
CHAMPAIGN COUNTY BOARD OF HEALTH

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Champaign County Board of Health

Tuesday, July 28, 2009

6:30 p.m.

The Board of Health will convene its regular meeting immediately following adjournment of the joint study session.

Jennifer K. Putman 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/Addendum	
D.	Approval of Minutes	
	1. June 23, 2009	1-14
	2. July 14, 2009 Study Session	15-21
E.	Public Participation on Agenda Items Only	
F.	Correspondence and Communications	
G.	RPC Senior Wellness Program Quarterly Report	22-30
H.	Crisis Nursery Beyond Blue Program Quarterly Report	31-33
I.	Treasurer's Report	
	1. Approval of CUPHD Invoice for May 2009	34
J.	FY2010 Budget	
	1. FY2010 Proposed Board of Health Budget	35
	2. Amended Funding Requests	
	a. CUPHD	36-37
	b. Smile Healthy	38-40
	c. Mental Health Board Crisis Nursery Program	41

K. Other Business

1. Date of August Meeting – August 18, 2009 at 6:00 p.m.
2. Letter of Appreciation to Dr. Nezar Kassem

L. Public Participation on Non-Agenda Items Only

M. Adjournment

1 **CHAMPAIGN COUNTY BOARD OF HEALTH**

2 **Monthly Meeting**

3 **Tuesday, June 23, 2009, 6:00 p.m.**

4 **Call to Order & Roll Call**

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8 The Board of Health held its monthly meeting on June 23, 2009 in the Jennifer K. Putman
9 Meeting Room at the Brookens Administrative Center, 1776 East Washington, Urbana. The
10 meeting was called to order at 6:00 p.m. by Julian Rappaport. Board members Brenda Anderson,
11 Prashanth Gowda, Stan James, Nezar Kassem, John Peterson, Julian Rappaport, Bobbi Scholze, and
12 Betty Segal were present at the time of roll call. Cherryl Ramirez arrived after roll call. The staff
13 member present was Kat Bork (Board of Health Secretary). Also present were Deb Busey (County
14 Administrator), Carol Elliott (CUPHD Board Chair), Nancy Greenwalt (Smile Healthy Executive
15 Director), Dr. Mark Huls, and Julie Pryde (CUPHD Administrator).

16
17 **Approval of Agenda/Addendum**

18
19 **MOTION** by James to approve the agenda; seconded by Kassem. **Motion carried with all**
20 **ayes.**

21
22 **Approval of Minutes**

23
24 **MOTION** by Peterson to approve the Board of Health minutes for May 26, 2009; May 12,
25 2009 (Special Meeting); and May 12, 2009 (Study Session); seconded by James.

26
27 Rappaport requested changes to line 142 from the word “tearing” to “testing” and line 473
28 the words to “to say” from “no say.”

29
30 Ramirez entered the meeting at 6:02 p.m.

31
32 **Motion carried with all ayes.**

33
34 **Public Participation on Agenda Items Only**

35
36 There was no public participation.

37
38 **Correspondence and Communications**

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40 The invitation to participate in the Ameren Stakeholder Working Group for the Bondville to
41 Southwest Campus Transmission Line Project was shared with the Board.

42
43 **Budget FY2010**

44 **Legal Opinion on Core Services**

45
46 Rappaport shared the highlights of his conversation with Susan McGrath from this
47 afternoon. McGrath wanted the Board of Health (BOH) to be cognizant that the specifics of how
48 much the details of a public health district’s activities are dependent on the district’s needs and

49 resources. This is negotiable with the state. Rappaport noted McGrath's opinion revealed there is
50 more leeway about the amount of services provided than the BOH initially thought. While the
51 Board must have a designated person in some areas, the amount of services the BOH must provide
52 is not necessarily legislated due to the differing size of public health districts. Some decisions
53 regarding the amount of core services provided in a public health district is up to the policy
54 discretion of the particular board.
55

56 Peterson reflected that the opinion indicates the BOH has some flexibility concerning the
57 core services, but flexibility appears to require permission from a state board. He did not think
58 some practices, like a sampling of tuberculosis cases instead of identification of every one, would
59 be acceptable to the community. Rappaport noted it is a policy decision the BOH can make.
60 Peterson stated CUPHD does more thorough work on STDs than state mandates and the BOH has
61 followed CUPHD's lead in this regard. Peterson was surprised to learn through McGrath's opinion
62 how little is mandated by the state concerning services like well water testing. The BOH has not
63 addressed the level of services as a board. Rappaport drew the Board's attention to Page 21 in
64 McGrath's opinion where she preliminarily notes "that the number of staff to be provided for each
65 of these (four core program) activities is not proscribed by statute or code with the exception of one
66 person in each category who must have the particular credentials required by the code for that
67 category." Rappaport pointed out this is a surprising amount of discretion.
68

69 James commented how different inspectors from a state agency can have differing views on
70 whether the Champaign County Nursing Home is meeting state standards of services. In reading
71 the opinion and examining the issue, he was concerned about how open to interpretation the
72 Administration Code is. McGrath's opinion notes that if a public health department opts to provide
73 mental health services, it must appoint a mental health and developmental disabilities services
74 advisory committee. He asked if the BOH followed this direction. Rappaport confirmed the BOH
75 did so according to McGrath. Pryde confirmed the BOH was in compliance because the direction
76 James quoted was for counties who do not have a mental health board or a mental health center,
77 which Champaign County does.
78

79 Rappaport explained that his point was the BOH does not need to assume that everything is
80 automatically determined by the legalities. There is a fair amount of discretion and decision-
81 making available concerning the appropriate amount of services provided to the people of the
82 County. James asked what leeway the BOH would have in negotiating the cost of services.
83 Rappaport stated the BOH can determine the amount of a service it purchases based on the cost of
84 the service. James asked if the BOH could provide services that do not meet the demands of that
85 service. Rappaport confirmed that is what the Board's attorney has informed them. James asked if
86 the BOH had the right to not purchase the same level of services as they previously had from an
87 agency because providing the same level of service was cost prohibitive to the BOH's budget.
88 Rappaport agreed the BOH has to operate within its resources and makes policy decisions about
89 allocating those resources. Some services are mandated, but the amount and intensity of those
90 services is not completely determined by the law. Rappaport emphasized that he was not
91 advocating the BOH do anything differently; he was just saying the discretion exists for the BOH to
92 make decisions. Kassem said there is a perception and a reality in everything. It is important for
93 the BOH to make sure they are providing what the public perceives as reality. He did not want the
94 public to think something should be done that the BOH is not doing. Rappaport said the BOH could

95 only spend the money it has and it was the Board's job, and no one else's, to decide how to allocate
96 that money within some very broad parameters. Kassem noted people assume certain services will
97 be provided. The public's perception is the BOH will do the best it can with what it has and act
98 responsibly.
99

100 James noted County departments like the Sheriff's Office receive grants for services and
101 these services have to be maintained. If the budget gets tight, funding should be focused on core
102 services and the extra services should be removed. In his mind, the core services are the items the
103 BOH needs to pay for with the money it has. If the BOH has any discretionary money remaining, it
104 can look at the non-required items. He agreed the statute and code language are broad. For
105 example, 2 wells could be tested instead 100, but he wanted to be sure the BOH was doing its due
106 diligence. Rappaport wanted to be sure the Board members understood their options. At times in
107 the past, he thinks the Board has mistakenly thought their hands were completely tied by legalities,
108 when in fact they have some discretion. For example, the Sheriff's Office has to provide police
109 services, but it is not legally proscribed how many police officers the County has to hire. This is
110 decided by the Sheriff, based on how many officers are needed and what the County can afford.
111 James agreed, but felt if the money was there then the County should fund core services versus
112 funding other services that are not mandated. Rappaport said it was the Board's responsibility to
113 debate the level of services needed and how to spend its funds. Segal indicated having McGrath's
114 opinion was good for the BOH to understand the legal basis to make changes based on what it could
115 afford. It is important to understand what the needs are in the County when they are making
116 decisions about core services.
117

118 Pryde said CUPHD works with this every single day and knows what is going on in the
119 community. She urged the BOH to contact the program coordinators of the different services to
120 learn about how CUPHD provides services at the highest standards. She stated the BOH does have
121 discretion in what it funds to a certain degree, but CUPHD has its staff unless the BOH has another
122 subcontractor they plan to use. CUPHD would have to lay off staff if they were not contracted to
123 perform the BOH's services. Pryde said the decision was made at the very beginning of the County
124 Health Board and the District Health Board that the two could not have disparate services. Both
125 health boards will also have to face the issue of going into all the schools to vaccinate children for
126 the pandemic flu. This is not something that has been done during Pryde's experience and she
127 warned this would be a major undertaking. She assured the BOH there would be extreme
128 screaming if CUPHD goes into Champaign-Urbana schools and does not go into the County
129 schools. She stated she provides this information to the BOH for a reason. She was trying to let
130 them know what is going on and not just advocate for CUPHD. She emphasized that she looks at
131 more than just the County. Rappaport said he was not trying to have an argument. Pryde said her
132 point was there are program standards that are proscribed by the programs and not proscribed by
133 law. Pryde said the fact was CUPHD does things a certain way by the best practice standards and
134 would not do suboptimal services as a subcontractor because the BOH did not want to do services
135 that way. The BOH has the right to go elsewhere to get the services, which she noted has not
136 worked out so well in the past.
137

138 Scholze commented that she had a similar conversation at Parkland today because they were
139 notified Parkland would not receive a substantial amount of state funding. She was aware as an
140 Administrator that it was her job to cut that amount out of the budgeted expenses within the context

141 of standards and accreditation. This is the spirit in which the BOH is looking at its budget. The
142 BOH will have to make cuts and they are trying to determine what is the best way to continue
143 serving the County people within the available options.

