

**AGENDA
Tompkins County Board of Health
Rice Conference Room
Tuesday, May 23, 2017
12:00 Noon**

12:00 I. Call to Order

12:01 II. Privilege of the Floor – Anyone may address the Board of Health (max. 3 mins.)

12:04 III. Approval of April 25, 2017 Minutes (2 mins.)

12:06 IV. Financial Summary (9 mins.)

12:15 V. Reports (15 mins.)

Administration

County Attorney's Report

Medical Director's Report

Environmental Health

Division for Community Health

CSB Report

Children with Special Care Needs

12:30 VI. New Business

12:30 *Environmental Health* (25 mins.)

Enforcement Action:

1. Resolution #EH-ENF-17-0010 – Auntie Anne's Pretzels, V-Lansing, Violation of Subpart 14-1 of the New York State Sanitary Code (Food) (5 mins.)
2. Resolution #EH-ENF-17-0012 – Hope's Events and Catering, V-Cayuga Heights, Violation of Subpart 14-1 of the New York State Sanitary Code (Food) (5 mins.)

Administrative Action:

1. Review of Proposed 2018 Environmental Health Division Fees (15 mins.)

12:55 *Administration* (30 mins.)

Presentation:

1. Supervised Injection Facilities – A Clinical Review (30 mins.)

1:25 *Adjournment*

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MINUTES
Tompkins County Board of Health
April 25, 2017
12:00 Noon
Rice Conference Room

Present: Will Burbank; 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, Director of Children with Special Care Needs; and Shelley Comisi, Administrative Assistant II

Excused: David Evelyn, MD, MPH, Board of Health Member; William Klepack, MD, Medical Director; and Jonathan Wood, County Attorney

Guests: Susan Crowell, Tompkins County Community Mental Health Services Board; Samantha Hillson, Director of Health Promotion; and Skip Parr, Senior Public Health Sanitarian

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.

Introductions: Mr. Kruppa welcomed Susan Crowell of the Community Mental Health Services Board (CSB).

Approval of March 28, 2017 Minutes: Mr. McLaughlin moved to approve the minutes of the March 28, 2017 meeting as written; seconded by Mr. Burbank. The minutes carried with Dr. Morgan abstaining.

Financial Summary: Ms. Grinnell Crosby referred to the financial report for the 13th period of 2016. There will be a significant change to the Preschool program account when \$850,000 of revenue is posted to the 2016 books. The Finance Department is in the process of making some minor corrections before closing the 2016 books.

For 2017, the percentages for revenues (3.64%) and local share (34.75%) are related to the quarterly filing of state aid claims. The first quarter claim will be filed in the next several weeks once data is submitted from each division. Local share for Women, Infants and Children (4,903.78%) and Healthy Neighborhoods (603.90%) programs is based on filing grant claims according to contract terms. The numbers will

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decrease considerably when claims are filed. There will be a shift as soon as state aid is posted.

Administration Report: Mr. Kruppa announced he will be away for several weeks in May. In his absence, Ms. Grinnell Crosby will be overseeing the department. Any questions and concerns should be directed to her; otherwise, he will address them upon his return.

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

Division for Community Health Report: Ms. Bishop directed attention to the *Community Health Services Clinical Statistics* spreadsheet. After reviewing the statistics for immunization clients being served, staff thought it would be more informative to separate clients into two age groups; one for adults and one for children. The numbers show staff see more adults than children. For the uninsured, the Vaccines for Adults program provides vaccines to eligible adults. Vaccines for Children is a federally-funded program that is distributed through the State. TCHD is the safety net for those children who do not have a medical provider.

Children with Special Care Needs Report: Ms. Thomas had nothing new to add to her report. Dr. Morgan commented there was a significant increase in the number of Early Intervention referrals in March compared to the previous two years. Ms. Thomas responded she was aware of the increase but did not have a definitive explanation for it.

County Attorney's Report: Mr. Wood was not present for the meeting.

Environmental Health Report: Ms. Cameron reported:

- Mikhail Kern, former Environmental Health (EH) Project Assistant, has been hired to fill the Public Health Sanitarian vacancy. He will be working in the temporary food and ATUPA programs.
- EH is purchasing digital thermometers to provide to operations, especially temporary food events that do not have one on-site.

Discussion regarding the Borger Gas Compression Station Expansion: Dr. Morgan referenced the *Environmental Health Highlights February 2017* report included in the March BOH packet. The report describes the Mothers Out Front organization and their concerns about the Borger Station expansion. After meeting with group members to discuss the potential for TCHD to be a part of a health study, Mr. Kruppa and Ms. Cameron concluded the research required was beyond the capabilities of the department. While attending a Town of Dryden board meeting that discussed the expansion, Dr. Morgan heard comments about TCHD's lack of involvement with the health study. She wondered whether a letter expressing appreciation for the group's concerns about the environment and health of Tompkins County residents would be appropriate.

During the lengthy discussion that followed, Mr. Kruppa emphasized TCHD carefully evaluated the situation before reaching any conclusion about involvement in the study. There was a meeting with Mothers Out Front, additional research was conducted

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by Ms. Cameron, and efforts were made to contact the New York State Department of Environmental Conservation (NYSDEC) that regulates these facilities. In addition, Madison County Health Departments is conducting comprehensive testing and health surveys of people living in their county where a new gas compression station will be constructed. That data will give a better understanding of the impact these types of facilities have on human health. This is a complex research undertaking that needs to be large in scope in order to have valid results that TCHD can support. Our concerns were shared with Mothers Out Front through email correspondence; however, Mr. Kruppa indicated the department would look into an additional response as Dr. Morgan has suggested.

Dr. Morgan also recommended that EH staff put information in next month's report about their efforts to reach out to NYSDEC. It would be another way to communicate with the public that TCHD has been looking at this matter.

Report on the Community Services Board (CSB) Meeting: Mr. McLaughlin shared his observations of the CSB meeting he attended on April 3, 2017. The agenda included an informative presentation by Harry Merryman from Lakeview Health Services who described his organization's plans for a housing project in Ithaca. The guest speaker answered questions about the project and asked for input from CSB members about the housing needs of the community. Mr. McLaughlin found the dynamics of the CSB interesting. Each board member sits on a subcommittee. As advocates, they bring front-line issues to their meetings on behalf of the group of people they represent. Mr. McLaughlin concluded by encouraging other BOH members to attend a meeting.

Resolution #EH-ENF-17-0011 – Apollo Restaurant, C-Ithaca, Violation of BOH Orders #EH-ENF-16-0027 and Subpart 14-1 of the New York State Sanitary Code (Food): Ms. Cameron reminded Board members the Apollo Restaurant was brought before the BOH in February. During a subsequent inspection, EH staff observed food temperature violations. In this resolution, a requirement has been added that the facility have two employees trained in ServSafe with at least one of them on-site during hours of operation.

Mr. Burbank asked whether there is a language barrier. Ms. Cameron noted Skip Parr and Kristee Morgan from the food program have met with the owner. In this case it is not a language issue. The owner does understand the requirements. The barrier may be the communication from the owner to his staff.

Mr. McLaughlin wondered where food workers can find information about taking a local ServSafe training course. In addition to online courses, Ms. Cameron said EH receives notifications from various entities that provide training opportunities. That information is sent out to staff to share with food service facilities. It may be possible to put information on our Facebook page and in the cover letter to the owner.

Dr. Morgan moved to accept the resolution as written; seconded by Mr. Greenhouse; and carried unanimously.

To Mr. Burbank's point about language barriers, Mr. Kruppa mentioned that the Office of Human Rights will be speaking at the upcoming All Staff meeting to give a presentation on the Limited English Proficiency policy for Tompkins County. That will

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be another opportunity to ensure staff awareness about providing language assistance to clientele.

Public Health and Mental Health Fiscal Administration: Mr. Kruppa briefed the Board on the plans that have emerged during a review of the administrative structure within the dual department head model. In 2019, the Legislature is going to evaluate and decide whether or not to continue with this structure. In light of that coming decision, it is prudent to plan for both possibilities. In the packet, there are three organizational charts related to the dual department head structure.

The first chart shows the current staff positions who report directly to the Department Head. It is a large number of direct reports. With the upcoming retirement of the Mental Health Fiscal Officer at the end of the year, there is an opportunity to reorganize.

Chart two shows the changes in the core positions that would be affected in the reorganized structure. The new Fiscal Administrator title replaces the Mental Health Fiscal Officer title. It is a position that requires a stronger skill set to position the Mental Health Department for the changes in billing processes, the preparation of fiscal reports to the State, and general compliance with rules and regulations. This is an opportunity to bring a level of expertise to the organization that is focused on fiscal administration. If the Legislature reauthorizes the current dual department head scenario, it is envisioned the Fiscal Administrator will assume fiscal responsibility for both departments. Advertising for the position has started due to the impending retirement.

Continuing with the vision to reorganize, the second chart shows the new title of Deputy Public Health Director that replaces the Public Health Administrator title currently held by Ms. Grinnell Crosby. In her position, Ms. Grinnell Crosby has fiscal responsibilities that include the county budget and state aid. She acquired additional programmatic oversight duties when the dual department head structure was implemented. In the new scenario, the Fiscal Administrator takes on the fiscal responsibilities for both departments and a Deputy Public Health Director is hired who has a public health education and/or background. Subsequently, Division Directors at Public Health would report directly to the Deputy thereby decreasing the number of direct reports to the Department Head. These changes would occur as staff retired.

The third chart shows the new arrangement of Department Head Direct Reports with the Deputy Mental Health Commissioner, Mental Health Medical Director, Fiscal Administrator, Public Health Medical Director, Deputy Public Health Director, and Administrative Assistant. This is the vision for the future if the Legislature chooses to maintain the dual department head role.

Regardless of the Legislature's decision in 2019, there is an immediate need to hire an individual with the necessary fiscal and administrative skills for Mental Health. The job description for the Fiscal Administrator is posted on the County website.

Highlights from Mr. Kruppa's responses to questions regarding the Fiscal Administrator:

- The Fiscal Administrator's role is to be a strategic planner who will eventually direct the fiscal activities of both departments. The workload is not unprecedented in the County as the Department of Social Services is larger in staff and total budget than Mental Health and Public Health departments combined. It will be

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- important to provide sufficient support staff underneath to handle the day-to-day billing responsibilities.
- With the Fiscal Administrators' guidance, job descriptions for support staff will be redefined. It is essential that they have the necessary skills to manage the significant changes in the billing environment. In addition, there will begin departmental cross training to enable staff to offer support and/or backup as needed.
 - Mental Health and Public Health budgets will remain distinct items because of the monies coming from different sources. Initially, the Fiscal Administrator will be working and funded through the Mental Health Department. If the Legislature approves the dual Department Head role, then the new structure will be implemented. If it is not approved, then Mental Health will have a highly skilled Fiscal Administrator overseeing its fiscal operations.

Before the meeting adjourned, Ms. Crowell from the CSB shared that she found the BOH meeting to be informative. She hopes the two boards will learn more about each other and suggested the possibility of a retreat in the future.

Adjournment: At 1:17 p.m. Dr. Macmillan moved to adjourn the meeting.

Board of Health
May 23, 2017
Financial Report

December 2016/13th period

Corrections continue to be made by the Finance Department. Final closure of the 2016 books is expected in May/June. Auditors are still on site.

The final claim for Preschool services has been received, submitted and accepted. We posted \$850,000 of revenue to the 2016 books from this claim. Payment has not been made by the state as of this date.

Board of Health
May 23, 2017
Financial Report

April 2017 / Month 4

Large local share percentages are the result of encumbered funds and filing of claims. At this time there is nothing significant to report. The Article 6 claim has been delayed due to a reporting problem within EHIPS. Claims are processed according to contractual terms.

Year 16 Month 13

Tompkins County Financial Report for Public Health

Percentage of Year 100.00%

	Expenditures			Revenues			Local Share		
	Budget	Paid YTD	%	Budget	YTD	%	Budget	YTD	%
4010 PH ADMINISTRATION	1,002,458	906,332	90.41%	172,025	157,267	91.42%	830,433	749,066	90.20%
4012 WOMEN, INFANTS & CHILDREN	497,422	454,678	91.41%	495,448	454,573	91.75%	1,974	105	70.73%
4013 OCCUPATIONAL HLTH.& SFTY.	114,238	66,786	58.46%	0	0	0.00%	114,238	66,786	58.46%
4014 MEDICAL EXAMINER	61,652	60,929	98.83%	0	0	0.00%	61,652	60,929	98.83%
4015 VITAL RECORDS	69,365	67,011	96.61%	129,000	130,550	101.20%	-59,635	-63,538	106.54%
4016 COMMUNITY HEALTH	1,585,848	1,411,212	88.99%	364,980	346,765	95.01%	1,220,868	1,064,446	87.50%
4018 HEALTHY NEIGHBORHOOD PROG	204,781	170,272	83.15%	203,665	174,934	85.89%	1,116	-4,661	315.39%
4047 PLNG. & COORD. OF C.S.N.	1,317,288	1,242,690	94.34%	397,792	385,010	96.79%	919,496	857,680	93.28%
4048 PHYS.HANDIC.CHIL.TREATMNT	8,000	1,660	20.74%	4,000	875	21.87%	4,000	785	19.62%
4090 ENVIRONMENTAL HEALTH	1,487,132	1,474,864	99.18%	550,576	569,607	103.46%	936,556	905,257	96.66%
4095 PUBLIC HEALTH STATE AID	0	0	0.00%	1,113,118	1,074,937	96.57%	-1,113,118	-1,074,937	96.57%
Total Non-Mandate	6,348,184	5,856,435	92.25%	3,430,604	3,294,518	96.03%	2,917,580	2,561,917	87.81%
2960 PRESCHOOL SPECIAL EDUCATI	5,400,000	4,723,342	87.47%	2,910,000	2,847,775	97.86%	2,490,000	1,875,567	75.32%
4017 MEDICAL EXAMINER PROGRAM	167,935	167,932	100.00%	0	0	0.00%	167,935	167,932	100.00%
4054 EARLY INTERV (BIRTH-3)	853,010	468,985	54.98%	306,000	239,119	78.14%	547,010	229,866	42.02%
Total Mandate	6,420,945	5,360,258	83.48%	3,216,000	3,086,894	95.99%	3,204,945	2,273,364	70.93%
Total Public Health	12,769,129	11,216,693	87.84%	6,646,604	6,381,412	96.01%	6,122,525	4,835,282	78.98%

BALANCES (Includes Encumbrances)

	Available Budget	Revenues Needed		Available Budget	Revenues Needed
NON-MANDATE			MANDATE		
4010 Administration	96,126	14,758	2960 Preschool	676,658	62,225
4012 WIC	41,453	40,875	4054 Early Intervention	384,025	66,881
4013 Health & Safety	47,452	0	4017 Medical Examiner	3	0
4014 Medical Examiner	723	0		<u>1,060,687</u>	<u>129,106</u>
4015 Vitals	2,354	-1,550			
4016 Community Health	170,763	18,215			
4018 Healthy Neighborhood	26,327	28,731			
4047 CSCN	74,598	12,782			
4048 PHCP	6,340	3,125			
4090 Environmental Health	12,268	-19,031			
4095 State Aid	0	38,181			
	<u>478,403</u>	<u>136,086</u>			

Total Public Health Balances	
Available Budget	Revenues Needed
<u>1,539,090</u>	<u>265,192</u>

Tompkins County Financial Report for Public Health

Percentage of Year 33.33%

	Expenditures			Revenues			Local Share		
	Budget	Paid YTD	%	Budget	YTD	%	Budget	YTD	%
4010 PH ADMINISTRATION	1,106,715	277,588	25.08%	136,870	14,400	10.52%	969,845	263,187	27.49%
4012 WOMEN, INFANTS & CHILDREN	532,827	145,764	27.36%	531,536	115,216	21.68%	1,291	30,548	3,039.97%
4013 OCCUPATIONAL HLTH.& SFTY.	106,103	31,597	29.78%	0	0	0.00%	106,103	31,597	29.78%
4014 MEDICAL EXAMINER	62,887	20,126	32.00%	0	0	0.00%	62,887	20,126	32.00%
4015 VITAL RECORDS	71,999	20,277	28.16%	83,843	33,537	40.00%	-11,844	-13,260	110.69%
4016 COMMUNITY HEALTH	1,607,012	394,975	24.58%	397,236	59,909	15.08%	1,209,776	335,067	40.33%
4018 HEALTHY NEIGHBORHOOD PROG	212,755	65,337	30.71%	204,574	9,187	4.49%	8,181	56,150	718.28%
4047 PLNG. & COORD. OF C.S.N.	1,361,142	355,626	26.13%	389,792	83,145	21.33%	971,350	272,481	28.37%
4048 PHYS.HANDIC.CHIL.TREATMNT	8,000	0	0.00%	4,000	0	0.00%	4,000	0	
4090 ENVIRONMENTAL HEALTH	1,575,618	420,975	26.72%	566,034	103,414	18.27%	1,009,584	317,561	33.67%
4095 PUBLIC HEALTH STATE AID	0	0	0.00%	1,156,711	0	0.00%	-1,156,711	0	
Total Non-Mandate	6,645,058	1,732,264	26.07%	3,470,596	418,808	12.07%	3,174,462	1,313,456	41.38%
2960 PRESCHOOL SPECIAL EDUCATI	5,080,000	1,020,222	20.08%	2,840,000	125,057	4.40%	2,240,000	895,164	59.86%
4017 MEDICAL EXAMINER PROGRAM	190,160	38,861	20.44%	0	0	0.00%	190,160	38,861	20.44%
4054 EARLY INTERV (BIRTH-3)	705,000	223,939	31.76%	300,000	578	0.19%	405,000	223,361	55.15%
Total Mandate	5,975,160	1,283,022	21.47%	3,140,000	125,635	4.00%	2,835,160	1,157,386	40.82%
Total Public Health	12,620,218	3,015,286	23.89%	6,610,596	544,443	8.24%	6,009,622	2,470,842	41.11%

BALANCES (Includes Encumbrances)

	Available Budget	Revenues Needed		Available Budget	Revenues Needed
NON-MANDATE			MANDATE		
4010 Administration	825,723	122,470	2960 Preschool	3,614,077	2,714,943
4012 WIC	378,364	416,320	4054 Early Intervention	481,061	299,422
4013 Health & Safety	73,998	0	4017 Medical Examiner	42,059	0
4014 Medical Examiner	17,971	0		<u>4,137,196</u>	<u>3,014,365</u>
4015 Vitals	51,572	50,306			
4016 Community Health	1,059,164	337,327			
4018 Healthy Neighborhood	144,804	195,387			
4047 CSCN	1,002,384	306,647			
4048 PHCP	8,000	4,000			
4090 Environmental Health	1,132,235	462,620			
4095 State Aid	0	1,156,711			
	<u>4,694,215</u>	<u>3,051,788</u>			

Total Public Health Balances	
Available Budget	Revenues Needed
8,831,412	6,066,153

HEALTH PROMOTION PROGRAM – April 2017

Samantha Hillson, Director, PIO
Ted Schiele, Planner/ Evaluator
Susan Dunlop, Community Health Nurse
Maya Puleo, Healthy Neighborhoods Education Coordinator
Pat Jebbett, Public Health Sanitarian

Community Outreach

- National Public Health Week press release, Facebook posts 4/3-4/7
- Housing and Homeless Taskforce meeting (Hillson, 4/5)
- Collective Impact meeting with other agencies and Engaged Cornell (Hillson, 4/11)
- Streets Alive planning meeting (Hillson, 4/19) and event (4/30). The Health Department hosted the Water Taste Test at Streets Alive. Over 100 people tasted water from the 7 municipal water facilities and voted for the best tasting water. HNP and other Health Department materials were available at the table.
- Asthma & COPD
 - Meeting with CMC Respiratory Therapy manager to review website materials and upcoming presentations (Dunlop, 4/4).
 - Presentation at McGraw House: “Could It be Asthma/ COPD?” 28 attending (4/20).
- Meeting with McGraw House staff to review HPP website and Yellow Dot program to be used for clients and community members. Fifty Yellow Dot folders left for distribution (4/10).
- Greater TC Municipal Health Insurance Consortium ([Consortium](#))
 - Owning Your Own Health Committee, monthly meeting, (Schiele/Chair, 4/26)
 - Joint Committee on Plan Structure and Design, monthly meeting (Schiele, 4/6)

TCHD Participation and Support

- Supervisory Trainings at TC3 (Hillson, 4/21)
- Immunization Coalition meeting (Hillson, 4/4)
- Health Planning Council meeting (Hillson/Board member, Schiele attending, 4/10)
- Health Promotion sponsored a yoga session in the Rice Room for NPHW (All, 4/6)
- Staff Satisfaction Task Force, discussed Cross Understanding initiative within the Department to learn about colleagues’ jobs (Dunlop/Chair, Hillson & Schiele attending, 4/18)
- Lead Poisoning Prevention Network, campaign to address home renovations and protecting children from lead hazards (Hillson, 4/13)
- All Staff meeting (All, 4/27). Dunlop presented “Cross Understanding” initiative on behalf of the Staff Satisfaction TF.

