
CHAMPAIGN COUNTY BOARD OF HEALTH

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Champaign County Board of Health

Tuesday, January 29, 2008

6:00 p.m.

Brookens Administrative Center, 1776 E. Washington
Meeting Room 2
Urbana, Illinois

AGENDA

<u>ITEM</u>		<u>PAGE NO.</u>
A.	Call to Order	
B.	Roll Call	
C.	Approval of Agenda/Addendum	
D.	Approval of Minutes	
	1. October 16, 2007 Study Session	1-6
	2. November 27, 2007 Regular Meeting	7-14
E.	Public Participation on Agenda Items Only	
F.	Monthly Reports	
	1. CUPHD Monthly Reports – November 2007 & December 2007	
	2. CIDES Report – November 2007 & December 2007	
G.	Correspondence and Communications	
H.	Treasurer's Report	
	1. Invoice(s) Submitted by CUPHD - <i>To be Distributed</i>	
I.	Issues Regarding CUPHD	
	1. Report from Acting CUPHD Administrator	
	2. Proposal to Enhance Comprehensive Sexuality Education (Please Bring Previously Emailed Attachments)	
J.	Other Business	
	1. Report from Board Study Session January 15, 2008	
	2. Request for Revised Format of County Logo	
	3. Placement of Public Participation on Future Regular Meeting Agendas	
K.	Adjournment	

1 **CHAMPAIGN COUNTY BOARD OF HEALTH**

2
3 **Study Session**
4 **Tuesday, October 16, 2007**
5

6 **Call to Order**
7

8 The Board of Health held a study session on October 16, 2007 in Meeting Room 2 at the
9 Brookens Administrative Center, 1776 East Washington, Urbana. The meeting was called to
10 order at 6:00 p.m. by Julian Rappaport.
11

12 **Roll Call**
13

14 Susan Maurer called the roll. Board members present at the time of roll call were Susan
15 Maurer, Tom O'Rourke, Julian Rappaport, John Peterson, and Betty Segal. Absent Board
16 members were Prashanth Gowda (who was out of the country), Stan James, Nezar Kassem, and
17 Carrie Storrs (who was at a conference). Staff present were Kat Bork (Board of Health
18 Secretary) and Susan McGrath (State's Attorney's Office). Others present were Nancy
19 Greenwalt (CIDES Executive Director), Jill Meyers (CIDES), C. Pius Weibel (County Board
20 Chair and CUPHD Board Member), and Claudia Lenhoff (Champaign County Healthcare
21 Consumers).
22

23 **Approval of Agenda/Addendum**
24

25 **MOTION** by Peterson to approve the agenda; seconded by Segal. **Motion carried.**
26

27 **Public Participation**
28

29 There was no public participation.
30

31 **Discussion of CIDES Appropriation in FY2008 Budget**
32

33 Rappaport suggested allowing the CIDES staff to speak during the discussion in order to
34 present information to the Board of Health. The Board and CIDES staff agreed. Greenwalt
35 stated, at the last Board meeting, it was discussed to continue budgeting CIDES at \$105,000.
36 Greenwalt said the Board has 3 choices: to maintain CIDES budgeting at the current level of
37 \$105,000 annually, to increase funding for children, and to fund a new program for adults.
38 Rappaport noted the Board added a one-time funding of \$15,000 to CIDES in the FY2007
39 budget. McGrath and Greenwalt confirmed that information. Rappaport asked if it was correct
40 that CIDES was asking for \$130,000 for the children's program in FY2008, plus a separate
41 \$50,000 to establish an adult dental program. Greenwalt said that was correct. Greenwalt
42 offered to answer any questions from the Board members.
43

44 Rappaport articulated that the Board of Health has never established a process for
45 evaluating programs that are proposed to the Board for funding. He requested the next meeting
46 agenda include an item about the establishment of such a process. Segal asked if they had any
47 data on the needs in the County to help set priorities. She liked the dental program, but
48 wondered what else is needed in the County. Rappaport said that is a serious conversation that
49 needs to begin at the next meeting. The Board has data, but no formal process for funding

