
CHAMPAIGN COUNTY BOARD OF HEALTH

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Champaign County Board of Health

Tuesday, February 26, 2008

6:00 p.m.

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

AGENDA

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A.	Call to Order	
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L. Adjournment

1 **CHAMPAIGN COUNTY BOARD OF HEALTH**

2
3 **Study Session**

4 **Tuesday, October 16, 2007**

5
6 **Call to Order**

7
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.

11
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**

24
25 **MOTION** by Peterson to approve the agenda; seconded by Segal. **Motion carried.**

26
27 **Public Participation**

28
29 There was no public participation.

30
31 **Discussion of CIDES Appropriation in FY2008 Budget**

32
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.

96

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 practioners 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

1 **CHAMPAIGN COUNTY BOARD OF HEALTH**

2
3 **Monthly Meeting**
4 **Tuesday, November 27, 2007**
5

6 **Call to Order**
7

8 The Board of Health held its regular monthly meeting on November 27, 2007 in Meeting
9 Room 3 at the Brookens Administrative Center, 1776 East Washington, Urbana. The meeting
10 was called to order at 6:00 p.m. by Julian Rappaport.
11

12 **Roll Call**
13

14 Susan Maurer called the roll. Board members present at the time of roll call were Nezar
15 Kassem, Susan Maurer, Tom O'Rourke, John Peterson, Julian Rappaport, and Carrie Storrs.
16 Stan James arrived later. Absent Board members were Prashanth Gowda and Betty Segal. Staff
17 present was Kat Bork (Board of Health Secretary). Others present were Nancy Greenwalt
18 (CIDES Executive Director), Julie Pryde (Acting CUPHD Administrator), Teresa Strum
19 (CUPHD Finance), Peter Tracy (Mental Health Board Executive Director), C. Pius Weibel
20 (County Board Chair and CUPHD Board Member)
21

22 **Approval of Agenda/Addendum**
23

24 **MOTION** by Kassem to approve the agenda and addendum; seconded by Maurer.
25 **Motion carried.**
26

27 James arrived at 6:02 p.m.
28

29 **Approval of Minutes**
30

31 **MOTION** by O'Rourke to approve the Board of Health October 30, 2007 minutes;
32 seconded by Kassem.
33

34 O'Rourke stated the minutes were excellently done by Bork. Pryde wished to clarify that
35 at the last Contract Subcommittee meeting she informed that subcommittee that while the
36 CUPHD Board was not likely to agree to the Board of Health evaluating the CUPHD
37 Administrator's performance, the Board of Health could submit something like a client
38 satisfaction survey so they would have some input. This would be direct input about how
39 services are being done. Pryde had told the Contract Subcommittee that she doubted there would
40 ever be a formal evaluation of the CUPHD Administrator coming from this body. The Board
41 thanked Pryde for the clarification. O'Rourke agreed with Pryde's clarification as being an
42 accurate reflection of the meeting. The October 30, 2007 Board of Health minutes were accurate
43 in reflecting his report to the Board of Health about the Contract Subcommittee meeting. Weibel
44 said the discussion of the October minutes at tonight's meeting would serve as a clarification of
45 the previous minutes.
46

47 O'Rourke asked if the Board should make any clarification to Line 362 wherein a motion
48 was made and seconded but no vote was taken. He wondered if the Board should table or

49 remove the motion to resolve it. The Board of Health concurred that it should be indicated that
50 the motion to consider a possible merger between the Board of Health and CUPHD at the
51 October 30, 2007 meeting was withdrawn.

52

53 **Motion carried.**

54

55 **Public Participation**

56

57 There was no public participation.

58

59 **Mental Health Board**

60 **Status of Joint Funding with the Mental Health Board & Consideration of Possible Program**

61 **Directions**

62

63 Tracy distributed a decision memorandum concerning public health collaboration on out-
64 of-cycle funding addressed to the Mental Health Board. The memorandum is a decision to put
65 \$25,000 from the Mental Health Board (MHB) with the equal amount already obligated by the
66 Board of Health in its FY2008 Budget. The Board of Health budgeted the money for the purpose
67 of funding a grant writer. Tracy reported that a grant writer was only one of the possible areas
68 being considered from the MHB's perspective because \$50,000 can purchase many services.
69 Other options for collaboration between the boards are maternal depression, elderly depression,
70 and school-based health centers. Tracy reported that the leadership of the MHB was not as
71 interested in a grant writing position as they were to committing to other services. Tracy noted
72 this would be an out-of-cycle funding for the MHB, but they felt it was important. Tracy wants
73 to discuss how to spend the combined money with select members of the Board of Health.

74

75 Rappaport stated that his recollection was that Susan McGrath presented the Board of
76 Health with a memorandum that implicitly said a grant writing position was the issue the two
77 boards would be collaborating on. Tracy explained the MHB funding of \$25,000 will be on the
78 table as of December 4th and the two entities can proceed can way they choose. Peterson noted
79 the idea of a grant writing position is 2 years old and originated because the Board of Health was
80 receiving no support from the previous CUPHD administration. It was intended as a leveraging
81 position. Peterson remarked the relationship with the current CUPHD administration is very
82 different and the current Acting Administrator is a very good grant writer. He was not opposed
83 to a change in the programmatic element. Tracy confirmed the MHB is more interested in
84 establishing a partnership. James felt there was a big need for all three issues and he could
85 definitely support services for maternal and elderly depression. The combined \$50,000 would
86 not cover a large caseload, but it could make a difference in some lives. He supported working
87 with the MHB and trying to get other funds coming in to support such services. The Board of
88 Health needs to know how to access money available to it as a public health department. Tracy
89 stated the reason that Susan McGrath mentioned the grant writing position to the Board of Health
90 was because it was one of the things they talked about as a possible collaborative effort, but it
91 was not the only thing. Storrs asked if the hypothetical elderly depression program would
92 overlap with the Regional Planning Commission's senior services program that the Board is
93 funding. She wanted to avoid a duplication of services, instead to augment another program.
94 James said the RPC program was for someone to visit the elderly and direct them to already

95 existing services, not to provide home-based services, at least as he saw it. Rappaport noted both
96 the Board of Health-funded RPC program and the collaboration with the MHB are in the
97 formative stages, so the Board can be flexible to maximize their funds based on what is learned.
98 The Board does not have to set a program and keep to it rigidly. O'Rourke said he was not
99 opposed to new ideas, but thought the original idea was to develop a working relationship with
100 the MHB and to use their combined money as leverage to obtain more money. O'Rourke said
101 the entities could either use the money to provide services or to leverage more money. The
102 Board of Health and the MHB could try to leverage additional funding and if that does not work,
103 they could put the existing money towards services. Rappaport stated they could put together a
104 pilot program and use it to obtain further funding. O'Rourke suggested picking one area.
105 Maurer said the school-based initiative is wonderful, but she did not know how the Board could
106 do it. Pryde explained CUPHD does not provide mental health services, Frances Nelson does.
107 James spoke about a kids foundation that was started in Rantoul with United Way funding. This
108 model was then used to show people when they were asked to help fund it. He pointed out the
109 importance of having a model to show others when requesting funding. Rappaport summarized
110 the Board of Health's position as being that they want collaboration with the Mental Health
111 Board. The specifics of this collaboration are what need to be decided.

112
113 Storrs asked to see the original motion that approved the \$50,000 funding and whether it
114 was specifically for a grant writer. Storrs asked if the MHB would provide the services or if they
115 would fund another entity to do the programs. Tracy explained the MHB would, in conjunction
116 with the Board of Health, select an entity to provide the actual services. Possible agencies
117 include the Mental Health Center, Family Services, or the Regional Planning Commission.
118 Tracy was willing to consider other possibilities suggested by the Board of Health. Rappaport
119 said the Board needed to decide if they wanted to have these decisions made by a subcommittee.
120 Storrs recommended holding a study session, which other Board members supported. Tracy said
121 both he and Thom Moore could attend a study session. Rappaport directed that the Board of
122 Health would hold a study session on January 15, 2008 in order to meet with Peter Tracy and
123 Thom Moore to discuss the Board of Health and Mental Health Board collaboration.

124
125 Information Regarding the Process and Procedures Used by the Mental Health Board to Evaluate
126 Grant Requests

127
128 Rappaport thanked Tracy for his willingness to help the Board of Health in developing a
129 methodology to make funding decisions. Tracy described his background in the RPC funding
130 decision processes and in state government. He stressed to the Board that whenever you are
131 making decisions about investing money, no one will ever be happy with what you decide.
132 Those entities chosen for funding will think they did not receive enough money and those not
133 chosen for funding will think they should have been funded. What you need is a defensible
134 model, a process of guidelines that lays out in an understandable way what the process is.
135 Without funding guidelines your decisions appear arbitrary and capricious to outsiders. Tracy
136 also distributed the Mental Health Board contract boilerplate in addition to the materials that had
137 been distributed to the Board via email. Tracy said the Board was free to use any of the
138 documents that he has shared as templates. He offered to send electronic versions of the
139 documents if it would be helpful. He noted there is nothing in the MHB's funding guidelines
140 about Requests for Proposals (RFPs) because the MHB wanted to be able to put the maximum

141 amount of money possible into services, which necessitates a predictable cash flow. RFPs make
142 a typical cash flow harder to predict. The MHB and the Developmental Disabilities Board fund
143 a wide range of services. They accept applications for developmental disabilities, mental health,
144 and substance abuse services and review the applications using the structured guidelines to
145 determine what applications will receive funding. The first step is to set the primary criteria for
146 funding. Then the Board can prioritize and develop a policy position about the priorities, such as
147 elderly depression or maternal depression. Once this is complete, the Board can announce that
148 they are accepting applications for funding programs in these areas. The Board then evaluates
149 the applications it receives to determine what will receive funding. Tracy clarified that you have
150 to define who is eligible to apply because it is important to have organizations with track records
151 from an accountability standpoint. In the decision memorandum that Tracy shared, there are 15
152 points in the application in order to avoid confusion, such as the fact that the application process
153 is open, not confidential, and the cost of putting together the application is the responsibility of
154 the agency applying, not the MHB's. A timeline and the decision process must be set. Tracy
155 recommended doing this in open session for transparency. What happens once the decisions are
156 made also needs to be planned, such as the negotiation of contracts. The contract boilerplate was
157 shared for this purpose. Another element that must be considered and developed is the
158 compliance process, namely how to assure the compliance of funded agencies, what steps to take
159 if agencies are not in compliance, and exceptions that will be made. All the documents that
160 Tracy provided demonstrate a favorably leaning towards the MHB or any grantor of money.
161 Tracy reiterated that consistency is important. He showed the Board the MHB's application
162 packet. He stated everything needs to be formalized to avoid problems and to control the
163 process.

164
165 Rappaport requested that Tracy email the documentation to Bork. Tracy was willing to
166 email anything, the Board just needed to let him know what documents they wanted. James
167 spoke favorably about the MHB's contract language. He has been trying to encourage the
168 County Board to write contracts that favor the County in a similar fashion. Having the right
169 tools is a good start, so James appreciated the tools that Tracy is offering. He expressed that
170 Susan McGrath has been helpful in working on the Board's contracts. Rappaport stated the
171 MHB is designed for community investment and their efforts aim to spend money in a good way,
172 but the MHB has a staff that the Board of Health does not possess. Rappaport indicated the
173 Board needed to evaluate funding opportunities in an organized fashion, just not as massively as
174 the MHB does. The Board wants to have a procedure that is perceived to be systematic and fair
175 when they decide to spend the public's money. James concurred, saying the Board can come up
176 with the areas they want to fund and develop an application process, then grade the applicants on
177 specific criteria. Tracy has provided a framework which the Board can modify to suit its needs.
178 James added that the Board needs to be able to make changes to existing programs so that they
179 best serve the population. He spoke about being entrusted with the public's tax money and being
180 diligent in using it. Tracy said any contract can be amended; it is important to do it formally so it
181 is clear and agreed on by both parties.

182
183 Peterson said that he thinks there has been a tendency by the MHB to fund areas such as
184 depression. Emergency room doctors are seeing a desperate need for more publicly funded
185 psychiatrists. The local emergency rooms are being inundated with people who need visits with
186 psychiatrists for acute behavior disorders that could be handled by office visits and medications

187 instead of ER visits. Peterson gave his perspective as an ER doctor that there needs to be 1 or 2
188 more medical doctors on this problem in town. He felt the MHB are the people to do it. Pryde
189 seconded that idea. Tracy said this is an area that is supposed to be covered by the State and we
190 have to balance that. He suggested including that issue on a study session with the MHB.
191 Peterson asked for 2 months advance warning of such a study session so he could arrange to be
192 present. Tracy conveyed that many people tell the MHB what services they should be funding.
193 They fund a lot of child and adolescent services because there are no state-funded outpatient
194 mental health services for children in Illinois. Tracy understands there is a shortage of
195 psychiatrists, but the MHB did not get a lot of input for this area. Rappaport comprehends that
196 the resources are finite, while the needs are infinite. Maurer and Segal are working on a list of
197 objectives. Once this list is developed, the Board can prioritize the objectives. Storrs said it was
198 remarkable that Tracy shared the information with the Board. The Board thanked Tracy for
199 coming and sharing the documents.

200

201 Monthly Reports

202

203 **MOTION** by James to receive and place on file the CUPHD October 2007 monthly
204 reports and the CIDES October 2007 monthly report; seconded by Storrs. **Motion carried.**

205

206 The Board requested that the reports be posted on a website instead of being emailed to
207 the members. Pryde stated the reports are available on CUPHD's website.

208

209 Correspondence and Communications

210

211 Bork presented the letterhead that CUPHD was requesting be updated. The letterhead is
212 paid for by the Board of Health and used by CUPHD, primarily for Environmental Health
213 mailings. Pryde inquired if the Board wished to change their logo. Storrs supported the use of a
214 new logo that is recognizable as the County Board of Health. Pryde thought the best bet is to
215 include the wording "Serving Champaign County" on everything the Board or CUPHD does for
216 the County, including the mobile unit. The Board discussed the letterhead and logo.

217

218 **MOTION** by Storrs to use the nationally recommended logo with the wording
219 "Champaign County Public Health Department" underneath. The Board of Health stationary
220 should also include the mission statement at the bottom of the page (to only be used on the first
221 page of a multi-page document). Motion seconded by Maurer. **Motion carried.**

222

223 Rappaport reported that he spoke to Carol Elliott, President of the CUPHD Board, about
224 the CUPHD contract and the changes that were recommended. He explained the Board was
225 interested in holding an informal meeting to discuss the contract. He has not received a reply
226 from her yet.

227

228 Treasurer's Report

229

230 There was no Treasurer's Report.

231

232

233 **Finance**

234 **Development of Format for Objectives and Indicators for the Next Budget Cycle**

235

236 Maurer reported that she and Segal have written 28 objectives taken directly from the
237 Healthy People and are working on methods to measure them because objectives which are not
238 measured are pointless. This will be a part of the budget document next year.

239

240 **Ideas Regarding One-Time Infusion of Funding from IDPH**

241

242 Rappaport said the Board's aim is to make a decision on the use of the one-time
243 additional IDPH funding before the June 2008 deadline, when the money must be spent.
244 Peterson suggested making this an item on the study session agenda. Storrs said the Board
245 should review the community needs assessment that was done last year. Maurer stated the Board
246 should spend this money in accordance with its objectives even though it is one-time revenue.
247 James had a suggestion about possibly spending some of the money by making donations
248 towards sex education in high schools because STDs are an issue in the County. Rappaport liked
249 the suggestions that spent the funds in a manner reaching the rural areas. Pryde encouraged the
250 Board to make a decision early because spending over \$50,000 is not as easier as it seems. The
251 Board agreed to include this item in the study session and to reach a decision on spending the
252 money by March 2008.

253

254 **Addendum**

255 **Invoice Submitted by CUPHD for October 2007**

256

257 **MOTION** by Peterson to approve paying the invoice submitted by CUPHD for October
258 2007; seconded by James. **Motion carried.**

259

260 **Issues Regarding CUPHD**

261 **Report from Acting CUPHD Administrator**

262

263 Pryde distributed the CUPHD pending contracts list and an orientation section on what
264 public health is, mainly for the new members, to the Board. She reported that CUPHD will be
265 purchasing software to call seniors every day to check on them to see if they are alive or in need
266 of assistance. A senior would push a specific number on the phone if they need help and another
267 if they are well. If the senior cannot be reached after so many calls, CUPHD will alert the
268 person's emergency contact. This system can also be used to give reminders about flu shots and
269 other agency services. Other counties, such as Kane County, use this system. The software
270 could call up WIC clients. CUPHD will be using their one-time IDPH revenue for handicap
271 accessible doors and outside lighting for the CUPHD facility. Kassem asked why the outside
272 lighting was not dealt with before CUPHD moved into their new facility. Pryde said she had
273 asked for it, but the previous administrator refused, saying it was not required by any code.
274 Pryde listed other items CUPHD would be purchasing with the IDPH money. Pryde offered to
275 answer any questions from the Board members. Rappaport noted that Pryde has made herself
276 very accessible and the Board appreciates it greatly. O'Rourke inquired about MTD buses and
277 sidewalks for the new facility. Pryde explained the Champaign-Urbana Mass Transit District
278 claimed the CUPHD parking lot was not strong enough for the weight of buses. Pryde disagrees

279 with this assumption and reminded MTD that loaded semi trucks were driven by businesses all
280 over the parking lot. MTD said they might change their route to include the CUPHD facility by
281 next fall. Pryde is getting a core sample evaluated and CUPHD will strengthen their driveway if
282 that is necessary to get MTD buses up there. She reported that they are doing everything short of
283 actually commandeering a bus.

284

285 Creation of a Subcommittee to Consider Possible Merger Between Board of Health and CUPHD

286

287 Rappaport reminded the Board that this item came out of a discussion at the County
288 Board's Policy, Personnel, and Appointments Committee meeting. Weibel suggested deferring
289 this item until Susan McGrath can deliver her report to the Policy, Personnel, and Appointments
290 Committee. This will occur in either January or February. Kassem stated he was willing to be
291 on the subcommittee if one is created.

292

293 Other Business

294 Approval of Regional Emergency Coordination Intergovernmental Agreement

295

296 **MOTION** by Kassem to approve the Regional Emergency Coordination
297 Intergovernmental Agreement; seconded by Storrs.

298

299 Weibel stated the agreement has been approved by both the County Board and CUPHD.

300

301 **Motion carried.**

302

303 Renewal of CIDES Contract

304

305 The Board had some concerns with the CIDES contract as it was presented. The Board
306 discussed the contract.

307

308 **MOTION** by Peterson to approve the renewal of the CIDES participation agreement;
309 seconded by Maurer.

310

311 Peterson said the date is wrong on the participation agreement. Maurer said 2005 was
312 when the Board entered into the initial agreement. He requested the renewal of the contract
313 reflect the 2006 participation agreement instead of the 2005 participation agreement. Pryde
314 noted the legal name of the Champaign County Public Health Department is wrong throughout
315 the renewal of the CIDES participation agreement. The Board requested that legal counsel be
316 notified of these changes. Peterson mentioned CIDES was supposed to produce the audited
317 financial statements for the Board each year. Greenwalt explained those statements had been
318 provided to the Board. Bork added that the CIDES financial statements from the last two years
319 were received and placed on file by the Board at their October meeting. She agreed to email
320 another copy to Peterson after this meeting. The renewal of the participation agreement would
321 be corrected before being signed by the respective Board of Health and CIDES officials.

322

323 **Motion carried with changes to the renewal of the participation agreement.**

324

325 Establishment of Study Session in December

326

327 The Board discussed the dates to reserve for possible study sessions. The calendar was
328 provided in the agenda packet.

329

330 **MOTION** by Kassem to approve the 2008 calendar as presented; seconded by James.

331 **Motion carried.**

332

333 Adjournment

334

335 Meeting adjourned at 7:52 p.m.

336

337 Respectfully submitted,

338

339 Kat Bork

340 Board of Health Secretary

341

342 *Secretary's Note: The minute reflect the order of the agenda and may not necessarily reflect the order of business*
343 *conducted at the meeting.*

1 **CHAMPAIGN COUNTY BOARD OF HEALTH**

2
3 **Study Session**

4 **Tuesday, January 15, 2008, 6:00 p.m.**

5
6 Call to Order & Roll Call

7
8 The Board of Health held a study session on January 15, 2008 in Meeting Room 2 at the
9 Brookens Administrative Center, 1776 East Washington, Urbana. The session was called to
10 order at 6:01 p.m. by Julian Rappaport. Stan James, Susan Maurer, John Peterson, Julian
11 Rappaport, and Betty Segal were present at the time of roll call. The staff members present were
12 Kat Bork (Board of Health Secretary) and Susan McGrath (State's Attorney's Office). Others
13 present were Darlene Kloepfel (Regional Planning Commission), Thom Moore (Mental Health
14 Board President), Jill Myers (CIDES), and Peter Tracy (Mental Health Board Executive
15 Director). Nezar Kassem had emailed earlier that he had scheduled an emergency patient and
16 could not attend the study session. Thomas O'Rourke was out of town. Prashanth Gowda and
17 Carrie Storrs were also absent.

18
19 Approval of Agenda/Addendum

20
21 Rappaport announced agenda item F is removed from the agenda and agenda item G will
22 be picked up at the regular meeting in two weeks.

23
24 **MOTION** by James to approve the agenda as amended; seconded by Maurer. **Motion**
25 **carried.**

26
27 Public Participation

28
29 There was no public participation.

30
31 Discussion of Collaboration with Mental Health Board

32
33 Rappaport requested Tracy provide a recap. Tracy expressed how, at a recent meeting,
34 the Mental Health Board approved appropriating \$25,000 to match the Board of Health's
35 \$25,000. Tracy looks on this as the start of negotiations for an area to focus on, be it maternal
36 depression, school-based clinics, or senior mental health services. The Mental Health Board
37 (MHB) and its money are ready to go, the boards just need to decide what they are interested in
38 and then an RFP can be issued or the MHB's funding process, in which the availability of funds
39 was noticed, can be utilized. The Board of Health has the option of using the MHB's process or
40 issuing a separate RFP. The boards could then reach a decision together. Tracy reiterated the
41 MHB wants to work with the Board of Health.

