

DATE: April 4, 2025
TO: Board of Health Members
FROM: Jacquelyn Phillips Carter, MPH, BSN, RN - Secretary
SUBJECT: **Agenda for April 8, 2025**

City of Middletown Board of Health & Environment will meet in regular session **April 8, 2025** 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 -March 2025
(Motion and Approval)

RECEIVE AND FILE FINANCIAL REPORT -March 2025
(Motion and Approval)

EDUCATION PRESENTATION -Candida auris-Dr. Jennewine

NEW BUSINESS

1. Travel authorizations-2025 Spring Ohio Public Health Conference, Jackie Phillips Carter & Chandra Corbin
(Motion to approve)
2. Final reading and approval of MBHE Ordinance No. 2025-01-allowing Health Commissioner to suspend a food service or retail food establishment license
(Motion to read by title only)
(Motion to approve)
3. Final reading and approval of MBHE Ordinance No. 2025-02-allowing Health Commissioner, any Registered Environmental Health Specialist or Environmental Health Specialist-in-Training to take non-emergency enforcement action
(Motion to read by title only)
(Motion to approve)
4. Approval of MBHE Resolution No. 2025-01-authorizing the City's Health Commissioner to apply for, accept, and enter into a Water Pollution Control Loan Fund Agreement on behalf of the Middletown Board of Health for the repair and replacement of home sewage treatment systems and declaring an emergency
(Motion to approve)
5. Approval of contract template to repair/replace home sewage treatment systems under the WPCLF
(Motion to approve)
6. 1st Quarter Report-2025

REPORTS

Health Commissioner-Jackie Phillips Carter, MPH, BSN, RN
Medical Director- Dr. Paul Jennewine, MD
Director of Nursing- Chandra Corbin, BSN, RN
Environmental Health Director- BS, REHS

BOARD MEMBER OPEN DISCUSSION

ADJOURNMENT

The Next Board of Health Meeting is scheduled for May 13, 2025 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
March 11, 2025

The City of Middletown Board of Health met in regular session at 7:30 AM on March 11, 2025.

Members Present

Mayor, Elizabeth Slamka
Ruth Lolli
Jeff Bonnell
Joseph Richmond, MBA
Tiffani Baggett
Dr. Scott Zollett, MD
Emily Miller, BSN, RN

Health Department Staff Present

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

Absent and Excused

Amy Sibcy

ROLL CALL

Motion: Mr. Richmond moved, seconded by Ms. Miller to excuse absent board members.
Roll call vote: Yes-5 (Bonnell, Richmond, Zollett, Miller, Baggett). No-0. **Motion Passed.**

Ms. Lolli arrived at 7:31AM.

CITIZEN COMMENTS

None.

APPROVAL OF MINUTES –February 2025

Motion: Mr. Richmond moved, seconded by Ms. Baggett to approve the February Board of Health minutes.
Roll call vote: Yes-6 (Lolli, Bonnell, Richmond, Zollett, Miller, Baggett). No-0. **Motion Passed.**

RECEIVE AND FILE FINANCIAL REPORT-February 2025

Motion: Dr. Zollett moved, seconded by Ms. Miller to approve the February financial report.
Roll call vote: Yes-6 (Lolli, Bonnell, Richmond, Zollett, Miller, Baggett). No-0. **Motion Passed.**

EDUCATION PRESENTATION-Measles-Dr. Jennewine

Dr. Jennewine provided the board with an educational presentation about measles. Measles is also known as morbillivirus, a single stranded RNA virus with no antiviral treatment. There is an effective vaccine available. Measles is highly contagious and airborne. Symptoms begin 10-14 days after exposure and last 7-10 days. Measles is contagious for four days prior to and four days after the rash. Measles is typically viewed as a childhood illness, but can occur at any age. Symptoms of measles include: fever, runny nose, cough, conjunctivitis and a flat rash that typically begins on the face and spreads to the rest of the body. Complications that frequently occur with measles include: pneumonia, otitis media and diarrhea. More rare symptoms of measles include: hearing loss, blindness, seizures and 1 in 100,000 suffer from fatal encephalitis.

Treatment for measles is limited to supportive care such as: fluids, fever reducers and antibiotics if a second bacterial infection is present. No antiviral has proven effective or beneficial.

Measles affect about 20 million people worldwide. Measles is primarily seen in Africa, Asia and a small portion of South America. It is the leading cause of vaccine preventable death worldwide. Measles caused 630,000 deaths in 1990, decreasing to 158,000 in 2012 and down to 107,500 in 2023. In the United States, there were 3,000 cases per million in the 1960's, down to 13 cases per million in the 1980's and 1 case per million by 2000. The United States was declared free of circulating measles in 2000.

The measles vaccine was introduced in 1963. The vaccine is very effective with a 93% antibody response with the first injection and 95-98% response to the second injection. Originally the vaccine was live and was just one injection, but fever reactions were high and immunity waned. An attenuated vaccine was developed and a later booster recommended. The current vaccine schedule is 12-15 months with the booster at 4-6 years old.

In 2019 the United States experienced our largest and longest outbreak since 1994. From January 1st -May 10th there were over 1,200 cases reported in 23 states. 13 outbreaks accounted for 94% of those cases. There were no deaths among any of the cases.

There have been 222 cases in the U.S. in 2025, to date. These cases are linked to 4 outbreaks across 11 states. Texas and New Mexico account for 208 of those cases and 2 deaths have been reported.

Dr. Jennewine explained that the number one cause for this most recent outbreak is the dropping vaccine rate due to parental concerns. It is estimated that measles vaccine rates are still at 94% nationwide. Herd immunity is considered effective at 92% vaccine rates. There is no data on smaller populations, many of the cases are linked to immigration, travel and global business.

NEW BUSINESS

Travel Authorizations

None.

2nd Reading of MBHE Ordinance No. 2025-01-Allowing Health Commissioner to Suspend a Food Service or Retail Food Establishment License

Motion: Ms. Lolli moved, seconded by Ms. Baggett to read MBHE Ordinance No. 2025-01 by title only.

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

MBHE Ordinance No. 2025-01-An ordinance authorizing the health commissioner to take action that may be taken by the Board of Health as a licensor pursuant to Ohio Revised Code section 3717.29(D)(1) to suspend a license issued to a retail food establishment or Ohio Revised Code section 3717.49(C)(1) to suspend a license issued to a food service operation.

2nd Reading of MBHE Ordinance No. 2025-02-Allowing Health Commissioner, Any Registered Environmental Health Specialist or Environmental Health Specialist-In-Training to Take Non-Emergency Enforcement Action.

Motion: Mr. Richmond moved, seconded by Ms. Miller to read MBHE Ordinance No. 2025-02 by title only.

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

An ordinance authorizing the Health Commissioner, any Registered Environmental Health Specialist or Environmental Health Specialist-In-Training employed by the Board of Health to take action that may be taken by the Board as licensor pursuant to Ohio Revised Code section 3717.29(C)(1) in a retail food establishment or Ohio Revised Code section 3717.49(B)(1) in a food service operation.

2025 Public Health Week, April 7th-13th

Ms. Phillips Carter explained that City Council will be issuing a proclamation to CMHD at the April 1st council meeting celebrating Public Health Week.

Ms. Corbin added that a table will be set up in the main lobby of the City Building with public health information to celebrate Public Health.

REPORTS

Health Commissioner

Ms. Phillips Carter informed the board that following up to last month's discussion, board member names appear in two different places on the city website. The first is on the health department page and second is on the meeting minutes that are posted after each meeting.

Ms. Phillips Carter informed board members that Ashley Combs has officially been named the City Manager.

Ms. Phillips Carter stated that Middletown Connect held an excellent meeting regarding tenant rights and housing concerns. Clean-up and managing neighborhoods were discussed with more clean-ups scheduled.

Ms. Phillips Carter stated that Middletown Connect and Walk With a Doc go hand in hand and welcomed Ms. Lolli to provide an update on the March Walk With a Doc.

Ms. Lolli informed the board that a UC doctor and cancer survivor would be leading this month's walk, providing information as well as sharing her own personal experience.

Ms. Phillips Carter thanked Mr. Bonnell for bringing the state's indigent reimbursement program to our attention at last month's BOH meeting. City of Middletown Health Department submitted 6 indigent applications for reimbursement and all six were approved. CMHD will be receiving a check in the coming weeks.

Ms. Phillips Carter informed the board that YWCA hosted an event, HERstory & HERitage, a tribute to the transformative stories of women who have shaped our past and continue to inspire change. Ms. Phillips Carter was honored and received a proclamation from the Hamilton City Manager as well as Governor Dewine. Board members congratulated Ms. Phillips Carter on her achievement.

Mayor Slamka asked Ms. Phillips Carter to touch on the Hamilton initiative "17 Strong." Ms. Phillips Carter explained that 17 Strong was a product of a committee comprised of resident volunteers. The city then provided staff and funds to expand the effort. One of the tools used by 17 Strong is "The Cube." The Cube is a box that is maintained by the city that houses rakes, shovels, gloves, etc. used to clean-up and beautify communities. Community members are able to use the products and then leave them and any trash collected in The Cube and the city picks it up and restocks it.

Medical Director

Dr. Jennewine reported the February communicable disease case numbers.

C. auris	2
Campylobacteriosis	1
Chlamydia infection	18
COVID-19	128
CPO	2
Cryptosporidiosis	1
Gonococcal Infection	7
Hepatitis C	8
HIV	1
Influenza-associated hospitalization	57
Aseptic Meningitis	1
Invasive Strep Group A	1
Invasive Streptococcus pneumoniae	1

Director of Nursing

Ms. Corbin informed the board that the disease report was unavailable from Butler County General Health District epidemiologists this month due to technical issues, however; she was able to pull the data for Dr. Jennewine by looking at each individual disease reported.

Ms. Corbin informed the board that she was tasked by Ms. Phillips Carter to set up a health fair for Middletown. Ms. Corbin stated that she has been meeting monthly with Ms. Lolli and a core group in preparation of the health fair and is excited to announce a date has been selected. The Middletown Health Fair will be held August 2, 2025. Ms. Corbin will provide the board with more details as they become available.

