

CHAMPAIGN COUNTY BOARD OF HEALTH

Monthly Meeting
Tuesday, May 26, 2009, 6:00 p.m.

Call to Order & Roll Call

The Board of Health held its monthly meeting on May 26, 2009 in the Jennifer K. Putman Meeting Room at the Brookens Administrative Center, 1776 East Washington, Urbana. The meeting was called to order at 6:00 p.m. by Julian Rappaport. Board members Prashanth Gowda, Stan James, Nezar Kassem, John Peterson, Cheryl Ramirez, Julian Rappaport, Bobbi Scholze, and Betty Segal and were present at the time of roll call. Board member Brenda Anderson was absent. The staff members present were Kat Bork (Board of Health Secretary) and Susan McGrath (Senior Assistant State's Attorney). Also present were Deb Busey (County Administrator of Finance & HR Management), Nancy Greenwalt (Smile Healthy Executive Director), Julie Pryde (CUPHD Administrator), Andrea Wallace (CUPHD Finance Director), and C. Pius Weibel (County Board Chair & CUPHD Board Member).

Approval of Agenda/Addendum

Rappaport suggested considering all CUPHD and Smile Healthy agenda items at the same time as the agencies' budget requests so all related items are discussed together

MOTION by James to approve the agenda as amended; seconded by Kassem. **Motion carried.**

Approval of Minutes

MOTION by James to approve the Board of Health April 28, 2009 minutes; seconded by Kassem.

James asked for "stating" on Line 93 to be changed to "starting." Rappaport asked for the correct date to be listed on the first line.

Motion carried as amended.

MOTION by Peterson to approve the Board of Health March 31, 2009 minutes; seconded by Kassem. **Motion carried.**

Public Participation on Agenda Items Only

There was no public participation.

Correspondence and Communications

There was no correspondence or communications.

Treasurer's Report

Distribution of Public Health Levy for FY2009

Peterson asked if Busey had anything to add to the memo included in the agenda packet that she prepared regarding the public health levy distribution for FY2009. Busey remarked that the property tax revenue is always an estimate until she receives the final certification of the tax extension in late March from the County Clerk and the final distribution of the EAV within and outside CUPHD. The percentage changed in CUPHD's favor. CUPHD will receive more than budgeted and the BOH will receive less than budgeted because the percentage of value within CUPHD is greater than it was last year. It applies to the current fiscal year. Busey does not think it will require a budget amendment this year.

Approval of CUPHD Invoice for March 2009

Peterson stated the March invoice was consistent with the contract budget.

MOTION by Peterson to approve payment of the CUPHD invoice for March 2009; seconded by Kassem. **Motion carried.**

Budget Requests for FY2010 Funding

CUPHD – Presentation

Pryde updated the BOH that the H1N1 flu is spreading. There are still no cases in Champaign County. This is not our flu season, so it may hit us in the fall. The worst case scenario would be for flu to mutate and the best case scenario would be that it comes back as seasonal flu. Peterson inquired about the vaccine situation. Pryde stated no decision has been reached yet on the vaccine. The vaccine may take two shots and she heard from IDPH that any vaccine will be released slowly to prioritized groups first such as children, people with underlying health conditions like pregnancy, and healthcare providers. Peterson was amazed at how many health care providers do not get a flu shot and Pryde concurred because H1N1 has spread throughout the world. Gowda report the website www.pandemicflu.gov gives useful updates on all type of flu. Pryde noted that website is linked to the CUPHD website and updates can be viewed on the Champaign County Prepares website.

Wallace distributed the CUPHD budget documents and stated they were the same documents she distributed at the study session held earlier in May. Wallace wanted to review the document she emailed to the BOH last week about services provided to County residents. She went through CUPHD's 2008 Annual Report and indicted whether the CUPHD programs are paid for by the BOH and included in the FY2010 budget. She calculated 27% of CUPHD's services are specifically benefiting County residents. Pryde said there seemed to be some confusion that the only services County residents receive come through the BOH core services and that is not true because CUPHD receives grants that cover wider jurisdictions than just CUPHD. She stated lots of services were provided to County residents through all kinds of different funding. Wallace said some grants are 100% funded, while others are funded by a combination of grants, fees, and property tax revenue. Wallace said she broken down the services between the core services, grants, and purchased services. The purchased services are

items CUPHD covers that can be grant-based or are available to be purchased by the BOH. She listed the Illinois Breast & Cervical Cancer Program and the mobile program as examples of purchased services.

