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## CHAMPAIGN COUNTY BOARD OF HEALTH

Brookens Administrative Center  
1776 E. Washington  
Urbana, IL 61802

Phone: (217) 384-3772  
Fax: (217) 384-3896

### Champaign County Board of Health

Tuesday, March 25, 2008

6:00 p.m.

Brookens Administrative Center, 1776 E. Washington  
Meeting Room 2  
Urbana, Illinois

### AGENDA

<u>ITEM</u>		<u>PAGE NO.</u>
A.	Call to Order	
B.	Roll Call	
C.	Approval of Agenda/Addendum	
D.	Approval of Minutes	
	1. February 26, 2008 Regular Meeting	1-8
E.	Public Participation on Agenda Items Only	
F.	Monthly Reports	
	1. CUPHD Monthly Reports	
	2. CIDES Monthly Report – February 2008	
	3. CIDES Financial Statements for 2007	
G.	Correspondence and Communications	
H.	Treasurer's Report	
	1. Invoice Submitted by CUPHD for January 2008	9-16
	2. Budget Amendment for IDPH General Revenue Grant – <i>Provided for Information Only</i>	17-18
I.	Regional Planning Commission First Quarter Report for Senior Services	19-33
J.	Mental Health Board Joint Funding Proposals	
K.	Issues Regarding CUPHD	
	1. Report from Acting CUPHD Administrator	

**L. Other Business**

1. Proposals for Consideration in Spending IDPH Grant Funds
  - a. Champaign County Fire Chiefs Association 34-35
  - b. CIDES 36-37
2. Status Report as to Ongoing Items to be Addressed at Future Board of Health Meetings

**M. Public Participation on Non-Agenda Items Only**

**N. Adjournment**

1 CHAMPAIGN COUNTY BOARD OF HEALTH

2  
3 **Monthly Meeting**

4 **Tuesday, February 26, 2008, 6:00 p.m.**

5  
6 **Call to Order & Roll Call**

7  
8 The Board of Health held its monthly meeting on February 26, 2008 in Meeting Room 2  
9 at the Brookens Administrative Center, 1776 East Washington, Urbana. The session was called  
10 to order at 6:07 p.m. by Julian Rappaport. Prashanth Gowda, Stan James, Thomas O'Rourke,  
11 John Peterson, Julian Rappaport, and Betty Segal were present at the time of roll call. The staff  
12 members present were Kat Bork (Board of Health Secretary) and Susan McGrath (Senior  
13 Assistant State's Attorney). Others present were Nancy Greenwalt (CIDES Executive Director),  
14 Brandon Meline (CUPHD Director of Maternal and Child Health), Jim Roberts (CUPHD  
15 Director of Environmental Health), C. Pius Weibel (County Board Chair), and various members  
16 of the public. Nezar Kassem and Susan Maurer had previously informed the Secretary that they  
17 would not attend the meeting. Carrie Storrs phoned before the meeting to explain she was  
18 unable to make it due to drifting snow blocking the country roads.

19  
20 **Approval of Agenda/Addendum**

21  
22 **MOTION** by James to approve the agenda and addendum; seconded by Gowda. **Motion**  
23 **carried.**

24  
25 **Approval of Minutes**

26  
27 **MOTION** by Peterson to approve the October 16, 2007 study session minutes,  
28 November 27, 2007 regular meeting minutes, and January 15, 2008 study session minutes;  
29 seconded by James.

30  
31 James requested the word "easier" be corrected to "easy" in line 250 of the November  
32 minutes. Rappaport thought the names in line 180 of the January minutes should read "Peterson"  
33 then "Moore". Bork explained the name "Peterson" should be changed to "Tracy" because Peter  
34 Tracy was answering Thom Moore's question at the meeting. The Board concurred these  
35 changes would be incorporated into the minutes.

36  
37 **Motion carried as amended.**

38  
39 **Public Participation on Agenda Items Only**

40  
41 There was no public participation.

42  
43 **Monthly Reports**

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45 **MOTION** by James to receive and place on file the CUPHD monthly reports for  
46 November 2007, December 2007, and January 2008; seconded by Peterson.

48 It was noted that the CUPHD monthly reports are now available on the CUPHD website.  
49 Rappaport asked about the statistics for the mobile unit in January because they did not add up.  
50 Meline and Roberts could not answer but would hopefully clarify this in the future. Meline  
51 hypothesized the numbers might reflect contact the mobile unit had with clients though no  
52 services were provided. James added that Julie Pryde mentioned that type of situation when the  
53 Board toured the mobile unit. The CUPHD staff records all contact whether or not services are  
54 provided. Rappaport requested the report include more narrative with the numbers to be able to  
55 more fully understand the report. Meline offered to pass the request to Deb Pruitt, who is in  
56 charge of that division.

57

58 **Motion carried.**

59

60 **MOTION** by James to receive and place on file the CIDES monthly report for November  
61 2007, December 2007, and January 2008; seconded by Segal. **Motion carried.**

62

### 63 **Correspondence and Communications**

64

65 Rappaport said Julie Pryde sent an email to clear up some misinformation provided by  
66 Claudia Lenhoff at the October 17, 2007 Board of Health study session concerning the CUPHD  
67 dental program. Pryde had requested her email be placed on file.

68

69 **MOTION** by James to include Julie Pryde's January 22, 2008 email in the official  
70 record; seconded by Peterson. **Motion carried.**

71

### 72 **Treasurer's Report**

#### 73 **Invoice submitted by CUPHD for December 2007**

74

75 Peterson stated this invoice starts the fiscal year and appears to be on target with respect  
76 to the other budget documents and receipts. There is no community health service line item any  
77 longer. The January 2008 invoice has not been received as of this meeting. Peterson said he  
78 learned tonight that the CUPHD Finance Director resigned and asked when this occurred.  
79 Meline and Roberts said the Finance Director resigned at the end of January to enter the MBA  
80 program at the University of Illinois. Meline added that the CUPHD Administrator's Report  
81 from Pryde included the information about the new Finance Director being hired.