144
145 Setting a Fund Balance Goal & Funding Requests

146
147 The BOH has previously discussed setting a fund balance goal at a responsible level.
148 Rappaport turned to Deb Busey for more information. Busey distributed several documents she
149 prepared containing information the BOH requested at its last meeting. The first document shows
150 the actual costs charged to the BOH for CUPHD's salaried positions to operate the programs. It
151 does not match up exactly to the CUPHD contract proposal, but there are many reasons for the
152 discrepancy. This document enables the BOH to see where its dollars are being spent for specific
153 personnel providing services in each program. The next document was an analysis of the IMRF
154 cost comparison. IMRF increased its rate and is offering government entities the option to either
155 adopt the annual required contribution rate or the phase-in rate. The exact rate differs for each
156 agency. The annual required contribution rate for CUPHD is 11.3% and the phase-in rate is 9.45%.
157 The CUPHD contract budget is based on adopting the 11.3% rate and will cost more for personnel
158 to the BOH. Busey showed the total difference to the BOH the CUPHD IMRF costs is \$8,753.
159 Adopting the higher rate might result in spending less over the next 3-5 years than adopting the
160 phase-in rate. James asked if the rate would change. Busey stated the IMRF rate changes every
161 year. The rate may increase even more next year depending on the economy and investment
162 returns, but by funding the full rate this year CUPHD will not have to catch up in later years. Busey
163 advised any agency that can afford to adopt the full rate should do it. The third document was the
164 total CUPHD staff with a breakdown of assignments and the percentages the BOH pays for the
165 positions. The yellow highlighted positions are the administrative positions, to the best of Busey's
166 knowledge. She advised looking at what administration costs are in terms of the total services
167 provided. The green highlighted positions are those where Busey estimated dollar amounts based
168 on the average for the type of position. The total BOH portion of the CUPHD staffing budget
169 appears to be about 9.5%. Busey presented a comparison of the percentage of CUPHD
170 administrative salaries because administration is usually considered an overhead cost for a service
171 program. CUPHD administrative salaries represent 19.5% of the CUPHD total budget. In the
172 portion of salaries charged to the BOH, CUPHD administrative salaries represent 25.3%. Busey
173 suggested this might be something the BOH should look at when it is talking to CUPHD about
174 administrative costs and whether there is any room for flexibility or change. The BOH can inquire
175 what exactly it is receiving from CUPHD for funding these staff positions. For example, the BOH
176 is paying CUPHD almost \$12,000 for a Public Relations & Information Specialist and they can
177 inquire what the BOH is receiving from that position. The BOH is also paying the equivalent of 12
178 account positions. The final document Busey prepared showed the FY2008 actual revenues and
179 expenditures, the FY2009 original budgeted amounts, the FY2009 adjusted budgeted amounts, and
180 the FY2010 funding requests received from agencies. The highlighted revenue lines are directly
181 tied to services provided through CUPHD. In FY2008, the deficit was about \$40,000. In FY2009,
182 the anticipated deficit was close to \$70,000 but has increased to \$104,000 primarily due to the
183 changes in revenue projections. Busey explained it is a little difficult to project revenues for the
184 BOH budget because it requires projecting revenues from 2 state fiscal years and neither one of
185 which is known at this point in time. The BOH is based on both the state's FY2010 and FY2011
186 and neither has been set by the state. CUPHD has provided some updated revenue projections,

187 including the decreases in the Emergency Preparedness Grant and Local Health Protection Grant.
188 The FY2010 revenues are budgeted based on flat revenues from FY2009 for most items. The
189 FY2010 expenditure budget is based on the funding requests from the various agencies. Currently,
190 the BOH's FY2010 budget has a \$275,000 deficit, which is clearly not sustainable.
191

192 Concerning setting a fund balance goal, Busey showed the BOH's fund balance at the
193 beginning of the FY2010 fiscal year projected at \$335,000. This is 32.9% of the projected FY2010
194 expenditure budget. Busey recommended the BOH consider setting a fund balance goal of 25%.
195 This goal is equal to three months of the BOH's expenditure budget. To give the BOH a frame of
196 reference, Busey explained the County's General Corporate Fund has a fund balance goal of 12.5%,
197 but the GCF is a large fund and is not nearly as dependent on grants revenues as the BOH fund.
198 Grants revenues are becoming quite volatile, which is why Busey recommended setting a minimum
199 25% fund balance goal. Based on the FY2010 budget, a 25% fund balance goal would equal
200 \$254,000. If the BOH adopts a FY2010 budget based on the funding requests, the ensuing deficit
201 would deplete the BOH fund balance to \$59,000 or 5.9%. This is not a deficit the BOH could
202 operationally afford. To assist the BOH is making decisions for the FY2010 budget; Busey
203 presented a document listing the options for balancing the FY2010 budget. Since the FY2010
204 budget is out of balance by 27%, the first option was presented as cutting each expenditure by 27%
205 to balance revenues and expenditures. In this option the CUPHD contract would be cut to
206 \$586,226.50; BOH clerical support would be cut to \$4,453; the RPC Senior Wellness Program
207 would be cut to \$36,500, Smile Healthy would be cut to \$97,183.44; and the Mental Health Board's
208 Crisis Nursery Program would be cut to \$18,250. Because the BOH has discussed completely
209 cutting the Senior Wellness Program, Busey included a second option completely removing that
210 \$50,000 from the FY2010 budget. The cut of that entire program would result in lesser cuts of
211 23.25% to the remaining programs. The impact of the second option would result in the CUPHD
212 contract being funded at \$616,341, Smile Healthy funded at \$102,175, and the Mental Health
213 Board/Crisis Nursery program funded at \$19,187. Busey also showed the corresponding impact on
214 the fund balance of each option at the bottom of the page. A balanced budget in FY2010 would
215 result in a BOH fund balance with \$149,181 in excess of its fund balance goal because the BOH has
216 accumulated this balance over a number of years. The third option Busey presented considers that
217 the BOH makes a determination to spend part of its fund balance in FY2010 because they are ahead
218 of the fund balance goal with a balanced budget. The third option includes spending \$50,000 of the
219 BOH fund balance, completely cutting the Senior Wellness Program, and making 18% cuts to the
220 remaining programs. This option would leave the BOH with a 35.8% fund balance of \$283,000.
221 Busey advised that the BOH could only afford to adopt a budget that spent part of the fund balance
222 for 1 or 2 more years, depending on the budget requests in upcoming fiscal years. Any expenditure
223 from the fund balance would have to be evaluated on a year-to-year basis. Any budget with
224 spending in excess of revenue cannot be indefinitely sustained.
225

226 Rappaport stated the BOH has discussed the possibility of continuing to fund the joint
227 program with the Mental Health Board at \$25,000 for at least 1 more year. Busey said those
228 decisions were up to the BOH. She prepared the budget options that equitably distributed the pain
229 of cuts to all programs. Fully funding a single program's request would either require reducing the
230 BOH fund balance or increasing cuts to the other programs.
231
232

233 James asked if funding for the potential flu vaccinations for all school children was included
234 in the budget. Busey said no such expenditure was included by CUPHD. James said the BOH
235 could either spend its fund balance to provide for those vaccinations or cut more from the programs
236 to set aside money in the budget now. He liked the option of making cuts to all the programs
237 because it does not show favoritism to a single program. He suggested the BOH should hold tight
238 and not set its budget without knowing the state budget. He acknowledged there are a lot of good
239 programs, but the BOH should focus on the most important things it needs to do.

240
241 Rappaport asked how the first option with a cut of 27% to the agencies' requests would
242 compare relative the FY2009 funding CUPHD received from the BOH. Busey estimated the first
243 option would be a 10% less than the FY2009 budget. Rappaport emphasized the options Busey
244 gave represented cuts from the programs' FY2010 budget requests, not cuts based on the FY2009
245 actual budgeted amounts. With the third option, the BOH would be giving CUPHD approximately
246 the same dollar amount in FY2010 as FY2009. Pryde reminded the Board that CUPHD is
247 subsidizing communicable disease services because this was not previously included in the BOH's
248 budget. Rappaport stated this was a time for the BOH to have its conversation and asked if the
249 BOH members felt satisfied they understood the figures presented by Busey. The Board agreed and
250 Peterson stated the information and options helped to make things clear. He noted the missing part
251 is the state budget for public health. He asked if Ramirez had heard anything about the state budget
252 through her association. Ramirez said the outlook is pretty bleak and the mental health authorities
253 are gearing up for the worst case scenario. She called the Illinois Public Health Association today
254 because she was alarmed by emails that the Local Health Protection Grants were on the state's
255 chopping block. She was unable to reach the IPHA lobbyist, but does know there is a unified effort
256 on behalf of social services. Kassem spoke to David Miller, a representative from Chicago and a
257 dentist, who said the legislators do want to provide social services, but they do not want to face the
258 voters' response at election time after raising taxes. Scholze explained her office decided to make
259 budget cuts and are putting the money in reserve until the state actually comes through with the
260 funding. They are preparing for the worst. Peterson asked if Parkland was looking at staff cuts.
261 Scholze indicated the cuts would probably did not result in staff cuts because Parkland has been
262 very careful and fortunate with enrollment. Peterson noted the BOH has a staff driven budget and
263 budget cuts will result in staff cuts. Ramirez added that her association was told by their lobbyist
264 that the state will not make the budget decisions until July 15th and suggested the BOH make its
265 decisions after that date. Rappaport said the BOH will have to vote on its budget at its July
266 meeting.

267
268 Rappaport recommended the BOH look at its overall situation and come up with a dollar
269 figure it can afford to pay CUPHD and ask CUPHD what services they can provide for that dollar
270 amount. Gowda suggested setting the BOH's priorities by taking a cue from McGrath's opinion
271 and prioritize the cuts according to what is most important to sustain. Kassem suggested notifying
272 all the programs who requested funding that BOH is evaluating how much it can afford and ask the
273 programs if they could continue providing services for a reduced amount. He did not think it was
274 fair to single out CUPHD because that agency receives the most BOH funding. Rappaport agreed
275 cuts to all program should be considered. He felt the BOH had already come to a conclusion it
276 would have to eliminate the RPC program. Rappaport thought the small \$25,000 used to fund a
277 joint program with the Mental Health Board (MHB) is an investment to develop a relationship with
278 that board. He felt it was good for the County public health and human services in the long run to

279 have a formal relationship between the BOH and MHB. His personal pitch was that BOH could not
280 give the MHB less than \$25,000 in order to meet the other board's expectations. The BOH will
281 have to renegotiate the nature of its relationship with MHB after this year and he hoped the
282 relationship would not end. James noted he has been a supporter of the senior services program, but
283 budget cuts are a part of life. He is looking to get the best bang for the BOH's buck for everyone.
284 He stressed he would only vote to cut all the programs because it was not fair to the others if one
285 person with more influence was advocating to fully fund a single program. James liked the across
286 the board cuts.

287
288 Peterson suggested separating the Mobile Unit Program of \$77,000 from the CUPHD budget
289 because it is not a core service and was just added last year. Busey suggested asking CUPHD if the
290 services on the second page of the CUPHD budget document could be separated out from the core
291 services. Pryde said the core services and the grants amount to about \$703,000. Busey could divide
292 the CUPHD budget into the core services budget and the additional services budget. Pryde agreed
293 with that approach.

294
295 Anderson asked if there was a minimum amount the BOH would have to fund to receive any
296 program services from the agencies. Rappaport said they would find that out once they informed
297 the agencies how much they would be funding the programs in FY2010. The agencies should
298 respond to the BOH with details about what services they could provide for that amount.

299
300 Peterson was concerned with having sufficient time for Board members to consider the
301 proposals and making budget decisions. The BOH might need to hold additional meetings.