42
43 James asked Kloepfel about the status of the new senior services program the Board
44 contracted through RPC. Kloepfel had the Board has a contract with RPC and RPC has hired an
45 employee. RPC is meeting to develop an action plan and is trying to figure out what they are
46 going to do. There definitely are needs for senior services in the County. RPC currently
47 provides information and referrals for seniors. RPC does have a senior home repair program,
48 with most of the work being done in the Champaign-Urbana area. Kloepfel stated RPC's

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

58
59 James noted the Board of Health has indicated it wanted to provide more senior services
60 than in the past and inquired if Tracy's group would go see people in rural areas. James stressed
61 the importance of the needs of seniors and that Kloeppel is able to identify the senior clients and
62 their needs. He wondered whether the MHB would provide services or contract with other
63 agencies. He wanted to know what would be offered to seniors, such as home visits. Rappaport
64 stated MHB is not a direct service provider and requested that Moore and Tracy describe their
65 board. Tracy explained the MHB has about \$3 million a year to use for substance abuse, mental
66 health, and developmental disabilities programs. His staff provides support for both the MHB
67 and the Developmental Disabilities Board. MHB already has existing criteria, so there are many
68 ways this could play out. Currently, the MHB issues a notice of availability of funds and the
69 agencies who want funding present MHB with proposals. The MHB has a well developed
70 process for evaluating applications and negotiating contracts. The MHB then selects the best
71 proposals to fund. Tracy said this approach can be implemented if the two boards identify an
72 area of specific interest. James appreciated that approach. Rappaport said that watching the
73 MHB's process can be useful to the Board of Health in setting up its own procedure for
74 evaluating applications for funding. The Board can learn a lot from the MHB's experience.

75
76 Peterson said the Board of Health needs to make a decision whether to fund programs or
77 stay with the original purpose of the combined money, which was to fund a grant-writing
78 position. He reminded the Board that the grant-writing position was proposed two years ago,
79 mainly because the Board was not getting support in this area from CUPHD. If the Board feels it
80 is now receiving the support from CUPHD, then the combined money could be used to fund a
81 program instead. A program would be a worthy use of the money, but if there is a shift in
82 purpose, it should be made clear by the Board. Rappaport said his recollection was that the
83 Board had been in conversation with the MHB and a grant-writing position was one of the
84 proposed things. McGrath communicated to the Board in a memo that the MHB was ready to
85 operate and listed the grant-writing position. The Board had been ready for a long time to go
86 ahead with something cooperative, so they agreed to the grant-writing position without
87 necessarily committing to it as the only option. Rappaport was not opposed to the grant-writing
88 position; he was simply stating his recollection was that it was almost an accident that it was the
89 item selected for funding. McGrath stated the budget document does reflect that the money has
90 been set aside for that purpose, so all the Board of Health would need to do is make a motion at
91 the next regular meeting to recommend to the County Board that the Board of Health budget be
92 amended to transfer the money from that particular purpose to the one which the Board of Health
93 designates. The line item should be a contract line item for services other than CUPHD. This
94 would be general enough to accomplish the Board's purpose.

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

118
119 Maurer asked the deadline of the MHB's RFP. Tracy said the applications are due on
120 February 15, 2008 and most of the public sector providers are aware of it. Peterson asked who
121 the public sectors providers are. Tracy said they are the providers who typically serve poorer or
122 uninsured people, such as the Mental Health Center, Family Services, and possibly RPC.
123 Peterson said there is a significant under-capacity on the part of the Mental Health Center for
124 dealing with psychiatric issues. They might be able to identify a diagnosis in an individual and
125 not be able to provide the service in a timely fashion. Peterson felt this was why there has been a
126 tripling of the number of cases in the emergency room who would not be there if they had access
127 to a psychiatrist. When Christie closed its psychiatric services, the public sector was not able to
128 even come close to making up the difference. Peterson said more psychiatrists are needed, as he
129 mentioned last time, and we do not have the supply of adequate services. He is worried about
130 doing a better job in identifying needs without having the means to treat the needs. Tracy
131 thought, concerning maternal depression, they were talking more about involving social workers
132 or going out for home visits. Peterson agreed that could be provided. However, with the elderly,
133 the psychiatrists he knows do not feel comfortable and do not believe they have anything to offer
134 dementia patients. He did not think the profession could deliver based on what is coming out of
135 the FDA, which may start black boxing the use of anti-psychotics for the treatment of dementia
136 in the elderly. Peterson wanted to deliver the service if we are identifying the need and stressed
137 the need for more psychiatrists in the community. Tracy added that Frances Nelson is another
138 provider and the MHB funds some psychiatric services. Moore said he wanted the boards to
139 identify something specific, not identify the universe. Because the boards cannot do everything,
140 an RFP would target to what is doable.

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

152
153 James spoke about the positive effect of home visits on elderly shut-ins. He wants to
154 focus on rural areas because they are often overlooked. Such visits might help people from
155 getting worse and entering the system. He is interested in looking at those who fall through the
156 cracks.

157
158 Segal spoke about the combination of having seniors interact with young mothers when
159 both populations are depressed. She encouraged finding someone who could merge the services
160 to have the elderly give support to young mothers to the benefit of both. Segal thought the
161 mobile unit could go to a location to provide immunizations and have a meeting of seniors and
162 young parents at the same location, to accomplish two things at once. Maurer asked if there was
163 a proposal like this that had been submitted to the MHB for funding. Tracy asked Kloeppel if
164 there were any programs similar to this in operation. Kloeppel answered that it is the way RPC
165 is going. She mentioned the ideas of mobilized neighborhoods and paying someone for five
166 hours a week to be the neighborhood visitor to check up on the elderly in the town. She does not
167 want to use volunteers because it is felt the volunteers are being stretched. James noted that
168 Andy at the Rantoul Community Center is wonderful with generating new ideas and encouraged
169 the boards to look in new places.

170
171 Rappaport verbalized that the big issue is functionality, how to attract the people out
172 there who could enact or fulfill these ideas. McGrath suggested the idea to consider holding a
173 contractors meeting prior to the time the boards consider awarding the funding. The boards
174 could invite anyone who is asking to perform these services and have a discussion led by the
175 MHB or RPC staff to possibly facilitate collaboration. This practice is used by the County Board
176 and would allow the contractors to better understand what the boards are looking for so it does
177 not get lost in a general RFP. Rappaport was curious about the MHB's process. Tracy answered
178 the MHB sets priorities based on the needs presented by the providers. He meets with all the
179 agencies the MHB funds on a monthly basis. He offered to raise this matter at next Tuesday's
180 meeting. Moore requested information on the number of applications received. Peterson said
181 the MHB funds in the neighborhood of thirty-five programs and they receive about fifty
182 applications. Some agencies submit multiple applications because they have multiple programs.
183 The process works well because the MHB has broad areas to select from. The boards could wait
184 and see what comes in from the MHB's RFP and see if there is anything interesting for the MHB
185 and Board of Health's collaboration, or Tracy could send out a specific RFP regarding programs
186 for seniors and young mothers.

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

208
209 Discussion of Potential One-Time Contribution from Champaign County Board to Board of
210 Health

211
212 Item was removed from the agenda.

213
214 Discussion of Spending One-Time Revenue from IDPH

215
216 Item was moved to next regular Board of Health meeting.

217
218 Other Business

219
220 James requested that changes be made to the Board of Health's agendas. He wanted two
221 separate agenda items for public participation. The first would be located at the beginning of the
222 agenda, where public participation is currently located. This item would allow public
223 participation over agenda items only. A second agenda item would be at the end of the agenda
224 would allow general public participation. McGrath stated that having the public who wish to
225 speak fill out forms is a better way to control and organize public participation. Rappaport noted
226 public participation forms had been tried once and he chose to stop their use. McGrath spoke
227 about the necessity in having an agenda that is descriptive in order to operate pursuant to
228 Robert's Rules of Order, which the Board of Health should be following. The Board is also
229 subject to the Illinois Open Meetings Act. Public participation is not required at study sessions
230 because a board is not taking any action. McGrath said a compromise would be to list the first
231 public participation as James described, but the second public participation should entertain
232 participation on items that are not on the agenda.

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

245

246 Adjournment

247

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

249

250 Respectfully submitted,

251

252 Kat Bork

253 Board of Health Secretary

254

255

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

Invoice Number:	0801
Date of Invoice:	February 13, 2008
Billing Period:	December-07

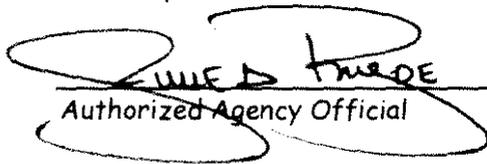
To:
 Champaign County Public Health Department
 Att'n.: Evelyn Boatz
 1776 East Washington Street
 Urbana, Illinois 61801

For the Following Expenses:

533.07 Professional Services	\$	39,832.02
533.07 Professional Services - Bio-T Grant	\$	22,654.65
533.07 Professional Services - TFC Grant	\$	4,278.01
533.07 Professional Services - West Nile Virus Grant	\$	-
533.07 Professional Services - Non-Community Water - CU Surveys	\$	150.00
Total Amount Due to CUPHD per Contract	\$	<u>66,914.68</u>

CERTIFICATION:

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


 Authorized Agency Official

Champaign-Urbana Public Health District

**County Contract Billing
December 31, 2007**

30 - Mobile Services

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

30 - IBCCP

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

40 - Family Health

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

70 - Env. Health

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

90 - Administration

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

1215 - Bio-Terrorism Grant

Sep - Dec 2007
Billing: 22,654.65
A1: 20,813.49
A2: 1,657.25
A4: 183.91

1420 - TFC Grant

Nov - Dec 2007
Billing: 4,278.01
A1: 3,812.12
A2: 451.86
A4: 14.03

7330 - West Nile Virus

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

7415 - Non-Community Water Grant

Oct - Dec 2007
Billing: 150.00
A1: 150.00
A2: -
A4: -

Total Professional Services	39,832.02
Total County Grants	27,082.66
TOTAL AMOUNT DUE	66,914.68

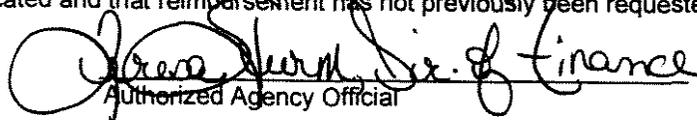
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
REIMBURSEMENT CERTIFICATION FORM

FEIN: 37-6006910
Agency Name: Champaign County Public Health Department
Date Submitted: December 20, 2007

Contract #: 83281009
Program: Tobacco Free Communities
Billing Period: November-07

NAME/VENDOR	TITLE/PURPOSE	PERIOD/DATE INCURRED	AMOUNT CLAIMED FROM IDPH
PERSONNEL SERVICES			
Nikki Hillier	Health Educator	November-07	726.26
Jennifer Jackson	Health Educator	November-07	559.35
Kari Schweighart	Health Educator	November-07	516.88
Total Personnel Services			1,802.49
FRINGE BENEFITS			
FICA	FICA	November-07	137.89
IMRF	IMRF	November-07	135.37
Health Insurance	Health Insurance	November-07	232.65
Life Insurance	Life Insurance	November-07	1.38
Illinois Unemployment Insurance	Unemployment Insurance	November-07	-
Workmen's Compensation	Workmen's Compensation	November-07	8.45
Total Fringe Benefits			515.74
CONTRACTUAL SERVICES			
Canon Financial Services, Inc.	Photocopying	November-07	7.05
R. K. Dixon Co.	Photocopying	November-07	8.75
Total Contractual Services			15.80
SUPPLIES			
Total Supplies			-
TRAVEL			
Nikki Hillier	Mileage	November-07	100.88
Jennifer Jackson	Mileage	November-07	5.81
Kari Schweighart	Mileage	November-07	109.61
Total Travel			216.30
EQUIPMENT			
Total Equipment			-
Billing Total			2,550.33

CERTIFICATION: The undersigned hereby certifies that the goods and/or services claimed above are necessary expenditures for the program, that appropriate purchasing procedures have been followed, that payment has been made as indicated and that reimbursement has not previously been requested or received.


Authorized Agency Official

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

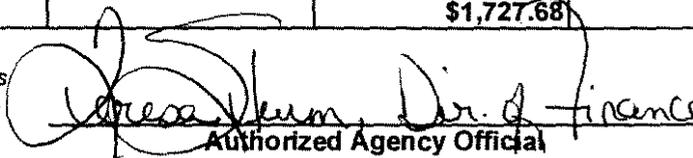
Local Contact Person: Esther Thomas
 Telephone Number: 217-531-4262
 Email Address: ethomas@cuphd.org
 Date Submitted: 01/29/08

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

Agency Name:	Champaign County Public Health Department	\$13,125.00	Advanced Payment Amount						
EIN #:	37-6006910	\$2,285.91	July	\$2,011.26	October	\$0.00	January	\$0.00	April
		\$1,610.79	August	\$2,550.33	November	\$0.00	February	\$0.00	May
		\$1,784.25	September	\$1,725.18	December	\$0.00	March	\$0.00	June
Contract #:	83281009								\$11,967.72 YTD
Program Name:	IL Tobacco Free Communities		Billing Period:	December-07					

Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed From IDPH	Comments (Specify)
Personal Services				
Dikki Hillier	Health Educator II	12/1/07-12/31/07	\$472.70	
Jennifer Jackson	Health Educator	12/1/07-12/31/07	\$372.90	
Kari Schweighart	Health Educator	12/1/07-12/31/07	\$344.59	
Expenses				
FICA	FICA	12/1/07-12/31/07	\$91.05	
MRF	IMRF	12/1/07-12/31/07	\$87.55	
Health Insurance	Health Insurance	12/1/07-12/31/07	\$232.65	
Life Insurance	Life Insurance	12/1/07-12/31/07	\$1.38	
Unemployment	Unemployment	12/1/07-12/31/07	\$0.00	
Worker's Comp.	Worker's Comp.	12/1/07-12/31/07	\$5.58	
Travel				
Dikki Hillier	Mileage & Parking	12/1/07-12/31/07	\$14.14	
Jennifer Jackson	Mileage	12/1/07-12/31/07	\$2.91	
Kari Schweighart	Mileage	12/1/07-12/31/07	\$41.71	
Contractual				
Canon Financial Services, Inc.	Printing	12/1/07-12/31/07	\$1.37	
J.K. Dixon Co.	Printing	12/1/07-12/31/07	\$1.19	
SPS/Pitney Bowes	Postage	11/1/07-12/31/07	\$57.96	
Equipment				
Grand Total			\$1,727.68	

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


 Theresa Krum, Dir. of Finance
 Authorized Agency Official

1/28/08
 Date

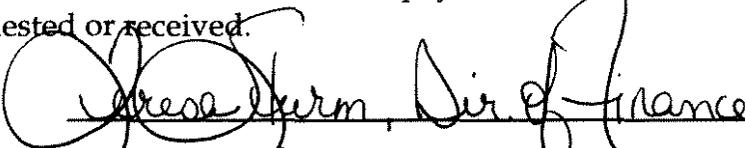
**Illinois Department of Public Health
Office of Preparedness & Response
Reimbursement Certification Form**

Grantee Name: Champaign County Public Health Department
 EIN: 37-6006910
 Date Submitted: 12/18/2007
 Preparer's Name: Esther Thomas
 Preparer's Phone: 217-531-4262

Grant Number: 87181009
 Program Name: BT Grants
 Billing Period: Sep-07
 Preparer's Email: ethomas@cuphd.org

Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed from IDPH	Comments
Subtotal Salaries and Wages			\$2,448.48	
Subtotal Fringe Benefits			\$1,076.73	
Subtotal Contractual			\$85.51	
Subtotal Travel			\$358.88	
Subtotal Commodities			\$14.60	
Subtotal Printing			\$0.00	
Subtotal Equipment			\$0.00	
Subtotal Telecommunications			\$80.00	
Grand Total (Page Total)			\$4,064.20	
Adjustment to total		Adjusted total		

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

Authorized Grantee Official  Date 12/18/07

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

25

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

Grant Name: Champaign County Public Health Department
 EIN: 37-6006910
 Date Submitted: 12/18/2007

Grant Number: 87181009
 Program Name: BT Grants
 Billing Period: Sep-07

Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed from IDPH	Comments
Salaries and Wages				
John Dwyer	Emergency Response Planner	9/1/07 - 9/30/07	\$1,075.44	
Luis Vaid	Epidemiologist	9/1/07 - 9/30/07	\$783.24	
Michelle Thompson	CD Investigator	9/1/07 - 9/30/07	\$589.80	
Subtotal Salaries and Wages			\$2,448.48	

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

Grant Name: Champaign County Public Health Department
 EIN: 37-6006910
 Date Submitted: 12/18/2007

Grant Number: 87181009
 Program Name: BT Grants
 Billing Period: Sep-07

Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed from IDPH	Comments
Travel				
Ilie Pryde	Local & Area Meetings	9/1/07 - 9/30/07	\$212.64	
John Dwyer	Local & Area Meetings	9/1/07 - 9/30/07	\$12.05	
Mavis Vaid	Local & Area Meetings	9/1/07 - 9/30/07	\$134.19	
Subtotal Travel			\$358.88	
Commodities				
Magards	Office Supplies	9/1/07 - 9/30/07	\$14.60	
Subtotal Commodities			\$14.60	
Printing				
Subtotal Printing			\$0.00	

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

Page 1 of 5

Grantee Name: Champaign County Public Health Department
 FEIN: 37-6006910
 Date Submitted: 12/18/2007
 Preparer's Name: Esther Thomas
 Preparer's Phone: 217-531-4262

Grant Number: 87181009
 Program Name: BT Grants
 Billing Period: Oct-07
 Preparer's Email: ethomas@cuphd.org

Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed from IDPH	Comments
Subtotal Salaries and Wages			\$2,525.92	
Subtotal Fringe Benefits			\$1,090.64	
Subtotal Contractual			\$0.65	
Subtotal Travel			\$66.71	
Subtotal Commodities			\$0.00	
Subtotal Printing			\$0.00	
Subtotal Equipment			\$0.00	
Subtotal Telecommunications			\$80.00	
Grand Total (Page Total)			\$3,763.92	
Adjustment to total		Adjusted total		

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

Authorized Grantee Official

[Handwritten Signature]
 Director of Finance

Date

12/18/07

Illinois Department of Public Health, Office of Preparedness and Response Use only

Control Number

Processing date

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

Grantee Name: Champaign County Public Health Department
 FEIN: 37-6006910
 Date Submitted: 12/18/2007

Grant Number: 87181009
 Program Name: BT Grants
 Billing Period: Oct-07

Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed from IDPH	Comments
Salaries and Wages				
John Dwyer	Emergency Response Planner	10/1/07-10/31/07	\$1,135.19	
Awais Vaid	Epidemiologist	10/1/07-10/31/07	\$783.24	
Rachella Thompson	CD Investigator	10/1/07-10/31/07	\$607.49	
Subtotal Salaries and Wages			\$2,525.92	

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

Grantee Name: Champaign County Public Health Department
 IIN: 37-6006910
 Date Submitted: 12/19/2007
 Preparer's Name: Esther Thomas
 Preparer's Phone: 217-531-4262

Grant Number: 87181009
 Program Name: BT Grants
 Billing Period: Nov-07
 Preparer's Email: ethomas@cuphd.org

Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed from IDPH	Comments
Subtotal Salaries and Wages			\$3,830.50	
Subtotal Fringe Benefits			\$1,314.26	
Subtotal Contractual			\$116.66	
Subtotal Travel			\$284.71	
Subtotal Commodities			\$0.00	
Subtotal Printing			\$0.00	
Subtotal Equipment			\$0.00	
Subtotal Telecommunications			\$80.00	
Grand Total (Page Total)			\$5,626.13	
Adjustment to total		Adjusted total		

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

Authorized Grantee Official

Debra Sturm, Dir. of Finance

Date

12/19/07

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

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

Grant Name: Champaign County Public Health Department
 Grant ID: 37-6006910
 Date Submitted: 12/19/2007

Grant Number: 87181009
 Program Name: BT Grants
 Billing Period: Nov-07

Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed from IDPH	Comments
Salaries and Wages				
John Dwyer	Emergency Response Planner	11/1/07-11/30/07	\$1,732.66	
Debra Vaid	Epidemiologist	11/1/07-11/30/07	\$1,186.61	
Michelle Thompson	CD Investigator	11/1/07-11/30/07	\$911.23	
Subtotal Salaries and Wages			\$3,830.50	

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

antee Name: Champaign County Public Health Department
 N: 37-6006910
 e Submitted: 12/19/2007

Grant Number: 87181009
 Program Name: BT Grants
 Billing Period: Nov-07

Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed from IDPH	Comments
Fringe Benefits				
Retirement	IMRF	11/1/07-11/30/07	\$279.25	
Social Security	FICA/Medicare	11/1/07-11/30/07	\$293.03	
Group Insurance	Health, Life, Worker's Comp & Unemployment	11/1/07-11/30/07	\$741.98	
Subtotal Fringe Benefits			\$1,314.26	
Contractual				
DeVais Vaid	Conference Registration	11/1/07-11/30/07	\$109.20	ILGISA Fall 2007 Conference
K. Dixon	Copying	11/1/07-11/30/07	\$4.13	
Mon Financial Services, Inc.	Copying	11/1/07-11/30/07	\$3.33	
Subtotal Contractual			\$116.66	

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

Anteater Name: Champaign County Public Health Department
 IN: 37-6006910
 Date Submitted: 12/19/2007

Grant Number: 87181009
 Program Name: BT Grants
 Billing Period: Nov-07

Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed from IDPH	Comments
Travel				
John Dwyer	Local & Area Meetings	11/1/07-11/30/07	\$48.20	
Jeanes Roberts	Local & Area Meetings	11/1/07-11/30/07	\$3.40	attended meeting for John Dwyer
Debra Vaid	Local & Area Meetings	11/1/07-11/30/07	\$233.11	
Subtotal Travel			\$284.71	
Commodities				
Subtotal Commodities			\$0.00	
Printing				
Subtotal Printing			\$0.00	

