

**DATE:** June 9, 2023  
**TO:** Board of Health Members  
**FROM:** Jacquelyn Phillips Carter, MPH, BSN, RN - Secretary  
**SUBJECT:** **Agenda for June 13, 2023**

City of Middletown Board of Health & Environment will meet in regular session **June 13, 2023** at 7:30AM in Conference Room 2C at the City Building with the following agenda. If you are unable to attend the meeting, please call 513-425-1818.

**MEETING CALLED TO ORDER**

**ROLL CALL-** Motion to excuse absent members

**CITIZEN COMMENTS**

**APPROVAL OF MINUTES** –May 2023

**RECEIVE AND FILE FINANCIAL REPORT** –May 2023

**EDUCATION PRESENTATION**

Vaping

**OLD BUSINESS**

1. PHAB
2. Tobacco21 (T21)

**NEW BUSINESS**

1. Travel Authorizations-None
2. Approval of Agreement between Butler County General Health District and City of Middletown Health Department-Public Health Emergency Preparedness (PHEP)
3. Board Member Topic-Open Discussion

**REPORTS**

Health Commissioner  
Medical Director  
Director of Nursing  
Environmental Health Director

**ADJOURNMENT**

The Next Board of Health Meeting is scheduled for July 11, 2023 at 7:30am

It is the policy of the City of Middletown to make all public hearings and meetings accessible to all persons, in accordance with state and/or federal laws. If you have a disability which requires accommodation in order for you to attend and/or participate in this meeting, please contact us at 425-7851 or 425-7705 (TDD) at least forty-eight hours prior to the time of the meeting to advise the need for accommodation, and reasonable efforts shall be made to provide the same.

**CITY OF MIDDLETOWN**

**BOARD OF HEALTH**

**Minutes**

**May 9, 2023**

The City of Middletown Board of Health met in regular session at 7:30 AM on May 9, 2023.

**Members Present**

Mayor, Nicole Condrey, BS, President  
Jeff Bonnell  
Sally Kash, MS, RN  
Ruth Lolli  
Joseph Richmond  
Amy Sibcy  
Dr. Scott Zollett, MD

**Health Department Staff Present**

Jackie Phillips Carter, MPH, BSN, RN  
Carla Ealy, BS, REHS  
Chandra Corbin, BSN, RN  
Dr. Paul Jennewine, MD  
Amanda McDonald, Vital Statistics Registrar  
Olivia Hall, Emergency Preparedness Coordinator

**Absent**

None.

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**ROLL CALL**

All board members were present.

**CITIZEN COMMENTS**

None.

**APPROVAL OF MINUTES- April 2023**

Ms. Corbin was incorrectly listed twice under "Health Department Staff Present."

**Motion:** Ms. Lolli moved, seconded by Ms. Sibcy to approve the April 2023 Board of Health meeting minutes with correction made to staff present.

**Roll call vote:** Yes-6 (Bonnell, Kash, Lolli, Richmond, Sibcy, Zollett). No-0. Motion Passed.

**RECEIVE AND FILE FINANCIAL REPORT-April 2023**

**Motion:** Mr. Richmond moved, seconded by Ms. Lolli to receive and file the April 2023 Financial Report.

**Roll call vote:** Yes-6 (Bonnell, Kash, Lolli, Richmond, Sibcy, Zollett). No-0. Motion Passed.

**Education Presentation- Prostate Cancer-Dr. Jennewine**

Dr. Jennewine provided the board with an overview of prostate cancer. The prostate is a part of the male reproductive system. The prostate helps in the manufacturing and storage of semen. Prostate cancer is the second most common cancer worldwide. It is the fifth leading cause of cancer death among men. Most cases of prostate cancer are adenocarcinomas developing directly from the prostate cells. There are roughly 288,000 new cases and 35,000 deaths annually due to prostate cancer.

Dr. Jennewine explained that risk factors for developing prostate cancer include: age, family history (doubles the risk), African ancestry and obesity (34% increase in death). Screening and diagnosis for prostate cancer include: Digital Rectal Exams (DRE), a laboratory test that measures the amount of prostate-specific antigen (PSA) found in the blood and magnetic resonance imaging (MRI). Treatment of prostate cancer includes surveillance and active treatment. There are

non-surgical active treatments such as hormonal therapy, radiation and chemotherapy as well as surgical treatment such as a radical prostatectomy.

Prognosis of prostate cancer depends on many factors. If the cancer is found while it is still localized or regional, the five-year survival rate is greater than 99%. If the prostate cancer has already spread distant by the time of diagnosis, the five-year survival rate drops to 32%.

#### Discussion

Mayor Condrey asked for Dr. Jennewine to elaborate on the definition of "five-year survival rate."

Dr. Jennewine explained that it is the percentage of patients that live at least five years after their diagnosis.

Mayor Condrey inquired about the overall mortality rate of prostate cancer.

Dr. Jennewine stated that while there is not a definite answer to that question, there are multiple studies showing that 30-60% of men that die of other causes, also have prostate cancer.

#### OLD BUSINESS

##### PHAB

Ms. Phillips Carter informed the board that a Community Health Assessment (CHA) meeting will be held Wednesday, May 10<sup>th</sup> and the survey results will be shared.

#### Tobacco 21 (T21)

Ms. Phillips Carter reminded the board that the BOH passed an ordinance last year that allows the health department to begin issuing tobacco retail licenses beginning January 2024. Ms. Phillips Carter informed the board that Envision Partnerships would be willing to speak to the BOH or City Council at any point. Ms. Phillips Carter informed the board that amendments can be made to the ordinance at any time.

##### Discussions

Mayor Condrey stated that she would like a presentation to the city council focused on youth and tobacco use, especially on youth and vaping. Mayor Condrey stated that city council is concerned about the effects T21 will have on the vitality of Middletown businesses.

Ms. Phillips Carter stated that there are currently around 68 retailers that sell tobacco or tobacco products, approximately 10 sell tobacco and tobacco products only.

Dr. Jennewine added that in the Madison school district, there were recently three students caught with vapes. All three of those contained THC and were purchased in Middletown.

Mayor Condrey commented that the main goal is to protect the youth.

Ms. Phillips Carter stated that T21 revenue will focus on education and ways to prevent tobacco addiction.

Mayor Condrey stated that there is currently a moratorium in place in Middletown limiting medical marijuana facilities.

Mayor Condrey asked if it would be the BOH or City Council that would approve a retail density number.

Ms. Phillips Carter stated that she will ask the legal department.

Ms. Phillips Carter stated that for the next BOH education, she will invite T21 representatives as well as City Council.

Mayor Condrey stated that she would like for the BOH and City Council to hold a special meeting with T21 representatives, stating that the easiest time to do so would be before a City Council meeting.

#### NEW BUSINESS

##### Travel Authorizations

No travel requests.

#### Board Member Topic-Open Discussion

Dr. Zollett stated that he noticed on the budgetary control report that the health department has only used a small portion of COVID funds.

Ms. Phillips Carter explained that when there are emergencies and the health department receives money, the money that is not used is carried over in the health department budget. Typically, the City has to subsidize the health department, while we still have COVID funds available those funds will be used instead of City funds.

Mayor Condrey inquired if any of the funds could be used for mental health.

Ms. Phillips Carter stated that they could and she will look into mental health programming available.

Mayor Condrey stated that someone had mentioned recently that we no longer have any psychiatric hospitals and wonders if we are seeing the ramifications of that on our streets.

Dr. Zollett stated that the psychiatric hospitals began to be phased out in the 1960's, the plan was to have community mental health units. The psychiatric patients were given medicine, most of them would feel better and then stop taking the medicine and we ended up here.

Ms. Phillips Carter stated that we do have Summit Behavioral Healthcare, however; there are not enough beds and patients can only stay for seven days.

## REPORTS

### Health Commissioner

Ms. Phillips Carter reminded board members to return their NAPH forms to Ms. McDonald.

Ms. Phillips Carter informed the board that accidental deaths have increased. There have been more deaths related to accidental falls. It is important to ensure preventative measures are in place such as: good lighting, rails and no rugs.

Ms. Carter Phillips informed the board that CMHD Emergency Preparedness Coordinator, Olivia Hall, has an interest in urban geography.

Mayor Condrey stated that she could see a benefit of Olivia putting together a presentation for the park boards.

Ms. Phillips Carter informed the board that the first "Walk and Talk" had been a successful event.

Ms. Kash stated that they started at New Era Church and walked, talked and cleaned up. The previous "Walk and Talk" began at Rosa Parks elementary school. Ms. Kash stated that there seemed to be more people out at New Era.

The next "Walk and Talk" will be held on May 20<sup>th</sup> at the Church of Nazarene on Sutphin Street.

### Medical Director

Dr. Jennewine reported the April Communicable Disease cases.

Campylobacteriosis	1
Chlamydia infection	25
COVID-19	59
CP-CRE	1
Gonococcal infection	6
Hepatitis B	3
Hepatitis C	8
Syphilis	1

### Director of Nursing

Ms. Corbin informed the board that as the number of COVID cases continues to decrease, she is working on cleaning up data and continuing to offer COVID vaccines.

**Environmental Director**

Ms. Ealy informed the board that plans have been approved for a micro-market at Magellan, a remodel at Angry Chicken and two new mobiles. Mr. Hotdog has been approved to be licensed, CMHD is awaiting license payment. Zulu Bar has been licensed.

Ms. Ealy informed the board that the failing septic system on Central Avenue has been abandoned and the house is now connected to sanitary sewer.

Ms. Ealy stated that all but three pools have paid for their annual license.

Ms. Ealy informed the board that Riverside Village has eliminated their campground and will be replacing it with manufactured homes.

Ms. Ealy stated that the Workforce Development Grant has allowed staff to participate in extra training.

**Discussions**

Mayor Condrey stated that she will look into a joint meeting with the Board of Health and City Council to discuss T21.

**ADJOURNMENT**

The meeting was adjourned at 8:42 AM. The next meeting will be held on June 13, 2023 at 7:30 AM.

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Jacquelyn D. Phillips Carter, MPH, BSN, RN  
Secretary

Nicole Condrey, President  
City of Middletown Board of Health

# City of Middletown Health Department

## May 2023 Financial Notes

### Vital Statistics

- \$6,858 Revenue Earned
- 574 Certificates Sold
- 66 Burial permits Sold

### Environmental

- \$4,205 Revenue Earned

### Reimbursements

- Smoking \$250
- PHEP \$3,315
- Paternity Affidavits \$60

### Grants/Agreements Reimbursements

- Enhanced Operations (EO-22) \$49,788

### Indigent Services

- \$20,000.00 budgeted for 2023
- 15 Applications approved through May 2023
  - 3 OD's
  - 2 COD'S pending
  - \$8,755 Indigent Services Budget Remaining

### Current Grants

- Workforce Development (WF-22) 9/2021-6/2023
  - Total awarded \$180,000
  - Award left to bill \$35,650
- Enhanced Operations (EO-22) 8/2022-7/2023
  - Total awarded \$125,000
  - Award left to bill \$9,561.61
- Workforce Development (WF-23) 7/01/2023-11/30/2027
  - Multi-year project, 7/1/2023-11/30/2027
    - Award granted to CMHD \$435,000

## City of Middletown Budgetary Control Report

Period Ending June 05, 2023

Health & Environmental Fund	Current Year Appropriation	Supplements & Transfers	Carryover & Encumbrance	Total Appropriated	Month-to-Date Expenses	Year-to-Date Expenses	Balance	Encumbrance	Combined Encumbrance	Remaining Budget Percent
<b>Personnel Services</b>										
228.450.51110 Salaries & Wages	\$565,079.00	\$0.00	\$0.00	\$565,079.00	\$43,170.27	\$215,613.15	\$349,465.85	\$0.00	\$349,465.85	61.8%
228.450.51211 Pers	\$79,111.00	\$0.00	\$0.00	\$79,111.00	\$8,989.93	\$33,042.17	\$46,068.83	\$0.00	\$46,068.83	58.2%
228.450.51220 Worker's Compensation	\$22,603.00	\$0.00	\$0.00	\$22,603.00	\$0.00	\$937.74	\$21,665.26	\$0.00	\$0.00	0.0%
228.450.51230 Group Health Insurance	\$103,148.00	\$0.00	\$0.00	\$103,148.00	\$17,191.30	\$51,573.90	\$51,574.10	\$8,595.65	\$42,978.45	41.7%
228.450.51270 Medicare City Share	\$8,194.00	\$0.00	\$0.00	\$8,194.00	\$603.85	\$3,018.33	\$5,175.67	\$0.00	\$5,175.67	63.2%
228.450.51275 Life Insurance	\$1,899.00	\$0.00	\$0.00	\$1,899.00	\$304.20	\$912.60	\$986.40	\$0.00	\$986.40	51.9%
Personnel Services Total	\$780,034.00	\$0.00	\$0.00	\$780,034.00	\$70,259.55	\$305,097.89	\$474,936.11	\$30,260.91	\$444,675.20	57.0%
<b>Contractual Services</b>										
228.450.52110 Travel & Training	\$4,000.00	\$0.00	\$0.00	\$4,000.00	\$655.58	\$894.58	\$3,105.42	\$0.00	\$3,105.42	77.5%
228.450.52111 Mandatory Training (Finance Chg.)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50.00	\$50.00	\$0.00	\$50.00	0.0%
228.450.52120 Employee Mileage	\$3,000.00	\$0.00	\$0.00	\$3,000.00	\$449.99	\$672.97	\$2,327.03	\$0.00	\$2,327.03	77.5%
228.450.52222 Telephone Line Charges	\$5,640.00	\$0.00	\$0.00	\$5,640.00	\$170.82	\$2,804.43	\$2,835.57	\$0.00	\$2,835.57	50.5%
228.450.52310 Municipal Garage Charges	\$3,500.00	\$0.00	\$0.00	\$3,500.00	\$0.00	\$1,173.26	\$2,326.74	\$0.00	\$2,326.74	66.5%
228.450.52480 Other Professional Services	\$41,085.00	\$0.00	\$0.00	\$41,085.00	\$1,564.89	\$5,939.98	\$35,245.02	\$0.00	\$35,245.02	76.7%
228.450.52481 Workforce Development Grant	\$33,398.00	\$0.00	\$8,086.69	\$41,484.69	\$2,788.43	\$15,452.07	\$26,332.62	\$23,755.00	\$2,577.62	3.6%
228.450.52488 Health Department COVID	\$121,000.00	\$0.00	\$14,625.00	\$135,625.00	\$1,581.46	\$3,435.69	\$13,825.00	\$12,189.31	\$118,364.31	87.3%
228.450.52490 Outside Printing	\$2,000.00	\$0.00	\$0.00	\$2,000.00	\$0.00	\$146.00	\$1,854.00	\$0.00	\$1,854.00	92.7%
228.450.52510 Maintenance of Equipment	\$8,000.00	\$0.00	\$0.00	\$8,000.00	\$0.00	\$1,632.46	\$6,367.54	\$0.00	\$6,367.54	79.6%
228.450.52820 Licenses & Permits	\$11,340.00	\$0.00	\$0.00	\$11,340.00	\$260.00	\$2,043.00	\$9,297.00	\$0.00	\$9,297.00	82.0%
228.450.52920 Memberships, Books & Periodicals	\$1,587.00	\$0.00	\$0.00	\$1,587.00	\$0.00	\$388.00	\$1,199.00	\$0.00	\$1,199.00	75.6%
Contractual Services Total	\$234,550.00	\$0.00	\$22,711.69	\$227,261.69	\$7,381.17	\$34,232.44	\$223,029.25	\$37,580.00	\$185,449.25	63.6%
<b>Commodities</b>										
228.450.53100 Office Supplies	\$2,500.00	\$0.00	\$0.00	\$2,500.00	\$26.47	\$1,239.71	\$1,260.29	\$0.00	\$1,260.29	50.4%
228.450.53210 Food	\$200.00	\$0.00	\$0.00	\$200.00	\$26.40	\$112.35	\$87.65	\$0.00	\$87.65	43.8%
228.450.53610 Small Tools & Equipment	\$200.00	\$0.00	\$0.00	\$200.00	\$0.00	\$139.77	\$60.23	\$0.00	\$60.23	30.1%
228.450.53710 Chemicals & Labs	\$500.00	\$0.00	\$0.00	\$500.00	\$50.00	\$75.72	\$424.28	\$0.00	\$424.28	84.9%
Commodities Total	\$3,400.00	\$0.00	\$3,400.00	\$102.87	\$1,567.55	\$1,832.45	\$0.00	\$1,832.45	\$1,832.45	53.9%
<b>Capital Expenses</b>										
228.450.54310 Auto Depreciation	\$4,800.00	\$0.00	\$0.00	\$4,800.00	\$0.00	\$1,744.00	\$3,056.00	\$0.00	\$3,056.00	63.7%
Capital Expenses Total	\$4,800.00	\$0.00	\$0.00	\$22,711.69	\$1,045,495.69	\$77,743.59	\$342,641.88	\$702,853.81	\$67,840.91	\$635,012.90
Health Fund Year-to-Date Totals	\$1,022,784.00	\$0.00	\$0.00	\$1,022,784.00	\$1,022,784.00	\$1,022,784.00	\$1,022,784.00	\$1,022,784.00	\$1,022,784.00	58.8%

\*Municipal Garage Charges & Auto Depreciation Charges have not been loaded by Finance for this month. Expenses in these areas have been incurred.

CITY OF MIDDLETON BUDGETARY CONTROL REPORT  
 HEALTH/ENVIRONMENT ADMINISTRATION  
 FOR THE PERIOD ENDED June 05, 2023

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CURRENT YEAR APPROP'S	SUPP. APP'S & TRANSFERS	CARRY-OVER ENCUMBRANCES	TOTAL APPROPRIATED	MTD-EXPENSE	YTD-EXPENSE	UNEXP-BALANCE	ENCUMBRANCE	Combined Unencumbered	Amount	REM-%
228.450.51110 SALARIES & WAGES	\$ 565,079.00	\$ 0.00	\$ 565,079.00	\$ 43,170.27	\$ 215,613.15	\$ 349,465.85	\$ 0.00	\$ 349,465.85	61.8%	
228.450.51120 OVERTIME WAGES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
228.450.51121 PERS	79,111.00	0.00	79,111.00	8,989.93	33,042.17	46,068.83	0.00	46,068.83	58.2%	
228.450.51220 WORKERS COMPENSATION	22,603.00	0.00	22,603.00	0.00	937.74	21,665.26	0.00	0.0%		
228.450.51230 GROUP HEALTH INSURANCE	103,148.00	0.00	103,148.00	17,191.30	51,574.10	8,595.65	42,978.45	41.7%		
228.450.51240 UNEMPLOYMENT COMPENSATION	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
228.450.51270 MEDICARE-CITY SHARE	8,194.00	0.00	8,194.00	603.85	3,018.33	5,175.67	0.00	5,175.67	63.2%	
228.450.51275 LIFE INSURANCE	1,893.00	0.00	1,893.00	304.20	932.60	986.40	0.00	986.40	51.9%	
228.450.51290 EMPLOYEE AWARDS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
PERSONAL SERVICES	780,034.00	0.00	780,034.00	70,259.55	305,097.89	474,936.11	30,260.91	444,675.20	57.0%	
228.450.52110 TRAVEL & TRAINING	4,000.00	0.00	4,000.00	565.58	894.58	3,105.42	0.00	3,105.42	77.6%	
228.450.52111 MANDATORY TRAINING	0.00	0.00	0.00	0.00	50.00	<50.00>	0.00	<50.00>	0.0%	
228.450.52120 EMPLOYEE MILEAGE REIMBURSEMENT	3,000.00	0.00	3,000.00	449.99	672.97	2,327.03	0.00	2,327.03	77.6%	
228.450.52222 TELEPHONE LINE CHARGES - HEALTH A	5,640.00	0.00	5,640.00	170.82	2,804.43	2,835.57	0.00	2,835.57	50.3%	
228.450.52230 POSTAGE AND POSTAL CHARGES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
228.450.52310 MUNICIPAL GARAGE CHARGES	3,500.00	0.00	3,500.00	0.00	1,173.26	2,326.74	0.00	2,326.74	66.5%	
228.450.52340 EQUIPMENT/VEHICLE RENTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
228.450.52410 LEGAL SERVICES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
228.450.52420 MEDICAL SERVICES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
228.450.52480 OTHER PROFESSIONAL SERVICE	41,085.00	0.00	41,085.00	1,564.89	5,839.98	35,245.02	0.00	35,245.02	76.7%	
228.450.52481 WORKFORCE GRANT CONTRACTUAL SERV	33,398.00	0.00	8,086.69	41,484.69	2,788.43	15,152.07	26,332.62	23,755.10	2,577.62	
228.450.52482 SYRINGE EXCHANGE PROGRAM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
228.450.52488 HEALTH DEPT COVID-19 EXPENSES	121,000.00	0.00	14,625.00	1,581.46	3,455.69	132,189.31	13,855.00	118,364.31	87.3%	
228.450.52490 OUTSIDE PRINTING	2,000.00	0.00	2,000.00	0.00	146.00	1,854.00	0.00	1,854.00	92.7%	
228.450.52491 MAINTENANCE OF EQUIPMENT	8,000.00	0.00	8,000.00	0.00	1,632.46	6,367.54	0.00	6,367.54	79.6%	
228.450.52490 MEDICAL LIABILITY INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
228.450.52492 LICENSES AND PERMITS	11,340.00	0.00	11,340.00	260.00	2,043.00	9,297.00	0.00	9,297.00	82.0%	
228.450.52493 MEMBERSHIPS, BOOKS, PERIODICAL	1,587.00	0.00	1,587.00	0.00	388.00	1,199.00	0.00	1,199.00	75.6%	
228.450.52490 PHOTO SUPPLIES & PROCESSING	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
228.450.52490 INDIGENT BURIALS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
CONTRACTUAL SERVICES	234,550.00	0.00	22,711.59	257,261.69	7,381.17	34,239.44	223,029.25	37,580.00	185,447.25	63.6%
228.450.53100 OFFICE SUPPLIES	2,500.00	0.00	2,500.00	26.47	1,239.71	1,260.29	0.00	1,260.29	50.4%	
228.450.53101 SUPPLIES FOR HIV GRANT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
228.450.53102 HARM REDUCTION SUPPLIES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
228.450.53210 FOOD	200.00	0.00	200.00	26.40	112.35	87.65	0.00	87.65	43.8%	