302
303 Elliott stated she was not speaking for the entire CUPHD Board, but she thought if the BOH
304 was thinking of just presenting a flat dollar amount it was willing to pay then the BOH better have a
305 back-up plan for who would provide the core services if CUPHD does not feel it is something they
306 want to do. She was not sure if the BOH realized how highly thought of the CUPHD Administrator
307 was at the state level. Elliott urged the BOH to pay attention to Pryde's advice because her
308 reputation at the state level is very good. Rappaport said he did not want to debate that and he never
309 intended to impugn the Administrator at all. While it may ultimately come to what Elliott
310 suggested, the BOH will have resources to offer to CUPHD and will have to deal with the reality of
311 public health in Champaign County if CUPHD declines to provide core services. He suggested the
312 problem was not about personalities, it was about the conflict of interest for the CUPHD
313 Administrator and the County Board of Health. This conflict of interest has been ongoing and
314 recognized as a structural problem long before Pryde was in that role. Rappaport thought the
315 structural problem needs to come to the attention of the County Board and maybe CUPHD. He felt
316 at some point the community would have to address the fact that this is an unworkable arrangement
317 for County public health and is structurally confusing to everyone, but that was his opinion. Elliott
318 asked if he could debate back with Rappaport on that point. Rappaport said she could not because
319 he would not be able to do so at a CUPHD Board meeting. He thanked her for providing the
320 information warning the BOH.

321
322 James wanted it to be clear that Rappaport was speaking for himself and not for the full
323 Board. Rappaport concurred he was not speaking for the BOH and encouraged the BOH members
324 to say whatever is on their minds.

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Segal was concerned that the three budget options included no estimate about the cost to perform flu vaccinations in the County, especially in schools, as recommended by Pryde. She wanted to have some information regarding what it might cost when they consider making budget cuts. She thought the mobile unit was the method of giving vaccinations and wondered how the program's elimination would affect it. Pryde said they are still working on it and some things were still up in the air. Right now, it appears they will give regular flu vaccines possibly starting as early as August. Because of the high hospitalization and death rate in young people, they are looking at vaccinating school children first. She has warned schools CUPHD may have to vaccinate, which would involve parental consent, extra staff, and other issues. She has not worked up any figures yet. She does know if children have to be vaccinated; it will have to be done in the schools. Segal understood Pryde to have said that even if the BOH funded the CUPHD contract at the total requested amount, it would not cover the vaccination cost. Pryde said the budget number she was working with was about \$703,000. She already took the mobile program out because she wanted to show the BOH the minimum figure at which CUPHD can offer the core and grant services. The mobile unit mostly gave flu shots this year and her propose budget for core and grant services did not include any flu vaccinations. People from the County can come to the CUPHD facility and get shots, but if the County people have to be singled out, the BOH will have to pay more or have people come directly to CUPHD. James asked if CUPHD planned to do any scattered site visits as they had before. Pryde said she would put a proposal together once she finds out what is happening with the vaccines. She suggested the most cost effective method would be to set up staff in a targeted location to administer the vaccine. Busey asked if there was any money from the state associated with providing the flu vaccines. Pryde assumed the state will give CUPHD the flu vaccine and CUPHD will have to pay for the staff and travel costs involved in administering it. The state is talking about cutting the Local Health Protection Grants so she did not know what they would provide. Pryde hoped the state government would also provide funding per vaccinated child to cover the staff costs in addition to supplying the vaccine.

Rappaport suggested the BOH move towards what it will say to each program that requested funding. He started with the Senior Wellness Program operated by the Regional Planning Commission. Rappaport was initially in favor and hopeful about this program, but felt the BOH has reached a conclusion that it is not getting enough added value beyond what RPC and other agencies in the County already do for seniors to make the program affordable in the current budget reality.

MOTION by Peterson to not fund the RPC Senior Wellness Program in FY2010; seconded by Scholze.

Scholze agreed the BOH has not gotten its money's worth, but she does feel senior services are important. If the BOH has any money remaining, she recommended putting out a request for proposals to see what agencies would offer for senior services. This particular program did not work for the costs relative to the BOH's budget, but as a policy decision she thought the BOH should consider senior services. Ramirez agreed with Scholze's philosophy toward senior services. The BOH agreed it was voting on a specific program tonight, not a policy regarding the BOH's position on seniors.

370 James thought the BOH had a subcommittee developing guidelines to evaluate agencies who
371 request funding instead of simply funding the only agencies who know to make requests to the
372 BOH. He wanted to contact other agencies to make them aware the BOH is accepting proposals for
373 funding consideration. Rappaport said that approach was taken in conjunction with the Mental
374 Health Board joint program. The MHB has a systematic process to evaluate programs. The BOH
375 might be able to emulate this process in the future if they have sufficient funds. James said the
376 agencies should be aware their funding is not assured every year. He sees how boards can develop
377 a niche with a certain agency that no one wants to cut because that agency is familiar. He expressed
378 it was important to be fair in making funding decisions. James praised Peter Tracy for his work on
379 the County Board's Quarter Cent Juvenile Delinquency Grants and the evaluation process.
380 Rappaport noted that the RPC had received funding for 2 years and that may have been enough time
381 to reach a decision about the program. He viewed the process from the agencies' side that they
382 would be hesitant to create a program if funding was in doubt every year. He wanted the BOH to
383 have a reasonable timeframe to allow agencies to demonstrate what they are doing.

384
385 **James made friendly amendment to the motion that the program was not funded "due**
386 **to budget constraints."** Peterson and Scholze agreed to consider the amendment as friendly.

387
388 Segal said she has not been impressed with what RPC has done with the money, but their
389 last quarterly report appeared to show a tad bit of progress and she wondered if that would be lost.
390 Rappaport recalled RPC had provided the BOH with some information they had gathered and that
391 would be useful to RPC even without the BOH funding.

392
393 **MOTION** by Kassem to table the motion. Motion failed due to the lack of a second.

394
395 Rappaport called the question. James questioned the approach of making a decision on only
396 one part of the budget. Rappaport said he was trying to get the process moving on an issue where
397 the BOH seemed to have reached a consensus. James was not willing to piecemeal the budget
398 process. He preferred to look at the budget as a whole. Rappaport called for a vote. Bork read the
399 motion.

400
401 **Motion carried with one vote against by James.**

402
403 Rappaport suggested the BOH next discuss the Smile Healthy funding request. Peterson
404 preferred looking at Busey's approach that considered all the funding requests. He felt James had a
405 very valid point to not piecemeal the budget.

406
407 **MOTION** by James to accept Option 2 as presented by Busey; seconded by Kassem.

408
409 When the Board is looking at cuts, James wanted to be fair to everyone and all the programs
410 have merit. He did not want to single out one program over another. Peterson talked about
411 removing the Mobile Unit Program from the CUPHD budget. James did not object to singling out
412 the Mobile Unit Program because it was an additional program. He would amend his motion to
413 keep the amount for the Mobile Unit in reserve to cover the potential flu vaccine costs without
414 dipping into the fund balance. The BOH considered the idea of using an RFP later in the year for
415 senior services if some money ends up being available. At the BOH's request, Busey reran the

416 numbers and distributed a revised set of options. Rappaport asked Busey to describe the revision.
417 Busey explained the CUPHD budget request was separated into the core services at \$703,766 and
418 the additional services at \$99,384. Option 4 completely cuts the CUPHD additional services,
419 completely cuts the RPC Senior Wellness Program, and spends \$50,000 of the BOH fund balance.
420 The resulting cut to the remaining programs in Option 4 is 7.4%. The BOH discussed the various
421 options to the FY2010 budget and how it would affect the fund balance. James was concerned with
422 not making a plan to pay for flu vaccines because it would mean the BOH would have to spend its
423 fund balance on this activity. The Board discussed balancing the FY2010 budget with cuts to the
424 funding requests and not budgeting to spend any of its fund balance in order to maintain a fund
425 balance greater than 25%. This excess above the fund balance goal could be used towards an event
426 that arose during the fiscal year, such as flu vaccinations. The BOH debated cutting the CUPHD
427 additional programs. Peterson was reluctant to cut the well water testing. Anderson asked why
428 well water testing was not a core service. Pryde explained this service is when people ask CUPHD
429 to test their wells on private property. This is not covered by the core services and a fee is charged.
430 Peterson, as a physician, supported continuing the funding for the well water testing and the Illinois
431 Breast & Cervical Cancer Program. He suggested cutting the Mobile Unit Program funding entirely
432 and applying a 15-18% cut to the remaining programs.
433

434 Rappaport wanted to put full funding of the MHB program at \$25,000 on the table. He
435 believed the BOH needed to meet its agreement with the MHB because the other board was putting
436 in a matching amount. He suggested continuing this funding for one year to keep the program
437 going. He thought the program has non-trivial implications for the BOH's ability to have a
438 relationship with another county board that has a lot of resources and knowledge regarding how to
439 evaluate programs. He proposed restoring the full \$25,000 funding in the FY2010 budget. James
440 said he would like to see funding for seniors in the budget. Rappaport noted the BOH had already
441 voted in favor of cutting that program completely. Peterson noted there might be money for a
442 senior services RFP with the cuts to the other programs and the Mobile Unit Program. He asked
443 about the fund balance because he was concerned about it dropping too low. Busey explained the
444 fund balance would remain the same with a balanced budget. Peterson did not object to spending
445 \$50,000 from the fund balance in FY2010. James stated the motion on the floor was to adopt
446 Option 2 as listed. He preferred the money that would have gone to the Mobile Unit Program being
447 held in reserve for flu vaccines. He agreed the MHB program has merit, but cuts were being made
448 and the BOH could not fund a program if it did not have the money. Rappaport suggested
449 eliminating the CUPHD additional services.
450

451 **James made a friendly amendment to the motion to cut the Mobile Unit Program and**
452 **hold that amount in the fund balance to be used as a cushion in case of a pandemic. Kassem**
453 **agreed as the seconder to consider the amendment as friendly.**
454

455 Busey stated that option would result in a 23% cut to the remaining programs to maintain a
456 balanced budget. Discussion continued over the FY2010 budget options. Segal asked if the motion
457 on the floor kept the CUPHD additional services, with the exception of the Mobile Unit Program.
458 James agreed the mobile unit was the only thing on Option 2 that he was suggesting be cut. He
459 liked having a bigger cushion in fund balance because the BOH does not know how its revenues
460 will be affected or whether other problems would hit the BOH during the next year. He was trying
461 to be as conservative as possible while helping as many people as the BOH can. Rappaport thought

462 the BOH had decided to maintain a 25% fund balance and this approach would result in a fund
463 balance in excess of that amount. James agreed, but the BOH has to take into consideration
464 everything on the table because they do not know for certain what expenses will arise in FY2010
465 that could deplete the balance. Busey thought the 25% was determined by the BOH as their
466 minimum fund balance goal and they could always provide a fund balance statement that changing
467 the fund balance in a particular year due to a particular situation. James concurred with Scholze's
468 approach to plan for the worst case scenario. The BOH can grant more money near the end of the
469 year if the circumstances turn out to be less severe. He pressed the idea of being conservative.

