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## CHAMPAIGN COUNTY BOARD OF HEALTH

Brookens Administrative Center  
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### **Champaign County Board of Health**

**Tuesday, October 28, 2008**

**6:00 p.m.**

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

### **AGENDA**

<b><u>ITEM</u></b>		<b><u>PAGE NO.</u></b>
<b>A. Call to Order</b>		
<b>B. Roll Call</b>		
<b>C. Approval of Agenda/Addendum</b>		
<b>D. Approval of Minutes</b>		
1. Budget Subcommittee July 28, 2008		1-5
2. Board of Health September 30, 2008		6-16
<b>E. Public Participation on Agenda Items Only</b>		
<b>F. Senior Wellness Program</b>		
1. Quarterly Report from the Regional Planning Commission		17-22
2. Issues Regarding RPC Senior Wellness Programs (Scholze)		
<b>G. Correspondence and Communications</b>		
<b>H. Exploration of Merger Possibilities Amongst Champaign County Public Health Entities</b>		
<b>I. Treasurer's Report</b>		
1. Local Health Protection Grant Decrease Discussion		
<b>J. Issues Regarding CUPHD</b>		
1. Approval of CUPHD Contract		23-36
2. Report from Acting CUPHD Administrator		
3. Division Monthly Reports – September 2008		
a. Maternal & Child Health (Gowda)		
b. Infectious Disease, Mobile Unit (James)		
c. Environmental Health (Peterson)		
d. Wellness & Health Promotion (Ramirez)		

- K. Issues Regarding Mental Health Board (Segal)**
- L. Issues Regarding Smile Healthy (Kassem)**
  - 1. Monthly Report – September 2008
- M. Network of Care Discussion (Report from Ramirez)**
- N. Other Business**
- O. Public Participation on Non-Agenda Items Only**
- P. Adjournment**

1 CHAMPAIGN COUNTY BOARD OF HEALTH

2  
3 **Budget Subcommittee Meeting**  
4 **Tuesday, July 29, 2008, 4:30 p.m.**  
5

6 **Call to Order & Roll Call**  
7

8 The Budget Subcommittee held its third meeting on the FY2009 budget on July 29, 2008  
9 in Meeting Room 2 at the Brookens Administrative Center, 1776 East Washington Street,  
10 Urbana. The meeting was called to order at 4:32 p.m. by John Peterson. Stan James and John  
11 Peterson were present at the time of roll call, making all Budget Subcommittee members present  
12 and accounted for. Other Board of Health members present were Julian Rappaport and Cheryl  
13 Ramirez. The staff members present were Kat Bork (Board of Health Secretary) and Deb Busey  
14 (County Administrator of Finance & HR Management). Others present were Julie Pryde (Acting  
15 CUPHD Administrator) and Andrea Wallace (CUPHD Finance Director).  
16

17 **Approval of Agenda/Addendum**  
18

19 **MOTION** by Peterson to approve the agenda; seconded by James. **Motion carried.**  
20

21 **Approval of Minutes**  
22

23 **MOTION** by Peterson to approve the Budget Subcommittee minutes of June 24, 2008;  
24 seconded by James. **Motion carried.**  
25

26 **Public Participation**  
27

28 There was no public participation.  
29

30 **Approval of FY2009 Board of Health Budget**  
31

32 **MOTION** by James to approve the FY2009 Board of Health Budget; seconded by  
33 Peterson.  
34

35 Wallace distributed an updated CUPHD contract budget to the Budget Subcommittee.  
36 Busey provided the Board of Health budget in the County budget format in the agenda packet.  
37 Busey explained the County budget document is moving to a more streamlined format, so there  
38 is less line item detail than in previous years. There are two categories of services for auditing  
39 reasons. The first category includes contracts and direct services. The second category includes  
40 contracts and services with other agencies. The first category of services has a subtotal of  
41 \$663,057 and includes the contract with CUPHD, auto maintenance, dues, licenses, and the  
42 conferences and training line item. All of these line items are budgeted in FY2009 at same level  
43 they were in FY2008. The second services subtotal of \$678,658 includes the \$498,298 rebate to  
44 CUPHD. The real budget figure for the Board of Health is about \$856,000. The budgeted  
45 amounts to CIDES and RPC are the same as last year with \$130,360 budgeted for CIDES and  
46 \$50,000 budgeted for the RPC Senior Wellness Program. Peterson stated he would like to see a

47 detailed budget instead one that combines numerous categories. Busey had a more detailed  
48 version of the budget and offered to provide copies. Peterson asked Busey to provide the budget  
49 in a format like last year's for him to present at the County Board Legislative Budget Hearings.  
50 Peterson stated the budget was very well done this year. James felt the budget as discussed was  
51 fine as long as the projections hold up. Busey explained the property tax figures will be adjusted  
52 when the final numbers are known, though her projections are usually very accurate. The  
53 subcommittee discussed the format of the budget document.  
54

55 On the expenditure side, Rappaport suggested discussing about the 8.8% expenditure  
56 increase at the Board of Health meeting so the Board members would understand the reasons for  
57 the increase and pointing out that \$45,000 will be taken from the Board's fund balance to meet  
58 expenses. Peterson was under the impression that the Board of Health would be using some of  
59 its fund balance in FY2008, but it did not. Busey explained the state grants did better than  
60 originally budgeted by about \$50,000. Peterson said that was mainly the Bioterrorism grant.  
61 Pryde announced the Bioterrorism grant is being reduced by 20%. Busey asked if the reduction  
62 would occur this year or next year. Wallace said the new Bioterrorism grant would start in  
63 August. Busey said the number of anticipated grant revenue might be overstated because of this  
64 reduction. She requested CUPHD provide the accurate grant numbers. Pryde stated the  
65 reduction does not affect the Board of Health by much because the grant is in and out. Busey  
66 noted the \$25,000 to the Mental Health Board has not been moved out of the fund because it has  
67 not been spent. Rappaport said the Board intended to transfer that amount to the Mental Health  
68 Board for management of the joint funds. Busey will add that anticipated expense to the FY2009  
69 budget and update the FY2008 numbers. She pointed out that the Board received more property  
70 tax revenue than was originally budgeted in FY2008. She had previously provided a memo to  
71 the Board with this information. Peterson noted the Board's carryover increased by almost  
72 \$35,000 in FY2008 and asked if that was caused by the increased property tax revenue. Busey  
73 confirmed the Board would receive \$21,000 more revenue than budgeted in property taxes and  
74 rebate back to CUPHD \$18,000 to \$19,000 less than what was budgeted. Rappaport inquired  
75 how much fund balance the Board should maintain. Busey explained the optimal fund balance  
76 depends on the operation; the County General Corporate Fund's balance goal is 12.5% which  
77 amounts to 90 days cash flow for the operation. James supported maintaining a reserve fund for  
78 emergencies. Busey said the Board might want to define its fund balance at some point. The  
79 fund's revenue is highly diversified, with grants representing a big piece of revenue and property  
80 taxes providing a steady income source.  
81

82 Peterson remarked the Board has to continue to its core services if it ever has to consider  
83 making cuts to services. Pryde explained that the County Public Health Department exists to  
84 provide food services and communicable disease services. These services allow the Board of  
85 Health to collect taxes and receive local health protection grants. The Budget Subcommittee  
86 discussed the CUPHD Environmental Health Division and how it is subsidized because the fees  
87 do not cover the cost of providing its services. Pryde was willing to ask Jim Roberts, the  
88 Director of Environmental Health, to attend a Board of Health meeting if the Board lets her  
89 know when they want him to make a presentation. Pryde doubted there was any food protection  
90 program in the state that was self-supporting solely on its fees collection.  
91

