

Chautauqua County Board of Health
MINUTES

Meeting Date/Time: Thursday, March 18, 2021 @ 6:00 p.m.

Location: Virtual Meeting via Zoom

Scribe: Sherri Rater

ATTENDANCE:

BOH Members	P/A	BOH Members	P/A	Others Present	Title
Dr. Erlandson	P	Andrew O'Brien	P	Christine Schuyler	Secretary, Public Health Director, HHS
Dr. Khan	P	Elisabeth Rankin	P	Bill Boria	Environmental Health Director, HHS
Dr. Kidder	P	Dr. Tallett	P	Misty Pennington	Mental Health Program Coordinator, CCMH
Dr. Ney	P	Mark Tarbrake	P	Leanna Luka-Conley	Deputy Commissioner of Adult, Children and Family Services, HHS
				Sherri Rater	Administrative Assistant to Commissioner, HHS

Call to order	The meeting was called to order at 6:02 p.m. by President Lillian Ney.
Roll Call	Roll call was done. Those present and absent are noted above
Privilege of the Floor	None.
Approval of January 21, 2021 Minutes	Tarbrake made a motion to approve the 12/17/20 meeting minutes, 2 nd by O'Brien, all in favor, motion carried.
New Business: Methadone clinics in Chautauqua County/Mental health and overdoses in youth and the pandemic's influence	<p><u>Ney:</u> I'd just like to explain why we are lucky enough to have two guests with us tonight. Some questions have arisen over the past year and they are really in the realm of mental health and Christine has taught us how important the social determinants of health are and I think I've got it down pat now. If you look at the relationship between physical health, public safety and mental health are sort of a holistic circle and trying to understand how one impacts the other is very important. Our board has asked for more information on COVID and the increase in overdoses, what deaths we are seeing, especially in youth which was the question to begin with. The other thing that has come up are questions on the progress of a Methadone clinic in the Dunkirk area which is something that has been talked about for some time now and how patients are having to travel to Buffalo daily for treatment and unable to actually work because of the travel time. I am happy to introduce Misty Pennington, who I know through the Healthcare Action Team and have known for a number of years. Misty is a Program Coordinator for Chautauqua County Mental Hygiene. Leanna Luka-Conley, Deputy Commission of Adult, Children and Family Services from Health and Human Services is also joining us. Thank you both for coming and please teach us.</p> <p><u>Schuyler:</u> One of our board members at our last meeting had inquired about the status of the methadone clinic and where things are going. We had asked Pat Brinkman, our County Mental Health Director, who was unable to</p>

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attend and so Misty from the Department will share. I would also like to add that we recently found out that Pat Brinkman is retiring from county service. Her last day is April 9th. Pat has over 20 years of service in the County and has certainly secured several important grants for us and has done a tremendous job in running our mental health clinics, so I would like to take this opportunity to bid her farewell and best wishes in the next chapter of her life.

Pennington: I had the pleasure of speaking with Elizabeth Smith from Alba de Vida yesterday, who informed me that they are still working on renovations of the building at 303-305 Main Street in Dunkirk. They expect to have the Dunkirk methadone clinic up and running by July 2021. In the meantime, they have secured a van and hired a CASAC pier and a temporary nurse practitioner to implement a mobile medication assisted treatment (MAT) van to start off in the Dunkirk area and then start working its way into the more rural parts of our county and possibly into some of the other rural areas in neighboring counties. This is good news for residents who are struggling with transportation and getting access to MAT treatment. Alba de Vida is also trying to work something out with Dunkirk Opiate Court as well. The NP is going to start doing telehealth with individuals in April for the mobile program.

O'Brien: That is good news. Do you know if they intend to operate throughout the county with the mobile vehicle?

Pennington: It is my understanding that they are going to start with the Dunkirk area as that is the area that they view as the most underserved. The plan is to look at the data to see if they need to expand into Jamestown or some of the more rural parts of the county.

O'Brien: The NYS Office of Addiction Services and Supports (OASIS) has already stated publicly that there is a need throughout the county, so is there any plan through Chautauqua County Mental Hygiene (CCMH) for provisions for Methadone service to cover the South County since the program you speak of is going to start, which seems logical and I understand the need, in the North County. My concern is how we take the next leap, which is to provide the same services for people in the South County.

Pennington: That is a great point, Andy, and I'm sure you of all people are very familiar with what happened a few years ago where, I believe, UPMC was poised to open the Methadone clinic in the South County, however, given that it would require over \$500,000 in renovation money, they just didn't have that. Unfortunately, at that time OASIS wasn't able to guarantee that they could help fund any of that, so unless some additional funding sources become available for those renovations I don't see any other partner being financially able to step up and meet that need right now.

O'Brien: I am kind of disappointed to hear that. I understand the situation with UPMC and I see the logic in some of their decisions, but my question last meeting, and I'm disappointed that Pat didn't make it tonight. I am very pleased to hear the Dunkirk plan that you just outlined. My concern is that it seems that we have a lack of leadership at the county level to spur an action plan. I don't think it's acceptable at this day and age to say that there is no plan for the South County. I feel that the County Community Services Board and the Director of Community Services has a role in saying that this plan didn't work out, so let's go to plan B. I know we've had a lot of focus on the North County and deservedly so. Now that we have the good news about the potential July opening, I would like to see some leadership that is much more open because we haven't had any public updates on the information that you shared tonight. I'd like to see more effort and leadership in terms of what we can do for the South County. I believe with the County Director of Community Services and, provided cooperation and political support, OASIS would be fairly flexible in saying this is what we are willing to support for the South County. I may be wrong, but I haven't seen any leadership in pursuing a path that will work and as soon as people hear that there is a good plan being put together for the Dunkirk program, people in the South County and the western part of the county are going to be saying what about us?

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Pennington: That is understandable and my hope would be that we could arrange some type of transportation or linkages to transportation for those folks to be able to get to Dunkirk. The fact that Dunkirk is a 40 minute drive from the South County as opposed to folks going to Buffalo, which ends up being almost an entire day of travel. So perhaps the best place to start is to try to develop some transportation options.

O'Brien: I encourage your office, in the interim, that an arrangement could be worked out with the North County program where people can be given a choice where people could be transported by that van or having the van come to them if they are receiving different MAT medications that don't require the strong controls that Methadone does. As Dr. Ney pointed out, while we are talking about mental health and substance abuse issues, it greatly impacts the overall health of the county. I am hoping that we can keep the issue at the forefront and perhaps have some press releases to keep the public aware of what is happening.

Ney: How mobile is the van? Is it really mobile like the Portuguese have where they give out Methadone via an armored truck every day early in the morning so that people can get off to work and not have to miss work?

Pennington: I would like to clarify that the van is for distributing Buprenorphine and Vivitrol. The van will not be distributing Methadone. I am open to having more conversations with Elizabeth Smith about some other intentions for the van. I want you all to know that I have been speaking with Elizabeth Smith for updates on the Dunkirk site and will continue to do so. I believe it is important to know how they are progressing and be able to communicate that to everyone.

O'Brien: I understand there are federal regulations that will not allow for mobile dispensing of some MAT. To let the Board know, the plan initially with UPMC was that if there is a clinic on one end of the county that a vehicle will be available to transport from the other end of the county so that they could go to get their treatment. I urge the county to explore the idea of ways to provide transportation from the South County to the new clinic in Dunkirk.

Schuyler: We may have some opportunities to be creative working with employers. There are some large employers in the Dunkirk area where transportation is offered from Dunkirk to Jamestown to get to work. There could be a population that we could tap into that could help them get to Dunkirk Methadone site and then get to their jobs. So I think there is a lot of opportunity that comes with this and we look forward to working with CCMH to make sure that this gets up and running and so that we do have a plan in place that meets the needs of the entire county.

O'Brien: I received information last week that an eight-seater van that UPMC had secured through a grant in relation to the opioid crisis is now under the domain of the Mental Health Association so perhaps CCMH can look to see whether or not they could be involved with providing transportation. It is a big undertaking because many of these patients would be going daily.

Pennington: Those are certainly conversations that can be had. I also want to let everyone know that as a department we are trying very hard to become more data driven and through our CSARP initiative through one of the HRSA grants we have is the Chautauqua Substance Abuse Response Partnership, we have been working diligently to gather MAT and overdose data from partners who provide those services so that we can look to see where the gaps and needs are to help us better plan for services. Our grant director, Steve Kilburn, is willing to provide an update on this information if you would like.

Khan: it is a great start to build on and has been an excellent discussion. Whatever we are doing to help our adults is going to have a huge benefit on our children in the county and so I am excited about that.

Pennington: I would also like to point out that although we saw a 54% increase in non-fatal overdoses from 2019 to 2020, there was also an 18% increase in fatal overdoses which was 6 more than we had in 2019. We are still much lower than some of our neighboring counties. In Erie County there was a 49% increase in overdose

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fatalities and 103% increase in Niagara County and so I think that does speak to the effectiveness of the treatment programs that we do have in our county. Many providers are providing MAT as well as the harm reduction efforts of our partners with prevention and recovery are really helping us to keep our numbers lower. Obviously one death is one death too many.

