

1 CHAMPAIGN COUNTY BOARD OF HEALTH

2
3 **Study Session**
4 **Tuesday, October 16, 2007**
5

6 **Call to Order**

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8 The Board of Health held a study session on October 16, 2007 in Meeting Room 2 at the
9 Brookens Administrative Center, 1776 East Washington, Urbana. The meeting was called to
10 order at 6:00 p.m. by Julian Rappaport.
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12 **Roll Call**

13
14 Susan Maurer called the roll. Board members present at the time of roll call were Susan
15 Maurer, Tom O'Rourke, Julian Rappaport, John Peterson, and Betty Segal. Absent Board
16 members were Prashanth Gowda (who was out of the country), Stan James, Nezar Kassem, and
17 Carrie Storrs (who was at a conference). Staff present were Kat Bork (Board of Health
18 Secretary) and Susan McGrath (State's Attorney's Office). Others present were Nancy
19 Greenwalt (CIDES Executive Director), Jill Meyers (CIDES), C. Pius Weibel (County Board
20 Chair and CUPHD Board Member), and Claudia Lenhoff (Champaign County Healthcare
21 Consumers).
22

23 **Approval of Agenda/Addendum**

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25 **MOTION** by Peterson to approve the agenda; seconded by Segal. **Motion carried.**
26

27 **Public Participation**

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29 There was no public participation.
30

31 **Discussion of CIDES Appropriation in FY2008 Budget**

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33 Rappaport suggested allowing the CIDES staff to speak during the discussion in order to
34 present information to the Board of Health. The Board and CIDES staff agreed. Greenwalt
35 stated, at the last Board meeting, it was discussed to continue budgeting CIDES at \$105,000.
36 Greenwalt said the Board has 3 choices: to maintain CIDES budgeting at the current level of
37 \$105,000 annually, to increase funding for children, and to fund a new program for adults.
38 Rappaport noted the Board added a one-time funding of \$15,000 to CIDES in the FY2007
39 budget. McGrath and Greenwalt confirmed that information. Rappaport asked if it was correct
40 that CIDES was asking for \$130,000 for the children's program in FY2008, plus a separate
41 \$50,000 to establish an adult dental program. Greenwalt said that was correct. Greenwalt
42 offered to answer any questions from the Board members.
43

44 Rappaport articulated that the Board of Health has never established a process for
45 evaluating programs that are proposed to the Board for funding. He requested the next meeting
46 agenda include an item about the establishment of such a process. Segal asked if they had any
47 data on the needs in the County to help set priorities. She liked the dental program, but
48 wondered what else is needed in the County. Rappaport said that is a serious conversation that
49 needs to begin at the next meeting. The Board has data, but no formal process for funding

50 requests. McGrath spoke about the County Board's Juvenile Delinquency Grants that are funded
51 by the Quarter Cent for Public Safety Sales Tax. The Justice & Social Services Committee
52 found themselves in a similar position and arranged for the Mental Health Board to administer
53 the application process and monitor the grants. The Mental Health Board has developed a set
54 process where programs are vetted by them and the funding recommendations are brought to the
55 County Board for approval.