470
471 Segal asked how the BOH accumulated such a large fund balance. Peterson said the BOH
472 had a high tax rate to start the organization. Busey corrected him that the fund balance accumulated
473 because the BOH did not spend any money in its first 3 years. The tax was collected, but not spent,
474 hence why the fund balance is one-time revenue. She advised the BOH to be careful about deciding
475 how to spend this one-time revenue. James asked if the fund balance was drawing interest, which
476 Busey confirmed it was. James noted interest rates have significantly dropped. Busey concurred
477 the BOH's interest income has dropped from \$18,000 to \$7,600; but interest rates will eventually
478 rise again.

479
480 Segal wanted to recognize in talking about the CUPHD FY2010 budget request compared to
481 the CUPHD FY2009 budget that Pryde had informed the BOH it had not been paying for infectious
482 disease core services in last year's budget. Rappaport noted CUPHD might reject the BOH's
483 budget proposal and decline to provide any services.

484
485 Peterson was concerned about taking any action that would wipe out the fund balance to the
486 minimum fund balance goal in order to fund the agencies at their requested amounts because the
487 BOH will be in the same position next year of having more requests than it has revenue. He did not
488 think the BOH should be increasing its fund balance. His general philosophy was that the agencies
489 should take some cuts at the same time the BOH maintains a reasonable fund balance between the
490 current fund balance and \$250,000. Rappaport agreed with Peterson, but CUPHD might say they
491 cannot provide services for the reduced amount and that will be an entirely different problem.
492 James asked if Busey could rerun the budget figures with options showing the different effects of
493 25%, 20%, and 15% cut to agencies so the BOH could decide on one of those figures for across the
494 board cuts. Discussion continued over the budget options. The Board asked Busey to prepare the
495 budget figures with the Senior Wellness and Mobile Unit Programs removed and then determine the
496 necessary percentage cut to the remaining programs to balance the budget. Rappaport wanted to
497 preserve the opportunity of considering the agencies' requests individually and possibly not
498 applying the cut to a specific agency. James spoke in favor of an across the board cut to agencies.
499 Busey went to rerun the budget figures for the Board and the Board discussed the non-budgetary
500 agenda items.

501
502 Kassem stated he had to leave and, as he is not seeking another term on the BOH, introduced
503 Dr. Mark Huls who would be serving on the BOH starting on July 1st. Kassem described Dr. Huls
504 as an astute, personable orthodontist with a lot of interest in public health. Kassem said he had
505 enjoyed working with all the Board members. The Board thanked Kassem for his service.

506
507 Kassem exited the meeting at 8:10 p.m.

508 Dr. Huls greeted the Board and spoke about his background. He was born and raised in St.
509 Joseph and currently resides in Champaign. He has one practice in Champaign and another small
510 practice in Monticello. The BOH shared information about the Open Meetings Act and how it
511 applies to the BOH's interactions.
512

513 Rappaport wanted to give the agencies a chance to respond to the BOH's intentions with its
514 budget. He recommended informing the various agencies who made funding budget requests about
515 what the BOH will do. Peterson asked if Rappaport intended to vote on a FY2010 budget tonight.
516 Rappaport said if the BOH did not pass a budget tonight, he wanted to reach a point where it is clear
517 what the BOH will be voting on at its next meeting. The Board discussed the timeline for
518 approving its FY2010 budget before the County Board's Legislative Budget Hearings. Busey
519 informed them the budget needs to be finalized by August 15th at the latest. Peterson thought a big
520 unknown factor was how CUPHD would respond and this would determine whether the BOH will
521 need another study session. James said July was a bad month to hold two meetings because people
522 go on vacation. Rappaport noted the BOH would have to schedule an extra meeting early in August
523 if they were not able to settle their budget at the July 28th meeting.
524

525 Busey returned and distributed a document with the requested budget information. She
526 explained the document showed the original budget request received from the agencies in the first
527 column and in the second column the original requests with the removal of the Senior Wellness and
528 Mobile Unit Programs. These cuts leave a deficit of \$147,000 in FY2010. This amount was then
529 distributed as an across the board cut of 16.59% to the remaining requests to balance the budget.
530 Busey listed the resulting budget amounts for each agency after the 16.59% cut. The fund balance
531 would remain the same at \$334,776, which is \$150,000 higher than the 25% fund balance goal. The
532 \$150,000 could be considered as discretionary funds if it needs to be used towards an emergency
533 expense.
534

535 **MOTION** by James to approve the proposed FY2010 budget with the cuts to balance the
536 budget and to discuss the use of the fund balance as options arise; seconded by Peterson.
537

538 Rappaport offered an amendment to add \$4,148 to the Crisis Nursery program line. James
539 declined to consider the amendment as friendly.
540

541 **MOTION** by Rappaport to amend the motion on the floor to add \$4,148 to the Crisis
542 Nursery program line; seconded by Gowda.
543

544 Rappaport asked if there was a need for further discussion on the amendment. James stated
545 he did not like singling out one agency when all the others would be cut. He expressed that he has
546 seen some good services out of the mobile unit, which was cut. He thought it was unfair to not treat
547 all the agencies equally. Rappaport said he did not know what the implications would be of not
548 matching the Mental Health Board's funding of \$25,000. Ramirez wanted to know if the agencies
549 would be questioned as to whether or not they could perform the programs on the reduced funding.
550 She was concerned about the Smile Healthy program and the reduction to CUPHD's core services
551 by about \$115,000. The CUPHD personnel were no longer present at the meeting to respond to the
552 questions, which worried Ramirez. She would also like to know an estimate for the vaccination
553 cost. She felt there was not enough information to finalize a budget without hearing from the 3

554 affected agencies. Peterson and Rappaport agreed the intention was to vote on a proposed budget
555 and give the agencies a chance to respond. Ramirez understood the idea of reserving money for the
556 vaccines, but wondered if doing so by cutting the core services was helping CUPHD. Busey
557 suggested the BOH consider the proposed budget as a preliminary measure to give the agencies an
558 opportunity to comment. She described how the County's General Corporate Fund department
559 heads were asked to prepare their FY2010 budgets with the cuts and an explanation of what those
560 cuts would mean to the departments. Then the County Board will decide if they will require those
561 cuts. Busey said the BOH needs to give the agencies somewhere to start. If the BOH decided it
562 could not impose the cut on an agency once it saw the agency's response, then the BOH could
563 determine whether they would spend some of the \$150,000 in the fund balance.
564

565 **Rappaport withdrew his motion on the basis of Busey's recommendation.** He stated the
566 BOH was voting on a proposed budget and would be as responsive as it could to the feedback it
567 receives from agencies. Rappaport asked how to communicate this to the agencies. Peterson said
568 Rappaport should write a letter as the BOH President giving the proposed budget for the agency
569 next year and inviting comments. Rappaport asked for Busey's help with the letters. Busey
570 recommended asking the agencies to present the services they would provide for the proposed
571 dollar amounts. Scholze wanted to see the agencies' responses before the July meeting so the
572 members have a chance to think about the response in advance of the meeting. The BOH agreed to
573 hold a study session on July 14th to receive information and have a discussion about the FY2010
574 budget.
575

576 **Motion carried with all ayes.**
577

578 **Treasurer's Report**

579 Approval of CUPHD Invoice for April 2009
580

581 **MOTION** by Peterson to approve payment of the CUPHD invoice for April 2009; seconded
582 by James. **Motion carried with all ayes.**
583

584 **Issues Regarding CUPHD**
585

586 All CUPHD issues were discussed during the budget presentation.
587

588 Issues Regarding Smile Healthy (Kassem)
589

590 All Smile Healthy issues were discussed during the budget presentation. Greenwalt agreed
591 to email Smile Healthy's audited financial statement for the year ending December 31, 2008 to
592 Bork so they could be forwarded to the Board.
593

594 **Other Business**

595 Public Health in Peril: The Call to Action
596

597 Ramirez pointed out the conference pre-survey is in the agenda packet. It was interesting
598 that primary prevention is the first area to be cut although it is one of the priorities everyone
599 supports. She noted primary prevention was not even being discussed in the BOH's budget. The 3

600 major public health associations want to come together and focus on 3 major priorities: data
601 information systems, public health system infrastructure, and primary prevention services. They are
602 trying to unite to have a political voice and to be a priority in funding. Often public health and
603 human services are lesser priorities because the areas do not have political action committees or
604 unions to exert political pull.

605

606 NALBOH Welcome Packet

607

608 Bork showed the BOH the NALBOH welcome packet. The first NALBOH newsletter was
609 included in the Board's envelopes with their agenda packets. Ramirez stated she had requested the
610 NALBOH survey results for Illinois because those will be useful for future planning purposes.

611

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

613

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

615

616 **Adjournment**

617

618 The meeting was adjourned at 8:33 p.m.

619

620 Respectfully submitted,

621

622 Kat Bork

623 Board of Health Secretary

624

625 *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 **Study Session**

4 **Tuesday, July 14, 2009, 6:00 p.m.**

5
6 **Call to Order & Roll Call**

7
8 The Board of Health held a study session on July 14, 2009 in the Jennifer K. Putman
9 Meeting Room at the Brookens Administrative Center, 1776 East Washington, Urbana. The
10 meeting was called to order at 6:03 p.m. by Julian Rappaport. Board members Mark Huls, John
11 Peterson, Cherryl Ramirez, Julian Rappaport, and Bobbi Scholze were present at the time of roll
12 call. Betty Segal and Stan James arrived after roll call. Absent Board members were Brenda
13 Anderson and Prashanth Gowda. The staff member present was Kat Bork (Board of Health
14 Secretary). Also present were Peg Boyce (Smile Healthy Board of Directors Member), Deb
15 Busey (County Administrator), and C. Pius Weibel (County Board Chair and CUPHD Board
16 Member).

17
18 **Approval of Agenda/Addendum**

19
20 **MOTION** by Peterson to approve the agenda; seconded by Scholze. **Motion carried**
21 **with all ayes.**

22
23 **Public Participation**

24
25 There was no public participation.

26
27 **Board of Health Budget Discussion**

28
29 Rappaport stated his intention for the session was to have a realistic discussion of how
30 much money the BOH has in FY2010 and how much it could afford to spend at different rates.
31 He also wanted Weibel to know the same things the BOH knows because Rappaport felt there
32 has been communication confusion between CUPHD and the BOH.

33
34 Segal entered the meeting at 6:06 p.m.

35
36 Rappaport continued to explain his major intention was for the BOH to come to some
37 communicated understanding of the dollars it has to distribute.

38
39 James entered at the meeting at 6:07 p.m.