Ms. Corbin informed the board that she has just finished the 3rd quarter PHEP deliverables.

Environmental Director

Ms. Ealy informed the board that one set of mobile plans and one set of retail food establishment plans were received, and one retail food establishment was licensed in February.

Ms. Ealy informed the board that 130 thirty-day notices were issued for unpaid septic system permits. Fees will be assessed to property taxes if left unpaid.

Ms. Ealy stated that all but approximately 20 food operators have paid for their licenses. Staff will call and send second notices this week.

Ms. Ealy informed the board that CMHD received the Water Pollution Control Loan Fund (WPCLF). The WPCLF grant is \$150,000 principal forgiveness grant and is income-based. The grant can assist homeowners with replacing or repairing failing septic systems and/or connecting to city sewer systems. Funding is set for July.

Ms. Ealy informed the board that staff continues to complete Accela trainings as we move closer to the go-live date in May. Ms. Ealy stated that ODH is funding Accela at no cost to local health departments, whereas it would have cost CMHD ~\$40,000 to continue using HealthSpace. Accela will be a public-facing program, allowing vendors to apply and pay for licenses online. Ms. Ealy added that CMHD staff continues to attend Accela trainings Monday, Wednesday and Fridays for a question and answer session.

Board Member Open Discussion

None.

ADJOURNMENT

The meeting was adjourned at 8:34AM. The next meeting will be held on April 8, 2025 at 7:30AM in Conference Room 2C.

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

Elizabeth Slamka, President
City of Middletown Board of Health



City of Middletown Health Department

March 2025 Financial Notes

Vital Statistics

- \$9,624.58 Revenue Earned
- 822 Certificates Sold
- 74 Burial Permits Sold

The department as a whole, is up 28% compared to last year at this time. (7% Vital Stats & 21% Environmental)

Environmental

- \$32,673.40 Revenue Earned
- \$500.00-T21 Licensing Revenue Earned

Indigent Services

- \$5,197.00 Spent of the \$35,000 Budget for Indigent Services for 2025
- 7 Applications approved

Current Grants

- Workforce Development (WF-23) Active through 11/30/2027 - \$495,000 (*Target \$100K/Yr.*)
 - Multi-year project to support the development of current and future public health workforce
 - Original Award granted to CMHD \$435,000
 - \$10,000 awarded to all LHD's in Ohio for Equity specific training. (*This \$10K has been spent*)
 - The state has added Accreditation efforts to the WF grant in the amount of \$50,000.00 (*Funding not received yet-still in pending status for disbursement*).
 - **\$102,408.39 - Deposited to date**
- Public Health Emergency Preparedness (PHEP) 7/1/2024-6/30/2025 - \$23,837.70
 - **\$6,286.53 Deposited to date**
- Allotrac Medicaid Billing (MAC Billing) 1/01/2025-12/31/2025
 - Yearly agreement. Payments approved quarterly
 - **\$26,805.69 Deposited to date**
- Smoking State Reimbursement
 - **\$350.00 - Deposited to date**
- State Health Subsidy Reimbursements & Vital Statistics Reimbursements
 - State Subsidy (January) OAC 3701-36 - **\$9,329.20 deposited 2/12/2025**
 - State Subsidy (February) OAC 3701-36 - **\$19,082.63 deposited 2/28/2025**
 - Vital Stats (February) - **\$3,718.75 deposited 2/12/2025**
 - Vital Stats (May)- *Waiting on reimbursement*

City of Middletown Revenue Report

Accounts: 228.000.43310 to 228.000.49385

As Of: 1/1/2025 to 3/31/2025

Account Access Group: N/A

Account		Description	Budget	MTD Revenue	YTD Revenue	Include Inactive Accounts: No	
						Uncollected	% Collected

228 HEALTH FUND

Revenue

Intergovernmental							
228.000.43310	TOBACCO 21		\$0.00		\$4,500.00	(\$4,500.00)	N/A
228.000.43320	HIV GRANT (MONT CO)		\$0.00		\$0.00	\$0.00	N/A
228.000.43330	STATE HEALTH SUBSIDY		\$15,000.00	\$19,082.63	\$28,411.83	(\$13,411.83)	189.41%
228.000.43331	IMMUNIZATION ACTION PLAN GRANT		\$0.00		\$0.00	\$0.00	N/A
228.000.43332	BUREAU CHILDRENS MEDICAL HANDIC		\$0.00		\$0.00	\$0.00	N/A
228.000.43360	PHI GRANT		\$0.00		\$0.00	\$0.00	N/A
228.000.43362	CHILD/FAMILY HEALTH SERVICES GRA		\$0.00		\$0.00	\$0.00	N/A
228.000.43363	EARLY START GRANT		\$0.00		\$0.00	\$0.00	N/A
228.000.43364	CARDIOVASCULAR GRANT		\$0.00		\$0.00	\$0.00	N/A
228.000.43365	H1N1 GRANT REVENUE		\$0.00		\$0.00	\$0.00	N/A
228.000.43366	US HHS STIMULUS		\$0.00		\$0.00	\$0.00	N/A
228.000.43367	COVID-19 CRISIS RESPONSE GRANT (\$0.00		\$0.00	\$0.00	N/A
228.000.43368	COVID-19 CONTACT TRACING GRANT (\$0.00		\$0.00	\$0.00	N/A
228.000.43369	HARM REDUCTION GRANT		\$0.00		\$0.00	\$0.00	N/A
228.000.43370	PUBLIC HEALTH WORKFORCE DEV GR		\$100,000.00	\$0.00	\$35,262.61	\$64,737.39	35.26%
	Intergovernmental Totals:		\$115,000.00	\$19,082.63	\$68,174.44	\$46,825.56	59.28%

Charges for Service

228.000.44197	ADMINISTRATIVE FEES		\$59,420.00	\$0.00	\$0.00	\$59,420.00	0.00%
228.000.44210	VITAL STATISTICS		\$100,000.00	\$7,196.46	\$27,325.13	\$72,674.87	27.33%
228.000.44211	VITAL STATISTICS SHIPPING CHARGE		\$0.00	\$293.90	\$514.50	(\$514.50)	N/A
228.000.44215	PATERNITY AFFIDAVITS		\$200.00	\$0.00	\$30.10	\$169.90	15.05%
228.000.44225	IMMUNIZATION CLINICS		\$3,000.00	\$0.00	\$3,001.72	(\$1.72)	100.06%
228.000.44280	VENDING LICENSE		\$750.00	\$489.60	\$489.60	\$260.40	65.28%
228.000.44281	FSO RESTAURANT LICENSE		\$80,000.00	\$27,424.00	\$65,282.00	\$14,718.00	81.60%
228.000.44282	FOOD ESTABLISHMENT LICENSE		\$35,000.00	\$8,705.50	\$25,862.50	\$9,137.50	73.89%
228.000.44283	HOUSEHOLD SEWAGE		\$4,200.00	\$3,920.00	\$16,854.00	(\$12,654.00)	401.29%
228.000.44284	FOOD SAFETY CLASSES		\$240.00	\$0.00	\$0.00	\$240.00	0.00%
228.000.44285	SWIMMING POOL/SPA		\$6,000.00	\$0.00	\$0.00	\$6,000.00	0.00%
228.000.44286	TATTOO LICENSE		\$2,500.00	\$0.00	\$1,187.50	\$1,312.50	47.50%
228.000.44287	PARK/CAMPS LICENSE FEES		\$200.00	\$0.00	\$0.00	\$200.00	0.00%
228.000.44288	MAC BILLING		\$50,000.00	\$0.00	\$26,805.69	\$23,194.31	53.61%
228.000.44290	MOBILE HOME PARKS		\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.000.44844	CREDIT CARD FEES		\$0.00	\$0.00	\$0.00	\$0.00	N/A
	Charges for Service Totals:		\$341,510.00	\$48,029.46	\$167,352.74	\$174,157.26	49.00%

Interest/Contributions/Rentals/Leases/Misc

Revenue Report

As Of: 1/1/2025 to 3/31/2025

Account	Description	Budget	MTD Revenue	YTD Revenue	Uncollected	% Collected
228.000.46780	MISCELLANEOUS	\$0.00	\$0.00	\$0.00	\$0.00	N/A
	Interest/Contributions/Rentals/Leases/Misc Totals:	\$0.00	\$0.00	\$0.00	\$0.00	N/A
Reimbursements/Transfers						
228.000.49100	REIMBURSEMENTS	\$0.00	\$8,108.67	\$10,522.68	(\$10,522.68)	N/A
228.000.49330	FROM INCOME TAX	\$250,000.00	\$0.00	\$50,000.00	\$200,000.00	20.00%
228.000.49385	FROM CORONAVIRUS RELIEF FUND	\$0.00	\$0.00	\$0.00	\$0.00	N/A
	Reimbursements/Transfers Totals:	\$250,000.00	\$8,108.67	\$60,522.68	\$189,477.32	24.21%
	Revenue Totals:	\$706,510.00	\$75,220.76	\$296,049.86	\$410,460.14	41.90%
228 Total:		\$706,510.00	\$75,220.76	\$296,049.86	\$410,460.14	41.90%
Grand Total:		\$706,510.00	\$75,220.76	\$296,049.86	\$410,460.14	41.90%
					Target Percent:	25.00%