92 Rappaport asked if Wallace would explain the 8.8% expenditure increase in the CUPHD  
93 budget at the Board meeting being held later tonight. Wallace said the cost increase is because  
94 of the Maternal and Child Health Management Division and the increased caseload predicted for  
95 the Illinois Breast and Cervical Cancer Program (IBCCP). CUPHD increased the IBCCP budget  
96 based on their estimation of what the County's portion of the total increased cost would be.  
97 Wallace reported the grants remain constant. The grant amount for the West Nile Grant was  
98 increased. CUPHD increased the Environmental Health Division's budget by 12%. Peterson  
99 asked if the increased budget was due to increased travel expenses. Pryde quoted the  
100 Environmental Health travel budget as being \$20,000/year and this includes all site visits. The  
101 CUPHD mileage rate just went up. Pryde stated the Environmental Health services are all set by  
102 state statutes and operating this division will become more expensive because they have a lot of  
103 new staff who will become more expensive over time. Peterson asked if there was any talk  
104 within CUPHD about having a motor pool. Pryde answered there was not because CUPHD has  
105 a policy prohibiting the ownership of vehicles by the district. Peterson asked if it would be less  
106 expensive for CUPHD to own vehicles and Pryde remarked it certainly would be. James did not  
107 see how it would be cheaper to own vehicles with the costs of upkeep. Pryde clarified it would  
108 only be cost effective if CUPHD could get together with other unit, like Champaign County.  
109 The subcommittee discussed the costs involved in owning and maintaining vehicles. Rappaport  
110 and Peterson asked if the Board of Health could use vehicles in the motor pool owned by  
111 Champaign County departments to save money. Busey explained the County motor pool  
112 consists of fifty-three squad cars, buses for the Nursing Homes, and vehicles that are dedicated to  
113 specific uses. The County does not have a loose motor pool for employee use. James and Busey  
114 confirmed County vehicles can now be maintained at the new Highway Fleet Maintenance  
115 Facility at a cost to the individual department. Peterson asked how many CUPHD employees'  
116 vehicles are out on County Board of Health business at a given time. Pryde said that depends on  
117 several factors and she would have to talk to Jim Roberts. Peterson suggested the Board should  
118 look at what the \$0.585 per mile rate it pays CUPHD has meant at the end of this fiscal year.  
119 Pryde stated the Board would be better off owning a vehicle. She suggested the Board buy a  
120 small car for CUPHD staff to drive. James wanted to look at all costs involved with owning a  
121 car versus the mileage costs they have to reimburse CUPHD for in a year when they are  
122 considering purchasing a car. He thought the mileage costs are probably equal to the cost of  
123 owning a vehicle. Busey asked what happened to the van the Board owned. Pryde said CUPHD  
124 is still driving it and stated the van was not unsafe, just old. Bork verified the Board had  
125 approved donating the van to the Animal Control Department at the end of FY2008.

126  
127 Rappaport suggested scheduling a future workshop on the budget when the Board is not  
128 under a deadline. He wanted the Board members to think about the fund balance amount that  
129 should be maintained and how to be more proactive in garnering program proposals from other  
130 agencies. Peterson said any workshop should include how they look at requests for Board of  
131 Health monies and the value they are getting from programs that are being funded. Peterson is  
132 reluctant to look at a fund balances as something that can be raided. Pryde informed the  
133 subcommittee that they needed to have a fund balance because more restaurants could open in  
134 Champaign County or there could be a communicable disease outbreak that would necessitate an  
135 unanticipated expense in core services. James stated that he liked to see programs that get  
136 services to people, therefore outreach needs to be formulated. The newer Board members also  
137 should be educated about the Board of Health's budget and programs. James wants to see the

138 Board solicit agencies for program proposals to ensure the programs being funded are truly  
139 provided services. Peterson suggested bringing Jim Roberts in for some study sessions and  
140 developing a fine structure with CUPHD for restaurants inspections. James remarked on the  
141 number of safety uses with some restaurants in Champaign County. He said there should be a  
142 hotline for people to report the safety violations they see in restaurants. Pryde stated that a  
143 hotline always exists and complaints can also be submitted online. James wanted a number  
144 posted in restaurants for people to see and call. Pryde said that would require an ordinance  
145 change. Rappaport did not know anything about the quality or regularity of the restaurant  
146 inspections and noted the Board has not looked at that issue. Pryde said the inspection  
147 requirements are set by state statute and Environmental Health is clearly regulated. The public  
148 has a responsibility to contact the public health department if they see possible health violations  
149 in restaurants because the Environmental Health Division is required to inspect all complaints.  
150 She explained that the Board of Health cannot make changes to how the Environmental Health  
151 programs operate because they are operated by state statutes. Pryde advised the subcommittee to  
152 be very careful about trying to get into programming because that is something they cannot do.  
153 She could provide information about how the programs are run so the Board better understands  
154 the programs. Rappaport said it was the Board's job to pay attention to outcomes and to see that  
155 the goals of the money being spent are accomplished. Pryde said it was to a degree, but items  
156 such as how often the inspections occur are non-negotiable because CUPHD must follow the  
157 state regulations. James said they were asking to know what they could do to fine-tune the  
158 operation. Pryde felt it is a good time to look into changing the ordinance because the City of  
159 Urbana wanted a restaurant closed for not paying its taxes and that is not currently allowable by  
160 the ordinance. Peterson wanted to hear about Susan McGrath's investigation into a fees structure  
161 for inspections. The subcommittee continued to discuss restaurant inspections. Pryde wanted to  
162 make it clear that a single complaint will not close a restaurant down unless it is an eminent  
163 threat to public health. More inspections will mean a greater expense to the Board of Health.  
164 The subcommittee agreed to schedule a presentation on the Environmental Health Division and  
165 Susan McGrath's research about fines at next Board meeting.

166  
167 Rappaport asked if the numbers in the budget only related to the County. Pryde and  
168 Busey explained the County budget only pertains to food inspections in the County area. Pryde  
169 added this includes schools, nursing homes, gas stations, and other places that sell food. The  
170 subcommittee discussed the role of Environmental Health in increasing the longevity of the  
171 American population.

172  
173 Busey stated the CUPHD budget has to be approved as an appendix to the CUPHD  
174 contract. The subcommittee agreed to a friendly amendment adding the CUPHD budget as  
175 Appendix B to the Board of Health budget and to the CUPHD contract.

176  
177 **Motion carried.**

178  
179 **Other Business**

180  
181 There was no other business.

182  
183

184 **Adjournment**

185

186           The meeting was adjourned at 5:31 p.m.

187

188       Respectfully submitted,

189

190       Kat Bork

191       Board of Health Secretary

192

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

1 **CHAMPAIGN COUNTY BOARD OF HEALTH**

2  
3 **Monthly Meeting**

4 **Tuesday, September 30, 2008, 6:00 p.m.**

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

7  
8 The Board of Health held its monthly meeting on September 30, 2008 in Meeting Room  
9 2 at the Brookens Administrative Center, 1776 East Washington Street, Urbana. The meeting  
10 was called to order at 6:02 p.m. by Julian Rappaport. Present Board members were Brenda  
11 Anderson, Stan James, Nezar Kassem, John Peterson, Cherryl Ramirez, Julian Rappaport, and  
12 Bobbi Scholze. Absent Board members were Prashanth Gowda and Betty Segal. The staff  
13 member present was Kat Bork (Board of Health Secretary). Others present were Carol Elliott  
14 (CUPHD Board Member), Julie Pryde (CUPHD Acting Administrator), Jim Roberts (CUPHD  
15 Environmental Health Director), Carrie Storrs (Former Board of Health Member), Andrea  
16 Wallace (CUPHD Finance Director), and C. Pius Weibel (County Board Chair and CUPHD  
17 Board Member).

18  
19 Rappaport introduced Brenda Anderson as the newly appointed Board of Health member.

20  
21 **Approval of Agenda/Addendum**

22  
23 **MOTION** by James to approve the agenda; seconded by Kassem.

24  
25 Rappaport moved item M2 on the agenda to directly after public participation. There was  
26 no objection to this friendly amendment to the motion.

27  
28 **Motion carried as amended.**

29  
30 **Approval of Minutes**

31  
32 **MOTION** by Peterson to approve the July 29, 2008 minutes; seconded by Kassem.  
33 **Motion carried.**

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

36  
37 Nancy Greenwalt spoke about the dental program monthly reports. In September CIDES  
38 began using the name SmileHealthly. Another change is a shift to using Eaglesoft software  
39 given to the dental program by Patterson. SmileHealthly is training staff and converting data, so  
40 for three months their reports will not include figures on the number of treatments or how many  
41 children are seen at the mobile unit events until SmileHealthly gets caught up on its data entry.  
42 Greenwalt hopes the software will improve SmileHealthly's Medicaid reimbursement in both the  
43 areas of speed and amount of money received. She said Eaglesoft is outstanding software for the  
44 recommended treatments, remote access, and printing of treatment plans. SmileHealthly has  
45 experienced problems getting children and their families to complete the treatment plans, but this



46 will hopefully improve. Greenwalt wanted to be clear that migrant Head Start patients are paid  
47 for through community health and not paid for by the County. The August education events are  
48 growing and Greenwalt asked how the Board of Health wanted to be recognized as a sponsor on  
49 SmileHealthy's education flyer. SmileHealthy held a Spanish Dental Day and are offering  
50 SmileHealthy as a service project or a badge project to the Girls Scout. Greenwalt has heard  
51 from three troops in Thomasboro and one troop in Homer Heritage. A number of community  
52 health students have been volunteering and interning with SmileHealthy.

