
CHAMPAIGN COUNTY BOARD OF HEALTH

Brookens Administrative Center
1776 E. Washington
Urbana, IL 61802

Phone: (217) 384-3772
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Champaign County Board of Health

Tuesday, April 27, 2010

6:00 p.m.

Lyle Shields Meeting Room

**Brookens Administrative Center, 1776 E. Washington
Urbana, Illinois**

AGENDA

<u>ITEM</u>		<u>PAGE NO.</u>
A.	Call to Order	
B.	Roll Call	
C.	Approval of Agenda/Addenda	
D.	Approval of Minutes	
	1. March 30, 2010	1-8
E.	Public Participation on Agenda Items Only	
F.	Correspondence and Communications	
G.	Smile Healthy	
	1. Monthly Report – March 2010	9-11
H.	CUPHD	
	1. Administrator's Report – April 2010	12-14
	2. Local Health Departments Strategies Brief – <i>For Information Only</i>	15-18
	3. CUPHD Monthly Division Reports – March 2010	
	Reports Can Be Viewed At: http://www.c-uphd.org/monthly-reports.html	
	a. Administrative Training	
	b. Environmental Health	
	c. Human Resources	
	d. Infectious Disease	
	e. Maternal & Child Health	
	f. Wellness & Health Promotion	
	4. Discussion Regarding CUPHD Monthly Division Reports	
	5. Request to Approve the West Nile Virus Prevention Grant	19-28
	6. Request to Approve Amendment to Appendix A of CUPHD/BOH Agreement	29-30

I. Illinois Public Health Association Consultant Update

J. Other Business

K. Closed Session Minutes

1. March 30, 2010 7:27 p.m.
2. March 30, 2010 8:32 p.m.

L. Public Participation on Non-Agenda Items Only

M. Adjournment

1 **CHAMPAIGN COUNTY BOARD OF HEALTH**

2
3 **Monthly Meeting**
4 **Tuesday, March 30, 2010**

5
6 **Call to Order**
7

8 The Board of Health (BOH) held its monthly meeting on March 30, 2010 in the Lyle Shields
9 Meeting Room at the Brookens Administrative Center, 1776 East Washington, Urbana. The
10 meeting was called to order at 6:02 p.m. by Board President Julian Rappaport.
11

12 **Roll Call**
13

14 Board members present at the time of roll call were Brenda Anderson, Mark Huls, Stan
15 James, John Peterson, and Julian Rappaport. The staff member present was Kat Bork (Board of
16 Health Secretary).
17

18 The absent Board members were Prashanth Gowda, Cherryl Ramirez, Bobbi Scholze, and
19 Betty Segal. Ramirez notified the President in advance that she would not be able to attend the
20 meeting.
21

22 Also present were Deb Busey (County Administrator), Carol Elliott (CUPHD Board
23 Chair), Shelia Ferguson (Mental Health Center of Champaign County CEO), Bob Keller (Illinois
24 Public Health Association Consultant), Julie Pryde (CUPHD Administrator), Jim Roberts (CUPHD
25 Environmental Health Director), and Peter Tracy (Mental Health Board & Developmental
26 Disabilities Board Executive Director).
27

28 **Approval of Agenda/Addendum**
29

30 **MOTION** by James to approve the agenda; seconded by Peterson. **Motion carried with all**
31 **ayes.**
32

33 **Approval of Minutes**
34

35 **MOTION** by Peterson to approve the February 23, 2010 minutes; seconded by Anderson.
36

37 James asked to have the minutes amended concerning the comments he made. Lines 331-
38 332 should reflect that James wanted the BOH to receive a billing when the Board President
39 received it. On line 343, James stated that he meant to say the County Auditor receives bills that are
40 routinely 90 days behind, not that the Auditor was late in paying the bills. Busey asked if the Board
41 of Health was agreeably to strike the last sentence from lines 348-351. Either way it is stated, the
42 County does not routinely pay its bills 90 days late and that statement makes it appear as though
43 that practice occurs. The County adheres to the state mandate that bills are paid within 30 days.
44 James and Busey discussed the list of purchases not following Purchasing Policy distributed at
45 County Board meetings and the payment process.
46

47 Gowda entered the meeting at 6:06 p.m. Scholze entered the meeting at 6:07 p.m.

48
49 **Motion carried as amended with all ayes.**

50
51 **Public Participation on Agenda Items Only**

52
53 Carol Elliott, CUPHD Board Chair, spoke about the peer review forms regarding the
54 Administrator that were distributed to the BOH members in accordance with the agreement. She
55 stressed that the Administrator is not a BOH employee and questioned whether the BOH could enter
56 into a closed session to discuss an employee's performance if their intention was to discuss the
57 Administrator's performance. She asked the BOH to return all of the completed peer review forms
58 returned to her by April 15th. Busey stated the closed session issue had been submitted to legal
59 counsel who advised that, given the fact that Pryde is the BOH's Administrator, it does qualify for a
60 closed session being treated as employment. Elliott asked if that were true even when the
61 agreement specifically says Pryde is not a BOH employee. Busey offered to provide legal counsel's
62 entire interpretation to Elliott and confirmed a legal review was sought before the closed session
63 was placed on the agenda because of Elliott's concerns. She confirmed the review was done by the
64 attorney in the State's Attorney's Office who handles County Board closed session issues.

65
66 Rappaport suggested the BOH have a group conversation about the peer evaluation to give
67 the matter full consideration instead of individuals sending Elliott the forms. He had no objection to
68 individuals sending Elliott the evaluation forms. He stated there was no intention to be secretive;
69 they were trying to be appropriate in handling a conversation about the person contractually serving
70 as the BOH Administrator. The goal was for the BOH to provide useful feedback to the CUPHD
71 Board. Elliott remarked it was fine, her concern occurred after reading the Open Meeting Act
72 because Pryde is not the BOH's employee.

73
74 **Correspondence and Communications**

75
76 There were no communications.

77
78 **Smile Healthy**

79
80 **MOTION** by Huls to receive and place on file the Smile Health monthly report for February
81 2010; seconded by Peterson. **Motion carried with all ayes.**

82
83 **CUPHD**

84 **Administrator's Report for March 2010**

85
86 Pryde explained she included policy issues that need to be addressed in the report. The main
87 issue is that she wants to make sure she understood the BOH's intent regarding grant applications
88 because it is not possible for her to submit all grant applications to the BOH before the application
89 deadlines.

90 Rappaport noted that Section 11 of the CUPHD/BOH agreement states the BOH "must
91 approve any new program specific applications for programs not presently being provided to the
92 County Health Department by the Public Health District as outlined in Appendix A." When he

93 learned CUPHD was applying for a new grant to expand the CATCH program to more schools, he
94 raised the question of whether this is a grant that should be submitted to the BOH for approval. He
95 asked for Keller's suggestions regarding the general practice with respect to grant applications.
96

97 Keller empathized with Pryde's situation because grant applications can require a quick
98 turnaround time. The McLean County Health Department structured its grant approval process
99 around three different levels:

- 101 1. A new grant that required an in-depth policy analysis,
- 102 2. Amended grants when additional money is received mid-term, and
- 103 3. Continuing grants that are renewed every year.

104
105 Every effort was made to get the grant application on the board agenda. The McLean County
106 Health Department would seek "ex post facto" approval of a grant application if the actual
107 document could not be provided to the board in time for the meeting. If the Board approved the
108 application ex post facto then the actual document would be provided on the next agenda. A board
109 can then decline a grant before the contracts are negotiated. Any grant contracts with the final
110 dollar amount appeared on a consent agenda because that approval was perfunctory following the
111 policy approval received at a prior meeting. Any contract could be pulled off the consent agenda
112 for discussion. The actual decision-making was done on the front end of the grant process.
113

114 Pryde concurred the process Keller described is essentially what is done at CUPHD. She
115 writes many grants and, if a grant is in line with established services, the grant contract (not the
116 application) goes to the CUPHD Board for approval. Only if a grant differs significantly from
117 present services or involves the department taking a risk does Pryde apply for board approval.
118 Ricky grants include programs offering syringe exchange or H1N1 services. Pryde emails the three
119 CUPHD Board members and gets their approval for the grant within a day.
120

121 Pryde remarked that the all grants are written to CUPHD, not to the Champaign County
122 Health Department. She always tries to include County schools and residents in the overall grant
123 plan. The contract itself is with CUPHD and the County can always opt out of receiving the service
124 funded by the grant. Keller agreed there should not be any record approving a grant if the County
125 Health Department is not a party to the contract because of liability considerations. Pryde and
126 Keller continued to discuss the ex post facto grant approval. Pryde wanted to know what the BOH
127 needed to have regarding grants and warned that requiring all grants be approved first would cause
128 the County to lose out on grant funding. The BOH discussed the CUPHD/BOH agreement
129 language regarding grants and how to adopt a formal grant process that fulfills the agreement's
130 obligations.
131

132 Busey described the grants process for County departments. The department heads submit
133 applications for and, if awarded, acceptance of a grant. This process works well to enable
134 department heads to submit grant application prior to County Board approval to meet application
135 deadlines, while still requiring the Board's approval. Pryde lists contracts on the CUPHD Board
136 agenda to request the Board's permission to sign the contracts. She interpreted Section 11 of the
137 agreement as only applying to grants she would write under County Health Department's name.
138

139 James acknowledged writing grant applications involves a personnel cost. He wanted to be
140 sure a grant is in accordance with the BOH's mission before expending any staff time. Pryde said
141 she does not have to include County residents. With the CATCH grant application she used several
142 factors to include County schools.

