



CATTARAUGUS COUNTY BOARD OF HEALTH

1 Leo Moss Drive, Olean, NY 14760, Tel. (716)373-8050, Fax (716) 701-3737



Public Health
Prevent. Promote. Protect.
Cattaraugus County
Health Department
Established 1923

Joseph Bohan, MD, President

Giles Hamlin, MD, Vice-President

*Zahid Chohan, MD
Sondra Fox, RN
Richard Haberer
Julie Hamacher
Theresa Raftis
David L. Smith
James Snyder*

MINUTES

March 2, 2016

The 844th meeting of the Cattaraugus County Board of Health was held at The Point Restaurant, 800 East State Street, Olean, New York on March 2, 2016.

The following members were present:

Dr. Joseph Bohan
Dr. Zahid Chohan
Dr. Giles Hamlin
Sondra Fox, RN

Richard Haberer
Theresa Raftis
David Smith
James Snyder, County Legislator

Also present were:

Kevin D. Watkins, MD, MPH, Public Health Director
Mark Howden, County Attorney
Richard Helmich Jr., County Legislator
Susan Labuhn, County Legislator
Robert Neal, County Legislator
Howard VanRensselaer, County Legislator
Donna Vickman, County Legislator
Gilbert Witte, MD, Medical Director
Dave Porter, Hearing Officer
Rick Miller, Olean Times Herald
Susan Andrews, Director of Nursing
Kathy Ellis, Administrative Officer
Raymond Jordan, Sr. Public Health Sanitarian
Debra Lacher, Secretary to Public Health Director
Eric Wohlers, Director of Environmental Health
Darah Black-Day, Seneca Nation
Dawn Coburn, Seneca Strong
Jene Gardner, Counselor at Cares
Stacey Holcomb, Drug Court
Cindy Irish, Special Speaker
Megan Irish, Special Speaker

"Public Health for Healthy Communities"

Angie Kennedy, Seneca Strong
Sonya McCall, Director of Clinical at Cares
Robert Morgan, Public
Steve Raiport, Officer in charge at Gowanda
William Sprague, Former Legislator
Troy J. Westfall, Police Chief of Salamanca

The meeting was called to order by Dr. Bohan. The roll was called and a quorum declared.

Mr. Snyder made a motion to approve the minutes of the Board of Health (BOH) meeting held on February 10, 2016, it was seconded by Dr. Hamlin, and unanimously approved.

Dr. Bohan announced that Julie Hamacher, although not at the meeting, is the new BOH member that was recently appointed by the Cattaraugus County Legislature. She is fulfilling Jim Lapey's unexpired term as the Salamanca representative on the board, this term will end December 31, 2016. Ms. Hamacher is presently the executive secretary for the Mayor of Salamanca, Ronald Ball, and she has worked in the administrative area of several medical practices including being the office manager for Dr. Alwan, an ophthalmologist in Olean. In the past she has served as an office assistant at Northtown Orthopaedics in Ellicottville and a practice coordinator/financial manager for the Family Health Center in Salamanca. Ms. Hamacher was the election commissioner for the Cattaraugus County Board of Elections from 1986-1999. Dr. Bohan stated that we will give her a formal welcome when she arrives.

Dr. Watkins stated that at the last BOH meeting he attempted to show a press conference of a young lady who had an amazing story regarding her path to becoming addicted to heroin and her quest to recovery. In addition, there were (2) officers Troy Westfall, Chief of Police of Salamanca and Steve Raiport, officer in charge at Gowanda, at the press conference who spoke about using an unconventional way to help area residents addicted to opiates, find placement in an inpatient facility. Dr. Watkins asked Mr. Smith to introduce Megan Irish and her mother Cindy Irish to the Board.

Mr. Smith stated it was an extreme pleasure to welcome Megan and Cindy Irish to the BOH meeting. He stated he remembers meeting Megan as a fifth grader coming into his middle school. He added that Megan's story is inspiring and her mother Cindy also has an inspiring story to share as well. Both Megan and Cindy has helped the Gowanda school system change their views of how we see addicts. He went on to say that there is a stigma that addicts are losers, but that is the furthest from the truth, addicts are people who are sick and need help, and it will take an entire community to get them the help they need.

"Hi, I'm Megan I am 18 years old and I am a recovering heroin/opiate addict. This has been the craziest journey of my life so far. I started doing intravenous heroin after my best friend passed away on April 3, 2014. One of my so called friends introduced me to heroin for the first time. After it hit me I was in love with it, and as soon as the high went away I began to figure out how to get my next fix. From that day on, I was buying more than five bags a day after only using for about a week. One bag costs anywhere from \$10.00-\$20.00. Within a month of using, I was out of money and trying to figure out how to get more.

A group of us would drive to the city to purchase what we could. Heroin is very cheap and easy to get, same as needles. Eventually, I started dating a kid from a very wealthy family, and we were getting money from his parents. We were going to the city picking up 2 grams of heroin, bringing it back to town and selling it, all the while, I was still using it to avoid getting sick.

I thought there was no way I could be a heroin addict, not me, I could stop whenever I wanted. Truth was, I couldn't, by this time I was using about a gram of heroin a day for about 4-6 months. I overdosed on March 17, 2015. My mom found me face down on my bed, I was told that I was a bluish green color, and cold to the touch. My mother performed CPR and took me to Lakeshore Hospital as it was the closest hospital. They released me out of the hospital as soon as I agreed to attend outpatient therapy. About two months later, I relapsed. This time, I wasn't using as much as before but I was a lot worse off. I started stealing, selling my personal belongings, others personal belongings, and selling my body just to get high off of heroin. This went on for six months. By the time I agreed to go back to rehab, my mom and family thought for sure I would be dead before they could get me placed. I was admitted to an inpatient facility on November 17, 2015. I am now three months clean, and plan to not look back or go back down that horrible path again. Not to mention, that my addiction destroyed my relationship with my mom and by the end of my last relapse, I thought I would never get that relationship back with my mom. I'm proud to say that today that relationship is back and I couldn't thank her enough for going through hell and back with me, and never leaving my side. Thank you for listening to my journey with addiction."

Mrs. Cindy Irish informed the board that they were open to any questions. She stated that it is a horrible disease, it's hard to admit that your child is involved in drugs, it is hard to see your child going down that path. To see your child deteriorating before you, every single day, is unbearable. Addicts are sneaky and they are liars. Megan and her friends were stealing from me. She stole my debit card, checkbooks and even pop cans, and she sold her laptop. As a parent of an addict in recovery, you have to search their rooms all the time, you have to invade their privacy, and their life depends on it. You have to be their police, you have to change their whole way of living when they come back from recovery. That's the biggest problem I have found, their needs to be something in place for them when they come home from rehab. We now have a tracking device on her cell phone, so I know every single move that she makes now. Parents of addicts need training, both parents and the recovering addict life at home must change, recovering addicts can't have any of the same friends, and they can't go back to their same routines.

Dr. Bohan asked Megan how her friends were doing, if they were also in recovery. Megan stated that she does not have a relationship with any of those friends but as far as she knows, they are still using.

Officer Raiport stated that in October 2015, he was able to form a committee of six individuals including some clinicians, school staff, and community members to address community concerns of the heroin epidemic in Gowanda. He added that due to the large interest in addressing the heroin problem within the community, the group of six grew into 25 and now the group has grown to 60 individuals. He stated that he received a brochure from Chief Campanella of Gloucester, Massachusetts about a Police Assisted Addiction Recovery Initiative (PAARI) that was being used by the Massachusetts police department.

Officer Raiport stated that the Gowanda police department has formed their own PAARI program locally, and has partnered with the local school district. The program has begun to help users get into inpatient treatment facilities. Linda Fontaine, of Zoar Valley Clinic, has been the force pulling together the clinical aspects of this program. He went on to say that the problem they are finding is the lack of communication between the various treatment centers in the area. While there are some open beds in Western New York it is difficult to place an individual. He added that he has been able to find success in placing our residents in inpatient treatment centers in Florida and Pennsylvania. Dr. Chohan commented on the lack of coordination between facilities as the major stumbling block for services for local residents, and asked if a user was interested in the PAARI program, would the user begin by contacting the police department. Officer Raiport stated that users have to make the request for help to the police department, since this program is not court mandated. He remarked, if users do not want help, this program will not work for them. When users are ready for help, the PAARI program is there for them. He went on to say that seventeen people within the last two weeks have contacted the PAARI program to be placed in either outpatient or inpatient facilities. Dr. Witte questioned where the funding was coming from, if the patient does not have insurance. Officer Raiport stated that most facilities rely on private donors for funding, or they work with individuals to set them up with Medicaid. Dr. Witte suggested that an online clearing house might be helpful if it showed available beds when seeking out treatment. Officer Raiport stated that NYS Office of Alcoholism & Substance Abuse Services (OASAS) just came out with a dashboard that reveals available beds but unfortunately there are not many beds available. He added that another hole in the system seems to be once the patient is released from inpatient treatment, there is nothing available to help them with continuum of care. Officer Raiport reported that he met with Sheriff Whitcomb who stated that the Cattaraugus County Sheriff's department has begun to look into partnering with PAARI.

Chief Westfall stated after they had their first death in Salamanca due to an overdose they took part in the emergency Narcan training. He reported that he cannot begin to say how many lives they have saved with this Narcan training but it is only a band aid to the problem. We have some individuals who have been given Narcan several times. He remarked that if you have users in your community you typically have drug dealers in your community. Chief Westfall introduced his partners Angie Kennedy, and Dawn Coburn from Seneca Strong. He had given them the invitation to visit Gloucester, Massachusetts and see the PAARI program first hand. In 2015 Chief Westfall stated that they had five individuals in Salamanca who died due to opiate overdoses. The city of Salamanca joined PAARI officially on March 1st to address the drug epidemic in Salamanca. They are hoping to turn this addiction problem around. Chief Westfall stated that in the last week they have had (4) overdoses where the individual had to be revived with Narcan. He added that for two of those individuals, it is the third time that they have been revived with Narcan.

Dr. Watkins introduced Sonya McCall, a representative from the Council on Addiction Recovery Services, Inc. (CAREs). Sonya spoke regarding the prescription monitoring program called Internet System for Tracking Over-Prescribing (I-STOP) for providers, she remarked that this program provides practitioners with direct, secure access to view dispensed controlled substance prescription histories for their patients. She stated that addiction to prescription opiates appears to be the common source or gateway to users becoming addicted to heroin. Mrs. McCall, went on to say that insurance companies not reimbursing providers is another barrier in New York State for people trying to seek help with addiction. She added that if a person seeking help for addiction has insurance or managed care, they must show a level of motivation for treatment which is a unique challenge.

