

CHAMPAIGN COUNTY BOARD OF HEALTH

**Monthly Meeting
Tuesday, September 25, 2007**

Tour of Mobile Unit

The Champaign County Board of Health assembled at the Champaign-Urbana Public Health District Facility for a tour of the mobile unit led by Julie Pryde at 6:00 p.m. Pryde explained the mobile unit's services, how it was purchased, and how the CUPHD decides where to take it at specific times to hit specific populations. Immediately following the tour, the Board of Health convened its regular monthly meeting.

Call to Order & Roll Call

The Champaign County Board of Health held a monthly meeting on September 25, 2007 in the Conference Room at the Champaign-Urbana Public Health District Facility, 201 W. Kenyon Road, Champaign. The meeting was called to order at 6:24 p.m. by Julian Rappaport. Upon roll call, the following board members were found to be present: Prashanth Gowda, Stan James, Nezar Kassem, Susan Maurer, Thomas O'Rourke, John Peterson, Betty Segal, and Julian Rappaport. Absent was Carrie Storrs. Others present were Kat Bork (Board of Health Secretary), Deb Busey (County Administrator of Finance & HR Management), Nancy Greenwalt (CIDES Executive Director), Susan McGrath (State's Attorney's Office), Jill Myers (CIDES), Cathy Propst (CUPHD), Julie Pryde (Acting CUPHD Administrator), and C. Pius Weibel (County Board Chair and CUPHD Board member).

Approval of Agenda/Addendum

MOTION by James to approve the agenda; seconded by Peterson. **Motion carried.**

Approval of Minutes

MOTION by Peterson to approve the Board of Health regular session minutes of August 21, 2007; seconded by Maurer.

James stated he was pleased with the line numbers on the minutes. Rappaport, in reference to Page 7 Line 296 of the minutes, asked when the next Regional Planning Commission meeting was being held. Busey said the meeting was held last Friday. Rappaport asked if the contract was presented to the RPC Board for approval. McGrath said no and the next RPC meeting was scheduled for October 26, 2007. Rappaport inquired about the procedure to get the contract approved by RPC. McGrath suggested Rappaport call Dick Helton at RPC.

Motion carried.

Public Participation

The Board discussed how to handle requests for public participation and whether to use the same forms that are used by the County Board. The Board decided the procedure for public participation was left to the discretion of the President.

Weibel thanked Segal for the letter she wrote to the *News-Gazette*. He thought it was a good letter and very appropriate.

Greenwalt wanted to explain the CIDES program to the Board. As CIDES is coming to the end of the FY2007 grant, they have seen over 957 individual, unique children. She spoke about the Head Start clinic and the mobile school clinics at 10 different schools. In the CIDES budget, about \$40,000 goes to support staff to screen calls, set appointments, and make reminder calls to get County kids set up with participating dental providers. The participating providers donate half the cost of their work and CIDES pays the other half. Greenwalt is requesting an additional \$15,000 in this fiscal year and for the Board of Health to increase its grant to CIDES for next year to \$130,000. Greenwalt stated all the additional funding would be used for patient care. There is no program for adults at the present time. CIDES is proposing to start a program to provide dental services to approximately 200 adults if the Board of Health gives CIDES an additional grant of \$50,000.

Jill Myers spoke about two cases CIDES is working on, one is an autistic child who needs IV sedation to receive dental work and the other involves a neglected child who needed 12 out of 20 teeth extracted. Both cases are highly expensive and have no other source of payment for the work than CIDES. Myers spoke about the needs of children for dental services and the education they would not receive if it were not for the grant from the Board of Health. She encouraged the Board to increase their support of CIDES.

Claudia Lenhoff from the Champaign County Healthcare Consumers spoke in support of increased funding for CIDES both in FY2007 and FY2008. She talked about the history of the dental access program.

