
CHAMPAIGN COUNTY BOARD OF HEALTH

Brookens Administrative Center
1776 E. Washington
Urbana, IL 61802

Phone: (217) 384-3776
Fax: (217) 384-3896

**Champaign County Board of Health
Contract Subcommittee Meeting
Tuesday, August 14, 2007, 4:30 p.m.
Brookens Administrative Center, Meeting Room 2
1776 E. Washington, Urbana, Illinois**

AGENDA

<u>ITEM</u>	<u>PAGE NO.</u>
A. Call to Order	
B. Roll Call	
C. Approval of Agenda/Addendum	
D. Public Participation	
E. Discussion and recommendations concerning the investigation of alternatives for service delivery of Board of Health programs by community organizations and agencies within and outside Champaign County, including other County Health Departments	
F. Discussion and recommendations concerning alternative funding for Board of Health programs, including grant research and application, and raising the Board of Health Levy	
G. Discussion and recommendations regarding CUPHD Contract and deadline before which contract automatically renews	
H. Discussion and recommendations regarding proposed contract with Champaign County Regional Planning Commission for Senior Welfare Services	1-5
I. Discussion regarding CIDES contract for FY2008	
J. Other Business	
K. Establishment of Next Meeting Date(s)	
L. Adjournment	

The mission of the Champaign County Public Health Department is to promote health, prevent disease and lessen the impact of illness through the effective use of community resources.

CONTRACT FOR SENIOR WELLNESS PROGRAM

THIS AGREEMENT is entered into this _____ day of _____, 2007 by and between the Champaign County Board of Public Health, hereinafter called the Board of Health, and the Champaign County Regional Planning Commission, hereinafter called the Commission.

WITNESSETH

WHEREAS, the Board of Health desires to engage the Commission to provide a senior wellness program which would provide quality assessment, information, intervention and linkage of health-related services to county residents served by the County's Public Health Department; and

WHEREAS, the Commission has proposed a service model which will combine existing community resources, a new volunteer and paid network of assessment and support staff and a planning/management component to form a comprehensive system of care to maintain safety and independence of seniors in their homes;

NOW THEREFORE the parties do mutually agree as follows:

1. **Contract with the Commission:** The Board of Health hereby agrees to enter into a contract with the Commission, and the Commission agrees to perform the services set forth in this Contract.

2. **Personnel and Compensation :** The Commission agrees that it will secure at its own expense all personnel required in performing the services under this contract. The Board of Health Department shall pay to the Commission the sum of \$50,000, with the said sum to be paid as follows during the term of this Contract:

December 1, 2007	\$12,500.00
February 1, 2007	\$12,500.00
May 1, 2007	\$12,500.00
August 1, 2007	\$12,500.00

The Commission is an independent Contractor, and the Board of Health shall not withhold taxes, Social Security payments, or unemployment payments from any sum paid to the Commission under this Contract.

4. **Scope of Services:** The parties agree that the Scope of Services to be performed by the Commission pursuant to this Contract are contained in Exhibit A attached to this Contract.

5. **Changes:** The Board of Health may, from time to time, request changes in the scope of

the services of the Commission to be performed hereunder. Such changes, including any increase or decrease in the amount of the Commission compensation, which are mutually agreed upon by and between the Board and the Commission, shall be incorporated through written amendments to this Contract.

6. **Contract Term:** This contract shall commence December 1, 2007 and shall continue through and including November 30, 2008.

7. **Professional Certifications.** The Commission shall be responsible for obtaining, maintaining and monitoring all professional certifications necessary for its employees to perform this Contract, and ensuring volunteers providing services through this Agreement have the necessary professional certifications for the services to be provided, whether the said certifications are required by statute, or by any funding source. The failure of the Commission to perform this responsibility shall be considered a material breach in the performance of this Contract, and the Board of Health shall be entitled to immediately terminate this Contract because of the said breach.

8. **Risk of Harm.** The Commission and the Board of Health agree that in the event the Commission, its agents, or its assigns cause any risk of imminent serious bodily harm to any recipient of services under this Agreement, whether by act or omission, this shall be considered to be a breach of the Contract, and the Department shall be entitled to immediately terminate this Contract because of the said breach.

9. **Specific Performance.** The Commission and the Board of Health agree that in the event either party shall fail to fulfill any of their respective obligations pursuant to this Contract, the other party may bring an action to enforce specific performance of all obligations, which said remedy, however, shall not exclude the availability of any other remedy the law permits.