53

54 **Correspondence and Communications**

55 **Local Health Protection Grant Decrease Notice**

56

57 The Board of Health's Local Health Protection Grant was decreased by 3%. Pryde  
58 explained the Board would need to replace the 3% that would have been funded by the grant  
59 because its pays for core services out of another fund.

60

61 **MOTION** by Peterson to request the County Administrator of Finance prepare a budget  
62 amendment for additional funding from the Board's fund balance to the core services because of  
63 the 3% reduction in the Local Health Protection Grant; seconded by Kassem

64

65 The Board discussed the grant reduction and the ongoing funding problems with the State  
66 of Illinois. Pryde reported all the Local Health Protection Grants were cut, as were a number of  
67 other grants. James asked if Pryde saw this action by the state as an ongoing problem. Pryde  
68 stated she did not and she could not remember the state doing this very often. This year the state  
69 said it would put some of the grant money in reserve, but then the state just took it away. This  
70 approach was new to Pryde. Storrs spoke about how this follows the federal model of taking  
71 back some money midway through the grant year. Rappaport asked if the dollar amount of the  
72 Local Health Protection Grant is the amount committed to be spent on core services. Pryde said  
73 no and explained providing the core services costs more than the Local Health Protection Grant  
74 provides. Storrs added that the grant is intended to support the core services, not completely  
75 cover their costs. Pryde confirmed the Board cannot reduce the core services even with this  
76 funding cut. Rappaport suggested acquiring more information to continue this conversation next  
77 month. Peterson stated the additional funding would come out of the Board's carryover.

78

79 **Motion carried.**

80

81 **Champaign County Nursing Home Consent Agreement with the Illinois Health Facilities**  
82 **Planning Board**

83

84 Provided for information only. James stated the consent agreement has already been  
85 implemented.

86

87 **Trilogy Network of Care Opportunity**

88

89 Ramirez informed the Board that she learned of the Trilogy Network of Care, a web-  
90 based information referral system. She passed around a brochure from the network's website.

91 She said Board members can visit the website at <http://networkofcare.org/home.cfm> to learn  
92 more. Trilogy Network of Care is a best practice from the President's New Freedom  
93 Commission for Mental Health. Ramirez explained this network has a public health component,  
94 probation, and many other aspects that a county system would do. The mental health area is  
95 always looking to integrate with public health. This network does not replace an existing  
96 website, but it links entities together and helps refer people across systems without being  
97 cumbersome. Ramirez reported that Peter Tracy of the Mental Health Board is very interested in  
98 getting this for Champaign County. They had a meeting with Deb Busey, Pius Weibel, and IT  
99 staff at which it was decided to schedule a web demonstration with Trilogy so interested people  
100 from various entities could participate. They are shooting for Oct 6<sup>th</sup> for the web demonstration.  
101 All someone needs to participate is a computer and a phone. Collaboration will allow entities to  
102 share the startup costs and monthly maintenance fees. Entities can add information to prevent  
103 the website from becoming dated.  
104

105 Rappaport asked Pryde for CUPHD's opinion about the Trilogy Network of Care. Pryde  
106 said she had not seen the information, so she could not give an opinion on how it would benefit  
107 their clients before learning more about it. CUPHD has an IT staff that keeps their website  
108 current. Pryde's is interested in the CUPHD leadership and IT teams taking part in the web  
109 demonstration. She asked what the monthly fee would be. Ramirez said the fee depends on how  
110 many association members make the purchase. She estimated the setup costs at \$8,000 and  
111 monthly maintenance fee at \$600 for the whole county. Ramirez explained the Trilogy Network  
112 of Care has resources, a library, federal and state information, and helps people find information  
113 on other agencies. Ramirez sees this as integrating all of a person's needs for mental and public  
114 health. Discussion continued over the Trilogy Network of Care. Rappaport said he would  
115 participate in the web demonstration and assumed the Board's participation would be influenced  
116 by CUPHD's decision because that agency provides its core services.  
117

### 118 **Exploration of Merger Possibilities Amongst Champaign County Public Health Entities**

119

120 Storrs distributed a document (Attachment A to these minutes) she prepared on planning  
121 the future of public health and mental health services in Champaign County. There have been  
122 some informal conversations over past year or two about the best way to provide public health  
123 and mental health services in the County. Whether the current model is the most effective way  
124 has been a topic of discussion in the past. Storrs intended her information to serve as a  
125 springboard if the various boards within Champaign County wish to do something. She  
126 described how CUPHD, the County Board of Health, the County Mental Health Board, the  
127 County Developmental Disabilities Board came into existence. These are four boards governing  
128 public health and mental health services in Champaign County. These boards were all created by  
129 referenda with a local tax base and receive a majority of their funds through state and federal  
130 funding sources that augment local funding. There is a national and international push for public  
131 health and mental health to work together and consolidate some services. It is well established  
132 that acute and chronic health conditions can affect a person's mental health, as well as physical  
133 health, so it makes sense to try to combine efforts in the most efficient and effective way  
134 possible. Storrs looked at the structures and how potential change could improve services and  
135 eliminate gaps or duplication of services. Storrs thinks a discussion option would include

136 whether having two public health departments within one county is the best way to do things.  
137 She suggested discussing the possibly of moving to a single agency with a single local tax levy  
138 for those services. With a separate mental health and developmental disabilities tax levy there is  
139 more potential for funding though tax levies, but collaboration on projects and joint services is  
140 beneficial while maintaining the maximum possible level of funding. Storrs learned there are  
141 about eight counties in Illinois where the county public health department governs all of the  
142 mental health services. She spoke to six of those departments who were all very pleased to have  
143 that type of service delivery in their counties. Storrs pointed out that in the state statutes for  
144 CUPHD and the County Board of Health both entities shall establish programs and services in  
145 mental health, including mental retardation and substance abuse. So public health boards are  
146 mandated to address mental health issues in counties. The public health boards are also required  
147 by state statute to work with related agencies in the community on the development of local  
148 plans for the most efficient performance of health services. Storrs recommended the public  
149 health boards consider holding a joint study session to discuss the situation and where they might  
150 what to proceed with further discussion. If the boards decided they want to pursue the issues,  
151 Storrs recommended an independent facilitator be utilized to help guide the consensus-building  
152 and decision-making process for the appropriate stakeholders to have input. Any change would  
153 take a minimum of two years, so this is not an immediate process. Storrs added that if any  
154 decision is made to move to a single public health agency, the most successful ventures are ones  
155 where there is consensus, written transition plans with stakeholders, the involvement of both  
156 boards, and members of both boards are incorporated into a new, single board. A change seems  
157 to work best with a fairly lengthy transition plan with the stakeholders involved in the transition  
158 planning.  
159

160 Rappaport asked for Storrs's written statement to be included to the minutes and that the  
161 Board not discuss this issue now. Rappaport thanked Storrs. Peterson asked if Carol Elliott of  
162 the CUPHD Board wanted to say anything. Rappaport said he intended to invite Elliott to a  
163 future discussion of the issue. Elliott recommended that they have an extension conversation  
164 with the CUPHD Administrator and staff to get their opinions before any joint study session.  
165 She encouraged them to focus on the people doing the job right now to see how a change could  
166 affect delivery of services. James suggested placing this issue on the November or December  
167 agenda for discussion to see how the Board feels in general about pursuing this issue. He said  
168 Storrs did a wonderful job in presenting this information and he wanted to discuss the pros and  
169 cons. Rappaport recalled the County Board's Policy, Personnel, & Appointments Committee  
170 directed Susan McGrath to generate some information on the legalities involved in this issue a  
171 year ago. Rappaport directed an information conversation about whether the Board wants to go  
172 further on this issue be placed on the next agenda.  
173

#### 174 Treasurer's Report

##### 175 Invoices Submitted by CUPHD for July 2008 & August 2008

176  
177 Peterson announced the invoices were consistent with the contract.  
178

179 **MOTION** by Peterson to pay the CUPHD invoices for July 2008 and August 2008;  
180 seconded by Kassem. **Motion carried.**

181 **Issues Regarding CUPHD**  
182 **Environmental Health Presentation**

183  
184 Rappaport noted that Jim Roberts offered to give a Powerpoint presentation to the Board,  
185 but Rappaport suggested Roberts provide an overview of the Environmental Health Division and  
186 have the Board ask questions.

187  
188 Jim Roberts, the Director of the CUPHD Environmental Health Division, described that  
189 the Environmental Health Division takes care of basic health needs such as food, water, sewage,  
190 and some vector control. If everything goes well, the public does not hear about Environmental  
191 Health. In times of crisis or natural disasters, Environmental Health is extremely important  
192 because people need water and sewage. He was willing to answer any questions from Board  
193 members.