Tarbrake: How many patients are in treatment?

Pennington: I have the numbers for CCMH. As of today, we have 125 people in the county run MAT programs.

O'Brien: That seems surprisingly low when you think about it.

Pennington: That may be how our reporting is set up. Our system doesn't currently have a way to pull out only MAT participants, so I'm sure that we are missing some.

O'Brien: The suggestion from the field in general is that it is best practice to provide MAT to as many people as possible, so we've seen in the past with other programs where there are say 600 people enrolled with only 50 receiving MAT. So if that is the case today, and I don't know if it is, we would expect the majority of clinics to offer, as long as people are medically stable enough, medications like Buprenorphine, Vivitrol, etc. It's always been an interesting measure when programs say we believe in MAT being an effective intervention for substance abuse disorders but 5% of our patients are on it and 95% are not. I am making up these numbers but it would be interesting to find out what percentage of people in the program are on the medication that the federal government guidelines suggest that everyone be provided access to.

Ney: I want to remind everyone that one of the questions that was asked is how the youth are being affected by the overdoses. I don't have any information about that. I do have some numbers from the Mental Health Association (MHA). MHA responds to overdoses from the ODMAPP program. In 2019 they were called upon to look into 72 cases, in 2020 there were 197. That is a huge jump. For the first two months of 2021 they are at 47 so far. So the numbers have increased considerably and continue to rise. The death rate of this subgroup has not increased, which meant the overdoses happened by they were taken care of (presumably) by Narcan or other methods. One thing that continues to be an issue is that along with Andy's discussion point, the biggest problem they have is the resistance to MAT from the health care providers and from the patients themselves.

Schuyler: Shelly Wells and Bree Agett put together some overdose data for us that they were able to get from ODMAPP. Please refer to Attachment A for details. A press release will be issued tomorrow using this data. There were several instances where multiple doses of Naloxone were used to save the person. I do believe that is because of the fentanyl that is mixed in with many of these substances that people are using. Fentanyl is what leads to our lethal overdoses and the need to use multiple doses of Narcan. Without the use of Narcan we would have seen a much higher death rate with overdoses.

Pennington: I was able to obtain some data from Brooks Hospital on youth overdoses for 2020. In 2020 there were 68 cases of youth overdoses that were presented at Brooks ER Department. Only two of those were under the age of 20. One was an 18 year old and the other was a 19 year old. There were no cases of overdoses under 18 last year at Brooks. Brooks did 248 behavioral (mental) health evaluations in 2020, 31 of those were under the age of 18, so about 2.6 a month. In January-February 2021 they have had 10 behavioral (mental) health evaluations for youth under the age of 18 and four of those 10 were admitted to a psychiatric unit.

O'Brien: How does Brooks define an overdose? For example if someone is extremely intoxicated on alcohol, is that considered an overdose?

Pennington: That I don't know. You'll have to ask Brooks that.

Khan: I have to say that the numbers are higher. We are just not able to capture the data for mental health in youth. A lot of them are getting help in multiple sites across the county and some even at their primary care

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doctors. So, as we all know the numbers are much higher.

Pennington: Correct. This is just for emergency room visits at Brooks Hospital. We have seen at our clinics alone in February, we have a 12% increase in mental health patients age 13-17 and a 4% increase in children under 12 presenting just at our clinic.

Ney: So, I think we can agree that in fact the youth are impacted.

Schuyler: Yes and that is why we have also asked Leanna Luka-Conley, our Deputy Commissioner of Adult, Child and Family Services to join us so that she can tell us what she is seeing in the child welfare realm of things and with some of her work with community agencies.

Luka-Conley: To add to what was just mentioned, Mental Health Association's (MHA) primary focus is to work with adults, but they are working with 12 youth ages 16-17 and according to their executive director, since COVID that number has increased. I think a lot of these kids are very resourceful and so they may not go to an emergency room because they don't want to be back in the system. Some of the other things that I want to mention is the Strong Starts Chautauqua and highlight some of the data that we have been seeing. Looking at our pregnant women that are exposing their unborn children to substance use. Pre-COVID over a six year stretch in Chautauqua County, we saw a 600% increase in infants born with NAS due to substance exposure. During COVID we saw a 53% increase. I encourage us to not forget about these infants because I think we are going to continue to see this for years and we are trying to develop a streamlined system to intervene.

CPS – When COVID hit we saw a decrease in reports to child welfare locally and nationwide. This was because schools were closed, agencies were no longer doing face to face so those mandated reporters were no longer coming in contact with the children. We have been seeing some very horrific things happening in our community. As schools have opened up and some agencies are now doing face to face, our child welfare case have increased and the educational neglect has increased. DHHS has been working with Southwestern, Westfield and Ripley schools to coordinate an effort with all school systems across the county for sharing resources, collaborating and coordinating some of these services. We know it's not only about engaging these youth back in school but once they are full time, we are going to have a lot of children with some real issues with sustaining structure again. This is a real opportunity for schools and child welfare to work together.

We also have Safe Harbour which is the human trafficking program in the County. We have seen an increase during COVID with youth that are couch surfing who are technically homeless. Per Kayleah Feser, Safe Harbour coordinator, they have had 127 youth identified at risk of being trafficked, 20 of those youth have met the federal definition of trafficking and 81 youth targeted as high risk for trafficking. The average age was 13 years old. 89% of those cases are female. Since COVID youth have been engaging in more technology use, they have seen an increase in risky online behavior with youth being solicited with sexual images.

Some of the agencies that we contract with through the Youth Bureau have all indicated that they have seen an increase since restarting face to face visits and have noticed that there is an increase in mental health, substance abuse and domestic violence. They are also trying to work with the schools because we are seeing a huge gap in education.

Schuyler: School superintendents have indicated that they are doing assessments to see how big of a slide this has been. We used to call it the summer slide and so now, we are going to see the pandemic slide. Right now they are saying that children are about two years behind in education compared to pre-COVID. There is a lot of work to do to try to put the pieces back together.

Luka-Conley: The greatest hardship is really the lack of structure for so many children and families. Domestic violence is also an area of concern in child welfare and with the other agency due to isolation and families together

<p>Methadone clinics/Youth Cont'd</p>	<p>more than they are used to being. I think we have a lot of work ahead of us over the next several years.</p> <p><u>Ney:</u> The headline in the paper recently is that the County unemployment has doubled. I'm sure this is all part of the story. Another concern I have is with the kids spending so much more time at home, are we going to end up with more lead poisoning cases?</p> <p><u>Kidder:</u> Back to the methadone subject, do we know how many people from Chautauqua County go to Buffalo every day for methadone and will all of them be accommodated in Dunkirk, will they be given a choice, will it be mandated?</p> <p><u>Pennington:</u> I was not able to get that number from OASAS, but I understand there are approximately 80 people going to Buffalo for treatment. I believe the license that has been requested in Dunkirk is for 400 spots.</p> <p><u>O'Brien:</u> That is correct and I believe they will accept people from neighboring counties as well. When this was first talked about there were no other options (outside of Buffalo) for methadone in the region. Now there are clinics or plans for clinics in Genesee County, Southern Erie County and I believe Cattaraugus County.</p> <p><u>Ney:</u> Thank you Misty and Leanna for being here. Misty, please give our best regards to Pat in her retirement.</p>
<p>New Business: Agreements to Settle</p>	<p>Agreements to settle were reviewed.</p> <p><u>Boria:</u> We have seen a decrease in COVID-19 complaints so that is a good thing.</p>
<p>Old Business: COVID-19</p>	<p><u>Schuyler:</u> Bree Agett, our epidemiologist, has put together some figures for us. The figures were reviewed and are included in attachment B. Our office has given close to 50% of all of the vaccine doses in the county. Yesterday our staff conducted the largest vaccination clinic yet where health department staff, with the help of volunteers and our fellow county agencies, vaccinated 2,114 persons. I just cannot give my staff enough credit; they are very thorough, organized and have made these clinics run as well-oiled machines to get that many people through in an efficient and safe manner. We do have a ways to go to get to herd immunity. By the end of next week we should have about 24% of our population fully vaccinated.</p> <p><u>Ney:</u> Can you tell us about the Johnson and Johnson (J & J) vaccine that was received in the County and who it went to?</p> <p><u>Schuyler:</u> We received 800 doses which was a special allocation of J & J vaccine that had to be used for those who are homebound, homeless or home limited meaning they have limited ability to get to our clinics. When we get our vaccine, per NYS Executive Order, we have seven days to get it in arms or we could face fines or failure to receive future shipments so we get the vaccine and we get it right out.</p> <p><u>Kidder:</u> Can you explain the allocation process?</p> <p><u>Schuyler:</u> All providers have to preorder by 5pm on Mondays and you can put down how many doses you would like of each vaccine for the following week. On Fridays, the state puts the order in to the federal government. Typically, sometime on Sunday we receive an email that tells us what our allocation is going to be. Up until yesterday, it also included what populations you could use it on. As of March 17th, we are now able to vaccinate anyone who is eligible. Pharmacies are the only ones we are limited to who they can vaccinate and are limited to 65 and older and school staff.</p> <p>There have been other counties who were promised vaccine and did not receive it or received it late and so they have had to cancel vaccination clinics. For this reason, our office will not schedule a vaccination clinic until we have the vaccine in hand.</p> <p><u>Ney:</u> What is your feeling about vaccination hesitancy in our county?</p> <p><u>Schuyler:</u> We are seeing some vaccination hesitancy here and nationwide. We are doing education and outreach</p>

COVID-19 cont'd

to our minority and vulnerable populations to listen to them, provide resources, and let them know of potential side effects. Many people seem to be waiting for the J&J vaccine because they only want to have one dose instead of two. I really do not see an ample supply of the J&J vaccine coming to us in the near future. As you all know the protection is excellent with the two dose vaccines. There is a listening session coming up later this month with the Hispanic community to hear what their concerns are and assist to get awareness out there.

