
CHAMPAIGN COUNTY BOARD OF HEALTH

Brookens Administrative Center
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Champaign County Board of Health

Tuesday, September 28, 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. July 27, 2010	*1-6
	2. August 17, 2010	*7-12
	3. August 24, 2010	*13-16
E.	Public Participation on Agenda Items Only	
F.	Correspondence and Communications	
	1. IPHA Strategic Planning Report by Cherryl Ramirez	
G.	Smile Healthy	
	1. Monthly Report – August 2010	*17-19
H.	CUPHD	
	1. Approval of CUPHD Invoice – August 2010	*20
	2. Administrator's Report – September 2010	*21-30
	3. CUPHD Monthly Division Reports – August 2010	
	Reports Can Be Viewed At: http://www.c-uphd.org/monthly-reports.html	
	a. Administrative Training	
	b. Environmental Health	
	c. Human Resources	
	d. Maternal & Child Health	

4. Request Approval of PHEP Grant Amendment #2 Agreement *31-37
5. Discussion of Creating a Mechanism to Link Non-Payment of Smoke-Free Illinois Violation Fines to Food Permits
6. Closed Session Pursuant to 5 ILCS 120/2 (c)11 to Consider Litigation When an Action on Behalf of the Board of Health Has Been Filed and is Pending in Court

I. Other Business

J. Public Participation on Non-Agenda Items Only

K. Adjournment

1 **CHAMPAIGN COUNTY BOARD OF HEALTH**

2
3 **Monthly Meeting**
4 **Tuesday, July 27, 2010**

5
6 **Call to Order**
7

8 The Board of Health (BOH) held its monthly meeting on July 27, 2010 in the Lyle
9 Shields Meeting Room at the Brookens Administrative Center, 1776 East Washington, Urbana.
10 The meeting was called to order at 7:33 p.m. by Board President Bobbi Scholze.
11

12 **Roll Call**
13

14 Board members present at the time of roll call were Stan James, John Peterson, Cheryl
15 Ramirez, Bobbi Scholze, and Betty Segal. The staff member present was Kat Bork (Board of
16 Health Administrative Assistant).
17

18 The absent Board members were Brenda Anderson, Prashanth Gowda, Mark Huls, and
19 David Thies. Thies and Gowda had previously informed the President they would be unable to
20 attend the meeting and their absences were excused.
21

22 Also present were Deb Busey (County Administrator), Lynn Canfield (Associate
23 Director of Developmental Disabilities), Candi Crause (CUPHD Infectious Disease Prevention
24 & Management Director), Nancy Greenwalt (Smile Healthy Executive Director), Julie Pryde
25 (CUPHD Administrator), Jim Roberts (CUPHD Environmental Health Director), and Andrea
26 Wallace (CUPHD Finance Director).
27

28 **Approval of Agenda/Addendum**
29

30 **MOTION** by James to approve the agenda; seconded by Ramirez. **Motion carried with**
31 **unanimous support.**
32

33 **Approval of Minutes**
34

35 **MOTION** by James to approve the June 29, 2010 – Regular Meeting minutes; seconded
36 by Peterson. **Motion carried with unanimous support.**
37

38 **MOTION** by Ramirez to approve the June 29, 2010 – Study Session minutes; seconded
39 by James.
40

41 James requested a typographical change to line 59 and Ramirez requested a typographical
42 change to line 81.
43

44 **Motion carried as amended with unanimous support.**
45
46

47 **Public Participation on Agenda Items Only**

48
49 There was no public participation over the agenda items.

50
51 **Correspondence and Communications**

52
53 James asked about the newly appointed member, David Thies. Bork confirmed Thies had
54 received an agenda packet, but had a previous out-of-town commitment and sent his apologies
55 for being unable to attend the meeting.

56
57 **Crisis Nursery Beyond Blue Program Fourth Quarter Report**

58
59 **MOTION** by James to receive and place on file the Crisis Nursery Beyond Blue Program
60 Fourth Quarter Report; seconded by Ramirez. **Motion carried with unanimous support.**

61
62 **Smile Healthy**

63
64 **MOTION** by Segal to receive and place on file the Smile Healthy monthly report for
65 June 2010; seconded by James. **Motion carried with unanimous support.**

66
67 **CUPHD**

68 **Approval of CUPHD Invoice – June 2010**

69
70 **MOTION** by Peterson to approve payment of the CUPHD June 2010 invoice; seconded
71 by James. **Motion carried with unanimous support.**

72
73 **Administrator's Report – July 2010**

74
75 Roberts reported Champaign County's first West Nile Virus positive bird had been
76 collected. Scholze was alarmed by the expected spike in West Nile Virus cases. Pryde
77 explained that was due to modeling. CUPHD is performing a number of prevention activities, so
78 nothing else will be done. Roberts confirmed no human cases have been found.

79
80 James asked whether the health services provided to migrant workers living in Rantoul
81 would be stopped when the grant money runs out. Pryde did not think the grant would run out,
82 but confirmed the services would stop if it did. CUPHD is trying to use as many grant sources as
83 they can when providing services to the migrant population in Rantoul. For example, they
84 recently used left over H1N1 grant money. James asked about the number of people seeking
85 public health services. She estimated there were between 400-500 migrant workers in Rantoul.
86 Crause and Pryde spoke about providing H1N1 vaccines at a Latino community picnic event.
87 James inquired about the concerns Pryde had previously expressed about a jump in TB in the
88 Rantoul migrant population. Pryde stated they were always worried about TB in any kind of
89 congregate or mass housing. They are doing screenings for the signs and symptoms of TB.
90 They are not testing for TB. Persons vaccinated as children can test positive for the rest of their

91 lives without having active TB. Pryde has consulted with the Illinois Department of Public
92 Health TB Section and the Migrant Council.

93

94 Scholze expressed that she and Pryde had talked about holding a study session to look at
95 what could be done in the Rantoul area. Pryde added James gave her the bus tour of Rantoul.
96 James offered to talk to the mayor and recommended the fall as a good time for a study session.

97

98 CUPHD Monthly Division Reports – May 2010

99

100 The monthly division reports for Administrative Training, Environmental Health, Human
101 Resources, Infectious Disease, Maternal & Child Health, and Wellness & Health Promotion were
102 posted on CUPHD's website at <http://www.c-uphd.org/monthly-reports.html>.

103

104 **MOTION** by James to receive and place on file the Administrator's report and division
105 monthly reports; seconded by Segal. **Motion carried with unanimous support.**

106

107 Consideration & Approval of I-Plan Project

108

109 Pryde provided the following answers to questions raised at the last meeting:

110

- 111 1. CUPHD could bill the BOH for the I-Plan based on population instead of EAV.
112 Busey cited the EAV (equalized assessed value) was 57.77% within Champaign-
113 Urbana. The population of Champaign-Urbana is 58.01% of the entire county
114 population.
- 115 2. CUPHD would bill the BOH for the I-Plan in December 2010 to place it in the
116 next fiscal year to prevent a budget amendment.
- 117 3. To explain why the I-Plan expense included additional personnel dollars for
118 administration, Pryde explained CUPHD staff's time is billed to specific
119 programs and grants. The personnel expenses not covered by the grants are paid
120 out of tax dollars. Pryde stated doing the I-Plan in-house was cheaper than hiring
121 a consultant.

122

123 Busey noted Wallace listed the actual cost of the FY2011 spreadsheet in the amount of
124 over \$15,000. James indicated the BOH has no choice about the I-Plan expense. Pryde said she
125 would likely bring the completed plan to a joint study session with both boards.

126

127 **MOTION** by James to approve the I-Plan project as proposed; seconded by Segal.

128

129 James wants to know the I-Plan will be better used than in previous years. He wished
130 there was a better way to keep the County Public Health Department's certification rather than
131 spending money on a plan that should just evolve and change over time. Pryde agreed it is an
132 onerous process.

133

134 **Motion carried with unanimous support.**

135

136

137 **FY2011 Budget Preparation**

138
139 Wallace distributed the revised CUPHD budget request and Busey distributed her
140 calculations for the total BOH budget. Wallace explained the FY2011 budget request used the
141 template created by Bob Keller. It lists all revenues that she sees going into the funding sources.
142 Busey converted this information into the Champaign County budget template.
143

144 Wallace stated the FY2011 grants were the same as last year, with the exception of the
145 H1N1 grant which did not extend past the end of July. The Tobacco Free Communities Grant
146 was about 3% more than last year. Wallace budgeted the Emergency Preparedness Grant with a
147 10.3% increase. She announced the actual grant amount for FY2011 would be \$74,310. The
148 BOH is required to provide 10% match. Wallace said the match amount would be covered by flu
149 clinics held at different sites throughout the county. Part of the additional cost will be paid by
150 fees paid by clients out-of-pocket or by Medicare/Medicaid billing for flu or pneumonia shots.
151 She stated CUPHD collected no Medicaid revenue, almost \$3,000 in Medicare revenues, and
152 \$1,500 in self paid fees for the fall flu clinics. She stated the BOH would have to come up with
153 the remaining \$3,022 for the match amount. She has shown this amount being taken from the
154 BOH's property tax revenue. The West Nile Virus Grant was increased. The total grants
155 amount was \$116,735.
156

157 The non-grants programs included administration and core services such as
158 Communicable Diseases. The Infectious Disease programs were broken out by disease. The
159 personnel costs are less, largely due to a change in the Environmental Health Division. Wallace
160 remarked that Vital Statistics is mostly covered by fees, with \$2,500 funded by the BOH's
161 property tax dollars. The well water testing program is completely covered by fees. Roberts has
162 reported a big decline in the number of well water tests being done. The I-Plan expense is
163 budgeted to be completely paid by the BOH's property tax revenue. The total CUPHD FY2011
164 budget request is \$709,576. Wallace explained the reason that amount does not match the total
165 expenses of \$747,000 is due to several things. The Medicare and Medicaid fees generated by
166 BOH services are kept by CUPHD and are not remitted to the BOH. CUPHD also receives
167 grants in their name that benefit the BOH and these are factored into the budget. The remaining
168 difference is due to Vital Statistics. County residents requesting birth or death certificates write
169 checks to CUPHD and those funds are not remitted to the BOH.
170

171 Wallace provided a listing of all the personnel attributable to the BOH related services on
172 Page 3. The total personnel FTEs for FY2011 are projected at 9.692. CUPHD plans to utilize an
173 intern in the West Nile Virus Program. She estimated the nurse and intake staff time for the flu
174 clinics to be held in the county under the Emergency Preparedness Grant.
175

176 James thought birth and death certificates could be obtained from the County Clerk's
177 Office. Busey confirmed the County Clerk's Office and CUPHD provide same service. The
178 County Clerk's Office is the official keeper of vital statistics, including birth, death, and
179 marriage certificates. James viewed those overlapping services as unnecessary. Pryde did not
180 know why both the County Clerk and CUPHD provide birth and death certificates and found it
181 surprising when she became Administrator. She was aware that some health departments do not
182 provide such certificates.

