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## CHAMPAIGN COUNTY BOARD OF HEALTH

Brookens Administrative Center  
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### Champaign County Board of Health

Tuesday, May 26, 2009

6:00 p.m.

Jennifer K. Putman Meeting Room  
Brookens Administrative Center, 1776 E. Washington  
Urbana, Illinois

### AGENDA

<u>ITEM</u>		<u>PAGE NO.</u>
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B.	Roll Call	
C.	Approval of Agenda/Addendum	
D.	Approval of Minutes	
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	1. CUPHD – Presentation	
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	c. Environmental Health (Peterson)	
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**J. Issues Regarding Smile Healthy (Kassem)**

1. Monthly Report

**K. Other Business**

1. Update on Environmental Health Fees
2. Date of June Meeting

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

**M. Adjournment**

1 **CHAMPAIGN COUNTY BOARD OF HEALTH**

2  
3 **Monthly Meeting**

4 **Tuesday, April 28, 2009, 6:00 p.m.**

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

7  
8 The Board of Health held its monthly meeting on March 31, 2009 in the Jennifer K.  
9 Putman Meeting Room at the Brookens Administrative Center, 1776 East Washington, Urbana.  
10 The meeting was called to order at 6:09 p.m. by Julian Rappaport. Board members Stan James,  
11 John Peterson, Bobbi Scholze and Julian Rappaport were present at the time of roll call. Absent  
12 Board members were Brenda Anderson, Prashanth Gowda, Nezar Kassem, Cheryl Ramirez, and  
13 Betty Segal. The staff members present were Kat Bork (Board of Health Secretary) and Susan  
14 McGrath (Senior Assistant State’s Attorney). Also present were Nancy Greenwalt (Smile  
15 Healthy Executive Director), Darlene Kloepfel (Regional Planning Commission Social Services  
16 Director), Julie Pryde (CUPHD Administrator), and Cherylanda Trice (Crisis Nursery).

17  
18 Rappaport noted with only four members present the Board of Health (BOH) did not  
19 have a quorum and could not conduct any business. McGrath stated the Board could collect  
20 information, but not take any action.

21  
22 **Approval of Agenda/Addendum**

23  
24 No action could be taken to approve the agenda due to the lack of a quorum.

25  
26 **Public Participation on Agenda Items Only**

27  
28 There was no public participation.

29  
30 **Correspondence and Communications**

31  
32 There was no correspondence or communications.

33  
34 **Collaboration with the Mental Health Board**

35 **Issues Regarding Crisis Nursery Perinatal Depression Program (Segal)**

36  
37 There were no issues raised because Segal was not present.

38  
39 **Quarterly Report from Crisis Nursery**

40  
41 Cherylanda Trice was present to answer questions about the report. Rappaport inquired  
42 how Crisis Nursery will address the transportation issues they are seeing. Trice explained they  
43 are setting aside funds to give gas cards to mothers who attend groups. This will be an incentive  
44 to hopefully encourage more attendance at the groups. Rappaport liked that idea and noted  
45 transportation is a problem for all public health services. There have been discussions about how  
46 a regional transportation system is needed. Trice has contacted agencies who provide  
47 transportation to the cities and learned the cost was relatively pricey for the families served by  
48 Crisis Nursery. She reported the program is on track with referrals. The goal is 25 families and

49 they have 22 families so far. Crisis Nursery continues to struggle with getting the families  
50 initially engaged in the parent/child interaction groups. They are doing more home visits to work  
51 on engagement. A group has been started at Crisis Nursery in order to get families in the door.  
52 They more comfortable the families are with the nursery, the greater the likelihood that they  
53 might utilize the respite care. Rappaport asked if the respite care involving sending a childcare  
54 worker to the parents' homes. Trice said they do not use home visits for respite care. The  
55 nursery does try to help parents identify a support network.

56  
57 **Senior Wellness Program**  
58 **Issues Regarding RPC Senior Wellness Program (Scholze)**

59  
60 All issues were discussed in conjunction with the quarterly report.

61  
62 **Quarterly Report from the Regional Planning Commission**

63  
64 Kloeppel distributed a document about the portion of the services that are the value added  
65 piece because Board members have asked for this to be enumerated. She said it was difficult to  
66 separate out what further services RPC Senior Services provides with the BOH's money beyond  
67 their normal services because RPC is trying to leverage what they currently do into additional  
68 services. She listed some of other agencies who give funding to RPC Senior Services, including  
69 ECIAA, the Champaign County Mental Health Board, the Masons, and the Community Services  
70 Block Grant. Carle Hospital gives funding for a transportation program. Each of the funders  
71 requires that RPC perform certain activities for the money it provides. Kloeppel stated the  
72 services build on each other and she has a difficult time sorting out what funding pays for  
73 specific services. The BOH money is supposed to be providing for home visits and  
74 assessment/advocacy for rural seniors. The Senior Services staff has realized over last few years  
75 that information and referral in the strict sense is basically a senior calling or walking into the  
76 Senior Services Office to ask for information. The Senior Services staff spends 10 to 30 minutes  
77 with the senior providing information. Kloeppel indicated the information and referral business  
78 has morphed into staff having to spend a lot of time with seniors because asking one question  
79 connects to other issues in the senior's life. About 2 years ago, Senior Services began doing  
80 short-term case management that was funded by the Community Service Block Grant. Not every  
81 client receives case management services, but as financial stresses become tighter and the public  
82 learns more about available services through the Senior Services Office, the office fields more  
83 phone calls from people. Some seniors are contacting the Senior Service Office because if they  
84 are not in the hospital or involved with a home health agency, then they do not have a social  
85 worker and they need geriatric case management. Some people in the community have tried to  
86 provide geriatric case management privately, but they have not stayed in business very long  
87 because the seniors asking for the service cannot afford to pay for it. Kloeppel stated there are a  
88 lot of seniors and people with chronic illnesses who just need to consult with a professional  
89 about available services.

90  
91 James has worked with elderly tenants and thinks it is better for everyone if a person can  
92 stay in their own home instead of going to a nursing home. He wanted to be certain the program  
93 was helping people, not just passing out forms. He appreciated what is being done as a stating  
94 point.

95           Kloepfel said Senior Services would not be able to make very many home visits in the  
96 rural parts of Champaign County, perform some data collection, or build the network of  
97 gatekeepers without BOH funding. Without the \$50,000 from the BOH, Senior Service would  
98 have to lay off a staff person, so they would not be able to handle as many applications or  
99 information/referral calls. James asked if RPC was funding the Rural Rider Program. Kloepfel  
100 said they receive a grant from Carle to fund transportation. James suggested RPC and other  
101 groups work together to pool their resources to provide transportation effectively without levying  
102 additional taxes. Kloepfel explained that each agency providing funds to the Senior Services  
103 Office has a targeted population they want the office to address. Almost every funding agency  
104 wants the office to work with low income people. She does not separate out the BOH money to  
105 specifically go towards funding certain activities. Rappaport asked if zero home visits would be  
106 made without the BOH money. Kloepfel stated some home visits would be taking place without  
107 the BOH funding. Compared to Kloepfel's baseline numbers, Senior Services has seen 12 more  
108 rural people in this quarter. She stated the office had seen more people because they have  
109 another staff person.

110  
111           Scholze was trying to get a clear picture of what activities the Senior Services Office  
112 would normally have done before the BOH funding. James said he wanted to see if the money  
113 was really helping and quantifying help to a client is complicated. Kloepfel added that she does  
114 collect satisfaction surveys once a year. The survey allows clients to give feedback on the help  
115 they received. She stated the funding her office receives from ECIAAA and the Mental Health  
116 Board has not increased in 10 years, while personnel and overhead costs have gone up.  
117 Rappaport requested an update on the project to identify and implement community gatekeepers.  
118 Kloepfel said her staff is making specific contacts in communities, such as pharmacists, when  
119 they go out to refer clients to Senior Services. James has seen many people who are uninformed  
120 about the available services, so finding a way to better inform the public would be very  
121 beneficial. Scholze noted as the gatekeeper network builds the office might see more referrals or  
122 services provided. Kloepfel mentioned her office gets a lot of referrals from the Supervisor of  
123 Assessments' Office because seniors visit there to file for property tax exemptions.

124  
125 Approval of FY2009 Contract

126  
127           No action could be taken due to the lack of a quorum.

128  
129 Issues Regarding Smile Healthy (Kassem)

130  
131           Greenwalt heard at the Friday transportation meeting that RPC was short 500 surveys of  
132 the required number they need to complete to move onto the next step for funding. Trice said  
133 she received the link to the survey yesterday to assist in filling out the surveys. Greenwalt has  
134 contacted all of the families who use Smile Healthy's services to encourage them to complete the  
135 survey. This might be a good way to fund a regional transportation program. Greenwalt stated  
136 there was no monthly report from Smile Healthy because they are behind on data entry. Because  
137 Medicaid is not paying Smile Healthy, she cannot afford the staff to keep up with the  
138 administrative tasks, but she plans to catch up next month. She plugged the Last Chance Dental  
139 Clinic, which provides the school-required dental exams. They added another day because there  
140 have been so many requests for exams.

