

MINUTES

Tompkins County Board of Health

March 22, 2016

12:00 Noon

Rice Conference Room

Present: Will Burbank; David Evelyn, MD, MPH; Brooke Greenhouse; Edward Koppel, MD; James Macmillan, MD, President; Michael McLaughlin, Jr.; Susan Merkel; and Janet Morgan, PhD

Staff: Karen Bishop, Director of Community Health; Liz Cameron, Director of Environmental Health; Brenda Grinnell Crosby, Public Health Administrator; Frank Kruppa, Public Health Director; Deb Thomas, Senior Community Health Nurse in CSCN; Jonathan Wood, County Attorney; and Shelley Comisi, Keyboard Specialist

Excused: Sylvia Allinger, Director of CSCN; and William Klepack, MD, Medical Director

Guests: Theresa Lyczko, Director of Health Promotion Program

Call to Order: Dr. Macmillan called the regular meeting of the Board of Health (BOH) to order at 12:00 p.m.

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

Approval of February 23, 2016 Minutes: Mr. Burbank moved to approve the minutes of the February 23, 2016 meeting as written; seconded by Dr. Morgan. The minutes carried with Ms. Merkel abstaining.

Financial Summary: Ms. Grinnell Crosby referred to the December 2015 financial summary in the packet. She directed attention to her notes for three program areas with revenues in the red:

- Women, Infants and Children – Cost-of-Living Adjustment (COLA) revenues have not been posted for 2015 as of this report.
- Divisions for Community Health – Change in staffing and problems with billing processes have occurred over the last year.
- Physically Handicapped Children – There are fewer cases than in previous years.

Due to problems with the current dashboard, she is in preliminary discussions with Information Technology Services (ITS) and County Administration to look at a new one. Staff continues to work with the County to address some minor items before the books are closed for 2015. In addition, both groups are working to make adjustments in the salary and fringe lines for 2016. The budget was created with 2014 salaries and a projected fringe rate. The fringe rate came in lower than projected so money will be moved from fringe to cover salary increases. The fringe rate is currently 45.71%.

Budget Process: Ms. Merkel asked about the time frame for next year's budget process. Mr. Kruppa explained it will begin in April with the County Legislature's retreat. The Legislators will set guidelines for County Administrator Joe Mareane who will put together target numbers for the departments. In May, Environmental Health (EH) fees will be brought to the Board. In June, Public Health's proposed budget will be presented for the Board's review before being submitted to the County.

Administration Report: Board members agreed to Mr. Kruppa's request to move his ten minute presentation on the Mental Health Department to the end of the meeting.

Lead Levels in Drinking Water at Caroline and Enfield Elementary Schools Discussion: A discussion was initiated by Dr. Macmillan who asked for an update on the results from the most recent water testing at the schools. Ms. Cameron responded EH staff collected water samples at both schools during the first week of March. Staff is analyzing the data and in the process of preparing a report for the Ithaca City School District (ICSD). At Caroline, the results were significantly lower but still elevated above the action level in some cases. At Enfield, the results were mixed. The school district is in the process of hiring a consultant to help analyze the situation. EH staff will be taking steps to move forward with sampling and to work with the consultant.

Summary of Ms. Cameron's responses to questions from Board members:

- There is a significant amount of data to review from the most recent water sampling. EH staff is putting together a report that will help explain the data.
- ICSD is providing drinking water to address any public health concern and to allow time for analysis of each specific water system.
- Caroline and Enfield have groundwater wells; therefore, water sampling at each school was required.

Mr. Kruppa shared additional information:

- There will be a public release of information after the report is prepared by EH staff; ideally it will be a joint effort with ICSD.
- Tompkins County Health Department (TCHD) does not recommend testing at this point. If parents have concerns, they are encouraged to talk to their child's primary healthcare

provider who knows the child's health history and can speak about other potential exposures to lead.