City of Middletown Expense Report

Accounts: 228.450.51110 to 228.450.59200

Account Access Group: N/A

As Of: 1/1/2025 to 3/31/2025

Include Inactive Accounts: No
Include Pre-Encumbrances: No

Account	Description	Budget	MTD Expense	YTD Expense	UnExp. Balance	Encumbrance	Unenc. Balance	% Used
228	HEALTH FUND					Target Percent:	25.00%	
Health Admin								
Personal Services								
228.450.51110	SALARIES & WAGES	\$670,630.00	\$50,244.40	\$148,900.94	\$521,729.06	\$0.00	\$521,729.06	22.20%
228.450.51120	OVERTIME WAGES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.51211	PERS	\$93,888.00	\$7,090.14	\$21,731.31	\$72,156.69	\$19.97	\$72,136.72	23.17%
228.450.51220	WORKERS COMPENSATIO	\$26,825.00	\$0.00	\$1,280.46	\$25,544.54	\$25,544.54	\$0.00	100.00%
228.450.51230	GROUP HEALTH INSURANC	\$90,018.00	\$7,501.51	\$22,504.53	\$67,513.47	\$0.00	\$67,513.47	25.00%
228.450.51231	HEALTH SAVINGS ACCOUN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.51240	UNEMPLOYMENT COMPEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.51270	MEDICARE-CITY SHARE	\$9,724.00	\$342.38	\$1,722.37	\$8,001.63	\$0.00	\$8,001.63	17.71%
228.450.51275	LIFE INSURANCE	\$1,825.00	\$152.10	\$456.30	\$1,368.70	\$0.00	\$1,368.70	25.00%
228.450.51290	EMPLOYEE AWARDS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
	Personal Services Totals:	\$892,910.00	\$65,330.53	\$196,595.91	\$696,314.09	\$25,564.51	\$670,749.58	24.88%
Contractual Services								
228.450.52110	TRAVEL & TRAINING	\$4,000.00	\$0.00	\$0.00	\$4,000.00	\$0.00	\$4,000.00	0.00%
228.450.52111	MANDATORY TRAINING	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52120	EMPLOYEE MILEAGE REIM	\$3,000.00	\$348.53	\$536.78	\$2,463.22	\$0.00	\$2,463.22	17.89%
228.450.52222	TELEPHONE LINE CHARGE	\$5,640.00	\$1,990.94	\$2,072.82	\$3,567.18	\$0.00	\$3,567.18	36.75%
228.450.52230	POSTAGE AND POSTAL CH	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52260	HEALTH - DUE STATE GOV	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52310	MUNICIPAL GARAGE CHAR	\$3,500.00	\$0.00	\$298.60	\$3,201.40	\$0.00	\$3,201.40	8.53%
228.450.52340	EQUIPMENT/VEHICLE REN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52410	LEGAL SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52420	MEDICAL SERVICE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52480	OTHER PROFESSIONAL SE	\$41,085.00	\$253.50	\$3,785.91	\$37,299.09	\$0.00	\$37,299.09	9.21%
228.450.52481	WORKFORCE GRANT CON	\$32,699.95	\$0.00	\$555.00	\$32,144.95	\$12,144.95	\$20,000.00	38.84%
228.450.52482	SYRINGE EXCHANGE PRO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52488	HEALTH DEPT COVID-19 EX	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52490	OUTSIDE PRINTING	\$2,000.00	\$222.00	\$222.00	\$1,778.00	\$0.00	\$1,778.00	11.10%
228.450.52510	MAINTENANCE OF EQUIPM	\$8,000.00	\$0.00	\$1,308.74	\$6,691.26	\$0.00	\$6,691.26	16.36%
228.450.52680	MEDICAL LIABILITY INSURA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52820	LICENSES AND PERMITS	\$11,855.00	\$0.00	\$1,333.00	\$10,522.00	\$0.00	\$10,522.00	11.24%
228.450.52920	MEMBERSHIPS, BOOKS, PE	\$1,500.00	\$0.00	\$227.56	\$1,272.44	\$0.00	\$1,272.44	15.17%
228.450.52930	PHOTO SUPPLIES & PROC	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52940	INDIGENT BURIALS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
	Contractual Services Totals:	\$113,279.95	\$2,814.97	\$10,340.41	\$102,939.54	\$12,144.95	\$90,794.59	19.85%

Expense Report

As Of: 1/1/2025 to 3/31/2025

Account	Description	Budget	MTD Expense	YTD Expense	UnExp. Balance	Encumbrance	Unenc. Balance	% Used
Commodities								
228.450.53100	OFFICE SUPPLIES	\$2,500.00	\$0.00	\$380.93	\$2,119.07	\$0.00	\$2,119.07	15.24%
228.450.53101	SUPPLIES FOR HIV GRANT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.53102	HARM REDUCTION SUPPLI	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.53210	FOOD	\$200.00	\$0.00	\$0.00	\$200.00	\$0.00	\$200.00	0.00%
228.450.53510	SUPPLIES TO MAINTAIN EQ	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.53610	SMALL TOOLS & EQUIPME	\$500.00	\$0.00	\$0.00	\$500.00	\$0.00	\$500.00	0.00%
228.450.53620	MAJOR TOOLS & EQUIP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.53710	CHEMICALS & LAB SUPPLI	\$700.00	\$0.00	\$150.00	\$550.00	\$0.00	\$550.00	21.43%
	Commodities Totals:	\$3,900.00	\$0.00	\$530.93	\$3,369.07	\$0.00	\$3,369.07	13.61%
Capital Outlay								
228.450.54300	COMPUTERS & OTHER PE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.54310	AUTO & TRUCK DEPRECIA	\$4,800.00	\$0.00	\$872.74	\$3,927.26	\$0.00	\$3,927.26	18.18%
228.450.54320	OFFICE MACHINERY & EQU	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.54360	OTHER EQUIPMENT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.54370	COMPUTER SOFTWARE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
	Capital Outlay Totals:	\$4,800.00	\$0.00	\$872.74	\$3,927.26	\$0.00	\$3,927.26	18.18%
Refunds								
228.450.59200	MISCELLANEOUS REFUND	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
	Refunds Totals:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
Health Admin Totals:								
		\$1,014,889.95	\$68,145.50	\$208,339.99	\$806,549.96	\$37,709.46	\$768,840.50	24.24%
228 Total:		\$1,014,889.95	\$68,145.50	\$208,339.99	\$806,549.96	\$37,709.46	\$768,840.50	24.24%
Grand Total:		\$1,014,889.95	\$68,145.50	\$208,339.99	\$806,549.96	\$37,709.46	\$768,840.50	24.24%
Target Percent:							25.00%	

City of Middletown Health Department

Travel Request

2025 Ohio Public Health Conference

Health Commissioner, Jackie Phillips Carter and Director of Nursing, Chandra Corbin will be attending the Spring Ohio Public Health Conference held in Columbus April 28th through April 30th. Jackie will be attending all three days of the conference, while Chandra will be attending day two only.

The goal of the conference is to advance the mission of public health in Ohio and celebrate the people behind the achievements.

Total budgeted costs for both attendees for this conference: \$1,057.00



Ohio's Public Health Conference

Celebrating Public Health:
People and Purpose

City of Middletown
Request for Business Related Travel

Request No.....: 16595
Date Submitted.....: 04-02-25
Official or Employee Name...: JACKIE PHILLIPS CARTER
Title or Position.....: HEALTH COMMISSIONER
Department.....: HEALTH
Meeting Sponsored by.....: AOHC
Purpose of Meeting or Trip...: TRAINING
(M)andatory/(D)iscretionary.: M
City Where Meeting Held.....: LEWIS CENTER
State Where Meeting Held.....: OHIO
Dates of Meeting - From: 04-28-25 to 04-30-25
Dates Leave Requested - From: 04-28-25 to 04-30-25

VEHICLE INFORMATION (if City vehicle is to be used)

Number of Vehicle.....:
Vehicle to be Occupied by....:

ESTIMATED COSTS OF TRIP:

Registration...:	250.00
Transportation:	147.00
Lodging.....:	330.00
Rental Car.....:	0.00
Meals.....:	58.00
Miscellaneous..:	0.00
Amount of Advance Requested:	58.00

===== ACCOUNTS TO BE CHARGED =====

Account Code	Description	Available	Amount
228.450.52110	TRAVEL & TRAINING	1477.70	785.00

APPROVAL:

=====

User	Title	Date Approved
Jackie Phillips	Health Commissioner	

COMMENTS:

City of Middletown
Request for Business Related Travel

Request No.....: 16596
Date Submitted.....: 04-02-25
Official or Employee Name...: CHANDRA CORBIN
Title or Position.....: DIRECTOR OF NURSING
Department.....: HEALTH
Meeting Sponsored by.....: AOHC
Purpose of Meeting or Trip...: TRAINING
(M)andatory/(D)iscretionary.: M
City Where Meeting Held.....: LEWIS CENTER
State Where Meeting Held.....: OHIO
Dates of Meeting - From: 04-29-25 to 04-29-25
Dates Leave Requested - From: 04-29-25 to 04-29-25

VEHICLE INFORMATION (if City vehicle is to be used)

Number of Vehicle.....:
Vehicle to be Occupied by....:

ESTIMATED COSTS OF TRIP:

Registration...:	125.00
Transportation:	147.00
Lodging.....:	0.00
Rental Car.....:	0.00
Meals.....:	0.00
Miscellaneous.:	0.00
Amount of Advance Requested:	0.00

===== ACCOUNTS TO BE CHARGED =====

Account Code	Description	Available	Amount
228.450.52110	TRAVEL & TRAINING	1477.70	272.00

APPROVAL:

=====

User	Title	Date Approved
Jackie Phillips	Health Commissioner	

COMMENTS:

MBHE ORDINANCE NO. 2025-01

AN ORDINANCE AUTHORIZING THE HEALTH COMMISSIONER TO TAKE ACTION THAT MAY BE TAKEN BY THE BOARD OF HEALTH AS LICENSOR PURSUANT TO OHIO REVISED CODE SECTION 3717.29(D)(1) TO SUSPEND A LICENSE ISSUED TO A RETAIL FOOD ESTABLISHMENT OR OHIO REVISED CODE SECTION 3717.49(C)(1) TO SUSPEND A LICENSE ISSUED TO A FOOD SERVICE OPERATION.

BE IT ORDAINED by the City of Middletown Board of Health, Butler/Warren Counties, Ohio, that:

Section 1

The Health Commissioner of the Middletown Board of Health is hereby authorized to act pursuant to Section 3717.29(D)(1) of the Ohio Revised Code to suspend a license issued by the Board as licensor to a retail food establishment in accordance with R.C. 3717 if it has been determined that a violation presents a clear and present danger to the public health.

Section 2

In the event a retail food establishment license is suspended pursuant to Section 3717.29(D)(1) of the Ohio Revised Code, the license holder may appeal the suspension by giving written notice to the Board of Health and specifying in the notice whether a hearing is requested as set forth in Section 3717.29(D) of the Ohio Revised Code. Further appeal procedures with respect to an action to deny, suspend, or revoke a retail food establishment license are set forth in Rule 901:3-4-08 of the Ohio Administrative Code.