CAReS offers a continuum of care services and is currently challenged in their Gowanda office, because they do not receive enough referrals to warrant opening more than one day a week. She stated that CAReS has offices located in Salamanca, Gowanda, Machias, Randolph and Olean. On the state level, all residential, including supportive living, intensive residential, and community resident housing must update their available beds daily, on the OASAS website. CAReS offers community residents level of care, supportive living level of care, and two homeless housing options because one of the greatest challenges this population faces is having a "fixed night stay", or they are tenuously housed. Mrs. McCall informed the board that CAReS offer medicated assistance therapy in the form of vivitrol, suboxone, and campral.

Mrs. McCall added she recognizes that we need to partner with others as we cannot fix this problem alone. The greatest challenge this field faces is there is no evidence based best practices for opiate addiction and what seems to be working. If we simply send people to inpatient and then there is no connection to the next level of care, relapse is almost 100%. The challenge is that someone who has quit using heroin who is now one month clean is at higher risk for overdose than if they have never used. Their body is not ready to accept that amount of heroin which they had previously used. Brief therapy doesn't work, individuals need to stay with therapy 6-12-18 months because they didn't get addicted overnight. Dr. Bohan asked about the availability in their offices and the number of referrals they are receiving. Sonya stated that Olean is their busiest office, but they can certainly accommodate clients in all of their offices. Dr. Bohan asked if most patients were covered by Medicaid insurance. Sonya stated 1/3 of their patients are on Medicaid. If the patient has Medicaid managed care or private insurance then they must get pre-authorization for inpatient care.

Jene Gardner interjected that the best practice would be if inpatient facilities would notify them of the impending discharge date then an orientation and assessment date could be set up for that individual prior to them returning to the area.

Mr. Neal thanked Megan for sharing her story and asked if she was addicted to pain pills prior to her heroin usage. Megan stated that she was addicted to fentanyl patches prior to her heroin usage. Mr. Neal also reminded everyone that we must not stereotype, as this disease has no boundaries and we cannot profile who we might think would be affected. Mrs. Irish agreed that this disease affects the rich, the poor, all races, and all ages.

Dr. Chohan reiterated that the entities that are represented in this meeting today need to work together in order for recovery to be a success.

Ms. Ellis asked Megan if she had been a part of the PAARI program. Megan answered no, that when she was getting into rehab the PAARI program was just being developed in this area. Megan stated that her inpatient care was done in New York State (NYS) as she was a minor at the time. Mrs. Irish interjected that it was difficult to find care for Megan and she had to be persistent, but finally partnered with Kids escaping drugs in Buffalo because Megan was an intravenous drug user.

Mr. Snyder asked Chief Westfall what is the protocol when you receive a call that somebody has overdosed. Chief Westfall stated that hopefully a first responder, or family member is nearby with Narcan. Mr. Snyder then asked what happens after a person has been treated with Narcan, are they transported to the emergency room.

Chief Westfall said hopefully from there they are transferred to the hospital, but that does not always happen. A person must be a danger to themselves or others. Once the individual comes out of their high some want help, but others will fight because they want to go right back chasing heroin. We cannot force them to seek out help. Mr. Snyder asked what happens if the patient goes to the emergency room. Dr. Watkins interjected that the emergency room will make sure the patient is stable, but there is no detox unit to place the patient, it is then up to the individual to seek help. Referrals to treatment centers from the emergency room is not conducted for fear of violating a patient's HIPPA rights. Mrs. McCall stated that if the ER doctor sees that the individual has drug or alcohol issues, they will call in an ER counselor from the behavioral health unit. The challenge is there is no place for detox in our area as Olean General Hospital does not admit for this service.

Ms. Coburn spoke regarding research she had been doing since June regarding what works and what doesn't for individuals that have been dealing with heroin addiction. We have found that you need to have support along the continuum for at least 3-5 years. Some of the big gaps we have identified include: outreach team, peer support (individuals who have gone through their own recovery are in a unique position to help others), lots of other supports within the community as once a week support is not enough, prevention in the schools (recovery rate from heroin is only 4-6%) and an immediate access for those who want help. She mentioned that Ms. Black-Day has an idea of a step up-step down program as an initial transition when individuals come home from inpatient treatment. She shared that this idea was approved by the Seneca council and they are just waiting for the space (a house) to become vacant.

DIRECTORS REPORT: Dr. Watkins reported that the health department continues to monitor the influenza activity in New York State. During the week ending February 28, 2016 influenza was categorized as widespread. Any healthcare and residential facility that is under Article 28, 36, or 40 will have to ensure that all personnel who have not been vaccinated against influenza, for the current influenza season, will need to wear a surgical mask when they are in the areas where patients or residents may be present. He stated that currently, Influenza A (H1N1) appears to be the most common type of influenza that is being isolated at this time. Dr. Watkins stated that since our last meeting there were (17) laboratory confirmed influenza positive tests in residents of Cattaraugus County. There have been no pediatric associated deaths in NYS this influenza season. He went on to say that Influenza season most often peaks in February and March and can continue into May. He added that vaccination continues to remain the first and most important step towards prevention. Dr. Watkins informed the board that the 2015-2016 influenza vaccine has a 59 percent effectiveness, this means, if a person gets vaccinated against influenza this season, the person has reduced their risk of having to go to the doctor, because of influenza, by nearly 60 percent. He added that this is a pretty good vaccine this year, since it is a good match to the strains of the virus now circulating. This is the second best or highest effective influenza vaccine that has been recorded. The highest being 60% in the year 2010-2011. The lowest was during the flu season 2004-2005 when the vaccine had only a 10 percent effectiveness, and last year's vaccine had only a 23 percent effectiveness. Dr. Witte interjected that winter and the influenza season both came late this year and it is not too late to still get a vaccine.

Dr. Watkins informed the board that the recent reports of lead exposure in Flint, Michigan has brought a spot light on lead exposure to children in NYS and concerns about the possibility of this incident occurring in local municipalities. He stated that in the Flint, Michigan incident, authorities decided to save money by switching Flint's water supply from Lake Huron to the Flint River.

The Flint River is highly corrosive, and the state Department of Environmental Quality didn't treat the Flint River water with an anti-corrosive agent, which is in violation of federal law. The water was eroding the iron water mains, turning water brown and leaching iron into the water. About half of the service lines to homes in Flint are made of lead and because the water wasn't properly treated, lead began leaching into the water supply as well. This lasted for over 18 months.

He explained that exposure to even low levels of lead can be damaging especially to children over time. The greatest risk is to brain development where irreversible damage may occur. Higher levels can damage the kidneys, and the nervous system in both children and adults. Very high levels may cause seizures, unconsciousness, and possibly death.

Dr. Watkins explained that any and all pipes that carry drinking water from the source to the home can contribute lead to drinking water if the pipes were constructed or repaired using lead material. The recommended lead level in water is actually zero, however the actionable level is 15 parts per billion, which is the Environmental Protection Agency (EPA) standard.

He stated that last week the department learned that city taps were turned off in the Ithaca City School Districts because of lead contamination concerns. As of to date, the school districts around Tompkins County have shut off their water taps because of lead contamination concerns. The highest lead concentration, 5,000 parts per billion, was found in the bathroom sink of the music room in one of the elementary schools. He stated that it was reported that water testing for lead had not occurred for the schools for nearly 11 years.

Dr. Watkins addressed the question if this can happen to residents of Cattaraugus County. He stated that natural levels of lead in NYS water supplies are low, however lead found in drinking water usually results from the use of lead pipes in the plumbing systems or lead based solder on the water pipes. Water in the plumbing system can dissolve lead from pipes and solder if the water is soft, corrosive or acidic (low pH). Water left standing in the pipes over a long period of time also increases leaching. The longer the water stands in the pipes, the greater the possibility of lead being dissolved into the water. Any pipes that carry drinking water from the source to homes can contribute lead to the drinking water, if the pipes were constructed or repaired using lead materials. He summarized by stating, public utilities or those who are in charge of the water systems in the municipalities must carefully balance the water chemistry and treatment methods, and regulators like the local health departments must enforce the regulation to prevent contamination of local water supplies.

A recent report was shared with the board showing the percentage of children with elevated blood lead levels in various counties within NYS. Dr. Watkins stated that lead base paint and dust are the most common source of lead poisoning for children here in Western New York (WNY). Other sources include contaminated soil, air and water. Adults who work with batteries, home renovation, and auto repair shops are also exposed to lead. He stated that the use of lead based paint for homes and children's toys, and household furniture, has been banned since 1978. Any home built before 1980 could contain lead and much of upstate and WNY contains such aged infrastructure. He added that forty-three percent of state housing predates 1950, and most of that is concentrated in upstate localities.

Dr. Watkins informed the board that in 2012 Centers for Disease Control and Prevention (CDC) lowered its recommended threshold limit for lead in the blood for young children, the new standard, applicable to children under 6, lowers the threshold from 10 micrograms of lead per deciliter of blood, to 5 micrograms per deciliter. He stated this was done because CDC believed the tolerance of children was originally overestimated. He went on to say that NYS has been slow to move on these current recommendations and still use 10 micrograms of lead per deciliter of blood as the threshold limit for children under six years old.

Dr. Watkins reviewed the report with those in attendance and showed how CDC has identified WNY as an area of concern for children with elevated blood lead levels. The report revealed that 13% of the children in WNY tested positive for elevated blood lead levels. He stated that this rate is three times what was seen in Flint, Michigan. The report shows that Erie County leads the area with 14%, Chautauqua County at 12.3%, Cattaraugus County at 9.2%, and Niagara County at 9%.

Dr. Bohan asked who goes to the home if an elevated blood lead level is discovered. Dr. Watkins stated that in Cattaraugus County, blood lead levels greater than 9 micrograms per deciliter are followed up by health department nursing staff for parental education, and monitoring of the child's blood lead levels. Blood lead levels that are greater than 15 micrograms per deciliter are followed by both nursing and environmental health staff. Staff will survey the homes of these children, the babysitter's home, and daycare centers to determine the source of the lead exposure, abatement measures are ordered for any location where lead is found. He added that we are working with our pediatricians to assure children are tested at age one and two years of age for lead poisoning. In our WIC clinics if we find children that have not been tested, they are tested in the WIC clinics.

Dr. Witte asked how frequent is Olean city water tested for lead. Mr. Wohlers stated that the federal government came out with lead and copper rules many years ago. Most public water systems are required to sample at a minimum of every three years and Olean has been compliant. If any of these tests results exceed the state and federal standard, they automatically have to test more frequently, and they have to complete an environmental assessment. A study must be completed regarding water chemistry to determine the pH, alkalinity levels, and determine if there is corrosive water present, which would indicate a widespread problem.

Dr. Watkins reported that last week the department was notified that a calf at a local farm in Freedom, NY had tested positive for rabies. After our investigation it appeared that there were 12 individuals who had been exposed to this rabid calf. The department is required to treat all exposed individuals and the rabies vaccine is quite expensive. The multi exposure will cost over \$ 32,000 and our budget is \$60,000 for the year. Initially, they will all be given the immunoglobulin, and then each individual will have to undergo four additional vaccinations to complete the sequence.