141 **Treasurer's Report**  
142 **Approval of CUPHD Invoice for February 2009**

143  
144 No action could be taken t due to the lack of a quorum.  
145

146 **Issues Regarding CUPHD**  
147 **Report from CUPHD Administrator**

148  
149 Pryde provided an update on the swine flu epidemic. She called leadership team together  
150 to plan for a pandemic and they were ready when a public health emergency was declared.  
151 CUPHD decided to call together the regional emergency coordination group, which met on  
152 Monday morning. As of last night, the World Health Organization raised the U.S. to Pandemic  
153 Level 4, which she described for the Board's benefit. She explained the country is in the early  
154 stages of a pandemic, the virus in the U.S. is very mild, and it is no really different than the  
155 seasonal flu but the virus can mutate. In Mexico, 152 people have died and the number of  
156 infected in unknown. Only 104 cases have been confirmed worldwide with 64 confirmed cases  
157 in the U.S. The closest case to Champaign County is in Indiana. Peterson asked if emergency  
158 rooms should notify CUPHD if they have a suspected case of the swine flu. Pryde agreed they  
159 should notify CUPHD and perform a flu swab. Peterson noted the ERs do not have a bedside  
160 test for swine flu. Pryde added the confirmation of test results can take a week, so more cases  
161 are likely to be reported. The concern about Mexican swine flu cases stems from the fact that  
162 young adults are dying, which is unusual. Peterson remarked this age range is typically the  
163 healthiest population. Pryde recalled the last pandemic was the Hong Kong flu in 1968.  
164 Champaign County public health has been preparing for a pandemic for years and a lot of places,  
165 such as shelters and service providers, are ready to house infected people for 2 weeks. Pryde  
166 said there is more intergovernmental cooperation in Champaign County than she has ever heard  
167 of. CUPHD has done staff training and adjusted its staff internally to address calls on the swine  
168 flu. Further, they have done a lot of communication with the Spanish-speaking community about  
169 the flu and encouraged sick people to come in and be tested. A directive has been issued that any  
170 staff person with a fever should not report to work. Pryde will continue to email the BOH  
171 updates and recommended they keep checking the CUPHD website for more bulletins.  
172 Internally, CUPHD is preparing to receive shipments from the strategic national stockpile.  
173 Scholze asked if there was any problem with getting the medicine. Pryde said it depends on who  
174 you are. The national stockpile will be distributed at some point to hospitals for their staff and to  
175 CUPHD for the first responders. They checked today and there is no shortage of medicine in  
176 Champaign County. The Board discussed the swine flu and the various media reports  
177 concerning it. Pryde asked for people to contact CUPHD with any rumors, so the agency can do  
178 research and debunk them on its website. The BOH discussed the type of influenza virus and the  
179 treatment. Pryde reiterated any questions or concerns should be directed to CUPHD, as they  
180 have been in training for just such a situation for years. Rappaport said it would be useful for the  
181 media to post some direction about when a person should seek medical attention versus when  
182 someone should stay home. Peterson advised patients with the flu to stay home and only seek  
183 medical help if they cannot maintain their fluid intake.

184  
185  
186

187 Division Monthly Reports

188

189 No action could be taken t due to the lack of a quorum.

190

191 **Other Business**

192 Election of Officers

193

194 No action could be taken t due to the lack of a quorum.

195

196 Budget Study Session on May 12, 2009 at 6:00 p.m.

197

198 The Board would hold a study session about the budget on May 12<sup>th</sup>. A special meeting  
199 will be held first to approval the Senior Wellness Program contract renewal and the CUPHD  
200 invoice that could not be approved tonight and then the Board will proceed directly into the study  
201 session.

202

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

204

205 There was no public participation on any non-agenda items.

206

207 **Adjournment**

208

209 The meeting was adjourned at 7:13 p.m.

210

211 Respectfully submitted,

212

213 Kat Bork

214 Board of Health Secretary

215

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

1 CHAMPAIGN COUNTY BOARD OF HEALTH

2  
3 Monthly Meeting

4 Tuesday, March 31, 2009, 6:00 p.m.

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

7  
8 The Board of Health held its monthly meeting on March 31, 2009 in the Jennifer K.  
9 Putman Meeting Room at the Brookens Administrative Center, 1776 East Washington, Urbana.  
10 The meeting was called to order at 6:04 p.m. by Julian Rappaport. Board members Stan James,  
11 Nezar Kassem, John Peterson, Cheryl Ramirez, and Julian Rappaport were present at the time of  
12 roll call. Absent Board members were Brenda Anderson, Prashanth Gowda, Bobbi Scholze, and  
13 Betty Segal. The staff members present were Kat Bork (Board of Health Secretary) and Susan  
14 McGrath (Senior Assistant State’s Attorney). Also present were Deb Busey (County  
15 Administrator of Finance & HR Management), Carol Elliott (CUPHD Board Member), Deb  
16 Fruitt (CUPHD Wellness & Health Promotion Director), Jennifer Jackson (CUPHD Health  
17 Promotions), Julie Pryde (CUPHD Administrator), and Jim Roberts (CUPHD Environmental  
18 Health Director).

19  
20 **Approval of Agenda/Addendum**

21  
22 Rappaport requested to amend the order of the agenda to move Item I to be the last item  
23 on the agenda.

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

27  
28 **Approval of Minutes**

29  
30 **MOTION** by James to approve the Board of Health February 24, 2009 minutes;  
31 seconded by Peterson. **Motion carried.**

32  
33 **Public Participation on Agenda Items Only**

34  
35 There was no public participation.

36  
37 **Correspondence and Communications**

38  
39 There was no correspondence or communications.

40  
41 **Collaboration with the Mental Health Board**

42 **Allocation Process and Renewal of Contract with Mental Health Board**

43  
44 Rappaport reviewed what occurred at the joint study session with the Mental Health  
45 Board (MHB) where Crisis Nursery made a presentation about perinatal depression with a panel  
46 of local professionals. The Board of Health (BOH) discussed the current program operated by  
47 Crisis Nursery and the possibility of renewing the program’s funding for another year. In  
48 discussing how the dates of the MHB’s program year differs from the BOH’s fiscal year, Busey



49 explained the MHB's program year begins on July 1<sup>st</sup> and ends on June 30<sup>th</sup> whereas the BOH's  
50 fiscal year begins on December 1<sup>st</sup> and ends on November 30<sup>th</sup>. If the BOH chooses to grant  
51 another year of funding to the Crisis Program in the current fiscal year to match the MHB's  
52 program year, then a budget amendment would have to be prepared. Another option would be to  
53 transfer the \$25,000 to the MHB after December 1<sup>st</sup> so the allocation occurs the next fiscal year.  
54 Busey recommended the second option as better financial approach. She confirmed the MHB  
55 has received the total \$25,000 in the current fiscal year. James suggested formally approve the  
56 renewal of the MHB contract in May or June and the Board agreed.

57

58 Issues Regarding Crisis Nursery Perinatal Depression Program (Segal)

59

60 There were no other issues raised because Segal was not present.

61

62 **CATCH Program Presentation**

63

64 Ramirez introduced the CATCH program and explained that it began with a study  
65 involving 5,000 3<sup>rd</sup> graders to improve their eating and exercise habits through reduced fat  
66 cafeteria food and increased moderate exercise during PE. Deb Fruitt and Jennifer Jackson made  
67 the presentation about the CATCH program in Champaign County. They started with a 10-  
68 minute film about CATCH. Afterwards, Fruitt distributed materials to the Board and spoke  
69 about the positive aspects of CATCH, including the behavior changes seen in students of less  
70 depression and anxiety. The typical CATCH training is one day in length and the teachers,  
71 school nurses, cafeteria workers, and principals are solicited to buy into the program. The  
72 curriculum is bought and provided free to the schools. The schools are walked through the  
73 manual, which has flexibility to meet each community's needs, and assistance is provided for the  
74 reports. Fruitt stated schools in Rantoul and Fisher have expressed some interest in CATCH and  
75 the program will start this year at Carrie Busey. CATCH typically involves a 3-year  
76 commitment.

77

78 Ramirez asked about cost and program details. Jackson stated they try to get the school's  
79 cafeteria workers and any personnel with a health education component on board with the  
80 program. They try to get nutritious "go" foods on the school menu and more physical activities  
81 during PE class by working with the teachers. The classroom teachers are given some activities  
82 to do in class to expand the students' energy. There is also an at-home component with children  
83 bringing information on nutrition and exercise to their parents. Jackson explained that they  
84 would like each school using CATCH to form a wellness committee. She gave examples of  
85 Lucky Tray Day where if kids eat most of the "go" foods on their lunch trays, then they receive a  
86 ticket to enter a drawing for a prize. Fruitt spoke about how it takes time to change behaviors  
87 and kids are often the best method to teach parents. Fruitt thought CATCH is a great program  
88 and noted a lot of schools would like the assistance and support because they are seeing an  
89 increase in Type 2 diabetes, obesity, and high blood pressure in younger children. Pryde said the  
90 program is sustainable and CATCH is good program to give tools to schools. Fruitt noted that  
91 the cost of the program varies depending on the type of equipment needed and time to train staff  
92 at the individual school. She offered to put a proposal together if the BOH was interested in  
93 considering funding the program.

94

95 As the CATCH program requires a commitment from school personnel, Rappaport asked  
96 if CUPHD would solicit schools. Fruitt said they would ask if schools have the staff to undergo  
97 training and implement it in the classroom. The program is executed on a school-by-school  
98 basis. The initial money for CATCH came from a state grant CUPHD received and which will  
99 expire soon. The grant covered the cost of materials so the cost to the schools was just the time  
100 of teachers and staff. Rappaport wondered about the state's intention with the grant and whether  
101 it was intended to have local communities pick up the ongoing expense. Fruitt explained  
102 CUPHD would reapply for the state funding every year, but the grant is not sufficient to provide  
103 CATCH to all schools in Champaign County.

104  
105 James liked the concept, but was concerned that it seemed like the BOH was tweaking  
106 the schools' curriculum because schools used to have PE and health classes. This appears to be  
107 an issue that should be addressed by the state. Pryde said the reduction in PE time was a result  
108 of No Child Left Behind. Fruitt said they have to keep sight that not having PE or programs like  
109 CATCH means later costs to society that are outrageous from the health perspective. CATCH is  
110 an alternative until changes occur in the school system because public health needs to do what it  
111 can. James suggested targeting an entire school district and Pryde wanted to see every kid in the  
112 County have access to all kinds of programs. Fruitt stated CUPHD is using CATCH in County  
113 because they could not get Champaign-Urbana schools interested and they need to be able to  
114 financially support it. Rappaport suggested CUPHD could request the State of Illinois support  
115 the program's expansion into all County schools with partnership from the school districts. This  
116 would be a way to aim for collective districts instead of one school at a time. Fruitt reiterated  
117 that the program needs to operate for at least three years to really take hold. She does not expect  
118 the amount of the state grant to increase, so additional funding will be needed to extend CATCH  
119 to more schools. James inquired about the cost to have the program in place for a year. Fruitt  
120 did not have any numbers and estimated it would cost a minimum \$5,000 to start. She  
121 emphasized that CATCH takes oversight and hand-holding from CUPHD to work. Rappaport  
122 suggested the BOH could give non-monetary support for the program in the form of positive  
123 statements to schools or state funding agencies.