82

83 **MOTION** by Peterson to approve the CUPHD invoice for December 2007; seconded by  
84 O'Rourke. **Motion carried.**

85

86 Peterson asked if the Board was required to have the huge number of water  
87 reimbursement pages and state forms. Bork explained she spoke to CUPHD about the invoice  
88 and learned their intent was to provide the Board of Health with all the information in an effort to  
89 keep the Board fully informed. The Board had requested more detailed information in the  
90 invoice. If the Board does not wish to receive certain attachments, CUPHD was willing to forgo  
91 them. McGrath said the contract does state that CUPHD is required to present an invoice and the  
92 Board will pay the contract in twelve equal installments. The first two pages, consisting of the  
93 date of the invoice, the billing period, and the contract billing should be sufficient for the

94 invoice. Rappaport suggested that Peterson, as the Board of Health Treasurer, communicate  
95 what he wants to the CUPHD Finance Department and the Board would agree to rely on  
96 Peterson's eagle eye. Peterson said he would rely on Deb Busey. The Board agreed. Peterson  
97 said he would speak to CUPHD about the invoice.  
98

99 **Issues Regarding CUPHD**

100 **Report from Acting CUPHD Administrator**

101  
102 The report from the Acting Administrator was brought and distributed by Weibel as Julie  
103 Pryde was out of town for a conference. CUPHD was represented by Meline and Roberts.  
104 Rappaport asked if either had any comments. Meline said the report included updates and notice  
105 of the hiring of a new Director of Finance, Andrea Wallace, who will start work in early March.  
106 CUPHD's Neil Street facility was sold in February for \$750,000. Weibel indicated the facility  
107 will be used for more than an antique store. James inquired about the appraised value of the  
108 building. Weibel guessed the Neil Street building had been appraised at \$900,000, but it needed  
109 a new roof. Meline noted that Pryde's report includes information about her meetings with the  
110 City of Champaign, Tom Berns, and the Champaign-Urbana Mass Transit District on getting bus  
111 service to the Kenyon Road facility. The short-term goal of installing a sidewalk, crosswalk  
112 light, and bus shelters will require investment on all the involved entities. Roberts pointed out  
113 the new initiative on the front page of the report about a partnership with Winston-Salem to take  
114 part in a pilot Workshop on Community Partnerships for Pandemic Influenza Planning. Weibel  
115 asked if a representative from the Board of Health should attend that workshop. Roberts said if  
116 there was any interest, they could represent local government. Both Weibel and McGrath would  
117 be in attendance. Roberts thought there might be room in the CUPHD transportation for one  
118 more person for the two days in Indianapolis.  
119

120 Gowda asked if it has been determined how much will be requested in the grant. Roberts  
121 said this grant was offered to CUPHD to make an application; they have no idea on the available  
122 amount at this time. The idea is to find where there are gaps and use the money to fill the gaps.  
123 Gowda asked if they are coordinating with local hospitals. Roberts said both hospitals, the  
124 University of Illinois, local emergency services, and fire departments are involved. Rappaport  
125 asked if Gowda would like to go to Indianapolis. Gowda said he would have to check his  
126 schedule.  
127

128 James asked about Tom Berns providing engineering service on the CUPHD project to  
129 get ready for bus service at Kenyon Road when he was recently appointed to the Champaign-  
130 Urbana Mass Transit District Board. McGrath explained, as was discussed at the County Board  
131 meeting, the rules would allow Berns to serve on the board but abstain from voting on issues  
132 where his firm had provided professional services. O'Rourke stated that he appreciated Pryde's  
133 report and urged her to continue doing what she is doing. He expressed that she is doing an  
134 excellent job, an opinion shared by the Board. Rappaport added that Pryde's habit of including  
135 the Board of Health on her emails about public health issues is good because it provides pertinent  
136 information and the non-pertinent emails can be easily deleted.  
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140 Proposal to Enhance Comprehensive Sexuality Education

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The materials for the proposal had been previously emailed to the Board. Rappaport stated the proposal offered one way to use some of the IDPH grant money. The proposal was to assist in preventing the spread of sexually transmitted diseases and teenage pregnancy by providing funding to purchase the Family Life and Sexual Health curriculum and the Our Whole Lives Curriculum for schools.

**MOTION** by James to approve the use of \$15,000 of the one-time IDPH Grant to fund proposal to enhance comprehensive sexuality education; seconded by Gowda.

James noted a lot of schools have lost their sexuality education funding. This proposal would truly be a one-time use of the grant money. James felt the proposal could help schools do some good for students, based on what he has read. Pryde's recommendation was enthusiastic and James was all for it because education is a good tool for public health. He added the time to spend this grant money is running short and a decision needs to be reached. Rappaport said the request is for \$15,000, so there is still grant money left over to use on another initiatives.

Segal stated that she had problems with the proposal. She spoke with Pryde, who told her the materials would be given to teachers. Segal thought the teachers would pick and choose the materials being used and not receive any training. She said sexuality education is a touchy subject and the schools might not want this backdoor approach. James claimed that when he spoke to Pryde, she informed him the schools' funding for this education had been cut so the teachers were very much in need of materials to use in class. He compared it to how the schools used to provide training to the trades fields, but that has been greatly reduced and the negative consequences are being felt. He supported funding the proposal. Segal wanted concrete data on what the results would be. Rappaport said the proposal states the curriculum has been widely used by schools districts throughout the United States and Canada and scored the highest on an in-depth look at curricula by the Illinois Campaign for Responsible Sex Education. Segal said she could not find anything like that on the Internet. She is in favor of comprehensive sex education in Illinois, but does not think the Board of Health should be doing it.

Rappaport said it is important to have a curriculum that is coherent and organized with trained teachers for the students. The first criterion is to show this has a significant group effect. Rappaport stated the Board has to confront the real world as a public health entity to maximize the possibility for the public to benefit. If the same standards for proof as are used in a research journal are applied to the Board's decisions, they would never pass anything. This proposal has a better chance at positively affecting kids than the school being without a curriculum. Segal agreed something is better than nothing, but wondered if this Board is the one to do it. She noted the health teachers are not the people in charge even if they receive the curriculum material. O'Rourke said it would go through the school boards. It is not a guaranteed success but a way to help the teachers. James said the money will be dispersed to every school in the County so at least the educational tools can be there. Rappaport noted the proposal's budget includes \$2,400 for training the teachers.

185 The Board discussed when the IDPH money must be spent. James offered to speak with  
186 John Jay, a County Board member and local Fire Chief, about putting forth a request for  
187 defibrillator equipment to the Board. The Board voiced its support of that approach. McGrath  
188 said that Pryde had previously suggested using the IDPH money to purchase equipment dictated  
189 by the outcome of the bioterrorism workshop or updating the County vehicle used by CUPHD.  
190 Rappaport asked why the Board of Health pays CUPHD for mileage when the Board owns a  
191 vehicle used by CUPHD. McGrath said the vehicle is just used by the Environmental Health  
192 Division and the mileage costs might be for other purposes. Rappaport was concerned the Board  
193 of Health was paying for mileage on a vehicle it owned, essentially renting its own vehicle.  
194 Rappaport expressed he was hesitant in putting the money into a vehicle, but he was not opposed  
195 to it if it seems like a good thing. Peterson said there may be some public buildings that could  
196 use defibrillators. James said he was thinking about the smaller rural police or fire departments  
197 that do not have the funds to buy equipment that could be used. Segal asked what a portable  
198 defibrillator cost. Peterson said the cost was about \$3,500.

199

200 **Motion carried.**

201

202 Meline indicated there is a possibility the IDPH grant would become an annual grant  
203 because it is currently in the General Assembly budget.