40
41 Rappaport also wanted to know what the BOH's future would look like under various
42 spending scenarios and how soon it would run out of money if it spent at the rate requested by
43 various agencies. He asked Busey to spell out the possible scenarios and encouraged the BOH
44 and Weibel to have an open discussion. Busey distributed two documents, the first being
45 FY2010 proposed budget set at the last meeting. The proposed budget eliminated the Senior
46 Wellness Program run by the Regional Planning Commission and the Mobile Unit Program run
47 by CUPHD. The remaining agencies submitted budget requests with expenditures in excess of
48 the BOH's revenue, so the BOH evenly distributed cuts to the budget requests of 16.59% to end

49 with a balanced budget. The second page shows the FY2010 budget with Mental Health Board
50 (MHB) joint Crisis Nursery program pulled out of the operating expenses and funded out of the
51 BOH fund balance. The cuts to other remaining programs would be 14% instead of 16.59%.
52 This approach would mean the BOH is spending in excess of its revenue next year. The joint
53 MHB program funding of \$25,000 would be appropriated out of the fund balance as a short-
54 term, special initiative program. The FY2010 budget assumes ongoing funding of the CUPHD
55 contract and Smile Healthy program at dollar values less than what those agencies requested so
56 the BOH could remain within its revenue authority.

57
58 James was apprehensive about singling out the Crisis Nursery program funded with the
59 MHB because the BOH is cutting funding to the other programs, including two which were
60 entirely eliminated. He preferred an approach that was fair to all agencies. James pointed out
61 the budget is not really reduced because the MHB funding is coming out of the reserve. He
62 stressed that the H1N1 vaccination costs are unknown and could dramatically affect the fund
63 balance. Ramirez requested an estimate of the worst case scenario costs related to H1N1.
64 Weibel said he asked the same question at the CUPHD Board meeting yesterday and the staff did
65 not have a good idea. The costs will all be labor and travel related to administering the vaccine.
66 The vaccine and materials are usually provided by the state. Vaccinating children would be a
67 priority. Ramirez wanted to know at least a ballpark figure. Weibel said the problem was
68 CUPHD had to go out to the public to administer the vaccine, whereas it would be better if
69 everyone came to CUPHD. Rappaport learned today via Carol Elliott that Julie Prude wanted
70 her to communicate to the BOH that any vaccine costs are not included in CUPHD's budget
71 request. Rappaport assumes that means CUPHD will ask the BOH to cover those additional
72 costs. Ramirez indicated that is why the money is being placed in reserve. In response to
73 Rappaport's question, Busey stated the fund balance amount was \$313,859 and the fund balance
74 goal was \$185,600. This means the BOH has \$128,245 in its fund that it could appropriate.
75 Rappaport said the proposed CUPHD budget is about \$725,000. In the conversations up to this
76 point, BOH has been discussing reductions to the budget with no response from CUPHD that
77 they would be willing to provide reduced services with a smaller budget. Scholze noted CUPHD
78 has asked for an increase in benefits at a time when the BOH is struggling with budget cuts.
79 Rappaport said he saw several things in the CUPHD budget request when he and James spoke
80 yesterday, including that the BOH is being asked to pay a higher indirect cost than CUPHD
81 charges itself. James had made a point that going line by line through the budget would not be
82 the most beneficial. Rappaport wanted to point out that so far the BOH is talking to itself about
83 the budget and they would quickly run out of money.

84
85 Busey drew the Board's attention to the document she prepared that showed the effect of
86 fully funding the CUPHD and Smile Healthy FY2010 budget requests, continuing to fund the
87 clerical support services the BOH must have, and nothing else. Busey projected the fund balance
88 with the CUPHD and Smile Healthy expenses increasing annually at a conservative 2% rate and
89 an annual property tax revenue growth of 2.5%. From FY2010 forward, the BOH would be
90 spending more than it is receiving in revenue with just those two programs. The fund balance
91 would be completely depleted in two years. Clearly, the BOH cannot take that approach. The
92 next page of charts shows what happens if the CUPHD contract and BOH clerical support
93 services are the only things funded by the BOH with the same assumptions for growth. The
94 BOH would basically have a balanced budget only funding those two things. Weibel asked how

95 much BOH clerical services cost. Busey said it was approximately \$6,000 a year. She noted the
96 BOH is also paying administrative support to CUPHD in excess of \$100,000 a year, yet CUPHD
97 was not providing clerical support for the BOH. Bork noted the BOH only pays her for the
98 number of hours she actually works.
99

100 Rappaport concluded if the BOH went to the model where it essentially gave all its
101 revenue to CUPHD, then there would be little point to actually having a County Board of Health
102 since it would have no decisions to make and no policy to implement. This may ultimately be a
103 discussion with the County Board, CUPHD Board and BOH as to whether they actually want an
104 active County Board of Health. James commented the BOH basically understands what the core
105 services are, but there are questions about the scope of those services. He acknowledged it was a
106 difficult issue to tackle because none of the members have the time to analyze the numbers and
107 determine what the BOH is receiving for its money. He asked Weibel if he had any insight as to
108 whether the BOH is being charged a fair rate. Weibel replied he had not looked at it in any great
109 detail and it was a good question. James focused on the issue of what services the BOH is
110 legally obligated to do and whether the BOH has to meet that obligation before it farms out to
111 other entities. In his mind, the BOH should have the right to farm out to other entities once it has
112 met the basics of its legal obligations, which he felt the BOH has. He believes in presenting
113 agencies with a dollar figure the BOH can afford and asking the agencies to respond as to
114 whether they could work within that amount. If the agencies could not work within the set
115 amount, he wanted to know why. James understood agencies are affected by increased benefits
116 costs, but it is up to the agency to decide how to react the issue. He thought the BOH should
117 make cuts to unnecessary services where it can, while ensuring the BOH is meeting the core
118 services. He thought the BOH was meeting the core service standards, but was not sure if the
119 BOH was going overboard with the services. Since the BOH has presented a fair budget and
120 CUPHD has not responded, he would rather keep the budget as proposed without any more fine-
121 tuning that spends the fund balance. He pointed out other boards are making cuts due to current
122 economic conditions, including the County Board.
123

124 Scholze did not think the Board has consensus about the core services issue and the intent
125 of the law. There are questions concerning what level of service is required by law and what is
126 the limit to those services. Scholze felt that CUPHD will always have need for more money to
127 use towards public health services than the BOH can afford to give because the need for services
128 is constant. She felt CUPHD staff were unquestionably professional and know the business of
129 public health. However, the BOH is struggling to make decisions about budget cuts and the
130 Board is not able to have a good conversation with CUPHD about the services. At some point,
131 CUPHD has to make decisions about what services they are going to cut. While Scholze is
132 sympathetic to the budget strain CUPHD is facing, she noted the other agencies responded with
133 plans of how they would manage the programs within the budget cuts. She was not inclined to
134 turn over all the BOH money to CUPHD because of the all or nothing approach to services that
135 was stated at the last meeting.
136

137 Peterson asked Weibel about the impact of funding cuts to CUPHD. Weibel said the
138 grant funding is dropping and CUPHD is somewhat preparing for impacts. The funding cuts
139 have not hit CUPHD yet, but Weibel thought it is likely something would happen when the state
140 budget is finalized. Rappaport said the BOH budget is based on receiving the same amount from

141 the Local Health Protection Grant. It is possible the Local Health Protection Grant will be
142 reduced or disappear completely. Weibel stated CUPHD is facing the same issue. Rappaport
143 said when the BOH tries to figure out how to be a public health board and have a conversation
144 with CUPHD staff, they basically get a flat out demand, sometimes nicely stated, instead of a
145 conversation. He did not get a sense the BOH could negotiate with CUPHD staff and it might be
146 inappropriate for the BOH to negotiate with CUPHD staff when it is appropriate to negotiate
147 with the CUPHD Board. Rappaport thought the BOH might need to have conversations with the
148 CUPHD Board about the policy regarding what kind of public health services make sense in the
149 County given the BOH's resources and CUPHD's interest. He felt these discussions should
150 occur between the two boards and then be implemented by the staff. He would want to know
151 from staff what would be the best level of service that could be provided for a budget set by the
152 BOH. He noted the BOH could not tell CUPHD staff what to do because they are CUPHD's
153 staff, not the BOH's staff. Instead, the BOH needed some way to communicate with the
154 CUPHD Board. Weibel stated the CUPHD Board does not make a lot of policies that affect
155 what the staff does because the staff is largely controlled by Springfield. The CUPHD Board
156 accepts the grants that come in and spends most of its time dealing with personnel policy and
157 physical plant issues. Most of what CUPHD staff does is directed by policies that come out of
158 Springfield. He noted the BOH is unique because it has no staff to speak of, so it does not have
159 the personnel issues that CUPHD has to deal with on a regular basis. He stated the CUPHD
160 Board does not direct the staff because it has an Administrator who knows what the staff should
161 be doing and provides that direction to staff. Peterson thought the CUPHD Board really did not
162 have a strong idea of what the state budgetary impacts on the agency would be and Weibel
163 concurred. He noted more than half of the CUPHD budget is dependent on grants.
164

165 James looks at the budget process as a negotiation because everyone has to make cuts in
166 the current economic climate, so there has to be some compromise. The BOH wants to be sure it
167 is fulfilling its duty the way it was intended. He thought the BOH did not have an idea of
168 whether they are fulfilling that duty because the Board is not clear as to what core services it
169 does have to provide. James explained the BOH was looking for a response from CUPHD
170 saying that they could live with the reduced budget and where the cuts would be made. There
171 were some areas of the CUPHD budget that James had questions about and he realized there
172 were things the BOH was not being charged for in the past, but felt there was still room to
173 negotiate. He noted the Regional Planning Commission is not here objecting to the budget cut,
174 they are swallowing it and moving on. He wanted to hear a plan from CUPHD. Weibel said the
175 BOH had not formally presented anything to CUPHD. James stated Julie Pryde and Carol Elliott
176 were present at the meeting when the BOH proposed the FY2010 budget with program cuts.
177 Rappaport and Busey confirmed a letter was sent to Carol Elliott and copied to the entire
178 CUPHD Board giving the specific dollar amounts the BOH approved based on the FY2010
179 request by CUPHD. The letter also asked for a joint meeting and since that request was not
180 granted, the BOH hoped the CUPHD Board would respond regarding the proposed budget.
181 Weibel replied the two boards had not found a good time to hold a joint meeting. James said the
182 CUPHD Board could meet by itself and respond as to whether the proposed budget was livable,
183 especially with potential H1N1 costs. Weibel said the issue has not been on a CUPHD Board
184 agenda yet and he cannot talk to Elliott outside of a meeting because of the Open Meetings Act.
185 Busey and James discussed fund balance goal set at the June meeting. James thought the BOH
186 could consider whether it wanted to expend the money in the fund balance that is in excess of the

187 goal. The BOH does not have to spend this money, but it could look at expenditure requests
188 from any agency later in the year. Busey advised that any expenditure of the fund balance in
189 excess of the goal should be limited to one-time expenses and not built into the operating
190 expenses.