124  
125 **Treasurer's Report**

126 **Approval of CUPHD Invoice for January 2009**

127  
128 **MOTION** by Peterson to approve payment of the CUPHD invoice for January 2009;  
129 seconded by James.

130  
131 Rappaport asked if the invoice represented 1/12 of the contract amount. Peterson  
132 answered yes.

133  
134 **Motion carried.**

135  
136 **Report from the Budget Committee**

137  
138 Peterson stated the Budget Committee meet earlier in March about issues with the  
139 FY2009 budget. Pryde and Wallace presented a report with the cost breakdown for CUPHD to  
140 provide the contracted services to the BOH. According to Wallace's accounting, the BOH's

141 FY2009 budget is \$170,000 short of the actual costs. This differs from the budget that CUPHD  
142 presented to the BOH during the FY2009 budget preparation. Busey attended the Budget  
143 Committee meeting and gave projections of how the current expenditures would progressively  
144 deplete the BOH's fund balance by FY2013. There will be no subsidy from the County Board  
145 starting in FY2010. Busey explained the property tax revenue will not increase at the rate it has  
146 in recent years; it will increase some, but not by much. Peterson stressed that the BOH would  
147 need to make some serious choices regarding its budget. It will be possible to balance the budget  
148 within its means, but the Board cannot afford to fund all the programs it is currently funding.  
149 The core services are becoming more expensive and there is a large shortfall in the STD and  
150 infectious disease area. Peterson said the bottom line is the Board has to look at cutting back on  
151 outside activities. They may need to take a look the definition of core services to tighten their  
152 belts.

153  
154 Rappaport concurred that the BOH needs to look at every expenditure, including the cost  
155 of mandated services. He expressed that it is probably at a point where the whole Board needs to  
156 study budget issues; such as what the BOH must spend money on, the minimum required  
157 services and their costs, the cost of non-required services to see where BOH is getting the best  
158 bang for its buck, and where to go for the future. He suggested all Board members should  
159 become familiar with the budget and services so they can reach informed collective decisions.  
160 He proposed holding budget study sessions over the next few months because this is not  
161 something for regular meetings. He asked Board members to commit themselves to work on the  
162 budget.

163  
164 James noted that some things pop up that no one can foresee and he thinks the Board  
165 should address them. He apologized for using the word "fluff" in the Budget Committee  
166 meeting when describing some of the BOH's programs. He thinks the Board needs to realize  
167 that it is mandated to provide certain services and, in difficult financial times, they will have to  
168 reject some funding requests. He recommended the Board ought to be a little better about  
169 judging requests. He thought CUPHD was willing to negotiate on the figures, but the BOH  
170 needs to look at the costs of its mandated services and to see how much is left over to determine  
171 what it can fund.

172  
173 Rappaport asked McGrath to provide the Board with a legal opinion of what services are  
174 contractually mandated with CUPHD and how much such services cost. James wanted the full  
175 Board to discuss this issue at regular meetings. Rappaport said he was suggesting study sessions  
176 for that purpose. James asked McGrath for concrete legal information and McGrath agreed to  
177 provide it for the May meeting. The Board discussed the upcoming budget process and  
178 meetings. In looking at CUPHD's request to increase its contractual budget for this year, James  
179 thought CUPHD was asking for the additional amount to cover the IMRF increase. Pryde said  
180 that was incorrect and that CUPHD was showing the BOH what was being subsidized. James  
181 asked if CUPHD would cut services and Pryde answered they would not. Peterson said his focus  
182 is on next year's budget, noting the IMRF increase will be large. Pryde said she was not worried  
183 about this contract year. Rappaport stated the budget will be an item for further conversation at  
184 the next meeting and the BOH will hold a study session on May 12<sup>th</sup> at 6:00 p.m. about the  
185 budget. He recommended informing the County Board about the state of public health in  
186 Champaign County and what programs may be reduced due to a lack of funding. He emphasized

187 that it is one of the Board's responsibilities to clearly inform the County Board about the  
188 situation. Peterson said that would occur at the annual budget presentation at the Legislative  
189 Budget Hearings. James suggested Rappaport meet with County Board Chair C. Pius Weibel to  
190 inform he on the state of public health. Busey explained the purpose of Legislative Budget  
191 Hearings, which are held before the full County Board, is to describe the state of public health,  
192 challenges facing the BOH, and the budget. Busey noted other County funds are also facing  
193 financial difficulty. Rappaport said he was not necessarily going to ask the County Board for  
194 money, but he wanted to share information.

195

196 **Issues Regarding CUPHD**

197 **Report from CUPHD Administrator**

198

199 Pryde reviewed her report for the Board. CUPHD has been informed that the  
200 Champaign-Urbana Mass Transit District is refusing to bring a bus down Kenyon Road;  
201 however, she will continue to work on getting bus service to the facility. CUPHD put in  
202 \$100,000 for the sidewalk, but the area is still unsafe for pedestrians. James suggested Pryde  
203 contact each CUMTD Board member individually to address her concerns. Rappaport suggested  
204 directing public attention to the issue because the larger public was probably not aware of it and  
205 the topic could generate sympathy. Discussion continued over the bus issue. Pryde remarked  
206 CUPHD is holding Sexually Transmitted Disease (STD) training for teachers and she gave  
207 testimony about expedited partner therapy for STDs. Only 25% people of with STDs are treated  
208 through STD clinics, while the other 75% are treated in emergency rooms. Kassem asked if ER  
209 doctors were in favor of expedited partner therapy and expressed his concerns about prescribing  
210 medication for someone the doctor has not seen. Pryde indicated the ER doctors supported the  
211 therapy, there was zero adverse effect, and that clients would sign liability waivers. Pryde also  
212 included some conferences and websites of interest in her report.

213

214 James commented Pryde gave a community talk in Rantoul and his impression was that  
215 people were pleased to meet the CUPHD Administrator. He thanked her for coming to Rantoul.

216

217 **Division Monthly Reports**

218 **Maternal & Child Health (Gowda)**

219

220 Gowda was not present so there was no discussion on maternal and child health.

221

222 **Infectious Disease, Mobile Unit (James)**

223

224 James has talked to Pryde about the mobile unit numbers. The Mayor of Ludlow called  
225 him and is on board with mobile unit. The Mayor of Rantoul told him they were willing to have  
226 some set sites for the mobile unit. James is hoping that having set sites will improve the unit's  
227 activity. The Board will look at the program's effectiveness during its overall budget discussion.

228

229 **Environmental Health (Peterson)**

230

231 Peterson said he, Roberts, and McGrath are looking at entire public health ordinance,  
232 which is attorney intensive and McGrath is not available to not work on it until May. Peterson

233 said they would will do what they can and probably have something more substantive in May.  
234 James asked about gathering fees information from comparable counties and Roberts said they  
235 could get that type of information.

236

### 237 **Wellness & Health Promotion (Ramirez)**

238

239 Ramirez brought information from a policy forum about legislative priorities. There are  
240 concerns about a 70% budget cut to the family planning grant. A lot of programs are being cut  
241 by at least 10%. She distributed the PowerPoint presentation for more information. The Illinois  
242 Public Health Association is getting together on legislation priorities.

243

244 **MOTION** by James to receive and place on file the CUPHD Division monthly reports;  
245 seconded by Peterson. **Motion carried.**

246

### 247 Issues Regarding RPC Senior Wellness Program (Scholze)

248

249 Rappaport explained no new Senior Wellness Program contract with the Regional  
250 Planning Commission was signed for FY2009. He noted the BOH does not have a mechanism in  
251 place to create such a contract and asked McGrath to prepare it. James asked if the contract  
252 could have a clause to automatically renew, so the Board does not have to meet to renew the  
253 contract. McGrath stated the Board previously discussed that approach, but elected not to use it  
254 because they preferred to review the programs they wanted to fund each year. She said the  
255 contract renewal will be on the April agenda.

256

### 257 Issues Regarding Smile Healthy (Kassem)

258

259 Kassem thought things were going well for Smile Healthy. They are very busy and many  
260 providers were involved in the Give Kids a Smile event. Kassem was at the event for 2 hours  
261 and saw a lot of healthy teeth. Rappaport commented Smile Healthy's number of people served  
262 were impressive. Kassem said the question would be whether the BOH can afford to continue  
263 supporting the program and whether Smile Healthy would make up the deficit.

264

### 265 **Other Business**

266

267 Ramirez suggested the Board consider sending 1 or 2 members to the Public Health in  
268 Peril Conference. Busey confirmed the BOH has \$1,000 budgeted for travel. The conference is  
269 scheduled for the same day as the next Board of Health meeting. When no other Board members  
270 expressed interest in attending, Rappaport suggested Ramirez could contact Scholze to determine  
271 if she wanted to attend the conference.

272

### 273 **Public Participation on Non-Agenda Items Only**

274

275 There was no public participation on any non-agenda items.

276

277

278

279 **Adjournment**

280

281           The meeting was adjourned at 7:49 p.m.

282

283       Respectfully submitted,

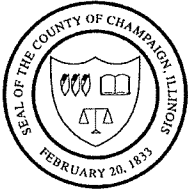
284

285       Kat Bork

286       Board of Health Secretary

287

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



## CHAMPAIGN COUNTY ADMINISTRATIVE SERVICES

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

ADMINISTRATIVE SUPPORT  
DATA PROCESSING  
MICROGRAPHICS  
PURCHASING  
PHYSICAL PLANT  
SALARY ADMINISTRATION

### MEMORANDUM

**TO:** Carol Elliott, Chair-CUPHD Board  
Julian Rappaport, Chair – County Board of Health  
Pius Weibel, Chair of the County Board,  
Brendan McGinty, Chair of the Finance Committee

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

**DATE:** May 18, 2009

**RE:** DISTRIBUTION OF PUBIC HEALTH LEVY for FY2009, RY2008

As you are all aware, the Public Health Levy collected by the County each year is to be distributed to two entities – the C-U Public Health District and the County Board of Health. The determination of the amount of the levy to be received by each entity is dependent on the split of the EAV between the incorporated areas of the Cities of Champaign and Urbana, and the EAV of all areas outside Champaign-Urbana.