204

205 Recommendations Regarding One-Time Revenue from IDPH

206

207 Discussion over this issue is documented above.

208

209 **Other Business**

210 Report from Board Study Session January 15, 2008

211

212 Rappaport stated the report on the January 15, 2008 study session is documented in the  
213 very complete minutes provided in the agenda packet.

214

215 Illinois Public Health Association Annual Conference on April 8-10, 2008 in Springfield

216

217 McGrath was unable to provide the Board with anymore information on the Illinois  
218 Public Health Association Annual Conference other than what is on the association's website,  
219 which was included in the agenda packet. No one from the Board of Health has ever attended  
220 this conference. Last year's attendance fee was \$150 for association members, which would  
221 apply to the Board. The other costs associated with the conference are a hotel for two nights and  
222 mileage. O'Rourke said he has attended this conference many times. He stated it is worthwhile  
223 for a Board members to attend because it gives one the opportunity to talk to other public health  
224 administrators and board members. One can learn what innovative things other communities are  
225 trying. Weibel announced members of CUPHD would be attending the conference and a Board  
226 of Health member could get a ride with them to save mileage money. McGrath said the Board  
227 would have to make a motion to allocate money for this purpose. The Board discussed how  
228 much to allocate for the conference. O'Rourke asked that any members who do attend the  
229 conference to report back to the Board on what they learned. James suggested the next budget  
230 contain a line item for conferences and training. McGrath said there is line item in the current

231 budget for that purpose, but it was spent to send Carrie Storrs to the Bioterrorism Summit. The  
232 money is available in the budget, but the line item itself has been expended.

233  
234 **MOTION** by O'Rourke to authorize a total expenditure of \$1,200 for up to two Board  
235 members to attend the Illinois Public Health Association Annual Conference; seconded by  
236 James.

237 James asked about allowing a per diem for food. McGrath said this is modeled on the  
238 County's Travel Policy which allows for such a per diem. McGrath said the Board is leaving  
239 this up to the County Administrator of Finance to decide what budget line to take the money  
240 from.

241  
242 Peterson suggested a friendly amendment raising the allocated amount to \$1,500.  
243 O'Rourke and James agreed to consider it a friendly amendment.

244  
245 **Motion carried with a friendly amendment to increase the total amount to \$1,500.**

246  
247 Placement of Public Participation on Future Regular Meeting Agendas

248  
249 James liked the way the two public participation sessions were laid out on this agenda. It  
250 was exactly as he had envisioned it when he made the request. Rappaport asked if the Board  
251 should take a vote of the issue. McGrath said they should.

252  
253 **MOTION** by James to change the agenda to include two public participation sessions as  
254 presented; seconded Gowda.

255  
256 Rappaport asked if any of the public present had any thoughts or feelings about this issue.  
257 No member of the public did. Weibel about McGrath about the standard for public participation.  
258 McGrath said the Illinois Open Meetings Act has no case law or statutory provision about where  
259 public participation will be located on an agenda except for stating that it is not required on a  
260 study session agenda. The Board can set rules on how the agenda is structured. The Board can  
261 place restrictions on the amount of time the public can speak. Weibel said the County Board sets  
262 public participation at the County Board meetings at five minutes per participant. McGrath  
263 noted the County Board also has a rule that total public participation is limited to one hour.  
264 Peterson asked if the Board has codified its rules. McGrath said the Board has not other than its  
265 bylaws, which has a few rules about structure. Peterson requested the Board of Health be  
266 presented with the County Board's codified rules at the next meeting.

267  
268 James said he envisioned this change as not being a big deal because there is normally  
269 not a lot of public present at the meetings. This was a way to be flexible and to move the agenda  
270 along, which other Board members supported. McGrath noted there are ways to suspend  
271 Robert's Rules of Order, which supposedly governs the Board of Health and the County Board.

272  
273 **Motion carried.**

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277 Status Report as to Ongoing Items to be Addressed by the Board of Health in Future Meetings

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The Board discussed a list of ongoing issues that were not ready to be agenda items at this time. Rappaport asked if anyone knew what the Human Services Council is. Both Peterson and McGrath did. Rappaport asked if it is something the Board would want to be involved in. McGrath explained the council is the broad definition of human services, not just healthcare. The council used to meet quarterly and has no membership per se. Peterson said it is an opportunity for people in community services organizations to talk amongst themselves and on collaborative issues. James said if the council has something they feel would fit with the Board of Health; they should send someone to the Board. The council would touch on a number of issues that the Board of Health has no control over. Peterson said the new relationship with the Mental Health Board covers a broader area of issues than before. Rappaport asked about the status of the possible fine against the Champaign County Nursing Home. Weibel and McGrath confirmed this issue is ongoing, but not ready to be discussed yet. Rappaport noted the Senior Services Contract with the Regional Planning Commission calls for quarterly reports. He asked if the Board needed to remind RPC about this report. McGrath spoke to Darlene Kloeppel yesterday and Kloeppel inquired if the Board wants the quarterly report on their March agenda. Bork would confirm to Kloeppel that the report should go to the Board in March.

Rappaport had a discussion with Carol Elliott about the Board's suggested revisions to the CUPHD contract. Rappaport gave Elliott all the suggested revisions and informed her that Pryde had seen the revisions and given feedback that was incorporated into the document. Elliott told Rappaport that she would bring the contract revisions to the CUPHD Board for discussion. Rappaport suggested to Elliott that the two boards could hold a joint study session so they could converse about the contract. The current contract expires at the end of November and the Board would like to get moving on the next contract along. Rappaport asked Weibel if there was a way to arrange such a study session. Weibel said he was not able to attend the last CUPHD Board meeting and suggesting contacting Elliott. Peterson encouraged the notion of the contract being worked on because the expiration date will come up quickly. Weibel suggested McGrath speak with the CUPHD attorney. McGrath agreed to contact Fred Grosser, the CUPHD attorney, because her last conversation with him indicated that Grosser had reviewed the Board's changes and found most of them to be acceptable. Rappaport spoke about the two boards having a conversation about the contract that is not entirely based on legal issues, so the Board of Health could communicate their intentions without finalizing it into a contract. O'Rourke recommended McGrath speak to Grosser about the legal issues and Rappaport speak to Elliott about the joint study session. The Board encouraged the idea of a study session in April or May.

Rappaport asked McGrath about the status of her investigation of the financial and legal issues involved in a possible merger between CUPHD and the Board of Health. McGrath has spoken with the Chair of the County Board's Policy, Personnel, & Appointments Committee about placing this item on the April agenda. She has had discussions with the entities in Springfield that have undergone a merger. She is trying to set up a meeting with the Director of the merged department. Rappaport asked McGrath to keep the Board informed about how things are looking and the issues that arise.

