

Macon County Board of Health Special Meeting

**Macon County Health Department
MCHD WIC Conference Room
1221 E Condit Street, Decatur IL 62521
September 7, 2021, at 6:15 pm**

Vivian Goodman, Board of Health President, called the meeting to order at 6:22pm.

Roll Call

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

Health Department Staff in Attendance in Building

Brandi Binkley, MPA, SHRM-CP, CPHA Public Health Administrator
Sheree Zalanka, Chief Financial Officer
LaKeeya Funches, Accountant
Evan Trimby, Information Technology Support Specialist
Fred Book, Information Technology Support Specialist Assistant

Health Department Staff in Attendance on Call

Kathy Wade, Director of Environmental Health and Emergency Preparedness
Bethany Stapel, MPH, CPHA, Assistant Public Health Administrator

Public in Attendance

Approval of Agenda Topics

Dr. Brett Jerger moved to accept the agenda, seconded by Jan Hack. Roll call. Motion carried.

Public Comment

There was no public comment submitted.

Old Business

Email addresses

Brandi informed board members their email addresses are officially set up. She distributed instructions to board members on how to complete the set up and requested that all emails be officially up and running by Friday, September 10, 2021. Brandi also requested that the board members send her an email when its completed so the official Board of Health roster can be updated as well as the MCHD website. Brandi thanked the board for agreeing to get it done and IT for their help on setting up the addresses. Mark Scranton thanked Brandi for making it all happen.

New Business

FY2020 Audit

Chief Financial Officer Sheree Zalanka presented the findings of the FY20 Audit. She informed the board that the health department ended with a positive \$555,273. Sheree attributed the positive balance to the MCHD receiving Contact Tracing Grant funds. The funding started in June 2020. She also noted the difference in expenditures of \$1,095,187 under personnel. This was due to staff covering contact tracing duties until the MCHD was able to hire staff directly for contact tracing. For example, nurses were spending a significant amount of time with nursing duties as opposed to their normal duties. Money that was originally budgeted elsewhere ended up coming out of the contact tracing grant.

Sheree highlighted to board members in the summary on the health department the health fund balance is at \$4,878,583 and this is the fifth straight year the balance has increased. Revenue increased by 5.79% and expenditures increased by 5.31%. Sheree attributed this to programs associated with COVID-19. During FY20, the MCHD was the lead responding agency for Macon County throughout the global pandemic. Staff worked extra hours to cover need and additional staff was hired, nearly doubling the number of staff currently employed at the MCHD. New grants were awarded to the MCHD to respond to the health crisis. Total grant money received totaled \$4.3 million available through December 31, 2021. Portions of the money was used for salary and fringes for responding employees as well as additional expenses. Sheree also noted that the money received was able to be used for previously planned health fund purchases. This included salary assessments, phone system, and electronic medical records.

The management letter received discussed suggestions from the Auditor's Office. In particular how staff time is billed to grants. In the past, a quarterly time study was completed to see how staff was spending their time and that was average out over the year. When the county adopted new financial software, the MCHD adopted the same software. This new software plus their timeclock allowed staff to track their time more accurately and specifically to grants.

There was also a note in regard to employees working over 40 hours and not receiving overtime rates. These instances arose from employees working in various departments in the same work week. This applies to the MCHD because there are sheriffs that come to the health department to do security in addition to their normal work. The MCHD originally paid sheriffs their normal rate but moving forward, time and a half will also be paid.

Sheree also mentioned a comment on the letter explaining that the Auditor's Office serves as the general accountant for the County. This means they record financial transactions, examining and paying claims, processing payroll, and reporting financial results to the board. As a result, they recommend the Auditor's Office review procedures and conduct internal audits of the offices in

the county. Sheree and Carol Reed discussed the office coming over at a point in the year and completing a sample audit of some documents on file.

Mark Scranton requested more clarification on expenditures. He wanted further information on the increase in cost of personnel due to the extra staffing required. Sheree informed him the amount decreased by \$1 million because personnel was being billed to contact tracing. He asked for more clarification on the increase in supplies and Sheree informed him the supplies decreased. Less money was spent on vaccine and other supplies because they were able to be billed directly under covid related expenditures. Due to COVID, regular vaccination clinics did not happen as often in previous years. Mark Scranton requested more information on the budget versus actual spent. Sheree assisted Mark with how the chart was laid out.

