

---

## 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, October 27, 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>
<b>A.</b>	<b>Call to Order</b>	
<b>B.</b>	<b>Roll Call</b>	
<b>C.</b>	<b>Approval of Agenda/Addendum</b>	
<b>D.</b>	<b>Approval of Minutes</b>	
	1. September 29, 2009	1-8
<b>E.</b>	<b>Public Participation on Agenda Items Only</b>	
<b>F.</b>	<b>Crisis Nursery Beyond Blue Program Quarterly Report</b>	9-11
<b>G.</b>	<b>RPC Senior Wellness Program Quarterly Report</b>	12-18
<b>H.</b>	<b>Smile Healthy</b>	
	1. Monthly Report for August 2009	
<b>I.</b>	<b>Correspondence and Communications</b>	
	1. October 19, 2009 Letter From Carol Elliott, CUPHD Board Chair	19-21
<b>J.</b>	<b>CUPHD</b>	
	1. Administrator's Report	22
	2. Approval of CUPHD Invoice for August 2009	23
	3. Approval of H1N1 Grants Acceptance	
	4. Amendment of FY2009 Budget to Accommodate the H1N1 Grants	24
	5. Revised FY2010 CUPHD Contract Proposal ( <i>Separate Attachment</i> )	
	6. Termination & Renegotiation of the Agreement with CUPHD	25-26
	7. Approval of Well Water Testing Program Recommendation	

**K. Other Business**

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

**M. Adjournment**

1 CHAMPAIGN COUNTY BOARD OF HEALTH

2  
3 **Monthly Meeting**  
4 **Tuesday, September 29, 2009**  
5

6 **Call to Order**  
7

8 The Board of Health (BOH) held its monthly meeting on September 29, 2009 in the Jennifer  
9 Putman Meeting Room at the Brookens Administrative Center, 1776 East Washington, Urbana. The  
10 meeting was called to order at 6:03 p.m. by Board President Julian Rappaport.  
11

12 **Roll Call**  
13

14 Board members present at the time of roll call were Brenda Anderson, Mark Huls, John  
15 Peterson, Cherryl Ramirez, Julian Rappaport, and Betty Segal. Board member Bobbi Scholze  
16 arrived after roll was called. The staff member present was Kat Bork (Board of Health Secretary).  
17

18 The absent Board members were Prashanth Gowda and Stan James. James's absence was  
19 excused because he had notified the President in advance of the meeting.  
20

21 Also present were Deb Busey (County Administrator), Carol Elliott (CUPHD Board  
22 Member), Nancy Greenwalt (Smile Healthy Executive Director), Julie Pryde (CUPHD  
23 Administrator), Jim Roberts (CUPHD Environmental Health Director), and Peter Tracy (Mental  
24 Health Board & Developmental Disabilities Board Executive Director).  
25

26 **Approval of Agenda/Addendum**  
27

28 **MOTION** by Peterson to approve the agenda; seconded by Huls. **Motion carried with all**  
29 **eyes.**  
30

31 **Approval of Minutes**  
32

33 **MOTION** by Peterson to approve the minutes for the July 28, 2009 regular meeting and the  
34 August 18, 2009 regular meeting; seconded by Segal.  
35

36 Peterson requested that the attendance information be separated out to make it more readable  
37 in the minutes. Rappaport made a correction to the July 28, 2009 minutes on line 241-242 about the  
38 program's name.  
39

40 **Motion carried with all eyes.**  
41

42 **Public Participation on Agenda Items Only**  
43

44 There was no public participation on the agenda items.  
45  
46

47 **ADDENDUM**

48 **Correspondence and Communications**

49 **Approval of Request to Waive Construction Permit Fee**

50  
51 Rappaport stated it was appropriate for one government agency to waive the permit fee for  
52 another.

53  
54 **MOTION** by Peterson to waive the construction & operation permit fee for IDOT's Illini  
55 Prairie Rest Area (I-57) project; seconded by Huls. **Motion carried with all ayes.**

56  
57 **Smile Healthy**

58 **Monthly Report for July 2009**

59  
60 **MOTION** by Ramirez to receive and place on file the Smile Health monthly report for July  
61 2009; seconded by Anderson. **Motion carried with all ayes.**

62  
63 **Renewal of Participation Agreement for FY2010**

64  
65 Greenwalt confirmed the only changes to the renewal of the participation agreement from  
66 the previous year were the dates and the budget amount.

67  
68 **MOTION** by Ramirez to approve the FY2010 renewal of the Smile Healthy Participation  
69 Agreement; seconded by Huls

70  
71 Segal inquired if the renewal was valid when the agreement used the name "CIDES."  
72 Greenwalt confirmed Smile Healthy and CIDES were both legal names of the organization.

73  
74 **Motion carried with all ayes.**

75  
76 Greenwalt reported that the Cooperative Extension Newsletter contained an article about  
77 working with Smile Healthy. Bright Smiles from Birth begun at Frances Nelson Health Center last  
78 Thursday and constituted a real victory for Smile Healthy. This program works with Francis  
79 Nelson providers to begin oral health needs assessments and referrals. Smile Healthy will also be  
80 working with Crisis Nursery.

81  
82 Scholze entered the meeting at 6:10 p.m.

83  
84 **Treasurer's Report**

85 **Approval of CUPHD Invoice for July 2009**

86  
87 Peterson stated the invoice amount was consistent with the contract.

88  
89 **MOTION** by Peterson to approve payment of the CUPHD invoice for July 2009; seconded  
90 by James. **Motion carried with all ayes.**

91  
92

93 CUPHD FY2010 Budget

94  
95 Rappaport explained that he was asked at the last meeting to write a letter to CUPHD, with  
96 Busey's assistance, making suggestions and CUPHD responded with a letter dated September 1<sup>st</sup>.  
97 The September 1<sup>st</sup> letter was sent to all BOH members. Peterson felt the letter left things up in air.  
98 Rappaport took the CUPHD Board up on their offer to attend their board meeting on September  
99 14<sup>th</sup>. At this meeting Rappaport presented a statement to the CUPHD Board written on the BOH's  
100 behalf with the assistance of Busey and Tracy. This statement was included in the agenda packet.  
101 The BOH confirmed they had seen all of the correspondence. Rappaport asked if there was any  
102 further communication. Elliott confirmed the CUPHD Board has not met since September 14<sup>th</sup>.  
103 Rappaport stated the BOH has made a proposal with the money it has available in FY2010 to fund  
104 CUPHD activities in the county and asked CUPHD to take a look at their costs to find a way to  
105 come together based on what the BOH can afford. The BOH has not received a formal response  
106 from CUPHD to date. Rappaport asked if there were any questions about the budget documents  
107 Busey provided in the agenda packet. He suggested discussing the CUPHD FY2010 budget in the  
108 context of decisions the BOH will make about its relationship with the Mental Health Board and  
109 legal assistance. Rappaport said he understood the BOH is required to give notice a year in advance  
110 if it was going to change its relationship with CUPHD, via the agreement between the two boards.  
111 Rappaport asked the BOH to decide if they now wanted to formally approve a letter communicating  
112 an intention to change the relationship with CUPHD or wait until after they have the discussion  
113 about the BOH's administrative support and technical assistance. Peterson suggesting having a  
114 discussion about the budget first and noted Rappaport has driven this issue down the road in the last  
115 month. Rappaport said he thought he was following the direction of the BOH at its last meeting and  
116 decided the only way to move forward was to get help. He did not think the BOH was capable of  
117 dealing with all of the details on its own, hence the proposed changes in the memorandum of  
118 understanding with the Mental Health Board and the request for legal services. Busey observed that  
119 the CUPHD FY2010 budget is separate issue from any possible notification about the agreement.  
120 There is a \$40,096 difference between the BOH and CUPHD concerning the FY2010 CUPHD  
121 contract budget. Rappaport pointed out the BOH voted on the budget and Busey acknowledged  
122 there has been communication between the two boards since the budget was adopted by the BOH.