Monthly Reports

CUPHD Monthly Reports - June 2007 to August 2007

O'Rourke asked why the dental numbers have gone up. Pryde said CUPHD has 2 full-time dental teams now and there is an overwhelming need. Even if they had 10 teams, they would be booked. James asked if the dental clients are adults. Pryde said the clients are mostly children and they have adult dental access for which there is also an overwhelming need. James expressed concern about overlapping services and asked if CIDES has contacted CUPHD about working together. He wants to them to consider combining. Pryde stated they do work together. Rappaport asked Pryde to define her clientele. She explained CUPHD serves the residents of Champaign and Urbana only for dental services. With their 2 teams, they are still not able to meet the need for dental

services in the Champaign-Urbana area. Pryde distributed an informational flyer about CUPHD's dental services. Gowda confirmed that he sees many patients at Frances Nelson in need of dental work from various areas of the County, especially outside the Champaign-Urbana area. There is a long waiting list to see an available dentist.

Segal asked why CUPHD has not tied testing for Hepatitis C with HIV testing. Pryde explained the guidelines for Hepatitis C testing is only for people who share needles. Any CUPHD client who gets a Hepatitis C test will also get an HIV test because Hepatitis C mainly is seen with injection drug use. Peterson added that Hepatitis C is highly contagious, but it is only transmitted with blood transfusion, not sexual activity. HIV is less contagious than Hepatitis C, but it is highly transmittable with sexual activity. The possibility of Hepatitis C is relatively low in someone who is not an injection drug abuser and did not have any blood transfusions before 1993. Segal asked about the rates of Hepatitis C in Champaign County. Pryde said it is very high with injection drug users and she would have to look up the numbers for a specific figure. Gowda and Peterson said Hepatitis C is under diagnosed.

MOTION by James to receive and place on file the CUPHD monthly reports of June 2007 and August 2007; seconded by Peterson. **Motion carried.**

CIDES Report – August 2007

MOTION by James to receive and place on file the CIDES August 2007 report; seconded by Peterson. **Motion carried.**

Correspondence & Communications

There was no correspondence or communications.

Treasurer's Report

Invoice submitted by CUPHD for July 2007

Peterson stated the invoice is higher than past ones, so he looked it over. The \$83,000 represents the bioterrorism grant that came out of June. With this invoice, the Board has spent between \$517,000 - \$518,000 out of an allocated \$770,000 for CUPHD. He reported the Board is on track with the budget. Rappaport asked if the Board is still paying for home nursing. Peterson said the invoice looks like the Board is being charged for home nursing. Rappaport noted the Board cancelled the home nursing with CUPHD.

MOTION by Peterson to approve payment of invoice for July 2007; seconded by Kassem. **Motion carried.**

Board of Health FY2007 Budget Projection Report from County Administrator of Finance

Busey stated her projection report is based on the best information that she has and shows the revenue and expenditures for FY2007 will be close. The Board is projected to spend \$18,000 more than budgeted, but Busey does not think the entire budget will be spent. She predicted a balanced budget in FY2007. She does not have enough information on the CUPHD contract to verify the assumptions. Basically, the Board would have to spend \$80,000 a month on CUPHD services to spend the remaining budget. Busey does not think that will occur, but the lack of information on the contract prevents a more accurate picture.

Report from Acting CUPHD Administrator

Pryde learned today that IDPH amended the local health protection grant and both CUPHD and the Board should receive a one-time payment of approximately \$52,620 each to spend on whatever they choose. It is suggested that the funding not be used on ongoing expenses or staff, but on one-time purchases. The Board would have until June 2008 to spend the money. Rappaport directed the next agenda include an item for the Board to start thinking about how to spend the one-time IDPH funding. James encouraged the Board to wait until they actually have the check to spend the money.