183 Busey reviewed her calculations of actual received revenue and expenditures in past
184 years, along with the FY2010 projected budget and FY2011 requested budget. She entered
185 numbers Wallace provided with two exceptions. Busey is anticipating a 2.5% increase in
186 property tax revenue. She listed the food protection permits in one line in her calculations and
187 Wallace's spreadsheet scatters the permit numbers throughout three lines. The total revenue to
188 be received in FY2010 is projected at \$880,951. The total FY2011 anticipated revenue is
189 \$754,653. The difference is primarily due to the H1N1 grants. Wallace has updated her figures
190 since she gave them to Busey and Busey will update her calculations for the next meeting. The
191 total CUPHD contract amount of \$719,407 is listed under the Professional Services line. This is
192 now \$10,000 less. The total FY2011 expenditures, including Smile Healthy's FY2011 request
193 and the administrative support staffing costs, amount to \$837,527. This was contrasted against
194 the anticipated FY2011 revenue of \$754,653. Busey provided the fund balance projections. The
195 BOH spent about \$200,000 more than they received in FY2009. The projected FY2010 budget
196 shows an ending fund balance of \$126,306. If all the FY2001 budget requests are funded, the
197 fund balance would be depleted to \$44,432. Busey provided a contrast to the BOH's stated fund
198 balance goal of 25%. Peterson asked how the BOH proceeds from this point. Busey thought the
199 Board would want to digest this information prior to making budget decisions. The Board needs
200 to decide what it will approve as its FY2011 budget.

201

202 Peterson noted the dental services are a major expenditure and not a core service. He did
203 not know if the Smile Healthy proposal incorporates all the other dental services activity
204 described at the study session held earlier this evening. Greenwalt said her proposal did include
205 adding a dental clinic at Frances Nelson Health Center. She thought the community
206 collaboration hoped to provide additional dental appointments and patient care instead of
207 substituting for the existing BOH funded program. The best case scenario would be to have the
208 Frances Nelson clinic open by the end of April.

209

210 James cited the BOH's expenditures are greater than its revenue. Due to the CUPHD
211 contract, the only place where the BOH can make cuts is the Smile Healthy program. Busey
212 confirmed the joint program with Mental Health Board was not funded in FY2011. The BOH
213 discussed the FY2011 budget requests from CUPHD and Smile Healthy. Wallace stated the
214 CUPHD FY2011 request ends up being less than their FY2010 request, once the H1N1 grant and
215 I-Plan are removed. CUPHD has been adjusting their Infectious Disease fees and billing
216 Medicaid since Infectious Disease is a highly utilized area. CUPHD is trying to become a Health
217 Alliance provider because their clients are frequently referred to the district for services.
218 CUPHD has no means to collect payment if people do not have Medicaid. Peterson asked if the
219 referrals were only for TB testing or meds. Pryde said no, Carle Hospital refers many people to
220 CUPHD's STD clinic. CUPHD provides cheaper services than Carle Hospital and she is trying
221 to show Health Alliance the money that could be saved. Otherwise, CUPHD is stuck providing
222 the services for nothing. Peterson asked if the emergency rooms or private physicians were
223 sending patients to CUPHD. Pryde said it was not the emergency rooms. Peterson indicated a
224 number of referred patients may not actually make it to CUPHD. Pryde confirmed that certain
225 symptoms ensured people would follow through to the CUPHD STD Clinic.

226

227 Scholze inquired about the timeline for budget decisions. Busey answered that the BOH
228 had to approve a budget at its August meeting to present to the County Board at the Legislative

229 Budget Hearings in early September. Peterson asked for the latest possible timeslot at the budget
230 hearings because he has a clinic that night.
231

232 James questioned Roberts about the expenditures for other contractual services. Roberts
233 stated CUPHD collects fees on temporary permits, plan review fees, late fees, and re-inspections.
234 These fees are added together and a check is sent to the County Public Health Department.
235 CUPHD charges the BOH for this service under other contractual services. James asked if the
236 occupancy costs charged to the BOH could be renegotiated. Wallace said the square footage
237 charge could be provided. Wallace said CUPHD upgraded its HVAC system this year and this
238 would generate efficiencies with utilities. James asked if the occupancy charge was fair for the
239 building and in line with what the County Board charges for its rental space. Busey has not
240 analyzed those figures. James told her to not bother because CUPHD was going to provide a
241 figure. Busey said they could compare costs per square foot. Roberts said only 84 of the 207
242 temporary permits issued paid the fee. The others were issued to non-profits, who are not
243 charged by CUPHD. Some health departments have started to charge non-profits at least 50% to
244 cover the cost of providing the service. James said that was something to look at in the future.
245

246 The Board agreed more discussion about the budget was needed before a final decision
247 could be made. The Board decided to schedule meetings on August 17th and 24th to complete the
248 budget.
249

250 **Other Business**

251 **Approval of Resolution Recognizing the Exemplary Service of Champaign County Board of**
252 **Health Member Julian Rappaport**
253

254 **MOTION** by James to approve the Resolution Recognizing the Exemplary Service of
255 Champaign County Board of Health Member Julian Rappaport; seconded by Ramirez. **Motion**
256 **carried with unanimous support.**
257

258 **Public Participation on Non-Agenda Items Only**

259
260 There was no public participation on non-agenda items.
261

262 **Adjournment**

263
264 The meeting was adjourned at 8:26 p.m.
265

266 Respectfully submitted,
267

268 Kat Bork
269 Board of Health Administrative Assistant
270

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

1 CHAMPAIGN COUNTY BOARD OF HEALTH

2
3 **Special Meeting**
4 **Tuesday, August 17, 2010**

5
6 **Call to Order**

7
8 The Board of Health (BOH) held a special meeting on August 17, 2010 in the Lyle
9 Shields Meeting Room at the Brookens Administrative Center, 1776 East Washington, Urbana.
10 The meeting was called to order at 6:00 p.m. by Board President Bobbi Scholze.

11
12 **Roll Call**

13
14 Board members present at the time of roll call were Brenda Anderson, Prashanth Gowda,
15 Stan James, John Peterson, Bobbi Scholze, and Betty Segal. Cherryl Ramirez entered the
16 meeting after the roll was called. The staff member present was Kat Bork (Board of Health
17 Administrative Assistant).

18
19 The absent Board members were Mark Huls and David Thies. Huls and Thies had
20 previously informed the President they would be unable to attend the meeting and their absences
21 were excused.

22
23 Also present were Deb Busey (County Administrator), Lynn Canfield (Associate
24 Director of Developmental Disabilities), Candi Crause (CUPHD Infectious Disease Prevention
25 & Management Director), Deb Fruitt (CUPHD Wellness & Health Promotion Director), Nancy
26 Greenwalt (Smile Healthy Executive Director), Nikki Hiller (CUPHD Wellness & Health
27 Promotion Program Coordinator), Julie Pryde (CUPHD Administrator), and Andrea Wallace
28 (CUPHD Finance Director).

29
30 **Approval of Agenda/Addendum**

31
32 **MOTION** by James to approve the agenda; seconded by Anderson. **Motion carried**
33 **with unanimous support.**

34
35 **Public Participation**

36
37 There was no public participation over the agenda items.

38
39 **CUPHD**

40 **Discussion of Tobacco-Free Communities Grant Requirements**

41
42 Hiller distributed handouts and described how CUPHD applies for the Tobacco Free
43 Communities Grant on behalf of the County Public Health Department every year. The grant
44 typically generates \$26,000 to fund prevention programs in schools, cessation activities
45 (distributing nicotine patches and telephone counseling), and enforcement of Smoke Free
46 Illinois. CUPHD staff attend community events to talk about these programs. The Tobacco Free
47 Communities Grant has a requirement that only 70% of the grant can be spent on personnel and
48 at least a half-time position must be used for the grant. 70% of the grant does not cover half the

49 salary of the employee assigned to the grant, so CUPHD is asking the BOH to provide \$2,583 to
50 make up the difference.

51
52 Ramirez entered the meeting at 6:02 p.m.

53
54 Hiller was worried they might never receive the grant again if they do not accept it every
55 year. No grant would result in no cessation programs, prevention programs, or community
56 events. CUPHD would have to contract with someone to enforce Smoke Free Illinois.

57
58 James asked who handles the enforcement and how many citations have been issued.
59 Hiller explained CUPHD staff enforce Smoke Free Illinois by issuing citations. Two citations
60 have been issued in the county area during this fiscal year. James questioned who would
61 perform enforcement if this grant ceases. He noted there is already a large volume of
62 information about the dangers of smoking and how to quit. The BOH budget is very tight and he
63 would prefer the money be allocated elsewhere. Hiller explained the grant funding is derived
64 from the mass tobacco settlement. James thought the high price of cigarettes has caused more
65 people to stop smoking than anything else.

66
67 Gowda inquired if the Tobacco Free program was a mandatory service and Pryde
68 answered it was not. Gowda asked what portion of the budget is used for non-mandated
69 services. The BOH should have this information to assist them in making decisions regarding
70 the appropriate allocation of the budget. Wallace did not know how much of CUPHD's budget
71 request is spent for non-essential services. She prepared the FY2011 budget with the Tobacco
72 Free Communities Grant included and the required match being paid from the BOH's property
73 tax revenue. Scholze asked where it was shown on the budget spreadsheet. Wallace explained
74 the program costs \$31,000, the majority of which is personnel related. Busey asked if all non-
75 mandatory services are covered by grant funds. Wallace said yes, but grants are requiring local
76 matches when they did not in previous years. The Emergency Preparedness Grant used to be
77 100% funded by the State and it now requires a 10% match.

