
CHAMPAIGN COUNTY BOARD OF HEALTH

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**Champaign County Board of Health
Contract Subcommittee Meeting
Tuesday, September 11, 2007, 4:00 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. Approval of Minutes – August 14, 2007	1-4
E. Public Participation	
F. Recommendations on FY2008 Dental Services Programs from CIDES and CUPHD	5-8
G. Recommendations Regarding Potential CUPHD Contract Languages Changes	9-32
H. Other Business	
I. Establishment of Next Meeting Date(s)	
J. 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.

1 **CHAMPAIGN COUNTY BOARD OF HEALTH**

2
3 **Contract Subcommittee Meeting**
4 **Tuesday, August 14, 2007, 4:30 p.m.**
5

6 Call to Order & Roll Call
7

8 The Board of Health Contract Subcommittee held a meeting on August 14, 2007 in
9 Meeting Room 2 at the Brookens Administrative Center, 1776 East Washington, Urbana. The
10 meeting was called to order at 4:40 p.m. by Thomas O'Rourke. John Peterson and Thomas
11 O'Rourke were present. Julian Rappaport was absent because he was out of town. Rappaport
12 had contacted the subcommittee requesting they proceed without him. Others present were Kat
13 Bork (Board of Health Secretary) and Susan McGrath (State's Attorney's Office)
14

15 Approval of Agenda/Addendum
16

17 **MOTION** by Peterson to approve the agenda; seconded by O'Rourke. **Motion carried.**
18

19 Public Participation
20

21 There was no public participation.
22

23 Discussion and Recommendations Concerning the Investigation of Alternatives for Service
24 Delivery of Board of Health Programs by Community Organizations and Agencies Within and
25 Outside Champaign County, Including Other County Health Departments
26

27 O'Rourke noted this issue has been a recurring agenda item for the subcommittee. The
28 subcommittee was going to receive updates. Peterson indicated Julie Pryde, the Acting CUPHD
29 Administrator, would like to offer a proposal for providing dental services. Pryde has requested
30 a meeting to discuss the possibility. Peterson suggested such a meeting be arranged after the
31 budget process is completed in September. CUPHD would propose setting up a dental team,
32 including a dentist. Pryde has discovered 20 dentists who want to work with a program, but
33 none have been recruited in the past. For the money the Board of Health is giving CIDES,
34 CUPHD could out together a team with a dentist and two staff people. They would take
35 Medicaid. McGrath said CUPHD might want to combine with CIDES for an ongoing role. She
36 recommended a meeting with the Board, CIDES, and CUPHD to discuss the dental proposals.
37 The Board of Health's contract with CIDES ends on November 30, 2007. Peterson said the
38 Contract Subcommittee should take the lead on the dental program contract. McGrath said the
39 subcommittee should report to the full Board of Health that they have been approached by
40 CUPHD with an alternative to providing dental services and they want to arrange a meeting with
41 the Contract Subcommittee to meet with the parties involved in September. Peterson suggested
42 telling the Board that we may be renegotiating the CIDES contract and Contract Subcommittee
43 be identified as the dental contract negotiators. Peterson said the County Board needs to take a
44 stand on this issue if there will be a switch in contractors. McGrath noted Stan James is the
45 County Board's liaison on the Board of Health, so he should be invited to the meeting.
46
47

48 Discussion and Recommendations Concerning Alternative Funding for Board of Health
49 Programs, Including Grant Research and Application, and Raising the Board of Health Levy
50

51 McGrath stated there is a potential collaboration with the Mental Health Board for a
52 grant-writing position. It is difficult to guess what could be done because, as of this morning, the
53 Budget Subcommittee has not finished the FY2008 budget. It has been suggested that the
54 Regional Planning Commission and Board of Health each put in \$25,000 towards a grant-writing
55 position to see what opportunities are out there for rural health initiatives. O'Rourke asked if
56 this position would be in competition or in support of CUPHD. McGrath said the position would
57 be supportive of CUPHD because they are not providing mental health services. Peterson stated
58 there is a tremendous need for publicly funded psychiatric staff because people are showing up
59 in emergency rooms and having a huge impact. Psychiatric cases make up 10% of the ER
60 business. O'Rourke asked where funding for such an initiative would come from. Peterson said
61 out of the general revenue. It is difficult to recommend what the Board should fund because the
62 Board still does not have accurate budget figures from CUPHD on the costs of programs. This
63 item was budgeted last year, but was not spent so it was a carryover item. Peterson reported that
64 the Budget Subcommittee had at least \$120,000 worth of questions about the figures presented
65 by CUPHD this morning. McGrath confirmed the Budget Subcommittee requested copies of all
66 the grants for the County from CUPHD and CUPHD now knows what questions the Board has.
67 The Board of Health needs to identify what funds are being received by the County and what
68 funds are being received by CUPHD; the documentation is a source of confusion. Deb Busey
69 asked CUPHD to design a budget document with all incoming revenue, a division of County
70 versus CUPHD expenses, and then show any shortfalls. The Acting CUPHD Administrator and
71 new Finance Director were very willing to provide the information requested at the next Budget
72 Subcommittee meeting when Busey described what should be provided. McGrath explained that
73 one of the questions raised this morning was about whether the Board of Health is paying extra
74 money for the breast and cervical cancer program. The Board might be paying expenses beyond
75 what is covered in the grant.

76
77 Discussion and Recommendations Regarding CUPHD Contract and Deadline Before Which
78 Contract Automatically Renews
79

80 O'Rourke asked if the Budget Subcommittee was waiting to get actual figures. Peterson
81 stated that he thought Pryde was trying to give the Board honest figures. McGrath said CUPHD
82 has to make decisions regarding how they will staff and manage programs based on what the
83 Board of Health will pay for with its next budget. The subcommittee continued to discuss the
84 information learned at the Budget Subcommittee meeting earlier today. For example, Peterson
85 noted that the breast and cervical program is three-county program that includes Vermilion
86 County and McLean County. Neither Vermilion County nor McLean County contributes any
87 funding to the program. Once the grant money runs out, they stop screenings and other services.
88 Champaign County continues to provide services and pays for them. Peterson said he believed
89 the budget figures provided for Environmental Health were accurate. The Board will have a
90 \$50,000 shortfall in that area and would have a shortfall even if they increased the fees
91 substantially. O'Rourke inquired if Environmental Health paid for itself in the past. Peterson
92 said the Board of Health previously thought the third increase to fees would meet expenses, but it
93 will not. Peterson said the administrative costs were reasonable. CUPHD will consider any