194  
195 James stated he constantly hears complaints from constituents about restaurants and the  
196 water and sewage in the Cherry Orchard area. His constituents do not know who to call about  
197 problems. James was concerned about the true cleanliness of a restaurant displaying an  
198 inspection certificate because restaurants may not maintain the facilities except when they are  
199 being inspected. James asked if Environmental Health has been notified of the Cherry Orchard  
200 area. Roberts said they have a complaint about the area that has been ongoing for a year. They  
201 try to gain voluntary compliance with the person creating the problem. After a period of  
202 noncompliance, the State's Attorney's Office becomes involved. They have turned Cherry  
203 Orchard over to the State's Attorney's Office for prosecution. Roberts answered James's  
204 questions about what issues are covered by public health and what issues fall under building  
205 codes. James inquired how often Environmental Health inspects a restaurant. Roberts stated the  
206 health permits for restaurants are issued once a year. An inspection can also be done because of  
207 a complaint about a restaurant. People can submit complaints over the phone or through  
208 CUPHD's website. Complaints can be made anonymously and CUPHD usually follows up on  
209 complaints within days. Roberts has to have a complaint to re-inspect a restaurant, otherwise he  
210 could be accused of harassment. Environmental Health inspects a restaurant without any  
211 advance warning to the business 90-95% of the time. A Category 1 establishment requires  
212 Environmental Health to make three contacts with the business in a calendar year. Two of the  
213 contacts must be unannounced inspections and one can be an education contact. A Category 2  
214 establishment has one inspection per year. A Category 3 establishment has one inspection every  
215 two years. James thought it would be a neat idea to have a star or number system to rate  
216 restaurants that the establishments would then be required to post. Roberts hoped to be able to  
217 post the inspections on CUPHD's website for public access, but he is not required to do that at  
218 this time. James spoke about a fees schedule for follow-up visits and hoped Roberts would be  
219 involved in that discussion. The Board discussed public health violations in restaurants.  
220 Peterson asked how many inspections are because of an establishment's failure to comply.  
221 Roberts stated from September 2007 to September 2008 there were seven re-inspections.  
222 Peterson said the Board would be looking at a fees structure for covering the costs of re-  
223 inspections. Roberts stated the current rate is \$25/hour and those seven inspections brought in  
224 \$262.07. He did not think this covered CUPHD's cost for these inspections. James asked for the  
225 cost estimate based on mileage and a time estimate. Roberts wanted to include fees for

226 Administrative Assistants and other staff in this estimate. James and Peterson agreed that is what  
227 the Board is looking for.

228  
229 Peterson and Roberts discussed when they could meet with Susan McGrath to work on  
230 this issue and altering the Public Health Ordinance. It was agreed the ordinance would be placed  
231 on the November agenda. Pryde told the Board that they would need to adopt a food safety  
232 ordinance at the same time. Rappaport asked if Environmental Health ever shut any restaurants  
233 down. Roberts confirmed they did so about once a month. The closed restaurant typically posts  
234 a sign indicating it is undergoing plumbing work or renovation. Kassem asked if Roberts ever  
235 does an inspection when he is off duty and eating with his family. Roberts stated he has spoken  
236 with restaurants if he sees something serious, to the chagrin of his family. Pryde said the goal is  
237 to prevent any food born illnesses. She encouraged people to report anything of concern directly  
238 to the restaurant management as well as to CUPHD because restaurants will respond to customer  
239 concerns. The Board thanked Roberts for answering their questions.

240

241 Report from Acting CUPHD Administrator

242

243 **MOTION** by James to receive and place on file the Acting CUPHD Administrator's  
244 Report for August and September 2008; seconded by Kassem.

245

246 Pryde reviewed the information provided in her report. She stated CUPHD received the  
247 IDPH/CDC grant listed as Item 3 and it involves pandemic flu preparedness for Champaign  
248 County. Rappaport asked how the grant to market diabetes screening services would affect the  
249 County. Pryde said the grant was \$2,500 used for marketing to explain to people how they are  
250 eligible to receive screening through Medicaid for diabetes services. It will include print ads,  
251 church bulletins, TV ads, and it will be county-wide. She remarked the drive-through flu shot  
252 clinics will be off of the mobile unit. It serves as the bioterrorism mass vaccination clinic  
253 training for staff.

254

255 **Motion carried.**

256

257 Division Monthly Reports – June 2008

258

259 **Maternal & Child Health (Gowda)**

260

261 Gowda was not present at the meeting.

262

263 **Infectious Disease, Mobile Unit (James)**

264

265 James spoke to people in Rantoul about reorganizing the mobile unit's location schedule.  
266 The mobile unit goes to locations during the day when people are working and James thought  
267 this results in people not being able to visit the mobile. He asked if service in Ludlow has picked  
268 up. Pryde reported they did have a person visit the mobile unit for services in Ludlow for the  
269 first time. James spoke to the mobile unit staff, who will try to hit more central locations. He  
270 said the Board will have to monitor this program to see if they are getting the bang for their buck.

271 Peterson asked if consumer use of the mobile unit would increase during flu season. Pryde  
272 explained that the majority of County people use the mobile unit for maternal and child health  
273 services and STD services. Rappaport suggested the Board might need to hold a study session  
274 about providing public health services in the rural areas. James suggested holding a study  
275 session in 2009 and inviting the mayors of the small communities to attend with their  
276 suggestions. Pryde stated the mobile unit is moving to other areas if an area is dead. Rappaport  
277 believed that CUPHD is trying with this program.

278

279 **Environmental Health (Peterson)**

280

281 Environmental Health issues were discussed earlier in the meeting.

282

283 **Wellness & Health Promotion (Ramirez)**

284

285 Ramirez took tour of the CUPHD facility with Deb Pruitt and was impressed with the  
286 prevention programs for child obesity, vision services, dental clinics, and smoking cessation.  
287 Ramirez described some of the programs offered in the community. She will be attending an  
288 Illinois Alcohol Drug Dependency Association conference tomorrow to look at recovery  
289 programs and community-based options because of a lack of funding. Rappaport hoped Ramirez  
290 can make suggestions about reaching people in rural areas with programs in the future. He said  
291 the Board's job is to develop policies to facilitate services.

292

293 **MOTION** by Kassem to receive and place on file the CUPHD Division Reports for July  
294 and August 2008; seconded by James. **Motion carried.**

295

296 **Issues Regarding Mental Health Board**

297 **Notes from the Mental Health Board Joint Project Quarterly Planning Meeting**

298

299 Segal was not present, so Rappaport pointed out the notes from the quarterly planning  
300 meeting. Tracy thought it was a good meeting and they shared information about the jointly  
301 funded project through Crisis Nursery.

302

303 Laura Swinford, the Program Director from Crisis Nursery, and Sureland Trice, the  
304 Family Specialist from Crisis Nursery asked to address the Board. Swinford stated Crisis  
305 Nursery is currently serving six mothers experiencing perinatal depression. The referrals have  
306 come from Christie, Carle, and Crisis Nursery. Swinford provided the memorandum of  
307 understanding with CUPHD, the service referral form, and Edinburgh Scale evaluation form for  
308 the Board members. Rappaport was impressed by how quickly this program has started actually  
309 serving people. James asked where they are based in Rantoul. Trice said they are based out of  
310 Head Start in Rantoul. Rappaport felt this service is helping the Board fulfill its mission.

311

312 **Issues Regarding RPC Senior Wellness Programs**

313

314 Scholze has a meeting with Roseanne at Regional Planning Commission Senior Wellness  
315 next week to explore what the Senior Wellness Program is doing and how to coordinate with

316 other wellness activities. Scholze has joined the Senior Taskforce and one of the things that is  
317 coming out is the need for coordination amongst the many activities that are occurring for  
318 seniors. James suggested Scholze meet with Darlene Kloepfel of RPC. Scholze had spoken  
319 with Kloepfel, who suggested contacting Roseanne. Rappaport was not clear from the reports  
320 on the status of the Senior Wellness Program and he looks forward to having Scholze focus on  
321 this program to help make some recommendations.