Cathy Propst was present to inform the Board about the Illinois Breast and Cervical Cancer Program. Propst told the Board about the history of the program and the need for screenings to help stop women from dying. Pryde distributed documents providing an overview of the program. The program allows for screening and treatment and is administered by CUPHD for Champaign, Vermilion, and McLean Counties. This marks the first year the federally funded grant is competitive versus renewal. Illinois is at the top of the nation for the program. Illinois was the only state that received full maintenance funding while other states' funding was decreased. The total budget for the Breast and Cervical Cancer Program is \$623,000. The County portion of the funding is determined by the caseload and the number of clients who live out in County areas. The County's portion is 14%. The program serves women from 35 to 60 years of age. Women between the ages of 19 and 35 who are systemic can be referred to the program for treatment, but not screenings. Women older than age 60 who do not have Medicare or Medicaid can be eligible for screenings, but not treatment. This is based on the assumption that women of that age will likely have Medicare or Medicaid. The service provided include community and public education, health fairs, news articles, information on risk factors and how to obtain services and screenings. Mammograms are added for clients at age 40. If the screening results come back abnormal, the program provides diagnostic tests and does referrals to get the clients into treatment. The program also provides medical case management for clients to explain what the test results mean and how to get the appropriate follow-up. The CUPHD served 878 women with the program in FY2007. The FY2008 caseload has increase to 1,130. The income eligibility requirements and guidelines may change due to a Governor's initiative. Propst expects expansion with state money for more access for uninsured women.

Rappaport asked if someone is an active client for life once she is accepted into the program. Propst stated the clients have to reapply every year and many women stay in the program for multiple years, to the tune of a 60% retention. Kassem asked if any resources go to vaccination for cervical cancer. Propst reiterated that the program was for adults, so vaccinations for girls in their teens would not be covered. Kassem inquired about education to possible mothers of young girls. Propst said CUPHD has all kinds of information on vaccinations and cervical cancer on the mobile units and clinics. They mail information to their clients every year.

Rappaport inquired about a way to assess the need for breast and cervical cancer screenings and treatment in the County versus the demand. Based on experience, Propst believes the need is greater than those who actually seek services. Pryde added that the program receives \$6,000 for outreach, which is not much, and they are trying to integrate this program into education about other programs to get the word out.

Gowda asked if CUPHD included the screenings and services at Frances Nelson. Propst said they include the medical services provided by the clinics and hospitals they contract with, including Frances Nelson. If they had more money to use towards staff and advertising, they could reach more women. Peterson noted that access to care is an issue because women who would qualify for the program might not see a doctor regularly who would remind them to get a pap smear.

Peterson asked if Champaign County is contributing additional money while Vermilion and McLean Counties are not. Propst said that was true because CUPHD administers the grant for 3 counties since the state does not want to contract with individual counties. CUPHD has to continue to provide services to the 3 counties even when the grant money for a particular county has run out. CUPHD is thereby subsidizing these services in Vermilion and McLean Counties. The Board of Health provides funding beyond the grant to cover the services. Rappaport asked who would pay for the costs that are more than the grant amount in Champaign County if the Board of Health did not. Propst said CUPHD would pay. Propst confirmed the Board of Health is not subsidizing Vermilion or McLean Counties, CUPHD is. Rappaport stated the Board of Health should include this item on another agenda in order to not lose sight of the issue. Busey stated that CUPHD has never asked Vermilion or McLean Counties to contribute their pro rata share as Champaign County does. It appears to be a CUPHD issue because it is the organization subsidizing the other counties. Kassem asked if there was a way for Vermilion County to receive the grant so they would be forced to subsidize Champaign County instead of the other way around. James felt it would not hurt to ask the other counties to pay their share because the money is being well spent and serves people. The Board agreed the money they spend on the Breast and Cervical Cancer Program is definitely worth it. Rappaport suggested the Board pass the issue along to the CUPHD Board. Peterson stated McLean County is a rich county with a rich health department so they should be contributing. Propst clarified that CUPHD cannot shut off service to Vermilion and McLean Counties even though they are spending more dollars in those counties than what they are receiving in federal and state funds. Propst said she is always on the lookout for other grant funding. Peterson suggested Weibel and CUPHD talk to

McLean County about looking at the services being provided with Champaign-Urbana tax dollars and politically encourage them to provide money to cover the additional costs in their own county. Prude said it might be possible in the future to break free of McLean County and have CUPHD just administrator the grant in Champaign and Vermilion Counties. O'Rourke suggested Rappaport write a letter to Weibel recommending the CUPHD Board look into this issue. Rappaport agreed to do so.