James asked about the legal opinion McGrath was going to provide concerning the core services. McGrath promised the Board would have the opinion for the June meeting.

Segal asked about "I" under the status on CUPHD's document. Wallace explained the "I" meant the services were currently included in the County contract and the BOH was paying for them. Wallace stated the STDs are not included and Pryde clarified that CUPHD provides the service to County clients but the BOH is not paying for it. Wallace said CUPHD is currently subsidizing those programs and the description in the FY2010 proposed budget would match this. Pryde said that was being done because CUPHD was trying to get the division in shape. Segal said the BOH has wanted to know what services it is paying for versus what services it was receiving and thanked Wallace for the information.

Turning to the FY2010 contract proposal, Wallace stated the only change from the document she distributed two weeks ago was the Environmental Health fee revenue. Wallace prepared the FY2010 proposal with subtotals by grants and core services with other services that could be purchased. There is a total of \$97,199 in grant revenue for FY2010. This is a decrease of \$16,714 from the FY2009 grant funding. The grant revenue is estimated from year to year because CUPHD does not know how the grants will be funded. The figures are based on the current state fiscal year contracts that end in June 2009. Rappaport asked if the state grants were for the whole of Champaign County, including Champaign-Urbana. Wallace said these are grants are specific to the County and CUPHD has separate grants that cover the same things. Rappaport asked if the grant funding was handled as pass-through funds. Wallace stated CUPHD spends the funds upfront and then asks for reimbursement from the state. She detailed the proposed core services cost as \$606,567. The BOH is currently paying \$407,270 for core services, so the increase in FY2010 amounts to almost \$200,000. Wallace explained the two yellow columns on her spreadsheet were the Infectious Disease Control and Vital Statistics core services. These are core services not included in the FY2009 contract and 100% of costs are covered by CUPHD at this time. She drew the Board's attention to Page 9, which showed what is included in Infectious Disease Control. Infectious Disease Control includes communicable disease investigation, hepatitis, STDs, and tuberculosis. There are four active TB cases in the County and all are compliant. A noncompliant TB case can cost \$25,000 to isolate and treat the individual. Wallace advised the BOH to consider these potential costs when they are preparing a budget and to set aside funds for unexpected incidents. The total FY2010 CUPHD proposal is \$703,766, about a 35% increase over the FY2009 budget. The back page of Wallace's document listed additional services that the BOH could purchase separately, such as the mobile programming, IBCCP, and clinical services. These are programs funded outside of what is covered by the grant that are additional costs to the BOH. Wallace stated the vision and hearing costs are pretty much covered with a grant, Medicaid, or client fees. The Vision Cooperative is a program CUPHD runs solely funded from Medicaid fees and is subsidized by property tax dollars in the amount of \$12,326. Wallace estimated 18% of those clients are County residents, which is billed to the BOH. The well water testing offered by CUPHD and is outside of the core service. CUPHD tests residents' wells as requested and charges a \$20 fee. The fee does not

cover the cost of providing this service, a majority of which is personnel-related. Well water testing is 100% County residents and Wallace estimated the program costs \$9,606 to subsidize. Pryde said County residents have called asking CUPHD to perform lead testing of their soil. CUPHD has the equipment and certified staff to perform this service, but they have never done it. The BOH would have to set a fee if this service was offered. James thought the BOH was not required by law to offer well water and soil testing. Pryde concurred it was absolutely not required by law. Pryde recommended the BOH consider whether its wants to offer flu shots for County residents. Flu shots have been the most used service on the mobile unit and this service would stop if the mobile funding is discontinued. If the BOH wanted to offer flu shots clinics in the County, they will have to make plans and add those expenses to the FY2010 budget. Wallace summarized that the total CUPHD FY2010 contract proposal was \$803,050. The entire FY2009 contract budget was \$660,589, making FY2010 an increase of 21.5% if the BOH accepts everything in the proposal.