Diabetes Prevention Program (DPP) (Dunlop, *CDC Certified Lifestyle Coach*)

- Conference call with Cayuga Center for Healthy Living (4/6).
- Taught final DPP class for 5 participants (4/19 & 4/20).

Community Health Improvement Plan (CHIP)

- Place-based Approaches to Health Disparities webinar, NY Academy of Med (Hillson, Schiele, 4/24)

Tobacco Control Program (Schiele)

- Tobacco-21 (T21)
 - Participated in the regular T.C. Legislature meeting, responding to questions from legislators as requested (4/4). During this meeting a resolution was passed to hold a public hearing on the proposed T21 law.
 - Attended public hearing on the proposed T21 law (Hillson, Schiele, 4/18).
 - Recorded an interview with WHCU morning talk radio host Lee Rayburn (4/13). The interview also included TC Legislature HHS Committee Chair, Anna Kelles. [The interview aired](#) after the 8:00 news on 4/17.
 - Meeting with HHS Chair Anna Kelles to respond to her questions regarding T21 (4/27).
 - Ongoing outreach to partners and educational efforts to elected officials throughout the month (Schiele).
- Tobacco-free college campuses
 - Cornell University: Attended Campus Welfare Committee meeting (4/11) and University Assembly meeting (4/11), responding to questions related to discussions about a tobacco-free campus policy.
 - Ithaca College: Meeting with 2 IC students to prepare for a May meeting with administration officials (4/19). The meeting with administration was requested by one of the students in order to follow-up on a Student Government Association resolution that was passed in May 2016, calling for the formation of a committee to develop a tobacco-free campus policy.
- Attended Reality Check meeting at Boynton Middle School (4/5). Reality Check (RC) is the tobacco program's youth action component. The group at Boynton is about a dozen eighth graders in Ms. Knight's health class. They meet monthly with RC Coordinator, Melissa Potter from the Cortland CHD. The special topic for this meeting was Tobacco 21.
- Advancing Tobacco Free Communities monthly statewide conference call (4/4)
- Earned Media
 - [WHCU NewsRadio, 4/17](#): County lawmakers to hear public comment, vote on T21 proposal.
 - [The Ithacan, 4/25](#): Legislation proposes raising tobacco purchasing age in county.

Web site / Facebook

- Social media team meeting (Hillson, Schiele, 4/24)
- Page updates: [asthma](#), [WIC Q2 clinic calendars](#), Google analytics, [immunizations](#), [rabies factsheet](#), [water week](#), [press releases](#) (Hillson):

Emergency Preparedness

- Active Shooter training (Hillson, Dunlop 4/11)

Misc.

- Continuing Education (Dunlop)
 - Adult Vaccine Recommendations, 0.25 CE credits

Healthy Neighborhoods Program (Maya Puleo & Pat Jebbett)

HNP became a program of Health Promotion on April 1, which is the start of the grant year. This is year 4 for the Tompkins HNP. Budget, workplan, and draft annual report (will submit final once we receive data from the State) were submitted during April.

HEALTHY NEIGHBORHOODS PROGRAM	MONTH	YTD 2017	YTD 2016	TOTAL 2016 *
# of Initial Home Visits	23	102	89	409
# of Revisits	8	58	48	129
# of Asthma Homes (initial)	1	10	11	49
# of Homes Approached	0	256	147	1218

***Covers the calendar year (January through December), the HNP grant year is April-March.**

Updates:

- Dryden has been approved as a HNP target area starting at the beginning of April 2017. HNP staff will be able to conduct targeted outreach and door to door canvassing in Dryden from this point forward.

Outreach

- Cornell's Veterinary Medicine School Open House (Puleo, 4/1, reached 200).
- Outreach at the YMCA Kids Day event (Puleo, 4/8, reached 150).
- Outreach at the Mobile Food Pantry in Lansing on 4/10 (Puleo, 4/10, reached 35).
- Outreach at the Dryden Soup Kitchen (Jebbett, 4/26, reached 58).
- Outreach at Streets Alive! (Puleo, Hillson, 4/30, reached 200).

Meetings/Training/Presentations:

- CNY Coalition for Healthy Air meeting in Johnson City (Puleo, Jebbett, 4/18).
- Radon conference call (Hillson, Puleo, 4/18)

**Division for Community Health
May 23, 2017 Board of Health Meeting**

**Karen Bishop, Director of Community Health
April Report**

Administration –

- Reviewed and updated the Rabies Pre-exposure and Post-exposure Vaccination Policies to clearly define who we serve, how we handle those who travel outside of NYS/U.S. during the course of vaccination and who is responsible for cost of vaccination.
- Reviewed and updated the HIV Rapid Test Protocol to reflect the current test product and its specifications for use.
- Reviewed and updated the Lead Poisoning Prevention Policy to reflect current practice within the Division for Community Health related to children and pregnant women.
- Reviewed and edited content in several TCHD built forms in CX360 including all 25 Care Plans with their respective specific goals and interventions.
- Continued nearly daily conference calls with CX360 regarding software functionality and steps to complete prior to implementation.
- Completed performance evaluation on Michelle Hall, WIC Director.
- Met weekly with the WIC Director and biweekly with CHS managers to discuss concerns and to review and reset priority activities.
- Attended the Immunization Coalition meeting held on April 4.

Statistical Reports –

- Division statistical reports – see attached reports.
- Communicable Disease statistical reports include monthly and year to date.

WIC –

- The New York State Department of Health, Division of Nutrition, Bureau of Supplemental Food Programs is developing NYWIC, a state of the art, web-based management information computer system to administer WIC and issue benefits via electronic benefits transfer. We anticipate rollout of NYWIC in August 2018.

May 2017 BOH Report

Community Health Services

By Melissa Gatch, Supervising Community Health Nurse

Continuing Education-

- CHS staff attended webex trainings in April on the HPV vaccine and the Zika virus.

Lead Poisoning Prevention- (3 cases) Lead nurse Gail Birnbaum is case managing 3 children with elevated Blood Lead Levels. (BLL) The case summaries are as follows:

Cases #1 and 2: Ongoing cases of one and three year old siblings transferred from Cortland County with initial BLL's of 70mcg/dl and 45mcg/dl respectively on 10/3/16. The referral for lead testing of the siblings was prompted by an elevated BLL on the mother of 30mcg/dl on 9/22/16- mother was pregnant and was tested by her OB. Mother subsequently suffered a miscarriage. The history on these cases can be viewed from previous reports. Most recent BLL on the one year old child done 4/10/17 was 34.1mcg/dl- next BLL due late May. The three year olds most recent BLL was 21.2mcg/dl on 3/7/17 – repeat BLL due in June. Keep cases open to ensure repeat testing done.

Case #3: Ongoing case of a four year old with initial BLL of 12.4mcg/dl on 1/18/17. This child has been living with guardians in Tompkins County for the last year following the death of her father. Prior to coming to Tompkins County, the child lived in Syracuse. This child was tested as requested by Child Protective Services for undetermined reasons. Home visit accomplished on 1/31/17 with EH staff and Ecospect. Multiple lead paint hazards were identified throughout the home. Notice of Demand issued to the home owners with specific risk reduction methods outlined. Guardian was provided with educational materials; reviewed nutritional ways of reducing lead; explained appropriate cleaning methods; and referred to Health Neighborhoods for a HEPA vacuum. Guardian reports that child puts many things in her mouth. Repeat BLL done 4/14/17 was 13.2mcg/dl, higher than previous level. Custodial parent was contacted by EH staff with instructions to focus on painting surfaces that were identified as lead hazards. EH staff will return for home assessment in May- repeat BLL due in July. Keep case open to ensure repeat testing done.

Communicable Disease-

- **Zika Virus:** From 2016 to present, testing has been authorized for 53 Tompkins County residents. All travelled, or their partner travelled, to a country with reported Zika Virus. To date, we have had 3 positive cases. None were pregnant.
- **Dengue Fever:** 26 year old female who travelled to Ecuador reported multiple mosquito bites. Upon her return she developed rash, nausea/vomiting/diarrhea, and joint pain and was admitted to local hospital. The case has since recovered.
- **Legionellosis:** 83 year old female with multiple co-morbidities living in a local assisted living facility. Case was admitted to local hospital several times in the months prior to Legionellosis diagnosis due to bilateral lower extremity cellulitis. Case developed symptoms of shortness of breath, cough and chest pain the day after discharge from local hospital and was re-hospitalized. Collaboration on the case investigation included NYSDOH, local hospital communicable disease

staff and the assisted living facility. Case was discharged from local hospital to a skilled nursing facility out of county and then returned to local assisted living facility. Source of infection has not been determined to date.

- **Influenza:** Flu activity in New York State continued to be widespread during April. Tompkins County had 30 cases of Influenza A and 64 cases of Influenza B; compared to same time last year with 28 cases of A and 36 cases of B. There have been 8 pediatric deaths reported in NYS this season; 6 reported downstate and 2 Upstate (Erie and Ontario counties).
- **HIV Testing/Counseling:** During the month of April, CHS offered 6 clinic dates at 3 testing sites (TCHD, Loaves & Fishes and Tompkins County Jail). 5 people were tested and counseled. All were negative.
- **Health Advisories and Informational Messages Blast Faxed to Providers:**
 - Weekly Influenza Surveillance Report
 - STD/STI Awareness Month- April 2017
 - Recommendations for Diagnosing and Managing Shigella Strains with Possible Reduced Susceptibility to Ciprofloxacin
 - Local Hepatitis C Listening Session

Tuberculosis- (active cases)

- **Case #1:** Ongoing case: 61 year old foreign borne female who entered the US in 1994. Case was being worked up for pre-op clearance for surgery by her primary provider and was found to have a positive TST on 1/18/17, a positive T-spot on 1/20/17 and an abnormal chest x-ray on 1/20/17. Referral made to TB consultant. Three sputa specimens were ordered and collected 2/11-2/13/17; results were AFB smear negative; and PCR positive for MTB 2/17/16. 4-drug treatment initiated 2/21/17 with case isolated at home for 2 weeks. Drug sensitivities received in March with case susceptible to 4 drugs. 2-drug treatment 3 times a week began at the end of April. Case is tolerating medications without problem and is receiving DOT 3 times a week. Plan is to complete 6 months of therapy.
- **Case #2:** Ongoing case: 23 year old female foreign born college student. Case was evaluated and completed treatment for latent TB with 9 months of INH in May 2016. In August 2016 case developed a lump on the right side of her neck and was evaluated by college health center and referred to local ENT. The case was without respiratory symptoms. The specimen was AFB smear negative, PCR positive for MTB on 11/16/16 and culture negative on 1/6/17. Due to concern for INH drug resistance with recent LTBI treatment, TB consultant advised holding off on beginning 4-drug treatment until molecular detection results were determined. At the end of November the molecular detection results were indeterminate. TB consultant advised beginning 4- drug treatment with Levaquin instead of INH beginning 12/2/16. In March case experienced elevated liver enzymes, with minor complaint of nausea. Provider discontinued PZA at this time. Within a few weeks case developed some swelling on the right side of her neck, TB consultant scheduled biopsy, awaiting results.
- **Latent TB (LTBI):** There were 6 Tuberculin Screening Tests (TST) placed during the month of April. There were no positive results.

N.Y.S. Department of Health
Division of Epidemiology
Communicable Disease Monthly Report*, DATE: 01MAY17
Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=April

	2017		2016		2015		2014		Ave (2014-2016)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
AMEBIASIS	0	0.0	1	11.4	0	0.0	0	0.0	0	0.0
CAMPYLOBACTERIOSIS**	3	34.3	2	22.9	3	34.3	3	34.3	3	34.3
CRYPTOSPORIDIOSIS**	5	57.2	0	0.0	1	11.4	2	22.9	1	11.4
DENGUE FEVER**	1	11.4	0	0.0	0	0.0	0	0.0	0	0.0
ECOLI SHIGA TOXIN	0	0.0	1	11.4	2	22.9	1	11.4	1	11.4
ENCEPHALITIS, OTHER	0	0.0	1	11.4	0	0.0	0	0.0	0	0.0
GIARDIASIS	0	0.0	2	22.9	0	0.0	1	11.4	1	11.4
HAEMOPHILUS INFLUENZAE, NOT TYPE B	0	0.0	1	11.4	1	11.4	0	0.0	1	11.4
HEPATITIS B,CHRONIC	1	11.4	1	11.4	0	0.0	0	0.0	0	0.0
HEPATITIS C,ACUTE	0	0.0	0	0.0	1	11.4	0	0.0	0	0.0
HEPATITIS C,CHRONIC	2	22.9	3	34.3	11	125.8	8	91.5	7	80.1
INFLUENZA A, LAB CONFIRMED	30	343.1	28	320.2	2	22.9	7	80.1	12	137.2
INFLUENZA B, LAB CONFIRMED	64	731.9	36	411.7	10	114.4	13	148.7	20	228.7
INFLUENZA UNSPECIFIED, LAB CONFIRMED	1	11.4	0	0.0	0	0.0	0	0.0	0	0.0
LEGIONELLOSIS	1	11.4	1	11.4	0	0.0	0	0.0	0	0.0
LYME DISEASE** *****	0	0.0	2	22.9	0	0.0	0	0.0	1	11.4
MALARIA	0	0.0	0	0.0	1	11.4	0	0.0	0	0.0

	2017		2016		2015		2014		Ave (2014-2016)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
SALMONELLOSIS	0	0.0	1	11.4	2	22.9	3	34.3	2	22.9
SHIGELLOSIS	0	0.0	1	11.4	0	0.0	1	11.4	1	11.4
STREP, GROUP A INVASIVE	0	0.0	0	0.0	0	0.0	1	11.4	0	0.0
STREP, GROUP B INVASIVE	1	11.4	0	0.0	1	11.4	1	11.4	1	11.4
STREP PNEUMONIAE, INVASIVE	1	11.4	2	22.9	0	0.0	1	11.4	1	11.4
TUBERCULOSIS***	0	0.0	0	0.0	1	11.4	2	22.9	1	11.4
VIBRIO - NON 01 CHOLERA	0	0.0	0	0.0	1	11.4	0	0.0	0	0.0
SYPHILIS TOTAL.....	0	0.0	1	11.4	0	0.0	1	11.4	1	11.4
- P&S SYPHILIS	0	0.0	0	0.0	0	0.0	1	11.4	0	0.0
- EARLY LATENT	0	0.0	1	11.4	0	0.0	0	0.0	0	0.0
GONORRHEA TOTAL.....	2	22.9	4	45.7	11	125.8	2	22.9	6	68.6
- GONORRHEA	2	22.9	4	45.7	11	125.8	2	22.9	6	68.6
CHLAMYDIA	39	446.0	35	400.3	25	285.9	29	331.7	30	343.1

*Based on month case created, or December for cases created in Jan/Feb of following year

**Confirmed and Probable cases counted; Campylobacter confirmed and suspect in 2013-2014

***Not official number

**** In 2014, 18 counties investigated a sample of positive laboratory results; 2015-2016, 25 counties, and in 2017, 27 counties sampled.

N.Y.S. Department of Health
Division of Epidemiology
Communicable Disease Monthly Report*, DATE: 01MAY17

Through April

Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS

	2017		2016		2015		2014		Ave (2014-2016)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
AMEBIASIS	0	0.0	1	2.9	0	0.0	0	0.0	0	0.0
CAMPYLOBACTERIOSIS**	7	20.0	3	8.6	7	20.0	8	22.9	6	17.2
CRYPTOSPORIDIOSIS**	7	20.0	5	14.3	1	2.9	6	17.2	4	11.4
DENGUE FEVER**	1	2.9	0	0.0	0	0.0	0	0.0	0	0.0
ECOLI SHIGA TOXIN	0	0.0	2	5.7	3	8.6	1	2.9	2	5.7
EHRlichiosis (UNDETERMINED)**	1	2.9	0	0.0	0	0.0	0	0.0	0	0.0
ENCEPHALITIS, OTHER	0	0.0	1	2.9	0	0.0	0	0.0	0	0.0
GIARDIASIS	2	5.7	2	5.7	3	8.6	3	8.6	3	8.6
HAEMOPHILUS INFLUENZAE, NOT TYPE B	0	0.0	1	2.9	1	2.9	0	0.0	1	2.9
HEPATITIS A	0	0.0	0	0.0	0	0.0	1	2.9	0	0.0
HEPATITIS B,CHRONIC	4	11.4	5	14.3	0	0.0	1	2.9	2	5.7
HEPATITIS C,ACUTE	1	2.9	0	0.0	1	2.9	2	5.7	1	2.9
HEPATITIS C,CHRONIC	14	40.0	24	68.6	29	82.9	36	102.9	30	85.8
INFLUENZA A, LAB CONFIRMED	387	1106.5	327	934.9	286	817.7	167	477.5	260	743.4
INFLUENZA B, LAB CONFIRMED	141	403.1	54	154.4	58	165.8	21	60.0	44	125.8
INFLUENZA UNSPECIFIED, LAB CONFIRMED	2	5.7	2	5.7	0	0.0	0	0.0	1	2.9

	2017		2016		2015		2014		Ave (2014-2016)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
LEGIONELLOSIS	1	2.9	1	2.9	0	0.0	0	0.0	0	0.0
LYME DISEASE** *****	0	0.0	7	20.0	1	2.9	4	11.4	4	11.4
MALARIA	0	0.0	0	0.0	1	2.9	0	0.0	0	0.0
PERTUSSIS**	1	2.9	0	0.0	0	0.0	0	0.0	0	0.0
SALMONELLOSIS	0	0.0	3	8.6	5	14.3	3	8.6	4	11.4
SHIGELLOSIS	0	0.0	1	2.9	0	0.0	1	2.9	1	2.9
STREP, GROUP A INVASIVE	1	2.9	1	2.9	0	0.0	1	2.9	1	2.9
STREP, GROUP B INVASIVE	1	2.9	1	2.9	3	8.6	4	11.4	3	8.6
STREP, GROUP B INV, EARLY/LATE ONSET	0	0.0	0	0.0	0	0.0	1	2.9	0	0.0
STREP PNEUMONIAE, INVASIVE	4	11.4	4	11.4	2	5.7	1	2.9	2	5.7
TUBERCULOSIS***	1	2.9	0	0.0	1	2.9	2	5.7	1	2.9
VIBRIO - NON 01 CHOLERA	0	0.0	0	0.0	1	2.9	0	0.0	0	0.0
ZIKA VIRUS (SYMPTOMATIC)**	0	0.0	1	2.9	0	0.0	0	0.0	0	0.0
SYPHILIS TOTAL.....	1	2.9	5	14.3	2	5.7	2	5.7	3	8.6
- P&S SYPHILIS	0	0.0	2	5.7	2	5.7	2	5.7	2	5.7
- EARLY LATENT	0	0.0	2	5.7	0	0.0	0	0.0	1	2.9
- LATE LATENT	1	2.9	1	2.9	0	0.0	0	0.0	0	0.0
GONORRHEA TOTAL.....	28	80.1	15	42.9	27	77.2	7	20.0	16	45.7
- GONORRHEA	28	80.1	15	42.9	27	77.2	7	20.0	16	45.7
CHLAMYDIA	144	411.7	122	348.8	108	308.8	96	274.5	109	311.6

*Based on month case created, or December for cases created in Jan/Feb of following year

**Confirmed and Probable cases counted; Campylobacter confirmed and suspect

***Not official number

**** In 2014, 18 counties investigated a sample of positive laboratory results; 2015-2016, 25 counties, and in 2017, 27 counties sampled.