94 WIC client who shows up at CUPHD to be their responsibility, even if the person is a County
95 resident. So the Board will be basically paying for the WIC clients in Rantoul.
96

97 O'Rourke inquired about dividing the grants according to the populations of the
98 Champaign-Urbana area versus all other areas of the County. It should be factored in that
99 County programs can be more expensive to operate due to transportation costs. Peterson said it
100 depends on which program is being discussed because some programs have direct client costs.
101 The subcommittee discussed how to negotiate the CUPHD contract with population statistics.
102 McGrath stated the FY2008 budget will include outreach services in the County, such as the
103 mobile unit. CUPHD's proposal for the mobile unit will cost approximately \$78,000. CUPHD
104 is not going to charge the County for HIV/Communicable Diseases.
105

106 O'Rourke asked if the Board of Health needed to indicate if they did not wish to renew
107 the contract in advance of the current contract's expiration. McGrath stated the contract did not
108 contain any automatic renewal clause after next year. The contract expires at the end of
109 November 2008. O'Rourke wanted to determine when the Board of Health would present
110 proposed changes to the contract to CUPHD and request a response within a certain timeframe.
111 O'Rourke would like to get some feedback from the CUPHD Administrator on some
112 recommended changes to the contract before looking into alternatives for service delivery.
113 McGrath stated the two issues are the scope of services and what the contract says each party is
114 doing. It makes sense to look at the current contract and stating what is actually being doing.
115 The two appendices to the contract are the budget and the actual services being provided.
116 Peterson said this subcommittee may want to address the appendices. The subcommittee
117 discussed aspects of the contract, including details such as where the records are maintained.
118 McGrath offered to go through the contract and remove anything that no longer applies. The
119 subcommittee agreed that McGrath should review and update the contract to reflect existing
120 policies such as CUPHD no longer providing secretarial support to the Board of Health.
121 O'Rourke said he would like the updated contract to be ready within ten days. It was agreed that
122 the subcommittee would asked the Board of Health for permission to communicate with CUPHD
123 regarding potential contract language changes and report back to the Board in September.
124 Peterson and O'Rourke concurred that the Board of Health wants to participate in the annual
125 performance appraisal of the CUPHD Administrator. O'Rourke volunteered to informally talk to
126 Pryde about reviewing the contract.
127

128 Discussion and Recommendations Regarding Proposed Contract with Champaign County
129 Regional Planning Commission for Senior Welfare Services
130

131 McGrath said the subcommittee is not in a good position to take action on the proposed
132 contract with the Regional Planning Commission because they did not have solid budget figures.
133 The subcommittee deferred this item.
134

135 Discussion Regarding CIDES Contract for FY2008
136

137 The subcommittee wanted to have a meeting with both CIDES and CUPHD to discuss
138 service delivery. Peterson clarified that the plan is to make a motion at the next Board of Health
139 meeting to invite alternate proposals for the upcoming contract year for dental services.

140 McGrath said, as far as the contract is concerned, this is an issue the County Board will have to
141 decide what they want to do. The Board of Health is in a position to give the County Board the
142 information they will need to make the decision, but the County Board are those ones who
143 actually need to make the decision. Peterson said realistically the County Board is funding the
144 contract; the Board of Health is administering it. From a political view, Peterson recommended
145 putting the decision on the County Board. McGrath said the County Board has to determine
146 whether they want to continue making the contribution to dental services because it is not a
147 contract which automatically renews. Peterson said he planned to ask the County Board to take a
148 vote on this issue and make them go on record either supporting a change or continuing with
149 what they already have. He anticipates it will be a very divided vote based on politics and
150 allegiances, no matter if one program is better than the other. O'Rourke asked if the
151 subcommittee would be deciding between two programs. McGrath said they cannot be sure until
152 the meeting. She thought Pryde's request to have the meeting might be because the CUPHD
153 proposal is not intending to compete with CIDES's service delivery. CUPHD may want to offer
154 a competing program for just the education aspect of the CIDES program. Peterson said the bulk
155 of the money for the dental program will go into service and that's where the politics are. The
156 subcommittee discussed the possibility of changing programs. The Board of Health will propose
157 a FY2008 budget with funding for a dental program. McGrath stated the Contract Subcommittee
158 will inform the Board that they received an alternative proposal for the provision of dental
159 services and the subcommittee will be meeting in September to discuss the proposals with
160 CUPHD and CIDES to obtain more information. The subcommittee agreed to ask Stan James to
161 attend the next meeting as the County Board's representative on the Board of Health. The
162 Contract Subcommittee will review the proposals and report on them to the Board for
163 consideration.

164

165 Other Business

166

167 There was no other business.

168

169 Establishment of Next Meeting Date(s)

170

171 The subcommittee tentatively agreed to hold its next meeting on September 11, 2007 at
172 4:30 p.m. O'Rourke will confirm the meeting day and time with the other participants, then he
173 will contact the subcommittee.

174

175 Adjournment

176

177 The meeting was adjourned at 5:41 p.m.

178

179 Respectfully submitted,

180

181 Kat Bork

182 Board of Health Secretary



Central Illinois Dental Education and Services

Child Dental Access Program – Mobile Clinics – Head Start Dental Clinic
 (217) 359-7404 fax (217) 352-9745 “Attn: CIDES”
 PO Box 154, Champaign, IL 61824-0154

Child Dental Access Program

Fiscal Year 2008 Proposed Budget – Revised 9/6/07
 December 1, 2007 – November 30, 2008

	Fiscal Year 2007	Fiscal Year 2008
Personnel	37,500	37,500
Fringe (@ .20 of wages)	7,500	7,500
Personnel Subtotal	45,000	45,000
Operations		
Travel/Mileage	3,000	3,000
Telephone	2,220	760
Dental Supplies	3,148	3,000
Printing/Copies	750	760
Postage	450	240
Contractual (Bookkeeping & Audit)	600	2,600
Operations Sub-total	10,168	10,360
Patient Care & Client Assistance	50,000	75,000
Total Expenses	105,168	130,360

We are very excited about what the Child Dental Access Program can do for children in the coming fiscal year. Below is a summary of our plans.