322 Rappaport noted that at the January study session the Board agreed to the method of  
323 having the Mental Health Board proceed through its normal application process. Peter Tracy  
324 would be looking for proposals that might be relevant for funding from the joint Board of  
325 Health/Mental Health Board money. Tracy has prepared an RFP asking for something more  
326 specific, if it is needed. A memo from Tracy was distributed that listed the four applications  
327 Tracy thought could be considered for joint funding. Peterson wanted to see the actual  
328 applications in PDF format and asked that these be emailed to the Board.  
329

330 **Public Participation on Non-Agenda Items Only**

331

332 Weibel asked about the number of young people in the audience. One young person  
333 explained they are from a local school and are observing the meeting as part of a public health  
334 course.  
335

336

337 **Adjournment**

338

339 The meeting was adjourned at 7:38 p.m.

340

341 Respectfully submitted,

342

343 Kat Bork

344 Board of Health Secretary

345

*Secy's note: The minutes reflect the order of the agenda and may not necessarily reflect the order of business conducted at the meeting.*

Invoice Number:	0802
Date of Invoice:	February 29, 2008
Billing Period:	January-08

To:  
 Champaign County Public Health Department  
 Att'n: Evelyn Boatz  
 1776 East Washington Street  
 Urbana, Illinois 61801

For the Following Expenses:

533.07 Professional Services	\$	39,832.02
533.07 Professional Services - Bio-T Grant	\$	5,040.79
533.07 Professional Services - TFC Grant	\$	2,059.64
533.07 Professional Services - West Nile Virus Grant	\$	-
533.07 Professional Services - Non-Community Water - CU Surveys	\$	-
<b>Total Amount Due to CUPHD per Contract</b>	<b>\$</b>	<b><u>46,932.45</u></b>

**CERTIFICATION:**

I hereby certify that the amounts billed above agree with the approved budget; that appropriate purchasing procedures have been followed, and that reimbursement has not previously been requested or received.

  
 \_\_\_\_\_  
 Authorized Agency Official

Champaign-Urbana Public Health District

**County Contract Billing  
January 31, 2008**

**30 - Mobile Services**

Billing: 6,436.00  
A1: 6,436.00  
A2: -  
A4: -

**30 - IBCCP**

Billing: 747.34  
A1: 709.25  
A2: 30.58  
A4: 7.51

**40 - Family Health**

Billing: 2,749.84  
A1: 2,422.75  
A2: 254.79  
A4: 72.30

**70 - Env. Health**

Billing: 22,836.92  
A1: 19944.18  
A2: 2,443.11  
A4: 449.63

**90 - Administration**

Billing: 7,061.92  
A1: 6,318.01  
A2: 680.45  
A4: 63.46

**1215 - Bio-Terrorism Grant**

January 2008  
Billing: 5,040.79  
A1: 4,523.17  
A2: 379.32  
A4: 138.30

**1420 - TFC Grant**

January 2008  
Billing: 2,059.64  
A1: 1,828.92  
A2: 179.56  
A4: 51.16

**7330 - West Nile Virus**

Billing: -  
A1: -  
A2: -  
A4: -

**7415 - Non-Community Water Grant**

Billing: -  
A1: -  
A2: -  
A4: -

Total Professional Services	39,832.02
Total County Grants	7,100.43
<b>TOTAL AMOUNT DUE</b>	<b>46,932.45</b>

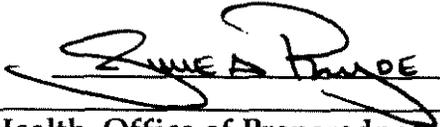
**Illinois Department of Public Health  
Office of Preparedness & Response  
Reimbursement Certification Form**

Grantee Name: Champaign County Public Health Department  
 : 37-6006910  
 Submitted: 2/26/2008  
 Preparer's Name: Esther Thomas  
 Preparer's Phone: 217-531-4262

Grant Number: 87181009  
 Program Name: BT Grants  
 Billing Period: Jan-08  
 Preparer's Email: ethomas@cuphd.org

Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed from IDPH	Comments
total Salaries and Wages			\$2,549.42	
total Fringe Benefits			\$1,195.79	
total Contractual			\$1,139.87	
total Travel			\$66.78	
total Commodities			\$8.93	
total Printing			\$0.00	
total Equipment			\$0.00	
total Telecommunications			\$80.00	
<b>Grand Total (Page Total)</b>			<b>\$5,040.79</b>	
Contribution to total		<b>Adjusted total</b>		

**CERTIFICATION:** The undersigned hereby certifies that the goods and/or services claimed above are necessary expenditures for the program, are listed in the Department's approved budget (when a budget was requested and approved), that appropriate purchasing procedures have been followed, that payment has been made as indicated and that reimbursement has not previously been requested or received.

Authorized Grantee Official  Date 02/26/08

Illinois Department of Public Health, Office of Preparedness and Response Use only  
 Control Number \_\_\_\_\_ Processing date \_\_\_\_\_

**Illinois Department of Public Health  
Office of Preparedness & Response  
Reimbursement Certification Form**

Agency Name: Champaign County Public Health Department  
 ID: 37-6006910  
 Submitted: 2/26/2008

Grant Number: 87181009  
 Program Name: BT Grants  
 Billing Period: Jan-08

Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed from IDPH	Comments
<b>Salaries and Wages</b>				
Dwyer	Emergency Response Planner	1/1/08-1/31/08	\$1,135.19	
Chris Vaid	Epidemiologist	1/1/08-1/31/08	\$806.74	
Michelle Thompson	CD Investigator	1/1/08-1/31/08	\$607.49	
<b>Total Salaries and Wages</b>			<b>\$2,549.42</b>	

12

**Illinois Department of Public Health  
Office of Preparedness & Response  
Reimbursement Certification Form**

Agency Name: Champaign County Public Health Department  
 Phone: 37-6006910  
 Submitted: 2/26/2008

Grant Number: 87181009  
 Program Name: BT Grants  
 Billing Period: Jan-08

Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed from IDPH	Comments
<b>Fringe Benefits</b>				
Retirement	IMRF	1/1/08-1/31/08	\$184.29	
Health Security	FICA/Medicare	1/1/08-1/31/08	\$195.03	
Life Insurance	Health, Life, Worker's Comp & Unemployment	1/1/08-1/31/08	\$816.47	
<b>Total Fringe Benefits</b>			\$1,195.79	
<b>Contractual</b>				
Illinois GIS Association	GIS Data	1/1/08-1/31/08	\$12.60	
University of Illinois	GIS Mapping Service	1/1/08-1/31/08	\$1,050.00	
Healthworks	N-95 screening, exams & tests	1/1/08-1/31/08	\$72.45	
Mon Financial Services, Inc.	Copying	1/1/08-1/31/08	\$1.40	
Dixon	Copying	1/1/08-1/31/08	\$0.78	
3/Pitney Bowes	Postage	1/1/08-1/31/08	\$2.64	
<b>Total Contractual</b>			\$1,139.87	