78
79 Segal asked about the database maintained for Smoke Free Illinois. Hiller answered it
80 was just an Excel database to record and track the received complaints. Pryde confirmed
81 CUPHD receives many complaints. CUPHD sends a letter to the establishments, mostly bars,
82 with the first complaint in an attempt to gain their voluntary compliance. If there are numerous
83 complaints against an establishment, CUPHD will send a staff person to try to catch someone
84 smoking in the particular bar. Segal inquired how many complaints have been received from the
85 county area. Pryde said a majority of complaints are about bars in the county.

86
87 Anderson asked whether less half of an employee's time could be used for the grant.
88 Pryde responded the grant mandates at least a half time position be allocated.

89
90 Segal wanted to know how much of the program's cost is used for prevention activities
91 versus maintaining the database and investigating complaints. Hiller said 10% is spent on
92 cessation activities, 20% is spent on Smoke Free Illinois, and the remaining 70% is spent on
93 prevention efforts. Gowda asked if the grant match could be supplied by another source.
94 Wallace answered the match amount cannot come from any other federal grants. It can come
95 from any other source, such as fees or tax dollars. Gowda asked if the match could come from

96 Donations and Wallace confirmed it could. Gowda suggested exploring the public charity option
97 for non-medical services rather than using tax dollars. Scholze asked if Gowda knew of any
98 person or charity who would make a donation. There was no response from any Board members.
99

100 Segal questioned whether the fine could be set at a high amount to cover the match.
101 Hiller said the fine is \$250 for the first offense and half of the amount goes to the State. Pryde
102 thought the State's Attorney gets involved at some point with fines. Hiller said an investigation
103 involves travel time and waiting around to catch someone smoking. Scholze inquired if Pryde
104 would explore the public charity option. Busey pointed out that soliciting and collecting
105 donations would create an additional workload for an employee. The concept of a government
106 agency soliciting donations for a grant would probably not be met with a positive response from
107 the public. James wanted the non-mandated services like the Tobacco Free Communities Grant
108 and dental services to be prioritized according to what program gets the best bang for the buck.
109

110 Segal asked how CUPHD would the screen the complaint calls if the BOH decided to not
111 continue its grant. Pryde did not know and hypothesized that CUPHD would still take the
112 complaints, but the BOH would have to contract with someone else to perform all the follow-up
113 work. Segal asked who requires the BOH to respond to complaints. Heller explained that
114 Smoke Free Illinois names health departments as the enforcement agency. Segal inquired if the
115 BOH would be arrested if they did not perform enforcement activities regardless of the
116 legislation. Hiller did not know what sanctions could be applied to a health department for lack
117 of enforcement. Pryde would have to acquire legal advice regarding the requirements of Smoke
118 Free Illinois. Scholze noted the signs at Parkland College direct people to report smoking
119 violations to campus police. The Board continued to discuss the grant and the state mandates.
120

121 Peterson inquired if the Tobacco Free Communities Grant would be the only grant the
122 BOH would examine in this manner. Pryde answered yes and remarked that the State of Illinois
123 is throwing in new requirements for grants. Scholze asked about the new 10% match required
124 for the Emergency Preparedness Grant. Wallace said that grant was factored into the budget and
125 she projects to receive the majority of the match by billing Medicaid/Medicare or with fees for
126 clinic activities.
127

128 **FY2011 Budget**

129
130 Wallace distributed a revised budget with reduced food program expenses and the
131 addition of the Tobacco Free Communities Grant match expenditure from the BOH's property
132 tax revenue. The expenses for the I-Plan and required grant matches are included in the budget
133 with the assumption that the BOH accepts all the grants.
134

135 James asked why the operation supplies and travel expenditures increased over \$3,000.
136 Wallace replied it was mostly related to purchasing Tobacco Free Communities Grant program
137 supplies, such as nicotine patches. The increased travel expenditures in the amount of \$774 were
138 also due to the Tobacco Free Communities Grant. James noted the other increased expenses
139 were small in the scheme of things and asked why Wallace listed a \$5,000 increase in the
140 property taxes revenue. Wallace stated that change was also caused by the Tobacco Free
141 Communities Grant. James pointed out the total CUPHD expenses decreased by about \$6,400
142 with all the changes and Wallace confirmed that figure was correct.

143 Busey reviewed the BOH's total budget with her projections for FY2011. The cost of
144 administrative support for BOH meetings provided through the Champaign County
145 Administrative Services Department remains the same as the previous year. Busey was not
146 provided with Wallace's revised budget figures for CUPHD before the meeting, so her
147 projections are slightly off. The FY2011 BOH projected budget includes funding the Smile
148 Healthy program at the full requested amount of \$111,000. The total FY2011 projected expenses
149 are \$822,330 and the total revenue is \$768,659. This would result in a deficit of almost \$60,000.
150 The beginning FY2011 fund balance would be \$182,737, down from a beginning FY2010 fund
151 balance of \$258,624. The ending fund balance is projected at \$129,066.

152
153 Noting the significant decrease in the fund balance, Gowda raised the question of what
154 would happen in future years. Peterson stated the BOH will be out of money in FY2013 if this
155 trend continues. Corrections must be made now to prevent that outcome.

156
157 James asked when the contract with CUPHD is done. He hoped the next contract will be
158 negotiated with terms to allow the BOH to dictate how much money it will allocate for a
159 particular program and require the programs to live within those allocations. He felt the BOH
160 needs room to negotiate on services and wants verbiage in next contract to allow leeway. He
161 hopes they look at what is best for the people being served. Busey stated the current contract
162 would expire at the end of FY2013.

163
164 Busey provided a historical perspective for Board members about the child dental
165 services program funding. She had been asked to do so by Dr. Huls. In 2001, the County Board
166 decided to provide a grant to the BOH for child dental services and senior home health care.
167 Those services were paid for by the BOH with the grant received from the County Board. The
168 grant amount diminished over the course of three years and is completely gone. From that
169 perspective, property taxes and grants pay for programs provided through CUPHD, while the
170 child dental services and senior services were covered by the County Board funding that the
171 BOH is no longer receiving.

172
173 Ramirez proposed funding the CUPHD proposal with a continuation of the Tobacco Free
174 Communities Grant. In addition, she proposed funding the full Smile Healthy proposal and
175 diminishing the BOH's fund balance. She believed Smile Healthy will eventually be squeezed
176 out and it has been an exceptional public health program in serving a particular portion of the
177 population. She stated that she is a believer in prevention services and wants to give Smile
178 Healthy a full year transition to zero funding from the BOH.

179
180 Scholze summarized two different philosophies that are being proposed: one is to live
181 within the BOH budget and cut services to match revenue and the other is to provide the same
182 services as in the past and let the money run out. Ramirez said she would also support cutting
183 Smile Healthy's budget by two-thirds and alerting the County Board how this service will go
184 away due to a lack of revenue. James pointed out the BOH has said at past meetings that a
185 program will not be always be funded. Smile Healthy staff has been in attendance at these
186 meetings and has been aware of the BOH's budget challenges for some time. There are many
187 other agencies in existence who can provide funding to Smile Healthy. He stated the BOH's
188 fund balance is needed to cover unanticipated or emergency expenses. He never liked the idea of
189 a program continuing on forever and noted many agencies, including Champaign County

190 government, have had cut their budgets and downsize. He hears about other programs the State
191 sponsors, such as All Kids, who provide the same services. James claimed if these services are
192 paid by the BOH, then State will never get off the dime. He does not want to see the fund
193 balance shrink. Peterson felt Smile Healthy was a good program, but the BOH is using general
194 operating dollars to pay for child dental services that are covered by Medicaid. County tax
195 dollars should not be used to pay for services covered by Medicaid and Smile Healthy is not
196 capturing significant Medicaid dollars. The Board discussed the timeliness of Medicaid
197 reimbursement. Pryde confirmed Medicaid is paying the CUPHD Dental Clinic every 30 days.
198

199 Peterson urged the other Board members to weigh in on the request for funding the
200 Tobacco Free Communities Grant match and the Smile Healthy request unless CUPHD could be
201 induced to make programmatic changes to lower their budget. He suggested the BOH adopt a
202 balanced budget and give Smile Healthy what it can without spending its fund balance. He was
203 concerned with the fund balance, which he has seen diminish significantly during his time on the
204 Board. He reminded the BOH there could be unexpected expenses during the year, such as TB
205 cases.
206

207 Scholze asked Pryde if there was any way to reduce expenses. Pryde stated a vast
208 majority of the CUPHD expenses are in personnel and those costs just go up. She suggested the
209 BOH could buy a car for staff use and this would impact the mileage expense. James inquired
210 about scaling back work and services to match the BOH's revenue. He concurred the BOH
211 needs to maintain an adequate fund reserve and felt there was no way the county taxpayers
212 would agree to give a taxing body more money. Busey explained the BOH's total projected
213 FY2011 revenue is \$768,659 and CUPHD contract costs about \$705,000. This leaves \$53,671
214 for the BOH to spend at its discretion. The Board could fund Smile Healthy at \$53,671 and have
215 a balanced budget. Pryde confirmed the additional Tobacco Free Communities Grant match was
216 included in the CUPHD budget request. Discussion continued over the FY2011 budget. In
217 response to Segal's question about interest income, Busey verified the BOH does earn interest
218 and the funds are managed by the County Treasurer. The Treasurer is aggressive in his
219 management, but interest rates are at a low of about 0.05%. The Treasurer does not charge a fee
220 for providing this service.
221

222 **MOTION** by Peterson accept the CUPHD budget request as presented and fund Smile
223 Healthy with the remaining revenue in FY2011 for a balanced budget to be considered for final
224 approval at the August 24th meeting; seconded by Segal.
225

226 James asked if the BOH was going to maintain the Tobacco Free Communities Grant and
227 would not even consider other dental program proposal from CUPHD presented at the July study
228 session. Peterson said CUPHD's presentation on dental services was not an actual proposal.
229 CUPHD was just showing the BOH's the structure of its dental clinic to maximize Medicaid
230 dollars. Ramirez argued for funding Smile Healthy at \$111,000 in FY2011 and giving the
231 program every extra dollar the BOH has the next year. James pointed out the BOH completely
232 cut the senior services program funded through the Regional Planning Commission without any
233 transition period. While senior services are close to his heart, he voted to cut the program
234 because the BOH could not afford to continue it. He felt Smile Healthy has been aware of the
235 BOH's difficult financial position for some time. Segal agreed with the concept of preventative
236 services, but the BOH has to cut dental services because it does not have the money. She

237 expressed concern about the low fund balance should an emergency occur. Discussion continued
238 over the budget related to Smile Healthy.