## Monthly Receipt History for Account number

228.000.44210

Date 05 Jun 2023

Account	Year	Month	Total	Month	Total	YTD
VITAL STATISTICS	2023	JANUARY	8211.78		8211.78	
	2023	FEBRUARY	6931.82		15143.60	
	2023	MARCH	15077.02		30220.62	
	2023	APRIL	7890.19		38110.81	
	2023	MAY	6572.04		44682.85	
	2022	JANUARY	9943.78		9943.78	
	2022	FEBRUARY	12804.90		22748.68	
	2022	MARCH	9988.38		32737.06	
	2022	APRIL	7246.66		39983.72	
	2022	MAY	12784.71		52768.43	
	2022	JUNE	8441.08		61209.51	
	2022	JULY	7882.86		69092.37	
	2022	AUGUST	11438.70		80531.07	
	2022	SEPTEMBER	7582.86		88113.93	
	2022	OCTOBER	9745.86		97859.79	
	2022	NOVEMBER	7424.42		105284.21	
	2022	DECEMBER	8203.78		113487.99	
	2021	JANUARY	10859.20		10859.20	
	2021	FEBRUARY	8137.22		18996.42	
	2021	MARCH	11431.46		30427.88	
	2021	APRIL	13803.40		44231.28	
	2021	MAY	8012.54		52243.82	
	2021	JUNE	10141.38		62385.20	
	2021	JULY	9711.26		72096.46	
	2021	AUGUST	10607.62		82704.08	
	2021	SEPTEMBER	8905.68		91609.76	
	2021	OCTOBER	9698.06		101307.82	
	2021	NOVEMBER	8431.80		109739.62	
	2021	DECEMBER	9935.12		119674.74	
	2020	JANUARY	10015.20		10015.20	
	2020	FEBRUARY	9483.04		19498.24	
	2020	MARCH	12877.27		32375.51	
	2020	APRIL	4432.06		36807.57	
	2020	MAY	5381.40		42188.97	
	2020	JUNE	9390.42		51579.39	
	2020	JULY	6208.34		57787.73	
	2020	AUGUST	10881.84		68669.57	
	2020	SEPTEMBER	9347.00		78016.57	
	2020	OCTOBER	9432.98		87449.55	
	2020	NOVEMBER	9382.42		96831.97	
	2020	DECEMBER	9515.10		106347.07	
	2019	JANUARY	8291.04		8291.04	
	2019	FEBRUARY	8104.16		16395.20	
	2019	MARCH	10480.58		26875.78	
	2019	APRIL	8680.02		35555.80	
	2019	MAY	8659.81		44215.61	
	2019	JUNE	11201.45		55417.06	
	2019	JULY	9050.64		64467.70	
	2019	AUGUST	10175.44		74643.14	
	2019	SEPTEMBER	8312.18		82955.32	
	2019	OCTOBER	8820.70		91776.02	

## Monthly Receipt History for Account number

228.000.44211

Date 05 Jun 2023

Account	Year	Month	Total	Month	Total	YTD
VITAL STATISTICS SHIPPING CHAR	2023	JANUARY	134.35		134.35	
	2023	FEBRUARY	-203.92		-69.57	
	2023	MARCH	173.00		103.43	
	2023	APRIL	-124.85		-21.42	
	2023	MAY	-134.30		-155.72	
	2022	JANUARY	53.60		53.60	
	2022	FEBRUARY	138.15		191.75	
	2022	MARCH	-27.05		164.70	
	2022	APRIL	89.50		254.20	
	2022	MAY	-134.45		119.75	
	2022	JUNE	223.70		343.45	
	2022	JULY	-184.21		159.24	
	2022	AUGUST	-62.85		96.39	
	2022	SEPTEMBER	45.05		141.44	
	2022	OCTOBER	391.55		532.99	
	2022	NOVEMBER	-316.50		216.49	
	2022	DECEMBER	93.60		310.09	
	2021	JANUARY	-3.10		-3.10	
	2021	FEBRUARY	-49.80		-52.90	
	2021	MARCH	43.60		-9.30	
	2021	APRIL	107.90		98.60	
	2021	MAY	-123.80		-25.20	
	2021	JUNE	126.75		101.55	
	2021	JULY	0.45		102.00	
	2021	AUGUST	-103.75		-1.75	
	2021	SEPTEMBER	58.15		56.40	
	2021	OCTOBER	-90.20		-33.80	
	2021	NOVEMBER	98.45		64.65	
	2021	DECEMBER	6.70		71.35	
	2020	JANUARY	80.10		80.10	
	2020	FEBRUARY	43.55		123.65	
	2020	MARCH	-3.10		120.55	
	2020	APRIL	204.60		325.15	
	2020	MAY	-260.40		64.75	
	2020	JUNE	-131.75		-67.00	
	2020	JULY	86.80		19.80	
	2020	AUGUST	-68.20		-48.40	
	2020	SEPTEMBER	15.50		-32.90	
	2020	OCTOBER	35.85		2.95	
	2020	NOVEMBER	-18.60		-15.65	
	2020	DECEMBER	-94.55		-110.20	
	2019	JANUARY	41.40		41.40	
	2019	FEBRUARY	51.75		93.15	
	2019	MARCH	-43.65		49.50	
	2019	APRIL	25.50		75.00	
	2019	MAY	-12.94		62.06	
	2019	JUNE	116.25		178.31	
	2019	JULY	44.10		222.41	
	2019	AUGUST	-7.80		214.61	
	2019	SEPTEMBER	-141.75		72.86	
	2019	OCTOBER	-40.20		32.66	

## Monthly Receipt History for Account number

228.000.44215

Date 05 Jun 2023

Account	Year	Month	Total	Month	Total	YTD
PATERNITY AFFIDAVITS	2023	FEBRUARY	120.00		120.00	
	2023	MAY	60.00		180.00	
	2022	MARCH	80.00		80.00	
	2022	JUNE	60.00		140.00	
	2022	AUGUST	160.00		300.00	
	2022	NOVEMBER	120.00		420.00	
	2022	DECEMBER	20.00		440.00	
	2021	FEBRUARY	160.00		160.00	
	2021	MAY	40.00		200.00	
	2021	DECEMBER	20.00		220.00	
	2019	FEBRUARY	80.00		80.00	
	2019	MAY	80.00		160.00	
Total			1000.00			

## Monthly Receipt History for Account number

228.000.44281

Date 05 Jun 2023

Account	Year	Month	Total	Month	Total	YTD
FSO RESTAURANT LICENSE	2023	JANUARY	848.00		848.00	
	2023	FEBRUARY	35233.00		36081.00	
	2023	MARCH	24797.19		60878.19	
	2023	APRIL	1072.50		61950.69	
	2023	MAY	863.00		62813.69	
	2022	JANUARY	323.00		323.00	
	2022	FEBRUARY	20502.50		20825.50	
	2022	MARCH	15041.50		35867.00	
	2022	APRIL	1560.25		37427.25	
	2022	MAY	70.50		37497.75	
	2022	JUNE	1211.50		38709.25	
	2022	JULY	1972.50		40681.75	
	2022	AUGUST	639.00		41320.75	
	2022	SEPTEMBER	643.50		41964.25	
	2022	OCTOBER	842.00		42806.25	
	2022	NOVEMBER	405.00		43211.25	
	2022	DECEMBER	900.00		44111.25	
	2021	JANUARY	199.36		199.36	
	2021	FEBRUARY	28067.00		28266.36	
	2021	MARCH	23096.00		51362.36	
	2021	APRIL	3939.50		55301.86	
	2021	MAY	1834.50		57136.36	
	2021	JUNE	1677.00		58813.36	
	2021	JULY	3537.50		62350.86	
	2021	AUGUST	1640.00		63990.86	
	2021	SEPTEMBER	946.00		64936.86	
	2021	OCTOBER	545.00		65481.86	
	2021	NOVEMBER	674.00		66155.86	
	2021	DECEMBER	567.00		66722.86	
	2020	JANUARY	795.00		795.00	
	2020	FEBRUARY	40896.32		41691.32	
	2020	MARCH	17632.75		59324.07	
	2020	APRIL	983.50		60307.57	
	2020	MAY	542.50		60850.07	
	2020	JUNE	507.00		61357.07	
	2020	JULY	1367.00		62724.07	
	2020	AUGUST	1470.00		64194.07	
	2020	SEPTEMBER	806.00		65000.07	
	2020	OCTOBER	-570.00		64430.07	
	2020	NOVEMBER	934.00		65364.07	
	2020	DECEMBER	1249.64		66613.71	
	2019	JANUARY	1179.00		1179.00	
	2019	FEBRUARY	36346.50		37525.50	
	2019	MARCH	23426.25		60951.75	
	2019	APRIL	817.50		61769.25	
	2019	MAY	1609.50		63378.75	
	2019	JUNE	1004.00		64382.75	
	2019	JULY	1029.50		65412.25	
	2019	AUGUST	506.00		65918.25	
	2019	SEPTEMBER	770.00		66688.25	
	2019	OCTOBER	93.00		66781.25	

## Monthly Receipt History for Account number

228.000.44282

Date 05 Jun 2023

Account	Year	Month	Total	Month	Total	YTD
FOOD ESTABLISHMENT LICENSE	2023	JANUARY		300.00		300.00
	2023	FEBRUARY		13216.00		13516.00
	2023	MARCH		8676.75		22192.75
	2023	APRIL		482.50		22675.25
	2023	MAY		1302.00		23977.25
	2022	FEBRUARY		12010.00		12010.00
	2022	MARCH		3381.00		15391.00
	2022	APRIL		166.00		15557.00
	2022	MAY		300.00		15857.00
	2022	SEPTEMBER		84.00		15941.00
	2022	NOVEMBER		300.00		16241.00
	2022	DECEMBER		471.00		16712.00
	2021	FEBRUARY		12292.00		12292.00
	2021	MARCH		11461.00		23753.00
	2021	APRIL		391.00		24144.00
	2021	JUNE		421.50		24565.50
	2021	JULY		531.25		25096.75
	2021	AUGUST		717.00		25813.75
	2021	SEPTEMBER		185.00		25998.75
	2021	OCTOBER		370.00		26368.75
	2021	DECEMBER		323.00		26691.75
	2020	JANUARY		234.00		234.00
	2020	FEBRUARY		16938.00		17172.00
	2020	MARCH		7535.00		24707.00
	2020	APRIL		991.00		25698.00
	2020	JUNE		95.00		25793.00
	2020	SEPTEMBER		767.00		26560.00
	2020	OCTOBER		673.00		27233.00
	2020	NOVEMBER		580.00		27813.00
	2020	DECEMBER		185.00		27998.00
	2019	FEBRUARY		17873.00		17873.00
	2019	MARCH		6261.75		24134.75
	2019	APRIL		300.00		24434.75
	2019	MAY		185.00		24619.75
	2019	JULY		150.00		24769.75
	2019	SEPTEMBER		452.00		25221.75
	2019	OCTOBER		374.00		25595.75
	2019	NOVEMBER		335.00		25930.75
Total					121309.75	

## Monthly Receipt History for Account number

228.000.44280

Date 05 Jun 2023

Account	Year	Month	Total	Month	Total	YTD
VENDING LICENSE	2023	FEBRUARY			611.49	611.49
	2023	MARCH			37.06	648.55
	2022	FEBRUARY			51.96	51.96
	2022	MARCH			571.56	623.52
	2021	JANUARY			34.64	34.64
	2021	FEBRUARY			17.32	51.96
	2021	MARCH			629.52	681.48
	2021	APRIL			-23.32	658.16
	2020	FEBRUARY			617.52	617.52
	2020	MARCH			17.32	634.84
	2019	FEBRUARY			629.00	629.00
	2019	MARCH			106.25	735.25
Total					3300.32	

## Monthly Receipt History for Account number

228.000.44284

Date 05 Jun 2023

Account	Year	Month	Total	Month	Total	YTD
FOOD SAFETY CLASSES	2023	MARCH	210.00		210.00	
	2021	OCTOBER	60.00		60.00	
	2020	MARCH	150.00		150.00	
	2019	JANUARY	300.00		300.00	
	2019	MARCH	120.00		420.00	
	2019	MAY	90.00		510.00	
	2019	JULY	30.00		540.00	
	2019	AUGUST	30.00		570.00	
Total			990.00			

## Monthly Receipt History for Account number

228.000.44283

Date 05 Jun 2023

Account	Year	Month	Total	Month	Total	YTD
HOUSEHOLD SEWAGE	2023	JANUARY	2337.50		2337.50	
	2023	FEBRUARY	205.00		2542.50	
	2023	MARCH	155.00		2697.50	
	2023	APRIL	47.23		2744.73	
	2022	JANUARY	1361.25		1361.25	
	2022	MARCH	802.98		2164.23	
	2022	MAY	130.00		2294.23	
	2022	JUNE	120.00		2414.23	
	2022	SEPTEMBER	287.05		2701.28	
	2022	OCTOBER	100.00		2801.28	
	2022	DECEMBER	1940.00		4741.28	
	2021	JANUARY	1730.00		1730.00	
	2021	FEBRUARY	1180.00		2910.00	
	2021	MARCH	295.00		3205.00	
	2021	APRIL	2742.56		5947.56	
	2021	MAY	15.00		5962.56	
	2021	JULY	65.00		6027.56	
	2021	AUGUST	180.00		6207.56	
	2021	SEPTEMBER	3324.45		9532.01	
	2021	OCTOBER	-74.00		9458.01	
	2021	NOVEMBER	406.00		9864.01	
	2021	DECEMBER	1750.00		11614.01	
	2020	JANUARY	6583.25		6583.25	
	2020	FEBRUARY	3840.00		10423.25	
	2020	MARCH	3190.28		13613.53	
	2020	APRIL	2075.00		15688.53	
	2020	MAY	340.00		16028.53	
	2020	JUNE	1315.00		17343.53	
	2020	JULY	180.00		17523.53	
	2020	AUGUST	140.00		17663.53	
	2020	SEPTEMBER	156.62		17820.15	
	2020	DECEMBER	1340.00		19160.15	
	2019	JANUARY	2530.25		2530.25	
	2019	FEBRUARY	476.25		3006.50	
	2019	APRIL	188.75		3195.25	
	2019	MAY	15.00		3210.25	
	2019	JUNE	45.00		3255.25	
	2019	AUGUST	240.00		3495.25	
	2019	SEPTEMBER	208.25		3703.50	
	2019	OCTOBER	2450.00		6153.50	
	2019	NOVEMBER	4995.00		11148.50	
	2019	DECEMBER	8935.00		20083.50	

Total

58343.67

## Monthly Receipt History for Account number

228.000.44285

Date 05 Jun 2023

Account	Year	Month	Total	Month	Total	YTD
SWIMMING POOL/SPA	2023	APRIL	3160.00		3160.00	
	2023	MAY		2560.00	5720.00	
	2022	APRIL	3920.00		3920.00	
	2022	MAY		1829.00	5749.00	
	2022	JUNE	275.00		6024.00	
	2022	JULY		283.00	6307.00	
	2021	APRIL	3700.00		3700.00	
	2021	MAY		1945.00	5645.00	
	2020	APRIL	2320.00		2320.00	
	2020	MAY	660.00		2980.00	
	2020	JUNE	1985.00		4965.00	
	2020	JULY	440.00		5405.00	
	2020	AUGUST	220.00		5625.00	
	2019	APRIL	4440.00		4440.00	
	2019	MAY		1545.00	5985.00	
Total				29282.00		

228.000.44286

## Monthly Receipt History for Account number

Date 05 Jun 2023

Account	Year	Month	Total	Month	Total	YTD
TATTOO LICENSE	2023	JANUARY	562.50		562.50	
	2022	JANUARY		562.50	562.50	
	2022	JUNE		250.00	812.50	
	2022	DECEMBER		1500.00	2312.50	
	2021	JANUARY		1000.00	1000.00	
	2021	JULY		250.00	1250.00	
	2021	NOVEMBER		500.00	1750.00	
	2021	DECEMBER		750.00	2500.00	
	2020	JANUARY		812.50	812.50	
	2020	AUGUST		250.00	1062.50	
	2020	DECEMBER		500.00	1562.50	
	2019	JANUARY		1250.00	1250.00	
	2019	DECEMBER		750.00	2000.00	
Total				8937.50		

## Monthly Receipt History for Account number

228.000.44287

Date 05 Jun 2023

Account	Year	Month	Total	Month	Total	YTD
PARK/CAMPS LICENSE FEES	2023	APRIL	163.00		163.00	
	2022	MARCH		100.00	100.00	
	2022	APRIL		113.00	213.00	
	2021	APRIL		213.00	213.00	
	2020	APRIL		100.00	100.00	
	2020	MAY		113.00	213.00	
	2019	APRIL		100.00	100.00	
Total			902.00			

## Monthly Receipt History for Account number

228.000.49100

Date 05 Jun 2023

Account	Year	Month	Total	Month	Total	YTD
<b>REIMBURSEMENTS</b>	2023	JANUARY	7756.78		7756.78	
	2023	MARCH	3314.59		11071.37	
	2023	APRIL	3622.37		14693.74	
	2023	MAY	8046.96		22740.70	
	2022	JANUARY	451.92		451.92	
	2022	FEBRUARY	775.00		1226.92	
	2022	MARCH	12263.09		13490.01	
	2022	APRIL	56288.07		69778.08	
	2022	MAY	4509.89		74287.97	
	2022	JUNE	22525.43		96813.40	
	2022	SEPTEMBER	20564.64		117378.04	
	2022	OCTOBER	3964.75		121342.79	
	2022	DECEMBER	15386.55		136729.34	
	2021	JANUARY	250.00		250.00	
	2021	FEBRUARY	1667.10		1917.10	
	2021	MARCH	11270.58		13187.68	
	2021	APRIL	134.34		13322.02	
	2021	MAY	3685.00		17007.02	
	2021	JUNE	46169.56		63176.58	
	2021	JULY	2325.00		65501.58	
	2021	AUGUST	8990.39		74491.97	
	2021	SEPTEMBER	19569.42		94061.39	
	2021	OCTOBER	1935.97		95997.36	
	2021	NOVEMBER	1800.00		97797.36	
	2021	DECEMBER	69141.70		166939.06	
	2020	FEBRUARY	9708.10		9708.10	
	2020	MARCH	33887.93		43596.03	
	2020	MAY	8285.37		51881.40	
	2020	JULY	10493.82		62375.22	
	2020	AUGUST	6512.59		68887.81	
	2020	SEPTEMBER	26994.04		95881.85	
	2020	OCTOBER	3943.65		99825.50	
	2020	NOVEMBER	8662.57		108488.07	
	2020	DECEMBER	25465.01		133953.08	
	2019	JANUARY	580.00		580.00	
	2019	FEBRUARY	1515.48		2095.48	
	2019	MAY	1578.76		3674.24	
	2019	JULY	24524.57		28198.81	
	2019	AUGUST	1336.04		29534.85	
	2019	OCTOBER	43347.25		72882.10	
	2019	NOVEMBER	348.39		73230.49	
	2019	DECEMBER	3241.04		76471.53	

Total

536833.71

## Monthly Receipt History for Account number

228.000.44225

Date 05 Jun 2023

Account	Year	Month	Total	Month	Total	YTD
IMMUNIZATION CLINICS	2022	MARCH	1200.00		1200.00	
	2022	DECEMBER	3000.00		4200.00	
	2021	DECEMBER	3000.00		3000.00	
	2020	DECEMBER	3000.00		3000.00	
	2019	JANUARY	40.00		40.00	
	2019	FEBRUARY	150.00		190.00	
	2019	MARCH	300.00		490.00	
	2019	APRIL	20.00		510.00	
	2019	JULY	40.00		550.00	
	2019	OCTOBER	3000.00		3550.00	
Total			13750.00			

## Monthly Receipt History for Account number

228.000.43370

Date 05 Jun 2023

Account	Year	Month	Total	Month	Total	YTD
PUBLIC HEALTH WORKFORCE DEV GR2023		MARCH			35650.42	35650.42
	2022	JUNE			47808.32	47808.32
	2022	SEPTEMBER			26792.77	74601.09
	2022	DECEMBER			30438.44	105039.53
Total					140689.95	

## Monthly Receipt History for Account number

228.000.43368

Date 05 Jun 2023

Account	Year	Month	Total	Month	Total	YTD
COVID-19 CONTACT TRACING GRANT	2023	MARCH		6538.40		6538.40
	2022	JANUARY	98050.00		98050.00	
	2022	MAY	52157.10		150207.10	
	2021	OCTOBER	9282.75		9282.75	
	2020	AUGUST	19071.07		19071.07	
	2020	OCTOBER	66715.14		85786.21	
	2020	NOVEMBER	49304.97		135091.18	
	2020	DECEMBER	32856.00		167947.18	
Total			333975.43			

## Monthly Receipt History for Account number

228.000.43367

Date 05 Jun 2023

Account	Year	Month	Total	Month	Total	YTD
COVID-19 CRISIS RESPONSE GRANT	2023	MAY			65649.94	65649.94
	2022	MARCH			24022.00	24022.00
	2021	JANUARY			8990.39	8990.39
	2021	FEBRUARY			20000.00	28990.39
	2021	MARCH			5000.00	33990.39
	2021	AUGUST			18459.61	52450.00
	2021	SEPTEMBER			229857.75	282307.75
	2021	OCTOBER			-9282.75	273025.00
	2021	NOVEMBER			98382.00	371407.00
	2020	AUGUST			14903.27	14903.27
	2020	SEPTEMBER			10268.82	25172.09
	2020	OCTOBER			37951.91	63124.00
	2020	DECEMBER			235997.00	299121.00
Total					760199.94	

## Monthly Receipt History for Account number

228.000.43330

Date 05 Jun 2023

Account	Year	Month	Total	Month	Total	YTD
STATE HEALTH SUBSIDY	2023	FEBRUARY	20100.36		20100.36	
	2023	MARCH	9329.20		29429.56	
	2022	MAY	9333.70		9333.70	
	2021	APRIL	9135.25		9135.25	
	2020	MARCH	9135.25		9135.25	
	2019	JULY	9135.25		9135.25	
Total			66169.01			

## Monthly Receipt History for Account number

228.000.43332

Date 05 Jun 2023

Account	Year	Month	Total	Month	Total	YTD
BUREAU CHILDRENS MEDICAL HANDI	2022	NOVEMBER		700.00		700.00
	2019	JANUARY		430.00		430.00
	2019	FEBRUARY		1320.00		1750.00
	2019	MARCH		190.00		1940.00
	2019	APRIL		820.00		2760.00
	2019	MAY		930.00		3690.00
	2019	JUNE		510.00		4200.00
	2019	JULY		1740.00		5940.00
	2019	AUGUST		810.00		6750.00
	2019	SEPTEMBER		1090.00		7840.00
	2019	OCTOBER		1350.00		9190.00
	2019	NOVEMBER		10.00		9200.00
Total					9900.00	

AGREEMENT BETWEEN  
THE BOARD OF HEALTH OF THE BUTLER COUNTY  
GENERAL HEALTH DISTRICT  
AND  
CITY OF MIDDLETOWN HEALTH DEPARTMENT

THIS AGREEMENT is made and entered into by and between the Board of Health of the Butler County General Health District, hereinafter referred to as the "Board," and the City of Middletown Health Department, hereinafter referred to as the "Contractor."