Division for Community Health
PROGRAM Statistical Highlights for Board of Health - 2016

Community Health Services Clinical Statistics	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD 2017	Total 2016	Total 2015
Maternal Child / MOMS Services															
Client Caseload	124	129	113	103											
# of Client Admissions	17	25	18	16									76	254	295
# of Client Discharges	19	34	26	15									94	241	337
Maternal & Infant Clinic Visit**	12	8	16	7									43	163	209
Maternal & Infant Home Visit	102	95	110	78									385	928	862
Total Home & Clinic Visits	114	103	126	85	0	0	0	0	0	0	0	0	428	1091	1071

On-Call (Weekend) Nursing Visits to Patients															
Maternal & Infant On Call Visits	0	0	0	0									0	0	0
Rabies On Call Vaccinations	0	0	0	1									1	33	28
TB DOT On Call Visits	0	2	2	0									4	4	9
Total # On-Call Visits	0	2	2	1	0	0	0	0	0	0	0	0	5	37	37

Total Home, Clinic, On-Call Visits	114	105	128	86	0	0	0	0	0	0	0	0	433	1128	1161
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Childbirth Education															
# of Childbirth Education Classes	1	0	0	0									1	3	10
# of Childbirth Education Moms*	4	0	0	0									4	13	32

* CBE Total is duplicated count

DOT = Direct Observe Therapy Visits

MOMS = Medicaid Obstetrical and Maternal Services

** Clinic visit revised to include intake visits

 Shaded areas indicate revisions from the previous report

Community Health Services Clinical Statistics	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD 2017	Total 2016	Total 2015
Immunization Program (does not include counts for rabies vaccinations)															
Immunization Clients Served: Children	20	11	10	10									51	263	319
Immunization Clients Served: Age19 +	10	7	6	9									32	553	205
Total Immunization Clients	30	18	16	19	0	0	0	0	0	0	0	0	83	816	429
Immunizations Administered: Children	33	29	23	20									105	496	UA
Immunizations Administered: Age 19 +	10	8	6	17									41	578	UA
Total Immunizations Administered	43	37	29	37	0	0	0	0	0	0	0	0	146	1074	761
# of Influenza Immunizations	3	2	0	1									6	536	579
# of All Other Immunizations	40	35	29	36	0	0	0	0	0	0	0	0	140	538	UA
Rabies Vaccination Program (Internal data,reporting to NYSIIS may be ongoing)															
Post-Exposure Clients	0	2	1	5									8	104	107
Post-Exposure Clinic Vaccinations	0	6	3	12									21	228	258
Tuberculosis Program															
Cumulative TB clients	2	3	3	3									0	4	2
Active TB Admissions	0	1	0	0									1	3	2
Active TB Discharges	0	0	1	1									2	2	4
TB Direct Observe Therapy Home Visits	19	39	54	35									147	102	274
# of Tuberculosis Screening Tests*	6	12	16	6									40	312	283
Anonymous HIV Counseling & Testing Clinics															
# of HIV Clinics - including Walk-Ins	12	7	8	8									35	121	109
# of Clients Counseled & Tested	13	2	5	5									25	101	91
HIV Positive Eliza & Western Bloc	0	0	0	0									0	2	0
Women, Infants, Children Clinic															
Monthly New Enrollments	65	46	46	35									192	669	676
Total Participants Served	471	426	481	491									1869	6240	6417
Participants w/Active Checks	1274	1252	1214	1179									4919	1289	1338
Total Enrolled (summary is an Average)	1521	1517	1504	1468									6010	1512	1564
% No-Show	16.2%	17.5%	19.3%	19.7%									72.7%		
% Active Participation	84.9%	83.5%	80.9%	78.6%									327.9%		
% Caseload Target (FY17 Target = 1500)	101.4%	101.1%	100.3%	97.9%									400.7%		

123 Red numbers indicate preliminary data; subject to revision

** # of Immunizations administered may understate actual activity if Rabies activity updates to NYSIIS are pending

UA = Unavailable at this time

Children with Special Care Needs Division — (607) 274-6644

Children with Special Care Needs Highlights April 2017 Report

Staff Activities

Staff Committees

- Julie Smith attended an Autism Summit Meeting on 4/4/17
- Michele Card attended the Staff Satisfaction Committee Meeting on 4/25/17
- Michele Card, Margo Polikoff and Deb Thomas participated in the Transition Committee Meeting on 4/10/17
- Julie Smith and Cindy LaLonde met to develop an Information and Referral policy/procedure on 4/20/17
- Diane Olden and Cindy met for the No-Show policy/procedure Committee on 4/26/17

Staff Training

- Debbie Thomas attended Supervisor Training on 4/6/17 and 4/20/17
- Cindy LaLonde attended Supervisor Training on 4/21/17

Division Managers

- Debbie Thomas attended the S²AY Network-ECC Meeting on 4/4/17
- Debbie met with Frank Kruppa on 4/5/17 & 4/19/17
- Debbie attended Senior Leadership Meeting on 4/5/17 & 4/19/17
- Debbie Thomas and Barb Wright met with Greg Potter--ITS Director, Frank Kruppa, and Brenda Grinnell Crosby regarding Early Intervention software needs on 4/7/17
- Debbie and Barb met with Greg Potter on 4/14/17
- Debbie Thomas attended the Cradle to Career Committee Meeting on 4/14/17
- Debbie and Cindy attended a meeting at Lifespan Therapies 4/18/17
- Debbie participated in the BEI Child Outcomes Webinar on 4/5/17
- Cindy LaLonde, Debbie, and Barb attended a software demo with ProviderSoft on 4/25/17
- Debbie attended the Board of Health Meeting on 4/25/17
- Debbie participated in the CHUNNY webinar-EI to Health Homes on 4/25/17
- Barb and Debbie participated in a webinar presented by Bureau of Early Intervention regarding Pre-4/1/13 claiming on 4/26/17
- Debbie and Barb participated in the All-County Conference Call on 4/27/17
- Debbie attended the RECC Meeting in Penn Yan on 4/28/17

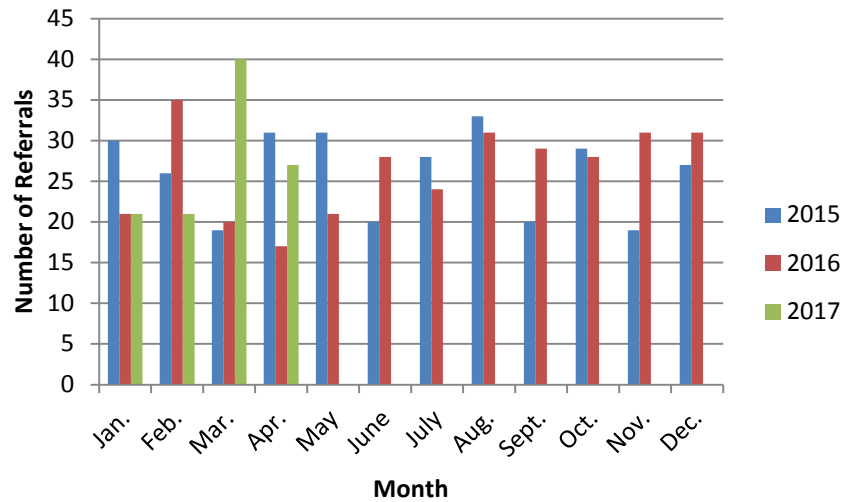
Other

- Margo Polikoff and Diane Olden attended monthly SafeCare Meeting on 4/6/17
- All staff attended the CSCN Staff Meeting on 4/17/17
- Linda Taylor, Margaret Taber, and Barb Wright participated in a Preschool Billing webinar presented by McGuinness & Associates on 4/18/17
- Linda Taylor, Margaret Taber, and Barb Wright participated in a Preschool Billing webinar presented by McGuinness & Associates on 4/20/17
- All staff attended the Health Department All-Staff Meeting on 4/27/17

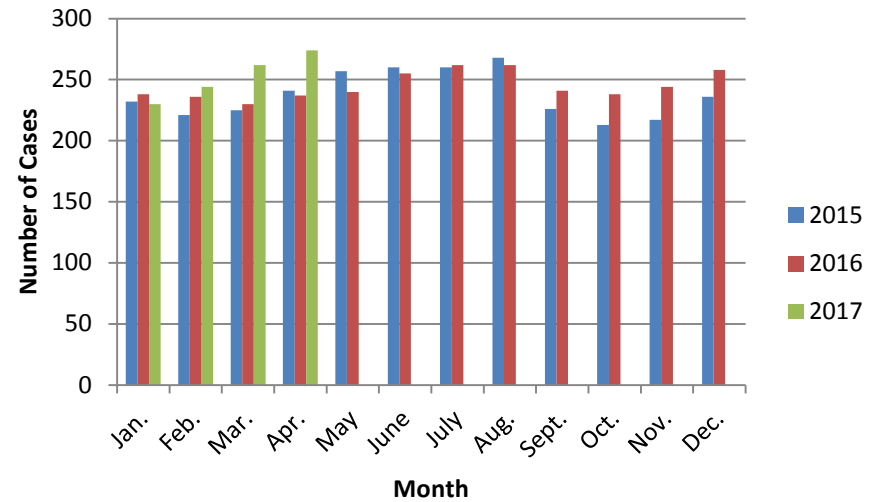
Children with Special Care Needs

Statistics Based on Calendar Year

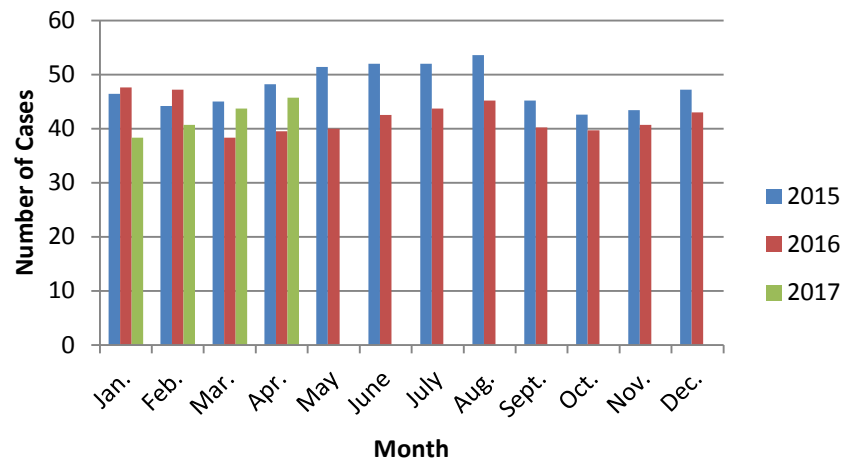
Total Number of EI Referrals



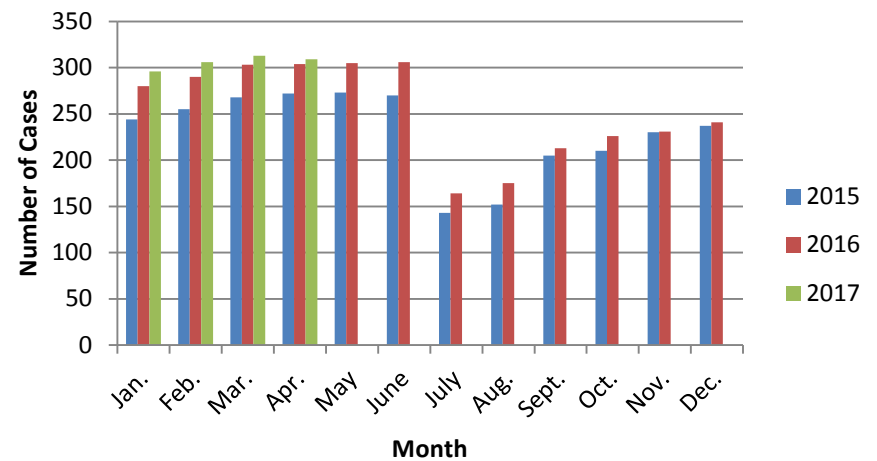
Total Number of Early Intervention Cases



Average Service Coordinator Caseloads**



Total Number of Preschool Cases



****Beginning March 2016, the number of full-time Service Coordinators increased from 5 to 6.**

**Children with Special Care Needs Division
Statistical Highlights 2017**

EARLY INTERVENTION PROGRAM

Number of Program Referrals	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2017 Totals	2016 Totals
Initial Concern/reason for referral:														
-- DSS Founded Case		2	4										6	18
-- Gestational Age		1	3	2									6	10
-- Gestational Age/Gross Motor													0	4
-- Cognitive Delay													1	1
-- Global Delays	1			1									2	2
-- Hearing													0	3
-- Physical													0	0
-- Feeding		2	1	2									5	19
-- Feeding & Gross Motor													0	1
-- Feeding & Hearing													0	0
-- Feeding & Social Emotional													0	1
-- Gross Motor	6	2	9	7									24	71
-- Gross Motor & Feeding	1												1	4
-- Gross Motor & Fine Motor													0	0
-- Gross Motor & Social Emotional													0	1
-- Fine Motor		1											1	0
-- Fine Motor & Cognitive													0	1
-- Social Emotional		1	1	1									3	8
-- Social Emotional & Adaptive													0	0
-- Speech	10	12	18	9									49	130
-- Speech & Adaptive													0	0
-- Speech & Cognitive													0	0
-- Speech & Feeding	1			2									3	4
-- Speech & Fine Motor													0	0
-- Speech & Hearing													0	0
-- Speech & Gross Motor	1		1										2	12
-- Speech & Sensory													0	3
-- Speech & Social Emotional	1												1	7
-- Adaptive													0	0
-- Adaptive/Feeding													0	0
-- Adaptive/Sensory				3									3	1
-- Vision													0	0
-- Qualifying Congenital / Medical Diagnosis			3										3	8
-- Child Find (At Risk)													0	7
Total Number of Early Intervention Referrals	21	21	40	27	0	0	0	0	0	0	0	0	110	316

Caseloads														
Total # of clients qualified and receiving svcs	196	219	214	227										
Total # of clients pending intake/qualification	34	25	48	47										
Total # qualified and pending	230	244	262	274	0	0	0	0	0	0	0	0		
Average # of Cases per Service Coordinator	38.3	40.7	43.7	45.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		

**Children with Special Care Needs Division
Statistical Highlights 2017**

EARLY INTERVENTION PROGRAM

Family/Client visits	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2017 Totals	2016 Totals
-- Intake visits	19	19	36	22									96	287
-- IFSP Meetings	43	36	47	44									170	474
-- Amendments	15	18	14	15									62	162
-- Core Evaluations	24	19	22	19									84	241
-- Supplemental Evaluations	13	2	9	10									34	68
-- DSS Visit	0	0	0	0									0	10
-- EIOD visits	12	4	4	3									23	87
-- Observation Visits	37	37	39	60									173	422
-- CPSE meetings	9	3	7	11									30	81
-- Program Visit	1	1	0	1									3	7
-- Family Training/Team Meetings	0	0	0	3									3	4
-- Transition meetings	33	7	4	1									45	127
-- Safe Care Visits	4	4	11	4									23	31
-- Other Visits	5	1	2	0									8	15
IFSPs and Amendments														
# of Individualized Family Service Plans Completed	43	36	47	44									170	443
# of Amendments to IFSPs Completed	19	23	15	19									76	230
Services and Evaluations Pending & Completed														
Children with Services Pending														
-- Audiological	1	0	1	0										
-- Feeding	1	2	1	0										
-- Nutrition	0	0	0	0										
-- Occupational Therapy	6	5	11	15										
-- Physical Therapy	2	4	2	1										
-- Social Work	0	0	0	1										
-- Special Education	0	2	3	3										
-- Speech Therapy	1	2	7	6										
# of Supplemental Evaluations Pending	10	13	8	15	0	0	0	0	0	0	0	0		
Type:														
-- Audiological	4	4	2	4										
-- Developmental Pediatrician	0	1	1	1										
-- Diagnostic Psychological	0	0	0	0										
-- Feeding	2	1	1	2										
-- Physical Therapy	0	1	0	1										
-- Speech	2	1	2	3										
-- Occupational Therapy	2	5	2	3										
-- Vision	0	0	0	0										
-- Other	0	0	0	1										

**Children with Special Care Needs Division
Statistical Highlights 2017**

EARLY INTERVENTION PROGRAM

Services and Evaluations Pending & Completed (continued)	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2017 Totals	2016 Totals
# of Supplemental Evaluations Completed	9	5	16	13	0	0	0	0	0	0	0	0	43	87
Type:														
-- Audiological	1	0	5	3									9	21
-- Diagnostic Psychological	0	0	1	0									1	1
-- Developmental Pediatrician	0	0	0	0									0	1
-- Feeding	2	2	1	1									6	7
-- Occupational Therapy	1	1	7	4									13	34
-- Physical Therapy	2	0	0	0									2	10
-- Speech Therapy	3	2	2	5									12	13
-- Vision	0	0	0	0									0	0
-- Other	0	0	0	0									0	0
Diagnosed Conditions														
Autism Spectrum														
-- Children currently diagnosed:	1	1	1	1										
-- Children currently suspect:	14	17	15	20										
Children with 'Other' Diagnosis														
-- Agenesis of Pectoral Muscle	1	1	1	1										
-- Athrogryposis	0	0	1	1										
-- Brain Anomalies	1	1	1	1										
-- Capillary Malformation	0	0	0	1										
-- Cardiac Anomaly	4	4	3	4										
-- Cerebral Palsy (CP)	2	3	2	2										
-- Chromosome Abnormality	0	1	1	3										
-- Cleft Lip/Palate	5	4	5	4										
-- Congenital Anomaly	0	0	2	1										
-- Congenital Hypertonia	1	0	0	0										
-- Congenital Scoliosis	1	0	1	1										
-- Corneal Opacity	1	1	1	1										
-- Crouzon Syndrome	1	1	1	1										
-- Down Syndrome	6	6	7	7										
-- Ectrodactyly	0	0	1	1										
-- Epilepsy	1	1	0	0										
-- Failure to Thrive	1	1	2	1										
-- Feeding Difficulties	21	21	23	18										
-- Hearing Loss	4	5	5	2										
-- High Lead Level	0	0	1	1										
-- Hydronephrosis	2	1	2	2										
-- Hypotonia	3	4	7	5										
-- Intrauterine Stroke	0	1	1	1										
-- Macrocephaly	1	1	2	2										
-- Megalencephaly	0	1	1	1										
-- Megencephaly Capillary Malformation	1	1	1	1										
-- Microcephaly	1		1	1										
-- Pierre Robin Syndrome	1	0	0	0										
-- Plagiocephaly	6	4	4	6										
-- Prematurity	16	19	21	11										
-- Reflux	5	0	0	0										
-- Spina Bifida	1	1	1	1										
-- Subdural Cyst	0	0	0	1										

**Children with Special Care Needs Division
Statistical Highlights 2017**

EARLY INTERVENTION PROGRAM

Diagnosed Conditions (continued)														
-- Torticollis	8	8	8	7										
-- Tongue Tie	0	0	1	0										

Early Intervention Discharges	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2017 Totals	2016 Totals
-- To CPSE	0	0	0	0									0	107
-- Aged out	0	0	1	0									1	14
-- Declined	4	2	5	4									15	31
-- Skilled out	2	0	2	5									9	37
-- Moved	2	1	1	1									5	24
-- Not Eligible	4	6	3	4									17	72
-- Other	3	1	0	2									6	26
Total Number of Discharges	15	10	12	16	0	0	0	0	0	0	0	0	53	311
Child Find														
Total # of Referrals	0	1	1	1									3	13
Total # of Children in Child Find	3	4	3	3										
Total # Transferred to Early Intervention	1	0	1	0									2	5
Total # of Discharges	6	0	0	0									6	15