At the time the County prepared the FY2009 budget, it was anticipated that the total levy would be \$879,943 and that the split of the EAV for the property taxes collected for RY2008 would be 57.59% within the Champaign-Urbana Public Health District and 42.41% in the areas of the County outside of the CUPHD. The County's budget for Public Health was projected according to that breakdown. It has now been confirmed by the County Clerk, that the certified levy is \$878,273.50 and that the actual distribution of the EAV for the RY2008 property taxes (collected in 2009) is 58.10% within the Champaign-Urbana Public Health District and 41.90% in the areas of the County outside the CUPHD.

This change in the breakdown will create a change in revenue distribution in FY2009 in the County Board of Health budget. The revenue from the property tax collected on behalf of C-U Public Health District will be increased from \$506,759.17 to \$510,276.90. The revenue from the property tax collected on behalf of the County Board of Health will be decreased from \$373,183.83 to \$367,996.60.

	<b>FY2009 Original Budget</b>	<b>Adjusted Certified Extension</b>	<b><i>Difference</i></b>
<b>TOTAL LEVY</b>	\$879,943.00	\$878,273.50	-\$1,669.50
<b>CUPHD</b>	\$506,759.17	\$510,276.90	\$3,517.73
<b>County Board of Health</b>	\$373,183.83	\$367,996.60	-\$5,187.23

These changes do not require any change to the FY2009 County Board of Health Budget, unless the Board of Health requests additional changes based on this information. I am writing simply to inform all interested parties of the status of the distribution of the Public Health Levy that will be made over the next several months.

If you have any questions or concerns regarding this matter, please feel free to contact me. Thank you for your consideration.

xc: Dan Welch, Treasurer  
Tony Fabri, Auditor  
Carol Wadleigh, Chief Deputy Auditor  
Julie Pryde, Administrator-CUPHD



Invoice Number:	0904
Date of Invoice:	May 4, 2009
Billing Period:	March-09

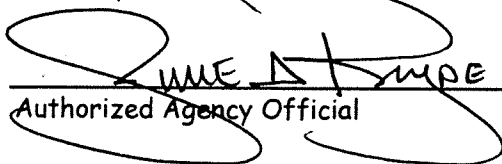
To:  
 Champaign County Public Health Department  
 Att'n: Evelyn Boatz  
 1776 East Washington Street  
 Urbana, Illinois 61802

For the Following Expenses:

533.07 Professional Services - Infectious Disease Prevention & Mgmt	\$	6,436.00
533.07 Professional Services - Maternal Child Health Mgmt	\$	3,127.58
533.07 Professional Services - IBCCP & Clinical Services	\$	2,053.58
533.07 Professional Services - Environmental Health	\$	26,635.58
533.07 Professional Services - Administration	\$	7,303.58
533.07 Professional Services - Bio-T Grant	\$	6,164.44
533.07 Professional Services - TFC Grant	\$	2,346.33
533.07 Professional Services - West Nile Virus Grant	\$	765.35
533.07 Professional Services - Non-Community Water - CU Surveys	\$	137.50
<b>Total Amount Due to CUPHD per Contract</b>	<b>\$</b>	<b><u>54,969.94</u></b>

**CERTIFICATION:**

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

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

**SmileHealthy  
Child Dental Access Program  
Champaign County Board of Health  
Fiscal Year 2010 Program Narrative and Budget**

SmileHealthy will provide comprehensive care for low income county children in a number of different ways to maximize the number of children we can reach:

- private practice dentists as dental homes throughout the county
- mobile dental exam, hygiene and sealant clinics
- mobile restorative care clinics
- specialty care which includes pediatric dentists, endodontists, oral surgery and orthodontists
- education programs from individual and family counseling to day care providers to full school assemblies.

In Fiscal Year 2010 with the Board of Health Grant we expect to serve over 1000 low income county children. Plus we will reach over 600 hundred additional county residents through our education and outreach efforts.

SmileHealthy will serve additional patients outside the Board of Health Grant though our Head Start Dental Clinic and Mobile Dental Clinics at sites like Frances Nelson Health Center and Lincolns Challenge Academy.

**Patients Seen in a Dental Office Setting**

The Child Dental Access Program anchor continues to be the area dentists and specialists who see our low income county children at half their usual rate and for free as volunteers. This part of the program includes everything from those dentists who have taken on several county families to be their dental home to specialists and emergency care to full sedation oral surgery.

For this part of the program, we provide scheduling, reminder calls, transportation and translation services when needed, and maintain patient records. This requires an incredible amount of time and support and our staff does a great job working with the families. We also provide dental hygiene and dental assistant support for some participating dentists.

About 500 children each year are served by the payments to dentists in private practice.

**Mobile Dental Clinics**

Mobile Dental Clinics serve a different group of patients. Most seen at a mobile dental clinic would not have received dental care if we hadn't set up at their school, church or community center. These families are not as likely to make or keep an appointment with a private practice dentist.

A SmileHealthy Mobile Screening Clinic usually includes a dentist, dental assistant, and two dental hygienists, volunteers providing education (including U

of 1 pre-dental students and Parkland College Dental Hygiene students) all on the first day. Often on a second day, a dental hygienist or two comes back to the school to complete hygiene care.

The services are available to all grades through high school. We offer a dental exam, cleaning, fluoride treatment and sealants. We provide consent forms in English and Spanish and completed exam forms for the school and parents. The clinic is free to the school. Mobile Clinics are paid for by Medicaid, IDPH Seals grant and the Board of Health grant.

With the Board of Health grant In the 2008-2009 school year we held clinics for Prairieview-Ogden South, Prairieview-Ogden North, Unity East, Unity West, Unity Jr. High, Thomasboro, Ludlow, St. Joseph Elementary, St. Joseph/Ogden Middle School and Fisher. We added the Last Chance Dental Clinic at the Community Service Center in Rantoul which saw children from all over the county.

In the 09-10 school year we will be serving all our current schools plus Heritage Grade School, Anabel Huling Day Care in Rantoul, the Church Women United Back to School Day at the Bethany Park Christian Church in Rantoul and more.

The Board of Health grant will support serving over 500 children in a mobile clinic setting. This does not include the hundreds served by our mobile services for programs like Frances Nelson, Head Start and Lincoln's Challenge Academy.

### **Educational Programs**

Educational programs include offering and coordinating full school assemblies on oral health care, speaking in classrooms, organizing an educational outreach program to day care providers and small groups like girl scouts, individual and family counseling, media events, community fairs and festivals and the ADA's Give Kids a Smile with the Illini Dental Society at Market Place Mall.

We provide a new toothbrush to everyone seen in all our programs including most educational events. Usually we provide a little kit that includes a toothbrush, toothpaste and floss. These kits are very popular and may be the only dental supplies some children receive. We have repeatedly heard of children in homes with no toothbrushes or only one old one to share. This is an important part of our public health mission to improve oral health care.

In 2009 we are on track to see over 2000 people through our education program. So far 380 have been county residents. At this rate we can project to provide dental health education to 624 county residents.

**SmileHealthy**  
**Child Dental Access Program**  
**Champaign County Board of Health**  
**Fiscal Year 2010 Budget Proposal**

	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010
Personnel	37,500	37,500	<b>39,375</b>
Fringe (@ .20 of wages)	7,500	7,500	<b>7,875</b>
<b>Personnel Subtotal</b>	<b>45,000</b>	<b>45,000</b>	<b>47,250</b>
Operations			
Travel/Mileage	3,000	3,000	<b>3,150</b>
Telephone	760	760	<b>798</b>
Dental Supplies	3,000	3,000	<b>3,150</b>
Printing/Copies	760	760	<b>798</b>
Postage	240	240	<b>252</b>
Contractual (Bookkeeping & Audit)	2,600	2,600	<b>2,730</b>
<b>Operations Sub-total</b>	<b>10,360</b>	<b>10,360</b>	<b>10,878</b>
<b>Patient Care and Client Assistance</b>	<b>75,000</b>	<b>75,000</b>	<b>75,000</b>
<b>Total Operating Expenses</b>	<b>130,360</b>	<b>130,360</b>	<b>133,128</b>
<b>Equipment Grant</b>	<b>10,000</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>140,360</b>	<b>130,360</b>	<b>133,128</b>

**Budget Explanation**

Personnel and Fringe – Primarily this covers the cost of our Child Dental Access Program Scheduler. Some money is used to fund the Program Coordinator, Education Program Coordinator and Executive Director. Personnel, fringe and operation expenses went up 5% in 2009.

For the county grant our scheduler works with families looking for care for their children to match them up with available appointments in the Child Dental Access Program (CDAP). The scheduler needs some dental training to efficiently schedule appointments based on care needs, timing and dental history. The scheduler is responsible for confirmation calls. We use a positive confirmation system that requires a parent to say “yes” they will be there or we schedule someone in from our short call list.

For the county grant, our Education Coordinator works to provide dental health education to events big and small throughout the county with staff and volunteers.

For the county grant, the Program Coordinator organizes care events like mobile dental clinics at schools, Give Kids A Smile and the Last Chance Dental Clinic.

She also maintains relationships with area dentists and recruits new providers to the program.

For the county grant, the Executive Director provides monthly reports and attends Board of Health meetings. The Director reviews all CDAP bills from dentists and maintains the program and organization budgets.

Operations – These are the supporting expenses to the Child Dental Access Program and children served under the county grant like phone, mileage and dental supplies.

Patient Care and Client Assistance – These are payments to dental providers. In 2008 \$53,000 of the county grant was paid to dentists in private practice at a reduced rate of at least 50% off their usual fees. This included children in a dental home with long-term relationships and regular six-month appointments and specialists like pedodontists, orthodontists and oral surgery.