Dr. Bohan asked how the individuals became exposed to the calf. Dr. Watkins stated that it was most likely through the saliva of the calf. Once the calf started exhibiting neurological problems the family called in a veterinarian to assess the calf's health.

NURSING DIVISION REPORT: Mrs. Andrews stated that she had no additional information to share at this time.

ENVIRONMENTAL DIVISION REPORT: Mr. Wohlers reported that the annual spring rabies clinic has been scheduled for Saturday May 7th, from 9:00 am-12:00 pm at the Little Valley DPW facility.

He stated that the Environmental Protection Agency (EPA) is coming out with a revision to the Total Chloroform Rule (TCR). The revision to the 1989 TCR is intended to improve public health protection. All public water systems (PWSs) must comply with the revised TCR starting April 1, 2016 and all PWSs must have all their monitoring plans for testing this bacteria by this date as well. Health department staff have attended trainings for this new chloroform rule. Training will be scheduled for all our certified operators, explaining to them what the difference is between their old monitoring process and the new rule. This new rule will require the department to do more assessments to determine how the bacteria entered the water sample.

Mr. Wohlers stated that currently there are 183 public water systems in this county, and there are a few non-public water systems that will also need to be monitored. All of these results are entered into a data base that is viewable by federal and state governments.

Mr. Snyder asked if the rabies clinic were free. Mr. Wohlers stated that the clinics are free but donations are accepted to help offset the cost. Mr. Jordan added that there have been (3) rabid animals so far this year, including a fisher cat in North Otto, a rabid raccoon in Great Valley, and this calf in Freedom. In the middle of December there was a rabid cow that was just a mile away from where this rabid calf was found. Mr. Wohlers added that with such a mild winter, and the early arrival of spring, animals will be more susceptible. Dr. Chohan asked if insurance would cover the expenses for the rabies vaccine. Dr. Watkins stated that we are allowed to bill insurance for treatment but if they do not have insurance the county is responsible for providing this care. Ms. Ellis stated that the reimbursement by insurance is very minimal, usually covering 1/3 or less of the expense.

ENFORCEMENT REPORT: Mr. Porter reported there were no new enforcement cases.

Dr. Watkins thanked Mr. Smith for inviting the Irish family to share their story with the Board of Health, and thanked everyone for their input.

There being no further business to discuss, a motion to adjourn was made by Dr. Chohan, and seconded by Ms. Raftis and unanimously approved.

Respectfully submitted,

A handwritten signature in blue ink that reads "Kevin D. Watkins, M.D." The signature is written in a cursive, flowing style.

Kevin D. Watkins, M.D., M.P.H.
Secretary to the Board of Health

Professional Advisory Committee
January 20, 2016

Present:

Dr Gilbert Witte, Medical Director, BOH
Dr Giles Hamlin, BOH
Dr Kevin Watkins, Public Health Director, BOH
Elizabeth Bless, MSW
Carolyn Ruffner, PT
Tim Mager, OT
Moiria Kettry, OGH, MSW
Barb Parish, CHN
Susan Andrews, DPS, RN, FNP
Absent: Carly Woodhead, SLP
Sondra Fox, RN
Michelle Phelps, RD

The Professional Advisory Committee (PAC) meeting was held in the Cattaraugus County 2nd floor conference room on Wednesday January 20, 2016 at 12:30PM. Attendance was taken as recorded above.

I. Review of Tier 1 Potentially Avoidable Events:

Emergent Care for Injury Caused by Fall:

We are better than last time, closer to the National Reference

9 Cases – 100% were reviewed

8:9 cases had no care concerns identified

1 case: involved a repeated hip dislocation, documentation not sufficient to determine, if injury was in fact due to a fall or just a pathological dislocation

Emergent Care for Wound infection and/or deteriorating wound status

Only 1 occurrence: patient was sent home with a Negative Pressure Wound Therapy dressing in place but no wound vacuum in place, which is the second part of this type of therapy. Patient went home on 10/8/15, we were asked to visit on 10/9/15 and at time of visit discovered the problem. Dressings are not to be left in place without suction for longer than 2 hours. Typically this type of dressing is changed only 3 times per week. This dressing was left in place without suction for over 12 hours. Wound care was performed and wound did not present with problems at the Start of Care.

10/12/15 follow-up visit made, again wound did not appear to have any problems

10/14/15 significant deterioration noted to wound, slough, odor Physician notified and was sent back to hospital and diagnosed with osteomyelitis and had intravenous antibiotics, returned home, proceeded with prescheduled grafting procedure in November and ultimately we discharged this patient to self-care.

Physician and Skilled Nursing Facility were informed of situation found at the beginning with review to hopefully prevent this type of situation in the future.

II. Review of Tier 2 Potentially Avoidable Events:

Development of a Urinary Tract Infection-because of survey we are reviewing these records
4 occurrences

3 are documentation mistakes in OASIS – Outcome form items answered incorrectly

1 had concern, patient had a history of Urinary Tract Infections, poor education/discussion noted to not have occurred until after the infection developed.

III. Patient Satisfaction: 4th quarter- 77 patients

Home Health Compare Patient Survey Data:

Nursing Staff has been provided with the questions that are asked by the outside survey agency to improve consistency in language/phrases used when patients are asked questions.

Complaints: 1 patient complaint- Dispatch Center failed to contact us x2 for a situation, On-call system contacted to discuss, new staff, and new software. Follow-up completed with all parties involved.

Agency Occurrences 4th Quarter 2015:

- Actual/Potential Patient Harm: None
- Plan of Care not followed: lab work - was actually obtained but not picked up by laboratory courier over holiday
- Medication Errors
- Missed Visits
- Physical therapy did not start timely on 2 patients, involved different nurses but same therapist- involved communication failure
- 1 routine Skilled Nursing visit missed- not placed on a schedule
- 1 patient could not be located, nurse did not place on a schedule told the supervisor who got busy and also didn't schedule, visit was made end of week
- 1 Licensed Practical Nurse no-show patient did not notify agency at the time of occurrence
- Staff Incident/Injury - 1 staff stopped at a stop sign and someone ran into her.

Chart Audit summary- current open charts 10 random audits from December 2015- pain assessment improved.

No new Policies or Procedures to review

Marketing and Outreach: new patient information folders discussed- Professional Advisory Committee reviewed samples of new packet graphics and colors

Patient's issues still occurring where they are reporting they are not being given a choice of agency at the time of discharge- discussion from PAC regarding involvement of county attorney and possible solutions

Professional Advisory Committee Recommendations: No further recommendations noted other than discussed above.

Family Planning Education Materials

Tara Leonard, Jeremy Knab and Kevin Watt developed some outreach materials with a more technological format for today's youth regarding chlamydia/gonorrhea. The committee watched a power point presentation and held a discussion of the materials. The materials will be shown to 12 high schools for a further survey.



CATTARAUGUS COUNTY HEALTH DEPARTMENT

1 Leo Moss Drive, Olean, NY 14760, Tel. (716) 701-3386, Fax (716) 701-3737



Public Health
Prevent. Promote. Protect.
Cattaraugus County
Health Department

Established 1923

Kevin D. Watkins, M.D., MPH, Public Health Director

Eric W. Wohlers, PE

Environmental Health Director

COUNTY OF CATTARAUGUS STATE OF NEW YORK

ENFORCEMENT LIST

Hearing Officer: David Porter

March 8, 2016

DOCKET 16-003

Thomas Karnuth, 788 Gleason Hollow Rd., Portville, NY 14770

Violation: Sanitary code of the CCHD Section 17.1.1 Respondent received title to a residence located on Gleason Hollow Rd., in the Town of Portville without an inspection on the onsite water supply and waste water system by the Health Department.

Administrative Hearing: 3-8-16

Public Health Sanitarian: Richard Dayton appeared for CCHD and was sworn in.

Respondent: Thomas Karnuth did not appear but was properly served.

Testimony of Mr. Dayton:

- a.) Enf.-1 was read and affirmed to be true and correct by Mr. Dayton identified as Peoples Exhibit #1 civil compromise of \$50.00 offered and a 3- 2-16 date for compliance.
- b.) Proof of delivery by Cattaraugus County Sheriff's Department on 2-10-16 I.D.as P.E. #2.
- c.) Sanitary code of the CCHD part 17 real property transfers I.D. as P.E. #3 and #4.
- d.) RP5217 Real property transfer form showing the respondent purchased the property for \$35,000.00 on 4-22-15, Dan Palumbo was the respondent's attorney I.D. as P. E. #5.
- e.) Letter dated 6-8-15 to respondent giving the information on real property inspection with a completion date of 6-22-15 I.D. as P.E. #6.
- f.) Letter dated 7-29-15 to respondent giving a second notice on real property transfer inspections with a completion date of 8-12-15 I.D. as P.E. #7.
- g.) An Enf.-1 summoning the respondent to an administrative hearing on 2-9-16. The respondent did not pick up the certified mail or respond to the 1st class mail so the CCHD had the Sheriff's dept. serve the respondent.I.D. as P.E. #8.

Hearing Officer Findings: Respondent is in violation of the sanitary code of the CCHD section 17.1.1, the inspection after property transfer.

Recommendation: The respondent pay the \$250.00 inspection fee to the CCHD and have the property at 788 Gleason Hollow Rd., Portville, NY inspected (on site water supply and waste water treatment systems) by the Health Department before 4-30-16. The respondent be fined \$100.00 for failure to be in compliance of section 17.1.1 of the CCHD. The fine must be paid by 4-30-16. Failure to pay the inspection fee, pay the fine and have the Health Department perform the inspection by 4-30-16 will result in an additional \$10.00 per day per diem until the respondent is in compliance.