**Children with Special Care Needs Division
Statistical Highlights 2017**

PRESCHOOL SPECIAL EDUCATION PROGRAM

Clients Qualified and Receiving Services	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2017 Totals	2016 Totals
Children per School District														
-- Ithaca	159	162	165	162										
-- Dryden	41	45	47	45										
-- Groton	25	27	28	28										
-- Homer	1	1	1	1										
-- Lansing	22	23	23	24										
-- Newfield	32	33	34	34										
-- Trumansburg	9	8	8	8										
-- Spencer VanEtten	3	3	3	3										
-- Newark Valley	0	0	0	0										
-- Odessa-Montour	2	2	2	2										
-- Candor	1	1	1	1										
-- Moravia	1	1	1	1										
-- Cortland	0	0	0	0										
Total # of Qualified and Receiving Services	296	306	313	309	0	0	0	0	0	0	0	0		

Services Provided	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec		
Services Received by Discipline														
-- Speech Therapy (individual)	178	186	189	185										
-- Speech Therapy (group)	7	7	8	8										
-- Occupational Therapy (individual)	70	72	75	74										
-- Occupational Therapy (group)	1	2	4	8										
-- Physical Therapy (individual)	33	33	37	34										
-- Physical Therapy (group)	0	0	1	3										
-- Transportation														
-- Birnie Bus	29	29	31	32										
-- Ithaca City School District	39	39	38	38										
-- Parent	2	2	2	2										
-- Service Coordination	34	40	44	40										
-- Counseling (individual)	49	51	55	56										
-- Counseling (group)	0	0	3	4										
-- 1:1 (Tuition Program) Aide	8	8	8	8										
-- Special Education Itinerate Teacher	30	29	31	35										
-- Parent Counseling	22	24	26	25										
-- Program Aide	3	2	2	2										
-- Teaching Assistant	4	3	3	3										
-- ASL Interpreter	0	0	0	0										
-- Audiological Services	2	2	4	3										
-- Teacher of the Deaf	2	4	4	4										
-- Auditory Verbal Therapy	0	0	0	0										
-- Teacher of the Visually Impaired	1	1	0	0										
-- Nutrition	5	6	7	6										
-- Assistive Technology Services	0	0	0	0										
-- Skilled Nursing	0	0	0	0										
-- Vision	0	0	1	1										
Total # of children rcvg. home based related svcs.	224	234	240	236										

**Children with Special Care Needs Division
Statistical Highlights 2017
PRESCHOOL SPECIAL EDUCATION PROGRAM**

Number of Children Served Per School District Attending Tuition Based Programs	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2017 Totals	2016 Totals
-- Ithaca	41	40	40	40										
-- Cortland	0	0	0	0										
-- Dryden	13	13	13	13										
-- Groton	5	5	5	5										
-- Lansing	5	5	5	5										
-- Newfield	7	8	9	9										
-- Trumansburg	0	0	0	0										
-- Odessa-Montour	0	0	0	0										
-- Spencer VanEtten	0	0	0	0										
-- Moravia	1	1	1	1										
-- # attending Franziska Racker Centers	42	42	43	43										
-- # attending Ithaca City School District	30	30	30	30										
Total # attending Special Ed Integrated Tuition Progr.	72	72	73	73	0	0	0	0	0	0	0	0		

Municipal Representation Committee on Preschool Special Education	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2017 Totals	2016 Totals
-- Ithaca	17	0	31	20									68	12
-- Candor	0	0	0	1									1	0
-- Dryden	6	4	5	3									18	7
-- Groton	2	0	0	0									2	1
-- Lansing	1	0	2	2									5	0
-- Newark Valley	0	0	0	0									0	0
-- Newfield	0	1	1	4									6	8
-- Odessa	0	0	0	0									0	0
--Trumansburg	0	0	0	0									0	0

ENVIRONMENTAL HEALTH DIVISION
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ENVIRONMENTAL HEALTH HIGHLIGHTS April 2017

Outreach and Division News

Hydrilla: Chris Laverack and Anne Wildman attended the Hydrilla Local Task Force meeting on April 19th and were joined by Liz Cameron on the State-wide Hydrilla Conference Call. The Local Task Force is preparing for the new season's treatment and monitoring program. The Cayuga Inlet, site of the first observation of hydrilla in 2011, now appears to be clear of hydrilla. Plant monitoring will continue there, but there are no plans for herbicide application in the Inlet this season. However, a contingency permit for spot treatments with herbicide will be obtained from the DEC for use in the event plant monitoring detects new growth. The main channel of Fall Creek will once again be treated with a drip injection of fluridone, with the low-flow areas receiving several applications of pelleted fluridone. Water quality monitoring will be conducted in Fall Creek and at Bolton Point, as in the past.

Hydrilla is known to be present in many parts of the state. The plant has been observed in Broome, Cayuga, Erie, Kings, Monroe, Nassau, Niagara, Suffolk, Tioga, Tompkins and Westchester counties, as well as in the Raritan River in New Jersey and in several water bodies in Ohio. Of particular significance locally is a large infestation, 27 acres of established hydrilla plants, discovered in Cayuga Lake at Aurora, in September 2016. The management plan for that infestation is being developed currently.

Other hydrilla occurrences in the region covered by the Finger Lakes PRISM (Partnership for Invasive Species Management) include untreated, private farm ponds in Broome County and a 1-acre application of benthic barriers (light-blocking mats placed over the plants), in a small pond in the Tinker Nature Park in Henrietta, NY. In the lower Hudson PRISM, various management techniques are being investigated to address infestations found in 2013 in the Croton River and the New Croton Reservoir, which supplies water to New York City. The Army Corps of Engineers (USACE) is the lead agency in the Western New York PRISM's campaign to eradicate hydrilla found in the Erie Canal near Tonawanda in 2013. Herbicide treatments there over the past two seasons have shown significant success.

The NYSDEC provides coordination of state-wide eradication efforts. In addition, the USACE Buffalo District is working with a consultant on a multi-year project developing a risk assessment to understand the potential for introduction and establishment of hydrilla in other areas of the Great Lakes Basin. The goal is eradication of the plant or, in the worst case, containing its spread in order to prevent infestation of the Great Lakes.

NYSEG Smart Meters: In June, New York State Electric and Gas (NYSEG) will begin installing 12,400 smart meters in Tompkins County. Information on Smart Meters is available on the Cornell Cooperative Extension (CCE) website: <http://ccetompkins.org/energy/energy-smart-community-tompkins/about-esc> and on the NYSEG website: (<http://www.nyseg.com/energysmartcommunity/default.html>). These smart meters will digitally send meter readings to NYSEG, allowing both NYSEG and the customers to have access to more information on their energy use. Smart Meters allow quicker response during power outages. The CCE website notes that the information provided by these meters can be used to help reduce peak demand, integrate clean energy and allow variable pricing based on time-of-use. Frank Kruppa and Liz Cameron attended an Energy Smart Community Update for stakeholders on April 27. Public meetings are being held in May in the targeted installation area.

Safe Medication Disposal Collection: The Coalition for Safe Medicine Disposal held an unwanted pharmaceutical collection event on April 29, 2017. This coincided with the national DEA event held that day. Roughly 375 lbs of unwanted medicines were collected in Tompkins County, including almost 68 lbs at the Slaterville Fire Dept. event and 73lbs from the Cayuga Heights PD.

Accela: In response to a request from Frank Kruppa, Brenda Coyle and Liz Cameron prepared a summary report covering the Accela Permit Management Project. A copy of this report is attached for your information.

EH Personnel Changes: EH had a number of qualified candidates for our Public Health Sanitarian vacancy. Mik Kern accepted our offer and started work as a Public Health Sanitarian on April 24. Mik's primary areas of responsibility will be the Temporary Food Permitting program and the ATUPA program.

On the same day that Mik started work, April 24, Cindy Schulte submitted her resignation, noting that an unexpected new career opportunity had developed. We appreciate that Cindy provided a month's notice to help offset some of the angst in our search for a replacement. Cindy's last day will be May 26.

Fortunately, we had a number of qualified applicants from the previous search and Human Resources informed us that we did not need to post a new vacancy for 30 days. Rebecca Sims has accepted our offer and will start work as a Sanitarian on May 22. Rebecca will be working in the Onsite Wastewater Treatment System (OWTS) program, with other program areas to be determined once that training is completed. Cindy Schulte also worked in our Food Service inspection program. We are currently evaluating options for covering her Food Service work.

Training: On April 18, Joel Scogin, Adriel Shea, and Liz Cameron attended Pictometry training at the Department of Emergency Response. The hands-on training was conducted by a Pictometry trainer. Pictometry is a process that captures multiple aerial images to create a composite map that can be used to measure areas, distances, pitch, etc, as well as allowing for other analysis and modification for related GIS uses.

On April 11, Environmental Health Staff attended latest installment of mandatory Active Shooter Training.

On April 6th and 7th, René Borgella completed the classroom training to become a Food Service Inspection Officer. The training provides two days of instruction and discussion on identifying and discerning violations during food service establishment inspections, understanding the appropriate corrective actions for each, and appropriately documenting violations. After completing the field evaluation portion of the training series, René will be certified to perform high risk food service inspections.

Environmental Health staff attended the TCHD All Hands meeting on the afternoon of April 29.

Rabies Control Program

There was one confirmed case of rabies in Tompkins County during April 2017. A raccoon was found dead in a yard in Lansing after the owner had heard noises like animals fighting. Another person was bitten by a fox while on their deck, however the animal was not able to be captured for testing. This is unusual behavior for foxes, and therefore was presumed rabid. Spring is here, and it is currently breeding season for many of the wildlife species in the county. It is not unusual to see skunks or raccoons out during the day at this time of year, looking for food or a mate. If you see a wild animal in your yard, it is best to avoid contact, and wait for it to wander away. You can minimize chances of encounters by making sure that all garbage is securely covered, and pet food is not left outside, which will reduce the length of time they stay, as they will seek food and mates elsewhere.

Spring Rabies Clinics have been scheduled for the month of May in the towns of Lansing, Danby, Dryden, Enfield, and Ithaca.

Key Data Overview				
	This Month	YTD 2017	YTD 2016	TOTAL 2016
Bites¹	31	79	49	230
Non Bites²	9	18	4	144
Referrals to Other Counties	4	8	10	46
Submissions to the NYS Rabies Lab	16	41	40	195
Human Post-Exposure Treatments	6	8	1	85
Unvaccinated Pets Quarantined³	0	0	1	4
Unvaccinated Pets Destroyed⁴	0	0	4	10
Rabid Animals (Lab Confirmed)	1	1	2	12

¹"Bites" include all reported bites inflicted by mammals and any other wounds received while saliva is present.

²"Non-bites" include human exposures to saliva of potentially rabid animals. This also includes bats in rooms with sleeping people or young children where the bat was unavailable for testing.

³When an otherwise healthy, unvaccinated pet has contact with a rabid animal, or suspect rabid animal, that pet must be quarantined for 6 months or euthanized. Quarantine must occur in a TCHD-approved facility (such as a kennel) at the owner's expense. If the pet is still healthy at the end of 6 months, the exposure did not result in rabies and the pet is released.

⁴ Pets must be euthanized if they are unvaccinated and have been in contact with a rabid or suspect rabid animal and begin to display signs consistent with rabies. Alternatively, a pet is euthanized if a prescribed 6-month quarantine cannot be performed or the owners elect euthanasia instead of quarantine.

Reports by Animal Type												
	Bites				Animals sent to the NYS Rabies Laboratory				Rabid Animals			
	Mo	YTD 2017	YTD 2016	Total 2016	By TCHD	By Cornell	Totals		Mo	YTD 2017	YTD 2016	Total 2016
							Mo	YTD				
Cat	16	32	17	84	0	1	1	9	0	0	0	1
Dog	14	45	38	133	0	0	0	3	0	0	0	0
Cattle	0	0	0	0	0	0	0	0	0	0	0	0
Horse/Mule	0	0	0	0	0	0	0	0	0	0	0	0
Sheep/Goat	0	0	0	0	0	0	0	0	0	0	0	0
Other Domestic	0	0	1	1	0	0	0	0	0	0	0	0
Raccoon	0	1	0	3	0	1	1	2	1	1	1	3
Bats	0	0	0	1	4	0	4	14	0	0	0	7
Skunks	0	0	0	2	0	0	0	0	0	0	1	0
Foxes	1	1	0	0	0	0	0	1	0	0	0	1
Other Wild	0	0	3	6	1	9	10	12	0	0	0	1
Totals	31	79	59	230	5	11	16	41	1	1	2	12

Food Program

The results of food service establishment inspections conducted in Tompkins County can be viewed directly on the Environmental Health website (<http://www.tompkinscountyny.gov/health/eh/food/index>). Inspections can be sorted to meet the needs of the viewer (by facility, date, etc.) by clicking on the column heading of interest. This is a valuable tool for easily providing information to the public.

Routine facility inspections are conducted to protect public health. The inspections are made without advance notice to ensure that food processes are adequate, safe, and meet code requirements. It is important to keep in mind that inspections are only a "snapshot" in the entire year of a facility's operation and they are not always reflective of the day-to-day operations and overall condition of the operation.

The following inspections were conducted with no critical violation(s) noted:

Alexander's Meals, Throughout Tompkins	Mahogany Grill, C-Ithaca
Cinnamon Shoppe & Deli, T-Lansing	Maxie's Supper Club & Oyster Bar, C-Ithaca
CU-Keeton House, C-Ithaca	Mehak Cuisine, C-Ithaca
De Tasty Hot Pot Restaurant, C-Ithaca	The Rose, V-Lansing
Friendly's #7450, V-Lansing	Subway #16-098 15-Catherwood, V-Lansing
Golden City, V-Dryden	Tompkins Cortland Community College, T-Dryden
Heights Café, V-Cayuga Heights	Trumansburg Elementary School, V-Trumansburg
Hotel Groton, V-Groton	Trumansburg High School, V-Trumansburg
IC-Egbert Union Dining Hall, T-Ithaca	Trumansburg Middle School, V-Trumansburg
IC-Towers Dining Hall, T-Ithaca	Vietnam / Hai Hong, C-Ithaca
ICSD-Ithaca High School, C-Ithaca	Waffle Frolic, C-Ithaca
Little Thai House, C-Ithaca	
Longview, T-Ithaca	

The Hazard Analysis Critical Control Point (HACCP) Inspection is an opportunity for the establishment to have the health department review food processes in the facility to make sure that all potential hazards are identified and to assure that the best food safety practices are being used.

No HACCP inspections were conducted this month.

Re-Inspections are conducted at any establishments that had a critical violation(s) to ensure that inadequate or unsafe processes in a facility have been corrected.

The following re-inspections were conducted with no violations noted:

Dryden Hotel, V-Dryden	Pontillo's Pizzeria, V-Groton
Mark's Pizzeria, V-Groton	

Critical violations may involve one or more of the following: the condition of food (e.g. food that may be at improper temperatures on delivery or damaged by rodents), improper food cooking and storage temperatures (e.g. food cooked to and/or held at improper temperatures), improper food preparation practices (e.g. preparing ready-to-eat foods with bare hands), and water and/or sewage issues (e.g. low disinfection levels in the water system). These critical violations relate directly to factors that could lead to food related illness.

Critical Violations were found at the following establishments:

Apollo Restaurant, C-Ithaca

Potentially hazardous foods were not stored under refrigeration. Product stored on shelves was observed to be at 52-62°F. The product was moved to the walk-in to be rapidly chilled to 45°F or less before use. This was a re-inspection following Board of Health Action and the facility will return to Board of Health.

Mitsuba, V-Lansing

Adulterated food was found on premises. The product was discarded during the inspection.

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in a refrigerated storage unit was observed to be at 55°F. The product was removed from service and rapidly chilled to 45°F or less before use.

Potentially hazardous foods were not stored under refrigeration except during necessary preparation. Product was observed on a counter at 115°F. The facility has a waiver to use time as a public health control for the product however the requirements of the waiver were not being followed. Temperature log sheets including times for the product were filled in during the inspection.

Applebee's Neighborhood Bar & Grill, V-Lansing

Potentially hazardous foods were not prepared using pre-chilled ingredients and are not prechilled to 45°F or less before use. Product available for service was observed to be at 48-54°F. The product was removed from service and rapidly chilled to 45°F or less before use. A re-inspection for this item was satisfactory.

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F during cold holding. Product in a cold holding unit was observed to be at 46-54°F. The products were removed from the unit and rapidly chilled to 45°F or less.

Papa John's, C-Ithaca

Toxic chemicals were improperly labeled. The labeling was corrected during the inspection.

Istanbul Turkish Kitchen, C-Ithaca

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in a refrigerated storage unit was observed to be at 62°F. The product was removed from service and rapidly chilled to 45°F or less before use.

Subway #22428, C-Ithaca

An accurate thermometer was not available to evaluate potentially hazardous foods during cooking, cooling, reheating and holding.

Potentially hazardous foods were not kept at or below 45°F during cold holding. Products in cold holding were observed to be at 52-54°F. The products were discarded during the inspection.

Potentially hazardous foods were not kept at or above 140°F during hot holding. Product in hot holding was observed to be at 124-136°F. The product was discarded during the inspection.

Seneca Place Food Service / Kilpatrick's, C-Ithaca

Potentially hazardous foods were not kept at or below 45°F during cold holding. Products in cold holding were observed to be at 56-58°F and 50-52°F. The products were removed from service and rapidly chilled to 45°F or less before use.

Potentially hazardous foods were not cooled by an approved method. Products cooling on a rack in the kitchen were observed to be at 95-100°F. The products were moved to refrigerated storage to be rapidly chilled to 45°F or less.

ZaZa's Cucina, C-Ithaca

Enough refrigerated storage equipment was not maintained so that all potentially hazardous foods were kept at or below during cold holding. Product in a refrigerated storage unit was observed to be at 56-57°F. The product was removed from service and rapidly chilled to 45°F or less before use.

Just a Taste Wine & Tapas Bar, C-Ithaca

Potentially hazardous foods were not cooled by an approved method. Product that had just been cooked and was available for service was observed to be at 46-50°F. The product was removed from service and rapidly chilled to 45°F or less before use.

Enough refrigerated storage equipment was not operated so that all potentially hazardous foods were kept at or below 45°F during cold holding. Product stored in a cold holding drawer was observed to be at 46-50°F. The product was discarded during the inspection.

Collegetown Bagels – Aurora St., C-Ithaca

Potentially hazardous foods were not stored below 45°F during cold holding. Product in a refrigerated storage unit was observed to be at 55°F. The product was removed from service and rapidly chilled to 45°F or less before use.

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept below 45°F during cold holding. Products in a refrigerated storage unit were observed to be at 56-57°F. The products were moved to working refrigeration and rapidly chilled to 45°F or less before use.

Wings Over Ithaca, C-Ithaca

An accurate thermometer was not available to evaluate potentially hazardous food temperatures.

Toxic chemicals were improperly labeled so that contamination of food could occur. The bottles were properly labeled during the inspection.

Potentially hazardous foods were not stored under refrigeration except during necessary preparation. Product in cold holding was observed to be at 57°F. The product was removed from service and rapidly chilled to 45°F or less before use.

Easy Wok, V-Lansing

Adulterated food was on premises. The product was discarded during the inspection.

Toxic chemicals were stored so that contamination of food could occur. Storage was rearranged during the inspection.

Potentially hazardous foods were not cooled by an approved method. Product stored below the oven was observed to be at 105°F. The product was moved to the walk-in and rapidly cooled to 45°F or less.

Potentially hazardous foods were not stored under refrigeration. Products were observed stored at room temperature in the kitchen at 85°F and 51-53°F respectively. The products were either rapidly reheated to 165°F or greater before use or rapidly chilled to 45°F or less.

Hazelnut Kitchen, V-Trumansburg

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were stored below 45°F. Product in the top section of a cold holding unit was observed to be at 48-61°F. The product were removed from service and rapidly chilled to 45°F or less before use.

Ko Ko, C-Ithaca

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in cold holding was observed to be at 52°F. The product was removed from service and rapidly chilled to 45°F or less before use.