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

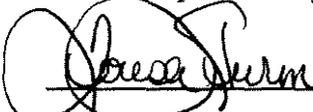
Grantee Name: Champaign County Public Health Department
 Phone Number: 37-6006910
 Date Submitted: 1/25/2008
 Preparer's Name: Esther Thomas
 Preparer's Phone: 217-531-4262

Grant Number: 87181009
 Program Name: BT Grants
 Billing Period: Dec-07
 Preparer's Email: ethomas@cuphd.org

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Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed from IDPH	Comments
total Salaries and Wages			\$2,429.93	
total Fringe Benefits			\$1,072.19	
total Contractual			\$5,618.28	
total Travel			\$0.00	
total Commodities			\$0.00	
total Printing			\$0.00	
total Equipment			\$0.00	
total Telecommunications			\$80.00	
Grand Total (Page Total)			\$9,200.40	
adjustment to total		Adjusted total		

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

Authorized Grantee Official  Date 1/24/08

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

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

Grantee Name: Champaign County Public Health Department
 IDN: 37-6006910
 Date Submitted: 1/25/2008

Grant Number: 87181009
 Program Name: BT Grants
 Billing Period: Dec-07

Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed from IDPH	Comments
Salaries and Wages				
John Dwyer	Emergency Response Planner	12/1/07-12/31/07	\$1,015.70	
Debra Vaid	Epidemiologist	12/1/07-12/31/07	\$806.74	
Michelle Thompson	CD Investigator	12/1/07-12/31/07	\$607.49	
Subtotal Salaries and Wages			\$2,429.93	

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

antee Name: Champaign County Public Health Department
 N: 37-6006910
 e Submitted: 1/25/2008

Grant Number: 87181009
 Program Name: BT Grants
 Billing Period: Dec-07

Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed from IDPH	Comments
Age Benefits				
irement	IMRF	12/1/07-12/31/07	\$169.86	
ial Security	FICA/Medicare	12/1/07-12/31/07	\$185.89	
oup Insurance	Health, Life, Worker's Comp & Unemployment	12/1/07-12/31/07	\$716.44	
btotal Fringe Benefits			\$1,072.19	
ntractual				
etworks	N-95 screening, exams & tests	12/1/07-12/31/07	\$1,631.70	ILGISA Fall 2007 Conference
nois Public Health Assoc.	Americorps Volunteer	12/1/07-12/31/07	\$3,694.00	
ory University	Epidemiology Course Registration	12/1/07-12/31/07	\$283.50	
non Financial Services, Inc.	Copying	12/1/07-12/31/07	\$2.58	
C. Dixon	Copying	12/1/07-12/31/07	\$2.25	
PS/Pitney Bowes	Postage	12/1/07-12/31/07	\$4.25	
bttotal Contractual			\$5,618.28	

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

antee Name: Champaign County Public Health Department
 N: 37-6006910
 e Submitted: 1/25/2008

Grant Number: 87181009
 Program Name: BT Grants
 Billing Period: Dec-07

Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed from IDPH	Comments
Travel				
Subtotal Travel			\$0.00	
Commodities				
Subtotal Commodities			\$0.00	
Printing				
Subtotal Printing			\$0.00	

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

antee Name: Champaign County Public Health Department
 N: 37-6006910
 e Submitted: 1/25/2008

Grant Number: 87181009
 Program Name: BT Grants
 Billing Period: Dec-07

Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed from IDPH	Comments
Equipment				
total Equipment			\$0.00	
Telecommunications				
Motorola	Starcom Radio Fees	12/1/07-12/31/07	\$80.00	
total Telecommunications			\$80.00	

44

Champaign County Public Health Department
 Potable Water Supply Program
 Non-Community Public Water Supplies Surveyed

Quarter	Surveys Completed in Quarter	Compensation
Oct - Dec 2007	34	\$ 425.00

# of CU Surveys	x \$12.50 each
12	\$ 150.00

# of CC Surveys	x \$12.50 each
22	\$ 275.00

Amount owed to Champaign-Urbana Public Health District

\$ 150.00



12 - CITY
22 - COUNTY

Rod R. Blagojevich, Governor
Damon T. Arnold, M.D., M.P.H., Director

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

MEMORANDUM

DO NOT REMOVE STAPLE
Leave Documentation Attached

TO: Champaign County Public Health Department
Local Health Department Administrator

FROM: Elaine Beard, AA
Non-Community Public Water Supply Program
Division of Environmental Health

DATE: January 8, 2007

SUBJECT: **Reimbursement Certification Form -
Quarter Ending December 31, 2007**
Potable Water Supply Program - FY08

Attached is the Reimbursement Certification Form in order for your health department to receive compensation for the non-community public water supplies surveyed and/or the number of water well permits issued in the quarter ending December 30, 2007.

IMPORTANT INFORMATION

The attached Reimbursement Certification Form must be **signed** by the Authorizing Agency Official **and returned to my attention NO LATER THAN JANUARY 25, 2008.**

Return the Reimbursement Certification Form to this office even if reimbursement is not due for the quarter.

If you have any questions, please contact me at 217-785-2069.

MAILED 1/18/07

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH PROTECTION
DIVISION OF ENVIRONMENTAL HEALTH

REIMBURSEMENT CERTIFICATION FORM

AGREEMENT TYPE: Ordinance

AGENCY NAME: Champaign County Public Health Department
 ADDRESS: 710 N. Neil, P.O. Box 1488 Champaign, IL 61824-1488
 PROGRAM: Safe Drinking Water 063 (474) []
 Ground Water Permit (256) []

FY 2008-2nd QUARTER
Billing Period Quarter Ending: December 31, 2007

FEIN Number: 37-6006910

Services Performed	Surveys Completed in Quarter	Compensation
Non-Community Public Water Supplies Surveyed <u>Transient Supplies</u> Survey(s) x \$50 + 4	34	\$425.00
Ground Water Permits	Permits Issued in Quarter	Compensation
Permit(s) x \$75	N/A	\$N/A
TOTAL COMPENSATION		\$425.00

CERTIFICATION:

I hereby certify that the goods and/or services claimed above are necessary expenditures for the program and are a part of the approved budget, that appropriate purchasing procedures have been followed and that payment has not previously been requested or received.

Jim Roberts
 Authorized Agency Official

18 Jan 2008
 Date

IMPORTANT NOTICE:

Return to: Illinois Department of Public Health
 Division of Environmental Health
 Attn: Elaine Beard
 525 W. Jefferson St.
 Springfield, IL 62761

RETURN BY
DUE DATE- 01/25/2008
 IN ORDER TO RECEIVE
 COMPENSATION

Call 217-785-2069, if you have any questions.

Illinois Department of Public Health Non-Community Drinking Water Program

Quarterly Compensation Report

Survey Date History- Agency: **CHAMPAIGN CO PUBLIC HLTH DEPT**

Tuesday, January 08, 2008

County: Champaign

Fips: 019

System Type: Transient

<u>NS ID</u>	<u>SDWIS ID</u>	<u>PWS Name</u>	<u>Last Survey</u>	<u>Status</u>	<u>Coliforms Due-Freq-Bottles</u>
49856	IL3149856	WAL-MART SUPERCENTER #5403	1/24/2006	A	---
68601	IL3068601	GASLAND FOOD MART	5/2/2006	A	5/20/2008--YR --1D
21590	IL3121590	ILLINI PRAIRIE REST AREAS	5/2/2006	A	9/2/2008--YR --1D
08670	IL3108670	CHAMPAIGN MARATHON (108670)	5/3/2006	A	2/12/2008--QT --1R
50151	IL3150151	SCHUREN NURSERY	5/8/2006	A	10/25/2008--YR --1R
31839	IL3131839	BRICKHOUSE	5/9/2006	A	9/23/2008--YR --1R
24875	IL3124875	ECO WATER	8/1/2006	A	---
42000	IL3142000	FIRST CHRISTIAN CHURCH	8/2/2006	A	10/14/2008--YR --1R
138917	IL3138917	LIVING WORD OMEGA CHURCH	8/14/2006	A	10/7/2008--YR --1R
139576	IL3139576	JERRYS IGA-KIRBY-GLACIER VEND	8/15/2006	A	---
127860	IL3127860	ST JOSEPH IGA:WATER VEND UNIT	8/21/2006	A	---
124842	IL3124842	GORDON HANNAGAN AUCTION CO	9/6/2006	A	9/9/2008--YR --1R
132357	IL3132357	COUNTY MARKET-PHILO RD	1/17/2007	A	---
133520	IL3133520	SCHNUCKS-CHAMP	4/4/2007	A	---
149419	IL3149419	D & D FOODS EENIGENBURG (149419)	4/10/2007	A	10/28/2008--YR --1D
121194	IL3121194	IMMANUEL LUTHERAN CHURCH (121194)	4/16/2007	A	9/2/2008--YR --1R
068544	IL3068544	IMMANUEL LUTHERAN CHURCH (68544)	4/18/2007	A	5/20/2008--YR --1R
121103	IL3121103	FAITH BAPTIST CHURCH (121103)	5/7/2007	A	2/19/2008--QT --1R
148106	IL3148106	ALTO VINEYARD	6/12/2007	A	3/4/2008--QT --1R
131177	IL3131177	MALIBU BAY LOUNGE	6/13/2007	A	9/23/2008--YR --1R
136796	IL3136796	COUNTY MARKET-GLNPK	7/24/2007	A	---
149401	IL3149401	WALMART CULLIGAN VENDING (149401)	7/30/2007	A	---
151332	IL3151332	WALMART SUPERCENTER - RANTOUL	8/1/2007	A	---
122754	IL3122754	MAHOMET IGA VENDING UNIT	8/21/2007	A	---
136697	IL3136697	SCHNUCKS-URB	9/5/2007	A	---
139584	IL3139584	JERRY IGA-ROUND BARN-GLACIER V	10/10/2007	A	---
141101	IL3141101	CULLIGAN VEND AT WALMART SAVOY	10/10/2007	A	---
136788	IL3136788	COUNTY MARKET-KIRBY	10/16/2007	A	---
141119	IL3141119	CULLIGAN VENDING MEIJER	10/16/2007	A	---
1008441	IL3008441	THE OASIS OF PENFIELD INC	10/31/2007	A	1/15/2008--YR --1R
122986	IL3122986	RANTOUL IGA RO UNIT	10/31/2007	A	---
138941	IL3138941	HARDYS REINDEER RANCH	11/19/2007	A	10/7/2008--YR --1R
119586	IL3119586	ELMERS CLUB 45	12/3/2007	A	9/2/2008--YR --1R
123232	IL3123232	GORDYVILLE SALOON INC	12/3/2007	A	9/9/2008--YR --1R

48

Number of Systems for CHAMPAIGN CO PUBLIC HLTH DEPT = (34)

Number of Active Systems not Surveyed (due or past due) by CHAMPAIGN CO PUBLIC HLTH DEPT = (0)

Number of Active Systems with a Current Survey by CHAMPAIGN CO PUBLIC HLTH DEPT = (34)

TIVE SYSTEMS:

<u>#</u>	<u>SDWIS #</u>	<u>Agency</u>	<u>Name</u>	<u>Status</u>	<u>Activity Date</u>
8425	IL3008425	CHAMPAIGN CO PUBLIC HLTH DEPT	UNCLE BUCKS SPORTS BAR	I	1/10/2005
8569	IL3068569	CHAMPAIGN CO PUBLIC HLTH DEPT	RUDICIL GARAGE	I	10/13/2004
2689	IL3122689	CHAMPAIGN CO PUBLIC HLTH DEPT	JERRYS IGA-URB	I	9/3/2004
1169	IL3131169	CHAMPAIGN CO PUBLIC HLTH DEPT	JEHOVAH WITNESSES KINGDOM HALL	I	5/16/2006
6705	IL3136705	CHAMPAIGN CO PUBLIC HLTH DEPT	COUNTY MARKET-BRDWY	I	9/7/2005
1168	IL3141168	CHAMPAIGN CO PUBLIC HLTH DEPT	PHILS PLACE	I	3/1/2004

**Illinois Department of Public Health
Office of Preparedness and Response
Budget Worksheet**

Grantee Name:	Champaign County Public Health Department	Original Grant Amount	\$15,350.00
City	Champaign	Amended Grant Amount	\$78,749.00
Program Name	Bioterrorism	Preparer	John Dwyer
FEIN Number	37-6006910	Preparer's Email	jdwyer@cuphd.org
Grant Number	87181009	Preparer's Phone	217-531-2932
Line Item		Original Sub Total by Line Item	
Salary & Wages		\$31,377	
Fringe Benefits		\$13,401	
Contractual Costs		\$16,055	
Travel		\$2,846	
Commodities		\$1,990	
Printing		\$200	
Equipment		\$0	
Telecommunication		\$12,880	
Grant Total		\$78,749	
Justification			
 Julie A. Dwyer Authorized Grantee Official		11-30-07 Date	

**Illinois Department of Public Health
Office of Preparedness and Response
Budget Detail Template**

Champaign County Public Health				
Grantee Name:	Department	Grant Number	87181009	
Program Name	Bioterrorism			
Fringe Benefits				\$13,401
Fringe Benefit		Salaries	Rate	Amount Requested
Retirement		\$31,377	8%	\$2,463
Social Security		\$31,377	8%	\$2,400
Group Insurance		\$31,377	27%	\$8,538
<u>Justification: Fringe Benefits</u>				

**Illinois Department of Public Health
Office of Preparedness and Response
Budget Detail Template**

Champaign County Public Health			
Grantee Name:	Department	Grant Number	87181009
Program Name	Bioterrorism		
Contractual Costs			\$16,055
Contractor Name	Contracted Service	Amount Requested	
Champaign GIS Consortium	GIS Data	\$2,142	
UIUC College of Veterinary Medicine	GIS mapping Service	\$3,150	
Safeworks	N-95 screening, exams, and pulmary testin	\$2,434	
Well Being Check, LCC	Special Needs Contacting	\$3,990	
IPHA	Americorps Volunteer	\$3,690	
IEMA, IDPH, etc.	Conference Registration	\$280	
Epidemiology in Action	Course Registration	\$294	
Canon Financial Services, Inc.	Copying	\$30	
R.K. Dixon Co.	Copying	\$20	
USPS/Pitney Bowes	Postage	\$25	
<u>Justification: Contractual</u>			
Champaign Consortium provides the latest GIS Data for the cities and county for Public Health Data analysis. This can be used for emergency preparedness, epidemiology, and communicable disease information: Cost is \$5100. UIUC College of Vet Med will provide a GIS analyst for CUPHD for 200 hours of GIS Service. The services will include but are not limited to geocoding of street addresses, processing of spatial data, creation of maps, spatial analysis: cost is \$7500. Safeworks will provide the necessary screening, exams and pulmonary testing for employees wearing the N-95 respirators in a pandemic flu or bioterrorim event: total cost \$5795. IPHA Americorps volunter will be doing Emergency Preparedness activities, mainly Medical Reserve Corps activities such as recruitment, training, and sustainment. The total cost is \$8200. See explanation of Epidemiology in Action course under Out of State Travel.			

Illinois Department of Public Health			
Office of Preparedness and Response			
Budget Detail Template			
Champaign County Public Health			
Grantee Name:	Department	Grant Number	87181009
Program Name	Bioterrorism		
Travel			\$2,846.00
In-State Travel			\$2,300.00
Trips	Purpose of Travel	Mode of Transportation	Amount Requested
100	Attendance at Local and area meetings	Car	\$1,300
1	3 People for State Biot Conference	Car	\$700
1	2 People for State CD Conference	Car	\$300
			\$0
<u>Justification: In-State Travel</u>			
Out-of-State Travel			\$546.00
Trips	Purpose of Travel	Mode of Transportation	Amount Requested
1	Epidemiology in Action Course	Plane	\$546
			\$0
<u>Justification: Out-of-State Travel</u>			
<i>All Out of State travel must be pre approved by IDPH. Justification for Out-of-State Travel must be very detailed.</i>			
Epidemiologist will attend the CDC Epidemiologist in Action course at Emory University for 2 weeks. The course emphasizes the practical application of epidemiology to public health problems and will consist of lectures, workshops, classroom exercises (including actual epidemiologic problems), roundtable discussions, and an on-site community survey. The topics covered include descriptive epidemiology and biostatistics, analytic epidemiology, epidemic investigations, public health surveillance, surveys and sampling, computers and Epi Info software, and discussions of selected prevalent diseases.			

**Illinois Department of Public Health
Office of Preparedness and Response
Budget Detail Template**

Champaign County Public Health			
Grantee Name:	Department	Grant Number	87181009
Program Name	Bioterrorism		
Commodities			\$1,990.00
Item(s) Requested			Amount Requested
Office supplies			\$1,990
			\$0
			\$0
			\$0
<u>Justification: Commodities</u>			
Printing			\$200.00
Item(s) Requested			Unit(s)
Maps and ICS Forms			0
			\$200
			\$0
			\$0
			\$0
<u>Justification: Printing</u>			
Printing of maps and large incident command forms for emergency operations.			

**Illinois Department of Public Health
Office of Preparedness and Response
Budget Detail Template**

Champaign County Public Health

Grantee Name:	Department	Grant Number	87181009
Program Name	Bioterrorism		
Equipment			\$0.00

Item(s) Requested	Unit(s)	Amount Requested
		\$0
		\$0
		\$0
		\$0
		\$0

Justification: Equipment

Telecommunications **\$12,880**

Item(s) Requested	Rate	Months	Amount Requested
800 mhtz radios for County EMA			\$12,000
Starcom Radio fees	\$ 80	11	\$880
			\$0
			\$0

Justification: Telecommunications

Starcom radio fees for use of the Starcom network for emergency communications. (4 x \$3000)
800 Mhtz portable radios for the County EOC for distribution to agencies and participants in a PH disaster or event.

Grant # 85080408

This is a one time grant. IDPH had money that they divided equally among all the Public Health Departments and Districts in the state. CUPHD is doing nothing to manage this grant for CCPHD other than to forward the contract and check. The funds are to be used for public health services and related activities to benefit persons residing in the jurisdiction served by the Grantee. All that is required by IDPH is that an executive summary describing the use of funds be provided to the Office of Health Protection. Payment has already been received by the Auditor's office.

Contract Form (01/04)

Contract# 85080408

Fiscal Year 2008

Appropriation # 001-48250-4470-0100

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH**

Grant Agreement

The Illinois Department of Public Health or its successor, hereinafter referred to as the "Department", and Champaign County Public Health Department, 201 W Kenyon Road, Champaign, Illinois 61820, hereinafter referred to as the "Grantee", agree as follows:

1. **Services:** The Grantee will provide the following services and agrees to act in compliance with all state and federal statutes and administrative rules applicable to the provision of services pursuant to this grant agreement.
 - 1.1 Public health services and related activities to benefit persons residing in the jurisdiction served by the Grantee, in accordance with the provisions of Public Act 095-0348.
 - 1.2. Submit an executive summary, to the Office of Health Protection, describing the use of the funds provided, by July 31, 2008.
 - 1.3 In connection with the services described in 1.1, the Department will pay the Grantee pursuant to Section 3 herein.

2. **Term:** The period of this grant agreement is October 1, 2007 through June 30, 2008; however, it may be terminated at any time during this period by either party upon written notice to the other party thirty (30) calendar days prior to the actual termination date. Upon termination, the Grantee shall be paid for work satisfactorily completed prior to the date of termination.

3. **Compensation:**
 - 3.1 The contract amount shall not exceed a maximum amount of \$52,631.57.
 - 3.2 Should the Department be required to make reductions, the Department reserves the right to make those reductions at the sole discretion of the Department, or as may be directed by the Office of the Governor. This provision is not subject to the provision on legal notice in this Grant Agreement.
 - 3.3 Any and all obligations of the Department will cease immediately without penalty of further payment or any other penalty if the Illinois General Assembly or federal funding source fails to appropriate or otherwise make available sufficient funds for this grant agreement. Upon the Department's official notification of funding failure, the Grantee shall be promptly notified to cease program work.

3.4 The Department will compensate the Grantee upon execution for the services to be performed under this agreement.

4. **Notices:** All legal notices affecting a material element of this grant agreement required or desired to be made by either party to this grant agreement shall be sent by certified mail to the following respective addresses or to such other addresses as either party may from time to time designate by notice to the other party:

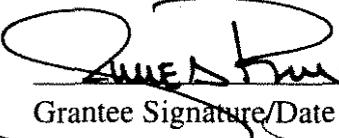
to the Department: Illinois Department of Public Health
Office of Health Protection
525 West Jefferson Street
Springfield, Illinois 62761
Attention: Stuart Thompson

the Grantee: Champaign County Public Health Department
201 W Kenyon Road
Champaign, Illinois 61820

5. **Federal Taxpayer Identification Number:** Under penalties of perjury, I certify that 376006910 is Grantee's correct Federal Taxpayer Identification Number or Governmental Unit Code. Grantee is doing business as a governmental entity.

6. **Basic Grant Terms:** The parties understand and agree that the attached Basic Grant Terms are fully incorporated herein by reference and are binding upon both parties hereto.

