TOMPKINS COUNTY HEALTH DEPARTMENT
Your Partner for a Healthy Community

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MINUTES

Tompkins County Board of Health

May 23, 2017
12:00 Noon
Rice Conference Room

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

Staff: Karen Bishop, Director of Community Health; Liz Cameron, Director of Environmental Health; Brenda Grinnell Crosby, Public Health Administrator; William Klepack, MD, Medical Director; and Shelley Comisi, Administrative Assistant II

Excused: Will Burbank, Board of Health Member; Frank Kruppa, Public Health Director; Deb Thomas, Director of Children with Special Care Needs; and Jonathan Wood, County Attorney

Guests: Amber DeJesus, Senior Account Clerk Typist; Samantha Hillson, Director of Health Promotion; Amy Hopkins, Community Health Nurse; 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 12:02 p.m.

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

Approval of April 25, 2017 Minutes: Ms. Merkel moved to approve the minutes of the April 25, 2017 meeting as written; seconded by Dr. Evelyn; and carried unanimously.

Financial Summary: Ms. Grinnell Crosby referred to the December 2016/13th period financial report in the packet. The County has not formally closed the books for 2016 as the Finance Department continues to make small corrections. There is nothing significant to report for 2017. Staff is in the midst of working on Article 6 state aid claim. Although there was a reporting problem in the Environmental Health Information Processing System (EHIPS), staff was able to put together some statistics for the first quarter and will make adjustments in the second quarter when the report is ready.

Referring to the April 2017 report, Ms. Merkel asked about the local share percentages for Women, Infants and Children (3,039.97%) and Healthy Neighborhoods Program (718.28%). Ms. Grinnell Crosby reported those are grant claims; the money has been spent but the claim is not filed until next month or the end of the quarter.

Administration Report: Mr. Kruppa was not present for the meeting.

Medical Director's Report: Dr. Klepack reported his clinical review of Supervised Injection Facilities will be presented later in the meeting.

Division for Community Health Report: Ms. Bishop announced the New York State Commissioner of Health declared influenza is no longer prevalent in the state as of May 4, 2017. This declaration means that health care workers who are not vaccinated against influenza are no longer required to wear masks in areas where patients are typically present.

Introductions: Ms. Bishop introduced Amy Hopkins, one of the Community Health Nurses working with STI cases. As part of the Communicable Disease Team, she is involved with the Talk-Test-Treat message that our Division has been promoting throughout the community.

Ms. Grinnell Crosby introduced Amber DeJesus from Administration who will be providing clerical backup support for BOH meetings.

Children with Special Care Needs Report: Ms. Thomas was not present for the meeting.

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

Environmental Health Report: Ms. Cameron had nothing to add to the written report.

Report on the Community Services Board (CSB) Meeting: Dr. Koppel reported on his experience attending the CSB meeting on May 1, 2017. Joe Sammons, Executive Director of Challenge Workforce Solutions, was the guest speaker. Challenge is a non-profit organization that helps people with disabilities and people facing other barriers to obtain employment in the community. It was interesting to hear the story of Challenge services.

The CSB also reviewed their Priority Plan for 2018 that identified five priority outcomes with strategies for each one: (1) find ways to better utilize existing resources in the community, (2) promote safe and stable housing for those with mental illness, alcohol and drug dependencies, and developmental disabilities, (3) review community based services to address emerging needs, (4) focus on transportation needs, particularly for people living in rural areas who may have trouble connecting with resources, and (5) work with the criminal justice system where people who have mental illness are more likely to be incarcerated or to have interaction with the system.

Dr. Koppel concluded his summary of the CSB meeting by noting the final discussion item was Mr. Kruppa's overview of the Fiscal Administrator position and how that role would expand if the Legislature chooses to continue the dual department head structure in 2019.

Highlights from the Board's discussion centering on the CSB and BOH relationship:

