

CHAMPAIGN COUNTY BOARD OF HEALTH

Study Session
Tuesday, January 15, 2008, 6:00 p.m.

Call to Order & Roll Call

The Board of Health held a study session on January 15, 2008 in Meeting Room 2 at the Brookens Administrative Center, 1776 East Washington, Urbana. The session was called to order at 6:01 p.m. by Julian Rappaport. Stan James, Susan Maurer, John Peterson, Julian Rappaport, and Betty Segal were present at the time of roll call. The staff members present were Kat Bork (Board of Health Secretary) and Susan McGrath (State's Attorney's Office). Others present were Darlene Kloepfel (Regional Planning Commission), Thom Moore (Mental Health Board President), Jill Myers (CIDES), and Peter Tracy (Mental Health Board Executive Director). Nezar Kassem had emailed earlier that he had scheduled an emergency patient and could not attend the study session. Thomas O'Rourke was out of town. Prashanth Gowda and Carrie Storrs were also absent.

Approval of Agenda/Addendum

Rappaport announced agenda item F is removed from the agenda and agenda item G will be picked up at the regular meeting in two weeks.

MOTION by James to approve the agenda as amended; seconded by Maurer. **Motion carried.**

Public Participation

There was no public participation.

Discussion of Collaboration with Mental Health Board

Rappaport requested Tracy provide a recap. Tracy expressed how, at a recent meeting, the Mental Health Board approved appropriating \$25,000 to match the Board of Health's \$25,000. Tracy looks on this as the start of negotiations for an area to focus on, be it maternal depression, school-based clinics, or senior mental health services. The Mental Health Board (MHB) and its money are ready to go, the boards just need to decide what they are interested in and then an RFP can be issued or the MHB's funding process, in which the availability of funds was noticed, can be utilized. The Board of Health has the option of using the MHB's process or issuing a separate RFP. The boards could then reach a decision together. Tracy reiterated the MHB wants to work with the Board of Health.

James asked Kloepfel about the status of the new senior services program the Board contracted through RPC. Kloepfel had the Board has a contract with RPC and RPC has hired an employee. RPC is meeting to develop an action plan and is trying to figure out what they are going to do. There definitely are needs for senior services in the County. RPC currently provides information and referrals for seniors. RPC does have a senior home repair program, with most of the work being done in the Champaign-Urbana area. Kloepfel stated RPC's

transportation program is in financial trouble. Mental health, isolation, and depression are major issues for seniors in the County. Transportation to services of all kinds is another need. Medication management for seniors is an issue she has discussed with Julie Pryde, though there are a lot of logistical problems with a medication management program. Rappaport views the collaboration of the two boards as an exciting opportunity and the chance to explore. He said they need to choose a domain with the potential for development. He thought it would be useful if the MHB had a sense of the realistic resources out there that could be energized specifically for the County. The boards should look at the possibilities and their strengths to build a program that would make the most of local capabilities.

James noted the Board of Health has indicated it wanted to provide more senior services than in the past and inquired if Tracy's group would go see people in rural areas. James stressed the importance of the needs of seniors and that Kloeppel is able to identify the senior clients and their needs. He wondered whether the MHB would provide services or contract with other agencies. He wanted to know what would be offered to seniors, such as home visits. Rappaport stated MHB is not a direct service provider and requested that Moore and Tracy describe their board. Tracy explained the MHB has about \$3 million a year to use for substance abuse, mental health, and developmental disabilities programs. His staff provides support for both the MHB and the Developmental Disabilities Board. MHB already has existing criteria, so there are many ways this could play out. Currently, the MHB issues a notice of availability of funds and the agencies who want funding present MHB with proposals. The MHB has a well developed process for evaluating applications and negotiating contracts. The MHB then selects the best proposals to fund. Tracy said this approach can be implemented if the two boards identify an area of specific interest. James appreciated that approach. Rappaport said that watching the MHB's process can be useful to the Board of Health in setting up its own procedure for evaluating applications for funding. The Board can learn a lot from the MHB's experience.

Peterson said the Board of Health needs to make a decision whether to fund programs or stay with the original purpose of the combined money, which was to fund a grant-writing position. He reminded the Board that the grant-writing position was proposed two years ago, mainly because the Board was not getting support in this area from CUPHD. If the Board feels it is now receiving the support from CUPHD, then the combined money could be used to fund a program instead. A program would be a worthy use of the money, but if there is a shift in purpose, it should be made clear by the Board. Rappaport said his recollection was that the Board had been in conversation with the MHB and a grant-writing position was one of the proposed things. McGrath communicated to the Board in a memo that the MHB was ready to operate and listed the grant-writing position. The Board had been ready for a long time to go ahead with something cooperative, so they agreed to the grant-writing position without necessarily committing to it as the only option. Rappaport was not opposed to the grant-writing position; he was simply stating his recollection was that it was almost an accident that it was the item selected for funding. McGrath stated the budget document does reflect that the money has been set aside for that purpose, so all the Board of Health would need to do is make a motion at the next regular meeting to recommend to the County Board that the Board of Health budget be amended to transfer the money from that particular purpose to the one which the Board of Health designates. The line item should be a contract line item for services other than CUPHD. This would be general enough to accomplish the Board's purpose.