Khan: I believe that vaccine hesitancy is going down compared to what it was in January and February. People are seeing their family and friends getting vaccinated. I think what is going to happen is that once there is a rule where people will have to provide their vaccine passport in order to get into a restaurant, airline, etc., it will urge people to get it.

O'Brien: Are there any resources related to COVID in Spanish for those who only speak Spanish to obtain and is that available online?

Schuyler: Yes, there are resources in Spanish and there is a translate tool online.

It is important for people to remember that we are still in a pandemic and we are hoping that people will take a harm reduction approach and continue to wear masks, social distance and wash hands and by now I think everyone can recite those words in their sleep. The CDC has come out with some changes when you are fully vaccinated you can gather indoors with other fully vaccinated people without wearing a mask, you can gather indoors with unvaccinated people with one other household without masks unless any of those people have increased risk. If you have been around someone who has COVID-19 and are fully vaccinated you do not need to quarantine unless you have symptoms. Those are some significant changes so that we can start to feel normal again when you can be in a meeting with your colleagues and don't have to wear a mask. You should still take steps to protect yourself and others in public by wearing the mask and social distancing in public and avoid gatherings with more than one household who have not been vaccinated or people who are at increased risk of severe illness or death. This is to protect those who are not vaccinated yet.

As of April 1st the governor has said that there will no longer be a need to quarantine after travel.

As of last night we utilized all of the vaccine that we had except for the J&J vaccine we received on Tuesday that is allocated for the homebound. We used most of this vaccine in our senior apartment complexes where there are a lot of seniors in those facilities who are not able to get to a clinic. We were under a short timeframe to use the vaccine and we did vaccinate some of the inmates at the Chautauqua County Jail who are both homeless and homebound so it was a very legitimate use of the vaccine there. We are working with homecare agencies to serve their clients. We've talked with licensed homecare services agencies and figure out how are staff can accompany their staff to get to people who are truly homebound. My staff have surveyed physician offices to put a list together of their homebound patients as well. We are planning to go into homes to vaccinate. The state has fortunately told us that we are able to vaccinate the caregiver or others present in the home as well. Again, once you open the vial you have two hours to use it so by the time you travel somewhere to vaccinate someone, wait 15 minutes to make sure there is no reaction, travel to another place, you are really jeopardizing the vaccine so I hope you can understand that it is not that easy. We are working very hard on this.

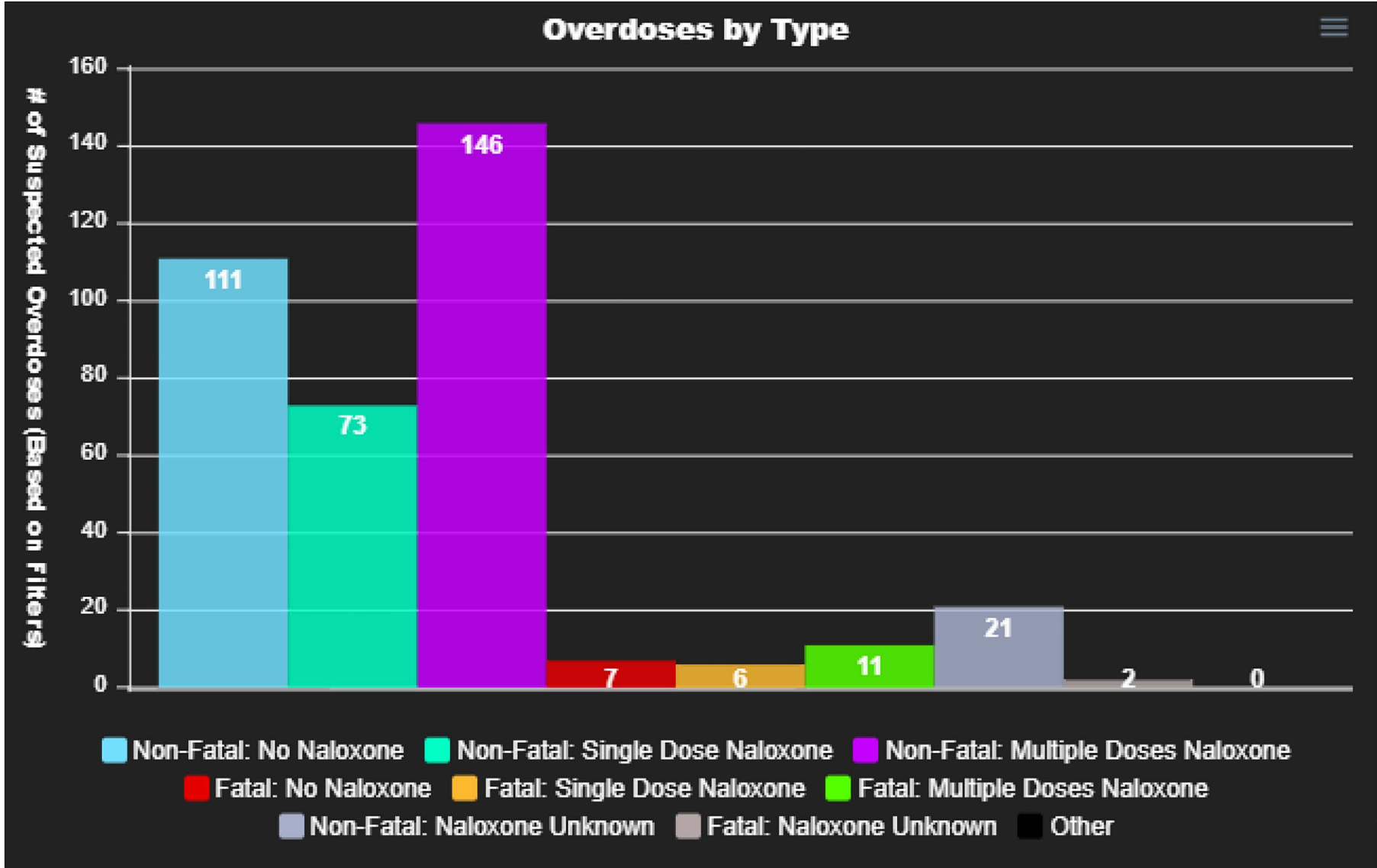
Kidder: We have received so much good feedback in regard to how well the county has implemented these mass vaccination clinics and how efficient they are so kudos you and your staff and everyone who has been working so hard on those. On a second note, as we wrap up this discussion I want to bring this to the forefront is the reality that we are going to be dealing with this post-COVID syndrome or long COVID or newly called post-acute sequelae of COVID that we are going to be dealing with potentially for years to come. In the clinic, I am already seeing long COVID syndrome which is really a myriad of symptoms but we are seeing long term lung compromised, respiratory