Potentially hazardous foods were not stored under refrigeration. Product on a counter was observed to be at 57°F. The product was moved to refrigerated storage to be rapidly chilled to 45°F or less before use.

Lincoln Street Diner, C-Ithaca

Cooked or prepared foods were subject to cross-contamination from raw foods. Storage was rearranged during the inspection.

Food workers did not use proper utensils to eliminate bare hand contact with cooked or prepared foods.

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in a cold holding unit was observed to be at 48-52°F. The product was removed from service and rapidly chilled to 45°F or less before use.

New York Garden, V-Groton

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in cold holding was observed to be at 57°F. The product was removed from service and rapidly chilled to 45°F or less.

Potentially hazardous foods were not cooled by an approved method. Product being cooled was observed on a counter at 92-98°F. The product was moved to the walk-in to be properly cooled.

Plum Tree Japanese Restaurant, C-Ithaca

Potentially hazardous foods are not stored under refrigeration. Product was observed on a counter at 110-120°F. The facility holds a waiver from temperature from the Health Department for the product log sheets were not being maintained.

Temporary Food Service Operation Permits are issued for single events at one location. The Food Protection Program issued 33 temporary permits.

Temporary food operation inspections are conducted to protect public health. The inspections are made without advance notice to ensure that the food processes at the event are adequate, safe, and meet code requirements. The operation must correct Critical Violations during the inspection. When a Temporary Food Operation has Critical Violation/s, a re-inspection is conducted when the event is longer than one day.

The following inspections were conducted with no violation(s) noted:

Upstate Off-road Racing Chicken BBQ, V-Dryden
 Finger Lakes Runners Club-Skunk Cabbage Classic, C-Ithaca
 CU – College of Architecture, Art & Planning-Gallery Reception, C-Ithaca
 Cornell Materials and Science Engineering-Mat Sci Expo, C-Ithaca
 United Nations Association of Cornell University – Global Media Exhibition on Immigrants, C-Ithaca
 Mountain View BBQ, C-Ithaca
 Dryden Central School Varsity Football-Dryden Football Touchdown Club Chicken BBQ, V-Dryden
 Dryden United Methodist Church Chicken BBQ, V-Dryden
 Cornell Hawaii Club Luau, C-Ithaca
 Cornell India Association – Art of India, C-Ithaca
 Project Hope at Cornell – Asia Night, C-Ithaca
 Cornell Minds Matter – People of Color: A Photography Gala, C-Ithaca

Critical Violations were found at the following establishments:**Cornell Vietnamese Association – Café Saigon, C-Ithaca**

Potentially hazardous food was found at an improper temperature. Products in hot holding were observed to be at 82-89°F and 94°F. The products were verified to be above 140°F when they arrived at the event, the group was allowed to complete the service for the remaining half hour of the event and discard any remaining food.

Pre-Operational inspections are conducted, following a thorough review of proposed plans, at new or extensively remodeled facilities to ensure code compliance prior to opening to the public.

The following pre-operational inspections were conducted:

Pokeland I, C-Ithaca

Plans Approved:

Brewers Beans, Throughout Tompkins
 Mark's Pizzeria, V-Groton

New Permits Issued:

Arby's Restaurant #866, V-Lansing
 Hot Spot Grill, Throughout Tompkins
 Luna Street Food Downtown, C-Ithaca
 Luna (Ithaca Yacht Club), T-Ulysses
 Pies and Pinups, Throughout Tompkins
 Trini Style, Throughout Tompkins
 Urban Blendz, Throughout Tompkins

*The Food Protection Program **received and investigated three complaints** related to issues and/or problems at permitted food service establishments.*

Engineering Plans Approved

- Broadway Group, LLC, Store bathroom, 220 gpd sewage system, Enfield-T
- 139 East Lake Road. 440 GPD Sewage System, Lansing-T

One plan for cross-connection control to protect municipal water systems from hazardous connections was approved this month.

Problem Alerts/Emergency Responses

A boil water notice was issued at Blue Water Apartments in the Village of Freeville on April 3, 2017, following notification of a positive total coliform sample. In addition, the facility was experiencing problems with its chlorination system. The boil water notice was released on April 25, 2017, after a consistent chlorine residual was established and a satisfactory total coliform sample was collected.

Childhood Lead Program

CHILDHOOD LEAD PROGRAM	MONTH	YTD 2017	YTD 2016	TOTAL 2016
A: Active Cases (total referrals):				
A1: # of Children w/ BLL>19.9ug/dl	0	0	0	2
A2: # of Children w/ BLL 10-19.9ug/dl	0	1	0	2
B: Total Environmental Inspections:				
B1: Due to A1	0	0	0	3
B2: Due to A2	0	1	0	2
C: Hazards Found:				
C1: Due to B1	0	0	0	1
C2: Due to B2	0	1	0	2
D: Abatelements Completed:	0	0	0	0
E: Environmental Lead Assessment Sent:	0	1	0	5
F: Interim Controls Completed:	0	0	0	0
G: Complaints/Service Requests (w/o medical referral):	6	18	67	122
H: Samples Collected for Lab Analysis:				
- Paint	0	1	0	2
- Drinking Water	0	0	0	1
- Soil	0	0	0	3
- XRF	0	1	0	4
- Dust Wipes	0	2	0	6
- Other	0	0	0	0

Summary of Open BOH Enforcement Actions:

Date of BOH Action	Facility	Owner/ Operator	Basis for Action	Penalty Assessed	Next BOH Order Deadline	Status
4/25/17	Apollo Restaurant	Gegerzeren Nfn	Violation of Board of Health Orders	\$800	Penalty Payment due 6/15/17. Food safety certifications due 7/28/17.	Awaiting Payment and Monitoring Compliance
3/28/17	Oishii Bowl	Zaw Winn	Food Service Establishment – Repeat Critical Violations	\$400	Penalty Payment due 5/15/17.	Awaiting Payment
3/28/17	Triphammer Road Mobil	Carmen Evenson	Sale of Tobacco to a Minor	\$1000	Penalty Payment due 5/15/17.	Awaiting Payment
2/28/17	Casper's	Kevin Griffin	Food Service Establishment - Operating without a Permit	\$400	Penalty Payment due 4/14/17.	To be referred to collections
10/25/16	City of Ithaca WTP	City of Ithaca	Public Water System Violations – Maximum Contaminant Level exceedances	\$500 (Paid)	Ongoing sampling requirements and public notification in Annual Water Quality Report for color violation by 5/30/17.	Monitoring Compliance
12/10/13	Ulysses WD #3	Town of Ulysses	Public Water System Violations – Disinfection Byproducts	N/A	Begin Design of Improvement by August 2017.	Monitoring Compliance
12/11/12	Village of Dryden PWS	Village of Dryden	Public Water System Violations – Arsenic and Storage Tank Replacement	N/A	Submit certification that construction has commenced by 5/1/17.	Monitoring Compliance

ENVIRONMENTAL HEALTH DIVISION
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ACCELA AUTOMATION PERMIT MANAGEMENT PROJECT SUMMARY

April 25, 2017

The Environmental Health Division (EH) and Information Technology Services Department (ITS) initiated this software project with the goals of:

- Integrating the collection, management and presentation of permit data, design/site-based plans, field inspections, and financial transactions for both the Division employees and the customers;
- A paperless system – Go Green and solve our expanding hard copy storage issues; and
- Improving public access to information (e.g., a public web portal).

Accela Automation was selected as the software that would best meet the permitting management needs of the Environmental Health Division. The software has several components:

- Accela Automation Land Management (AA) is the core of the back-office application.
- Accela Citizen Access (ACA) is the public web portal.
- Accela Mobile Office (AMO) is designed to be used by inspectors in the field.
- Accela GIS provides office users with the ability to search by GIS location.

There is a Test and a Production or Live environment for all components.

The Environmental Health Division originally acquired Accela to manage its Onsite Wastewater Treatment System (OWTS) permitting program, with the intention to expand it to all EH programs. In addition to OWTS permits, the Environmental Health Division issues permits for restaurants and other full-service food service establishments, temporary food service establishments, children's camps, hotels, campgrounds, swimming pools and bathing beaches, mass gatherings, agricultural fairgrounds, and mobile home parks. EH also has oversight of drinking water systems in Tompkins County. AA, ACA, and AMO must also be separately configured for each of these permit or record types. A detailed configuration document is generally required for each program area prior to setting up the software. The configuration document establishes the program-specific work flow and identifies information needed initially and throughout the permitting process, financial information needed, permits or other hard copy documents or reports that need to be generated for the program, inspection information, and public access requirements. The Environmental Health Division is required to enter facility information into the New York State Department of Health's (NYSDOH) electronic information system. Data transfer between the NYSDOH system and Accela is needed to avoid duplicate data entry by EH staff into the two software systems.

ACCELA AUTOMATION PERMIT MANAGEMENT PROJECT SUMMARY

Work Completed To Date

Date	Action
	2013
February through June 2013	Contract and Scope of Work Negotiations: The contracts for the Accela Automation (AA) Permit Management software and professional services were executed in June targeting the EH Onsite Wastewater Treatment System (OWTS) program. The scope of the contracts include acquisition of Accela Land Management and 10 user licenses; Accela Citizen Access (ACA) for a population of slightly over 100,000; Accela Mobile Office and 5 user licenses; Accela GIS and 5 user licenses; and annual maintenance and support. A separate Professional Services Agreement with RedMark Technologies, a certified Accela consulting firm, was also executed providing for configuration of the software specifically for the OWTS program.
July 2013	OWTS Project kickoff: Teleconference/web meeting. Representatives from RedMark Technologies, the software installation subcontractor, held onsite and interactive webex sessions with the EH Director, PH Director, ITS Director, and EH Program Staff to determine the OWTS workflow and process.
August through September 2013	Software installation on the County servers. EH and ITS began working on detailed documents to guide the configuration of the software for the specific requirements of the OWTS program.
October 2013	Configuration document complete: EH and ITS complete the configuration document. Software configuration by RedMark begins.
December 2013	EH Back file (Scanning) Project initiated: EH Project Assistant began scanning hard copy OWTS files.
	2014
March 2014	OWTS initial software configuration completed: Basic software configuration for the OWTS program completed. EH began an extensive testing period that identified and resolved many configuration issues prior to use by EH OWTS staff.
March and April 2014	Software testing and training: Basic configuration changes completed by RedMark. RedMark conducted EH OWTS staff training. Contract Agreement executed with Official Payments for credit card processing.
May and June 2014	EH Accela use begins: Successful launching of the Accela Automation (AA) back-office software for our OWTS permit program. Detailed staff training conducted, user issues resolved, and initial procedures drafted. RedMark and Official Payments configure the public portal, Accela Citizen Access (ACA), to accept credit cards.
July 2014	RedMark contract completed. Software management successfully transferred to ITS and EH.
August 2014	OWTS backfile and payment progress: A second Project Assistant came on board to assist with OWTS Backfile Project. EH worked with ITS on identifying and resolving issues with the current use of Accela for our OWTS program. Work started on the configuration document to enable ITS to set up Accela to accept payments for permits, plan reviews, etc. for all EH programs. Target start date is the start of 2015.
September 2014	Interdepartmental Realty Subdivision meeting: EH staff met with Tompkins County Assessment Director to identify all Realty Subdivisions in the County with the goal of identifying these tax map parcels in our Accela system. Realty Subdivisions have special requirements but there is currently no easy way to identify this information when an OWTS permit application is received by EH technical staff.

ACCELA AUTOMATION PERMIT MANAGEMENT PROJECT SUMMARY

Date	Action (cont'd)
December 2014	Accela upgrade: A major upgrade to Accela Automation (AA) Version 7.3 occurred which corrected some compatibility issues. The upgrade created some initial challenges for staff, but all issues were resolved with the assistance of ITS. Changes were made to the Geographic Information System (GIS) at the County level by ITS to benefit the Accela system.
2014 Summary	With the implementation of AA, we can distribute our OWTS permits electronically. In 2014, we emailed approximately 215 OWTS Permits out of the 247 issued during the year and approximately 190 Completion Certificates (CC's) out of 227 issued – a notable savings of time and postage costs. We only mailed 32 permits and 35 CC's. Accela was also configured to handle information requests, complaints, and enforcement actions for the OWTS program.
	2015
January 2015	Accela financial expansion: Accela back-office was configured to handle financial transactions in all EH permitted program areas, not just the OWTS program.
February 2015	Accela Temporary Food expansion: Accela expanded to handle temporary food permit application information. The ACA public portal was launched for on-line Food Service Establishment applications.
March 2015	Accela public portal expansion: Accela expanded to accept children's camp applications and public water supply payments through the ACA portal.
April 2015	Accela back office and ACA expansion: Pool and Beach permits added to AA and ACA. OWTS Permit applications added to ACA. OWTS technical staff and EH Support Staff received a demonstration on how to search for records using the GIS feature in Accela.
May 2015	Primary OWTS Backfile Project complete. All OWTS permits in EH hard copy office files have now been scanned and uploaded to Accela. The EH Project Assistant also scanned OWTS permits for Realty Subdivisions and for systems at all EH permitted facilities. EH/ITS had initial teleconferences with NYSDOH ITS to discuss data transfer from Accela to the NYSDOH Electronic Health Information System (ehips). EH staff use the ehips system daily to track activities at permitted facilities and time in program areas.
July 2015	Accela public portal expansion: Temporary Residence applications now available through the Accela public portal.
September 2015	Permits for additional programs issued through AA: AA configured to auto-generate Temporary Food Service and Temporary Residence permits. EH and ITS staff participated in a webinar on the planned Accela upgrade.
October 2015	Additional permits auto-generate: Accela configured to generate Mobile Home Park permits. EH and ITS participated in additional webinars on the upgrade.
2015 Summary	Accela was expanded to manage all EH permitting programs. The ACA citizen portal was launched for selected program. Completion of the OWTS backfile project resulted in approximately 15,000 sewage system permits for individual parcels being available electronically to EH staff and the public.

ACCELA AUTOMATION PERMIT MANAGEMENT PROJECT SUMMARY

Date	Action (cont'd)
	2016
January through June 2016	Additional permits auto-generate: All Food and Children's Camp permits now issued through the Accela Permit Management System. All program Complaints are now recorded and monitored using AA. OWTS program staff training continues. Identified glitches and improvements needed to the OWTS process. AMO configuration for OWTS inspections on-going. Some aspects on hold pending upgrade to Accela version 8.0. Instructions developed and revised (and revised) for public users. Work initiated on OWTS and Temporary Food inspection configuration.
April 2016	ITS-CEO meeting and Accela Test environment upgrade: Attend annual TC Assessment meeting with Code Enforcement Officials to discuss Accela Automation. Accela Test environment upgraded to version 8.0. Many issues with version 7.3 not addressed with the upgrade. Version 8.0 public portal interface requires significant reconfiguration on the back end and interface is more difficult to navigate than in previous version. GIS mapping not working with upgrade. Decision made to not upgrade the Live system until the next upgrade is available.
July 2016	Data transfer configuration begins: ITS and EH begin work on time tracking requirements in the NYSDOH program that need to be captured in the Accela platform.
August 2016	NYSDOH software changes: NYSDOH rolls out new software platform – VM ware and eforms/mobitasks for inspections. Eforms/mobitask allows EH staff to conduct inspections electronically in the field for many program areas using the NYSDOH system. The NYSDOH eforms inspections work better than AMO. Progress on AMO was slow due to not being easily configured for EH needs. Configuration of AMO on hold.
September 2016	Accela enhancements to OWTS program management: Accela was expanded to generate reports to identify expiring OWTS Construction Applications and Permits. Notices are auto-generated and sent to all applicants and owners monthly giving them the option to renew their application or permit. This also allowed EH Sanitarians to track renewals through the workflow and automatically send email notices to the applicants. Time tracking set up in the Accela test environment . GIS not working on many tablets – expect problem to be solved with next upgrade.
October and November 2016	Data Transfer: ITS had conference calls with NYSDOH ITS regarding transferring information between the two systems. Initial configuration work begins.
December 2016	BWO configuration: Accela configured to handle basic aspects required when EH issues a Boil Water Order (BWO). Next step is to test what's been developed and determine best process for finalizing tracking these through Accela. EH currently uses a hard copy log book.
2016 Summary	EH issued all program permits through Accela, with most permits being sent to the facilities electronically. All permits issued are now accessible electronically to EH staff through Accela and also to the public through the ACA public portal. All permit applications and payments may be electronically submitted by the public. In 2016, the public submitted over 500 applications and made 285 payments electronically in the amount of \$44,285. Approximately 95% of Temporary Food Service, 30% of Swimming Pool, 20% of On-site Wastewater Treatment System, and 10% of Public Water System applications were submitted on-line. Overall, 33% of all permit applications and payments were submitted on-line.

ACCELA AUTOMATION PERMIT MANAGEMENT PROJECT SUMMARY

Date	Action (cont'd)
	2017
January through March 2017	<p>Upgrade delayed again: The Accela upgrade was schedule for January 20th, however, was delayed with no new release date. It was then scheduled for March 10th. EH/ITS received an update from the Accela Success Community that they had received multiple calls reporting issues with performance with the citizen portal and AMO applications.</p> <p>ITS work continues on NYSDOH data transfer as time allows.</p> <p>Other improvements made to Accela include auto-generating certain letters used in the OWTS program and fixing problems with sending emails to certain addresses through Accela. EH/ITS discussions on best way to handle large engineering plans. Decision is to use laserfiche and not Accela for these documents.</p> <p>Certificate of Inspection (COI) report for Food Service permits and permits for seasonal campgrounds, agricultural fairgrounds and mass gatherings are now issued through AA.</p>
April 2017	<p>Accela upgrade available: ITS begins work on the upgrade from version 7.3 to 9.0. All records and configuration from the Live environment have to be transferred to the Test environment before the upgrade can begin. Tracking reports developed to auto-generate pulling data from Accela.</p>

Work To Be Completed and Project Issues

- **Accela upgrade:** There are issues and limitations with Accela version 7.3 that is currently used by EH staff that include:
 - GIS does not function properly or at all.
 - EH has entered contact information into Accela. This includes over 800 permitted facilities with contact information for owners, operators, managers, etc., and roughly 200 other contacts (Code Enforcement Officers, municipal representatives, etc). In the current version of Accela, search results and other displays are limited to 100 contacts, making it difficult to find a specific contact or determine if a contact is already in Accela.
 - The public portal is not user-friendly and there are limitations on what changes can be made.
 - The Test environment functionality is limited since it is in version 8.0 and the Live environment is 7.3.
 - Only certain web browsers are supported for use by staff or the public.

Accela has recently released version 9.0 and ITS has recently started work on the upgrade in the Test environment.

- **NYSDOH Data Transfer:** EH staff are currently required to enter information into both the Accela software system and the NYSDOH software system. At some point after the start of the Accela project, NYSDOH centralized ITS and key staff with detailed knowledge of the NYSDOH system retired. With the development of NYSDOH eforms for many inspections, a two-way data transfer (from Accela to NYSDOH and also from NYSDOH to Accela) needs to be established. ITS has initiated

ACCELA AUTOMATION PERMIT MANAGEMENT PROJECT SUMMARY

work on this. The time frame for development through testing and then implementation is uncertain.

- **Inspections/Accela Mobile Office (AMO):** We have experienced various difficulties when trying to set up AMO for use by either our OWTS team or for inspections at NYSDOH permitted facilities. The initial configuration for each user is very detailed and there have been significant issues syncing the needed information from AA to AMO. There were other concerns with the complexity of the inspection format. The mapping/GIS feature has not worked when the user did not have an internet connection, which limited use for OWTS staff. At the Accela Northeast Regional Roadshow in New York City at the end of March, Accela indicated that they will be focusing on smart phone applications in the future and do not plan to continue with AMO in the long term. NYSDOH has rolled out eforms within the last couple of years. EH staff are currently using this for inspections at NYSDOH permitted facilities and it has generally been well received (especially with recent upgrades). The current plan is to not implement AMO and continue to use NYSDOH eforms. This creates the need for the two-way data transfer between the two software systems since the inspection data on the NYSDOH platform will need to be uploaded to Accela. EH is currently working with ITS on alternatives for the OWTS inspections, possibly using laserfiche for this program.
- **Accela Citizen Access (ACA):** ACA is currently available to the public and is primary method that the public uses for submitting temporary food service applications. However, the interface is not user-friendly and has formatting or layout restrictions. It supports a limited number of web browsers and Silverlight is needed for the public to upload/attach documents. Unfortunately, the Accela upgrade to version 8.0 did not address these limitations and created additional configuration difficulties. We are anticipating being able to improve ACA with the upgrade to version 9.0. We are considering use of an outside consulting firm to provide assistance with improvements to ACA.
- **Engineering Plans:** EH has engineering and other plans for on-site wastewater treatment systems (OWTS), public water supplies, realty subdivisions, food service establishments, swimming pools and occasionally other facilities in our files. There have been extensive discussions between ITS and EH to determine the best way to manage these documents in EH.