123  
124 Peterson asked if anyone from CUPHD would address the budget issue. Elliott stated the  
125 CUPHD had a meeting, which Rappaport and Busey attended. The CUPHD Board did not have a  
126 response for Rappaport or Busey at that meeting. The CUPHD Board is trying to arrange their  
127 October meeting, but they cannot talk to each other between meetings. Elliott was sure the budget  
128 issues with the BOH would be an agenda item at their next meeting.

129  
130 Busey stated a CUPHD FY2010 budget document was a necessary addendum to the  
131 CUPHD/BOH contract or the Champaign County Auditor would not pay the CUPHD invoice. She  
132 has requested an updated version of the budget document from CUPHD because the BOH will need  
133 to vote on the contract addendum, which is the basis for contract payments to CUPHD in FY2010.  
134 The County Board will receive and place on file the FY2010 Budget at its October 22<sup>nd</sup> meeting.  
135 The Board of Health budget included in the agenda packet will be included in the County Budget.

139 Board of Health FY2010 Budget Documents

140  
141 These documents were provided for information.

142  
143 **Board of Health Administrative Support & Technical Assistance**

144 Discussion of CUPHD/Board of Health Agreement

145  
146 Rappaport proposed moving discussion of the agreement to October.

147  
148 Proposed Changes to the Board of Health/Mental Health Board Memorandum of Understanding

149  
150 **MOTION** by Scholze to adopt the proposed changes to the Board of Health/Mental Health  
151 Board Memorandum of Understanding; seconded by Ramirez.

152  
153 Rappaport asked Tracy to take the BOH through the changes. Tracy explained the BOH and  
154 the Mental Health Board (MHB) currently have a memorandum of understanding that has been the  
155 basis of the cooperative perinatal depression program. Representatives from both boards have been  
156 meeting on quarterly basis. The MHB brought Harry Shellcross, a consultant, to a 2005 dinner to  
157 discuss how mental health and public health could work more closely together. There has been a lot  
158 of discussion about moving to more of a public health approach for dealing with mental health.  
159 Shellcross provided a presentation and training with the intention to lay the groundwork for an  
160 ongoing relationship between public and mental health. Ultimately, a memorandum of  
161 understanding was developed. Tracy described how the mental health board, public health board,  
162 and developmental disabilities board are the same entity within county government in a number of  
163 Illinois counties, such as DuPage County, McLean County, and Lake County. These boards are  
164 sometimes known as 553 boards. It is not a foreign concept to have the three boards work together.  
165 In talking with Busey and Rappaport in addition to the quarterly planning meeting, they have  
166 discovered the MHB has an administrative structure that operates fairly well for both the MHB and  
167 DDB. Because the BOH is on the short end of the funding stick with a low tax rate, they have not  
168 had adequate administrative support to develop standard operating procedures, guidelines for  
169 contracting, and other issues as a board. Tracy proposed expanding the MOU, which has been  
170 approved by the MHB and will be considered by the DDB in November. The MHB/DDB staff  
171 would provide administration support to help the BOH function as a board of health. The  
172 MHB/DDB staff would work with Bork at provide adequate staff support, attend all meetings,  
173 provide professional staff support and follow-up, work with CUPHD staff to ensure coordination  
174 and collaboration on contract oversight, advise the BOH on contracts, participate in contract  
175 negotiations, develop standard operating procedures and policies for the BOH's approval, and help  
176 with strategies for the BOH to develop a public identity within its jurisdiction outside the Cities of  
177 Champaign and Urbana. The MHB/DDB staff would also be able to help the BOH with planning  
178 processes to mobilize community stakeholders to improve community health in the county.

179  
180 Tracy spoke about working with the Illinois Public Health Association to procure some  
181 consultation. Bob Keller is a recently retired administrator from McLean County and former  
182 President of the IPHA who has experience in a situation where developmental disabilities, mental  
183 health, and public health worked together in the same entity. The idea was for Keller to work with  
184 the BOH on a consultation basis to provide help with some longer term planning. This would be in

185 accordance with the report completed by Kevin Barnett recommending working with CUPHD,  
186 exploring consolidation, and looking into multiple county arrangements. Tracy's approach was for  
187 the BOH to look at all available options with same outside consultation to help with the decision-  
188 making process, while working with CUPHD at the same time to look at ways develop a shared  
189 governance structure within Champaign County. The joint planning meetings have been helpful  
190 and would continue. The MHB's focus is also on the county, not just the Champaign-Urbana area,  
191 and is looking at its service penetration outside of the cities.

192  
193 Rappaport was amazed and happy that the MHB and DDB were willing to essentially  
194 provide these services for free in an effort to improve good government and coordination among  
195 health services in the county. Rappaport did contact Stan James about this proposal and he was not  
196 in opposition to it. The BOH needs to have a person who deeply understands public health and  
197 would view it from the county's viewpoint. Bork distributed Keller's vitae to the Board. Peterson  
198 and Rappaport confirmed Keller was very well respected. A budget line would be established with  
199 \$7,500 from the BOH reserve funds and the BOH would only be charged for what is actually used.

200  
201 Peterson asked if the DDB had to approve the MOU. Tracy explained that his contract is  
202 with the MHB and they have made the decision that this is an acceptable use of his time. He has  
203 had conversations with the DDB and does not anticipate any particular problems with the amended  
204 MOU. Peterson asked if the BOH activity would highly interface with the DDB. Tracy thought it  
205 did because there are public health issues related to people with developmental disabilities.

206  
207 Rappaport thought the public health, mental health, and developmental disabilities  
208 responsibilities and services for the county are interrelated, at least conceptually, and each entity  
209 would benefit from knowing about each other. There was no proposal to change the policy or  
210 decision-making structure of those boards. Each board would still exist as an independent entity.  
211 This would create a structure to facilitate communication across the county with regard to related  
212 services.

213  
214 Peterson inquired if the boards would jointly hold meetings. Tracy expressed that the MHB  
215 and DDB have study sessions that the BOH members are welcome to attend. The planning  
216 committee talked about holding a joint study session on transportation in the county. Rappaport  
217 was willing to open up the quarterly planning committee meetings to any Board members who are  
218 interested. Tracy said they consider the BOH a sister agency within Champaign County and they  
219 thought it was important to help out sister agency.