239
240 Ramirez asked to hear from Greenwalt about how the budget cut would impact Smile
241 Healthy's program. Greenwalt said she could fully fund their mobile program with about
242 \$30,000. The remaining \$22,000-\$24,000 would be used for education and to provide services
243 through staff doctors at the Christian Health Center and other sites. She doubted they could
244 afford to send any children to private practice dentists with that amount. She wanted the mobile
245 unit to go to all the grade schools. The program visits about 17 schools in the county.

246
247 Busey suggested the food permits revenue budgeted by CUPHD might be a little low.
248 Over \$88,000 in this revenue was received in July. James thought several restaurants have
249 closed. Wallace said the permits revenue is listed in several different budget lines across her
250 spreadsheet. Busey confirmed she would prepare a final budget document for the Board's
251 approval next week based on Wallace's revised figures.

252
253 **MOTION** by Segal to amend the motion to exclude Tobacco Free Communities Grant
254 from the FY2011 BOH budget; seconded by Anderson.

255
256 The Board discussed the proposed budget and the impact of the Tobacco Free
257 Communities Grant match requirement. **Segal withdrew her motion and Anderson agreed.**

258
259 **Motion carried to accept the proposed budget for final approval at the next meeting**
260 **with a vote of 6 to 1.** Anderson, Gowda, James, Peterson, Scholze, and Segal voted in favor of
261 the motion. Ramirez voted against the motion.

262
263 James commented that he likes how the budget is discussed at full Board meetings and
264 not just by a committee. Scholze appreciated everyone's thoughtful questions during this
265 challenging budget process.

266
267 **Other Business**

268
269 There was no other business.

270
271 **Adjournment**

272
273 The meeting was adjourned at 7:33 p.m.

274
275 Respectfully submitted,

276
277 Kat Bork
278 Board of Health Administrative Assistant

279
280 *Secy's note: The minutes reflect the order of the agenda and may not necessarily reflect the order of business conducted at the meeting.*

1 **CHAMPAIGN COUNTY BOARD OF HEALTH**

2
3 **Monthly Meeting**
4 **Tuesday, August 24, 2010**

5
6 **Call to Order**

7
8 The Board of Health (BOH) held its monthly meeting on August 24, 2010 in the Lyle
9 Shields Meeting Room at the Brookens Administrative Center, 1776 East Washington, Urbana.
10 The meeting was called to order at 6:00 p.m. by Board President Bobbi Scholze.

11
12 **Roll Call**

13
14 Board members present at the time of roll call were Mark Huls, Stan James, John
15 Peterson, Cheryl Ramirez, Bobbi Scholze, Betty Segal, and David Thies. The staff member
16 present was Kat Bork (Board of Health Administrative Assistant).

17
18 The absent Board members were Brenda Anderson and Prashanth Gowda.

19
20 Also present were Deb Busey (County Administrator), Lynn Canfield (Associate
21 Director of Developmental Disabilities), Deb Fruitt (CUPHD Wellness & Health Promotion
22 Director), Nancy Greenwalt (Smile Healthy Executive Director), Julie Pryde (CUPHD
23 Administrator), Jim Roberts (CUPHD Environmental Health Director), and Andrea Wallace
24 (CUPHD Finance Director).

25
26 **Approval of Agenda/Addendum**

27
28 **MOTION** by James to approve the agenda; seconded by Huls. **Motion carried with**
29 **unanimous support.**

30
31 **Approval of Minutes**

32
33 **MOTION** by James to approve the July 27, 2010 minutes for the joint study session with
34 CUPHD Board; seconded by Ramirez. **Motion carried with unanimous support.**

35
36 **Public Participation on Agenda Items Only**

37
38 There was no public participation over the agenda items.

39
40 **Correspondence and Communications**

41
42 Scholze presented the NALBOH election ballot with a single candidate for President.

43
44 **MOTION** by Peterson to authorize Scholze to vote for the NALBOH presidential
45 candidate; seconded by James. **Motion carried with unanimous support.**

47 Scholze announced that Huls had informed her that he would resign from the BOH. Huls
48 explained this decision came after a lot of deliberation concerning his dental, familial, and
49 military responsibilities. He wished the BOH the very best. Scholze thanked Huls for his
50 service on the Board and encouraged the other members to suggest candidates to fill the vacancy.
51 Huls said his resignation would be effective once someone is ready to complete the remainder of
52 his term. Busey stated it would likely take until the October County Board meeting to find
53 someone to fill the appointment. Huls agreed his resignation would be effective October 30,
54 2010.

55
56 **Smile Healthy**

57
58 Greenwalt distributed her report to the Board. Huls was sorry that he was not at the last
59 meeting when Smile Healthy's funding was reduced, though he understood the reasons for the
60 decision. He considers that funding to be very little money to treat acute illnesses that can be
61 easily resolved.

62
63 **MOTION** by James to receive and place on file the Smile Healthy monthly report for
64 July 2010; seconded by Segal. **Motion carried with unanimous support.**

65
66 **CUPHD**

67 **Approval of CUPHD Invoice – July 2010**

68
69 Peterson asked Wallace about the empty lines on the invoice. Wallace stated the grant
70 billing was not done because an employee was out sick. Peterson asked for the delayed July
71 expenses to be separated from the August expenses on the next invoice.

72
73 **MOTION** by Peterson to approve payment of the CUPHD July 2010 invoice; seconded
74 by James. **Motion carried with unanimous support.**

75
76 **Administrator's Report – August 2010**

77
78 Pryde offered to answer any questions about the report. Scholze asked about the advance
79 practice center connector site. Pryde explained the advanced practices centers are agencies or
80 universities throughout the country working on public health practice research issues. CUPHD
81 asked to be connector site for Toledo, Ohio. In exchange, CUPHD will receive about \$45,000
82 and some training. This site is related to emergency preparedness.

83
84 **CUPHD Monthly Division Reports – July 2010**

85
86 The monthly division reports for Administrative Training, Environmental Health, Human
87 Resources, and Infectious Disease were posted on CUPHD's website at [http://www.c-](http://www.cuphd.org/monthly-reports.html)
88 [uphd.org/monthly-reports.html](http://www.cuphd.org/monthly-reports.html).

89
90 **MOTION** by James to receive and place on file the Administrator's report and division
91 monthly reports; seconded by Huls. **Motion carried with unanimous support.**

92 **FY2011 Budget**

93
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Busey distributed a revised budget spreadsheet comparing the BOH budgets since FY2005 and the percentage change each year. Wallace confirmed the CUPHD FY2011 budget request has not changed since the last meeting. Per the BOH's direction at the previous meeting, Busey prepared a balanced budget for FY2011. The CUPHD budget request is fully funded and Smile Healthy will receive \$55,490.

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James asked Wallace about the line in the CUPHD budget listed as Wisconsin Physicians Services. Wallace said it is Medicare/Medicaid fees paid to CUPHD. CUPHD keeps that revenue and bills the BOH for the difference not paid by Medicare/Medicaid. Regarding Smile Healthy, James said the BOH hates to cut anything, but it has struggled to stay within its budget. He did not think there would be any public support to ask for a tax increase. He views food services, sewage, and well inspections as important in one way or another. Dental is only area the BOH can cut because the others are mandated services. The BOH realizes dental services are needed and it was a tough call. Huls said he understood the BOH's dilemma. He noted the \$55,490 budget to Smile Healthy would only cover a general dental office's expenditures for two months.

111
112
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114

MOTION by James to accept the FY2011 budget as proposed and send it to the County Board; seconded by Peterson. **Motion carried with a vote of 6 to 1.** Huls, James, Peterson, Scholze, Segal, and Thies voted in favor of the motion. Ramirez voted against the motion.

115 **Other Business**

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Pryde suggested Huls could encourage private dentists to accept Medicaid patients as a way to increase the dental services offered in Champaign County. She remarked CUPHD has the only two dentists in Champaign-Urbana who will accept Medicaid. The CUPHD dental clinic billed and received about \$500,000 from Medicaid, demonstrating that Medicaid-funded dental services are sustainable. Pryde commiserated that Medicaid billing was a challenge, but dentists who provide general and specialty care need to accept Medicaid patients if the need is going to be met. Medicaid definitely pays for children's dental services. Huls concurred and noted there is a lot of talk amongst dentists behind the scenes. He knows practioners like himself who take pro bono clients. It is difficult in his orthodontic practice because orthodontists typically see patient for two to four years. Huls agree more dentists need to accept Medicaid. Overhead for a private practice is typically 50% and the Medicaid fee plan pays out at about 50% with some variation. This means the doctor's income is not always covered, unless they are part of a large hospital or community service center. Pryde described the process of how optometrists were convinced to accept some Medicaid patients. If each dentist accepted a few Medicaid patients, the situation would be greatly improved. Huls acknowledged the lack of dentists who accept Medicaid overburdens the programs like Smile Healthy and CUPHD. The high no show rate for appointments amongst Medicaid patients is a problem. Pryde stated there is money out there and she wished the private dental practices could take even 5-10% of Medicaid patients. Huls agreed with Pryde such actions would help. Greenwalt said Smile Healthy has four staff dentists and a practice near Marketplace Mall that accepts limited Medicaid.

138 Scholze asked if there was a shortage of dentists in Central Illinois or the Champaign
139 County area. Pryde said this area was not a dental or mental health shortage area. Greenwalt
140 claimed this was a dental shortage area for Medicaid. Huls confirmed the Champaign-Urbana
141 area has a lot of dentists. There are fewer dentists out in the county. Some of his colleagues
142 have availabilities in their schedules due to the slow economy. Pryde said, according to the
143 Medicaid website, this is not a dental or mental health shortage area. Getting providers to accept
144 Medicaid as payment is another issue. Scholze asked if there was a local dental association.
145 Huls confirmed there was and dental organizations are very strong nationwide, in Illinois, and at
146 the local level. The dentists discuss the Medicaid need and similar issues at the association
147 meetings. Greenwalt said Smile Healthy was a member of Bridge to Healthy Smiles (a coalition
148 led by the Illinois State Dental Society) and, accordingly to their data, Champaign County is
149 underserved for Medicaid dental care and the need is growing.

150

151 **Public Participation on Non-Agenda Items Only**

152

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

154

155 **Adjournment**

156

157 The meeting was adjourned at 6:34 p.m.

158

159 Respectfully submitted,

160

161 Kat Bork

162 Board of Health Administrative Assistant

163

164

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 August 2010, FY10

Total Number of Patients Seen From All Programs this month: **369**

Total Number of Unique Patients In BOH Fiscal Year 2010: **1834**

Total Number of Participating Providers this month: **10**

Breakdown of current month patients for all programs by town.