James noticed the some of the increased cost of Vital Statistics is related to the state no longer providing the paper free-of-charge. Wallace confirmed that CUPHD used to get the death and birth certificate paper for free and this has stopped. The security paper is very expensive and is a new cost.

Segal asked about the Infectious Disease services that Wallace indicated the BOH has not been paying for, although the mobile unit funded by the BOH does address infectious disease. Wallace said those were two totally different services. Pryde said Infectious Disease is more than the communicable disease services. The mobile unit provided flu shots, STD-related services, and IBCCP referrals. Pryde stated that CUPHD's finances were a mess when she first came on and she decided to hold off on Infectious Disease until she knew what was going on with it. This is why the BOH has not been paying for Infectious Disease.

Scholze inquired about the cost per unit served of the stop smoking programs. It appeared \$26,000 was spent to serve 226 people. Pryde said that money has to be spent on it because the grant was very specific. Wallace said those numbers were not necessarily the clients served and suggested looking through CUPHD's annual report for more information.

Busey asked about what services the IDPH grant covered as described in the CUPHD FY2010 contract proposal. Wallace said Number 7 is specific to IBCCP when it talks about IDPH grants. The IBCCP Program alone receives \$662,000 from IDPH. Busey asked if the County receives a portion of that funding. Wallace answered no. CUPHD receives all the IBCCP funds and it is not limited to where they provide the services because CUPHD administers the funds for three counties. Busey wanted to understand the grants so they correctly listed in the County budget report. She asked what services CUPHD accounted for with the BOH's IDPH Health Protection Grant. Pryde answered core services. Busey inquired what amount the IDPH Health Protection Grant would be in FY2010 so the BOH could properly budget for it. Pryde said Carol Wadleigh received the grants. Busey asked if the IDPH Health Protection Grant was supposed to cover core services. Pryde said the grant was intended to be applied to core services, but never covers those costs. Busey asked if it could be applied to any core service. Pryde said the grant could be applied to any core service or other things, but her understanding was that it should be applied to core services.

Rappaport acknowledged it was difficult to follow the CUPHD contract proposal and asked if the BOH's cost for core services were the yellow columns. Wallace said the subtotal of core services was \$606,567 and was in Column B. The yellow columns depict what is not currently funded. Rappaport asked if the reason for the increased cost to core services in FY2010 was because CUPHD was not charging the BOH. Pryde said CUPHD was just not charging the BOH because there was a mess with CUPHD finances when she took over as Administrator. She said the BOH had been basically getting its Infectious Disease and Vital Statistics services for free until CUPHD sorted out what its previous Finance Director had done. Pryde was tried to give the BOH the benefit of the doubt. She stated the FY2010 proposal is the numbers with client data and real costs. She does not know what the previous CUPHD Finance Director was doing. Rappaport asked what actual services the BOH would receive for \$606,567. Wallace answered the services were food establishments, water program, sewage program, communicable disease, hepatitis integration, STD, and tuberculosis. Wallace said the bottom line is there will be services CUPHD provides that the BOH will not be able to provide due to resources. Rappaport wanted to understand how the services add up to \$606,567. Wallace explained they would not get that from document listing the services. The list of services gives a description that corresponds to the budget. The first three services listed are Environmental Health services on the budget document. Discussion continued over how to correlate the numbers of services with the budget. Peterson suggested it might be helpful if Wallace added a column correlating the budget with the services. Wallace suggested BOH look at CUPHD's annual report. The BOH discussed how to calculate the cost per visit of core services. Wallace said the majority of costs are personnel-related. James was amazed at number of restaurants that were inspected. Rappaport's aim was to ensure all Board members understood what they were paying for in the budget and how that relates to the BOH's income.

Peterson said the IMRF cost is a policy question made by CUPHD which is in variance with the County. He asked how the FY2010 CUPHD proposal would be affected if the IMRF costs were put in line with the County's policy. Wallace said she did not figure this. She was instructed to put in the full 11.3% going forward. Busey stated one entity cannot adopt two different IMRF rates and the CUPHD Board determines the IMRF rate for the district. Wallace said the IMRF rate has not yet been adopted by CUPHD Board. Busey asked if Wallace knew the difference in total cost impact on the entire organization between the full rate and the phase-in rate. Wallace did not have that information.