WITNESS TO:

WHEREAS, the BCGHD has awarded the Contractor portions of the Public Health Emergency Preparedness (PHEP) grant on behalf of the Ohio Department of Health (ODH); and

WHEREAS, the Butler County portion of the PHEP fund is composed of the following health jurisdictions: Butler County, Hamilton City, and Middletown City; and

WHEREAS, the public health leadership in each of the respective health districts desires to work together to accomplish the PHEP objectives,

NOW, THEREFORE, for and in consideration of the mutual promises, covenants, and agreements herein contained, the parties hereto mutually agree as follows:

**Section 1. Scope of Services**

**A. Contract Requirements**

1. Contractor will submit all grant documentation as directed by the Board and ODH by the assigned deadline outlined in Attachment B.
2. Contractor will participate in local, regional, and statewide exercises.
3. Contractor will submit applicable After Action Reports and Improvement Plans to the Board by the assigned deadline outlined in Attachment B.
4. Contractors will participate in 100% of local PHEP quarterly meetings with the Board and other PHEP Contractors.
5. Contractor will participate in 75% of Regional Emergency Response Coordinator Workgroup meetings.
6. Contractor will participate in the annual ODH Public Health Emergency Preparedness Planners meeting.
7. Contractor will participate in onsite ODH and Centers for Disease Control and Prevention (CDC) PHEP program assessments.
8. Contractor will adhere to the local health department (LHD) staff training

requirements outlined in Attachment C.

9. Contractor will maintain responsibility for all infectious disease control and follow-up within their respective jurisdiction, except tuberculosis, HIV, and syphilis.
10. Contractor will adhere to the infectious disease control and investigation expectations outlined in Attachment D.
11. The Board will issue monthly disease surveillance reports for Butler County, and will email the preceding month's report to the CMHD Health Commissioner by the 5th day of the month.
12. The Board will review and manage EpiCenter anomalies for CMHD.

#### **B. Grant Deliverables**

Contractor will provide written documentation, and any required certification, to the Board in the development of a work plan to meet goals and objectives set forth in the PHEP standards. Contractor must provide evidence that deliverable requirements have been met prior to submitting a request for payment.

If the Contractor fails to complete a deliverable or submits incomplete documentation for a deliverable, a request for payment will be denied. Should the Ohio Department of Health provide the opportunity to resubmit failed or incomplete deliverables, the Board will extend the same opportunity to the Contractor. If not completed within the allotted resubmittal timeframe, the funds for the failed or incomplete deliverable will be retained by the Board.

#### **Section 2. Term**

This agreement shall be effective from the date it is executed by the parties or July 1, 2023, whichever is later and shall continue in effect through June 30, 2024 unless terminated as provided in this Agreement. Services eligible for payment under this Agreement shall be performed on or after July 1, 2023 through June 30, 2024, and which are timely invoiced as provided in this Agreement.

#### **Section 3. Compensation and Method of Payment**

##### **A. Compensation:**

1. The Board agrees to pay the Contractor up to but not in excess of Twenty-four thousand three hundred and sixty one dollars and sixty two cents (\$24,361.62), as full and complete compensation for the deliverables required and outlined in this Agreement.
2. Payment will be reimbursed upon completion of deliverables as described in the PHEP Deliverables Summary (Attachment B).

##### **B. Method of Payment:**

1. Payment will be made by the Board as the Contractor submits monthly invoices for the reimbursement of expenditures for deliverables performed under this Agreement when the following conditions have been met: Submission of the detailed monthly invoices (by the 5<sup>th</sup> of each month) specifying that the contractor

has performed the work under this Agreement and has progressed according to the grant requirements.

2. Any periodic payments from the Board specified in this Agreement will be contingent upon performance of contractual obligations to date, including the proper receipt of supporting invoices, reports, statements, or any other supporting information as required by the Board in this Agreement.
  - a. Failure to satisfactorily meet any one of the Agreement obligations by the Contractor may result in the Board not approving periodic payments to the Contractor and/or filing liens as may be necessary against the Contractor's assets or future assets, until the Contractor satisfactorily fulfills its obligations under the Agreement or satisfactorily reimburses the Board for any prior payments.
  - b. The Board also reserves the right to seek any other legal financial remedies as necessary pursuant to any damages the Board may have encountered through the Contractor's default on any of the Agreement obligations until all or part of the Board's prior payments have been recouped as the Board deems appropriate but not to exceed the total amount of any prior payments.
  - c. The Board also reserves the right in the event of non-performance of this Agreement to prohibit any future or limited contractual relationships with the Contractor either directly or indirectly.

#### **Section 4. Availability of Funds**

This Agreement is conditioned upon the availability of state funds which are appropriated to ODH and allocated to the Board for payment as described in this Agreement. If funds are not allocated and available for the continuance of the function performed by the Contractor hereunder, the products or services directly involved in the performance of that function may be terminated by the Board at the end of the period in which funds are available. The Board will notify the Contractor at the earliest possible time of any products or services which will or may be affected by a shortage of funds. No penalty shall accrue to the Board in the event this provision is exercised, and the Board shall not be obligated or liable for any future payments due for any damages as a result of termination under this section.

#### **Section 5. Prohibitions**

Contractor will adhere to the ODH 2023-2024 Public Health Emergency Preparedness program guidance regarding any prohibited use of funds.

#### **Section 6. Compliance with Laws and Regulations**

- A. Generally – The Contractor in the performance of services under this Agreement shall comply with all applicable statutes, ordinances, regulations, and rules of the Federal Government, and the State of Ohio. (See Attachment A)
- B. Equal Employment Opportunity Program – This Agreement is subject to the State's Equal Employment Opportunity Program.

#### **Section 7. Reports, Information and Audits**

- A. Contractor, at such times and in such form as the Board may require, shall furnish the Board such reports as may be requested pertaining to the work or services undertaken pursuant to this Agreement, the costs and obligations incurred or to be incurred in connection therewith, and any other matters covered by this Agreement. Contractor shall retain all financial and administrative records for a period of five years after the expiration or termination of this Agreement, and shall provide the Board or any of the Board's representatives or auditor access to such records.
- B. The Board and/or the Auditor of State shall have the right to audit or cause to be audited financial data or records of Contractor pertaining to the work or services undertaken pursuant to this Agreement at any time with 15 days prior notice.
- C. Contractor shall cooperate with the Auditor of State or any independent auditor hired by the Board and provide to such auditor on a confidential basis, medical records as well as other patient or financial records pertaining to the work or services undertaken pursuant to this Agreement for a management audit. All parties shall comply with requirements established by the Health Insurance Portability and Accountability Act (HIPPA) Standards for Privacy of Individually Identifiable Health Information (Privacy Rule 45 CFR Part 160 and Subparts A and E of Part 164) regarding safeguarding and protecting individually identifiable health information ("Protected Health Information" or "PHI"). It is the intention of the parties that the provisions of this Section reflect the requirements of HIPPA, as adopted, amended and interpreted from time to time.

#### **Section 8. Time is of the Essence**

The Contractor acknowledges that time is of the essence for all dates or times set forth in this Agreement. Failure of the Contractor to meet such dates or times shall constitute a breach of contract and may result in the Board denying claims for payment arising from such breach of contract at the Butler County General Health District's Health Commissioner's option.

#### **Section 9. Contractor Responsibility**

Contractor shall be solely responsible for and shall defend Board against any claim for damages or expenses (including attorney fees, court costs, and other litigation expenses) for injury to person or damage to property which arises directly or indirectly from Contractor's performance or nonperformance of the functions described in this Agreement or from any other action or inaction on the part of Contractor in connection with the Agreement.

#### **Section 10. Amendments**

Any revisions in the Agreement will require the express approval of the Board and the Contractor, and shall be by written instrument signed by an authorized representative of each party.

#### **Section 11. Termination**

This Agreement may be terminated with or without cause and without liability by either party by sending a written notice of termination to the other party thirty (30) days prior to the date of termination (hereinafter, the "Termination Date") set forth in the notice. If this Agreement is terminated, the Board agrees to pay Grantee for all work performed and expenses incurred up to the Terminate Date. Upon termination, Grantee shall provide the Board with all documents (written, digital, electronic, etc.) produced up until the Terminate Date.

## **Section 12. Independent Contractor**

The Contractor shall perform all work and services described herein as an independent contractor and not as an officer, agent, servant, or employee of the Board. The Contractor shall have exclusive control of and the exclusive right to control the details of the services and work performed hereunder and all persons performing the same and shall be solely responsible for the acts and omissions of its officers, agents, employees, contractors, and subcontractors, if any. Nothing herein shall be construed as creating a partnership or joint venture between the Board and the Contractor. No person performing any of the work or services described hereunder shall be considered an officer, agent, servant, or employee of the Board, nor shall any such person be entitled to any benefits available or granted to employees of the Board.

## **Section 13. Assignments and Delegation**

The parties expressly agree that this contract shall not be assigned by the Contractor without the express prior written approval of the Board. The Contractor may not delegate or subcontract any of the services agreed to in this contract without the express prior written consent of the Board. All subcontractors are subject to the same terms, conditions, and covenants contained within this Agreement. Contractor is responsible for making direct payment to all subcontractors for any and all services provided by such contractor.

## **Section 14. Certification as to Non-Debarment**

The Contractor certifies that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in the transaction covered by this Agreement. The Contractor acknowledges and agrees that if he/it(s) principals is/are presently debarred then he/it shall not be entitled to compensation under this Agreement and that he/it shall promptly return to the Board any funds received pursuant to this Agreement. In such event, any materials received by the Contractor pursuant to this Agreement shall be retained as liquidated damages.

## **Section 15. Ownership of Property**

The Contractor agrees that at the expiration or in the event of any termination of this Agreement that any Memoranda, Equipment, Vouchers, Spreadsheets, Maps, Drawings, Working Papers, Reports, and other similar documents produced in connection with this Agreement shall become the property of the Board and the Contractor shall promptly deliver such items to the Board. The contractor may retain copies for the Contractor's record.

## **Section 16. Conflict of Interest**

The Contractor agrees that no officer, employee, or agent of the Board who exercises any functions or responsibilities in connection with the planning and carrying out of the program, nor any immediate family member, close business associate, or organization which is about to employ any such person, shall have any personal financial interest, direct or indirect, in the Contractor or in this Agreement and the Contractor shall take appropriate steps to assure compliance with this provision.

## **Section 17. Notices**

Service – This Agreement requires that all notices shall be personally served or sent by U.S. mail, postage prepaid, addressed to the parties as follows:

**To the Board:**

Health Commissioner  
Butler County General Health District  
301 S. Third Street  
Hamilton, OH 45011

**To the Contractor:**

Health Commissioner  
City of Middletown Health Department  
One Donham Plaza  
Middletown, OH 45042

**Section 18. Waiver**

This Agreement shall be construed in a manner that a waiver of any breach of any provision of this Agreement shall not constitute or operate as a waiver of any other breach of such provision or of any other provisions, nor shall any failure to enforce any provision hereof operate as a waiver of such provision or of any other provision.

**Section 19. Severability**

This Agreement shall be severable, so if any part or parts of this Agreement shall for any reason be held invalid or unenforceable by a court of competent jurisdiction, all remaining parts shall remain binding and in full force and effect.

**Section 20. Entire Agreement**

This Agreement and the Exhibits attached hereto contain the entire contract between the parties as to the matters contained herein. Any oral representations or modifications concerning this Agreement shall be of no force and effect.

*(This space intentionally left blank.)*

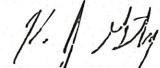
**Section 21. Authority**

The persons signing this Agreement represent and warrant that they are authorized to represent their respective parties and to execute this Agreement on behalf of the party that they represent.

**IN WITNESS WHEREOF**, the Board and the Contractor have executed this Agreement on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

THE BOARD OF HEALTH OF  
THE BUTLER COUNTY GENERAL  
HEALTH DISTRICT  
Tax ID 316000061  
301 S 3<sup>rd</sup> St.  
Hamilton, OH 45011  
Motion: 2023-05-009

Approved as to Form Only



5/12/2023

Assistant Prosecuting Attorney

  
Erik Balster MPH, REHS, RS  
Health Commissioner

CITY OF MIDDLETOWN HEALTH DEPARTMENT  
Tax ID NO 31-6000139

\_\_\_\_\_  
Board of Health President

\_\_\_\_\_  
Jacquelyn Phillips Carter, MPH, BSN, RN City of  
Middletown Health Commissioner

  
\_\_\_\_\_  
City of Middletown Law Director

Attachment A

**CIVIL RIGHTS COMPLIANCE STATEMENT**  
**R.C. § 125.111**

As a material part of this Agreement/Contract, Contractor agrees that:

1. In the hiring of employees for the performance of the services under this Agreement/Contract or any subcontract, neither Contractor nor any subcontractor, by reason of race, color, religion, sex, age, disability or military status (as defined in section 4112.01 of the Ohio Revised Code), national origin, or ancestry shall discriminate against any citizen of this state in the employment of a person qualified and available to perform the services described in this Agreement/Contract; and
2. Neither contractor, any subcontractor, nor any person acting on behalf of Contractor or any subcontractor, in any manner, shall discriminate against, intimidate, or retaliate against any employee hired for the performance of the services described in this Agreement/Contract on account of race, color, religion, sex, age, disability or military status (as defined in section 4112.01 of the Ohio Revised Code), national origin or ancestry.

Contractor further represents and warrants that:

1. Consultant currently has a written affirmative action program for the employment and effective utilization of economically disadvantaged persons, as referred to in division (E)(1) of section 122.71 of the Ohio Revised Code; and
2. Contractor shall file a description of its affirmative action program and progress report on its implementation with the equal employment opportunity office of the Ohio Department of Administrative Services.

\_\_\_\_\_  
Contractor

By \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**Attachment B**  
**Award Amounts and Deliverable Details**  
**City of Middletown PHEP FY2024**  
**Funding by Deliverable**

<b>Deliverable</b>	<b>Amount</b>
1.1	785.42
1.2	785.89
2.1	1,309.82
3.1	785.89
3.2	785.89
6.1	523.93
6.2	523.93
7.1	1,309.82
7.2	1,047.85
8.1	785.89
9.1	1,309.82
10.1	5,239.03
11.1	1,047.85
11.2	3,929.33
12.1	523.93
13.1	261.96
13.2	261.96
14.1	1,309.82
15.1	1,833.62
<b>Totals:</b>	<b>\$24,361.62</b>

## Deliverable Details

### **Deliverable- Objective 1: Emergency Response Plan and Annex Updates**

**Domain:** Community Resilience, Incident Management, Information Management, & Surge

Management

**Capability:** 1, 2, 3, 4, 8, 11

The Contractor will develop or revise and/or update their ERP and/or associated annexes in accordance with the requirements set forth in the *ERP and Annex Update Rubric for FY24*.

#### **Successful Completion of the Deliverable(s) Includes:**

- **Objective 1.1** By November 15, 2023, the Contractor must submit to the Board the Contractor's updated ERP Annex A Communication section in accordance with the requirements detailed in the *ERP and Annex Update Rubric for FY24*.
- **Objective 1.2** By February 15, 2024, the Contractor must submit to the Board the Contractor's updated ERP Annex D Pandemic Influenza section in accordance with the requirements detailed in the *ERP and Annex Update Rubric for FY24*.

### **Deliverable- Objective 2: Continuity of Operations (COOP) Plan Review**

**Domain:** Community Resilience, Incident Management

**Capability:** 2, 3

#### **Successful Completion of the Deliverable(s) Includes:**

- **Objective 2.1:** By August 30, 2023, the Contractor will submit into GMIS the attendance record and summary of areas of improvement according to the *COOP Plan Review Guide for FY24*.

### **Deliverable- Objective 3: Whole Community Planning - RAPT Data Tool**

**Domain:** Community Resilience, Incident Management, and Information Management

**Capability:** 1, 2, 3, 4, 6

#### **Successful Completion of the Deliverable(s) Includes:**

- **Objective 3.1:** By September 30, 2023, the Contractor must submit certificate of completion to the Board verifying completion of the RAPT tutorial videos by the jurisdiction's Emergency Response Coordinator and one LHD alternate in OhioTRAIN demonstrating that training was completed on or after July 1, 2023.
- **Objective 3.2:** By December 15, 2023, the Contractor must submit into GMIS the completed *Whole Community Planning - RAPT drill form*, and the supporting evidence, in accordance with the requirements detailed in the *Whole Community Planning - RAPT Data Tool Requirements* document.

**Deliverable – Objective 6: Performance Measures**

**Domain:** Countermeasures and Mitigation

**Capability:** 3, 8, 15

**Successful Completion of the Deliverable(s) Includes:**

- **Objective 6.1:** By August 30, 2023, the Contractor must submit to the Board a completed *BP5/SFY24 Volunteer Deployment Performance Measure* form and *BP5/SFY24 Information Sharing Performance Measure* form.
- **Objective 6.2:** By March 30, 2024, the Contractor must submit to the Board a completed *BP5/SFY24 Volunteer Deployment Performance Measure* form and *BP5/SFY24 Information Sharing Performance Measure* form.

**Deliverable – Objective 7: After Action Report and Improvement Plan Activity and Reporting**

**Domain:** All

**Capability:** All

**Successful Completion of the Deliverable(s) Includes:**

- **Objective 7.1:** By September 15, 2023, the Contractor must submit to the Board a completed *Subrecipient AAR/IP Improvement Implementation Activity Plan* in accordance with the requirements detailed within the provided template.
- **Objective 7.2:** By May 30, 2024, the Contractor will submit to the Board a completed *Subrecipient AAR/IP Improvement Implementation Activity Report* in accordance with the requirements detailed in the provided template.

**Deliverable – Objective 8: Ohio Department of Health Statewide Integrated Preparedness Planning Workshop (IPPW)**

**Domain:** Community Resilience

**Capability:** 1

**Successful Completion of the Deliverable(s) Includes:**

- **Objective 8.1:** By August 30, 2023, the Contractor's Emergency Response Coordinator, or designee, must provide representation at the ODH Statewide IPPW and must complete the participant feedback survey and submit to the Board the verification of attendance.

**Deliverable – Objective 9: Integrated Preparedness Plan (IPP)**

Domain: Community Resilience

Capability: 1

**Successful Completion of the Deliverable(s) Includes:**

- **Objective 9.1:** By December 15, 2023, the Contractor must submit to the Board the updated jurisdictional PHEP Core IPP on the *PHEP Core IPP Template*. \_\_\_\_\_ 5%

**Deliverable - Objective 10: Statewide Regional Drop Site (RDS) Full-Scale Exercise (FSE)**

Domain: Community Resilience, Incident Management, and Countermeasures and Mitigation,

Biosurveillance

Capability: All

**Successful Completion of the Deliverable(s) Includes:**

- **Objective 10.1:** By January 30, 2024, the Contractor must participate in the planning, execution, and evaluation of BP5 Full-Scale Exercise and complete and submit to the Board the *PHEP Core FSE Data Sheet* following the requirements listed in the template and the *BP5/SFY24 Exercise Deliverable Technical Assistance* document.

**Deliverable - Objective 11: Medical Countermeasures Community Profile – Program Evaluation Annex**

Domains: Community Resilience, Countermeasures and Mitigation

Capability: 1, 8, 9

**Successful Completion of the Deliverable Includes:**

- **Objective 11.1:** By December 15, 2023, the Contractor must complete electronic submission of evaluation summaries via electronic survey tool (e.g., Survey Monkey).and must submit to the Board the *Survey Attestation Form*.
- **Objective 11.2:** By March 30, 2024, the Contractor must submit to the Board the completed *Program Evaluation Annex*.

**Deliverable – Objective 12: Medical Countermeasures Program Evaluation Seminar**

Domain: Community Resilience, Countermeasures and Mitigation

Capability: 1, 8, 9

**Successful Completion of the Deliverable(s) Includes:**

- **Objective 12.1:** By October 15, 2023, the Contractor will submit to the Board the attendance record demonstrating representation at a Medical Countermeasures Program Evaluation Seminar.

**Deliverable – Objective 13: Tactical Communications**

Domain: Information Management

Capability: 6

**Successful Completion of the Deliverable(s) Includes:**

The Contractor must conduct alerting drills utilizing the agency's redundant communication system to prompt agency-designated staff to respond to the activation of a dispensing campaign, simulated emergency, or volunteer activation.