CBLS County-level Summary Data for NY, 2014

County FIPS	County Name	# of Children Tested	Total # Children Tested 5-9 µg/dL	Total Confirmed BLL ≥10 µg/dL		# of Addresses- Multiple Children w/ Confirmed EBLLs *	Census 2000 Data		
				Total #	Total %		Total Housing Units	Pre-1950 Housing Units	% of Children < 6 Under Poverty
998	Unknown County	107	1	1	0.9%	1			
001	Albany County	879	67	17	1.9%	6	129,972	53,903	16.0%
003	Allegany County	121	4	7	5.8%	0	24,505	10,725	23.0%
005	Bronx County	62,823	1,072	182	0.3%	23	490,659	214,703	41.0%
007	Broome County	458	26	8	1.7%	3	88,817	40,117	20.0%
009	Cattaraugus Cou	184	14	3	1.6%	1	39,839	18,681	24.0%
011	Cayuga County	184	23	6	3.3%	0	35,477	17,959	18.0%
013	Chautauqua Coun	365	34	11	3.0%	4	64,900	36,268	25.0%
015	Chemung County	200	18	1	0.5%	0	37,745	18,499	22.0%
017	Chenango County	135	16	0	0.0%	1	23,890	10,064	20.0%
019	Clinton County	179	7	0	0.0%	0	33,091	10,666	17.0%
021	Columbia County	143	11	4	2.8%	3	30,207	12,741	16.0%
023	Cortland County	128	5	1	0.8%	2	20,116	9,643	19.0%
025	Delaware County	111	11	0	0.0%	0	28,952	11,331	23.0%
027	Dutchess County	988	27	4	0.4%	7	106,103	29,187	9.0%
029	Erie County	3,368	329	140	4.2%	73	415,868	185,502	21.0%
031	Essex County	62	4	0	0.0%	1	23,115	10,499	16.0%
033	Franklin County	151	14	3	2.0%	1	23,936	10,816	21.0%
035	Fulton County	243	48	12	4.9%	5	27,787	14,357	19.0%
037	Genesee County	183	14	3	1.6%	1	24,190	11,908	11.0%
039	Greene County	123	5	1	0.8%	1	26,544	9,641	17.0%
041	Hamilton County	11		0	0.0%	0	7,965	2,653	16.0%
043	Herkimer County	193	14	4	2.1%	3	32,026	15,998	18.0%
045	Jefferson County	402	18	5	1.2%	1	54,070	22,891	19.0%
047	Kings County	108,136	2,648	372	0.3%	86	930,866	544,649	35.0%
049	Lewis County	73	5	0	0.0%	2	15,134	6,543	21.0%
051	Livingston Coun	128	11	2	1.6%	0	24,023	10,102	15.0%
053	Madison County	117	9	1	0.9%	0	28,646	12,011	15.0%

County FIPS	County Name	# of Children Tested	Total # Children Tested 5-9 µg/dL	Total Confirmed BLL ≥10 µg/dL		# of Addressees- Multiple Children w/ Confirmed EBLLs *	Census 2000 Data		
				Total #	Total %		Total Housing Units	Pre-1950 Housing Units	% of Children < 6 Under Poverty
055	Monroe County	2,527	178	39	1.5%	18	304,388	107,475	17.0%
057	Montgomery Coun	215	30	11	5.1%	5	22,522	13,905	22.0%
059	Nassau County	5,211	67	9	0.2%	2	458,151	173,693	5.0%
061	New York County	41,478	590	72	0.2%	14	798,144	438,824	27.0%
063	Niagara County	597	44	10	1.7%	9	95,715	39,923	19.0%
065	Oneida County	972	146	65	6.7%	25	102,803	48,082	23.0%
067	Onondaga County	2,057	141	46	2.2%	21	196,633	70,520	19.0%
069	Ontario County	298	12	3	1.0%	2	42,647	16,477	11.0%
071	Orange County	1,357	64	13	1.0%	12	122,754	37,297	18.0%
073	Orleans County	88	11	4	4.5%	1	17,347	8,973	17.0%
075	Oswego County	330	15	4	1.2%	2	52,831	19,626	22.0%
077	Otsego County	149	12	3	2.0%	0	28,481	14,372	21.0%
079	Putnam County	253	5	1	0.4%	0	35,030	8,861	4.0%
081	Queens County	89,193	1,495	261	0.3%	46	817,250	401,821	18.0%
083	Rensselaer Coun	424	32	8	1.9%	5	66,120	31,241	15.0%
085	Richmond County	14,002	224	31	0.2%	5	163,993	42,101	13.0%
087	Rockland County	1,760	36	4	0.2%	5	94,973	17,282	17.0%
089	St. Lawrence Co	202	10	3	1.5%	0	49,721	21,339	24.0%
091	Saratoga County	668	26	2	0.3%	0	86,701	20,636	6.0%
093	Schenectady Cou	577	41	12	2.1%	1	65,032	34,487	19.0%
095	Schoharie Count	76	7	0	0.0%	1	15,915	6,420	15.0%
097	Schuyler County	31	1	1	3.2%	0	9,181	3,942	20.0%
099	Seneca County	58	5	1	1.7%	0	14,794	6,890	18.0%
101	Steuben County	252	11	4	1.6%	1	46,132	20,723	22.0%
103	Suffolk County	4,280	47	9	0.2%	8	522,323	87,634	6.0%
105	Sullivan County	183	9	0	0.0%	0	44,730	14,053	24.0%
107	Tioga County	105	8	1	1.0%	2	21,410	7,616	13.0%
109	Tompkins County	117	3	3	2.6%	0	38,625	13,500	16.0%
111	Ulster County	440	32	7	1.6%	0	77,656	28,240	16.0%
113	Warren County	212	14	2	0.9%	1	34,852	11,061	16.0%

County FIPS	County Name	# of Children Tested	Total # Children Tested 5-9 µg/dL	Total Confirmed BLL ≥10 µg/dL		# of Addresses- Multiple Children w/ Confirmed EBLLs *	Census 2000 Data		
				Total #	Total %		Total Housing Units	Pre-1950 Housing Units	% of Children < 6 Under Poverty
115	Washington Coun	159	17	7	4.4%	0	26,794	12,698	13.0%
117	Wayne County	277	14	7	2.5%	3	38,767	16,209	14.0%
119	Westchester Cou	4,203	131	27	0.6%	12	349,445	147,384	11.0%
121	Wyoming County	147	11	4	2.7%	1	16,940	9,003	12.0%
123	Yates County	68	9	1	1.5%	1	12,064	5,405	25.0%
dress sta	# of Addresses where program state is not in selected state: 1								
dress sta	# of Addresses where program state is not in selected state: 1								
dress sta	# of Addresses where program state is not in selected state: 1								
dress sta	# of Addresses where program state is not in selected state: 14								
dress sta	# of Addresses where program state is not in selected state: 2								
dress sta	# of Addresses where program state is not in selected state: 57								

* Based on most recent five years of data, 2010-2014

n - indicates data suppressed because less than 5 children were tested in area

Allegany County

Date:	Agency	LOC:	Trans. Amb.	Hospital:	Gender:	Age:	Response:	Breathing:	Pulse:	Suspected Agent:	# of Doses:	Time until Result:	Response:	Method of 2nd Dose:	Post Symptoms:	Responder Actions:	Disposition:	Did patient Live:
11/4/2015	A.E. Crandall	CC	Lifenet	Strong	F	37	Unresponsive	Fast	Fast	Unknown	1	Didn't work	None	Not Given	None	Yell, Shook, SR,	Transported by Lifenet	Yes
7/22/2015	Cuba	BLS	Cuba	OGH	M	30	Unresponsive	Slow	Fast	Unknown Pills	1	Didn't work	None	Not Given	None	Yell, Shook, SR, BVM, OXY	Transported EMS	Unknown
7/6/2015	Belfast	CC	Belfast	OGH	F	27	—	Breathing on own	Fast	Unknown Pills	2	—	Sedated	IN	Sedated	—	Transported EMS	Unknown

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Cattaraugus County

Date:	Agency	LOC:	Trans. Amb.	Hospital:	Gender:	Age:	Response:	Breathing:	Pulse:	Suspected Agent:	# of Doses:	Time until Result:	Response:	Method of 2nd Dose:	Post Symptoms:	Responder Actions:	Disposition:	Did patient Live:
12/23/2015	Trans AM	ALS	Trans AM	Unknown	Unknown	Unknown	Altered LOC	Unknown	Unknown	Unknown	1	Unknown	Improved	Not Given	Improved	Unknown	Transported EMS	Unknown
12/21/2015	Olean FD	ALS	Olean FD	OGH	F	89	Improved	6	100	Oxycotin	1	5 min.	Increased	Not Given	Normal	Observed	Transported EMS	Yes
12/12/2015	Olean FD	ALS	Olean FD	OGH	F	34	Improved	8	124	Unknown	1	5 min.	Increased	Not Given	Normal	Observed	Transported EMS	Yes
12/7/2015	Trans AM	ALS	Trans AM	Unknown	Unknown	Unknown	Unconscious	Unknown	Unknown	Unknown	1	Unknown	Improved	Not Given	Improved	Unknown	Transported EMS	Unknown
12/6/2015	Olean FD	ALS	Olean FD	OGH	F	45	Improved	Not Breathing	None	Unknown	1	Didn't work	None	Not Given	Didn't work	ACLS	Transported EMS	No
12/6/2016	Olean FD	ALS	Olean FD	OGH	F	19	Improved	<14	124	Heroin	1	5 min.	Increased	Not Given	Normal	Observed	Transported EMS	Yes
12/4/2015	Trans AM	ALS	Trans AM	Unknown	Unknown	Unknown	Unconscious	Unknown	Unknown	Unknown	1	Unknown	Unchanged	Not Given	Unchanged	Unknown	Transported EMS	Unknown
11/27/2015	Gowanda PD		Gowanda EMS	Lake Shore	F	21	Unresponsive	Slow	Didn't check	Heroin	1	3-5 min.	Alert	Not Given	Dope Sick	Yell	Transported EMS	Yes
11/25/2015	Salamanca PD	ALS	Salamanca Amb.	OGH	M	29	Unresponsive	Shallow	Regular	Unknown	1	Didn't work	None	IV	Improved	BVM, Oxy, EKG	Transported EMS	Yes
11/24/2015	Olean FD	ALS	Olean FD	OGH	F	46	Improved	<14	124	Heroin	1	5 MIN.	Increased	Not Given	Normal	Observed	Transported EMS	Yes
11/23/2015	Salamanca PD		Salamanca Amb.	OGH	M	25	Unresponsive	Slow	Didn't check	Heroin	2	Didn't work	None	IN	Alert	Yell, Shook, SR, BVM	Transported EMS	Yes
11/14/2015	Olean FD	ALS	Olean FD	OGH	f	46	Improved	8	84	Heroin	2	5 min.	Increased	IN	Normal	Observed	Transported EMS	Yes
11/4/2015	Trans AM	ALS	Trans AM	Unknown	Unknown	Unknown	Unconscious	Unknown	Unknown	Unknown	2	Unknown	Unchanged	IN	Unchanged	Unknown	Transported EMS	Unknown
11/1/2015	Trans AM	ALS	Trans AM	Unknown	Unknown	Unknown	Unconscious	Unknown	Unknown	Unknown	1	Didn't work	Unchanged	Not Given	Unchanged	Unknown	Transported EMS	Unknown
10/23/2015	Olean FD	ALS	Olean FD	OGH	M	34	Improved	4	100	Heroin	2	5 min.	Increased	IN	Normal	Observed	Transported EMS	Yes
10/17/2015	Salamanca PD		Salamanca Amb.	OGH	F	17	Unresponsive	Slow	Didn't check	Heroin/Cocaine	2	<1 min.	Responsive / Sedated	IN	Dope Sick	Yell, Shook, SR, RP	Transported EMS	Unknown
9/26/2015	Salamanca PD		Salamanca Amb.	OGH	M	23	Unresponsive	Not Breathing	Didn't check	Heroin	1	Didn't work	None	Not Given	Didn't work	Yell, Shook, RP, CC	Transported EMS	Unknown
9/21/2015	Catt. Co. Sheriff		Salamanca Amb.	OGH	F	19	Unresponsive	Not Breathing	None	Heroin	2	1-3min.	None	Respiratory Distress	Vomiting, regained pulse	Yell, Shook	Transported EMS	Yes
9/9/2015	Salamanca PD		Salamanca Amb.	OGH	M	22	Unresponsive	Not Breathing	Didn't check	Heroin / Other	1	<1min.	Responsive / Sedated	Not Given	Dope Sick	Yell, Shook, SR, MIM	Transported EMS	Yes
8/19/2015	Salamanca PD		Salamanca Amb.	OGH	M	39	Unresponsive	Not Breathing	None	Heroin	2	Didn't work	None	IN	Didn't work	SRCC, Delib	Transported EMS	No