For the Grantee:



Grantee Signature/Date Signed 10/31/07

Julie A. Pryde

Typed Name

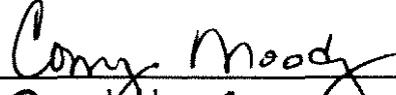
Acting Public Health Administrator

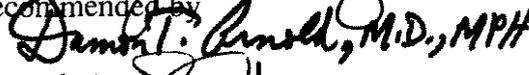
Title

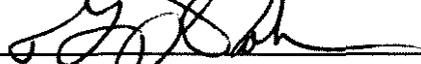
109721-00

IDHR Number (if applicable)

For the Department:



Recommended by

Damon T. Arnold, M.D., MPH



Damon T. Arnold, M.D., M.P.H.
Director

11/10/07

Execution Date

BASIC GRANT TERMS: LOCAL HEALTH DEPARTMENT

1. **Applicable Law**: This grant agreement shall be governed in all respects by the laws of the State of Illinois and is subject to the limitations of the Department's appropriated funds. Further, the provisions of these basic terms also parallel the sound policy of the referenced laws concerning agreements, other than grants, with the State. If any provision of this grant agreement is in conflict with any statute, law, or rule of any governmental entity, then that conflicting provision shall be deemed null and void only to the extent of the conflict and without invalidating the remaining provisions of the grant agreement.
2. **Subcontractor**: The Grantee will not use the services of a subcontractor to fulfill any obligations under this grant agreement without the prior written consent of the Department. The Department reserves the right to review all subcontracts.
3. **Audit Requirements**
 - 3.1 The Grantee is responsible for meeting the audit requirements of the Fiscal Control and Internal Auditing Act, 30 ILCS 10/Act, and for compliance with the federal OMB Circular A-133 to contract with an independent accounting firm to perform an organization-wide audit. The Grantee will provide a copy of the audit to the Department. The Grantee will maintain complete records of all services, receipts, and disbursements relative to this grant agreement, insofar as these records support the audit.
 - 3.2 In addition to other requirements within the grant agreement, the Grantee shall maintain for a minimum of 3 years after the completion of this grant agreement, adequate books, records, and supporting documents to verify the amounts, recipients, and uses of all disbursements of funds passing in conjunction with this grant agreement; the Grantee agrees that the grant agreement and all books, records, and supporting documents related to the grant shall be available for review and audit by the Department or the Auditor General; and the Grantee agrees to cooperate fully with any audit conducted by the Department or the Auditor General and to provide full access to all relevant materials. Failure to maintain the books, records, and supporting documents required by this Section shall establish a presumption in favor of the Department for the recovery of any funds paid by the Department under the grant agreement for which adequate books, records, and supporting documentation are not available to support their purported disbursement.

Basic Terms Form D (2/04)
Grant Agreement/Local Health Department

4. **Conditions:** Conditions of this grant agreement, if any, are attached to the agreement and incorporated within the agreement as Appendix A. No payment shall be made by the Department to the Grantee until all conditions specified in Appendix A have been satisfied.
5. **Work Product:** All intellectual property and all documents, including reports and all other work products, produced by the Grantee under this grant agreement shall become and remain the exclusive property of the Department, and shall not be copyrighted, patented, or trademark registered by the Grantee except as authorized by the Department in a separate agreement.
6. **Release of Information:** The Grantee shall not publish, disseminate, or otherwise release any information acquired or produced pursuant to this grant without prior review and written approval by the Department.
7. **Health Insurance Portability and Accountability Act Compliance:** Grantee shall comply with the applicable provisions of the Health Insurance Portability and Accountability Act (HIPAA), including, but not limited to statute, 42 USC 132d, and applicable regulations, 45 CFR 160, 162, and 164, as may be promulgated or amended over time.
8. **Confidentiality:** The Grantee agrees to protect from any and all disclosure all information that identifies or could lead to the identity of recipients of services provided pursuant to this grant. If the Grantee receives a request for information that may identify an individual, the Grantee shall notify the Department immediately. A request for information includes a subpoena, court order, Freedom of Information Act request, or a request from a researcher. Any issue of whether the information is or may be identification information shall be resolved by the Department.
9. **Certifications:**
 - 9.1 The Grantee certifies under Section 50-5 of the Illinois Procurement Code that the Grantee, or an officer or employee of the Grantee, (i) has not been convicted of bribery or attempting to bribe an officer or employee of the State of Illinois; (ii) has not made an admission of guilt of this improper conduct that is a matter of record; and (iii) has not had an official, agent, or employee of the Grantee who committed bribery or attempted bribery on behalf of the Grantee or pursuant to the direction or authorization of a responsible official of the Grantee, 30 ILCS 500/50-5.

Basic Terms Form D (2/04)
Grant Agreement/Local Health Department

- 9.2 Grantee certifies that the Grantee, or an officer or employee of the Grantee, has not been barred from contracting with a unit of state or local government as a result of violation of the bid-rigging or bid-rotating provisions of Sections 33E-3, 33E-4, and 33E-11 of the Criminal Code of 1961, 720 ILCS 5/33E-3, 5/33E-4, 5/33E-11.
- 9.3 The Grantee certifies under the Discriminatory Club Act that the Grantee is not prohibited from selling goods or services to the State of Illinois because it pays dues or fees on behalf of its employees or reimburses them, for payment of their dues or fees to any club that unlawfully discriminates, 775 ILCS 25/Act.
- 9.4 The Grantee certifies that no Federal appropriated funds have been paid or will be paid, by or on behalf of the Grantee, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- 9.5 The Grantee certifies that no funds provided pursuant to this grant agreement will be used for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before Congress or the Illinois General Assembly; and further certifies that no funds provided pursuant to this grant agreement shall be used to pay the salary or expenses of any person which salary or expenses are related to any activity designed to influence legislation or appropriations pending before Congress or the Illinois General Assembly.
- 9.6 The Grantee certifies compliance with all provisions of the Drug Free Workplace Act, 30 ILCS 580/Act.
- 9.7 The Grantee certifies that the Grantee is not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this grant agreement by any federal department or agency (45 CFR 76).
- 9.8 The Grantee certifies that it will not participate in an international boycott in violation of the provisions of the U.S. Export Administration Act of 1979 or the regulations of the U.S. Department of Commerce promulgated under that Act.

Basic Terms Form D (2/04)
Grant Agreement/Local Health Department

- 9.9 The Grantee certifies that it has informed the Department in writing if an officer or employee of the Grantee was formerly employed by the Department and the officer or employee has received an early retirement incentive under Section 14-108.3 or 16-133.3 of the Illinois Pension Code, 40 ILCS 5/14-108.3 and 16-133.3. The Grantee acknowledges and agrees that if this early retirement incentive was received, this grant agreement is not valid unless the official executing the grant agreement has made the appropriate filing with the Auditor General prior to execution.
- 9.10 The Grantee certifies that it meets the requirements of Section 2-105 of the Illinois Human Rights Act, 775 ILCS 5/2-105, and that it refrains from unlawful discrimination based on citizenship status in employment and undertakes affirmative action to assure equality of employment opportunity, and has written sexual harassment policies.
- 9.11 a. The Grantee certifies compliance with Section 50-10 of the Illinois Procurement Code, that no person or business convicted of a felony shall do business with the State from the date of conviction until five years after the date of completion of the sentence for that felony, unless no person held responsible by a prosecutorial office for the facts upon which the conviction was based continues to have any involvement with the business.
- b. The Grantee certifies in accordance with 30 ILCS 500/50-10.5 that no officer, director, partner or other managerial agent of the contracting business has been convicted of a felony under the Sarbanes-Oxley Act of 2002 or a Class 3 or Class 2 felony under the Illinois Securities Law of 1953 for a period of five years prior to the date of the bid or contract. The Grantee acknowledges that the contracting agency shall declare the contract void if this certification is false.
- 9.12 The Grantee certifies in accordance with Public Act 93-0307 that no foreign-made equipment, materials, or supplies furnished to the State under the grant have been produced in whole or in part by forced labor, convict labor, or indentured labor under penal sanction.
- 9.13 Grantee certifies that no foreign-made equipment, materials, or supplies furnished to the State under the contract have been produced in whole or in part by the labor of any child under the age of 12 (PA 94-0264).
- 9.14 This agreement is in compliance with the requirements of the Corporate Accountability for Tax Expenditure Act (PA 93-0552).

10. **Conflict of Interest:** The Grantee agrees to comply with Section 50-13 of the Illinois Procurement Code prohibiting conflicts of interest, 30 ILCS 500/50-13.

11. **Unlawful Discrimination:**

11.1 The Grantee agrees to act in conformity with Article 2 of the Illinois Human Rights Act, 775 ILCS 5/Art. 2 and with Appendix A of the Procedures Applicable to All Agencies, 44 Ill.Admin.Code 750. APP. A.

11.2 The Grantee agrees to comply with the Federal Civil Rights Act of 1964, the Federal Rehabilitation Act of 1973, the American with Disabilities Act, 42 U.S.C. 12101 *et seq.* and accompanying rules 28 CFR 35.130, and all other federal and State of Illinois laws, regulations, or orders that prohibit discrimination because of race, color, religion, sex, national origin, ancestry, age, marital status, or physical or mental handicap. The Grantee certifies that it will provide to the Department prior to executing the grant the most recent Equal Employment Opportunity Policy Statement, Annual Affirmative Action Plan and Workforce Analysis Summary as required to ensure compliance with Federal and State Civil Rights and the Americans with Disabilities Act of 1990.

12. **Fiscal Responsibility:**

12.1 The Department may use the Department of Revenue Debt Collection Bureau to determine if any State Agency is attempting to collect debt from the grantee according to Section 5 of the Illinois State Collection Act of 1986, 30 ILCS 210/5.

12.2 The Grantee certifies that it, or any affiliate, is not barred from being awarded a contract or grant under 30 ILCS 500. Section 50-11 prohibits a person from entering into a contract or grant with a State agency if it knows or should know that it, or any affiliate, is delinquent in the payment of any debt to the State as defined by the Debt Collection Board. Section 50-12 prohibits a person from entering into a contract or grant with a State agency if it, or any affiliate, has failed to collect and remit Illinois Use Tax on all sales of tangible personal property into the State of Illinois in accordance with the provisions of the Illinois Use Tax Act. The Grantee further acknowledges that the contracting State agency may declare the grant void if this certification is false or if the Grantee, or any affiliate, is determined to be delinquent in the payment of any debt to the State during the term of the grant.

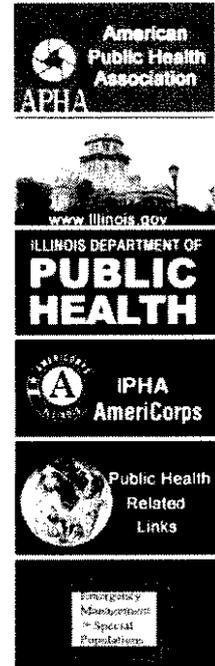
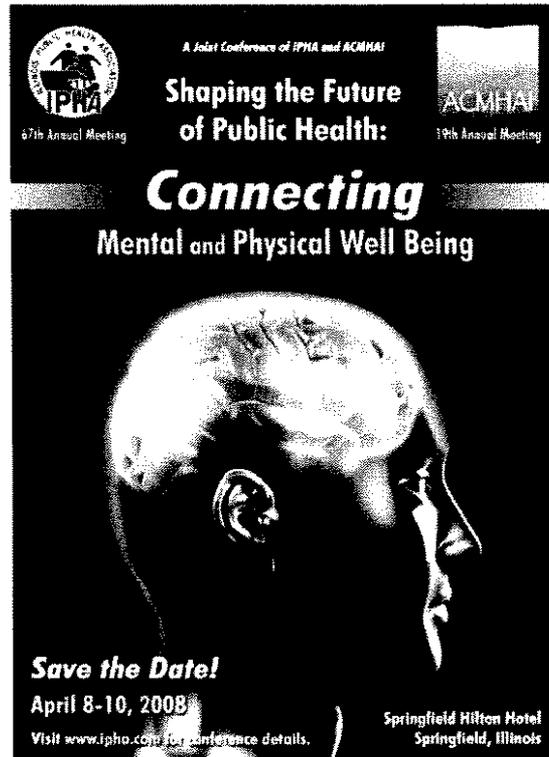
13. **Liability**: The Department assumes no liability for actions of the grantee under this agreement, including, but not limited to, the negligent acts and omissions of grantee's agents, employees, and subcontractors in their performance of the grantee's duties as described under this Agreement. To the extent allowed by law, the grantee agrees to hold harmless the Department against any and all liability, loss, damage, cost or expenses, including attorney's fees, arising from the intentional torts, negligence, or breach of the agreement by the grantee, with the exception of acts performed in conformance with an explicit, written directive of the Department.
14. **Insurance**: If the Grantee's cost of property and casualty insurance increases by 25% or more or if new state regulations impose additional costs to the Grantee during the term of this grant agreement, then the Grantee may request the Department to review this grant agreement and adjust the compensation or reimbursement provisions in the agreement under any Agreement reached, which provisions are subject to the limitations of the Department's appropriated funds. The Grantee agrees to comply with the requirements of the Department of Central Management Services in Government Contracts, Procurement, and Property Management set out in Title 44 of the Illinois Administrative Code.
15. **Waiver**: No delay or omission by any party in exercising any right, power, or privilege under this agreement shall impair that right, power or privilege, nor shall any single or partial exercise of any right, power or privilege preclude any further exercise of that right, power, or privilege, or the exercise of any other right, power or privilege.
16. **Amendments**: This grant agreement may not be amended without prior written approval of both the Grantee and the Department.
17. **Assignment**: The Grantee understands and agrees that this grant agreement may not be sold, assigned, or transferred in any manner and that any actual or attempted sale, assignment, or transfer without the prior written approval of the Department shall render this grant agreement null, void, and of no further effect.
18. **Civil Law Suits**: This grant agreement is not subject to the State Employees Indemnification Act, 5 ILCS 350/Act.
19. **Solicitation and Employment**: The Grantee shall not employ any person employed by the Department at any time during the term of this grant to perform work required by the terms of this grant. As a condition of this grant, the Grantee shall give written notice immediately to the Department's Director if Grantee solicits or intends to solicit for employment any of the Department's employees during the term of this grant.

Basic Terms Form D (2/04)
Grant Agreement/Local Health Department

20. **Default:** If the Grantee breaches any material term, condition, or provision of this grant agreement, the Department may, upon 15 days prior written notice to the Grantee, cancel this grant agreement. In the event of any wrongdoing or illegal act by the Grantee, the grant agreement is immediately terminable by the Department. This remedy shall be in addition to any other remedies available to the Department in law or in equity.
21. **Further Assurances:** Each party agrees to do such further acts and things and to execute and deliver such additional agreements and instruments, as any party may reasonably request of the other, to carry out the provisions and purposes of this grant agreement or any agreements related to this agreement.
22. **Funds Remaining:** All funds remaining at the end of the grant agreement or at the expiration of the period of time that the grant funds are available for expenditure or obligation by the Grantee shall be returned to the Department within 45 days after notification by the Department under Section 5 of the Illinois Grant Funds Recovery Act, 30 ILCS 705/5.
23. **Controlling Terms:** In the event of any conflict amongst the agreement, Basic Terms Form D, and the terms of any appendix, exhibit, or other attachment or matter incorporated or referenced within the agreement, the Basic Terms of this Form D shall be controlling.
24. **Headings:** The headings of the sections and paragraphs are inserted for convenience only and shall not control or affect the meaning or construction of any of the provisions of this grant agreement.
25. **Entire Agreement:** The Department and Grantee understand and agree that this grant agreement constitutes the entire Agreement between them and that no promises, terms, or conditions not recited or incorporated within this agreement, including prior Agreements or oral discussions not incorporated within this agreement, shall be binding upon either the Grantee or the Department.

. End .

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**April 8-10, 2008
Springfield Hilton Hotel
Springfield, IL**

The Illinois Public Health Association and the Association of Community Mental Health Authorities are pleased to invite you to attend this joint conference entitled *Shaping the Future of Public Health: Connecting Mental and Physical Well Being* on April 8-10, 2008 at the Springfield Hilton Hotel.

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CHAMPAIGN COUNTY BOARD OF HEALTH

Brookens Administrative Center
1776 E. Washington
Urbana, IL 61802

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

Champaign County Board of Health

Tuesday, February 26, 2008

6:00 p.m.

Brookens Administrative Center, 1776 E. Washington

Meeting Room 2

Urbana, Illinois

ADDENDUM

ITEM

F. Monthly Reports

1. CUPHD Monthly Reports – January 2008
2. CIDES Report – January 2008

J. Other Business

4. Status Report as to ongoing items to be addressed by the Board of Health in Future Meetings

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.

BOARD OF HEALTH DOCUMENTS DISTRIBUTED AT THE MEETING

FEBRUARY 26, 2008

Contents:

1. Email from Julie Pryde Regarding Misinformation Provided by Claudia Lenhoff at October 17, 2007 Study Session – Agenda Item G
2. Report from Acting CUPHD Administrator Julie Pryde – Agenda Item I 1
3. Proposal to Enhance Comprehensive Sexuality Education – Agenda Item I 2
4. Memo from Peter Tracy on Mental Health Board/Board of Health Collaboration

From: Julie Pryde [jpryde@cuphd.org]
Sent: Tuesday, January 22, 2008 5:05 PM
To: Betty Segal; cestorrs@yahoo.com; JRappapo@S.Psych.uiuc.edu; Julie; Kat Bork; nkasse1@uiuc.edu; Peterson@shout.net; prashgg@yahoo.com; Susan McGrath; Stan James; Susan477@prairieinet.net; torourke@uiuc.edu
Subject: Response to Minutes from October 17, 2007 Co. BoH Meeting
Attachments: 12-2007_Dental_CU.pdf; ADAP Report 083107 - FRONT.pdf; ADAP Report 083107 - BACK.pdf

I am writing to clear-up some misinformation provided by Claudia Lennhoff at the October 17, 2007 County BoH study session. I just received my Co. BoH packet today. As you do not receive our monthly dental reports, and as I was not there to correct her statements, I am doing so in this e.mail.

CUPHD has 2 very productive and well-run dental clinics. We have a two-seat operator at the Urbana School-based Health Center, and three fully equipped operatories (with two additional operatories that are not finished) at the Kenyon Road Facility. We employ two full-time dentists, and one PRN dentist for the school sealant program, and one full-time dental program coordinator. We also employ three full-time dental hygienists and 2 full-time dental assistants. Additionally we have a group of UIUC pre-dental students, "Healthy Smiles" who do community and school dental education. These are volunteers, and they do a great job!

Parents and children express a high-level of satisfaction with our services and staff. We receive feedback from clients and use that to improve our programs. All CUPHD employees, including all dental staff, received mandatory customer service training in 2007. Client satisfaction and customer service has been made a number one priority since I became Acting Public Health Administrator. All staff have a standard that they are expected to follow. We take complaints and/or concerns very seriously. Any staff deficits are addressed immediately.

In 2007 CUPHD saw a total of 931 NEW clients, 2,275 visits from patients of record, for a total of 3,206 visits (Please see the attached document for actual procedures performed). It is not useful to get a list of "clients served" without also getting a list of what was performed. Obviously not all services take the same amount of time. CUPHD only sees children from the cities of Champaign and Urbana. Although we still get many calls from parents that are living in the county, we refer those to CIDES. Without another full-time dental team we are not able to expand further.

Our monthly reports list every service provided. The vast majority of our clients are children. We receive Medicaid reimbursement for these services. We only see adults with Medicaid 1 day per week (two half-days). The adult clients only receive treatment, not preventive services. We refer them to Parkland for their cleanings. (please see the attached Adult Dental Access Partnership for more detail on this program).

CUPHD's average no-show rate for 2007 was 23.5%. Every client receives a reminder phone

call the day before their appointment (see the attached report for a monthly breakdown). I have no national or statewide data to compare this to. We can only use it as a baseline and do what we can to remind parents of their children's appointments. CUPHD still does not have bus service from MTD. It is probably safe to assume that this has some negative impact on our client's ability to make their appointments.

Regarding Claudia's comment that "CUPHD's dentists decided not to book any new appointments until they moved into their new building", this is somewhat misleading. The dental program could not book any appointments as Patterson Dental had to unhook and move our dental equipment from 710 N. Neil Street and install it at 201 W. Kenyon. The operatories are complicated to move and install. We have plumbing, electricity, vacuums, and x-ray machines. This takes time and coordination. Our dental services were shut down for a total of 4 days. That could not be avoided.

If you have any questions about any of our programs, please do not hesitate to contact me. I will make every effort to be at all future study sessions.

Thanks!

Julie A. Pryde, MSW, LSW
Acting Public Health Administrator

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Champaign, IL 61820

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secure fax 217-531-4343
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www.stock2forflu.com

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Champaign-Urbana Public Health District



August 2007 Report

ADULT DENTAL ACCESS PARTNERSHIP

Creating Something to SMILE about...Together!

IN THE BEGINNING

On April 4, 2007 the Champaign-Urbana Public Health District (CUPHD) Dental Division began scheduling adult patients. Appointments were available on Wednesday afternoons and Thursday mornings allowing for 9 appointments each week.

Patients were admitted through three referring agencies: Champaign County Health Care Consumers (CCHCC), East Central Illinois Consortium (ECC), and Cunningham Township (CTWP).

Keeping COUNT!

To date, CUPHD has been able to see 63 adult patients:

19 from Champaign County Health Care Consumers (CCHCC)

34 from East Central Illinois Consortium

10 from Cunningham Township

GROWTH & CHANGE

On August 14, 2007 CUPHD acquired a waiting list of over 140 adults from CCHCC. The list consisted of adults living in Champaign or Urbana who have a medical card and have been unable to obtain dental care.

CCHCC sent the following letter to these patients:

August 17, 2007

Dear Friend,

Within the last few months, you were placed on the waiting list for the Adult Dental Access Program (ADAP) that helped you obtain a dentist appointment at the Champaign-Urbana Public Health District (CUPHD). I apologize for the delay you have experienced in getting a dentist appointment. CUPHD had recently relocated and was unable to make appointments during this transition. CUPHD has now resumed its regular dental clinic operations and is now able to offer appointment times to adult residents of Champaign and Urbana with Medicaid insurance. We are writing to inform you how, as someone on the waiting list, your appointment will be scheduled.

You should expect a phone call from a CUPHD staff member within the next few weeks to talk about scheduling a dental appointment. If you have not heard from CUPHD by Monday, September 17, 2007, you should call their Dental Clinic at (217) 531-4279. Please do not call CUPHD before that date, as this will slow their ability to get through the waiting list as quickly as possible.

Champaign County Health Care Consumers (CCHCC) will no longer be screening and scheduling appointments for people who are eligible for adult services at CUPHD. This change in policy was made to better serve clients by minimizing the number of steps required to make a dental appointment.

The CUPHD Dental Clinic's new location is: 201 West Kenyon Road, Champaign, IL 61820. When you receive your contact please keep in mind that CUPHD has made a priority to get patients on the waiting list scheduled as soon as they possibly

can, however, there may still be a wait due to the limited availability of adult appointments.