322

323 **Issues Regarding Smile Healthy (formerly CIDES)**

324

325 Kassem reported the Illinois State Dental Society had its annual meeting last month and  
326 discussed the ongoing problem of access to care, especially in rural parts of the state, for the  
327 second year in a row. The Illinois State Dental Society started an initiative called Bridge to  
328 Healthy Smiles to try to increase the disbursement for dental procedures so it is affordable for  
329 dentists to participate in public aid programs. This would enable dentists to cover the procedural  
330 costs and more dentists would be willing to accept public aid patients. Bridge to Healthy Smiles  
331 hopes to open ten new public aid clinics by 2010, but this is dependent on getting funding from  
332 the state. Other goals include encouraging dentists to go out into the rural parts of the state and  
333 getting forgiveness for dentists' student loans. Kassem remarked that legislators want to be able  
334 to say they improved access, but dentistry is a more difficult issue to solve compared to other  
335 medical problems. Kassem thought they were on the right track with increasing the  
336 disbursement for public aid because a large amount of dentists participate in the SmileHealthy  
337 program because this program pays more than public aid and the payments are made in a more  
338 timely manner. Kassem spoke to Senator Frerichs and Senator Rutherford about using  
339 SmileHealthy as model at the state level. Kassem was also elected as a delegate to the 2009  
340 American Dental Association meeting for the downstate caucus.

341

342 James spoke about a report given to the County Board's Justice & Social Service  
343 Committee about a child who was taken out of Champaign County for dental services because a  
344 no local dentist would provide the service. He questioned why a kid needed to be taken out of  
345 the county when public money is being spent to support programs to provide these services.  
346 Greenwalt said that was actually a SmileHealthy program because they take care of 100% of the  
347 dental needs for Head Start kids. The only oral surgeon they have at an affordable rate is in  
348 Decatur. Head Start paid the bill for this surgery because it was a kid from Champaign-Urbana.  
349 Greenwalt stated the Board of Health pays for a County kid to receive oral surgery. Greenwalt  
350 was impressed by Head Start's commitment to making sure full care is provided for all of their  
351 kids. James felt the dentists and other people should be willing to step up to plate and be  
352 charitable in the community. Greenwalt said they have a dentist willing to do oral surgery in  
353 Champaign County, but they need to find a place that would provide full sedation. They are  
354 trying to work with Carle and Christie about this, but it is slow. James said there are too many  
355 organizations providing overlapping services and there should be a central location for someone  
356 to find a service.

357

358

359

360

361 **Other Business**

362 **Discussion on Proposed CUPHD Contract**

363

364 Susan McGrath sent a memo regarding the proposed CUPHD contract. Peterson asked if  
365 the proposed contract was acceptable to CUPHD. Pryde said it was to her understanding.

366 Peterson noted the contract language on Page 52 has not been followed. Pryde explained this  
367 language was recommended by Deb Busey and Andrea Wallace. Peterson found the CUPHD  
368 budget format prepared by Wallace easier to read than the County's budget format. Wallace said  
369 she worked together with Busey to get the budget into required format for the County's budget  
370 document. Pryde said CUPHD would continue to present their budget in Wallace's format to  
371 show a greater level of detail. Rappaport said the contract changes primarily appeared to be  
372 technical changes instead of substantive changes. Peterson said there were not any substantive  
373 changes raised at the study session.

374

375 **MOTION** by Peterson to place the proposed CUPHD Contract on the October agenda  
376 for approval; second by James. **Motion carried.**

377

378 **Brookens Building Security**

379

380 Weibel said it was reported to him a month or two ago that the exit doors of the Brookens  
381 Administrative Center were left unlocked after a Board of Health meeting. He demonstrated  
382 how to lock the Brookens doors for all present. The Board members would check to ensure the  
383 doors were locked after a meeting.

384

385 Peterson later commented that this procedure seemed ridiculous. Bork explained the  
386 County does not have custodians on staff twenty-four hours a day so the exterior doors must be  
387 locked after an evening meeting. Kassem asked why the doors were not locked once a meeting  
388 starts. James and Bork explained that would prevent member of the public from entering a  
389 meeting that is required to be public and the Board would be in violation of the Open Meetings  
390 Act.

391

392 **Resolution Thanking Thomas O'Rourke for His Years of Service**

393

394 **MOTION** by Kassem to approve the Resolution Thanking Thomas O'Rourke for His  
395 Years of Service; seconded by James.

396

397 James recommended placing the resolution in a white matte so all the Board members  
398 could sign it. O'Rourke's dates of service would be inserted into the resolution.

399

400 **Motion carried.**

401

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

403

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

405



406 **Adjournment**

407

408 The meeting was adjourned at 7:59 p.m.

409

410 Respectfully submitted,

411

412 Kat Bork

413 Board of Health Secretary

414

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

## Attachment A

### Planning for the Future of Public Health and Mental Health Services in Champaign County, Illinois

#### Background

The Champaign-Urbana Public Health District (CUPHD), formed in 1937 under the Public Health District Act, serves the residents of the adjacent cities of Champaign and Urbana. The Champaign County Board of Health (CCBoH), established in 1998 under the Counties Code, contracts the CUPHD to provide public health services to county residents.

The Champaign County Mental Health Board (governed by the Illinois Community Mental Health Act) and the Champaign County Developmental Disabilities Board (governed by the County Care for Persons with Developmental Disabilities Act) meet together and are served by a single executive director; these boards provide for mental health, substance abuse and developmental disabilities services for Champaign County residents. All four entities were created by referenda which specify maximum property tax rates which can be levied to fund services. Each entity receives the majority of their funding from state and federal grants. The CCBoH, the CUPD board, and the Champaign County Mental Health Board are required by state statute to consult with other private and public agencies in the county in the development of local plans for the most efficient delivery of services; the CCBoH and the CUPHD board are also required by state statute to establish and execute programs and services in the field of mental health.

#### Problem Statement

The current structure for the provision of public health and mental health services allows for potential gaps and inequalities in services which might be minimized by changes in the political structure and/or the service delivery system. The existence of four boards with disparate tax levies providing related services may not be the most cost-efficient or cost-effective structure to promote and protect the health of Champaign County residents.

#### Purpose

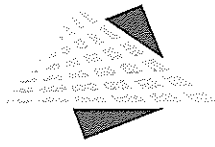
Options related to the organization of public health and mental health services in Champaign County to maximize efficiency and effectiveness should be explored for the purpose of encouraging discussion and building consensus among and between the boards governing these services.

#### Method

- Research and describe history and legal basis for existing structures
- Review structure for public and mental health service delivery in other Illinois counties
- Describe process and identify pros/cons of merger, consolidation and/or dissolution of public and mental health boards
- Identify required and potential changes in costs and funding that would result from changes in the current service delivery system
- Develop plan to assess board and public support for recommended changes and identify stakeholders
- Develop plan for processes of decision making, generating support, placing issue on ballot, and achieving desired election outcome

#### Results

- Efficiency and effectiveness could be improved by
  - dissolving the public health district and funding a single, county-level public health agency at a rate sufficient to sustain public health services
  - retaining the mental health board and the developmental disabilities board and their respective funding sources
  - consolidating public health and mental health service delivery gradually over the next five years
- An independent facilitator/consultant should be utilized to assist the boards and stakeholders to reach consensus
- At least 18-24 months will be required for study, decision making, and building support for a referendum
- Monitor local issues that present competing referenda/taxation questions



**Champaign Co. Regional Planning Commission-Senior Services  
Champaign County Public Health Wellness Quarterly Report  
7/1/08 – 9/25/08**

## **Community Wellness Survey Results**

### **Demographics**

A total of 96 surveys were returned from these Champaign County villages: **Fisher (11), Gifford (3), Homer (8), Mahomet (9), Philo (27), Sidney (5), St. Joseph (26), Thomasboro (1) and Tolono (7).** These surveys were distributed by members of the Senior Services Advisory Board and staff in June of 2008. The intent was to distribute the survey to individuals who could function as community liaisons for the aging population with knowledge of community resources and readiness for the aging population in their village. 37 survey respondents were under 60 years of age and 59 over age of 60. The survey was based on a portion of the *Maturing of Illinois: Getting Communities on Track for an Aging Population Livable Communities for All Ages Survey*.

### **Housing**

71% felt their house expenses were manageable, and 60% believed that cost limits the housing options of seniors in their village.

Overall **76%** (75% Fisher and Mahomet, 62% in Homer and Sidney, 74% in Philo, 65% in St. Joseph, and 57% in Tolono) felt that **seniors** in their area who are in need of services are **unaware of assistance programs for utilities or other expenses related to housing.**

### **Transportation**

There were fewer total responses on types of available transportation with **38 with no response (checks) at all.** The majority that responded to the drivability section felt there were ample disabled parking places. 69% felt street signs were large enough to be seen at a distance and 54% felt the signs are readable at night. The most often sited transportation needs listed by those responding were pharmacy, grocery and dental/medical appointments.

Overall multiple responses to **transportation needs**, the respondents listed the following:

- 67% Pharmacy
- 64% Groceries
- 61% Dental/Medical appointments
- 45% Legal or Business
- 36% Adult Day Program
- 34% (33) Social and Visit someone outside the village

14% of those surveyed want more information about transportation.