Busey asked if Wallace could add two columns for County's costs and CUPHD costs on the services list. She thought the BOH was looking for a way to put the dollar costs with the number of services on one document. Busey asked about the IBCCP Program and whether it was mandatory for the County to pay for services beyond what the grant provides. Wallace said the IBCCP Program grant required a match and the BOH was billed for its portion of the matching funds. Peterson noted IBCCP was not included in the annual report three-four years ago, so the BOH started looking at it more closely. CUPHD administers the IBCCP Program for a consortium of three counties: Champaign, McLean, and Vermilion. McLean County and Vermilion County stop providing services when the grant allocation ends. Champaign County keeps providing IBCCP services for the remainder of the fiscal year after the grant money runs out. Peterson said three years ago that it would be politically difficult for Champaign County to not to provide those services, but he also said CUPHD should be going after McLean and

Vermillion Counties to come up with their share. Now that CUPHD is getting its administrative house in order, CUPHD could address this issue with McLean County and women's groups. Pryde spoke to McLean County's public health department, but they will not open easily open their wallets. She reported the state poured in resources into IBCCP and is now pulling the resources right back. She is not sure what will happen with this program. Pryde thought it would be easier to get money from McLean and Vermillion now that a lot more clients are enrolled in IBCCP.

Rappaport said the BOH needs to understand exactly what it is being asked to pay for and what it buys. The BOH needs to get a legal opinion about what it absolutely must provide, which will be provided at the next meeting. From that point and given the amount of resources, the BOH will have to determine what it can spend. The BOH cannot continue the programs it has with this budget change from CUPHD. He emphasized that the BOH was not making any decisions at this moment and encouraged members to ask questions if any budget requests are unclear.

Pryde said her understanding of the Local Health Protection Grant and how core service works was that a public health department has to have an Administrator, provide certain services, and do a local assessment of needs every five years in order to exist as a public health department. A public health department who does not do these things can no longer receive a Local Health Protection Grant or levy taxes. McGrath agreed and stated the question the Board has asked her to address is what the state actually requires they provide within those parameters. The Board wants to know the standard by which the state measures a health department's performance. James asked McGrath what the BOH is required to do if the grants do not cover the cost of providing the core services. In his mind, if state grant does not cover the program cost then they cannot operate the program. Pryde said the difference is the BOH has the ability to levy taxes to get extra money to run the programs. McGrath said the problem with food establishments that is being discussed is no fees are collected for enforcement and this is the reason for the big gap between the fees revenue and cost of the program. Rappaport and Peterson were under the impression that enforcement fees collection would not amount to that much money, based on what CUPHD Environmental Health Director Jim Roberts has said. McGrath said the enforcement fees would not cover everything, but they could be collecting some revenue, which is better than zero. If enforcement fees were added to the ordinance, they could be collected.

Rappaport asked about the difference between the costs of core service administration and the actual core services. Wallace said Page 7 shows the personnel that go into supporting all of the County programs outside of the employees actually performing the core services. Administration included the cost of the CUPHD Administrator, finance staff, different division directors, support staff, computer staff, and marketing staff. Rappaport asked if those were indirect costs. Wallace said part of it was indirect costs. The administration expense to the BOH increased substantially because CUPHD changed the number of employees and percentages of their time charged to the County. Rappaport did not understand how the BOH was charged for administration of service it was not being charged for. Pryde said it is staff who are there regardless and lots of costs are associated with staff. Peterson indicated the budgeting process up to now has been a bit of smoke and mirrors. Pryde agreed and stated they are trying to make it

real. The BOH was not paying for communicable disease and part of her job is to make the sure all the services in the County are sustainable. Rappaport was not intending to suggest CUPHD was trying to do anything wrong; it is responsibility of the BOH to understand the budget it approves and to know what the dollars are for. Therefore, it is responsibility of the staff and administration to explain their budget proposal so the BOH can vote on it in good faith. Pryde said CUPHD was providing it to the BOH and doing as much as they possibly can. She said the CUPHD contract proposal may or may not be meaningful to the BOH regardless of what columns are added. She emphasized CUPHD staff has been to every meeting and spent hours on this budget. Rappaport reiterated that he was not intending to impugn anyone's motives, just that the communication itself was less than crystal clear. Pryde said the BOH members would have to do reading on their own outside of meetings.