1. The Contractor must report the completed action on the *Communications Worksheet*.

2. The Contractor must attach a report from the alerting system that reflects responder acknowledgement rate of 75% or above within four hours of drill activation. If 75% acknowledgement is not achieved, the alerting drill must be conducted again until 75% acknowledgement is achieved prior to submission to the Board.

- **Objective 13.1:** By September 30, 2023, the Contractor must submit to the Board the *Communications Worksheet* and alerting system message summary report.
- **Objective 13.2:** By March 30, 2024, the Contractor must submit into GMIS the *Communications Worksheet* and alerting system message summary report.

**Deliverable – Objective 14: Health Care Coalition (HCC) Chemical Surge Tabletop Exercise**

**Domain:** Community Resilience and Surge Management

**Capability:** 1, 10

**Successful Completion of the Deliverable(s) Includes:**

- **Objective 14.1:** By April 30, 2024, the Emergency Response Coordinator, or designee, must provide representation and participation in the HCC Chemical Emergency Surge TTX. Upon completion of the TTX, the Contractor must submit to the Board verification of attendance.

**Deliverable – Objective 15: Volunteer Management Training**

**Domain:** Surge Management

**Capability:** 15

**Successful Completion of the Deliverable(s) Includes:**

- **Objective 15.1:** By July 30, 2023, the Contractor will submit to the Board the certificates of the staff person responsible for volunteer management with the Contractor's agency for FEMA IS-244b and the Ohio Train Well Check Webinar: Emergency Responder Health and Safety training demonstrating that training was completed on or after July 1, 2023.

**Attachment C**  
**Staff Training Requirements**  
City of Middletown PHEP FY2024

Ensure all preparedness staff, for your agency, have the following required trainings per ODH:

- IS-29.A: Public Information Officer Awareness--Online, 2.5 hours
- IS-100.C: Introduction to the Incident Command System, ICS 100
- IS-120.C: An Introduction to Exercises
- IS-130.A: How to be an Exercise Evaluator
- IS-200.C: Basic Incident Command System for Initial Response
- IS-242.B: OR equivalent E/L/G course: Effective Communication--8 hours
- IS-244.B: Developing and Managing Volunteers
- IS-368: Including People with Disabilities & Others with Access & Functional Needs in Disaster Operations.
- IS-1300: Introduction to Continuity of Operations
- IS-700.B: An Introduction to the National Incident Management System--Online, 3.5 hours
- IS-800.D: National Response Framework, an Introduction
- Surgenet
- C-MIST, OPHCS, MARCS (trainings offered by ODH)
- Homeland Security Exercise and Evaluation Program (HSEEP)
- Nationwide SAR Initiative (NSI) Training: Public Health and Health Care Partners (<https://www.dhs.gov/course/nsi-training-public-health-and-health-care-partners>)
- Disability Training for Emergency Planners: Serving People with Disabilities (available on OhioTrain)
- CDC Crisis and Emergency Risk Communication Course—Online, 2 hours

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Contractor

By \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**Attachment D**  
**Infectious Disease Control and Investigation Expectations**  
**City of Middletown PHEP FY2024**

Each Health District/Department located in Butler County, Ohio will maintain responsibility for all infectious disease control and follow-up within their respective jurisdiction (except tuberculosis, HIV, and syphilis) which includes, but is not limited to:

- a. Monitoring Ohio Disease Reporting System (ODRS) queues and faxes for new cases
- b. Receiving all lab results
- c. Conducting all disease interviews and investigations
- d. Providing education to the appropriate parties involved
- e. Communicating restrictions in movement or activities
- f. Conducting all contact investigations
- g. Monitoring all required labs
- h. Collecting and shipping all relevant specimens
- i. Entry of all information into ODRS and any other required databases
- j. Serving as primary contact with residents/institutions/labs/providers
- k. Notifying Ohio Department of Health or other partners as required
- l. Conducting all disease related inspections
- m. Any and all other best practices or required activities related to public health investigation of infectious diseases
- n. Communicate across jurisdictions as needed
- o. Conducting investigations and implementing interventions in all jurisdictional outbreaks, including requesting aid from BCGHD epidemiology in a timely manner when necessary.
- p. Perform entry of outbreak information into the National Outbreak Reporting System (NORS) including the start and end dates, management, and finalization of outbreaks no later than 90 days from the date of the onset of illness associated with the outbreak.

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Contractor

By \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_



## Health Commissioner Notes

May 2023

### T21 Update

- Combined meeting scheduled 6/20/2023 with City Council and the BoH with Envision Partnership Chief Operating Officer Kristina Latta-Landefeld to help clarify, educate, inform T21 initiative.
- Preparing to submit grant to Interact for health for T21 program

### Grant OHIZ

- Finalizing First phase of grant with census tracts 130,131,132
- Listing of “asks” or concerns from Ambassadors
- Scheduling out summary of project and celebration
- Scheduling meetings to community organization
- Community Ambassador Meeting

### City of Middletown

- Continue to Meet w/ CM
- “Not in Middletown” meeting w/ CM and Rhonda Molina

### BC Housing Meetings Continue

- Met with Dr Rasmus MHARS Director, BC Commissioner C. Carpenter, Pastor Felix, D. Wells, D. Birk Police Chief and Paul Lolli City Manager
- The Access Counseling Homeless initiative was asked to leave by 9/2/23

### BC Cares

- Continue to meet to discuss county wide issues and initiatives and issues
- Meet w/ C. Carpenter, E. Balster, D. Bates, S. Rasmus, T. Smith

### OneOhio Opiate Meetings Continue

- Continue to meet with Butler County Local Governance Board
- See attached Agenda
- Starting to complete process for request for proposals

### PHAB

- Community Health Ax (CHA) meetings to discuss the data from survey
- Met with D. Shores prioritize indicators for focus groups
- Focus groups to begin soon
- Next meeting 6/14 Midpointe Library West Chester

## FCFC Ex Committee

- Vaping Destruction discussion in schools
- Students hiding in toilet paper roll
- Some has batteries that have been exploding
- Purchasing online
- Suspensions and alternatives
- Level of dependency
- Second Chance Programs

## Syringe Service Program

- Access Counseling has requested the SSP to leave their location on Cincinnati Dayton Road
- Discussion has begun to look for other areas in the city of Middletown and Butler County on a whole
- Spoke to CM and he said not interested in continuing here in Middletown
- Health Staff will take note and keep a close eye on communicable disease trends and overdoses

## Internal/External Meetings and Tasks

- Staff Self- Care session
- Monthly CMHD staff meeting – Safety discussion
- All staff has completed Active shooter video, Avoid, Deny, Defend (ADD) link attached
- Public Health Emergency Planning Meeting Conducted by Olivia
- Weekly Sr. Staff Meetings
- Received Workforce Development Grant 2023
- BC Board of Developmental Disabilities

## Phillips Carter, Jackie

**From:** Scott Rasmus <rasmussd@bcmhars.org>  
**Sent:** Friday, June 2, 2023 8:59 AM  
**To:** Cindy Carpenter; Phillips Carter, Jackie  
**Cc:** ukcat1grs8@aol.com; Dan Ferguson; mcraft@butlersheriff.org; Patrick Moeller; toconnor1@cinci.rr.com; ncohen@cohenua.com; Judge Campbell; harris6117  
**Subject:** RE: Reminder of OneOhio Local Board Meeting

**[EXTERNAL E-MAIL]: This email originated from outside of the organization. Do not click on links or open attachments unless you recognize the sender and know the content is safe.**

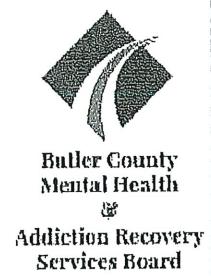
Commissioner Carpenter & all,

Here is the agenda for today:

1. Status of the Commissioner Resolution on the Mission of the One Ohio Governance Committee
2. Update on Region 14 Director's Board with Next Meeting on June 13, 2023 @ 11 AM in Lebanon, OH - Mayor Moeller
3. Update on Region 14 Director's Board Proposal Committee - Commissioner Carpenter
4. Update on Region 14 Director's Board Formula Committee - Dr. Rasmus
5. Any Update on Region 14 Director's Ethics Committee?
6. Has the Region 14 7 Member Executive Board met yet? Any updates.
6. ADAMHS Board's Adam-Amanda Center - Long term 30-90 day BH stabilization center issue? Dr. Rasmus to provide handout & status
7. BC BH Crisis Stabilization Unit Update - Dr. Rasmus
8. Next Steps - BC Local Governance Board
9. Next Steps - BC's Approach to the Next Region 14 Director's Meeting
10. Miscellaneous
11. Next Meeting for Local Governance Board?

Thanks,

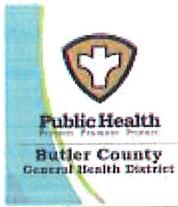
Scott



**Scott Rasmus, PhD, LPCC-S, LMFT**  
**Executive Director**

5963 Boymel Drive  
Fairfield, OH 45014  
O: 513.860.8391  
[www.bcmhars.org](http://www.bcmhars.org)

>>>



# Butler County Monthly Communicable Disease Surveillance Report

May of 2023

Jordan Luttrell-Freeman, MPH  
Luttrell-freeman@butlercountyohio.org

## Notifiable Communicable Diseases

### Summary:

- Number of Disease Cases Reported in Butler County: 631
- Most Frequently Reported: COVID-19, Chlamydia, Hepatitis C, Gonococcal infection, and Hepatitis B.

**Table 1. Comparison of Reported Cases of Confirmed or Probable Notifiable Communicable Diseases, May 2023** (excluding Chlamydia infection and gonorrhea)

	Reported Cases	Rate per 100,000	Rate Ratio	Confidence Interval
State of Ohio (excluding BC)	18,988	166.4	-	-
Butler County	373	95.6	0.732	0.66-0.81

Interpretation: The residents of Butler County were 26.8% less likely to be the subject of a notifiable disease report when compared to the rest of Ohio as a whole. These results are statistically significant. (excluding Chlamydia infection and Gonorrhea)

**Table 2.\* Communicable Diseases by Jurisdiction (May 2023)**

Jurisdiction	Count	Rate per 100,000	Change from Previous Month
Butler County General Health District	305	110.5	↓22.8% from April 2023 (n=395)
Middletown City Health Department	90	176.4	↓13.5% from April 2023 (n=104)
City of Hamilton Health Department	138	217.7	↑4.5% from April 2023 (n=132)
<b>Butler County (all inclusive)</b>	<b>533</b>	<b>136.5</b>	<b>↓15.5% from April 2023 (n=631)</b>

**Table 3.\* Butler County Reportable Diseases by Subgroups (May 2023)**

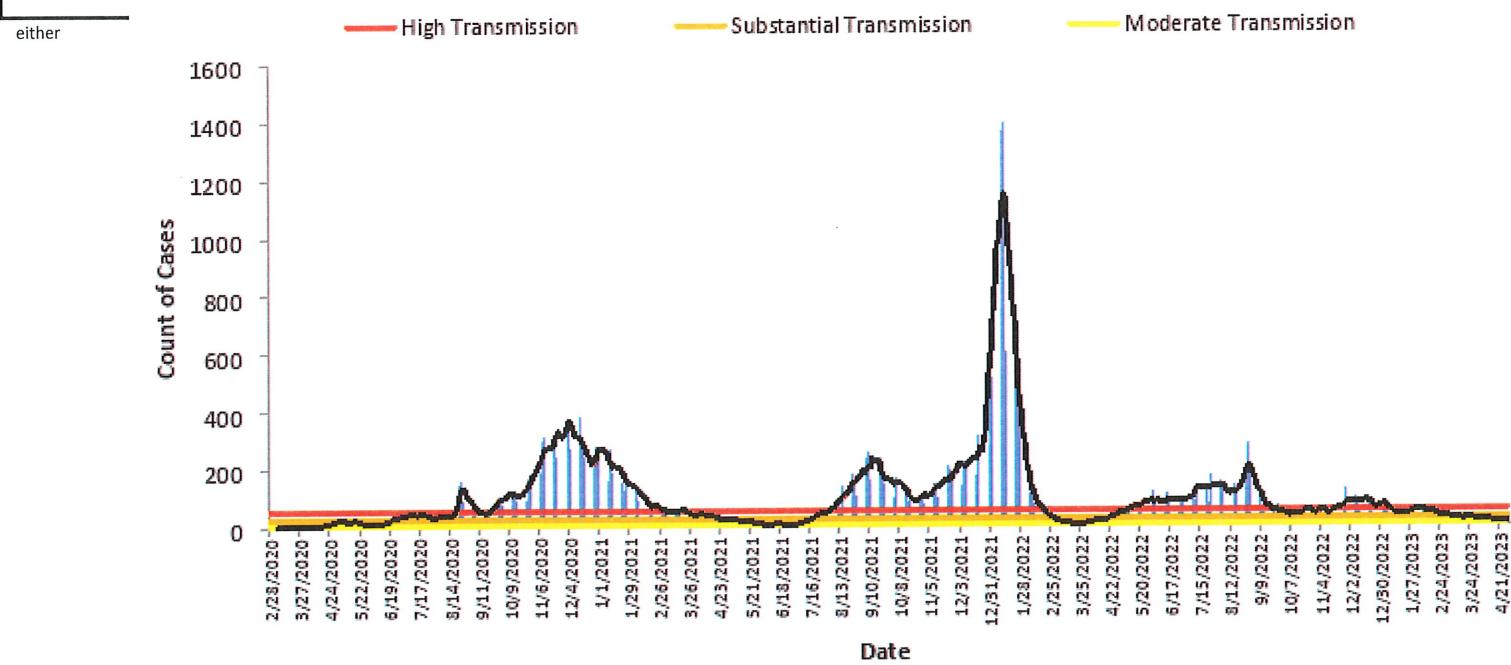
Reportable Disease Subgroup	Count	Trend
Viral Hepatitis (B and C)	29	↓39.6% from April 2023 (n=48)
Sexually-Transmitted Infections (Chlamydia infection, Gonorrhea, Syphilis and HIV)	160	↑15.1% from April 2023 (n=139)
Enteric Diseases (Hepatitis A, Amebiasis, Campylobacteriosis, Cryptosporidiosis, Cyclosporiasis, STEC, Giardiasis, Salmonellosis, Shigellosis, Vibriosis and Yersiniosis)	16	↑6.7% from April 2023 (n=15)
Vaccine-Preventable Diseases (COVID-19, influenza-associated hospitalizations, <i>Haemophilus influenzae</i> , Bacterial meningitis, Mumps, Pertussis, invasive <i>Streptococcus pneumoniae</i> , Tetanus, and Varicella)	313	↓24.4% from April 2023 (n=414)

\*Data is provisional and subject to change – Table 1 does not include gonorrhea or Chlamydia infection due to the high likelihood of duplicate cases and co-infections. Suspected, probable, & confirmed cases are included in counts for Tables 2-4 except for cases of arboviral encephalitis such as Zika virus disease, of which only probable and confirmed cases are reported and Novel Influenza A of which only confirmed cases are reported. "COVID-19 cases are sorted by Event Date (the earliest public health knows about the case). All other reportable diseases are sorted by Date Reported to ODH. This is due to the data entry delay that occurred during the fourth wave of COVID-19. Report reflects time period of May 1-31, 2023 unless otherwise noted. Table 6 includes only probable and confirmed cases. Data accessed from the Ohio Disease Reporting System (ODRS) on 5/2/2023

**Table 4.\* Diseases Reported in Butler County (May 2023)**

Jurisdictions	Butler County General Health District	Middletown City Health Department	City of Hamilton Health Department	Butler County (all inclusive)	Butler County Reportable Disease Surveillance
Amebiasis	1	0	0	1	
C. auris	1	0	0	1	
Campylobacteriosis	2	1	0	3	
Chlamydia infection	59	27	35	121	
Coccidioidomycosis	0	1	0	1	
COVID-19	187	37	85	309	
CP-CRE	3	4	0	7	
Cryptosporidiosis	1	0	0	1	
Giardiasis	1	0	0	1	
Gonococcal infection	12	12	7	31	
Haemophilus influenzae (invasive disease)	2	0	0	2	
Hepatitis A	2	0	1	3	
Hepatitis B	6	1	2	9	
Hepatitis C	9	6	5	20	
HIV	1	1	1	3	
Legionellosis	1	0	0	1	
Lyme Disease	1	0	0	1	
Meningitis - aseptic/viral	1	0	0	1	
Salmonellosis	5	0	0	5	
Shigellosis	0	0	1	1	
Streptococcus pneumoniae (invasive disease)	3	0	1	4	
Syphilis	5	0	0	5	
Tuberculosis	1	0	0	1	

**Figure 1. Reported Cases of COVID-19 by Date of Event 2020-2023\***



\*probable" or "confirmed" during the years of 2017 through 2022 and provides a 5-year average (2018-2022) column for comparison. Graph includes those diseases that represent a consistent threat to public health.

\*Data is provisional and subject to change – Table 1 does not include gonorrhea or Chlamydia infection due to the high likelihood of duplicate cases and co-infections. Suspected, probable, & confirmed cases are included in counts for Tables 2-4 except for cases of arboviral encephalitis such as Zika virus disease, of which only probable and confirmed cases are reported and Novel Influenza A of which only confirmed cases are reported. "COVID-19 cases are sorted by Event Date (the earliest public health knows about the case). All other reportable diseases are sorted by Date Reported to ODH. This is due to the data entry delay that occurred during the fourth wave of COVID-19. Report reflects time period of May 1-31, 2023 unless otherwise noted. Table 6 includes only probable and confirmed cases. Data accessed from the Ohio Disease Reporting System (ODRS) on 5/2/2023

Table 6 outline  
s Butler County's select, reportable disease counts by year, that were classified as

Table 6.\* Reported Probable/Confirmed Cases in Butler County (2017–2023)

	2018	2019	2020	2021	2022	5 Year Avg.	Up to 5/31/2023
Amebiasis	2	1	0	1	1	1	0
Botulism- wound	0	0	0	0	1	<1	0
Brucellosis	0	0	0	2	0	<1	0
Candida auris (not reportable prior to 2019)	-	0	0	1	13	-	4
Campylobacteriosis	33	45	30	35	48	38.2	12
Chlamydia infection	1,592	1,631	1,512	1,406	1359	1,500	562
COVID-19 (not reportable prior to 2020)	-	-	26,420	39,521	49323	38,421.33	4,325
CP- CRE (not reportable prior to 2019)	-	4	10	11	12	9.25	17
Creutzfeldt-Jakob Disease	1	2	0	1	1	1	0
Cryptosporidiosis	6	4	6	5	7	5.6	3
Cyclosporiasis	4	2	0	0	1	1.4	0
Dengue	0	1	0	1	1	0.6	0
E. coli, Shiga-Toxin Producing	14	11	14	15	17	14.2	3
Ehrlichiosis-Ehrlichia chaffeensis	0	0	1	1	1	<1	0
Giardiasis	12	12	4	14	7	9.8	6
Gonococcal Infection	668	732	651	480	473	600.8	145
Haemophilus influenzae (invasive disease)	17	10	7	6	11	10.2	9
Hemolytic uremic syndrome	0	0	0	1	0	<1	0
Hepatitis A	304	104	2	1	0	82.2	0
Hepatitis B - acute/chronic/perinatal	166	109	67	85	78	101	41
Hepatitis C – acute/chronic/perinatal	750	552	486	434	390	522.4	135
HIV	43	24	17	58	38	36	16
Influenza-associated Hospitalization	479	325	266	18	306	278.8	27
Legionellosis – Legionnaires' Disease	16	17	10	9	15	13.4	5
Hansen's disease	0	0	0	0	1	<1	0
Listeriosis	1	0	0	0	1	<1	0
Lyme Disease	4	3	2	0	2	2.2	0
Malaria	2	2	2	1	3	2	0
Meningitis – aseptic/viral	16	25	9	14	10	14.8	5
Meningitis – bacterial (not N. meningitidis)	3	4	3	3	11	4.8	2
Meningococcal dz. – Neisseria meningitidis	0	0	0	0	0	<1	0
MIS-C associated with COVID-19	-	-	-	15	7	-	1
Mpox (not reportable prior to 2022)	-	-	-	-	4	-	0
Mumps	2	1	0	0	0	<1	0
Pertussis	16	38	13	3	3	14.6	2
Salmonellosis	32	32	20	26	34	28.8	21
Salmonella Typhi (Typhoid Fever)	0	0	0	2	0	<1	0
Shigellosis	45	7	8	3	6	13.8	2
Spotted Fever Rickettsiosis (including RMSF)	0	0	2	0	1	<1	0
Streptococcal – Group A – invasive	23	24	27	24	34	26.4	16
Streptococcal – Group B – in newborn	3	0	1	0	1	1	0
Streptococcus pneumoniae – Invasive	54	59	31	33	40	43.4	17
Syphilis (all stages)	47	11	17	23	45	28.6	22
Tuberculosis (active)	2	8	6	7	8	6.2	1
Varicella	13	14	1	5	8	8.2	5
Vibriosis (not Cholera)	2	1	0	2	2	1.4	2
West Nile Virus Disease	0	0	0	0	0	<1	0
Yersiniosis	0	1	0	1	2	<1	3

\* Data is provisional and subject to change – Table 1 does not include gonorrhea or Chlamydia infection due to the high likelihood of duplicate cases and co-infections. Suspected, probable, & confirmed cases are included in counts for Tables 2-4 except for cases of arboviral encephalitis such as Zika virus disease, of which only probable and confirmed cases are reported and Novel Influenza A of which only confirmed cases are reported.  
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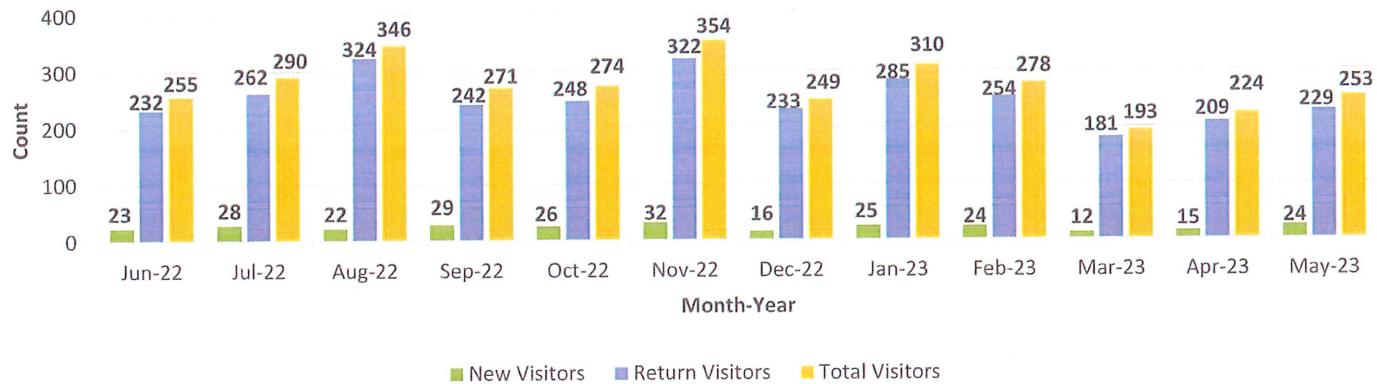
**Public Health**  
Prevent. Promote. Protect.