Rappaport said he assumed the best way to operate would be to have the combined money managed by the MHB because of the MHB's experience. McGrath mentioned the County Board entered into an agreement with MHB to manage specific funds (the Juvenile Delinquency Grants funded by the Quarter Cent for Public Safety Sales Tax) and the Board of Health could enter into a similar agreement. James hoped the Board will continue to pursue the grant-writing, perhaps with another agency, in the future. He supported using the \$50,000 combined money on a program. James was looking at the maternal depression and senior services and asked Tracy if the \$50,000 was enough money for both issues and whether the focus should be on a single issue. Tracy said one area would make sense because the boards could focus on several items in the senior area. James concurred with that approach as money does not go as far on medical expenses. Moore interjected that one of the origins of this whole idea was the realization of the real connection between mental health and physical health, as one frequently feeds the other. Moore thought this was a two-pronged idea of the theoretical and the practical as neither board has a lot of money. The MHB is always looking for ways to stretch a dollar. One way to do so is to collaborate on ideas. If this works in one area, then the boards could consider expanding it to other areas. Moore recommended putting as many resources as they could into something that is doable and to demonstrate that they can make it happen. This may result in being in a better position down the line for attracting more dollars. Moore suggested starting small and use a lot of resources so they can be successful at it in order to have something to show the public. Rappaport said the MHB may know what services are potentially there. It would be nice to have something with early success to build on. The boards could use the RFP approach to ask for creative ideas in serving the rural community without predetermining, so the boards can see the best proposal.

Maurer asked the deadline of the MHB's RFP. Tracy said the applications are due on February 15, 2008 and most of the public sector providers are aware of it. Peterson asked who the public sectors providers are. Tracy said they are the providers who typically serve poorer or uninsured people, such as the Mental Health Center, Family Services, and possibly RPC. Peterson said there is a significant under-capacity on the part of the Mental Health Center for dealing with psychiatric issues. They might be able to identify a diagnosis in an individual and not be able to provide the service in a timely fashion. Peterson felt this was why there has been a tripling of the number of cases in the emergency room who would not be there if they had access to a psychiatrist. When Christie closed its psychiatric services, the public sector was not able to even come close to making up the difference. Peterson said more psychiatrists are needed, as he mentioned last time, and we do not have the supply of adequate services. He is worried about doing a better job in identifying needs without having the means to treat the needs. Tracy thought, concerning maternal depression, they were talking more about involving social workers or going out for home visits. Peterson agreed that could be provided. However, with the elderly, the psychiatrists he knows do not feel comfortable and do not believe they have anything to offer dementia patients. He did not think the profession could deliver based on what is coming out of the FDA, which may start black boxing the use of anti-psychotics for the treatment of dementia in the elderly. Peterson wanted to deliver the service if we are identifying the need and stressed the need for more psychiatrists in the community. Tracy added that Frances Nelson is another provider and the MHB funds some psychiatric services. Moore said he wanted the boards to identify something specific, not identify the universe. Because the boards cannot do everything, an RFP would target to what is doable.

Rappaport expressed that he wanted to generate interest in the mental health community. The number of resources in the rural areas is much smaller so the need is magnified. Rappaport wanted to stimulate this as incentive to develop services for rural areas. Tracy stated that approach makes sense to the MHB, which has been criticized for focusing more on the Champaign-Urbana area than the County areas. Transportation in the County remains an issue. The MHB is interested in making more of a public health effort with their money. The MHB criteria are set because the State has walked away from populations who are not defined by a serious, persistent mental illness, which is where the State focuses. Therefore, the MHB focuses local dollars in these overlooked areas. The other major change is moving away from a clinic-based model. The Board of Health continued to discuss the possibilities in the collaboration with the MHB.

James spoke about the positive effect of home visits on elderly shut-ins. He wants to focus on rural areas because they are often overlooked. Such visits might help people from getting worse and entering the system. He is interested in looking at those who fall through the cracks.

Segal spoke about the combination of having seniors interact with young mothers when both populations are depressed. She encouraged finding someone who could merge the services to have the elderly give support to young mothers to the benefit of both. Segal thought the mobile unit could go to a location to provide immunizations and have a meeting of seniors and young parents at the same location, to accomplish two things at once. Maurer asked if there was a proposal like this that had been submitted to the MHB for funding. Tracy asked Kloepfel if there were any programs similar to this in operation. Kloepfel answered that it is the way RPC is going. She mentioned the ideas of mobilized neighborhoods and paying someone for five hours a week to be the neighborhood visitor to check up on the elderly in the town. She does not want to use volunteers because it is felt the volunteers are being stretched. James noted that Andy at the Rantoul Community Center is wonderful with generating new ideas and encouraged the boards to look in new places.

