

MINUTES
Tompkins County Board of Health
May 8, 2012
12:00 Noon
Rice Conference Room

Present: Will Burbank; Amy DiFabio, MD; Brooke Greenhouse; James Macmillan, MD, President; Patrick McKee; and Michael McLaughlin, Jr.

Staff: Liz Cameron, Director of Environmental Health; Sigrid Connors, Director of Patient Services; Brenda Grinnell Crosby, Public Health Administrator; William Klepack, MD, Medical Director; Frank Kruppa, Public Health Director; Jonathan Wood, County Attorney; and Shelley Comisi, Keyboard Specialist

Excused: Patricia Meinhardt, MD; Janet Morgan, PhD; and Sylvia Allinger, Director of CSCN

Guests: Steven Kern, Sr. Public Health Sanitarian; and Stephen Maybee, Public Health Engineer

Privilege of the Floor: No one was present for Privilege of the Floor.

Dr. Macmillan called the regular meeting of the Board of Health to order at 12:07 P.M.

Approval of April 10, 2012 Minutes: Mr. Greenhouse moved to accept the minutes of the April 10, 2012 meeting as written, seconded by Mr. McLaughlin, and carried unanimously.

Financial Summary: Ms. Grinnell Crosby reported there is no Financial Summary for the month because staff has been working on the Article 6 State Aid Application. For two weeks, there have been daily conference calls with the State seeking clarification and guidance on several changes made in the Application. Although the State has not been particularly helpful in providing information, staff continues to work diligently to complete it.

Ms. Grinnell Crosby noted the State has made sweeping changes in the eligibility of specific programs for reimbursement resulting in a loss of State Aid. After she learns how to calculate State Aid, she will train senior leaders for the 2013 budget process. Most staff do some kind of time and record keeping for their activities, but there may be a need to identify additional codes and make sure staff understands the activities covered in those codes.

Mr. Kruppa added he feels the process is a complicated system; difficult to complete, interpret, and apply to programs. The State's changes to the Application caused a delay in sending it out. When it was received three weeks before the due date, the Department requested an extension which was granted.

Mr. Kruppa also stated the movement toward public health accreditation could affect State Aid. The National Association of County and City Health Officials (NACCHO) and public health officials in North Carolina started a process of accrediting

local health departments. In the next 5 to 10 years, he expects accreditation will become a requirement rather than an option for receiving federal funding. Currently, New York State is interested in applying for accreditation as the State Department of Health. The prerequisites include having a Strategic Plan, a Community Health Improvement Plan, and a Community Health Assessment. This will affect the State Aid piece with the State planning to revamp the process making it user friendly and reflecting reimbursement for those services the community wants to provide.

Administration Report: Mr. Kruppa reported:

- On his participation in the 360 Degree Leadership training sessions. The Human Services Coalition and local funding groups provided an opportunity for leaders of local non profit organizations to come together to build leadership skills. The first part was the review process and he thanked everyone who submitted feedback on his behalf. The second part of the training brought 26 participants from 20 plus agencies to work together on implementing change within the community. It was helpful to meet these organizational leaders and he looks forward to the next meeting to consider potential projects. Hopefully, the foundations will be willing to support future training sessions, and other staff members will have the opportunity to participate.
- The last CHHA patient was discharged on Friday, May 4, 2012. Ms. Connors and her staff did a phenomenal job working through the closure plan and placing all clients in other care situations. Visiting Nurse Service of Ithaca and Tompkins County (VNS) assisted our staff in those efforts. The CHHA will not officially close until the Licensed Home Care Services Agency (LHCSA) is fully up and operational. This licensure, necessary to provide services in the home, was approved by the Health Planning Council. The next step is for the regional office to approve our new policies which will be discussed later in the meeting.

Medical Director's Report: Dr. Klepack stated:

- The pertussis situation is unchanged; new cases have been reported. Confirmatory samples have been sent for testing. The process cultures the bacteria and looks at the DNA to confirm the pertussis diagnosis. Ms. Karen Bishop and her staff are working diligently and doing a great job sending letters and encouraging vaccination.

There were questions and discussion regarding pertussis:

- There were 63 cases of pertussis as of May 8, 2012.
- Adolescents and adults usually do not get the "whoop" cough; rather it is a persistent cough that does not seem to stop.
- The danger of leaving pertussis untreated is that it spreads. If symptomatic, the individual should be out of work/school for 5 days while taking antibiotics. This disease may be fatal for the very young and old so preventing it from reaching those groups is crucial.
- The Health Department encourages school districts to send out informational letters to alert students and families regarding pertussis. Depending on the school, emails are also being sent. The Department has information on its website which is sometimes posted on the school website as well.