143
144 Rappaport indicated the BOH was seeking notification on grants that apply to the County
145 areas over which the BOH has legal jurisdiction. He did not want to slow down Pryde's ability to
146 apply for grant funds. If the grant application has to be submitted rapidly, the BOH can be notified
147 after the application has been sent. He requested to be able to view the information about the grants
148 in the Administrator's report. Pryde confirmed that would not create a problem for her. She offered
149 to email the grant proposals to the BOH as she does with the CUPHD Board. Peterson requested
150 the grants' administrative abstracts or an overview be provided in the agenda packet instead of the
151 full application being emailed. Pryde agreed to send a summary of the grants, including the funding
152 agency, the grant amount, and the purpose for inclusion in the agenda packet. Scholze asked for
153 any information regarding costs to the BOH be included. Pryde agreed and verified that any grant
154 contract written to the County Health Department would be submitted to the BOH for approval.
155 She will include information about new or pending grant proposals in her monthly report. Tracy
156 suggested the summaries be sent to Bork to include in the agenda packet instead of Pryde emailing
157 them to BOH members. The BOH concurred with this approach.

158
159 Huls asked how the BOH previously found out about grants. Pryde did not think there was
160 any mechanism in the past for CUPHD to inform the BOH about grants received in the County's
161 name. Huls inquired if any grants had been rejected by CUPHD or the BOH. Pryde confirmed
162 CUPHD has never rejected a grant. The practice at CUPHD has been for Pryde to telephone or
163 email the CUPHD Board members for their approval if a grant application was for an unusual or
164 unprecedented activity, such as H1N1. This procedure was not undertaken for grants in line with
165 existing programs and the local needs assessment. The CUPHD Board has approved the grant
166 contracts when those are ready and listed on the agenda.

167
168 Approval of CUPHD Invoices – January 2010 & February 2010

169
170 Peterson noted the invoice was largely in line with the budget and joked about the small
171 expenditure for the West Nile Virus Grant. Pryde warned some large West Nile Virus expenditures
172 would be seen in upcoming invoices.

173
174 Gowda asked if someone who contracts the West Nile Virus outside of Champaign County
175 is reported in Champaign County or in the county where they contracted the disease. He has seen
176 students returning from travels having contracted the disease elsewhere. Pryde said the disease is
177 reported in Champaign County and CUPHD follows up to determine where the disease originates.
178 Keller noted such cases are identified by the county of residency when if the illness was contracted
179 in another country.

180
181 **MOTION** by Peterson to approve payment of the CUPHD invoices for January 2010 and
182 February 2010; seconded by Scholze. **Motion carried with all ayes.**

185 Well Water Testing Program Recommendation

186
187 Roberts stated that Pryde had emailed the BOH members a revised proposal for a well water
188 testing fee for service. The recommended fee was \$49 per sample for using the IDPH lab. If
189 CUPHD receives lab results from the Illinois Department of Agriculture lab, then they would
190 charge \$12 for interpretation and dissemination of the information. CUPHD will no longer offer
191 express service for realtors or field visits to residents' homes. Realtors can contact the labs
192 themselves, but CUPHD will only disseminate the information to one person, not to every party in
193 the real estate transaction as they have done before. CUPHD will only conduct field visits for valid
194 public health reasons, which can be charged to the County's existing potable water program. The
195 fees assume the lab results will be satisfactory. If the test results are unsatisfactory, Roberts will
196 charge residents the same \$49 or \$12 fee for a retest.

197
198 **MOTION** by James to accept CUPHD's proposal for the well water testing program;
199 seconded by Anderson. **Motion carried with all ayes.**

200
201 Pryde said it would have to be added to Appendix A of the agreement. Rappaport thanked
202 CUPHD for their attention to detail with this program.

203
204 Request for Amendment to FY2010 Contract for Additional Charge to Complete Illinois Project for
205 Local Assessment of Needs (IPLAN)

206
207 Pryde stated she had thought the IPLAN was due in June 2011, but has learned it is due in
208 December 2010. The IPLAN cost was not included in CUPHD's FY2010 budget proposal and she
209 is asking the BOH to fund \$18,918 or 50% of the total \$37,836 cost. She was not sure if CUPHD
210 could obtain a deadline extension.

211
212 Peterson was bothered by the continuation of these automatic requirements when the State
213 of Illinois has a \$13 billion deficit. Pryde explained the IPLAN is supposed to involve gathering
214 data and deciding what the public health needs of the entire county are for next five years. The plan
215 is then supposed to be used as a roadmap for next five years. The IPLAN should be a useful
216 document.

217
218 Rappaport believed that, under the current law, every certified public health district has to
219 have an IPLAN. Until now the plan was handled by CUPHD. When he first joined the BOH, he
220 attended a few IPLAN development meetings and was not impressed with the process. There was
221 poor representation from the county area and from health officials within the cities. Since the plan
222 is a population based device, he suggested the BOH pay a portion of the plan's costs based on the
223 population portion existing outside of Champaign-Urbana or pay an amount that corresponds to the
224 portion the BOH represents of CUPHD's total budget. Pryde suggested the BOH could contract to
225 have its own IPLAN done.

226
227 The second issue Rappaport wanted to raise was to have clear County representation for the
228 IPLAN. Prior to the meeting, Ramirez suggested to Rappaport that a BOH member should be on
229 the committee developing the IPLAN and volunteered to serve as that member.

230

231 Tracy asked if this was an action item because it had been agreed that any action items
232 would be formatted as a decision memorandum that laid out recommendations. This item was
233 included as part of the Administrator's report, not as a decision memorandum, which generated
234 some confusion as to whether it was requesting action or only providing information. Pryde
235 supposed it would have to be an action item to amend the CUPHD/BOH agreement and asked
236 Busey how the agreement has been amended in the past. Busey stated the BOH definitely needed to
237 have a written document indicating what is approved as an amendment to the agreement.
238 Rappaport suggested considering this request as a discussion item, not an action item, at the
239 moment. The discussion will help inform Pryde how the action item should be framed for the next
240 meeting. He asked if that approach was sensible.

241
242 James asked who sets and approves the BOH agenda. Rappaport confirmed he did as Board
243 President. James said he did not mind changing the rules, but some of the criticism should go the
244 BOH for not doing their due diligence in reviewing agenda items. Rappaport stated he included this
245 item on the agenda for discussion purposes. James said an item for discussion should be identified
246 as discussion and Rappaport should be making that clarification. Rappaport suggested that if James
247 wanted to complain about things like the agenda then he should vote for someone else as President
248 in the next election of officers. James announced he would vacate the meeting.

249
250 James exited the meeting at 6:59 p.m.

251
252 Scholze asked Pryde how county input was gathered and incorporated into the IPLAN. Julie
253 stated the BOH will be invited to participate, but it will be their decision as to whether BOH
254 members serve on any of the IPLAN committees. CUPHD does some surveying of residents and
255 other agencies that operate in Champaign County. She hopes to condense the committees' work
256 into two full days instead of being spread across several months. Pryde acknowledged this is the
257 first IPLAN undertaken during her time as Administrator and she is new to the overall process. The
258 IPLAN involves more than the medical side of public health. It includes input from parks and
259 recreation, YMCAs, veterinary medicine, sewage workers, and anything related to public health
260 issues.

261
262 Peterson remarked that Tom O'Rourke was the BOH member who was involved with the
263 last IPLAN. Pryde stated O'Rourke will be invited to take part. Peterson said the IPLAN is a
264 classic example of a report that sits on the shelf. The last plan was expensive and had no impact on
265 anything happening outside of public health and no major impact on the healthcare community.
266 Pryde felt the plan could be useful, but Peterson was accurate that it often simply sits on the shelf.
267 She hopes to make the IPLAN a living document with statistics taken now and a year from now.
268 The CUPHD website has a lot of IPLAN data available for people to use in reports. Pryde hopes to
269 document how some programs like dental services and the Wellness & Health Promotion Division
270 have evolved over the years. The point of the IPLAN is to guide public health over the next five
271 years.