Section 3

The Health Commissioner of the Middletown Board of Health is hereby authorized to act pursuant to Section 3717.49(C)(1) of the Ohio Revised Code to suspend a license issued by the Board as licensor to a food service operation in accordance with R.C. 3717 if it has been determined that a violation presents an immediate danger to the public health.

Section 4

In the event a food service operation license is suspended pursuant to Section 3717.49(C)(1) of the Ohio Revised Code, the license holder may appeal the suspension by giving written notice to the licensor and specifying in the notice whether a hearing is requested as set forth in Section 3717.49(C) of the Ohio Revised Code. Further appeal procedures with respect to an action to deny, suspend, or revoke a food service operation license are set forth in Rule 3701-21-26 of the Ohio Administrative Code.

Section 5

This ordinance supersedes MBHE Ordinance No. 2022-04, adopted November 8, 2022.

Section 6

This ordinance shall take effect and be in force at the earliest time permitted by law.

Elizabeth Slamka
Board of Health and Environment

First Reading 2/11/2025
Second Reading 3/11/2025
Third Reading _____
Date Adopted _____
Effective Date _____

Jacquelyn Phillips Carter, MPH, BSN, RN
Health Commissioner
Board of Health and Environment

Approved as to form:

Ben Ypden / ac
Law Director

MBHE ORDINANCE NO. 2025-02

AN ORDINANCE AUTHORIZING THE HEALTH COMMISSIONER, ANY REGISTERED ENVIRONMENTAL HEALTH SPECIALIST OR ENVIRONMENTAL HEALTH SPECIALIST-IN-TRAINING EMPLOYED BY THE BOARD OF HEALTH TO TAKE ACTION THAT MAY BE TAKEN BY THE BOARD AS LICENSOR PURSUANT TO OHIO REVISED CODE SECTION 3717.29(C)(1) IN A RETAIL FOOD ESTABLISHMENT OR OHIO REVISED CODE SECTION 3717.49(B)(1) IN A FOOD SERVICE OPERATION.

BE IT ORDAINED by the City of Middletown Board of Health, Butler/Warren Counties, Ohio, that:

Section 1

The Health Commissioner, any Registered Environmental Health Specialist or Environmental Health Specialist-In-Training of the Middletown Board of Health is hereby authorized to act in nonemergency enforcement actions pursuant to Section 3717.29(C)(1) of the Ohio Revised Code.

Section 2

In the event an action is initiated to suspend or revoke a retail food establishment license pursuant to Section 3717.29(C)(1) of the Ohio Revised Code, the license holder may appeal the proposed suspension or revocation by giving written notice to the Board of Health and specifying in the notice whether a hearing is requested as set forth in Section 3717.29(C) of the Ohio Revised Code. Further appeal procedures with respect to an action to deny, suspend, or revoke a retail food establishment license are set forth in Rule 901:3-4-08 of the Ohio Administrative Code.

Section 3

The Health Commissioner, any Registered Environmental Health Specialist or Environmental Health Specialist-In-Training of the Middletown Board of Health is hereby authorized to act in nonemergency enforcement actions pursuant to Section 3717.49(B)(1) of the Ohio Revised Code.

Section 4

In the event an action is initiated to suspend or revoke a food service operation license pursuant to Section 3717.49(B)(1) of the Ohio Revised Code, the license holder may appeal the proposed suspension or revocation by giving written notice to the licensor who initiated the suspension or revocation and specifying in the notice whether a hearing is requested as set forth in Section 3717.49(B) of the Ohio Revised Code. Further appeal procedures with respect to an action to deny, suspend, or revoke a food service operation license are set forth in Rule 3701-21-26 of the Ohio Administrative Code.

Section 5

This ordinance supersedes MBHE Ordinance No. 2022-05, adopted November 8, 2022.

Section 6

This ordinance shall take effect and be in force at the earliest time permitted by law.

Elizabeth Slamka
Board of Health and Environment

First Reading 2/11/2025
Second Reading 3/11/2025
Third Reading _____
Date Adopted _____
Effective Date _____

Jacquelyn Phillips Carter, MPH, BSN, RN
Health Commissioner
Board of Health and Environment

Approved as to form:

Ben Gorder / jnc
Law Director

MBHE RESOLUTION NO. 2025-01

A RESOLUTION AUTHORIZING THE CITY'S HEALTH COMMISSIONER TO APPLY FOR, ACCEPT, AND ENTER INTO A WATER POLLUTION CONTROL LOAN FUND AGREEMENT ON BEHALF OF THE MIDDLETOWN BOARD OF HEALTH FOR THE REPAIR AND REPLACEMENT OF HOME SEWAGE TREATMENT SYSTEMS AND DECLARING AN EMERGENCY.

WHEREAS, the Middletown Board of Health (MBOH) seeks to repair and/or replace failing home sewage treatment systems; and

WHEREAS, the MBOH has applied to the Water Pollution Control Loan Fund (WPCLF) for the repair and/or replacement of failing home sewage treatment systems; and

WHEREAS, the Ohio WPCLF requires the government authority to pass legislation for application of a loan and the execution of a WPCLF assistance agreement;

NOW, THEREFORE, BE IT RESOLVED, by the Board of Health of the City of Middletown, Butler and Warren Counties, Ohio, that:

Section 1

The Board of Health hereby authorizes the Health Commissioner is hereby authorized to apply for a WPCLF assistance agreement, sign all documents for and enter into a Water Pollution Control Loan Fund assistance agreement with the Ohio Environmental Protection Agency for the repair and/or replacement of failing home sewage treatment systems on behalf of the Middletown Board of Health. All agreements must be in a form approved by the Law Director.

Section 2

This resolution is declared to be an emergency measure necessary for the immediate preservation of the public health, safety and general welfare, to wit: in order for Board staff to be able to submit the necessary documents prior to the April 30, 2025 deadline, and shall take effect and be in force from and after its adoption.

Elizabeth Slamka, President
Board of Health

Date Adopted _____

Jacquelyn Phillips Carter, MPH, BSN, RN
Board of Health

Approved as to form:

Alexander Ewing
Law Director

**CONTRACT TO REPAIR / REPLACE HOME SEWAGE
TREATMENT SYSTEMS UNDER THE WPCLF**

Contractor Business Name: _____

Contact Person: _____

Mailing Address: _____

Phone Number: _____

THIS AGREEMENT, MADE AND ENTERED INTO THIS _____ DAY OF _____, 20____
BETWEEN THE ABOVE REGISTERED HOUSEHOLD SEWAGE TREATMENT SYSTEM
CONTRACTOR (the "Contractor") AND THE MIDDLETOWN BOARD OF HEALTH (the "Board") FOR
HSTS REPAIR AND/OR REPLACEMENT to the property(s) located at _____

Project #: _____

The Board agrees to engage the Contractor to perform the services and supply the materials and the Contractor agrees to perform the services and supply the materials in accordance with the Contractor Terms and Conditions see Exhibit "A" Instructions to Bidders and Drawings (a copy of which is attached hereto and made a part hereof by reference) for a total price of \$_____.

The following checklist consists of forms and documents that must be reviewed, filled out, and/or signed by the Contractor before your bid(s) can be considered for grant money under the WPCLF.

_____ Instructions to Bidders and Drawings – **(Exhibit A)**
Project Description/Design Reviewed

_____ Equal Employment Opportunity (EEO) Requirement – **(Exhibit B)**
Reviewed & Signed

_____ Certification Regarding Debarment, Suspension, and Other Responsibility Matters – **(Exhibit C)**
Reviewed & Signed

_____ American Iron and Steel (AIS) Requirements – **(Exhibit D)**
Reviewed & Signed

_____ Violating Facilities Clause – **(Exhibit E)**
Reviewed

_____ WPCLF Assistance Agreement Rights of Access – **(Exhibit F)**
Reviewed

_____ WPCLF Assistance Agreement and Contract Conflicts – **(Exhibit G)**
Reviewed

_____ Insurance Provisions – **(Exhibit H)**
Reviewed

_____ WPCLF Change Order Form – **(Exhibit I)**
Reviewed

_____ Payment Methods – **(Exhibit J)**
Reviewed

_____ Bid Guarantee – **(Exhibit K)**
Reviewed & Submitted

_____ Payment and Performance Bonds – **(Exhibit L)**
Reviewed & Submitted (if not included in Bid Guarantee)

_____ Payment Retention – **(Exhibit M)**
Reviewed

_____ Completion Time – **(Exhibit N)**
Reviewed & Filled Out

_____ Notarized Statement – **(Exhibit O)**
Reviewed & Notarized Signature

Exhibit A

Instructions to Bidders and Drawings

Exhibit B

Contractor Equal Employment Opportunity Certification

During the performance of this contract, the undersigned agrees as follows:

1. The undersigned will not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. The undersigned will take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, color, religion or national origin. Such action shall include, but not be limited to the following: Employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The undersigned agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided setting forth the provisions of this equal opportunity (federally assisted construction) clause.
2. The undersigned will, in all solicitations or advertisements for employees placed by or on behalf of the undersigned, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex or national origin.
3. The undersigned will send to each labor union or representative of workers, with which he has a collective bargaining agreement or other contract or understanding, a notice to be provided advising the said labor union or workers' representative of the undersigned's commitment under this section, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
4. The undersigned will comply with all provisions of Executive Order No. 11246 of September 24, 1965, and of the rules, regulations, and relevant orders of the Secretary of Labor.
5. The undersigned will furnish all information and reports required by Executive Order No. 11246 of September 24, 1965, and by the rules, regulations, and relevant orders of the Secretary of Labor, or pursuant thereto, and will permit access to his books, records and accounts by the administering agency of the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
6. In the event of the undersigned's non-compliance with the equal opportunity (federally assisted construction) clause of this contract or with any of the said rules, regulations, or orders, this contract may be canceled, terminated or suspended in whole or in part, and the undersigned may be declared ineligible for further Government contracts or federally assisted construction contracts in accordance with procedures authorized in Executive Order No. 11246 of September 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order No. 11246 of September 24, 1965, or by rules, regulations, or order of the Secretary of Labor, or as provided by law. Ohio EPA Water Pollution Control Loan Fund (WPCLF)

Exhibit B – Page 2

7. The undersigned will include this equal opportunity (federally assisted construction) clause in every subcontract or purchase order unless exempted by the rules, regulations, or orders of the Secretary of Labor issued pursuant to section 204 of Executive Order No 11246 of September 24, 1965, so that such provision will be binding upon each subcontract or vender. The undersigned will take such action with respect to any subcontract or purchase order as the administering agency may direct as a means of enforcing such provisions, including sanctions for non-compliance: Provided, however, that in the event a contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor, as a result of such direction by the administering agency the undersigned may request the United States to enter into such litigation to protect the interest of the United States.

