place where staff are supposed to be following up and doing this, something is falling through the cracks. He said it wasn't just him, he talked to several other people in just the last two weeks. Two of them were in the hospital and never heard from anybody.

Brandi Binkley stated she was glad Mark Scranton brought this up. She said she would not speak specifically to his situation. She said if he wanted to speak in private, she is more than happy to look into it or give him information about his case specifically. Brandi said just as a reminder, at the beginning of January and end of December, staff did discuss about the centralization to the Surge Center that not everyone will get a call. Everyone should get a text message and then they have the ability to opt in or out. If someone doesn't have texting capability, they will be shifted to the local health department who will call and follow-up. If someone gets the text and does not opt-in, they may never get a phone call. That is one of the reasons MCHD did the press conference with partners because there was a huge number of cases coming through and even the state said they cannot handle all of the cases. Therefore, MCHD did a lot of communications informing the community that they may never get a phone call from your local health department or IDPH. These texts are going out, but people need to take a level of personal responsibility for their contact tracing and let people know that you are positive, encourage them to get tested. For anyone that has not gotten a call since then, Brandi said that is pretty much in line with how things are supposed to be moving along.

Mark Scranton said that's why he wanted to make Brandi aware because he knew the transition period was taking place, but he figured one organization or another will be following up and doing something. Brandi said not with everyone; people can totally opt out of contact tracing. Mark Scranton said he never got a text or anything. Brandi Binkley said she will not speak to his case specifically. Mark said he wanted Brandi to be aware of it because with this transition, MCHD has expectations that the state is going to take on this task that has been getting done locally and done pretty well he thinks. Now all of a sudden there are those gaps there. He said it didn't matter to him, but the other people he talked to were pretty concerned about it because everybody's situation is different. He said he wanted to bring it to Brandi's attention and the rest of the Board. That's something that needs followed up on and monitored going forward.

Brandi Binkley said that they have done that. She said if the BOH recalls, when the state was supposed to be taking calls effective December 28th, there were voicemails that were being shifted to local health departments that were disappearing into an abyss. Therefore, MCHD staff worked with the state very proactively to make sure local staff could access that information and ensure the local community is being served. Brandi Binkley said that this information was put out to the community that if they did not get called or could not get through on the 312 number, the public should call MCHD to be helped directly. Brandi Binkley explained that there are a lot of people still not getting called and that was always the intention of IDPH in the transition. This is one of the reasons that Brandi said she thinks it's incredibly important that we do keep the people we have right now while this funding is here because the MCHD does need to have a local point of contact that answers the phone and gets back to people. If someone can't find the information online, can't read, doesn't have internet, they do have a way to speak with MCHD to find out

what to do. Mark Scranton asked if Brandi Binkley thinks this is something that the local health department needs to put that information out there like MCHD does other PSAs about vaccination and things like that? He said he doesn't want to bring MCHD back into doing things the state is supposed to be doing, but people are not sure who to even contact. He said if Brandi is saying that if people don't hear from anyone, they should voluntarily take it upon themselves to call, people number one won't know they need to do and are not sure who they should be communicating that information to. He said that might be an important thing to look at and put out there to the public because he can say there are people that definitely don't know they are supposed to do that.

Brandi Binkley said they don't have to it's just if they have questions. Mark Scranton stated it's a good idea. Brandi said MCHD staff have put out a lot of information about that, but it can put it out again. Brandi thinks staff did do that pretty extensively. She said she knows not everyone accesses the same news resources. It can certainly be put out again, but she thinks it was done thoroughly when the adjustment was done, but she has no problem doing it again.

Candi Clevenger also stated that the positive home tests aren't put in the numbers. Brandi stated that was correct.

Jeff Entler asked as of December 28th when the state took over, what percentage of the contact tracing work did the State take over from MCHD? Brandi Binkley responded that they didn't totally take everything over on December 28th. That was the state's original intent, but then they pushed it back. Brandi said as of the 28th, the state started the text messaging. As of the 28th, if someone received a text message and has text messaging capability on their phone, they would have the option to be connected to 312 number and that's where MCHD found out that there was an issue with the state getting voicemails to MCHD in an effective manner. People would call the 312 number and it would ring and say that no one could answer their call and they were being redirected to the local health department. Then it would ring again, not here, and they would leave a voicemail. There was that disconnect of where these voicemails were going. MCHD had to work with the State, the Surge Center and Salesforce to be able to access those phone calls.

Brandi Binkley stated that she doesn't know exact percentage of what the State took over. Jeff Entler asked if it was the State's intent to take everything over and Brandi Binkley stated that the State's intent was never to take everything over. Jeff asked what things were to be left with local agencies. Brandi said that even the Surge Center stated that they were going to have to prioritize which cases to work. If someone opts-in, that is a group who is going to be taken care of and get questions answered. The 65+ population is a group they are prioritizing at Surge Center. The local health department would be focused on those who do not have text capability because, if the text failed, they would be directed to MCHD automatically; long term care and congregate facilities, group homes, jails, prisons, homeless shelters, day centers; and anywhere that would be dealing with an outbreak or cluster, which was many of our schools. With this change, the State intended to put more responsibility back on schools, per executive order, schools were supposed to do contact tracing or exclusion of students from schools who had been exposed or positive. That was a huge part of the workload at one point, and the Health Department would be there to support them and help manage any outbreaks that they'd have. Brandi continued to state that, of course, some things with some school districts have changed with the Temporary Restraining Order, but there still has been no shift as far as responsibility back to MCHD. MCHD was still doing daycares, but the guidance has shifted and things in daycares are starting to reflect what is taking place in K-12 schools.

Jeff Entler asked if an estimate would be half of the work taken from the MCHD staff, and Brandi Binkley stated that she would feel uncomfortable making a guess. She stated she had numbers last month that she could bring back, but that it is going to fluctuate. If someone calls the Surge Center or the Surge Center pushes someone to us, we will take them. The percentage will not always be the same. If people opt-out, not all cases will even be worked or contact traced. It will fluctuate quite a bit, per Brandi. When this shift first started occurring, MCHD staff were dealing with the workload plus all phone calls coming in by people with outstanding questions, those who were not being helped fully by the 312 number, etc. Brandi stated that, even if she was able to say the State took three quarters of the actual cases and the MCHD took one quarter of the cases, that still doesn't reflect all of the calls coming in that the MCHD team still has to work. If someone calls in who is supposed to be with the State and they say they are positive and don't know what to do and ask if MCHD can help them, staff will not turn them away and say "No, you are supposed to be with the Surge Center. We're not helping you." MCHD will still help them so they have a local point of contact.

Jeff said he is trying to figure out a metric to determine contract tracing needs to see if one-hundred percent of all thirty-one people are needed. He said it sounds like all thirty-one are needed. Brandi stated that not all thirty-one are working that regularly. That thirty-one number includes leadership staff, other staff assigned to communicable disease and administration who are fully-trained but who that is not their normal duty or were not hired in to that position. Brandi stated that this number does include full-time staff and some part-time staff. As the need goes down, the use of part-time staff will go down, and then we will look at full-time as the numbers decrease even more. She stated that they will look at how can they can use them for other tasks like answering phones or helping with immunization clinics, or it will get to a point where their employment is ended if the numbers continue to decrease. She stated that they are looking at that every day because it may be a quick decision that has to be made with not a lot of notice. Brandi said when numbers get low, everyone cannot be kept on. Mark Scranton then asked if the State dictates that or if it is a local decision. Brandi replied that they do not and that it is still a local decision as long as MCHD has funding and Board approves funding. Right now, the State has a recommended number of contact tracers that they want trained, and of course the Surge Center helps with that now. MCHD reports how many contact tracers they have each week to the State. The state has not be dictating this recently.

Dr. Minnaganti asked if the funding ends March 31st, and Brandi stated that that date was just for the original funding. Brandi stated that they still have the Crisis Grant and then the one staff are applying for that is due on Friday that is pretty much guaranteed if they apply since it is non-competitive. With all of that being said, they have not told staff they are guaranteed a job just because MCHD might be getting this grant. We have told them things are going to change as pandemic continues and that staffing might also change. Brandi said another thing to reflect on...when the State changed to centralization, they acknowledged that, at this point the pandemic, contact tracing is not as effective as it was earlier on. People are listing fewer contacts, contacts are not answering their phones, etc. The State talked about shifting focus, resources, and attention to where it would be most effective, such as long term care, congregate settings, vulnerable populations, etc. They know and are being purposeful and understanding that they are not going to talk to every single person that is positive or go through that contact tracing process with everyone that is positive because that is not the most effective way to handle this anymore. The state is prioritizing and have provided MCHD with things to prioritize. If someone calls and they are not in priority group, MCHD will still talk to them and do a complete interview. As discussed in December, the State changed centralization very quickly and with not much notice, and that could happen again. Brandi has told staff that, as well. MCHD always does contact tracing with communicable diseases, not just COVID. COVID was just to a much greater extent. The State's expectation could change and change quickly, they tell the staff that, and that means staffing could change quickly as well.

Jeff asked if the BOH had seen some statistics from the call lines at one point in time (i.e. calls that contact tracers were making). Brandi stated she may have brought numbers of calls coming in. She stated that what he may have been referencing are the call statistics from Salesforce (the contact tracing program) that she had provided before, but that calls coming into the Health Department on a daily basis for things such as care resource needs or calls from daycares, schools, restaurants needing help and support, random citizens calling in and asking for help, etc. would not be reflected in those particular metrics. To be able to provide call metrics for every single call line and call coming into the building would be very, very difficult. We have tried to streamline things as much as we can for phone calls coming in, but people still call all over the building. We have provided certain communications to every single staff person in the building so that the public can get more efficient answers to simple questions, and the more complex ones are forwarded down to contact tracing, nursing staff, administration or emergency preparedness. It would be very difficult outside of running a Salesforce report to really show how many calls per day are related to contact tracing or are COVID-specific. Vivian Goodman thanked Brandi.

Presentation and Acceptance of Financial Report

Vivian Goodman said moving on to Presentation and Acceptance of Financial Report. Sheree Zalanka stated that the report shows to end of January, which means 17% of the year has passed. Ending Fund Balance is at 5.7 million with

a total revenue of \$1.7 million which is 26% into budgeted revenue. Total expenditures at \$1.1 million which is 17% into budgeted expenditures.

Vivian Goodman asked if anyone had any questions for Sheree. Jeff Entler made the motion and Mark Scranton seconded the motion. Roll call was completed. All votes were yes. Motion carried.

Presentation and Acceptance of Expenditures

Vivian Goodman stated these are in the packets and asked if everyone had a chance to review. Vivian then asked if there were any questions regarding the department expenditures. Mark Scranton made the motion and Cody Parks seconded the motion. Roll call was completed. All votes were yes. Motion carried.