272
273 Busey inquired if Pryde would gain any benefit from having until June 2011 to complete the
274 IPLAN. Julie confirmed she definitely would and could request an extension. Keller stated a
275 public health department is technically no longer certified if the IPLAN has not been submitted by

276 the deadline. He agreed with Busey that a formal extension request is worthwhile. Pryde agreed
277 she would officially request a six-month extension.
278

279 Keller explained that Pryde has to engage in an organizational capacity assessment,
280 community health assessment, and an implementation process for the IPLAN. The implementation
281 process can engage and mobilize others in the public health system to carry out the plan because it
282 is in their best interests. Pryde stated CUPHD wants to find a way to continue the CATCH program
283 in schools and gather coalitions to take on the programs.
284

285 Rappaport suggested it would be useful to have a proposal specifying how county
286 representation will be assured in the IPLAN that the BOH could vote on. He would like to see
287 some conversation and agreement between Busey and Pryde or the CUPHD Finance Director about
288 the appropriate way to determine the BOH's portion of the cost. Busey and Pryde were agreeable to
289 that approach.
290

291 Scholze liked what Pryde said about linking the IPLAN to data and accountability. This
292 would provide some gauge of whether programs are effective or not. Pryde said the IPLAN would
293 have to be made into something useful instead of a report sitting on a shelf.
294

295 **Illinois Public Health Association Consultant**
296 **Budget Template**
297

298 Keller thanked the BOH members who participated in the interviews. The budget template
299 he has prepared is an attempt to begin extracting data into the financial process to determine what
300 units of service the BOH is buying. He has shared the budget template with Busey and Tracy for
301 their input. The template will be part of the ongoing budget process and it will be easy for CUPHD
302 to insert the information into the document. He is about two-thirds finished with his final report and
303 it will be complete by the end of April. Keller requested to present his report at the May BOH
304 meeting although his end date is May 1st. They can structure how the last meeting is covered. He
305 would like the time to build a PowerPoint presentation around the report and its recommendations.
306 Rappaport thanked Keller for the ways he has been helpful to the BOH in thinking through their
307 process. Keller acknowledged it has been an interesting process.
308

309 **Other Business**

310 **Closed Session Pursuant to 5 ILCS 120/2(c)1 to Consider the Employment, Compensation,**
311 **Discipline, Performance, or Dismissal of Specific Employees**
312

313 **MOTION** by Scholze to enter into closed session pursuant to 5 ILCS 120/2(c)1 to consider
314 the employment, compensation, discipline, performance, or dismissal of specific employees. She
315 further moved the following individuals remain present: the Recording Secretary, Peter Tracy, and
316 Deb Busey. The motion was seconded by Peterson. **Motion carried with a vote of 6 to 0.**
317 Anderson, Gowda, Huls, Peterson, Rappaport, and Scholze voted in favor of the motion. The Board
318 of Health entered into closed session at 7:27 p.m. and resumed open session at 8:30 p.m.
319
320
321

322 **Closed Session Minutes**

323 **Closed Session Pursuant to 5 ILCS 120/2(c)21 to Discuss Minutes of a Meeting Lawfully Closed**
324 **under the Illinois Open Meetings Act**

325
326 **MOTION** by Peterson to enter into closed session pursuant to 5 ILCS 120/2(c)21 to discuss
327 minutes of a meeting lawfully closed under the Illinois Open Meetings Act. He further moved the
328 following individuals remain present: Recording Secretary, Peter Tracy, and Deb Busey. The
329 motion was seconded by Scholze. Motion carried with a vote of 6 to 0. Anderson, Gowda, Huls,
330 Peterson, Rappaport, and Scholze voted in favor of the motion. The Board of Health entered into
331 closed session at 8:32 p.m. and resumed open session at 8:35 p.m.

332
333 **Approval of October 27, 2009 Closed Session Minutes**

334
335 **MOTION** by Peterson to approve the October 27, 2009 closed session minutes with the
336 amendment described in the closed session; seconded by Scholze. **Motion carried with all ayes.**

337
338 **Public Participation on Non-Agenda Items Only**

339
340 Shelia Ferguson, CEO of the Mental Health Center of Champaign County, introduced
341 herself. She hopes to work more with Pryde on integrated projects and grants for the delivery of
342 physical health and mental health services. She has worked with Tracy to find ways to maximize
343 Medicaid reimbursement and offset the losses the Mental Health Center will experience in the
344 forthcoming budget. Rappaport asked if Ferguson would be pursuing projects with respect to the
345 county as well as the cities. Ferguson stated the Mental Health Center serves Champaign County
346 and their grant applications include the entire county area. They will be looking at how mental
347 illnesses like depression impact public health and removing the stigma of mental illness. Rappaport
348 said the BOH would welcome any opportunity Ferguson could suggest to partner in those efforts.

349
350 **Adjournment**

351
352 The meeting was adjourned at 8:36 p.m.

353
354 Respectfully submitted,

355
356 Kat Bork
357 Board of Health Secretary

358
359 *Secy's note: The minutes reflect the order of the agenda and may not necessarily reflect the order of business conducted at the meeting.*



Champaign County Board of Health Monthly Report for March 2010, FY10

Total Number of Patients Seen From All Programs this month: **234**

Total Number of Unique Patients In BOH Fiscal Year 2010: **760**

Total Number of Participating Providers this month: **9**

Breakdown of current month patients for all programs by town.

Champaign – **48**

Fisher - **1**

Homer - **2**

Mahomet – **5**

Rantoul – **37**

Sadorus - **1**

Savoy – **5**

Seymour - **2**

Sidney - **2**

Tolono - **10**

Urbana – **19**

Other - **102**

Mobile Clinic Events

March 8, 2010 » 8:30am - 4pm » Savoy Head Start Clinic - Exams and Cleaning

March 12, 2010 » 8:30am - 4pm » Savoy Head Start Restorative and Recall Clinic

March 15, 2010 » 8:30am - 4pm » Lincoln's Challenge

March 18, 2010 » 9am - 5pm » Champaign County Christian Health Center

March 19, 2010 » 9am - 4pm » Frances Nelson

March 24, 2010 » 8:30am - 4pm » Lincoln's Challenge

March 29, 2010 » 8:30am - 4pm » Lincoln's Challenge

Education and Outreach

3/02/10 Head Start Preschool, Savoy - A staff hygienist provided an educational program and dental educational material to **54 children**.

3/04/10 Head Start Preschool, Savoy - A staff hygienist provided an educational program and dental educational material to **54 children**.

3/06/10 Lincoln Square Mall, Urbana – A staff hygienist and U of I pre-dental students (volunteers) offered a table presentation at the Read Across America event. Toothbrushes and educational material were provided for **over 230 children and their families**.

SmileHealthy – formerly Central Illinois Dental Education and Services (CIDES)
Head Start Dental Clinic . Mobile Dental Clinics . Child Dental Access Program . Dental Health Education
PO Box 154, Champaign, IL 61824-0154 – phone 217.359.7404 – fax: 217.352-9745
www.smilehealthy.org

3/8/10 U of I Class – A staff hygienist and U of I volunteer spoke to a class on local dental health issues and the program. **100 students attended.**

3/09/10 Head Start Preschool, Savoy - A staff hygienist provided an educational program and dental educational material to **54 children.**

3/10/10 Salt and Light, Champaign – A staff hygienist together with U of I Extension member provided an educational material to **180 people.** Dental supplies were distributed to **120 adults and 20 children** (out of 180 who attended).

3/11/10 Head Start Preschool, Rantoul - A staff hygienist provided an educational program and dental educational material to **72 children.**

3/16/10 Head Start Preschool, Rantoul - A staff hygienist provided an educational program and dental educational material to **18 children.**

3/18/10 Head Start Preschool, Urbana - A staff hygienist provided an educational program and dental educational material to **54 children.**

3/23/10 Head Start Preschool, Champaign - A staff hygienist provided an educational program and dental educational material to **26 children.**

3/25/10 Head Start Preschool, Champaign - A staff hygienist provided an educational program and dental educational material to **34 children.**

SmileHealthy
Champaign County Board of Health
Fiscal Year 2010 Report

	Dec 09	Jan 10	Feb 10*	March 10	April 10	May 10	June 10	July 10	Aug 10	Sep 10	Oct 10	Nov 10	Total
Bondville													0
Broadlands			1										
Champaign	38	48	125	48									259
Fisher	4			1									5
Foosland	1												1
Gifford	2	1											3
Homer	1	1	14	2									18
Ivesdale		1											1
Ludlow	1												1
Mahomet	1	12	2	5									20
Ogden	2	1											3
Penfield			2										2
Pesotum	2	2											4
Philo	3												3
Rantoul	53	18	57	37									165
Royal	1												1
Sadorus	2			1									3
Savoy	3	3	10	5									21
Seymour	1	1	1	2									5
Sidney	3	1	2	2									8
St. Joseph	3		7										10
Thomasboro	42												42
Tolono	5	4	12	10									31
Urbana	18	18	29	19									84
Other	1		38	102									141
Total	187	111	300	234	0	0	0	0	0	0	0	0	

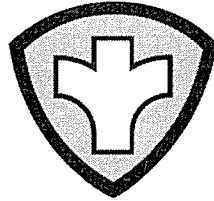
Total Unique Patients in FY 187 277 557 760

Education

Contacts 6 249 1051 876 2182

Champaign and Urbana children seen either live outside city limits and are county residents or are part of the Head Start program and paid for by Medicaid or other funding.

*Feb will include patients from Give Kids A Smile with C-UPHD IDDS.



Public Health
Prevent. Promote. Protect.

Champaign-Urbana Public Health District

**Public Health Administrator's Report
to the
Champaign County Board of Health
April 2010**

Monthly Division reports from previous months are available at:
www.c-uphd.org/monthly-reports.html

H1N1 UPDATE:

CUPHD hosted a Pandemic Preparedness Follow-up Summit in March. The Centers for Disease Control and Prevention attended and were very complimentary of our pandemic planning and response. They were also impressed by the syndromic surveillance system that was created with NCSCA and the GIS mapping programs with UIUC Vet Med.