### **Health and Human Services**

61% of those surveyed knew of access to MOW or home delivered meals yet 47% responded there was no access to congregate or community site for meals. 43% of those that responded indicated there is a senior center or gathering spot in their village. 65% of those surveyed did not know of an information hotline for seniors, or a directory of services, and 64% did not know of a system to volunteer in their community.

### **Health Services**

Overall, 50% of respondents reported that there were **local health clinics or hospitals outpatient services that met the needs of older residents** in their village.

30% of survey respondents reported that **access to health care** is an issue for those in their village with **limited income**. 15% said this was not an issue, and 49% did not know if it was an issue.

34% reported **home health care service** is available in their village. 15% of those surveyed stated there was no home health care available, and 48% stated they did not know if home health care was available.

Only 10% of the survey respondents stated that **mental health services** were available to older adults in their village. 34% said no such services existed and 51% did not know if these services were available.

32% of survey respondents stated there were local programs for **preventative health care** available in their village. 33% said no such services existed, and 26% did not know if these services were available.

## Needs

### **Housing**

Participants listed home repair, modification to remain in their home was listed as a significant issue. Awareness of where to seek assistance, both financial and referrals to “reputable” companies to work in/on their homes was reported. It should be noted that residential repair and renovation was the most frequent unmet need.

Respondents indicated the top housing needs for seniors in their village were assisted living facilities, Supportive Living Facilities and Assisted Living Facilities with dementia care.

### **Transportation**

When asked to identify multiple responses to **health related transportation needs** the respondents listed the following:

- 70% Doctors, clinics, therapy
- 47% Pharmacy
- 25% Exercise
- 10% Other health related activities
- 15% No health related transportation needs

**The intent of the survey process:**

The survey would function as a tool, used by volunteers (primarily from the Senior Services Advisory Board) to begin identifying on-going “community liaisons” and begin dialogue about current and future needs of seniors in their village.

For efficiency, the process involved the utilization of a modified, existing, comprehensive survey that was currently being implemented in other parts of our state.

Interest generated from the survey process serves as a “jumping off point” for continued community engagement, ongoing meetings, education, support, needs identification, and linkage with or creation of services and identification of seniors who will benefit from contacts.

**Findings**

The breakdown of survey results indicates two distinct areas of concern, the actual identified community needs, and the lack of awareness of services. This result implies a significant need for community education focusing on this area of service.

The health and human services needs identified in villages in part appeared to be influenced by the presence of a physician located within the local community. Respondents in villages without a physician identified needs such as blood pressure checks, First Aid/CPR courses, and “flu shots”.

The surveys provided us with additional resources such as some respondents identifying specific community contacts such as local newspapers and village websites.

The exciting work of community engagement has begun.

- Mahomet parish nurse meetings in November/December
- Mason Lodges in rural communities
- Advisory Board home communities/villages (meetings scheduled for 10/22/08)
- Outreach sites at to be scheduled during annual enrollment period for Medicare Prescription Drug and prior to 12/31 deadline for IL Cares Rx/Circuit Breaker

CHAMPAIGN COUNTY PUBLIC HEALTH BOARD								
AGENCY QUARTERLY REPORT								
AGENCY:		Champaign County Regional Planning Commission						
CONTRACT NAME:		Champaign County County Public Health Board						
FY: 2008		Reporting Period:		07/01/08 - 09/30/08	Original		X	
					Revision #			
OPERATING FUND REVENUE AND EXPENSES								
		<b>TOTAL AGENCY YTD</b>		<b>Total Budget for CCPHB Contract</b>	<b>CCPHB Revenue</b>			
<b>REVENUE</b>								
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			\$50,000		\$50,000		
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							
	<b>Total Revenue</b>			\$50,000		\$50,000		
* Please list individual revenue sources (do not combine sources) -- Add lines as necessary								
11/07								

<b>CHAMPAIGN COUNTY PUBLIC HEALTH BOARD</b>								
<b>AGENCY QUARTERLY REPORT</b>								
<b>AGENCY: Champaign County Regional Planning Commission</b>								
<b>CONTRACT NAME:</b>		<b>Champaign County Public Health Board</b>						
<b>FY: 2008</b>		<b>Reporting Period:</b>	<b>07/01/08 - 09/30/08</b>	<b>Original</b>				<b>X</b>
				<b>Revision #</b>				
<b>OPERATING FUND EXPENSES</b>								
		<b>TOTAL AGENCY</b>	<b>Total Budget for</b>	<b>CCMHB Budgeted</b>				
		<b>YTD</b>	<b>CCPHB Contract</b>	<b>Expenses</b>				
<b>EXPENSES</b>								
1	Salaries / Wages		\$12,950	\$12,950				
2	Payroll Taxes / Benefits		\$5,569	\$5,569				
3	Professional Fees / Consultants							
4	Client Wages / Benefits							
5	Consumables		\$56	\$56				
6	General Operating							
7	Occupancy							
8	Conferences / Convention / Meetings							
9	Local Transportation		\$146	\$146				
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)		\$5,827	\$5,827				
<b>TOTAL EXPENSES</b>			<b>\$24,548</b>	<b>\$24,548</b>				
Excess (deficit) / revenue								
over expenses -			\$25,452	\$25,452				
11/07								



**DRAFT 10/19/08**

AGREEMENT BETWEEN THE CHAMPAIGN-URBANA PUBLIC HEALTH DISTRICT AND  
THE COUNTY OF CHAMPAIGN AND THE CHAMPAIGN COUNTY HEALTH  
DEPARTMENT FOR THE PROVISION OF PUBLIC HEALTH SERVICES BY THE  
CHAMPAIGN-URBANA PUBLIC HEALTH DISTRICT TO THE CHAMPAIGN COUNTY  
HEALTH DEPARTMENT

This Agreement is made between the Champaign-Urbana Public Health District, ~~a body corporate~~, and the County of Champaign, ~~a body politic and corporate~~, and the Champaign County Health Department, pursuant to the authority granted by their respective governing bodies, in consideration of the following mutual covenants and conditions:

1. This Agreement is made pursuant to the authority granted by the governing bodies of each party and to the provisions of the Intergovernmental Cooperation Act, 5 ILCS 220/1 *et seq.*, specifically paragraphs 220/3 and 220/5; the Public Health District Act, 70 ILCS 905/0.01 *et seq.*, and specifically paragraph 905/17(11); the Counties Code, 55 ILCS 5/1-1001 *et seq.*, and specifically paragraphs 5/5-1005 and 5/5-25013(B)5; and the Illinois Constitution of 1970, Article VII, Section 10.

2. The purpose of this Agreement is for the Champaign-Urbana Public Health District, hereinafter called the Public Health District, to provide for the *Champaign County Health Department, hereinafter called the County Health Department, County of Champaign, hereinafter called the County*, certain public health services which the *County of Champaign, hereinafter called the County*, is authorized to provide through the County Health Department created under the

provisions of 55 ILCS 5/5-25001 *et seq.*

3. The Public Health District will provide advice and guidance to the County *Health Department* with respect to the programs set forth in this Agreement.

4. The Public Health District will perform the activities necessary to maintain the status of the ~~Champaign~~ County Health Department as a Certified Local Health Department pursuant to 77 Ill. Adm. Code 600, *as set forth in Paragraph 5.*

5. The Public Health District will provide public health services for the following programs which are mandatory programs for a local health department to receive a Local Health Protection Grant pursuant to 77 Ill. Adm. Code 615, Local Health Protection Grant Rules, *or such other mandatory programs as the State Department of Public Health may from time to time require.* These programs are a required part of this Agreement.

- a. Infectious Diseases Control Program
- b. Food Protection
- c. Private Sewage Disposal
- d. Potable Water Supply

6. a. With respect to the Infectious Diseases Control Program the Public Health District will conduct activities for the control of infectious diseases in accordance with the program standards set forth in 77 Ill. Adm. Code (Illinois Administrative Code) 615.300, Local Health Protection Grant Rules; 77 Ill. Adm. Code 690, Control of Communicable Diseases Code; 77 Ill. Adm. Code 693, Control of Sexually Transmissible Diseases Code; 77 Ill. Adm. Code 696, Control of Tuberculosis Code; 77 Ill. Adm. Code 697, AIDS Confidentiality and Testing Code; *or such other*

activities as the State Department of Public Health may from time to time require.

b. The Public Health District is authorized to include at its discretion any or all of the immunizations recommended by the Advisory Committee on Immunization Practices for the Centers for Disease Control and Prevention which are in addition to the immunizations required by the regulations set forth in section 6-a.