**Butler County**  
General Health District

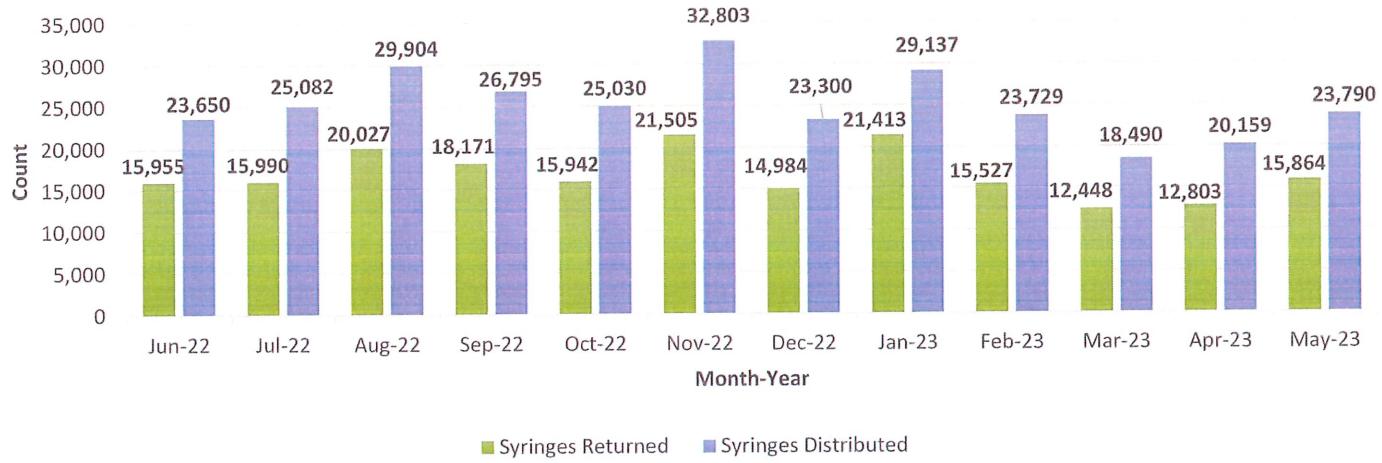


CITY OF  
**MIDDLETOWN**

**Figure 1: Middletown SSP Site Visitors by Month for 2022 and 2023**



**Figure 2: Syringes Returned and Distributed by Month for the Middletown SSP Site for 2022 and 2023**



**Table 1: Syringes Returned and Distributed by Visitors' Home County of Residence for the Middletown SSP Site for May 2023**

County	Syringes Returned	Syringes Distributed	Percent Returned
Butler County, OH	12,621	20,040	62.98%
Hamilton County, OH	608	440	138.18%
Montgomery County, OH	55	320	17.19%
Preble County, OH	400	510	78.43%
Warren County, OH	2,180	2,480	87.90%
<b>Total</b>	<b>15,864</b>	<b>23,790</b>	<b>66.68%</b>

Source: Access Counseling Regional Harm Reduction Collaborative Middletown Syringe Service Program Site, Data is provisional and subject to change, Data obtained May 26, 2023



**Public Health**  
Prevent. Promote. Protect.  
**Butler County**  
General Health District



**Table 2: Syringes Returned and Distributed by Zip Code - City for the Middletown SSP Site by Butler County Visitors' Home Residence for May 2023**

Zip Code - City	Syringes Returned	Syringes Distributed	Percent Returned
<b>Middletown</b>			
45042	2,594	4,480	57.90%
45044	8,237	11,600	71.01%
<b>Middletown Total</b>	<b>10,831</b>	<b>16,080</b>	<b>67.36%</b>
<b>Hamilton</b>			
45011	640	2,360	27.12%
45013	20	180	11.11%
45015	0	120	0.00%
<b>Hamilton Total</b>	<b>660</b>	<b>2,660</b>	<b>24.81%</b>
<b>45050 - Monroe</b>	<b>300</b>	<b>340</b>	<b>88.24%</b>
<b>45056 - Oxford</b>	<b>0</b>	<b>40</b>	<b>0.00%</b>
<b>45062 - Seven Mile</b>	<b>0</b>	<b>40</b>	<b>0.00%</b>
<b>45067 - Trenton</b>	<b>830</b>	<b>880</b>	<b>94.32%</b>
<b>Butler County Total</b>	<b>12,621</b>	<b>20,040</b>	<b>62.98%</b>

**Figure 3: Naloxone Kits and Fentanyl Test Strips Distributed by Month for the Middletown SSP Site for 2022 and 2023**



Source: Access Counseling Regional Harm Reduction Collaborative Middletown Syringe Service Program Site, Data is provisional and subject to change, Data obtained May 26, 2023

# City of Middletown Health Department

## May 2023

### Vital Statistics

	MONTHLY	YTD
Birth Certificates Filed	82	340
Death Certificates Filed	89	443
Birth Certificates Issued	296	1710
Death Certificates Issued	277	1702
Indigent Cremation Services	4	14

### Deaths Filed

Accidental		
Drug Overdose	2	10
Falls	0	6
Motor Vehicle	0	4
Exposure to Elements	0	2
Choking	0	0
Homicide	1	3
Suicide	1	3
COVID-19 Related Deaths	0	3
Could Not Be Determined	0	0
Pending Investigation	5	5

\*\*Totals reflect City of Middletown residents that died inside of city limits only

### Level 1 Certification Training

Number of Attendees	0	5
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### Animal Bite Events

Dog	10	42
Cat	1	5
Bat	0	0
Raccoon-Animal Exposure	0	1



Public Health  
Protect, Promote, Prevent

City of Middletown Health Department  
Middletown, Ohio  
*A Connected and Healthy Community to Live, Work and Play*

## Smoking Complaint Spreadsheet

For MAY 2023

Business Name	Date	Notice of Report	Dismissed	Notice of Violation (30 Days)	Letter of Warning (15 Days)	Civil Fine Letter	Violation Contested	Notice of Hearing	Additional Comments
1 Cracker Barrel	3/31/23	X	X						Unconfirmed
2									
3									

Notes:

**Billy T's** owes \$1200 in fines, unpaid.  
**Buster's Bar** owes \$200 in fines, unpaid.

**NATIONAL MEN'S HEALTH AWARENESS MONTH**  
JUNE

June is National Men's Health Awareness month!! Encourage all boys and men to stay healthy by eating right, exercising, and seeking medical care to allow long and healthy lives.



**Eat Healthy!!** Add one fruit and one vegetable to every meal. Eat all types of food to get the minerals and vitamins you need. Say no to larger portion sizes and yes to healthier options. Overeating can lead to diabetes and high cholesterol, both which can be treated when detected early.



**Get Moving!!** Take the stairs. Play with your kids and grandkids. Do yard work.



**Quit Smoking!!** Quit drinking and smoking.



**Make Prevention a priority!!** Many health conditions can be prevented or detected early. Have regular checkups from your primary health care provider. For example, testicular cancer is the most common cancer in males 15-34 years old. When detected early, 99% of all men survive.



**Take care of yourself!!** Everyone can feel sad or irritable every once in a while. Both women and men get depression, but their willingness to talk about their feelings are very different. Men who are depressed may appear angry or aggressive instead of sad to their families and friends. Do not be afraid to talk about your feelings and ask for help when help is needed. We need to keep you around!!

In general, men live nearly six years less than women. Encourage the men in your life to take their health seriously, not only for themselves, for all of us.

Stop by your City of Middletown Health Department for additional National Men's Health Month topics to help you and your loved ones become aware of ways to encourage healthy men in your life.



**MIKE DEWINE**

GOVERNOR  
STATE OF OHIO

**Executive Order 2023-08D**

The Emergency Adoption of Rule 4729:9-1-03 of the Ohio Administrative Code by the  
State of Ohio Board of Pharmacy

**WHEREAS**, my first action as Governor was to sign Executive Order 2019-01D creating RecoveryOhio in order to combat the worst drug epidemic in my lifetime. Just this month, Administrator Milgram of the Drug Enforcement Administration (DEA) issued a public safety alert stating, “[x]ylazine is making the deadliest drug threat our country has ever faced, fentanyl, even deadlier”; and

**WHEREAS**, although approved only for veterinary use, xylazine (also known as “Tranq” or “Tranq Dope”) is a non-opioid with an increasing presence as an adulterant, often in combination with opioids, in the illicit drug supply. Adulterants are frequently added to clandestine drugs to (1) increase or decrease a drug’s effects; or (2) increase a drug’s resale value. Following these trends, the earliest reports of xylazine indicate that it was being used to enhance the effects of heroin; and

**WHEREAS**, both isolated and in combination with other drugs, xylazine is implicated as a cause or contributing cause of death in the United States. According to the DEA: (1) the emergence of xylazine across the United States appears to be following the same path as fentanyl, beginning in the Northeast before spreading to the South and then working its way into drug markets westward; and (2) its low cost contributes, in part, to xylazine’s expanded presence in the nation’s illegal drug supply; and

**WHEREAS**, the presence of xylazine has been frequently found by crime labs in Ohio with some estimating that 25 to 30 percent of drug evidence containing fentanyl also contain xylazine; and

**WHEREAS**, the Ohio Department of Health reports that there have been 248 unintentional drug overdoses involving Xylazine since 2019, however not all jurisdictions conduct routine testing for xylazine in toxicology. Therefore, the prevalence of xylazine misuse is likely underreported; and

**WHEREAS**, when xylazine is used in combination with an opioid (e.g., heroin or fentanyl), xylazine may worsen respiratory depression in the event of a drug overdose. Because

xylazine is not an opioid, naloxone is not known to be effective at reversing overdoses caused by xylazine and there is no known antidote, or reversal agent, for xylazine overdose in humans; and

**WHEREAS**, xylazine may be accompanied by skin ulcers with wounds that excrete pus, have decaying tissue and bacterial infections, which can lead to amputation at higher rates than those who inject other drugs. See Figures 1 and 2. Heroin and xylazine have some similar pharmacological effects including bradycardia, hypotension, central nervous system depression, and respiratory depression; and



Figures 1 and 2. Skin ulcers caused by xylazine. Malayala SV, Papudesi BN, Bobb R, Wimbush A. Xylazine-Induced Skin Ulcers in a Person Who Injects Drugs in Philadelphia, Pennsylvania, USA. Cureus. 2022 Aug 19;14(8):e28160. doi: 10.7759/cureus.28160. PMID: 36148197; PMCID: PMC9482722.

**WHEREAS**, the State of Ohio Board of Pharmacy (“Board of Pharmacy”) has considered the eight factors in Section 3719.44 of the Ohio Revised Code to add a previously unscheduled substance to schedule III. The eight factors include: (1) the actual or relative potential for abuse; (2) the scientific evidence of the pharmacological effect of the substance; (3) the state of current scientific knowledge regarding the substance; (4) the history and current pattern of abuse; (5) the scope, duration, and significance of abuse; (6) risk to public health; (7) potential of the substance to produce psychic or physiological dependence liability; and (8) whether the substance is an immediate precursor; and

**WHEREAS**, in accordance with the previous finding, the Board of Pharmacy has determined pursuant to Section 3719.44 that xylazine should be added to schedule III as a controlled substance depressant; and

**WHEREAS**, Section 119.03(G) of the Ohio Revised Code authorizes the Governor, on the request of a State agency, to suspend the normal rule making procedures with respect to specific rules when an emergency exists necessitating the immediate adoption, amendment, or rescission of such rules. When such a determination is made, the agency may immediately adopt, amend, or rescind such rules, but the rules are only valid for one hundred eighty (180) days; and

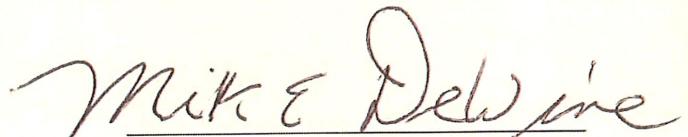
**WHEREAS**, the Board of Pharmacy has requested a determination whether an emergency exists that requires 4729:9-1-03 on an emergency basis and that would therefore permit the Board of Pharmacy, pursuant to Sections 119.03(G) and 3719.44 of the Ohio Revised Code, to immediately adopt this rule.

**NOW THEREFORE**, I, Mike DeWine, Governor of the State of Ohio, have determined, upon the request of the Board of Pharmacy, that an emergency exists requiring the immediate adoption of rule 4729:9-1-03 of the Ohio Administrative Code.

Further, I hereby order that the procedures prescribed by Section 119.03 of the Ohio Revised Code with respect to the adoption or amendment of the specified rule be suspended and that the Board of Pharmacy be permitted to adopt the rule immediately by filing it electronically with the Secretary of State, the Director of the Legislative Service Commission, and the Joint Committee on Agency Rule Review (“JCARR”).

Furthermore, I hereby order that this Executive Order be filed in electronic form with the Board of Pharmacy, the Secretary of State, the Director of the Legislative Service Commission, and JCARR.

I signed this Executive Order on March 28th, 2023, in BOWLING <sup>GREEN</sup>, Ohio, and it will expire one hundred and eighty (180) days from the effective date of the emergency rule, or upon the adoption of the rule through the normal JCARR process, whichever is sooner.

  
Mike DeWine, Governor

ATTEST:

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Frank LaRose, Secretary of State



## Middletown Connect

Middletown Connect, formerly referred to as the Coalition for a Healthy Middletown, was established by a collective group of concerned citizens and committed community leaders who realized that change begins with relationships. Relationships begin with connection.

Middletown Connect, as the name indicates, provides people and agencies with opportunities to connect and establish relationships built on trust and shared vision. Middletown Connect is a community lead initiative seeking to foster health equity and to improve healthy behaviors through meaningful engagement and cross-sectoral collaboration.

Middletown Connect, in support of our [City's Vision – Destination Middletown](#), helps to build strong families, safe neighborhoods and healthy individuals.

## OHIZ Project

**Ohio Health Improvement Zone Pilot Project Grant** – awarded to the Safety Council of Southwestern Ohio and the City of Middletown Health Department through the Ohio Department of Health for a 10-month period. This pilot project was designed to foster health equity, address social determinants of health, and improve healthy behaviors through meaningful community engagement and cross-sectoral collaboration within a focused area - census tracts 130, 131, and 132.

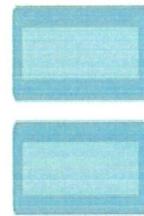
**Health Improvement Partners (HIP Team)** – The HIP Team are key players in improving the health of our community. These agencies and political bodies can provide financial resources and/or influence policy changes related to the reduction of [social determinants of health](#). Working towards better alignment of resources will help us all be more effective when it comes to improving health.

**Community Ambassadors**- Residents living within these 3 census tracts were recruited to serve as community ambassadors for their neighborhoods. Ambassadors led community conversations around defining what it means to be healthy and identifying barriers to healthy living. Staff and HIP Team members were asked to put their assumptions aside and simply listen. Now, they are partnering with Ambassadors to explore ways to BUILD TRUST and INCREASE SAFETY within their neighborhoods. In addition to leading community conversations, attending planning sessions, and hosting a community bus tour for various agencies and leaders, they have initiated community Walk & Talks.

Community  
engagement and  
activation



Resource and  
systems alignment



Impact

### Everybody Wants Change

Everybody wants change. That change starts with a conversation. The first step is meeting with decision makers and other folks just like you. Let's talk it while we walk it. **Walk & Talk is an opportunity to put your body and your mind in motion.** The next step starts with you!

Residents living in Middletown census tracts 130, 131, 132 are invited to join their neighbors, along with City and System Leaders, on a walk through your neighborhood on the following dates.



A community group is a **group of people who work for the benefit of the community**. To better align efforts and resources in the Middletown area community, Middletown Connect is taking inventory of community groups/agencies and their efforts. If you are involved in such a group, please register the contact information here.

April 29th - meet at Rosa Parks Elementary School at 11:00am

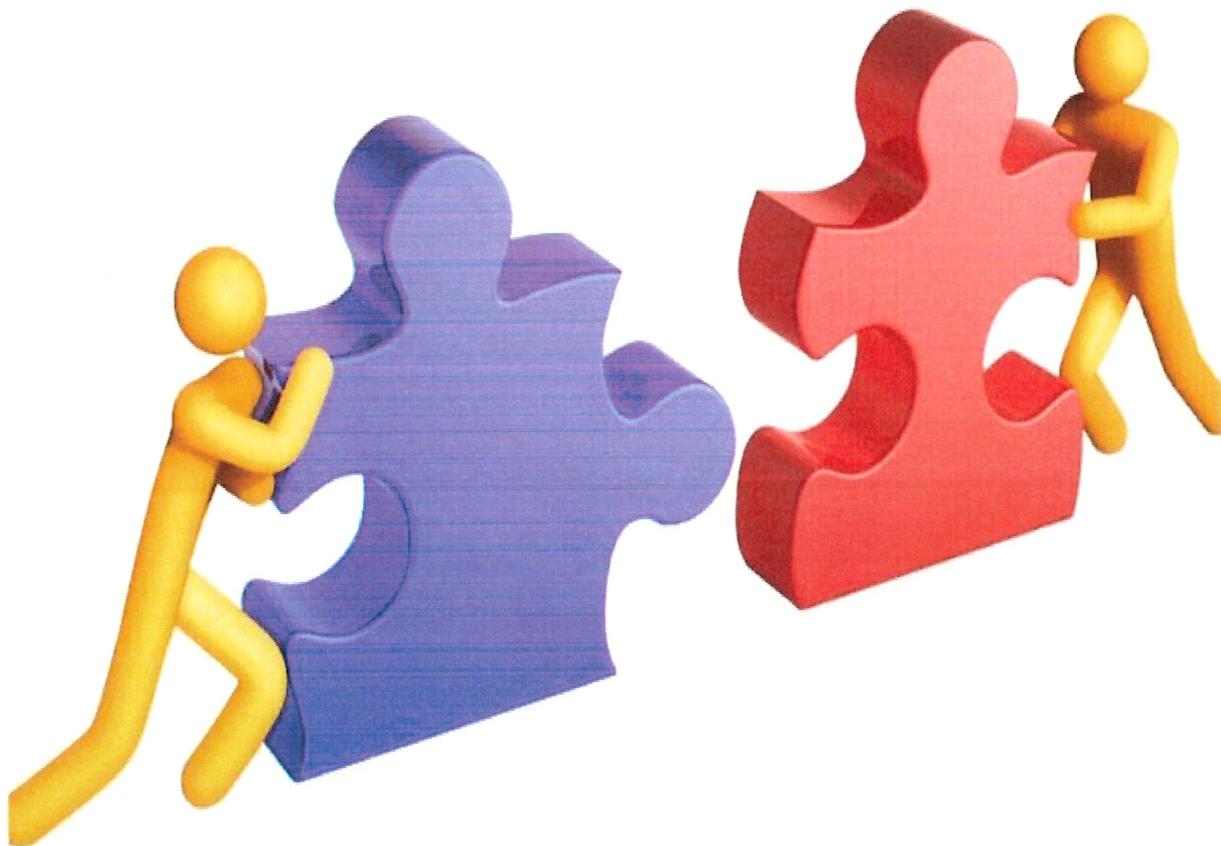
May 6th - meet at New Era Baptist Church at 11:00am

May 20th - meet at Church of Nazarene at 11:00am

Health & Wellness Resources available following the walk.

If it rains, we will walk inside.

Everyone Welcome!





**Mike DeWine**, Governor  
**Jon Husted**, Lt.Governor

**Bruce Vanderhoff, MD, MBA**, Director

## MEMORANDUM

DATE: May 24, 2023

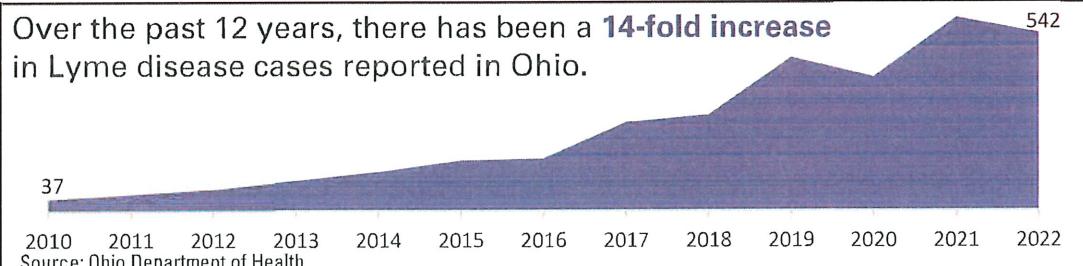
TO: Ohio Healthcare Providers

FROM: Bruce Vanderhoff, MD, MBA  
Director of Health

SUBJECT: Tickborne Diseases Increasing -- Request for Provider Enhanced Surveillance

Since the first discovery of established blacklegged ticks in Ohio in 2010, Lyme disease has steadily increased and caused significant disease among Ohioans.