James asked about the Infectious Disease personnel services listed on Page 9. Wallace said it was the total CUPHD pays to currently run all of the programs. The costs are applied to the County based on how the employee codes their time during the year. Pryde said the time coding has to be done to bill for certain grants and Medicaid.

Scholze stated the BOH will have to make cuts to its budget and asked if Pryde had any recommendations as the Public Health Administrator on where to make cuts as the costs are increasing and the demand for services are increasing. Pryde said a part of her job as Administrator is to make those recommendations and that is presented in the CUPHD budget proposal. Scholze noted the CUPHD proposal is more money than the BOH has. Pryde said her professional opinion to the BOH was to give priority to the core services and dental. She recommended the BOH not do the other services or programs. She would not cut the funding to dental because CUPHD does not do it. She was trying to be as clear and honest as possible with the budget. Scholze said the BOH appreciated the work CUPHD has done. Pryde said she has been advising the BOH since November to steer towards public health, not senior services or mental health. Pryde suggested the BOH look at trying to preserve the dental program in some way even though it is not a core service.

Rappaport said the BOH needed to have a conversation about what its policy should be. The bulk of the BOH's expenditures are in CUPHD and the Board may need to cut back on some of the things it's paying for through CUPHD. The core services are expensive relative to the BOH's revenue. Pryde said she was recommending cutting all non-essential services and funding core services and the dental program. She said the \$606,567 CUPHD budget proposal was not a budget that can be trimmed. Rappaport wanted a clearer legal opinion on what constitutes the core services and what the BOH's responsibilities are.

Kassem appreciated Pryde's recommendation, but in reality the BOH may be forced to eliminate the dental program because the core services are more expensive than the BOH can afford. He would hate to see the dental program eliminated. James acknowledged that the BOH was not previously paying for some services, which attributed to the increased cost. He noted doctors and dentists pass their increased costs of doing business onto their clients. He wanted the BOH to work with CUPHD because they have been gracious and not put up a battlefront. Rappaport and Scholze emphasized that no battle were intended, the BOH members were trying

to comprehend the CUPHD budget proposal. Pryde stated CUPHD is not charging more for core services than the BOH's has in its total budget.

Segal asked about flu clinics. Pryde confirmed CUPHD would hold its drive-through flu shot clinics, but it would not hold any in other locations. Segal asked for Pryde's recommendation as Administrator on what the BOH should do for flu clinics if the mobile program is eliminated, including the costs involved. Pryde agreed to provide a recommendation when she has more information on how many shots will be required and what the hospitals will do. Other entities hold flu shot clinics and charge the same fee as CUPHD, so they will have to do a good assessment this year to avoid wasting resources. Rappaport asked for clarification on what services CUPHD could provide for the amount of dollars the BOH can spend and what is best way to spend those dollars. Segal asked if the state uses the goals and objectives public health comes up with every ten years goals to judge county health departments. Pryde answered they did and confirmed CUPHD does a local assessment of need every five years. Segal wanted to know how the BOH is progressing in meeting needs of County residents. Rappaport believed the problem is the BOH does not have its own functioning public health services. Instead it contract for these services with an outside agency that has its own board. The BOH should be setting policy, but it has nothing to control with its policy. He felt Pryde was doing her job well, but the current structure with CUPHD and BOH places the Administrator in a conflict of interest.