56
57 Rappaport stated there is a need for the Board to understand the CIDES program and
58 budget. He opened the floor for questions. Peterson asked about the CIDES budget and where
59 the projected \$75,000 in Medicaid revenue was coming from. Greenwalt said CIDES uses their
60 staff dentist to bill Medicaid; the dental team is broken out under staff expenses. CIDES bills
61 Medicaid for the mobile clinics, the Head Start program, and IDPH for sealants. They bill
62 Medicaid whenever the dentist accepts Medicaid. Most dentists do not accept Medicaid.
63 Peterson asked for the Medicaid numbers for the program the Board of Health is funding.
64 Greenwalt did not have those numbers. Peterson stated that all the children being served by
65 CIDES are eligible for Medicaid. Greenwalt clarified that not all the children are enrolled in
66 Medicaid and Peterson confirmed all the children were Medicaid eligible. Greenwalt confirmed
67 most of the children should be Medicaid eligible. He said CIDES is using local dollars as a
68 substitute for federal and state dollars because the dentists will not take Medicaid. However, if
69 all the dentists took Medicaid as a form of payment, there would be much less expense on the
70 County's part. Greenwalt explained Medicaid pays a fraction of CIDES's reimbursement rate.
71 In some cases Medicaid pays 10% of the cost or less for severe cases. Peterson asked about the
72 Medicaid reimbursement for the basic services like cleanings and sealants. Greenwalt CIDES
73 has grown this since July and is billing for more. There are dentists who do not accept Medicaid,
74 but participate in the CIDES program because they reimburse the dentists 50% of their costs.
75 Peterson understood it is a national problem that dentists do not take Medicaid. Dentists are not
76 on call like physicians or required to take whatever case comes in the door, as emergency room
77 doctors and medical staff do. Physicians accept a lot more Medicaid compared to dentists. The
78 problem Peterson has had with the CIDES model is that their dentists do not accept Medicaid, so
79 the Board is substituting County money for available state and federal money. The model would
80 work better if CIDES had a system where they could take those federal and state dollars and not
81 need to ask for so much County money. Greenwalt said she calculated that CIDES is losing
82 \$5,000 in revenue by not billing Medicaid. She feels the amount is small and it is easier to raise
83 \$5,000 through donations or grants than bill Medicaid. Rappaport asked if Peterson was viewing
84 the situation as the part the Board of Health provides support for is the services in the dental
85 offices and this part takes little or no Medicaid. Peterson said that was correct. Rappaport asked
86 if the Head Start clinics and mobile units programs would happen anyway if the Board was not
87 supporting CIDES. Greenwalt said she has not figured out if CIDES would exist to support
88 Head Start and mobile clinics if the County did not provide funding for the children's dental
89 access program. A quick answer would be no. The anchor of the program is that children can
90 get access to private practice dentists. Responding to Peterson, Greenwalt understood his
91 frustration that private tax dollars are being used though most of the children's dental care should
92 be covered by Medicaid. She said it just does not happen. CIDES has talked with Frances
93 Nelson and CUPHD about a coordinated effort that they hope will be funded this fall to work
94 with dental providers in the community to take more Medicaid patients. CIDES does want to
95 work on a cooperative effort to get more dentists in Champaign County to take Medicaid.

97 Lenhoff was recognized by Rappaport and spoke about fundamental flaws in the
98 Medicaid in Illinois for oral health. She said there are a lot of things that Medicaid will not
99 cover, such as a second exam a year. This program sets out to provide the best care possible.
100 Advocates are working to get the Illinois Medicaid system to change.
101

102 Greenwalt said, in the comparison to medical providers, she does not have the Medicaid
103 reimbursement rates for providers. Her sense is that Medicaid underpays on oral health care
104 abysmally. Peterson said it is the same on the physician side; most of the physicians who accept
105 Medicaid are quite underpaid. It is a federal and state challenge to Medicaid. Peterson reported
106 that Frances Nelson is overwhelmed because they cannot get Medicaid or no-pay patients into
107 the hospitals or private practice physicians. The CIDES model is avoiding or not using state and
108 federal money, instead using local tax dollars to operate the program. He questioned if there is
109 another model that would access the federal and state money. His suggestion of the best model
110 was Frances Nelson, which receives 3 times as much for Medicaid encounters as the private
111 practitioners are because it is a qualified federal health center. Frances Nelson is paid more for
112 Medicaid patients because it treats so many uninsured. That system will fall apart unless
113 additional monies start coming in. Peterson noted that Frances Nelson used to have a dental
114 program.
115