220  
221 Scholze echoed Rappaport's thanks to have someone of Tracy's experience help the BOH.  
222 She felt it was what the BOH has been looking for and it is great idea that will help the Board.  
223 Peterson asked if Tracy would be the BOH's Executive Director or a consultant. Rappaport and  
224 Tracy confirmed he was a consultant. Tracy stated this amendment MOU would help the BOH with  
225 meetings and establish administrative structure. It would not encroach on the CUPHD contract,  
226 which provides an Administrator. Rappaport thought the BOH has the option to appoint any  
227 qualified person as its Administrator and was not legally required to appoint CUPHD Administrator  
228 in that capacity. He was not proposing a change at this time. He saw the whole history of the  
229 BOH/CUPHD relationship as unpredictable and confusing because the BOH does not have a  
230 professional staff. It has been difficult for the BOH to determine the best positions to take because

231 it lacks professional advice. He said the Board needs to move towards helping itself understand  
232 what the range of possibilities are for a Board of Health in Champaign County and what would it  
233 take to make changes. He thought this is a small investment to explore the options in a systemic  
234 way. Rappaport consulted with Busey on the feasibility of this approach from the beginning.  
235

236 Peterson wanted the Board to understand this is a major move. It was been discussed by  
237 previous boards and past committees. He acknowledged the BOH has needed help since the Vito  
238 years and Keller, the McLean County Administrator, was identified three years ago as a potential  
239 consultant because he is nearby and his public health department was among the best in the state.  
240 Peterson had no objections to having a consultant and was interested in seeing how the proposal has  
241 sprung up in this form. He did not think Board members would be out of line if they wanted to take  
242 another meeting to think about this major organizational change.  
243

244 Rappaport said whether this was a major change would depend on what advice comes forth  
245 and how this is handled by the BOH. They are only agreeing to receive advice at this point. They  
246 might make changes or may end up deciding to not change anything. Rappaport has thought the  
247 BOH could function more efficiently and knowledgably.  
248

249 Peterson gave the background of how three years ago the BOH put a line item in its budget  
250 for a joint grant writer with the MHB to have someone help look at funding possibilities and  
251 structural differences. This morphed into the perinatal depression program. Peterson was not  
252 opposed to this proposal.  
253

254 Rappaport asked if any other members wished to speak. When none did he asked if they  
255 were ready to vote, to which they agreed.  
256

257 **Motion carried with all ayes.**  
258

259 Segal exited the meeting at 6:54 p.m.  
260

261 Proposal for Legal Assistance  
262

263 Rappaport said this proposal for legal assistance was made at Busey's suggestion. Busey  
264 spoke to Julia Rietz, the State's Attorney, and obtained a cost estimate for the BOH to have an  
265 attorney. Busey explained that only the State's Attorney can decide who represents the BOH and  
266 there was interest in having an attorney represent them who had more specific expertise than the  
267 general civil assistance in the State's Attorney's Office. A letter from Rietz appointing the law firm  
268 Heyl, Royster, Voelker & Allen to provide legal representation to the BOH was distributed. Rietz  
269 also negotiated a fee structure the BOH would be charged. Busey advised the BOH to specifically  
270 document what question or issue they have at a meeting and this will be communicated to the law  
271 firm. The BOH would expect to receive responses back in a timely manner. Busey recommended  
272 setting aside \$3,000 or \$3,500 from reserve funds in the FY2010 budget. Julia Rietz has appointed  
273 firm to represent the BOH. The BOH would amend the FY2010 budget to reflect the legal  
274 representative and MHB MOU changes it approved in the previous motion.  
275  
276

277 **ADDENDUM**

278 **Approval of Changes to FY2010 Budget**

279  
280 Rappaport was operating from Busey's suggestion that the BOH establish \$7,500 and  
281 \$3,000 as budget lines that could be funded in FY2010 by drawing on the reserve.

282  
283 Segal re-entered the meeting at 6:58 p.m.

284  
285 **MOTION** by Scholze to amend the FY2010 budget to include a budget line of \$10,500 to  
286 be used for the purposes of consultation and legal services; seconded by Huls.

287  
288 Rappaport stated having a reserve fund makes these types of expenditures possible and that  
289 is why the reserve existed. Peterson concurred. Scholze agreed the BOH needed to explore its  
290 options.

291  
292 **Motion carried with all ayes.**

293  
294 **Champaign County Health Ordinance Revision**

295  
296 Rappaport asked who was on the committee to look into revising the Champaign County  
297 Health Ordinance. Peterson said he was and he would like to study the revised ordinance more  
298 closely before voting on it. Bork explained the BOH already approved the food code changes to the  
299 ordinance in November 2008 at the request of Jim Roberts at CUPHD. Any ordinance changes also  
300 have to be approved by the County Board. Susan McGrath was going to prepare a resolution to  
301 send the food code amendments to the County Board, but this has not occurred to date. McGrath  
302 has submitted a revision of the entire ordinance this month, including the food code amendments,  
303 plus updates according to statutory changes. Because the revised ordinance included updates not  
304 previously approved by the BOH, Bork brought the ordinance back to the BOH for consideration.  
305 McGrath sent a memo describing the revisions she made to the ordinance. Busey noted that County  
306 Board needs to approve the changes the BOH approved in November 2008 for them to take effect in  
307 the ordinance and so CUPHD Environmental Health can move forward. The additions changes to  
308 the ordinance reflect changes in notations in the statutes, which bring the ordinance up-to-date with  
309 the current law. Rappaport said that was not entirely clear to him.

310  
311 Peterson was disappointed no penalties were included in the ordinance. Busey said the  
312 ordinance could be amended again next month, but the issue was to allow CUPHD to move forward  
313 with the food code changes. She explained the entire revised ordinance was sent by McGrath to be  
314 placed on a County Board addendum just over forty-eight hours before the Board meeting. It was  
315 too substantive to send to the County Board with such short notice. It was determined the most  
316 advisable approach was to allow the BOH to vote on all the revisions. This way the document  
317 being sent to the County Board accurately reflects the action taken by the BOH. Roberts explained  
318 that he is waiting on IDPH to codify those amendments so he can execute them. He needed to have  
319 the food code amendments approved by the BOH and County Board to have the appropriate legal  
320 base to be able to tell IDPH he is ready to go when the amendments are codified.