- For people who might find the cost of vaccinations to be an issue, the Health Department offers free vaccinations for children up to age 19. The Department does not turn people away based on their inability to pay; there is a sliding fee scale for anyone over 19.

Division for Community Health Report (Part 1): Ms. Connors:

- Commented it has been a whirlwind of a month preparing and communicating with patients, caregivers, doctors, and community agencies about the CHHA. It has been a challenging time supporting staff as they transitioned to Community Health Services with one of the two remaining staff members finding a position elsewhere. Friday was a milestone in the closure of the CHHA with the last patient being transferred. The remaining work includes billing, recording, and cleaning up records, equipment and supplies.
- Passed around an appreciative letter from the Chair of the Professional Advisory Committee recognizing the CHHA.

Dr. Macmillan, speaking on behalf of the Board, celebrated staff for their stamina, hard work, competence and ongoing professionalism throughout a difficult situation.

Division for Community Health Report (Part 2): Ms. Connors discussed the handout showing WIC (Women, Infants and Children) Statistics with an accompanying page of descriptions for each graph. Many definitions are from the State WIC Program and cannot be changed. The goal is to reduce the number of statistics being reported to the Board of Health to only essential statistics that measure performance. She would appreciate the Board's input on the format.

Mr. Greenhouse responded he felt "it was really solid." He asked whether the Percentage Caseload going up was automatically adjusted or due to economic times.

Ms. Connors replied it is not really based on economics. Some of the factors involved: the State increased the targeted caseload, and the benefits are not as user friendly as food stamps. Staff outreach is starting to make an impact as seen by the improving numbers. With the "No Show Rate," participants are provided every opportunity to receive benefits by allowing 8 weeks before removal. If discharged sooner, there would be a lower no show rate of participants.

Children with Special Care Needs Report: Ms. Allinger was absent from the meeting. Mr. Kruppa noted there were technical difficulties with the monthly report; the Board will receive an updated version.

County Attorney's Report: Mr. Wood stated he had nothing to report.

Environmental Health Report: Ms. Cameron stated she had nothing to add to her written report.

Approval of revised Pain Assessment and Documentation Policy/Procedure: Ms. Connors withdrew this item from the agenda because the policy was inadvertently omitted from the packet. She will present it for approval at the next meeting.

Dr. Macmillan suggested the following three policies be considered as a group. Mr. Greenhouse moved to accept the policies as written, seconded by Mr. McLaughlin.

Approval of new Client Bill of Rights:

Dr. Macmillan referred to Appendix B, bullet 10. He questioned the hours/days for the Patient Hotline. Ms. Connors will verify the information.

Dr. DiFabio asked about considering the language for a diverse patient population with varying literacy rates. Ms. Connors said staff will work on a version that will be easier to comprehend.

Mr. Greenhouse referred to "Procedure #2." He suggested the sentence be rephrased regarding the client complying with their rights. Ms. Connors replied it could be changed to encourage clients to ask questions about their understanding of their rights.

Mr. Greenhouse referred to "Procedure #4." He recommended striking the first sentence and changing the wording in the second sentence to indicate staff will document the client was informed of their rights in the clinical record.

Approval of new Client Complaint Policy:

Mr. Greenhouse referred to "Client Rights #3" which he thought was confusing regarding the lack of respect for property by an outside provider. Ms. Connors noted a contract medical social worker may be hired who will make home visits. This addresses the client's property itself as opposed to their care and their care plan. She will edit the sentence to read: "...lack of respect for property by *staff or* anyone providing services on the behalf of the agency."

Mr. Greenhouse thought "Client Rights #1" and the first sentence in "Client Rights #4" are redundant. Ms. Connors suggested combining them into "Client Rights #1" to clarify the procedure for filing complaints.

Dr. DiFabio asked who assumes the liability for a justified complaint. Ms. Connors stated the Health Department maintains liability insurance based on the number of patients, the number of visits, and the discipline.

Dr. Macmillan recommended an edit under "Response and Review Procedure #3.a" to read: "Responses for D&TC or LHCSA clients will *include* a copy..."

Dr. Macmillan suggested an edit under "Appeal Process #1" to read: "...with the agency response and submits *an* appeal..."

Approval of new Advance Directives Policy: There were no edits to the policy.

The vote for the policies, *Client Bill of Rights* and *Client Complaint Policy* as edited, together with the *Advance Directives Policy*, carried unanimously.