Discussion related to messaging:

- Dr. Morgan described a meeting she recently attended at Belle Sherman Elementary School with the ICSD Superintendent, the school district nurse, and a small group of parents. The parents raised the question about who has the authority to mandate that all children in the schools be tested for lead. Mr. Kruppa stated there would be a public health recommendation to test children if there was an immediate and imminent risk to children. However, lead is not an immediate and imminent risk; the risk is over time.
- According to Mr. Kruppa, staff is monitoring two pediatric offices every week to find out how many children have been tested for elevated blood lead levels. No cases have been detected. The report in *USA Today* that one child was found to have an elevated blood lead level was incorrect.
- Concerned about the messaging, Mr. Greenhouse thought it would be beneficial to have the ICSD publish a link on their webpage to the information presented on the TCHD website. Dr. Morgan commented that the suggestion of linking to the TCHD information has been proposed to the Superintendent who agreed it is a good idea. Mr. Kruppa added the ICSD has been deferring to the professionals.
- Dr. Evelyn inquired whether other local communities were concerned about their water systems. Ms. Cameron advised there is information for schools posted on the EH website. Staff is working with the schools that have contacted the department.
- From a communications point of view, Ms. Lyczko reported staff updates the TCHD website and includes the date that the information was last reviewed so readers know it is current.
- Mr. Greenhouse suggested reaching out to PTA Presidents with messaging about the information on the TCHD website. Mr. Kruppa replied that staff has reached out to a few PTAs but will investigate reaching out to the remaining groups.
- Mr. Kruppa emphasized that the TCHD message to parents is: (1) check with your doctor if you have any concerns regarding your child, (2) bottled water is being distributed to students so the exposure to lead has been eliminated, and (3) TCHD is working with the ICSD to find a solution.

Concluding remarks conveying staff appreciation:

- Dr. Macmillan expressed his appreciation for the staff members who have worked on this issue.
- Dr. Morgan added she thought TCHD staff is doing a great job. She had heard from the ICSD head nurse that Gail Birnbaum, one of the nurses in Community Health Services (CHS), had provided an excellent presentation of information and handouts at a previous meeting.
- Mr. Kruppa noted the work on this issue has touched almost every Division at the department. In EH, Ms. Cameron and her staff have put in numerous hours investigating, looking for solutions, and disseminating information to the public regarding the water situation. Ms. Bishop and her CHS staff have provided health information to the school district, talked to healthcare providers, and sent out numerous messages. Ms. Lyczko as

the Public Information Officer has fielded calls from numerous media sources and Ms. Grinnell Crosby in Administration also has responded to calls. He concluded his remarks by saying, "It has been a complete team effort and a testament to what public health can do when you have dedicated people willing to put in the work and effort to protect their community."

Medical Director's Report: Dr. Klepack was not present for the meeting.

Division for Community Health Report: Ms. Bishop noted that her staff sends out weekly influenza surveillance data to local providers. She reported there has been one influenza-associated pediatric death. The four-year-old child lived downstate, was unvaccinated and had underlying medical health conditions. That news has encouraged staff to work harder to promote our influenza prevention message and vaccination campaign. Flu vaccine is still available at TCHD by calling for an appointment.

Children with Special Care Needs Report: Ms. Thomas, Senior Community Health Nurse, represented Ms. Allinger at the meeting. She had nothing to add to the report.

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

Environmental Health Report: Earlier in the meeting, Ms. Cameron provided a report and answered questions regarding lead levels in the drinking water at Caroline and Enfield elementary schools. She had nothing to add to her report.

Quality Assurance and Performance Improvement Program Policy and Procedure: Ms. Bishop explained the policy was revised as a result of a desk survey of Licensed Home Care Service Agencies by the New York State Department of Health (NYSDOH). Our program was cited for not consistently reviewing both active and discharged case records. Staff looked at the policy and has embedded the actual regulations into the policy to ensure staff can easily refer to the specific requirements of the regulations. Specifically, staff will be reviewing a mix of both active and discharged records on a quarterly basis.

Dr. Morgan moved to approve the policy as written; seconded by Dr. Macmillan.

For purposes of clarity, Mr. Greenhouse recommended moving the *Regulation* section into the *Policy* section to show that it is part of the policy. After some discussion, Board members voted on the following edit: under the *Policy* heading, the fifth bullet will read, "*Comply with the current NYSDOH regulations referenced below*" and the regulations will be printed thereafter.

The vote on the policy, as edited, carried unanimously.

Presentation on the Tompkins County Mental Health Department: Mr. Kruppa described two key components of the Mental Health Department: the Local Government Unit (LGU) and clinical operations.