321

322 Rappaport said this was the type of thing he would like to discuss with an attorney to  
323 understand the implications and ask if changes could be made. Peterson stated he, Jim Roberts, and  
324 McGrath comprised the committee who were tasked to look into this issue. He recalled that  
325 McGrath stated in the summer of 2008 that the Health Ordinance was completely out of date and it  
326 was supposed to be reviewed on annual basis. The ordinance has never been reviewed since it was  
327 first passed. He said they made some progress on penalties, but did not complete this work.  
328 Rappaport said he wondered about a number of things in the ordinance without legal counsel. He  
329 was relying on McGrath's recommendation that the BOH approve the revisions. Peterson asked if  
330 the timing was so critical that it could not be passed next month. Busey pointed out this was  
331 intended to be approved by the County Board in December 2008 and that was when Roberts had  
332 expected it. Busey said the BOH could ask McGrath to write a resolution to incorporate the food  
333 code amendments approved by the BOH in November 2008 into the Health Ordinance. This  
334 resolution could then be sent to the County Board in October and the BOH could move forward  
335 with a total revision at another time. This would not require any additional action by the BOH  
336 because they already took action in November 2008. The Board directed that Susan McGrath  
337 prepare a resolution adding the Food Services Sanitation Code changes approved by the Board in  
338 November 2008 to the County Health Ordinance and forward it to the County Board.  
339

340 Rappaport asked if the other revisions to the ordinance would reappear on the agenda soon.  
341 Bork stated it depended on whenever Rappaport directed that it be placed on the BOH agenda.  
342 Peterson said the piece he was responsible for putting together has proven to be difficult because of  
343 scheduling conflicts. He wanted to put the penalties section and fees structure in the ordinance in  
344 November. He felt levying fines against recalcitrant establishments would be a method of giving  
345 some teeth to the ordinance and a way for Environmental Health to recoup its costs. Peterson  
346 agreed to take responsibility for having the language ready for the November meeting.  
347

348 **Other Business**

349  
350 There was no other business.  
351

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

353  
354 There was no publication on non-agenda items.  
355

356 **Adjournment**

357  
358 The meeting was adjourned at 7:15 p.m.  
359

360 Respectfully submitted,

361  
362 Kat Bork  
363 Board of Health Secretary  
364

365 *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 MENTAL HEALTH BOARD**

Grant Funded Program - Quarterly Program Activity/Consumer Service Report: **First Quarter**

**Agency:** Crisis Nursery

**Program:** Beyond Blue - Rural

**Report Period:** July 1 to September 30  
DUE October 15

Service Categories	Community Service Events (CSE)	Service/Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)		Treatment Plan Clients (TPC)		Other	
			Continuing	New	Continuing	New	Continuing	New
<b>Annual Target</b>	115	700 includes screening, home visits, telephone contacts, & referral contacts	80 includes babies, other family members, and mothers screened but not in program.		25 mothers assessed as eligible		2886 hours of Crisis Care & Respite Care provided by CN	
<b>Quarterly Data</b>	54	232	4	19	2	8		156

**Comments:**

**Challenges:**

- Getting rural families to utilize the Crisis Nursery for respite care hours earned.
- Transportation to get to PCI and support groups.
- Gaining trust and interest of clients in the rural areas of the county (especially in Rantoul area where need seems to be great).

**Successes:**

- Crisis Nursery reached out to Parent Wonders to screen mothers who attend a weekly playgroup for 0-3 at the Tolono Public Library. This playgroup is proving to be a successful outreach to families in South Champaign County many are parents of infants who have expressed interest in attending a parent child interaction group to be held this fall at the Philo Presbyterian Church.
- Infant PCI is currently being held in Rantoul at the public library. Parent Wonders has offered their playroom for additional PCI groups.
- An ongoing beyond blue support group is being held as crisis nursery every Monday evening. Attendance for this group averages 8 mothers a week with one half coming from rural areas. As an added bonus we are able to provide child care services for families while they attend this group. Last week we were able to provide care for 13 children during support group.
- The development of a working relationship with the WIC office in Rantoul. Ruby Carpenter has been extremely helpful with identifying and referring at-risk mothers for the BB program. A Beyond Blue family specialist provides weekly outreach to Mom's for 6 week follow ups

**Testimonial:**

S is one Mother that, I feel, has benefitted from the Beyond Blue Program. S lives in far rural Sadorus and is quite isolated from family friends and support. S is the mother of three energetic boys aged 4, 2 and newborn preemie. S had an extremely difficult pregnancy, and more challenges following the birth of her last son who decided to come into the world six weeks early. S is currently being medically treated for post partum depression and anxiety. Beyond Blue family specialists started working with S in early August beginning with home visits. With encouragement from the Crisis Nursery staff, S started coming to support groups and PCI groups. At this time S is attending one support and two PCI groups a week as well as home visits. S is using earned respite hours to seek treatment for her post partum therapy and psychiatric appointments. Recently the middle child had some medical issues and required numerous tests in Springfield and the Crisis Nursery was able to provide care to the other kids so that S and her husband could be by their child's side during the tests. The boys have come to love spending time at the Crisis Nursery and have made a great connection to one of our male volunteers that is here every Monday night during new mom support group. Once again I am proud to be a part of the dedicated crisis Nursery team and to be able to reach out and provide these valuable services to families of Champaign County.

- Jennifer Sampson, Family Specialist

The staff is so friendly and really makes a person feel like a person. There are no feelings of being judged or looked at as a bad or evil person. I enjoy my visits with Ann she makes me feel special and that I am worth something!

-Rural Beyond Blue Mother

## Service Category Definitions For Quarterly Reports

Note that the First Quarter Report is different from the subsequent 3 quarters. The first quarter report allows the funded program to report Continuing TPC and NTPC open at the beginning of the contract year i.e. July 1.

Annual Target – Number of CSE, SC TPC or NTPC projected in Utilization Section II of Program Plan.

Community Service Events--Number of contacts (meetings) to promote the program including public presentations (including mass media shows and articles), consultations with community groups and/or caregivers, school class presentations, and small group workshops. The focus of a CSE is on activities to promote the program or educate a targeted audience about the program. Units of measurement are the following: Public presentations; school class presentations; small group workshop sessions to promote healthy life styles; meetings between agencies to plan community service events; interviews with reporters or the articles, programs or shows that result (do not count number of people, stations, or newspapers to which items are distributed); distribution of public service announcements, newsletters, and pamphlets. Note that attending or participating in a regularly scheduled meeting where you do not give a presentation on your program or is not related to planning an event related to the program is not a CSE.

Service Contacts/Screening Contacts--Number of phone and face-to-face contacts with consumers who may or may not have open cases in this program - includes information and referral contacts, or initial screenings/assessments or crisis services. This may also include contacts for non-case specific consultations. To be counted, the contact requires engagement; it is not an unanswered telephone call/correspondence. Screening contacts wherein an initial assessment is done is the preferred usage of this category.

Treatment Plan Clients--Service recipients with case records and treatment (or service) plans. Each client should be counted only once each year - either as a continuing client or as a new case. Continuing Treatment Plan clients are those whose case was opened in the previous agency operating year who continue to receive services during the first quarter of the current year. New Treatment Plan clients are those whose cases were opened during the quarter being reported.

Non-Treatment Plan Clients--Service recipients with case records but no treatment (or service) plans, to which substantial services are provided. Operational definitions are negotiated with each program, based on the nature of its services. Examples may include: recipients of material assistance, cases in which considerable outreach is done but where the client never commits to treatment/service, cases closed before a treatment/service plan was written because the client did not want further service and cases in which a client is seen as a service to another agency, but does not receive program services beyond assessment, (e.g. a court-requested evaluation). Continuing and New NTPC clients are reported using the same formula as in TPC above without consideration of an existing treatment/ service plan.