Patients Seen in a Dental Office Setting

The Child Dental Access Program’s anchor continues to be the area dentists and specialists who see our low income county children at half their regular rate. Right now we are seeing a huge increase in money paid to participating dentists. I expect that we may have to limit the number of appointments towards the end of this fiscal year to stay within our budget.

Area providers have done an excellent job stepping up to care for the children with more complicated and expensive restorative care needs and our growing number of total children enrolled. But I expect the demand for care to continue to grow in the coming year. We will need additional support to pay for patient care and client assistance. We are asking for \$75,000 dedicated to patient care. In the coming fiscal year we plan to provide over 1000 appointments to children needing everything from a routine exam/cleaning/fluoride to fillings, extractions, crowns and even orthodontic work.

Mobile School Based Clinics

We have sent letters to all county schools to offer our clinic services. At each school, at no charge to the school, we provide a dental exam by a local dentist for every child with a completed consent form. Those with All Kids, private insurance or are IDPH Seals

Grant eligible also get cleaning, fluoride treatment and sealants when needed. We may be expanding to offer x-rays in the schools as well. All eligible children needing restorative care are referred to participating providers through the Child Dental Access Program.

The schools we plan to provide mobile dental clinics for in the 2007/2008 school year include: **Fisher Grade School; Mahomet-Seymour School District** (children from all schools); **Thomasboro (K-8); Gifford (K-8); Rantoul Broadmeadow (K-5), Eastlawn (K-5), Northview (K-5), & Pleasant Acres (K-5); Ludlow (K-8); St. Joseph's (K-8), Unity East (K-5), Unity West (K-5), & Unity Jr. High and High School; and Lincoln's Challenge Academy.** We expect to see 800-1000 children in these school clinics.

With increased funding we will be able to expand the care provided to the low income, uninsured children at these clinics. We will be able to provide comprehensive dental exam/cleaning/fluoride/sealants and cover care.

Also new in the coming year: Lincoln's Challenge in Rantoul takes in classes of about 500 cadets twice a year, and we are working with them to bring our mobile clinic to each class of cadets and to offer restorative care through special programs. We are projecting to treat 100-200 of the cadets each year, but the numbers could be much higher.

Educational Programs

Educational programs include participating in the Morning Show health segment on WCIA, Harvest Festival in Rantoul, the ADA's Give Kids a Smile with the Illini Dental Society at Market Place Mall. We plan to offer a short educational program to after school programs like the Kids Club--Project Access in Rantoul, area children's groups such as Brownies, Girl Scouts, Cub Scouts, Pre-schools, Church Groups, etc.

Budget explanation

In reviewing the budget, you will see that we are hoping to expand the grant by \$25,000 to \$130,360 for the Fiscal Year 2008. We will put all additional money towards expanding care. Most of the increase will be to support children seeing dentists and specialists in a private clinic setting. The rest of the additional support will be to provide comprehensive care at our school based clinics to those children who are low income and uninsured. We project to see 800-1000 children through these school based clinics with at least 10% not covered by any dental insurance including All Kids.

The money dedicated to staff supports the programming that makes this such a successful program including screening for eligibility, setting appointments, arranging for translation services and transportation services when necessary, and an effective call system for confirming appointments. The staff line item also supports the growing outreach and education programs as well as organizing mobile clinic events. Bookkeeping/audit provides outside support for making payments to dentists, tracking payments on each patient with each provider, and an independent financial evaluation of the program.

I expect with the additional \$25,000 we will be able to provide comprehensive care in a school clinic setting to 100 additional children and provide care at a participating dentist's office to an additional 100 children.

County Adult Dental Program
 Fiscal Year 2008 Proposed Budget
 December 1, 2007 – November 30, 2008
 This would be in addition to the Child Dental Access Program

	Fiscal Year 2008
Personnel	\$7,500
Fringe (@ .20 of wages)	\$1,500
Personnel Subtotal	\$9,000
Operations	
Travel/Mileage	
Telephone	
Dental Supplies	
Printing/Copies	
Postage	
Contractual (Bookkeeping & Audit)	\$1,000
Operations Sub-total	\$10,000
Patient Care & Client Assistance	\$40,000
Total Expenses	\$50,000

Central Illinois Dental Education and Services would like to propose offering a program for county adults—the Adult Dental Program.

Patients Seen in a Dental Office Setting

In providing care to adults we would open it up to all income eligible adults who live inside the county but outside Champaign and Urbana. We do intend to target our care to the families already enrolled in our programs. In an effort to make the greatest impact on a child's oral health and the county's public health, we want to be able to encourage good oral health habits with the whole family. Getting parents and caregivers caught up on needed care, education and set up with new supplies can have a positive impact on an entire family.

Similar to the Child Dental Access Program, the Adult Dental Program would offer care to county residents through the area dentists and specialists at half of their usual rate. We have already talked to a handful of our participating providers to see if there is interest in expanding their commitment to adults as well. Two have already agreed to taking county adult patients with a couple of others seriously considering the opportunity. With board approval we can begin scheduling adults for Thursday, December 6—the first open day dedicated to adults in the new fiscal year.

We expect with this support we should be able to provide care to 200 adults in Fiscal Year 2008. Providing care to just 200 adults is a conservative estimate. This assumes a large number of patients needing extensive and expensive care. As the program grows and develops over the years we will be able to leverage more support outside the county grant and expand preventive services.

Mobile Dental Clinics

The Adult Dental Program with Board of Health support is prepared to offer oral cancer screenings at county area nursing homes, senior centers, community centers, health fairs, etc. Many denture patients don't realize that they still need regular oral health exams. We will work to offer two mobile clinics targeted at adults at risk for greater oral health care needs due to age and/or income in our first year.

Educational Programs

Our Adult Dental Program would be available to offer educational programs to a wide variety of organizations and associations. We would create programs targeted to at risk and general population adults about the importance of good oral health care, brushing and diet tips through a lifetime. We will provide notice to county area churches, community centers, service clubs, and more about our programs. In our first year, I expect that we will be able to present four educational programs targeted to adults.

Budget explanation

To be able to expand our program to adults would require an additional investment of \$50,000. Most of that money (\$40,000) would be used for patient care. Also included is money for support services. We would need to dedicate staff time to work on programming for the adult dental program as in the Child Dental Access Program above.