- Champaign: **78**
- Dewey: **1**
- Fisher: **1**
- Gifford: **3**
- Mahomet: **1**
- Philo: **2**
- Rantoul: **60**
- Savoy: **14**
- St. Joe: **1**
- Thomasboro: **1**
- Tolono: **6**
- Urbana: **34**
- Other: **167**

Mobile Clinic Events

August 2, 2010 – Monday – Savoy Head Start
August 6, 2010 - Friday – Frances Nelson Health Center
August 9, 2010 – Monday – Savoy Head Start
August 13, 2010 - Friday – Frances Nelson Health Center
August 14, 2010 - Saturday – Bethany Park Christian Church, Rantoul
August 16, 2010 – Monday – Savoy Head Start
August 19, 2010 - Thursday – Christian Health Center, Champaign
August 20, 2010 – Friday – Savoy Head Start
August 23, 2010 – Monday – Savoy Head Start
August 24, 2010 – Tuesday – Lincoln's Challenge Academy
August 25, 2010 – Wednesday – Lincoln's Challenge Academy
August 26, 2010 – Thursday – Lincoln's Challenge Academy
August 28, 2010 – Saturday – Savoy Head Start
August 30, 2010 – Monday – St. Patrick's Church

Education and Outreach

8/5/10 Social Entrepreneur Summer Program – Director participated in University of Illinois, College of Business SESP including a project with three students. August 5 was final class presentations.

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

8/30/10 Adult Dental Coalition – Director participated in collaborative effort to create a full time dental clinic at Frances Nelson Health Center.

8/31/10 U of I ENG 289, Learning In Community – Director spoke to class of **12 University of Illinois students** about general dentistry under sedation in a hospital setting

Education Coordinator was late to get her report included. I will add it to our next report.

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										1
Champaign	38	48	125	48	79	82	30	53					503
Dewey								2					2
Fisher	4			1	3	1	4						13
Foosland	1												1
Gifford	2	1				1	2						6
Homer	1	1	14	2	3	2	1	1					25
Ivesdale		1											1
Ludlow	1				1	2		4					8
Mahomet	1	12	2	5	18	17	12	8					75
Ogden	2	1				2		1					6
Penfield			2										2
Pesotum	2	2				1		1					6
Philo	3							1					4
Rantoul	53	18	57	37	75	73	56	54					423
Royal	1												1
Sadorus	2			1	1	4							8
Savoy	3	3	10	5	7	6	6	5					45
Seymour	1	1	1	2		3							8
Sidney	3	1	2	2	3	6	3						20
St. Joseph	3		7		2	54	4	3					73
Thomasboro	42				1	1	2	2					48
Tolono	5	4	12	10	11	5	5	6					58
Urbana	18	18	29	19	16	48	15	31					194
Other	1		38	102	83		23						247
Total	187	111	300	234	303	308	163	172	0	0	0	0	

Total Unique Patients in FY 187 277 557 760 1015 1264 1385 1504

Education

Contacts 6 249 1051 876 989 579 574 247 4571

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.

Invoice Number:	1009
Date of Invoice:	September 21, 2010
Billing Period:	August-10

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

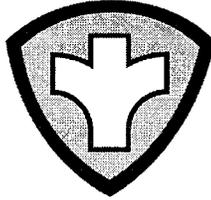
For the Following Expenses:

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 (July 2010)	\$	3,633.80
533.07 Professional Services - TFC Grant	\$	-
533.07 Professional Services - West Nile Virus Grant (July 2010)	\$	1,847.50
533.07 Professional Services - Non-Community Water - CU Surveys	\$	-
533.07 Professional Services - PHER Phase 1 & 2 Grant (July 2010)	\$	8,300.47
533.07 Professional Services - PHER Phase 3 Grant (July 2010)	\$	397.78
533.07 Professional Services - County Well Water Testing (July-August)	\$	243.04
Total Amount Due to CUPHD per Contract	\$	62,269.84

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



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

Monthly Division Reports for *Infectious Disease, Environmental Health, Wellness and Health Promotion, and Maternal and Child Health* are available on our website at: <http://www.c-uphd.org/division-reports.html>

CUPHD Update:

CUPHD applied to Health Alliance to allow us to bill for services (typically STD and immunizations). Health Alliance denied the request. This is of concern as we are seeing an increase in the number of persons with insurance seeking our STD Clinic services. Many report being referred here from Carle Clinic doctors.

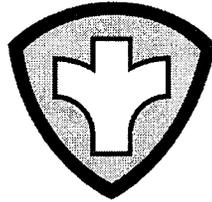
TB cases requiring Directly Observed Therapy are at an all-time high. We expect to keep seeing numbers increase.

CUPHD conducted a survey of all pest-control businesses in the county to gauge the problem of bedbugs in our community. They report a doubling of calls for actual infestations. We are expecting this problem to increase. Because bedbugs are not known to carry any diseases, CUPHD does not provide any services related them. We do, however, have information on our website to help guide people who have questions or concerns. Additionally we do field calls and internet-generated questions from the public.

The CUPHD website has been updated. There is revised information for the County Health Department, New Flu prevention fliers, and updated resources. Additional

H1N1 UPDATE:

Flu shot clinics will start on October 6th. This year's Flu Vaccination has H1N1 in it. Everyone over the age of 6 months old should get a flu shot. (See attached schedule for clinics). These clinics are intended for persons with Medicare or Medicaid, but persons can purchase the vaccine for \$35. CUPHD does not accept personal insurance, but Carle & Christie will start providing flu shot clinics in early October. They accept private insurance.



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CUPHD will be holding clinics in Tolono and Rantoul. Please consider attending one of these flu clinics. It would be a good opportunity to observe provision of services in the County.

CUPHD applied for and received \$66,000 for energy efficient improvements to the Kenyon Road facility.

CUPHD applied to be an Advance Practice Connector Site with NACCHO (National Association of County and City Health Officials). We received the \$45,000 grant and will be a connector site with Toledo, OH. This will help to improve and disseminate information about pandemic preparedness.

Medical Reserve Corps: The MRC provided over \$3,000 worth or volunteer hours to our emergency preparedness activities.

Environmental Health:

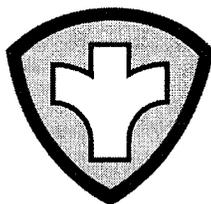
CUPHD recently investigated an outbreak of Norovirus in the County. This outbreak necessitated closing a school for one day. It reopened after The investigation is ongoing.

The WNV surveillance and abatement program in Savoy has been completed. IL is experiencing high WVN infection rates, the highest since 2002. There have been 11 human cases reported in IL, none in Champaign County. These numbers are likely greatly under-reported as testing typically only occurs if a person is hospitalized.

Jeff Blackford, from Environmental Health, recently spoke at a Village Board meeting in Philo regarding septic systems. See *News Gazette* article, attached.

CONTRACTS:

CUPHD & IDPH	Public Health Emergency Preparedness Grant (PHEP) Amendment #2	Increase of \$97,112 to \$197,101	Environmental Health	FY 2011 (7-1-10 to 6-30-11)
Champaign County Public Health & IDPH	Public Health Emergency Preparedness Grant (PHEP)	Increase of \$74,310 to \$150,558	Environmental Health	FY 2011 (7-1-10 to 6-30-11)



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	Amendment #2			
CUPHD & DCFS	Healthworks Lead Agency for Champaign, Ford, Iroquois, and Vermillion Counties	\$99,936	Maternal & Child Health	10-10-10 to 6-30-11
CUPHD & IDPH	IL Breast & Cervical Cancer Program	\$588,250	Wellness & Health Promotion	7-1-10 to 6-3-11

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>

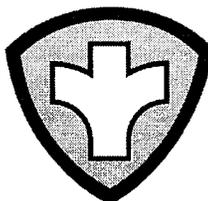
Social Marketing: Become a fan of "Champaign County Prepares" on *Facebook*.

Contact Information:

Julie A. Pryde, MSW, LSW, CPHA * Public Health Administrator

Champaign-Urbana Public Health District, 201 W. Kenyon Rd, Champaign, IL 61820

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



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COMMUNITY IMMUNITY

Do Your Part!

Flu shots this year protect against H1N1 and Seasonal Flu in the same shot!

Everyone over 6 months old should get a flu shot.

Women who are pregnant are at special risk for complications from flu.

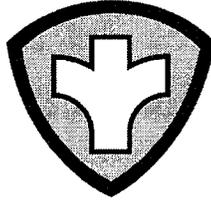
You can prevent Flu by:

- Staying home when you are sick
- Covering your coughs and sneezes with your sleeve
- Washing hands frequently
- Not touching your eyes, nose or mouth

CUPHD Flu Clinics

<p>Wednesday, October 6th Adult Flu Shot Clinics (18 years and older) 9:00 AM to 1:00 PM</p> <p>Telona West Fire Department (Drive-Thru) 102 W. Linden Telona</p> <p>Rantoul Recreation Department 100 E. Fleener Rantoul</p> <p>Hayes Center 1911 W. Church St. Champaign</p> <p>Phillips Recreation Center 505 W. Staughton St. Urbana</p>	<p>Thursday, October 7th Adult Walk-In Clinic (18 years and older) 10:00 AM to 7:00 PM</p> <p>C-U Public Health District 201 W. Kanyon Rd. Champaign</p> <hr/> <p>Persons with limited mobility can call 217-255-0887 and a nurse will come to your car to provide your flu shot.</p> <hr/> <p>CUPHD accepts Medicare, Medicaid, Visa, MC, debit cards, checks or cash. Private health insurance is not accepted.</p> <hr/> <p>Become a FAN of "Champaign County Prepared" on Facebook</p>
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www.c-uphd.org 217-352-7881



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West Nile Virus Still a Threat

High infection rates in mosquitoes not seen since 2002

SPRINGFIELD – Although we are starting to see cooler temperatures as we head into fall, the Illinois Department of Public Health (IDPH) is receiving reports of very high West Nile virus infection rates in mosquitoes. The infection rate in some areas of northeastern Illinois is currently comparable to 2002 infection rates, when Illinois lead the country in human cases of West Nile virus and deaths.