7/23/2015	Trans AM	ALS	Trans AM	Unknown	Unknown	Unknown	Unconscious	Unknown	Unknown	Unknown	1	Unchanged	None	None	Unchanged	Unknown	Transported EMS	Unknown
7/22/2015	Trans AM	ALS	Trans AM	Unknown	Unknown	Unknown	Unconscious	Unknown	Unknown	Unknown	2	Unknown	Unchanged	IV	Unchanged	Unknown	Transported EMS	Unknown
7/17/2015	Trans AM	ALS	Trans AM	Unknown	Unknown	Unknown	Unconscious	Unknown	Unknown	Unknown	1	Unknown	Unchanged	Not Given	Unknown	Unknown	Transported EMS	Unknown
7/15/2015	Trans AM	ALS	Trans AM	Unknown	Unknown	Unknown	Altered LOC	Unknown	Unknown	Unknown	1	Unknown	Improved	Not Given	Unknown	Unknown	Transported EMS	Unknown
7/12/2015	Olean FD	ALS	Olean FD	OGH	F	21	Improved	<8	88	Norco	1	5 min.	Increased	Not Given	Normal	Observed	Transported EMS	Yes
7/12/2015	Salamanca PD		Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Heroin	1	Unknown	Unknown	Not Given	Unknown	Yell, Shook, SR	Transported EMS	Unknown
7/12/2015	Salamanca PD		Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Heroin	1	Unknown	Unknown	Not Given	Unknown	Yell, Shook, SR	Transported EMS	Unknown
7/11/2015	EV/GV Amb.	ALS	EV/GV Amb	OGH	M	36	Unresponsive	Slow	None	Unknown	1	Didn't work	None	IV	Didn't work	Yell, SR, Defib, CC OXY	Transported EMS	Yes
7/4/2015	Trans AM	ALS	Trans AM	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	2	Unknown	Unknown	Unknown	Unknown	Unknown	Transported EMS	Unknown
7/3/2015	Olean FD	ALS	Olean FD	OGH	F	88	Improved	<12	110	Fentanyl	1	5 min.	Increased	Not Given	Normal	Observed	Transported EMS	Yes
6/30/2015	Machias VFD	BLS	Machias VFD	OGH	F	52	Unresponsive	Not Breathing	Slow	Morphine	1	Didn't work	None	IV	Didn't work	Yell, Shook, SR, BVM, Defib, CC, OXY	Transported EMS	No
6/14/2015	Olean FD	ALS	Olean FD	OGH	M	41	Improved	<12	126	Unknown	2	5 min.	Increased	IV	Normal	Observed	Transported EMS	Yes
5/12/2015	Olean FD	ALS	Olean FD	OGH	F	23	Improved	<12	72	Unknown	1	5 min.	Increased	Not Given	Normal	Observed	Transported EMS	Yes
4/30/2015	Olean FD	ALS	Westons Mills	OGH	M	15	Unresponsive	16	134	Unknown	1	Didn't work	None	Not Given	Didn't work	Observed	Transported EMS	Yes
4/16/2015	Catt. Co. Sheriff		Salamanca Amb.	OGH	F	18	Unresponsive	Slow	Slow	Heroin	1	1-3min.	Alert	Not Given	Dope Sick	Shook, SR	Transported EMS	Yes
4/16/2015	Catt. Co. Sheriff		Salamanca Amb.	OGH	M	20	Unresponsive	Slow	Slow	heroin	1	1-3min.	Alert	Not Given	Dope Sick	Shook, SR	Transported EMS	Yes
4/3/2015	Randolph EMS	P	Randolph EMS	WCA	F	31	Other	Fast	Normal	Heroin/ Meth	1	1-3min.	Alert	Not Given	None	Oxy/IV Zofran, Saline	Transported EMS	Yes
3/26/2015	Catt. Co. Sheriff		E. Otto FD	ECMC	M	28	Unresponsive	Slow	Slow	Heroin/ Oxy Catin	1	1-3min.	Responsive / Sedated	Not Given	Disoriented	Yell, SR	Transported EMS	Yes
2/11/2015	Catt. Co. Sheriff	BLS	Cold Spring RS	WCA	F	29	Unresponsive	Slow	Didn't check	Heroin	2	3-5min.	Alert	IN	Vomited	Unknown	Transported EMS	Yes
1/5/2015	Olean FD	ALS	Olean FD	OGH	F	30	Unresponsive	Not Breathing	102	Unknown	1	Didn't work	Seizure	Not Given	Seizures	Diazepam	Transported EMS	Unknown
9/18/2014	Catt. Co. Sheriff		Gowanda EMS	Lake Shore	F	18	Unresponsive	Slow	Slow	Heroin	1	2min.	Alert	Not Given	Alert	Unknown	Transported EMS	Yes

Chautauqua County

Date:	Agency	LOC:	Trans. Amb.	Hospital	Gender	Age:	Response:	Breathing	Pulse:	Suspected Agents	# of Doses:	Time until Results	Response:	Method of 2nd Dose:	Post Symptoms:	Responder Actions:	Disposition:	Did patient Live:
7/7/2015	Silver Creek	BLS	Silver Creek	Lake Shore	F	57	Unresponsive	Not Breathing	None	Unknown	1	Unknown	Unknown	Not Given	Cardiac Arrest	Unknown	Transported EMS	Unknown
5/24/2015	Gerry	BLS	Starlight	Hamot	M	57	Unresponsive	Slow	Didn't Check	Unknown	1	Didn't work	None	Not Given	None	Yell, Shook, SR, BVM, OXY	Starlight	Unknown
5/14/2015	Portland VFD	BLS	Portland VFD	Westfield	F	21	Unresponsive	Slow	Slow	Pills, Alcohol	2	1-3min.	Unresponsive / Breathing	IM	None	SR, OXY, ECG	Transported EMS	Yes
5/1/2015	Jamestown VFD	BLS	Jamestown VFD	WCA	M	55	Unresponsive	Not Breathing	Normal	Heroin	1	Unknown	Unknown	Not Given	Unknown	BVM, OXY	Transported EMS	Unknown

4/27/2015	Jamestown VFD	BLS	ALSTAR EMS	WCA	F	29	Unresponsive	Slow	Normal	Heroin	2	Unknown	Unknown	IN	Unknown	BVM, OXY	Transported EMS	Unknown
4/25/2015	Jamestown VFD	BLS	ALSTAR EMS	WCA	F	20	Unknown	Labored	Normal	Heroin	1	Unknown	Unknown	Not Given	Unknown	BVM, OXY	Transported EMS	Unknown
4/23/2015	Jamestown VFD	BLS	ALSTAR EMS	WCA	M	27	Unresponsive	Labored	Fast	Unknown	1	Unknown	Unknown	Not Given	Unknown	BVM, OXY	Transported EMS	Unknown
4/11/2015	Jamestown VFD	BLS	ALSTAR EMS	WCA	M	64	Unresponsive	Labored	Normal	Unknown Pills	1	Unknown	Unknown	Not Given	Unknown	BVM, OXY	Transported EMS	Unknown
4/2/2015	Jamestown VFD	BLS	ALSTAR EMS	WCA	M	Unknown	Unresponsive	Labored	Normal	Heroin	2	Unknown	Unknown	IM	Unknown	BVM, NPA	Transported EMS	Unknown
4/1/2015	Jamestown VFD	BLS	ALSTAR EMS	WCA	M	37	Unresponsive	Labored	Normal	Heroin	2	Unknown	Unknown	IM	Unknown	BVM	Transported EMS	Unknown
3/11/2015	Jamestown VFD	BLS	ALSTAR EMS	WCA	F	41	Unresponsive	Slow	Normal	Heroin	1	Unknown	Unknown	Not Given	Unknown	BVM	Transported EMS	Unknown
3/4/2015	Jamestown VFD	BLS	ALSTAR EMS	WCA	M	42	Unresponsive	Not Breathing	None	Heroin	1	Unknown	Unknown	Not Given	Unknown	BVM, OPA	Transported EMS	Unknown
12/23/2014	Jamestown VFD	BLS	ALSTAR EMS	WCA	F	20	Unresponsive	Slow	Slow	Heroin	1	Unknown	Unknown	Not Given	Unknown	BVM, OPA	Transported EMS	Unknown

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(Chautauqua Co. #'s include ALSTAR's report)

No additional info. is given in ALSTAR report, only # of kits administered per month.

Reports	Alleg.	Catt.	Chaut.
January	0	1	7
February	0	1	9
March	0	1	7
April	0	4	24
May	0	1	8
June	0	2	9
July	2	10	12
August	0	1	7
September	0	3	12
October	0	2	8
November	1	6	3
December		7	3
Total 2015	3	39	109

2015 total Regional Reports 151

(15 ALSTAR / 3 outside agency - No QA received)

(4 ALSTAR/ 4 outside agency - No QA received)

(9 ALSTAR)

(11 ALSTAR/ 1 outside agency - No QA received)

(6 ALSTAR/ 1 outside agency - No QA received)

(7 ALSTAR/5 outside agency - No QA received)

(3ALSTAR/ 5outside agency - No QA received)

(2 ALSTAR/ 1 outside agency - No QA received)

(1ALSTAR/2 outside agency - No QA received)

Drug-Related Mortality in Western New York Involving Heroin, Opioids Analgesics and Both

2014 COUNTY	HEROIN			ANALGESICS			HEROIN or ANALGESICS		
	DEATHS	CRUDE RATE	ADJ RATE	DEATHS	CRUDE RATE	ADJ RATE	DEATHS	CRUDE RATE	ADJ RATE
Allegany	0	0.00	0.00	1	2.09	1.30	1	2.09	1.30
Cattaraugus	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00
Chautauqua	8	6.06	7.66	5	3.79	4.46	12	9.09	11.38
Erie	28	3.03	2.99	59	6.39	6.27	79	8.56	8.41
Genesee	0	0.00	0.00	1	1.69	2.05	1	1.69	2.05
Niagara	9	4.21	4.56	14	6.56	5.52	21	9.83	9.25
Orleans	0	0.00	0.00	1	2.38	2.00	1	2.38	2.00
Wyoming	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00