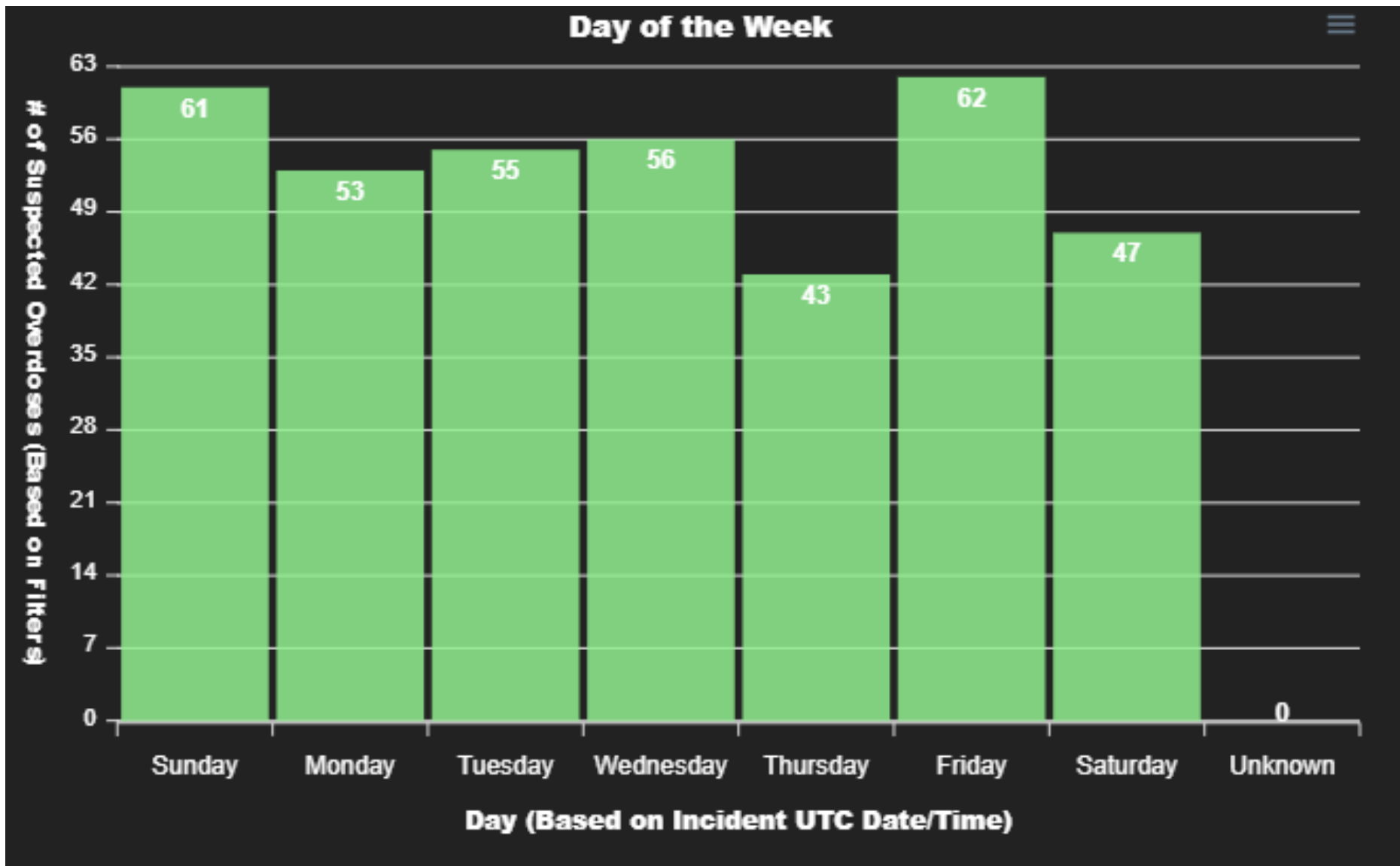
<p>COVID-19 cont'd</p>	<p>compromised, severe fatigue, ongoing gastrointestinal issues, a lot of mental health effects including brain fog, confusion, inability to concentrate. People describe it as really just not being themselves anymore. There are more issues than answers in the medical field right now. The good news is there is quite a bit of funding going into research. I have a feeling that we will be dealing with this from a medical and public health side of things for the next several years.</p> <p><u>Schuyler</u>: This is another good reason for people who are on the fence about getting the vaccine to realize that this isn't just a cold and that there really is a chance of it developing into something more.</p> <p><u>Kidder</u>: We see it in young people too who have no previous preexisting conditions in fact it's frightening as a medical provider to see that and when I talk to patients about getting the vaccine and how important it is I bring these examples up. It really should be a no brainer to get this vaccine.</p> <p><u>Ney</u>: I read something just yesterday that some of the symptoms of long COVID disappear when the person waited a timely period of time and got vaccinated and I thought that was very interesting, yet another reason to get a vaccination.</p>
<p>Old Business: Tobacco policies</p>	<p><u>Schuyler</u>: last evening the Board of Health tobacco subcommittee presented and discussed this topic with the Human Services Committee and I think Mrs. Rankin is on and can share.</p> <p><u>Rankin</u>: We had a great discussion last night. Ken Dahlgren, from Roswell, provided a lot of good information for us from the American Heart Association, the Cancer Society and has been a good mentor and coach through all of this. We are talking about ways to have tobacco retail licensure conform what we want to do in Chautauqua County and two things I want to mention about that are how Dr. Ney over the years has emphasized the fact that a young person's brain doesn't really develop until they are in their mid-20s and so the choices that they make before then may have a serious effect on the rest of their lives and the other thing is that Christine Schuyler talks over and over again about prevention and so these two ideas come strongly into play with what we've been talking about. When it comes to tobacco policy licensure, the requirements are an effective tool to limit youth initiation of tobacco products as well as access to continued usage. It is also an effective approach to decrease the prevalence of tobacco use and reduce the social economic disparities. Tobacco retail licensing can restrict where and how tobacco is sold. There are four things that Mr. Dahlgren provided for us.</p> <ol style="list-style-type: none"> 1. It can limit the number of tobacco retail outlets there are in the county, where we have them and in what communities. 2. It can limit the location where tobacco sales can occur. For example, we can create a buffer for sensitive areas such as schools and libraries. 3. It can limit the type of tobacco products sold in the area for example we know that a lot of pharmacies are no longer selling tobacco products. 4. Restrict the sale of flavored and alluring tobacco products, for example, yummy flavors that the youth might find really hard to avoid. <p>Last night the subcommittee had a great discussion with the Human Services committee and went over those factors. A couple of things that came out of that meeting is to look at maps showing where our vendors are currently are in relation to schools, what kind of pushback there has been from vendors or communities to see how we can address those in advance and are there any lawsuits that we may want to look at and how to address those in advance. We are also looking at other counties and their local laws and looking at draft language for our local law. I don't have the specifics for Chautauqua County. Our LHD attorney is going to be working with the County Attorney on this and they will come back to us. One of the other things that came up last night was can we grandfather in current vendors who are within a certain distance of schools or libraries because we don't want to</p>

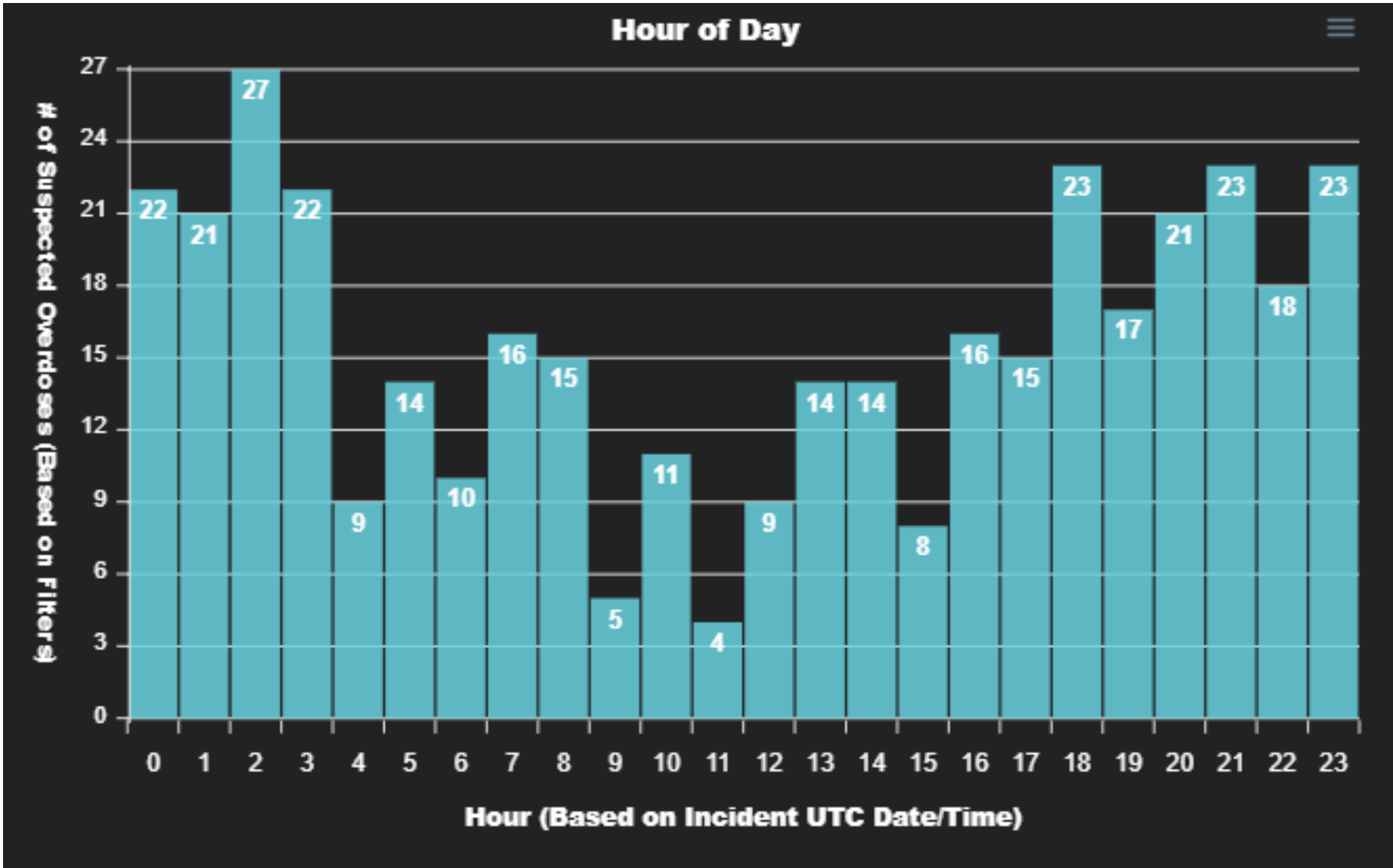
Tobacco policies cont'd	<p>hurt those small businesses, but to say that the new policy would apply when it changes ownership. There are so many things to discuss, but I think this is a good start.</p> <p><u>Tarbrake</u>: I thought it was a great start to the conversation. We went over the parameters of what it is going to take to pass legislation to change some of the licensing. I think that the partnership between the LHD and the Legislature combined when we did tobacco 21 was a great effort. There is going to be some push back from small businesses, the vaping industry and other folks but I think we can get this done and get the language put together with the law department and make this a reality. It is important for the young people of this county. Smoking is a gateway to other drugs, which has been proven in the past. Other counties have taken on this responsibility and so we will be looking into that as well.</p>
Old Business: Village of Mayville Water	<p><u>Boria</u>: The village is still operating off their new temporary well. They are in the process of constructing a permanent well house which should be done in 6-8 weeks. The new well does have some iron in it that is slightly above the state standard. Iron doesn't pose a health risk but it does pose some aesthetic problems like creating colored water, staining fixtures and can have a bitter taste. The village has received some complaints. They plan to treat that with the new treatment building. They are exploring for a new well and are nervous about going into the summer tourist season with only one well. Looking for a new well will take at least a year. The biggest thing that has come up since the last meeting is that we do not know what the source of contamination is. The DEC has completed their initial investigation. They identified the potential source as being from the use of aqueous filled forming foam used by fire departments that is used to put out very hot fires and those that are generally associated with fuel. The fire departments did quite a bit of training with that between 2014 and 2018 behind the old Mayville school, which is now the town municipal building. Part of the investigation was to drill some monitoring wells around the old football field, take water samples, and collect soil samples. It was discovered that the football field has an under drain system to keep the football field dry. They are confident that that location is the source of contamination. Currently the LHD, DEC and State Health are working to try to locate some emergency funding for the village as they have accumulated quite a lot of costs associated with this.</p> <p>The State Health department does not regulate PFNAs, the contaminant that was identified. This creates a little bit of a roadblock when it comes to freeing up funding. Things are progressing well otherwise. We continue to hold weekly meetings with updates.</p>
Other	<p><u>Ney</u>: Christine on behalf of our Board please extend a good retirement to Pat Brinkman for us. I also want to acknowledge that Natasha Souter has resigned from the Board and that we would like to express our thanks to her for her services with a letter from the Board.</p> <p><u>Schuyler</u>: We were very thankful to have Natasha on the Board for four years. She had a lot to offer from her perspective in the north county, her experience with the Nation and her work experience.</p>
Adjournment	Motion to adjourn by Kidder. Meeting adjourned at 7:47pm
Future Meeting Dates	5/20/21, 7/15/21, 9/16/21, 11/18/21