10. **Breach of Contract.** The Commission and the Board of Health agree that if either party shall fail to fulfill any of their respective obligations pursuant to this Contract, the other party shall provide ten (10) days written notice of the said breach to the other party. If the breach is not remedied within ten (10) days after the notice is received by the breaching party, then the non-breaching party may declare the Contract terminated. Upon Contract termination, the Commission shall cease delivering services as outlined in the Agreement, with the exception that the Commission must provide appropriate referrals to the clients receiving services at the time of Contract termination, and the Board of Health shall cease all future payments to the Commission as outlined in the Contract, with neither party waiving any other remedy the law permits.

IN WITNESS WHEREOF, the parties hereto have caused this Contract to be executed by its officers as of the date first written above.

BY: _____
JULIAN RAPPAPORT
Chair
Champaign County Board of Health

BY: _____
DICK HELTON
Chair
Champaign County Regional
Planning Commission

ATTEST: _____
SUSAN MAUER
Secretary
Champaign County Board of Health

ATTEST: _____
PRISCILLA LINDSTROM
Secretary
Champaign County Regional
Planning Commission

EXHIBIT A

Model for Alternative Public Health Services for Senior Wellness

This model for a senior wellness program would provide quality assessment, information, intervention and linkage of health-related services to county residents served by the county's public health department. CCRPC proposes to add an additional staff person to our existing Senior Services team to focus on positive outcomes for consumers served by the public health department. The model will combine existing community resources, a new volunteer and paid network of assessment and support staff and a planning/management component to form a comprehensive system of care to maintain safety and independence of seniors in their homes.

* These activities have an existing structure in place through CCRPC-Senior Services. Items not starred do not have an existing structure in place at CCRPC, however some elements are available either through CCRPC or other community agencies that can be leveraged to meet program goals.

* Analysis of senior population characteristics/define target sub-population(s)

Number/location of seniors

Demographics (age, race, gender, lives alone, language, ethnicity, health status, income/assets, etc.)

Data collected/analyzed by CCRPC staff (I will bring additional information on this to meeting)

Target populations/desired outcomes defined by board (i.e., number/type of consumers served, consumer outcomes, program outcomes)

* Assessment/Intervention (township supervisors, parish nurses, etc.; coordinated by CCRPC case managers)

Consumer Engagement (mobilize resources/strengths; identify gaps/needs)

Family Engagement (mobilize resources/strengths; identify gaps/needs)

Community Engagement (inventory community resources; facilitate information & referral; advocate; gaps/needs)

Individual assessments done on as-referred basis by CCRPC

Referral to case manager (CMU, MHC, PC, FS, etc.) or case management by CCRPC

Resources identified in *Senior Guide*/I&R materials updated by CCRPC

Assistance w/obtaining public benefits by CCRPC

* Feedback/Evaluation

Follow-up call/visit by CCRPC

Stakeholder satisfaction surveys

Best practices (effectiveness; efficiency)

Annual review of assessment summary information regarding identified resources/gaps by board

Annual review/analysis of satisfaction surveys from consumers, families, referral agencies by board

Annual cost/benefit analysis by board

Annual search for best practices by board

New Service Development

Volunteer/neighborhood mobilization (Neighborhood Watch, Friends of Senior Services, C-U Volunteer, empty tomb, CC Health Care Consumers, etc.)

System/agency building (CCRPC, CCMHB, UW, etc.)

CCRPC Proposal

Leverage public health funding (CCMHB, ECIAAA, Frances Nelson, etc.)
New funding/grantwriting (CCRPC, etc.)

An estimated budget of \$50,000 will cover staff time for 1 FTE, fringe benefits, mileage reimbursement, and supplies for planning and start-up of the model proposed, using a combination of paid and volunteer resources to extend a net of services that will cover the department's service area and link with CUPHD as needed. CCRPC will contribute in-kind management and office support. Evaluation at 6 months and one year will guide continuing progress toward goals established by the board.

Potential issues:

Key emphasis on best access to/use of existing resources to obtain maximum benefits for consumers
Ongoing challenges with recruiting, training, supervising, retaining volunteers
Defining the roles for volunteers/paid personnel
Outlining the county's public health department's role to provide direct services to meet identified needs
Need to establish limits on caseloads/caps per consumer
Confidentiality of consumer issues
Liability issues