Grant Application for Review

Vivian Goodman asked if there were any grant applications for review. Brandi Binkley responded there are not.

Department Division Reports

Vivian Goodman stated that Department Division Reports are also in the packet. Vivian Goodman asked if there were any questions. Brandi Binkley did point out that she printed the Annual Report 2021 for the Board Members review. It was printed in black and white to save money. It will be going out this month. It will be posted nicely online, and it's always been out to media, on the website, sent to the state. It will be a nice color version. She stated that she wanted BOH to have that. Vivian Goodman thanked the staff for all of the great work they continue to do.

Employee Recognition

Vivian Goodman noted that the February anniversaries were celebrated and acknowledged at the January meeting, so there are none to acknowledge tonight.

Old Business

Discussion and Action for Appointments to Committees

Mark Scranton asked if there was anything left on that. He thought there was only one committee appointment left. Brandi Binkley said that it was only Cody left. Mark Scranton stated Cody Parks was nominated when he was absent. Brandi said he was the only one left for voting. Mark Scranton said that's what happens when you don't come to a meeting and that's where it was left off, unless Cody had any objections.

Vivian Goodman asked Cody Parks if he accepted the nomination. Cody Parks said yes. Mark Scranton asked if the committee could be clarified because he couldn't remember because it was months ago. Brandi Binkley stated she could double check. Bethany Stapel also chimed in that she believes it was for nomination committee. Vivian Goodman said she thinks she remembers that and Brandi said that was where there was one open spot. Vivian asked if it needed voted on and Brandi said yes please.

Mark Scranton made the motion, seconded by Jeff Entler. Roll call was completed. All votes were yes. Motion carried.

Discussion and Approval of Macon County Board Resolution Establishing Fees for Cottage Food Operation Registration and Inspection

Brandi Binkley stated that this probably looks familiar. In her Board Report, she did put an update about that in there. EEHW, they were very concerned about the \$350 fee on there so Brandi stated that they wanted her to bring it back to the BOH to reconsider a lower fee. Brandi stated that is totally a board decision. Brandi stated that Kathy just updated the resolution to re-reflect \$150 where it originally started. Brandi said again, EEHW wanted her to bring it back to them to reconsider lowering that. Brandi stated that she did tell EEHW that the BOH had previously discussed possibly

increasing some of the other fees, but that wasn't done yet so that may be coming down the way, as well. Brandi stated she told them she would update them after tonight and send them this along with other environmental health fees just so that they have it and have a heads up well in advance. Brandi said she knows last month the BOH decided they didn't want to do anything with those right now, but if BOH decides they want to, EEHW has it far in advance and so that will go back depending on what the BOH does tonight. Brandi said she will send that to them just so they have it following this meeting. Then depending on what BOH wants to do as a resolution, that would determine...

Mark Scranton asked Brandi what her take was from the meeting and conversation. Mark stated he was just reading through the minutes, but he asked how strongly Brandi felt that EEHW opposed the cost. Mark asked if the BOH would be out of line to stick to their decision or make a recommendation. Mark stated he was okay with revisiting this, but as the BOH has talked about before, part of the issue is that there are obviously some advantages to a home operation versus a commercial business that spends a lot of money for overhead cost and everything else. Mark stated that in his opinion, he thinks in certain situations, they are deemed as having as much oversight and not subject to some of the things regular restaurants and bars are. Mark stated that he thinks the potential risk factor for the public well-being is a little bit higher risk, but again that's on the environmental staff to do their due diligence to qualify people to start with and making sure they got good oversight. Mark stated that he thinks what the BOH talked about before was that there was a reason the BOH was looking the higher price, but honestly he didn't remember.

Debbie Hill stated that she thought Kathy Wade was talking about and then Cody Parks said how much time it took. Mark Scranton said they were talking about time spent and they were talking about \$50 and you can't send a staff person out there for an hour. Mark Scranton stated that more money was being spent than being collected and Debbie Hill said EH staff doesn't have the time to do that extra stuff. Mark Scranton stated that he remembered that now.

Candi Clevenger said that's how they got to discussing redoing all of the fees at the same time. Dr. Minnaganti asked if there was a fee before and what was it before it went up to \$350. Brandi Binkley responded there was not a fee before. Mark Scranton said this is brand new. Brandi stated that cottage food has been happening, but the fees now being associated are the new part. Cody Parks said they just honored them before whether it was just a call or...

Brandi Binkley stated that they previously registered but no fee was associated. Brandi stated that to answer Mark's question (and looked to Jeff Entler and stated to tell her if she was wrong), she thinks that one of the bigger concerns for EEHW was that they were kind of concerned if somebody has it out against someone like the BOH talked about. Jeff Entler confirmed this. Brandi Binkley stated their concerns were almost the same concerns as people in the room at BOH had voiced as well. She stated it almost mirrored it exactly. Brandi stated she told them that, but they were concerned if someone has a vengeance and they want to try to get someone in trouble or cost somebody money, that they would just make a complaint to do that. Brandi stated that she knew Kathy had made the point that MCHD has never gotten a complaint before with this so hopefully they wouldn't, but of course again if someone has a vengeance and there's money attached to that it could change. Brandi Binkley stated that another thing when staff go in and do an inspection on a home kitchen, they automatically would have violations of FDA Food Code so that would automatically be that inspection.

Brandi Binkley stated that she thought a very valid and interesting point that was brought up by the EEHW Committee Members is that this isn't a fine it's a fee, so this is the cost for staff having to go out and do it. This is not them being penalized. It is the fee for having to go do it. That was the perspective of an EEHW Member and Brandi said she appreciated them bringing that up because that does give a little perspective. Brandi stated she did feel like it was good conversation and she thinks different people had different thoughts in there. She stated she really thinks they just thought to go from \$0 all the way to \$350 was just a big jump.

Debbie Hill asked Brandi if this was for a whole year. Brandi Binkley said that this is just an inspection fee, so the registration fee, the \$50, that for the registration, that's flat. The inspection would be anytime staff are sent out for an

inspection so that could compound depending on how many times staff was sent out. The \$150 is what Kathy originally brought and the \$350 was after discussion what the Board proposed. Then it was taken to EEHW.

Cody Parks asked if they could do an original like the first visit is this much then after that it would be a certain amount. Brandi said it is up to the Board. Mark Scranton then said well in the minutes here and Mr. Baggett kinda got put on the spot because he wasn't at the meeting. Mark said the comment from Chairman Little was she had concerns about it, but without Mr. Baggett being there. Mark asked Mike if he had an opinion about how this can be structured. Mark asked if there can be a flexible sliding scale based on what the staff feels is appropriate when they go and visit or does there have to have a predetermined flat fee for this inspection to begin with. Mike Baggett then said the Board is within its – ultimately, the County Board is within its authority to set the fee in whatever fashion it wants, it can be a flat fee applicable to...Mark Scranton then interjected and asked the County Board or the Board of Health? Mike Baggett said the County Board is the one that sets the fee. The Board of Health is making a recommendation. Mark Scranton said okay. Mike Baggett said it was mentioned earlier about sticking to your guns because you can certainly make a case to the County Board that the BOH wants to stick with the \$350, but if the Committee doesn't want to go forward they can amend that down and ultimately the County Board will make the final decision of what the fee will be. Mike Baggett continued by stating that obviously in terms of setting any type of policy or particular plan, the Board of Health is in a better position to make those recommendations and argue for them. Mike said what the County Board does with the recommendation is its call. Mike Baggett said to answer the original questions can the Board set anything up as a flat fee? Mike said yes, if they want to develop a sliding scale based on size of operation or other factors. Mike Baggett said he can't pretend that he has the expertise to guess how that would work, but that's what the BOH has staff for. Mike continued that if that is what they come up with and the BOH wants to recommend to the County Board and then the County Board is convinced that it is the right way to go then that certainly within everyone's authority to do.

Debbie Hill asked if it is just one thing these people get to do or many things. Brandi Binkley asked as far as what type of foods they can prepare? Debbie Hill said yes. Brandi Binkley said many things. Debbie Hill then said so they can make up thousands of dollars a year? Brandi Binkley said yes and Debbie Hill said okay. Mark Scranton then said he knows the Chairman's comment was that he thinks \$100 would be enough and Kathy had recommended \$150 if he remembered right. He said that's what it appears to be that's the recommendation they had here from Kathy originally and asked Brandi if that was correct. Vivian Goodman stated there was a recommendation of \$500 from someone on the Board; she couldn't remember who. Debbie Hill said she thought Jerger. Mark Scranton said the Board has discussed several different cost. Mark Scranton continued by stating that if ultimately what Mike Baggett is saying is ultimately it's up to the County Board and environmental if they approve it...he'd say it's brand-new maybe the Board revisits this a year down the road and see what happens because he is okay with going back and amending the fee on this and reduce down to \$200 or \$250 at least the Board is giving some movement to the Board and showing that they understand that obviously it appears to him that this looks like this was a pretty lengthy conversation. Jeff Entler said it was. Mark Scranton continued that the amount of minutes that are in here obviously Jeff was there. Debbie Hill interjected by asking if they are getting inspected like restaurants. Mark Scranton continued and said this is per visit right and every time they get a call and go out there they're going to be assessed this charge. Brandi Binkley said yes. Mark Scranton said he would hope that these people would do their due diligence because if they're providing a clean environment and following proper food safety guidelines they should be subject to the same criteria like any other business. Cody Parks said Kathy said they're already in violation right off the bat if she goes out. Mark Scranton said well it's a complaint and he doesn't know what they normally do. Mark asked if they do a regular inspection, are the businesses incurring fees?

Brandi Binkley said no, if there's a complaint and they go out and find a violation then they would be assessed a fee. Debbie Hill said \$75 and Brandi said she thinks that's a priority violation. Brandi stated she could be saying the wrong category; that was an example. Debbie Hill said they can be charged up to \$250. Brandi Binkley continued by stating that they would be charged \$75 if there was a founded violation at the time of that complaint visit. Mike Scranton

asked if that would be the same language for this thing. Brandi responded and said she asked that question as well and the way Kathy answered that was when they go into a home kitchen, it already has violations of FDA Food Code. No home kitchen under the cottage food meets the requirements for FDA, so if staff used the founding violation criteria, they would automatically be getting a fee.

Mike Scranton said he was asking if he was to call and say XYZ Company is making these cookies and MCHD staff should go out and check and now if they go out on a complaint whether it's anonymous or whatever and they go out and do this and it's an unfounded complaint - is it fair that that person gets penalized for something that's not a legitimate complaint? Mark continued by stating that staff go out there and the person is basically making accusations when they go out there and look at that is that all they're looking at and they make the decision yeah you got a problem here and we're gonna issue this fine whatever it may be? Mark continued by asking or they go out there and look at it and say you know what we don't see anything here and you just walk away from it and you don't charge anything because that's what staff do at a restaurant, right?