Accounts Payable Approval Process

Sheree explained to board members the addition of the Accounts Payable Approval process to the meeting due to the new board members being unaware and to promote full transparency on the procedures. She has also updated the reports that will be included in the board's packet each month.

All requests for purchases must be submitted with the authorization of the division's director. Directors check for allowability within their budget. If they are unsure, they reach out to Sheree for further assistance. If a purchase is more than \$250, it must also be approved by Brandi before it can be purchased. This is not the case for a reoccurring expense like vaccine or a monthly telephone bill. Most purchases are handled in administration by an admin assistant, Evan (IT) or Sheree. When the items are received, the packing slip is checked to verify everything is received and then the slip plus invoice is given to the director. The director attaches it to the payment request sheet. After all details of the purchase are filled out, the director signs the sheet and it's given to administration to be paid. Only division directors or assistant directors can approve purchases.

Accounts payable claims are entered once a week. When claims are received, they are verified for director's approval and to ensure the correct grants are being billed. The invoices are then entered into the financial software by the accountant. After they are entered, Sheree receives a report. She reviews the report. If there are no changes, it is sent to a board member for approval. At this time Candi is the board member that approves. After she responds with approval, everything is posted, and checks are printed at the Auditor's Office. The checks are picked up, brought to the health department, and the payments are sent out to the vendor. They reference back to the payment request sheet and the check number and date are written at the top. The sheet is then filed in a cabinet in Sheree's office. After the checks are sent a final report is given to Brandi. She scans through the expenses and references back to the original email to Candi to verify everything matches.

Credit card bills are paid once a month. The credit cards are kept in a safe in Sheree's office. The only staff members with access are Sheree, Brandi, and LaKeeya. If someone needs to use a credit card, the request has to come from the division director. A director can authorize any member of the staff to use a credit card. When they get the card, it must be signed out on the clipboard with the date and where they're shopping. When the card is returned, the return date is also recorded. The receipt is given to their director and a payment request sheet is filled out. The request sheet is filled out by a director and returned to administration. Once the sheet is submitted, the expenditure is entered into a cash disbursements journal. When bill arrives, it's paid and credit card expenses are reconciled and cleared out. In addition to the new AP report, Sheree will start submitting a more detailed report in the board packet.

Mark Scranton commented that everything looked thorough on the backend but asked if there was purchase order system on the front end. Sheree informed him the health department does not use purchase orders; many are initiated through email and that majority of them are reoccurring expenses. If it's not through email, the health department has an online account setup online so that their tax-exempt status stays in place.

Approval of the FY22 Proposed Budget

Sheree presented the proposed FY22 budget. Department revenue was 6,870,000 and expenses ended at 6,986,000. This put net revenue expense for FY22 at a negative 113,530. She explained that they were constantly looking at overhead expenditures to see how they can be decreased. This past year they did increase from 16% to FY22 presenting 19%

Information Technology Updates

The Health Department continues to use Microsoft office 365. Employees have access to files anywhere internet is available. This technology was implemented before the pandemic and has been beneficial to staff during the shelter in place as well as for staff quarantine/isolation, mass vaccination clinics, and more. Staff has been able to transition their physical space into an effective workplace which is necessary to offer critical essential services to the community and staff throughout the pandemic. Contact tracing staff is able to work remotely seven days a week. Sheree noted there would not have been room for staff to work in the building. In addition, all information is able to be stored on the cloud. In the event something catastrophic happens, the health department would have minimal downtime for recovering all files. It also benefits the community. All board meetings are still held and streamed live for them and posted to the MCHD YouTube channel.

In the midst of the pandemic, the state launched and implemented an online contact tracing program called Salesforce. Staff are required to learn the program while responding to the pandemic but also teach others. There are regular updates to the program and staff are expected to attend regular trainings.

Fiscal staff has trained and began using the new accounting software with the Auditor's office. Administrative staff also implemented a new time clock system that links directly to the payroll software. This system is superior to the previously used system and provides even more accurate recording for grant purposes.

IT has demoed cloud software for the Dental Division as well as digital environmental health software. Dental software has been added to the FY22 budget and environmental health software will be added at a later date with a resolution.