Until you are able to see a dentist, it is best to monitor any pain you are experiencing. If you are having extreme pain, an infection is the likely cause. An infection is a medical problem that must be addressed immediately and needs to be taken care of before a dentist can treat you. You have a few options for treating your infection:

1. Set up an appointment with your regular doctor.
2. Try to get an appointment with Frances Nelson Community Health Center (217) 356-1558. When speaking to the receptionist, specify that you need an antibiotic for an infection.
3. Go to the Emergency Room. No one will be turned away due to insurance status or ability to pay and you are not required to have the money at the time of services. Both Carle Foundation and Provena Covenant Hospitals have charity programs available that may help cover the costs.

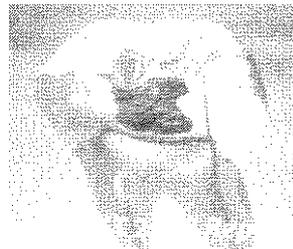
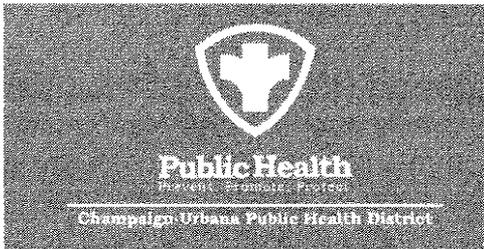
Please keep in mind that CUPHD Dental Clinic can only provide restorative services such as tooth colored fillings, simple extractions, and exams; CUPHD can not provide dentures, root canals, or crown services at this time. If you are seeking dental care for a cleaning or an oral exam, Parkland Dental Hygiene Clinic may be the best option for you. You can schedule an appointment by calling (217) 351-2221.

Although CCHCC will no longer be scheduling adult dental appointments at CUPHD, we would still like to hear about your progress in getting a dental appointment. If you are having trouble getting a dental appointment at CUPHD, or would like to discuss other options for getting dental care, please don't hesitate to call the Consumer Health Hotline at (217) 352-6533, ext. 19.

Sincerely,

Megan McClaire
Hotline Coordinator

For more information visit: www.cuphd.org



ADULT DENTAL ACCESS PARTNERSHIP
Creating Something to SMILE about...Together!

GROWTH & CHANGE (CONT.)

Since obtaining the CCHCC adult waiting list, CUPHD has been able to:

- Attempt calls to 103 patients
- Make contact with 53 patients
- Schedule 17 patients for exams

CUPHD will have completed attempts to contact every patient on the CCHCC waiting list by September 15, 2007.

NEW PROCESS

CUPHD now screens adult calls to determine if they are Champaign-Urbana residents and have a current medical card. The basic process is as follows:

- If an adult caller has a current medical card and is a resident of Champaign-Urbana, CUPHD asks standard emergency evaluation questions to determine urgency, as there are 1-2 emergency adult appointments available each week.
- If the dental need is not urgent, the caller is placed on the waiting list.
- If there is not a dental need, the caller is referred to Parkland College Hygiene for cleaning and x-rays. Parkland will refer caller back to CUPHD if treatment is needed. CUPHD will stay in contact with Renee at Parkland to insure that adult patient appointments are available for the semester.

CHALLENGES

There are currently 133 adult patients on the CUPHD waiting list. Since equal appointments must be made available to the three referring agencies and treatment appointments must be left available for timeliness, there are only 8 new patient appointments available per month for patients living in Champaign-Urbana with a medical card. With these limitations, CUPHD can expect it to take over 16 months to see all the patients on the current waiting list.

By adding another dentist, assistant, and hygienist two days per week to see only adults, CUPHD could reduce this wait to less than two months. This would assume 8 patients per day in the hygiene chair and 4 patients per day in the dental chair, allowing openings for patients requiring immediate treatment.

The following estimated start-up budget would be required to establish this team:

- \$28,800.00	Dentist
- \$14,745.60	Registered Dental Hygienist
- \$ 5,700.00	Liability Insurance (estimate)
- \$ 7,680.00	Receptionist
- \$11,000.00	Larger Capacity Air Compressor & Vacuum Pump to Allow for 5 Chairs to Operate Simultaneously
- \$ 9,139.20	Supplies (disposable)
- \$33,992.55	Additional Instruments, Hardware & Hand Pieces for 2 New Rooms
- \$10,000.00	To Complete 2 New Rooms

\$121,057.35 Total Estimated Start-Up Budget

By expanding Adult Treatment, CUPHD will be able to help many more patients with similar needs and reduce the current number of visits they make to the emergency room while waiting for care.

Adult dental access is a crisis in Champaign-Urbana. The Adult Dental Access Partnership (ADAP) is truly working at creating something to SMILE about.....Together!

For additional information about ADAP, contact:

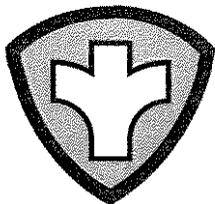
Alicia Ekhoﬀ
CUPHD Dental Program Coordinator
aekhoﬀ@cuphd.org
217.531.4279

Something to SMILE About!

CUPHD recently saw an adult patient who had not been able to obtain care for several years. The patient presented with 3 molars with only the root tips remaining, all of which were badly infected. Dr. Yu-Hsien Huang of CUPHD saw the patient and attempted extraction of the root tips, however, due to the pain associated with the infection, Dr. Huang was unable to make the patient comfortable enough with the use of local anesthetic.

Dr. Huang contacted Dr. Fonner, oral surgeon, to refer the patient for extractions under sedation and prescribed an antibiotic and pain medication for the patient. The patient called later in the day to say she was able to schedule the extractions with Dr. Fonner's office within 2 1/2 weeks and was able to pick up her medications.

The patient thanked Dr. Huang and CUPHD for all the help.



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Acting Public Health Administrator's Report to the Champaign County Board of Health February 2008

What's new at CUPHD? www.cuphd.org Updated regularly.

Monthly Division Reports are now available on our website at:
<http://www.cuphd.org/division-reports.html>

New Initiatives:

1. CUPHD was selected as one of two sites in the US to participate in a CDC Pandemic Influenza planning workshop and exercise. CUPHD now has the opportunity to apply for a \$500,000 grant to aid our community's preparedness plan for pandemic flu.

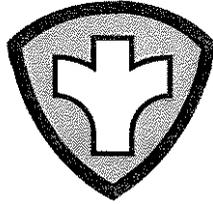
*Oak Ridge Institute for Science and Education (ORISE)
First Regional Pandemic Influenza Planning Workshop 2008
Sponsored by the Centers for Disease Control and Prevention's (CDC),
Division of Healthcare Quality Promotion (DHQP)*

Purpose: An influenza pandemic has the potential to cause more death and illness in the United States than any other public health threat and will likely be accompanied by a tremendous surge in demand for medical care and a shortage of available resources. Pandemic planning requires community consensus on the actions and priorities required to prepare for and respond to crisis. It is anticipated that local health care systems will play a critical role in responding to these needs and other unique situations.

The Centers for Disease Control and Prevention's (CDC) Division of Healthcare Quality Promotion (DHQP), in partnership with the Oak Ridge Institute for Science and Education (ORISE), has selected the communities of Champaign, Illinois and Winston-Salem, North Carolina to take part in a pilot *Workshop on Community Partnerships for Pandemic Influenza Planning*. This workshop will provide an opportunity for collaboration between community partners to identify strategies and plan for an influenza pandemic as it may impact to their local healthcare system.

Goals: Through facilitated activities, the workshop aims to assist communities in becoming better prepared for an influenza pandemic. The specific goals of the workshop are for communities to collaborate on:

1. Developing strategies to deliver healthcare to those at home, in the community, and up to and including the emergency room.
2. Identifying the issues and obstacles likely to occur during a healthcare system's response.



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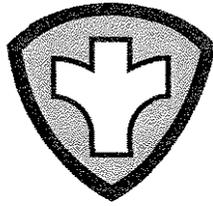
3. Identifying gaps in existing Pandemic Influenza Preparedness Plans.

Objectives:

1. Identify issues, gaps, and obstacles related to the community's existing pandemic influenza plans.
2. With the involvement of multiple healthcare delivery sectors, determine strategies to address the issues, gaps, and obstacles identified and alternatives that could also be generalized to other communities.
3. Develop a diagram that depicts a community's delivery of healthcare for pandemic influenza that could be used for application by other communities.
4. Develop an outline of the community's delivery of healthcare that will serve as the basis for a future narrative document explaining the methods, processes, opportunities, and challenges in the development of the community diagram.
5. Complete a narrative document explaining the methods, processes, opportunities, and challenges in the development of the community diagram after the workshop (exact timeframe to be negotiated with the communities).

CUPHD Update:

1. New Director of Finance, Andrea Wallace, will start work in early March. Andrea has been an auditor with *Martin, Hood, Friese* for the past six years. Before that she worked in Accounting and Finance at Mental Health Center of Champaign. She is very familiar with fund accounting. She is currently the Treasurer of Center for Women in Transition.
2. The Mental Health Center's Peer Ambassador Program is leasing space in the main building of CUPHD. They have been occupying the space since January.
3. CUPHD's facility at 710 N. Neil Street, Champaign sold in February 2008 for \$750,000. The property will be used for an antique store.
4. Agencies funded by the Mental Health Board are interested in leasing the East Wing of the Kenyon Road facility. They are members of Project Access.
5. CUPHD participated in an assessment by the IL Association of Boards of Health's Local Public Health Governance Performance Assessment. The results will be forthcoming. The reviewer did state that our website is one of the most comprehensive and organized sites that she has seen.



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6. CUPHD has met with the City of Champaign, Tom Berns (engineer), and MTD regarding the lack of access to our facility. The proposed short-term goal is to install a sidewalk from Neil street to the Kenyon Road facility. This will also include putting a cross-walk light on Neil at Kenyon, and bus shelters. CUPHD expects to spend approximately \$100K on this project. MTD will spend approximately \$10K, and the City of Champaign, it is hoped, will make up the additional \$50K of the cost of this project. The longer term solution also involves having a bus drive down Kenyon Road and drop-off at a shelter there. This bus would then continue on to Frances Nelson Health Center. MTD does not think it will be able to change its route until Fall 2008 at the earliest.
7. I attended a legislator's breakfast hosted by the IL Association of Public Health Administrators. I was very pleased to have both Rep. Jakobsson and Senator Frerichs attended.
8. CUPHD is featured on NACCHO's website for our use of the national identity logo. <http://www.naccho.org/advocacy/marketing/gallery.cfm>
Our extensive use of the logo will be featured in an upcoming article in *Public Health Dispatch*.

Upcoming events:

1. **April 8-10, 2008 Springfield Hilton Hotel**

The Illinois Public Health Association and the Association of Community Mental Health Authorities are pleased to invite you to attend this joint conference entitled ***Shaping the Future of Public Health: Connecting Mental and Physical Well Being*** on April 8-10, 2008 at the Springfield Hilton Hotel.

2. March 27, April 3rd, 10th & 17th at 9:00 PM. CUPHD is partnering with the IL Office of Minority Health, local groups and members of the faith-based community to host viewings and discussions of this series.

Unnatural Causes is a four-hour documentary series about UNNATURAL CAUSES sheds light on mounting evidence that demonstrates how work, wealth, neighborhood conditions and lack of access to power and resources can actually get under the skin and disrupt human biology as surely as germs and viruses. But



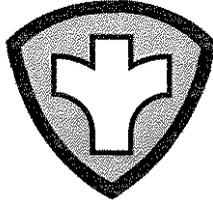
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it's not just the poor who are sick—so are the middle classes. At each descending rung of the socio-economic ladder, people tend to be sicker and die sooner. What's more, at every level, many communities of color are worse off than their white counterparts. Compelling personal stories—spanning the country—demonstrate how social conditions are as vital to our health as diet, smoking and exercise. As Harvard epidemiologist David Williams points out, investing in our schools, improving housing, integrating neighborhoods, better jobs and wages, giving people more control over their work, these are as much health strategies as smoking diet and exercise. And these are the stories that UNNATURAL CAUSES tells.

State Legislative Initiatives of Interest:

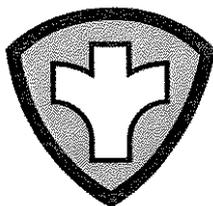
- HB 4129 Experimental Use Permits (sewage)
- HB 4249 Environmental Health Practitioner Licensing Act
- HB 4314 AIDS Reporting (repeals the requirements that LHD notify school principals if a child has HIV)
- HB 4407 IL Well Water Construction Code (permits for closed loop well systems)
- HB 4407 Structural Pest Control (reenactment of the Act that was accidentally repealed)
- HB 4477 Underage Tobacco Possession
- HB 4514 Lead Paint Hazards (assists residential property owners reduce lead paint hazards)
- HB 4572 Vital Records Act (changes fees)
- HB 4654 School based Centers (\$5M appropriation)
- HB 4655 Women's Health Act (Creates Women's Health Act)
- HB 4742 Covering ALL KIDS (requires doctors to provide ALL KIDS application to all patients.
- HB 5199 Rural Technology Zones (Creates the zone)



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- HB 5232 Department of Healthcare and Family Services (appropriation of \$80M to increase dental reimbursement rates)
- HB 5233 Appropriations for Public Service Dentists (appropriates \$250,000 for dental loan repayments)
- HB 5234 Appropriations for Healthcare and Family Services (appropriates \$2M for local health department dental clinics)
- HB 5242 Food Handling Registration (requires food pantries to register with LHD)
- SB 1903 Grade A Pasturized Milk and Milk Products Act (technical change)
- SB 1921 4-H Youth Development Educators (restores increases which were eliminated by veto)
- SB 2012 Department of Public Health Powers (Creates the Chronic Disease Prevention and Health Promotion Task Force)
- SB 2017 Environmental Protection Act (imposes an initial discharge fee of \$750 for construction site)
- SB 2056 State Finance and Human Service Finding (creates a cost-of-doing business fund)
- SB 2150 Medical Practice Act (allows for expedited partner therapy for STD treatment)
- SB 2235 Community-based Home Visiting Program (appropriation of \$10M to fund home visits for families of high-risk children)
- SB 2219 Department of Public Health (appropriation of \$2M for universal newborn hearing screening)
- SB 2307 Environmental Protection Act (allows LHD to aid in investigations, make recommendations, and initiate enforcement of community-based wastewater systems)



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- SB 2330 Dental Hygienist Regulations (charges Dept. of Financial and Professional Regulation with regulating dental hygienist practice)
- SB 2345 Department of Healthcare and Family Services (appropriation of \$80M for increasing provider reimbursements for dental services)
- SB 2346 Department of Public Health (appropriates \$250K for dental loan repayments)
- SB 2347 DHFS (appropriates \$2M for LHD dental clinics)
- SB 2348 Dental Services (amends the IL Public Aid Code to allow more dental services)
- SB 2537 Local Health Protection Grant (appropriates \$10M for local health protection grant increases)
- SB 2870 Dental Hygienists to Perform Certain Services (allows a variety of services to be performed without supervision of a dentist)

For more information on pending legislation: <http://www.ilga.gov/legislation/>

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Acting Public Health Administrator

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Mission Statement

The mission of the Champaign-Urbana Public Health District is to improve the health, safety and well-being of the community through prevention, education, collaboration, and regulation.

Vision Statement

CUPHD is a progressive and respected advocate for the health, safety, and well-being of our community.



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Proposal to Enhance Comprehensive Sexuality Education in Champaign County

BACKGROUND

The repercussions of unsafe sex clearly impact the youth in Champaign County as evidenced by the high rates of teen pregnancy and sexually transmitted diseases (STDs). Teenage pregnancy was identified as one of 16 issues affecting the health of the community in the Illinois Project for Local Assessment of Needs (IPLAN) which was conducted by the Champaign-Urbana Public Health District (CUPHD) in 2005. Furthermore, in 2005, nine percent of all births in Champaign County were to teenage mothers.

Champaign County's rates of STDs are also higher than the state. Champaign's rate of Chlamydia was 595 per 100,000 in 2006 (higher than the state rate), and much higher when Chicago is excluded. Champaign's rates for Gonorrhea in 2006 were 210 per 100,000; also much higher than the state excluding or including Chicago. Champaign County's rate of Syphilis in 2006 was equal to the state, but when Chicago was excluded, we exceeded the state rate of Syphilis.

Denying comprehensive sexual education to students in Champaign County ignores these devastating statistics. It will take a comprehensive approach to decrease the rates of teen pregnancies and STDs. While CUPHD does a great job providing STD screening, treatment, partner notification and surveillance, this is only one part of the solution. The best way to ensure that

youth have the knowledge and skills to make informed decisions about preventing sexually transmitted diseases and pregnancies is to ensure that all youth have access to medically-accurate comprehensive sexuality education. The best way to ensure that all youth have this information is to make it available through the schools.

CUPHD can assist with sexual health education services through their health educators, STD counselors and teen parent services case management staff. Currently schools can invite CUPHD to speak with their students about sexual health topics. For the most part, the schools ask CUPHD to discuss various age-appropriate topics. With 5-8th grade students the topics typically include STDs, contraceptives, reproduction, anatomy, healthy relationships and puberty. Thomasboro and Ludlow schools have utilized these services. Other schools in the County may not know of the services CUPHD offers. Most schools in Champaign County do not have updated, medically-accurate, comprehensive curriculum and student materials.

PROPOSAL

The schools need comprehensive, age-appropriate curriculums so their teachers have medically-accurate information and local resources to share with their students. CUPHD is recommending the *Family Life and Sexual Health (FLASH)* curriculum and the *Our Whole Lives (OWL)* curriculum. These curriculums has been adopted and widely used by school districts throughout the United States and Canada. More importantly, these curricula scored highest in

an in-depth look sex education curricula used in Illinois classrooms by the Illinois Campaign for Responsible Sex Education (See attached).

Both are easy-to-implement, evidence based, curricula for schools. The health educators from CUPHD's Division of Wellness and Health Promotion will be available to assist schools and teachers with the implementation of these programs.

CONCLUSION

Because of Champaign County's remarkably high rate of STDs and the need to decrease teenage pregnancies, it is important to offer comprehensive age-appropriate sex education to students, teachers, parents and the community. Although they ask for these materials, the health education teachers can not afford to purchase specific curricula and other educational materials needed. The Champaign County Department of Public Health can assist these cash-strapped schools by using their one-time infusion of funding from the Illinois Department of Public Health. For a relatively small investment, the County Board of Health could have a significant impact on two serious issues--sexually transmitted diseases and teen pregnancies.

Recommended Curricula 4-12, plus Special Education for Grades 7-12

F.L.A.S.H.: Family Life and Sexual Health Grades 4-12

Elizabeth Reis

Special Education for Grades 7-12

Jane Stangle

These six skills-based curricula are designed to provide information about human development and reproduction and to promote young people's respect for and appreciation of themselves, their families and others. The curricula cover such subjects as puberty, sexual health and hygiene, reproductive systems, pregnancy, contraception, abstinence, sexual orientation, HIV/AIDS, STDs, sexual exploitation and lifelong sexuality.

Cost 4-6: \$49.50 plus shipping

Cost 7-8: \$54.00 plus shipping

Cost 9-10 \$72.00 plus shipping

Cost 11-12 \$54.00 plus shipping

Cost Special Education 7-12: \$54.00 plus shipping

All prices are assuming we order at least 11 copies.

Recommended Curricula K-12

Our Whole Lives is a series of sexuality education curricula for five age groups: grades K-1, grades 4-6, grades 7-9, grades 10-12 and adults (*no actual curricula for grades 2-3, but material can be pulled from K-1 and 4-6*).

Our Whole Lives helps participants make informed and responsible decisions about their sexual health and behavior. It equips participants with accurate, age-appropriate information in six subject areas: human development, relationships, personal skills, sexual behavior, sexual health and society and culture.

Grounded in a holistic view of sexuality, *Our Whole Lives* provides not only facts about anatomy and human development, but helps participants to clarify their values, build interpersonal skills and understand the spiritual, emotional and social aspects of sexuality.

Our Whole Lives uses approaches that work. The curricula are based on the Guidelines for Comprehensive Sexuality Education produced by the National Guidelines Task Force, a group of leading health, education and sexuality professionals assembled by the Sexuality Information and Education Council of the United States (SIECUS).

The *Our Whole Lives* Values:

- Self Worth
- Sexual Health
- Responsibility
- Justice and Inclusively

Each level of *Our Whole Lives* offers:

- up-to-date information and honest, age-appropriate answers to all participants' questions
- activities to help participants clarify values and improve decision-making skills

- effective group-building to create a safe and supportive peer group
- education about sexual abuse, exploitation and harassment
- opportunities to critique media messages about gender and sexuality
- acceptance of diversity
- encouragement to act for justice
- a well designed, teacher-friendly leaders' guide
- parent orientation programs that affirm parents as the primary sexuality educators of their children

Our Whole Lives is appropriate for use in a variety of congregational, school and community settings, including classrooms, after-school programs and youth groups. Although developed by two religious organizations, *Our Whole Lives* contains no religious references or doctrine.