Other - Applicants may use one indicator of their own invention such as contact hours, discharges, intakes etc. Contact Board staff for further information. "Other" will have been explained with a footnote at the bottom of the relevant Part II Program Plan form.



**SOCIAL SERVICES**

1776 East Washington Street  
Urbana, IL 61802

Phone 217.328.3313  
LIHEAP/Rent Assistance 217.384.1226  
Fax 217.328.2426  
www.ccrpc.org

**Social Services Division**

Support and Education

- Court Diversion Services
- Family & Community Development
- Financial Literacy
- Norman Housing Advocacy
- School-to-Work Transition Skills

Community Services

- CSBG Scholarships
- Emergency Rent Assistance
- Information and Referral
- LIHEAP 384-1226
- Shelter Plus Care
- Senior Home Repair

Housing Services

- H.O.M.E.
- Housing Rehab
- Weatherization

Independent Service

Coordination for DD

- Bogard Monitoring
- Pre-admission Screening (PAS)
- PUNS
- Individual Service and Support Advocacy (ISSA)
- Service Coordination (SC)

**Senior Services**

- **Information, Referral and Advocacy**
- **Pharmaceutical Benefit Assistance**
- **Rural Rider**

See our website at:  
[www.ccrpc.org](http://www.ccrpc.org)

**To: Champaign County Public Health Board**  
**From: Regional Planning Commission – Senior Services**  
**V. Christensen, Senior Services Program Manager** *u*  
**Date: October 2009**  
**Re: Senior Wellness Program Quarterly Report: 7/09 – 9/09**

Attached is the current program report for the Senior Wellness Program.

Other unmet needs identified from the rural Champaign County communities this quarter include:

- Case Management (over asset level for Cumberland program)
- Friendly visitor for a non-English speaking senior
- Dentures
- Medication Case Mgmt. (referral from a Rantoul clinic re: multiple seniors)

If you have questions about the content of this report, do not hesitate to contact this office. Thank you for allowing us to serve and provide assistance to more seniors in Champaign County.

# Senior Wellness Clients Served

	10/1/07-9/30/08 Total for Year	10/1 - 12/31/07 Baseline	10 – 12/08	1 – 3/09 New	4 – 6/09 New	7 – 9/09 New	10 – 12/09
<b>Rural</b>	249	78	90	65 * 4 **70	46 *7 **39	35 *9 **34	
<b>Rantoul</b>	111	27	39	34	30	24	
<b>C-U</b>	723	195	218	180	116	165	
<b>TOTAL</b>	1083	300	349	319	238	267	
				Champaign *61822 -24  Urbana **61802-03	Champaign *61822-24  Urbana **61802-03	Champaign *61822-24  Urbana **61802-03	

## Number of new clients served from these communities this quarter: 7/09 – 9/09

Bondville - 0	Mahomet - 6	St. Joseph - 6
Broadlands - 0	Ogden - 0	Thomasboro - 0
Dewey - 0	Penfield - 2	Tolono - 2
Fisher - 4	Pesotum - 1	61822-4 (9)
Foosland - 0	Philo - 0	61802-3 (34)
Gifford - 0	Rantoul - 24	
Homer - 3	Sadorus - 0	
Ivesdale - 0	Seymour - 0	
Longview - 0	Savoy - 10	
Ludlow - 1	Sidney - 0	

## Senior Wellness Quarterly Report: 7 - 9/09

38% New senior contacts have a rural address

20 IL Cares Rx/ C.B (rural) apps. completed (new & continuing)

1 SSA Low Income Subsidy (rural) applications (new and continuing clients)

### **Assistance provided to complete applications and/or referrals made to these services/agencies/programs:**

LIHEAP:	27
Weatherization/Repair:	12
Transportation Options:	11
Family Service:	10
Cumberland:	10
DHS:	7
Home Care:	6
Dental:	5
Land of Lincoln Legal Assistance Foundation:	5
PACE	4
Food Sites:	4
Employment	4
Advocacy	3
Medications:	2
Provena Business Office	2
Housing:	2
Ch.Co. Health Care Consumers	2
Rental Assistance:	1
Mental Health:	1
Property Tax Freeze	1
Tele. Response System:	1
Carle Audiology Dept.	1
Red Cross	1
Prescription Glasses	1
empty tomb	1
Stroke Support Grp.	1
Sr. Support Services	1

### **Rural Outreach this quarter:**

7/17 & 8/21 Low Vision Support Group @ Prairie Village in Rantoul

7/21 Tolono Library and IGA

8/18 Mahomet Senior Group

## **Senior Wellness Grant Case Scenarios**

### **Scenario 1**

This 75 year old African American male lives alone in his own home, in a Champaign County village. He is retired military and this office applied for IL Cares Rx/Circuit Breaker for him for first time. His income is too high for LIHEAP and the Weatherization program. A grant obtained from Rantoul grant paid for a storm door. He also was registered for Rural Rider transportation program which he has used several times for medical appointments to Champaign-Urbana.

### **Scenario 2**

This 70 year old male and 68 year old female couple live in a mobile home in rural Champaign County. He has had a history of cancer, chronic and ongoing cardiac disease, dental cavities, periodontal disease and a closed head injury. She was recently diagnosed with breast cancer and has been a recluse for many years. Advocacy and assistance was provided with Department of Health Care and Family Services with their Medicaid application for payment of their medical bills and how to provide medical bills to meet spenddown. A referral to an out of county dental program was obtained and advocacy from this office was provided to ensure he could receive emergency dental treatment while awaiting receipt of medical card for that month. Both have either received or are receiving chemotherapy treatment this quarter. Ongoing supportive counseling has been provided throughout.

CHAMPAIGN COUNTY PUBLIC HEALTH BOARD								
AGENCY QUARTERLY REPORT								
AGENCY:		Champaign County Regional Planning Commission						
CONTRACT NAME:		Champaign County County Public Health Board						
FY: 2009		Reporting Period:		07/01/09 - 09/30/09	Original		X	
					Revision #			
OPERATING FUND REVENUE AND EXPENSES								
		TOTAL AGENCY		Total Budget for	CCPHB			
		YTD		CCPHB Contract	Revenue			
REVENUE								
1.	CC United Way Allocation							
2.	U-Way Designated Donations							
3.	Contributions							
4.	Special Events / Fundraising							
5.	Contrib / Assoc. Organizations							
6.	Allocation From Other U-Way							
7.	Grants *							
	a) CCMHB							
	b) ECIAAA							
	c) Champaign County							
	d) Townships							
	e) City of Champaign							
	f) City of Urbana							
	g) CSBG #05-23138							
	h) Champaign Cnty Public Hlth Bd			\$37,500		\$37,500		
8	Membership Dues							
9	Program Service Fees*							
	a) Training Fees							
	b) Referral Fees							
	c)							
	d)							
	e)							
10	Sales of Goods & Services							
11	Interest Income							
12	Rental Income							
13	In-Kind Contributions							
14	Miscellaneous							
Total Revenue				\$37,500		\$37,500		
* Please list individual revenue sources (do not combine sources) -- Add lines as necessary								
12/06								



October 19, 2009

Julian Rappaport, President  
Champaign County Board of Health  
Brookens Administrative Center  
1776 E. Washington  
Urbana, IL 61802

Dear Mr. Rappaport;

The Champaign County Board of Health, at its September 29, 2009 regular meeting, remarked that there had not been a response from CUPHD staff or Board of Health to the written and oral presentation of **Statement to the C-U Public Health District Board**, by Julian Rappaport and Debra Busey, dated September 14, 2009 and distributed at the September 14, 2009 CUPHD Board of Health meeting.