A new phone system is currently being implemented and will be fully up and running. This system allows for greater flexibility and remote work. It also allows for adding capacity as needed for high volume calls experienced during times like vaccination clinics. It also has a software-based phone app that can be installed on both cellphones and computers. This will allow remote workers to access the same phone system as on-site staff. Previously, remote staff would use a secondary system that added cost and complexity to the Health Department's communications strategy.

Fiber internet is also in place. This will give the building a consistent 1 GB connection unlike the current broadband connection which varies in bandwidth throughout the day. With the new phone system being connected to the internet and other web-based systems, a fast system is required. In FY21, approximately 1500 a month was spent on the inhouse system in addition to an extra \$1500-\$2000 being sent on remote staff phone use. Broadband internet costs were

approximately \$400 per month. For FY22, fiber internet will cost \$1460 per month and phone costs will drop approximately \$500. In the end, the MCHD will save \$1000 or more per month.

Grants

Sheree informed the board of recent grant changes for FY22. The WIC program received an extra \$9233 in funding, while the caseload remained the same.

For FY22, the Healthworks Lead Agency will continue to be managed by Youth Care. Historically this program was underfunded, and the caseload exceeded the required amount per contract. Additional funding was received in FY21 and is budgeted to be the same for FY22. This has provided the necessary funding to hire more staff to serve the caseload. The Healthworks Medical Case Management Program has been terminated as of March 2021 due to losing key staff.

The Family Case Management and High-Risk Infant Follow up/Healthworks grant. MCHD had to complete a competitive funding application for a combined grant and was awarded \$417,150 for FY22.

The Local Health Protection grant received an increase of \$8,279 and received \$25,000 for influenza vaccine promotion.

As a local health department, the MCHD are local responders and plan/train for natural and manmade disasters. Sheree noted this also includes pandemics. In FY21, the MCHD was awarded \$2,681,712 for contact tracing and given the opportunity to apply for more funding. As a result, the MCHD was awarded an additional \$800,000. The current contact tracing grant ends December 30th and nothing has been mentioned about additional funding or if it will be extended. Without this funding, the MCHD would not have been able to hire the additional staff needed to address all cases and contacts in Macon county. Sheree explained the funding assisted the MCHD in gaining access to the technology necessary for current and newly hired staff members. There are obstacles that exist despite funding. The funding being temporary and following the pandemic, the MCHD will remain underfunded and possibly understaffed. Grant dollars are extremely restrictive, so some needs still remain. It is difficult to fill all staff positions due to nursing shortages, lower-level salaries for professional positions, and temporary nature of covid related positions.

Funding was received for Mass Vaccination in FY21. At this time, it has not been extended in FY22. Due to the updates regarding recommended boosters, the workload has increased for staff without additional funding. Therefore, mass vaccination may need to be supported by the health fund to further serve the community.

The Dental division applied for a \$133,000 from Delta Dental to assist with staffing expenses and the cloud-based software. This has not been included in the budget because Sheree hasn't received a response yet. She believes there will be a response sometime in November so it will be added with the resolution if the funds are received.

A number of Starting Point grants received increases for the upcoming year. These grants are funded by the East Central Illinois Area Agency on Aging. The goal of the grants is to serve the high risk population and ensure there are no gaps in service. The funds are used primarily for items needed by clients and not for staffing. They also require a matchup of 10-15%. Even with the increases, Starting Point still needs support from the health fund. The division continues to grow and there is a need for an additional care coordinator. There are rules dictating how many cases each coordinator can have so an added staff member is necessary. Additional funding has been requested and Sheree is awaiting a response.

Other grants that will not continue in FY22 are Dental Sealant and Genetics.

Staffing

Brandi presented the staffing section to the board. There was an increase in the payroll section of the budget. This includes a raise provided through performance evaluations during the fall. The proposed raises would be presented as a cost-of-living adjustment and merit raise for those staff. Brandi is presenting a 4% raise for the staff that score to earn that amount. In 2014, a salary assessment was performed that showed the health department staff was paid significantly lower in positions comparable at other health departments. The discrepancy in some areas was close to 25% at that time. A plan has since been implemented to increase salaries back in 2018.

The EEHW Oversight Committee through the county encouraged the health department to do this to ensure salaries were appropriate, comparable, and competitive. An intern has been brought in to work with administration and other health administrators throughout the state to assist. Salaries are now more in range.