2013 COUNTY	HEROIN			ANALGESICS			HEROIN or ANALGESICS		
	DEATHS	CRUDE RATE	ADJ RATE	DEATHS	CRUDE RATE	ADJ RATE	DEATHS	CRUDE RATE	ADJ RATE
Allegany	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00
Cattaraugus	0	0.00	0.00	1	1.27	1.82	1	1.27	1.82
Chautauqua	6	4.51	4.99	6	4.51	4.87	11	8.27	8.75
Erie	27	2.94	3.27	55	5.98	6.14	76	8.26	8.68
Genesee	1	1.68	2.06	1	1.68	2.06	2	3.36	4.12
Niagara	2	0.93	1.23	16	7.47	8.55	17	7.93	9.21
Orleans	0	0.00	0.00	2	4.74	4.31	2	4.74	4.31
Wyoming	3	7.22	8.02	4	9.63	10.62	6	14.45	16.03

Narcan Summary 2015

Allegany County

Date	Agency	LOC	Trans. Amb.	Hospital	Gender	Age	Response	Breathing	Pulse	Suspected Agent	# of Doses	Time until Result	Response	Method of 2nd Dose	Post-Symptoms	Responder Actions	Disposition	Did patient Live
12/6/2015	Wellsville	ALS	Wellsville	Strong	F	66	Unresponsive	Slow	Slow	Don't know	2	Don't know	Combative	Not Given	Seizure	Yell, Shook, BVM, OXY	Transported by Helicopter	Unknown
11/26/2015	Wellsville	ALS	Wellsville	JMH	F	63	Unresponsive	Slow	Slow	Don't know	1	3-3 mins.	Responsive but sedated	Not Given	None	Yell, Shook, BVM, OXY	Transported by EMS	Yes
11/4/2015	A.E. Crandall	CC	Lifenet	Strong	F	37	Unresponsive	Fast	Fast	Unknown	1	Didn't work	None	Not Given	None	Yell, Shook, SR	Transported by Lifenet	Yes
10/27/2015	Wellsville	ALS	Wellsville	JMH	M	44	Unresponsive	Slow	Fast	Heroin	1	3-3 mins.	Responsive but sedated	Not Given	None	Yell, Shook, SR, OXY	Transported by EMS	Yes
10/27/2015	Wellsville	ALS	Wellsville	JMH	M	26	Unresponsive	Slow	Fast	Heroin	1	Less than 1 min.	Responsive but sedated	Not Given	None	Yell, Shook, OXY	Transported by EMS	Yes
Not	Wellsville	ALS	Wellsville	JMH	F	55	Unresponsive	Slow	Fast	Don't know	1	Don't know	No response	Not Given	None	Yell, Shook, SR, OXY	Transported by EMS	Yes
9/2/2015	Wellsville	ALS	Wellsville	JMH	M	36	Unresponsive	Not Breathing	Fast	Don't know	1	Less than 1 min.	Combative	Not Given	None	Yell, Shook, OXY	Transported by EMS	Yes
9/3/2015	Wellsville	ALS	Wellsville	JMH	F	53	Unresponsive	Not Breathing	No Pulse	Don't know	1	Less than 1 min.	Responsive and Angry	Not Given	None	BVM, OXY, Chest. Comp.	Transported by EMS	Yes
7/22/2015	Cuba	BLS	Cuba	OGH	M	30	Unresponsive	Slow	Fast	Unknown Pills	1	Didn't work	None	Not Given	None	Yell, Shook, SR, BVM, OXY	Transported by EMS	Unknown
7/6/2015	Belfast	CC	Belfast	OGH	F	27	-----	Breathing on own	Fast	Unknown Pills	2	-----	Sedated	IN	Sedated	-----	Transported by EMS	Unknown

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Cattaraugus County

Date	Agency	LOC	Trans. Amb.	Hospital	Gender	Age	Response	Breathing	Pulse	Suspected Agent	# of Doses	Time until Result	Response	Method of 2nd Dose	Post-Symptoms	Responder Actions	Disposition	Did patient Live
12/23/2015	Trans AM	ALS	Trans AM	Unknown	Unknown	Unknown	Altered LOC	Unknown	Unknown	Unknown	1	Unknown	Improved	Not Given	Improved	Unknown	Transported by EMS	Unknown
12/21/2015	Olean FD	ALS	Olean FD	OGH	F	89	Improved	6	100	Oxycodone	1	5 min.	Increased	Not Given	Normal	Observed	Transported by EMS	Yes
12/12/2015	Olean FD	ALS	Olean FD	OGH	F	34	Improved	8	124	Unknown	1	5 min.	Increased	Not Given	Normal	Observed	Transported by EMS	Yes
12/7/2015	Trans AM	ALS	Trans AM	Unknown	Unknown	Unknown	Unconscious	Unknown	Unknown	Unknown	1	Unknown	Improved	Not Given	Improved	Unknown	Transported by EMS	Unknown
12/6/2015	Olean FD	ALS	Olean FD	OGH	F	45	Improved	Not Breathing	None	Unknown	1	Didn't work	None	Not Given	Didn't work	ACLS	Transported by EMS	No
12/6/2016	Olean FD	ALS	Olean FD	OGH	F	19	Improved	<14	124	Heroin	1	5 min.	Increased	Not Given	Normal	Observed	Transported by EMS	Yes
12/4/2015	Trans AM	ALS	Trans AM	Unknown	Unknown	Unknown	Unconscious	Unknown	Unknown	Unknown	1	Unknown	Unchanged	Not Given	Unchanged	Unknown	Transported by EMS	Unknown
11/27/2015	Gowanda PD		Gowanda EMS	Lake Shore	F	21	Unresponsive	Slow	Didn't check	Heroin	1	3-5 min.	Alert	Not Given	Dope Sick	Yell	Transported by EMS	Yes
11/26/2015	Salamanca FD	ALS	Salamanca Amb.	OGH	M	29	Unresponsive	Shallow	Regular	Unknown	1	Didn't work	None	IV	Improved	BVM, Oxy, EKG	Transported by EMS	Yes
11/24/2015	Olean FD	ALS	Olean FD	OGH	F	46	Improved	<14	124	Heroin	1	5 MIN.	Increased	Not Given	Normal	Observed	Transported by EMS	Yes
11/23/2015	Salamanca PD		Salamanca Amb.	OGH	M	25	Unresponsive	Slow	Didn't check	Heroin	2	Didn't work	None	IN	Alert	Yell, Shook, SR, BVM	Transported by EMS	Yes
11/14/2015	Olean FD	ALS	Olean FD	OGH	f	46	Improved	8	84	Heroin	2	5 min.	Increased	IN	Normal	Observed	Transported by EMS	Yes

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11/4/2015	Trans AM	ALS	Trans AM	Unknown	Unknown	Unknown	Unknown	Unconscious	Unknown	Unknown	Unknown	2	Unknown	Unchanged	IN	Unchanged	Unknown	Transported EMS	Unknown	IV
11/11/2015	Trans AM	ALS	Trans AM	Unknown	Unknown	Unknown	Unknown	Unconscious	Unknown	Unknown	Unknown	1	Didn't work	Unchanged	Not Given	Unchanged	Unknown	Transported EMS	Unknown	IO
10/23/2015	Olean FD	ALS	Olean FD	OGH	M	34	Improved	Improved	4	100	Heroin	2	5 min.	Increased	IN	Normal	Observed	Transported EMS	Yes	IN
10/17/2015	Salamanca PD		Salamanca Amb.	OGH	F	17	Unresponsive	Unresponsive	Slow	Didn't check	Heroin/ Cocaine	2	<1 min.	Responsive / Sedated	IN	Dope Sick	Yell, Shook, SR, RP	Transported EMS	Unknown	
9/26/2015	Salamanca PD		Salamanca Amb.	OGH	M	23	Unresponsive	Unresponsive	Not Breathing	Didn't check	Heroin	1	Didn't work	None	Not Given	Didn't work	Yell, Shook, RP, CC	Transported EMS	Unknown	
9/21/2015	Catt. Co. Sheriff		Salamanca Amb.	OGH	F	30	Unresponsive	Unresponsive	Not Breathing			1					CPR	Transported EMS	Unknown	
9/21/2015	Catt. Co. Sheriff		Salamanca Amb.	OGH	F	19	Unresponsive	Unresponsive	Not Breathing	None	Heroin	2	1-3min.	None	Respiratory Distress	Vomiting, regained pulse	Yell, Shook	Transported EMS	Yes	
9/9/2015	Salamanca PD		Salamanca Amb.	OGH	M	22	Unresponsive	Unresponsive	Not Breathing	Didn't check	Heroin/ Other	1	<1min.	Responsive / Sedated	Not Given	Dope Sick	Yell, Shook, SR, MM	Transported EMS	Yes	
8/19/2015	Salamanca PD		Salamanca Amb.	OGH	M	39	Unresponsive	Unresponsive	Not Breathing	None	Heroin	2	Didn't work	None	IN	Didn't work	SR, CC, Defibs	Transported EMS	No	IN
7/23/2015	Trans AM	ALS	Trans AM	Unknown	Unknown	Unknown	Unconscious	Unconscious	Unknown	Unknown	Unknown	1	Unchanged	None	None	Unchanged	Unknown	Transported EMS	Unknown	IN
7/22/2015	Trans AM	ALS	Trans AM	Unknown	Unknown	Unknown	Unconscious	Unconscious	Unknown	Unknown	Unknown	2	Unknown	Unchanged	IV	Unchanged	Unknown	Transported EMS	Unknown	IN
7/17/2015	Trans AM	ALS	Trans AM	Unknown	Unknown	Unknown	Unconscious	Unconscious	Unknown	Unknown	Unknown	1	Unknown	Unchanged	Not Given	Unknown	Unknown	Transported EMS	Unknown	IN
7/15/2015	Trans AM	ALS	Trans AM	Unknown	Unknown	Unknown	Altered LOC	Altered LOC	Unknown	Unknown	Unknown	1	Unknown	Improved	Not Given	Unknown	Unknown	Transported EMS	Unknown	IV
7/12/2015	Olean FD	ALS	Olean FD	OGH	F	21	Improved	Improved	<8	88	Norco	1	5 min.	Increased	Not Given	Normal	Observed	Transported EMS	Yes	IV
7/12/2015	Salamanca PD		Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Heroin	1	Unknown	Unknown	Not Given	Unknown	Yell, Shook, SR	Transported EMS	Unknown	
7/12/2015	Salamanca PD		Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Heroin	1	Unknown	Unknown	Not Given	Unknown	Yell, Shook SR	Transported EMS	Unknown	
7/11/2015	EV/GV Amb.	ALS	EV/GV Amb	OGH	M	36	Unresponsive	Unresponsive	Slow	None	Unknown	1	Didn't work	None	IV	Didn't work	Yell, SR, Defibs, CC OXY	Transported EMS	Yes	
7/4/2015	Trans AM	ALS	Trans AM	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	2	Unknown	Unknown	Unknown	Unknown	Unknown	Transported EMS	Unknown	
7/3/2015	Olean FD	ALS	Olean FD	OGH	F	88	Improved	Improved	<12	110	Fentanyl	1	5 min.	Increased	Not Given	Normal	Observed	Transported EMS	Yes	
6/30/2015	Madhiaz VFD	BLS	Madhiaz VFD	OGH	F	52	Unresponsive	Unresponsive	Not Breathing	Slow	Morphine	1	Didn't work	None	IV	Didn't work	Yell, Shook, SR, BVM, Defibs, CC, OXY	Transported EMS	No	
6/14/2015	Olean FD	ALS	Olean FD	OGH	M	41	Improved	Improved	<12	126	Unknown	2	5 min.	Increased	IV	Normal	Observed	Transported EMS	Yes	IV
5/12/2015	Olean FD	ALS	Olean FD	OGH	F	23	Improved	Improved	<12	72	Unknown	1	5 min.	Increased	Not Given	Normal	Observed	Transported EMS	Yes	IN
4/30/2015	Olean FD	ALS	Westons Mills	OGH	M	15	Unresponsive	Unresponsive	16	134	Unknown	1	Didn't work	None	Not Given	Didn't work	Observed	Transported EMS	Yes	IV
4/16/2015	Catt. Co. Sheriff		Salamanca Amb.	OGH	F	18	Unresponsive	Unresponsive	Slow	Slow	Heroin	1	1-3min.	Alert	Not Given	Dope Sick	Shook, SR	Transported EMS	Yes	
4/16/2015	Catt. Co. Sheriff		Salamanca Amb.	OGH	M	20	Unresponsive	Unresponsive	Slow	Slow	heroin	1	1-3min.	Alert	Not Given	Dope Sick	Shook, SR	Transported EMS	Yes	
4/3/2015	Randolph EMS	P	Randolph EMS	WCA	F	31	Other	Other	Fast	Normal	Heroin/ Meth	1	1-3min.	Alert	Not Given	None	Oxy/IV Zofran, Saline	Transported EMS	Yes	
3/26/2015	Catt. Co. Sheriff		E. Otto FD	ECMC	M	28	Unresponsive	Unresponsive	Slow	Slow	Heroin/ Oxy Cotin	1	1-3min.	Responsive / Sedated	Not Given	Disoriented	Yell, SR.	Transported EMS	Yes	
2/11/2015	Catt. Co. Sheriff	BLS	Cold Spring RS	WCA	F	29	Unresponsive	Unresponsive	Slow	Didn't check	Heroin.	2	3-5min.	Alert	IN	Vomited	Unknown	Transported EMS	Yes	
1/5/2015	Olean FD	ALS	Olean FD	OGH	F	30	Unresponsive	Unresponsive	Not Breathing	102	Unknown	1	Didn't work	Seizure	Not Given	Seizures	Diazepam	Transported EMS	Unknown	IN