Brandi Binkley said if they are going to a restaurant complaint about one thing but if they see other violations, they are not going to turn their eyes. Mark Scranton stated that he understood that and his question is to clarify if there's a complaint about a restaurant and Kathy sent her team out there to look at that complaint and they don't see anything, is the business owner currently charged the fee?

Brandi Binkley said no, if there's no violation found. Mark Scranton said okay and he thinks that's the way these people should be treated as well if MCHD has the ability to do that. Cody Parks said well, what Kathy is saying is...Mark Scranton interjected and said he knows, but Kathy is talking about looking at other things outside the scope of what the purpose of the visit is. Mark Scranton said if staff went in there and saw bugs running around the kitchen or whatever if there was something really blatant, he said he thinks the Board has to trust the staff to use some discretion on the stuff because that's where he's got concerns. Mark continued and said there are some people out there doing some great products out of their homes and then there's some people that are questionable. Mark said one day on Facebook he saw this picture of some gal making pies and a cat walking on a counter you know... so he said he doesn't mean...he just doesn't know where you draw the line. Mark Scranton continued by stating he is okay with reducing the fee if that will satisfy the obvious objections of the County Board - at least this committee - right now has some pretty strong projections it can always be revisited down the road and say there have been no issues this year, so it's gonna be left where it's at or there have been more issues, so raising the fine will help alleviate some of that. Mark Scranton said he is good with going either way if everyone else feels as strongly as the committee does. Mark Scranton said to Jeff Entler that he was there and it sounds like there was quite a bit of objection to the \$350 price.

Jeff Entler said he thinks there was consensus once the discussion was...Mark Scranton asked Jeff Entler if he thought if it went to \$200, does he think it would be better? Jeff Entler said \$150 definitely, but \$200, he guesses that's a good try. Jeff continued by stating he thinks the committee was just business sensitive. Jeff said they want the cottage food people to succeed and they think the \$350 would be a barrier that would potentially wipe them out. Mark Scranton asked Jeff Entler if he explained to them the cost for a recurring home visit? He said that's what the Board was trying to recover. Jeff Entler said he thinks they talked a little bit about parity or at least he did and he doesn't think they had any discussion about the actual manhour costs per se. Mark Scranton said he thinks that's what drove the BOH's discussion of charging more money just because they're trying to at least recover what is being spent.

Cody Parks asked what about complaints that require a name then people can't just call five times in a row and make a complaint because they don't like that person. Cody Parks asked if the complaints can be attached to it and say you made a complaint and it has to be attached to a name. He asked if that is a bad idea. Brandi Binkley said to Mike Baggett that he believed Kathy Wade has talked to him about this before. Brandi said she can't answer it as easily but as far as the complaints, she knows that MCHD can take anonymous complaints, but she asked Mike Baggett what

his thoughts were about what Cody just asked about requiring information to be left. She said she doesn't remember it off the top of her head.

Cody Parks stated that if it's a legit complaint, they should be able to leave a name as far as he is concerned. Mike Baggett said that you can require people to provide their contact information their names and as you know if it ever needs to go into a court proceeding, he would have to have a complaining witness to call as a witness. Mike continued by stating that he can't rely on hearsay, but for the types of inspections that they are talking about that's not the same situation. Mike said generally you don't require that the complainants disclose their identity because you don't want to chill valid complaints from coming in. Mike continued and stated you don't want people worrying about if they complain on their neighbor or their boss or their friend for a violation of a health code that the person they're complaining on finds out and then holds it against them. Mike said there's a chilling effect when you require for the complainant to identify themselves before you'll take their complaint and act on it. He said however, you're within your rights to do so with the understanding that the end result may be that you have fewer people that are willing to make complaints and that as a result you may discover fewer violations of the health codes. Mike Baggett said it's a trade-off, but you do have the ability to do that depending on what policy the Board wants to do.

Dr. Minnaganti asked about having a higher amount for these violations – would that improve compliance on a part of these businesses and restaurants? Dr. Minnaganti continued by stating that his second question is do you have a complaint and you go there and you find out everything's fine, you're still doing the same work and you go there and you find there's a violation and you get paid whatever the fee is so they're basically spending the same amount of work when you don't get reimbursed or paid for that, right?

Mike Baggett said to answer the first question, he doesn't know whether a high fee or a low fee has what impact. He stated he doesn't know that he is qualified to answer what impact it would have on someone's likelihood of following the rules. Mike continued by stating that anecdotally, an argument can be made that if people are required to pay more upfront then they would be more inclined to be rule followers as opposed to rule breakers, but stated that's just a guess on his part. Mike continued by stating that in terms of a founded complaint versus an unfounded complaint and whether that recoups the cost of what it takes to go out and do the inspection - at the end of the day the fee isn't necessarily designed and shouldn't be designed to solely cover the expenses of the..

Dr. Minnaganti said he didn't mean that he just meant that staff would be spending the same amount of time checking on the complaint. Cody Parks stated if there was a violation they may have to revisit. Brandi Binkley said yes and with paperwork afterwards, it would probably take more time if it was unfounded versus having to do a full report, but that's more of an administrative piece. Cody Parks said it's probably almost twice as much if they find something.

Mark Scranton said he thinks this is going to be a really difficult challenge for the environmental staff because just picturing everyone's mind as you were talking and so we walk into an ABC restaurant in town they're open normal business hours an inspector walks in whether it's just a normal inspection or on the complaint, they have parameters that they are going there during the stores' hours of operations. Mark continued and said you go to Cathy's Cookies because you're following up on a complaint or you're doing a quarterly or yearly inspection or whatever if you're showing up at a restaurant unannounced then you're showing up to someone's house unannounced you know they're kicked back on their recliner watching TV you know they got a stack of dishes in the kitchen they're not even making anything right now so then he said he doesn't know. Mark said he would think they got to struggle with how to walk in there and say okay you don't have an acceptable environment here for doing what you're doing and they say well I haven't done anything for two weeks I'm not doing anything until next week; there's a sale that they are gonna make some stuff up for. Mark said he thinks it's gonna be really hard for them to go out. Mark said obviously they have to use common sense and discretion, but he thinks it's going to be real challenging to go out and inspect houses because that's what they're talking about for the most part staff. They would be going in someone's home and are looking at what they're doing; they're not a normal operation or a restaurant. Mark said he thinks that's gonna be a

real challenge for them aside from this this fee thing but that's just something else he thought about since they are talking about this.

Cody Parks said when staff get a complaint, what's the health department gonna do? Are they going to call and say they have a complaint about something going on? He said if someone is coming to your house they wanna fix that before you get there. Staff can't just pop in. Brandi Binkley said usually they just go. She reminded the Board that staff said MCHD hasn't had one of these specifically before.

Mark Scranton said staff won't know until it starts. Brandi Binkley said she thinks that's something that's been talked about before. Staff look at it and if the Board asked for a report, staff can come back and state there have been 20 complaints, whereas they've never gotten any in the previous year. Staff can let the Board know how it's going, talk more about it, and see if there's any adjustments that need to be made. Brandi stated it's something that staff have to do so they will be doing it regardless. Brandi said she thinks the point with the fee and allowance for it to be charge is if staff are having to do it anyway, there's a way to have that accountability but also help cover cost of having to do it.

Mark Scranton asked Jeff Entler if the committee tabled this thing. Jeff Entler said yes. Debbie Hill asked if they are waiting on the BOH. Mark Scranton they tabled and brought it back to the Board of Health and basically their concern is the price. Jeff Entler said yes. Debbie Hill asked if they don't...Jeff Entler said the price and whether staff can cite them multiple times like the BOH had talked about earlier. Mark Scranton said he doesn't know if this is the appropriate time to do this, but he would make a motion that the BOH amends the previous vote on this resolution to \$200. Mark stated he doesn't know if the BOH wants to include that it would be subject to staff discretion. Mark Scranton said if staff go out and do a visit and find it unfounded, he doesn't think it's fair to penalize them. Mark said if staff go out and find something that words that fee being charged, they are calling it a fee or a fine. He said he guesses the language will be important and he doesn't know if Mike has an opinion on that or how that should be worded but it's pretty obvious that the committee feels very strongly about this price. Mark Scranton said he would be okay with doing \$200 for the first year and revisit it a year down the road because they have spent enough time on it.

Vivian Goodman then stated that she had started to speak earlier but Mark Scranton cut her off. Vivian continued by stating that Kathy had proposed originally a fee of \$150 and then someone had suggested \$500. Vivian stated that said the same thing that the County Board said - going from \$0 to \$500 was just too much - crazy, so why not just go with her fee and try that? Vivian continued and stating that Mark is saying \$200 and that's just \$50 more, but the BOH ended up with the \$350 because of the \$500 suggestion and she asked to bring it down and that's where it came down to.

Mark Scranton then said he is just thinking about the staff's time invested in it. Vivian Goodman stated that she understands that, but there are already funds for the staff's time. Vivian asked Brandi, right? Brandi nodded yes. Vivian continued and stated that they are not setting fees to pay the staff. Mark Scranton said he understands that, but the way Kathy explained it they're struggling to get out and get to things now as it is because they're getting pulled in so many different directions so this is like an extra thing above and beyond they have to take on as another task now that's the only reason he was was bringing it up that they charge more money, but he stated he is fine with whatever decision is made.

Vivian Goodman stated that \$200 is fine; it's better than \$350. Mark Scranton said he thinks it gets closer to where the committee would like to see it. He is sure that is something the County Board would be agreeable to. Debbie Hill said it would be more they would think about it before if they'd have a fine of some substantial amount of money, they might keep their kitchen a little clean. Debbie said if the fee is \$50, they may say well then come on I don't care if they come. Debbie said she thinks they need to have some kind of something that will keep them on point of keeping their kitchen clean if they're going to sell food. Debbie Hill said restaurants have to do it so she doesn't know why they wouldn't have to do it.

Vivian Goodman then said there was a motion. Mark Scranton said there is a motion to amend the original vote to lower the price to \$200. Vivian Goodman asked if anybody was going to second this. Debbie Hill seconded the motion.

Brandi Binkley stated that she just noticed that the date of the meeting on the resolution is incorrect so if she can amend the date on the resolution as well. She asked Mike Baggett if that is fine to do. Mike Baggett said that's a scripters error that can be corrected without a motion. Brandi Binkley said perfect and clarified that is to be \$200. Mark Scranton said yes and Vivian Goodman said okay, they will end the discussion.

Roll call was completed. All votes were yes. Motion carried.