(Signature) (Date)

(Name and title of signor, Please Print/Type)

(Firm Name)

- *Note: If the loan applicant has its own EEO requirements, local procedures and forms may be substituted for the EPA form.*

Exhibit C

Certification Regarding Debarment, Suspension, and Other Responsibility Matters

The undersigned certifies to the best of his/her/its knowledge and belief that he/she/it and his/her/its principals or other business associates:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal of State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (b) of this certification;
- (d) Have not within a three-year period preceding this application / proposal had one or more public transactions (Federal, State, or local) terminated for cause or default; and
- (e) Will not utilize a subcontractor or supplier who is unable to certify (a) through (d) above.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award. In addition, under 18 USC Sec. 1001, a false statement may result in a fine of up to \$10,000 or imprisonment for up to 5 years, or both.

Type Name & Title of Authorized Representative

Signature of Authorized Representative

Date

☐ I am unable to certify to the above statements. My explanation is attached.

Exhibit D

American Iron and Steel Acknowledgement

The Contractor acknowledges to and for the benefit of _____ ("Purchaser") and the State of Ohio (the "State") that it understands the goods and services under this Agreement are being funded with monies made available by the Clean Water State Revolving Fund and/or Drinking Water State Revolving Fund that have statutory requirements commonly known as "American Iron and Steel;" that requires all of the iron and steel products used in the project to be produced in the United States ("American Iron and Steel Requirement") including iron and steel products provided by the Contractor pursuant to this Agreement. The Contractor hereby represents and warrants to and for the benefit of the Purchaser and the State that (a) the Contractor has reviewed and understands the American Iron and Steel Requirement, (b) all of the iron and steel products used in the project will be and/or have been produced in the United States in a manner that complies with the American Iron and Steel Requirement, unless a waiver of the requirement is approved, and (c) the Contractor will provide any further verified information, certification or assurance of compliance with this paragraph, or information necessary to support a waiver of the American Iron and Steel Requirement, as may be requested by the Purchaser or the State. Notwithstanding any other provision of this Agreement, any failure to comply with this paragraph by the Contractor shall permit the Purchaser or State to recover as damages against the Contractor any loss, expense, or cost (including without limitation attorney's fees) incurred by the Purchaser or State resulting from any such failure (including without limitation any impairment or loss of funding, whether in whole or in part, from the State or any damages owed to the State by the Purchaser). While the Contractor has no direct contractual privity with the State, as a lender to the Purchaser for the funding of its project, the Purchaser and the Contractor agree that the State is a third-party beneficiary and neither this paragraph (nor any other provision of this Agreement necessary to give this paragraph force or effect) shall be amended or waived without the prior written consent of the State.

Signature

Date

Name and Title of Authorized Signatory, Please Print or Type

Bidder's Firm

- ☐ Check here if the WPCLF or WSRLA applicant will be requesting an individual waiver for non-American made iron and steel products. Please note that the waiver box does not need to be marked for nationwide waivers.

Exhibit E

Violating Facilities Clause

Violating Facilities:

The Contractor agrees to comply with all applicable standards, orders or requirements under Section 306 of the Clean Air Act, 42 USC 1857 (h), Section 508 of the Clean Water Act, 33 USC 1368, Executive Order 11738, and USEPA regulations, 40 CFR Part 32, which prohibits the use under non-exempt Federal contracts, grants, or loans of facilities included on the USEPA List of Violating Facilities.

Exhibit F

WPCLF Assistance Agreement Rights of Access

Sections 2.1 through Section 2.2 and Sections 3.1 and 3.2 of the WPCLF Assistance Agreement lists requirements for construction contracts, including the obligation to include access for Ohio EPA, its Director, its duly authorized employees and agents, and to ensure the contract is in compliance, and consistent, with the terms of the WPCLF Assistance Agreement.

The signatories agree to ensure that the Director or its duly authorized designated representative shall have the right at all reasonable times to enter upon the Project Site(s) and Project Facilities, and to examine and inspect the same and to exercise the Director's rights pursuant to the WPCLF Assistance Agreement.

Exhibit G

WPCLF Assistance Agreement and Contract Conflicts

In the event of a conflict between the contract and the WPCLF Assistance Agreement, the provisions of the WPCLF Agreement shall prevail.

<<< ATTACH COPY OF WPCLF ASSISTANCE AGREEMENT AND CONTRACT>>>

Exhibit H

Insurance Provisions

The Contractor shall, at his expense, furnish and maintain insurance in the form and amounts specified in subparagraphs 1 through 7 inclusive, of this section. Policies shall be with acceptable insurance companies authorized to do business in the State of Ohio.

The Contractor shall not commence Work nor shall he permit any of his Sub-contractors to commence Work until the insurance policies specified hereinafter, or otherwise required, have been submitted to, and approved by the Board. Such insurance policies shall be kept in force until the Contractor receives final payment.

Insurance shall be endorsed so that it cannot be changed or canceled in less than ten (10) days after receipt by the Contractor and the Board of written notice of such proposed action from the Insurer. The insurance specified in Subparagraphs 1, 2, 3 and 4 shall be written under the comprehensive general form of liability insurance contracts.

The Contractor shall furnish three (3) certificates or, whenever specifically requested by the Board, three (3) certified copies of the insurance policies themselves and a receipt evidencing full payment of the premiums.

In addition to the insurance described hereinafter, the Contractor shall secure and maintain such other insurance as may be designated elsewhere in the Contract document.

If the Contractor is required to repair or perform Work after the completion of the Work involved under this Contract or obtain new policies in accordance with the requirements in this section.

1. *General Liability:* In addition to such fire and other physical damage insurance as the Contractor elects to carry for his own protection, he shall also secure and maintain in the name of the Board, the government agency sponsoring the Project, Subcontractors, the Consulting Engineer and any other parties having an interest in the Project, as named insured as their interest may appear; a general liability policy for fire, extended coverage, vandalism and malicious mischief in the amount of one hundred (100) percent of the value of the complete parts of the Project and Materials in storage, except that such coverage shall not be required in connection with sewer, water main or paving construction. Pump or lift station construction shall not be considered sewer or water main construction for purposes of this paragraph.

2. *Workers Compensation:* The Contractor shall provide Workers Compensation Insurance for all employees engaged in Work who may come within the protection of the workers compensation law, and, where applicable, employer's General Liability Insurances for employees not so protected and shall require all Subcontractors to provide corresponding insurance.

Exhibit H (page 2)

Insurance Provisions

The Contractor shall indemnify the Board and the Consulting Engineer against any and all liabilities, cost and expenses due to accidents or other occurrences covered by the workers compensation law.

3. *Contractor's Motor Vehicle Bodily Injury and Property Damage Liability Insurance:* Insurance to cover liability arising from the use and operation of motor vehicles in connection with the performance of the Contract (as customarily defined in liability insurance policies), whether they be owned, hired or non-owned by the Contractor, as follows:

- a. Bodily Injury Liability: \$500,000 for each person; limit of \$1,000,000 for each occurrence.
- b. Property Damage Liability: \$500,000 for each occurrence.

4. *Contractor's Public Liability and Property Damage Liability Insurance:* Contractor's Public Liability Insurance providing a limit of not less than \$500,000 for all damages arising out of bodily injuries, including accidental death to one person, and a total limit of \$1,000,000 for all damages arising out of bodily injuries, including accidental death, to two or more persons in any one occurrence. Contractor's Property Damage Liability Insurance providing for a limit on not less than \$500,000 for all damages to or destruction of property. Coverage under this policy shall include, to the limits indicated above, the collapse or damage to any structure, building or its contents, public or private utility, or pavement during construction and for two (2) years thereafter.

Whenever Work under the Contract is to be done in the vicinity of existing underground utilities or structures, coverage under the policy shall also include, to the limits indicated, all damages to said underground utilities or structures during construction and for a period of two (2) years thereafter. Whenever Work under the Contract is to be done by blasting, coverage under the policy shall also include, to the limits indicated above, all damages of any kind whatsoever caused by blasting.

5. *Contractor's Protective Public Liability and Property Damage Liability Insurance:* Contractor's Protective Public Liability and Property Damage Liability Insurance for operations performed by Subcontractors providing for coverage and limits corresponding to those described in subparagraph 4.

6. *Owner's Protective Public Liability and Property Damage Liability Insurance:* Regular Owner's Protective Public Liability and Property Damage Liability Insurance for operations performed by the Contractor or any Sub-contractor providing for coverage and limits corresponding to those described in subparagraph 4. This policy shall be written in the name of the Owner as a separate policy from those specified elsewhere herein.

7. *Railroad Protective Liability Insurance:* In any of the Work under this Contract is on railroad R/W, the Contractor shall at its sole cost and expense, procure and provide, for and in behalf of each railroad company. Protective Liability Insurance (AARAASHO form) with minimum limits per occurrence of not less than \$2,000,000 for bodily injury, death and/or property damage, subject to an aggregate limit of \$6,000,000 per annum. The policy shall name each railroad company as the insured and be issued to the Contractor. Each railroad company shall be provided with a copy of each policy of insurance prior to Commencement of any work.