Thank you to the Board of Health and County Board for your continued support. Should you have any questions or need additional information, don't hesitate to contact me at home 355-5169, cell 766-5268 or nhgreenw@prairienet.org.

**DRAFT WITH SUGGESTED REVISIONS OR COMMENTS IN ITALICS OR
STRIKEOUTS
9/7/07**

AGREEMENT BETWEEN THE CHAMPAIGN-URBANA PUBLIC HEALTH DISTRICT AND
THE COUNTY OF CHAMPAIGN AND THE BOARD OF HEALTH OF THE CHAMPAIGN
COUNTY HEALTH DEPARTMENT FOR THE PROVISION OF PUBLIC HEALTH
SERVICES BY THE CHAMPAIGN-URBANA PUBLIC HEALTH DISTRICT TO THE
COUNTY OF CHAMPAIGN

This Agreement is made between the Champaign-Urbana Public Health District, a body corporate, and the County of Champaign, a body politic and corporate, and the Board of Health of the Champaign County Health Department, pursuant to the authority granted by their respective governing bodies, in consideration of the following mutual covenants and conditions:

1. This Agreement is made pursuant to the authority granted by the governing bodies of each party and to the provisions of the Intergovernmental Cooperation Act, 5 ILCS 220/1 *et seq.*, specifically paragraphs 220/3 and 220/5; the Public Health District Act, 70 ILCS 905/0.01 *et seq.*, and specifically paragraph 905/17(11); the Counties Code, 55 ILCS 5/1-1001 *et seq.*, and specifically paragraphs 5/5-1005 and 5/5-25013(B)5; and the Illinois Constitution of 1970, Article VII, Section 10.

2. The purpose of this Agreement is for the Champaign-Urbana Public Health District, hereinafter called the Public Health District, to provide for the County of Champaign, hereinafter called the County, certain public health services which the County is authorized to provide through the County Health Department created under the provisions of 55 ILCS 5/5-25001 *et seq.*

3. The Public Health District will provide advice and guidance to the County with respect to the programs set forth in this Agreement.

4. The Public Health District will perform the activities necessary to maintain the status of the Champaign County Health Department as a Certified Local Health Department pursuant to 77 Ill. Adm. Code 600.

5. The Public Health District will provide public health services for the following programs which are mandatory programs for a local health department to receive a Local Health Protection Grant pursuant to 77 Ill. Adm. Code 615, Local Health Protection Grant Rules. These programs are a required part of this Agreement.

- a. Infectious Diseases Control Program
- b. Food Protection
- c. Private Sewage Disposal
- d. Potable Water Supply

6. a. With respect to the Infectious Diseases Control Program the Public Health District will conduct activities for the control of infectious diseases in accordance with the program standards set forth in 77 Ill. Adm. Code (Illinois Administrative Code) 615.300, Local Health Protection Grant Rules; 77 Ill. Adm. Code 690, Control of Communicable Diseases Code; 77 Ill. Adm. Code 693, Control of Sexually Transmissible Diseases Code; 77 Ill. Adm. Code 696, Control of Tuberculosis Code; 77 Ill. Adm. Code 697, AIDS Confidentiality and Testing Code.

b. The Public Health District is authorized to include at its discretion any or all of the immunizations recommended by the Advisory Committee on Immunization Practices for the Centers for Disease Control and Prevention which are in addition to the immunizations required by the regulations set forth in section 6-a.

7. With respect to the Food Protection program the Public Health District will conduct activities as follows in accordance with the program standards set forth in 77 Ill. Adm. Code 750, Food Service Sanitation Code; 77 Ill. Adm. Code 760, Retail Food Store Sanitation Code; 77 Ill. Adm. Code 615.310, Local Health Protection Grant Rules. *Please Note: You are not receiving (b) or any reports on (c)*

a. The County will adopt, if not already adopted, and maintain in force an ordinance adopting the Food Service Sanitation Code, 77 Ill. Adm. Code 750, and the Retail Food Store Sanitation Code, 77 Ill. Adm. Code 760.

b. The Public Health District will furnish to the County Board of Health a monthly summary of inspections performed and permits issued under this program.

c. The Public Health District will conduct educational seminars periodically as needed for food service facilities and retail food stores.

d. The Public Health District will conduct inspection activities and other activities and issue permits and take such other action as it considers appropriate under the Food Service Sanitation Code and the Retail Food Store Sanitation Code.

8. With respect to the Private Sewage Disposal program the Public Health District will conduct activities as follows in accordance with the program standards set forth in 77 Ill. Adm. Code 905, Private Sewage Disposal Code.

a. The County will adopt, if not already adopted, and maintain in force an ordinance adopting the Private Sewage Disposal Code, 77 Ill. Adm. Code 905.

b. The Public Health District will conduct inspections of sewage disposal facilities at such times as it considers appropriate.

c. The Public Health District will conduct inspection activities and other activities and issue permits and take such action as it considers appropriate under the Private Sewage Disposal Licensing Code and under the Private Sewage Disposal Licensing Act, 225 ILCS 225/1, et seq.

9. With respect to the Potable Water Supply program the Public Health District will conduct activities as follows in accordance with the program standards set forth in 77 Ill. Adm. Code 92 0, Illinois Water Well Construction Code; 77 Ill. Adm. Code 925, Illinois Water Well Pump Installation Code.

a. The County will adopt, if not already adopted, and maintain in force an ordinance adopting the Illinois Water Well Construction Code, 77 Ill. Adm. Code 92 0.

b. The Public Health District will conduct inspection activities and other activities and issue permits and take such other action as it considers appropriate under the Illinois Water Well Construction Code and under the Illinois Water Well Pump Installation Code, 77 Ill. Adm. Code 925.

10. *The Champaign County Board of Health must approve any applications made on behalf of the Board of Health by the Public Health District* ~~Public Health District is authorized to apply on behalf of the County Board of Health for public or private grant-funded programs~~ as may arise from time to time, which are within the lawful authority of the County Board of Health to administer. ~~However,~~ The Public Health District shall not commit to receive funds or provide services for new programs or new activities on behalf of the County Board of Health without prior approval of the County Board of Health. *The Public Health District shall include in the information to be presented to the Board of Health*

as to these public or private grant funded programs an accounting as to how the funds from the said grant funded programs are to be allocated between the Public Health District and the Board of Health if the programs are joint applications from the Public Health District and the Board of Health. Any grant funds due to the Board of Health by the Illinois Department of Public Health shall be remitted directly to the Board of Health, with the Board of Health within thirty days of receipt to remit any funds due to the Public Health District for programs solely for the benefit of the Public Health District as outlined in the accounting provided by the Public Health District to the Board of Health when the grant applications are submitted.