To date, IDPH is reporting 11 human cases of West Nile virus in Illinois, but fortunately, no deaths.

“People need to continue to wear insect repellent when going outside during the evening. The high infection rate of mosquitoes means there is an increased risk for people to contract the disease,” said Illinois Department of Public Health Director Dr. Damon T. Arnold. “We typically see the end of West Nile virus after the first couple hard frosts. Until then, people should continue to protect themselves against mosquito bites.”

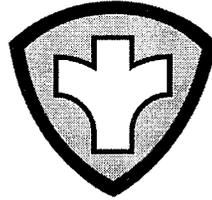
So far this year, 28 counties have reported mosquito batches, birds or people testing positive for West Nile virus. The first West Nile virus positive results this year were reported on May 13 and included two birds, one from Carroll County and the other from St. Clair County. The first human case of West Nile virus in Illinois in 2010 was reported August 31 in DuPage County.

In 2009, IDPH reported the first positive mosquito samples on June 1 in Cook County. The Department reported the first human case of West Nile virus in 2009 on August 31. Last year, 36 of the state’s 102 counties reported having a West Nile positive bird, mosquito sample, horse or human case. Five human cases of West Nile disease were reported for 2009.

West Nile virus is transmitted through the bite of a mosquito that has picked up the virus by feeding on an infected bird. Most people with the virus have no clinical symptoms of illness, but some may become ill three to 15 days after the bite of an infected mosquito. The first human case in Illinois is not usually reported until July or later.

Only about two people in 10 who are bitten by an infected mosquito will experience any illness. Illness from West Nile is usually mild and includes fever, headache and body aches, but serious illness, such as encephalitis and meningitis, and death are possible.

Persons older than 50 years of age have the highest risk of severe disease.



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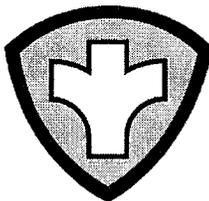
Champaign-Urbana Public Health District

The best way to prevent West Nile disease or any other mosquito-borne illness is to reduce the number of mosquitoes around your home and to take personal precautions to avoid mosquito bites. Precautions include:

- Avoid being outdoors when mosquitoes are most active, especially between dusk and dawn.
- When outdoors, wear shoes and socks, long pants and a long-sleeved shirt, and apply insect repellent that contains DEET, picaridin, oil of lemon eucalyptus or IR 3535, according to label instructions. Consult a physician before using repellents on infants.
- Make sure doors and windows have tight-fitting screens. Repair or replace screens that have tears or other openings. Try to keep doors and windows shut, especially at night.
- Eliminate all sources of standing water that can support mosquito breeding, including water in bird baths, ponds, flowerpots, wading pools, old tires and any other receptacles. In communities where there are organized mosquito control programs, contact your municipal government to report areas of stagnant water in roadside ditches, flooded yards and similar locations that may produce mosquitoes.

Public health officials believe that a hot summer increases mosquito activity and the risk of disease from West Nile virus.

Additional information about West Nile virus can be found on the Illinois Department of Public Health's Web site at www.idph.state.il.us/envhealth/wnv.htm.



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Champaign-Urbana Public Health District

Philo board contemplates railroad property

Fri, 09/10/2010 - 7:00am | **Christine Walsh**

PHILO – The Norfolk Southern railroad is willing to sell a piece of property in Philo, but it's not clear now whether there will be a buyer.

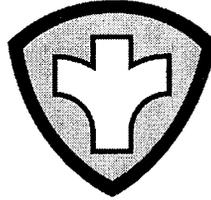
Village officials contacted the railroad in July to see if it would be willing to sell a strip of land behind buildings on the north side of the 100 block of West Washington Street. The 15 affected downtown properties run from the post office to the Philo Exchange Bank and include an apartment that has had a failing septic system and the site of a proposed sports bar that has been unable to open due to its lack of an approved septic system.

On Aug. 9, Norfolk Southern property agent Kristi Blair sent the village a letter addressing terms of a potential sale of the 15,400 square feet of land at a cost of \$7,700.

The village board had discussed buying the property to address septic issues for the buildings that abut the strip of land.

However, Champaign-Urbana Public Health District Environmental Health Coordinator Jeff Blackford told trustees Wednesday night that there likely would not be enough room on the land to accommodate septic for all of the properties. Village Engineer David Phillippe added that with the anticipated amount of flow from all of the buildings, a permit from the Illinois Environmental Protection Agency would be required.

Village President Craig Eckert said the village board had not realized when it first considered buying the land that it would also incur engineering costs, the costs of installing a new septic line and the cost of an operator to sample and inspect the system.



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Champaign-Urbana Public Health District

Report says smoking costs Illinois \$12.7 billion a year

Wed. 09/15/2010 - 8:00am | [Debra Pressey](#)

CHAMPAIGN – Smoking, which has been banned in indoor work places and other public buildings in Illinois since 2008, remains a drag on the state's economy, according to new research released Tuesday afternoon by the American Lung Association.

On an annual basis, smoking is costing the state \$12.7 billion in direct health care expenses, lost work productivity and premature deaths, the association said.

On a per-pack basis, the organization says, each pack of cigarettes (which the study says costs, on average, about \$6 in Illinois) is burdening the state's economy by nearly \$22.

Using new research from Penn State University, the lung association called on states to invest in tobacco cessation treatments. Each dollar invested in helping smokers quit in Illinois would provide a return of \$1.29, researchers found.

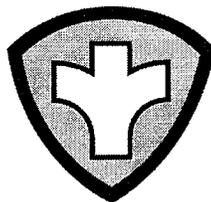
Smoking is the top preventable cause of illness and death in the U.S., claiming the lives of about 393,000 Americans a year.

Nationally, researchers found smoking is costing more than \$301 billion in direct medical expenses, lost productivity and premature deaths. Of that total, \$116 billion is for medical expenses, \$117 billion is for premature deaths and \$67.5 billion is for lost productivity.

"This study spells out in dollars and cents the great potential economic benefits to states of helping smokers quit," said American Lung Association President and CEO Charles Connor. "We urge the District of Columbia and all states to offer full coverage of clinically proven cessation treatments for smokers, which will not only save lives but also money."

Surveys show 70 percent of tobacco users want to quit, but often require several attempts to be successful, according to the lung association. Using evidence-based treatments increases the chances of success, but many smokers either don't know about them or can't access them.

For example, the association said, some of the highest smoking rates are among people who are receiving assistance from Medicaid, the government's health program for the needy. But only six states – Indiana, Massachusetts, Minnesota, Nevada, Oregon and Pennsylvania currently provide the comprehensive coverage for smoking cessation recommended by the U.S. Public health Service. That includes coverage for all seven medications and three types of counseling.



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Only seven states – Colorado, Maryland, New Jersey, New Mexico, North Dakota, Oregon and Rhode Island – require private insurance plans and employers to offer comprehensive smoking cessation coverage, the organization said.

This year, Illinois provided \$2 million to the American Lung Association's Quit Line, which offers counseling and education for smokers seeking help quitting and referrals to smoking cessation programs in their area, according to Illinois Department of Public Health spokeswoman Melaney Arnold.

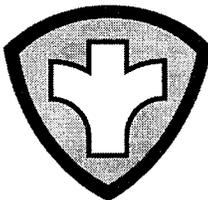
Illinois also provided \$5 million to local public health programs for tobacco prevention and control programs and will be awarding grants soon from \$1 million in federal stimulus money to help hard-to-reach populations quit smoking, she said.

In Champaign County, smokers can access the smoking cessation program offered by the Champaign-Urbana Public Health District. The program costs \$20 and includes nicotine patches, education and counseling. People who complete most of the sessions get a \$10 refund.

Champaign-Urbana Public Health District Administrator Julie Pryde said the American Lung Association study "is just quantifying what we all know, that public health programming is really cheap to implement and it saves a lot of money."

To put it another way, Pryde said, the best way to fix the health care system is to keep more people out of it by keeping them well.

To access a smoking cessation program in Illinois, start out with the Quit Line, Pryde said. Call 1-866-QUIT-YES or go to the website at <http://www.quityes.org>.



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Champaign-Urbana Public Health District

201 West Kenyon Road
Champaign, IL 61820

There is a Difference...

PUBLIC HEALTH

Refers to population-based interventions to promote and safeguard the health of the community. These are the services provided by Champaign-Urbana Public Health District (CUPHD): safe food and water, healthier mothers and babies, child and adult immunizations, control of communicable and infectious diseases, emergency preparedness, and wellness and health promotion campaigns.

PUBLIC HEALTH services that help to keep the population healthy and safe. Some services are provided by CUPHD, but many others are provided by agencies such as the FDA, the EPA, park districts, city and county governments, public works, hospitals and clinics, police, fire, schools, and many others.

Some public health services are nearly invisible to the public, like ensuring clean food and water. Other public health services are similar to public medicine, such as our STD Clinics, and our child dental program. It is important to remember that CUPHD does not provide physicals, doctor's visits, or sick care. These services are provided by the many public, private, and free clinics in our community.

See www.cuphd.org for a list of current programs and services offered by CUPHD.

PUBLIC MEDICINE

Refers to publicly-funded primary medical care for individuals who are medically under-served—especially low-income residents who lack insurance coverage. In our community these services are primarily provided by Frances Nelson Health Center (FNHC), our local federally-qualified health centers (FQHC). Services include primary medical services, prenatal program, immunizations, health education, and social services to medically under-served and uninsured adults and children.

Planned Parenthood is a provider of reproductive health care that helps women and families stay healthy. They offer life saving cancer screenings, breast health care, well-woman exams, contraceptive services, and STD prevention and treatment.

Champaign County also has two free clinics: Avicenna and Champaign County Christian Health Center.

For more information on Public Medicine, go to www.c-uphd.org/index.html





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

September 10, 2010

Julie A. Pryde
Public Health Administrator
Champaign-Urbana Public Health Department
201 West Kenyon Road
Champaign, IL 61820

RE: PHEP Amendment #2 - 07181010

Dear Grantee:

Enclosed are four (4) copies of the above referenced PHEP Amendment #2 grant agreement with the Illinois Department of Public Health. This amendment increases your current grant award amount and changes some of the deliverables. Please complete and sign page six (6) of the amendment agreement and review and sign all Standard Certifications pages starting on page seven (7) through page fourteen (14).