13

**Illinois Department of Public Health  
Office of Preparedness & Response  
Reimbursement Certification Form**

Agency Name: Champaign County Public Health Department  
 Phone: 37-6006910  
 Submitted: 2/26/2008

Grant Number: 87181009  
 Program Name: BT Grants  
 Billing Period: Jan-08

Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed from IDPH	Comments
el				
Roberts	Local & Area Meetings	1/1/08-1/31/08	\$10.10	
Dwyer	Local & Area Meetings	1/1/08-1/31/08	\$56.68	
<b>Total Travel</b>			\$66.78	
<b>Commodities</b>				
Office Supplies	Office Supplies	1/1/08-1/31/08	\$8.93	
<b>Total Commodities</b>			\$8.93	
<b>Total Printing</b>			\$0.00	



**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
Office of Health Promotion  
REIMBURSEMENT CERTIFICATION / EXPENDITURE FORM**

Local Contact Person: Esther Thomas  
 Telephone Number: 217-531-4262  
 Email Address: ethomas@cuphd.org  
 Date Submitted: 02/26/08

*In the box below, please enter reimbursement amounts submitted for your FY08 grant.*

<b>Agency Name:</b> Champaign County Public Health Department	\$2,285.91	July	\$2,011.26	October	\$2,059.64	January	\$0.00	April
<b>EIN #:</b> 37-6006910	\$1,610.79	August	\$2,550.33	November	\$0.00	February	\$0.00	May
	\$1,784.25	September	\$1,727.68	December	\$0.00	March	\$0.00	June
					<b>\$14,029.86 YTD</b>			

**Contract #:** 83281009  
**Program Name:** IL Tobacco Free Communities  
**Billing Period:** January-08

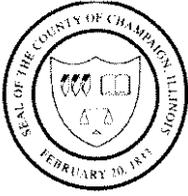
Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Center from IDPH	Comments (Specify)
<b>Personal Services</b>				
Nikki Hillier	Health Educator II	1/1/08-1/31/08	\$472.70	
Jennifer Jackson	Health Educator	1/1/08-1/31/08	\$372.90	
Kari Schweighart	Health Educator	1/1/08-1/31/08	\$344.59	
<b>Expenses</b>				
FICA	FICA	1/1/08-1/31/08	\$91.05	
IMRF	IMRF	1/1/08-1/31/08	\$88.51	
Health Insurance	Health Insurance	1/1/08-1/31/08	\$232.65	
Life Insurance	Life Insurance	1/1/08-1/31/08	\$1.38	
Unemployment	Unemployment	1/1/08-1/31/08	\$45.23	
Worker's Comp.	Worker's Comp.	1/1/08-1/31/08	\$5.93	
<b>Travel</b>				
Jennifer Jackson	Mileage	1/1/08-1/31/08	\$38.38	
Kari Schweighart	Mileage	1/1/08-1/31/08	\$164.63	
Kevin Meier	Mileage	1/1/08-1/31/08	\$11.62	
<b>Contractual</b>				
Canon Financial Services, Inc.	Printing	1/1/08-1/31/08	\$29.05	
R.K. Dixon Co.	Printing	1/1/08-1/31/08	\$15.95	
USPS/Pitney Bowes	Postage	1/1/08-1/31/08	\$52.96	
<b>Supplies</b>				
Kari Schweighart	Nicotine Patches	1/1/08-1/31/08	\$87.36	
Kari Schweighart	Program Materials	1/1/08-1/31/08	\$4.75	
<b>Equipment</b>				
<b>Grand Total</b>			<b>\$2,059.64</b>	

**Certification:** This signed document hereby certifies the goods and/or services claimed are necessary expenditures for the program, appropriate purchasing procedures have been followed, payment has been made as indicated and a reimbursement has not previously been requested or received.

*[Signature]*  
 Authorized Agency Official

2/28/08  
 Date

16



## CHAMPAIGN COUNTY ADMINISTRATIVE SERVICES

1776 EAST WASHINGTON  
URBANA, IL 61802  
(217) 384-3776  
(217) 384-3765 – PHYSICAL PLANT  
(217) 384-3896 – FAX  
(217) 384-3864 – TDD  
Website: www.co.champaign.il.us

ADMINISTRATIVE SUPPORT  
DATA PROCESSING  
MICROGRAPHICS  
PURCHASING  
PHYSICAL PLANT  
SALARY ADMINISTRATION

### MEMORANDUM

**TO:** COUNTY BOARD OF HEALTH

**FROM:** Deb Busey, County Administrator of Finance & HR Management

**DATE:** February 27, 2008

**RE:** BUDGET AMENDMENT for IDPH GENERAL REVENUE GRANT

Please find attached to this Memorandum a copy of Budget Amendment No. 08-00033, reflecting the receipt of the Illinois Department of Public Health General Revenue Grant in FY2008. Per your action on February 26, 2008, \$15,000 of the expenditure appropriation corresponding to this revenue has been added to the Professional Services line item for payment to CUPHD to enhance comprehensive sexuality education. Until you make a determination of how to spend the balance of \$37,631, those funds have been placed in the line item for Contributions and Grants for Capital Improvements. We will be able to transfer from this line item to any other line item (except a personnel line item) from which you may want to appropriate these funds for expenditure, without requiring an additional budget amendment or transfer that requires 2/3 approval by the Champaign County Board.

The attached amendment will be presented to the County Board Finance Committee on March 13<sup>th</sup> for approval, and is expected to be forwarded to the County Board for approval on March 27<sup>th</sup>.

Please feel free to contact me if you have questions or concerns with regard to this matter.

attachment

FUND 089 COUNTY PUBLIC HEALTH FUND DEPARTMENT 049 BOARD OF HEALTH

**INCREASED APPROPRIATIONS:**

ACCT. NUMBER & TITLE	BEGINNING BUDGET AS OF 12/1	CURRENT BUDGET	BUDGET IF REQUEST IS APPROVED	INCREASE (DECREASE) REQUESTED
089-049-533.07 PROFESSIONAL SERVICES	595,447	595,447	610,447	15,000
089-049-533.88 CONTRIB & GRANTS -CAP IMP	0	0	37,631	37,631
TOTALS	595,447	595,447	648,078	52,631

**INCREASED REVENUE BUDGET:**

ACCT. NUMBER & TITLE	BEGINNING BUDGET AS OF 12/1	CURRENT BUDGET	BUDGET IF REQUEST IS APPROVED	INCREASE (DECREASE) REQUESTED
089-049-334.42 IL DP PUB HLTH-GEN RV GRT	0	0	52,631	52,631
TOTALS	0	0	52,631	52,631

**EXPLANATION:** RECEIPT OF IDPH GENERAL REVENUE GRANT IN THE AMOUNT OF \$52,631 WHICH WAS NOT ANTICIPATED IN THE FY2008 BUDGET, AND CORRESPONDING EXPENDITURE INCREASES TO ENABLE THE BOARD OF HEALTH TO APPROPRIATE THE GRANT FUNDS IN FY2008.