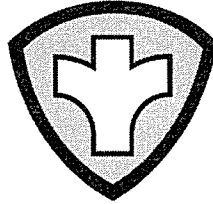
CUPHD is continuing to provide free H1N1 vaccinations from 8-4 M-F at our Kenyon Road Facility and at the Rantoul office.

AGENCY UPDATE:

Julie Pryde is now an Illinois Certified Public Health Administrator (CPHA). Certification is the recognition by the Public Health Practitioner Certification Board that an individual has acquired and demonstrated competency in the areas established as essential to meeting the professional category within the public health workforce. Such recognition of competency in public health practice may assist state agencies, local boards of health, and other entities in recruiting, hiring and promoting competent local health professionals and serve to foster professional advancement of public health workers.

Awais Vaid, CUPHD Epidemiologist just attended the The National Public Health Performance Standards and MAPP Training sponsored by CDC & NACCHO in Dallas, TX

Julie Pryde is in Atlanta (April 25-May7, 2010) taking the "Epidemiology in Action" course offered by the CDC and Emory University. Awais Vaid and Jim Roberts have already taken this course. This is part of CUPHD's Continuity of Operations Plan to have 3-deep expertise in all positions.



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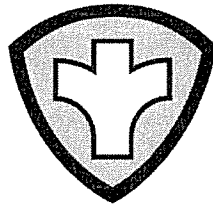
Champaign-Urbana Public Health District

PENDING GRANTS/CONTRACTS:

Agency	Grant	Purpose
DHS	Diabetes Prevention	Expand CATCH program into 18 schools in Champaign County.
IDPH	Pregnancy Prevention	Collaboration with the Mental Health Center of Champaign County. Programs to reduce the risk of a subsequent teen pregnancy.
Cities of Champaign, Urbana, & Savoy	Encephalitis Prevention	Expand the WNV program to include testing, surveillance and mitigation for encephalitis caused by viruses carried by mosquitoes.

Policy:

- 1) CCPHD must complete an I-PLAN as a practice standard for a certified local health department (<http://www.ilga.gov/commission/jcar/admincode/077/077006000D04100R.html>.) Certification is an eligibility requirement for the Local Health Protection Grant awarded by IDPH. Also, other IDPH grants, some with preference, are made available to certified local health departments. In order to obtain efficiencies we complete one IPLAN for CUPHD & CCPHD and split the cost 50/50 between the two entities. The cost for this was not included in the past budget. It will need to be added. For more information about the I-PLAN <http://mapp.idph.state.il.us/> . At the last meeting it was suggested that CUPHD ask for a 6 month extension. Awais Vaid, our epidemiologist who head's up the IPLAN process indicated that we need to remain on schedule and can only ask for an extension if it looks like we will not be able to complete it on time.



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- 2) The County BoH needs to decide whether to provide a well-for-fee testing service and approve fees. This service will also need to be added to the contract Appendix A. The following language is what Jim Roberts suggests to be added to Appendix A.

Well water testing for non-valid public health significance, as interpreted by IDPH, is a fee-for-service program. Interpretation and dissemination of laboratory test results for coliform bacteria and for nitrate concentration from either the IDPH lab or the IDOA lab will be performed. If using IDPH lab water test kits, the fee is \$49 per sample. If using the IDOA lab test kits from the Cooperative Extension Service, the fee is \$12 per sample. Fees shall be paid to the Champaign County Public Health Department. .

Educational Websites:

CUPHD: www.c-uphd.org

Vital Stats: <http://www.idph.state.il.us/health/statshome.htm>

IL Public Health Association: <http://www.ipha.com/>

Natl. Assoc. of Boards of Health: <http://www.nalboh.org/>

Illinois Public Health Laws: <http://www.idph.state.il.us/rulesregs/rules-indexhome.htm>

Legislative Action: <http://capwiz.com/naccho>

Social Marketing: Become a fan of “Champaign County Prepares” on *Facebook*.

Contact Information:

Julie A. Pryde, MSW, LSW, CPHA

Public Health Administrator

Champaign-Urbana Public Health District, 201 W. Kenyon Rd, Champaign, IL 61821

Office: 531-5369 Cell & Text: 202-0657 Secure fax: 531-5381 jpryde@c-uphd.org

Strategies Used by Local Health Departments to Better Serve Diverse Communities

Jennifer Lucado, M.P.H. | Claudia Schur, Ph.D.

Purpose and Overview

Over the past few decades, the United States has seen dramatic changes in the diversity of its residents, including growth in the proportion of immigrants and the range of cultures and languages represented. Between 2000 and 2008, while the white population grew by 6 percent, the Asian population increased by 28 percent, the Hispanic population increased by 32 percent and the African American population increased by 10 percent. Immigration has contributed to these population increases, with approximately 38 million immigrants living in the US as of 2008. Immigration patterns have changed as well, with immigrants settling not only in large cities, but also in smaller towns and rural areas.

Immigrants and other underserved populations experience disparities in health outcomes, including higher rates of chronic and infectious disease. They may also hold different views on health practices, face language barriers, and have fewer financial resources. Local health departments (LHDs) play an integral role in their communities by providing essential public health services, including monitoring the community's health status, mobilizing community partnerships to ensure people are linked with needed personal health services, and educating people about health issues. Little is known about the approaches LHDs have used to meet the needs of their changing populations. As part of a larger study (see page 4 for more detail), we conducted in-depth telephone interviews with 13 representatives of LHDs that had developed an innovative program to reach members of a socioculturally or demographically diverse population in their community.

Cross-Cutting Strategies Identified by Local Health Departments

Partnering to Bridge the Cultural Divide

Partnering—whether it is with non-profits, other governmental organizations, or members of the community—can provide numerous benefits to LHDs in their attempts to better serve diverse populations. Many organizations work to improve the health of marginalized populations, and the means by which they do this vary. Some may focus on offering the services of trained interpreters, while others promote health education or work to raise awareness of health conditions. One of the most popular means for LHDs to build partnerships is through the formation of a coalition. Coalitions can benefit LHDs by increasing the exchange of information within a diverse group of members, building a stronger shared knowledge base, providing a venue for the strategic planning of new programs, and arranging for more efficient use of existing resources, including eliminating duplicated services. In Orange County, North Carolina, a refugee health coalition was formed, bringing together the Orange County Health Department, social service providers, schools, two local healthcare systems, and four resettlement agencies. Recently, the coalition found that many of the area's medical organizations were in need of interpretation services for their Burmese- and Karen-speaking clients. With the help of the University of North Carolina at Chapel Hill Hospital's Interpreter Services Department, the coalition was able to organize a low-cost, week-long session to train medical interpreters who speak those languages.

Other types of partnerships can be beneficial to LHDs as well. Partners may provide services that the health department lacks. Partners may also help LHDs by connecting new clients to the health department who may not have been aware of

the services offered. In Ellaville, Georgia, the Nursing and Community Health Outreach Service (NACHOS) and the Ellaville Primary Medicine Center collaborate with the health department in Schley County, referring clients to the health department for medications and services. All documented residents of the state are eligible for state-sponsored programs at the health department such as blood pressure medication and electrocardiograms; the services are available at a discount or for free, but without the extended reach of the partners, some clients were not aware of these benefits.

In a more informal type of partnership, community members and member organizations can assist an LHD with program development or evaluation. The Houston Department of Health and Human Services, for example, engages all community stakeholders—from young mothers in need of health department services to local business owners—by holding key informant interviews in preparation for their twice-yearly *Assessment, Intervention, and Mobilization* (AIM) program. These interviews allow AIM organizers to better gauge the needs of and challenges faced by the residents in each of the program's targeted neighborhoods.

Outreach: Going to Where People Live and Work

Community outreach is another key strategy. Some LHDs had outreach programs they ran on their own, while others performed outreach in conjunction with their partners. Going into the community to reach diverse populations directly may be an especially effective method if transportation or geographic isolation creates a barrier for local residents. For example, the Maniilaq Association of Alaska serves 12 villages in the Northwest Arctic Borough that are not connected by roads, so the LHD frequently visits each community by bush plane to provide public health services to residents.

More commonly, LHDs reported a variety of public transportation issues that prevented potential clients from reaching service sites, such as public transportation that ran infrequently or transit systems that were difficult to navigate. The Champaign Urbana Public Health District (CUPHD) took steps to lessen the transportation barrier by operating a mobile unit to visit locations throughout the district and provide a variety of services, including the distribution of condoms, STD and HIV screening, syringe exchange, prostate antigen testing, and referrals to breast and cervical cancer screening. They began this outreach by utilizing geographic information system (GIS) data on factors such as income and Medicaid service use to pinpoint which areas of the district might benefit most from visits. They then met with residents of those areas

to explore attitudes toward obtaining services from a mobile unit. Finding a positive response from residents, CUPHD began offering services from the mobile, first reaching out to low-income neighborhoods and then expanding to other locations suggested by the community, such as gas stations and area high schools. In a similar manner, Miami-Dade County Health Department, in partnership with the Mayor's Office, found success in bringing the program, *The Mayor's Initiative on Aging: To Life!* into local neighborhoods, providing seniors throughout the county a variety of health screenings, educational materials, and fitness activities close to home.