If you have questions about the enclosed grant amendment, please contact Mark Vassmer, at 217-558-3525 or mark.vassmer@illinois.gov. **All four (4) copies of the amendment must be signed and returned by Monday, September 27, 2010 to:**

Illinois Department of Public Health
Office of Preparedness and Response
422 South 5th Street, 1st Floor
Springfield, Illinois 62701
Attention: Mark Edmiston

Upon completion, you will be sent a fully executed copy. I look forward to collaborating with you on this project.

Sincerely,

A handwritten signature in black ink that reads "Mark R. Edmiston". The signature is written in a cursive style with a large, prominent "M" and "E".

Mark R. Edmiston, CPA
Chief, Div of Grants & Fiscal Management
Office of Preparedness and Response

Improving public health, one community at a time

printed on recycled paper

PHEP AMENDMENT #2

The undersigned AGENCY and VENDOR (the PARTIES) agree that the following shall amend the CONTRACT referenced herein. All terms and conditions set forth in the original contract, not amended herein, shall remain in full force and effect as written. In the event of conflict, the terms of this AMENDMENT shall prevail.

1. CONTRACT DESCRIPTION (including Original Purchase Order or Contract Number):

Vendor Champaign-Urbana Public Health Department

Grant #: 07181010

Summary: The PHEP grant requires the local health departments to perform and report on certain annual and ongoing activities that are intended to maintain and augment its ability to respond to a public health emergency. The deliverables include a standardized assessment of Strategic National Stockpile (SNS) capabilities, National Incident Management System (NIMS) and U.S. Department Homeland Security Exercise and Evaluation Program (HSEEP) training, volunteer management, emergency contact and emergency planning updating, staff alert drills, and exercising capabilities used for SNS drop site, dispensing, or other public health emergency response activities.

2. DESCRIPTION OF AMENDMENT (Check all that apply, complete blanks and explain as necessary):

a. the completion date will be extended, shortened or remain the same.

Original completion date: _____ Revised completion date: _____

b. the method of determining compensation (e.g., hourly rate, fixed fee, etc.) will stay the same or change as follows:

c. the cost will be increased, decreased or remain the same.

<u>\$99,989</u>	<u>\$97,112</u>	<u>\$197,101</u>
Original Grant Amount	Amended Amount	Revised Amount

d. the supplies or services to be provided will stay the same or be changed as follows:

Section 1.1.1 will be revised as follows:

"A1 -LTAR - The Grantee will participate at least once by July 31 during each year of this grant in the Strategic National Stockpile (SNS) Assessment conducted and scored by IDPH Department staff. The current version of the SNS Local Technical Assistance Tool (LTAR) attached to this grant provided by the Department is to be used for the assessment."

Section 1.1.2 will be revised as follows:

"A2 - NIMS Compliance - Grantee exercises and emergency response must be National Incident Management System (NIMS) compliant. The Grantee will determine at least once by July 31 during each year of this grant public health emergency preparedness training needs based on local emergency management agency and the current IDPH Department guidance. The current guidance is dated May 13, 2008 called "FY08 Update on January 29, 2007 National Incident Management System (NIMS) Training Requirements for Local Health Department Employees, including Incident Command System (ICS) Courses 300 and 400." The Grantee will assure that at least one staff person, with significant duties in planning, executing and evaluating exercises, has completed Homeland Security Exercise Evaluation Training (HSEEP). The Grantee will document completion of all staff trainings in the IDPH training record system, or a similar system; and report in the final quarterly progress reports to IDPH for each ICS and HSEEP course, the number of current staff identified as needing training, and the number of current staff that have actually been trained."

Section 1.1.3 will be revised as follows:

"A3 - Volunteer Management - The Grantee will recruit, develop, and train a volunteer workforce to support a mass prophylaxis response if their in-house staff is insufficient to mass dispense medication to their Grantee jurisdiction's entire population within 48 hours. This determination will be made by the Department based on the baseline data provided by local health departments the Grantee in their most recent annual LTAR assessment. The Grantee will describe in its mid-year and final each quarterly progress reports to IDPH the Department what activities they have completed to create this emergency workforce; and report the number of volunteers registered for this purpose. Local Health Departments must use the IDPH-provided web-based credentialing system, currently CredSmart EGS by

CredentialSmart, to verify the credentials of their volunteers in advance of and during an emergency. Guidance for developing a Medical Reserve Corps unit can be found at the National website at www.medicalreservecorps.gov and also on the IDPH Webportal. The Grantee will direct current and future volunteers affiliated with the Grantee to register using the Department-provided web-based health and medical volunteer registration and credentialing system. The Grantee will assure that at least one staff person has attended Department-provided training on the use of this registration and credentialing system. The Grantee will use the Department-provided system to verify the credentials of their registered volunteers if licensing, certification, or registration is required by law or rule for the volunteer's role."

Section 1.1.4 will be deleted and replaced as follows:

"A4— EOP & Contact Update – The Grantee will notify IDPH immediately upon any changes in 24/7 contact information. The grantee will review Primary, Secondary, and Tertiary 24/7 after-hours emergency contact information on a quarterly basis and provide updates to IDPH for maintenance of its emergency contact database; respond to CDC or IDPH-initiated notification/ communication drills; and update local emergency plans to address gaps, NIMS-compliance, and to coordinate with other local emergency plans.

A4—Emergency Contact Update, Drills, and Planning - The Grantee will provide up-to-date Primary, Secondary, and Tertiary 24/7 after-hours emergency contact information to Department ERCs on a quarterly basis. The Grantee will assure that at least one staff person has received Department-provided training to use the *State of Illinois Rapid Electronic Notification System (SIREN)* to receive and acknowledge critical and emergency alerts and messages from the Department. The Grantee will assure its primary, secondary, tertiary, and other key Grantee staff emergency contact information in SIREN is kept up-to-date. The Grantee will respond to CDC or Department-initiated notification/ communication drills, such as through SIREN. The Grantee will use the AAR/IPs from drills, events, or exercises, and other capability assessments, to update their emergency plans in coordination with local and state agencies. To aid this coordinated planning, the Grantee will participate in local, regional, and state emergency preparedness planning groups, meetings, and conferences as appropriate. In its quarterly progress reports, the Grantee will state which CDC or Department-initiated drills in which it participated; and what information it used and actions it took to conduct a coordinated update of its emergency response plans."

Section 1.1.5 will be deleted and replaced as follows:

"A5— Staff Alert – The Grantee will conduct at least one internal staff alert notification drill. The drill will be conducted using the *Rand Health Working Paper: Operational Assessments for SNS Readiness* guidelines for a Call-Down Drill guidance. The Grantee will complete and email the CDC Data Collection Spreadsheet to IDPH. An after-action report/improvement plan (AAR/IP) is not required for this drill.

A5 – Staff Alert - The Grantee will conduct at least three internal staff alert notification drills. At least one drill is to be done the first year of the grant. At least two drills shall be done the second year of the grant, one of them should be outside of normal business hours. The drills will be conducted using the data collection form and guidance found in the Department-supplied *RAND Health Working Paper: Operational Assessments for SNS Readiness*. The Grantee will complete and email the "RAND" data collection form to the Department within 60 days after completion of each of these drills."

Section 1.1.6 will be deleted and replaced as follows:

"A6—Dispensing Exercises – The Grantee will conduct at least one exercise to measure throughput of SNS Dispensing Operations. Per A7 below, at least once every three years, this will be a full scale mass dispensing exercise done in conjunction with the State. During the other two years, this throughput measurement may be obtained through a functional exercise, operational drill, or utilizing one of the IDPH-approved throughput models listed in the *Rand Health Working Paper: Operational Assessments for SNS Readiness*, Appendix E, p.59. The Grantee will complete and email to IDPH the data collection forms for POD drills in the *Rand Health Working Paper: Operational Assessments for SNS Readiness* guidance. In the year the Grantee conducts its full-scale exercise in accordance with State SNS exercise, an HSEEP-compliant AAR/IP must be completed and submitted by email to the Department not later than **August 31, 2010**. In alternate years, when exercises or throughput models are conducted to measure throughput, the Grantee shall maintain the written AAR/IP and/or modeling spreadsheet on file for inspection by the Department.

A6 – Dispensing Exercises - The Grantee will at least once, by July 31 during each year of this grant, measure or estimate its throughput of Strategic National Stockpile (SNS) Dispensing Operations. This throughput measurement shall be obtained through an appropriate emergency event response, full-scale exercise, functional exercise, operational drill, or Department-approved game or throughput model, but once every three years, it must be obtained through a full-scale or functional exercise, or emergency event response. The Grantee will complete and email to the Department the appropriate Department-supplied "RAND" data collection form and an HSEEP-compliant AAR/IP no later than August 31 each year of this grant, and report its mass dispensing throughput measurement on its quarterly progress reports. The Department may cancel or reasonably alter this exercise requirement due to unforeseen events without penalty to the Grantee or liability to the Department."

Section 1.1.7 will be deleted and replaced as follows:

"A7— Drop Site Exercise – In the year that the State conducts its full-scale SNS Distribution exercise (per A6 above) in the Grantee's SNS Region (Central FY 2009, Northern FY 2010, and Southern FY 2011), the Grantee will participate by exercising its ability to receive SNS materials from the State at its designated drop site. Additional guidance on this exercise schedule is contained in the April 14, 2008 IDPH memo, *HSEEP and PHEP Grant Exercise Guidance*, which has an SNS Regional Map. The SNS Regional Map is also attached to this grant and found on the IDPH Web Portal. The Grantee will complete and email to IDPH the appropriate data collection forms in the *Rand Health Working Paper: Operational Assessments for SNS Readiness*. An AAR/IP must be written and on file for inspection by the Department.

A7 – State Level or Drop Site Exercise –in the years that the State conducts a full-scale or functional exercise in the Grantee's current IDPH State Level Exercise Map Region (Current schedule: Southern FY 2011, Central FY 2012, Northern FY 2013), the Grantee shall follow Department guidance in how it participates in exercise planning meetings; exercise its capabilities and functions to request, receive, process, and, if applicable, distribute SNS countermeasures, or other items; as well as testing other capabilities as determined by the Department. In advance of this State exercise, the Department will send to the Grantee written confirmation of the exercise's occurrence; the Grantee's participation, the date(s); and provide further guidance on the Grantee's participation and capabilities to be tested. The Department may cancel or reasonably alter this exercise requirement due to unforeseen events without penalty to the Grantee or liability to the Department. The Grantee will complete and email to the Department the appropriate Department-provided "RAND" data collection forms and an HSEEP-compliant AAR/IP to the Department no later than August 31 within the year the Grantee participates."