- As the two boards interact and develop connections, Dr. Koppel anticipates there will be possibilities to work together on projects in the future.
- Mr. Greenhouse inquired about any commonality between the populations served by the two boards. Dr. Klepack responded private medical practices frequently refer people to mental health. At Cornell's medical facility, Dr. Koppel pointed out counseling services are integrated with medical care. To see that access on a community level is the trend for medicine and psychiatry/psychology today.
- Dr. Evelyn mentioned there are working groups looking at integration of primary care and mental health primarily through the Delivery System Reform Incentive Payment (DSRIP) program. A significant issue is resources. The amount of money society puts into mental health/behavioral health is much less than medical care.
- Ms. Merkel suggested there might be a role for the BOH to focus on prevention and access to healthcare for those populations the CSB oversees.
- Mr. McLaughlin recommended setting a timeline or goal that would move the two boards beyond visiting one another to actually implementing opportunities for the two departments to work together to improve services.
- Ms. Merkel recommended the next step be professional development through a seminar or workshop that provides a learning opportunity for both boards.
- Dr. Klepack thought a workshop with the theme of prevention and early intervention would be an interesting topic for the two departments to explore.
- Dr. Morgan raised the possibility of the boards continuing to collaborate regardless of the Legislature's future decision regarding the dual department head structure.

At the end of the discussion, Dr. Macmillan summarized the consensus is the BOH wants to explore collaborative processes with the CSB in a more significant way. The visitation process was the beginning step that has been educational. As a starting point for further collaboration, Board members will look to Mr. Kruppa to put forward some ideas about areas where the two departments have an overlap of services.

Resolution #EH-ENF-17-0010 – Auntie Anne's Pretzels, V-Lansing, Violation of Subpart 14-1 of the New York State Sanitary Code (Food):

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):

Ms. Cameron reported the two aforementioned resolutions involve existing food service establishments that were operating without a permit. In response to questions from Board members, Ms. Cameron answered:

- New York State requires Workers' Compensation and Disability insurance forms as part of the permitting process. Both food establishments were late with their insurance forms so permits could not be issued.

- Under the food service establishment code, TCHD has the authority to shut down a facility for operating without a permit; however, these two cases were for administrative violations. There were no food safety issues.
- In an effort to strike a balance across all program areas, there is one late fee of $50 for all operations. EH staff could revisit the fee structure and look at different late fees for the various types of operations.
- If the public goes online to check food establishments, there is an inspection chart available through the New York State Department of Health (NYSDOH) website, but it does not show information on the status of permits. For those people who know how to use it, the Accela software system has a public portal showing the status of the application review process.

Mr. Greenhouse moved to accept both resolutions as written; seconded by Dr. Koppel. The vote: Aye – 6; Abstention – 1 (Dr. Evelyn was not present); carried.

Review of Proposed 2018 Environmental Health Division Fees: Ms. Cameron referred to the spreadsheet of fees. To help recover costs, EH is proposing to increase the fee for the community water system plan review from $410 to $450. Ms. Cameron answered questions from Board members:

- Community water systems include all municipalities and operations such as mobile home parks.
- Water systems pay a fee to cover EH oversight and inspections. To support timely water sampling, staff is reviewing our process of tracking the results submitted by each system. This internal effort to improve the process is preferable to assessing late fees.
- There are two late application fees for temporary food service establishments. The late fee depends upon the timeframe when the application is submitted.
- EH staff designs many on-site wastewater treatment systems. In some cases, an outside engineer will design a system and submit a plan to TCHD. There is a fee for EH staff to review those outside plans.

Mr. McLaughlin moved to approve the proposed Environmental Health Division Fees for 2018 as written; seconded by Dr. Morgan; and carried unanimously.

Supervised Injection Facilities – A Clinical Review: Dr. Klepack pointed out the detailed text of this presentation is in the May 23, 2017 BOH packet. He emphasized his report on supervised injection facilities (SIFs) does not represent the policy of TCHD or the County.

To put this subject into context, Dr. Klepack mentioned two articles recently printed in *The Ithaca Journal* on: (1) the rise of drug deaths in upstate New York, and (2) infectious disease risks from injection opioid use.

SIFs are sanctioned, supervised physical places where clients bring their *pre-obtained* drugs for self-injection/inhalation. Trained personnel are present to provide overdose care, harm reduction, medical care, and referrals to counseling, detox and other community services. Around the globe there are numerous SIFs in large urban centers (97 worldwide; none in the United States). Data has been gathered from over 37 years of experience with SIFs. The question is whether SIFs can successfully be scaled to small, rural, or suburban communities.

SIFs are a component in the move away from the law enforcement model to a medical model of treatment. Globally there have been tens of millions of injections with one fatality due to anaphylactic shock. In Vancouver, there was a 35% reduction in fatal overdoses in the *area around the program site* compared to only 9% reduction in the rest of the city.

The SIF serves as a portal to medically assisted treatment using medications to help keep people abstinent from illicit drugs; a portal to detox like the detox center being planned in Ithaca for startup in 2018; and a portal to continued care for those who are not ready to change. In Vancouver, there was strong initial opposition to the SIF from abstinence-based providers. As they received referrals, they became allies of the program.