Suspected Overdose Data from ODMAP 03/01/2020 through 03/15/2021

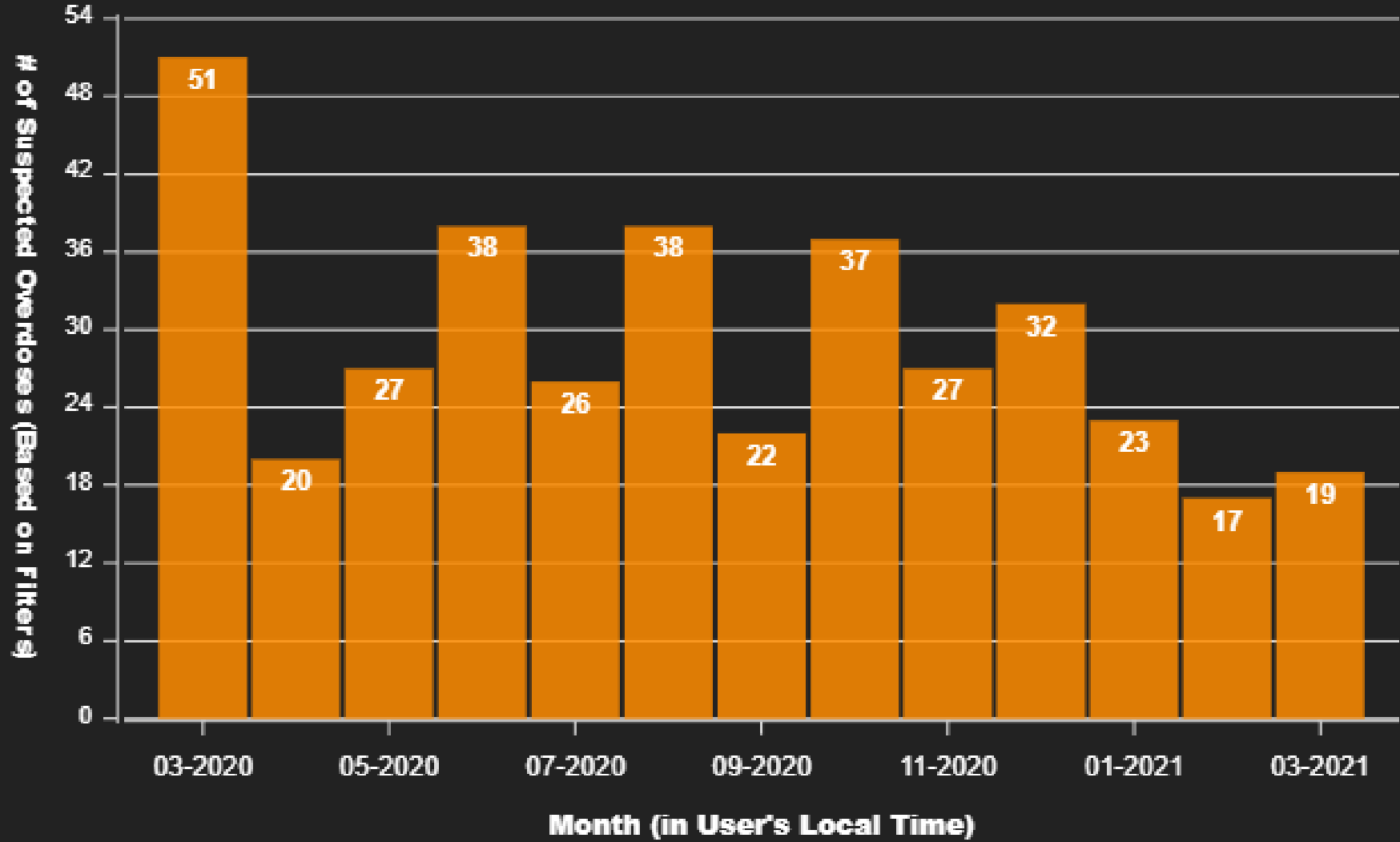
Total Suspected Overdoses:	377
Suspected Fatal Overdoses:	26
Naloxone:	236