Brandi noted the health department was still in the lower range for a number of positions. This was seen mainly in the level 8 category. This category requires a bachelor's degree or relevant experience depending on the rules of those particular grants. A number of positions have presented challenges to recruiting and retaining staff. This is also due to the fact everyone is hiring and able to offer things the health department cannot.

Brandi informed the board at budget time, the team wanted to present the prioritization of succession planning and ensuring the health department is cross trained as much as possible. This will help in cases of emergencies, retirements, and the transition of current staff. This past year succession planning has been challenging but successful. As planned, divisions have restructured and she sees success in it. In FY21, the contact tracing grant allowed the MCHD to bring in an Accounting Assistant and IT Support Specialist Assistant. The budget reflects maintaining those positions. Another position added was the Clinic Coordinator. Historically the director of the clinic had to much under their direction and needed to be restructured for succession planning and gaining adequate coverage. Someone was hired but later resigned. A Health, Equity, Diversity, and Inclusion Coordinator position was added with contact tracing grant. The role was filled but is now vacant. Brandi plans to fill that position soon with the support of the health fund balance because of its importance for the health department.

Staff has resigned due to burnout or trauma associated with COVID-19. As well as due to level of pay and more competitive pay levels by other employers in the county. In a few months, over 100 employees were onboarded, and some have been lost. Originally, the expected end date for contact tracers and other COVID related positions was May 31, 2021. They were informed during the interview this could change. Brandi expressed her thanks that the health department was able to retain part of that team.

Health Fund Balance

The Health Fund balance was at \$5.3 million as of August 31, 2021. The budget shows an average of \$582,468 in expenses per month. This indicated that an appropriate working operational fund balance should average between \$1.75 and \$2.3 million annually. Fluctuation is expected due to the property tax payment schedule. Brandi explained the global pandemic was a prime example of why its crucial to maintain a healthy balance. In previous years, there was discussion on the health fund balance and how it can be utilized during an outbreak if funding wasn't received by the state. Funding was received in response to COVID, but the health

department had been working for months before funding was received. Brandi thanked Sheree, previous administrators, and the board for ensuring the health fund was maintained.

Previously, there were plans to use the health fund balance to implement the electronic medical records. This has not been done because there hasn't been one fitting for a health department's needs. It has been added to the contact tracing grant. However, due to the significant cost there will be a bidding process. She will keep the board updates on progress.

At this time, the health department is waiting for more information from the States Attorney's Office regarding the digital environmental health system.

Dental Clinic reimbursement rates have increased. In the past, the Dental Clinic had to be supported by the Health Fund close to \$100,000 and the max being \$300,000. The need for a dental clinic is essential so it has been supported by the fund as well as by any grant funding that is applied for. With the addition of a new dentist with extended hours, Brandi hopes this will bring in more productivity.

During COVID, the Board of Health adopted a temporary policy allowing flex accruals to exceed 35 hours due to the demand of work in response to the pandemic. As of now, the workload is still significant because of the current surge. If funding does not continue, this will present a major burden for staff and the health fund. Brandi assured the Board of Health they would be involved in any decisions on how the organization proceed. Boosters will be available after September 20th. A significant expense will be coming out of the health fund to support those efforts if additional funding is not received from the state.

Brandi paused to open the floor for questioning. Mark Scranton asked how many people were hired as a result of COVID funding. Brandi answered by stating about 70 or 80. This included full and part time. Mark then asked how many were still currently working and Brandi replied that she could look the exact totals up but at this time there are 43 contact tracers as well as the accounting and IT role that are also funded by the grant. Mark then asked Brandi how much was left for COVID funds. Sheree informed Mark as of August 31st, there was about \$1 million left. With four months remaining, this allows equal spending of \$251,000 until December. The electronic medical records are budgeted at \$158,000 of that remaining million. Mark asked if money was reimbursed back to the health department from money spent on COVID before funding was received. Sheree informed him the grant began June 1st, so expenses were only to be billed to the grant beginning at that date. Anything before that would be absorbed by the health fund.

Mark asked how much of the grant money was spent on nonpayroll items. Sheree answered as of June 30th, 1,460,000 was spent on salary expenses and 376,000 on fringe benefits. This was 64.83% of what was budgeted for personnel. Mark then asked how the new positions would be funded moving forward as the money ran out and if the health fund would be absorbing those costs. Sheree informed him those positions were included in the budget. As of now the MCHD will be operating at a deficit of \$113,000. However, with the dental grant and a number of other grants applied for, Sheree is confident the deficit will become positive.