Exhibit I

State of Ohio WATER POLLUTION CONTROL LOAN FUND (WPCLF/SRF) HSTS

CONTRACT CHANGE ORDER

RECIPIENT _____ CHANGE ORDER NBR _____

LOAN NUMBER _____ CONTRACT _____

OWDA PROJECT No. _____ DATE _____

Description of Change
(include address):

APPROVED BY: _____ DATE: _____
(Health Department Representative)

ACCEPTED BY: _____ DATE: _____
(Contractor)

(Company)

Original Contract Amt		
Previous Changes (+ / --)		
This Change (+ / --)		
Adjusted Contract Amt		
Ohio EPA Acceptance		Date

Exhibit I (page 2)

CHANGE ORDER INSTRUCTIONS:

All Change Orders for this work, regardless of costs, must be submitted to Ohio EPA for review.

Changes Requiring Prior Approval

Any change which substantially modifies the Project Facilities as specified in the Ohio EPA approved Facilities Plan and Final Permit to Install or Final Plan Approval (when applicable) or alters the direct or indirect impact of the Project Facilities upon the environment must be incorporated into a Change Order. One copy of the Change Order prior to execution is to be submitted to Ohio EPA for review and prior approval of the acceptability of the change. "Prior to execution" means before the Change Order is signed by the Board.

Ohio EPA will review the Change Order and inform the Owner of the technical, environmental and operational acceptability of the change, and give the Owner permission to proceed with the proposed work.

All Other Changes

Change Orders not requiring prior approval as described above must be submitted to Ohio EPA within one month of the time at which they are approved by the Board. Change Orders for WPCLF projects should be submitted to the Division of Environmental and Financial Assistance (DEFA).

Change Order Approval Process

After the Change Order is executed, one (1) copy of the Change Order, including the supporting documentation, is to be sent to Ohio EPA for final review. The HSTS Change Order form must have original signatures.

Health Boards should submit change orders electronically to the DEFA Engineer who reviewed and approved their project.

After the Change Order is accepted and eligible costs determined, Ohio EPA will return a signed copy of the HSTS Change Order form.

Payments for Change Order Work

The Board is precluded from submitting to the OWDA Payment requests for Eligible Project Costs associated with the Change Orders until the Ohio EPA's approval of the Change Orders has been obtained.

Exhibit J

Payment Methods

Contractors will be reimbursed for work performed only after:

- A. The contract(s) have been executed by all parties and a copy submitted to Ohio EPA; and
- B. The installation of the HSTS has been inspected by the local health district and a final inspection certification has been issued; and
- C. A payment request that documents costs incurred for the individual HSTS improvements is submitted by the Board to Ohio EPA (the request must be accompanied by the local health district final inspection certification); and
- D. The Ohio EPA reviews and approves the submissions and directs the Ohio Water Development Authority to disburse approved amounts to the local government agency.

Exhibit K

Bid Guarantee

Contractor must have filed with the bid, a bid guaranty in an amount equal to 10% of the bid (which can be in the form of a surety bond or a certified check, cashier's check, or letter of credit in accordance with ORC 153.54.

Exhibit L

Payment and Performance Bonds

Contractor must comply with all the requirements for payment and performance bonds included in ORC 153.54 and Section 3.4 of the WPLCF Loan Agreement. Payment and performance bonds must be for the full amount of the contract.

Exhibit M

Payment Retention

The parties agree to follow all requirements for payment retainage as provided in ORC 153.12. Any retainage held pursuant to this section will be placed in an escrow account pursuant to ORC 153.13. All payments will be made pursuant to ORC 153.14.

Exhibit N

Completion

Contractor agrees that time is of the essence in this contract. The Date of Initiation of Operation and Date of Completion of Work will both be within sixty (60) days of the start date of this contract. Contractor agrees to submit a Change Order Form to the Health Department if weather was not suitable during the sixty days.

Exhibit O

Notarized Statement

The said parties for themselves, their heirs, successors, executors, administrators and assigns, do hereby agree to the full performance of the covenants herein contained.

In WITNESS WHEREOF, the parties to these presents have hereunto set their hands the date and year first above written.

Signature Date _____

Name of Signatory Title _____

STATE OF OHIO)
) ss.
COUNTY OF BUTLER)

Before me, a notary public, in and for said county and state, personally appeared _____ to execute the foregoing instrument on behalf of _____ (company) and certifies that _____ (company) determined that the contract meets the criteria and that all other information on this form is true and accurate.

IN TESTIMONY WHEREOF, I have subscribed my name and affixed my official seal this _____ day of _____, 20____.

Notary Public

Date: _____

Jacquelyn Phillips Carter, MPH, BSN, RN
Health Commissioner

Date of Motion for contract template approval _____, 2025

Date of Motion for the contract with the contractor _____, 202____

Law Director

HSTS Contract Cover Sheet Part 1 – Project Information

This cover sheet and the documents listed below must be submitted to Ohio EPA – DEFA within one week after bids/proposals are received for the contract, or sooner dependent on your individual project schedule. Each contract must be submitted and reviewed by Ohio EPA prior to the execution of that contract.

Funding Applicant:			
Project Number:			
Contractor Name:		Total Contract Amount:	\$
Contract Number:		Portion Funded by WPCLF	\$
Homeowner(s) to benefit from this contract: (list names, physical addresses, and funding tier - 50%, 85% or 100%)			

Was this contract competitively bid? ☐ Yes ☐ No

Attach the following:

1. A tabulation of the bids/proposals received.
 - (a) For all contracts which used competitive bidding, a list of all bidders and their line item amounts in the same format as the proposal.
 - (b) For all contracts for which informal estimates were solicited, a tabulation listing (i) all persons/companies which were contacted for estimates, (ii) the date they were contacted, and (iii) the cost estimate provided.
2. A complete copy of the successful bidder's proposal(s), including:
 - (a) A signed copy of the Contractor's EEO Certification form.
 - (b) A signed copy of the Certification Regarding Debarment, Suspension, and Other Responsibility Matters.
 - (c) A signed copy of the American Iron and Steel Acknowledgement.
3. The local government agency's bid evaluation and recommendation.
4. A resolution from the loan recipient's governing body tentatively awarding the contract to the successful bidder (can be contingent on receiving WPCLF funding) or a resolution authorizing an individual to enter into contracts on the governing body's behalf.

HSTS Contract Cover Sheet Part 2 – Eligibility Statement

Signature

Date

Name of Signatory

Title

STATE OF OHIO)
) ss.
COUNTY OF BUTLER)

Before me, a notary public, in and for said county and state, personally appeared _____, a duly authorized representative of _____ who acknowledged to me that he did execute the foregoing instrument on behalf of _____ and certifies that _____ determined that the Homeowner(s) listed on the first page of this document meet(s) the eligibility criteria set forth in 2024 Project Management Plan, including Appendix G, and that all other information on this form is true and accurate.

IN TESTIMONY WEHREOF, I have subscribed my name and affixed my official seal this _____ day of _____, 20____.

Notary Public

Appendix G

Direct Financial Assistance for the Repair/Replacement of Failing Household Sewage Treatment Systems

The WPCLF is providing financial assistance in the form of principal forgiveness subsidies to counties and local health districts so that they can assist low to moderate income homeowners with the repair or replacement of failing household sewage treatment systems (HSTS) along with connections to existing centralized sanitary sewer systems. The principal forgiveness subsidies neither require a repayment of principal nor any payment of interest.

The principal forgiveness subsidies provided under this HSTS assistance program are subject to different terms and conditions than the principal forgiveness offered under other portions of the WPCLF. HSTS projects will be considered for principal forgiveness according to the terms and conditions of this Appendix only.

What Funding is Available?

For PY 2025, approximately \$10.15 million is available statewide for the eligible costs of HSTS repairs or replacements. Additional HSTS principal forgiveness funds may be allocated based on available principal forgiveness throughout the program year.

How will the funds be distributed?

Qualified local government agencies that have submitted a 2025 WPCLF HSTS Project Nomination/Application Form that identifies the total dollars requested, the estimated number of systems to be repaired/replaced, the estimated costs per upgrade, a map of the general locations for system repair/replacements, and the local government agency that will be overseeing the program. A local health district is eligible to apply directly for this funding and serve as the local government agency overseeing the program.

If approved, the local government agency will receive up to \$150,000.

Ohio EPA will enter into a WPCLF assistance agreement with the local government agency (county or local health district) that establishes:

- How funds will be disbursed to the local government agency,
- Related terms and conditions, and
- Except in the case of a default due to a failure to abide by the terms of the WPCLF assistance agreement, no repayment of the funding assistance is required by the recipient.

Upon receipt of verification and approval by the local health district of the completion of the repair/replacement/connection work, the local government agency will submit a payment request to Ohio EPA for reimbursement of the eligible system repair/replacement costs. See Table H-1 for a list of eligible and ineligible costs. For PY 2025, up to 50% of the individual county's allotment may be used for the abandonment of failed HSTS systems and connections to existing centralized sanitary sewer systems.

Recipients of this funding will have 18 months from the time of entering into the WPCLF assistance agreement to expend their funds.

Table H-1. Eligible expenses for HSTS principal forgiveness program.

Eligible	Typical Expenses
NO	Abandonment of drinking water well
YES	Administrative costs
NO	Annual Contractor permit fees
YES	Connecting a home with a failing HSTS to sewers (up to 50% of the total award)
YES	Connections and reconnections outside a home
YES	Correction of indoor plumbing issues ¹
YES	Demolition and abandonment of failing HSTS
YES	Design costs
YES	Health District plan review/permit fee
NO	Installation of an HSTS at a new home
YES	Installation of an HSTS at an existing home that never had a system installed
NO	Insurance costs
YES	NPDES permit fees ²
NO	Operation and Maintenance permit fee
NO	Performance or payment bonds costs
YES	Site and soil survey
NO	Tax

¹ Costs associated with correction of indoor plumbing issues are eligible in certain instances. Eligible indoor plumbing corrections must be necessary for an on-site system to receive health district approval and must be itemized on the health district's inspection report. Contractors must submit an itemized bid to the local government agency for these specific items.

The local government agency must include the itemized bid with all other contract documents submitted to Ohio EPA for review and approval following bid opening and prior

to contract execution. The itemized invoice from the contractor listing the indoor plumbing work must be included with a payment request.

²NPDES permit fees are eligible for reimbursement only for the first occurrence after the disbursement of these funds.

What local government agencies are eligible to receive the funding?