(1) The Mental Health Commissioner heads the LGU which is responsible for ensuring programs providing services for individuals with mental health, substance abuse, or developmental disabilities are being administered effectively within the community. State funding for that work comes through the LGU and is contracted out to community agencies with some funds directed to the Mental Health Department for services. Each year, agencies are required to report to the LGU about the services they have provided. The Community Services Board (CSB) reviews that data to assess how those organizations are achieving their goals. In addition to funding, the LGU through the Commissioner and CSB make sure the needs for the three targeted groups are identified and being met in the community. Each group has its own New York State agency: Office of Mental Health (OMH); Office of Alcoholism and Substance Abuse Services (OASAS); and Office for People with Developmental Disabilities (OPWDD). These agencies are partners in providing services.

(2) Clinical operations have five main areas where 90% of the staff works.

- Outpatient Clinic on the third floor is staffed by nurses and doctors who provide counseling services and medications to clients. Staff works to make sure their clients are moving toward the goals that have been set for them.
- Therapy Clinic is staffed predominantly by social workers who work with the doctors to provide ongoing therapy. Clients meet with social workers in the office on a regular schedule. Both outpatient and therapy clinics work together to deliver the appropriate type of care but serve distinct populations.
- Forensics Unit has a program director who is a nurse/social worker and three clinicians who are social workers. They coordinate services for clients involved in the legal system. Those clients may be individuals mandated for treatment or inmates at the jail needing evaluations. Services can be provided in group settings.
- Continuing Day Treatment (CDT) program is in the process of converting to a Personalized Recovery Oriented Services (PROS) program. Over the years, the CDT program has been a place for clients to come together during the day to attend group sessions and receive services. That model is shifting away as the State is encouraging the personalized recovery model. It is about setting goals to help the individual achieve his/her maximum potential. The nurses and social workers currently working in that program connect with the doctors.
- Health Homes is a care coordination program. For years, the Mental Health Department had provided care coordination for individuals with mental health issues. In the transition to the Health Homes model, the role of staff has expanded beyond mental health to monitor all care for clients by connecting them to the different services in the community. The model is for users of Medicaid, typically high users of Medicaid with chronic conditions. Caseloads have gone up due to demand.

Mr. Kruppa answered questions from Board members:

- The Clinic provides services to people with health insurance but also serves a larger population of people who have Medicaid, Medicare, or are unable to pay. The Mental Health Department is the safety net.
- For funding, the State evaluates the numbers each year to create the State budget number. It is a quasi hard number. If there is a spike in demand in a particular area, then the LGU and CSB can inform the State of the need for additional resources to address that issue. Funding comes from the State, the County, and fees collected for services.
- There is a process for identifying an individual who needs to be moved to inpatient services. The process generally works but is often a legal process. The hospital is the first place for those individuals who need to be evaluated. If the individual is in the jail, then there is an evaluation by the doctors at the Mental Health Clinic.

In response to questions about potential areas of collaboration between Public Health and Mental Health Departments, Mr. Kruppa described the following:

- A specific example is the Health Homes program currently serving individuals 18 years and up. Children will be added later this year. There is discussion with Franziska Racker Centers and Children with Special Care Needs (CSCN) to see if there is a joint way to use staff members and their expertise in working with children in the program.
- The Delivery System Reform Incentive Program (DSRIP) is talking about integration of physical and behavioral health issues.
- CSB is interested in hearing how some of the prevention models and methods used in public health could be applied to mental health.
- As the electronic health record process continues to unfold, the billing component will be a large piece of working together. Staff involved with billing can provide backup to one another.
- There may be an opportunity to combine both departmental clinical groups as one entity to negotiate contracts with insurance companies for services provided by Tompkins County.
- Both departments have responsibilities for emergency response. The plan is to broaden emergency response capabilities to all County employees.

Joint Meeting Reminder: There was discussion about the joint meeting between BOH and CSB members occurring on Tuesday, March 29th at 5:30 p.m. Mr. Kruppa will put together one page descriptions of each department and its board. The meeting will be informal; a chance for members of the two boards to introduce themselves to one another.

Adjournment: At 1:26 p.m. Dr. Macmillan adjourned the meeting.