A major issue has been how to incorporate plans prepared by an outside engineer into an Accela OWTS permit. Accela generates permits (and other reports/output) using Crystal Reports; however, you cannot set up Crystal Reports to attach a document (such as an engineering plan) to the permit being generated. Laserfiche has the capacity to create a report (a permit) and attach a separate document but documents/permits cannot be directly auto-generated through Accela using Laserfiche. It has taken a fair amount of investigation by ITS but, in a recent development, ITS thinks that they have a solution.

ITS currently thinks that they can configure Accela to auto-generate a permit (using Crystal Reports) that will contain a link to a Laserfiche file that will have the full copy of the permit with the engineering plans attached. These permits and engineering plans will then be stored in Laserfiche with the link to the documents stored in Accela. The time frame for developing and testing this is uncertain.

ACCELA AUTOMATION PERMIT MANAGEMENT PROJECT SUMMARY

Based on this approach for OWTS permits with engineering plans, EH has decided to store all our OWTS engineering plans on Laserfiche and link to Accela.

EH now has an engineering plan scanner. Final storage of other engineering plans will need to be determined prior to scanning by EH.

- **Payment Processing:** EH currently has a contract with Official Payments for third-party management of payments. The system has generally been working well with the exception that we should be but are unable to process electronic checks. ITS was to follow-up on this but it was low priority given other ITS projects and issues. Accela has recently initiated it's own payment processing system – Civic Pay. ITS is working with Accela to get quotes to determine whether we should continue with Official Payments or switch to Civic Pay. The time frame for this decision is uncertain.
- **Accela GIS:** This GIS function in Accela is not user-friendly and has generally not functioned at all due to complications connected to the need for Silverlight software with the application. This Silverlight requirement is eliminated with the upgrade to version 9.0.
- **Additional EH Program Areas:** Accela currently manages permits for the OWTS program and all core EH programs, auto-generates permits for programs with multiple facilities, manages complaints and enforcement actions, and generates some administrative reports for financial management, temporary food and the OWTS programs. There is some work in these areas still to be accomplished and other program areas to be developed. This work can be undertaken within the existing Accela framework and generally as EH resources allow time for development of configuration documents and related materials to guide ITS. These areas include:
 - Improvements and significant modifications to the OWTS permits including the incorporation of BricsCad design drawings
 - Development and use of complaint forms for permitted facilities
 - Record management for NYSDEC records (SPDES permits, Discharge Monitoring Reports, and similar records)
 - Development to handle Realty Subdivisions, Boil Water Orders, Spills, Emergency Incidents, and possibly contaminated sites, etc.
 - Additional output reports to provide program and inspection summaries, etc.
 - Additional archive records for access to EH digitized paper files
 - Use of Electronic Document Review (EDR) especially for engineering plans
- **EH Backfile Project:** All OWTS paper permits for individual parcels that are not connected with a permitted facility or Realty Subdivision have been scanned and are available through Accela. The hard copy files for other EH programs need to be reviewed, scanned and uploaded to Accela. It is anticipated that this will be undertaken as part of a general TCHD digitizing project currently underway.
- **Accela Administration:**
 - Accela configuration and day-to-day use is currently managed by two staff: Katy Prince in ITS and Brenda Coyle in EH. There is no backup for either person. There are often conflicting work load priorities, especially with the use of ITS resources.

ACCELA AUTOMATION PERMIT MANAGEMENT PROJECT SUMMARY

- EH is currently using all available Accela licenses and will need to purchase an additional 5-pack as more EH staff use Accela. Use in some programs is currently limited since inspections are not currently handled in Accela.
- Accela training is generally hands-on. Numerous procedures need to be developed both for internal users and for the public.

The attached Accela/ACA Records Overview table details some of the developments and the increasing use of the Accela system both within EH and by the public.

Accela/ACA Records Overview						
Program	Total Records Processed in Accela			Total Records Processed in ACA (Public Portal)		
	2014	2015	2016	2014	2015	2016
Ag Fairground/Mass Gathering	*	2	2	*Not Available in 2014	*	0
Campground	*	5	14		*	0
Childrens' Camp	*	34	38		2	1
Complaints	11	17	182		*	*
Enforcement/NOV	6	28	84		*	*
Food Service	*	489	481		26	20
Information Requests	121	74	126		*	*
Mobile Home Park	*	40	41		0	5
On-site Wastewater Treatment System	337	320	272		46	49
Plan Review	*	38	38		*	*
Public Water Supply	*	143	146		22	14
Swimming Pool/Beaches	*	55	61		0	16
Temporary Food Service	*	446	456		359	419
Temporary Residence	*	33	36		0	1
Total	475	1724	1977		455	525

Accela/ACA Payments Overview											
Program	Total Payments Received						Total Payments Received Electronically				
	2014 (#/\$)		2015 (#/\$)		2016 (#/\$)		2014 (#/\$)	2015 (#/\$)		2016 (#/\$)	
Ag Fairground/Mass Gathering	2	\$1820	2	\$1880	2	\$1880	*Not Available in 2014	*	*	0	0
Campground	5	\$1443	5	\$1553	10	\$2511		*	*	0	0
Childrens' Camp	3	\$600	5	\$1000	5	\$1000		2	\$400	3	\$600
Complaints	NA							NA			
Enforcement/NOV	25	\$13800	14	\$7100	15	\$10700		NA			
Food Service	460	\$160650	473	\$168435	480	\$170575		15	\$4480	22	\$7180
Information Requests	NA							NA			
Mobile Home Park	39	\$11414	40	\$12014	39	\$11810		0	0	4	\$2158
On-site Wastewater Treatment System	287	\$94925	267	\$98360	261	\$95890		47	\$18285	50	\$19195
Plan Review	57	\$13723	71	\$19125	64	\$15785		0	0	0	0
Public Water Supply	146	\$26430	140	\$26505	144	\$27165		20	\$3300	19	\$2935
Swimming Pool	57	\$18525	56	\$18760	60	\$20100		0	0	2	\$670
Temporary Food Service	210	\$6750	248	\$9210	237	\$13275		155	\$6570	183	\$10945
Temporary Residence	31	\$9801	32	\$11282	36	\$13362		0	0	2	\$602
Total	1322	\$359881	1353	\$375224	1353	\$384053		239	\$33035	285	\$44285

***Not available in Accela/ACA**

Totals reflect all records processed including withdrawn records or records with no permit issued/refunded

ENVIRONMENTAL HEALTH DIVISION
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CERTIFIED, REGULAR, & ELECTRONIC MAIL

April 20, 2017

Dondi "Cris" Craft
810 Maple Ridge Road
Brasher Falls, NY 13613

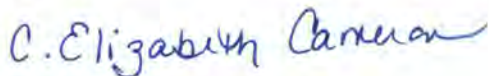
**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-17-0010
Auntie Anne's Pretzels, Food Service Establishment, V-Lansing**

Dear Mr. Craft:

Thank you for signing the Stipulation Agreement on April 11, 2017, for Auntie Anne's Pretzels.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, May 23, 2017**. You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Skip Parr or me at (607) 274-6688 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

Sincerely,



C. Elizabeth Cameron, P.E.
Director of Environmental Health

Enclosures – Draft Resolution, Stipulation Agreement and Orders, and Case Summary

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\Auntie Anne's\Draft Resolution ENF-17-0010.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
Dooley Kiefer, TC Legislature; V-Lansing Mayor; V-Lansing CEO; TCHD; Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Kristee Morgan; Skip Parr; Brenda Coyle
scan: Signed copy to Accela

ENVIRONMENTAL HEALTH DIVISION
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DRAFT RESOLUTION # EH-ENF-17-0010 FOR

**Auntie Anne's Pretzels
C.B.A. Foods, Inc./ Dondi "Cris" Craft, Owner/Operator
40 Catherwood Road, V-Lansing
Ithaca, NY 14850**

Whereas, the Owner/Operator of a Food Service Establishment must comply with the regulations established under Subpart 14-1 of the New York State Sanitary Code; **and**

Whereas, this subpart requires a Food Service Establishment Permit to operate a Food Service Establishment; **and**

Whereas, on April 3, 2017, Tompkins County Health Department staff observed Auntie Anne's Pretzels open to the public for food service without a valid permit issued by the Tompkins County Health Department; **and**

Whereas, Dondi "Cris" Craft, Operator, signed a Stipulation Agreement with Public Health Director's Orders on April 11, 2017, agreeing that Auntie Anne's Pretzels violated this provision of the New York State Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Dondi "Cris" Craft, Operator, is ordered to:**

1. Pay a penalty of \$400 for these violations, **due by July 14, 2017**. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Submit a complete renewal application to obtain a Permit to Operate a Food Service Establishment at least 21 days before expiration of the existing permit during each year of operation; **and**
3. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

RECEIVED
APR 18 2017
TCHD

Frank Kruppa
Public Health Director
55 Brown Road
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION
www.tompkinscountyny.gov/health/eh

Ph: (607) 274-6688
Fx: (607) 274-6695

STIPULATION AGREEMENT AND ORDERS # EH-ENF-17-0010

Auntie Anne's Pretzels
C.B.A. Foods, Inc./ Dondi "Cris" Craft, Owner/Operator
40 Catherwood Road, V-Lansing
Ithaca, NY 14850

I, Dondi "Cris" Craft, as a representative for Auntie Anne's Pretzels, agree that on April 3, 2017, I was in violation of Subpart 14-1 of the New York State Sanitary Code for operating a food service establishment without a valid permit.

I agree to pay a penalty not to exceed \$400 for this violation following adoption of a resolution by the Board of Health. (**Do not** submit penalty payment until notified by the Tompkins County Health Department.)

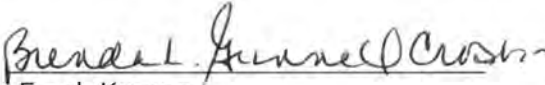
I also agree to comply with the following Orders when signed by the Tompkins County Public Health Director:

1. Submit a complete renewal application to obtain a Permit to Operate a Food Service Establishment at least 21 days before expiration of the existing permit during each year of operation.
2. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

I understand this agreement is offered as an alternative to a formal administrative hearing and that I am subject to further action if I fail to comply with the orders.

Signed:  Date: 4/11/17

Dondi "Cris" Craft is hereby ordered to comply with these Orders of the Public Health Director.

Signed:  Date: 4/18/17
for Frank Kruppa
Public Health Director

ENVIRONMENTAL HEALTH DIVISION
www.tompkinscountyny.gov/health/eh

Ph: (607) 274-6688
Fx: (607) 274-6695

CASE SUMMARY – FOR RESOLUTION # EH-ENF-17-0010

**Auntie Anne's Pretzels
C.B.A. Foods, Inc./ Dondi "Cris" Craft, Owner/Operator
40 Catherwood Road
Ithaca, NY
14850**

April 2017

Date	Action
04/18/2017	TCHD received a signed stipulation in the mail dated April 11, 2017 from facility operator.
04/07/2017	TCHD sent stipulation agreement and scheduled an office conference for April 24, 2017.
04/04/2017	Disability insurance form received via e-mail.
04/03/2017	Field visit by TCHD: Facility was observed to be open to the public for food service.
04/03/2017	Workers Compensation insurance form received via e-mail. E-mail response sent acknowledging receipt of Workers Compensation form and requesting Disability insurance form.
03/31/2017	Late fee received by TCHD. Message left by TCHD staff regarding the need to submit insurance forms.
03/30/2017	Permit application form and \$375.00 fee received by TCHD. Message left by TCHD staff regarding the need to submit \$50.00 late fee and insurance forms.
03/28/2017	Message left by TCHD staff regarding the need to submit permit application to two separate phone numbers provided on previous application.
03/20/2017	Late notice mailed and emailed requiring completed application, permit fee and late filing fee to be submitted by March 31, 2017. Notice stated that facility must remain closed until a permit is obtained.
02/01/2017	Renewal notice sent requiring completed application and permit fee to be submitted by March 1, 2017.
05/11/2016	Inspection by TCHD: No critical violations observed.
04/12/2016	Pre-operational inspection by TCHD.
03/01/2016	Permit to operate Auntie Anne's Pretzels issued to C.B.A. Foods, Inc.

ENVIRONMENTAL HEALTH DIVISION
www.tompkinscountyny.gov/health/eh

Ph: (607) 274-6688
Fx: (607) 274-6695

CERTIFIED, REGULAR, & ELECTRONIC MAIL

May 15, 2017

Hope Rich
Hope's Events and Catering
903 Hanshaw Road
Ithaca, NY 14850


**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-17-0012
Hope's Events and Catering, V-Cayuga Heights**

Dear Ms. Rich:

Thank you for signing the Stipulation Agreement on May 11, 2017, for Hope's Events and Catering.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, May 23, 2017**. You or a representative has the right to speak to the Board for a few minutes prior to them taking action. To speak to the Board, please arrive at the Rice Conference Room located at the Health Department by 12:00 p.m. (noon).

Sincerely,



C. Elizabeth Cameron, P.E.
Director of Environmental Health

Enclosures – Draft Resolution, Stipulation Agreement and Orders, and Case Summary

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\Hopes Events\Draft Resolution ENF-17-0012.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
CEO V-Cayuga Heights; Mayor V-Cayuga Heights; Dooley Kiefer, TC Legislature; TCHD: Elizabeth Cameron, P.E.,
Director of Environmental Health; Frank Kruppa, Public Health Director; Kristee Morgan; Skip Parr; Brenda Coyle
scan: Signed copy to Accela

ENVIRONMENTAL HEALTH DIVISION
www.tompkinscountyny.gov/health/eh

Ph: (607) 274-6688
Fx: (607) 274-6695

DRAFT RESOLUTION # EH-ENF-17-0012 FOR

**Hope's Events and Catering
Hope Rich Enterprises LLC/ Hope Rich, Owner/Operator
903 Hanshaw Road
Ithaca, NY 14850**

Whereas, the Owner/Operator of a Food Service Establishment must comply with the regulations established under Subpart 14-1 of the New York State Sanitary Code; **and**

Whereas, this subpart requires a Food Service Establishment Permit to operate a Food Service Establishment; **and**

Whereas, on April 14, 2017, Tompkins County Health Department staff observed Hope's Events and Catering open to the public for food service without a valid permit issued by the Tompkins County Health Department; **and**

Whereas, Hope Rich, Operator, signed a Stipulation Agreement with Public Health Director's Orders on May 11, 2017, agreeing that Hope's Events and Catering violated this provision of the New York State Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Hope Rich, Operator, is ordered to:**

1. Pay a penalty of \$400 for these violations, **due by July 14, 2017**. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Submit a complete renewal application to obtain a Permit to Operate a Food Service Establishment at least 21 days before expiration of the existing permit during each year of operation; **and**
3. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.



Your Partner for a Healthy Community

Frank Kruppa
Public Health Director

55 Brown Road
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION

www.tompkinscountyny.gov/health/eh

Ph: (607) 274-6688

Fx: (607) 274-6695

STIPULATION AGREEMENT AND ORDERS # EH-ENF-17-0012

**Hope's Events and Catering
Hope Rich Enterprises LLC/ Hope Rich, Owner/Operator
903 Hanshaw Road
Ithaca, NY 14850**

I, Hope Rich, as a representative for Hope's Events and Catering, agree that on April 14, 2017, I was in violation of Subpart 14-1 of the New York State Sanitary Code for operating a food service establishment without a valid permit.

I agree to pay a penalty not to exceed \$400 for this violation following adoption of a resolution by the Board of Health. *(Do not submit penalty payment until notified by the Tompkins County Health Department.)*


I also agree to comply with the following Orders when signed by the Tompkins County Public Health Director:

1. Immediately submit required workers' compensation and disability insurance certification forms.
2. Submit a complete renewal application to obtain a Permit to Operate a Food Service Establishment at least 21 days before expiration of the existing permit during each year of operation.
3. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

I understand this agreement is offered as an alternative to a formal administrative hearing and that I am subject to further action if I fail to comply with the orders.

Signed:  Date: 5/16/17

Hope Rich is hereby ordered to comply with these Orders of the Public Health Director.

Signed:  Date: 5/11/17
 Frank Kruppa
Public Health Director

ENVIRONMENTAL HEALTH DIVISION
www.tompkinscountyny.gov/health/eh

Ph: (607) 274-6688
Fx: (607) 274-6695

CASE SUMMARY – FOR RESOLUTION # EH-ENF-17-0012
Hope's Events and Catering
Hope Rich Enterprises LLC/ Hope Rich, Owner/Operator
903 Hanshaw Road
Ithaca, NY 14850

May 2017

Date	Action
05/11/2017	Office Conference held with Ms. Rich. Ms. Rich signed the stipulation agreement and scheduled to attend the BOH meeting so that she has the opportunity to discuss the circumstances of the violation with the Board members.
04/21/2017	Required insurance information received by TCHD. Permit issued to Hope's Events and Catering.
04/14/2017	Field visit by TCHD: Facility was observed to be open to the public for food service.
04/03/2017- 04/13/2017	Multiple e-mails exchanged with facility owner regarding the need to submit insurance forms in order to have a complete application. Multiple field visits to location, facility was not in operation during these visits.
03/31/2017	Permit application form, \$50.00 late fee and \$375.00 fee received by TCHD. Three messages left by TCHD staff regarding the need to submit insurance forms.
03/28/2017	Message received from Hope Rich stating that the permit application would be in to the office on Friday, March 31, 2017.
03/28/2017	Message left by TCHD staff regarding the need to submit permit application to the phone number provided on previous application.
03/20/2017	Late notice mailed and emailed requiring completed application, permit fee and late filing fee to be submitted by March 31, 2017. Notice stated that facility must remain closed until a permit is obtained.
02/01/2017	Renewal notice sent requiring completed application and permit fee to be submitted by March 1, 2017.
08/10/2016	Inspection by TCHD: No critical violations observed.
04/06/2016	Permit to operate Hope's Events & Catering issued to Hope Rich Enterprises LLC. with an expiration date of 3/31/17.
03/31/2016	Pre-operational inspection by TCHD.



Your Partner for a Healthy Community

Frank Kruppa
Public Health Director

55 Brown Road
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION
www.tompkinscountyny.gov/health/eh

Ph: (607) 274-6688
Fx: (607) 274-6695

Date: May 15, 2017
Memo to: Members of the Tompkins County Board of Health
From: C. Elizabeth Cameron, P.E., Director of Environmental Health
Subject: **Suggested Environmental Health Division Fees for 2018**

Information concerning fees proposed for 2018 is attached for your review. Based on the proposed fees, the sources of estimated revenue for 2018 are:

Estimated Revenue:

Operating/permit fees	\$350,396
Plan review/other fees	\$13,225
<u>Fines/penalties/late fees/other</u>	<u>\$11,625</u>
Subtotal*:	\$375,246
<u>Less credit card processing cost</u>	<u>\$1,889</u>
Total Estimated EH Revenue*:	\$373,356
* Does not include revenue from grants and State Aid.	
(2016 EH Expenses:	\$1,596,354)

There have been no significant changes in EH program costs. The only fee change proposed is an increase in the public water supply plan review fee.