Counties and local health districts are eligible to receive the WPCLF HSTS assistance. The local government agency may elect to have a local program office such as a Community Housing Improvement Program (CHIP) agency, Community Action, or county regional planning commission administer the applications of homeowners, prepare contracts and payment requests, and distribute the HSTS funds.

The local government agency must pass a resolution authorizing an individual to enter into a WPCLF assistance agreement.

The local government agency must agree to perform all the HSTS repair and/or replacement actions that it funds pursuant to a contract between itself and an HSTS contractor. Only construction performed under contracts between the local government agency and its HSTS contractors will be eligible for reimbursement. Each contract must be submitted and approved by Ohio EPA prior to the execution of that contract. Improvements performed under contracts between HSTS contractors and individual homeowners are not eligible for assistance under this program.

How will local government agencies be selected to receive these funds?

Ohio EPA will receive nomination/application forms, and will enter into WPCLF assistance agreements with eligible local government agencies. Local government agencies must demonstrate their legal, managerial, and financial capability, and agree, to:

- Use effective and efficient means to solicit eligible local homeowner applications;
- Evaluate and select local applicants, and confirm homeowner income;
- Work with local health districts and/or contractors on all aspects of systems permitting and installation;
- Certify and document that all funding conditions, and HSTS installation/permitting requirements will be met;
- Use generally accepted accounting practices to document the disbursement of payments to contractors; and
- Prepare and file all project documentation required as conditions for the award of assistance.

Ohio EPA may reviewed past performance of previous grantees when awarding funds to eligible local government agencies. Past performance review may include, but is not limited to, evaluating use of funds (e.g., total disbursements from previous grant awards, outstanding balances on current awards, etc.), compliance with program requirements and capacity to manage additional awards.

How will homeowners receive the financial assistance?

The eligible local government agency will enter into a WPCLF assistance agreement with Ohio EPA wherein it agrees to administer the distribution of principal forgiveness funds to qualifying homeowners according to the terms of the agreement, this Guidance, and the operation of the 2025 PMP.

The local government agency/local health district will solicit and identify local homeowners that have failing HSTS in need of repair or replacement, and that meet the income eligibility criteria.

The local health district will certify that the HSTS is failing and will work with the homeowner, a site and soil evaluator, designer and HSTS installer as needed to determine a cost-effective solution that meets state and local rules to resolve the failure – either repair of the existing system, partial system replacement, total system replacement, or connection to existing sanitary sewer system.

The local government agency/local health district will select a HSTS appropriate for the property.

Upon verification of the successful and approved installation by the local health district, the local government agency will submit documentation and a payment request for the eligible system cost to Ohio EPA, Division of Environmental and Financial Assistance.

Ohio EPA will instruct OWDA to disburse payments to the local government agency. The local government agency will then be responsible for payment to the HSTS system installer, and any other contractors involved in the installation.

What are the eligibility criteria for homeowners to receive funding?

Homeowners may qualify for one of three tiers of funding, depending upon the size of their households, and their aggregate household incomes. The three tiers are based on U.S. Department of Health and Human Services Poverty Guidelines for 2024 which can be found at: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.

Homeowners whose incomes are at or below 100% of the U.S. Department of Health and Human Services 2024 Poverty Guidelines will receive 100% of the eligible repair/replacement cost for the HSTS.

Homeowners whose incomes are between 100% and 200% of the U.S. Department of Health and Human Services 2024 Poverty Guidelines will receive 85% of the eligible repair/replacement cost for the HSTS.

Homeowners whose incomes are between 200% and 300% of the U.S. Department of Health and Human Services 2024 Poverty Guidelines will receive 50% of the eligible repair/replacement cost for the HSTS.

Table H-2. 2024 U.S. Dept. of Health & Human Services Poverty Guidelines for Households

Persons in Family/Household	100% Poverty Guideline (100% PF)	100%-200% Poverty Guideline (85% PF)	200%-300% Poverty Guideline (50% PF)
1-4	\$31,200	\$62,400	\$93,600
5	\$36,580	\$73,160	\$109,740
6	\$41,960	\$83,920	\$125,880
7	\$47,340	\$94,680	\$142,020
8	\$52,720	\$105,440	\$158,160

For families with more than 8 persons, add \$5,380 for each person.

The local government agency has conducted a documented verification of the homeowner's household size and income using established processes for similar grant programs. The local health district must document that the HSTS serving the home where the owner resides is failing or has failed. The homeowner(s) receiving the assistance has provided documentation that they are the titled owner(s) of the property where the sewage system will be improved.

What is the process and timeframe for funds distribution?

A local government agency with an approved program application will be placed on the WPCLF draft IPL. Upon approval of the Intended Projects List as listed in the final 2025 PMP, Ohio EPA will make the principal forgiveness funds available to the local government agency via a WPCLF assistance agreement. As payment requests that document costs incurred for individual HSTS improvements are submitted by the local government agency, Ohio EPA will review the submissions and will direct the disbursement of approved amounts to the local

government agency. Local health districts may include administrative costs not to exceed 3% of total eligible project costs for HSTS repair, HSTS replacement, or sewer connection construction projects. Administrative costs will be reimbursed as part of the typical invoicing process; we will not issue an up-front, lump sum for administrative costs. The eligible administrative costs can only be associated with actual staff time. Costs for equipment, travel, overhead, or any other indirect costs are not eligible. The county is responsible for retaining all necessary documentation that these requirements are satisfied.

Payment requests will not be approved by Ohio EPA unless they include final inspection certifications from the local health district.

How will homeowners be made aware of the availability of these funds?

The local government agency that applies for the assistance will be responsible for conducting effective advertising and outreach to unsewered area homeowners, and for coordinating with local health departments to identify and inform homeowners with failing HSTS.

Where will local homeowners apply for these funds?

A homeowner will apply to the local government agency that has entered into the WPCLF assistance agreement with Ohio EPA to receive WPCLF funds for this project.

Who will determine if the HSTS is failing?

The local health district where the system is located will evaluate the sewage system and document whether it meets the criteria for system failure established in the Ohio Revised Code, Ohio Administrative Code, and by the Ohio Department of Health

What criteria will local government agencies use to verify homeowner income?

Local government agencies must use methods accepted by federal government programs to verify income, and each homeowner(s) must demonstrate that their household income levels do not exceed the applicable program eligibility criteria.

What are some of the responsibilities of the local government agency?

1. Enter into a WPCLF assistance agreement with Ohio EPA and administer the funds it receives according to the terms of the agreement.
2. Review applicants; determine eligibility using local, accepted income verification criteria; select applicants and issue awards.

3. Oversee the implementation of the agreements between the local government agency, the system owner, and the contractors hired for HSTS installation. These agreements must detail the terms and conditions for receipt and management of the principal forgiveness funds, including but not limited to:
 - a. obtain permission to enter property, conducting all site and soil evaluation work as needed;
 - b. participation in the design and HSTS selection process;
 - c. obtain all permits or permit coverage as required;
 - d. installation of the selected HSTS;
 - e. document payment of the homeowners' 15% cost share or 50% cost share for those homeowners qualifying for the 85% principal subsidy and 50% principal subsidy, respectively;
 - f. obtain an operation permit as locally required; and
 - g. obtain any maintenance or service contracts required by the local health department for the installed HSTS.
4. Maintain name, address and contact information of homeowners receiving assistance, along with records of the HSTS installation costs.
5. Obtain verification from the local health district that the HSTS of the applicant is failing and that repair or replacement or connection to an existing sanitary sewer system is needed.
6. Obtain copy of the final inspection certification from the local health district showing that the completed HSTS installation work has been approved.
7. Ensure that the homeowner has obtained a service agreement for maintenance of the HSTS by a qualified service provider, if required based on the type of HSTS installation.
8. Submit WPCLF HSTS payment request forms to Ohio EPA DEFA for payment of the HSTS installation work, including any soil evaluation or system design work. The payment requests must include the invoices from the installation contractors and/or the firms performing soil evaluation and system design work, and the final inspection certification from the local health district (payment requests which are for only soil evaluation and system design work are not required to include the final inspection certification). Local health districts may include administrative costs not to exceed 3% of total eligible project costs for HSTS repair, HSTS replacement, or sewer connection construction projects.
9. Process payment to the contractor(s) performing the repair or replacement of the HSTS.

10. Ensure that in the case of a replacement discharging HSTS, the applicant works with the local health district to obtain an Ohio EPA General NPDES permit prior to system installation.
11. Ensure that documentation related to the HSTS repair/replacement program is retained for a minimum of five years and in accordance with Ohio public records law. Documentation to be retained includes, but is not limited to, all documentation referenced in the *HSTS Owner Responsibilities/Requirements* question, below.

What are some of the responsibilities/requirements of the HSTS owner?

1. Own a failing on-site or discharging HSTS.
2. Make application to the local government agency that has a WPCLF assistance agreement with Ohio EPA for the HSTS funding.
3. For those homeowners receiving 85% or 50% principal forgiveness, document the expenditure of 15% or 50%, respectively, of the cost of the project by direct cash payment, loans or grants from other local, state or federal programs or charitable organizations.

If a cost is directly attributable and necessary for the HSTS improvements being installed, but is not eligible for principal forgiveness participation, the cost may be included as part of the 15% or 50% homeowner contribution to the project.

4. Obtain any required permits from the local health district in the case of a replacement discharging HSTS, the homeowner shall work with the local health district as needed to obtain an Ohio EPA NPDES permit.
5. Provide permission to the local government agency and the HSTS contractor for installation of a replacement HSTS or repair of an existing HSTS.
6. Obtain an operation permit as required by the local health district, and obtain a service contract for maintenance of the system, if required based on the type of system installation.

What are some of the responsibilities of the Local Health Districts?

1. When not acting as the primary local government agency, assist the local government agency with identifying failing systems and providing information to the system owners on the availability of these funds.