9/18/2014	Catt. Co. Sheriff		Gowanda EMS	Lake Shore	F	18	Unresponsive	Slow	Slow	Heroin	1	2min.	Alert	Not Given	Alert	Unknown	Transported EMS	Yes
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Chautauqua County

Date:	Agency:	LOC:	Trans. Amb.	Hospital:	Gender:	Age:	Response:	Breathing:	Pulse:	Suspected Agent:	# of Doses:	Time until Result:	Response:	Method of 2nd Dose:	Post-Symptoms:	Responder Actions:	Disposition:	Did patient Live:
12/3/2015	Panama	BLS	Panama	WCA	F	41	Unresponsive	Slow	Slow	Pain Pills	1	Didn't work	Unresponsive / Breathing	Not Given	None	Sternum Rub, Oxy, Med Control	Transported EMS	Yes
7/7/2015	Silver Creek	BLS	Silver Creek	Lake Shore	F	57	Unresponsive	Not Breathing	None	Unknown	1	Unknown	Unknown	Not Given	Cardiac Arrest	Unknown	Transported EMS	Unknown
5/24/2015	Gerry	BLS	Starflight	Hamot	M	57	Unresponsive	Slow	Didn't Check	Unknown	1	Didn't work	None	Not Given	None	Yell, Shook, SR, BVM, OXY	Starflight	Unknown
5/14/2015	Portland VFD	BLS	Portland VFD	Westfield	F	21	Unresponsive	Slow	Slow	Pills, Alcohol	2	1-3min.	Unresponsive / Breathing	IM	None	SR, OXY, ECG	Transported EMS	Yes
5/1/2015	Jamestown VFD	BLS	Jamestown VFD	WCA	M	55	Unresponsive	Not Breathing	Normal	Heroin	1	Unknown	Unknown	Not Given	Unknown	BVM, OXY	Transported EMS	Unknown
4/27/2015	Jamestown VFD	BLS	ALSTAR EMS	WCA	F	29	Unresponsive	Slow	Normal	Heroin	2	Unknown	Unknown	IN	Unknown	BVM, OXY	Transported EMS	Unknown
4/25/2015	Jamestown VFD	BLS	ALSTAR EMS	WCA	F	20	Unknown	Labored	Normal	Heroin	1	Unknown	Unknown	Not Given	Unknown	BVM, OXY	Transported EMS	Unknown
4/23/2015	Jamestown VFD	BLS	ALSTAR EMS	WCA	M	27	Unresponsive	Labored	Fast	Unknown	1	Unknown	Unknown	Not Given	Unknown	BVM, OXY	Transported EMS	Unknown
4/11/2015	Jamestown VFD	BLS	ALSTAR EMS	WCA	M	64	Unresponsive	Labored	Normal	Unknown Pills	1	Unknown	Unknown	Not Given	Unknown	BVM, OXY	Transported EMS	Unknown
4/2/2015	Jamestown VFD	BLS	ALSTAR EMS	WCA	M	Unknown	Unresponsive	Labored	Normal	Heroin	2	Unknown	Unknown	IM	Unknown	BVM, NPA	Transported EMS	Unknown
4/1/2015	Jamestown VFD	BLS	ALSTAR EMS	WCA	M	37	Unresponsive	Labored	Normal	Heroin	2	Unknown	Unknown	IM	Unknown	BVM	Transported EMS	Unknown
3/11/2015	Jamestown VFD	BLS	ALSTAR EMS	WCA	F	41	Unresponsive	Slow	Normal	Heroin	1	Unknown	Unknown	Not Given	Unknown	BVM	Transported EMS	Unknown
3/4/2015	Jamestown VFD	BLS	ALSTAR EMS	WCA	M	42	Unresponsive	Not Breathing	None	Heroin	1	Unknown	Unknown	Not Given	Unknown	BVM, OPA	Transported EMS	Unknown
12/23/2014	Jamestown VFD	BLS	ALSTAR EMS	WCA	F	20	Unresponsive	Slow	Slow	Heroin	1	Unknown	Unknown	Not Given	Unknown	BVM, OPA	Transported EMS	Unknown

18

Reports	Alleg.	Catt.	Chaut.
January	0	1	7
February	0	1	9
March	0	1	7
April	0	4	24
May	0	1	8
June	0	2	9
July	2	10	12
August	0	1	7
September	3	4	12
October	2	2	8
November	2	6	3
December	1	7	4
Total 2015	10	40	110

2015 total Regional Reports 160

(Chautauqua Co. #'s include ALSTAR's report)

No additional info. is given in ALSTAR report, only # of kits administered per month.

(15 ALSTAR / 3 outside agency - No QA received)
 (4 ALSTAR / 4 outside agency - No QA received)
 (9 ALSTAR)
 (11 ALSTAR / 1 outside agency - No QA received)
 (6 ALSTAR / 1 outside agency - No QA received)
 (7 ALSTAR / 5 outside agency - No QA received)
 (3 ALSTAR / 5 outside agency - No QA received)
 (2 ALSTAR / 1 outside agency - No QA received)
 (1 ALSTAR / 2 outside agency - No QA received)

Narcan Summary 2016

Allegheny County

Date	Agency	LOC	Trans. Amb.	Hospital	Gender	Age	Response	Breathing	Pulse	Suspected Agent	# of Doses	Time until Result	Response	Method of 2nd Dose	Post Symptoms	Responder Actions	Disposition	Did patient Live
2/7/2016	Wellsville	ALS	Wellsville	JMH	M	19	Unresponsive	Normally	Fast	Heroin	1	5 mins.	Responsive but sedated	Not given	None	Yell, Shook	Transported by EMS	Unknown
2/6/2016	Wellsville	ALS	Wellsville	JMH	M	37	Unresponsive	Slow	Fast	Heroin	1	1-3 mins.	Responsive and Aroused	Not given	None	Yell, Shook, BVM, Delib no shock	Transported by EMS	Yes
2/4/2016	Wellsville	ALS	Wellsville	JMH	M	26	Unresponsive	Slow	Fast	Heroin	2	3-5 mins.	Responsive and alert	Not given	None	Yell, Shook, BVM, Delib no shock	Transported by EMS	Unknown
2/2/2016	Bedford	ALS	Bedford	OGH	M	19	Unresponsive	Slow	Slow	Heroin	2	Didn't work	No Response	IN	Chills	Yell, Shook, Oxy	Transported by EMS	Yes
2/1/2016	Wellsville	ALS	Wellsville	JMH	F	30	Unresponsive	Slow	Fast	Heroin	1	Less than 1 min.	Responsive and Alert	Not given	Vomiting	Yell, Shook, Oxy	Transported by EMS	Yes
1/28/2016	Cuba PD	ALS	Cuba	OGH	M	27	Unresponsive	Slow	Fast	Heroin	2	1 min.	Responsive but sedated	IN (Cuba EMS)	None		Transported by EMS	Yes
1/1/2016	Wellsville	ALS	Wellsville	JMH	F	21	Unresponsive Altered Mental Status	Slow	Fast	Don't know	1	3-5 mins.	Responsive but sedated	Not given	None	Yell, Shook, Oxy	Transported by EMS	Yes
1/3/2016	Wellsville	ALS	Wellsville	JMH	M	36			Fast	Don't know	1	Less than 1 min.	Responsive and alert	Not given	None		Transported by EMS	Yes
1/28/2016	Wellsville	ALS	Wellsville		M	40	Unresponsive	Not Breathing	No Pulse	Don't know	1	Didn't work	No Response	Not given	None	BVM, Delib, Chest comp., Oxy/IV epi		No

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Cattaraugus County

Date	Agency	LOC	Trans. Amb.	Hospital	Gender	Age	Response	Breathing	Pulse	Suspected Agent	# of Doses	Time until Result	Response	Method of 2nd Dose	Post Symptoms	Responder Actions	Disposition	Did patient Live
2/14/2016	Randolph	ALS	Randolph	WCA	M	42	Responsive to Touch	Slow	Normal	Antipsychotics / Alcohol	1	Didn't work	Combative	Not given	Responsive but sedated	Sternal Rub, Oxy, IV	Transported by EMS	Yes
1/18/2016	Salamanca PD	Unknown	Salamanca PD	OGH	M	37	Unresponsive	Slow	Didn't Check	Heroin	2	1-3 min.	Responsive but sedated	IN	Responsive but sedated	None	Transported by EMS	Unknown

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Chautauqua County

Date	Agency	LOC	Trans. Amb.	Hospital	Gender	Age	Response	Breathing	Pulse	Suspected Agent	# of Doses	Time until Result	Response	Method of 2nd Dose	Post Symptoms	Responder Actions	Disposition	Did patient Live
1/4/2016	Panama	BLS	Panama	WCA	M	38	Unresponsive	Slow	Fast	Heroin	2	Didn't work	Unresponsive / Breathing	IN	None	Yell, Sternal Rub	Transported EMS	Yes

2

Reports	Alleg.	Catt.	Chaut.
January	4	1	9
February	5	1	
March			
April			
May			
June			
July			
August			
September			
October			
November			

(Chautauqua Co. #'s include ALSTAR's report) No additional info. is given in ALSTAR report, only # of kits administered per month.
6-ALSTAR 3-other agencies.