DATE SUBMITTED:

2/27/2008

AUTHORIZED SIGNATURE

\*\* PLEASE SIGN IN BLUE INK \*\*

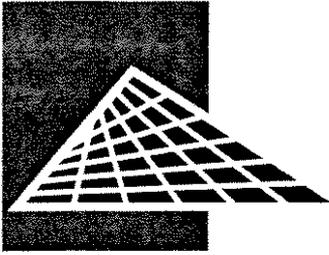
*Donna L. Bury*

APPROVED BY PARENT COMMITTEE:

DATE:

APPROVED BY BUDGET & FINANCE COMMITTEE:

DATE:



CHAMPAIGN COUNTY  
Regional Planning Commission

**Social Services Division**

Case Management

- Community Gardens
- Court Diversion Services
- Family & Community Development
- Financial Literacy
- Individual Development Accounts
- Norman Housing Advocacy
- School-to-Work Transition Skills
- Tax Aide

Community Services

- CSBG Scholarships
- Emergency Rent Assistance
- Information and Referral
- LIHEAP (384-1226)
- Shelter Plus Care
- Senior Home Repair
- Weatherization

Independent Service

Coordination for DD

- All Kids Agent
- Bogard Monitoring
- Pre-admission Screening (PAS)
- PUNS
- Individual Service and Support Advocacy (ISSA)
- Service Coordination (SC)

Senior Services

- Elder Care
- Information, Referral and Advocacy
- Pharmaceutical Benefit Assistance
- Rural Rider

See our website at:

[www.ccrpc.org](http://www.ccrpc.org)

**MEMORANDUM**

**Date:** March 13, 2008

**To:** Champaign County Board of Health  
**From:** Darlene Kloepfel, Social Service Director

**Re:** First Quarter Report for Senior Services

Attached is a copy of our proposed work plan for the year and a summary of our first quarter activities. In addition, we have attached a template which we are beginning to use for contact information of "gatekeepers" through which materials can be distributed or referrals made from each local community; a list of unmet needs that have been collected from recent clients; and questions from the "Maturing of Illinois" survey tool being promoted by the East Central Illinois Area Agency on Aging to gather statewide data on senior needs, services and perceptions.

I will be attending the board meeting in case there are any questions or the board wants to give further direction about our activities.

We look forward to continuing our partnership with the Board for these essential services in our county.

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 Champaign County 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

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 of Health

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

Annual cost/benefit analysis by Board of Health

Annual search for best practices by Board of Health

## CCRPC Proposal

### New Service Development

Volunteer/neighborhood mobilization (Neighborhood Watch, Friends of Senior Services, C-U Volunteer, empty tomb, CC Health Care Consumers, etc.) *Faith*  
System/agency building (CCRPC, CCMHB, UW, etc.)  
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. The Board of Health's goal is ultimately to have this staff person spend 30% of his or her time in the field. CCRPC will contribute in-kind management and office support. Evaluation at 3 months, 6 months, 9 months, and one year will guide continuing progress toward this and other goals established by the Board of Health.

### 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



**Champaign County Regional Planning Commission – Senior Services  
Champaign County Public Health Wellness Grant Report  
12/1/07 – 2/29/08**

Senior Services plans to identify a finite number of rural communities to identify key stakeholders in that community. These stakeholders will provide to Senior Services information about the strengths and needs of that community. A key component will be to inform these stakeholders or gatekeepers of identifiable changes in activities, behaviors, habits and conversations of elderly community members for seniors and referral process for services. Inadequate recognition and assessment of medical and mental health problems has implication on healthcare and social services in the community. These gatekeepers will be familiar with their local resources; educational meetings facilitated by Senior Services who will train and inform them of key identifiers of isolated or impaired seniors who would benefit from referral, assessment and linkage to geriatric practitioners in Champaign County.

**Analysis/Assessment**

- Identify rural Champaign County communities to pilot grant
- Identify community stakeholder and gatekeepers

**Assessment**

- Query stakeholders/gatekeepers using Maturing of Illinois tool (which could include local resources and needs in that community)
- Offer outreach educational programs in the community
- Accompany CUPHD Mobile Unit in select rural communities to identify needs and offer resources including, but not limited to 1:1 assessment and referrals to appropriate programs

**Feedback/Evaluation**

- Follow up with feedback from the Maturing of IL study in their community via community meetings
- Informational stakeholder/gatekeeper training in their community
- Advocacy services to referred seniors to assure service provision provided or unmet needs documented

**New Service Development**

- Resource guide individualized to that community
- Feedback provided to County Health Board and other funders of geriatric programs

### **Activities provided 12/1/07 – 2/29/08**

- 12/07 – 2/08 Collection of unmet needs in Champaign County
- 2/07 Champaign County rural communities identified to pilot program
- 2/07 Community stakeholders/gatekeeper template created
- 2/07 Template provided to Executive Board of Senior Services of Champaign County Advisory Board to assist with identification of stakeholders/gatekeeper and to assist with Maturing of Illinois questionnaire in their community
- 2/07 Senior Service staff accompany CUPHD mobile unit as resource in select communities to address and assist CUPHD staff with distribution of information and resources for senior needs (Seymour, Ludlow, Rantoul, Tolono)
- Identification of specific community stakeholder/gatekeeper to complete template continues

### **Attachments:**

- Community Gatekeeper/Stakeholder template
- Unmet Needs List
- Maturing of Illinois Question Tool

## Champaign County Public Health Wellness Community Gatekeeper/Stakeholder template

<u>Contact</u>	<u>Name</u>	<u>Contact Information</u>	<u>Notes</u>
Township Supervisor			
Librarian			
Parish Nurse			
Post Office			
Fire Dept.			
Advisory Bd. Member			
Pharmacist/MD			
Mason/ Community Org.			
Other:			

**Unmet and emerging needs as identified by senior service providers in Champaign County:**

- Dentures and Dental Services
- Hearing Aids, glasses
- Medication Management/monitoring
- Home repairs/rehabilitation especially in mobile homes
- Chronic Disease Mgmt. (non Medicare) ie. diabetic, cardiac, pulmonary
- Ramps post discharge from hospital/nursing home
- Utility payments
- Payment for Emergency Response telephone system, need for land line, installation and monthly fee
- Money Management for those who do not qualify for AARP program and not enough assets for bank trust officer
- Homemaker services for those not eligible for services funded through Older American Act (over assets) and unable to private pay, especially weekend and overnight coverage
- Yard work (snow removal, grass mowing, tree trimming, tree removal)
- Roof repair, gutter cleaning
- Moving and packing from homestead to new abode
- Wheelchair transport for chronic medical services
- Rent assistance
- Geriatric case management and geriatric counseling

**The Maturing of Illinois: Getting Communities on Track for An Aging  
Population  
Livable Communities for All Ages Survey**

**Date(s):** \_\_\_\_\_ **Interviewer(s):** \_\_\_\_\_

**Duration of Interview(s):** \_\_\_\_\_ **Community:** \_\_\_\_\_

**Persons/Positions Interviewed:** \_\_\_\_\_

**Materials Reviewed:** \_\_\_\_\_

**Housing**

**Available Housing**

1. Which of the following types of housing are available within your community?

Single-family homes?