New Business

Discussion and Action of Media Representative for the Board of Health

Vivian Goodman introduced this section and asked Mark Scranton if this was him. Mark Scranton was unsure and said sorry. Brandi Binkley explained that Mark Scranton had requested this last month and decided to save this until Mark was present since he was the one that requested it. He said he remembered now.

Mark Scranton said he appreciated that and said he had a discussion with Brandi Binkley over some issues with who should speak on behalf of the Board to the media or anyone else that the BOH would want to have speaking on behalf of the Board vs the administration staff. Mark said the reason he brought that up and was adamant about when he was contacted by a couple other people. Out of respect to the Board President, the Board President should be, at least in his previous board experience, the Board President is typically the spokesperson that speaks on behalf of the Board. Mark continued by stating, so out of courtesy and respect to the President he would not speak to them and would direct them to talk to the Board President. With not having the ability to get communication back and forth without Mark calling Vivian and Vivian calling Mark and saying hey if they contact you and you want to speak to the subject specifically then he is okay with the President doing that. Mark Scranton said he is very adamant about having respect for his peers that he works with in organizations. He thinks it would be extremely inappropriate for himself or anyone on the Board to speak out of turn on a specific topic without either the blessing or approval of the Board President. He doesn't have a problem of having a conversation with someone about a particular subject, but he thinks there needs to be a clear line of chain of command on how to handle it. Mark stated he has been on boards where the Board President says so and so is going to be the spokesperson for the Board. It doesn't have to be the Board President. The Board President is ultimately the one who should have that discretion to make that choice and that decision. He said he would respect whatever the President decided to do and that is why when he was contacted the past couple of months, he didn't think it was appropriate to comment about it, of course the media took it another way and twisted it, and it didn't come out the way he said. So that is why he brought it up and would like everyone to be on the same page about when things do come up that we either defer it to Brandi or Brandi should be deferred to or the President. He said he would just like to have clear line of thought on how this should be handled and if someone is out of town and wasn't available who would assume the responsibility of the President role as Vice President and then that kinds of changes things a little bit. It is good to know what path the Board chooses to take when these things do come up. Out of respect for the President and her in the office, he thinks the President should be the person to comment on or no comment. The President would say you could speak to so and so and that would at least make him feel better about moving forward with the media.

Vivian Goodman stated in this particular situation she was contacted by the media, and she did not actually talk to the media until after they had reported whatever they were reporting on. It was in reference to the vote in reporting Covid reporting from daily to weekly. She thinks they had already tried to speak with Mark Scranton on this. Mark Scranton, said yes, they did contact me, but you need to talk to our Board President on this I am not going to make a public comment. Vivian stated that in a case like this, she does not think the media will come to the Board that much unless it is the case where the Board has actually voted on something that really affects the community. Otherwise, Health Department business would use Brandi Binkley and the media team that she has in place to handle everything. Vivian Goodman continued by stating that in this case since Mark Scranton was the person that actually brought it to the Board to vote on and presented his information that he had in getting the vote. Vivian stated that obviously she voted against it, so she didn't have anything to say even if she had talked to them before they reported, she would have told

them no, as they know she voted against it. It was on the news so of course she would have definitely had them speak with Mark Scranton.

Mark Scranton responded that he did not have that information and without her approval he just would not want to do it. He said he didn't think it is appropriate that he speak out of turn, even though Vivian voted one way and he voted another, obviously others did too vote the other way. Mark Scranton continued by stating that as Vivian said, she does want to talk to these people this, I am fine with that go ahead. Mark Scranton said he thinks the Board must look at how they present themselves not only to the media but to the community and need to have a structure in place to where things come up no matter what they are about that they have a primary spokesperson that speaks on behalf of the Board. As with previous boards he has been on it has been the President, or it has been a certain person that the President has designated to speak. Mark said obviously, he would just like to have it clarified for the benefit of everybody.

Vivian asked if the Board has had a media person in the past. Brandi Binkley responded the only thing she could think of if there was a change in administrator, they would do a press release and assign a contact outside of public relations. Brandi said there may have been things she was not aware of.

Venkat Minnaganti asked if it's usually the Administrator that speaks to the press most of the time. Brandi Binkley responded that it really depends on what it is. Brandi stated that the MCHD does have Marisa Hosier, the Director of Health Promotion and Public Relations and her team. Brandi continued that if it is something that is maybe not as controversial topic or if it would be something more sensitive, she has done a lot of the COVID press since it is more sensitive, or press conferences, stuff like that as the Administrator it is more appropriate that she handle. Brandi said in Board matters, especially in this situation, she was not going to speak to...she could speak what the board did, but she wasn't going to go beyond that and they did not ask her for interviews about it initially. Brandi said if they had, she probably would have forwarded that on to Vivian Goodman and kept her updated if there are major things, but she thinks the Board usually doesn't have a lot of media attention or media requests so the Board just might be in a different chapter with COVID attention and politics, there is just a lot more people that have things to say about it than usual.

Vivian Goodman asked if anyone else would like to speak or have anything to say about a media representative on the Board. Vivian asked what are your feelings or thoughts about do they need a media representative on the Board.

Dr. Minnaganti said not necessarily but someone could always be designated based on the context and who is knowledgeable for whatever item they are having sent. Dr. Minnaganti said he sees Mark Scranton's point about wanting to have a point person.

Debbie Hill responded and stated to Vivian Goodman that she is the President, Vivian responded well yeah. Vivian responded when she is passionate about something, you hear it in her voice. She stated when she is passionate about something, she may come over as a little aggressive. She said she may not be the one to talk about sensitive issues such as what happened, as she said she wouldn't have talked to them. Vivian said she would not have had any comments because it was totally something she was against, and they already knew that.

Mark Scranton responded maybe the best thing to do is going forward is because of that, there has to be a phone call or in this particular situation. Mark Scranton said the problem here is you are dealing with a window of time here and try to have response. Mark said he could have very easily emailed Brandi Binkley and said Hey I need some guidance on how to move forward with this because I am not sure. Then Mark stated that if Brandi felt it should come from the Board and not the Administrator, then she must get a hold of the President somehow and then she has to provide the Administrator response, and then if she is not available by phone because she is at work...same thing with email it may be hours or even the next day that you could get a response back, meanwhile things are kind of in limbo. Mark Scranton said he was very emphatically clear to everyone that contacted him that he did not feel it was appropriate to speak on this subject without approval of the Board President. Mark Scranton said he didn't have any trouble talking to them, he just didn't want to do it and somebody comes back and say gosh you talked on behalf of the Board and nobody gave you that authority to do that. Mark said he just doesn't think that is an appropriate thing to do. Mark Scranton continued by stating that if she is Board President, she can make that call, if she says you can talk to whoever you want about whatever we talked about, and Mark said he is okay with that, then that is all he needs to hear. Mark Scranton said it may not come up again, but he is just asking for clarification moving forward and if

someone wants to speak on behalf of the Board, he just wants to be able to know the plan is and how they are going to proceed to get that done. Mark Scranton continued by stating because if they don't talk to the media about a situation whatever the question might be, they are going to go ahead and run with what information they got, and it may not have all the blanks filled in that really need to be filled in you know so they are getting the whole story on everything. Mark Scranton said he wasn't comfortable doing it, maybe someone would do it and not think twice about it, that's just how he has always handled things on the boards.

Jeff Entler responded they are kind of in a stalemate and maybe it is something the Board wants to table for now and address it in the appropriate time later. Vivian Goodman says it sounds good to me.

Mark Scranton responded that he doesn't know why they are going to table it because he is just asking the question what are they going to do when something comes up, it is pretty straight forward. Mark Scranton said if somebody wants to do it that's fine. Vivian asked for Mark to give her another situation other than this one, and his response was that he doesn't know what it would be. He said he has been on different board and lots of different things have come up that are more related. If she (Administrator) decides if something comes to her that is more appropriate to come from a response from the Board then she is going to have to initiate some kind of action to have the President respond or like he said the President has to designate someone available or someone that you want to speak to them. Mark Scranton said it might be something that Dr. Minnaganti is more knowledgeable about because of his background and his areas of expertise then he could convey the message for effectively but he just wants to know what the plan is - are they going to send out emails, or make phone calls, how do they go about you implementing some kind of action if it is not something you want to speak to specifically about say, I would appreciate if you could talk to so and so from this media outlet and answer their questions or whatever. Mark Scranton said you can say as much or as little as you want and thing about it is we need to be in a position where we can give them some type of response, no response is not proper but at the same time again, like I said I didn't feel it was my place to comment on it.

Vivian responded, they had all the information they had the recording so it wasn't, Mark said I understand that. Vivian stated Brandi is good about calling me about any and everything so if she gets something she feels is a Board - if it needs to be done through the Board then she can contact me. Mark Scranton responded that he is fine with that and it's as simple as that. Mark asked Brandi if she has the ability to get ahold of Vivian pretty quickly. Brandi Binkley said yes.

Brandi Binkley responded I mean obviously to be clear and she said she doesn't think this is in question, but the staff can handle pretty much anything. Brandi said in that particular situation, she wasn't even contacted before the two of the Board Members were and obviously was really careful of how she answered anything to do with that after the original media was done. Brandi said she does try to make sure they have the media controlled in the building so only people who are familiar with situations are answering questions so they don't cause any confusion. Brandi said her recommendation is in this situation if it is ever directed to someone on the Board to speak on the behalf of the Board, if they have questions about what is accurate, then they know to feel free to get ahold of her and talk to her because she definitely wants to be sure they are all sending out the correct information. Mark Scranton responded se does the same thing for her staff, she doesn't let just everybody that works in the building talk to the media. Mark continued that Brandi has certain people that are designated to be the spokesperson for the department. Brandi said right. Mark Scranton said that's the same thing. Brandi continued by stating that she thinks it is really important that any of the presentation of her staff of what they are putting out there as far as professionalism and accuracy of information, keeping things as inclusive and appropriate as possible when they are speaking and representing the Health Department we all take that really seriously as well.

Mark Scranton responded thanks for the discussion.

Discussion and Action for BOH Appointments

Brandi Binkley stated just as a reminder the Board does have three coming up of terms that will be ending in May. The three board members whose terms are set to end are Dr. Jerger, Dr. Patterson and Vivian Goodman. Brandi Binkley said she did reach out to the County Board Chairman and he did have Jeannie Durham get back with Brandi to let her know this isn't until May and this was only January at the time. Brandi said she does want to work ahead on this,

especially considering they need to fill spots with specific positions. For example if Dr. Patterson decides she does not want to continue on, they will need a doctor in that position. Brandi said she is supposed to come tonight, but was going to be late. She has not yet let Brandi know yet if she prefers to stay on. Dr. Jerger has expressed interest in staying on. The BOH does need a Dentist and he would fit that position. Then Vivian Goodman did express to Brandi that she would like to stay on.