BUDGET

Curricula	\$6,700
FLASH and Our Whole Life Curricula for all schools in Champaign County (excluding those in Champaign-Urbana).	
<i>Elementary Schools: Total enrollment: 4,639</i> Braodmeadow, Eastlawn, Fisher, Gifford, Heritage, Lincoln Trail, Ludlow, Northview, Pleasant Acres, Prairieview-Ogden North and South, Sangamon, St. Joseph, Unity East and Unity West. (\$3,001.50)	
<i>Middle Schools: Total enrollment: 1,712</i> Heritage, JW Eater, Mahomet-Seymour, Prairieview-Ogden, St. Joseph, Unity. (\$1,525.50)	
<i>High Schools: Total enrollment: 3,024</i> Fisher, Heritage, Mahomet-Seymour, Rantoul, St. Joseph-Ogden, Unity. (\$1,957.50) +shipping & handling	
Training of Health Educators	\$1,200
Train-the-trainer for 2 health educators, who will serve as resources for the health education teachers,	
Training workshops for Teachers	\$1,200
Health Educators will provide training for all health teachers from each school. These will be broken down by student age groups (K-3; 4-6; 7-9; 10-12). Four trainings at \$300 each.	
Lending Library	\$3,200
Videos	\$1,000
Activity Kits	\$200
Demonstration Models & Materials	\$1,000
Books	\$1,000
Delivery	\$2,200
Postage and/or mileage for delivering lending library materials to schools.	
TOTAL	\$15,000

Illinois
Campaign for
Responsible **Sex Education**

Curriculum Content Review:

An in-depth look at sex education curricula in use in Illinois classrooms

A PARTNERSHIP BETWEEN



Planned Parenthood®
Chicago Area



Planned Parenthood®
Illinois Planned Parenthood Council

The Illinois Campaign for Responsible Sex Education is a statewide initiative to improve sex education in Illinois. The goal of the Campaign is to increase the number of youth who have access to comprehensive, age-appropriate sex education. The Campaign began through a formal partnership between the Illinois Caucus for Adolescent Health (ICAH), Planned Parenthood / Chicago Area (PP/CA), and the Illinois Planned Parenthood Council (IPPC) in February of 2004 with a public launch in March of 2005. The Campaign has an Advisory Board of 24 professionals and a growing network of organizations that have signed-on in support.

ICAH, the Campaign's fiscal sponsor and co-founder, was founded in 1977 and has a mission to promote a positive approach to adolescent sexual health and comprehensive support for young parents. Strategies to support the mission include development of young leaders, policy analysis and development, advocacy, and training of both youth and adults. ICAH believes that reproductive freedom must encompass the freedom to prevent pregnancy and disease through contraception and accurate information, the freedom to terminate a pregnancy, and the freedom to bring a pregnancy to term and parent. ICAH partners directly with youth, paying particular attention to marginalized youth populations, including immigrant youth, low-income youth, youth from communities of color, and Lesbian/Gay/Bisexual/Transgender/Questioning youth, to advance supportive policies and challenge discriminatory policies that undermine health, education, and quality of life.

PP/CA was incorporated as a locally governed health service affiliate of PPFA in 1947. PP/CA believes reproductive self-determination, with effective sex education and access to family planning and related services, is necessary to enhance the quality of life, preserve individual opportunity and serve the interests of the family. Based on this belief, PP/CA's mission is to provide effective reproductive health services, especially for those without adequate resources; provide education that ensures an understanding of sexuality and its implications for individuals, family and society; and advocate policies that guarantee reproductive self-determination and the services and resources necessary to it.

THE ILLINOIS CAMPAIGN FOR RESPONSIBLE SEX EDUCATION DOES NOT ENDORSE ANY CURRICULA. ALL STATEMENTS OF FACT AND EXPRESSIONS OF OPINION CONTAINED IN THIS REPORT ARE THE SOLE RESPONSIBILITY OF THE PANEL MEMBERS AND AUTHOR OR AUTHORS.

Campaign Manager – Jonathan Stacks
Project Manager – Jennifer Clary

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*Special thanks to our interns Lauren Lewandowski and Kadesha Thomas,
whose hard work and dedication made this possible.*



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sex education

sex ed • u • ca • tion

- contains a strong abstinence message in addition to age-appropriate, medically accurate information on basics of reproduction, human development (puberty), contraceptives and other barrier methods, HIV/AIDS, sexually transmitted infections (STIs), sexual orientation and gender, communication and behavior skills, information about access and/or condom availability, decision-making, values and responsibility, and self-esteem and body image.

Executive Summary

The health of Illinois youth depends on their ability to make healthy choices and access the services and information they need. A comprehensive approach to sex education promotes adolescent sexual health by emphasizing abstinence and offering age-appropriate, medically-accurate information on basics of reproduction, human development (puberty), contraceptives and other barrier methods, HIV/AIDS, sexually transmitted infections (STIs), sexual orientation and gender, communication and behavior skills, information about access and/or condom availability, decision-making, values and responsibility, and self-esteem and body image.

Research on best practices in sex education indicates that sex education taught within a comprehensive program is most effective at delaying initiation of sexual activity and giving participants the skills and knowledge to protect themselves from STIs and prevent unintended pregnancy. Comprehensive sex education programs disseminate information and reinforce skills, and also include activities that address self-esteem, sexual decision making and the benefits of abstinence. Programs that only teach abstinence have not been proven effective and do not address the needs of youth who are already sexually active or considering sexual activity.

This curricula review project is unique in that it looks at the actual topics covered and the standards the curricula adhere to, rather than focusing exclusively on student behavioral outcomes as prior reports have done. The Illinois Campaign for Responsible Sex Education initiated this project to fill that gap and to help educators select the best tools for their students. Twenty-one panelists—leaders of the faith community, students, MDs, educators and other prominent community members—meticulously studied the content of curricula currently used in the state. The criteria used comes from recommendations by national medical organizations and legislation considered in the Illinois General Assembly. The findings of the review indicate that a select few curricula do an excellent job addressing the range of topics covered in a comprehensive approach to sex education. Many are merely supplemental and must be combined with other curricula. Others do a disservice by omitting or inaccurately conveying critical information to fit a particular ideology rather than meeting the needs of youth.

Independent research (see appendices) found that 83% of Illinois voters agree that students in Illinois should have information about contraception and disease prevention, and that age-appropriate facts about pregnancy and STIs are an important part of all sex education programs. Ninety-two percent of sex education teachers want to take a comprehensive approach to teaching sex education, but two-thirds are not. The greatest influences over what teachers teach are the curriculum and resources available to them. This report is an attempt to add to the resources available to schools as they seek to implement comprehensive programs.

Implementing sexuality education programs that address the needs of all youth is a crucial responsibility for all communities. Illinois youth, parents and educators deserve more. They deserve the resources to implement programs that will arm young people with the knowledge and skills needed to protect their sexual health and, in turn, their future.

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What is age-appropriate?

Age-appropriate has a unique, subjective meaning for each community and classroom. Still, it is an important standard to consider when deciding the best way to disseminate information. Our expert panel concluded that information about sex is appropriate based on any number of factors, including but not limited to age. For the purposes of this curricula review project, a curriculum is deemed age-appropriate if it:

- o Contains information, skills and knowledge that are relevant and understandable for the intended audience.
- o Addresses issues in sync with the intended audience's current experience while also helping to prepare for future decisions.
- o Discusses issues with the language, breadth and depth necessary to effectively convey information and build on previous knowledge.
- o Is compatible with the values and behavior trends of the intended audience's community.

Approaches to Teaching Abstinence

Stressing the value of abstinence is a commonality of all sex education programs. However, different approaches and perspectives inform the content of abstinence discussions. Research shows that teaching abstinence within a comprehensive program and not as a “stand alone” is most effective at delaying sexual activity and preventing unintended pregnancies and sexually transmitted infections (STIs).

Abstinence-Only

Teaches that any sexual activity before marriage is premature without building critical thinking skills among students.

Example:

“...there are emotional, social and physical reasons why sex belongs in marriage.... So if you’re mature enough for marriage, get married and you’re ready for its physical expression.”

Sex Respect, pg 15

Comprehensive

Teaches that the decision to have sex should not be rushed into. One should consider the decision against personal values and discuss pregnancy or STI prevention methods. Builds critical thinking skills.

Example:

Sexual decision scenario: *“...Tasha tells Seth that her parents are out of town and invites him to come over and watch a movie. What should Seth decide about Tasha’s invitation?”* Students then list solutions, consequences of each solution and which solutions are consistent with Seth’s personal values.

Health Smart (teacher guide), pg 48

Promotes abstinence by inaccurately focusing on risks and failure rates of contraception.

Example:

...the chemical forms of birth control damage the inside of a young girl’s body in ways that can affect her fertility later on, too.

Sex Respect, pg 42 – accompanied by a letter from a 15-year-old girl entitled, “Birth Control Insulted Me.”

Promotes abstinence as the best option while providing information on additional methods to prevent pregnancy and STIs that participants can use when they engage in sexual activity later in life.

Example:

Abstinence is a method without cost, medical side effects, or physical risks.... A person who has had sexual intercourse in the past may decide to abstain at any time in a relationship.

OWL 10-12, pg 74

A.C. Green’s Game Plan offers a two-page section on everything condoms DO NOT do, designed to illustrate that “safe sex” isn’t “safe”.

Latex condoms help to protect against sexually transmitted infections, including HIV.... In order to be effective, condoms must be used every time a person has vaginal, anal, or oral sex and must be used correctly.

Healthy Sexuality, pg 57

Employs an ideological bias to exclusively promote adoption as the best option, even in cases of rape.

Example:

“My biological mom, wherever she is, lived through some very difficult things—being raped, discovering she was pregnant, carrying her baby to term and then placing her baby with another family to love and to raise. It wasn’t easy—but it was a loving thing to do. My hope is that any girl who happens to find herself pregnant, whatever the circumstances, will carefully think about her decision and the benefits of adoption.”

Navigator, pg 38

Explores all options for pregnant youth including parenting, adoption and abortion, encouraging participants to explore personal, familial, and cultural values instead of promoting only one.

Example:

Today you will each have a chance to examine your own values about abortion, adoption and parenthood. You will also practice trying to explain why someone might believe differently from you...[It] is intended to make you think about your own beliefs and really try to understand other people’s. It is not intended to change anyone’s opinion or to impose any one person’s opinion on others.

FLASH 11/12 lesson 11, pg 3

Background

Sexuality education that addresses the needs of all youth, both abstinent and sexually active, is a crucial responsibility for all communities. This belief is the foundation of the Illinois Campaign for Responsible Sex Education, a statewide initiative of the Illinois Caucus for Adolescent Health (ICAH), Planned Parenthood/Chicago Area (PP/CA) and Illinois Planned Parenthood Council (IPPC). Launched in February 2004, The Campaign boasts an Advisory Board of 24 experts in the field and a growing network of over 100 supporting organizations. The Campaign's goal is to increase the number of youth who have access to comprehensive, age-appropriate sex education by:

1. Securing funding to support schools to implement responsible sex education programs
2. Helping communities create and pass positive sex education school board policies
3. Improving school and teacher practice on sex education

Evidence shows that Illinois youth are at considerable risk for unplanned pregnancy and sexually transmitted infections (STIs). Comprehensive sex education, which contains a strong abstinence message, medically accurate information on human reproductive systems and physiology, contraception, HIV/AIDS, sexually transmitted infections, as well as non-judgmental information about sexual orientation, marriage, and pregnancy and parenting options, has been proven effective at delaying initiation of sexual activity and preventing unintended pregnancy and STIs.

The Campaign commissioned two research studies—a survey of sex education teacher practices, beliefs, and attitudes conducted by the National Opinion Research Center at the University of Chicago (NORC), and a study gauging Illinois citizen attitudes on sex education from Lake, Snell, Perry and Associates—to deepen common understandings of sex education practice and opinions in Illinois and to help inform policy development and intervention. Both studies concluded that Illinois educators and voters overwhelmingly support a comprehensive approach to sex education, but lack of resources (i.e. funding and curricula content) continues to be an obstacle to implementation in schools.

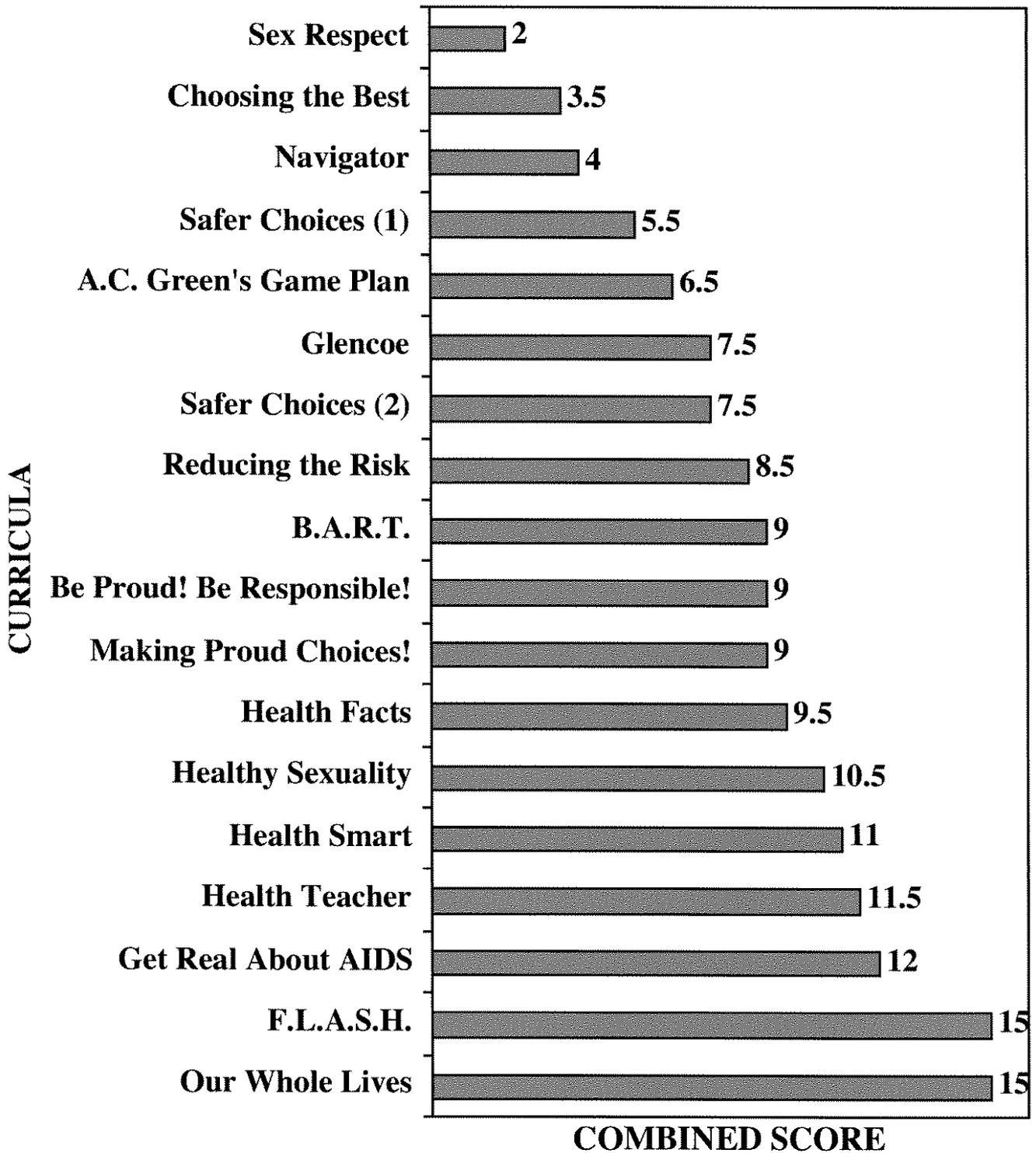
The Campaign seeks to support teachers' and parents' desire for a comprehensive approach to sex education and assist with finding available resources.

Curricula Review Process

The Campaign initiated a curricula review project to get a deeper understanding of sex education in Illinois. A panel of 21 experts throughout the state reviewed 17 curricula currently in use in Illinois. The panel was divided into cohorts and each cohort was assigned a set of three to four curricula. Each curriculum was thoroughly reviewed within the cohorts and evaluated against a written tool based on the requirements in the Responsible Sex Education Program Act. Following the completion of the written evaluations, each cohort convened to discuss their findings.

The curricula were then graded based on how well they met the standards and components where the highest possible score was a 15/15. Each of the seven standards were worth one point. For the eight components, those that were discussed thoroughly were worth one point, those with limited discussion were worth a half point, those that were not discussed were worth zero points, and those that were discussed inaccurately were worth negative one point. The scores were used to create a spectrum of curricula, represented in the following pages from most comprehensive, or highest scoring, to least comprehensive, or lowest scoring.

Curricula Scores



0 = Lowest Possible Score 15 = Highest Possible Score

Standards of Sex Education

This table illustrates how well the reviewed curricula met the standards for sex education

	<i>Get Real about AIDS 9-12</i>	<i>Get Real about AIDS 6-9</i>	<i>Our Whole Lives 10-12</i>	<i>Our Whole Lives 7-9</i>	<i>Choosing the Best</i>	<i>ELASH 11/12</i>	<i>ELASH 9/10</i>	<i>ELASH 7/8</i>
Standard A: Age-appropriate.	●	●	●	●		●	●	●
Standard B: Medically accurate.	●	●	●	●		●	●	●
Standard C: Does not teach or promote religion.	●	●	●	●	●	●	●	●
Standard D: Stresses the value of abstinence while not ignoring those adolescents who have had or who are having sexual intercourse.	●	●	●	●		●	●	●
Standard E: Encourages family communication about sexuality among parents, other adult household members and children.	●	●	●	●		●	●	●
Standard F: Develops knowledge and skills necessary to ensure and protect young people with respect to their sexual and reproductive health.		●	●	●		●	●	●
Standard G: Develops healthy attitudes concerning growth and development, body image, gender roles, sexual orientation, etc.			●	●		●	●	

	Health Teacher	Sex Respect	Health Smart	B.A.R.T.	Navigator	Be Proud! Be Responsible!	Making Proud Choices!	Reducing the Risk	Healthy Sexuality	Glencoe Health	Health Facts	Safer Choices Level 1	Safer Choices Level 2	Game Plan
	●	●	●		●	●	●	●	●	●	●	●		
	●		●	●		●	●	●		●	●	●	●	
	●		●	●		●	●	●	●	●	●	●	●	
	●		●			●		●	●		●	●	●	
	●	●	●	●				●					●	●
			●				●	●	●		●	●	●	
			●						●	●				

Components of Sex Education

This table illustrates how well the reviewed curricula met the components of sex education

	Discussion Thorough	Discussion
1. Teaches that abstinence is the only sure way to avoid pregnancy or sexually transmitted diseases.	Be Proud! Be Responsible! Choosing the Best F.L.A.S.H. Game Plan Get Real About AIDS Glencoe Health Facts Health Smart	Health Teacher Healthy Sexuality Navigator Our Whole Lived Reducing the Risk Safer Choices Sex Respect
2. Teaches skills to make responsible decisions about sexuality, including how to avoid unwanted verbal, physical, and sexual advances.	B.A.R.T. F.L.A.S.H. Get Real About AIDS (6-9) Health Teacher	Choosing the Best Game Plan Get Real About AIDS (9-12) Health Smart Healthy Sexuality Making Proud Choices!
3. Teaches how alcohol and drug use can affect responsible decision making.	B.A.R.T. Be Proud! Be Responsible! F.L.A.S.H. Get Real About AIDS (6-9) Glencoe Navigator	Our Whole Lives (10-12) Sex Respect Game Plan Get Real About AIDS (9-12) Glencoe Health Facts Health Teacher
4. Helps young people to gain knowledge about the physical, biological and hormonal changes of adolescence and subsequent stages of human maturation.	F.L.A.S.H. Glencoe Health Facts Health Teacher Healthy Sexuality Making Proud Choices! Our Whole Lives	Game Plan Sex Respect
5. Provides information about the health benefits, side effects, and proper use of all contraceptives and effectiveness, as a means to prevent pregnancy, HIV/AIDS, and other diseases.	F.L.A.S.H. Game Plan Health Facts Healthy Sexuality Our Whole Lives Reducing the Risk	B.A.R.T. Be Proud! Be Responsible! Health Smart Health Teacher Get Real About AIDS Making Proud Choices!
6. Assists young people in gaining knowledge about the specific involvement and responsibility of both males and females in sexual decision making.	Be Proud! Be Responsible! Get Real About AIDS (9-12) F.L.A.S.H. Health Smart Healthy Sexuality Our Whole Lives	Choosing the Best Game Plan Get Real About AIDS (6-9) Health Teacher Making Proud Choices!
7. Encourages young people to practice healthy life skills, including goal setting, decision making, negotiation, communication, and stress management.	B.A.R.T. F.L.A.S.H. Game Plan Get Real About AIDS Health Teacher Healthy Sexuality	Making Proud Choices! Navigator Our Whole Lives Reducing the Risk Be Proud! Be Responsible! Choosing the Best Health Smart

Limited	Discussion Inaccurate	Does Not Discuss
Navigator Reducing the Risk Safer Choices		Health Facts Be Proud! Be Responsible! Sex Respect
Making Proud Choices! Safer Choices Level 2		Choosing the Best Health Smart Healthy Sexuality Our Whole Lives (7-9) Reducing the Risk Safer Choices Level 1
		B.A.R.T. Be Proud! Be Responsible! Choosing the Best Get Real About AIDS Health Smart Navigator Reducing the Risk Safer Choices
	Choosing the Best Navigator Safer Choices Sex Respect	Glencoe
Navigator Reducing the Risk	Sex Respect	B.A.R.T. Glencoe Health Facts Safer Choices
	Sex Respect	Glencoe Health Facts Safer Choices

F.L.A.S.H. - Family Life and Sexual Health

Score: 15/15

Publisher: Seattle-King County Department of Public Health, Family Planning Program

www.metrokc.gov/health/famplan/flash

Grades: 7-8, 9-10, 11-12

In this curriculum, the lessons for each grade level build on those of the previous grade level. Each session begins with very specific, measurable learning objectives (i.e., List at least two effective ways to reduce STIs). For grades 7-8 and 9-10, class discussions, readings, worksheet activities and knowledge games are used to disseminate information. The homework exercises and family activities were described as “excellent”. Each lesson also contains optional family homework assignments. This curriculum was found to do a particularly excellent job of discussing adolescent growth and development, and also includes brief, factual discussion of masturbation. For the 11-12 grade level, lessons use critical thinking exercises, objective questions and videos to disseminate information and assess attitudes and beliefs. This level includes more discussion of subjective, controversial issues (such as gender roles, sexual orientation and pregnancy options). It also explores the social justice aspect of these topics including equitable treatment and stereotyping. The lessons for each grade level abbreviate discussion on biology as grade levels advance. Abstinence and communication are strongly emphasized throughout.

This curriculum may be best applied in a community where access to health care resources and service are readily available and parents express strong approval and participation in adolescent education. Some of the activities exploring attitudes and beliefs do not acknowledge the impact of ethnicity or culture. Teachers in settings with predominantly non-white participants may need to adjust the discussion accordingly. Training or previous experience teaching sex education is highly recommended. The publisher offers training for individual school districts or educators.