Old Business

Recommendations Regarding Mobile Unit Options

Peterson suggested setting up a small subcommittee to look at the mobile unit options. The Board discussed this possibility. The Board has money budgeted for mobile unit services. They need to decide what services will be provided on the unit as well as where and when the unit will be mobile. Rappaport thought it was more realistic to have the service provider (namely Pryde) make a strong suggestion of their best guess on what services to provide and set a schedule based on their experience. The service should then be monitored. Pryde said changes could be made throughout the year based on the results achieved. Pryde said CUPHD could do key informant interviews in surrounding areas to determine the preferred locations. Rappaport said he would like for Pryde to give the Board a concrete proposal for mobile services with regular reports on how many County people are served. Pryde and the Board were agreeable to that idea. O'Rourke asked that approval of Pryde's proposal for the mobile unit services be included on the next agenda.

Maurer asked about WIC clients. Pryde said the WIC clients must come to the CUPHD facility as a requirement of the program. Segal asked where the people are referred to for services. Gowda said they are referred to Frances Nelson because he sees at least one such patient per day. Pryde stated they cannot supply primary care and they have to be careful to not have doctors on the mobile unit looking like they work for CUPHD because of malpractice insurance. Peterson said it is shifting the burden onto Frances Nelson, which is overwhelmed.

Report on CUPHD Board Meeting

Weibel stated that not much happened at the last CUPHD Board meeting. Pryde received a raise. The Board requested to receive the CUPHD Board's action reports and meeting minutes. Bork confirmed Pryde receives the Board of Health's action reports and minutes.

Report from Contract Subcommittee

O'Rourke reported on the discussion that occurred at the September 11, 2007 Contract Subcommittee meeting. The Board had previously received an action report following the subcommittee meeting. No recommendations were made on dental access. CUPHD made no presentation. The subcommittee is working on the CUPHD contract and requested the changes listed on the McGrath's memorandum be approved. McGrath

distributed her memorandum to the Board. The subcommittee encouraged the contract be settled well in advance of the current contract's expiration date.

Recommendations Regarding Potential CUPHD Contract Language Changes

MOTION by O'Rourke to approve the recommended CUPHD contract changes and for subcommittee to open discussion with the CUPHD Board for consideration; seconded by James.

Rappaport asked what actions would follow this motion. McGrath explained the procedure was the Contract Subcommittee would first meet with Pryde and then open a dialogue with the CUPHD Board about the contract changes. Segal had questions about the changes and procedure. McGrath explained the process for the benefit of the new Board member. The Board discussed the length of the next contract. Kassem asked if it would hurt the Board for the contract to be changed before the expiration date. McGrath stated it would not hurt the Board because both parties would have to agree to any changes.

Motion carried.

Rappaport declared a 5-minute break.

New Business

CIDES Request for Additional \$15,000 in FY2007

Rappaport noted the Board heard quite a bit about the CIDES's requests during public participation.

MOTION by James to table agenda items L1 though L6 until a study session or the next meeting; seconded by O'Rourke.

The Board discussed the rules of order and that a motion to table is non-debatable. McGrath stated someone could make a substitute motion to defer that would take precedence over the motion to table.

MOTION by Rappaport to defer; seconded by Maurer.