Brandi assured the board that if things remained leveled, a conversation would be held on if the electronic medical records are needed at that time. It has to be a board decision. She did expect things to get busier with the opening of schools and contact tracing. Brandi also expressed hope that the state would notify them if additional funding would be given, or the expectation of contact tracing would no longer exist.

Mark asked how much it would cost to keep contact tracers on past the expiration date. Sheree informed him in the month of June, salary costs were 123,000 and fringe benefits were 33,000. However, this was a slower month with lower cases.

Vivian asked for clarification on the salary increases. Brandi answered that 2% was for the paygrade scale of incoming employees and 4% would be for current employee salaries.

Jeff Entler commended Brandi and Sheree on their explanations of the budget. He expressed his concern with the budget having a negative number but understands the high expectations that new grants will fund the deficit.

Sheree informed Jeff that revenue could go up. There is a high chance funding could be received for vaccine due to children still needing the vaccine as well as boosters. It's likely it would be extended. Sheree also told the board the HIV Provide Grant is still awaiting funding and that is usually around \$20,000. With the addition of a case manager in senior services, that will also hopefully increase funding.

Jeff asked about more information in regard to the policy temporarily implemented by the board on flex accrual. Brandi explained that flex time has always existed. Generally, staff work a 35-hour week, if you go over that 35 with permission from your supervisor you are eligible for flex time. Normally that is not paid out unless someone leaves regardless if the employee is exempt or nonexempt. Nonexempt staff will get comp time and paid overtime for any hours over 40 so this is separate from that. At the beginning of COVID, a policy was adopted to allow staff to go over the 35 hours in flex. Before the rule was if an employee accrued over 30 hours, their supervisor had to work with that staff member to use the time to help limit the financial liability. During COVID, staff had increased workloads before contact tracers were hired. The new policy was adopted so staff that went over could receive their time back. Unfortunately, some staff were unable to use the time accrued and it was impossible for them to get a day off. Brandi also cleared up the confusion of bonuses. Staff do not receive bonuses except nurses. Incoming nurses receive a \$1000 bonus in three installments whereas some other organizations pay \$10,000. Brandi assured board members that flex is not usually paid out unless someone leaves. However, in the instance where staff was unable to take days off, flex was paid as straight time to alleviate the financial responsibility. This does not apply to non-exempt staff who were paid time and half in accordance with the Fair Labor Standards Act.

Sheree explained to the board in regard to an earlier asked question about the negative operating balance. This year there will be additional expenses that are not expected to continue forever. Fiber internet does cost to get started but will level out. There is also the previously planned IT audit budgeted at \$10,000. Also, the expense in relation to the medical director has increased due to the nursing director spending more time meeting with him. She noted the costs associated with Microsoft 365 and the cost of new employee screenings and background checks. Sheree assured the board this was the first negative operational budget in at least the past 11 years and will not continue.

Mark Scranton expressed his concern of the cost allocations. His concern is that nothing is budgeted for overtime expense. Sheree clarified how the chart should be read and that overtime is not in the budget because it is able to be paid out with the Contact Tracing or Mass Vaccination Grant because that is what overtime has been attributed to. Mark Scranton asked if before 2020 if there were any expenditures for overtime. Sheree answered that there hadn't been. Brandi explained in the past flex time was not paid out unless someone left. Supervisors and fiscal staff keep a close eye on comp time. In the event someone does go over their scheduled hours in a day, their schedule is flexed so that they leave early another day or come in later. The goal is to keep them under 40 and by being careful it has worked, and overtime has not been paid out. Mark expressed that he believed the team should be proactive and budget for overtime expense. Sheree countered that she typically doesn't add things to the budget that are not for sure.

Brandi voiced her approval if the board would allow salaries to be paid out of the health fund. However, that would further the negative. She informed the board that would be a conversation

for later on if funding did not continue. She explained to Mark that cushions are not allowed in the budget and she did not want things to be rejected by the County's Finance Committee or the County Board. Ultimately it is up to board if it's included in the budget. This is why the health fund balance is maintained well. So if something happens, the health department is able to financially support with the approval of the board. Sheree added that anything could be added but that will only affect the bottom and an even larger negative number.