"We have [an office] dress code that we quickly learned was not conducive to visiting auto shops and establishing credibility. We thought, 'Okay, let's not go in suits next time.' We were trying to figure out our entry point ... how do we approach people and be received well?"

Gerry Thomas, Boston Public Health Commission

Outreach can be especially helpful in introducing information or services that people do not recognize as needs. Several LHDs reported performing workplace safety outreach that brought them into the workplaces of their residents, including Maplewood, New Jersey and Boston, Massachusetts. Immigrants and people of color may be more likely to go into industries that are hazardous to their health and they may also be unaware of or less concerned about occupational hazards. The Boston Public Health Commission (BPHC) has programs that reach out to people working in auto body and repair shops and nail salons. These initiatives not only raise awareness of occupational hazards among workers who may view their jobs as temporary positions, but also offer technical assistance and small one-time funding to businesses that is used to make common practices safer, whether it is by improving ergonomics or replacing hazardous chemicals.

Working within Cultural Norms

Understanding cultural norms is often essential to creating a successful public health program. Attitudes, beliefs, and behaviors vary greatly among people of different cultures, so programs may need to be tailored to the target population in

order to be successful. Without any modifications, a program that has positive outcomes in one population may not appeal to or be accepted by another population. Some changes are minor—the BPHC noted that when they began outreach for their *Safe Shops* program discussed above, they wore their usual office attire but quickly decided that a change in dress could help them be better received. LHDs reported using a variety of resources to better understand cultural norms of their clients. In Merced County, California, the health department reported using the PBS documentary, *Unnatural Causes*, a series that explores racial and socioeconomic inequalities in health, as a starting point for discussions among employees about life issues that can lead to chronic diseases for people living in the area. Watching the series and participating in discussions helped to raise awareness of the challenges that clients faced on a daily basis that could serve as barriers to good health. This translated into increased sensitivity to these issues when providing services.

“One of the barriers in San Antonio is a sense of inevitability. Grandparents are diabetics, parents may be diabetic, [so] a child feels that they will inevitably become a diabetic... We’re [now working on]...what types of messaging we need to get out to the community to try to help people to understand that it’s not inevitable, that if they follow this type of diet, and they’re physically active that they can postpone or avoid getting diabetes.”

Jennifer Herriott, San Antonio Metropolitan Health District

Understanding cultural norms in health care seeking behavior is also important in planning for new programs, making improvements to existing programs, or in designing policy changes. Several health departments learned that many

immigrants often lack health insurance so they forego preventative healthcare. As a result, they are less likely to heed advice from the health department to seek out services such as skin cancer screenings, Pap smears, and cholesterol tests that could detect conditions at an early stage. Another cultural view reported by the San Antonio Metropolitan Health District (SAMHD) was that of Latino clients who felt a sense of inevitability towards developing diabetes because of a strong family history of the condition. Taking into account these beliefs, the LHD engaged families as support systems, helping to reinforce changes in diet and exercise that their *Families Preventing Diabetes* program was advocating. The Framingham Health Department in Massachusetts found that many residents did not lack fruits and vegetables in their diet altogether—however, most only visited a grocery store once a week, and typically ate their fruits and vegetables in the first few days thereafter. The SAMHD found a similar situation, where families often lived in “food deserts,” lacking stores with quality produce and filled with restaurants without healthy choices. Knowing local circumstances allows LHDs to tailor programs to their audience’s needs and also to advocate for policy change, such as bringing farmers markets to more neighborhoods.

LHDs also looked to internal resources to better understand the cultural norms of clients. Having just one employee with a strong understanding of a culture can prove to be a huge asset in educating LHD staff and better serving clients. In Kit Carson County, Colorado, one staff member was trained to become a lay health educator and certified medical interpreter, allowing the LHD to better serve Spanish-speaking clients with their chronic disease prevention program. The Southeast Health District—which is in rural Georgia and serves a growing Hispanic population—has taken a similar approach, offering certified interpreter training to Hispanic employees. These interpreters help to formally and informally explain cultural differences to other LHD staff. The Orange County Health Department in North Carolina serves a population of refugees from Burma, some of whom speak Karen, and they had one nursing student intern who also was a native Karen speaker and a contract interpreter. This intern developed low-literacy, culturally-relevant materials for the local refugee population, including making bus route maps with simple directions to the health department and social services offices, and also helped to educate health department staff on the culture and health beliefs of people from Burma. Both of these actions helped to provide better service to the community of people from Burma residing in the county.

Implications

Local health departments in both urban and rural areas across the United States are taking steps to better serve their increasingly diverse populations. Some common approaches include partnering with other organizations in the community, performing outreach, and understanding the cultural norms of clients. Both formal partnerships, in the form of coalitions, and informal partnerships are helping LHDs to gain information to better understand the needs of their clients and allowed them to pool resources with the other organizations. Outreach is one way to overcome transportation barriers and is also helpful in implementing workplace safety programs. Understanding cultural norms is the most general but essential approach to better serving diverse populations. Education and discussion among employees can help to raise awareness of barriers to good health that clients face and to be more sensitive to these barriers while providing services. Informal discussions with clients can also lead to a better understanding of differing attitudes or customs that may need to be considered when designing a program or making adjustments to ongoing service efforts. All of these practices are useful tools to LHDs in fulfilling their missions to promote health and provide quality care in their communities.

“You really can’t do [health promotion] effectively unless you take into account cultural factors: food preparation and eating practices...shopping patterns, where people live, and what food is available.”

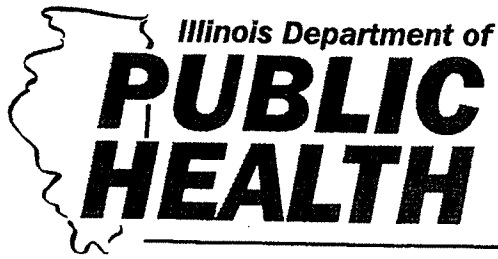
Dr. Tim Livermore, Merced County (California)
Department of Public Health

LARGER STUDY DETAILS

Our study began by creating 2,300 multi-cultural community profiles for LHDs using a combination of data from the 2000 Census and responses to the 2005 National Profile of Local Health Departments collected by the National Association of County and City Health Officials (NACCHO). These profiles included factors such as racial and ethnic diversity, number of languages spoken by area residents, prevalence of linguistic isolation in households, and the proportion of recent immigrants in the total population. Based on these diversity ratings, we selected approximately 400 LHDs for a survey to learn more about the diversity that exists in their jurisdiction, partnerships the LHD has, language services they provide, and challenges they face. The results of the survey will be available separately.

Acknowledgements

Support for this article was provided by a grant from the Robert Wood Johnson Foundation.



Pat Quinn, Governor
Damon T. Arnold, M.D., M.P.H., Director

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

March 5, 2010

TO: Local Health Department Administrators

RE: 2010 – 2011 West Nile Virus Prevention Grants (Emergency Public Health Fund)

Dear Local Health Department Administrator:

Attached are two copies of the West Nile Virus Prevention Grants for FY 2010 (April 1, 2010 to March 31, 2011). The Emergency Public Health Fund provided \$2.2 million for the grants. **Please sign and date both copies of the grants and return BOTH copies to me** so they can be forwarded to the IDPH Director's office for execution.

Summary Grant Evaluation Criteria

As required by state statute, the grant awards to local health departments (LHDs) are assigned by IDPH based on previous years' surveillance data and the human population of the jurisdiction. The grants are based on 3 years of surveillance data (2007, 2008 and 2009) as was agreed to during consultations with representatives from local health departments. Using 3 years of data will provide less year-to-year variation in the grant awards. Additionally, the new formula will help direct funding to West Nile Virus "hot spots" in Illinois, but still provide resources for a statewide West Nile Virus (WNV) surveillance effort.

For this term, the surveillance parameters are as follows:

Bird surveillance – The LHD (local health department) received \$1,000 per year if the agency submitted a bird for WNV testing for a maximum of \$3,000 for the last 3 years. Please note that **submission of dead birds for WNV surveillance is a required activity of the grant.**

Mosquito surveillance - The LHD received 33% of a population-based award per year if the agency conducted a mosquito surveillance and testing program over the past 3 years. If mosquito surveillance was conducted all 3 years, 100% of the population-based award was provided. (The agency would have to actually do or assist with the collecting; mosquito samples collected solely by IDPH do not count.) Please note that a POSITIVE mosquito sample is NOT required for the LHD to receive credit. IDPH wants all mosquito surveillance data, BOTH negative and positive.

Human surveillance - The LHD received 33% of a population-based award if there was a human case 3 years prior to the award year; 33% if the LHD had a human case 2 years prior; or 100% if the LHD had a human case in 2009. The LHD received 66% if they had a human case both 2 and 3 years prior to the award year but not in 2009.

To summarize, grants based on 3 years of data make good scientific sense and also reduce extreme variations in annual grant awards because of year-to-year variations in WNV activity.