7. With respect to the Food Protection program the Public Health District will conduct activities as follows in accordance with the program standards set forth in 77 Ill. Adm. Code 750, Food Service Sanitation Code; 77 Ill. Adm. Code 760, Retail Food Store Sanitation Code; 77 Ill. Adm. Code 615.310, Local Health Protection Grant Rules; *or such other activities as the State Department of Public Health may from time to time require.*

a. The ~~Champaign County Board~~ County has adopted and will maintain in force an ordinance adopting the Food Service Sanitation Code, 77 Ill. Adm. Code 750, and the Retail Food Store Sanitation Code, 77 Ill. Adm. Code 760.

b. The Public Health District will furnish to the County Health Department a monthly summary of inspections performed and permits issued under this program.

c. The Public Health District will conduct educational seminars periodically as needed for food service facilities and retail food stores.

d. The Public Health District will conduct inspection activities and other activities and issue permits and take such other action as it considers appropriate under the Food Service Sanitation Code and the Retail Food Store Sanitation Code.

8. With respect to the Private Sewage Disposal program the Public Health District will conduct activities as follows in accordance with the program standards set forth in 77 Ill. Adm.

Code 905, Private Sewage Disposal Code; 77 Ill. Adm. Code 900, Drinking Water Systems Code; 77 Ill. Adm. Code 920, Illinois Water Well Construction Code; 77 Ill. Adm. Code 925, Illinois Water Well Pump Installation Code; 77 Ill. Adm. Code 930, Surface Source Water Treatment Code; and 77 Ill. Adm. Code 895, Public Area Sanitary Practice Code; or such other programs as the State Department of Public Health may from time to time require.

a. ~~The Champaign County Board~~ County will ~~adopt, if not already adopted, and~~ has adopted and will maintain in force an ordinance adopting the Private Sewage Disposal Code, 77 Ill. Adm. Code 905.

b. The Public Health District will conduct inspections of sewage disposal facilities at such times as it considers appropriate.

c. The Public Health District will conduct inspection activities and other activities and issue permits and take such action as it considers appropriate under the Private Sewage Disposal Licensing Code and under the Private Sewage Disposal Licensing Act, 225 ILCS 225/1, et seq.

9. With respect to the Potable Water Supply program the Public Health District will conduct activities as follows in accordance with the program standards set forth in 77 Ill. Adm. Code 920 et seq., the Illinois Water Well Construction Code.; 77 Ill. Adm. Code 915, et seq., the Illinois Water Well and Pump Installation Contractor's License Code; or such other activities as the State Department of Public Health may from time to time require.

a. ~~The Champaign County Board~~ County will adopt, if not already adopted, and maintain in force an ordinance adopting the Illinois Water Well Construction Code, 77 Ill. Adm. Code 920 et seq.; ~~the Illinois Water Well Construction Code.; 77 Ill. Adm. Code 915, et seq., the Illinois Water Well and Pump Installation~~

*Contractor's License Code; or such other activities as the State Department of Public Health may from time to time require.*

b. The Public Health District will conduct inspection activities and other activities and issue permits and take such other action as it considers appropriate under the Illinois Water Well Construction Code, 77 Ill. Adm. Code 920 et seq, the Illinois Water Well and Pump Installation Contractor's License Code, 77 Ill. Adm. Code 915, the Illinois Water Well and Pump Installation Contractor's License Code; or such other activities as the State Department of Public Health may from time to time require.

10. The ~~Champaign~~ County Health Department must approve any new program-specific applications *for programs not presently being provided to the County Health Department by the Public Health District as outlined in Appendix A* made on behalf of the County Health Department by the Public Health District as may arise from time to time, which are within the lawful authority of the County Health Department to administer. The Public Health District shall not commit to receive funds or provide services for new programs or new activities on behalf of the County Health Department without prior approval of the County Board of Health. The Public Health District shall include in the information to be presented to the County Board of Health as to these public or private grant funded programs an accounting as to how the funds from the said grant funded programs are to be allocated between the Public Health District and the County Health Department if the programs are joint applications ~~from~~ *on behalf of* the Public Health District and the County Health Department. ~~Any grant funds due to the County Health Department by the Illinois Department of Public Health shall be remitted directly to the County Health Department, with the County Health Department within thirty days of receipt to remit any funds due to the Public Health District~~

~~for programs solely for the benefit of the Public Health District as outlined in the accounting provided by the Public Health District to the County Health Department when the grant applications are submitted.~~

11. The Public Health District shall on an annual basis submit a proposed budget for the *services to be rendered to the County Health Department to the County Board of Health to the Board* or its designated committee, which said budget shall include a list of proposed activities and programs to be conducted on behalf of the County Health Department. The said budget and list of proposed activities and programs shall be submitted to the County Board of Health no later than the ~~June~~ *July County Board of Health Budget Committee* meeting, commencing with the *calendar* year 2009. The budget will follow the Champaign County budget format and will specifically delineate all expected revenues and expenditures for the County Health Department during its fiscal year, which said fiscal year is December 1 to November 30. *The parties acknowledge that any of the programs or activities agreed upon by them may be terminated because of funding cuts from the federal or state government; however, aside from programs or activities which are terminated as a result of the said funding cuts, any of the programs or activities agreed upon by the parties may be terminated only by the mutual written agreement of the parties.*

12. All codes within the Illinois Administrative Code which the County ~~Champaign County Board~~ is to adopt by ordinance under this Agreement also shall contain such enforcement provisions and other provisions as required by the Illinois Administrative Code.

Such ordinances shall provide that they are effective in the geographical area in which the County Health Department has jurisdiction.

13. Under the provisions of the Counties Code, 55 ILCS 5/5-25013(A)10, and of 77 Ill. Adm. Code 600.300, the ~~Champaign~~ County Health Department is required to appoint a medical health officer as the executive officer or to appoint a public health administrator for the County Health Department. *For that purpose, the County Board of Health designates the public health administrator of the Public Health District shall function as such public health administrator for the County Health Department. It shall be the responsibility of the Public Health District to require its public health administrator to maintain a status of being qualified to function as the public health administrator. Decisions regarding the Public Health Administrator are solely within the authority of the Board of Health of the Public Health District. However, the County Health Department shall may complete a peer review evaluation of the public health administrator of the Public Health District, commencing in the year 2008, and continuing each year thereafter, or In addition, the County Health Department shall assist the Board of Health of the Public Health District Board in its evaluation of the Public Health Administrator as requested by the Board of Health of the Public Health District in any other manner agreed upon by the County Health Department and the Champaign Urbana Public Health District Board of Health. Board of Health and the Board of Health of the Public Health District.*

14. The Public Health District is providing public health services to the County *Health Department* and ~~its County Health Department~~ pursuant to the provisions of this Agreement. All parties acknowledge the following:

a. The Public Health District has complete control over its internal operations.

b. All personnel of the Public Health District performing services under this Agreement are employees of the Public Health District for all purposes related to this Agreement. They are not employees of ~~the~~ County or ~~its~~ the County Health Department for any purpose related to this Agreement.

c. The Public Health District shall be responsible for and shall have full control over any financial audits or reports required by applicable law or any funding grantor concerning its operations related to this Agreement.

d. It is the responsibility of the Public Health District and not of ~~the~~ County or ~~its~~ the County Health Department to require the said employees providing services under this Agreement to maintain any required qualifications.

15. During each year of this Agreement, the County ~~Health Department~~ *Board of Health and the Board of Health of the Public Health District by agreement* shall select the programmatic activities to be performed by the Public Health District *for the County Health Department* upon submission of a proposed budget by



the Public Health District to the County Board of Health. The County Health Department shall then pay for the said activities on a monthly basis in a sum equivalent to one-twelfth of the monies due for the budget year to the Public Health District, *as more specifically set forth in Paragraph 8 of Appendix A*. The Public Health District shall present an invoice to the County Health Department at least seven days in advance of the County Health Department's regular monthly meeting for the compensation due for the services provided by the Public Health District under this Agreement. The said invoices shall be forwarded *by the County Board of Health* to the Champaign County Administrator for payment within seven days of their approval by the County Health Department.—*Board of Health.*

16. All inspection and permit fees and other fees paid in relation to the public health services provided under this Agreement shall be paid to the County. The Public Health District will have all payers make checks payable to the "Champaign County ~~Public~~ Health Department."

17. All *administrative* records created or maintained by the Public Health District pursuant to this Agreement shall be the *joint* records of *the Public Health District and* the County Health Department, and shall be maintained by the Public Health District at its main office, or such other office as agreed upon by the parties. The Public Health District shall furnish to the County Health

Department or the County Board of Health such records and reports as are required to be provided by this Agreement.