To ensure that as many cases are appropriately reported as possible, the Ohio Department of Health (ODH) is asking healthcare providers to consider Lyme disease and other tickborne diseases in their differential diagnosis for patients presenting with compatible symptoms. We also encourage providers to help increase patient awareness by providing patient education on tickborne disease prevention. This memo provides pertinent information about the diagnosis, treatment, and reporting of Lyme disease and other tickborne diseases.



### Actions for Ohio Clinicians

- 1. Increase patient awareness and education of tickborne diseases.** Direct patients to the [ODH tickborne disease website](#) for information, statistics, and prevention resources.
- 2. Consider tickborne diseases as a differential diagnosis when evaluating patients with febrile illness, with or without a rash.** Many tickborne diseases present with non-specific clinical signs such as fever, headache, fatigue, and muscle aches. Some, but

not all, tickborne diseases may present with a rash that can vary in presentation. See the attached document for various forms of erythema migrans (EM) rash associated with Lyme disease. For more information on symptoms of tickborne disease, visit <https://www.cdc.gov/ticks/symptoms.html>.

**3. Familiarize yourself with the laboratory tests available to diagnose tickborne illness.**

**Lyme disease**

- Use a two-tier approach to test for *Borrelia burgdorferi* or *Borrelia mayonii* infection using an enzyme immunoassay (EIA) or indirect immunofluorescence antibody (IFA).
- All specimens positive or equivocal by EIA or IFA should be reflexed for a Western immunoblot. Additional testing is not warranted if specimens are negative by EIA or IFA.

**Note:** In accordance with Centers for Disease Control and Prevention (CDC) guidance, an EM rash without laboratory confirmation is not considered specific enough to identify Lyme disease in Ohio; therefore, additional diagnostic testing is critical to identify cases.

**Anaplasmosis, ehrlichiosis and spotted fever group rickettsiosis**

- Perform IFA testing of at least two serum samples collected 2-4 weeks apart during acute and convalescent phases of illness or PCR from whole blood specimens collected during the acute state of illness.

**Note:** Serologic sensitivity is poor in the early stages of infection. If serology is negative in patients with possible early infection, repeat serology 3 to 4 weeks later which may demonstrate seroconversion.

**Babesiosis**

- A positive Babesia IFA result for immunoglobulin M (IgM) is insufficient for diagnosis in the absence of a positive IFA result for IgG (or total Ig). If the IgM result is positive but the IgG result is negative, a follow-up blood specimen drawn at least one week after the first is recommended. If the IgG result remains negative in the second specimen, the IgM result is likely a false positive.

**Powassan Virus**

- Contact the ODH Zoonotic Disease Program 614-995-5599 to arrange for testing by CDC.

**4. Promptly report suspected cases of tickborne infections to the [local health department](#) where the patient resides.**

**5. Remind patients to take preventive measures.** These include recognizing and avoiding tick habitats, using [U.S. Environmental Protection Agency-approved insect repellents](#) when outdoors, showering immediately after returning indoors, performing tick checks, and removing ticks promptly. When performing tick checks, patients should pay special attention to under the arms, in and around ears, inside belly button, backs of knees, in and around hair, between the legs, and around the waist.

### **Treatment for Tickborne Illness**

If anaplasmosis, ehrlichiosis, Lyme disease, or spotted fever group rickettsiosis is suspected, patients of all ages, including children, should be treated promptly and appropriately with doxycycline. Anaplasmosis, ehrlichiosis, and spotted fever group rickettsioses are potentially fatal, and therapy should not be delayed pending diagnosis. Babesiosis can be treated with a combination of two prescription medications -- Atovaquone PLUS azithromycin or Clindamycin PLUS quinine. There is no medication to treat Powassan virus infection; clinical management is supportive. Additional information on treatment of tickborne diseases can be found at [www.cdc.gov/ticks](http://www.cdc.gov/ticks).

### **Additional Information**

#### **Tickborne Disease Information and Educational Materials**

- **Ohio Department of Health: Tickborne Diseases in Ohio**  
[www.odh.ohio.gov/tick](http://www.odh.ohio.gov/tick)
- **Centers for Disease Control and Prevention: Symptoms of Tickborne Illness**  
<https://www.cdc.gov/ticks/symptoms.html>
- **Centers for Disease Control and Prevention: Repellents and Bite Prevention**  
<https://www.cdc.gov/ncezid/dvbd/about/prevent-bites.html>
- **U.S. Environmental Protection Agency: Find the Repellent that is Right for You**  
<https://www.epa.gov/insect-repellents/find-repellent-right-you>
- **Centers for Disease Control and Prevention: Tickborne Disease Continuing Education for Healthcare Providers**  
[https://www.cdc.gov/ticks/tbd\\_education/index.html](https://www.cdc.gov/ticks/tbd_education/index.html)
- **Ohio Department of Health: Request for Educational Materials**  
<https://redcap.link/ZDPEducationalMaterialsRequestForm>

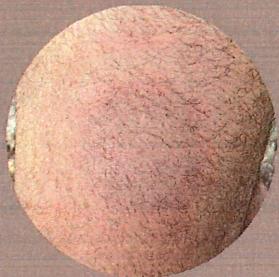
### **Helpful Contacts**

- **Find Your Local Health Department**  
<https://odh.ohio.gov/find-local-health-districts>
- **ODH Zoonotic Disease Program**  
[Zoonoses@odh.ohio.gov](mailto:Zoonoses@odh.ohio.gov)  
614-955-5599

# The Many Forms of Lyme Disease Rashes

## (Erythema Migrans)

Faint colors and borders



Crusted centers



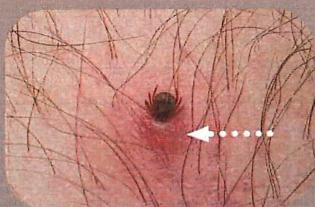
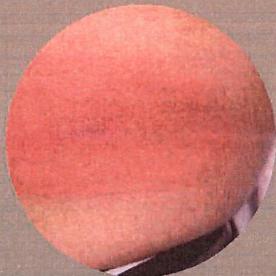
More than one rash



Different shapes and colors



Appearing anywhere on the body



Most people with Lyme disease develop an erythema migrans rash at the site of the tick bite. The rash usually expands slowly over several days reaching up to 12 inches or more (30 cm) across. **However, not all rashes are a sign of Lyme disease.** The redness in the picture to the left is caused by irritation to the tick bite — not a tickborne infection.

**Photo credits** (from top, left to right): 1. Centers for Disease Control and Prevention; 2. Courtesy of Dr. Gary Wormser, New York Medical College; 3. ©DermAtlas, Bernard Cohen, Used with permission; 4. Reprinted from Bhate C, Schwartz RA. Lyme disease: Part 1. Advances and Perspectives. Am Acad Dermatol 2011;64:619-36, with permission from Elsevier; 5. ©DermAtlas, Bernard Cohen, Used with permission; 6. Courtesy of Vermont Department of Health; 7. ©DermAtlas, Tayyn Holman, Used with permission; 8. ©DermAtlas, Yevgeniy Balagula, Used with permission; 9. Courtesy of New York State Department of Health; 10. ©DermAtlas, Robin Stevenson, Used with permission; 11. ©DermAtlas, Alison Young, Used with permission; 12. Centers for Disease Control and Prevention, <http://phil.cdc.gov/phil>



Learn more about Lyme disease symptoms at  
[www.cdc.gov/lyme/signs\\_symptoms](http://www.cdc.gov/lyme/signs_symptoms)



# Families 'scrambling' to find ADHD medications

## TOP LOCAL STORY



*Dr. Justin Coby, director of pharmacy at Cedar Care Village Pharmacy, 63 N. Main St., Cedarville, said DEA manufacturing restrictions contribute to the ongoing shortage of ADHD medications. Drug manufacturers cite increased demand for drugs such as Adderall and Ritalin, and a shortage of an active ingredient used in the medications.*

SAMANTHA WILDOW / STAFF

BY SAMANTHA WILDOW - STAFF WRITER

A shortage of ADHD medication that began last year continues to impact patients, forcing some to visit multiple pharmacies looking for the availability of Adderall, Ritalin or other generic versions as drug manufacturers struggle to meet a growing demand.

"In this area, we serve a lot of students, and so we're seeing that really impact them," said Dr. Justin Coby, director of pharmacy at Cedar Care Village Pharmacy in Cedarville.

"We also have a lot of concerned parents who are scrambling trying to find this medication."

ADHD, or attention-deficit/hyperactivity disorder, is a neurodevelopmental disorder.

It exhibits an ongoing pattern of inattention and/ or hyperactivity-impulsivity that interferes with functioning or development, according to the National Institute of Mental Health.

**Telehealth options, including the ability to prescribe medication, were relaxed during the pandemic. Telehealth accounts for 20% of mental health diagnostic visits for issues including depression and ADHD. With more access came more demand for treatment.**

Stimulants are used to treat ADHD, including amphetamines (Adderall, Dexedrine, and Vyvanse) and methylphenidates (Ritalin, Concerta, Focalin and Daytrana). Brandname Adderall is officially no longer in short supply, according to the U.S. Food and Drug Administration, but generic versions are continuing to face a shortage.

ADHD visits have risen 21% since 2019, according to the IQVIA Institute, a health research firm. Prescriptions for ADHD medication were up 9.4% in 2021.

"We have been more fortunate than some pharmacies out there in just being a pediatric hospital and having staff on a daily basis trying to track

down these ADHD medications or appropriate alternatives for our patients," said Chad Myers, director of ambulatory pharmacy services at Dayton Children's.

Doctors have had to change what medications some patients are on in order to find available treatments for them, Myers said.

"We've been fortunate enough to be able to get enough alternatives in to allow our patients to continue therapy, although they may have had to change to other items," Myers said.

"It is challenge. We're having to check daily to see what is available ... that can change on a daily basis."

Telehealth options, including the ability to prescribe medication, were relaxed during the pandemic. Telehealth accounts for 20% of diagnostic mental health visits, for issues such as depression and ADHD. With more access came more demand for treatment.

"Soon, more people were able to access providers and were diagnosed. We saw a hike in how many people were diagnosed with ADHD.

So that's driving the industry — more demand," Coby said.

Drug manufacturers are citing increased demand for ADHD medications and a shortage of an active ingredient used in the medications in the shortages.

Production limits on ADHD medication imposed by the Drug Enforcement Administration are also inhibiting drug manufacturers, Coby said.

"So it's not like your usual supply and demand ... if there's more demand, just make more," Coby said.

"Well, if they've been capped off for the year, they can't make any more for that year.

There's one restriction plus the supply chain of ingredients that would be needed to make these medications."

A notice from the Drug Enforcement Administration has responded to these concerns, saying the majority of drug manufacturers have “sufficient quota to meet their contracted production quantities for legitimate patient medical needs.”

Some say the DEA should not be imposing these restrictions and that it should be the FDA’s job to regulate these medications, as the FDA can push for more supply, Coby said.

Lawmakers including Abigail Spanberger, D-Va., have also put pressure on the DEA to initiate a comprehensive federal response to alleviate the nationwide shortage of ADHD medication.

Coby sees this shortage, which officially began in October 2022, stretching into 2024. Pharmacists are hoping to see demand for the drug decrease because doctors sometimes recommend children take a break from taking their ADHD medication during the summer months to decrease potential side effects from ADHD medications, like loss of appetite.

Contact this reporter at 937- 503-5305 or email [samantha.wildow@coxinc.com](mailto:samantha.wildow@coxinc.com).

# State reps make appeals for infant, maternal health

Strong Foundations Act expands services to address health outcomes, mortality.



*State Representatives Andrea White (R-Kettering) leads a news conference on House Bill 7, addressing infant and maternal health.*

CONTRIBUTED BY THE OHIO CHANNEL

BY SAMANTHA WILDOW - STAFF WRITER

## STATEHOUSE

Ohio is among the worst for infant mortality rates, particularly for Black children, which led Ohio State Reps. Andrea White (R-Kettering) and Latyna Humphrey (D-Columbus) to press other state legislators to act on initiatives promoting infant and maternal health as part of the Strong Foundations Act.

"This bill is all about helping our babies and our mothers, because in Ohio, we have one of the worst rates in the nation for both infant mortality and maternal mortality,"

White said of House Bill 7. "This is about sharply focusing on health,

developmental and learning outcomes, and building supports for infants, toddlers, and new mothers so that they have the resources they need to thrive and hit the ground in a positive, beautiful way."

Black infants are 2.7 times more likely to die before their first birthday than white infants, according to 2020 statistics from the Ohio Department of Health. In 2020, 864 babies died before their first birthday in Ohio. In 2020, the infant mortality rate fell to 6.7 from 6.9 deaths per 1,000 live births in 2019 for all races.

The rate among Black infants fell to 13.6 in 2020 from 14.3 in 2019.

"We're losing too many lives," White said.

Ohio ranks 41st in infant mortality and 32nd in infant maltreatment, said Lynanne Gutierrez, chief operating and policy officer of Groundwork Ohio, a public policy organization.

Half of Ohio infants and toddlers also live in poverty, she said.

"We also know there are more young children experiencing maltreatment in this state. That's child abuse and neglect before the age of one," White said.

In 2022, over 2,000 infants entered foster care, White said. Additionally, more newborns get sent to the neonatal intensive care unit in Ohio hospitals, Humphrey said.

Ohio mothers also experience higher rates of maternal death and postpartum depression.

"These are not issues that can be addressed simply,"

Humphrey said.

House Bill 7 contains new appropriations of about \$39 million for fiscal year 2024 and about \$24 million for fiscal year 2025, according to the fiscal notes of the bill. The bill is pending in the Ohio House Families and Aging Committee.

The bill expands access to doulas, including establishing a program in the Department of Medicaid to cover services by a certified doula with a Medicaid provider agreement.

“Doula support during pregnancy, birth, and postpartum reduces the rates of Cesarean deliveries, prematurity, illnesses in newborns, and the likelihood of postpartum depression,” said Angela Dawson, executive director of Ohio Commission on Minority Health.

“Cost analyses continue to find that doula care has reduced overall spending by avoiding unnecessary medical procedures, reducing neonatal ICU admissions, and fostering healthy processes such as breast feeding.”

The bill also expands access to the Special Supplemental Nutrition Program for Women, Infants and Children enrollment and benefit distribution processes.

About 45% of the mothers and young children who could access WIC do not, White said.

Infants born premature, or before 38 weeks of gestational age, would be eligible for Early Intervention Part C services without any other required conditions. The bill would spend \$2 million in fiscal years 2024 and 2025 for those expanded services.

Additional housing initiatives, transportation supports, pregnancy services, child care programs, and resiliency grants are part of the bill. The bill would appropriate \$15 million in fiscal year 2024 to support stable housing initiatives for pregnant mothers in an effort to improve maternal and infant health outcomes.

Additionally, the bill also includes the continuous enrollment for Medicaid-eligible children from birth through age three.

“If we invest now, we will save later,” Gutierrez said.

“The Strong Foundations Act is a thoughtful, multipronged approach.”

# COVID-19 relief programs taper as emergency ends

SNAP, Medicaid benefits expired, other assistance remains.



*The Butler County Health Department, with help from other agencies, conducted many COVID-19 vaccination clinics throughout the pandemic. The county recently reopened its emergency rental assistance program, funded by federal COVID relief money.*

**NICK GRAHAM / STAFF**

BY SAMANTHA WILDOW  
STAFF WRITER

## ONLY IN THE JOURNAL-NEWS

The Biden administration plans to end COVID-19 public health emergency declarations on May 11, but state operations have largely returned to normal as emergency Supplemental Nutrition Assistance Program allotments and continuous enrollment under Medicaid have ended.

The public health emergency was declared by the Trump administration in 2020.

Emergency food assistance allotments in Ohio ceased at the end of February. The emergency allotments allowed households to receive the maximum amount for their household size. Beginning in March, recipients received just one monthly payment.

Housing assistance varies, with some counties having already received requests for emergency rental assistance, while others are still open to applications. The American Rescue Plan Act Home Relief Grant online platform will stop accepting new applications at midnight May 15, according to the Ohio Department of Development.

In Butler County, Supports to Encourage Low-Income Families reopened its emergency rental assistance program in March.

There had been a two-month hiatus due to a backlog of applications that stood at around 450 in December 2022.

The county was awarded millions in emergency rent and utility assistance from the federal government, and that money was almost gone after helping almost 2,600 people stay in their homes.

Save the Dream Ohio provides assistance to Ohio homeowners facing foreclosure or those who cannot afford to pay their mortgage payments or other related housing costs as a result of economic hardship caused by the COVID-19 pandemic. The program is administered by the Ohio Housing Finance Agency, and is expected to continue through Sept. 30, 2025, or until the available funding is depleted.

Continuous enrollment for Medicaid has also ended. It began in response to the COVID-19 public health emergency to ensure members did not lose “vital healthcare coverage during the pandemic,” Ohio Medicaid said.

More than 3.5 million Ohioans have some type of coverage through Medicaid, with more than 3.2 million on a Medicaid managed-care plan. Enrollments during pre-pandemic 2019 ranged between 2 million to 2.3 million, depending on the time of year, according to previous Medicaid reports.

Staff Writer Denise Callahan contributed to this report.

# Hospitals graded on safety by national watchdog

Premier Health, Kettering Health receive several 'A' grades in evaluations.



*Premier Health's Miami Valley Hospital and Kettering Health's Main Campus are among facilities that earned an "A" grade in the latest round of ratings from the Leapfrog Group, an independent national watchdog organization.*

*NICK GRAHAM / STAFF*

BY SAMANTHA WILDOW - STAFF WRITER

## CLOSER LOOK

Three Premier Health hospitals and five Kettering Health medical centers received an "A" safety grade for spring 2023 from the Leapfrog Group, an independent national watchdog organization.

The Leapfrog Group assigns general hospitals across the country a letter grade, A through F, based on national performance measures reflecting medical errors, accidents, injuries, and infections, as well as systems

that hospitals have in place to prevent harm.

The Premier Health hospitals to receive an “A” are Atrium Medical Center, Miami Valley Hospital and Upper Valley Medical Center. The Kettering Health medical centers that received an “A” are Kettering Health Hamilton, Kettering Health Main Campus, Kettering Health Miamisburg, Kettering Health Troy and Soin Medical Center.

“The safety and well-being of our patients is a top priority at Kettering Health,” said Brenda Kuhn, chief clinical officer for Kettering Health.

“These ‘A’ grades serve as a symbol of our commitment to providing high-quality care and remind the community of our dedication to a safety-first culture.”

Other Kettering Health locations include Kettering Health Dayton and Kettering Health Washington Township, which each received a “B” grade.

Kettering Health runs 15 medical centers and over 120 outpatient locations throughout western Ohio, as well as Kettering Health Medical Group, which includes over 700 board-certified providers.

This is the fourth consecutive “A” rating for Premier’s Upper Valley Medical Center. Miami Valley Hospital South and Miami Valley Hospital North received “B” grades.

“A good patient experience begins with ensuring patient safety and delivering high-quality care to every patient every time. This takes personal commitment and shared responsibility from everyone in our care teams,” said Dr. Roberto Colón, chief medical officer for Premier Health. “We are all dedicated to this mission every day for every one of our patients.”

Premier Health has eight emergency departments, 10 urgent care locations and over 130 outpatient locations and affiliated primary care and specialty physician offices, as well as home health, mental health and substance abuse services.

Miami Valley Hospital is also the region's only adult Level I trauma center.

"I am very grateful of our physicians, staff and leadership for their sustained commitment to patient safety," said Mike Riordan, president and CEO of Premier Health. "This is an outstanding achievement demonstrating the high quality of care delivered to our patients throughout our health system. Our patients and their well-being always come first."

Mercy Health hospitals in the region also received mostly "B" grades. Mercy Health - Fairfield Hospital received a "B," Mercy Health - Springfield Regional Medical Center received a "C," and Mercy Health - West Hospital and Mercy Health - Anderson Hospital, both in Cincinnati, each received a "B."

Mercy Health supports quality reports for consumers, but the hospital system said " it's important to note they all measure quality a little differently depending upon their focus," reads a Mercy Health statement.

"Some are based on information from insurance claims, others on standardized evidence-based medicine practices, and still others on patient and physician surveys. As a result, they are not always an accurate depiction of the care someone will receive or the experience they will have."

Mercy Health has a "Safety First, Safety Always" culture, the health system said, adding, "We are also proud of our many quality distinctions and service line recognitions in addition to our newly established 24/7 intensivist program."

Other area hospitals to receive ratings include:

- West Chester Hospital in West Chester Twp. received an "A."
- Bethesda Butler Hospital in Hamilton received a "B."
- Bethesda North Hospital in Cincinnati received a "C."

- McCullough-Hyde Memorial Hospital in Oxford received a “B.”
- Clinton Memorial Hospital in Wilmington received a “D.”
- Wayne HealthCare in Greenville received a “C.”
- Wilson Health in Sidney received a “B.”

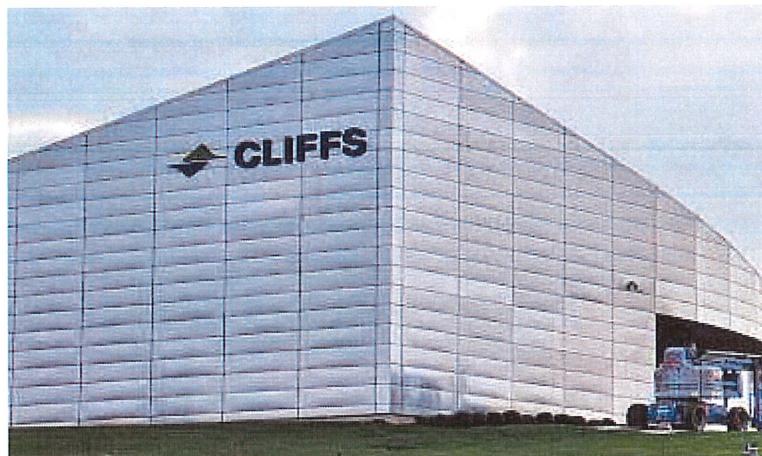
The Leapfrog Hospital Safety Grade is peer-reviewed, and grades are updated twice annually.