Thank you for being willing to conduct WNV surveillance; IDPH could not conduct a statewide program without the assistance of LHDs. If you have any questions, please contact me at 217-785-2365 - TTY (hearing-impaired use only) 800-547-0466 or by email (Linn.Haramis@Illinois.Gov).

Sincerely,

Linn David Haramis, Ph.D., Entomologist / Program Manager
Vector Control / Arbovirus Surveillance
Illinois Department of Public Health
Division of Environmental Health
525 W. Jefferson St., Springfield, IL 62761
217-785-2365, Fax: 217-785-0253

**STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH**

Grant Agreement: Local Health Department

The Illinois Department of Public Health or its successor, hereinafter referred to as the "Department", and Champaign County Public Health Department, c/o 201 W Kenyon Road, Champaign, IL, 61820 hereinafter referred to as the "Grantee", hereby agree as follows:

1. **Services:**

1.1 The Grantee will provide the following services and agrees to act in compliance with all state and federal statutes and administrative rules applicable to the provision of services pursuant to this grant agreement.

1.1.A. The Grantee will conduct a mosquito vector prevention program directed primarily at the larval control of *Culex* mosquitoes as outlined in Appendix A attached hereto and made part hereof.

1.2 In connection with the services described in 1.1, the Department will:

1.2.A. Provide consultation and technical assistance, as necessary and in accordance with Appendix A, and compensate the Grantee.

2. **Term:** The period of this grant agreement is April 1, 2010 through March 31, 2011; however, it may be terminated at any time during this period by either party upon written notice to the other party thirty (30) calendar days prior to the actual termination date. Upon termination, the Grantee shall be paid for work satisfactorily completed prior to the date of termination.

3. **Compensation:**

3.1 The grant amount shall not exceed a maximum amount of \$8,745.87.

3.2 Any and all obligations of the Department will cease immediately without penalty of further payment or any other penalty if the Illinois General Assembly or federal funding source fails to appropriate or otherwise make available sufficient funds for this grant agreement. Upon the Department's official notification of funding failure, the Grantee shall be promptly notified to cease program work.

3.3 The Department will compensate the Grantee as outlined in Appendix A.

4. **Notices:** All legal notices required or desired to be made by either party to this grant agreement shall be sent by certified mail return receipt requested to the following respective addresses or to such other address as either party may from time to time designate by notice to the other party.

to the Department: Illinois Department of Public Health
 Division of Environmental Health
 525 West Jefferson Street
 Springfield, IL 62761
 Attention: Linn D. Haramis, Ph.D.

to the Grantee: Champaign County Public Health Department
 c/o 201 W Kenyon Road
 Champaign, IL 61820

5. **Taxpayer Identification Number:**

I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

Name of entity: _____
(Enter the name of the entity as used to apply for the entity's EIN and the EIN.)

Taxpayer Identification Number:

Employer Identification Number 376006910

Legal Status (*check one*):

- | | |
|---|--|
| <input type="checkbox"/> Individual | <input checked="" type="checkbox"/> Governmental |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Nonresident alien |
| <input type="checkbox"/> Partnership/Legal Corporation | <input type="checkbox"/> Estate or trust |
| <input type="checkbox"/> Tax-exempt | <input type="checkbox"/> Pharmacy (Non-Corp.) |
| <input type="checkbox"/> Corporation providing or billing medical and/or health care services | <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corp.) |
| <input type="checkbox"/> Corporation NOT providing or billing medical and/or health care services | <input type="checkbox"/> Limited Liability Company (select applicable tax classification.) |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> D = disregarded entity |
| | <input type="checkbox"/> C = corporation |
| | <input type="checkbox"/> P = partnership |

6. **Basic Grant Terms:** The parties understand and agree that the attached Basic Grant Terms are fully incorporated herein by reference and are binding upon both parties hereto.

For the Grantee:

Grantee Signature / Date Signed

Typed Name

Title

109721-00
Illinois Department of Human Rights
Number (if applicable)

For the Department:

Recommended by

Damon T. Arnold, M.D., M.P.H.
Director

Execution Date

Appendix A

West Nile Virus / *Culex* Mosquito Vector Prevention Grant

Appendix A for the period April 1, 2010 to March 31, 2011

In addition to the items listed in the grant agreement and the basic grant terms, the following criteria will govern activities of the local health department under this grant from the Illinois Department of Public Health, hereafter referred to as the "Department."

1. Objectives of the Grant

The objective of this grant is to enhance a mosquito vector prevention program that includes testing of *Culex* mosquitoes and dead crows, blue jays and other birds for West Nile virus and control of larval mosquitoes of the genus *Culex*, the primary vectors of West Nile virus and St. Louis encephalitis. As a condition of the grant award, all grantees are required to submit at least five useable bird specimens to the Department's "dead bird" surveillance program. Other grant-supported activities may include training and licensing of personnel who will conduct the program, collection of mosquitoes and dead birds, surveys to locate mosquito production sites, the purchase of mosquito larval control insecticides and application equipment or contracts to conduct these activities. Additionally, the program may include public information activities, investigations of mosquito nuisance complaints and epidemiological investigations of human cases of West Nile virus and other mosquito-borne diseases. The Department recommends to Grantees that local agencies provide at least some resources to the combined WNV prevention effort, particularly mosquito larvicide for local municipalities (see Table 1, Attached and incorporated herein by this reference).

2. Timely Electronic Submission of Mosquito Testing Data

Timely electronic submission of mosquito testing data is a required component of the Grantee's responsibilities under the grant agreement for agencies that do mosquito surveillance. The Grantee shall report results of testing of adult mosquitoes to detect the presence of mosquito-borne diseases such as West Nile virus and St. Louis encephalitis virus to the Department within five working days of test completion. The data must be submitted through the Department's Web portal or as a Department-approved spreadsheet attached to an e-mail.

3. Payment of Grant Moneys

For the period April 1, 2010 to March 31, 2011, the Grantee will receive grant moneys in one installment upon execution of the grant agreement by the Department.

4. Final Report to the Department

a. A final report for the period April 1, 2010 to March 31, 2011 must be received by April 30, 2011 and must be reported in the same format as Table 1. The grant will not be considered complete until the final report has been received and reviewed by the Department and any additional information requested by the Department from the Grantee has been received by the Department.

b. Requests for further mosquito vector prevention grants will not be executed by the Department until the final report has been received, reviewed and approved by the Department. If the Department has not received the final report by June 30, 2010, the Grantee hereby agrees to reimburse the Department for all grant moneys received by the Grantee and further agrees to pay any legal costs and fees incurred by the Department to enforce this contract by August 31, 2010.

5. Application of Mosquito Control Insecticides

Personnel applying mosquito control insecticides must be licensed as required by the Illinois Department of Agriculture. All mosquito control insecticides must be registered with the US EPA and the Illinois Department of Agriculture. Personnel must follow all pesticide label directions and manufacturer's recommendations for use and application of the insecticides as indicated on the pesticide label. Wherever practical, low toxicity larvicides that have a minimal impact on the environment, such as the bacterial insecticide *Bacillus sphaericus* and the insect growth regulator methoprene, should be used. Inspection of suspected mosquito production sites before larvicide treatment should be done whenever it is practical. Ultra-low volume adulticide spray units shall be calibrated for droplet size and otherwise maintained as specified on the pesticide label and by the manufacturer of the unit. Appropriate and reasonable notification of the public about adulticide applications is strongly recommended.

6. Return of Unused Grant Moneys to the Department

Any moneys not obligated by the end of the grant period shall be forfeited by the Grantee and shall be returned to the Department by July 31, 2011.

BASIC GRANT TERMS: LOCAL HEALTH DEPARTMENT

1. **Applicable Law:** This grant agreement shall be governed in all respects by the laws of the State of Illinois and is subject to the limitations of the Department's appropriated funds. Further, the provisions of these basic terms also parallel the sound policy of the referenced laws concerning agreements, other than grants, with the State. If any provision of this grant agreement is in conflict with any statute, law, or rule of any governmental entity, then that conflicting provision shall be deemed null and void only to the extent of the conflict and without invalidating the remaining provisions of the grant agreement.
2. **Subcontractor:** The Grantee will not use the services of a subcontractor to fulfill any obligations under this grant agreement without the prior written consent of the Department. The Department reserves the right to review all subcontracts.
3. **Audit Requirements**
 - 3.1 The Grantee is responsible for meeting the audit requirements of the Fiscal Control and Internal Auditing Act, 30 ILCS 10/Act, and for compliance with the federal OMB Circular A-133 to contract with an independent accounting firm to perform an organization-wide audit. The Grantee will provide a copy of the audit to the Department. The Grantee will maintain complete records of all services, receipts, and disbursements relative to this grant agreement, insofar as these records support the audit.
 - 3.2 In addition to other requirements within the grant agreement, the Grantee shall maintain for a minimum of 3 years after the completion of this grant agreement, adequate books, records, and supporting documents to verify the amounts, recipients, and uses of all disbursements of funds passing in conjunction with this grant agreement; the Grantee agrees that the grant agreement and all books, records, and supporting documents related to the grant shall be available for review and audit by the Department or the Auditor General; and the Grantee agrees to cooperate fully with any audit conducted by the Department or the Auditor General and to provide full access to all relevant materials. Failure to maintain the books, records, and supporting documents required by this Section shall establish a presumption in favor of the Department for the recovery of any funds paid by the Department under the grant agreement for which adequate books, records, and supporting documentation are not available to support their purported disbursement.