Mark expressed his confusion on the spreadsheet presented and questioned where the money would come from to pay for items presented and concerns for why money wasn't being allocated in places that were in the past. Sheree agreed to make the necessary changes. Brandi clarified to Mark and the board that the money is there. As of August 31st, the health fund had a balance of \$5.3 million. An appropriate working balance would be between \$1.75-2.3 million so the health department is able to cover a number of expenses. However, Sheree and the team will continue to research and apply for grants to cover those expenses in order to maintain a healthy balance. She added that she was aware too large of a balance could be present issues on the county level but maintaining it will allow the health department to responsibly use the money to advance the organization forward.

Mark asked for clarification on expense code 5900 allocated admin payroll. Sheree explained that code is for administrative salaries. This includes the Administrator, Assistant Administrator CFO, Accountant, IT, Administrative Assistants, health promotion staff, and staff receptionist. Any staff that supports the entire health department salary is split amongst all programs. Mark asked for more information on how she comes up with the amount. Sheree informed Mark that the time clock system reports percentages worked in each program allowing her the ability to create a cost allocation plan to split it out. Mark asked for a further breakdown to see each how much each individual makes and what is included in the cost. Sheree informed him there were 16 employees that made up the costs. Brandi clarified further what admin staff meant. This number only includes staff that serve the entire building and not the management level staff of a department. Mark explained that he understood but moving forward he wanted to see a breakdown of individual positions since the topic of increasing wages was brought up. Brandi offered to create another report to present to the board as well as the findings of the salary assessment. Mark countered that he wanted more of a breakdown of costs on the administrative side. He understands that the health department wants to be competitive, but staff is being scored on a performance based recommendation for an increase. Mark also asked who evaluates the administrative team and make the determination of what levels they should be at. Brandi informed Mark that the health department has a tiered scoring process used during performance evaluations. Staff will be receiving wage increases up to the 4% if its approved. Even if the staff member does not score well, they will still receive some form of an increase just not the maximum. In regard to the administrative team, the board's job is only to evaluate the administrator. It's Brandi's job to evaluate her division directors and the directors' job to evaluate their staff with a present witness.

Brandi assured Mark and the board that she would bring the findings of the assessment to the next regular board meeting and voiced the importance of staff being paid appropriately and fairly. She also expressed the hope that the board would consider the increase. Candi asked for clarification on new staff levels. Brandi explained that when new staff comes in at those levels of pay, she does have the ability as administrator to edit them as long as it fits into the budget. If there was an instance where they needed to go over the salary amount that was budgeted, a resolution would be brought to the board, the EEHW Finance Committee, and the County Board.

Candi Clevenger moved to approve the FY22 proposed budget, seconded by Dr. Janet Patterson. Roll call. 9 AYE 1 NO. Motion carried with Mark Scranton voting no.

Approval of Pay Grade Scale

Brandi explained the pay grade scale to the Board of Health. She noticed a mistake made with the dates and offered to make the edit with their approval. Brandi explained that with the scale is a guide. It is not required by the county or state, but something used to stay as consistent as possible. The first column shows the pay grade levels 1-13. Levels 1-7 are non-exempt and any professional level 8 or higher would be in the exempt category.

The second column is dedicated to education or required experience. Certain grants may require a level of education or equivalent work experience.

The third column is the increased salary baseline for new incoming staff. That number reflects the 2% increase in comparison to last year.

The fourth column is sample job titles. The goal is to be comprehensive but sometimes titles may be changed throughout the year.

The fifth column is the Fair Labor Standards Act exempt status.

The sixth column is the full time hourly. This is a further breakdown of column three and is based on a 35-hour work week.

The final column is the part time hourly which is fulltime plus \$0.25. Part time receives the additional pay since they do not receive benefits. If an employee transitions back and forth, like the contact tracers, pay will be reflected as appropriate.

Mark Scranton moved to approve the FY22 Pay Grade Scale, seconded by Cody Parks. Roll call. 11AYE. Motion carried.

Brandi informed the board of the next steps with the budget. It will be presented at the budget hearing and continuing through the county board process. They will receive the same presentation with the summary with edits.

Adjournment

Mark Scranton moved to adjourn, seconded by Dr. Brett Jerger. Meeting adjourned at 7:59p.m.

Respectfully Submitted,

LaKeeya Funches, Accountant

President: _____

Secretary: _____

Date: _____