191
192 Rappaport wanted Weibel to be aware that when the BOH's legal counsel reviewed the
193 statutes concerning core services, the definition of a core service is clear but how much core
194 service a public health department must provide is interpretable. If it comes to point that the
195 BOH cannot meet the core services, it can be negotiated with the Illinois Department of Public
196 Health. He felt if CUPHD informs the BOH what the best level of service they can provide for
197 the proposed budget figure and the BOH is worried the level will not meet the core services
198 requirement; the BOH would be willing to negotiate with IDPH. Weibel acknowledged he was
199 familiar with that information and thought IDPH would tell the BOH to figure it out themselves.
200 He thought IDPH would only be concerned with cases where a public health department is
201 completely out of money. Rappaport asked if the BOH's certification was at risk. Weibel could
202 not answer and was unfamiliar with the certification process.

203
204 Peterson stated a large potential cut would be to perform two Type-1 restaurant
205 inspections rather than three because Environmental Health is the biggest deficit area. James
206 concurred there were ways to make cuts while continuing providing the services, even though
207 the services would not be at the ideal level. Scholze felt the Administrator's job was to make
208 recommendations where reasonable cuts could be made without really harming services because
209 she knows the public health regulations better than the Board. The BOH relies on the
210 Administrator for this expertise and Scholze felt they have not received it. Rappaport
211 respectfully asked Weibel or the CUPHD staff to look at the indirect or overhead costs being
212 charged to BOH. Rappaport said the BOH was willing to pay a fair share, but indirect costs can
213 usually be negotiated. James wanted the two boards to work together to meet the public health
214 needs in Champaign County.

215
216 Ramirez stated at the last meeting Elliott suggested CUPHD may not accept the proposed
217 budget. Ramirez understood this to mean the BOH would have to go elsewhere for core
218 services. She asked Rappaport if Elliott had ever given him a sense during their conversations of
219 what that dollar threshold might be. Rappaport indicated Elliott has not informed him what that
220 dollar amount might be. Ramirez felt the BOH needed a response from CUPHD regarding the
221 proposed budget before they can move forward. James suggested other options should be on the
222 table for comparison. Ramirez said the BOH, as a responsible board, has to look into a Plan B if
223 there is a possibility CUPHD would not provide the services. The BOH discussed the budget
224 development to this point. The Board agreed it needed to hear a response from CUPHD before
225 moving forward.

226
227 Huls suggested asking CUPHD again for a response to the proposed budget. Rappaport
228 had written and verbal communications with Carol Elliott. During these communications she
229 indicated she did not want to have a joint study session in the absence of CUPHD's staff or their
230 lawyer. He wanted to have conversation between the two boards so both entities would
231 understand their respective positions. Rappaport explained to Weibel his opinion that the boards
232 should communicate because while it is unclear what the BOH's relationship is to CUPHD staff.

233 While Julie Pryde is the BOH's Administrator on paper, Rappaport felt the position was
234 structurally in a conflict of interest. On one hand the CUPHD Administrator should try to get the
235 most revenue possible for CUPHD to ensure it functions well, but on the other hand the BOH to
236 trying to obtain services from CUPHD in the most cost effective manner for its budget. If each
237 entity had a separate Administrator, then they could be negotiating with each another. Rappaport
238 said it was a policy issue to determine what kind of public health system Champaign County
239 should have. He asked how the two boards could work together in a better fashion for the
240 purpose of good government and good public health. He asked for the CUPHD Board to engage
241 with the BOH. Weibel stated the CUPHD Board did not say no and advised the BOH to not take
242 the fact that Elliott asked to have their attorney present as a threat. Weibel often takes the one of
243 the Assistant State's Attorneys with him to grievance hearings to have a lawyer interpret the
244 contract. James expressed that staff can be more knowledgeable about the budget numbers than
245 board members, giving the example of Busey's role as County Administrator to the County
246 Board. He understood why the CUPHD Board wanted to have its staff present to give input.
247 James thought Pryde was being fair in a difficult situation. Rappaport said he would be trying to
248 get a reduction in the indirect costs charged by CUPHD if he was the BOH's Administrator.
249

250 Busey spoke about the contractual relationship between the two boards. In Illinois, the
251 boards could enter into an intergovernmental agreement what would enable the CUPHD Board
252 and the BOH to have a joint Administrator. An example can be seen with the Champaign
253 County Mental Health Board and Developmental Disabilities Board. Those two boards have an
254 intergovernmental agreement and a single Administrator serves both boards. The Mental Health
255 Board and Developmental Disabilities Board have created a structure which enables one person
256 to act as Administrator to both. The BOH and CUPHD Board to not have such a structure,
257 instead the CUPHD Administrator is put in a no-win situation. The structure between the boards
258 should be a public conversation about what could be accomplished differently if the CUPHD
259 Board and BOH worked together through an intergovernmental agreement instead of one board
260 contracting with another for services. The BOH supported exploring that idea. Rappaport said
261 the boards can agree to change contract at any time. Huls suggested the national economic
262 situation has made now the right time to have this conversation. Rappaport acknowledged the
263 BOH was interested, but they had to have a willing partner in the conversation. Huls asked
264 Weibel if this could happen. Weibel said maybe they could and hypothesized the boards would
265 have to have develop an intergovernmental agreement and vote on it. The BOH discussed the
266 possibilities of an intergovernmental agreement with the CUPHD Board.
267

268 Returning to the budget issue, Scholze suggested requesting a reply on the proposed
269 budget from the CUPHD Board by a set deadline. James suggested Rappaport send a letter to
270 CUPHD asking for a response by the BOH's July meeting so the BOH knows how to proceed
271 with its budget. BOH discussed holding a joint study session or meeting with the CUPHD Board
272 as it moves towards its budget deadline. James hoped Weibel would share the information from
273 tonight's study session with the other CUPHD Board members. Weibel said he could not do so
274 until the next CUPHD Board meeting. The BOH discussed the history with CUPHD and looking
275 forward with the budget. Scholze asked what would happen if CUPHD does not respond to the
276 letter. Weibel suggested talking to Pryde instead of sending a letter. Rappaport was willing to
277 have the conversation, but James preferred having something in writing. Scholze wanted to have
278 a plan in place for the worst case scenario because the BOH might have to apply for a waiver

279 from the state. James suggested talking to Susan McGrath to understand the legal options.
280 Scholze said that information was included in McGrath's recent legal opinion on core services.

281
282 Rappaport appreciated Weibel's willingness to be present to hear what is going on in the
283 BOH members' minds and understand what is driving them.

284
285 **Adjournment**

286
287 The meeting was adjourned at 7:15 p.m.

288
289 Respectfully submitted,

290
291 Kat Bork
292 Board of Health Secretary

293
294 *Secy's note: The minutes reflect the order of the agenda and may not necessarily reflect the order of business conducted at the meeting.*



SOCIAL SERVICES

1776 East Washington Street
Urbana, IL 61802

Phone 217.328.3313
LIHEAP/Rent Assistance 217.384.1226
Fax 217.328.2426

www.ccrpc.org

To: Champaign County Public Health Board
From: Regional Planning Commission – Senior Services
V. Christensen, Senior Services Program Manager ✓
Date: July 2009
Re: Senior Wellness Program Quarterly Report: 4/09 – 6/09

Attached is the current program report for the Senior Wellness Program. The fiscal report reflects 2 quarters following receipt of signed 2009 contract.

The report continues to reflect new (first contact in 2009) and continuing (seen at least twice in 2009) for your review. As the year progresses, the continuing clients outnumber the new (clients). We continue to maintain a wait list for individuals requiring assistance with IL Cares Rx/Circuit Breaker applications. The majority of client assessments are completed in their homes. The zip codes in parts of Champaign – Urbana (which reflect both in and out of the city limits) are also provided for future planning consideration.

You will note an increase in outreach events in the rural communities to distribute information about services and programs. The ability to build relationships with organizations and the communities, where the rural seniors reside, is a focus of Senior Services. These connections have been enhanced by the funds provided, this year, from the Champaign County Public Health Board.

We currently transport 20 rural residents via our Rural Rider transportation program. This quarter 8 additional seniors have been registered for the service. Rides are prioritized for health related (i.e. dialysis, rehabilitation, medical/dental appointments, pharmacy, adult day care with respite for the primary caregiver) and nutrition (often large “box” stores for bulk grocery items and the pharmacy). This service also identifies ongoing needs of a population that no longer drives. In June, we coordinated with Community Service Center of Northern Champaign County and Adult Day programs to distribute a portion of the annual Farmer’s Market coupons to individuals who live outside of Champaign-Urbana. Those numbers will be reflected in next quarter’s report.

Senior Wellness

4/1/09 – 6/30/09

Senior Wellness Clients Served

	10/1/07-9/30/08 Total for Year	10/1 - 12/31/07 Baseline	10 – 12/08	1 – 3/09 New	4 – 6/09 New	7 – 9/09	10 – 12/09
Rural	249	78	90	65 * 4 **70	46 *7 **39		
Rantoul	111	27	39	34	30		
C-U	723	195	218	180	116		
TOTAL	1083	300	349	319	238		
				Champaign *61822 -24 Urbana **61802-03	Champaign *61822-24 Urbana **61802-03		

Number of new clients served from these communities this quarter:4/09 – 6/09

Bondville - 0	Mahomet - 9	Thomasboro - 0
Broadlands - 1	Ogden - 4	Tolono - 9
Dewey - 0	Pesotum - 0	
Fisher - 2	Philo - 3	61822-4 (7)
Foosland - 3	Rantoul - 30	61802-3 (39)
Gifford - 1	Sadorus - 0	
Homer - 1	Seymour - 0	
Ivesdale - 0	Savoy - 5	
Longview - 2	Sidney - 0	
Ludlow - 1	St. Joseph - 5	

Senior Wellness Quarterly Report: 4 – 6/09

30% New senior contacts have a rural address

74 IL Cares Rx/ C.B (rural) applications completed (new and continuing clients)

4 SSA Low Income Subsidy (rural) applications (new and continuing clients)

Assistance provided to complete applications and/or referrals made to these services/agencies/programs:

Transportation Options:	15
Land of Lincoln Legal Assistance Foundation:	10
LIHEAP:	9
Family Service:	7
Weatherization/Repair:	7
DHS:	6
Cumberland:	4
Home Care:	4
PACE	3
Medicare Savings Plan:	3
Food Sites:	3
Adult Day Programs:	2
Mental Health:	1
Medications:	1
Property Tax Freeze:	1
SHIP:	1
Money Management:	1
Grief Support Group:	1
Dental:	1
Medicare/Assessor/SSA:	1/1/1
Medicare Home Health:	1
Tele. Response System:	1
Memory Assessment:	1
Rental Assistance:	1
Housing:	1

Champaign Zip Codes (61822, 61823, 61824)

Family Service:	7
Land of Lincoln Legal Assistance Foundation:	3
LIHEAP:	2
Mental Health:	2
PACE:	2
Cumberland:	1
Transportation Options:	1
Property Tax Freeze:	1
Weatherization:	1
Memory Assessment	1
Prescription Glasses	1
Catholic Wk Camp/Repair	1