Basic Terms Form D (FY09)
Grant Agreement/Local Health Department

services” or other appropriation line items. Grantee has not received an early retirement incentive in or after 2002 under Section 14-108.3 or 16-133.3 of the Illinois Pension Code, **40 ILCS 5/14-108.3** and **40 ILCS 5/16-133.3**, and acknowledges that Grants in violation of Section 15a of the State Finance Act are not payable from the “contractual services” or other appropriation line items (**30 ILCS 105/15a**).

- 9.4 Grantee certifies (i) that it will offer to assume the collective bargaining obligations of the prior employer, including any existing collective bargaining agreement with the bargaining representative of any existing collective bargaining unit or units performing substantially similar work to the services covered by the contract subject to its bid or offer, and (ii) that it shall offer employment to all employees currently employed in any existing bargaining unit performing substantially similar work that will be performed under this contract (**30 ILCS 500/25-80**).
- 9.5 Grantee has not been convicted of bribing or attempting to bribe an officer or employee of the State of Illinois or any other State, nor has made an admission on the record of having so bribed or attempted to bribe (**30 ILCS 500/50-5**).
- 9.6 If Grantee has been convicted of a felony, at least five years have passed after the date of completion of the sentence for such felony, unless no person held responsible by a prosecutor’s office for the facts upon which the conviction was based continues to have any involvement with the business (**30 ILCS 500/50-10**).
- 9.7 If Grantee, or any officer, director, partner, or other managerial agent of Grantee, has been convicted of a felony under the Sarbanes-Oxley Act of 2002, or a Class 3 or Class 2 felony under the Illinois Securities Law of 1953, at least 5 years have passed since the date of the conviction. Grantee further certifies that it is not barred from being awarded a Grant and acknowledges that the Granting State Agency/Grantor shall declare the Grant void if this certification is false (**30 ILCS 500/50-10.5**).
- 9.8 Grantee and its affiliates are not delinquent in the payment of any debt to the State (or if delinquent has entered into a deferred payment plan to pay the debt), and Grantee and its affiliates acknowledge the Granting State Agency/Grantor may declare the Grant void if this certification is false (**30 ILCS 500/50-11**) or if Grantee or an affiliate later becomes delinquent and has not entered into a deferred payment plan to pay off the debt (**30 ILCS 500/50-60**).
- 9.9 Grantee and all affiliates shall collect and remit Illinois Use Tax on all sales of tangible personal property into the State of Illinois in accordance with provisions of the Illinois Use Tax Act (**30 ILCS 500/50-12**) and acknowledge that failure to comply can result in the Grant being declared void.
- 9.10 Grantee certifies that it has not committed a willful or knowing violation of the Environmental Protection Act (relating to Civil Penalties under the Environmental Protection Act) within the last five (5) years, and is therefore not barred from being awarded a Grant. If the State later determines that this certification was falsely made

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- 9.21 Grantee certifies that no foreign-made equipment, materials, or supplies furnished to the State under the Grant have been produced in whole or in part by the labor of any child under the age of 12 (PA 94-0264).
- 9.22 Grantee certifies that it is not in violation of Section 50-14.5 of the Illinois Procurement Code (30 ILCS 500/50-14.5) that states: "Owners of residential buildings who have committed a willful or knowing violation of the Lead Poisoning Prevention Act (410 ILCS 45) are prohibited from doing business with the State until the violation is mitigated".
- 9.23 Grantee warrants and certifies that it and, to the best of its knowledge, its subcontractors have and will comply with Executive Order No. 1 (2007). The Order generally prohibits Grantees and subcontractors from hiring the then-serving Governor's family members to lobby procurement activities of the State, or any other unit of government in Illinois including local governments if that procurement may result in a contract valued at over \$25,000. This prohibition also applies to hiring for that same purpose any former State employee who had procurement authority at any time during the one-year period preceding the procurement lobbying activity.
- 9.24 In accordance with Public Act 095-0307, all information technology, including electronic information, software, systems and equipment, developed or provided under this contract must comply with the applicable requirements of the Illinois Information Technology Accessibility Act Standards as published at www.dhs.state.il.us/iitaa.
- 9.25 Grantee has disclosed if required, on forms provided by the State, and agrees it is under a continuing obligation to disclose to the State, financial or other interests (public or private, direct or indirect) that may be a potential conflict of interest or which would prohibit Grantee from having or continuing the Contract. This includes, but is not limited to conflicts under the "Infrastructure Task Force Fee Prohibition" section of the State Finance Act (30 ILCS 105/8.40), Article 50 of the Illinois Procurement Code (30 ILCS 500/50), or those which may conflict in any manner with the Grantee's obligation under this Contract. Grantee shall not employ any person with a conflict to perform under this Contract. If any elected or appointed State officer or employee, or the spouse or minor child of same has any ownership or financial interest in the Grantee or the Contract, Grantee certifies it has disclosed that information to the State if required, on forms provided by the State, and any waiver of the conflict has been issued in accordance with applicable law and rule. A waiver is required if:
- a) the person intending to contract with the State, their spouse or child: (i) holds an elective office in Illinois; (ii) holds a seat in the Illinois General Assembly; (iii) is an officer or employee of the Capital Development Board or the Illinois Toll Highway Authority; or holds an appointed position or is employed in any of the offices or agencies of the State government and who receives compensation for such employment in excess of 60% of the salary of the Governor (currently \$106,447.20). (The conflict of interest threshold of 60% of the Governor's salary set forth in Section

11. **Unlawful Discrimination:**

- 11.1 The Grantee agrees to act in conformity with Article 2 of the Illinois Human Rights Act, 775 ILCS 5/Art. 2 and with Appendix A of the Procedures Applicable to All Agencies, 44 Ill.Admin.Code 750. APP. A.
- 11.2 The Grantee agrees to comply with the Federal Civil Rights Act of 1964, the Federal Rehabilitation Act of 1973, the American with Disabilities Act, 42 U.S.C. 12101 *et seq.* and accompanying rules 28 CFR 35.130, and all other federal and State of Illinois laws, regulations, or orders that prohibit discrimination because of race, color, religion, sex, national origin, ancestry, age, marital status, or physical or mental handicap. The Grantee certifies that it will provide to the Department prior to executing the grant the most recent Equal Employment Opportunity Policy Statement, Annual Affirmative Action Plan and Workforce Analysis Summary as required to ensure compliance with Federal and State Civil Rights and the Americans with Disabilities Act of 1990.

12. **Fiscal Responsibility:**

- 12.1 The Department may use the to determine if any State Agency is attempting to collect debt from the grantee according to Section 5 of the Illinois State Collection Act of 1986, 30 ILCS 210/5.
- 12.2 The Grantee certifies that it, or any affiliate, is not barred from being awarded a contract or grant under 30 ILCS 500. Section 50-11 prohibits a person from entering into a contract or grant with a State agency if it knows or should know that it, or any affiliate, is delinquent in the payment of any debt to the State as defined by the Debt Collection Board. Section 50-12 prohibits a person from entering into a contract or grant with a State agency if it, or any affiliate, has failed to collect and remit Illinois Use Tax on all sales of tangible personal property into the State of Illinois in accordance with the provisions of the Illinois Use Tax Act. The Grantee further acknowledges that the contracting State agency may declare the grant void if this certification is false or if the Grantee, or any affiliate, is determined to be delinquent in the payment of any debt to the State during the term of the grant.

13. **Liability:** The Department assumes no liability for actions of the grantee under this agreement, including, but not limited to, the negligent acts and omissions of grantee's agents, employees, and subcontractors in their performance of the grantee's duties as

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grant agreement is immediately terminable by the Department. This remedy shall be in addition to any other remedies available to the Department in law or in equity.

21. **Further Assurances:** Each party agrees to do such further acts and things and to execute and deliver such additional agreements and instruments, as any party may reasonably request of the other, to carry out the provisions and purposes of this grant agreement or any agreements related to this agreement.
22. **Funds Remaining:** All funds remaining at the end of the grant agreement or at the expiration of the period of time that the grant funds are available for expenditure or obligation by the Grantee shall be returned to the Department within 45 days after notification by the Department under Section 5 of the Illinois Grant Funds Recovery Act, 30 ILCS 705/5.
23. **Controlling Terms:** In the event of any conflict amongst the agreement, Basic Terms Form D, and the terms of any appendix, exhibit, or other attachment or matter incorporated or referenced within the agreement, the Basic Terms of this Form D shall be controlling.
24. **Headings:** The headings of the sections and paragraphs are inserted for convenience only and shall not control or affect the meaning or construction of any of the provisions of this grant agreement.
25. **Entire Agreement:** The Department and Grantee understand and agree that this grant agreement constitutes the entire Agreement between them and that no promises, terms, or conditions not recited or incorporated within this agreement, including prior Agreements or oral discussions not incorporated within this agreement, shall be binding upon either the Grantee or the Department.

. End .