50 requests. McGrath spoke about the County Board's Juvenile Delinquency Grants that are funded
51 by the Quarter Cent for Public Safety Sales Tax. The Justice & Social Services Committee
52 found themselves in a similar position and arranged for the Mental Health Board to administer
53 the application process and monitor the grants. The Mental Health Board has developed a set
54 process where programs are vetted by them and the funding recommendations are brought to the
55 County Board for approval.

56
57 Rappaport stated there is a need for the Board to understand the CIDES program and
58 budget. He opened the floor for questions. Peterson asked about the CIDES budget and where
59 the projected \$75,000 in Medicaid revenue was coming from. Greenwalt said CIDES uses their
60 staff dentist to bill Medicaid; the dental team is broken out under staff expenses. CIDES bills
61 Medicaid for the mobile clinics, the Head Start program, and IDPH for sealants. They bill
62 Medicaid whenever the dentist accepts Medicaid. Most dentists do not accept Medicaid.
63 Peterson asked for the Medicaid numbers for the program the Board of Health is funding.
64 Greenwalt did not have those numbers. Peterson stated that all the children being served by
65 CIDES are eligible for Medicaid. Greenwalt clarified that not all the children are enrolled in
66 Medicaid and Peterson confirmed all the children were Medicaid eligible. Greenwalt confirmed
67 most of the children should be Medicaid eligible. He said CIDES is using local dollars as a
68 substitute for federal and state dollars because the dentists will not take Medicaid. However, if
69 all the dentists took Medicaid as a form of payment, there would be much less expense on the
70 County's part. Greenwalt explained Medicaid pays a fraction of CIDES's reimbursement rate.
71 In some cases Medicaid pays 10% of the cost or less for severe cases. Peterson asked about the
72 Medicaid reimbursement for the basic services like cleanings and sealants. Greenwalt CIDES
73 has grown this since July and is billing for more. There are dentists who do not accept Medicaid,
74 but participate in the CIDES program because they reimburse the dentists 50% of their costs.
75 Peterson understood it is a national problem that dentists do not take Medicaid. Dentists are not
76 on call like physicians or required to take whatever case comes in the door, as emergency room
77 doctors and medical staff do. Physicians accept a lot more Medicaid compared to dentists. The
78 problem Peterson has had with the CIDES model is that their dentists do not accept Medicaid, so
79 the Board is substituting County money for available state and federal money. The model would
80 work better if CIDES had a system where they could take those federal and state dollars and not
81 need to ask for so much County money. Greenwalt said she calculated that CIDES is losing
82 \$5,000 in revenue by not billing Medicaid. She feels the amount is small and it is easier to raise
83 \$5,000 through donations or grants than bill Medicaid. Rappaport asked if Peterson was viewing
84 the situation as the part the Board of Health provides support for is the services in the dental
85 offices and this part takes little or no Medicaid. Peterson said that was correct. Rappaport asked
86 if the Head Start clinics and mobile units programs would happen anyway if the Board was not
87 supporting CIDES. Greenwalt said she has not figured out if CIDES would exist to support
88 Head Start and mobile clinics if the County did not provide funding for the children's dental
89 access program. A quick answer would be no. The anchor of the program is that children can
90 get access to private practice dentists. Responding to Peterson, Greenwalt understood his
91 frustration that private tax dollars are being used though most of the children's dental care should
92 be covered by Medicaid. She said it just does not happen. CIDES has talked with Frances
93 Nelson and CUPHD about a coordinated effort that they hope will be funded this fall to work
94 with dental providers in the community to take more Medicaid patients. CIDES does want to
95 work on a cooperative effort to get more dentists in Champaign County to take Medicaid.
96

97 Lenhoff was recognized by Rappaport and spoke about fundamental flaws in the
98 Medicaid in Illinois for oral health. She said there are a lot of things that Medicaid will not
99 cover, such as a second exam a year. This program sets out to provide the best care possible.
100 Advocates are working to get the Illinois Medicaid system to change.