Section 1.2.1 will be deleted and replaced as follows:

"Provide technical expertise and consultation by the Office of Preparedness and Response and other designated staff within the Department with responsibilities for implementation of the bioterrorism preparedness and response activities.

Conduct on-site visits to the Grantee and provide grant oversight, technical expertise and consultation."

Section 1.2.3 and Section 1.2.4 will both be deleted and replaced as follows:

~~"1.2.3 It is the intent of the Department to proportionally tie future funding to the Grantee's successful completing of this year's grant's deliverables with an emphasis on achieving the minimum Strategic National Stockpile (SNS) Assessment score of 60. The Department intends to determine the level of Grantee deliverable completion and funding, for example, all of them 2010 Grant Deliverables will result in 100% of the funding normally available. Compliance with only 6 deliverables will result in 85.7% of the funding normally available. Compliance with only 5 deliverables will result in 71.4% of the funding normally available. Compliance with only 4 deliverables will result in 57.1% of the funding normally available. Compliance with only 3 deliverables will result in 42.9% of the funding normally available. Compliance with only 2 deliverables will result in 28.6% of the funding normally available. Compliance with only 1 deliverable will result in 14.3% of the funding normally available.~~

~~1.2.4 In addition, if the Grantee's next SNS Assessment score is below 60, the Department will reduce Grantee funding an additional 25% of any funding normally available to the Grantee for next year. Finally, it is the Department's intent that if the Grantee fails to substantially comply with all these deliverables, as solely determined by the Department, that the Grantee will be ineligible for an available funding from this grant program next year. Any funding cuts will be reallocated to other local health departments.~~

1.2.3 Proportionally reduce the Grantee's funding based on the Grantee's successful completion of its grant deliverables the previous year; with an emphasis on achieving a minimum Strategic National Stockpile (SNS) Assessment score of 60 during the first year of this agreement and 69 during the second year of this agreement. By December 31, 2010, funding will be reduced by 1.5% for each deliverable (A1 – A7) not completed during the first year of the grant, and if the Grantee's SNS Assessment score during the first year of the grant was below 60. The Grantee's maximum funding cut due to these reasons each year will be based on the total grant amount originally budgeted for the current one-year period which includes December 31 and will not exceed 10% of that one-year amount. Any funding cuts will be reallocated to other local health department PHEP Grantees."

Section 1.2.5 will be revised as follows:

"The Grantee will submit a mid-year progress report by **March 1, 2010**, (for the period of **August 1, 2009 – January 31, 2010**); and the first year's final report by **August 31, 2010** (for the period **February 1 – July 31, 2010**) on the specific activities they have taken to meet each deliverable, unless these deadlines are modified in writing by the Department. Where deliverables contain specific reporting elements, these must also be included in the report.

For the second year of the grant, the Grantee will submit quarterly progress reports to the Department on the following schedule, unless the scheduled due dates are modified in writing by the Department: By November 30, 2010, (for the period of August 1, 2010 – October 31, 2010); February 28, 2011 (for the period of November 1, 2010 – January 31, 2011); May 31, 2011 (for the period February 1, 2011 – April 30, 2011); and the final report by August 31, 2011 (for the period May 1, 2011 – July 31, 2011). The reports shall be on a Department-supplied reporting template and will describe the specific activities the Grantee has taken to meet each deliverable; and provide Department-requested metrics that measure specific performance elements."

Section 1.2.6 will be revised as follows:

"After the Department reviews the Grantee's first year's mid-year progress report, which is due **March 1, 2010**, the Department will determine if the Grantee may be in jeopardy of reduced funding for next year due to its lack of progress on the grant deliverables. The Department will then provide the Grantee written technical assistance and guidance. After the Department's review of the first year's Final Progress Report (due **August 31, 2010**), if it is determined that the Grantee's funding will be reduced, a written report will be sent to the Grantee from Department with a notice of funding adjustment for the following grant year.

For the second year of the grant, the Department will review the Grantee's second quarter progress report, which is due February 28, 2011, to determine if the Grantee may be in jeopardy of reduced funding for next year due to its lack of progress on the grant deliverables. The Department will then provide the Grantee written technical assistance and guidance. After the Department's review of the Final Progress Report (due August 31, 2011), if it is determined that the Grantee's funding will be reduced, a written report will be sent to the

Grantee from Department with a notice of funding adjustment for the following grant year."

Section 3.1 will be revised as follows:

" . . . however, the grant may be amended by December 31, 2009 of each year of the grant year depending on the Grantee's performance last the prior year."

Section 3.3 will be revised as follows:

"The Grantee must provide and document matching funds or in-kind services totaling at least 5% of the total grant amount allotted to the first year of the grant to continue to be eligible for funding the following second year and continue to receive their final reimbursements this the second grant year. The match amount required next during the second and any future grant years will increase to 10%.

For the second and any future years of this grant, the Grantee must provide and document matching funds or in-kind services totaling at least 10% of the total grant amount to be eligible for funding the following year and receive their final reimbursement for any grant period.

Matching funds and in-kind services must meet the requirements of 45 CFR 92.24 and 2 CFR 225 (OMB Circular A-87)."

Section 3.4.1 will be revised as follows:

"The Grantee will provide its services in accordance with the approved budgets, which is are recited herein or attached hereto and fully incorporated herein. The Grantee will develop and submit a budget for each project year of the grant. The Department must be notified in writing and approve any modification to the approved budgets prior to the Grantee incurring the expense. Final budget revisions to the each current Grant year must be submitted to the Department by June 15, 2010 June 15 if that year."

Section 3.4.2 will be revised as follows:

"The Department will only reimburse for those services included in the Illinois Department of Public Health, Office of Preparedness and Response, Allowable Costs for Reimbursement; and that comply with 45 CFR 92 and 2 CFR 225 (OMB Circular A-87)."

Section 3.4.3 will be revised as follows:

"The Grantee is required to complete and submit a Reimbursement Certification for each month of the grant period, regardless of whether or not expenditures are being claimed, using the Reimbursement Certification Form provided by the Illinois Department of Public Health, Office of Preparedness and Response. The mid-year and final progress reports described in 1.2.5 above must be received by the Department when due before subsequent reimbursement certification forms will be processed by the Department.

Section 3.4.5 will be revised as follows:

"The Grantee shall document on the Reimbursement Certification form, the amount of matching funds or in-kind services conducted on grant deliverables or other public health emergency preparedness activities. Matching amounts so reported must be from non-federal funds provided directly or through donations and may be cash or in-kind, fairly evaluated, including plant, equipment, services performed, or administrative expenses to meet the requirements of the grant deliverables. Matching resources must comply with 45 CFR 92.24 and 2 CFR 225 (OMB Circular A-87)."

Section 3.4.6 will be revised as follows:

The Grantee shall submit the Reimbursement Certification Form to the following address:

Illinois Department of Public Health
Office of Preparedness and Response
500 E. Monroe, 8th Fl, 422 S. 5th St., 1st Fl.
Springfield, IL 62701-1874
Attention: Charlene Fangmeier/Reimbursement Certification

Section 3.4.7 will be revised as follows:

"Reimbursement certification forms for expenses incurred before June 30, 2010 of each year of the grant must be received by the Department no later than July 15, 2010 of that year to ensure payment can be made before the end of the state fiscal year lapse period. Payments for reimbursement certification forms received after this date may have to be pursued by the Grantee through the Illinois Court of Claims."

Section 3.4.9 will be revised as follows:

"Reimbursement forms for final expenses incurred between July 1, 2010 and July 31, 2010 of each year of the grant must be received by the Department no later than August 31, 2010 of that year."

Section 4 will be revised as follows:

"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
Office of Preparedness and Response
500 E. Monroe—8th Floor 422 S. 5th St., 1st Fl.
Springfield, Illinois 62701-1874
Attention: Charlene Fangmeier . . ."

3. EFFECTIVE DATE OF AMENDMENT: August 1, 2010

4. ATTACHMENTS AND INCORPORATIONS:

Certifications
Disclosures and Conflicts of Interest

5. WHY IS CHANGE NEEDED? (Check all that apply and explain.)

- a. The circumstances said to necessitate the change in performance were not reasonably foreseeable at the time the contract was signed. CDC funding source granted a one-year continuation of the original one year federal budget year, so IDPH previously amended the term of this grant from a one to two year period. The amount to be added to this grant for the second year was not known at the time of the previous amendment. Illinois' response to the declared emergency for Pandemic H1N1 Influenza revealed that certain grant terms needed to be clarified.
- b. The change is germane to the original contract as signed.
- c. The change order is in the best interest of the State and authorized by law. PA 96-0795 effective July 1, 2010, required additional reporting and grant monitoring items be added to the deliverables.

6. WHAT PROVISION OF THE CONTRACT, PROCUREMENT CODE OR OTHER LAW AUTHORIZED THIS CHANGE?
PA 96-0795.

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, the AGENCY and the VENDOR have caused this AMENDMENT to be executed on the dates shown below by representatives authorized to bind the respective PARTIES.

VENDOR
(Vendor Name) Champaign-Urbana Public Health Department
Signature _____
Printed Name _____
Title Public Health Administrator Date _____
Address 201 West Kenyon Road
Champaign, IL 61820
Phone _____ Fax _____
E-mail _____

STATE OF ILLINOIS
(Procuring Agency Name) Illinois Department of Public Health
Official Signature _____
Printed Name Damon T. Arnold, M.D., M.P.H.
Title Director Date _____
Designee Signature _____
Printed Name _____
Title _____
Address 535 W. Jefferson St., Springfield, IL 62761

Phone 217-782-4977 Fax _____
E-mail damon.arnold@illinois.gov

CHIEF PROCUREMENT OFFICER

Official Signature _____
Printed Name _____
Title _____ Date _____
Address _____

Designee Signature _____
Printed Name _____
Title _____ Date _____

STATE USE ONLY	NOT PART OF CONTRACTUAL PROVISIONS
PBC# _____	Project Title _____
Contract # _____	Procurement Method (IFB, RFP, Small, etc): _____
IPB Ref. # _____	IPB Publication Date: _____ Award Code: _____
Subcontractor Utilization? <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Subcontractor Disclosure? <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Funding Source _____	Obligation # _____
CPO 33 – General Counsel Approval:	
Signature _____	Printed Name _____ Date _____