\_\_\_ Yes \_\_\_ No

Multifamily homes? (e.g. townhouses)

\_\_\_ Yes \_\_\_ No

Accessory dwelling units? (e.g., coach homes, "granny" houses)

\_\_\_ Yes \_\_\_ No

Assisted living facilities?

\_\_\_ Yes \_\_\_ No

Continuing care retirement communities? (e.g., residential communities that provide a continuum of care for residents as their needs change)

\_\_\_ Yes \_\_\_ No

Nursing Homes?

\_\_\_ Yes \_\_\_ No

Supportive living facilities?

\_\_\_ Yes \_\_\_ No

Housing for grandparents raising grandchildren?

\_\_\_ Yes \_\_\_ No

Other, please list: \_\_\_\_\_

2. Is affordable housing available in each of these housing types?

Single-family homes?

Yes  No

Multifamily homes?

Yes  No

Accessory dwelling units?

Yes  No

Assisted living facilities?

Yes  No

Continuing care retirement communities?

Yes  No

Nursing homes?

Yes  No

Supportive Living Facilities?

Yes  No

Housing for grandparents raising grandchildren?

Yes  No

Other, please list:

---

3. Does your community encourage or require visitability standards for new housing units?

Yes  No

4. Are there multifamily housing units that are accessible to people with varying or changing physical abilities?

Yes  No

5. Are there any special housing complexes or apartment buildings especially designed for older people in your community?

Yes  No

6. Are you aware of individuals who are unable to find appropriate housing within your community? For example, do affordable, accessible multifamily housing or assisted living facilities have long waiting lists?

Yes  No

7. What type of housing needs to be developed to meet the future needs of seniors in your community? (check all that apply)

- Single-family Senior living center
- Multi-family Mobile/Modular Homes
- Assisted living facilities
- Assisted living facilities with dementia care
- Nursing homes with add-on Apartments
- Nursing homes with dementia care
- Supportive living facilities
- Shared living facilities
- Other, please list: \_\_\_\_\_

7a. Is anything happening now to assure the availability of these housing needs in the future?

---

---

#### Property Tax Relief

1. Does your community offer any property tax reduction programs for older homeowners?

Yes  No

NOTES:

### Home Repair and Modification

1. Do lending agencies in your community offer reverse mortgages to homeowners over age 62?  
 Yes  No
2. Does your community offer a financial assistance program for home modifications?  
 Yes  No
3. Does your community offer financial assistance for maintenance and repairs?  
 Yes  No
4. Does your community have a program that helps older persons evaluate the need for home repair, modification, weatherization, etc?  
 Yes  No

### Affordability

1. Would most seniors in your community say their housing expenses are manageable?  
 Yes  No
2. Does cost limit the housing options of seniors in your community?  
 Yes  No
3. Are seniors in your community who might need services aware of assistance programs for utilities or other expenses related to housing?  
 Yes  No

NOTES:

## Transportation

### Availability of Public Transportation

1. Is your community served by a regularly scheduled bus or other public transportation service that picks up passengers at established stops?  
 Yes  No
2. Does your community have a dial-a-ride service?  
 Yes  No
3. Is taxi service available in the community?  
 Yes  No
4. Do local organization (such a senior centers, churches, or other groups) offer van service to meal sites, doctor's appointments, or special recreational excursions?  
 Yes  No
5. Is there an organized volunteer driver program in your community?  
 Yes  No

### Drivability

1. Does your community have street signs with letters large enough to be seen at a distance?  
 Yes  No
2. Are street signs readable at right?  
 Yes  No
3. Are there streetlamps at regular intervals?  
 Yes  No
4. Do your streets have turning arrows at intersections and dedicated left-turn lanes?  
 Yes  No
5. Do the dedicated left-turn lanes start at the middle of the block?  
 Yes  No

6. Are the lane markings clear?

Yes  No

7. Do parking lots have clear travel patterns?

Yes  No

10. Do parking lots have an ample number of parking places that are easy to use?

Yes  No

11. Are there well-marked parking spaces for individuals with disabilities?

Yes  No

NOTES:

**Health and Human Services**

1. Do members of your community have access to an information hotline that provides information on services for older adults?  
 Yes  No
  
2. Do the members of your community have directory of services for older persons?  
 Yes  No
  
3. Do members of your community have access to a meals-on-wheels (also known as home delivered meals) programs?  
 Yes  No
  
4. Do members of your community have access to congregate meals (e.g., low cost meals provided at a central location, such as a senior center or restaurant)?  
 Yes  No
  
5. Are specialized support groups for older, residents and their caregivers available to your community? (e.g., bereavement, stress management, etc.)  
 Yes  No
  
6. Are there easily accessible opportunities for informal social interaction that would appeal to older residents (e.g., cafes, bookstores) in your community?  
 Yes  No
  
7. Is there a hotline or other communication system available for your community to help potential volunteers learn about opportunities to volunteer?  
 Yes  No
  
8. Are there any senior centers, or community focal points (e.g., a neighborhood facility or organization that provides services for seniors) for seniors living in your community?  
 Yes  No

If yes, please list: \_\_\_\_\_

Health Services

1. Are there any health clinics or hospital outpatient services that meet the needs of older residents in your community?

\_\_\_ Yes \_\_\_ No

2. Does your community have an on-going workgroup that meets to encourage the coordination/collaboration of health and human service providers?

\_\_\_ Yes \_\_\_ No

If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

How often do they meet?

\_\_\_\_\_

\_\_\_\_\_

3. Is access to health care an issue for those in your community with limited incomes?

\_\_\_ Yes \_\_\_ No

4. Are home health care services (e.g., health services available through an organization to persons in their homes) available in the community?

\_\_\_ Yes \_\_\_ No

5. Are mental health services available to older adults in the community?

\_\_\_ Yes \_\_\_ No

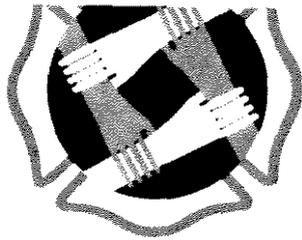
6. Are there adult day services (e.g., programs in the community with activities and health related rehabilitation services to those who are disable and need a protective environment) and other programs designed especially to respond to the needs of those with dementia or Alzheimer's disease?