Urbana Zip Codes (61802, 61803)

Land of Lincoln Legal:	5
Cumberland:	4
Family Service:	4
Weatherization:	3
LIHEAP:	2
Mental Health:	2
Medicare Savings Plan:	2
Food	2
DHS:	2
Home Care	1
Property Tax Freeze:	1
PACE:	1
Gift of Sight	1
Employment	1
Assessor	1

Rural Outreach this quarter:

- 4 & 6/09 Interagency Coord. Committee on Transportation mtg./Rantoul
- 4/4 Homer Business Expo (20)
- 4/8 Mahomet Methodist Sr. Group: Anxiety DVD and discussion (6)
- 4/8 Rantoul Business Expo (60)
- 4/21 Tolono Library Outreach (2)
- 5/2 Bridle Brook Health Fair – Mahomet (30)
- 5/4 Wal-Mart (Savoy) presentation
- 5/7 Tolono potential gatekeepers (2)
- 5/7 Center for Health – Philo (2)

Rural Outreach this quarter (cont'd)

- 5/11 Facilitated and attended PACE presentation (vision and hearing impaired) @ Tolono Library
- 5/13 Mahomet Senior Group – (1)
- 5/15 Canterbury Health Fair – Urbana (30)
- 6/4 Community Services Board meeting (8)
- 6/12 Tolono Historical Society (7)
- 6/16 Tolono Library (1)
- 6/16 Center for Health - Philo
- 6/16 Ever April (subsidized housing) Tolono mailing to complex manager

Case Scenario 1

A rural elderly couple requested assistance with their Circuit Breaker application. Application completed and also identified that they were having a little difficulty “making ends meet”, in part due to the costly expense of incontinence supplies. Referral was made to the Food for Seniors Program, a list of walk-in food pantries was provided, and information re: donated incontinence supplies. This freed up some of their food and supplies budget for other needs.

Case Scenario 2 (an example of brief case management intervention)

75 year old female returned to her home after living in a nursing home in Urbana for the past year. Client called for assistance with Circuit Breaker application and indicated that her young pregnant granddaughter lived with her and cared for her. A home visit was made to complete the requested application. The assessment identified need for socialization and daytime care for client. Other family members were contacted and a referral was made to Cumberland Associates to evaluate for adult day care and home care. The client was approved for adult day care and was linked to Rural Rider for transportation to the Adult Day Program. As a result of subsequent Senior Services contact(s), a referral was made to Family Service Senior Resource Center to assess for possible passive neglect of client, as some daily needs were not always met. Follow up showed that a more capable family member moved in with client, client's needs were getting met and client was attending an adult day care program.

CHAMPAIGN COUNTY PUBLIC HEALTH BOARD									
AGENCY QUARTERLY REPORT									
AGENCY:		Champaign County Regional Planning Commission							
CONTRACT NAME:		Champaign County County Public Health Board							
FY: 2009		Reporting Period:		12/01/08 - 06/30/09		Original		X	
						Revision #			
OPERATING FUND REVENUE AND EXPENSES									
		TOTAL AGENCY YTD		Total Budget for CCPHB Contract		CCPHB Revenue			
REVENUE									
1.	CC United Way Allocation								
2.	U-Way Designated Donations								
3.	Contributions								
4.	Special Events / Fundraising								
5.	Contrib / Assoc. Organizations								
6.	Allocation From Other U-Way								
7.	Grants *								
	a) CCMHB								
	b) ECIAAA								
	c) Champaign County								
	d) Townships								
	e) City of Champaign								
	f) City of Urbana								
	g) CSBG #05-23138								
	h) Champaign Cnty Public Hlth Bd				\$25,000		\$25,000		
8	Membership Dues								
9	Program Service Fees*								
	a) Training Fees								
	b) Referral Fees								
	c)								
	d)								
	e)								
10	Sales of Goods & Services								
11	Interest Income								
12	Rental Income								
13	In-Kind Contributions								
14	Miscellaneous								
	Total Revenue				\$25,000		\$25,000		
* Please list individual revenue sources (do not combine sources) -- Add lines as necessary									
12/06									

CHAMPAIGN COUNTY PUBLIC HEALTH BOARD								
AGENCY QUARTERLY REPORT								
AGENCY: Champaign County Regional Planning Commission								
CONTRACT NAME:		Champaign County County Public Health Board						
FY: 2009		Reporting Period:		12/01/08 - 06/30/09	Original		X	
					Revision #			
OPERATING FUND EXPENSES								
		TOTAL AGENCY		Total Budget for	CCMHB Budgeted			
		YTD		CCPHB Contract	Expenses			
EXPENSES								
1	Salaries / Wages			\$1,661		\$1,661		
2	Payroll Taxes / Benefits			\$714		\$714		
3	Professional Fees / Consultants							
4	Client Wages / Benefits							
5	Consumables			\$58		\$58		
6	General Operating							
7	Occupancy							
8	Conferences / Convention / Meetings							
9	Local Transportation							
10	Specific Assistance							
11	Equipment Purchases							
12	Equipment Lease / Rental							
13	Membership Dues							
14	Interest Expense							
15	Fund Raising Activities							
16	Cost of Production							
17	Miscellaneous							
18	Depreciation							
19	Administration (indirect costs)			\$747		\$747		
TOTAL EXPENSES				\$3,181		\$3,181		
Excess (deficit) / revenue								
over expenses -				\$21,819		\$21,819		
12/06								

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

Agency: Crisis Nursery

Program: Beyond Blue

Report Period: April 1 to June 30
DUE July 15

Service Categories	Community Service Events (CSE)	Service/Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)		Treatment Plan Clients (TPC)		Other	
			Continuing	New	Continuing	New	Continuing	New
Annual Target	115	700 includes screening, home visits, telephone contacts, & referral contacts	80 including babies, other family members, and mothers screened but not in program.		25 mothers assessed as eligible		2886 hours of Crisis Care & Respite Care provided by CN	
Quarterly Data	30	270		17		7		158

Comments:

CHALLENGES:

*A huge challenge that we are experiencing at this time is transportation. Many of the families that reside in the rural community do not have access to transportation. This makes attending groups and utilizing respites a difficult task for these families. We are currently reaching out to other community resources, trying to collaborate and see if there is a way to get some type of transportation in place for families.

*We continue to have a large number of referrals for mothers within the Champaign-Urbana city limits. Our numbers appear to be on target for mothers in the rural community; however we receive a large number of referrals for individuals within the county. To date we have received referrals for 46 families within the county (24 from first quarter and 22 from second quarter). We continue to find that there are not many community services to support these particular mothers.

SUCSESSES:

*We have successfully completed six 6-week sessions of Parent/Child Interaction groups at Frances Nelson, Crisis Nursery, Family Service, Mahomet Area Youth Club, Head Start Rantoul and Parent Wonders in Rantoul.

*We have successfully completed the first week of a 6-week run of Parent/Child Interaction group and Perinatal Depression Support group at Crisis Nursery.

*We have successfully completed Support Groups at Family Service and Crisis Nursery.

*We have successfully made arrangements to collaborate with Hellen McDonald, a Licensed Clinical Social Worker to facilitate support groups. These groups will begin in January 2009.

*We are successfully held office hours at CUPHD in Rantoul and Champaign. Office hours at this location help individuals put a face with services/programs being offered at Crisis Nursery. We felt that being at the Rantoul location was more beneficial for the population that we are trying to reach, but continue to work the case workers from the Champaign office in order to continue to be connected with individuals within the city limits

*We successfully completed outreach at various rural churches, police stations, parenting groups and teen parenting groups and we have continuing efforts to get information to the community by dropping of flyers and speaking with people at local daycare centers, schools, laundry facilities, used clothing stores, libraries, and restaurants.

*We successfully completed a Perinatal Depression Panel.

*We successfully began a Program Committee to better focus on the needs of the program.

TESTIMONIAL:

At approximately 5:30pm, Crisis Nursery received a telephone call from a parent of a client, stating that our client had written a suicide note and the family needed our support. Crisis Nursery staff immediately went to work figuring out how to best assist this family. The program director called me at home to inform me of the situation since I had been the one primarily working with this mother. I immediately called this mother, from home, to see what I could do to help. At first my thoughts were that she was having some problems with the father of her son and that is what was fueling her depressive episode. I encouraged her to bring her child to Crisis Nursery so that she could spend some time focusing on her needs, but she was very reluctant to do this. I offered to come and see her and she stated that she would appreciate that very much. Myself and the Crisis Nursery intern from the school of Social Work

drove out to Rantoul to meet this mother. When we arrived, I immediately knew that the situation was much deeper than I had anticipated. This mother's affect was extremely alarming. That mixed with her suicidal ideations and plan, triggered me to try to get her and her baby to a safe place. After spending about 2 hours with this mother, we were able to convince her to seek further help while Crisis Nursery provided care for her child. I informed her that I would stay with her every step of the way and would even make it possible for her to see her baby while she was taking care of herself. My night didn't end until 2am the next morning, when I arrived back at Crisis Nursery to get in my car and drive home. It seemed like a long night, but that mother's night, feelings and situation are ongoing. I feel in my heart that she is alive and productively working on her mental health issues today because of the work that we do at Crisis Nursery. It is because of the Family Worker that acted quickly. It is because of the Program Director who called the person that had the most experience with this family. It is because of the Intern who went beyond her placement duties to be dedicated to the families, and her love for social work. It is because we at Crisis Nursery believe in our mission and selflessly serve these families without judgment.

