

CHAMPAIGN COUNTY BOARD OF HEALTH

Study Session Tuesday, June 29, 2010

Call to Order

The Board of Health (BOH) held a study session on June 29, 2010 in the Lyle Shields Meeting Room at the Brookens Administrative Center, 1776 East Washington, Urbana. The study session was called to order at 6:53 p.m. by Board Secretary Cherryl Ramirez, acting as President in the absence of President Bobbi Scholze.

Roll Call

Board members present at the time of roll call were Brenda Anderson, Mark Huls, Stan James, John Peterson, Cherryl Ramirez, and Betty Segal. The staff member present was Kat Bork (Board of Health Administrative Assistant).

The absent Board members were Prashanth Gowda, Julian Rappaport, and Bobbi Scholze.

Also present were Deb Busey (County Administrator), Lynn Canfield (Associate Director of Developmental Disabilities), Carol Elliott (CUPHD Board Chair), Deb Fruitt (CUPHD Wellness & Health Promotion Director), Jim Roberts (CUPHD Environmental Health Director), and Andrea Wallace (CUPHD Finance Director).

Approval of Agenda/Addendum

MOTION by Peterson to approve the agenda; seconded by Anderson. **Motion carried with unanimous support.**

Discussion of Reformation for the Future: Champaign County Board of Health Consulting Report

Ramirez stated the intent of the study session was to review Bob Keller's recommendations one by one, weighing the pros and cons of each to enable fuller discussion.

James inquired if the BOH ever received clarification on whether the report was just from Keller or in association with the Illinois Public Health Association (IPHA). Ramirez believed it was resolved that this is Keller's report as an independent consultant. The IPHA logo was removed from the final report. The agreement with Keller was made through IPHA. The association invoiced the BOH and Keller is paid by IPHA. James originally thought the report would be though IPHA and Keller was preparing the report based on information and studies through IPHA. He did not think the Board did due justice with the money spent on the report because no RFP was issued. He felt the rules were circumvented to get what the BOH wanted instead of doing it the way it should have been done. Elliott thought IPHA was going to refund

any money to the BOH that had been paid and not charge them for the report based on the fact that IPHA did not review it. Ramirez stated IPHA did not refund the BOH's money. She noted Keller is well credentialed to prepare such a report and was a former President of IPHA and a member of the IPHA Executive Council. Keller is a contractor who works through IPHA and was the individual conducting the interviews and putting together the report. Busey thought it was made fairly clear to the BOH that Bob Keller was being hired as a consultant with arrangements being made through IPHA. There is no legal or other requirement that consulting services like this be bid. A board is allowed to hire a consultant. Even if there was a requirement, the amount of the contract falls well below the required level that would ever trigger the need to issue RFPs. For example, the requirement for issuing RFPs or bids is \$30,000 and this contract amounted to \$7,500. James understood Busey's statements, but regardless he questioned the way this contract could be viewed by an outsider. He thought the BOH had not entered into a contract with a specific person and the issue was misrepresented. He wanted to say on the record that he in no way condoned the way it was done because he was under a different impression when he voted to approve the contract.

Ramirez led the BOH through the report's recommendations and encouraged the Board members to voice their opinions on each.

Short-Term Recommendation #1 – Revise the current restructure of the Board of Health agenda

James believed items needed to be listed on the agenda with wording such as "review, discussion, or approval." The BOH discussed the recommendation about having a consent agenda and the fact the BOH's business is dealt with in a structure that has no use for a consent agenda. Busey supported continuing to list items on the agenda by presenter. This structure results in all CUPHD or Smile Healthy items being grouped together so each organization can efficiently address its items. BOH discussed the agenda format and not changing it except for adding words like "discussion" or "approval" to identify action items and clarify what action is being requested of the Board.

Short-Term Recommendation #2 – Adopt formal quarterly program and fiscal reports

Peterson liked the idea of more structured, regular reporting. Ramirez saw the recommendation as a way to be more stream-lined and consistent.

Short-Term Recommendation #3 – A formal performance evaluation process should be established whereby the Champaign County Board of Health as a collective body evaluates the administrator.

James believed if you have a good staff then you do not need to breathe down their necks. He liked the way BOH members gave comments to the CUPHD Board about the Administrator with the most recent evaluation. He spoke about the County Board's evaluation process for appointed officials and the Administrator's responsibilities. Peterson felt tension results from the mixed model wherein the BOH is contracting with CUPHD for services and picking an Administrator. As standalone board, the members would have much more input into the

evaluation of the Administrator because of the position's critical nature. He did not have a strong sense that the BOH could do much under the current contract. James suggested negotiating into the next contract that a BOH member will be part of the Administrator evaluation committee to give the BOH more input into the process. Ramirez was not comfortable with process as it stands and thought the BOH should work together with the CUPHD Board on evaluating the Administrator.