Patient Care and Client Assistance also includes money paid to dental professionals including dentists, dental hygienists and dental assistants to provide care to low-income county children. Most of the \$22,000 in 2008 went to underwrite the cost of providing mobile dental services to county children.

Thank you to the Board of Health and County Board for your continued support and commitment to the oral health for low income children in Champaign County. Should you have any questions or need additional information, don't hesitate to contact me at the office 359-7404, mobile 390-5365 or [ngreenwalt@smilehealthy.org](mailto:ngreenwalt@smilehealthy.org).

**CHAMPAIGN COUNTY PUBLIC HEALTH BOARD**

**AGENCY PROGRAM & FINANCIAL PLAN**

**AGENCY NAME: CHAMPAIGN COUNTY REGIONAL PLANNING COMMISSION**

**Contract Name: Public Health Services for Senior Wellness**

**Contract Yr 2010 -- 12/01/09 - 11/30/10**

**OPERATING FUND REVENUE**

Date Completed: May 18, 2009

		Total Budget for CCPHB Contract	CCPHB Budgeted Revenue
<b>REVENUE</b>			
1. CC United Way Allocation			
2. U-Way Designated Donations			
3. Contributions			
4. Special Events/Fundraising			
5. Contrib/Assoc Organizations			
6. Allocations Other U-Way			
7. Grants*			
a) CCMHB Funding			
b) ECIAAA			
c) Champaign County			
d) Townships			
e) City of Champaign			
f) CSBG #07-23138			
g) City of Urbana			
i) Public Health Sr. Wellness			\$50,000
8. Membership Dues			
9. Program Service Fees*			
a) Training Fees			
b) Referral Fees			
c)			
d)			
e)			
f)			
g)			
10. Sales of Goods & Services			
11. Interest Income			
12. Rental Income			
13. In-Kind Contributions			
14. Miscellaneous			
<b>TOTAL REVENUE</b>			<b>\$50,000</b>

\* Please list individual revenue sources (do not combine sources) -- add lines as necessary

Dec-08

**CHAMPAIGN COUNTY PUBLIC HEALTH BOARD**

**AGENCY PROGRAM & FINANCIAL PLAN**

**AGENCY NAME:** CHAMPAIGN COUNTY REGIONAL PLANNING COMMISSION

**Contract Name:** Public Health Services for Senior Wellness

**Contract Yr 2010 -- 12/01/09 - 11/30/10**

**OPERATING FUND EXPENSES**

Date Completed: May 18, 2009

		Total Budget for CCPHB Contract	CCPHB Budgeted Expenses
<b>EXPENSES</b>			
1. Salaries/Wages			\$25,150
2. Payroll Taxes/Benefits			\$10,815
3. Professional Fees/Consultants			
4. Client Wages/Benefits			
5. Consumables			\$400
6. General Operating			\$500
7. Occupancy			
8. Conferences/Conventions/Mtgs			
9. Local Transportation			\$1,818
10. Specific Assistance			
11. Equipment Purchases			
12. Equipment Lease/Rental			
13. Membership Dues			
14. Interest Expense			
15. Fund Raising Activities			
16. Cost of Production			
17. Miscellaneous			
18. Depreciation			
19. Administration/Indirect			\$11,318
<b>TOTAL EXPENSES</b>			\$50,000
Excess (Deficit) / Revenue			
Over Expenses			\$0
Dec-08			

**CHAMPAIGN COUNTY PUBLIC HEALTH BOARD**

**AGENCY PROGRAM & FINANCIAL PLAN**

**AGENCY NAME: CHAMPAIGN COUNTY REGIONAL PLANNING COMMISSION**

**CONTRACT YR 2010 -- 12/01/2009 - 11/30/2010      Date Completed: May 18, 2009      Date Revised:**

**PERSONNEL SERVICES**

**Program Name: Senior Wellness**

<b>Total Personnel for CCPHB Contract</b>	<b>CCPHB Budget Personnel</b>	<b>Total Personnel</b>
---	-----------------------------------	------------------------

<b>AGENCY POSITION/TITLE</b>	<b>Total Personnel for CCPHB Contract</b>		<b>CCPHB Budget Personnel</b>		<b>Total Personnel</b>	
	<b>FTE</b>	<b>SALARY</b>	<b>FTE</b>	<b>SALARY</b>	<b>FTE</b>	<b>SALARY</b>

Christensen, Victoria- Program Manager			0.32	\$14,750		
Quitschau, Vicky - Case Manager			0.16	\$5,200		
Lhee, Parker- Case Manager			0.17	\$5,200		

<b>TOTAL SALARIES</b>				\$25,150		
-----------------------	--	--	--	----------	--	--

<b>TOTAL FTE'S</b>			0.65			
--------------------	--	--	------	--	--	--

**\*Please complete the following:\***

<b># of Direct Service Staff</b>			0.65			
<b>Direct Service Salaries</b>				\$25,150		

<b># of Indirect Service Staff</b>			0	0		
<b>Indirect Service Salaries</b>				\$0		





## CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

May 13, 2009

Dr. Julian Rappaport, President  
Champaign County Board of Health  
1776 East Washington Street  
Urbana, Illinois 61802

Dear Dr. Rappaport:

The purpose of this letter is to notify you of actions currently being taken by the Champaign County Mental Health Board (CCMHB) pertaining to our partnership which co-funds the Crisis Nursery's perinatal depression project. As you are aware, the term of the current contract with Crisis Nursery ends on June 30, 2009. An application (attached) for funding for this project from July 1, 2009 through June 30, 2010 has been submitted and recommended for continuation by the CCMHB contingent on approval of \$25,000 by the Champaign County Board of Health. Please confirm your intent to provide \$25,000 as your share of this project.

In accordance with our Memorandum of Understanding, quarterly meetings of a joint planning committee have been held to collaborate and review the status of our co-funded project. Our contract with Crisis Nursery to fund the "Beyond Blue" perinatal depression program for rural Champaign County was implemented and met performance requirements delineated in the program plan. It is the recommendation of staff to approve funding to continue the program for another year.

As mentioned above, the CCMHB funding for this project is contingent on continued funding of \$25,000 from the Champaign County Board of Health. Additionally, the Crisis Nursery applied for another \$20,000 to expand Beyond Blue to serve mothers and babies from the cities of Champaign and Urbana. The expansion was also recommended by staff for approval, however the expansion is tied to continuation of the base program which is co-funded by the Board of Health.

Please notify me as soon as possible of the Board of Health's decision on this matter. Upon approval, we will expect payment of the \$25,000 in December 2009. Thank you in advance for your attention to this matter. We look forward to our continued partnership.

Sincerely,



Peter Tracy  
Executive Director

**CHAMPAIGN COUNTY MENTAL HEALTH BOARD  
AGENCY PROGRAM & FINANCIAL PLAN AUTHORIZATION  
AUTHORIZATION/COVER SHEET**

**AGENCY:** \_\_\_\_\_ Crisis Nursery  
**ADDRESS:** \_\_\_\_\_ 1309 W. Hill Street  
\_\_\_\_\_  
\_\_\_\_\_ Urbana, IL 61801  
**TELEPHONE:** \_\_\_\_\_ 217-337-2731  
**CONTACT:** \_\_\_\_\_ Stephanie Record  
**E-Mail Address:** \_\_\_\_\_ srecord@crisisnursery.net

**FOR THE FISCAL YEAR July 1, 2009 THROUGH June 30, 2010**

**CCMHB Contract Year 2010**

*The following forms are attached:*

- \_\_\_\_\_ Authorization and Cover Sheet
- \_\_\_\_\_ Program Service Plan, Parts I, II & III
- \_\_\_\_\_ Revenue Form
- \_\_\_\_\_ Expense Form
- \_\_\_\_\_ Personnel Services Form
- \_\_\_\_\_ Budget Narrative Form
- \_\_\_\_\_ Board Member List
- \_\_\_\_\_ Agreement for Interagency Cooperation
- \_\_\_\_\_ Cultural Competence Plan
- \_\_\_\_\_ Eligibility Questionnaire (when applicable)



Signed (original signatures only – no stamp or electronic facsimile):

Stephanie Record  
Chief Executive Officer

Shirley K. Anderson  
Board President or Other  
Authorized Official

Date: 2/11/09

Date: 2/11/09

# CCMHB PROGRAM PLAN

7/1/09 to 6/30/10

## CONFORMITY WITH FUNDING CRITERIA FOR PROGRAM YEAR 2010 (PY10)

Applicant signatures on the AGENCY PROGRAM & FINANCIAL PLAN AUTHORIZATION COVER SHEET attest that relevant agency personnel have read and understood the applicable Decision Support Memoranda as approved or amended by the CCMHB or CCDDDB, and have followed the instructions related to completing this application. Incumbent Agencies attest there have been no substantive changes in the agency's legal status. This plan, if approved, will become part of the contract document with the agency. New applicants for funding must also submit an AGENCY ELIGIBILITY QUESTIONNAIRE. Omissions and/or misstatements may be grounds for rejecting the application and/or voiding a contract.

## PART I

AGENCY NAME: Crisis Nursery

PROGRAM NAME: Beyond Blue - A Perinatal Depression Program for Rural Champaign County

FUNDING AMOUNT REQUESTED \$ 50,000 (See Instructions – Must match amount on Revenue form)

### TYPE OF CONTRACT

Grant  Fee-for-Service (FFS)  Special Initiative  Consultation  Other

### FOCUS OF ORGANIZATION APPLICATION

Developmental Disabilities  Mental Health  Substance Abuse

### PROGRAM STAFFING AND GENERAL SERVICE TARGETS

Total FTE assigned to program 4.92 (See Instructions)

CCMHB funded FTE assigned to program 1 (See Instructions)

Annual target number of unduplicated persons to be served 25 (See Instructions)

### TARGET POPULATION (400 words or less - See Instructions)

The program serves primarily mothers identified as "at risk" of perinatal depression who reside in rural Champaign County and have a child or children less than one year of age. Mothers with a personal or family history of depression or who have experienced depression during pregnancy are more likely to be "at risk". In 2006, rural Champaign County had 1083 births. The target population includes low income mothers. A National Center for Children in Poverty brief indicates that 40-60% of these two groups report depressive symptoms. While poverty trumps race as a factor in maternal depression, African American women and Latino adolescents also have very high rates of depression. Studies indicate postpartum depression that continues beyond the "baby blues" affects at least 10-20% of women. Many remain untreated. Multiple family risks such as poverty, low social supports, and marital discord coupled with severe depression have been linked to negative affective, behavioral, and cognitive child outcomes, including lack of success in pre-school, day care, and early school years.