11. The Public Health District shall on an annual basis submit a proposed budget for the Board of Health to the Board or its designated committee, which said budget shall include a list of proposed activities and programs to be conducted on behalf of the Board of Health. The said budget and list of proposed activities and programs shall be submitted to the Board of Health no later than the June Board of Health meeting, commencing with the year 2008. The budget will follow the Champaign County budget format and will specifically delineate all expected revenues and expenditures for the Board of Health during its fiscal year, which said fiscal year is December to November. ~~will conduct additional activities as set forth in Appendix A and funded as set forth in Appendix B to this Agreement. Those additional programs are not mandatory programs for a certified local health department.~~ Any of the programs or activities agreed upon by the parties ~~set forth in Appendix A~~ may be

~~terminated only by the mutual written agreement of the parties.
by the Public Health District or by the County Board of Health at
any time upon at least 90 days written notice to the other
parties.~~

12. All codes within the Illinois Administrative Code which the County is to adopt by ordinance under this Agreement also shall contain such enforcement provisions and other provisions as required by the Illinois Administrative Code. Such ordinances shall provide that they are effective in the geographical area in which the County Health Department has jurisdiction.

13. Under the provisions of the Counties Code, 55 ILCS 5/5-25013(A)10, and of 77 Ill. Adm. Code 600.300, the Champaign County Board of Health is required to appoint a medical health officer as the executive officer or to appoint a public health administrator for the County Health Department. The public health administrator of the Public Health District shall function as such public health administrator for the County Health Department. It shall be the responsibility of the Public Health District to require its public health administrator to maintain a status of being qualified to function as the public health administrator. *The Board of Health shall participate in the annual performance evaluation of the public health administrator of the Public Health District, commencing in the year 2006, and continuing each year thereafter. The Board of Health and the Public Health District Board shall mutually agree upon the method of the performance evaluation, including the evaluation tools to be utilized in the said evaluation, and shall further mutually agree*

upon the time(s) and date(s) of the meeting(s) necessary to perform the said evaluation.

If the Board of Health elects to contract for the provision of certain administrative services to an agency other than the Public Health District during the term of this Agreement, the parties shall enter into an amendment to this Agreement to determine the administrative overhead to be paid by the Board of Health to the Public Health District Agency pursuant to Paragraph 15 of this Agreement, and the administrative services to be provided by the Public Health District to the Board of Health pursuant to Paragraph 17 of this Agreement.

14. The Public Health District is providing public health services to the County and its Board of Health pursuant to the provisions of this Agreement. All parties acknowledge the following:

a. The Public Health District has complete control over its internal operations.

b. All personnel of the Public Health District performing services under this Agreement are employees of the Public Health District for all purposes related to this Agreement. They are not employees of the County or its Board of Health for any purpose related to this Agreement.

c. The Public Health District shall be responsible for and shall have full control over any financial audits or reports required by applicable law or any funding grantor concerning its operations related to this Agreement.

d. It is the responsibility of the Public Health District and not of the County or its Board of Health to require the said employees providing services under this Agreement to maintain any required qualifications.

15. During each year of this Agreement, the Board of Health shall select the programmatic activities to be performed by the Public Health District upon submission of a proposed budget by the Public Health District to the Board of Health. The Board of Health shall then pay for the said activities on a monthly basis in a sum equivalent to one-twelfth of the monies due for the budget year to the Public Health District. The Public Health District shall present an invoice to the Board of Health at least seven days in advance of the Board of Health's regular monthly meeting for the compensation due for County ~~shall pay to the Public Health District as compensation for~~ the services provided by the Public Health District under this Agreement. The said invoices shall be forwarded to the Champaign County Administrator for payment within seven days of their approval by the Board of Health. ~~as follows~~ ~~The said invoices shall include the following information:~~

~~a. The parties acknowledge that the Board of Health fiscal year is December to November, and that all budget documents should be calculated to conform to that budget year.~~

~~b. The amount of the credit due by the Public Health~~

~~District to the Board of Health for the Board's portion of any public or private grant funded programs received by the Public Health District on behalf of the Board.~~

~~e. The payment due for any programs and activities conducted on behalf of the Board of Health by the Public Health District.~~

~~d. The payment due for the administrative overhead of any programs and activities conducted on behalf of the Board of Health by the Public Health District, which said administrative overhead shall not exceed 15% of the monthly invoice. The invoice shall include information as to the calculation of the administrative overhead, which said calculation shall specifically delineate wage and payroll tax information.~~

~~a. For the balance of the present County fiscal year (fiscal year 2002-2003) covered by this Agreement:~~

~~(1) The County shall reimburse the Public Health District for its actual cost incurred in providing the mandatory programs/services and additional programs/services authorized in Appendix A of this Agreement, excluding any cost of providing those services identified in Appendix A with an asterisk (*).~~

~~(2) The Public Health District's "actual cost" for billing purposes will include both direct program expenses and the cost of administrative support for those activities, calculated at 12% of the direct program expenses.~~

~~(3) The aggregate County reimbursement to the Public Health District for services under this Agreement for County fiscal year 2002-2003 shall not exceed the total approved fiscal year 2002-2003 Budget shown in Appendix B or \$1,296,311.00.~~

~~(4) The Public Health District will share with the County a portion of the state grants received by the Public~~

~~Health District to serve the entire county, unless these grant funds are received for a program or service that the County does not fund in whole or in part, identified with an asterisk in Appendix A.~~

~~b. For subsequent County fiscal years (fiscal year 2003-2004 and after) covered by this Agreement:~~

~~(1) The County shall reimburse the Public Health District for the net cost of the Public Health District incurred in providing the mandatory programs/services under this Agreement and in providing the additional programs/services authorized in Appendix A of this Agreement, excluding any cost of providing those services identified in Appendix A with an asterisk (*).~~

~~(2) The Public Health District's "net cost" for billing purposes equals the total actual cost incurred less the grant funds received directly by the Public Health District to provide these same services. The Public Health District's actual costs will include both the direct program expenses and the cost of administrative support for those activities. The cost for administrative support will be a fixed percentage of direct program expenses. The fixed percentage applicable to each year will be provided with the estimate provided under section 15-b(3).~~