The CUPHD Board of Health met October 14, 2009 in regular session and did not suggest any changes or adjustments to the information sent to you by me on September 1, 2009 regarding the County Board of Health \$40,096 budget shortfall. I am enclosing a copy of that letter for your information; our position as stated in that letter has not changed.

Sincerely,

Carol Elliott  
Chair, CUPHD Board of Health

September 1, 2009

Julian Rappaport, President  
Champaign County Board of Health  
Brookens Administrative Center  
1776 E. Washington Street  
Urbana, IL 61802

RE: FY 2010 County Board of Health Contract response

Dear Mr. Rappaport;

Please consider this correspondence a response to your letter dated August 19, 2009 addressed to myself and Julie Pryde regarding the FY 2010 County Board of Health contract.

The Champaign-Urbana Public Health District Board held its regular monthly study session August 26, 2009 and discussed your letter and the dollar amounts that the County Board of Health approved. The response below is on behalf of the Champaign-Urbana Public Health District Board of Health and the Champaign-Urbana Public Health District Administrator, Julie Pryde.

The proposed budget approved by the County Board of Health includes \$637,606 for payment to CUPHD; this figure falls short of the amount CUPHD has determined to be the cost of providing core services to county residents.

Under the current agreement for services with the Champaign County Board and the Champaign County Board of Health it is required, at the very least, that the provision of core services complies with the Illinois Compiled Statutes, regulations of the Illinois Department of Public Health and applicable program standards which are mandatory and without which there is no agreement. The reference made to providing twelve months notice of termination of the agreement does not apply in the case of core services. We also have been advised that we do not have the authority to subsidize services to county residents outside of Champaign-Urbana.

The CUPHD Board of Health discussed the directive to reduce the number of food inspections of category 1 (high risk) permits from 3 to 2. Jim Roberts, Director of Environmental Health Services advised the board that such a reduction may not be in compliance with program standards which he is mandated to put into place and he would have no authority to make such a change. Regarding the directive to increase the charge for well water inspections, it is the Champaign County Board that has the

authority to adopt an ordinance which increases the rate.

We recommend that the County Board of Health take the approximate \$40,096 shortfall out of the fund balance in order to allow CUPHD to provide core services to county residents. In future years, it will be imperative to plan for the provision of core services to county residents prior to allocating funds elsewhere. This year, H1N1 funding will be provided to assist with response and implementation of the H1N1 plan for all of Champaign County.

For more information on food inspections, I have attached the *Illinois Department of Public Health Office of Health Protection Division of Food, Drugs and Dairies Technical Information Bulletin #31 (Presence, Absence, exemptions and Verification of Certified Food Service Sanitation Managers in Food Service Establishments)* and a page from the *Illinois Department of Public Health Office of Health Protection, Division of Food, Drugs and Dairies, Interpretations Section 615.310 of the Local Health Protection Grant Rules*.

The next meeting of the Champaign-Urbana Public Health District Board of Health is Monday, September 14, 2009 at 5:00pm at 201 Kenyon Road, Champaign, if anyone wishes to address the board.

Sincerely,

Carol Elliott, Chair  
Champaign-Urbana Public Health District Board

c: Julie Pryde, Administrator, CUPHD  
Jim Roberts, Director, Environmental Health CUPHD  
Fred Grosser, Attorney  
Pius Weibel, CUPHD Board of Health Member  
Pam Borowski, CUPHD Board of Health Member  
Champaign County Board of Health Members  
Deb Busey, Champaign County Administrator  
Susan McGrath, Assistant State's Attorney  
Kat Bork, Administrative Secretary, Champaign County Board Office

## Administrator's Report – Submitted October 21, 2009

CUPHD is in the middle of our community H1N1 response. Our EOC has been opened and will remain open until all flu vaccine has been distributed.

There are currently thousands of cases of H1N1 in Champaign County. Some schools are reporting absenteeism rates nearing 20%. ILI cases/calls are at an all time high in EDs, clinics, and patient-advisory lines.

TB skin test clinics for routine testing have been cancelled until further notice, but outreach testing for disease control purposes and all DOT will continue.

Dental services, WIC and STD Clinics are still operating at this time.

Core services will remain operational through the H1N1 response.

Weekly calls continue with H1N1 community partners: Carle, Christie, Provena, UIUC, FNHC, schools, EMS, etc.

First day of walk-in preschool clinic (10-20-09) had 972 clients.

All healthcare workers, EMS in the county have been vaccinated.

Pregnant women, families with infants under 6 months, and pre-school children will be vaccinated throughout this week.

Next week, assuming we have vaccine, we start on K-12.

School-based vaccination clinics: All vaccines will be provided free of charge in the schools

- All public, private, and parochial K-12 schools in Champaign County have received consent forms for all of their students

- The schools have been divided in quadrants: Champaign, Urbana, County, and Private/Parochial schools

- Within each quadrant the schools have been divided into Elementary, Middle, and High Schools

- All schools within each quadrant have been prioritized based upon the number of students on free & reduced lunch

- Vaccination teams will start in each quadrant at the same time and work their way through the schools

Carle, Christie, UIUC, and Provena are assisting CUPHD with this response.

The CUPHD website will continue to be updated daily to provide current information on H1N1 and the community response.

Julie A. Pryde, MSW, LSW  
Public Health Administrator

Invoice Number:	0909
Date of Invoice:	October 6, 2009
Billing Period:	August-09

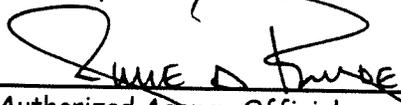
To:  
 Champaign County Public Health Department  
 Att'n.: Evelyn Boatz  
 1776 East Washington Street  
 Urbana, Illinois 61802

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	\$	-
533.07 Professional Services - TFC Grant	\$	-
533.07 Professional Services - West Nile Virus Grant	\$	1,362.00
533.07 Professional Services - Non-Community Water - CU Surveys	\$	-
<b>Total Amount Due to CUPHD per Contract</b>	<b>\$</b>	<b>46,918.32</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

Champaign County Public Health Department  
 Contract with CUPHD  
 2009 Budget Amendment

Purpose:

Budget Amendment - to increase grant revenues and expenditures to CUPHD in the amount of \$101,450 related to 2 new grants for H1N1 Emergency Response. A copy of the contracts are included in Amendment A to the 2010 contract, and signed copies have been forwarded to Carol Wadleigh in the Auditor's Office.