\_\_\_ Yes \_\_\_ No

If yes, please describe: \_\_\_\_\_

14. Does your community offer programs for preventative health care? (e.g., flu shots, support groups, nutrition classes, etc.)

NOTES:



**FIRE CHIEFS  
ASSOCIATION**

DEDICATED TO QUALITY EMERGENCY SERVICES FOR CHAMPAIGN COUNTY

Steve Rittenhouse- President  
 Steve Thuney - Vice-President  
 Jim Randol- Sec. / Treasurer

Champaign County Board of Health:

Champaign County Fire Chiefs were asked if there was a need for defibrillators and or CO gas detectors to promote and protect the health and safety of residents in their response area.

Please find listed the Fire Departments that could use the equipment.

Bement Fire Protection District		CO detector
Cornbelt Fire Protection District		CO detector
Gifford Fire Protection District	Defibrillator	CO detector
Ivesdale Fire Protection District	Defibrillator	CO detector
Longview Fire Protection District		CO detector
Mid –Piatt Fire Protection District	Defibrillator	CO detector
Ogden Fire Protection District	Defibrillator	CO detector
Pesotum Fire Protection District	Defibrillator	CO detector
Philo Fire Protection District	Defibrillator	CO detector
Paxton Fire Protection District		CO detector
Rantoul Fire Department	Defibrillator	CO detector
Royal Fire Protection District	Defibrillator	CO detector
Sangamon Valley Fire Protection District		
Fisher department	Defibrillator	CO detector
Dewey “	Defibrillator	CO detector
Foosland “	Defibrillator	CO detector
Savoy Fire Department		CO detector
Seymour Fire Department	Defibrillator	CO detector
St Joseph Fire protection District	Defibrillator	CO detector
Thomasboro Fire protection District		CO detector
Tolono Fire Protection District	Defibrillator	CO detector
Urbana Fire Department		CO detector

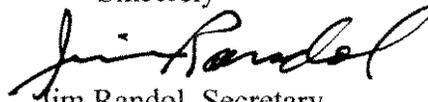
Estimated cost for this program		
Defibrillators	\$1350.00 each (14)	\$18,900.00
Co detectors	\$375.00 each (21)	<u>\$ 7,875.00</u>
<b>Total Estimated Cost</b>		<b>\$26,775.00</b>

You can see by the above list there is a concern for the health and safety of residents in our fire service areas. Most on the list are small volunteer fire departments with very limited funds. There are 34 fire departments in Champaign County Fire Chiefs Association, 21 have indicated a need for this equipment. Any assistance from the Champaign County Board of Health would be greatly appreciated. If there are any questions or more information needed please let me know.

Thank you for your consideration of this request.

The Champaign County Fire Chiefs Association will do what ever is necessary to facilitate this request.

Sincerely

A handwritten signature in black ink, appearing to read "Jim Randol". The signature is fluid and cursive, with the first name "Jim" being more prominent.

Jim Randol, Secretary  
Champaign County Fire Chiefs Association

Contact Person

Chief Jay

586-3380

Cell 841-1014

[cbfpd00@mchsi.com](mailto:cbfpd00@mchsi.com)

Corumbelt Fire Protection District

P.O. Box 5000 Mahomet, IL 61853



## Central Illinois Dental Education and Services

Head Start Dental Clinic - Dental Health Education  
Child Dental Access Program - Mobile School Clinics

217-359-7404, fax 217-352-9745, PO Box 154, Champaign, IL 61824-0154

[www.cides.org](http://www.cides.org)

---

Champaign County Board of Health  
1776 Washington  
Urbana, IL 61802  
March 14, 2008

Dear Board Members,

We are about to take our show on the road throughout the county and would like to provide the same level of mobility for restorative care as well. So I am writing to request \$12,025 from the one time IDPH revenue to purchase mobile restorative equipment.

We have 20 days of mobile school screenings scheduled from March 1 – May 31. All but two of those days we will be seeing county kids. The other two days we will be at Lincoln's Challenge Academy.

The Child Dental Access Program is serving county children as promised, providing dental homes for the children whose families do make that commitment. This year we have been able to complete treatment for more children needing specialty care and oral surgery. However, through our mobile clinics and our experience with Head Start in Savoy we are learning about the number of children whose families are not following up with needed treatments.

We have recently hired an outstanding dentist with a strong commitment to public health dentistry. He is interested in exactly this kind of work. We have also heard of growing interest from area dentists in volunteering outside of their practice. These include dentists who currently participate in the Child Dental Access Program and those who do not.

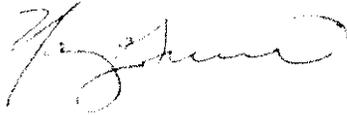
I understand that this request may fall outside the guidelines the board has established for this one time revenue. However, several community members have strongly encouraged us to apply anyway including the United Way and people who work in public health. The mobile equipment would be highly consistent with the mission of public health and the goals of the board of health. The potential community impact with this equipment is dramatic. Not only would this equipment help to serve children from any of the schools we provide mobile clinic services, but the equipment may also help us serve adults needing care.

Life expectancy for this equipment is 5-8 years. We have similar equipment for our mobile school screenings. We are on our third year with this equipment and have only needed minor maintenance.

Restorative work does take time and often several appointments. Each staffed chair can treat eight patients a day. This equipment would help us add a couple of days a month, potentially more in the future. This would help us provide nearly 200 more appointments in a year or 1000 in the first five years of the equipment. Each day we set up a dentist and equipment to provide restorative treatments, we could also set up a hygienist with chair and equipment to provide recalls. Hygiene work on a child takes less than half the time of a restorative appointment. So the number of additional appointments we could provide could be triple that—600 in a year or 3000 in the next five years.

Thank you for your time and consideration. Should you have any questions, don't hesitate to contact me (359-7404, 390-5365 or nhgreenw@prairienet.org).

Sincerely,



Nancy Greenwalt  
Executive Director

	Mobile Equipment Budget	Board of Health Request
Portable Unit – for handpieces, suction, rinse	\$5,000	\$5,000
Portable Autoclave/Statim	\$5,000	\$5,000
Light	\$975	\$975
Handpieces	\$1,050	\$1,050
Dentists Portable Stool*	\$500	
Assistant Portable Stool*	\$850	
Patient Chair*	\$2,000	
Travel Cart/Dollie*	\$200	
<b>Total</b>	<b>\$15,575</b>	<b>\$12,025</b>

\*Items will be supported by other donations including funds recently committed by Parkland College Dental Hygiene Program.

\*\*We will move our Head Start Clinic x-ray equipment to these clinics and do restorative work that may not require an x-ray until we can secure funding for a truly mobile digital x-ray system. Prices for this are up to \$25,000.