Smile Healthy – Presentation

Nancy Greenwalt presented the Smile Healthy FY2010 budget proposal. The total FY2010 Smile Healthy budget proposal was \$133,128, an increase over the FY2009 budget of \$130,360. She began with a narrative, describing how the program enables County kids to be seen in a private practice office for dental work. The program sees about 500 kids a year. Smile Healthy is a comprehensive program where the kids are seen by a dentist twice a year. A typical appointment can be three treatments. BOH funding is also used for the mobile dental clinics where Smile Healthy goes to County schools. Medicaid should be covering most of these costs, but Medicaid is slow on providing any reimbursement. Greenwalt explained that if she had to rely solely on Medicaid, then the mobile clinics would be shut down. BOH funding also goes for education programs and Greenwalt noted four more events were added for May. The \$47,000 of the BOH's budget is spent on staffing, most of which helps pay for a scheduler because getting low income kids and families to dentists is a staff intensive effort. Smile Healthy uses a positive confirmation system to fill appointments and they are at 90% effectiveness. BOH's funding covers the Program Coordinator, most of whose time is spent on mobile events and the part of Greenwalt's work as Executive Director. Smile Healthy's operational costs include mileage, phones, and rent. The \$75,000 is budgeted for patient care and client assistance to pay dentists will charge Smile Healthy half their usual rate. Scholze asked if the oral surgeons were paid out of patient care and client assistance. Greenwalt confirmed it included about three oral surgeries each month. The oral surgeries are very expensive, averaging about \$1,000 per surgery. About a third of those patients are Head Start kids who live in Champaign-Urbana and those surgeries are paid for by Head Start. Greenwalt prepared the FY2010 budget request with a 5% increase for personnel and operations with patient care and client assistance funding remaining flat. The personnel costs did not increase more because no retirement benefits are given to staff.

Rappaport asked if Smile Healthy was providing services for approximately 500 individual County children in a year. Greenwalt said they were seeing 500 kids through the Child Dental Access Program and another 500 through mobile events. The mobile events include a dental exam, cleaning, fluoride, and sealants as needed.

Segal asked how the program identifies its clients and how those clients access the service. Greenwalt said people must initially call Smile Healthy's office and over half of clients are ongoing, established relationships. She is trying to expand restorative care. Gowda asked if the program treated children who fall below the poverty line. Greenwalt said they were 200% of the poverty level. Some of the kids are on Medicaid because most dentists do not accept Medicaid. Greenwalt bills Medicaid for mobile services and any office visits she can. If a dentist does not accept Medicaid, then she cannot bill Medicaid for the visit. None of the oral surgeons accept Medicaid.

Rappaport calculated the BOH is spending about \$130 per child to receive various dental services through Smile Healthy. Greenwalt said the figure was accurate only if the cost of education services was discounted. Rappaport thought it sounded like a good buy for the service provided and per child cost. Kassem felt the program is likely servicing more than 1,000 children each year. Rappaport inquired about the consequences of various levels of funding cuts. Greenwalt said a cut of \$10,000-\$20,000 would be taken out of patient care and would dramatically cut her ability to provide oral surgery. The effect of a cut of more than \$20,000 would be complicated and depend on the BOH's priorities. If the BOH does not fund this program, 500 private office visits would stop and the mobile clinics would be dependent on whether Medicaid would pay. Greenwalt would not set up mobile clinics in small towns because they would not see enough Medicaid kids to cover the expense.

Segal asked if the 500 office clients were required to reapply every year to show financial need. Greenwalt answered no and explained there was no screening after the initial screening. Kassem said his practice requires that low income clients present the medical card they receive each year to show their need to participate in the program. Peterson suggested Smile Healthy consider structure changes. He never liked the inefficiency of sending clients to private dentists, although the service quality is good in the private setting. It would be more efficient to have public health dentists work out of a public health office like Frances Nelson and he was disappointed it cannot get started at CUPHD. Greenwalt believed that CUPHD substantially underwrites its dental clinic with property tax revenue even though they only see Medicaid recipients. She did not think a dental clinic could be self-sufficient on Medicaid reimbursement and could not say whether it would be a more efficient way to see more clients. This is something she is trying to explore and is talking to dentists about renting office space on one of their closed days. Kassem said a big problem is a lot of dentists do not accept public aid because the Medicaid reimbursement is so low and late. Legislative ideas are being developed with objectives to implement clinics throughout Illinois concentrating on rural area. He saw Smile Healthy as a kind of a model for public aid programs. Rappaport thought there was a lot to be said for the blending public and private practices and the amount of attention Smile Healthy focuses on getting the patients scheduled. Peterson remarked the effort has to be done because only about 20% of Medicaid recipients keep scheduled medical appointments on their own and

the rest are no shows. Greenwalt added that many dentists in the program drop participants if the individuals fail to show for an appointment.