~~(3) The Public Health District will determine the estimated cost, and a maximum cost, in advance for each County fiscal year at least 90 days prior to the beginning of that fiscal year. If this cost exceeds the amount which the County and its Board of Health have available and approve in their budget for that fiscal year, they may reduce the services in accordance with the notice provisions of this Agreement to the level which they are able to fund. There will be an updated Appendix B at the beginning of each County fiscal year.~~

~~(4) Rather than share with the County state grant funds received by the Public Health District to serve the entire county, the Public Health District will reduce its reimbursement requests to the County by the County's portion of the grant revenue received. Beginning with County fiscal year 2003-2004, the Public Health District will credit to the County a portion of the state grants received by the Public Health District to serve the entire county, unless these grant funds are received for a program/service shown in Appendix A with an asterisk (*).~~

~~e. The allocation of expenses and of grant funds shall be calculated as follows:~~

~~(1) Reimbursement or credit will be based on direct staff costs and expenses where such costs and expenses are readily related to residents of or locations in the County outside the jurisdictional boundaries of the Public Health District.~~

~~(2) Where the provision of section 15-c(1) is not practicable and it is practicable to determine the residency of those receiving services, reimbursement or credit will be based upon numbers of residents of the County outside the~~

~~jurisdictional boundaries of the Public Health District actually served, relative to the entire number of persons served.~~

~~(3) Reimbursement or credit shall be based upon the total populations residing within the Public Health District boundaries or outside those boundaries within the County in all other cases.~~

~~16. The Public Health District will submit a statement of the amount due to the County monthly. The statement will include an itemization showing costs by groups of services and line items within each group. Any additional documentation requested by the County or its Board of Health shall be requested as provided under other provisions of this Agreement. The County will pay the amount due in full to the Public Health District within 30 days after receipt of the statement.~~

16. All inspection and permit fees and other fees paid in relation to the public health services provided under this Agreement shall be paid to the County. The Public Health District will have all payers make checks payable to the "Champaign County Public Health Department."

~~17. The Public Health District shall include in its administrative services to the Board of Health the following:~~

~~a. Preparation of all board and subcommittee agendas, in consultation with the Board Chair or Subcommittee Chair.~~

~~b. Preparation of minutes for all board and subcommittee meetings.~~

~~c. Maintenance of all minutes and tapes of all board and subcommittee meetings as required by the Illinois Open Meetings Act, 5 ILCS 120 et seq., at the main office of the~~

~~Public Health District or other office as agreed upon by the parties.~~

18. All records created or maintained by the Public Health District pursuant to this Agreement shall be the records of the ~~Public Health District Board of Health, and shall be maintained by the Public Health District at its main office, or such other office as agreed upon by the parties.~~ The County shall be ~~permitted to have copies of such records upon request as the Public Health District is not prohibited by law or regulations from providing.~~ The Public Health District shall furnish to the County or its Board of Health such records and reports as are required to be provided by this Agreement. ~~The County or its Board of Health may obtain such other records by making a written request to the Director of Administration of the Public Health District and by paying such fee as is applicable under the Public Health District fee schedule adopted pursuant to the Freedom of Information Act.~~

19. The County and its Board of Health shall have reasonable access to those books and records of the Public Health District as are reasonably necessary to review performance and costs under this Agreement. The County and its Board of Health shall designate from time to time a person to perform this activity for the County and its Board of Health. It is not the intent of this section to permit any member of the County Board of Health to examine such records at the discretion of such member but only as authorized by the County Board of Health pursuant to this section. ~~Any expenses incurred by the County or its Board of~~

~~Health in examining such records shall be the expense of the County or its Board of Health. Any expenses incurred by the Public Health District concerning such examination of its records shall be reimbursed by the County or its Board of Health.~~

20. The services to be provided by the Public Health District shall be provided at its existing main facility in Champaign, Illinois, and at such other locations ~~if any in Champaign County within and outside the jurisdictional boundaries of the Public Health District as it shall determine~~ *determined by the mutual agreement of the parties.* ~~The Public Health District can provide some or all services at any particular facility as it alone determines.~~ The parties may agree to the provision of selected services at additional locations with the additional expenses being reimbursed by the County and its Board of Health to the Public Health District.

21. a. For all durable equipment, such as desks, chairs, computers, printers, which the Public Health District in its sole discretion determines that it requires for the purpose of performing its duties under this Agreement, the Public Health District shall provide to the County or its Board of Health from time to time in writing a designation of the specific items required, except that prior approval by the County Board of Health is required for any item costing in excess of \$2,000.00. It shall be the responsibility of the County or its Health Department to purchase promptly at the sole expense of the County or its Health Department each such item and to have each such item delivered to the location specified by the Public Health

District.

b. It shall be the responsibility of the County or its Board of Health to pay for such maintenance and repair of each item as the Public Health District determines is required.

c. Upon termination of this Agreement by expiration or otherwise, or upon direction by the Public Health District, whichever occurs first, the County or its Board of Health shall remove such equipment and any remaining equipment acquired under section 19-a of the "Agreement for the Provision of Public Health Services by the Champaign-Urbana Public Health District to the County of Champaign," effective May 1, 1998, from the premises of the Public Health District, whereupon the equipment shall be deemed to be the property of the County. In the event of termination of any of the non-mandatory programs or activities set forth in Appendix A prior to termination of this Agreement, the County or its Board of Health may recover at that time any such durable equipment which was used exclusively for any such programs or activities being terminated.

d. All equipment acquired other than under section 19-A of the said prior Agreement or under subsection a of this section of this Agreement and all supplies acquired by the Public Health District for the purpose of performing its duties under this Agreement are the property of the Public Health District.

22. The Public Health District will have the County and its Board of Health named as an additional insured on the applicable insurance policies of the Public Health District with respect to services provided under this Agreement.

23. The Public Health District may terminate this Agreement by approval of its governing body upon 12 months notice in writing to the County and its Board of Health.

24. The County and its Board of Health may terminate this Agreement by approval of both the governing body of the County and of the County Board of Health upon 12 months notice in writing to the Public Health District.