101
102 Greenwalt said, in the comparison to medical providers, she does not have the Medicaid
103 reimbursement rates for providers. Her sense is that Medicaid underpays on oral health care
104 abysmally. Peterson said it is the same on the physician side; most of the physicians who accept
105 Medicaid are quite underpaid. It is a federal and state challenge to Medicaid. Peterson reported
106 that Frances Nelson is overwhelmed because they cannot get Medicaid or no-pay patients into
107 the hospitals or private practice physicians. The CIDES model is avoiding or not using state and
108 federal money, instead using local tax dollars to operate the program. He questioned if there is
109 another model that would access the federal and state money. His suggestion of the best model
110 was Frances Nelson, which receives 3 times as much for Medicaid encounters as the private
111 practitioners are because it is a qualified federal health center. Frances Nelson is paid more for
112 Medicaid patients because it treats so many uninsured. That system will fall apart unless
113 additional monies start coming in. Peterson noted that Frances Nelson used to have a dental
114 program.

115
116 Rappaport articulated that one of the big problems at Frances Nelson and other dental
117 practices is clients who are not paying often do not show up for their appointments. The CIDES
118 program does offer management and improved efficiency. CIDES has fewer no-shows. No-
119 shows are a classic problem in community health clinics. Being aggressive in outreach is a
120 public health model to reach the clientele. Peterson added that clinics expect no-shows so clinics
121 overbook or allow walk-ins for the difference. Rappaport asked why the public health district in
122 Champaign-Urbana has been labeled as having a bad reputation for being able to provide dental
123 services. Lenhoff said one of the reasons for the bad reputation historically is the district's
124 inability to retain a dentist. CIDES success has stemmed from working with dentists in
125 established practices who know how to run their office efficiently. At the public health district,
126 the dentists get paid whether they see clients or not. This summer, the public health dentist
127 decided not to book any new appointments until they moved into the new building. Lenhoff said
128 it has not been a well managed facility over and over again. She further stated CUPHD has
129 never consistently had a practice of reminding clients of appointments. Lenhoff said another
130 problem the public health district has a bad reputation for in the community is because their front
131 line staff are not helpful or welcoming. She felt if any private dental practice operated the way
132 CUPHD did, it would have gone under. Lenhoff is aware the district is trying to change things.
133 Rappaport summarized that theoretically the model could work, it just has not done so locally.
134 Peterson declared few counties have ever tried, so it is a valiant effort. Pryde has indicated that
135 CUPHD is able to recruit dentists now and there are possibilities. If Frances Nelson was
136 administering the program, they could offer the participating dentists other perks, such as
137 repayment of student loans. Peterson noted Frances Nelson could also tie dental clients into
138 medical care much better. However, Frances Nelson is currently overwhelmed. His concern
139 with the proposal to expand the CIDES program is that it will use more local tax dollars without
140 getting the Medicaid reimbursement that is available. He said CIDES is a quality program and
141 concurred that we are not coming close to meeting the need with the amount of dollars.
142 Greenwalt wanted to assure the Board that CIDES is moving towards recouping as much
143 Medicaid money as they can. She reiterated that the Medicaid money she estimates is being lost