DECISION MEMORANDUM

DATE: April 27, 2010
MEMO TO: Members, Champaign County Board of Health
FROM: Julie Pryde
SUBJECT: Amendment to Agreement – Well Water Testing Policy

Background Information:

The purpose of this memorandum is to amend the agreement between the Champaign-Urbana Public Health District and the County of Champaign and the Champaign County Health Department for the Provision of Public Health Services by the Champaign-Urbana Public Health District to the Champaign County Health Department.

This amendment pertains to well water testing and fees to be charged, and has been the subject of discussion at several board meetings. The amended language is attached and amends the Division of Environmental Health portion of the agreement.

Recommendation:

Modify the well water testing policy as written in the last paragraph of the attached document.

Decision Section:

Motion to approve the attached document as an addendum to the Environmental Health Section of the agreement between the Champaign County Board of Health and the Champaign Urbana Public Health District.

_____ Approved

_____ Denied

_____ Modified

_____ More Information Needed

Amendment to Appendix A or the Fiscal Year 2010 Contract Year

Well water testing for non-valid public health significance, as interpreted by IDPH, is a fee-for-service program. Interpretation and dissemination of laboratory test results for coliform bacteria and for nitrate concentration from either the IDPH lab or the IDOA lab will be performed. If using IDPH lab water test kits, the fee is \$49 per sample. If using the IDOA lab test kits from the Cooperative Extension Service, the fee is \$12 per sample. Fees shall be paid to the Champaign County Public Health Department. Effective March 30, 2010. Monthly invoices will be submitted to the Champaign County Board of Health and will be based upon actual expenditures for the month.

CHAMPAIGN COUNTY BOARD OF HEALTH

Brookens Administrative Center
1776 E. Washington
Urbana, IL 61802

Phone: (217) 384-3772
Fax: (217) 384-3896

Champaign County Board of Health

Tuesday, April 27, 2010

6:00 p.m.

Lyle Shields Meeting Room

Brookens Administrative Center, 1776 E. Washington
Urbana, Illinois

ADDENDUM

<u>ITEM</u>		<u>PAGE NO.</u>
H. CUPHD		
7. Approval of CUPHD Invoice – March 2010		1
J. Other Business		
1. Crisis Nursery Beyond Blue Program Third Quarter Report		2-5

Invoice Number:	1004
Date of Invoice:	April 20, 2010
Billing Period:	March-10

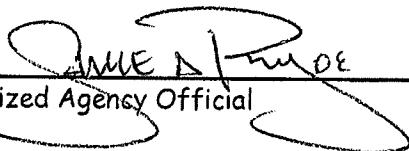
To:
 Champaign County Public Health Department
 1776 East Washington Street
 Urbana, Illinois 61802

For the Following Expenses:

533.07 Professional Services - Infectious Disease Prevention & Mgmt	\$	9,471.25
533.07 Professional Services - Vital Statistics	\$	235.58
533.07 Professional Services - Environmental Health	\$	25,821.83
533.07 Professional Services - Administration	\$	12,318.59
533.07 Professional Services - PHEP Grant	\$	3,848.07
533.07 Professional Services - TFC Grant	\$	2,515.73
533.07 Professional Services - West Nile Virus Grant	\$	2,320.47
533.07 Professional Services - Non-Community Water - CU Surveys	\$	175.00
533.07 Professional Services - PHER Phase 1 & 2 Grant	\$	2,081.68
533.07 Professional Services - PHER Phase 3 Grant	\$	1,220.07
Total Amount Due to CUPHD per Contract	\$	60,008.27

CERTIFICATION:

I hereby certify that the amounts billed above agree with the approved budget; that appropriate purchasing procedures have been followed, and that reimbursement has not previously been requested or received.



 Authorized Agency Official

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

Grant Funded Program - Quarterly Program Activity/Consumer Service Report: Third Quarter

Agency: Crisis Nursery

Program: Beyond Blue - Rural

Report Period: January 1 to March 31
DUE April 15

Service Categories	Community Service Events (CSE)	Service/Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)		Treatment Plan Clients (TPC)		Other	
			Continuing	New	Continuing	New	Continuing	New
Annual Target	104	644 includes screening, home visits, telephone contacts, & referral contacts	74 includes babies, other family members, and mothers screened but not in program.		23 mothers assessed as eligible		2655 hours of Crisis Care & Respite Care provided by CN	
Quarterly Data	52	161	2	23	1	7		346

Comments:

Challenges:

- Families continue to struggle with transportation. This makes it difficult to access the nursery for groups, earned respite and crisis care.
- Family specialist is working on changing the misconceptions in the community about what the Nursery does and who the Nursery serves.
- We are finding it difficult to get referrals from some agencies and clinics. In many bigger agencies we have to maneuver through red tape in order to organize a referral process.

Successes:

- Outreach efforts remain very strong.
- Tolono playgroup outreach will continue through mid May, many families are aware and using the Nursery due to this outreach as well many rural Beyond Blue families are attending this playgroup.
- Rantoul PCI has been successful in providing services for teen and young beyond blue mothers. Many teen parents score high on the Edinburg screening and are at high risk for perinatal depression.
- We have done extensive outreach this quarter, with the help of a student intern from University of Illinois, to OB/GYN and pediatric practices in Champaign County.

- We have coordinated with other agencies that serve children to include Parent Wonders, Head Start, WIC Healthy families and Developmental Services Center to promote Beyond Blue. Summer long playgroup set to take place at DSC starting June 1st to engage at risk families experiencing perinatal depression.

Testimony:

A letter to Jennifer Sampson from a mother in the Rural Beyond Blue Program:

Jen, thank you for everything you do at Crisis Nursery. All that the Nursery does and all that you have to offer really makes a difference. For example, those books you have been giving us. I used to have a ton of books that I barely used with the twins and I got rid of them. I had everything...little golden books, the classics...you name it. When Keegan was born I didn't want all of them again but I wanted "some" and these days I really can't afford it. The two arm full of books I have now make me feel like I have something "enriching" to offer, that I wouldn't have. Your relaxed nature during home-visits and your effort to provide us with something constructive to discuss & creative to do is perfect. I really enjoy coming to support groups and feel blessed when there are fun surprises in store for us when I get there.

One of my issues as a person is "asking for help", it is as if you have to admit you're a failure if you ask for help. It is very shameful. But, when I deal with Crisis Nursery I never feel shame at all. I feel such unconditional support...it's very empowering. And, it has really opened my eyes to asking for help in other areas of my life. The help I receive now and that I know is out there for me that I need to apply for - well, it's overwhelming to me. I'm swimming in that right now and it feels a lot better than swimming in fear, anxiety and worry.

Thank you for smiling and being so casual when you give me help. It feels so wonderful.

~ A thankful Beyond Blue mother

Service Category Definitions For Quarterly Reports

Note that the First Quarter Report is different from the subsequent 3 quarters. The first quarter report allows the funded program to report Continuing TPC and NTPC open at the beginning of the contract year i.e. July 1.

Annual Target – Number of CSE, SC TPC or NTPC projected in Utilization Section II of Program Plan.

Community Service Events--Number of contacts (meetings) to promote the program including public presentations (including mass media shows and articles), consultations with community groups and/or caregivers, school class presentations, and small group workshops. The focus of a CSE is on activities to promote the program or educate a targeted audience about the program. Units of measurement are the following: Public presentations; school class presentations; small group workshop sessions to promote healthy life styles; meetings between agencies to plan community service events; interviews with reporters or the articles, programs or shows that result (do not count number of people, stations, or newspapers to which items are distributed); distribution of public service announcements, newsletters, and pamphlets. Note that attending or participating in a regularly scheduled meeting where you do not give a presentation on your program or is not related to planning an event related to the program is not a CSE.

Service Contacts/Screening Contacts--Number of phone and face-to-face contacts with consumers who may or may not have open cases in this program - includes information and referral contacts, or initial screenings/assessments or crisis services. This may also include contacts for non-case specific consultations. To be counted, the contact requires engagement; it is not an unanswered telephone call/correspondence. Screening contacts wherein an initial assessment is done is the preferred usage of this category.

Treatment Plan Clients--Service recipients with case records and treatment (or service) plans. Each client should be counted only once each year - either as a continuing client or as a new case. Continuing Treatment Plan clients are those whose case was opened in the previous agency operating year who continue to receive services during the first quarter of the current year. New Treatment Plan clients are those whose cases were opened during the quarter being reported.

Non-Treatment Plan Clients--Service recipients with case records but no treatment (or service) plans, to which substantial services are provided. Operational definitions are negotiated with each program, based on the nature of its services. Examples may include: recipients of material assistance, cases in which considerable outreach is done but where the client never commits to treatment/service, cases closed before a treatment/service plan was written because the client did not want further service and cases in which a client is seen as a service to another agency, but does not receive program services beyond assessment, (e.g. a court-requested evaluation). Continuing and New NTPC clients are reported using the same formula as in TPC above without consideration of an existing treatment/ service plan.

Other - Applicants may use one indicator of their own invention such as contact hours, discharges, intakes etc. Contact Board staff for further information. "Other" will have been explained with a footnote at the bottom of the relevant Part II Program Plan form.