Fund 089 County Public Health Fund  
 Dept 049 Board of Health

Grant Revenue		
334 State Grants	IDPH_H1N1 Phase I Planning	\$ 54,000
334 State Grants	IDPH_H1N1 Phase II Surveillance	2,400
334 State Grants	IDPH_H1N1 Phase III Implementation	45,050
	Total Grant Revenue Increase	<u>\$ 101,450</u>

Expenditures		
533 Services	73 C-U Public Health District	<u>\$ 101,450</u>

*Summary: Contract with CUPHD for 2009 Budget Year:*

Original Budget	\$ 660,589
Amendment as noted above	101,450
REVISED 2009 Budget	<u>\$ 762,039</u>

**DRAFT**

**DECISION MEMORANDUM**

**DATE:** October 27, 2009  
**TO:** Members, Champaign County Board of Health  
**FROM:** Julian Rappaport, Ph.D., President  
**SUBJECT:** **Termination and Renegotiation of the Intergovernmental Agreement with the Champaign Urbana Public Health District**

Background and Purpose:

The Intergovernmental Agreement (i.e. Agreement Between the Champaign-Urbana Public Health District and the County of Champaign and the Champaign County Health Department for the Provision of Public Health Services by the Champaign-Urbana Public Health District to the Champaign County Health Department) in its present form does not adequately define the role of the Champaign County Board of Health (BOH) as a partner responsible for the delivery of public health services to its jurisdiction. Further, the current agreement does not fully recognize the authority and responsibilities of the BOH as the governing body for a local public health agency.

For these reasons it will be necessary to redefine the roles and responsibilities associated with the Intergovernmental Agreement (IGA). Specifically, the IGA needs to be modified to address increased BOH oversight responsibility for services and core function activities to be carried out in the jurisdiction of the BOH. There also needs to be an increased policy role, as well as a shared responsibility for evaluation of the administrator. Other significant items including service definitions, reporting requirements, administrative support, and budgeting parameters also need to be addressed.

Analysis:

The agreement referenced above requires significant renegotiation to address the deficits stated above. In order to initiate this process it is first necessary to meet the requirements of the current IGA by providing notice of termination of the agreement to the Champaign-Urbana Public Health District (CUPHD) by the Champaign County Board of Health and the Champaign County Board.

Paragraph 24 of the agreement cited above states “The County Board of Health may terminate this Agreement by approval of both the Champaign County Board and of the County Board of Health upon 12 months notice in writing to the Public Health District.”

Upon completion of the notification process, and in collaboration with our consultant, we will begin the process of development of an agreement which addresses the current deficits. Clearly, our first choice is to continue our relationship with CUPHD and begin the work of developing a permanent consolidated governing structure as delineated in the Dr. Kevin Barnett’s report (March 10, 2005).

Recommendation:

The BOH should authorize actions required to terminate the “Agreement Between the Champaign-Urbana Public Health District and the County of Champaign and the Champaign County Health Department for the Provision of Public Health Services by the Champaign-Urbana Public health District to the Champaign County Health Department.”

DECISION SECTION:

Motion to send a letter from the Champaign County Board of Health to the Champaign-Urbana Public Health District to terminate the “Agreement Between the Champaign-Urbana Public Health District and the County of Champaign and the Champaign County Health Department for the Provision of Public Health Services by the Champaign-Urbana Public health District to the Champaign County Health Department.” In addition, a formal request shall be made for the Champaign County Board to authorize actions required to terminate the agreement and send a letter of termination to the CUPHD.

\_\_\_\_\_ APPROVED by roll call

\_\_\_\_\_ DENIED

\_\_\_\_\_ MODIFIED

\_\_\_\_\_ DEFERRED – more information needed

---

## 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, October 27, 2009**

**6:00 p.m.**

**Jennifer K. Putman Meeting Room**

**Brookens Administrative Center, 1776 E. Washington  
Urbana, Illinois**

### **ADDENDUM**

<b><u>ITEM</u></b>		<b><u>PAGE NO.</u></b>
<b>K. Other Business</b>		
1. Consultation Proposal		1-2
2. Definition of Conflict of Interest <b><i>(Provided For Information Only)</i></b>		3-4
3. County Health Department Job Losses <b><i>(Provided For Information Only)</i></b>		5

**Proposal**  
**Champaign County Health Department**  
**Public Health Services Design for Champaign County**

The following proposal is designed to provide the Champaign County Board of Health with consultative guidance, through the Illinois Public Health Association, in assessing the range of oversight options available to the board in administering public health services and defining its intergovernmental relationship with the Champaign-Urbana Health District. In addition, the consultant, through the Illinois Public Health Association, will be available to attend selected meetings and engage in phone conferences to provide guidance as needed.

The deliverables are defined as:

- Creation of a report outlining options for administrative structures that will serve the needs of the Champaign County Board of Health in meeting its statutory responsibilities as the local public health authority within the county.
- Provision of consultative guidance by recommending policy roles for the Champaign County Board of Health relative to its relationship with the Champaign-Urbana Health District for the delivery of public health services outside of Champaign/Urbana, including assisting in drafting correspondence and position statements.
- Attend meetings as deemed appropriate by the Champaign County Board of Health to provide onsite consultation as needed.

It is estimated that the amount of funds available for the project is \$5,000

**Project Cost Proposal**

The consultant, through the Illinois Public Health Association, will charge an hourly rate of \$70 in addition to itemized expenses. Hourly services will be billed in increments of no less than .25 hours. Mileage between Bloomington/Normal and Champaign County will be charged at a rate of \$.55 per mile or the prevailing Internal Revenue Service rate effective January 1, 2010. The Executive Director of the Champaign County Mental Health Board will provide prior approval of all travel to Champaign County or other related expenses.

The Champaign County Board of Health will provide the sum of \$2,500, payable upon execution of the contract, to the Illinois Public Health Association, Springfield, IL, as an advance to be drawn upon for consulting services. The balance will be payable upon completion of the contract based upon itemized statements submitted periodically through the Illinois Public Health Association.

**Contract**

A contract will be generated between the Champaign County Board of Health and the Illinois Public Health Association for the services of its consulting associate. The scope of this contract will be enumerated in an amendment to the consultant's contract with IPHA. The amendment will entail the specifics of the agreement regarding the scope of work outlined in this proposal to include:

- Creation of a report outlining options for administrative structures

- recommending policy roles for the Champaign County Board of Health relative to its relationship with the Champaign-Urbana Health District
- Attend meetings as deemed appropriate.

The work will be completed and deliverables made prior to May 1, 2010.