For more information, visit [HospitalSafetyGrade.org](http://HospitalSafetyGrade.org).

Contact this reporter at 937-503-5305 or email [samantha.wildow@coxinc.com](mailto:samantha.wildow@coxinc.com).

# Cleveland-Cliffs announces a breakthrough in its process

New use of hydrogen gas successfully tried at area facility.



*Cleveland-Cliffs said this week it had completed a hydrogen (H2) injection trial at its Middletown Works blast furnace.*

FILE

BY RICK MCCRABB - STAFF WRITER

## NEW DETAILS

Just a few miles from Cleveland-Cliffs Research and Innovation Center in Middletown, the company successfully completed a hydrogen (H2) injection trial at its Middletown Works blast furnace this week.

The company said this “groundbreaking introduction” of hydrogen gas as an iron reducing agent in the blast furnace is the first use of this carbon-friendly technology in the United States.

The successful use of hydrogen gas represents “a significant step” toward the future decarbonization of blast furnaces, which are necessary

for the continued service of the most quality-intensive steel applications, particularly for the automotive industry, the company said.

During the trial that was completed on Monday, hydrogen gas was injected into all 20 tuyeres, or nozzles through which air is forced into a furnace, at the Middletown No. 3 blast furnace, facilitating the production of clean pig iron, the foundation of highend steelmaking, according to the company.

Hydrogen was used as a partial substitute for the coke necessary for iron reduction, ultimately replacing the release of CO2 with the release of H2O (water vapor) with no impact to product quality or operating efficiency, the company said.

The hydrogen was delivered to the Middletown facility via the existing pipeline and transportation infrastructure in place for the facility's other hydrogen uses, including for its annealing furnaces.

Lourenco Goncalves, chairman, president and CEO of Cliffs, said the company "thrives on innovation" so it was fitting that this "major step" was completed a short distance from the Research and Innovation Center, off Interstate 75 in Middletown.

"This achievement proves our ability to use green hydrogen throughout our footprint when it becomes readily and economically available, including in our seven blast furnaces and our state-of-the-art direct reduction facility" he said.

"We are already the world leaders in natural gas injection, and this success confirms there is a bright, sustainable and environmentally friendly future for the much needed BF-BOF steelmaking technology."

Cleveland-Cliffs purchased AK Steel for \$1.1 billion in 2020. After that the Cleveland-based company bought the U.S. assets of ArcelorMittal for \$1.4 billion, making it the largest flat-rolled steel producer in North America, officials said.

Contact this reporter at 513-483-5216 or email [Rick.McCrabb@coxinc.com](mailto:Rick.McCrabb@coxinc.com).

# Designs for new morgue, 911 call center are sought

Butler County coroner says she needs more space to store bodies.



*Butler County is expanding the 911 dispatch center and building a new morgue on the campus where the Board of Elections and dispatch are located.*

**NICK GRAHAM / STAFF**

BY DENISE G. CALLAHAN - STAFF WRITER

## JOURNAL-NEWS IN-DEPTH

Butler County is taking two steps on the long-awaited space reutilization project by asking for requests for qualifications for a new morgue and

expanded 911 dispatch center at the Princeton Road campus.

The commissioners hired CBRE, Inc., for \$145,000 last summer to do a space reutilization study, as they endeavor to right-size county government and enhance customer service for the taxpayers they serve. They have earmarked a \$15 million capital reserve fund to address this study.

On Monday, Butler County commissioners approved going out for requests for qualifications to find architectural firms to design the first two projects, consolidating Coroner Dr. Lisa Mannix's operations — she has offices in the GSC and leases space for the morgue — and expanding the sheriff's 911 dispatch center.

The RFQ for the sheriff's dispatch center notes the project is for an "expanded/modified or newly constructed" facility.

A rough estimate from 2014 for the coroner's combined operation was almost \$3 million — which is unrealistic in today's economy — for a 10,000 squarefoot building. There never has really been a price tag — officials estimated it would cost \$1.85 million to renovate — to expand the dispatch center.

Commissioner Don Dixon told the Journal-News the cost for the two facilities will likely consume about half the capital reserve fund.

"My guess is the two combined is going to be \$7 million and some change," Dixon said. "If we put them both out at the same time, and get the same contractor, he doesn't have to mobilize twice, and he's already there, just moves the crews back and forth, we might get a pretty decent price."

The county has been leasing warehouse space since 2003 for the morgue — at a total cost of \$1.1 million — and almost since Mannix was elected in 2012, she has been seeking space that could house both the morgue and the coroner's administrative offices.

The morgue is on Fairgrove Avenue in Hamilton and the coroner's

administrative offices are on the sixth floor of the Government Services Center – about a mile and a half away. Mannix told the Journal-News she is glad the time has finally come and this will be good for taxpayers.

“Having disjointed administrative and morgue functions is not efficient,” she said. “So from a taxpayers’ standpoint we’ve got duplicates.

The investigators have offices here and they have an office at the morgue, so we can consolidate those.”

### The need for morgue space

Mannix’s caseloads have also been growing – the RFQ referenced numbers from 2021 when they had 772 calls and 409 total cases. Last year they had 1,322 total calls and 449 total accepted cases.

The last time Mannix discussed the combined facilities with the commissioners, the pandemic was in full force – and it became evident the coroner’s facilities were inadequate for that type of crisis.

The county morgue can hold 14 bodies, but the county as a whole, including hospitals and funeral homes, has 50 appropriate spaces.

In a mass-casualty emergency, the county coroner is responsible for finding storage space for bodies before they can be buried.

“The new facility will allow us to accommodate the caseload that we have, the increasing caseload,” Mannix said.

“And looking at what the future, what our need is going to be, we spoke about the pandemic and the need for cold storage in Butler County, so that will benefit the citizens for the coroner’s office to be prepared for future mass casualties, whether it be a pandemic or a single incident.”

She said she is hoping for a 10,000- to 15,000-squarefoot stand-alone facility. She said some of her specialized equipment could probably be moved to the new facility but at this early juncture she doesn’t know her exact needs.

The new coroner's building is slated to go near the sheriff's 911 dispatch center at the entrance to the Princeton Road complex that houses the Board of Elections, vacant Care Facility, Animal Friends Society and Development Disabilities.

According to the RFQ the sheriff's dispatchers answer emergency police, fire and EMS calls and dispatch to and for nine law enforcement agencies and 17 fire/EMS agencies in Butler County, among other duties. They receive nearly 103,000 emergency 911 calls annually with an additional 147,515 incoming and 71,360 outgoing.

Chief Deputy Anthony Dwyer told the Journal-News they need to be cognizant of all the dispatch wiring and equipment, so it will be up to whomever is selected through the RFQ process to recommend the best course of action.

"It was talked about that you might just build off the end, or you might build around the building and expand it, or you might go vertical," Dwyer said, and explained why both expansion and building new are options in the RFQ. "So we've had a wide variety, I would imagine they've written it just to be able to keep all their options open and let the experts decide what's the best and most economical way to deal with it."

He said they don't have any plans to add staff at the moment but "anytime you're doing a project like this you should design it with the thought of the next 10 to 20 years for expansion and growth."

Next in the process of right-sizing

The RFQs are due at the end of this month, and County Administrator Judi Boyko said the projects could be finished by the end of next year at the earliest.

"The commissioners have not yet defined additional phases to implementation of the real property inventory and space utilization study," Boyko said. "I am having conversations and awaiting direction from the commissioners. I appreciate one of the objectives of the commissioners well before I arrived was consideration of the Administration Building."

The commissioners have long discussed the need to co-locate the auditor, recorder and treasurer because people often need all three services. The treasurer is housed in the Government Service Center and the other two are at the Administration Building down the street.

The CBRE study includes a number of “scenarios” the company ranked according to cost, level of disruption and benefit. The study didn’t give cost estimates for any of the scenarios but gave some basic cost-per-square-foot figures. The company conducted interviews and focus groups with other office holders, departments and agencies as part of the fact finding mission.

The biggest potential moves in the study are building a new criminal justice complex, something no one seems to favor, at least not in the foreseeable future; co-locating all of the social services agencies under Job and Family Services; and emptying – and selling – the Administration Building.

Contact this reporter at 513-755-5074.

# Lowered age, 40, for breast screening could set new tone

A federal task force has changed its recommendation.

BY SAMANTHA WILDOW - STAFF WRITER

## PUBLIC HEALTH

Breast cancer is the second deadliest type of cancer for women, following lung cancer, and doctors are increasingly finding it among younger patients. Now, the U.S. Preventive Services Task Force to recommend screenings start at age 40 instead of its previous recommendation of 50.

"New and more inclusive science about breast cancer in people younger than 50 has enabled us to expand our prior recommendation and encourage all women to get screened every other year starting at age 40," said task force immediate past chair Dr. Carol Mangione.

"This new recommendation will help save lives and prevent more women from dying due to breast cancer."

This change could result in 19% more lives being saved, according to the task force.

"It's a big thing for them to do this," said Dr. William Meyers, a radiologist with Kettering Health. Kettering Health follows the recommendations of the American College of Radiology, Meyers said, which already recommends women start getting mammograms at age 40. The U.S. Preventive Services Task Force can set the tone, though, for what Medicare, Medicaid and private insurers will follow.

Making sure breast cancer screenings are covered by medical insurance is something doctors deal with more than they would like to, Meyers said. He is hopeful, though, that insurance companies will follow these recommendations.

"The insurance companies hopefully will listen to that," Meyers said.

These recommendations come as doctors are finding breast cancer more in younger patients, who also tend to have more aggressive cancers. Meyers believes doctors will continue to uncover breast cancer among younger and younger patients.

"Right now, 6% of all breast cancers in women are actually found under the age of 40," Meyers said.

"We're actually got a whole subgroup of women that we're not really screening yet that do get breast cancer, and those cancers in younger women tend to be usually the more invasive and faster growing cancers."

Statistics show Black women are 40% more likely to die of breast cancer than white women despite experiencing relatively equal incidence rates.

Black women have a twofold higher risk of aggressive breast tumors and a higher risk of genetic mutations, according to the American College of Radiology.

Ashkenazi Jewish women also have increased risks of having inherited gene mutations.

Prior to age 50, minority women are 127% more likely to die of breast cancer, 72% more likely to be diagnosed with breast cancer, and 58% more likely to be diagnosed with advanced-stage breast cancer, according to the American College of Radiology.

The American College of Radiology recommends all women, but particularly for Black and Ashkenazi Jewish women, to have a risk assessment done by age 25 to determine if screening earlier than age 40 is needed.

The task force also called for more research to understand the underlying causes and what can be done to eliminate this health disparity.

"Ensuring Black women start screening at age 40 is an important first step, yet it is not enough to improve the health inequities we face related to breast cancer," said task force vice chair Dr. Wanda Nicholson.

Contact this reporter at 937-503-5305 or email [samantha.wildow@coxinc.com](mailto:samantha.wildow@coxinc.com).

#### BY THE NUMBERS

- One in six breast cancer diagnoses occurs in women in their 40s.
- Mammography has helped reduce breast cancer mortality in the U.S. by nearly 40% since 1990.
- One study shows mammography screening cuts the risk of dying from breast cancer nearly in half.
- Three out of four women diagnosed with breast cancer have no family history of the disease and are not considered high risk.

American College of Radiology

# Middletown to annex 93 acres in Lemon Twp.

Land by Great Miami River, city's sewer treatment plant part of the acquisition.



*Middletown City Council approved the city annexing about 93 acres from Lemon Twp. during Tuesday's meeting, including the city's sewer treatment plant.*

**NICK GRAHAM / STAFF**

BY RICK MCCRABB - STAFF WRITER

## NEW DETAILS

MIDDLETOWN — For the first time in about 30 years, Middletown is

annexing land.

City council approved legislation that will allow the city to annex about 93 acres located in the unincorporated portion of Lemon Twp. The land runs along the city's western corporate boundary by the Great Miami River, south to the Ohio 73 bridge connecting to Trenton, including the city's sewer treatment plant.

City Manager Paul Lolli said the city is required to pass legislation signaling its consent to the annexation, a service ordinance, and a zoning buffers ordinance within 20 days of the filing of the petition to then allow the Board of County Commissioners to approve the annexation request.

While the city owns properties outside of its corporate boundaries, an annexation petition was filed to bring all of the properties in question within the municipal boundaries of Middletown, Lolli said during Tuesday's council meeting.

**Council member Rodney Muterspaw asked City Manager Paul Lolli if the city has any immediate plans to annex residential properties in Lemon Twp. Lolli said that wasn't part of the city's strategy.**

The city will be responsible for all services to the annexed land, including police, fire and public works, Lolli said.

Council member Rodney Muterspaw asked Lolli if the city has any immediate plans to annex residential properties in Lemon Twp. Lolli said that wasn't part of the city's strategy.

Mayor Nicole Condrey said she hopes the city never annexes the portion of the township where the Creekwood Village trailer park is located. She said that area is "very low income" and would increase the need for city services.

Council member Tal Moon said he was "very leery and cautious" about annexing residential properties.

Members also approved legislation that will allow the city to purchase a replacement generator from Glenwood Electric for the City Building. The

generator will cost \$690,000, and of that, \$516,000 will be covered by an Ohio EMA grant, Lolli said.

Still, the city is spending \$174,000, or \$117,000 more than it originally planned.

When the city received its first generator proposal from a different company in 2021, the cost estimate was \$573,521 with 90%, or \$516,087, covered by the grant. The city's share was \$57,343.

In March 2022, council approved a contract with Sidewinder Electric for the replacement of the city building's generator, according to the staff report. But, at the time, the city was waiting to hear from Ohio EMA on the status of its grant application for the Hazard Mitigation Grant Program (HMGP) offered through the Federal Emergency Management Agency.

With the grant application pending, the city notified Sidewinder Electric not to install the generator until grant awards were announced.

Five months later, the city was notified it was awarded the grant and the grant agreement was received Aug. 31, 2022, according to city records. But the signed agreement and implementation documents were not returned to the city until Oct. 25, 2022, according to the staff report.

The documents contained specific contract provisions that needed to be incorporated in the city's contract documents. The revisions were reviewed by the city's law department, and in March 2023, Sidewinder Electric notified the city it was unable to honor the cost proposal that was submitted in 2022.

The legislation was an emergency because grant funds have an expiration date of Aug. 5, 2024, Lolli said.

# Deaths by suicide spiked amid the pandemic

In the past year, over 7,000 children were treated for a behavioral health crisis at Dayton Children's.

BY SAMANTHA WILDOW AND JEN BALDUF - STAFF WRITERS

## JOURNAL-NEWS IN-DEPTH

After two years of decline, Ohio saw an increase in the number of deaths by suicide in 2021, the Ohio Department of Health said in a new report.

Suicide deaths in Ohio increased in 2021, the most recent year that data is available, by 8% over the previous year to 1,766. However, the number of deaths stayed below the 10-year high of 1,836 suicide deaths reported in 2018.

"Suicide is a human tragedy, and any increase is of course deeply concerning," said ODH Director Dr. Bruce Vanderhoff.

### Death by suicide impacting youth

Suicide in 2021 was the 12th leading cause of death overall in Ohio, and was the second leading cause of death among Ohioans ages 10 to 34.

Dayton Children's Hospital saw an increase in mental health concerns in children prior to the pandemic starting. The limits on social gatherings that COVID-19 placed on people exacerbated what children were experiencing, said Dr. Mary Beth DeWitt, chief of child psychology at Dayton Children's.

"Many children really use their peer group and that connectivity to help

with their coping, and during the pandemic, we shut down some of those things, which really took a toll on a lot of our kids' mental health," said DeWitt.

The increases in deaths by suicide are disproportionately represented in some groups more than others.

Girls, along with children who have concerns about their gender identity, tend to be affected more often, DeWitt said.

"At Dayton Children's, we're seeing increases in presentations to the emergency department for suicidal ideation, for depression and mental health concerns," DeWitt said.

Over the past year, more than 7,000 children were treated for a behavioral health crisis at Dayton Children's. There were 211 children boarded in March, waiting for a bed to become available in the behavioral health unit, which Dayton Children's said was the highest ever and an increase of 31% since March of last year.

#### Warren County sees 60% increase

Although the state saw an 8% increase in suicide deaths between 2020 and 2021, Warren, Butler and Preble were the only counties in the region to record higher percentage increases for the same time period.

Warren County far exceeded the state's increase with a more than 60% increase. The county recorded 42 deaths by suicide in 2021 compared to 26 in 2020.

Butler County, which also surpassed the state's percentage increase, saw eight more deaths, from 42 to 50 for a 19% increase, and Preble County recorded seven deaths by suicide in 2021, up one from 2020.

The reason behind the increase in deaths by suicide in Warren County is unclear, but public health officials speculated it was due to stressors from the pandemic and the isolation it caused, as well as the ongoing opioid crisis.

"The increase in Warren County was reviewed and there was not any one thing in particular that seemed to cause the increase," said Allison Combs, public information officer with the Warren County Health District.

**The U.S. is gearing up for a psychiatrist shortage of between 14,280 and 31,091 psychiatrists by 2024, according to the National Institute of Health.**

### Challenges in getting help

Demand for help in addressing mental health concerns is growing and outpacing the number of psychiatrists available.

The U.S. is gearing up for a psychiatrist shortage of between 14,280 and 31,091 psychiatrists by 2024, according to the National Institute of Health, even though the number of medical students choosing to go into psychiatry is growing. Nationwide this year, 1,746 medical school graduates have matched into psychiatry residency programs, the 12th year in a row that the number of psychiatric residents has grown, per the National Resident Matching Program.

"Challenges in access can sometimes be seen due to shortage of qualified professionals available in the workforce," Combs said. "This can cause a wait time for visits due to fewer providers."

Providers are continuing to expand services, though, and crisis interventions are available in each county, as well as nationally through the 9-8-8 hotline. Dayton Children's recently began construction on its \$110 million behavioral health hospital, which will double the number of inpatient behavioral health beds it has available.

"What we are trying to do is expand services, expand services across the continuum," DeWitt said. "We're looking at different levels of care.

We are hoping to increase our inpatient beds over the next few years. We have put efforts into our intensive outpatient treatment program, a partial hospitalization program where kids actually go home at night but get treatment during the day."

Dayton Children's also is working to integrate behavioral health services with its primary care providers along with schools and is encouraging parents to talk to their kids about their mental health.

"Although about one in six kids have a mental health concern, up to 60% of those kids may not seek treatment for those concerns, and so we really need to look more broadly at the public health concern that we're recognizing," DeWitt said. "We need to continue our conversations about this issue and that our kids need help."

London Bishop contributed to this report.

# Mental health training at Miami gets boost

Grant designed to help the university train social workers.

BY MICHAEL D. CLARK - STAFF WRITER

## CLOSER LOOK

OXFORD — Miami University's widely acclaimed graduate student programs to boost K-12 student mental health locally and statewide just received more federal funding.

The \$626,000 federal education department grant, which will be distributed to Miami over five years, is designed to help the university train graduate-level students from the Hamilton and Dayton areas to develop skills to help local schools better meet the mental health needs of grade-school students.

The onset of the COVID-19 pandemic in 2020 propelled student mental health challenges to the forefront for K-12 schools locally and nationally.

And though the pandemic emergency has this month been nationally declared over, the emotional health challenges of school children remain.

"At a time of record mental health concerns, this grant provides scholarships and supports that enable Miami to expand and diversify the pipeline of social workers, who have the knowledge and skills to support our K-12 schools and students," said Jason Lane, dean of the College of Education, Health and Society at Miami.

The awards were funded by the Bipartisan Safer Communities Act (BSCA), which President Joseph Biden signed into law in June 2022, and

they help advance the administration's efforts to tackle the mental health crisis in our schools, according to a statement released by the U.S.

Department of Education.

The department has awarded \$286 million across 264 grantees in 48 states and territories to boost the training, hiring and diversification of mental health professionals through two grants – the School-Based Mental Health (SBMH) grant program and Mental Health Service Professional (MHSP) grant program.

Grantees estimate that these funds collectively will prepare more than 14,000 new mental health professionals for America's schools.

Angela Curl, associate professor of Family Science and Social Work, said the \$626,000 will be put to quick and good use by Miami.

"Over five years, this grant will help prepare 150 graduate-level social workers who are trained in cutting-edge methods to provide mental health services to children in K-12 school settings," said Curl.

"According to the U.S.

Bureau of Labor Statistics, 60% of mental health services are provided by clinically trained social workers; many mental health services for children are provided in K-12 schools.

"Currently there are long waiting lists for school-based mental health services, and many children do not receive the help they need.

**'Over five years, this grant will help prepare 150 graduate-level social workers ... to provide mental health services to children in K-12 school settings.'**

**Angela Curl Associate professor of Family Science and Social Work**

This project is an effort to expand the capacity of Ohio school districts to fill this need," she said.

"The goal of this grant is to expand the number of (master of social work) graduates trained to provide school-based mental health services and (also) increase the representativeness of the workforce by recruiting participants who are from historically underrepresented populations and/or those who are from the Hamilton or Dayton area," she said.

# Butler County still has some COVID relief money to decide how to use

Fund options include park upgrades, Hazmat truck, homelessness.



*Madison Twp. trustees have asked for ARPA funding to upgrade the township park with restrooms, playground equipment and more.*

**NICK GRAHAM/STAFF**





The Madison Twp. trustees are asking for \$750,000 to build a combination restroom/concession/storage building in a park, replace faulty playground equipment they had to tear out, add power and lights and restore a park cabin.

NICK GRAHAM / STAFF

BY DENISE G. CALLAHAN - STAFF WRITER

## ONLY IN THE JOURNAL-NEWS

The Butler County commissioners have already awarded nearly \$69 million in American Rescue Plan Act dollars and have a total of \$10 million more to spend, but a portion of that must address the homelessness situation.

County Administrator Judi Boyko informed the commissioners they have two more projects to consider for the remainder of their \$7 million in COVID-19 pandemic relief funding. Requests have come in for \$1.2 million from the Emergency Management Agency for a new Hazmat truck, and Madison Twp. wants \$750,000 for park improvements.