Rappaport said the BOH will have to determine what programs at what levels it can afford to support in FY2010. He was impressed with the work Smile Healthy is able to accomplish with the amount of funding it receives. Kassem liked the directness of Greenwalt's presentation. Peterson asked to see Smile Healthy's entire agency budget. He especially wanted to see how the Head Start portion fit into the entire program. Greenwalt said Head Start is about \$80,000 of Smile Healthy's budget. Greenwalt said she could provide the 2008 total agency budget and Peterson agreed that would be fine.

RPC Senior Services – Written Request

Scholze noted the Regional Planning Commission's budget proposal for the Senior Wellness Program showed the BOH is paying for a RPC staff person. Rappaport pointed out the BOH is paying \$11,318 for administration/indirect costs out of a \$50,000 budget. He thought it was very high for indirect costs. Busey said the RPC indirect administrative rate is between 45%-48% and is charged on all personnel dollars. The rate is determined and defined because of the number of federal grant programs that RPC administers. Smaller local programs need to closely analyze whether this is the best use of their dollars because RPC charges this rate to every program it administers. In Rappaport's experience at the University of Illinois, foundations could negotiate a lower indirect cost than what was charged to federal grants. Busey said application of the single indirect rate to all programs could be a policy decision made by the RPC Commission. She would follow-up with the RPC Financial Officer. Rappaport posed the questions of whether the BOH could afford this program and whether it is getting value from the program. Scholze wanted to compare the budget to the data on the number of people served provided by RPC. Rappaport thought the last report from RPC provided the number of people that RPC provided information to and he was worried about the ability to provide senior services in rural areas.

Rappaport asked Busey what the BOH could actually afford in terms of total dollars and maintain a 25% fund balance. The Board discussed setting a fund balance goal of 25% at its May 12th study session. Busey said the next question was how fast the BOH wanted to spend down its fund balance. She recommended the order of events at the June meeting be the legal opinion on the core services, designation of a fund balance goal, determining how much of the fund balance to appropriate in each fiscal year, and then selecting which programs to fund.

Peterson wanted to know whether the Senior Wellness Program was just not up to speed yet or if this was all there was with the program. Busey noted RPC had an entire Senior Services Program in place prior to receiving funding from the BOH. The BOH might want to learn about what the RPC Senior Service Program does and determine whether it is already meeting the need the BOH wanted. Rappaport and other Board members have come to the conclusion that the Senior Wellness Program was not matching what the BOH anticipated when it starting funding the programs two years ago. It was noted that it is not a core service.

Rappaport wished the BOH had an independent Administrator who would focus on getting the County core services at the best price. The Board discussed the many different services that are public health services even though they are not core services. Peterson remarked that CUPHD made a decision to move into an expensive remodeling program and the BOH is paying part of the overhead costs. James questioned that statement because he did not see any utilities or building costs included in CUPHD's budget proposal. McGrath said those costs were included under the Occupancy line in the CUPHD budget proposal. Rappaport said CUPHD's cost of doing business affects what the County is charged and the BOH has no input into CUPHD policy decisions. Busey suggested that the BOH could ask for the difference in cost for the BOH between CUPHD adopting the full IMRF rate versus the phase-in IMRF rate and let the CUPHD Board know. The difference might not be a huge amount of money, but it would be useful for the BOH to know how that expense is affecting them. Peterson said it would be nice to see the entire CUPHD budget to understand what portion the County makes of that budget. Kassem said he has not been entirely comfortable with the BOH having no say over the selection or retention of the Administrator. The CUPHD Board makes the decisions about hiring or replacing an Administrator. He did not think anyone could be the Administrator to both boards. In the current situation, the Administrator's main job is to take care of CUPHD. Busey suggested an individual could administer to both boards if they had an intergovernmental agreement instead of a contract. Similarly, the Champaign Mental Health Board and Developmental Disabilities Board employ a single Administrator together. The Board discussed the structure of the Board and the contract. Rappaport suggested holding a study session with the CUPHD Board to raise these types of questions about how to better serve good government in Champaign County. He noted one of the three-person CUPHD Board represents the County as the County Board Chair. Peterson supported raising the IMRF issue with the CUPHD Board. Peterson asked Bork to email the BOH the schedule of CUPHD meetings and study sessions. The BOH asked Busey to request the dollar difference in the IMRF rates and the total CUPHD budget from Wallace. Busey suggested it might be helpful for the BOH to see the personnel costs billed to the County in terms of dollars as well as the personnel percentages CUPHD provides. The dollar amounts corresponding to the percentage of personnel charge to the County would enable the BOH to see the cost and it is public information. The BOH concurred and asked Busey to request this information from CUPHD.