The child is included as part of the target population and the program includes group and individual support and education to facilitate parent-child engagement with the participation of mother and child.

Identification of rural Champaign County mothers “at risk” of perinatal depression includes the following sources:

- Mothers/babies who present at Crisis Nursery and are identified as “at risk” of postpartum depression.
- Mothers/babies identified by CUPHD’s Rantoul WIC/Family Case Management unit. CUPHD Maternal and Child Health (Brandon Meline) provided data that WIC screened 83 mothers in rural Champaign County during a 3 month time period (Sept.-Nov. 2008). 7.5% (11) rural Champaign County mothers were found to be “at risk” of postpartum depression.
- Mothers/babies identified by Carle Clinic and Hospital, Christie Clinic, Provena Hospital, Francis Nelson Community Health Clinic or private practice obstetricians.
- Mothers/babies identified by pediatricians.

Referrals of mothers-to-be or fathers identified as “at-risk” of perinatal depression can also be accepted for service.

Crisis Nursery is currently providing services to 13 mothers and one father through the *Beyond Blue* program established on July 1, 2008. For the last 25 years, the agency has served families in stress, especially with infants, providing both crisis child care and family intervention. During this time, some fathers have also been identified as having perinatal depression. Beyond Blue’s Program Director and Family Specialist have participated in infant mental health training given by Michael Trout, nationally known expert.

Required Eligibility criteria for funded services. (This statement must be retained in all plans submitted).

All clients are residents of rural Champaign County and have evidence of a need for service based on the results of the Edinburgh Postnatal Depression Scale (EPDS), a health professional’s assessment and/or a Crisis Nursery professional assessment. Clients will primarily be in a lower socio-economic group as determined by self disclosure at intake.

**CCMHB** will contract with the **AGENCY** for services to individuals/families who meet the following criteria:

- (a) are residents of Champaign County as shown by address;
- (b) have evidence of a need for service based on an assessment;
- (c) have limited financial resources to meet the cost of their care.

#### **SERVICES TO BE PROVIDED** (400 Words or Less – See Instructions)

*Beyond Blue* strives to reduce perinatal depression through a relationship-based, family-focused model of intervention and treatment provided in non-traditional settings including the client’s home, Crisis Nursery, and other neutral sites throughout Champaign County. Home Visitor services and Parent Child Interaction (PCI) Groups are utilized to reduce social isolation and provide education on perinatal depression, child development, and parenting skills. The mother-child interaction and relationship influence early development and a mother’s perception of herself as a caregiver. Our dyadic treatment model promotes maternal emotional availability often missing or sporadic for children of seriously depressed mothers. Emotional availability is critical for babies to develop the capacity to self-regulate. Children who self-regulate often read better, a primary factor in early school success. Paramount to good mental health of the mother and infant is a mother-child relationship that is engaging and emotionally satisfying. The Nursery provides crisis and respite care in a developmentally supportive environment to promote stability and prevent child abuse and neglect.

Components of *Beyond Blue* include:

- Screening and identifying mothers “at risk” of postpartum depression with the EPDS, at intake.
- Home visitor services to assess depressive symptoms; educate about effects of perinatal depression on infant and child development; provide counseling; provide individualized support and service referrals; and care management.

- PCI groups to engage the mother/baby and to reduce social isolation; discuss child development topics; demonstrate positive mother/child interactions; enhance mother's self-reliance; and enhance baby's self-regulation. To reduce stigma, groups are open to parents needing the service for other reasons. Fathers "at-risk" of perinatal depression will be included.
- Telephone contact to address referrals, crisis counseling, goals and respite care scheduling.
- Crisis Care, available 365 days a year, 24 hours a day, when there is no other resource. *In-kind*.
- 48 hours of planned Respite Care earned through participation in PCI groups (8 hours per session attended). Respite provides caregivers with a break and reduces stress. *In-kind*.
- Establishment of linkages with health services, early childhood and child development programs, and more intense therapeutic services as needed.
- Brief therapy for clients displaying anxiety symptoms; available free at Crisis Nursery through UI Psychological Services Clinic.
- Postpartum support group.
- Community education and health care provider education on perinatal depression to reduce stigma, inform about needed screening, and inform about Nursery's *Beyond Blue* program. A Crisis Nursery Program Committee, populated by persons with medical, child development, psychology, social work, consumer and other needed expertise, is being formed to focus on this initiative.
- Michael Trout, nationally known expert on infant mental health and Director of the Infant-Parent Institute, provides consultation on the Home Visitor protocol addressing clinical assessment of perinatal depression and appropriate interventions.

### **ACCESS TO SERVICES FOR RURAL RESIDENTS** (100 Words or less – See Instructions)

*Beyond Blue* serves mothers/babies residing in rural Champaign County. Referral sources are CUPHD's WIC/Family Case Management program; Crisis Nursery's Crisis Care program; Carle Hospital, Christie Clinic, and the Mental Health Center. Outreach continues with Provena and Francis Nelson Health Clinic to gain additional referrals. Services are provided in client homes and through PCI groups held in Rantoul (2), Mahomet (1), and at the Nursery (2). Non-traditional locations such as medical clinics, early childhood programs, and churches will continue to be utilized.

To reduce language and cultural barriers, groups can be facilitated in Spanish as needed. The bilingual staff member could assist the Home Visitor in recognizing and addressing specific cultural needs. Nursery materials are available in Spanish.

### **PROGRAM PERFORMANCE MEASURES**

#### **Consumer Access**

Working relationships and protocols have been developed with referral sources geographically based in or serving rural Champaign County such as CUPHD's Rantoul WIC/Family Case Management program; Carle Clinic; Christie Clinic; and Francis Nelson Health Clinic. *Beyond Blue's* Family Specialist has office hours weekly at CUPHD's Rantoul WIC program. Ongoing outreach is occurring with Carle and Provena hospitals. Appropriate social service agencies, community organizations, such as Community Service Center of Northern Champaign County, Headstart, etc., and medication professionals that serve rural Champaign County will continue to receive program information and updates.

Home Visitors Services have been provided in the clients' homes. PCI Groups have been held in non-traditional community and rural Champaign County settings to reduce stigma and to alleviate transportation barrier: In Rantoul at Headstart and Parent Wonders; In Champaign at Francis Nelson Health Clinic and Family Service. Another creative approach to reduce the transportation barrier for services is the use of gas cards for attendance at PCI groups and use of respite care.

Since Crisis Nursery is open 24/7, critical telephone referrals can be made and are responded to within 24 hours. Supervisory staff will monitor the speed of consumer access by reviewing Crisis Nursery response data.

The Nursery has previously identified a need for outreach to the Spanish-speaking community in northern Champaign County. Utilizing Spanish-speaking staff and Spanish-speaking interns continues to be a priority.

Program materials have been translated into Spanish.

A Cultural Competence Plan has been submitted. Crisis Nursery has positively demonstrated diversity and cultural competence. Our agency has continued to develop collaborations with Latino organizations and other organizations that serve people of color to assist us in building culturally sensitive services.

Access by Zip Code – For PY10 will the program track and report consumer residency by zip code?

Yes  No (See Instructions - If yes, describe plans for collection of zip code data on consumers engaging services and frequency data will be reported, e.g. quarterly as an attachment to the quarterly program report)

Crisis Nursery has access to client zip codes through the intake process. The zip code data will be provided quarterly as an attachment to the quarterly program report.

### **Consumer Outcomes**

Crisis Nursery and the other five Illinois crisis nurseries are currently participating in a long term research project with Susan Cole, UI School of Social Work, evaluating service outcomes for adult clients who use the Nursery (crisis care and post crisis family services). The outcome tool used measures a client's sense of well-being and acquisition of parenting skills. The tool is a combination of two scales: 1) A scale developed by ARCH, a national resource center for crisis and respite care. The scale is based on the client's report of level of stress, parenting skills and risk of maltreatment 2) The PSS-4 (Perceived Stress Scale), developed by Sheldon Cohen, is a psychological instrument that measures the degree to which situations in the parent's life over the past month are evaluated as stressful. The outcomes evaluation tool is administered interview style with the pre-survey at the initial home visit and the post-survey administered at the final home visit.

Data collected in FY08 indicated that clients who utilized our services reported:

- Decreased levels of stress: 80%
- Improvement in Parenting Skills: 96%
- Reduced risk of Maltreatment (of children): 95%

For the *Beyond Blue* program, we will also use the outcomes survey to measure parent efficacy, parent support, and parent networks.

The current outcomes tool will be utilized with clients in this program. For quality improvement, the Nursery will examine less than optimal outcomes (85% or below) for clients and identify factors that may have contributed to the outcomes. This information will be used to evaluate the program's service approach, service intensity, service accessibility, and mix of services.

Additionally, a post-discharge contact will occur with clients six months after discharge to determine if services have been effective or follow-up services are needed.

The Nursery has collaborated with Susan Cole, U of I School of Social Work, to determine how the current instrument can be effectively used to measure the impact of this program on reducing perinatal depression.

Objectives identified for inclusion in this program's evaluation include the following:

- a. Mothers will gain information about the effects of perinatal depression on the baby.
- b. Mothers will have a decrease in depressive symptoms.
- c. Mothers will develop a greater understanding of their child's developmental needs and an ability to meet those in positive and growth producing interactions

- d. Mothers will learn to reduce their stress and seek resources which would prevent becoming overwhelmed.
- e. Mothers will improve their capacity to engage fully in a reciprocal relationship with their babies resulting in optimal development of the baby, more successful and satisfying parenting, and a greater security for both.