Resolution #12.1.9 – Cornell University Water Treatment System, C-Ithaca, Violation of Subpart 5-1 of the New York State Sanitary Code (Public Water Supply – unapproved modification of a public water system): Mr. Greenhouse moved to accept the resolution as written; seconded by Mr. Burbank.

Ms. Cameron reported Cornell University has many different departments involved in construction projects, but it is unclear who has the final authority. The violation under discussion was discovered when Mr. Maybee received a cross-connection control plan for approval and noticed there were other plans that had not been submitted. Since it was a State college project, Cornell assumed it did not require Health Department approval. They later complied by submitting plans by T. G. Miller which were approved.

Mr. Greenhouse asked about the responsibility of the licensed engineer overseeing the project to have addressed this issue in the planning process. Ms. Cameron replied, in accordance with the Code, action is taken against the owner, not the engineer. Cornell met with us to review their process and procedures with a discussion about departmental coordination.

The resolution carried by unanimous voice vote.

Grunberg/Log Country Inn, Request to Waive TCSC S-6.06 h requiring a design professional (Sewage): Mr. McLaughlin moved to accept the waiver as written; seconded by Mr. Burbank.

Dr. Macmillan suggested paragraph 2, sentence 3, should read as follows: “Sewage system construction permits are required because of the *alteration* of the existing buildings...”

Mr. Maybee stated the owners own two contiguous parcels of land, which by definition in the Sanitary Code are considered a tract of land thereby requiring a design professional. In this circumstance, the Department does not feel the design professional is necessary so the waiver request is recommended.

Ms. Cameron further explained these two residential homes are operated independently as bed and breakfast establishments, each with its own sewage system.

The waiver, as amended, carried unanimously.

Environmental Health Division Fee Policy – draft for discussion: Ms. Cameron stated each year the Division brings fees forward to the Board; however, the prior policy does not provide specific guidance on how to develop or establish fees. A Fee Policy Committee was formed. She thanked Mr. Greenhouse and Mr. McLaughlin for participating. Staff members included Mr. Kruppa, Ms. Grinnell Crosby, Mr. Steven Kern, Ms. Brenda Coyle, and Ms. Cameron. The draft policy proposes a goal of recovering 50% of the cost of our services through fees. This is based on the cost for invoiced facilities only; the exemption for not-for-profit organizations would continue. However, those organizations paying fees would not supplement the cost of those not invoiced for their fees. Some fees are established by Code. The part not covered by fees is covered by the local share and state aid. The 50% target tries to balance public benefits from these services protecting public health with the direct benefits to the permitted facilities.

Ms. Cameron proposed two minor changes in the *Environmental Health Fee Policy*:

- Page 1, Section 1, Sentence 2: “The Tompkins County Health Department Environmental Health Division is funded by local and state *revenue* and fees for services provided.”
- Page 2, Section 4: remove sentence 2 because it is unnecessary.

Ms. Cameron explained the chart listing fees. She thanked Ms. Brenda Coyle for her work developing the spreadsheet. Some of the programs have significant fee increases.

Ms. Cameron handed out a table showing information on temporary residences, mobile home parks and campgrounds. The campground program is the only program offering a seasonal fee. The proposal is to eliminate the seasonal fee since essentially the work is the same for all facilities.

A lengthy discussion ensued with the following highlights:

- The Division is looking for philosophical guidance from the Board regarding a fee structure. The policy will also be presented to Health and Human Services Committee (HHS) for additional input.
- Fees would be increased over 5 years rather than all at one time.
- Creating a mathematical formula would be an efficient way to establish fees that are not arbitrary. The formula could be modified.
- Actual costs are calculated by using the following information: (1) the time staff spends in each program, and (2) the budget for the entire division. These two factors are used to determine an hourly rate that is used to calculate fees for all activities. In some program areas there are more administrative or non-facility specific activities.
- The 50% principle places half of the burden on the taxpayer and half the burden on the user.
- The policy does not need to be one size fits all. Food service establishments and temporary residences are for-profit entities whereas public water and sewage systems are basic necessities.
- Staff is planning on looking at the fee structure with the goal being to equitably distribute costs among the facilities.
- Questions were raised about the ways other counties recoup costs. Their fees may be at a lower level but the services provided are fairly standard. Some counties review their fees annually and some every 5 or 10 years. Perhaps networking with other counties to find solutions would be useful.

Mr. Kruppa noted our costs are increasing so a determination needs to be made about finding sources of revenue to recoup those costs. The discussion has started and will continue as the group considers the next steps.

Adjournment: At 1:59 P.M. Mr. McLaughlin moved to adjourn the meeting, seconded by Dr. DiFabio, and carried unanimously.