144 could be as low as \$5,000. Rappaport asked why there is not collaboration between CIDES,
145 Frances Nelson, and CUPHD with each building on the strengths of the others, such as using
146 CIDES's model to decrease the no-show rate. He wondered if CIDES could refer clients to
147 Frances Nelson and CUPHD as well as private dentists. Greenwalt does not think Frances
148 Nelson is interested in providing dental care. Peterson said that is unfortunate because Frances
149 Nelson are the ones who could do it right. Segal said it sounded like Frances Nelson has access
150 to the federal dollars that could take the strain off the County. Peterson agreed because Frances
151 Nelson's Medicaid reimbursement rate is much higher. Greenwalt stated the request for
152 additional money in FY2008 CIDES funding would buy hundreds of thousands of dollars in
153 care. She reiterated that CIDES is an efficient program. The Board continued to discuss dental
154 access in Champaign County and the CIDES program.
155

156 Segal inquired about the proposed adult dental program. Greenwalt said the program
157 would be a drop in the bucket, she hopes to leverage this for more services. Greenwalt was
158 asked by Board members to develop something for adults. Rappaport asked how she would
159 leverage more money. Greenwalt said through general support in the community and by talk to
160 organizations they could raise maybe \$5,000 in community support. Rappaport asked if the
161 \$50,000 would be used to target adults in families with children already enrolled in the CIDES
162 program. Greenwalt answered that was correct. With \$50,000, she anticipated CIDES could
163 serve 200 parents, but they did not intend to make it exclusive. Rappaport asked what the Board
164 would be getting for spending \$250 per adult client. Greenwalt said it would be a mix of
165 prevention and services. She was interested in the thoughts of the Board members. Rappaport
166 was interested in prevention. Greenwalt worried that it would be aggravating to give someone a
167 toothbrush and toothpaste but not provide crisis dental care. Peterson said he has seen a lot of
168 adults in need of serious dental work, such as extractions and dentures, in the emergency room.
169 If CIDES was going to provide this type of care, then the money would not cover 200 people
170 because the work is very expensive. Greenwalt thought there is a need for more education and
171 outreach, with \$40,000 actually going towards patient care. Her figures are based on the guess
172 that about 100 people would receive sufficient care for \$75-\$100 dollars and they would limit the
173 number of expensive cases. Rappaport asked how long it would take to get the program up and
174 running. Greenwalt answered that, as proposed, CIDES could start scheduling adults at the
175 beginning of the fiscal year. Meyers wanted to know what the Board members wanted in an
176 adult program. For example, did they just want 200 clients to receive cleanings? Maurer asked
177 if adults were having problems getting appointments at Parkland. Meyers replied yes, because
178 hygienists in school need to see certain types of cases to pass. Parkland turns people away.
179 Rappaport voiced concern about the harm in creating an adult program, only to cut it after a year
180 because the Board of Health did not have the money for it in the future. Greenwalt noted that the
181 adult program would only cost \$10,000 in administrative costs because it builds onto the existing
182 CIDES program. Greenwalt will look into grants, but could not promise that they would find
183 another funding for an adult program. Rappaport said the \$50,000 could be seed money to
184 establish a program to have CIDES go after other money with the understanding that the Board
185 of Health would not annually fund the program. The Board discussed setting other criteria that
186 the adult dental would be a way to reduce the instances of severe medical cases going to the
187 emergency rooms. McGrath advised the Board to be careful but targeting with public dollars,
188 some could be considered to be discriminatory, like age discrimination. The Board could not
189 limit the program to people less than 50 years of age, for example. Lenhoff said that funding an
190 adult dental program for 1 year would be better than not funding it at all. She suggested that

191 adults could contribute to the cost of their care to extend the funding dollars to more clients. The
192 Board continued to discuss the possibilities of adult dental services.