Short-Term Recommendation #4 – Explore the feasibility of establishing semi-annual joint study session meetings between the Champaign County Board of Health and the Champaign Urbana Public Health District Board of Health to discuss countywide public health priorities and issues and how the two organizations can better work in concert with one another.

Ramirez thought holding joint study sessions would be a great step and the boards could start with a study session about dental services. James agreed wholeheartedly it would be helpful to have the boards meet together so the CUPHD Board could address issues occurring out in the county.

Mid-Term Recommendation #1 – Begin the negotiation process for the next contract period - beginning December 1, 2013 - no later than July 1, 2012 or 18 months before the contract expiration.

James thought the negotiations would be a part of the joint study sessions. He felt the contract negotiations should happen with the full BOH present and not at a subcommittee level. Ramirez agreed that commencing negotiations earlier would better establish a consensus on priorities.

Mid-Term Recommendation #2 – Establish an *ad hoc* executive advisory body comprised of representatives of both boards.

James did not favor this recommendation because it would in effect create another subcommittee. The BOH and CUPHD Board are relatively small and he would rather have all members meet together. The BOH members can individually visit the CUPHD facility to learn about its operation.

Mid-Term Recommendation #3 – Begin exploring one of the alternative options for service delivery. It is the consultant's view that both a countywide local health department and multiple county health departments are potential long-term options.

James said he was dead set against pursuing a standalone county health department separate from CUPHD unless someone can demonstrate that rural residents will approve a tax increase to adequately fund the operation. He felt starting up another agency with all the inherent problems involved is a waste. Ramirez added that this was her least favorite of the recommendations and she did not support it.

Long-Term Recommendation #1 – It is recommended that the Champaign County community pursue study of establishing a countywide local health department.

Peterson remarked the idea of a countywide health department has been raised in the past as desirable, but viewed its establishment as being fraught with difficulty. He felt the BOH should take a strong look at this option at some point with the understanding that it would likely be difficult to achieve with the differing tax rates between the county and city residents. He suggested looking into this recommendation within a year or so to answer some of the legal questions. It might be politically possible to approve a countywide health department because city residents outnumber the rural residents. James envisioned sitting down and selling a plan to have a building in a rural area where people could get help without traveling to the cities. He felt the big fear of mayors was that the money paid by rural residents would stay within Champaign-Urbana because a bigger population resides in the urban area. He could see people supporting a countywide health department within 10 years, but a plan must be developed first and brought to people. He felt joining the two boards together and dividing resources based on population would be a better run because the BOH is currently only approving things already done by CUPHD.

Busey stated there are examples of city-county mergers and a lot of the logistics are worked out between the two impacted governing bodies. Having two different property tax rates would mean a different level of service depending on residency. She confirmed it is a decade in the making to enact this kind of change. Having a joint meeting of both boards is the right way to move forward. It is worth keeping this on the table and talking with the CUPHD Board if it would produce a better overall countywide solution.

James said a wildcard Democrat in Champaign-Urbana could raise the idea and move it along until the city residents approve it with the county residents having little say in the matter. He wanted to include local officials in the affected communities at the table.

Segal said many of the BOH's problems and its relationships with CUPHD personnel have been a matter of money. The BOH really needs more money to get more things done.

Ramirez was in favor of this long-term recommendation to reduce two redundant government bodies. The BOH is not able to serve a policy function according to the statute for a county board of health in the current contractual arrangement. It would take the two boards working together and political will from the voters.

Public Participation

Elliott stated the report from Bob Keller did not include any input from CUPHD staff, the CUPHD Board, or Julie Pryde. Pryde provided some direction to where reports could be found to Keller, but Elliott did not believe any CUPHD Board members or staff spoke to Keller. Pryde has written a response to some of the report's recommendations and Elliott wanted to let her respond to each one at a time. She stated CUPHD is the health district of two townships, not the cities. CUPHD's attorney advised Elliott that one of the public health districts would have to be dissolved, not merged, because CUPHD was created under the statutes for special districts.

Peterson asked if Elliott would be willing to sit down and hash out these issues within a year and Elliott answered she definitively would be willing to discuss issues. James asked to receive the CUPHD legal opinion Elliott described in writing.

Adjournment

The study session was adjourned at 7:36 p.m.

Respectfully submitted,

Kat Bork
Board of Health Administrative Assistant

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