Brandi Binkley said the normal process they follow is that the BOH has at some point before May being last minute (they try to work ahead) voted on approving the appointments and then they are sent to County Board Chairman. Then he decides if he wants to forward those particular people on to the full County Board or make some adjustments. Brandi said that would be up to the BOH if and when they want to vote on that in that same process. Brandi said she just wants to talk about this ahead of time especially because one position is the President and the other two are Dentist and Doctor which they are required by the Act to have. Brandi said she thinks they should be thinking about this ahead and keeping County Board Chairman updated about whom does or does not want to stay on because some of the positions can be hard to fill.

Debbie Hill asked if we can vote on this now. Brandi said they can, but she does not know about Dr. Patterson. Brandi said they can certainly vote and if Dr. Patterson says no, then that's fine if the Board wants to do that. Brandi said hopefully by the March Meeting she would hear from her about this.

Mark Scranton said there is a Nominating Committee, so the Board should let them do their job, work on that, and bring something back to the Board. Mark Scranton said he was thinking about by-laws. He asked if it is one medical physician or two because he thought it was one. Brandi Binkley said two; she believes so and then a Dentist. Mark Scranton said he saw it on the website or in the by-laws that they are required to have one medical director. Mike Baggett said it's statutory. It may be in the by-laws, but it doesn't matter if it's in the by-laws because it's a matter of statute. Brandi Binkley said she had that memorized, but it's been a long couple of years. Dr. Minnaganti said he's not sure about the by-laws, but historically they have had two physicians on the Board. Brandi Binkley said yes two physicians, a Dentist, and someone with experience in the mental health field, a County Board liaison, and then other positions can be filled to the discretion of the County Board appointment.

Brandi Binkley said she is fine with the Nominating Committee doing that. She has helped take leadership of that in the past just because a lot of times people have been wanting to be reappointed, that does not always happen. However, if there are people that are very active and interested in staying on, she makes sure the Board knows that and the information can be forwarded as appropriate to the County Board Chairman.

Mike Baggett said it is two medical doctors and one dentist. Mark Scranton said that is good to know. He thought he read something somewhere that said one medical doctor, so that is good to know. Mike Baggett said it also states whenever possible and again these requirements are subject to the asterisk of when it's possible and when you have doctors willing to serve. Mike continued by stating that sometimes there are situations where there are not doctors willing to serve and that presents its own problems. It also says whenever possible, at least one member should have expertise or experience in the field of mental health. Mark Scranton said that's important because if you are looking for a person to serve on the Board and it's a lay person versus a doctor, a doctor is going to be a much larger challenge to find for sure, so that's important to know that. It could take some time.

Candi Clevenger said she has been the mental health person for years because of her position at Heritage. Mike Baggett for what it's worth he shouldn't have said expert – it says experience.

Vivian Goodman asked Debbie Hill if her question got answered and Debbie asked what was that. Brandi said she believes she asked if they could vote now. Debbie asked if they could knock out two of them. Mike Baggett said he would counsel against that. He said the BOH does have by-laws that dictate a Nominating Committee process be followed. He stated he believes the Board is within its discretion to waive those requirements, but generally it's not a good idea to do that unless an emergency requires it. Mark Scranton said they can't really vote on it anyways because they have to give a recommendation to give to the Chairman and ultimately, however that turns out, then the BOH votes on whoever they're going to put in those positions if he understands that right. Brandi Binkley said actually it works the opposite way historically. She said that it is ultimately up to the County Board Chairman to appoint and then full County Board to approve. Brandi Binkley said that historically the BOH has voted on appointments and then those are forwarded on. It doesn't necessarily mean much and told Mike to correct her if she is wrong, but it doesn't

necessarily mean much because the BOH could vote on three people and very passionately want those people and those could basically be thrown out the window by the County Board Chairman. Brandi Binkley said it's basically showing the BOH is on the same page showing whom they want to pass along as a recommendation to the County Board Chairman, but that doesn't mean that is who will actually be presented to the County Board.

Mike Baggett said that is a correct statement. He said the statute has absolutely no provision in it for BOH to have any say in who gets appointed to the BOH. He said he thinks historically it's been done that way because the BOH is in a unique position to recruit members that fit the expertise required by the Statute and look for people who would fit the needs of the BOH. They could make those recommendations to the County Board Chairman who may or may not have that level of expertise. The statute gives the County Board Chairman the exclusive authority to pick who his or her appointees would be. It gives the County Board the ability to approve or reject those nominees, but no one but the chair can make the appointment.

Mark Scranton said in Brandi's notes that she says information would be sent to the County Board Chairman and Jeannie Durham. He asked who that is. Brandi Binkley said it's the Board Secretary. Mark Scranton said okay. Brandi said pretty much anything she sends to the County Board Chairman she sends to her for communication purposes.

Mark Scranton said I wanted to clarify that. Brandi stated that is a good question.

Discussion of Flex Time Policy

Brandi Binkley said this is another one that she was asked to put on the agenda. Mark and some other Board Members possibly had some questions about how that policy works. She said she did send out the requested information in January. She said if anyone had any questions after seeing everything that she can answer those now. Brandi said she did try to make some points in the email that maybe weren't clear in the meeting when flex time was first talked about it. Brandi said the BOH has them and she doesn't want to repeat everything unless the BOH would like her to. She said she thinks there was some confusion and she was trying to clarify it as much as possible as quickly as possible before the meeting and everything.

Vivian Goodman asked if anyone had any questions. Mark Scranton said to better learn how this has been done, Brandi sent a bunch of information which she was kind enough to do. Mark Scranton said moving forward, he thinks there needs to be better clarification about how this flex time has been appropriate in the past and how it's going to be done going forward. Mark Scranton said he had a brief conversation with Mike Baggett this afternoon, and he's going to defer to him about that. Mark Scranton said he thinks that there needs to be clarification on status of certain employment status of certain levels of staff and then visit whether or not who is eligible for flex time and who is not moving forward and making any changes or modifications that the board might deem necessary that are appropriate for those who should be eligible for that. Mark said if Mike Baggett wants to speak to that, he will let him.

Mike Baggett stated that what Mark indicated earlier during the conversation...Bethany Stapel then turned Mike Baggett's microphone and he stated all this talking I've been doing and no one's been hearing it. Mike Baggett said that based on what he and Mark were discussing earlier, Mark Scranton had some concerns with respect to the modifications to the flex time policy that were implemented in he wants to say 2020 if he is getting his timelines right. Mike stated that obviously those modifications were meant as a reaction to the need to have staff performing additional work during COVID and not only that, but the fact that staff shortages and the need to work throughout the accumulation of flex time was becoming such that people weren't being able to realistically take it without harming the mission of the health department. You could not have people taking time off that they were accruing. So the BOH made modifications to the flex time policy to allow for more generous payout policies instead of the old policy as he would recall where you can accrue it with approval, but you have to take the flex time what other people might refer to as comp time within a certain amount of time so it does not come out of the treasury, it comes out of your time working.

Mike Baggett stated that he believed that was the desire of the BOH at that time was to make an amendment to the flex time policy to account for the need to have staff work more and the need not to have them taking additional time off. Mike said ultimately, it resulted in he thinks everyone in the health department being allowed to take – accrue – flex time and ultimately being entitled to payment for that flex time. Mike stated what Mark Scranton had indicated earlier today was his concern that under the Federal Labor Standards Act that governs overtime payments for

employees throughout the United States, you have a distinction between non-exempt and exempt employees and he was concerned that the MCHD has employees who would normally be considered exempt under the FLSA being entitled to take payment under this flex time policy. As the flex time policy was amended, this is absolutely allowed; it is currently the policy of the Board and there is nothing improper about that. It is maybe not common practice here or elsewhere, but there is nothing improper about the policy. Mike Baggett continued that it was Mark Scranton's concern that this was not the intent of the Board at the time the flex time policy was amended. Mike Baggett stated that Mark Scranton asked him to look into it. Mike Baggett stated that he advised that he would have to have an idea from the Board about what changes, if any, they would want to make to the current flex time policy moving forward and maybe make it more restrictive as to who among the staff it applies to and whether that would be exempt employees, non-exempt employees, or some other criteria. Mike stated that honestly, at the end of the day he does not know what the Board wants to see happen there. He stated he is happy to look at the flex time policy and assist Brandi and her staff with making any changes to that policy that the Board wants to make. Mike Baggett stated he thinks he expressed Mark Scranton's concerns, but he could correct him if he is wrong.

Mark Scranton said the two points that Mike Baggett brought up that would require his expertise because they are talking about changing something, it would need to pass through Mike's hands to make sure they are doing everything properly from a legal standpoint. Mark continued by stating number one who is classified as exempt and non-exempt employees and number two a review of the policy in general to see what changes and recommendations could or would be made that would be allowed to be made. Mark stated that is kind of the two major questions that he has because he thinks this was put into place probably in a really limited time window. He thinks the intentions are that this is a really temporary policy and his concern is based on the amount of money that has been spent out over the almost two years it's a pretty substantial amount of money and he doesn't believe that's probably what the Board intended to do originally and people taking time off versus getting a cash compensation. He stated he has an issue with that as far as two meetings ago because those classified as exempt status are expected to perform their duties regardless of the hours it may require within realistic expectations, but at the same time he doesn't think someone here working 35 hours that works an extra ten hours and automatically accumulating time because that should be part of the scope of the job to start with and that expectation of potentially having to work extra hours to get the job done is kind of an expectation to get the job done, especially in the business world. Mark Scranton stated that comes with the territory. Mark stated that he thinks it needs to be reviewed and what needs to be found out is which people are in which classes because the non-exempt and hourly employees are not even part of the conversation, so you just take them out of the picture as soon as you figure out who that is. Mark said that with the explanation of exempt versus non-exempt employees narrows the field quite a bit and that's what is needing to be reviewed.