[Print](#)

Subject: RE:

From: Susan McGrath <smcgrath@co.champaign.il.us>

Sent: Monday, August 24, 2009 7:44:14 PM

To: stanusa@verizon.net

CC: jrappapo@cyrus.psych.uiuc.edu

Stan has asked me to clarify when a Board member has a conflict of interest which means they must abstain from voting. Section 3 of the Public Officer Prohibited Activities Act (50 ILCS 105/1 *et seq.*) states that anyone who holds office either by election or appointment (thus covering the Board of Health) may not have any financial interest in his or her own name, or indirectly in the name of any other person, association, trust or corporation with respect to any application or bid for any contract or work in regard to which such officer may be called upon to vote, unless that elected or appointed Board member:

1. Has less than a 7 1/2% share in ownership of the entity involved in the application or bid for contract or work AND
2. The member in question publicly discloses the nature and extent of his or her interest prior to or during deliberations on the proposed award of contract AND
3. The member abstains from voting on the award of the contract, though that member is considered present for purpose of establishing a quorum AND
4. The contract is approved by a majority vote of those present AND
5. The contract is awarded to the lowest responsible bidder after sealed bids (NOTE: In the case of a professional contract, this is not from sealed bids, but from an RFQ); AND
6. The award of the contract would not exceed \$25K to that entity within a fiscal year.

If the board member in question has no ownership interest in the corporation, then the Public officer Prohibited Activities Act does not apply. The Attorney General has ruled that this also means if the board member in question has a spouse with a financial interest in the corporation asking for the contract, this is not a *per se* conflict of interest pursuant to the Public Officer Prohibited Activities Act unless the Board member has a direct financial interest in that spouse's corporation. The Attorney General has also stated that a board member who is board member of the entity in question does not have a *per se* conflict of interest pursuant to the Public Officer Prohibited Activities Act unless that board member has a direct financial interest in the entity in question. However, the Attorney General has stated that a board member in any of the circumstances listed in this paragraph might have a common law conflict of interest if that Board member's action in connection with the contract to be awarded to the entity results in a personal advantage or disadvantage to that Board member. So, for example, when a County Board member who served as chair of the Board's insurance committee was in an office on County property leased by the insurance company who employed him, the Attorney General found that this was a common law conflict of interest because, as Chair of the committee, the Board member could influence the outcome of the decision as to his company's lease, which said lease inured to his benefit by having his business directly located on county property. In that circumstance, the AG stated that this Board member could not vote or have any participation in the negotiations of this lease, including discussion of the said lease.

Please let me know if you have any other questions in this regard.

Susan W. McGrath

Senior Assistant State's Attorney

For Child Support Cases: 384-3850, ext. 2502; Fax 384-3851

For Other Civil Cases: 384-3832, ext. 2118; Fax 384-3896

---

**From:** [mailto: ]  
**Sent:** Saturday, August 22, 2009 4:43 PM  
**To:** Susan McGrath  
**Subject:** Fwd:

----- Forwarded message -----

From:  
Date: Jul 16, 2009  
Subject:  
To:

Dear Susan:

I send an email some weeks back asking about BOH Directors which might need to abstain from voting. I was requesting clarification on when a Director / Member must declare an interest in a company or any other financial interest in an entity we might be voting to expend funds to from the BOH.

Could you send me a response and cc it to Mr. Rappaport.

Thank You in advance.

I know you have not had much at all to worry over for some time, so now I will create a little work for you.

Stan

This electronic message and any attached files contain information intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any viewing, copying, disclosure or distribution of this information may be subject to legal restriction or sanction and is strictly prohibited. If you have received this communication in error, please notify the sender by return electronic message or telephone, and destroy the original message without making any copies.

# County health department job losses accelerate

Local health departments sustained accelerated job losses during the first half of 2009, a new survey shows. Because of budget-related cuts, county, city and other local health departments eliminated 8,000 staff positions between January and June, according to a survey conducted by the National Association of County and City Health Officials (NACCHO), a NACo affiliate.

The losses hit the field just as local health departments have been gearing up for what may be their most intense flu season in recent history. Beginning this month, departments will support, coordinate and conduct community-wide immunization campaigns against the highly contagious H1N1 virus, while also immunizing residents against seasonal flu.

“Local health departments will do the best job they can with the resources available to them to protect Americans from the H1N1

flu and continue their daily activities to address other public health threats,” said Robert M. Pestronk, NACCHO executive director. “They are using currently available one-time federal funds for pandemic influenza preparedness well and are working extraordinarily hard to adapt and respond to the potential epidemic.”

## Other Findings

According to the survey, job losses in for first half of 2009 compound the disappearance of 7,000 positions in 2008, determined by a previous NACCHO survey, the results of which were announced in January. Departments lost more jobs in the first six months of 2009 than in all of 2008.

The survey found that layoffs accounted for about three in eight positions lost in early 2009, while attrition accounted for the remainder. Besides the 8,000-person drop in positions, departments cut the hours of another

3,000 employees and placed 9,000 on mandatory furloughs. In all, about 20,000 local public health positions have been affected by cutbacks this year. Over the past 12 months, 55 percent of local health departments have reduced services in such areas as maternal and child health, environmental health, and public health emergency preparedness.

“These data demonstrate that the economic strains on local and state government budgets are reducing local public health resources at a time when a stable public health system is greatly needed,” Pestronk said. “Temporary federal funding is valued, but it does not enable development and maintenance of a lasting capacity to protect county residents not just from H1N1, but also from seasonal influenza and the host of other public health threats that occur regularly.”

NACCHO supports establishment of a permanent source of consistent federal funding for the governmental public health system, as proposed in several of the health reform bills Congress is now considering. NACo has joined NACCHO and other organizations in advocating for the inclusion of such a dedicated funding source in health reform legislation.

To access the survey results online, visit [www.naccho.org/advocacy/lhdbudget.cfm](http://www.naccho.org/advocacy/lhdbudget.cfm), where you can also find selected state-by-state data.

Estimated Number of LHD Jobs Lost and Positions with Hours Reduced (for January to June 2009)		
	Number of People	Percentage of LHDs Affected
Layoffs	3,000	22%
Attrition	5,000	39%
Layoffs and Attrition	8,000	47%
Hours Cut	3,000	19%
Mandatory Furlough	9,000	7%
Hours Cut and Mandatory Furlough	12,000	22%
<b>Total Affected Staff</b>	<b>20,000</b>	<b>51%</b>

## NACCHO Profiles State of Local Health Departments

As local governments continue to face both decreased funding and increased demand for public health services, the role of local health departments (LHDs) has become more and more critical. The National Association of County and City Health Officials’ (NACCHO) recently released 2008 National Profile of Local Health Departments is the best and most comprehensive source of information about LHDs in the United States. It is available online at [www.naccho.org/2008profile015](http://www.naccho.org/2008profile015).

NACCHO conducted the profile study, which was funded by the Centers for Disease Control and Prevention (CDC) and the Robert Wood Johnson Foundation. With a response rate more than 83 percent, the 2008 Profile provides a comprehensive look at LHD governance, funding, workforce, and activities and services including those related to emergency preparedness, community health planning, quality improvement, accreditation, health promotion, advocacy, and information technology.

A NACo affiliate, NACCHO is the national organization representing local health departments. It supports efforts that protect and improve the health of all people and all communities by promoting national policy, developing resources and programs, seeking health equity, and supporting effective local public health practice and systems.

**Profiles in Service**

» Penelope A. "Penny" Gross

Vice Chair  
Board of Supervisors  
Fairfax County, Va.