The following information is attached for your review:

- Table 1. Proposed Environmental Health Fee Schedule 2018
- Table 2. Proposed Operating or Permit Fees Detail Sheet 2018
- Table 3. Proposed Plan Review Fees Detail Sheet 2018
- Table 4. Estimated vs. Actual Revenue and Expenses

F:\EH\ADMINISTRATION (ADM)\Program Administration (ADM-3)\Financial\Fees (SG-37)\Fees 2018\Fees to BOH.docx



Your Partner for a Healthy Community

ENVIRONMENTAL HEALTH DIVISION

55 Brown Road, Ithaca, NY 14850

Ph: (607) 274-6688; Fx: (607) 274-6695

On-line Services - <https://permits.tompkins-co.org/CitizenAccess/>

Draft for BOH Review May 2017

Effective January 1, 2018

Table 1 - 2018 Proposed Environmental Health Fee Schedule

2018 OPERATING PERMIT, PLAN REVIEW, AND OTHER FEES

Agricultural Fairground Operating Permit	\$360 <input type="checkbox"/>	Food Service Establishment Operating Permit	
Campground Operating Permit		High Risk	\$400 <input type="checkbox"/>
\$140 plus \$2.25 per unit/site		Medium Risk	\$375 <input type="checkbox"/>
Campground Plan Review	\$200 <input type="checkbox"/>	Low Risk	\$235 <input type="checkbox"/>
Children's Camp Operating Permit	\$200 <input type="checkbox"/>	Additional Mobile Unit	\$85 <input type="checkbox"/>
Mass Gathering Operating Permit* (New Event Per day)	\$4,100 <input type="checkbox"/>	Food Service Establishment Plan Review	
Mass Gathering Operating Permit* (Existing Event)	\$1,650 <input type="checkbox"/>	High & Medium Risk	\$210 <input type="checkbox"/>
(*Plus \$80 per staff/hr for incident response, if needed)		Low Risk	\$150 <input type="checkbox"/>
Mass Gathering Plan Review (New Event)	\$6,100 <input type="checkbox"/>	Push Cart	\$100 <input type="checkbox"/>
Mass Gathering Plan Review (Existing Event)	\$2,250 <input type="checkbox"/>	Temporary Food Service Establishment - Simple Menu	
Mobile Home Park Operating Permit		1 Day Event	\$65 <input type="checkbox"/>
\$150 plus \$3.50 per unit/lot		Multiple Events; Consecutive or Non-Consecutive Days	\$100 <input type="checkbox"/>
Mobile Home Park Plan Review		(up to 8 days in 120 days)	
\$460 plus \$30 per unit/lot		Temporary Food Service Establishment - Complex Menu	
Recreational Aquatic Facility Operating Permit		1 Day or Multiple Days; Single Event	\$150 <input type="checkbox"/>
Swimming Pool/Bathing Beach	\$335 <input type="checkbox"/>	Temporary Food Service Establishment - Late Application	
Slide and Wave Pool/Spray Park/Other Aquatic Facility	\$360 <input type="checkbox"/>	Received less than 2 weeks, more than 3 days before event	\$25 <input type="checkbox"/>
Recreational Aquatic Facility Plan Review		Received 3 days or less before event	\$50 <input type="checkbox"/>
Swimming Pool/Bathing Beach/Other Aquatic Facility			
Up to 5,000 square feet	\$360 <input type="checkbox"/>		
Slide and Wave Pool/Spray Park/Other Aquatic Facility			
Over 5,000 square feet	\$770 <input type="checkbox"/>		
Temporary Residence Operating Permit			
\$150 plus \$3.50 per unit/site			

OTHER FEES

Late Application/Water Fee (May be waived at TCHD discretion)	\$50 <input type="checkbox"/>
Duplicate Rabies Certificate (multiple certificates per occurrence)	\$10 <input type="checkbox"/>
Waiver/Variance Request (Requiring Board of Health Action)	\$75 <input type="checkbox"/>
Copies (Cost per page)	\$0.25 <input type="checkbox"/>
Electronic copies of oversized files (up to 10 pages)	\$20 <input type="checkbox"/>
Each additional 10 pages	\$10 <input type="checkbox"/>
Sanitary Codes	\$1.00 <input type="checkbox"/>
Refund Request (within 6 months of receipt)	\$25 <input type="checkbox"/>
Environmental Impact Statement Review	
(Where Tompkins County is the lead Agency fee assessed as allowed by 6NYCRR 617.7)	

Notes:

1. A check mark indicates the fee applies to your facility. Fees are additive for all operations.
2. Checks should be made payable to: Tompkins County Health Department.
3. There will be a \$20 service charge on all returned checks.
4. Payment methods: check, cash, money order, or online w/credit card (Visa, MC, Discover).

TOTAL FEES - PAGE 1
TOTAL FEES - PAGE 2
TOTAL FEES DUE - PAGE 1 & 2

Preparer/Date:

pc: Support Staff

ENVIRONMENTAL HEALTH DIVISION

55 Brown Road, Ithaca, NY 14850

Ph: (607) 274-6688; Fx: (607) 274-6695

On-line Services - <https://permits.tompkins-co.org/CitizenAccess/>

Draft for BOH Review May 2017

Effective January 1, 2018

Table 1 - 2018 Proposed Environmental Health Fee Schedule

2018 WATER SYSTEM OPERATING, ON-SITE WASTEWATER TREATMENT, AND DEVELOPMENT FEES	
On-Site Wastewater Treatment System Construction Permit	
New Construction/Conversion	\$425
w/ Engineer Plans; no Site Evaluation	\$325
Replacement System	\$335
w/ Engineer Plans; no Site Evaluation	\$235
Septic Tank Replacement	\$105
OWTS Permit/Application Renewal or Transfer	
Permit Renewal (may be renewed 1x prior to expiration)	\$80
Permit Transfer (prior to expiration)	\$80
Application Renewal (may be renewed 1x prior to expiration)	\$80
Application Transfer (prior to expiration)	\$80
On-Site Wastewater Treatment System Plan Review by Design Professional	
0 – 499 gpd design rate	\$210
500 – 999 gpd design rate	\$260
1,000 – 1,999 gpd design rate	\$375
2,000+ gpd design rate	\$600
Collector Sewer - 6" and larger (DEC & Health Dept Projects)	
< 5,000'	\$150
> 5,000'	\$250
Preliminary Development Review (where soil testing is required)	
(Preliminary Development fees are applied to the Realty Subdivision fee upon full plan submittal when submitted within 12 months)	\$400
Realty Subdivision Development Review	
Plus \$12.50 per lot NYS filing fee	\$800
Add \$35 per lot with individual water	
Add \$55 per lot with individual sewage	
(Subtract Preliminary Development fees paid)	
Realty Subdivision Approval Renewal	
	\$200
Other Engineering Review	
(May be waived at TCHD discretion)	\$160
Water System Operating Fee	
Community Water System (with sources)	
Groundwater System	\$200
Surface Water System	\$1,800
Non-Community Water System (with sources)	
Bottled/Bulk Haulers, Ice Plants	\$105
	\$360
Water System Construction Permit and Plan Review	
Community Water System (Part 5, NYSSC)	\$450
Non-Community Public Water System	\$210
Distribution Water Main - 6" or larger	
< 5,000'	\$300
> 5,000'	\$400
Cross-Connection Control	
\$160 plus \$50/device	
Water Storage Tank > 500,000 gal	\$230
Other Water System Modification	\$160
(May be waived at TCHD discretion)	
OTHER FEES	
Late Application/Water Fee (May be waived at TCHD discretion)	\$50
Duplicate Rabies Certificate (multiple certificates per occurrence)	\$10
Waiver/Variance Request (Requiring Board of Health Action)	\$75
Copies (Cost per page)	\$0.25
Electronic copies of oversized files (up to 10 pages)	\$20
Each additional 10 pages	\$10
Sanitary Codes	\$1.00
Refund Request (within 6 months of receipt)	\$25
Environmental Impact Statement Review	
(Where Tompkins County is the lead Agency fee assessed as allowed by 6NYCRR 617.7)	

Notes:

1. A check mark indicates the fee applies to your facility. Fees are additive for all operations.
2. Checks should be made payable to: Tompkins County Health Department.
3. There will be a \$20 service charge on all returned checks.
4. Payment methods: check, cash, money order, or online w/credit card (Visa, MC, Discover).

TOTAL FEES - PAGE 2

Preparer/Date:

pc: Support Staff

Draft for BOH Review - May 2017
Table 2 - Environmental Health Division
Proposed Operating or Permit Fees Detail Sheet 2018

PROGRAM	FEES			# FACILITIES				STAFF TIME (days)		COST PER FACILITY			PROGRAM COST		REVENUE		REVENUE / PROGRAM COST	
	2018 PROPOSED	2017 FINAL	2016 FINAL	2018-EST TOTAL	2018-EST INVOICED	2016 TOTAL	2016 INVOICED	2018 ESTIMATE	2016 FINAL	2018-EST TOTAL	2018-EST INVOICED	2016 FINAL	2018 ESTIMATE	2016 FINAL	2018 ESTIMATE	2016 FINAL	2018 ESTIMATE	2016 FINAL
FOOD SERVICE ESTABLISHMENTS (FSE)				540	465	568	480	515	522	\$472	\$548	\$538	\$254,882	\$258,347	\$166,675	\$170,575	0.65	0.66
High Risk Renewal	\$400	\$400	\$400	190	170	184	169	300	303	\$781	\$873	\$886	\$148,475	\$149,712	\$68,000	\$67,600	0.46	0.45
Medium Risk Renewal	\$375	\$375	\$375	265	215	281	221	160	161	\$299	\$368	\$360	\$79,187	\$79,583	\$80,625	\$82,875	1.02	1.04
Low Risk Renewal	\$235	\$235	\$235	80	75	96	83	55	59	\$340	\$363	\$350	\$27,220	\$29,052	\$17,625	\$19,505	0.65	0.67
Additional Mobile Unit/Puch Cart	\$85	\$85	\$85	5	5	7	7								\$425	\$595		
TEMPORARY FOOD SERVICE				400	85	408	87	175	175	\$216.53	\$1,019	\$996	\$86,610	\$86,610	\$12,975	\$13,275	0.15	0.15
Simple Menu 1 Day Event	\$65	\$65	\$65	290	15	290	14	120	120	\$204.79	\$3,959	\$4,242	\$59,390	\$59,390	\$975	\$935	0.02	0.02
Simple Menu Multiple Events	\$100	\$100	\$100	100	60	108	63	45	45	\$222.71	\$371	\$354	\$22,271	\$22,271	\$6,000	\$6,300	0.27	0.28
Complex Menu Single Event	\$150	\$150	\$150	10	10	10	10	10	10	\$494.92	\$495	\$495	\$4,949	\$4,949	\$1,500	\$1,500	0.30	0.30
Late Application < 2 weeks, > 3days	\$25	\$25	\$25	120	120	118	118								\$3,000	\$2,940		
Late Application 3 days or <	\$50	\$50	\$50	30	30	32	32								\$1,500	\$1,600		
TEMPORARY RESIDENCE	\$150	\$150	\$150	33	33	33	36	90	98	\$1,350	\$1,350	\$1,347	\$44,543	\$48,502	\$12,241	\$13,363	0.27	0.28
Per unit/site	\$3.50	\$3.50	\$3.50	2,083	2,083	2,083	2,275								\$7,291	\$7,963		
CAMPGROUNDS	\$140	\$140	\$130	10	10	10	10	25	29	\$1,237	\$1,237	\$1,420	\$12,373	\$14,204	\$2,851	\$2,511	0.23	0.18
Per unit/site	\$2.25	\$2.25	\$3.35	645	645	642	361								\$1,451	\$1,211		
MOBILE HOME PARKS	\$150	\$150	\$130	39	39	39	39	70	73	\$888	\$888	\$924	\$34,644	\$36,030	\$12,899	\$11,810	0.37	0.33
Per unit/lot	\$3.50	\$3.50	\$3.35	2,014	2,014	2,014	2,012								\$7,049	\$6,740		
AGRICULTURAL FAIRGROUND	\$360	\$360	\$330	1	1	1	1	5	4	\$2,475	\$2,475	\$1,930	\$2,475	\$1,930	\$360	\$330	0.15	0.17
MASS GATHERING (NEW)	\$4,100	\$4,100	\$4,100	0	0	0	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
MASS GATHERING (EXISTING)	\$1,650	\$1,650	\$1,550	1	1	1	1	20	25	\$9,898	\$9,898	\$12,175	\$9,898	\$12,175	\$1,650	\$1,550	0.17	0.13
CHILDREN'S CAMPS	\$200	\$200	\$200	34	5	35	5	80	80	\$1,165	\$7,919	\$7,879	\$39,593	\$39,395	\$1,000	\$1,000	0.03	0.03
SWIMMING POOLS/BATHING BEACHES	\$335	\$335	\$335	58	60	59	60	100	115	\$853	\$825	\$946	\$49,492	\$56,767	\$20,100	\$20,100	0.41	0.35
PUBLIC WATER SYSTEMS				143	144	144	144	740	745	\$1,611	\$1,600	\$1,619	\$230,418	\$233,091	\$28,470	\$27,165	0.12	0.12
Community Groundwater System	\$200	\$200	\$185	86	87	87	87	575	581	\$2,078	\$2,054	\$2,088	\$178,716	\$181,676	\$17,400	\$16,095	0.10	0.09
Community Surface Water System	\$1,800	\$1,800	\$1,800	3	3	3	3	45	43	\$4,823	\$4,823	\$4,463	\$14,469	\$13,390	\$5,400	\$5,400	0.37	0.40
Non-Community Water System	\$105	\$105	\$105	54	54	54	54	120	122	\$690	\$690	\$704	\$37,233	\$38,025	\$5,670	\$5,670	0.15	0.15
ON-SITE WASTEWATER SYSTEMS (OWTS)				245	245	253	242	430	435	\$869	\$869	\$889	\$212,814	\$215,190	\$91,175	\$95,890	0.43	0.45
New Construction/Conversion	\$425	\$425	\$425	120	120	141	130	240	242	\$990	\$990	\$923	\$118,780	\$119,968	\$51,000	\$60,030	0.43	0.50
w/ Engineer Plans; no Site Evaluation	\$325	\$325	\$0	10	10	0	0								\$3,250	\$0		
Replacement System	\$335	\$335	\$335	100	100	102	102	175	175	\$866	\$866	\$851	\$86,610	\$86,759	\$33,500	\$34,170	0.39	0.39
w/ Engineer Plans; no Site Evalution	\$235	\$235	\$0	5	5	0	0								\$1,175	\$0		
Septic Tank/Pump Chamber Replacement	\$105	\$105	\$105	10	10	10	10	15	17	\$742	\$742	\$846	\$7,424	\$8,463	\$1,050	\$1,050	0.14	0.12
Permit Transfer/Renewal	\$80	\$80	\$80	10	10	7	7								\$800	\$560		
Application Transfer/Renewal	\$80	\$80	\$80	10	5	1	1								\$400	\$80		
OPERATING PERMITS													\$891,132	\$915,631	\$350,396	\$357,568	0.39	0.39
PLAN REVIEWS															\$13,225	\$15,785		
OTHER REVENUE															\$11,625	\$16,772		
TOTAL OPERATING, PERMIT, PLAN REVIEW AND OTHER FEES													\$1,596,354	\$1,596,354	\$375,246	\$390,125		0.24
ESTIMATED OFFICIAL PAYMENTS CREDIT CARD PROCESSING COST															\$1,889	\$1,334		
TOTAL ALL ENVIRONMENTAL HEALTH PROGRAM FEES															\$373,356	\$388,791		0.24

NOTES:

2016 EH Annual Cost & Staff Time	\$1,596,354.00	3225.5	Staff Cost =	\$494.92	per day	\$70.70	per hr
2015 EH Annual Cost & Staff Time	\$1,567,839.00	2993.3	Staff Cost =	\$523.78	per day	\$74.83	per hr
2014 EH Annual Cost & Staff Time	\$1,650,820.00	2786.9	Staff Cost =	\$592.35	per day	\$84.62	per hr

PWS - Surface Water Staff Time is calculated by facility only. This is an underestimate of the total program costs.

2016 Revenue Submitted through Official Payment: \$44,285.00 11% of total revenue

Draft for BOH Review - May 2017
Table 3 - Environmental Health Division
Proposed Plan Review Fees Detail Sheet 2018

PROGRAM	FEES			# PLANS			LAST YEAR PLANS REVIEWED	ESTIMATE D HOURS PER PLAN	COST PER PLAN REVIEW	PROGRAM COST	REVENUE		REVENUE / PROGRAM COST
	2018 PROPOSED	2017 FINAL	2016 FINAL	2018-EST INVOICED	2016 APPROVED	2016 INVOICED		2016-or ESTIMATE	2018 ESTIMATE	2018 ESTIMATE	2018 ESTIMATE	2016 FINAL	2018 ESTIMATE
PUBLIC WATER SYSTEMS										\$3,288	\$3,200	\$4,310	0.97
Community Water System	\$450	\$410	\$410	1	0	0	2015	7.5	\$530	\$530	\$450	\$0	0.85
CWS Water Main Ext < 5,000'	\$300	\$300	\$300	2	3	4	2016	3.0	\$212	\$424	\$600	\$1,200	1.41
≥ 5,000'	\$400	\$400	\$400	0	0	0	na				\$0	\$0	
Cross-Connection Control	\$160	\$160	\$160	10	12	11	2016	2.5	\$177	\$1,768	\$1,600	\$1,760	0.91
Add per device	\$50	\$50	\$50			16	2016				\$0	\$800	
Non-Community Water System	\$210	\$210	\$210	0	0	0	2013	3.0	\$212	\$0	\$0	\$0	
Water Storage Tank	\$230	\$230	\$230	1	1	1	2016	3.0	\$212	\$212	\$230	\$230	1.08
Other Water System Modification	\$160	\$160	\$160	2	2	2	2016	2.5	\$177	\$354	\$320	\$320	0.91
FOOD SERVICE ESTABLISHMENTS										\$1,768	\$1,800	\$2,670	1.02
High and Medium Risk	\$210	\$210	\$210	5	7	7	2016	3.0	\$212	\$1,061	\$1,050	\$1,470	0.99
Low Risk	\$150	\$150	\$150	5	7	8	2016	2.0	\$141	\$707	\$750	\$1,200	1.06
Push Cart Medium/Low Risk	\$100	\$100	\$100	0	0	0	2015	1.0	\$71	\$0	\$0	\$0	
MOBILE HOME PARKS	\$460	\$460	\$460	0	0	0	2007			\$0	\$0	\$0	
Add per unit/lot	\$30	\$30	\$30	0	0	0	2007			\$0	\$0	\$0	
CAMPGROUNDS	\$200	\$200	\$200	0	0	0	2014	2.0	\$141	\$0	\$0	\$0	
SWIMMING POOLS/BATHING BEACHES	\$360	\$360	\$360	0	1	1	2016	5.0	\$354	\$0	\$0	\$360	
Swimming Pools > 5,000 sf	\$770	\$770	\$770	0	0	0	2008	12.0	\$848	\$0	\$0	\$0	
MASS GATHERING (NEW)	\$6,100	\$6,100	\$6,100	0	0	0	na	110.0	\$7,777	\$0	\$0	\$0	
MASS GATHERING (EXISTING)	\$2,250	\$2,250	\$2,000	1	1	1	2016	35.0	\$2,475	\$2,475	\$2,250	\$2,000	0.91
ON-SITE WASTEWATER TREATMENT SYSTEMS										\$4,419	\$4,450	\$5,925	1.01
0 - 499 gpd Design Rate	\$210	\$210	\$210	15	15	20	2016	3.0	\$212	\$3,182	\$3,150	\$4,200	0.99
500 - 999gpd Design Rate	\$260	\$260	\$260	5	8	5	2016	3.5	\$247	\$1,237	\$1,300	\$1,350	1.05
1,000 - 1,999 gpd Design Rate	\$375	\$375	\$375	0	0	1	2016	4.0	\$283	\$0	\$0	\$375	
2,000+ gpd Design Rate	\$600	\$600	\$600	0	0	0	2013	5.0	\$354	\$0	\$0	\$0	
Collector Sewer < 5,000'	\$150	\$150	\$150	0	0	0	2013	2.0	\$141	\$0	\$0	\$0	
≥ 5,000'	\$250	\$250	\$250	0	0	0	na				\$0	\$0	
REALTY SUBDIVISIONS	\$800	\$800	\$800	1	1	0	2015	5.0	\$354	\$354	\$800	\$0	
Add per lot NYS filing fee	\$12.50	\$12.50	\$12.50	6	6	0	2015				\$75	\$0	
with Individual Water	\$35	\$35	\$35	0	0	0	na	1.0	\$71	\$0	\$0	\$0	
with Individual OWTS	\$55	\$55	\$55	6	6	0	2015	1.0	\$71	\$424	\$330	\$0	
Subdivision Renewal	\$200	\$200	\$200	0	1	1	2016	2.0	\$141	\$0	\$0	\$200	
Preliminary Development Review	\$400	\$400	\$400	0	0	0	2014	5.0	\$354	\$0	\$0	\$0	
Add per lot	n/a	n/a	n/a	0	0	0	2014	1.0	\$71	\$0	\$0	\$0	
REALTY SUBDIVISION TOTAL										\$778	\$1,205	\$200	
OTHER PLAN REVIEW	\$160	\$160	\$160	2	2	2	2016	2.0	\$141	\$283	\$320	\$320	1.13
TOTAL PLAN REVIEW FEES										\$13,009	\$13,225	\$15,785	1.02

NOTES:

2016 EH Annual Cost & Staff Time	\$1,596,354.00	3225.5	Staff Cost =	\$494.92	per day	\$70.70	per hr
2015 EH Annual Cost & Staff Time	\$1,567,839.00	2993.3	Staff Cost =	\$523.78	per day	\$74.83	per hr
2014 EH Annual Cost & Staff Time	\$1,650,820.00	2786.9	Staff Cost =	\$592.35	per day	\$84.62	per hr

Hours per plan are estimated - actual time for each submittal varies significantly.