Mental Health Board Crisis Nursery Program – Written Request

Rappaport drew attention to a letter from Peter Tracy in the written request and described the most recent quarterly planning meeting between the two boards held last Thursday. The Mental Health Board (MHB) wants to continue the Crisis Nursery Beyond Blue Program for another year. Additionally, the MHB plans to fund the program's extension into Champaign-Urbana. The BOH's funding would not be used for the extension into Champaign-Urbana. The MHB will not go ahead with the Beyond Blue Program in the County if the BOH does not support it in FY2010. Rappaport wanted to give the MHB some indication on whether BOH will continue its collaborative funding in the next fiscal year and asked for opinions from the Board. He did not want to stop the collaborative work with the MHB after just one year. Tracy is interested in having closer relations between the MHB and BOH, and Rappaport thought the BOH would benefit tremendously from that relationship. The MHB has a great deal of money and they are very careful in how they use it. MHB is interested in talking with the BOH about

having a presence in the County and asking agencies that submit applications to move towards activities compatible with the public health policies. It was understood that if the FY2010 funding was approved, the MHB would not receive the \$25,000 until December. In Rappaport's opinion the BOH probably has sufficient fund balance to fund this program in FY2010 and he would like to have an indication about BOH's intention of whether or not to fund this program. This would enable the MHB to move ahead with its programming for the next year, but he would not do so if the BOH was not in favor of it. Peterson inquired if the MHB could wait until June for an answer. McGrath said the contract ends June 30th and Rappaport felt the sooner the decision was made the better. He did inform Tracy that the BOH would probably not vote on budget requests until June. Gowda asked if they were talking about the County program or the expansion program. Rappaport verified the BOH would only be involved in the County program. The Champaign-Urbana expansion was a separate MHB issue. Rappaport called for a straw poll on the BOH's opinion to continue the MHB collaborative program for another year. Seven Board members were in favor of the program with one Board member against. Peterson asked James why he objected. James explained he was not indicating that he was not in favor of the program; he did not want to make any decision or comment until the BOH sees the entire budget because it is misleading to another agency. He did not want to single out one program. Segal commented that she raised her hand because she would like to support the program if the BOH can afford it. Peterson stated the BOH can afford the program this year. Busey clarified that the BOH could pay for the program out of its fund balance and would not be paying for the program out of FY2010 operating expense. This would be a decision to spend down the fund balance. Segal thought the Crisis Nursery had done an excellent program with Beyond Blue. Rappaport would communicate with Tracy that the BOH will likely vote in June to make a commitment for FY2010.

Issues Regarding CUPHD

All CUPHD issues were discussed during the budget presentation.

Issues Regarding Smile Healthy (Kassem)

All Smile Healthy issues were discussed during the budget presentation.

Other Business

Update on Environmental Health Fees

No update was provided by legal counsel.

Date of June Meeting

The next Board of Health meeting has been scheduled for June 23, 2009 at 6:00 p.m.

Rappaport asked for McGrath to provide the legal opinion before the day of the meeting and asked to talk to her before she writes the legal opinion.

Public Participation on Non-Agenda Items Only

There was no public participation on any non-agenda items.

Adjournment

The meeting was adjourned at 8:27 p.m.

Respectfully submitted,

Kat Bork
Board of Health Secretary

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