25. This Agreement may be amended at any time upon such terms as the parties may agree by the addition, deletion or modification of any one or more programs or in any other manner except that none of the programs identified as mandatory programs may be deleted other than by termination of this Agreement. Except as set forth in section 11, this Agreement may be amended only by an agreement in writing authorized by the governing body of each party to this Agreement. An amendment which only adds services and which does not require an increase in funding by the County Board of Health or by the County does not require approval by the governing body of the County of Champaign.

26. The Agreement shall be in effect for the period beginning ~~May 1, 2003~~, and ending at the end of the day on ~~November 30, 2008~~, unless sooner terminated as provided herein.

27. The foregoing constitutes the entire agreement and no statement or representation in any form made before, on or after the dates of execution of this Agreement shall be binding upon any party hereto.

CHAMPAIGN-URBANA PUBLIC
HEALTH DISTRICT

COUNTY OF CHAMPAIGN

By _____

By _____

Date _____

Attest: _____

Date _____

Date _____

CHAMPAIGN COUNTY BOARD OF HEALTH

By _____

Attest:

Date _____

Appendix A

Additional Programs and Services

The Public Health District is authorized to provide the following additional programs and services for residents of Champaign County who reside outside the boundaries of the Public Health District. It is understood that such services may be funded, either partially or entirely, by grants, reimbursements, fees for services and County resources, unless these services are identified below with an asterisk (*) as a program or service that is provided without County funding.

A. Community Health Surveillance, Planning and Education

The cluster of services intended to assess the health of the Champaign County community and prevent disease, injury and disability through targeted education or other intervention strategies. This includes the following activities:

- ▶ An integrated tobacco prevention program targeting both youth and adults, funded in part by the Illinois Department of Public Health's "Tobacco-Free Communities" grant and the Illinois Liquor Control Commission's "Not Here" vendor compliance grant. These activities are intended to discourage young people from initiating use of tobacco products, to assist smokers of all ages in quitting smoking, and to ensure that vendors within Champaign County do not sell tobacco products to underage persons. It includes tobacco education in schools, smoking cessation classes and attempted cigarette "buys" by underage youth to determine compliance rates by local vendors.
- ▶ Injury prevention activities targeting children, including education regarding and promotion of child safety seats and bicycle helmets. This includes active support of the Champaign County Safe Kids Coalition which sponsors community child safety seat checks, promotes the correct use of child safety seats and bicycle helmets, and provides both car seats and helmets for children. These injury control activities are supported in part by two grants from the Illinois Department of Transportation: a Child Passenger Safety Regional Coordinator grant; and a Safe Communities grant.*

B. HIV, STD, TB and Hepatitis Prevention and Management

The cluster of services intended to prevent new cases of Human Immunodeficiency Virus (HIV), sexually-transmitted diseases (STD), Tuberculosis (TB) and Hepatitis, or to provide case management services for persons with these blood borne diseases. This includes the following activities:

- ▶ Surveillance of HIV, AIDS, sexually-transmitted diseases and Hepatitis.
- ▶ Education, counseling, testing and partner notification for HIV, Acquired Immunodeficiency Syndrome (AIDS), sexually-transmitted diseases and Hepatitis. This

includes anonymous counseling and testing, if desired, for HIV. The purpose of these

activities is to prevent new cases of these blood borne diseases in our community. Efforts are focused on those populations and groups that are at high-risk for blood borne pathogens and sexually-transmitted diseases. The activities are funded, in part, using prevention grants from the Illinois Department of Public Health, called HIV Lead Agency Prevention/Regional Implementation Group (RIG) grants as well as Hepatitis Outreach and Prevention grants.

- ▶ Case management and comprehensive services to persons with HIV/AIDS, including medical, dental and pharmaceutical services; housing and utilities; transportation; and social services. These services are funded, in part or their entirety, using the HIV CARE Consortium grant and HUD Housing Opportunities for Persons with AIDS (HOPWA) grant, both provided by the Illinois Department of Public Health.
- ▶ Directly-observed therapy and/or directly-observed preventive therapy for Tuberculosis (TB), funded in part by a TB grant from the Illinois Department of Public Health. Tuberculin skin testing is performed to screen contacts and high risk populations for TB.*
- ▶ Education, outreach and limited clinical services offered through the Wellness on Wheels (WOW) program, funded in part by the Illinois Department of Public Health's Office of Minority Health and STD Program and supported in kind by Carle Foundation Hospital, Rural Health and Farm Safety Program.*

C. Community Health Nursing & Clinical Services

The cluster of services intended to identify various health conditions early, provide education and ongoing support for improved health outcomes. This includes the following activities:

- ▶ Adult and Senior "Health Checks", held at various Public Health District offices as well as numerous off-site locations. These "Health Checks" offer regular blood pressure, blood sugar and cholesterol screening to identify health problems early and reinforce the importance of managing high blood pressure, diabetes and other chronic health conditions.
- ▶ Aging-in-Place Support, which provides in-home nursing services to the aging and/or disabled population to assist them in remaining in their homes. Public health nurses routinely provide home-bound clients with physical evaluations, psycho-social evaluations, education and case management services, intended to help clients stay as healthy as possible.
- ▶ Illinois Breast & Cervical Cancer Program (IBCCP)/Women's Health Program, which provides community education and medical services to low income women aged 35-64 years who are either uninsured or under-insured. These services include medical case

management, screening for breast and cervical cancer (mammograms, pelvic exams and pap smears), additional diagnostic testing, and referral for medical care for diagnosis of cancer. The medical services are provided by participating providers throughout the community and the program is funded, in part, by grants from the Illinois Department of Public Health and the Susan B. Komen Breast Cancer Foundation.