18. ~~The County Board of Health and the~~ County Health Department shall have reasonable access to those books and records of the Public Health District as are reasonably necessary to review performance and costs under this Agreement. The County Board of Health shall designate from time to time a person from ~~the County Board of Health or a County Health Department employee~~ to perform this activity for the County Health Department. It is not the intent of this section to permit any member of the ~~County Board of Health or the~~ County Health Department to examine such records at the discretion of such member but only as authorized by the County Board of Health pursuant to this section.

19. The services to be provided by the Public Health District shall be provided at its existing main facility in Champaign, Illinois, and at such other locations as the Public Health District shall determine. The parties may agree to the provision of selected services at additional locations with the additional expenses being reimbursed by the County Health Department to the Public Health District.

20. a. For all durable equipment, such as desks, chairs, computers, printers, which the Public Health District in its sole discretion determines that it requires for the purpose of performing its duties under this Agreement, the Public Health District shall provide to the County or its County Health Department from time to time in writing a designation of the specific items required, except that prior approval by the County

Health Department is required for any item costing in excess of \$2,000.00. It shall be the responsibility of the County or ~~it's~~ the County Health Department to purchase promptly at the sole expense of the County or ~~it's~~ the County Health Department each such item and to have each such item delivered to the location specified by the Public Health District.

b. It shall be the responsibility of the County or ~~it's~~ the County Health Department to pay for such maintenance and repair of each item as the Public Health District determines is required.

c. Upon termination of this Agreement by expiration or otherwise, or upon direction by the Public Health District, whichever occurs first, the County Health Department shall remove such equipment and any remaining equipment acquired under *prior Agreements* ~~section 19-a of the "Agreement for the Provision of Public Health Services by the Champaign-Urbana Public Health District to the County of Champaign," effective May 1, 1998,~~ from the premises of the Public Health District, whereupon the equipment shall be deemed to be the property of the County Health Department. In the event of termination of any of the non-mandatory programs or activities as have been agreed upon by the parties, the County Health Department may recover at that time any such durable equipment which was used exclusively for any such programs or activities being terminated.

d. All equipment acquired other than under ~~section 19-A of the said prior Agreement~~ *prior Agreements* or under subsection a of this section of this Agreement and all supplies acquired by

the Public Health District for the purpose of performing its duties under this Agreement are the property of the Public Health District.

21. The Public Health District will have the County, the County Board of Health, and the County Health Department named as an additional insured on the applicable insurance policies of the Public Health District with respect to services provided under this Agreement.

22. The Public Health District may terminate this Agreement by approval of its governing body upon 12 months notice in writing to the County and the County Board of Health. ~~and the County Health Department.~~

23. The County Board of Health may terminate this Agreement by approval of both the *Champaign County Board* ~~governing body of the County~~ and of the County Board of Health upon 12 months notice in writing to the Public Health District.

24. This Agreement may be amended at any time upon such terms as the parties may agree by the addition, deletion or modification of any one or more programs or in any other manner except that none of the programs identified as mandatory programs may be deleted other than by termination of this Agreement. Except as set forth in section 11, this Agreement may be amended only by an agreement in writing authorized by the governing body of each party to this Agreement. ~~An amendment which only adds services and which does not require an increase in funding by the County Board of Health or by the Champaign County Board County~~

~~does not require approval by the County Board of Health or the Champaign County Board.~~

25. The Agreement shall be in effect for the period beginning *December 1, 2008*, and ending at the end of the day on *November 30, 2013*, unless sooner terminated as provided herein.

26. *The Public Health District shall not be liable for failure to perform any part of this Agreement where such failure is due to fire, flood, power outages, strikes, labor troubles or other industrial disturbances, inevitable accidents, war (declared or undeclared), acts of terror, embargoes, blockages, legal restrictions, governmental regulations or orders, riots, insurrections, or any cause beyond the control of the Public Health District.*

27. The foregoing constitutes the entire agreement and no statement or representation in any form made before, on or after the dates of execution of this Agreement shall be binding upon any party hereto.

CHAMPAIGN-URBANA PUBLIC  
HEALTH DISTRICT

COUNTY OF CHAMPAIGN

BY: \_\_\_\_\_  
CAROL ELLIOTT  
President

BY: \_\_\_\_\_  
C. PIUS WEIBEL  
County Board Chair

DATE: \_\_\_\_\_

ATTEST: \_\_\_\_\_  
Mark Shelden  
County Clerk and  
*Ex-Officio* Clerk  
of the County Board

DATE: \_\_\_\_\_

CHAMPAIGN COUNTY BOARD OF HEALTH

BY: \_\_\_\_\_  
JULIAN RAPPAPORT  
President

ATTEST: \_\_\_\_\_  
Secretary

DATE: \_\_\_\_\_

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**CHAMPAIGN COUNTY BOARD OF HEALTH**

Brookens Administrative Center  
1776 E. Washington  
Urbana, IL 61802

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

**Champaign County Board of Health**

**Tuesday, October 28, 2008**

**6:00 p.m.**

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

**Meeting Room 2**

**Urbana, Illinois**

**ADDENDUM**

**ITEM**

**PAGE NO.**

- G. Perinatal Depression Program**  
1. Quarterly Report from Crisis Nursery

1-4



**CHAMPAIGN COUNTY MENTAL HEALTH BOARD**

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**CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT  
OF PERSONS WITH A DEVELOPMENTAL DISABILITY**

MEMO

TO: Kat Bork, Administrative Services  
FROM: Mark Driscoll, CCMHB/CCDDB *MTD*  
DATE: October 23, 2008  
RE: Crisis Nursery Perinatal Depression – PY09 First Quarter Report

Attached is a copy of the Crisis Nursery Perinatal Depression program first quarter report. The report includes data as well as a brief narrative of challenges and successes Crisis Nursery has experienced during the initial phase of implementation. The definition sheet for the service categories that accompanies the report form is included for reference.



**CHAMPAIGN COUNTY MENTAL HEALTH BOARD**

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

**Agency:** Crisis Nursery

**Program:** Perinatal Depression

**Report Period:** July 1 to September 30  
DUE October 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
<b>Annual Target</b>	115	700 includes screening, home visits, telephone contacts, & referral contacts	80 includes 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	
<b>Quarterly Data</b>	20	136		17		6		29

**Comments:**

**CHALLENGES:**

\*One of the main challenges we are experiencing at this time is due to the influence of individuals dealing with depression, mothers/families are struggling to ask for help/support. They seem to have a difficult time accepting help/support even when it is being offered to them. We have found that the best way to approach this challenge is to continue to be there for support and reach out to these families. We refuse to turn a deaf ear especially in situations where we know the families can benefit from services at Crisis Nursery. In these situations the process has been and will continue to be slow, but we feel confident that we will be able to make a breakthrough in the future, one client at a time.

\*Another challenge we seem to face is the overwhelming 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 24 families within the county. We have also found that there are not many community services to support these particular mothers.

\*Of individuals who are in the PND program, they are not utilizing the nursery for care like we hoped they would for crisis care and respite care. It goes along with the other challenges we face; many of them are isolated and feel more comfortable having someone go out to their home verses bringing their child to the Nursery for care. However, once relationships are established with these families, we believe they will be comfortable utilizing Crisis Nursery for additional care and support for their children.

### **SUCSESSES:**

\*We have successfully completed one 6-week session Parent/Child Interaction groups in Rantoul at head Start.

\*We have successfully made arrangements to facilitate a new 6-week session of Parent/Child Interaction groups at Frances Nelson in Champaign.

\*We have successfully arranged and held office hours at CUPHD in Champaign, and have initiated discussion to hold office hours at CUPHD in Rantoul. Office hours at these location help individuals put a face with services/programs being offered at Crisis Nursery. We feel that it will be beneficial to be available to answer questions that individuals might be asking the referring agencies regarding Crisis Nursery. This will also help with our challenge of reaching out to families who are experiencing depression, but are not comfortable or confident enough to ask for help and/or support.

\*We have also been successful with our outreach efforts and we have continuing efforts to get information to the community.

### **TESTIMONIAL:**

A mother informed me that she was very thankful to have a place like Crisis Nursery. She stated that she doesn't know of any other places that offer the types of services and support that Crisis Nursery does. She stated that it is easy to feel down, depressed and alone and it is nice having a place where she feels safe asking for support. "Knowing that there is someone that is willing to come out to my home is great" "I know that I am not alone and I don't have to stay in the house and be by myself."

## Service Category Definitions For Quarterly Reports

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

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

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

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

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

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

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