Brandi Binkley stated she would like to clarify a couple of things, if she may. Brandi stated that the first thing is that the flex time policy has been in place a really long time. There were some edits made in recent past – she can't remember what year it was – that would control the number of hours someone could accrue on their books. That number ended up being 35 hours, which is the equivalent of the MCHD workweek. People were not regularly paid for that. They were expected to use the time. If they started getting close to that 30 hours, they were supposed to work with their supervisor to get something set up to use that time within a couple of week unless there were extenuating circumstances. The only time people were paid out for flex time was if they left. Brandi stated that once they knew someone was leaving, they would encourage them to use the flex time on their books so there would not be a payout. If they are a key employee of some kind, they may not be able to use all of it before they leave, so there may be a small amount paid out if it was on the books. That is the only time before that it was paid out. Brandi stated that with that change in policy in March 2020, it did not say now everyone gets paid for their flex time. That policy said that, because of COVID, the staffing, the workload – BOH Members probably read it because she sent it – it said now staff are allowed to accrue over 35 hours on the books because of the workload, expectations, pandemic, etc. It didn't say now staff automatically get paid for every hour over 35 that they worked. That is not what they did. It was just an allowance for people to accrue over that 35, knowing they may not be able to take that time off very quickly. Brandi continued stating fast forward to getting grant funding that could be used to pay employees overtime or in MCHD's case, most flex time. There were some people whom were considered non-exempt whom may have gotten overtime if they went over their 40 hours actually worked. Brandi said anybody else would have gotten flex time. MCHD ended up getting funding that allowed this to be done. Brandi said tons of health departments have used this funding in this way. Brandi said the BOH has probably seen that healthcare organizations across the country have been paying out quite a bit of money to be able to staff their functions during this. Brandi said basically that is what the BOH approved then and they went through all of the steps to have this in the grant contracts and pay the staff. Brandi said what they were finding at that point which was August 2020, people were continuing to work those hours never knowing they would

get a cent for it. Then MCHD was able to secure that grant funding and got all of that approved by the BOH and went through all steps of the County Board. Then if someone had an exorbitant amount of flex time that they could not take, they were able to get that paid down. That was not all staff. It was mostly the staff whom were the lead responders or the people who took more work on who were primarily the exempt employees. The way that MCHD system is laid out is that anybody level 7 and below is non-exempt and anyone level 8 and above is exempt. Primarily the people taking on more duties or working tons of hours – and they probably saw all of the time records that Brandi sent them – that there were staff sometimes working 100 hours a week. These staff were able to get this time – have it on the books and when MCHD was able to secure grant funding, these staff could be paid because they could not take days off. They were working 6 or even 7 days a week. This was a way for MCHD to get this time and financial liability off the books and pay it down out of grant funding, rather than waiting until the pandemic is over, seeing that staff can't get all of that time off, and then paying it out of health fund.

Brandi Binkley continued by stated that this was not an automatic payment of every staff person's time. If there were staff who could take time off, they were required, encouraged, and supported in doing so. Brandi said for some staff, that was not possible and is still incredibly difficult because for the health department, the pandemic is not over. Brandi said there are still a lot of hours; MCHD still loses people just like any other business saying they can't get staff or employees. This has been the MCHD reality for two and a half years of covering numerous jobs per person. Brandi said she wants to make that clear that not everybody is just getting paid every penny and for every minute worked. Brandi said she will say this again and she put it in her Board Report, so she is not trying to go on and on about something, but this is a benefit health department staff have been given at the time they signed on for employment. Brandi said she realizes benefits can change and MCHD tells people benefits are subject to change. However, the workweek is a 35 hour workweek and she knows some other County Departments are the same. Brandi said this is a way they have been able to retain staff, this is a way they have been able to recruit staff. Brandi said MCHD like other businesses are struggling to have enough staff and said she is telling them she is scared every day of who is going to leave next because of everything staff has to carry and everybody having to cover for others who are leaving or quitting or finding better pay somewhere else because for so many of our positions, someone can go get paid more somewhere else. Brandi said, yes that may be in the business world and their expectation is a 40 hour workweek, not 35, but MCHD is desperate to get people anyways. Brandi said if this is taken away, she is very concerned about us losing some really key staff. Brandi said she doesn't think this is abused. She said yes, there has been a lot of flex time – not over time – her staff do not get time and a half unless legally they were non-exempt getting time and a half comp time. Brandi said they have only gotten straight time and they compare themselves to other businesses out here at hospitals and nursing homes where people are getting paid time and a half. Brandi said her staff don't even get that. They get straight time. Brandi said in her opinion, MCHD has the grant money and it has all been approved, she understands that some are exempt and it might seem weird or backwards that they are getting time to work over a 35 hour workweek, but she is telling the BOH that changing this would be detrimental. Brandi said some of the people in the building that are in leadership or higher level exempt positions are the ones that worked the most and would do everything for you. Brandi said if you ask, they would give the shirt off their back; they'll work with parents in the hospital; kids sick; they don't stop. They are giving you everything they have and this is one of the things they are all holding on to so tightly. Brandi said she is very concerned if the BOH takes that. Brandi said she did say and agrees that to accrue over 35 hours on the books is a temporary policy and like she said that is not always going to be here. Right now, for MCHD, COVID and everything else staff has to do is very real and it is not letting up quite yet. Brandi said her opinion and recommendation is for the BOH to please allow her to continue with that temporary policy. Brandi said not everybody in the building is even getting time over 35 right now; it's just more of the key staff. Brandi said yes, the temporary policy stops when it's an appropriate time for workloads. Right now is not the time and to take flex time away from exempt employees in this building – we are going to have more of an issue than we already have. Brandi said honestly that terrifies her. Brandi said she is not just speaking for herself – she knows this has already been discussed in open, so she will talk about it now. Brandi said historically Administrators – including herself – have gotten flex time. This is what she signed up for with her employment agreement. She understands why it might be bothersome to some or some might not think it's fair, but that's what staff here signed up for when they work here and dedicate years and years to this place. Brandi said she is really fearful if the BOH changes that and strongly recommends not to other than taking away the temporary policy when the time is appropriate. Then Brandi said thank you.

Mark Scranton said he understands what Brandi is saying and he appreciates that, but the problem stems from the fact that “we” are all out there working a typical 40 hour workweek and MCHD staff are working 35 hours and then if they work over 35 hours, they are accumulating this time. The expectation of somebody that is being hired for a

specific position – they are getting compensated as part of their salary and benefits package typically. Mark Scranton said going into that with the knowledge that they are going to be required to put in a certain amount of hours to manage or oversee a specific operation or an entire part of a company or whatever the case may be. This is a conversation you have at the beginning when asked what is the compensation and benefits going to be. There is never a discussion about this type of thing being done. There could be a performance bonus put into place or something that is done that brings more dollars in or cost-savings. There are whole lot of different ways that you could look at different things. The problem he has is that MCHD is saying someone is going to be paid to be a salaried person, but the expectation is you only have to work 35 hours a week. Then you have this person making \$12 an hour and saying you only work this many hours a week, that's all you have to work and anything you work over that you get paid overtime. The salaried person is getting compensated more money because of the expectation of what they are going to have to do for that job, but also what they bring to the table in terms of knowledge, expertise, training, education, those types of things. That stuff should be discussed upfront. He stated he is not talking about getting rid of this. He is saying this was done by a different Board and whole different group of people. He said they want to enlighten and educate themselves about how this policy was created, how it's being done, and look at it and say does it make sense for changes to be made at this point. He said he thinks the BOH has a fiduciary responsibility to the public. He said he doesn't care where the money came from and that really bothers him that just because MCHD got a bunch of grant money that MCHD should just go spend it and this is what it was spent on. Mark Scranton stated that he would rather take some of it and spend on more people for contact tracing and other things the grant may allow. He said maybe it's more staff for environmental to go out and do inspections or it's equipment or whatever. He said he doesn't know parameters and knows some grants are specific to certain things, but MCHD has the money and has to spend it is not a good reason to justify paying out money. It needs to be reviewed. He said he's not saying the BOH is going to change it, but they need to review it, identify the people that are impacted by this, look at hours that have been spent, he thinks it should be fair if they look at it. If these people are working an average of this many hours per year and come back and give them a bonus or increase in pay or compensation as part of their overall package, he is okay with those conversations. He said but to have this open-ended situation like the way he interprets it now is they take the time, they take the time. He said a lot of policies have a policy of use it or lose it whether it's vacation time or whatever, you have until the end of the year to use it and they definitely don't get reimbursed financially for it. Mark said eh thinks it's something they need to discuss and review and get some legal opinion from Mike about what the BOH can or can't do if they make any changes or modifications to this policy, but he thinks it's a policy that needs to be at least started.

Brandi Binkley stated there is another thing she wants to clarify. She said even though staff sign on for an annual salary if they are full time...she said for example, if John Doe signs on to make \$20,000 per year. If in his first year, he does not have benefit time and has to be off due to being sick for two days, if he has no benefit time, he does not get paid his full salary that week here. He gets paid for the hours he has worked. If he has no benefit time, he would get no pay. Mark Scranton interrupted to ask if there is a salaried person working there making 20 grand. Brandi said yes, they do. Mark said that does not even make sense. Brandi asked him why that doesn't make sense. Mark Scranton asked why they wouldn't be hourly. Brandi said she doesn't understand his question. Mark stated that is an entirely different subject now. Brandi Binkley said basically staff are not getting a flat fee of money whether staff are here or not. Brandi said she knows the example has come up before about people being able to just leave if they have an appointment. Staff clock in and out here. This has been talked about; staff clock in and out; and those reports have been sent to the BOH. Everyone is accountable no matter what level they are for every minute of their time. Brandi said if the BOH wants to change that whole structure, that's an entirely different conversation obviously. She wants to be clear that it's minute for minute. If someone isn't there and they don't have benefit time, they don't get paid for that. If someone isn't there and they have benefit time, they have to use benefit time. They have to make their day whole for every seven hours. Brandi said she doesn't know if that helps with the understanding of it. This is not a salary – you get what you get no matter how many hours you work. Staff are accountable for every minute at MCHD whether it's taking or giving. There is that time clock that tracks all of that. This is not done willy nilly – you make \$60,000 a year and you do what you have to do to get your job done. It is minute for minute accountability, time clock, reporting, all of that. If all of that has to be changed, that's obviously a totally different story. MCHD has signed on tons of staff and told them flex time is part of the package; one of the benefits especially in the first year is if someone doesn't have benefit time and they need to be off sick or they work over or if they are at a Board Meeting until 10:00 at night, they are going to get that 4.5 hours back that they could come in late the next day, get some rest, get some extra sleep, be with their family, whatever it is. It is literally minute for minute exchange. They are not just getting extra time on top of not necessarily working all of their time. It's every minute accountability; it's a quarter hour 15 minute increment the

way that it is done in the time clock for almost everyone in the building is minute for minute. Even for staff who don't actually do the time clock online, they are putting their time in minute for minute for every day that they work.