193
194 Peterson reminded the Board that they have other budget priorities that could require
195 additional funding in FY2008 or future years, such as the new senior services program through
196 the Regional Planning Commission. He thought if the senior services program was successful,
197 they would be asking for more money in the next fiscal year. He noted the Board of Health is
198 dependent on a subsidy from the County Board and he does not think the Board of Health can
199 expect to receive the subsidy beyond 2 years from now. The previous senior program did not
200 work, but he expects the RPC program will. The County Board will likely reduce its financial
201 support. If the Board funds a \$50,000 adult dental program, they will have no carryover
202 contribution in the budget this year. Then next year they could face a request to increase senior
203 services funding and a decrease in the County Board's funding. The Board would enter into
204 deficit spending. Rappaport suggested the Board of Health lobby the County Board to not
205 reduce their funding. On top of what Peterson said, Rappaport expressed that he has a shaky
206 level of confidence that the CUPHD budget for the Board this year will be the same in the next
207 year. He really felt the Board needs to set up a process for evaluating these requests. He did not
208 want to mislead CIDES about future funding levels and wanted to make it clear that the Board is
209 not committing itself beyond what is contracted. Weibel could not say what the County Board
210 will do about the Board of Health's subsidy because overall economic conditions can change.

211
212 For clarification, Rappaport asked what the Board would be getting for the extra money
213 being requested for the children's dental access program in FY2008. Greenwalt answered that
214 Board would be receiving more services because all the additional money would go to
215 professional care. Rappaport asked if there was a capacity to provide more care. Greenwalt said
216 yes, more dentists are willing to see clients. She said each \$1,000 more in funding averages to
217 100 more kids getting appointments, however, the exact cost for each child varies. The Board
218 will meditate on these issues. The Board thanked the CIDES staff for attending the meeting.

219
220 **Discussion of One-Time Infusion of Funding from IDPH**

221
222 Rappaport initiated the discussion with the idea that the Board could choose to fund an
223 adult dental program for 1 year with the one-time revenue from the Illinois Department of Public
224 Health. The Board does not have to use the revenue just for a capital equipment purchase.
225 McGrath confirmed the revenue is a general operating grant and can be used on anything the
226 Board desires. In regards to the vehicle owned by the Board of Health, it is a 10 year old van
227 used by CUPHD's Environmental Health Division to go on visits. Rappaport asked why the
228 County is paying mileage for a vehicle they own. McGrath suggested bringing that up at the
229 next meeting. Rappaport wanted the Board to entertain ideas about how to spend the IDPH
230 money without being bound by capital equipment purchases. McGrath noted the money
231 becomes available on December 1, 2007. The money must be spent by June 30, 2008. McGrath
232 passed along Pryde's suggestion that the money could be spent for emergency notification
233 licenses. Emergency equipment was purchased with the Bioterrorism Grant money. The
234 licenses are needed to use the equipment. A license is a \$500 annual cost. The Board would
235 continue to think of possible expenditures.

236

237 **Discussion of the Current Status of the County Board's Gathering of Information**
238 **Concerning a Possible Merger of the Board of Health and CUPHD**
239

240 Rappaport moved this item before Item F on the agenda because Weibel was present.
241 Rappaport wished to add this item to the agenda of the next regular meeting of the Board
242 because the discussion on this matter is only beginning. He reported that, as a result of a call
243 from Stan James, he attended a meeting of the County Board's Policy, Personnel, &
244 Appointments Committee. The committee discussed a possible merger between CUPHD and the
245 Board of Health. During the meeting Rappaport, Pryde, and Carol Elliott of the CUPHD Board
246 addressed the committee. Rappaport told the committee about that report that the Board received
247 in 2005 entitled "Understanding the Present and Planning for the Future: An Analysis of Current
248 Structures, Functions, Dynamics, and Options." The consultant who wrote the report
249 recommended a study of the fiscal and legal issues involved in a merger and for the two entities
250 to begin thinking towards a joint administrative model. Carol Elliott and Julie Pryde also
251 attended the Policy, Personnel, & Appointments Committee meeting to express that they were
252 not in favor of a merger. Rappaport wanted the Board to look into this issue. The Policy,
253 Personnel, & Appointments Committee directed McGrath to research the tax and legal
254 implications of a merger. When it is ready, McGrath can share this information with both the
255 Board of Health and CUPHD. McGrath requested the committee give her until January to gather
256 her report and the committee agreed. There are experts in the community and in other counties
257 who would be instructive in the aspects of such a merger. McGrath wondered about inviting the
258 Sangamon County Director of Public Health to talk about the merger between the county and
259 city public health departments to the Board of Health. Maurer recommended inviting CUPHD to
260 such a discussion. Rappaport directed an item about putting together a subcommittee about a
261 possible merger on the October agenda.
262