Our Whole Lives - Sexuality Education

Score: 15/15

Publisher: Unitarian Universalist Association, United Church Board for Homeland Ministries

Grades: 7-9, 10-12

This curriculum thoroughly delves into the physical, social and emotional aspects of sexuality, while grounding the information in the science of reproductive biology. It heavily depends on interactive exercises to explore participants' attitudes, beliefs and levels of knowledge. Though the curriculum provides detailed information to prepare educators and group leaders for each session, a formal training session before beginning the program is strongly recommended. It is flexible enough to be implemented according to the informational needs of the participants, though the lessons are designed to be completed sequentially. This curriculum does explore controversial topics, including sexual fantasy and masturbation, and an orientation for parents to become familiar with the goals and rationale for the program is strongly encouraged and included with the curriculum. This curriculum was found to do a particularly good job of discussing healthy, non-judgemental attitudes about sexuality towards self and others, but was lacking in discussion of the influence of drugs and alcohol on sexual decision making at the 7-9 grade level. This curriculum can be used in a school or community organization setting with groups as large as 25 students. It is adaptable for groups with a variety of cultural backgrounds, sexual identities and experience levels.

Get Real About AIDS

Score: 12/15 and 13/15

Publisher: Comprehensive Health Education Foundation

Grades: 6-9, 9-12

This curriculum focuses primarily on HIV/AIDS. It contains a very detailed description of the immune system and HIV. Students are asked to do projects such as visit an HIV/AIDS resource center or write persuasive or expository essays on issues around HIV/AIDS and how they affect people living with the virus. This curriculum also thoroughly discusses social justice issues around HIV/AIDS, such as access to treatment and discrimination. Panelists felt that this curriculum assumes that participants are not engaging in sexual intercourse and is lacking in discussion of pregnancy prevention, body image, gender roles, sexual orientation and reproductive biology.

Included in this curriculum is detailed instructions for teachers. In-depth exercises, such as role-plays and dialogue analysis, are used to build refusal skills. This curriculum would be most appropriate for students who have had previous education in reproductive biology and sexuality. Parental involvement is strongly encouraged and integrated into the curriculum. It also includes videos, objective tests (called Student Measures), and written vocabulary drills to disseminate information and evaluate students' progress.

Health Teacher (www.healthteacher.com)
Teaching Health Concepts and Skills
Score: 11.5/15

Publisher: Relegent LLC
Grades: Middle school and high school

Health Teacher is an online general health curriculum that covers Family Health and Sexuality and Mental and Emotional Health as two of its content areas. It offers lessons for middle school and high school students as well as K-6 students. The middle school lessons focus on puberty, abstinence, STIs and developing solid interpersonal communication skills. The high school lessons focus on developing communication and decision-making skills, and preventing pregnancy and STIs. This curriculum is limited in its discussion of body image, gender roles and sexual orientation. While it does an excellent job of discussing methods to prevent pregnancy, it does not discuss abortion. Supplementary materials would be necessary to cover these areas.

Story and dialogue analysis and reflection activities (similar to case studies) are heavily used to reinforce skill-building at both middle school and high school levels. Small group exercises, research activities and class discussions are used to give information and allow students to share their thoughts and feelings. Though designed for a classroom setting, this curriculum is versatile enough to be used in community settings as well. It can be used with participants in varying risk levels, ethnic backgrounds, and knowledge levels. Activities are appropriate for those in urban, suburban or rural areas.

Health Smart – HIV, STD and Pregnancy Prevention
Score: 11/15

Publisher: ETR Associates
Grades: 6-8

The Health Smart curriculum builds on a previous Health Smart program for elementary school, which discusses reproductive biology, puberty and abstinence. The goal of this curriculum is to give students a solid understanding of sexual relationships, decision-making skills and an articulated set of values regarding sexuality. It thoroughly explores sexual decision-making and relating to peers on sexual issues such as sexual orientation, romantic relationships and negotiating protection. While this curriculum is focused on preventing pregnancy and STIs, it offers limited information about contraception. It thoroughly covers condoms as a method of protection, including how to use them and where to get them, but does not mention other forms of contraception. However, other methods are thoroughly outlined in the Health Facts Reference books.

This curriculum is flexible enough in content and language to be used in a variety of settings: high risk or low risk, high or low literacy, culturally diverse. Lessons are reinforced with reflective questions and introspective-thinking exercises. A section is dedicated to parents who want to follow along with this curriculum. It also offers activities and talking points for parents to initiate discussions about sex.

Healthy Sexuality
Score: 10.5/15

Publisher: Planned Parenthood / Chicago Area
Grades: Middle school and high school

This curriculum uses a variety of activities to keep participants engaged and meet the needs of multiple learning styles. It provides talking points and questions to prompt discussion and encourage exploration of personal values. This curriculum was found to be very effective at emphasizing abstinence, including what it means to be abstinent and strategies to remain abstinent. It also offers in-depth

coverage of contraceptives and barrier methods, including rates of effectiveness, advantages and disadvantages, and how and where to get them. This curriculum was found to be lacking in discussion of the impact of drug and alcohol use on sexual decision-making.

This curriculum was generally quite strong, but would benefit from updating its information on circumcision and HIV/AIDS to reflect the most current available data.

***Health Facts: HIV and STD Prevention
Reproductive Health and Pregnancy Prevention***
Score: 9.5/15

Publisher: ETR Associates
Grades: High school

This curriculum is intended to accompany the Health Smart curriculum. The books were designed to serve as additions to a school health library or for reference in a school nurse's office. The content of this curriculum delves deeply into intricate facts about STI and pregnancy prevention, and would be most appropriate for an audience with a high literacy level and a solid foundation of pregnancy and STI information. Reproductive Health and Pregnancy Prevention offers a thorough discussion of contraceptive methods and would be most useful in a class that focused specifically on sexual health, especially STI and pregnancy prevention, rather than a general health class where sexuality is one among many topics. While this curriculum offers very detailed information, it contains no discussion prompts, skill-building activities or exploration of attitudes and beliefs. It also does not discuss surgical abortion.

B.A.R.T. - Becoming a Responsible Teen
Score: 9/15

Publisher: ETR Associates
Grades: 9-12

This curriculum focuses solely on HIV prevention by offering facts on HIV transmission and stressing condom use and safe sex negotiation skills. The emphasis on abstinence as the best way to avoid unwanted pregnancy or contraction of STIs was found to be inadequate. Games and role-play activities are heavily used to reinforce knowledge and communication/negotiation skills. It also includes two videos and a graduation ceremony at the end of the eight sessions.

This curriculum was originally designed for implementation in a community organization setting for African American youth, ages 14-18. However, the content is applicable for any heterosexual audience already engaging in sexual activity or considering having sexual relationships.

Be Proud! Be Responsible!
Score: 9/15

Publisher: Select Media, Inc.
Grades: High school (ages 13-18)

This curriculum focuses solely on HIV and condom use. Informational videos and illustrations from pop culture (music videos, song lyrics, etc) are used as discussion starters. Role-plays are heavily relied upon to build condom negotiation skills and address myths about the severity or possibility of contracting HIV through risky behavior. This curriculum was found to do a particularly good job of emphasizing the responsibilities involved with sexual activity while still portraying sex as a positive and natural act, including a discussion about how to make condoms fun and pleasurable.

This curriculum would be best used in communities where students are likely already engaging in sexual activity or facing pressure to do so, or in a school or community setting with small groups of no more than 12 participants.

Making Proud Choices!

Score: 9/15

Publisher: Select Media, Inc.

Grades: 6-8

This curriculum was designed for a school or community setting and assumes that participants are already sexually active or experiencing pressure to have sex. Each lesson consists of several 10-30 minute activities such as small group discussions, role-plays, brainstorming session and games. Several of the activities also include viewing and discussing video clips. Teachers are given very explicit talking points to disseminate information. It goes into great detail about contraception and condom use, more so than some may find appropriate for the intended grades (i.e., How to Make Condoms Fun, Birth Control Methods Demonstration, etc.), and heavily emphasizes condom use, negotiation skills and distinguishing myths from facts about STIs and pregnancy.

This curriculum was found inadequate at stressing the value of abstinence. While it does thoroughly cover dealing with pressure to have sex, it scantily discusses the benefits of abstaining from sex. It is also lacking in discussion of self-esteem, body image and other psychosocial aspects of sexuality.

Reducing the Risk (4th Edition) -

Building Skills to Prevent Pregnancy, STD and HIV

Score: 8.5/15

Publisher: ETR Associates

Grades: 9-12

This curriculum was found to do a particularly good job of reinforcing abstinence, even while exploring options for contraception and STI prevention. It is very dependent on a solid, experienced facilitator. This curriculum heavily uses role-plays, most of which attempt to be gender neutral, as skill-building exercises, where students are asked to either re-enact or analyze a dialogue. Participants who do not favorably respond to role-play activities will need to find other skill-building activities. Behavioral risk assessment is done with group activities and introspective-thinking exercises. Discussions and short lectures, guided by clear talking points, are used to give information. Each session begins with a quick review of the previous session, although the sessions can be conducted out of sequence. It is flexible enough to participants of varying cultural backgrounds and sexual orientations. It can also be applied in high or low-risk groups.

This curriculum does not discuss how drugs and alcohol may affect decision making. While it offers thorough discussion of refusing sexual advances, it does not discuss how to not pressure someone for sex or make sexual advances. It also does not delve into psychosocial aspects of sexuality, such as self-esteem, media images and gender identity.

Glencoe Health

Score: 7.5/15

Publisher: McGraw Hill Inc.

Grades: 9-12

This curriculum is a general health textbook with several chapters dedicated to topics related to sexuality such as Family Relationships and Skills for Healthy Relationships. There is a very thorough lesson on healthy pregnancy, fetal development and childhood. This curriculum was found to be limited in accommodating different learning styles. It does not utilize skill-based activities and relies heavily on text, elaborate illustrations and graphics to give information, with some reflective questions sprinkled throughout the text. At the end of each lesson there are information recaps and critical thinking exercises and/or activities to apply what was learned. These activities are a marginal and not a central part of the curriculum.

This curriculum teaches abstinence as the only prevention method. The only other discussion of prevention methods is a brief description of how barrier methods are not 100% effective. It does not discuss self-esteem, sexual orientation, or gender roles. Adoption is the only parenting option discussed briefly in the Marriage and Parenting lesson for married couples wishing to start a family. It does not offer opportunities for parental or family discussions. Discussions assume that all participants are considering heterosexual marriage. It is most appropriate for teens who are not sexually active or considering sexual activity.

Safer Choices
Score: 5.5/15 and 7.5/15

Publisher: ETR Associates
Grades: Level one (9-10), Level two (11-12)

This curriculum is designed for participants who have already had basic sexuality education in the biology of human growth and development; therefore, these topics are not included. It does include a thorough discussion on sexual decision-making, including brainstorming sessions about influences on sexual behavior. Group activities (such as discussions, creating posters and completing worksheets) are a main strategy used to disseminate information. The curriculum uses gender-neutral terms and pronouns, making it accessible to audiences of varying sexual orientations, and parental involvement is an integral piece. Maintaining abstinence and practicing refusal skills are reinforced through dialogue analysis and role-plays. A manual is offered as part of the curriculum to prepare peer leaders who are then used as models during role-plays and discussion facilitators.

Panelists expressed concern that this curriculum took a sex-negative approach and that its information on contraceptives was significantly out of date.

A.C. Green's Game Plan
Score: 6.5/15

Publisher: Project Reality
Grades: 7-9

This curriculum focuses exclusively on promoting abstinence until marriage. It does a good job of discussing media messages about sex. It only discusses the potential negative emotional effects of sexual activity. The curriculum relies on a question and answer format to give information, by completing worksheets or participating group discussions and brainstorming sessions. Sexually active adolescents or teens considering sexual activity are offered no skills or information about preventing pregnancy or STIs. The curriculum uses a sports theme throughout, which may be lost on some participants.

Condoms are discussed in such a way as to deter use rather than encouraging it when sexual activity is initiated by stating that the spread of STIs has increased with increased condom usage, thereby making an unfounded correlation. The discussion of STIs is misleading in stating that HPV is incurable. It is true that it cannot be cured, but in the majority of cases it has been found to spontaneously clear, and thus one does not always have it for the rest of their lives. Generally, facts and statistics were found to be dated and may need to be replaced with more current data.

This curriculum does not meet the needs of youth who are raped or are already sexually active, or lesbian/gay/bisexual/transgender youth. Because its focus is limited to abstinence, this curriculum is most appropriate for students who do not need information about sexual activity. Because of the heavy use of abstract and critical thinking exercises, it was found to be most appropriate for an older audience with a high literacy level and advanced cognitive abilities. It is adaptable for culturally diverse audiences in urban, rural or suburban communities.

***Project Reality's Navigator:
Finding Your Way to a Healthy Successful Future***
Score: 4/15

Publisher: Project Reality
Grades: 9-12

This curriculum does an excellent job of using critical thinking exercises to prompt self-reflection and instill decision-making and goal-setting skills, but geared only towards one outcome. Moreover, it unevenly emphasizes the negative emotional, psychological and health consequences of sexual activity. Anecdotal stories and factual information all focus on the negative aspects of sexual experiences, which may create confusion for participants who have had positive experiences. The only discussion of contraception or STI prevention methods focuses on failure rates, discouraging use of contraceptive methods when participants become sexually active. It emphasizes adoption as the best way to handle unplanned pregnancy even in cases of rape. It does not explore the negative consequences of adoption the way it explores those of parenting and abortion. This curriculum was found to approach sexual activity outside of marriage in a negative, judgmental manner, which could be offensive or harmful to participants who are sexually active. Also, it was found to inadequately accommodate the needs of culturally diverse audiences, particularly Latino or African American participants.

Choosing the Best
Score: 3.5/15

Publisher: Choosing the Best Publishing, LLC
Grades: High school

This curriculum focuses exclusively on abstinence until heterosexual marriage. Rather than exploring the benefits of abstinence in a positive way, it contains dated and inaccurate information about STIs that is intended to scare participants into abstinence. There is no discussion of contraception and how to prevent pregnancy or STIs other than condoms, and the discussion of condoms is limited to failure rates. This curriculum was found to be harmfully negative and judgmental and lacking in real-life situations and how to deal with them.

This curriculum did little to prompt thoughtful discussion and was found to be inadequate in accommodating the needs of audiences diverse in culture or sexual orientation, or those who are already sexually active.

Sex Respect - The Option of True Sexual Freedom
Score: 2/15

Publisher: Respect Incorporated, LLC
Grades: 7-12

This curriculum focuses exclusively on heterosexual relationships and maintaining abstinence until marriage. It contains no discussion of pregnancy and STI prevention methods. It was found to approach sexual activity outside of marriage in a negative, judgmental manner, which could be offensive or harmful for participants who are sexually active or will become sexually active later in life.

This curriculum relies heavily on anecdotes, hypothetical dialogues and reflective questions to prompt discussion and reinforce learning objectives. Optional videos, branded paraphernalia, and other workbooks are also available as part of the curriculum. It was designed for implementation in either a classroom or community-organization setting, and was found to be inadequate in accommodating the needs of a culturally diverse audience. It is most appropriate for participants who have not initiated sexual activity.

Panel Members

Carrie Neff Andrews, MS, CHES – Director of Health Education and Promotion, Knox County Health Dept., Galesburg IL
Andrews started her career in health education in 1997 after becoming a Certified Health Education Specialist and completing her Bachelor's degree in Community Health Education at Western Illinois University. Andrews decided to be a part of ICAH's curricula review project because she believes the school setting is the most efficient, and sometimes the only, place to give unbiased information about sex. She has held her current post since 2002 and was previously the HIV/AIDS Health Educator for the Peoria City/County Health Department. There she conducted HIV testing and counseling and lectured on HIV prevention to a wide range of audiences from student to senior to incarcerated populations.

Sean Black - Communications Coordinator for the Illinois Coalition Against Sexual Assault, Springfield IL
Black brings to the panel an expertise in communicating health information to the consumer audiences through print, broadcast and online media. In his current role, Black oversees production of public relations materials, edits and designs publications and helps facilitate media coverage for ICASA and its 34 member centers. He has overseen the production of ICASA's Your Voice, Your View media contest. He was also instrumental in the development of Inside the Classroom, a sexual assault prevention education curriculum kit used by Illinois rape crisis centers in schools and other community organizations. Black became involved in this project because he believes in providing quality, reality-based education programs to teenagers.

Kevin Brown – Senior, Jones High School, Chicago IL
Brown is a member of ICAH's citywide youth group, which advocates for comprehensive sex ed in all Chicago Public Schools, and participated in Lobby Day in April 2006 in support of SB 2267. His experience taking sex education in grades 6-9 lead him to see how much improvement is needed in some curricula. Brown's future academic and career goals include advocating for sexuality education based on empowerment, responsibility and, most importantly, uncensored, factual information.

Reverend Walter B. Carlson – Minister at Melrose Chapel United Methodist Church, Quincy IL
Rev. Carlson has been a full-time United Methodist minister for 31 years, beginning with six years as an associate youth pastor. He received his graduate degree in divinity from Vanderbilt University in 1975 after studying speech as an undergraduate at Illinois Wesleyan University. Rev. Carlson is the chair and a founding member of the Clergy Committee of Planned Parenthood of Decatur, Illinois and has served as a board member of Planned Parenthood of Bloomington, Illinois. Currently, he sits on the Board of Religious Coalition for Reproductive Choice in Illinois and the Family Planning Board of Quincy, Illinois. In 2000, he was honored with the Volunteer of the Year Award from Planned Parenthood-Springfield Area and in 2003 he received the Cramer-Heurman Award for social justice ministries, predominantly in recognition for his work as an advocate for women's health.

Maurice S. Chapman – Program Administrator, Hektoen Institute-Cook County Westside Health Center, Chicago IL
Chapman has a wealth of experience and knowledge in social services, counseling and program at both international and community-based HIV/AIDS organizations. In addition to his current post, Chapman is pursuing a Master of Social Service Administration at the University of Chicago. He has previously worked at the Chicago Department of Public Health, The AIDS Foundation of Chicago and served as Co-chair of the Westside HIV/AIDS Regional Planning Council (WHARP). Chapman is an ordained deacon at Trinity United Church of Christ and served as Co-chair of its HIV/AIDS support ministry. He has been a recipient of the Sherry L. Luck Humanitarian Award from the Southside HIV/AIDS Resource Providers and the AIDS Legal Council of Chicago's Advocate of the Year Award.

Tiffany Chiang – Grant Writer, Alternatives, Inc., Chicago IL
Chiang has worked with youth in after-school and community service organizations for the past five years. In addition to conducting research and writing grants to gain support for Alternatives, Inc.—a family and youth service organization, she serves as a board member for the Girl's Best Friend Foundation. She decided to participate in the curricula review project due to her belief in the benefits of having medically accurate sex education in schools. Chiang recently completed a Master of Science in Community Economic Development at New Hampshire University.

Terry Christensen – Health Chairman, Illinois Parent Teacher Association (PTA), Springfield IL

In addition to her current post with the PTA, Christensen drew on her experience as a mother of three teenage boys and as a registered nurse for over 20 years to contribute to the curricula review project. Everyday she observes the need for youth to have accurate, unfiltered health information. As the PTA's health chair she helps advocate for legislation that promotes adolescent health and educates parents, teachers, and students on adolescent health issues through public speaking engagements, workshops and the PTA bulletin.

Sara L. Cole, Ph.D., CHES – Assistant Professor of Health Education, Illinois State University, Normal IL

Dr. Cole has been a health educator and researcher at several posts throughout the Midwest. She completed her doctorate in Health Behavior and Human Sexuality at Indiana University after earning her Master's degree in Health Promotion and Program Management at Central Michigan University. Dr. Cole is currently on the Board of Trustees of the Society for Public Health Education (SOPHE) and is the National Delegate for the Illinois Chapter of SOPHE. She is also a member of the American Public Health Association and the Cornbelt Health Educators Association. Dr. Cole has published articles in various professional journals, including the *Journal of Sex Research*. She has also given numerous presentations at national and international professional conferences. Dr. Cole's belief that young people have a right to medically and scientifically accurate information led her to participate in the curricula review project.

Sarah C. (Sally) Conklin, Ph.D. – Professor of Health and Sexuality Education, Northern Illinois University, DeKalb IL

Dr. Conklin brings over 30 years of experience in sexuality education to the panel and has held her current post, preparing students to be health educators, for six years. Before coming to Illinois, she taught at the University of Wyoming. Her tenure began as a middle and high school teacher in Minnesota, where for 10 years she taught sexuality education and disease prevention to 7th, 8th and 9th grade students. Dr. Conklin has been published in numerous refereed publications, most recently an article on sexuality education in theological schools in the *International Encyclopedia of Sexuality*. She has recently served as a health education reviewer for NCATE and on the Northern Illinois University committee on Initial Teacher Certification. Her expertise has been used to develop sexuality education materials for curricula including *Human Sexuality, 8th edition* published by McGraw Hill and *Exploring the Dimensions of Human Sexuality* published by Jones and Bartlett. Her personal experience as a sexuality education teacher spurred her desire to participate in this project and advocate for full support of future health and sexuality education.

Miranda Elliot – 2006 Graduate, University of Chicago Laboratory High School, Chicago IL

Elliot is a recent graduate of the University of Chicago High Laboratory School and is currently working for the Institute for Research on Women and Gender at Columbia University. She recently began her first semester at Columbia, but prior to that Elliot spent her summer working on the curricula review project because ensuring that teens are getting the right information about sexual health is important to her. She was a part of ICAH's youth committee to rally support for comprehensive sex education in Chicago Public Schools. She is a contributing writer for the teen newsletter *Sex, Etc* and was featured in the June issue of *Curve* magazine for her activism in sex education.