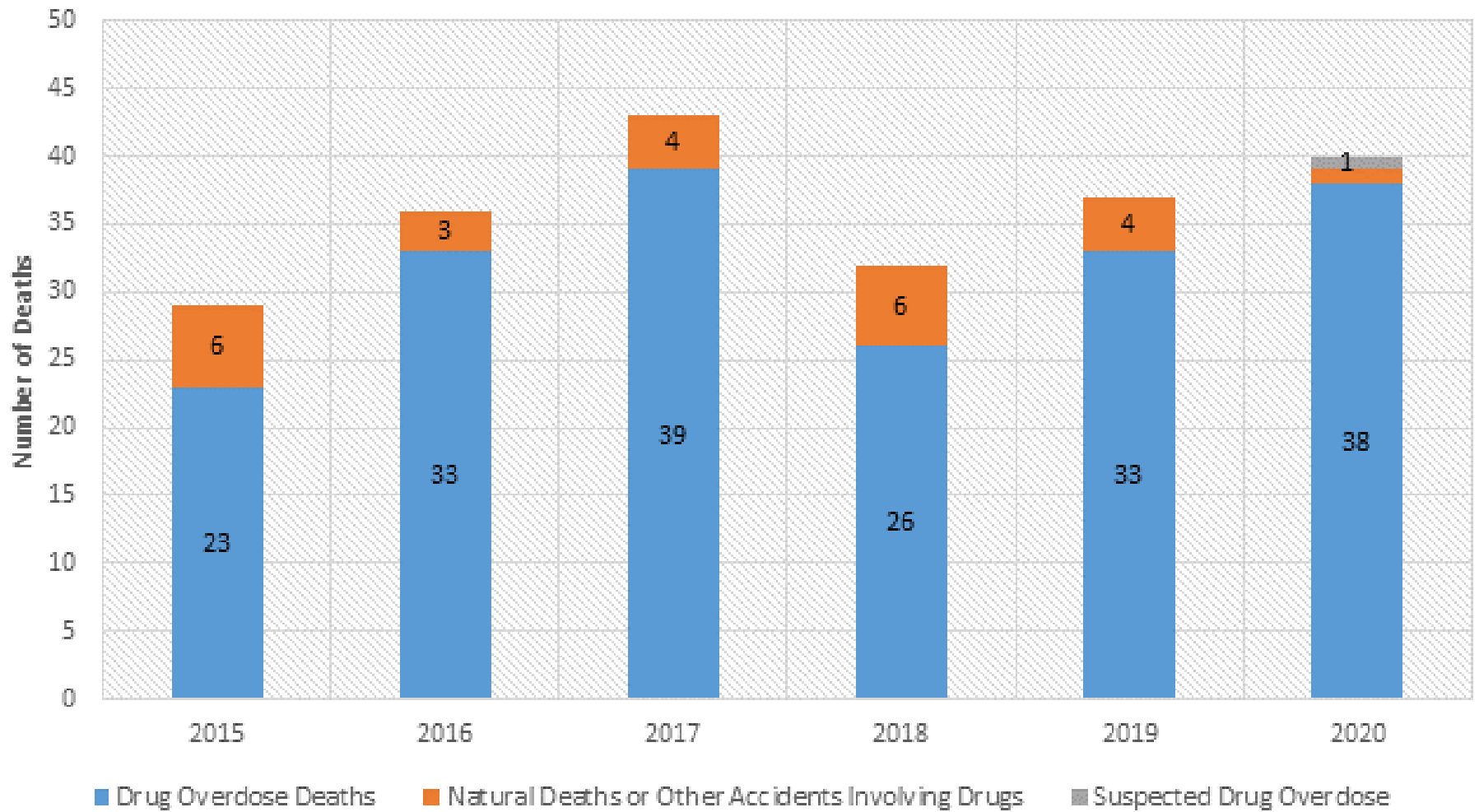


Suspected ODs Per Month



2020: 38 fatal overdoses (all opioid); 1 suspected overdose, and 1 drug-related death (drugs were contributory, but the death was not an overdose).

Deaths in Chautauqua County Involving Drugs 2015-2020



Overdoses Reported in 2020 to ODMAP by drug

<i>Please note that primary suspected drug is an optional field and is not always entered. Suspected drugs are based on field reports and not on official toxicology.</i>	Total Suspected Overdoses	Suspected Fatal Overdoses	Naloxone
Heroin	247	19	197
Prescription Drugs	43	0	6
Methamphetamine	20	0	6
Fentanyl	15	2	7
Over The Counter	9	0	2
Cocaine	8	2	5
Alcohol	7	0	0
Oxycodone	6	1	5
Methadone	5	2	4
Other	4	0	1
Synthetic Marijuana	3	0	0
Crack	2	0	1
Benzodiazepine	1	0	0
LSD	1	0	1
Suboxone	1	0	0
Total	372	26	235

COVID-19 Vaccination Data Update

COVID-19 Vaccinations Given by the Chautauqua County Health Department through 3/17/21

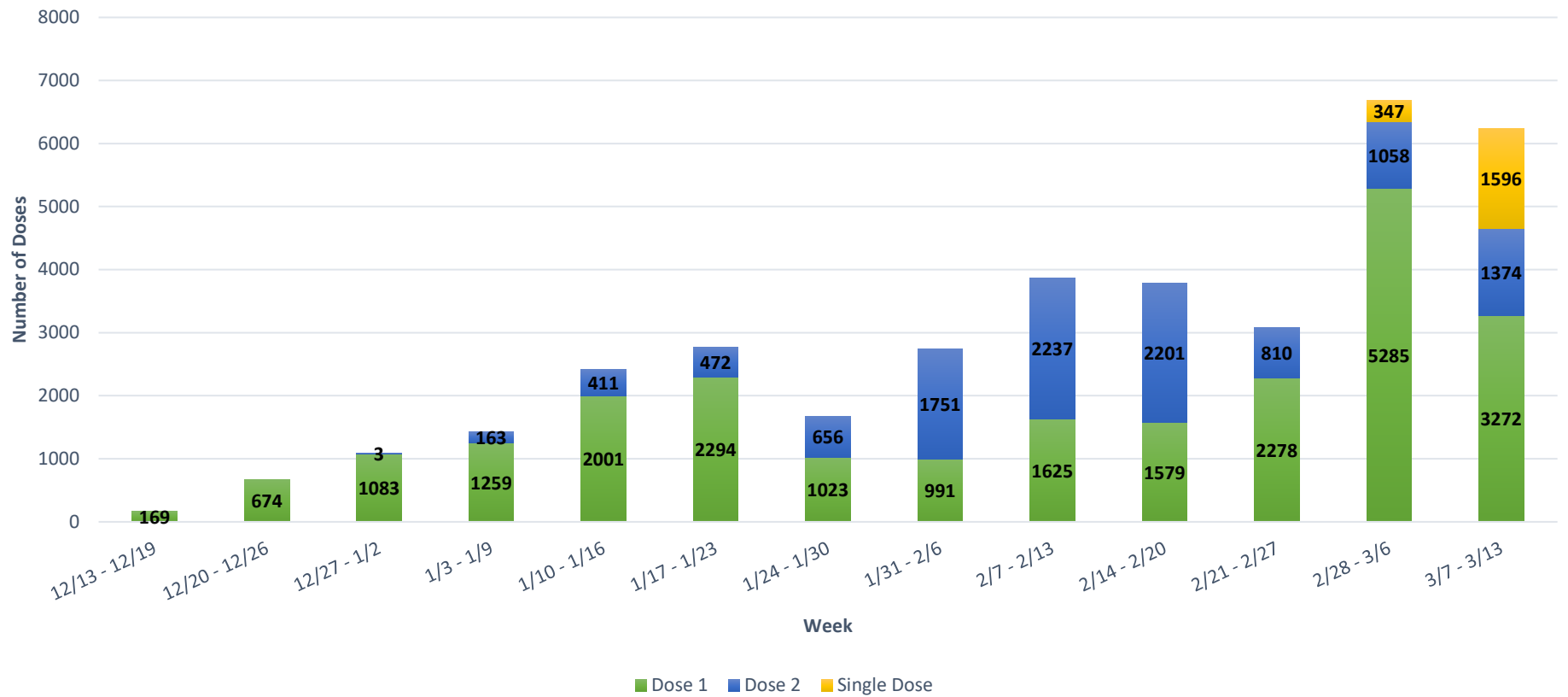
First Doses Given	Second Doses Given	Total Doses Given
10,868	3,721	14,589

Chautauqua County Residents with a COVID-19 Vaccine through 3/13/21

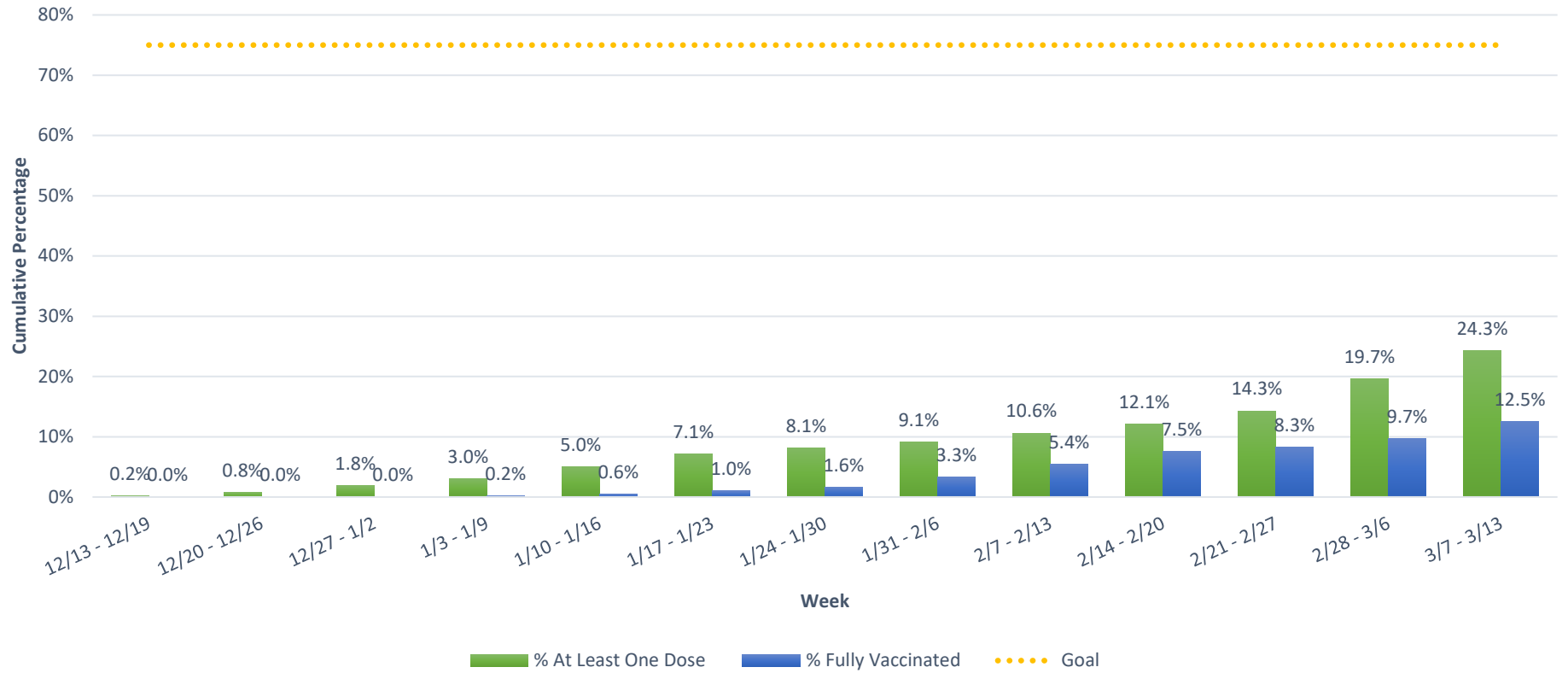
	2-Dose Series		1-Dose Series	Total First Doses	Total Fully Vaccinated
	First Dose	Second Dose	Single Dose		
Number of Doses	23533	11136	1943	25476	13079
Percent of County Residents Ages 16+	22.48%	10.64%	1.86%	24.34%	12.49%
Percent of Total County Residents	18.15%	8.59%	1.50%	19.65%	10.09%

Preliminary data through 3/13/2021; subject to change as facilities correct data as needed. These numbers will be updated on a weekly basis, depending on the availability of NYS reports.