President Joe Biden signed the \$1.9 trillion American Rescue Plan Act into law March 11, 2021, and it allocated \$350 billion to help local governments with pains caused by the coronavirus pandemic.

When the commissioners learned they had nearly \$75 million to spend, they invited other governments and agencies to pitch them ideas.

The county received an eclectic array of funding requests — totaling more than \$200 million — including economic development and educational endeavors, help for the homeless, propping up small businesses, park and bike trail expansion and countywide broadband to name a few. They ranged in price from \$24 million for new advanced aviation and manufacturing training centers in Middletown and Hamilton to \$125,000 for health-care worker training.

The commissioners awarded the first batch of funding totaling \$52.4

million in July, giving a large amount — \$20 million total — to educational endeavors, namely \$15 million to Butler Tech for new advanced technology centers for aviation in Middletown and advanced manufacturing in Hamilton and \$5 million for Miami University's College@Elm workforce center.

The second round of funding came in December, including \$16.1 million for city and township infrastructure projects, parks, a community center and a nonprofits package. The commissioners haven't asked for any more requests.

EMA Director Matt Haverkos told the Journal-News the Butler County Hazmat Cooperative's primary vehicle is from the 1990s and knowing the commissioners still have money to award they took a shot.

"This has essentially been a capital sustainment project on the radar for the Hazardous Materials Cooperative for years now," Haverkos said. "There has not been an opportunity with enough funding to do it. What we've been doing piece-by-piece is using some state Homeland Security funds that we've been able to get from Ohio Emergency Management, and those have been replacing a lot of the equipment and bigger ticket items that are on that truck, but the truck itself is aging out."

The Madison Twp. trustees are asking for \$750,000 to build a combination restroom/concession/storage building, replace faulty playground equipment they had to tear out, add power and lights and restore the historic cabin at the West Alexandria Road park.

Trustee Brian McGuire told the Journal-News people have probably been clamoring for restrooms for "decades" now and the park is teeming with people these days.

"We just don't have the funds right now in our general fund to pay for something like that, not even close ..." McGuire said.

"This would be awesome for us. My gosh, most townships they've got a tax base we don't have that out here.

We're just about all residential and farms."

Commissioner Cindy Carpenter said she would definitely favor the park project.

She previously told the Journal-News that parks would be her top priority for some of the remaining money.

They already allocated nearly \$3 million to fill gaps in the Great Miami River trail system and for MetroParks rural park improvement.

She said COVID-19 had a devastating impact on county residents and providing more opportunities for stress relief is a good use of some of the money.

"What is one easy thing we can do is provide more outdoor space available, not just Voice of America — which is fabulous if you live on the edge of the county by I-75, but the rest of the county to average people, people who don't have a gated community with a walking path ..." she said.

"Let's get those parks available within five minutes of every individual, I think that is crucially important. I'd like to encourage the park systems, whether it be townships or cities to think outside the box."

She said she is keeping an open mind on the Hazmat truck.

#### Addressing homelessness in Butler County

Commissioner Don Dixon said the two projects are "up for consideration as far as I'm concerned," but his broader goal for the money is to address the homeless problem and mental health issues.

"I think we have that responsibility to help the whole county with this homeless issue somewhat in some way," Dixon said.

"I would think some of that money would go to mental health counseling and increasing mental health services; they're all in the mix."

The county received another \$3.1 million windfall out of federal

pandemic rescue funds to help the homeless.

Every year the county receives HOME Investment Partnerships Program funding from the Department of Housing and Urban Development (HUD), usually in the neighborhood of \$1 million.

This year in addition to that bucket of money the county was allocated \$3.1 million in American Rescue Plan Act HOME funding.

As part of that award, they had to do a housing survey, and the upshot of that exercise was a recommendation to build at least 32 permanent supportive housing units. The requests for proposals is going out for that project soon.

Dixon said “absolutely” part of the \$7 million leftover cash could be used to supplement that effort.

Commissioner T.C. Rogers said he would not favor funding the Madison Twp. park and he hasn't made up his mind about the Hazmat vehicle or any of the other outstanding requests. He said he might not want to spend the money on any of the ideas previously presented, because this shaky economy could push forth more pressing needs.

He said he'd like to wait awhile to make those decisions.

“We need to see what has happened or whether there's a need that we may have missed,” Rogers said. “Or if a need comes up from a possible economic downturn that some of our residents just weren't prepared for.”

For the first two batches of funding each commissioner picked their preferred projects; Boyko compiled a list according to unanimous and majority agreement, and they voted.

Dixon said they never put a deadline on submitting proposals, so the two latest offerings should be considered like all the rest.

“I don't do good with deadlines. We're here to get the best bang for the buck with our tax dollars,” Dixon said. “If it's a little later and we haven't made the final decision, any decisions as far as what to do with what's

left, I don't have any problem letting them into the conversation."

Since the county is ultimately responsible to the federal government for all of the dollars, subrecipient agreements had to be forged with the entities awarded funds and a reporting portal established.

The award winners were given their money after they returned subrecipient agreements, and around \$24 million has been disbursed but only \$5.2 million spent, according to Boyko.

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# DeWine wants child care program back in budget

## TOP STATE STORY

BY AVERY KREEMER - STAFF WRITER

COLUMBUS — Ohio Gov. Mike DeWine and child care advocates are urging Ohio senators to restore \$150 million in child care scholarship funds proposed by DeWine but axed by the Ohio House in the state budget.

Representatives, however, say they agree increased funding for child care is needed but were concerned that the governor's plan relied on one-time, federal American Rescue Act Plan funds.

The governor's budget proposals made child care a central tenet of his final term in office and called for an overhaul of services for children in the state. One of the most expensive parts of his plan was a one-time \$150 million child care scholarship program for workers in "critical occupations," in the fiscal year 2024, paid for with ARPA funds.

This wasn't included in the budget that passed the House with bipartisan support in April.

The budget is now before the Senate Finance Committee.

House Finance Committee member Sarah Carruthers, R-Hamilton, said there was a renewed focus on child care in the state as a way to make Ohio a more attractive place to live by partially addressing sluggish education and mental health concerns among kids.

Carruthers said the House ultimately nixed the \$150 million program due

to its reliance on onetime ARPA funds. With that money, the House wasn't looking to start programs that couldn't be continued.

"Once that's gone, it's gone," she said. "We want long-term effects. We want this to be a good, sustainable budget."

Lynanne Gutierrez, chief operating & policy officer for Groundwork Ohio, told the Dayton Daily News that the scholarship program was particularly pertinent as the state still attempts to bring people back to work, but noted that "the long-term problem will require more investment and priority, there's no way around it."

The House countered with its own childcare investments. It approved \$30 million in childcare infrastructure grants for existing facilities to increase their capacity, particularly in underserved areas with limited childcare access. It also approved a significant increase toward preschools and early childhood education, at \$130.3 million per year, an increase of over \$62 million a year from the last budget and about \$14 million a year from DeWine's request.

The House also slightly hemmed in a few of the governor's requests to support early childhood mental health counselors and the state's Help Me Grow parent support program.

Lt. Gov. Jon Husted told the Dayton Daily News that he and DeWine are still hopeful that the \$150 million scholarship program will be picked up by the Senate.

"This is always a process and I think it's really important that we just continue to educate the legislators on the 'why' — why is this important?" Husted said. "That's what you do during the legislative process and (it's) what we continue to do now."

Senate Finance Committee member George Lang, R-West Chester, said he doesn't oppose the scholarship program on its face but does oppose the fact that it is only available to those in certain, state-designated "critical" professions like teachers, childcare providers, nurses and first responders. Lang said he opposed when the government "gets involved with picking winners and losers."

"I would not, however, be opposed to using some ARPA funds for some funding to help people afford to pay for child care, because (it's) the No. 1 one issue I hear right now in workforce development," Lang said.

Dan Tierney, spokesperson for DeWine, told the Dayton Daily News that improving childcare will remain a focus for the administration.

"The issue of kids, the issues of the workforce, the issues of supporting moms; all of those were central themes in the governor's State of the State speech and in the budget he introduced, and child care is certainly at the nexus of all three," Tierney said.

Contact this reporter at 614-981-1422 or email [avery.kreemer@coxinc.com](mailto:avery.kreemer@coxinc.com).

## AT A GLANCE

Here are the budget items related to child care proposed by DeWine and approved by the House:

- Maintaining existing funding systems for child care
- Extending publicly funded child care access to an estimated 15,000 kids per year. Extended access is expected to cost \$101 million per year, which would be paid through federal American Rescue Act Plan funds specifically designated to go toward childcare services.
- Increasing preschool and early childhood education funding.
- Creating the Department of Children & Youth, which would unify most of the state's services pertaining to children and is seen as a legacy project for DeWine.

Here's where DeWine and the House differed:

- The House cut out a \$150 million child care scholarship program paid for through the state's flexible ARPA funds that would go toward workers in "critical occupations" making under 200% of the federal poverty level.

- The House also slightly cut back DeWine's request for more investment in Ohio's Help Me Grow parent program and mental health professionals for children.
- The House countered by proposing \$30 million toward existing childcare centers to increase capacity in underserved areas.
- The House also approved even greater funding for preschools. DeWine proposed \$114.2 million per year; House approved \$130.3 million. Previous funding was about \$68.1 million per year.

# Middletown High School coffee shop provides real-life job skills for students



## NEWS

By Tonya O'Rourke, Molly Schramm, WCPO

May 22, 2023

Students at Middletown High School are serving up coffee — and smiles — at the school's own coffee shop, Middies Common Grounds.

Meghan Davidson, an intervention specialist at Middletown High School, said the goal is for the coffee shop to be a place where people come and hang out — a place where they can feel supported and accepted.

"Everyone needs a purpose and everyone has purpose," Davidson said. "And that is what Middie Common Grounds is here to show. Every student in this building. Every staff member in this building has purpose, and we want to spread that like confetti."

Davidson has been working on the idea of the shop for four years, and it fully launched in April.

Middies Common Grounds allows students who might learn differently to have a hand in everything, whether that be putting stickers on sleeves, stocking and, of course, taking orders and making sweet, caffeinated drinks.

"It's giving them quality nice practice on job skills that they can take within our community and find a purpose after graduation," Davidson said.

Maria Durham, a senior at Middletown High School, said working at Middie Common Grounds makes her feel "special."

"We just make coffee for all the grownups like teachers, subs and stuff," she said.

Other than teaching students job skills, the coffee shop gives those students reasons to talk to each other and come out of their shells.

Angel, another senior at the school, even found a connection with WCPO's videographer Rob Pieper while filming.

"You just can't help but smile when you come here," Davidson said. "And so it's just a huge burst of positivity, and that's the vibe that we want to give off and that's what the coffee shop is for."

Middletown High School conducted its 2023 graduation Thursday night where both Maria and Angel received their diplomas, but Middies Common Ground is set to be back up and serving a little sunshine next school year.

# Ohio bars, restaurants offer fentanyl test strips to combat overdoses

by: [Callie Cassick](#)

Posted: May 29, 2023 / 06:20 PM EDT

Updated: May 29, 2023 / 06:20 PM EDT

DAYTON, Ohio ([WDTN](#)) — Some bars and restaurants in Hamilton County are trying to help cut down on fentanyl overdoses.

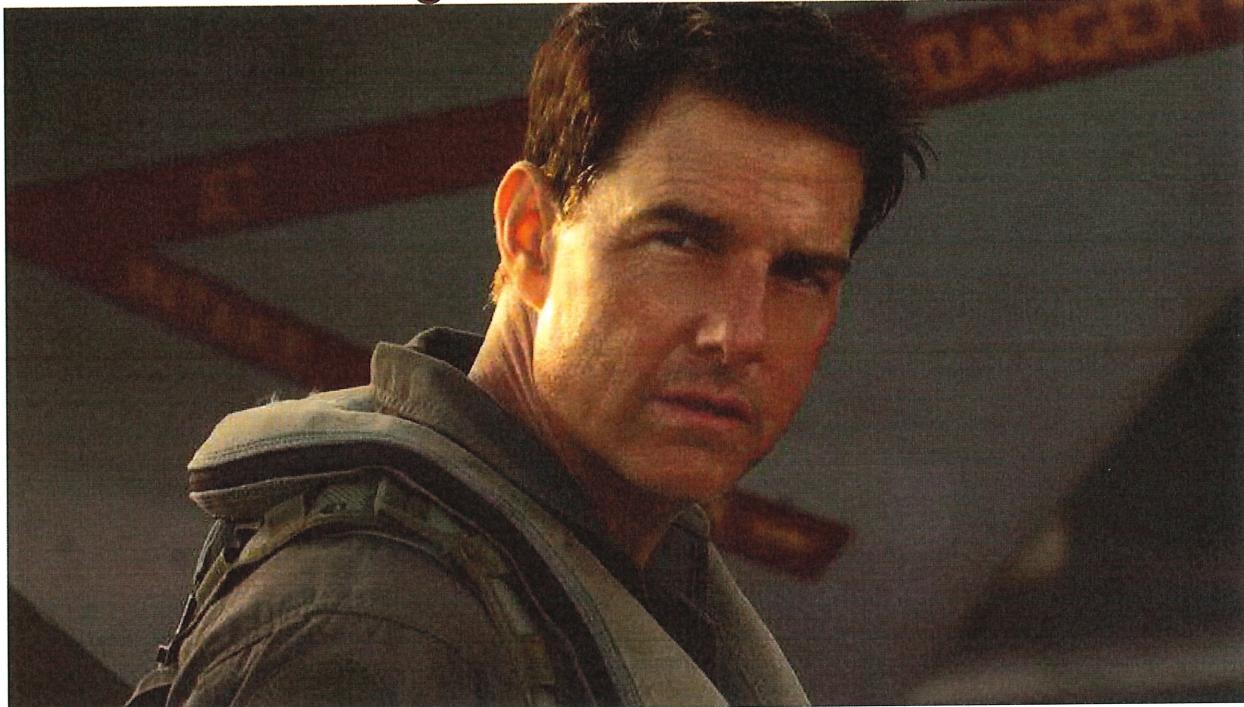
They are teaming up with the county health department to give away packets with fentanyl testing strips and step-by-step instructions through a QR code with important disclaimers.

One business said they are not encouraging drug use but instead urging people to take a moment that could save their life.

“It’s not advocating for drug use, but it’s definitely saying, hey, this is available to keep yourself safe and your friends safe and your family safe,” Lauren Herrmann, La Ofrenda General Manager, said.

In the past, the Hamilton County Health Department distributed more than 15 thousand of the strips. Since January of this year, it has given away more than 16 thousand through its 56 partners.

# Middletown's farmers market, family movie nights kick off soon



## NEWS

By [Rick McCrabb](#)

Updated May 30, 2023

MIDDLETOWN — The first of five free Family Movies in the Park will be this Friday at Sunset Park.

Besides free movies shown on a 33-foot screen, there will be family friendly activities and the city is partnering with local groups who will be provide free popcorn, candy and drinks, said Jeri Lewis, the city's coordinator of events and special projects.

She said this is the eighth year for the movie series, and with the city's support, it keeps getting "better and better."

Lewis understands that people can watch movies at home, but gathering with family and friends outside is a different experience.



"When you come out as a community, it builds into families, into our kids, into our community," she said.

For the first time this year, a food truck will be on site selling food, she said.

Here is a list of the movies that start at dusk:

- Date: Friday. Place: Sunset Park. Movie: Goonies. Food truck: Cheese The Day.
- Date: June 16. Place: Douglass Park. Movie: Princess & the Frog. Food truck: Wheels Fresh.
- Date: June 30. Place: Smith Park. Movie: Top Gun Maverick. Food truck: BL BBQ.
- Date: July 14. Place: Downtown. Movie: Soul. Food truck: Luchey's Kitchen.
- Date: July 28. Place: Sunset Park. Movie: Sonic 2. Food truck: Tacos Colima.

- The city's inaugural Farmers Market kicks off from 3-7 p.m. June 14 in the Middletown Bus Transit depot parking lot and will be every Wednesday through Sept. 20.
- Lewis said the parking lot is ideal because it's large enough for the refrigerated trucks and is located near the MidPointe Library System and the foot traffic it generates.
- Every week, a representative from a local restaurant will demonstrate farm to table dishes, Lewis said.
- The market also will provide local residents an opportunity to purchase fresh meats, fruits and vegetables.
- Every week, either a representative from the library or Butler County MetroParks will provide educational opportunities and interactive programs for kids.

# Brewery, wood-fired pizza restaurant sharing renovated Middletown building



## NEWS

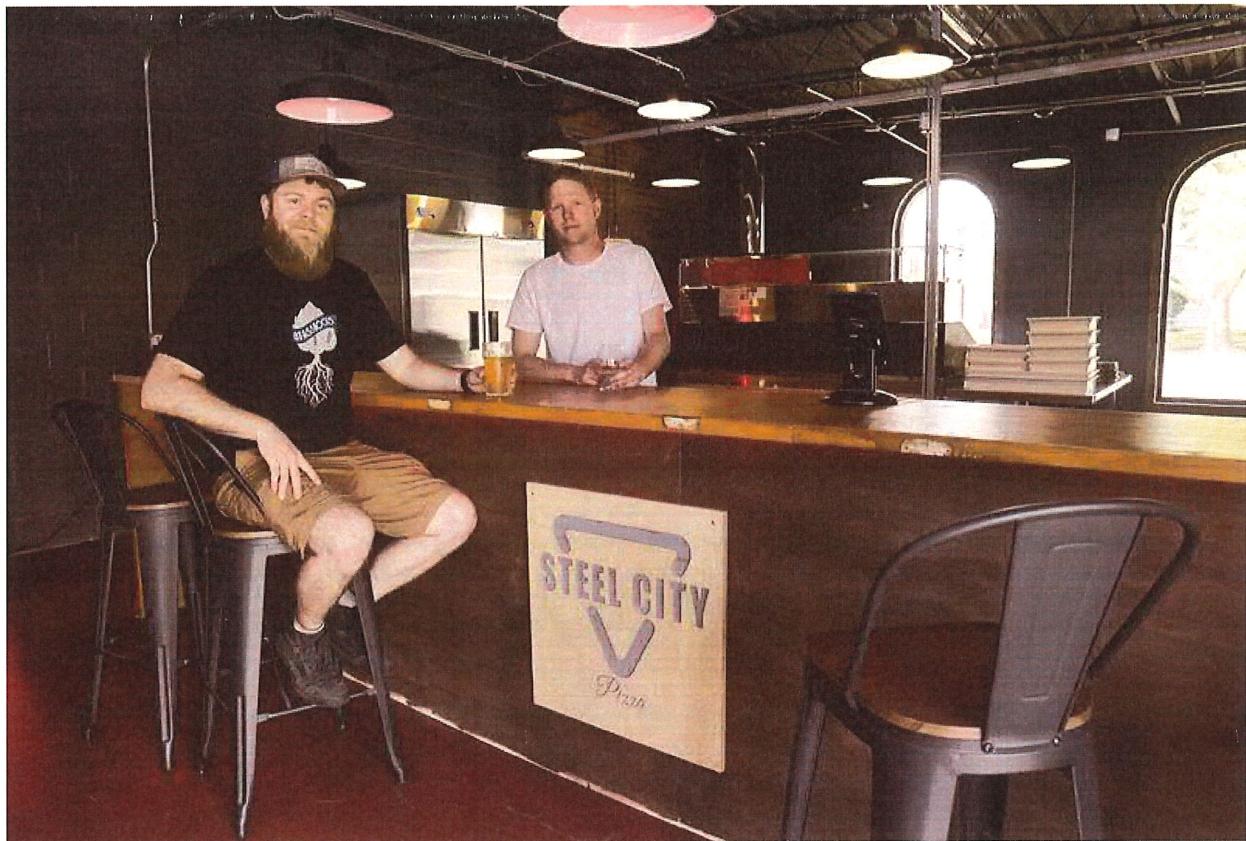
By [Rick McCrabb](#)

June 4, 2023

A Middletown brewery has moved into a large building that it shares with a new wood-fired pizza restaurant.

N.E.W. Ales Brewing, which operated at 1521 First Ave., for several years, has increased its seating capacity by renovating a building at 1330 Manchester Ave., said Wes Heupel, one of the

three owners.



Heupel said his good friend Jeremy Loukinas will operate Steel City Pizza, named in honor of Armco, in the same building.

N.E.W. Ales Brewing “outgrew” its First Avenue location after the first month, Heupel said. He and his partners, his wife, Nicole, and Elizabeth O’Harra, have been searching for another, larger downtown location.

The 5,000-square-foot space provides seating for 80 customers, 72 more than the First Avenue location. He called the Manchester Avenue building “quite the improvement,” though he will miss the outdoor beer garden on First Avenue.

The brewery will feature 12 taps, said Heupel, who added he hopes to start beer distribution again.

The building, vacant for years, was “bleeding water” through the roof and some of the drywall needed to be replaced, he said. The interior has “a very nature vibe” due to the plants and hanging baskets, he said.

“It feels homey,” Heupel said. “Very inviting atmosphere.”

Loukinas said he was a regular at N.E.W. Ales and every time he was there, customers asked about food options. There were none.

Then when Heupel told Loukinas about the new, larger location, Loukinas pitched the idea for a pizza oven. He said the pizza is made from scratch.

The restaurant's logo looks similar to Armco's. Loukinas said the logo's patent expired in 2007, and since he's "a history nerd," he decided to pay homage to the Middletown steel plant.

Loukinas believes the brewery and pizza restaurant can bring "viability to that end of town" because the vacant and boarded up building has been "brought back to life."

#### HOW TO GO

WHAT: N.E.W. Ales Brewing and Steel City Pizza

WHERE: 1330 Manchester Ave., Middletown

HOURS: 4-9 p.m. Thursday, Friday, Saturday

PHONE: N.E.W. Ales, 513-915-7023; Steel City Pizza, 513-817-1625

WEB SITE: [www.newalesbrewing.com](http://www.newalesbrewing.com)