The Edinburgh will initially be used to identify clients who are “at-risk” of perinatal depression and will also be administered quarterly to track the progress of the client.

Another instrument, the Ages and Stages Questionnaire, is administered upon entry into the *Beyond Blue* program. It is currently used to set milestones to assist a mother’s understanding of her infant’s development, to set goals and to track progress. If delays are identified, then the Ages and Stages Questionnaire will be administered again to assess progress.

An additional goal of the program is to improve the community’s understanding of perinatal depression. The number of presentations that provide public awareness are tracked. The newly instituted Program Committee will focus on a tiered plan for public and medical community awareness.

**Utilization/Production Data Narrative** (Reference the data contained in the Part II Utilization/Production data Form attached)

Projected utilization follows:

- 25 Treatment Plan Clients will be served. Treatment Plan Clients are the mothers determined to be eligible for the program.
- 80 Non Treatment Plan Clients will be served. Non Treatment Plan clients include the following: 25 babies of the mothers participating in the program; other family members; mothers screened for postpartum depression, but did not enter the program as not eligible or refused services.
- 700 service contacts are projected. Service contacts include screenings, home visits and telephone contacts with Treatment Plan Clients; screenings, home visits and telephone contacts with Non Treatment Plan mothers; contacts with other family members of Treatment Plan clients; referral contacts for both Treatment Plan Clients and Non Treatment Plan Clients.
- 112 Community Service Events are projected. Community Service Events includes: 30 Parent Child Interaction groups for the mother/baby dyads; 10 postpartum support group meetings; 15 meetings with referral sources; 50 presentations to community groups, two newsletters (that reach 13,000 homes/businesses); 5 media contacts resulting in an article or participation in a program.
- The Other category is the number of hours of crisis and respite care provided to babies and siblings. A total of 2886 hours crisis care and respite care will be provided, with a break-out of 1110 hours of crisis care and 1776 hours of respite care.

Service levels, as established in the Part II Utilization/Production data Form, will be monitored on a quarterly basis, utilizing specific and detailed statistics on demographics, services provided, and performance goals. Data will be kept to ensure that documents can be generated from this data for use in quality assurance reviews. Identifying and analyzing the reason(s) for any variances in expected performance will be critical in the evaluation of the program. The resulting modifications for service approach, service intensity and service implementation will be incorporated in practice and re-evaluated periodically. Training and technical assistance will be made available to staff and volunteers if needed to improve practice. We will continue to review literature on other programs that serve our target population to identify service approaches that could improve service delivery and outcomes.

**Unexpected or Unintended Results (optional)** (200 words or less – See Instructions)

We are currently in the 8<sup>th</sup> month of this new *Beyond Blue* program; all clients remain engaged in services. Results are not yet available. Initially, it appears that engaging depressed, isolated mothers in PCI groups is requiring multiple contacts and approaches. We will continue to evaluate, but at this time have increased the number of individual service contacts and reduced the number of PCI groups to 5 for next year.

In addition, we have also found that clients are not utilizing the planned respite hours at the level that we had originally anticipated. This is an in-kind service being provided by the Nursery and we continue to make efforts to encourage parents to utilize this much needed support. For this reason, we have not decreased the number of target hours that we are planning to use for the upcoming year.

**SERVICE FEES**

**Client/Consumer Service Fees** (as applicable – See Instructions)

Are all clients asked to pay some fee?  Yes  No

Does the program use a sliding fee scale?  Yes  No

If yes, attach relevant fee schedule

Is program eligible and willing to participate in the Medicaid Community Mental Health Services Program (i.e., Part 132) or Medicaid services for substance abuse treatment under Part 77?

Yes  No

**Fees To Be Paid By CCMHB** (See Instructions) N/A

Service Category	Unit Specification	CCMHB Unit Rate
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## CCMHB Program Plan PART II

### UTILIZATION/PRODUCTION DATA

See instructions for correct section to use and unit definitions. Use multiple forms if there are data for several program components.

A. CCMHB GRANT PROGRAM	Past Year Actual & Target		This Year in progress = 12 month estimated actual & target		Next Year target levels
Program Component Name	Actual	Target	Actual	Target	Target
<u>Beyond Blue – Perinatal Depression Program</u>					
1. Continuing TPC	NA	NA	0	0	0
2. New TPC	NA	NA	14	25	25
3. Total TPC	NA	NA	14	25	25
4. Continuing NTPC	NA	NA	0	0	0
5. New NTPC	NA	NA	57	80	80
6. Total NTPC	NA	NA	57	80	80
7. Service Contacts	NA	NA	280	700	700
8. Community Service Events	NA	NA	126	115	115
9. Other *	NA	NA	79**	2886	2886

\*Number of House of Crisis Care and Planned Respite Care for children of Treatment Plan Clients. This service is provided in-kind.

\*\* Clients are not utilizing the planned respite hours at the level that we had originally anticipated. This is an in-kind service being provided by the Nursery and we continue to encourage parents to utilize this much needed support. For this reason, we have not decreased the number of target hours that we are planning to use for the upcoming year.

B. CCMHB Fee for Service Program Component Name	Past Year Actual	This Year in progress is 12 months estimated	Next Year: Target levels
1. Unduplicated Number of Persons Served by Program			
2. Unduplicated Number of Persons Served under CCMHB Funding. (If different from # 1)			

## CCMHB Program Plan PART III

### UTILIZATION DEMOGRAPHICS

Give the number of unduplicated persons or cases served by your program in the most recent complete fiscal/program year, broken down by the following categories.

Program Name \_\_\_\_\_ Demographics for Program Year Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

Residency	#	Age(2)	#	Race/ Ethnicity (2)	#	Gender (2)	#	Family Income (2)	#
Champaign		0-6		White		Male		Under \$20,850	
Urbana		7-12		Black/AA		Female		\$20,851- \$39,350	
Rantoul Area		13-18		Asian/PI				\$39,351 - 62,950	
Other Champaign Co.		19-59		Hispanic/ Latino				Over \$62,950	
Not from Champaign County		60- 75+		Other Incl. NA & Bi- Racial					
Data not Available (1)									
<b>Total</b>		<b>Total</b>		<b>Total</b>		<b>Total</b>		<b>Total</b>	

(1) If data is not available, explanation here. *Fiscal Year 2009 is the first year of this program; therefore we do not have any data from a complete year.*

(2) All data presented is to be for Champaign County Residents only. Do not report demographics in the Age, Race, Gender and Income columns for those clients included in Residency - Not from Champaign County box.

<b>CHAMPAIGN COUNTY MENTAL HEALTH BOARD</b>			
<b>AGENCY PROGRAM &amp; FINANCIAL PLAN</b>			
AGENCY NAME: Crisis Nursery			
CONTRACT NAME: Perinatal Depression-rural Champaign Co.		Contract Yr 2010 -- 07/01/09 - 06/30/10	
<b>OPERATING FUND REVENUE</b>		Date Completed: 2/11/09	
	TOTAL AGENCY BUDGET	Total Budget for CCMHB Contract	CCMHB Budgeted Revenue
REVENUE			
1. CC United Way Allocation	35,000		
2. U-Way Designated Donations	73,000		
3. Contributions	228,000	35,000	
4. Special Events/Fundraising	124,338	21,543	
5. Contrib/Assoc Organizations			-
6. Allocations Other U-Way			
7. Grants*			
a) Urbana	17,500		
b) Champaign	18,000		
c) DCFS	32,191		
d) DCFS - PCI	20,000		
e) DHS - DFI	30,185		
f) DHS - GRF	77,936	40,000	
g) DCEO	18,000		
h) FEMA	2,500		
i) CCMHB -- Rantoul PCI	5,250		
j) CCMHB - Perinatal Depression (rural Ch Co.)	50,000	50,000	50,000
k) Dept. of Aging	5,000		
l) CCMHB - Perinatal Depression (CU)	20,000		
8. Membership Dues			
9. Program Service Fees*			
a)			
b)			
c)			
d)			
e)			
f)			
g)			
10. Sales of Goods & Services			
11. Interest Income	8,000		
12. Rental Income			
13. In-Kind Contributions			
14. Miscellaneous	15,100		
<b>TOTAL REVENUE</b>	<b>780,000</b>	<b>146,543</b>	<b>50,000</b>
<i>* Please list individual revenue sources (do not combine sources) -- add lines as necessary</i>			

3-Nov

<b>CHAMPAIGN COUNTY MENTAL HEALTH BOARD</b>				
<b>AGENCY PROGRAM &amp; FINANCIAL PLAN</b>				
AGENCY NAME: Crisis Nursery				
CONTRACT NAME: Perinatal Depression-rural Champaign Co.			Contract Yr 2010 -- 07/01/09 - 06/30/10	
<b>OPERATING FUND EXPENSES</b>			Date Completed: 2/11/09	
		<b>TOTAL AGENCY BUDGET</b>	<b>Total Budget for CCMHB Contract</b>	<b>CCMHB Budgeted Expenses</b>
<b>EXPENSES</b>				
1.	Salaries/Wages	541,887	120,343	35,000
2.	Payroll Taxes/Benefits	132,745	12,500	8,500
3.	Professional Fees/Consultants	4,850		
4.	Client Wages/Benefits	-		-
5.	Consumables	7,300	3,000	2,000
6.	General Operating	20,000	1,640	
7.	Occupancy	14,418	4,260	
8.	Conferences/Staff Development	10,000		
9.	Local Transportation	10,000	4,500	4,500
10.	Specific Assistance	-		
11.	Equipment Purchases	9,000		
12.	Lease/Rental	-		
13.	Membership Dues	1,300	300	
14.	Interest Expense	-		
15.	Fund Raising Activities	26,000		
16.	Cost of Production	-		
17.	Miscellaneous	2,500		
18.	Depreciation	-		
<b>TOTAL EXPENSES</b>		<b>780,000</b>	<b>146,543</b>	<b>50,000</b>
Excess (Deficit) / Revenue				
Over Expenses				
11/3/2008				

**CHAMPAIGN COUNTY MENTAL HEALTH BOARD AGENCY PROGRAM & FINANCIAL PLAN**

**AGENCY NAME:** Crisis Nursery

**Contract Yr 2010 -- 07/01/09 - 06/30/10**

**Date Completed:** 2/11/09

**PERSONNEL SERVICES**

**CONTRACT NAME:**

PCI - Teen Parent Outreach

Perinatal Depression Program for rural Champaign Co.

