

CHAMPAIGN COUNTY BOARD OF HEALTH

**Monthly Meeting
Tuesday, November 27, 2007**

Call to Order

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

Roll Call

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

Approval of Agenda/Addendum

MOTION by Kassem to approve the agenda and addendum; seconded by Maurer.
Motion carried.

James arrived at 6:02 p.m.

Approval of Minutes

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

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

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

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

Motion carried.

Public Participation

There was no public participation.

Mental Health Board

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

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

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

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

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

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

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

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

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

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

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

Monthly Reports

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

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

Correspondence and Communications

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

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

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

Treasurer's Report

There was no Treasurer's Report.

Finance

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

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

Ideas Regarding One-Time Infusion of Funding from IDPH

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

Addendum

Invoice Submitted by CUPHD for October 2007

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

Issues Regarding CUPHD

Report from Acting CUPHD Administrator

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

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

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

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

Other Business

Approval of Regional Emergency Coordination Intergovernmental Agreement

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

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

Motion carried.

Renewal of CIDES Contract

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

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

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

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

Establishment of Study Session in December

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

MOTION by Kassem to approve the 2008 calendar as presented; seconded by James.
Motion carried.

Adjournment

Meeting adjourned at 7:52 p.m.

Respectfully submitted,

Kat Bork
Board of Health Secretary

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