Draft for BOH Review - May 2017

**Table 4 - Environmental Health Division
Estimated vs Actual Revenue and Expenses**

YEAR	ACTUAL			ESTIMATED			ACT REV / EST REV	ACT EXP / EST EXP
	REVENUE	EXPENSE	REV / EXP	REVENUE	EXPENSE	REV / EXP		
2012	\$324,796	\$1,741,256	19%	\$321,941	\$1,610,262	20%	101%	108%
2013	\$359,193	\$1,821,928	20%	\$322,183	\$1,638,700	20%	111%	111%
2014	\$364,311	\$1,650,820	22%	\$338,669	\$1,741,256	19%	108%	95%
2015	\$380,593	\$1,567,839	24%	\$348,977	\$1,821,928	19%	109%	86%
2016	\$388,791	\$1,596,354	24%	\$358,974	\$1,652,820	22%	108%	97%

THE GLOBAL EXPERIENCE WITH SUPERVISED INJECTION FACILITIES

A clinical report to the Tompkins County Board of Health, May 2017

By Dr. William Klepack, Medical Director

Many physicians, addiction professionals, politicians and the public have been perplexed about supervised injection facilities (SIFs). When this concept arose in the City of Ithaca proposal in 2015 to take a new and medically centered approach I, too, was caught without any information to put SIFs into perspective. The initial incredulity which SIF proposals evoke is reminiscent of our reaction to Syringe Exchange Harm Reduction programs in the 1990s. Syringe Exchange has proven to be highly efficacious and brought none of the "normalization of drug use" that its detractors feared. Global data on SIFs refute detractor's arguments also.

This article will share research data and experiences gathered from around the globe over the past 37 plus years. I will group the data and information into categories that are likely to be most important.

Given the severity of the medical problem that opioids present and that there are 97 SIFs globally in 66 cities in 11 countries (but none as of this writing in the United States) and only 2 in North America (both in Vancouver, BC) (*Safe Drug Consumption Spaces, Sherman et al, The Abell Report, Feb 2017, vol 29, no. 7*), we would do well to familiarize ourselves with them. The New York State Academy of Family Physicians (NYSAFP) has written the New York State Department of Health (NYSDOH) announcing its support for pilot facilities in NYS. Reasons for this step can be gleaned from this article.

What is a SIF? SIFs are sanctioned and supervised physical places for the *self* injection/inhalation of client *pre-obtained* drugs (heroin, other opioids and controlled substances) where trained personnel in a non-judgmental environment are present to: take action in case of an overdose, create a long term relationship with users with the intent of: reducing their risk of infectious disease, supporting their movement from use to recovery as their motivation allows (including referral for medically assisted treatment, counseling, detox), provide medical treatment for injection related illness (e.g. abscesses) and STDs, and provide sterile injection equipment (syringe exchange, clean works) to limit the spread of disease.

Drugs are *not* sold or provided by or within the facility and steps are taken to prevent opioid use from starting there. Chronic users are the clients. Given that users are a diverse population, SIFs will not meet the needs of all socioeconomic demographics but are an important access point for a target group of users. They represent a public health intervention operating as part of a wider, coordinated network of services for people who use drugs, to address the individual risks and community impact of drug use. SIFs aim to reach underserved and marginalized populations, address health inequities, and resolve public health and safety tensions related to public injection. (Ref: Hedrich below).

How does a SIF facilitate the medical model of treatment? Based on the concept of harm reduction, SIFs provide a location where an overdose can be immediately addressed. Frankfurt,

Germany reports over 191,729 injections on site (about 550 per day) and over 3,180 overdoses resulted in no fatalities. (*Schneider, Alternatives to Public Injection, Harm Reduction Coalition, 2016*). Sydney, Australia reports in over 930,000 injections 5,925 overdoses with no deaths (*Goodhew et al. Harm Reduction Journal (2016) 13:29*). Insite in Vancouver, BC, Canada was responsible for a 35% reduction in fatal overdoses in the area around the program compared to only 9% in the rest of Vancouver (*Alternatives to Public Injection, Harm Reduction Coalition, 2016*). Globally, "Among tens of millions of supervised injections, only one fatality has been reported in any SIF - in Germany in 2002, attributed to anaphylactic shock." (*Hedrich D, European Report on Drug Consumption Rooms, European Monitoring Centre for Drugs and Drug Addiction, 2004*).

SIFs provide a portal where the subset of users ready and willing to take the next step to recovery can be referred to Suboxone/Methadone treatment, a detox center, inpatient treatment when necessary, and long term counseling and support/rehab services. For the subset not ready to make a change, the SIF builds a long term trusting relationship that stands ready to assist the user to change when they are ready, but it also recognizes that some users will not be able to change. For these, the SIF reduces harm by preventing death and reducing the spread of disease.

"People who inject drugs are estimated to comprise 56 percent and 11 percent of all new HCV and HIV infections in the United States (respectively)." (*Centers for Disease Control and Prevention, HIV Surveillance Report, 2014; Kleven RM, Hu DJ, Jiles R, Holmberg SD, Evolving Epidemiology of Hepatitis C Virus in the United States, Clinical Infectious Diseases: An official publication of the Infectious Diseases Society of America, 2012; 55 Suppl 1:S3-9*).

"Sustained drug therapy and clinical management of these conditions, combined with frequent emergency room visits and inpatient hospital stays associated with skin and soft tissue infections, have driven medical costs to an estimated USD \$6.6 billion annually in the population." (*Sterling EE, A Businessperson's Guide to the War on Drugs, Business Council for Prosperity and Safety, 2015*).

SIFs have been "posited to reduce costs associated with this public health crisis by reducing needle re-use and sharing and, therefore, incidences of HIV/HCV/HEPB and soft tissue infections; reducing the costs to society of addictions and overdose deaths; and increasing the uptake into addiction counseling services." (*Irwin A, Jozaghi E, Bluthenthal RN, Kral AH, A Cost-benefit Analysis of a Potential Supervised Injection Facility in San Francisco, California, USA. Journal of Drug Issues, 0(0): 1 -21*) In Vancouver, BC "Studies in this setting have estimated that the program incurs negative net costs, reflecting both savings in cost and expected increases in life expectancy, and that annual savings of CAD \$500,000 per HIV death and USD \$660,000 per overdose death prevented ..." (*Andresen MA, Boyd N, A Cost-benefit and Cost-effectiveness Analysis of Vancouver's Supervised injection Facility, The International Journal on Drug Policy, 2010; 21(1): 70-76*). A study estimating costs for a SIF in San Francisco modeled on Insite in Vancouver, BC concluded that, "an SIF in San Francisco would be an extremely cost-effective intervention, saving approximately \$2.33 for each dollar spent." (*Irwin A, et al., A Cost-benefit Analysis of a Potential Supervised Injection Facility in San Francisco, California, USA*).

For SIF participants hospitalized for injection related infections length of stay dropped from 12 days [IQR: 5-33] to 4 days [IQR: 2-7] (*Lloyd Smith et al BMC Public Health 2010 10:327*).

Do SIFs encourage recovering addicts to relapse? “SIFs do not increase drug use in the area, nor do they encourage young people to initiate drug use.” (*Alternatives to Public Injection, Harm Reduction Coalition, 2016*.)

What about abstinence-based treatment? “Initially (in Vancouver, BC) there was strong opposition to the facility from providers of abstinence- based drug treatment, but engagement turned them into allies over time as they recognized [SIFs] role in referring participants to their treatment programs.” (*Alternatives to Public Injection, Harm Reduction Coalition, 2016* <http://harmreduction.org/wp-content/uploads/2016/05/Alternatives-to-Public-Injection-report.pdf>).

Injecting narcotics is illegal – how have other countries addressed this? In Vancouver, BC, Canada, the SIF has operated since 2003 on an exemption from drug control laws through a "Section 56" waiver under a research pilot. It is now considered to be a healthcare facility. (*Alternatives to Public Injection, Harm Reduction Coalition, 2016*). It is annually renewed. In 2011, the Supreme Court of Canada voted unanimously in favor of its existence partly based on its public health impact. (*Safe Drug consumptions Spaces, Sherman et al, The Abell Report, Feb 2017 vol 29, no. 7*).

In Frankfurt, Germany, a SIF has been operating for 23 years and is fully licensed. Legal opinion found that the site was a medical intervention, thus, clarifying the role of law enforcement. (*Schneider, Alternatives to Public Injection, Harm Reduction Coalition, 2016*).

In Sydney, Australia, their facility initially operated under temporary exemptions requiring biannual re-certifications but now operates under a change in state law allowing participants to self-administer drugs and possess controlled substances. (*Jauncey, Alternatives to Public Injection, Harm Reduction Coalition, 2016*).

There are nearly 100 SIFs in operation in at least eleven countries outside of the United States. (*Alternatives to Public Injection, Harm Reduction Coalition, 2016*). Each location and society has found a way to allow for the operation of their SIF when they had the motivation to do so. Often it has involved a combination of efforts on the part of legislatures at the local, regional and federal level; community partners; public health; and the cooperation of law enforcement.

Why move away from the law enforcement model? "Research has found that the war on drug's policing strategies are associated with increases in HIV transmission risk. The failed war on drugs has also had a deleterious effect on public health. In addition to fueling some of the highest rates of incarceration worldwide, drug war supply-side strategies such as drug raids and crackdowns have had minimal, short-lasting impact and may lead to the displacement of drug activity zones." (*Safe Drug Consumptions Spaces, Sherman et al, The Abell Report, Feb 2017 vol 29, no. 7*). Illicit drug use, particularly via injection in unsafe spaces (e.g., public bathrooms, parts, abandoned housing...), exacerbates the potential for fatal overdose as well as HIV, HEPb and HCV transmission. (*IDUHA, Harm Reduction in New York City, New York, NY-Injection*

Drug Users Health Alliance, 2015; Wolfson-Stofko B, Bennett AS, Elliott L, Curtis R, Drug Use in Business Bathrooms: An exploratory study of manager encounters in New York City. The International Journal on Drug Policy, 2016; 39:69-77). Injection in a hurried, furtive, unclean manner is not compatible with disease transmission prevention.

SIFs reduce public drug use and are effective at sustaining contact with the most marginalized people who use drugs in public places. (*Kinnard EN, Howe CJ, Kerr T, Skodt Hass V, G.D.M., Self-reported Changes in Drug Use Behaviors and Syringe Disposal Methods Following the Opening of a Supervised Injecting Facility in Copenhagen, Denmark, Harm Reduction Journal, 2014;11(1): 29).*

"A large body of evidence-based, peer-reviewed studies has demonstrated the public health impacts and cost-effectiveness of [SIFs], owing to significant reductions in the transmission of HIV and HCV, a reduction in other morbidities such as abscesses, and a reduction of fatal overdose deaths."

"The available evidence highlights the range of parameters that must be considered when modeling costs and benefits of an SIF in a new location. These include geographic concentration or dispersion of persons who inject drugs (PWID), prevalence of HIV and HCV, rates of SSTI [skin and soft tissue infections] care-seeking, overdose deaths, and needle-sharing. For example, the wider dispersion of PWID combined with the low HIV incidence rate in Toronto translated to a lower cost-benefit ratio for the introduction of a single SIF than in settings like Ottawa or Vancouver." (*Safe Drug Consumption Spaces, Sherman et al, The Abell Report, Feb 2017 vol 29, no. 7).*

The law enforcement model has failed to effectively move individuals from their addiction to abstinence. It has clogged courts, jails, prisons with users of a diverse background. Police officers are frustrated with the failure of the status quo and embrace a model which offers hope for the individual, reduces the hazard and nuisance of public injection, and refocuses law enforcement efforts on the truly criminal aspects of drug trafficking.

What has law enforcement said about SIFs? January 2017 in King County (which includes the City of Seattle), the Sheriff expressed public support for the establishment of two sites in King County. (*Safe Drug Consumption Spaces, Sherman et al, The Abell Report, Feb 2017 vol 29, no. 7).* In Vancouver, BC, the Vancouver Chief of Police has written a letter supporting harm reduction as a public health intervention and 17% of SIF participants said the police helped them get to the SIF. (*Alternatives to Public Injection, Harm Reduction Coalition, 2016).* In Frankfurt, Germany, the high court issued a legal opinion that the SIF was a medical intervention, thus clarifying the role of law enforcement and enabling them to exercise discretion on drug possession. In Sydney, the SIF provides real time drug market monitoring data that can be used by law enforcement - thus avoiding the two year lag in public health data reporting. To avoid arrests, the Sydney SIF obtained exemptions renewed every two years until, after 9 years; they secured a long term exemption. Ongoing training with police and the support of the local police commander was key. (*Alternatives to Public Injection, Harm Reduction Coalition, 2016).*

What about the community – *what do the neighbors say?* Many of the SIFs are in urban environments. The question remains whether SIFs can be successfully scaled to smaller communities (like Ithaca pop. 30,000/Tompkins County ~100,000). In their urban settings, the data shows SIFs remove many users from public injecting, decreasing used syringes from the environs. A common concern is whether users are attracted into the community from outside. In Frankfurt, Germany; Vancouver, BC; and Sydney, Australia; the SIF reduced noise complaints and public safety concerns in the community without attracting young people or users from places outside of the community. (*Alternatives to Public Injection, Harm Reduction Coalition, 2016*). From polls in communities with a SIF, we know that in Sydney support has been increasing over the years. In a large survey in 2014, 55% of the general public was in support. (*Alternatives to Public Injection, Harm Reduction Coalition, 2016*).

“Both the Vancouver and Sydney evaluations found some positive and *no* negative effects on the surrounding community. In both cities, there was a significant reduction in observed instances of public injection in the neighborhood. The numbers of discarded syringes and the amount of injection-related litter in the vicinity also declined substantially. In neither instance was there an increase in crime or drug dealing in the vicinity (although in Sydney there was a slight increase in the negligible level of loitering around the SIF). A series of surveys in Sydney found that area residents and business owners had experienced a sustained decline in exposure to public injection and discarded syringes following the opening of the SIF. Evaluators sought, but did not find, any evidence that the SIFs had encouraged new drug use or discouraged its cessation.”

(italics mine) (*Beletsky L, Davis CS, Anderson E, Burris S. The Law (and Politics) of Safe Injection Facilities in the United States. American Journal of Public Health. 2008; 98(2):231-237. doi:10.2105/AJPH.2006.103747.*)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2376869/>

Supervised injection services: what has been demonstrated? A systematic literature review.

“Seventy-five relevant articles were found. All studies converged to find that SISs [supervised injection services] were efficacious in attracting the most marginalized PWID, promoting safer injection conditions, enhancing access to primary health care, and reducing the overdose frequency. SISs were not found to increase drug injecting, drug trafficking or crime in the surrounding environments. SISs were found to be associated with reduced levels of public drug injections and dropped syringes. Of the articles, 85% originated from Vancouver or Sydney.”

(*Drug Alcohol Depend. 2014 Dec 1;145:48-68. doi: 10.1016/j.drugalcdep.2014.10.012. Epub 2014 Oct 23*).

What is the opinion of public health/medical societies?

The American Public Health Association has said it recommends the U S: "Expand access to harm reduction interventions: Harm reduction programs including sterile syringe access, supervised injection facilities, and medication-assisted treatment should be scaled up to eliminate HIV and Hepatitis C transmission among people who inject drugs.

<https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/08/08/04/defining-and-implementing-a-public-health-response-to-drug-use-and-misuse>

The Canadian Public Health Association has said: “Supervised consumption facilities are one proven way of meeting the health and safety concerns raised by injection drug use.”

<http://www.cpha.ca/en/about/digest/37-4/4.aspx>

The Canadian Medical Association (CMA) has reiterated its support for supervised injection sites: “The Canadian Medical Association is here today...to strongly support some of our most vulnerable patients and in support of harm reduction tools as a necessary component of a comprehensive national drug strategy.”

<https://www.cma.ca/En/Pages/bill-to-govern-safe-injection-sites-disregards-medical-evidence.aspx> (accessed May 6, 2017)

The City of Montreal is investigating the creation of four brick and mortar SIFs and one mobile SIF. The CDC reviewed Montreal’s plan and concluded that theirs is a sound public health plan.

The Massachusetts Medical Society has endorsed SIFs as of April 2017.

<http://www.wbur.org/commonhealth/2017/04/29/supervised-injection-rooms-vote>

The New York Academy of Family Physicians has written the NYSDOH asking it to set up pilot studies in urban and rural settings. (resolution June 2016, letter to NYSDOH December 2016).

What about people who won’t use a SIF? Just as diabetics are a diverse group requiring individualized approaches and care regimens so are users. Naloxone, other medically assisted therapy, detox, rehab, must be available through many portals. Other target groups (such as IDUs who hold down jobs, have families, are professionals) require other approaches to engaging them.

Unanswered or incompletely answered questions: Questions await further study through SIFs set up to properly collect the needed data as they deliver needed services.

In general, the success of SIFs has resulted in Vancouver expanding its two sites into other cities and integrating them with other facilities. Montreal has been approved for 3 SIFs (<http://www.theglobeandmail.com/news/politics/federal-government-approves-three-supervised-injection-sites-in-montreal/article33914459/>), Seattle is endorsing two sites, and San Francisco and Baltimore are considering sites.

All of this expansion is the result of data demonstrating the efficacy of moving from a law enforcement model to a medical one and embracing harm reduction techniques.

The above considerations are among the ones that led the Congress of Delegates of NYSAFP in June 2016 to ask the NYS Department of Health to create SIF pilots in urban and rural settings in NYS. We need to know if SIFs work in rural settings and if they can scale to communities of smaller size. We need to have conversations with our community and its partners on this topic. Exploring modalities that can reduce death and also reduce disease in the community is a core public health responsibility.

References

Alternative to Public Injecting, Harm reduction coalition, 2016 (a report of the proceedings of a consultation regarding supervised injection facilities (Alternatives to Public Injection, Harm Reduction Coalition, 2016 <http://harmreduction.org/wp-content/uploads/2016/05/Alternatives-to-Public-Injection-report.pdf>).

Hedrich, D. European Report on Drug Consumption Rooms, February 2004. Available at: http://www.emcdda.europa.eu/attachements.cfm/att_54132_EN_Consumption%20rooms.pdf (Downloaded March 7, 2017)

Other references cited within text.