116 Rappaport articulated that one of the big problems at Frances Nelson and other dental
117 practices is clients who are not paying often do not show up for their appointments. The CIDES
118 program does offer management and improved efficiency. CIDES has fewer no-shows. No-
119 shows are a classic problem in community health clinics. Being aggressive in outreach is a
120 public health model to reach the clientele. Peterson added that clinics expect no-shows so clinics
121 overbook or allow walk-ins for the difference. Rappaport asked why the public health district in
122 Champaign-Urbana has been labeled as having a bad reputation for being able to provide dental
123 services. Lenhoff said one of the reasons for the bad reputation historically is the district's
124 inability to retain a dentist. CIDES success has stemmed from working with dentists in
125 established practices who know how to run their office efficiently. At the public health district,
126 the dentists get paid whether they see clients or not. This summer, the public health dentist
127 decided not to book any new appointments until they moved into the new building. Lenhoff said
128 it has not been a well managed facility over and over again. She further stated CUPHD has
129 never consistently had a practice of reminding clients of appointments. Lenhoff said another
130 problem the public health district has a bad reputation for in the community is because their front
131 line staff are not helpful or welcoming. She felt if any private dental practice operated the way
132 CUPHD did, it would have gone under. Lenhoff is aware the district is trying to change things.
133 Rappaport summarized that theoretically the model could work, it just has not done so locally.
134 Peterson declared few counties have ever tried, so it is a valiant effort. Pryde has indicated that
135 CUPHD is able to recruit dentists now and there are possibilities. If Frances Nelson was
136 administering the program, they could offer the participating dentists other perks, such as
137 repayment of student loans. Peterson noted Frances Nelson could also tie dental clients into
138 medical care much better. However, Frances Nelson is currently overwhelmed. His concern
139 with the proposal to expand the CIDES program is that it will use more local tax dollars without
140 getting the Medicaid reimbursement that is available. He said CIDES is a quality program and
141 concurred that we are not coming close to meeting the need with the amount of dollars.
142 Greenwalt wanted to assure the Board that CIDES is moving towards recouping as much
143 Medicaid money as they can. She reiterated that the Medicaid money she estimates is being lost

144 could be as low as \$5,000. Rappaport asked why there is not collaboration between CIDES,
145 Frances Nelson, and CUPHD with each building on the strengths of the others, such as using
146 CIDES's model to decrease the no-show rate. He wondered if CIDES could refer clients to
147 Frances Nelson and CUPHD as well as private dentists. Greenwalt does not think Frances
148 Nelson is interested in providing dental care. Peterson said that is unfortunate because Frances
149 Nelson are the ones who could do it right. Segal said it sounded like Frances Nelson has access
150 to the federal dollars that could take the strain off the County. Peterson agreed because Frances
151 Nelson's Medicaid reimbursement rate is much higher. Greenwalt stated the request for
152 additional money in FY2008 CIDES funding would buy hundreds of thousands of dollars in
153 care. She reiterated that CIDES is an efficient program. The Board continued to discuss dental
154 access in Champaign County and the CIDES program.
155