Jeff Entler asked if the people who punch the time clock are level 7 and below. Brandi said everybody uses the time clock. Everyone. Jeff Entler asked if the exempt people do and Brandi said yes. Jeff Entler asked Brandi if she uses the time clock and she said yes, she does. Brandi said part of the reason MCHD just got that time clock (Sheree stated that it was March 2020, she thinks) is because it was part of the accounting system the County got and MCHD needed a new one. Brandi said MCHD had a pretty legit time clock before that tracked everything where everybody clocked in and out, including the Administrator. Brandi said one of the audits MCHD had recommended something that could allow job codes to be clocked in and out of. Brandi said this is part of MCHD world that is different than maybe other businesses. The grants want to know exactly how many hours or minutes per day that MCHD staff are working on the teen prep grant versus the tobacco grant because then when Sheree does all of the billing, exact numbers are used when reimbursement certifications are submitted with exact hours people worked on each grant and that is how MCHD gets paid. Then when MCHD is audited, staff are able to show that billing is being done and funding being requested based on how many hours per person and this is exactly what it is. If something does or does match up, budgets can be adjusted or whatever that might be, but that was recommended in an audit, so MCHD got an even more stringent time clock that staff are using now.

Jeff Entler asked if time clock means an actual physical time clock or if staff working from home sign on to a time clock app and log in and log out. Brandi said yes they can do it all on the computer or it can be accessed on the phone. Brandi said anyone can do this and when there are staff that are out in the field, they are able to do it.

Jeff Entler said to Mike Baggett that this is basically time recording, it still is not the classification of exempt versus non-exempt. Mike Baggett said right, an exempt employee isn't typically or always required to record their time. Mike said as a general rule of thumb, an employer is always well-advised to have a good record of an employee's time whether they are exempt or non-exempt. An employee is absolutely required to have records of non-exempt employees' time because in the absence of those records, all inferences will be drawn against the employer and in favor of the employee. That is just a situation that would have to be dealt with. Mike said it's a good practice that the health department is engaged in in terms of tracking every employees' time and obviously even with exempt employees reporting their time it may not be absolutely required, but in a grant situation where you are having to justify to a grant monitor at the end of the grant or periodically during the grant who is performing the duties that they are obligated to do per the grant contract, this is your backup. This is how you defend the grant renewals or ultimately expenditure of grant funds. Mike said this is a critical process the health department engages in. He said MCHD is not necessarily under most circumstances required to do this for exempt staff, but it is a good practice. Mike Baggett continued

Vivian Goodman asked if there was any other discussion. Mark Scranton asked if the BOH is going to provide the information to Mike Baggett to review or not. Vivian Goodman asked if Mark was asking if the policy was going to be provided to Mike Baggett. Mark Scranton said Mike was wanting to figure out who is exempt staff and who is not and also review the policies that is currently written. Brandi Binkley asked Mike Baggett if he had already done that when the Finance Committee was questioning the policies. Mike Baggett said yes. Brandi then asked if he could speak to that since he already answered that. Mike Baggett said when he was asked by the County Board Finance Committee – he asked if it was last year, as he thinks it was summer of last year – Brandi Binkley said she thought so, it was May and June. Mike continued that they basically wanted it reviewed to determine whether or not the policy was in contravention of any laws and he reviewed it then and he did not recall until Brandi spoke a few minutes ago that the health department has a more structured employee classification system than he thinks most Departments in the County use, so you can tell at a glance who is considered exempt versus non-exempt. He believes that is in accordance with the FLSA in terms of the criteria the FLSA uses to classify someone as exempt versus non-exempt. Mike Baggett said again he would have to look at it on a case-by-case basis to know with more certainty if each individual who is classified as exempt under the health department's classification system matches what the Federal Government considers to be exempt; same for those non-exempt employees. Mike Baggett said for purposes of this conversation, they will assume that the health department is appropriately classifying employees as exempt and non-exempt, you can tell at a glance who it applies to.

Mike Baggett said he thinks the ultimate question Mark Scranton was discussing earlier was whether or not the flex time policy should be amended to make exempt employees just that – exempt. They would not be able to accrue flex

time or be entitled to payouts of accrued flex time because the purpose of having an exempt employee under the FLSA is to have an employee who does not accrue any type of additional compensation or additional benefit for work beyond a 40 hour workweek. That is the definition of exempt.

Mark Scranton said he was looking at that, but was also looking at whether or not it's appropriate to be paying out any compensation at all and making it to where the person has to take the flex time and use it in some manner and whether or not it's extended past the calendar year or carried over. He said he doesn't know because he didn't write the policy and wasn't here when it was done. Mark said the majority of this Board is new enough and he doesn't think they fully understand this flex time policy the way it's structured right now and he thinks it warrants being reviewed to make recommendations whether or not anything should be changed on it or it should be left as it is.

Mike Baggett then said that what they discussed earlier in terms of Mark using the term appropriate – he wants to be clear about something. Mike Baggett when he reviewed this for the County Board Finance Committee last year, at the end of the day, his role is not to tell whether it's a good idea or bad idea. It's to tell the BOH whether it's legal or not legal. Mark Scranton interjected and said well, that is what he is asking. Mike Baggett said then he can tell the BOH now that what is currently in place is within the powers of the BOH to do. He said it is legal. He said whether it is appropriate might be a different question. He said whether it's a good idea, again, that's a policy decision that is the Board's decision to make. It is not something he can opine on or advise on. Mike Baggett said whether something is appropriate in context of a good or bad idea, he can tell them it is legal. Mark Scranton said right, that is what he was saying, if they make some changes or modifications, would Mike give legal opinion. Mike said absolutely. Mike Baggett said if the BOH presents him with ideas, suggestions, or revisions that the BOH wants to pursue or consider, he can give an opinion on whether or not any such revisions would be within the confines of the law.

Mark Scranton said not to take too much more of the Board's time on this, would it be appropriate or legal for them to look at this specifically since it relates to employment-related activities that maybe the Personnel Committee should maybe review and research and come back to the Board and present some findings or recommendations. He said he wanted to try and find the best way to proceed rather than spending two hours in a Board Meeting. Mark said it is no different than the Finance Committee going through the budget or anything else. He said he thinks it's something that maybe is committee-level thing to maybe go through the process of looking at everything and bringing information back to the Board in the next month or two. Mike Baggett said in terms of how it is provided to him, that is the Board's call to make if they want to do it through Committee. Mike said if individual Board Members want to bring him requests, ideas, or suggestions, he is happy to review those and provide his opinion on those. It doesn't have to necessarily come from the Board if a Board Member wants his opinion and wants to present whatever the Board Member wants to present to the rest of the Board for action, he is fine with that. Mike said it is just not his role to draft the policy without specific direction from the Board. He is happy to review policies that they draft and ask him to give his opinion on, but if they want him to draft something or come up with ideas, he needs to have direction from the Board as a whole as to what their desire is and what they want to see.

Jeff Entler said let him take a stab at maybe simplifying this a little bit. Jeff said correct him if he is wrong, but with the current flex time policy, they as an organization are obligated to pay for the overtime – flex time that is accrued – as they have done. If they reverted back to the policy of March 2020 or prior, then the organization would not be obligated to pay flex time. Jeff asked if that was fair. Mike Baggett said he was not sure. He said this may not be exactly the question Mr. Entler is asking. Mike Baggett said the obligation the Board has in light of the current policy, they certainly have an obligation to certain staff members – particularly non-exempt staff members – he thinks it's a closer question whether they have an obligation as to exempt staff members to honor the policy. Mike Baggett said he thinks there is exposure to potential liability if the Board were to decide not to pay the benefits that may have been accrued up to this point based on the policy currently adopted by the Board which is in force. Mike said certainly there is exposure with respect to non-exempt employees. Mike Baggett said it is a closer question that he is not necessarily prepared to answer with any type of confidence what obligation, if any, the Board has to exempt employees based on current policy since that is not in line with the law.

Mark Scranton asked if Jeff Entler was talking about going forward from a certain date; not anything that is existing right now; they couldn't do that. Jeff Entler said he is talking about what he thinks he heard Brandi say that at a certain point, they are going to go back to the old policy where staff could get 30 hours and once their Supervisor saw that they had 30 hours of flex time, they got no more flex time until they came up with a plan to exhaust down some of that time. Brandi said yes, staff always had to keep their accrual bank under 35. They didn't allow it to get to 35 before they

required them to make a plan to get it used. Jeff Entler said it was a well-managed policy. Brandi Binkley said absolutely. She said the way the policy reads – the policy pre-the temporary policy is, “Routinely, employees will not receive pay for flex time accumulated flex time accrued during their employment. However, if extenuating circumstances arise, the Administrator may approve payment for any time worked over the normal work week.” Brandi said the practice before was that nobody ever got paid for flex time unless they left and happened to have some number under that 35 hours in their bank. They never were paid for it even with the temporary change. The temporary change didn’t say that staff now automatically get paid for it. The temporary policy said now staff can be approved to get over 35 hours IF there is a need. The payment didn’t come in for months later because people couldn’t take any time off and that time was accruing. Brandi said yes, it would’ve been great to just hire people, but MCHD couldn’t even hire people yet and then it takes a significant amount of time to hire people, so you still have these same core people in our building that were performing all of those functions that whole time who then, yes, were accruing over 35 as the temporary policy allowed but then couldn’t take it. So then when there were funds that could be actually used to not even reward but compensate people for everything that they had put in to that point. That is what the BOH and Brandi said she fully supports that. She said there are plenty of organizations paying time and a half to people; paying \$600 an hour to people just to get them to work during this pandemic. This is nothing compared to that. She stated she realizes this adds up, but also this is an organization of well over 100 people and so the payment isn’t even referred to as a guarantee in that temporary policy. That temporary policy only allowed the additional accrual. The payment out while still employed was a temporary way to reduce the financial liability for the MCHD and get that time off the books for people that were doing the jobs. Brandi said yes, they could hire more people and they did, but still then people leave, then those core people that have to cover those things; those people have to be trained; people have retired. Brandi said not everybody – she sent the BOH a list of who has time on the books right now and it’s not even the same number of people they had before. Now it’s a smaller group of people that even have to go over that accrual of 35. There are people who can take their time and not have to accrue over 35. Brandi said that number is going to keep going down to transition as the team works through this pandemic and hopefully gets out on the other side of this. Brandi said yes, this has been very controlled over time; kept under that 35; our supervisors have been incredibly responsible; and staff know that yes, this is a benefit they shouldn’t take advantage of it and they have to make a plan and use it so they don’t get to 35 or go over. They are not allowed to accrue over that with the regular policy.