Of all new infectious disease cases in the United States, injecting drug users account for 56% of Hepatitis C cases and 11% of HIV cases for a healthcare cost of $6.6 billion annually. With a SIF, infectious disease is reduced because (1) the facility typically has clean equipment available, and (2) there is a reduction in unsanitary "hurry up" injections. In cost savings estimates, the SIF incurs net negative costs and increases client life expectancy. Hospital length of stay drops from 12 to 4 days. The projected savings is $2.33 for every dollar spent; however, the savings could be different for a county of 100,000 people rather than a large urban center.

Although narcotics are illegal, each of the global communities found a way to allow for the operation of a SIF. It required a combination of efforts on the part of legislatures, public health, treatment practitioners/providers, community partners, and law enforcement to find a practical path forward. The SIF has received endorsements from some law enforcement agencies.

In general there has been a favorable reaction in urban centers. Several medical societies in Canada and the United States support the SIF. The Centers for Disease Control and Prevention (CDC) has reviewed Montreal's plan and believes it is a sound public health plan. Indications of success with SIFs can be seen as other cities expand or establish sites. The New York State Academy of Family Physicians (NYSAFP) has asked NYSDOH to establish pilots.

SIFs have never been proposed as a panacea. Other strategies remain important: personal physicians; point of care interventions including hospitals, rehab and detox facilities; long term counseling/support; and medically assisted treatment medications.

In his concluding remarks, Dr. Klepack summarized there is global data that supports SIFs. Pilot trials are warranted to provide further data regarding efficacy and scalability to smaller communities. If we are sincere about reducing harm to fellow human beings and believe the data that shows the medical model can prove superior to the law enforcement model, then SIFs are a rational component of our overall approach to drug addiction.

A lengthy discussion ensued with the following main points:

- Dr. Morgan was impressed there was a significant number of overdoses [9,105] and zero fatalities in the Frankfurt and Sydney facilities. Dr. Klepack pointed out the people who overdosed at those facilities may have been transported to a hospital for further treatment; nevertheless, there were no fatalities at the two facilities.
- There was a question from Mr. Greenhouse about who pays the cost of treatment for people who are diagnosed with Hepatitis C or HIV. Dr. Klepack responded that it depends on the target population. A working professional with a drug problem would

probably have private health insurance, whereas a homeless person would probably be picked up by safety net programs like Medicaid.

- As for the cost of transferring uninsured or underinsured people to a hospital, Dr. Evelyn explained people who are overdosing are receiving emergency treatment until they arrive at the hospital emergency room. Society is currently bearing the cost.
- When Dr. Macmillan asked if there was evidence of drug sales occurring inside these facilities, Dr. Klepack replied there was some difficulty in Vancouver where sales were going on behind the facility. However, he did not read about any activity inside the facility.
- Dr. Macmillan found the American Public Health Association online article Dr. Klepack cited in the packet report entitled, "Defining and Implementing a Public Health Response to Drug Use and Misuse," to be worthwhile reading.
- Looking at SIFs from another perspective, Mr. McLaughlin asked if there are reports less favorable to the facilities. During his research, Dr. Klepack did not find any public health associations opposed to the idea; however, there is a question regarding people who are abstinent. There is some concern about a potential relapse if the SIF is in the community, but Dr. Klepack has not found any research to support that fear.
- Mr. McLaughlin wondered whether the SIF is the best way to respond to the drug issue when small communities like Ithaca have limited financial resources. Dr. Klepack noted it seems that New York State has an interest in knowing more about the effectiveness of SIFs in different sized communities and may be a source of funding. Within our community, area practitioners are apprehensive about money being taken away from other modalities in order to support a SIF. That is the push and the pull in this debate.
- In her opinion, Ms. Merkel felt this model is a research project that deserves consideration. If it proves to be worthwhile, then attitudes about how to treat and help drug addicts may change.
- Dr. Macmillan stressed the SIF needs to be a part of a larger structure of medical care and addiction care support structure. It is a good thing if the community can pay for this process and also rehabilitate people.

As the discussion ended, there was overall agreement that many questions remain about the populations who would be served in this setting and whether they would be motivated to utilize a SIF. Dr. Klepack suggested a variety of approaches are needed for the different types of people living in our community.

Adjournment: At 1:55 p.m. Dr. Macmillan moved to adjourn the meeting.