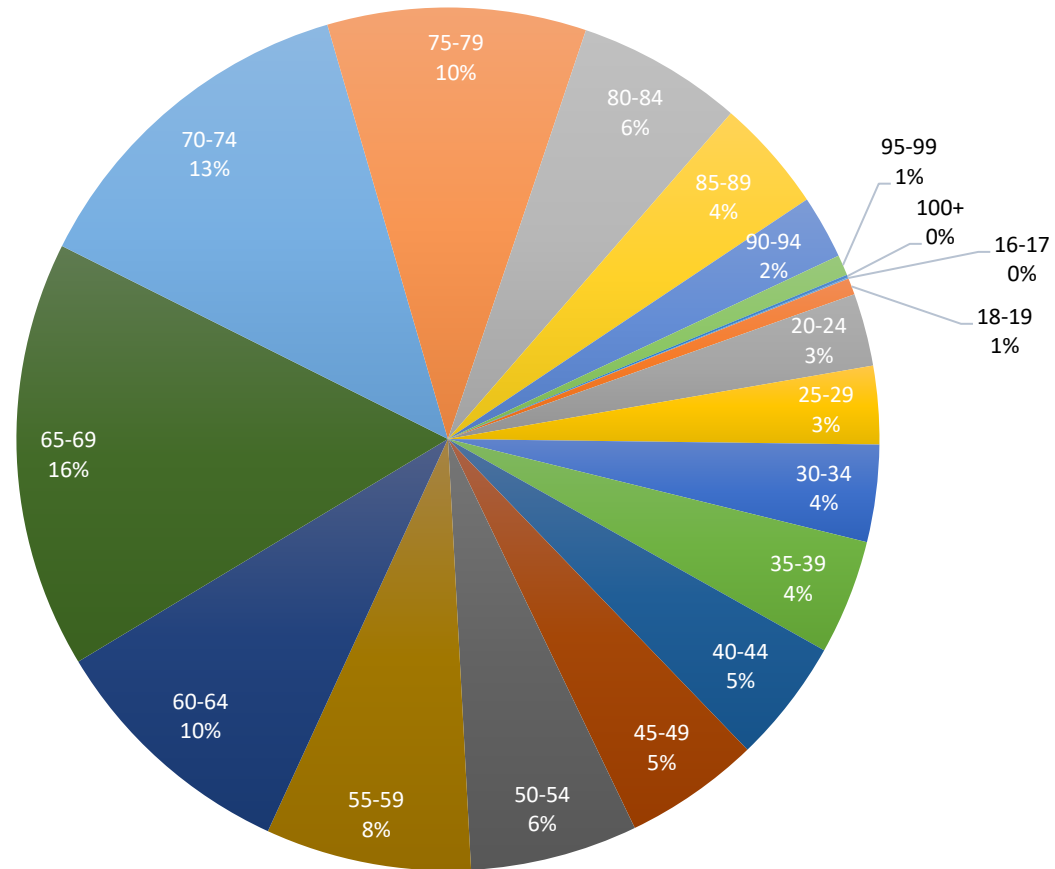
COVID-19 Vaccinations Among Chautauqua County Residents by Dose and Week



Cumulative Percentage of Chautauqua County Residents Ages 16+ Vaccinated by Week



Chautauqua County Residents With At least One Dose of Vaccine by Age Group, 3/13/2021



Chautauqua County Residents with at Least One Dose of COVID-19 Vaccine by Age Group through 3/13/21

	At least One Dose	2018 population	Percent with At Least One Dose
16-17	13	3254	0.40%
18-19	157	4303	3.65%
20-24	693	7752	8.94%
25-29	746	8090	9.22%
30-34	927	7345	12.62%
35-39	1096	7770	14.11%
40-44	1184	5989	19.77%
45-49	1294	7331	17.65%
50-54	1598	8289	19.28%
55-59	1963	10433	18.82%
60-64	2426	9480	25.59%
65-69	4078	8148	50.05%
70-74	3340	6120	54.58%
75-79	2469	4837	51.04%
80-84	1580	2574	61.38%
85-89	1083	3908	27.71%
90-94	607		
95-99	196		
100+	26		
	25476		

Chautauqua County Residents Who Have Received COVID-19 Vaccination Data by Race through 3/13/2021

Race	At Least One Dose	
	Count	Percent*
<i>White</i>	20397	21.1%
<i>**Other Race</i>	1867	209.8%
<i>Black or African-American</i>	275	13.2%
<i>Asian</i>	114	21.7%
<i>American Indian or Alaska Native</i>	108	25.7%
<i>Native Hawaiian or Pacific Islander</i>	8	29.6%
Total	22769	

Source: NYSIIS, accessed 3/15/21. Data are preliminary and subject to change.

Race not listed for 2,707 residents

*Population data is 2010 census data for individuals ages 18+

**Other Race population data from census.gov, 2010 population ages 18+; Other race from registration may not reflect the same population pool

<https://data.census.gov/cedsci/table?q=18%2B%20race&g=0500000US36013&tid=DECENIALSF12010.P11&hidePreview=false>

Chautauqua County Residents Who Have Received COVID-19 Vaccine by Ethnicity, through 3/13/21

Ethnicity	First Dose		Second Dose		Percent of Group's Population with At least 1 Dose
	Count	Percent	Count	Percent	
<i>Not Hispanic or Latino</i>	19859	97.0%	8883	98.1%	19.77%
<i>Hispanic or Latino</i>	613	3.0%	173	1.9%	12.28%
Total	20472	100.0%	9056	100.0%	

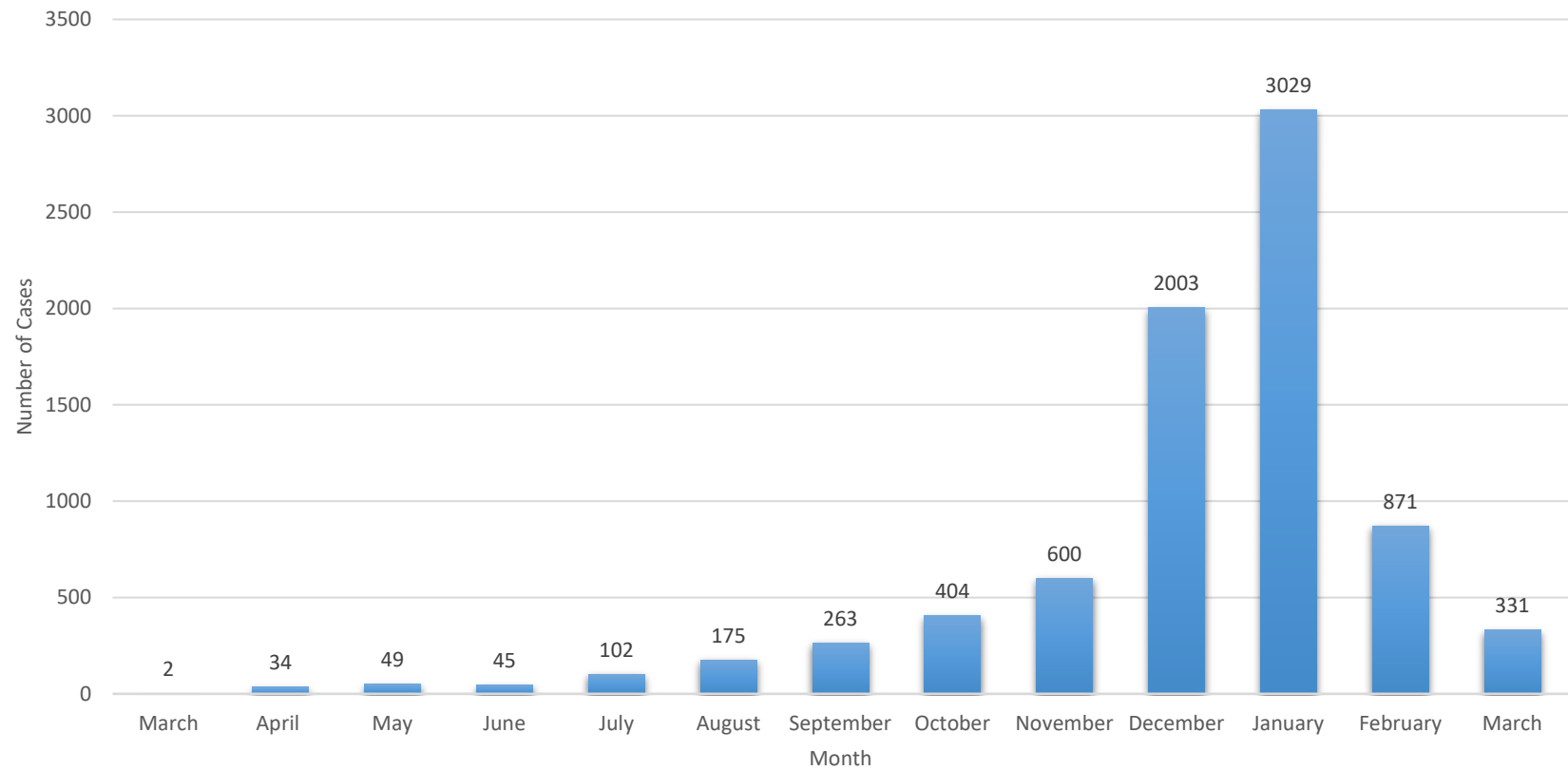
Source: NYSIS, accessed 3/15/21. Data are preliminary and subject to change.