Candi Clevenger said this is just for exempt employees and asked if the non-exempt are paid time and a half. Brandi said yes, after 40 hours actually worked. She said non-exempt employees also have that 35 hour workweek. Brandi said for hours 35 to 40, they earn flex time if they go over. Once they get to 40 actual hours worked, they would get paid the time and a half and yes, that would always be paid out because that’s the law that it has to be paid out. This is not just during COVID. Candi said they get paid for that time, they don’t accrue it. Brandi said yes, the comp time. Candi said they don’t do comp time, they get paid overtime. Brandi said yes the overtime time and a half because that’s the law. Mike Baggett interjected to state that per the law, it is permissible to give comp or flex time in lieu of payment. He said there can be a policy to that effect. He said it’s common practice for anyone that accrues over 40 hours to simply be paid out the overtime, but just to correct what she is saying, you can legally have a flex time policy to allow for accrual for time and a half. Brandi Binkley said yes, she is aware. She was speaking to what MCHD has done. She said they do not leave that on the books and have historically paid that out. Candi Clevenger said she thinks that is a more recent change.

Mark Scranton said you’re not talking about 40 hours a week – you are talking about 40 hours accumulated time for a period of time? Brandi asked if he meant non-exempt and overtime. Brandi said in a week, as he knows, if non-exempt work 40 hours actually worked, they would get that time and a half. MCHD would pay that out. Mark Scranton interjected and said what Mike is saying is that they could be given flex time. Brandi said they could just get time on the books. She continued by stating these people on this list that has been given to the BOH are not non-exempt level. Most of the people that have been paid out for doing extra work and taking on a greater load have been the exempt level and higher in the organization because of the expectations and the people who have taken that on. Sheree Zalanka said it is all exempt. Brandi said when talking flex time accrual bank, that is not just for one week. That is someone’s overall accrual bank. Mark Scranton said right. Brandi said when she says people could historically only get 35 hours in their accrual bank, it’s like someone’s vacation time. They have a week of vacation for the whole year; this is like they can get up to 35 hours on their books at a time and it rolls; it’s not on a calendar or anniversary year. It rolls. Brandi continued by stating that they have always kept that under before COVID. It was very controlled and that is how staff handled that.

Mark Scranton said okay with that being said and that addressed part of his concerns and whatever. He said if Brandi can look between now and the end of the year, can she see any clarity that MCHD could go back to the policy before the temporary policy was put in place? Mark asked if staff are seeing a decrease in activities in the last 90 days, six months, are they seeing a decrease where they feel like in another three month for example this will be back to almost what would be called normal levels of activity? Mark Scranton said if things continue on as far as COVID goes on the trend downhill where that stuff starts to subside, that Brandi could come back and say they no longer need to have this temporary modification put in place. He said he doesn't want to take a bunch of time on this and Brandi come back in two months and say the numbers are like five or ten people a day and this thing is pretty much on its way out the door and staff are not having to have people work a bunch of extra stuff and then make a recommendation to the Board to go back to the old policy. He said he asked if that is something Brandi even feels comfortable thinking about at this point.

Brandi Binkley said yes and that was her recommendation in her Board Report. Brandi said they have already seen a decrease in how many employees have had to go above and beyond to this exorbitant amount of hours. Brandi said obviously they have done everything in their power to hire staff, replace staff, replace retirees, but like anywhere else they are having short staffing or you wouldn't even see as many people right now with having extra hours. However, they are having to cover things. Brandi continued by stating that as far as COVID goes, she hopes so badly there is not another surge. She said if it keeps going in the trajectory that it is, she does think she can bring a recommendation to the Board. Brandi said staff are updating the BOH about COVID every month, where the MCHD is going, where the funding is, how many people are needed out of this Contact Tracing Grant. Brandi said she definitely thinks if the BOH can give her the ability to come back to the BOH every month and update on where things are, she can recommend when it is time to take this away. Brandi said then if there is a situation where someone is having to cover an extra amount of hours because someone is on leave, they are sick, and MCHD cannot hire, that is something that can be considered an extenuating circumstance just like in the past which is extremely rare. Brandi stated that for people with these hours on the books, that is not regular operations. This is pandemic operations. Brandi said yes, if they would give her the ability to keep thing the way they are now and they will do everything they can to update the BOH and let them know when it is time to do away with the temporary policy, that is what Brandi would prefer and appreciate. Brandi said MCHD staff are not out of it yet. She said they wish they were, trust her. She said people on her team have told her they just want time and to be able to take time off and go home after work and not have to work all evening, all weekend, every holiday, they desperately want that. Brandi said trust her, none of the staff is hungry to keep getting flex time.

Mark Scranton said he appreciates that and said he wants to offer or propose or give her whatever she wants to take it. He said he would like for her monthly report on COVID to also provide to the BOH somehow in the packet or communicate through email or whatever her preference is to give the BOH – and obviously she already covered the non-exempt employees' status. Mark continued that if she could just give the Board a monthly report of where exempt staff is at for example on their hours and maybe go back the last 90 days and then look at 90 days going forward and see if the trend of hours changes with the level of activity to where they start to see this going in the direction she thinks it might go. He said that will make him feel better about whether or not the Board pursues making changes to this policy prematurely as it currently exists. He said he doesn't want to burn up a bunch of time working on this for Brandi to come back in a couple of months and say you know what? We are almost down to normal levels again. Then they have wasted a lot of time.

Brandi Binkley asked if he is asking for time clock reports of number of hours or flex time. Mark Scranton said no, just give him hours of flex time accumulated that matches up every month with the rest of the reporting stating this is where they are at each month, this is how many hours they accumulated of flex time. He said then they can see a downward or upward change on a monthly basis that flex time is going up or going down. Then they can have that conversation with Brandi – a real brief conversation asking why this is going up or is it getting down to a level where she thinks they can suspend the temporary flex time policy. He asked her to give them a little information every month as a type of guide, if you will.

Brandi Binkley said okay. Mark Scranton said then they can better understand where staff are at with this because he doesn't really want to get into this. He would prefer to do something real simple and he thinks this is something easy to digest and easy to understand. He said otherwise, he thinks they need to have a conversation about making some changes and modifications to the policies that exist. Brandi said okay. Mark Scranton said he is fine with waiting, but he would appreciate having that information so the Board can keep making informed decisions about the direction

they are going and money they are spending. He continued by stating that he would really appreciate obviously as things turn the corner on this that it is really emphasized to the staff the preference for them to take the time as much as possible as much as they can. Mark said the down time in most cases is more valuable than getting the money because you're still working. Mark Scranton talked to nurses at the hospital and he knows Dr. Minnaganti is in there every day. Mark said he talked to nurses and they are working six days a week 12 hours a day and it's like people are going to get burned out after a while. They have to have some down time after a while.

Brandi Binkley said she agrees with him and she does say that all the time. She said she does want to make sure the Board understands and she has communicated this a lot – MCHD staff have been working those hours, too. Brandi said that is not to discount nurses, doctors, anybody else. They have all been working this nightmare together. Brandi said just so the Board all knows, that is what her team has done. She said that is why, when she comes at the Board so passionately about protecting them and appreciating them and letting them get their time, that is why. They have worked. Brandi said she doesn't want them to burn out. She doesn't want to lose them. She doesn't want their health to go down. She said they have already seen detrimental impact. So yes, she wants them to take their time, but for most of this pandemic, it has been nearly impossible for several of the MCHD staff to take any time off. That is not being dramatic. Brandi said when the need is there and lives are on the line, you have to do what you have to do and that is what the MCHD team did. Brandi said she appreciates it and will provide an accrual of how many flex hours are accumulated per month. She said she thinks that she will probably bring a similar report to what she provided them in January. However, when she sends that out, if there are things that the BOH requests, she can revisit that with Sheree and bring something else back to them.

Mark Scranton asked Jeff Entler if that answered his concerns and will work for him. Jeff Entler said he thinks so and he thinks he understands everything that is going on. He said he looks forward to... Mark Scranton stated he appreciates the explanations tonight from Brandi and Mike both because it has enlightened him a lot more. Jeff Entler stated he looks forward to a speedy reversion back to the old policy which is a point. Jeff Entler said they will look forward to Brandi bringing that to the Board. Brandi Binkley said she looks forward to that, too. She said her staff are not hungry for flex time, they are hungry for work/life balance at this time. Brandi Binkley stated she would like to also say just so they all know, historically health departments are underfunded and understaffed pretty generally across the state, so staff have made moves before COVID even hit to try to do some restructuring and to do some different delegation in the building so this isn't a problem that continues on and on and they don't have people burning out or people with such huge workloads that it's impossible to complete without working six to seven days a week. Brandi said they also made changes proactively before ever entering into this COVID world to try and not lighten the load to where staff have easy jobs, but to where their jobs are actually realistic to do in 50 hours a week rather than more than that every single week. Brandi said she does believe it is important staff have work-life balance and down time. She absolutely believes in that. Brandi said they will keep doing that and looking at things.

Mark Scranton said he had one more question for Brandi before going into Closed Session. He said in reviewing the notes, is he to understand that staff were able to complete getting keyless entry done for the building? He said Brandi had something in there about training and stuff. Brandi said yes, where they are at now is that the DPBC got it installed with the company on certain doors in the building. They started with a small amount and hope to branch that out as they go. Brandi said the next step is getting everyone into the system and getting everyone else trained. Brandi said the core group got trained. Brandi said they are very short-staffed in Administration and they are the ones who will be training everyone. They had their training with the company and now just need to move to a lot of data entry, which they don't have someone to do right now, but are trying to get someone on board that can do that. Brandi said then everybody else will be trained throughout the building. Mark Scranton asked what the issue is with data entry. Brandi said they have to enter into the program all of the employees' info to then grant access for people. They got a system that could be used with regular badges so equipment will not be an additional cost right now for MCHD. The piece goes on the back of the ID badge that can be scanned. Mark Scranton said but the in-house, IT staff are doing that work, right? Brandi asked which part. Mark Scranton said the data entry. Brandi said IT is part of Administration, so yes, between them it will be getting done – all of their information entered. Mark Scranton asked if she thought it would be done within the next 30 days or so would that be completed. Brandi Binkley said she doesn't know about 30 days because they've lost in the past two months an IT person and an Administrative Specialist, so they are again covering more so she cannot guarantee 30 days. Mark Scranton asked her to just keep the Board posted. Brandi said that is definitely something they are trying to move on and are really excited it is at MCHD.

Vivian Goodman said thank you and asked for a motion to move into Closed Session.

Closed Session

Mark Scranton made a motion to go into closed session. Cody Parks seconded. Roll call was completed. All votes were yes. Motion carried.

Closed Session held.

Open Session

Vivian Goodman asked for a motion to approve the payout of Brandi Binkley's flex time that was accrued. Debbie Hill made the motion; seconded by Jan Hack. Roll call was completed. All votes were yes. Motion carried.

Adjournment

Vivian Goodman called for motion to adjourn. Mark Scranton made the motion and Debbie Hill seconded the motion. Roll call was completed. All votes were yes. Motion carried. Meeting adjourned at 7:58 p.m.

Respectfully Submitted,

Brandi Binkley

President: _____

Secretary: _____

Date: _____