The Board discussed whether to table or defer the items under New Business. Busey stated if the Board of Health approves the CIDES request for an extra \$15,000 in FY2007 then a budget amendment would go the County Board Finance Committee next week. If the Board deferred or tabled the item tonight, the appropriation could not be considered by the Finance Committee until its November meeting. Busey explained the County Board's budget process and the timing of it. Peterson said the Board could set money aside in a contingency line and decide the issue of increased CIDES funding in FY2008 at a later date. The Board discussed the possibility of creating a contingency line in their FY2008 budget. Peterson said the Budget Subcommittee had been informed that

the County Board did not anticipate lessening the Board of Health grant. Busey confirmed \$95,000 for the Board of Health is budgeted in the FY2008 General Corporate budget. The County Board has not yet approved the final budget. The Board discussed the reasons for a contingency line, such as unforeseen expenses from programs that are budgeted but have not been developed yet. James said other agencies should be considered for Board of Health funding than just CIDES. For example, Frances Nelson could have made a request if they were aware of a possible funding opportunity.

Motion to defer failed with a vote of 0 in favor and 8 against.

Motion to table failed with a vote of 2 in favor and 6 against.

MOTION by Maurer to approve additional \$15,000 funding for CIDES in FY2007; seconded by Gowda.

Kassem said the Illinois Dental Society's biggest concern at their annual meeting was access to care. He spoke to people about what CIDES is doing and they were astounded the County is doing this. He said the program is worth the extra \$15,000 in funding. Maurer talked about the neglect case with the child who needed 12 teeth pulled. The only other option was taking the child to the Effingham hospital for surgery. This way it will only take 2 hours for the procedure. Gowda voiced his support of the additional funding because in his experience patients come at the late stage of a dental problem and preventative service could save a lot of money. Most of the patients he sees have access to care problems. Gowda asked if there was any way CIDES can work with other acute care services to screen patients for preventative services. He suggested developing a way to work with the primary care providers at the hospitals. This could be a major funding initiative.

James stated that he thinks the work being done by CIDES is excellent, but there are so many agencies that need a helping hand. He disagrees with more money being requested at the end of the budget year simply because it is available. He said that one has to live with the budgeted amount and this was not an emergency situation. Rappaport was sympathetic to James's statements; however, he felt the Board has not done much in visionary, creative ways to create programs. The Board of Health has been managing money. CIDES is one of the more exciting, hard-working proposals and Rappaport suggested dealing with the reality of what the Board has. He supports the program in part because it is preventative. O'Rourke said he would not support the increased appropriation. He thinks CIDES does a great job but the Board gives them money without consideration of any other expenditure. The Board only hears from one group of advocates. O'Rourke wanted to hear proposals from other groups. He is concerned the Board is not making an informed choice. He supports CIDES if the Board looked at other programs in a fair way. Segal spoke in support of the CIDES appropriation because the Board the present choice is to either use the money on dental access or not use it at all. Dental treatment is preventative because it prevents other systemic illnesses. Kassem called the question.

Motion carried with a vote of 6 in favor and 2 against.

Reconsideration of CIDES Appropriation in FY2008

The Board discussed how to handle the FY2008 budget request from CIDES.

MOTION by Peterson to defer this item; seconded by Maurer. **Motion carried.**

Consideration of Creation of a Contingency Line in FY2008 Budget

MOTION by Peterson to approve the creation of a \$65,000 contingency line in FY2008 budget; seconded by Maurer. **Motion carried.**

MOTION by James to defer agenda items L4 through L7; seconded by Peterson. **Motion carried.**

Creation of a Subcommittee to Develop Objectives and Indicators for Next the Budget Cycle

Deferred.

Report on Mental Health Board Meeting

Deferred.

Possible Revisions to Public Health Ordinance

Deferred.

Board of Health Website

Deferred.

Establishment of Study Session on October 16, 2007

The Board concurred a study session was needed on October 16, 2007 at 6:00 p.m. Peterson asked CIDES to attend and provide a full agency budget with audited statements.

Adjournment

Rappaport declared the meeting adjourned at 9:15 p.m.

Respectfully submitted,
Kat Bork
Board of Health Secretary