Perinatal Depression Program for Champaign-Urbana

POSITION TITLE-STAFF NAME	TOTAL AGENCY		Total Personnel for CCMHB Contract		CCMHB Budgeted Personnel		Total Personnel for CCMHB Contract		CCMHB Budgeted Personnel		Total Personnel for CCMHB Contract		CCMHB Budgeted Personnel	
	FTE	SALARY	FTE	SALARY	FTE	SALARY	FTE	SALARY	FTE	SALARY	FTE	SALARY	FTE	SALARY
Executive Director (S. Record)	1	69,525	0.03	2,000	0.00	200	0.05	3,476	0.01	500	0.03	1,738	0.01	500
Marketing/Special Events (J. Culp)	1	39,140	0.03	1,000	0.00	-	0.05	1,957	0.00	-	0.03	979	0.00	-
Administrative Assistants (J. Conley & K. ...)	1.5	42,265	0.03	1,225	0.00	-	0.08	2,254	0.00	-	0.04	1,691	0.00	-
Accounting Manager (E. Zorns)	1	43,605	0.03	1,250	0.00	150	0.05	2,180	0.00	-	0.03	1,090	0.00	-
Development Director (W. Tracy)	0.6	25,580	0.02	625	0.00	-	0.03	767	0.00	-	0.02	384	0.00	-
Volunteer Coordinator (K. Gollings)	1	37,267	0.03	1,000	0.00	-	0.05	1,863	0.00	-	0.03	932	0.00	-
Program Director (L. Swinford)	1	44,047	0.03	1,433	0.01	425	0.20	8,809	0.02	1,000	0.10	4,405	0.02	1,000
Family Specialist (L. Frey)	1	30,900	0.00	-	0.00	-	0.00	-	0.00	-	0.50	15,450	0.50	15,450
Perinatal Family Specialist (C. Trice)	1	34,763	0.00	-	0.00	-	1.00	34,763	0.96	33,500	0.00	-	0.00	-
Family Specialist (K. Hart)	0.4	13,287	0.56	7,434	0.32	4,200	0.00	-	0.00	-	0.00	-	0.00	-
Family Worker (L. Fiscella & R. Freeman)	1.5	31,804	0.19	6,000	0.00	-	0.65	13,782	0.00	-	0.33	6,891	0.00	-
Lead Child Care Workers (Calixto, K.; H...)	4.2	80,385	0.30	24,000	0.00	-	1.23	23,541	0.00	-	0.62	11,866	0.00	-
Child Care Workers (Guerero, M.; Kindr...)	2.8	49,320	0.28	13,875	0.00	-	1.53	26,950	0.00	-	0.77	13,563	0.00	-
<b>TOTAL SALARIES</b>		541,887		59,842		4,975.00		120,343		35,000		58,988		16,950
<b>TOTAL FTE'S</b>	18		1.52		0.33		4.92		0.99		2.47		0.53	
<i>*Please Complete the Following:*</i>														
<b># of Direct Service Staff</b>	12.9		1.39		0.33		4.66		0.99		2.34		0.52	
<b>Direct Service Salaries</b>		321,772		53,742		4,625		109,708		34,500		53,107		16,450
<b># of Indirect Service Staff</b>	5.1		0.14		0.01		0.26		0.01		0.13		0.01	
<b>Indirect Service Salaries</b>		220,115		6,100		350		10,635		500		5,881		500
Total Salaries listed in the Total Agency, CCMHB Contract and CCMHB Personnel columns should match amounts listed on expenditure form.														
The total of indirect and direct staff totals and salary amounts should match the amounts listed in the columns on this form for Total Agency, CCMHB Contract & CCMHB Personnel.														
CCMHB Agency Plan Personnel - 11/08 ALL staff positions are to be listed individually by title along with the name of the person currently holding that position.														

# CHAMPAIGN COUNTY MENTAL HEALTH BOARD

## BUDGET NARRATIVE FORM – PY 10

**Agency Name:** Crisis Nursery

**Program Name:** Beyond Blue – A Perinatal Depression Program for rural Champaign County

**BUDGET NARRATIVE** (See Instructions)

**Revenue:**

<u>Source</u>	<u>Status</u>	<u>Commitment</u>	<u>Amount</u>
DHS - GRF (General Rev Funds)	applied for	Existing contract - renewal	40,000
Contributions	current	ongoing effort by Nursery	35,000
Special Events - Fundraising	current	ongoing effort by Nursery	21,543

**Expenses:**

**Consumables** - The cost of general supplies estimated for this program is \$3,000. We are asking CCMHB/CCPHD to pay for \$2,000 of these expenses. This number was figured by taking into consideration the cost of office supplies needed for the program and other supplies needed for group and home visit projects.

**General Operating** - This expense is figured by taking the program's percentage(20%) of Crisis Nursery's general operating costs of printing, postage, liability insurance, and utilities. We are not asking CCMHB/CCPHD to pay for these expenses.

**Occupancy** - This expense is figured by taking the program's percentage (20%) of the Crisis Nursery's occupancy costs of Property insurance, Maintenance, and utilities. We are not asking CCMHB/CCPHD to pay for these expenses.

**Local Transportation** - This would be the cost of travel to the groups and home visits correlating with the program. We have estimated approximately 30 miles per home visit at a reimbursement rate of \$.40 per mile. We are asking CCMHB/CCPHD to pay for these expenses.

**Salaries/Wages** - This is the major cost associated with this program.

*Key personnel are as follows:*

**Perinatal Family Specialist (Cherylanda Trice)** - This is the facilitator of the group and home visits. 100% of her salary (34,763) is allocated to this program with 96% (33,500) being requested from CCMHB/CCPHD.

**Lead Child Care Worker & Child Care Worker** - These are the staff directly caring for the children who are served by Crisis Care and Respite portion of the program. The cost of Crisis Care and Respite Care is not being charged to the CCMHB/CCPHD.

**Family Worker** - This person schedules crisis care clients, facilitates intake and exit interviews, and ensures that all the required paperwork for the child and family is completed. They are the direct link to the family when children are served. The cost of Crisis Care and Respite Care is not being charged to the CCMHB/CCPHD.

**Program Director (Laura Swinford)** - Provides supervision and support to all the staff listed above. Approximately 20% of her time is allocated to the Perinatal Depression program. Our budget requests 2% from CCMHB/CCPHD.

#### *Supportive Staff*

The first 5 staff positions on the Personnel Form along with the Volunteer Coordinator (Kim Gollings) are considered supportive staff of this program. They are Administrative positions which provide public awareness, fundraising, volunteer recruitment, and other administrative duties that are needed for the success of the Nursery. 5% of these administrative positions have been allocated to the program. We are requesting CCMHB/CCPHD to pay less than 1% (\$500) of the Executive Director's time. The ED (Stephanie Record) is directly responsible for the Program and supervises the Program Director.

**MEMORANDUM OF UNDERSTANDING  
BETWEEN THE  
CHAMPAIGN COUNTY MENTAL HEALTH BOARD  
AND THE  
CHAMPAIGN COUNTY BOARD OF HEALTH**

I. Introduction and Purpose

The **Champaign County Mental Health Board** (hereinafter, Mental Health Board) and the **Champaign County Board of Health** (hereinafter, Public Health Board), hereby enter into this AGREEMENT to delineate respective roles, responsibilities and financial obligation pertaining to funding programs in Champaign County which assure improved integration of physical health and behavioral health services.

Both parties understand and agree as follows:

WHEREAS, the Public Health Board is responsible for disease control, health promotion and the physical and environmental health of county residents; and

WHEREAS, the Mental Health Board has a statutory responsibility to plan, fund, monitor and evaluate mental health, substance abuse, and developmental disability services in Champaign County pursuant to 405 ILCS 20/3e; and

WHEREAS, the Public health Board and the Mental Health Board share a common interest in the physical and behavioral health and wellbeing of the citizens of Champaign County; and

WHEREAS, improvement of the overall health and wellbeing of Champaign County including working toward priorities identified in Health People 2010 and the New Freedom Commission Report requires an ongoing process to support collaboration and integrated planning; and

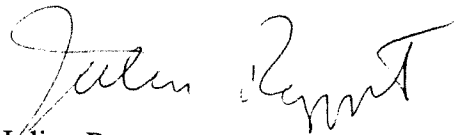
NOW, THEREFORE, in consideration of the mutual covenants herein contained, the parties agree to these provisions to implement their agreement:

1. The president of the Public Health Board and the president of Mental Health Board will establish a joint planning committee with two representatives from each board which shall meet quarterly to discuss and identify areas of interest for collaboration and/or jointly funded initiatives, as well as to review the status of co-funded projects. Staff support for this committee shall be provided by the Mental Health Board.
2. Co-Funded projects shall be approved by both boards with authority for issuing and managing contracts assigned to the executive director of the Mental Health Board.
3. The Public Health Board shall transfer their share of funds for approved co-funded projects to the Mental Health Board.
4. Staff from the Mental Health Board shall attend Public Health Board meetings or provide a written status report on all co-funded projects.

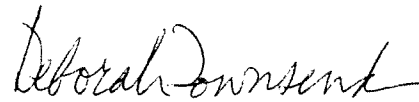


5. Either party may terminate this Memorandum of Understanding with 180 days written notice to the other. Upon the mutual written consent of both parties, the agreement may be terminated sooner.
6. Nothing contained herein serves to limit, alter, or amend either party's duties, rights, or responsibilities as set out in applicable State and Federal statutes, laws or regulations.

IN WITNESS WHEREOF, the parties have caused this Memorandum of Understanding to be executed by their authorized representatives on this 30 day of JUNE, 2008.



Julian Rappaport, Ph.D., President  
Champaign County Board of Health



Deborah Townsend, Ph.D., President  
Champaign County Mental Health Board