Invoice Number:	0906
Date of Invoice:	June 2, 2009
Billing Period:	May-09

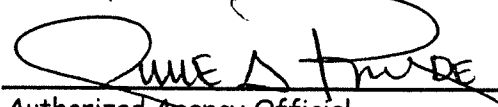
To:
 Champaign County Public Health Department
 Att'n: Evelyn Boatz
 1776 East Washington Street
 Urbana, Illinois 61802

For the Following Expenses:

533.07 Professional Services - Infectious Disease Prevention & Mgmt	\$	6,436.00
533.07 Professional Services - Maternal Child Health Mgmt	\$	3,127.58
533.07 Professional Services - IBCCP & Clinical Services	\$	2,053.58
533.07 Professional Services - Environmental Health	\$	26,635.58
533.07 Professional Services - Administration	\$	7,303.58
533.07 Professional Services - Bio-T Grant	\$	5,330.22
533.07 Professional Services - TFC Grant	\$	3,262.84
533.07 Professional Services - West Nile Virus Grant	\$	834.63
533.07 Professional Services - Non-Community Water - CU Surveys	\$	-
Total Amount Due to CUPHD per Contract	\$	<u>54,984.01</u>

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

FY2010 Board of Health Budget based upon June 23, 2009 Action

	FY2010 Request	FY2010 Adjusted Budget with Mobile Unit Cut & Senior Home Nursing Cut	FY2010 Adjusted Budget Cut 16.59% to Balance
TOTAL REVENUE	\$742,420.46	\$742,420.46	\$742,420.46
EXPENDITURE			
CUPHD Core Services Contract	\$703,766.00	\$703,766.00	\$587,011.22
CUPHD Additional Services	\$99,284.00	\$22,052.00	\$18,393.57
Clerical Support & Miscellaneous	\$6,100.00	\$6,100.00	\$5,088.01
Capital Improvement Grants	\$0.00		
Grants	\$0.00		
Return Unused Grant	\$0.00		
RPC Senior Home Nursing	\$50,000.00	\$0.00	\$0.00
Smile Healthy	\$133,128.00	\$133,128.00	\$111,042.06
Mental Health - Crisis Nursery	\$25,000.00	\$25,000.00	\$20,852.50
TOTAL EXPENDITURE	\$1,017,278.00	\$890,046.00	\$742,387.37
Revenue to Expenditure	-\$274,857.54	-\$147,625.54	\$33.09

FUND BALANCE INFORMATION	FY2010 Request	Option 1	Option 2
Projected Beginning Fund Balance	\$334,743.51	\$334,743.51	\$334,743.51
Fund Balance as % of Budget	32.91%	37.61%	45.09%
Fund Balance Goal as % of Budget	25.00%	25.00%	25.00%
Fund Balance Goal as % of Budget	\$254,319.50	\$222,511.50	\$185,596.84
Projected Ending Fund Balance	\$59,885.97	\$187,117.97	\$334,776.60
Ending Fund Balance as % of Budget	5.89%	21.02%	45.09%
Ending Fund Balance in Excess of Goal	-\$194,433.53	-\$35,393.53	\$149,179.76

July 22, 2009

Julian Rappaport, President
Champaign County Board of Health
Brookens Administrative Center
1776 East Washington Street
Urbana, IL 61802

Re: County Board of Health FY2010 Budget

Dear Mr. Rappaport:

I received your letter dated July 15, 2009. The \$605,405 that the County Board of Health has proposed for services purchased through the intergovernmental agreement with C-U Public Health District comes very close to purchasing the core services of food and water protection, sewage inspections, and communicable disease prevention and mitigation described to you at past Champaign County Board of Health meetings, including budget subcommittee meetings and study sessions. An additional \$1,162 would be required to cover the costs associated with CUPHD to providing the core services for Champaign County. There is no provision for tax dollars from Champaign-Urbana to be used to fund services for County Residents.

Based upon the CCBOH's current proposed budget, the following services will be eliminated:

- Vision Cooperative services for all Champaign County residents. Currently CUPHD is the only place adults and children with Medicaid can receive access to eye exams and eye glasses.
- Well water testing services for private wells. CUPHD offers Champaign County residents well water testing, for a fee, as a service for property evaluations (realtors, banks, homeowners) or county homeowners interested in knowing the safety of their well water.
- IL Breast and Cervical Cancer Project (IBCCP). Any services for county residents beyond what the grant covers will not be provided.
- Flu vaccination clinics. Last year the majority of the services provided from the mobile unit were flu shots, mostly for seniors. Prior to the

mobile unit services, CUPHD provided flu shot clinics in various locations throughout the county (senior centers, community centers, housing, etc.). This year we will not only need to provide seasonal flu shots (we expect a significant increase in demand), we will also need to provide flu shot clinics in all schools and daycare centers to protect children and staff against novel H1N1. At this time we are being told that this will require two separate shots given 21-28 days apart.

You may wish to refer to the 2008 Annual Report to see what services were used most by county residents: http://c-uphd/documents/annual_reports/2008-annual-report.pdf

In your July 15, 2009 letter to CUPHD, the 16.59% cuts included revenue from IDPH grants (Tobacco Free Communities, Emergency Preparedness, and West Nile Virus). This represents a cut of over \$16,000 from *grant-funded services*. The Illinois Department of Public Health does not allow funds from a grant-funded program to be used for other projects or purposes. The \$97,199 in IDPH grants are pass-through funding for the above-mentioned programs. CUPHD provides the grant-required services and then the County reimburses CUPHD from the grants for those specific purposes.

Again, I would be remiss if I did not reiterate that I think the Champaign County Board of Health's current proposed budget is not in the best interest of the public's health. While I certainly support and encourage maintaining a healthy fund-balance, it is imperative that, at the very least, the County Board of Health plan to fund flu vaccination clinics during a pandemic.

Many partners within the county have been working for several years with CUPHD on a countywide plan for pandemic response. Mayors, county government, the hospitals and clinics, pharmacies, home health care, mental health, representatives of special needs populations, faith-based agencies and organizations, private business, the U of I, Parkland, and many others participate in on-going planning. Dr. Peterson, as a member of the County Board of Health, has been a part of this planning process. I trust he has shared the significance of our plan with the rest of the CCBOH. The plan requires collaboration and partnerships to ensure that Champaign County rises to meet the challenges of the upcoming flu season. The Champaign County Board of Health's support and assistance is crucial and would be much appreciated.

Sincerely,

Julie A. Pryde
Public Health Administrator



SmileHealthy
Child Dental Access Program
Champaign County Board of Health

Revised Fiscal Year 2010 Budget Proposal - July 1, 2009
Supplement To Our Original Request

SmileHealthy will see over 2000 patients through all programs in Fiscal Year 2009. The number of children receiving care from the Champaign County Board of Health Grant is at least 1000 (500 seeing dentists at a private practice and 500 through mobile dental clinics). SmileHealthy requested \$133,128 to support that level of care in Fiscal Year 2010.

At the Champaign County Board of Health's proposed funding level of \$111,043 we would need to cut \$22,085 from our budget. There is little to cut in our operational costs, so the difference will be taken from payments to providers. This line item will be cut nearly 30%. This could mean providing direct care to 295 fewer children or only seeing 705 children in the next fiscal year.

However our dental team has discussed the best way to bear a \$22,085 cut in funding and feel that the most expensive services will have to cut dramatically. We will cut our oral surgery appointments in half in the coming year. Right now we case manage and pay for three surgeries a month. Cutting the available surgeries in half will mean eighteen fewer oral surgeries and completing about 180 fewer treatments. It will be a shame since it will mean a longer wait for our most dramatic cases. There is nobody else out there providing a service like this, but cutting oral surgery would allow us to maintain most of the Child Dental Access Program as it works now. This will be a savings of nearly \$18,000. That would take care of most of the difference and the fewest number of children would be affected.

The balance of the difference from our original request to the Board of Health's preliminary determination of \$111,043 will be in payments to providers. We will have \$340 less each month to pay providers for seeing Child Dental Access

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Children. Scheduling staff will reduce the number of appointments scheduled to maintain a balanced care budget. About 41 fewer children will get to see a private practice dentist in FY10.

Today, SmileHealthy has a binder with 200 eligible children waiting to be seen by the county Child Dental Access Program. Cutting the care budget by \$340 a month will grow this waiting list significantly. The downturn in the economy and growing awareness of the program will also add to the wait for care. I expect that a year from now there will be hundreds of families waiting for care from the Child Dental Access Program.

We are not likely to reduce mobile dental clinics at county schools, day care facilities, churches and community centers for several reasons: 1. We already have signed agreements for next year with most participating schools; 2. The number of children seen for the cost of providing care is very efficient; 3. Medicaid and insurance reimburses much of the cost of providing this care; 4. We provide a service to county schools that need state required dental exams from all of their Kindergarten, Second and Sixth Graders; and 5. The program reaches a large number of children that might not otherwise see a dentist.

At the revised amount I am not planning to make any changes to our education program. Little county money is dedicated to this program now. It reaches so many people and will hopefully prevent future oral health problems. It has been slow to grow, but now has momentum, a good part time coordinator and any cut would be very damaging. With a 16.6% cut we expect to still reach over 600 county residents not part of our other programs through our education efforts.

I believe that we have proposed smart cuts in difficult times. The total number of children affected could be as little as 59 fewer served by the Board of Health Grant. This care cannot be made up other places. We will continue to recruit dentists to see our children for free and to try to leverage support for dental care. However there is no substitute for this program.

I would like to discourage the board from further cuts. SmileHealthy and the county Child Dental Access Program must maintain some oral surgery and specialist care to properly serve our patients. Any more cuts to the payments to dentists will result in a loss of efficiency and potentially a loss of participating providers. Trust that we run a lean operation. If you would like to meet, see our office or just have questions, don't hesitate to contact me at work 359-7404, cell 390-5365 or at ngreenwalt@smilehealthy.org.



SmileHealthy
Child Dental Access Program
Champaign County Board of Health
 Revised Fiscal Year 2010 Budget Proposal

	Fiscal Year 2008	Fiscal Year 2009	Revised Fiscal Year 2010
Personnel	37,500	37,500	39,375
Fringe (@ .20 of wages)	7,500	7,500	7,875
Personnel Subtotal	45,000	45,000	47,250
Operations			
Travel/Mileage	3,000	3,000	3,150
Telephone	760	760	798
Dental Supplies	3,000	3,000	3,150
Printing/Copies	760	760	798
Postage	240	240	252
Contractual (Bookkeeping & Audit)	2,600	2,600	2,730
Operations Sub-total	10,360	10,360	10,878
Patient Care and Client Assistance	75,000	75,000	52,915
Total Operating Expenses	130,360	130,360	111,043
Equipment Grant	10,000	0	0
Total	140,360	130,360	111,043

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From: Peter Tracy ;
Sent: Thursday, June 25, 2009 4:10 PM
To: Julian Rappaport; Kat Bork; Deb Busey
Cc:
Subject: Crisis Nursery Contract

Dear Julian:

Thank you for your letter dated June 24, 2009 concerning the perinatal depression program cofounded by the Champaign County Board of Health (BOH) and the Champaign County Mental Health Board (CCMHB).

Your letter states a preliminary determination has been made to provide \$20,853 as the BOH share of the FY2010 Crisis Nursery contract, and the final decision allocation decision will be made at the BOH meeting on July 28, 2009. In light of this, I propose the following for your consideration:

1. The CCMHB has approved \$25,000 to fund the Crisis Nursery Perinatal Depression (i.e., Beyond Blue) FY2010 Contract contingent on the continuation of the Memorandum of Understanding between the BOH and the CCMHB.
2. I recommend the CCMHB complete the FY10 contract with Crisis Nursery with a contract maximum of \$25,000.
3. Upon approval of the \$20,853 by the BOH on July 28, we will issue a contract amendment to increase the contract maximum by \$20,853. A revised program plan and project budget reflecting the funding reduction of \$4,147 will also be required.

Please let me know if you agree with the plan proposed, or if you have questions or need additional information. Thank you in advance for your attention to this matter.

Peter

Peter Tracy, Executive Director
Champaign County Developmental Disabilities Board
Champaign County Mental Health Board