Rappaport verbalized that the big issue is functionality, how to attract the people out there who could enact or fulfill these ideas. McGrath suggested the idea to consider holding a contractors meeting prior to the time the boards consider awarding the funding. The boards could invite anyone who is asking to perform these services and have a discussion led by the MHB or RPC staff to possibly facilitate collaboration. This practice is used by the County Board and would allow the contractors to better understand what the boards are looking for so it does not get lost in a general RFP. Rappaport was curious about the MHB's process. Tracy answered the MHB sets priorities based on the needs presented by the providers. He meets with all the agencies the MHB funds on a monthly basis. He offered to raise this matter at next Tuesday's meeting. Moore requested information on the number of applications received. Tracy said the MHB funds in the neighborhood of thirty-five programs and they receive about fifty applications. Some agencies submit multiple applications because they have multiple programs. The process works well because the MHB has broad areas to select from. The boards could wait and see what comes in from the MHB's RFP and see if there is anything interesting for the MHB and Board of Health's collaboration, or Tracy could send out a specific RFP regarding programs for seniors and young mothers.

James liked the approach of going out and seeing what is there, as well as keeping it open for providers to come with ideas about programs. Kloeppel remarked that Children's Services is developing a system of a flexible funding pool. The pool would be a specific amount of money set aside. After speaking to each mother, Children's Service will see what they need and fund those needs. She added there is always more need than there is money. Tracy spoke about the MHB's efforts to create a system of care to treat the individual. The Board discussed the proper approach to proceed with publicizing the availability of funds. Segal asked if there were any time restrictions on spending the money. Peterson noted the Board of Health's fiscal year ends on November 30th, so there is time. The Board discussed waiting to see what proposals were submitted for the MHB RFP. Tracy said the deadline for applications is February 15th, but decisions are not reached until May. The Board discussed possible approaches to making decisions. Tracy explained the MHB process is staff driven and then brought to the board. The staff prepares summaries and makes recommendations to the board. The entire process is a matter of public information and is completely open. Peterson supported following the same process with the Mental Health Board staff making recommendations on a small group of proposals on these focused issues for spending the combined funds. Tracy will be able to give the Board of Health an idea of what the applications were received by the MHB at the next monthly meeting. The Board of Health supported the idea of this collaboration being an extension of what Tracy performs for the MHB because his staff has the infrastructure to accomplish it. Moore stated that the MHB is incredibly excited about the possibilities of the two boards working together. The Board concurred with their enthusiasm.

Discussion of Potential One-Time Contribution from Champaign County Board to Board of Health

Item was removed from the agenda.

Discussion of Spending One-Time Revenue from IDPH

Item was moved to next regular Board of Health meeting.

Other Business

James requested that changes be made to the Board of Health's agendas. He wanted two separate agenda items for public participation. The first would be located at the beginning of the agenda, where public participation is currently located. This item would allow public participation over agenda items only. A second agenda item would be at the end of the agenda would allow general public participation. McGrath stated that having the public who wish to speak fill out forms is a better way to control and organize public participation. Rappaport noted public participation forms had been tried once and he chose to stop their use. McGrath spoke about the necessity in having an agenda that is descriptive in order to operate pursuant to Robert's Rules of Order, which the Board of Health should be following. The Board is also subject to the Illinois Open Meetings Act. Public participation is not required at study sessions because a board is not taking any action. McGrath said a compromise would be to list the first public participation as James described, but the second public participation should entertain participation on items that are not on the agenda.

For the Board's information, Rappaport reported that he asked Carol Elliott to go over the suggested revisions to the CUPHD contract. Elliott and Rappaport met to discuss the contract. Elliott will now out the revised contract on one of the CUPHD Board's study session agendas. The Board of Health was welcome to attend this study session, whenever it occurred. Rappaport said he was willing to go to the study session, as could any other board members. Elliott indicated to Rappaport that the study session would occur in February and Rappaport thought he might not be available. McGrath explained a majority of the Board of Health could not attend a CUPHD Board meeting without noticing a meeting of their own or they would be in violation of the Illinois Open Meetings Act. Two Board of Health members could attend the study session without violation of the Act. Peterson asked if Elliott would be willing to call it a joint meeting of the two boards. Rappaport said he would ask her. Rappaport agreed to inform the Board of Health when the next CUPHD Board study session was being held.

Adjournment

The meeting was adjourned at 7:35 p.m.

Respectfully submitted,

Kat Bork
Board of Health Secretary

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