263 Rappaport questioned if January was too soon to allow McGrath to prepare such a report.
264 McGrath said the Policy, Personnel, & Appointments Committee just wants her to report on how
265 the process has started and how she is proceeding. The Board continued to discuss and agreed to
266 look into the possibilities of a merger. Rappaport stated the Champaign County Medical Society
267 would likely have an opinion. Peterson noted Gowda is President of the Medical Society. He
268 said it is a small group. The hospitals have their own problems. Carle has been expanding other
269 services with charity care. Rappaport asked if they would see a merger as advantageous.
270 Peterson thought they would and it could involve the clinics, hospital support, and the Medical
271 Society. O'Rourke thought the CUPHD Board would agree to it if a merger made sense. The
272 Board continued to discuss the possibilities of a merger.
273

274 **Adjournment**
275

276 Study session adjourned at 8:15 p.m.
277

278 Respectfully submitted,
279

280 Kat Bork
281 Board of Health Secretary
282

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

1 **CHAMPAIGN COUNTY BOARD OF HEALTH**

2
3 **Monthly Meeting**

4 **Tuesday, November 27, 2007**

5
6 **Call to Order**

7
8 The Board of Health held its regular monthly meeting on November 27, 2007 in Meeting
9 Room 3 at the Brookens Administrative Center, 1776 East Washington, Urbana. The meeting
10 was called to order at 6:00 p.m. by Julian Rappaport.

11
12 **Roll Call**

13
14 Susan Maurer called the roll. Board members present at the time of roll call were Nezar
15 Kassem, Susan Maurer, Tom O'Rourke, John Peterson, Julian Rappaport, and Carrie Storrs.
16 Stan James arrived later. Absent Board members were Prashanth Gowda and Betty Segal. Staff
17 present was Kat Bork (Board of Health Secretary). Others present were Nancy Greenwalt
18 (CIDES Executive Director), Julie Pryde (Acting CUPHD Administrator), Teresa Strum
19 (CUPHD Finance), Peter Tracy (Mental Health Board Executive Director), C. Pius Weibel
20 (County Board Chair and CUPHD Board Member)

21
22 **Approval of Agenda/Addendum**

23
24 **MOTION** by Kassem to approve the agenda and addendum; seconded by Maurer.
25 **Motion carried.**

26
27 James arrived at 6:02 p.m.

28
29 **Approval of Minutes**

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

33
34 O'Rourke stated the minutes were excellently done by Bork. Pryde wished to clarify that
35 at the last Contract Subcommittee meeting she informed that subcommittee that while the
36 CUPHD Board was not likely to agree to the Board of Health evaluating the CUPHD
37 Administrator's performance, the Board of Health could submit something like a client
38 satisfaction survey so they would have some input. This would be direct input about how
39 services are being done. Pryde had told the Contract Subcommittee that she doubted there would
40 ever be a formal evaluation of the CUPHD Administrator coming from this body. The Board
41 thanked Pryde for the clarification. O'Rourke agreed with Pryde's clarification as being an
42 accurate reflection of the meeting. The October 30, 2007 Board of Health minutes were accurate
43 in reflecting his report to the Board of Health about the Contract Subcommittee meeting. Weibel
44 said the discussion of the October minutes at tonight's meeting would serve as a clarification of
45 the previous minutes.

46
47 O'Rourke asked if the Board should make any clarification to Line 362 wherein a motion
48 was made and seconded but no vote was taken. He wondered if the Board should table or

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

52
53

Motion carried.