December			
Total 2016	8	2	9

2016 total Regional Reports: 20

HEROIN

Street Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Brown sugar China White Dope H Horse Junk Skag Skunk Smack White Horse <i>With OTC cold medicine and antihistamine:</i> Cheese	No commercial uses	White or brownish powder, or black sticky substance known as "black tar heroin"	Injected, smoked, snorted	Schedule I

Medication Assistant Therapy For Substance Abuse

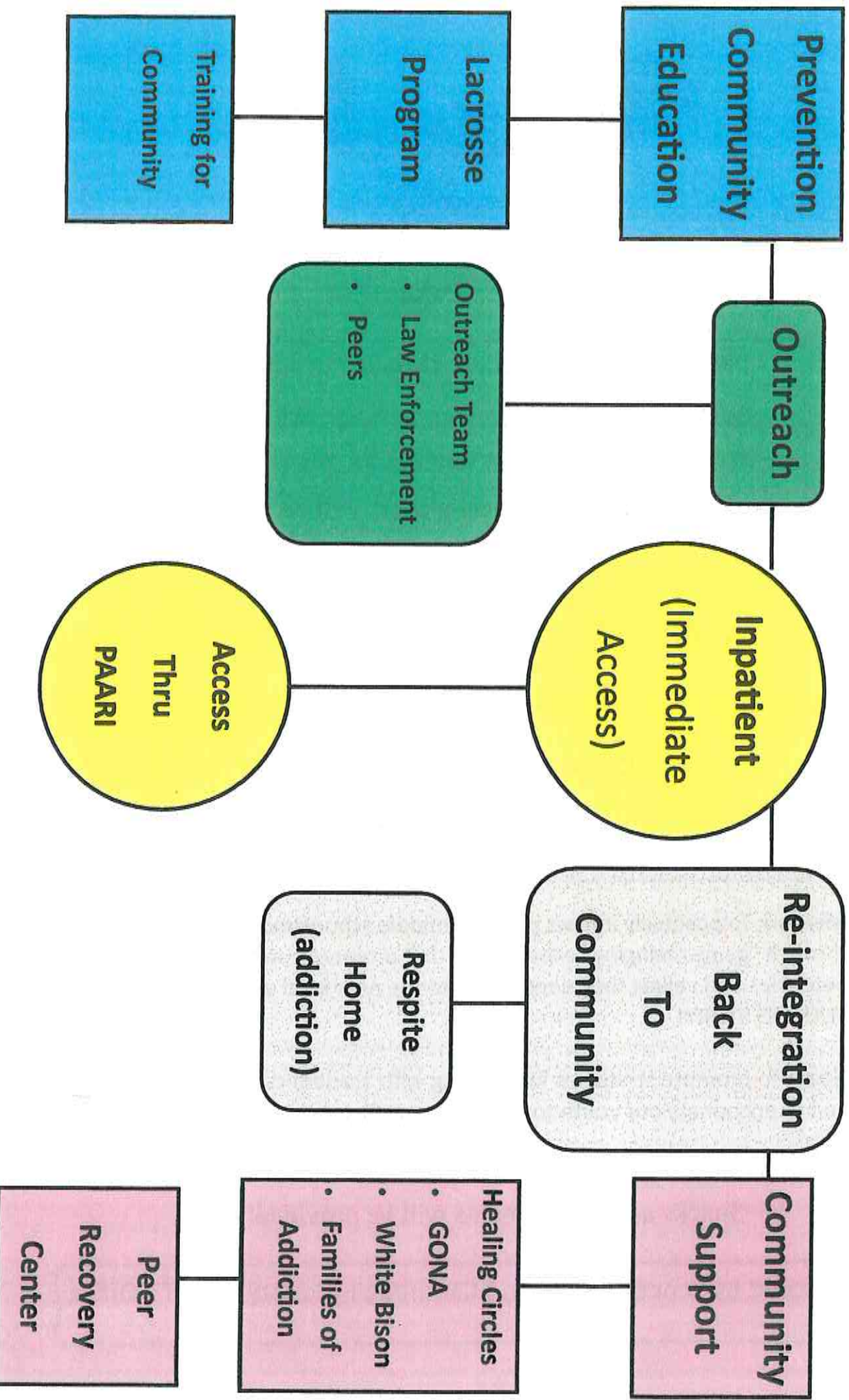
MEDICATION

- Methadone (Dolophine, Methadose)
- Buprenorphine (Suboxone, Subutex)
- Naltrexone (Vivitrol)

Behavioral Therapies

- Contingency management, or motivational incentives
- 12-Step facilitation therapy

Continuum of Care



SENECA
ELITE
LACROSSE



Want to learn lacrosse skills with the areas best??
Seneca Elite is bringing you the best! We will have 6
weeks of lacrosse skills training for youth 10 and up.
Professional and Local players will be available

Every Tuesday Starting March 1, 2016
Ends April 12, 2016
Allegany Community Center
6pm-9pm

Mission: To positively impact youth in middle school and high school
through "game changing" experiences that promote confidence, com-
petencies and values they need to get to the next level and become a
SUCCESS STORY!

Goal : To promote strategies for winning with academics and athletics
and to encourage our youth to strive for excellence in all areas of their
lives

Snacks and refreshments will be provided

Sponsored by Seneca Strong and Cattaraugus County Sheriff's Office

Seneca Strong Update:

In October, representatives of the Cattaraugus County Sheriff's Office and the Seneca Nation made a visit to Gloucester, MA and Arlington, MA. We learned about the Police Assisted Addiction Recovery Initiative (P.A.A.R.I.). The Police Assisted Addiction and Recovery Initiative (P.A.A.R.I.) was started to support local police departments as they work with opioid addicted individuals. Rather than arrest our way out of the problem of drug addiction, P.A.A.R.I. committed police departments:

- Encourage opioid drug users to seek recovery
- Help distribute lifesaving opioid blocking drugs to prevent and treat overdoses
- Connect addicts with treatment programs and facilities
- Provide resources to other police departments and communities that want to do more to fight the opioid addiction epidemic

To learn more visit. <http://paariusa.org/>

Ongoing meetings have taken place between the Salamanca Police Department, Gowanda Police Department and Community Connections, the Cattaraugus County Sheriff's Office, Housing Options Made Easy of Gowanda, Council on Addiction Recovery Services of Olean, and the Seneca Nation.

A gap analysis was conducted and areas were identified throughout the continuum that are lacking in prevention, outreach and treatment. A plan was developed with innovative models to fill the gaps, with a great deal of feedback from individuals struggling with opioid/heroin addiction and individuals in recovery. A short-term respite home for addictions is needed for individuals who are transitioning back into the community. Gowanda Police and Salamanca Police joined the P.A.A.R.I. movement by encouraging those who want help and don't know where to go can come to the Police stations and they will help you find resources. The Cattaraugus County Sheriff's Office is also in the process of joining P.A.A.R.I. Other gaps identified are an **Outreach Team** consisting of a peer and social worker, a **Peer-Run Recovery Center** to provide ongoing support in the community and **Prevention and Community Education**.

Outreach Team-Program Summary

This is an innovative outreach program that partners with local law enforcement and utilizes Peer Recovery Guides to engage individuals in treatment that are struggling with addiction to opioids/heroin. Peers are individuals with a lived recovery experience that have training and have shown great success in engaging others that are still using. While recovery from addiction and mental illness is a personal journey, self-help and peer support play a vital and important role in facilitating the process. Peers are uniquely qualified to help people with addictions to find hope in their life, establish a trusting partnership, and engage and support through their recovery. The program will work with the Salamanca Police Department, Gowanda Police Department and the Sheriff's Office to identify individuals using opioids/heroin and assist in getting them access to inpatient services when indicated. There are many barriers that exist in the behavioral health system currently that are preventing access to inpatient treatment for many individuals, and the

system tends to divert people toward the criminal justice system rather than treatment. Thus, we will work with law enforcement to divert people into treatment and assist in removing barriers to access.

Peer Run Recovery Center-Program Summary

An innovative peer-run Recovery Center that integrates substance abuse and mental health recovery is being proposed. Peers are uniquely qualified to help people with addictions and mental illnesses to find hope in their life, establish a trusting partnership, and engage and support through their recovery. Peer-run organizations like Housing Options have developed to a powerful array of peer advisors who have taken that journey before and can provide the type of advice that only those with shared experiences can give. They possess the passion, dedication and conviction necessary to operate peer-run services and engage peers in trustful relationships that promote resilience and recovery.

Community Education-Program Summary

A model for community education and preventions have been developed. This would involve a keynote speaker and four (4) different break-out sessions to focus on increasing knowledge about the heroin epidemic in our community and how we can help. Participants will understand signs and symptoms of heroin, will hear from an actual peer who has gone through the recovery process, will interact with a panel on pain management, and learn skills to heal from trauma/grief and loss.



***City of Salamanca
Community Connections PAARI Program
Program summary***

STATEMENT:

The heroin and drug epidemic is now a public health crisis which has caused record overdose deaths and a drastic increase in crime. The demand side of the epidemic (those addicted to drugs), is not being adequately addressed in our community. The City of Salamanca Police has joined the Police Assisted Addiction and Recovery Initiative (P.A.A.R.I) to address the demand side of the drug epidemic to prevent crime and overdose deaths.

GOALS:

- Reduce future crimes and overdose deaths associated with drug addiction by helping addicts find available treatment facilities.
- Encourage addicts to seek help from law enforcement without fear of being arrested and prosecuted. (Addiction is not a crime).
- Connect addicts with treatment facilities that are ready, willing and able to provide treatment (at low or no cost to the addict).

ELIGIBILITY:

- Addicts seeking inpatient drug treatment programs.
- Addicts must be willing to enter long term treatment outside of New York.
- No registered sex offenders due to a felony offence; no active arrest warrants; no probation/parole unless travel voucher is approved.

ENTRY PROCESS:

Contact the City of Salamanca Police at 945-2330 and simply ask for help.

Our staff and volunteers will take your information and immediately begin searching our network of quality treatment facilities accepting new patients.