156 Segal inquired about the proposed adult dental program. Greenwalt said the program
157 would be a drop in the bucket, she hopes to leverage this for more services. Greenwalt was
158 asked by Board members to develop something for adults. Rappaport asked how she would
159 leverage more money. Greenwalt said through general support in the community and by talk to
160 organizations they could raise maybe \$5,000 in community support. Rappaport asked if the
161 \$50,000 would be used to target adults in families with children already enrolled in the CIDES
162 program. Greenwalt answered that was correct. With \$50,000, she anticipated CIDES could
163 serve 200 parents, but they did not intend to make it exclusive. Rappaport asked what the Board
164 would be getting for spending \$250 per adult client. Greenwalt said it would be a mix of
165 prevention and services. She was interested in the thoughts of the Board members. Rappaport
166 was interested in prevention. Greenwalt worried that it would be aggravating to give someone a
167 toothbrush and toothpaste but not provide crisis dental care. Peterson said he has seen a lot of
168 adults in need of serious dental work, such as extractions and dentures, in the emergency room.
169 If CIDES was going to provide this type of care, then the money would not cover 200 people
170 because the work is very expensive. Greenwalt thought there is a need for more education and
171 outreach, with \$40,000 actually going towards patient care. Her figures are based on the guess
172 that about 100 people would receive sufficient care for \$75-\$100 dollars and they would limit the
173 number of expensive cases. Rappaport asked how long it would take to get the program up and
174 running. Greenwalt answered that, as proposed, CIDES could start scheduling adults at the
175 beginning of the fiscal year. Meyers wanted to know what the Board members wanted in an
176 adult program. For example, did they just want 200 clients to receive cleanings? Maurer asked
177 if adults were having problems getting appointments at Parkland. Meyers replied yes, because
178 hygienists in school need to see certain types of cases to pass. Parkland turns people away.
179 Rappaport voiced concern about the harm in creating an adult program, only to cut it after a year
180 because the Board of Health did not have the money for it in the future. Greenwalt noted that the
181 adult program would only cost \$10,000 in administrative costs because it builds onto the existing
182 CIDES program. Greenwalt will look into grants, but could not promise that they would find
183 another funding for an adult program. Rappaport said the \$50,000 could be seed money to
184 establish a program to have CIDES go after other money with the understanding that the Board
185 of Health would not annually fund the program. The Board discussed setting other criteria that
186 the adult dental would be a way to reduce the instances of severe medical cases going to the
187 emergency rooms. McGrath advised the Board to be careful but targeting with public dollars,
188 some could be considered to be discriminatory, like age discrimination. The Board could not
189 limit the program to people less than 50 years of age, for example. Lenhoff said that funding an
190 adult dental program for 1 year would be better than not funding it at all. She suggested that

191 adults could contribute to the cost of their care to extend the funding dollars to more clients. The
192 Board continued to discuss the possibilities of adult dental services.

193
194 Peterson reminded the Board that they have other budget priorities that could require
195 additional funding in FY2008 or future years, such as the new senior services program through
196 the Regional Planning Commission. He thought if the senior services program was successful,
197 they would be asking for more money in the next fiscal year. He noted the Board of Health is
198 dependent on a subsidy from the County Board and he does not think the Board of Health can
199 expect to receive the subsidy beyond 2 years from now. The previous senior program did not
200 work, but he expects the RPC program will. The County Board will likely reduce its financial
201 support. If the Board funds a \$50,000 adult dental program, they will have no carryover
202 contribution in the budget this year. Then next year they could face a request to increase senior
203 services funding and a decrease in the County Board's funding. The Board would enter into
204 deficit spending. Rappaport suggested the Board of Health lobby the County Board to not
205 reduce their funding. On top of what Peterson said, Rappaport expressed that he has a shaky
206 level of confidence that the CUPHD budget for the Board this year will be the same in the next
207 year. He really felt the Board needs to set up a process for evaluating these requests. He did not
208 want to mislead CIDES about future funding levels and wanted to make it clear that the Board is
209 not committing itself beyond what is contracted. Weibel could not say what the County Board
210 will do about the Board of Health's subsidy because overall economic conditions can change.

211
212 For clarification, Rappaport asked what the Board would be getting for the extra money
213 being requested for the children's dental access program in FY2008. Greenwalt answered that
214 Board would be receiving more services because all the additional money would go to
215 professional care. Rappaport asked if there was a capacity to provide more care. Greenwalt said
216 yes, more dentists are willing to see clients. She said each \$1,000 more in funding averages to
217 100 more kids getting appointments, however, the exact cost for each child varies. The Board
218 will meditate on these issues. The Board thanked the CIDES staff for attending the meeting.