Ethnicity Data was not available for 5004 first doses and 2080 second doses

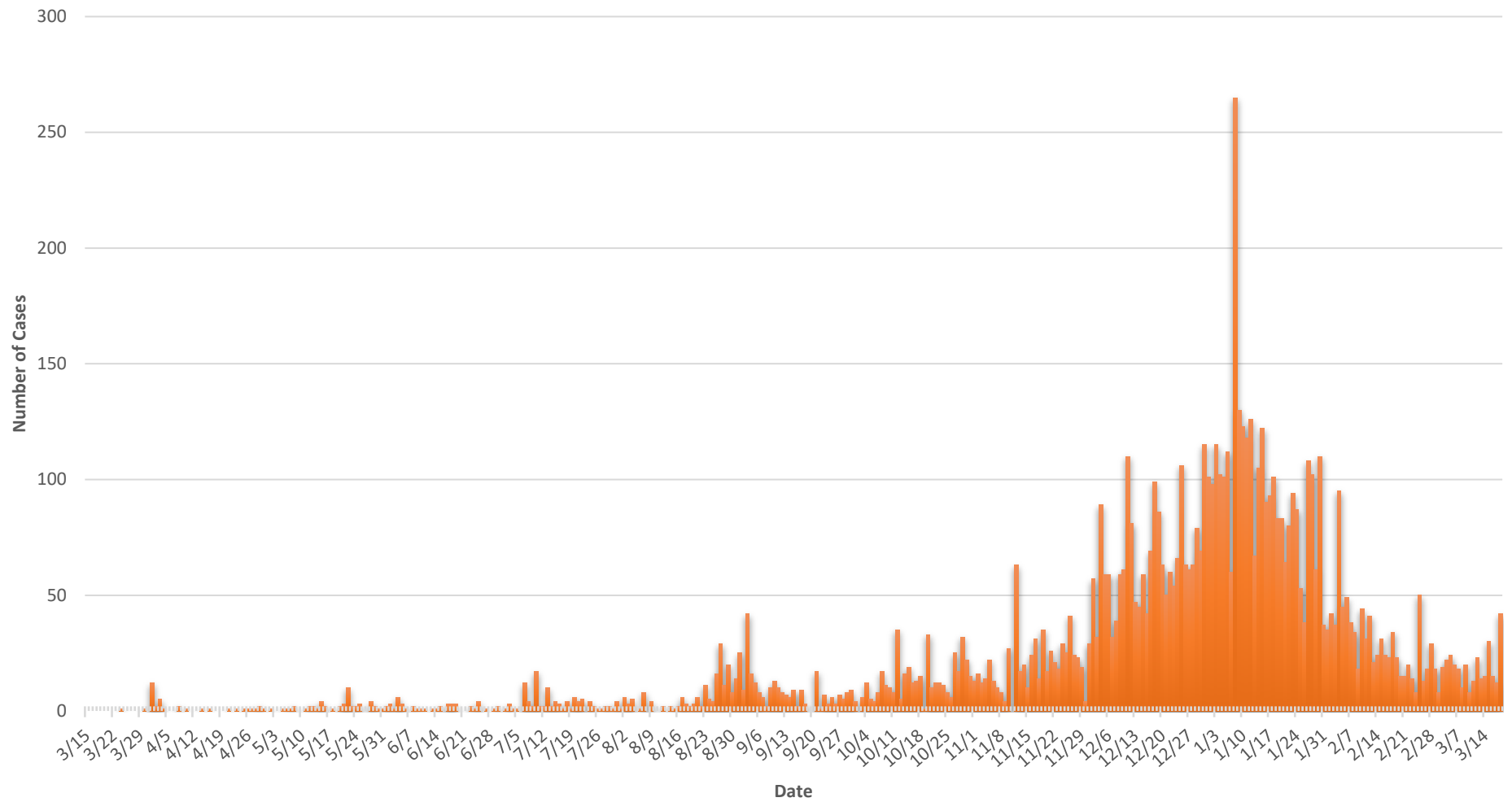
COVID Case Data through 3/17/2021

Total Cases	New Cases	New Deaths	Active Cases	Total Recovered	Currently Hospitalized	Total Deaths	People in Quarantine	7-Day Average % Positive*
7902	42	1	150	7611	9	141	397	1.0%

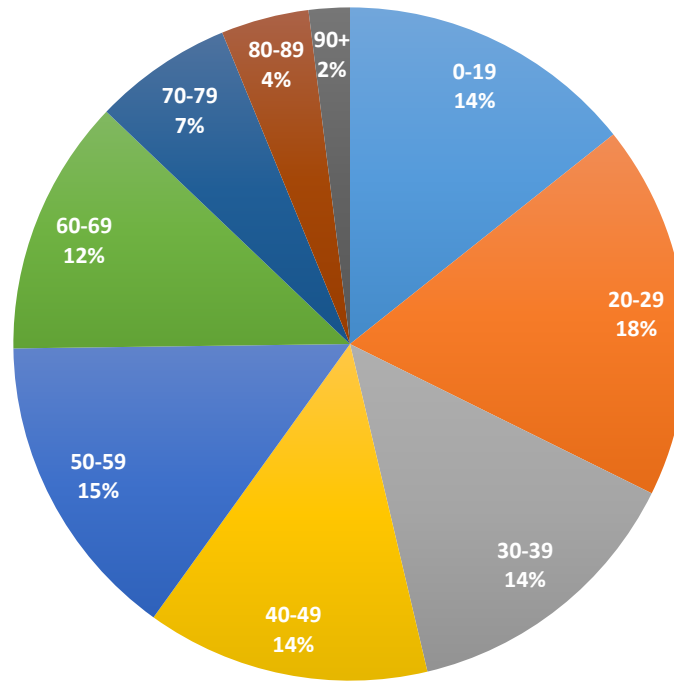
Number of COVID-19 Cases in Chautauqua County by Month



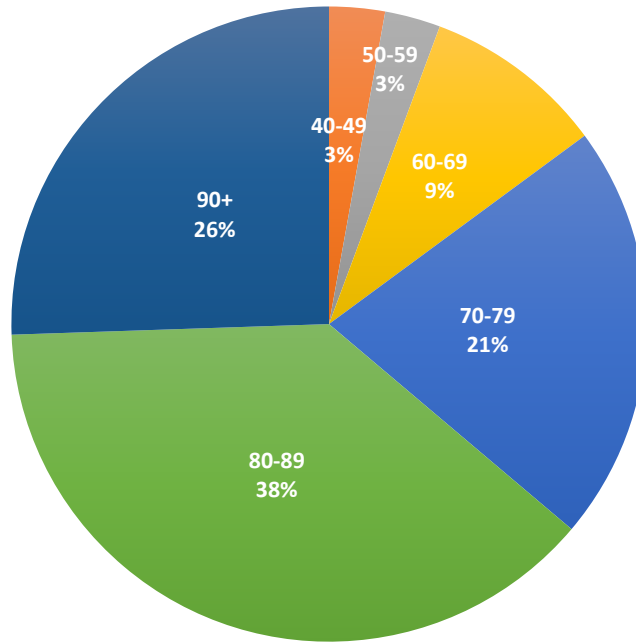
Number of COVID-19 Cases in Chautauqua County by Report Date



Chautauqua County COVID-19 Cases by Age Group



Chautauqua County COVID-19 Fatalities by Age Group



Age Group	Total Deaths	Fatality Rate
All Ages	141	1.78%
0-39	0	0.00%
40-49	4	0.38%
50-59	4	0.35%
60-69	13	1.37%
70-79	30	5.83%
80-89	54	16.56%
90+	36	23.68%