Lisa M. Henry-Reid, MD – Chair, Division of Adolescent and Young Adult Medicine at Stroger Hospital, Chicago IL

For 15 years, Dr. Reid has provided primary medical care to hundreds of young people ages 12-25 at the largest hospital in Cook County. A significant component of this care includes talking about reproductive health with patients. She is dedicated to doing this based on factual, unbiased information that welcomes open, frank discussion. In addition to being a member of ICAH's advisory committee, she also serves on the American Academy of Pediatric's AIDS Committee and on the Institutional Review Board for the Alan Guttmacher Institute, a national think-tank on reproductive health issues. Her research in the field has been repeatedly published in several prestigious, peer-reviewed publications including the *Journal of Adolescent Health*. Dr. Reid decided to lend her expertise to this project as part of her larger motivation to ensure the information young people receive about sexuality is comprehensive and factual.

Neusa Gaytan – Program Director, Mujeres Latinas en Accion (Latina Women in Action), Chicago IL

Gaytan has advocated for women's reproductive rights for 19 years through different posts at Mujeres Latinas en Accion. The mission of the organization is to improve the overall quality of life for Latina women by helping them achieve independence and access to health care resources. As the program director for the last five years, Gaytan has paid particular attention to the rates of teen pregnancy among young Latina women, which continue to be higher than those of any other ethnicity. Previously, Gaytan worked as a therapist where she encountered many teenage women who became parents not because they chose to, but because they did not have access to reproductive health care or information about preventing pregnancy. Gaytan is also a member of Chicago Foundation for Women and the Illinois Coalition Against Sexual Assault.

Mal Goldsmith, Ph.D. – Professor and Coordinator of Health Education, Southern Illinois University, Edwardsville IL

Over the past 30 years, Dr. Goldsmith has provided leadership and direction to both state and national professional organizations within public health and health education. He has served on the Board of Directors of the American School Health Association, the American Association for Health Education and the National Professional Honor Society in Health Education. Presently, he serves on the Board of Commissioners of the National Commission for Health Education Credentialing. He has written numerous journal articles, several book chapters and is the lead author of “Step by Step Guide to Developing Peer Health Education Programs.” In Illinois, he guided the development of the Academic Standards for Teaching Health in Public Schools. He has also conducted numerous workshops training teachers to be more comfortable with the topic. Dr. Goldsmith received his Ph.D. from Southern Illinois University in Carbondale, his Master’s degree from Indiana State University, and his Bachelor’s degree from the State University of New York at Brockport.

Sandhya Krishnan – Project Coordinator at the Asian Health Coalition of Illinois, Chicago IL

Krishnan has focused her work on creating a healthy world for youth. Her past projects has been girl-focused programming and curriculum development with an emphasis on healthy body image and self-esteem. Her present work at the Asian Health Coalition of Illinois includes working with Asian American youth doing tobacco control in Chicago’s Uptown community. She is also coordinating a community survey examining health disparities in Chicago neighborhoods. Krishnan received her Master’s degree in Community & Prevention Research at the University of Illinois at Chicago focusing on issues of violence against women. Krishnan’s work for and commitment to educating youth brought her to the Illinois Campaign for Responsible Sex Education.

Patricia (Tricia) Ann Moehring, BS – Clinic Director for Southern Seven Health Department, Jonesboro IL

Moehring’s career has focused on helping teens make healthy decisions about their sexuality for over 20 years. Since 2000, she has been Clinic Director for Southern Seven Health Department. She is also the program coordinator for the Teen Pregnancy Prevention Program and the Coordinated School Health Program where she supervises health educators in implementing sex education programs. She has also taught Family Life Education in secondary schools, which included emphasizing abstinence as the best choice for teens. The next three years she served pregnant teens and women through the Women, Infants, and Children (WIC) program and case management. She has received numerous awards for her dedication to teens and sex education and currently serves on several community organizations including the Reaching for Kids and Youth of Massac County Community Advisory committee in Alexander County, and is co-chair of the Health and Prevention Coalition in Union County.

Julie A. Pryde, MSW, LSW – Director, Division of Infectious Disease Management and Prevention for Champaign-Urbana Public Health District, Champaign IL

Since 2001, Pryde has managed a staff of nurses, social workers, health educators and counselors who work to educate people on HIV prevention. She regularly encounters middle and high school students struggling with misinformation regarding their sexuality and parents who are equally misinformed. Pryde, who is a mother of three elementary school students, believes comprehensive sex education is an effective way to fill that void. She has been awarded numerous grants to provide HIV prevention services. Prior to her current post, Pryde monitored and evaluated HIV prevention, counseling and testing programs for the Champaign-Urbana Public Health District. She received her Master of Social Work from the University of Illinois and is a state-licensed social worker.

Kimberly S. Rice, MSW, LSW – Sexual Health and Peer Education Coordinator, University of Illinois, Urbana IL

As a sex educator and counselor for college students, Rice regularly sees where sexuality education in high school and elementary school has not met the informational needs of students in Illinois. She has encountered many college students who do not understand basic reproductive anatomy and STI transmission. Rice, who is certified as a sex educator and counselor, has worked as a counselor to U of I students on reproductive health issues and provides health information to the student body through workshops, classes and campus events. She also trains students to become peer educators on sexual and reproductive health and conducts HIV pre- and post-test counseling. Previously, she coordinated sex education programs at the University of Buffalo, where she received her Master of Social Work. Rice is dedicated to disseminating scientific, evidence-based information about sexuality to young people in Illinois. She is a state-licensed social worker. She is also a member of the Community Campaign for Comprehensive Sex Education in Champaign and a member of the American Association of Sex Educators, Counselors and Therapists.

Glenn Steinhausen, Ph.D. – Principal Education Consultant, Illinois State Board of Education, Springfield IL

Dr. Steinhausen began his career teaching sexuality education in 1977 at Southern Illinois University as he was earning a doctorate in school and community health education. At his current post, he directs HIV education programs in Illinois elementary schools and coordinates comprehensive school health education throughout the state. Throughout his career he has received numerous grants from federal and state agencies to implement health programs focused on sexual health and STI prevention. Previously, he has served as a member of the Illinois Consortium on Adolescent Pregnancy Prevention and the Illinois Department of Human Services School Health Advisory Group. He is a current member of the American Public Health Association and the American Association of Sex Educators, Counselors and Therapists.

Katherine S. Stepleton – Candidate for M.A. in Social Administration, University of Chicago, Chicago IL

Stepleton is a second year graduate student at the University of Chicago, studying child and family policy. She holds a Bachelor's degree in Sociology from Barnard College in New York City. Her research on feminist groups considering transgender inclusion was published in the 2006 issue of *Advocate's Forum*, an academic social work journal. Her previous work in diversity education, sexual health and sexual violence, as well as her interest in child welfare and public policy brought her to ICAH, where she is currently assisting with public policy and sex education projects. Prior to coming to ICAH, she worked for the National Association of Social Workers-Illinois Chapter and Catholic Charities Extended Family Support Program. She has also worked for Columbia University's School of Social Work, the Family Support Network in St. Louis, Missouri, and Free Arts for Abused Children of New York City.

Carlos Villasenor – Senior, Curie Metropolitan High School, Chicago IL

Villasenor is a member of Forefront, a leadership program at his high school. He first got involved with ICAH through his friends who were involved in the citywide effort to support sex education in the Chicago Public Schools. Villasenor began sitting in on the citywide meetings, and as he became aware of the current state of sex education, he knew things had to change. Villasenor sees that students are not taught about sex and sexuality in a positive way or taught to respect sex, and believes that until that changes, we will not see decreases in unwanted pregnancies and STIs. According to Villasenor, "When we, not just ICAH but the community, start to teach the youth to respect sex, I believe we will see decreases in unwanted pregnancies and STIs, therefore more students will be able to continue with their education."

Katie Watson, J.D.— Lecturer, Medical Humanities and Bioethics Program, Northwestern University Medical School, Chicago IL

Watson's participation in this project stems from her strong belief that democracy cannot flourish without an informed citizenry, particularly in subjects as central to individual autonomy as health, sexuality and reproduction. Her professional background has focused on women's rights and public interest law since graduating from New York University School of Law. At NYU, she began her career with the Hays Civil Liberties Fellowship in Reproductive Freedom, which supported internships at Montefiore Hospital in Bronx, NY, where she helped draft obstetric policy, and The Center for Constitutional Rights, where she contributed to a Supreme Court amicus brief in the pivotal abortion case of *Casey v. Pennsylvania*. At her current post, she develops and teaches an ethics curriculum for medical students and sits on the Hospital Ethics Committee. Previously, she worked as an associate at Ross and Hardies, representing Planned Parenthood and other medical care providers.

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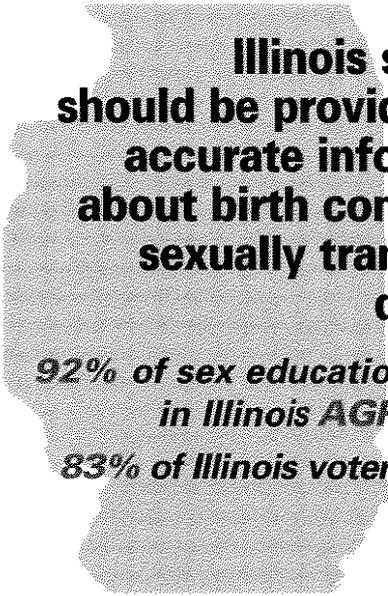
Illinois Campaign for Responsible **Sex Education**

Illinois Voter Opinion Poll Summary of Findings

The Illinois Campaign for Responsible Sex Education, a joint project of the Illinois Caucus for Adolescent Health and Planned Parenthood/Chicago Area, commissioned the firm of Lake, Snell, Perry & Associates to conduct a statewide survey in December 2004 of 600 registered voters regarding their feelings about school-taught sex education programs.

Illinois voters overwhelmingly agree – comprehensive, age-appropriate sex education programs are needed to inform our youth about the prevention of pregnancy and protection from diseases including HIV and STDs.

- 83% agree that students in Illinois should have information about contraception and disease prevention, and that age-appropriate facts about pregnancy and STDs are an important part of all sex education programs.
- Nearly three quarters (73%) of Illinois voters prefer comprehensive sex education programs where abstinence is a component but is not the only method of protection and prevention discussed.
- Almost two thirds of voters (64%) say they oppose teaching abstinence-only sex education in Illinois schools.



Illinois students should be provided with accurate information about birth control and sexually transmitted diseases.

92% of sex education teachers in Illinois AGREE

83% of Illinois voters AGREE

Voters in Illinois want accountability. There are currently no state standards and there is no set funding to teach sex education in Illinois schools.

- 88% of voters agree that teachers in sex education programs should have to meet state standards and be held accountable for what their students learn, just like they do in other subjects like reading or math.
- A majority (55%) of voters think children and teens are not learning enough about sex education in public schools today.
- 73% of voters say they would be worried if they found out comprehensive sex education was not required in Illinois public schools.

The public overwhelmingly supports responsible sex education in public schools. This support is consistent throughout the state – support is strong in rural and urban areas, as well as in Chicago, central, and southern Illinois.

Illinois Campaign for Responsible Sex Education

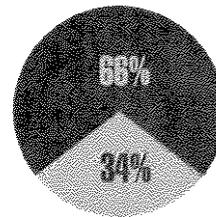
National Opinion Research Center Summary of Findings

The Illinois Campaign for Responsible Sex Education, a joint project of the Illinois Caucus for Adolescent Health and Planned Parenthood / Chicago Area, commissioned the National Opinion Research Center of the University of Chicago (NORC) to conduct a groundbreaking study of Illinois sex education teachers to build knowledge on teacher practice, beliefs and influences. The study was released in March 2005.

KEY FINDING:

While 93% of sex education teachers surveyed in Illinois offer some component of sex education, two thirds of Illinois sex education teachers omit critical elements of responsible and comprehensive sex education; curriculum is key.

Comprehensive Sex Education in Illinois Classrooms



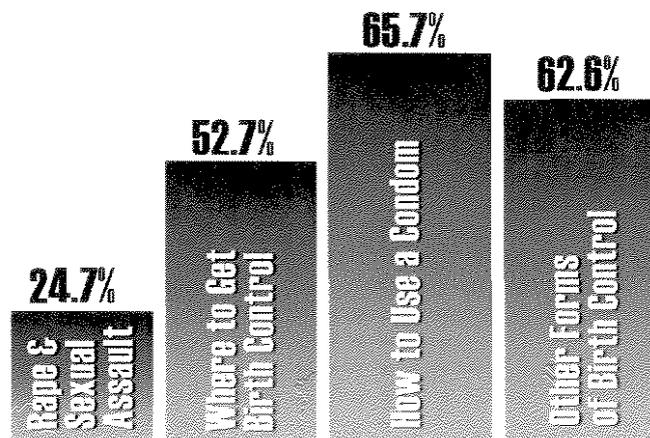
66% of classrooms in Illinois schools NOT PROVIDING comprehensive sex education to students

34% of classrooms in Illinois schools providing comprehensive sex education to students

92% of teachers – an overwhelming majority – say that their curriculum has a great deal or some influence on what topics they cover. Currently, there are no statewide standards and no state funding for comprehensive sex education programs that teach both abstinence and factual information. 38.9% used donated or free materials.

What Illinois sex education classes DO NOT COVER

- 24.7 % DO NOT COVER what action a student can take regarding rape and sexual assault
- 52.7 % DO NOT COVER where to get birth control and health related services
- 65.7 % DO NOT COVER how to use a condom
- 62.6 % DO NOT COVER how to use other forms of birth control



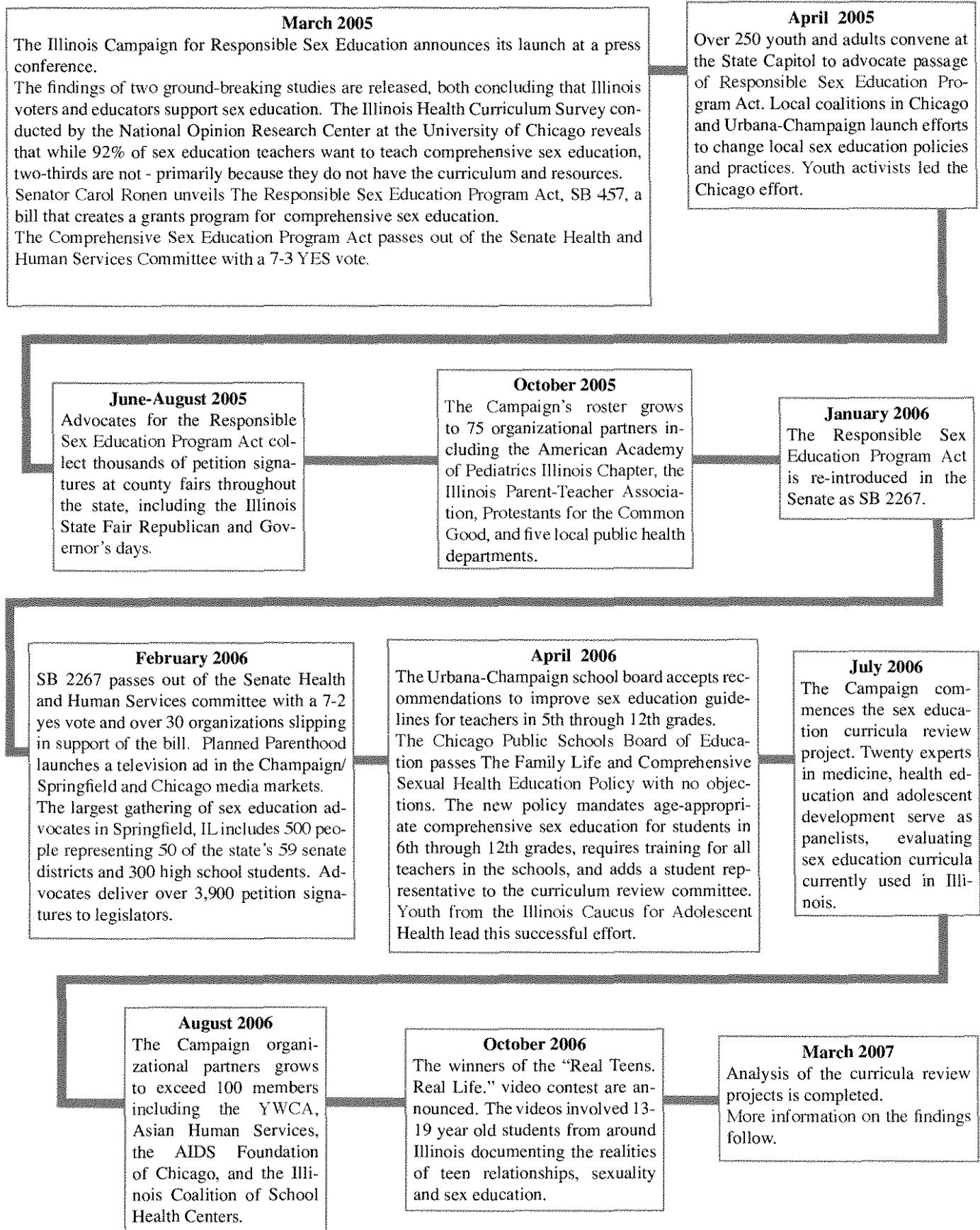
Sex education teachers believe in giving students information to aid in prevention and promote responsibility.

92% of teachers who teach sex education believe that whether or not young people are sexually active, they should be given accurate information about birth control and safe sex in school. 82.5% of teachers who teach sex education do not believe that giving accurate information about birth control and safe sex to young people encourages them to have sex. Teaching a strong abstinence message in concert with information on contraception is considered a "best practice" in teen pregnancy prevention.

Sex education teachers want and need better preparation, more time.

29.8% of those sex education teachers were not trained to do so. Of those who have been trained, 29.5% feel that they have not received enough training. Sex education teachers spent on average 12 contact hours teaching sex education, but nearly a quarter of teachers spent 5 or fewer contact hours. 44.8% of teachers believe that too little classroom time is spent in their school to properly cover sex education.

Campaign Timeline



Partners of the Illinois Campaign for Responsible Sex Education

Access Living
 Advocates for Reproductive Freedom
 Advocates for Youth
 African American Women Evolving
 Agape Missions – Joliet
 AIDS Foundation of Chicago
 AIDS Legal Council of Chicago
 American Academy of Pediatrics, Illinois Chapter
 American Association of University Women, Illinois Chapter
 Amigas Latinas
 Asian Human Services
 Better Existence with HIV
 Brighton Park Neighborhood Council
 Center on Halsted
 Champaign-Urbana Public Health District
 Chicago Foundation for Women
 Chicago Metropolitan Battered Women's Network
 Chicago Women's Health Center
 Chicagoland Youth Against AIDS
 Citizen Action/Illinois
 Coalition for Education on Sexual Orientation
 Cook County Department of Public Health
 DuPage Unitarian Universalist Church
 Evanston Hospital
 F.I.R.E. Ministries
 Females United for Action (FUFA)
 Friends of People with AIDS – Peoria
 Girl's Best Friend Foundation
 Global Girl's, Inc.
 Health And Media Policy Research Group
 Healthy Albany Park Coalition
 Hope Clinic for Women
 Howard Brown Health Center
 Illinois Caucus for Adolescent Health (cofounder)
 Illinois Choice Action Team
 Illinois Coalition for School Health Centers
 Illinois Maternal and Child Health Coalition
 Illinois National Organization for Women
 Illinois Parent-Teacher Association
 Illinois Planned Parenthood Council (cofounder)
 Illinois Public Health Association
 Interfaith Alliance, Central Illinois Chapter
 Jewish Children's Bureau
 Jewish Federation of Metropolitan Chicago
 Jo Daviess County Health Department
 Korean American Women in Need
 Lake County Health Department & Community Health Center
 Lambda Legal Defense & Education Fund
 League of Women Voters of Illinois
 Lee County Health Department
 Lesbian Community Cancer Project
 McHenry County Citizens for Choice
 Mikva Challenge
 Mujeres Latinas en Acción
 National Council of Jewish Women - Illinois
 State Public Affairs Network
 National Organization for Women – Champaign County, DuPage County, Chicago, & University of Illinois Chapters
 Northern Illinois Public Health Consortium
 Northwest Chicago Choice
 Northwestern Medical Students for Choice
 Northwestern Univ. School of Law ACLU
 Personal PAC
 Physicians for Reproductive Choice and Health
 Planned Parenthood Heart of Illinois
 Planned Parenthood of Decatur
 Planned Parenthood of East Central Illinois
 Planned Parenthood Springfield Area
 Planned Parenthood/Chicago Area (cofounder)
 Project Exploration
 Protestants for The Common Good
 Rape Victim Advocates
 Religious Coalition for Reproductive Choice of Illinois
 Roger Baldwin Foundation of ACLU
 Sargent Shriver National Center on Poverty Law
 Sex Education Activists, Univ. of Chicago
 Sierra Club, Illinois Chapter
 Society for Public Health Education - Illinois Chapter
 Southern Seven Health Department
 Southwest Youth Collaborative
 Student ACLU - Urbana-Champaign
 The Response Center
 Vital Bridges
 West Suburban Chicago Chapter of Americans United
 Will County Community Health Department
 YWCA of Metropolitan Chicago



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT OF PERSONS WITH A DEVELOPMENTAL DISABILITY

Date: February 26, 2008
To: Julian Rappaport
From: Peter Tracy
Re: Mental Health/Public Health Collaboration

The purpose of this memorandum is to update you concerning our Mental Health/Public Health collaborative project. I am pleased to report four applications have been received from community-based providers for our mutual consideration. The provider name and program titles are listed below:

- Crisis Nursery—Perinatal Depression Program
- Family Service—Healthy Ideas
- Mental Health Center—Perinatal Depression
- Regional Planning Commission – Senior Services Information and Advocacy

At our last meeting it was agreed that we should give consideration to applications received during the regular CCMHB FY09 allocation cycle. We are in the process of reviewing the applications and will have completed application summaries available for your March 2008 meeting. If none of these applications are of interest or appropriate for funding, we talked about the possibility of a separate Request for Applications (RFA) process managed jointly by our two boards. As promised, please find the attached sample draft RFA. The selection of “Perinatal depression” as the subject of the sample RFA was predicated on the flow of discussion at your study session, but this RFA format could accommodate any area of focus desired by our Boards.

If you have any questions or require additional information, please call me at 367-5703.