219
220 **Discussion of One-Time Infusion of Funding from IDPH**

221
222 Rappaport initiated the discussion with the idea that the Board could choose to fund an
223 adult dental program for 1 year with the one-time revenue from the Illinois Department of Public
224 Health. The Board does not have to use the revenue just for a capital equipment purchase.
225 McGrath confirmed the revenue is a general operating grant and can be used on anything the
226 Board desires. In regards to the vehicle owned by the Board of Health, it is a 10 year old van
227 used by CUPHD's Environmental Health Division to go on visits. Rappaport asked why the
228 County is paying mileage for a vehicle they own. McGrath suggested bringing that up at the
229 next meeting. Rappaport wanted the Board to entertain ideas about how to spend the IDPH
230 money without being bound by capital equipment purchases. McGrath noted the money
231 becomes available on December 1, 2007. The money must be spent by June 30, 2008. McGrath
232 passed along Pryde's suggestion that the money could be spent for emergency notification
233 licenses. Emergency equipment was purchased with the Bioterrorism Grant money. The
234 licenses are needed to use the equipment. A license is a \$500 annual cost. The Board would
235 continue to think of possible expenditures.

236

237 **Discussion of the Current Status of the County Board's Gathering of Information**
238 **Concerning a Possible Merger of the Board of Health and CUPHD**
239

240 Rappaport moved this item before Item F on the agenda because Weibel was present.
241 Rappaport wished to add this item to the agenda of the next regular meeting of the Board
242 because the discussion on this matter is only beginning. He reported that, as a result of a call
243 from Stan James, he attended a meeting of the County Board's Policy, Personnel, &
244 Appointments Committee. The committee discussed a possible merger between CUPHD and the
245 Board of Health. During the meeting Rappaport, Pryde, and Carol Elliott of the CUPHD Board
246 addressed the committee. Rappaport told the committee about that report that the Board received
247 in 2005 entitled "Understanding the Present and Planning for the Future: An Analysis of Current
248 Structures, Functions, Dynamics, and Options." The consultant who wrote the report
249 recommended a study of the fiscal and legal issues involved in a merger and for the two entities
250 to begin thinking towards a joint administrative model. Carol Elliott and Julie Pryde also
251 attended the Policy, Personnel, & Appointments Committee meeting to express that they were
252 not in favor of a merger. Rappaport wanted the Board to look into this issue. The Policy,
253 Personnel, & Appointments Committee directed McGrath to research the tax and legal
254 implications of a merger. When it is ready, McGrath can share this information with both the
255 Board of Health and CUPHD. McGrath requested the committee give her until January to gather
256 her report and the committee agreed. There are experts in the community and in other counties
257 who would be instructive in the aspects of such a merger. McGrath wondered about inviting the
258 Sangamon County Director of Public Health to talk about the merger between the county and
259 city public health departments to the Board of Health. Maurer recommended inviting CUPHD to
260 such a discussion. Rappaport directed an item about putting together a subcommittee about a
261 possible merger on the October agenda.
262

263 Rappaport questioned if January was too soon to allow McGrath to prepare such a report.
264 McGrath said the Policy, Personnel, & Appointments Committee just wants her to report on how
265 the process has started and how she is proceeding. The Board continued to discuss and agreed to
266 look into the possibilities of a merger. Rappaport stated the Champaign County Medical Society
267 would likely have an opinion. Peterson noted Gowda is President of the Medical Society. He
268 said it is a small group. The hospitals have their own problems. Carle has been expanding other
269 services with charity care. Rappaport asked if they would see a merger as advantageous.
270 Peterson thought they would and it could involve the clinics, hospital support, and the Medical
271 Society. O'Rourke thought the CUPHD Board would agree to it if a merger made sense. The
272 Board continued to discuss the possibilities of a merger.
273

274 **Adjournment**
275

276 Study session adjourned at 8:15 p.m.
277

278 Respectfully submitted,
279

280 Kat Bork
281 Board of Health Secretary
282

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