54

Public Participation

56

57 There was no public participation.

58

Mental Health Board

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

Directions

62

63 Tracy distributed a decision memorandum concerning public health collaboration on out-
64 of-cycle funding addressed to the Mental Health Board. The memorandum is a decision to put
65 \$25,000 from the Mental Health Board (MHB) with the equal amount already obligated by the
66 Board of Health in its FY2008 Budget. The Board of Health budgeted the money for the purpose
67 of funding a grant writer. Tracy reported that a grant writer was only one of the possible areas
68 being considered from the MHB's perspective because \$50,000 can purchase many services.
69 Other options for collaboration between the boards are maternal depression, elderly depression,
70 and school-based health centers. Tracy reported that the leadership of the MHB was not as
71 interested in a grant writing position as they were to committing to other services. Tracy noted
72 this would be an out-of-cycle funding for the MHB, but they felt it was important. Tracy wants
73 to discuss how to spend the combined money with select members of the Board of Health.

74

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

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

112

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

124

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

127

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

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

164
165 Rappaport requested that Tracy email the documentation to Bork. Tracy was willing to
166 email anything, the Board just needed to let him know what documents they wanted. James
167 spoke favorably about the MHB's contract language. He has been trying to encourage the
168 County Board to write contracts that favor the County in a similar fashion. Having the right
169 tools is a good start, so James appreciated the tools that Tracy is offering. He expressed that
170 Susan McGrath has been helpful in working on the Board's contracts. Rappaport stated the
171 MHB is designed for community investment and their efforts aim to spend money in a good way,
172 but the MHB has a staff that the Board of Health does not possess. Rappaport indicated the
173 Board needed to evaluate funding opportunities in an organized fashion, just not as massively as
174 the MHB does. The Board wants to have a procedure that is perceived to be systematic and fair
175 when they decide to spend the public's money. James concurred, saying the Board can come up
176 with the areas they want to fund and develop an application process, then grade the applicants on
177 specific criteria. Tracy has provided a framework which the Board can modify to suit its needs.
178 James added that the Board needs to be able to make changes to existing programs so that they
179 best serve the population. He spoke about being entrusted with the public's tax money and being
180 diligent in using it. Tracy said any contract can be amended; it is important to do it formally so it
181 is clear and agreed on by both parties.

182
183 Peterson said that he thinks there has been a tendency by the MHB to fund areas such as
184 depression. Emergency room doctors are seeing a desperate need for more publicly funded
185 psychiatrists. The local emergency rooms are being inundated with people who need visits with
186 psychiatrists for acute behavior disorders that could be handled by office visits and medications

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

200

201 Monthly Reports

202

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

205

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

208

209 Correspondence and Communications

210

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

217

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

222

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

227

228 Treasurer's Report

229

230 There was no Treasurer's Report.

231

232

233 **Finance**

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

235

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

239

240 **Ideas Regarding One-Time Infusion of Funding from IDPH**

241

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

253

254 **Addendum**

255 **Invoice Submitted by CUPHD for October 2007**

256

257 **MOTION** by Peterson to approve paying the invoice submitted by CUPHD for October
258 2007; seconded by James. **Motion carried.**

259

260 **Issues Regarding CUPHD**

261 **Report from Acting CUPHD Administrator**

262

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

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

284

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

286

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

292

293 Other Business

294 Approval of Regional Emergency Coordination Intergovernmental Agreement

295

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

298

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

300

301 **Motion carried.**

302

303 Renewal of CIDES Contract

304

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

307

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

310

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

322

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

324

325 Establishment of Study Session in December

326

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

329

330 **MOTION** by Kassem to approve the 2008 calendar as presented; seconded by James.

331 **Motion carried.**

332

333 Adjournment

334

335 Meeting adjourned at 7:52 p.m.

336

337 Respectfully submitted,

338

339 Kat Bork

340 Board of Health Secretary

341

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