- ▶ Well child visits for infants and school health examinations, needed for entry into school and participation in school sports.
- ▶ Comprehensive Diabetes Control Program, which provides case management, education, referral and support group facilitation services to clients living with diabetes. This program is funded, in part, with a grant from the Illinois Department of Human Services.*
- ▶ Genetics Program, which provides education and counseling about genetic diseases, testing for genetic diseases, transportation of clients to medical providers, and limited medical services to clients with genetic diseases. This program is funded, in part, by a grant from the Illinois Department of Public Health.*
- ▶ Vision and Hearing Screening for school-aged children. This program provides state-required vision and hearing screening for children enrolled in Champaign and Urbana schools and pre-schools. It is funded, in part, by a grant from the Illinois Department of Public Health.*
- ▶ Childhood Lead Poisoning Program, which provides appropriate follow-up, education and medical case management for children with elevated blood lead levels. Environmental inspections of homes or child care settings are arranged, as needed, to determine the source of the child's lead poisoning and eliminate the hazard. This program is funded, in part, by a grant from the Illinois Department of Public Health.*

D. Maternal and Child Health Services for Women, Infants and Children

The cluster of services intended to improve the health of pregnant women, infants and children. This includes the following activities:

- ▶ An integrated "Women, Infants & Children" (WIC) nutrition program and "Family Case Management" program, both partially-supported by grants from the Illinois Department of Human Services. These integrated grant programs are intended to ensure that low income pregnant women receive good nutrition and prenatal care to ensure healthy pregnancy outcomes. Pregnant women can receive pregnancy testing, prenatal vitamins, nutritional assessments, food coupons and/or infant formula appropriate for their nutritional needs, nutrition education and counseling, assistance with KidCare enrollment, and assistance in making prenatal appointments. Nurse case managers and nutritionists support the pregnant women and their infants to ensure healthy babies

and prevent infant mortality. Premature or high risk babies receive extra support to ensure they thrive and grow up healthy. Nutritionists also extend the WIC program to young children at nutritional risk and offer Farmers' Market coupons to needy families.

- ▶ Medical case management for children that are wards of the State of Illinois. This grant program of the Illinois Department of Human Services, called the "HealthWorks" program, provides financial support to select local health departments to ensure that children within Champaign County who are taken into state custody receive good medical care, but it requires active case management of each child and work with numerous medical providers in the community.
- ▶ Medical, financial, and social support for pregnant teenagers to encourage them to complete their high school education and receive a high school diploma or equivalent (e.g., GED). This program, called "Teen Parent Services," is funded by a grant from the Illinois Department of Human Services.
- ▶ KidCare enrollment, funded in part by reimbursement for each fully-completed "KidCare" application, is intended to assist families in enrolling children in the State of Illinois' Child Health Insurance Program (CHIP), called "KidCare." This reimbursement is provided by the Illinois Department of Public Aid.
- ▶ Breastfeeding education, promotion and support for pregnant and lactating women. This effort, partially-funded by the grants above, is intended to increase the number of breast-fed babies as well as the duration of breast feeding, using counseling, education, a book loan library, home visits, and the loan of breast pumps.

E. Child Dental Health

Specific services intended to improve the oral health of children in the Champaign County community. This consists of the following activities:

- ▶ School-based dental examinations and dental sealants, funded in part by a grant from the Illinois Department of Public Health.
- ▶ Basic dental services for children aged three to eighteen who are wards of the State of Illinois and served by the state's HealthWorks program. These services may be provided at the Health District's Champaign dental clinic and may include, as needed: examinations, x-rays, prophylaxis (cleaning), dental sealants, fluoride treatments, restorative treatments, and referrals for special needs. These Health District services are funded, in part, by Medicaid reimbursements.*
- ▶ Oral health education provided at Public Health District offices, schools, Headstart or other preschool facilities, the Armory, and/or community facilities.*

F. Environmental Health

The cluster of environmental health services intended to supplement the environmental health services required under the Agreement. The following services are intended to prevent disease, injury and disability:

- ▶ Permitting, inspection and enforcement of the State of Illinois rules regarding the safe operation of Tanning Facilities. This activity is funded in part by a grant from the Illinois Department of Public Health.*
- ▶ Community education and planning to prevent mosquito-borne viruses, including West Nile Virus, St. Louis Encephalitis, LaCross (California) Encephalitis, Eastern and Western Equine Encephalitis, funded in part by a grant from the Illinois Department of Public Health. The Public Health District cannot provide mosquito control measures which are not funded by state grants.*
- ▶ Lead inspections and investigations, as requested or needed, to identify the source of lead poisoning for children residing in Champaign County. Environmental Health staff may also assist with lead-based paint remediation projects. These activities are funded, in part, by the Illinois Department of Public Health's "Childhood Lead Poisoning Prevention" grant and "Get the Lead Out" grant.*
- ▶ Education and testing, upon request, for radon, funded in part by a grant from the Illinois Department of Nuclear Safety.*

G. Contract Support and/or Miscellaneous Services

The following services and activities are intended to support the required and above additional programs and services:

- ▶ Provide the following necessary support functions to allow Public Health District staff to carry out the above programs and services: budget development and oversight; accounting and grants management; payroll processing; human resource management; computers and network support; building management and services; and communications support.
- ▶ Coordinate planning for bio-terrorism and/or other public health emergencies, both among the divisions of the Public Health District and, as appropriate, among other government agencies and departments within Champaign County. This responsibility is funded, in part, by a grant from the Illinois Department of Public Health.*

* The asterisk identifies those public health programs or activities funded exclusively by state grants/contracts, reimbursements, Public Health District fees and other Public Health District

resources. For these programs and activities, the Public Health District is authorized to provide services to residents of the County that reside outside the Public Health District, but no financial support will be provided by the County for these services. The Public Health District may discontinue these services to the County and the County may withdraw its authorization for the Public Health District to provide these services by providing at least ninety days notice to the other parties as set forth in the Agreement.

Appendix B

Champaign County Board of Health / Public Health Department
 FY'03 Approved Budget

LINE-ITEM EXPENDITURES	Community Health Surveillance, Planning & Education	HIV/STD/TB Prevention & Management	Community Health Nursing & Clinical Services	Family Health	Dental Health	Environmental Health	Approved FY'03 Budget
Subtotal-Direct Program Expenses	76,341	69,456	247,679	364,261	145,472 *	254,212	1,157,421
Contract/Administrative Support	9,161	8,335	29,721	43,711	17,457 *	30,505	138,890
Total CUPHD Contract & Grant, Plus Administrative Support	85,502	77,791	277,400	407,972	162,929 *	284,717	1,296,311
Equipment Total							16,125
TOTAL EXPENDITURES							1,312,436
PROJECTED REVENUE							
State Grants/Reimbursement to CUPHD Shared with CCPHD		64,452	70,857	403,024	30,000 *		568,333
Direct Grants from the State & County, Permit/Service Fees, Interest, Gifts and/or Fund Balance	85,502	13,339	210,543	11,073	135,929	287,717	744,103

* Reflects maximum amounts only. These will be adjusted downward after the Dental Access Program can be transferred to the CCBH and final spending and revenue amounts through April 30, 2003, can be determined.