2. Issue a certification of failure of the homeowner's system, based upon an evaluation of existing, known data and/or site inspections.
3. Review the site and soil evaluation, proposed system design, and issue a permit for installation as appropriate.
4. Conduct reviews of proposed system designs, site inspections, and final inspections as necessary to ensure a system installation is compliant with local, state rules and permits, and the requirements of the WPCLF assistance agreement.
5. Ensure that each system improvement funded by the WPCLF is designed to maintain compliance with ORC Chapter 3718 and OAC Chapter 3701-29.
6. Certify to the local government agency that the system repair/replacement has been completed, that the proposed design and installation complies with all applicable local, state rules and federal requirements, and the terms of the WPCLF assistance agreement.
7. Issue an operation permit to the system owner and ensure, if applicable, that an appropriate maintenance contract is established between the system owner and a service provider with a maintenance schedule appropriate for the system installation and/or the manufacturer's requirements.
8. Implement an inspection program requiring operation and maintenance for HSTS (if not in existence already) to track these systems and ensure that regular system maintenance is conducted (the local health district may establish fee(s) for this purpose).
9. Conduct enforcement as necessary to ensure compliance during installation and for the life of the system.

What is the role of the Ohio Department of Health (ODH)?

ODH will provide technical support as needed with system evaluations, designs, permitting, and inspection. ODH will also assist and coordinate with Ohio EPA as needed with administration of the program.

What are some of the responsibilities of Ohio EPA?

Ohio EPA will receive the WPCLF HSTS nomination/application forms from the local government agencies, and will enter into WPCLF assistance agreements with qualified local

government agencies. Ohio EPA will also coordinate and review contractual and reporting requirements for the funds, review payment requests and supporting documentation, and authorize the disbursement of funds to the local government agencies.

What is the overall process?

1. Local government agencies submit nomination/application forms to Ohio EPA for funding through the WPCLF HSTS Principal Forgiveness Program.
2. The 2025 WPCLF IPL is finalized with the total amount of HSTS funding set aside for each local government agency.
3. The local government agency passes a resolution authorizing a representative to enter into the WPCLF assistance agreement for the HSTS funding.
4. The local government agency identifies specific homeowners who are eligible for the HSTS funding.
5. The local government agency agrees to use the bid and construction contract template documents provided by Ohio EPA DEFA or submits a proposed contract and bid document template(s) for installers, designers, and/or soil analysts to Ohio EPA for approval. The approved contract is then used for all future contracts under this program or until such time that the program contract requirements change. (see HSTS Contract Guidance).
6. The local government agency signs and enters into the WPCLF assistance agreement with Ohio EPA.
7. After the WPCLF assistance agreement has been signed by all parties and OWDA has set up an account to encumber the funds, the local government agency advertises (formally or informally) for bids from contractors. Bid advertisement should include all the requirements for this program so that contractors can make an accurate bid.
8. The local government agency receives and opens bids. Once the successful bidder is chosen, the local government agency sends the HSTS Contract Document packet, including a completed HSTS Contract Cover Sheet, the materials outlined on the cover sheet and the successful bidder's complete bid, to Ohio EPA DEFA for review.
9. Upon Ohio EPA's approval of the HSTS Contract Document packet, the local government agency may execute the contract. The final signed contract is then sent to Ohio EPA DEFA for filing.

10. If any changes occur to the contract (monetary or non-monetary), a change order will need to be submitted to Ohio EPA. Changes will need to be approved prior to disbursement of funds (see HSTS Contract Guidance).
11. Once the local health district inspects and approves the installation of the HSTS or the repair work, the local government agency can submit a payment request to Ohio EPA. Local health districts may include administrative costs not to exceed 3% of total eligible project costs for HSTS repair, HSTS replacement, or sewer connection construction projects.

CITY OF MIDDLETOWN HEALTH DEPARTMENT

2025 Activity Quarterly Report- First Quarter

Environmental Quarterly Totals	January	February	March	YTD Total
Food Service Operations/Vending Inspections	50	72	42	164
Retail Food Establishments Inspections	25	18	13	56
Mobile FSO/RFE	3	0	8	11
Prelicense/Consultations	15	10	8	33
Inspection of Temporaries	0	0	5	5
Environmental School Inspections	0	0	12	12
Smoking Inspections	0	0	2	2
Swimming Pools Inspections	0	2	0	2
Tattoo Establishment Inspections	0	0	0	0
Animal Bites	8	6	6	20
Complaints	7	8	10	25
Level 1 Food Certification Training	0	14	0	14
T 21 Inspections	1	1	5	7
Sewage Inspections	0	0	0	0

Vital Statistics Quarterly Totals	January	February	March	YTD Total
Birth Certificates Issued	344	334	393	1071
Death Certificates Issued	423	316	429	1168
Birth Certificates Filed	63	72	72	207
Death Certificates Filed	86	98	93	277
Indigent Cremations	5	2	0	7
Accidents				
Drug Overdoses	0	2	1	3
Falls	1	1	0	2
Exposure to Elements	0	0	0	0
House Fire	0	0	0	0
Motor Vehicle Accidents	0	0	0	0
Undetermined	0	0	0	0
Suicide	0	0	0	0
Homicide	0	0	0	0
COVID-19 Related Deaths	0	1	0	1
2 Pending Death Certificates				

CITY OF MIDDLETOWN HEALTH DEPARTMENT REPORTABLE COMMUNICABLE DISEASES – 2025

DISEASE	1 ST QTR	2 ND QTR	3 RD QTR	4 TH QTR	YTD
COVID-19	412	-	-	-	412
Atypical Mycobacteria	0	-	-	-	0
Bacteremia S. Pneumoniae	0	-	-	-	0
Streptococcal-Group A-invasive	1	-	-	-	1
Streptococcus pneumoniae-Invasive	1	-	-	-	1
Campylobacter	3	-	-	-	3
Cryptosporidiosis	1	-	-	-	1
E Coli Shiga Toxin-Producing	0	-	-	-	0
Salmonella	2	-	-	-	2
Shigella	0	-	-	-	0
Dengue	0	-	-	-	0
C. auris	3				3
Coccidioidomycosis	0				0
Hepatitis A	0	-	-	-	0
Hepatitis B	5	-	-	-	5
Hepatitis C	17	-	-	-	17
Meningitis Bacterial	0	-	-	-	0
Meningitis Viral	1	-	-	-	1
Haemophilus Influenza (invasive disease)	0	-	-	-	0
Influenza-associated hospitalization	106	-	-	-	106
Varicella	0	-	-	-	0
Mumps	0	-	-	-	0
Tuberculosis	2	-	-	-	2
Lyme Disease	0	-	-	-	0
Pertussis	0	-	-	-	0
CP Carbapenem-Resistant Enterobacteriaceae	0	-	-	-	0
CPO	4				4
Legionellosis-Legionnaires' Disease	0	-	-	-	0
Giardiasis	0				0
HIV	1	-	-	-	1
STD's (Sexually Transmitted Diseases):					
Chlamydia	65	-	-	-	65
Gonococcal Infection	17	-	-	-	17
Syphilis	1	-	-	-	1

CITY OF MIDDLETOWN HEALTH DEPARTMENT 2024 Activity Quarterly Report- First Quarter

Environmental Quarterly Totals	January	February	March	YTD Total
Food Service Operations/Vending Inspections	35	32	22	89
Retail Food Establishments Inspections	13	2	11	26
Mobile FSO/RFE	1	1	6	8
Prelicense/Consultations	6	7	5	18
Inspection of Temporaries	0	1	1	2
Environmental School Inspections	0	3	8	11
Smoking Inspections	0	1	0	1
Swimming Pools Inspections	0	7	5	12
Tattoo Establishment Inspections	0	1	1	2
Animal Bites	5	2	8	15
Complaints	4	3	1	8
Level 1 Food Certification Training	3	0	0	3
Sewage Inspections	0	1	0	1

Vital Statistics Quarterly Totals	January	February	March	YTD Total
Birth Certificates Issued	314	311	366	991
Death Certificates Issued	411	334	336	1081
Birth Certificates Filed	72	68	67	207
Death Certificates Filed	99	111	82	292
Indigent Cremations	5	6	0	11
Accidents				
Drug Overdoses	0	0	1	1
Falls	0	0	1	1
Exposure to Elements	0	0	0	0
House Fire	0	0	0	0
Motor Vehicle Accidents	0	1	0	1
Undetermined	0	0	0	0
Suicide	0	0	2	2
Homicide	0	0	0	0
COVID-19 Related Deaths	2	2	0	4
9 Pending Death Certificates				

**CITY OF MIDDLETOWN HEALTH DEPARTMENT
REPORTABLE COMMUNICABLE DISEASES – 2024**

DISEASE	1 ST QTR	2 ND QTR	3 RD QTR	4 TH QTR	YTD
COVID-19	460	-	-	-	460
Atypical Mycobacteria	0	-	-	-	0
Bacteremia S. Pneumoniae	0	-	-	-	0
Streptococcal-Group A-invasive	5	-	-	-	5
Streptococcus pneumoniae-Invasive	1	-	-	-	1
Campylobacter	0	-	-	-	0
Cryptosporidiosis	0	-	-	-	0
E Coli Shiga Toxin-Producing	1	-	-	-	1
Salmonella	3	-	-	-	3
Shigella	1	-	-	-	1
Dengue	1	-	-	-	1
Coccidioidomycosis	1				1
Hepatitis A	1	-	-	-	1
Hepatitis B	5	-	-	-	5
Hepatitis C	14	-	-	-	14
Meningitis Bacterial	0	-	-	-	0
Meningitis Viral	0	-	-	-	0
Haemophilus Influenza (invasive disease)	1	-	-	-	1
Influenza-associated hospitalization	60	-	-	-	60
Varicella	2	-	-	-	2
Mumps	1	-	-	-	1
Tuberculosis	1	-	-	-	1
Lyme Disease	1	-	-	-	1
Pertussis	5	-	-	-	5
CP Carbapenem-Resistant Enterobacteriaceae	0	-	-	-	0
CPO	3				3
Legionellosis-Legionnaires' Disease	0	-	-	-	0
Giardiasis	0				0
HIV	3	-	-	-	3
STD's (Sexually Transmitted Diseases):					
Chlamydia	77	-	-	-	77
Gonococcal Infection	19	-	-	-	19
Syphilis	5	-	-	-	5



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Butler County General Health District

Figure 1: Fairfield SSP Site Visitors by Month for 2024 and 2025

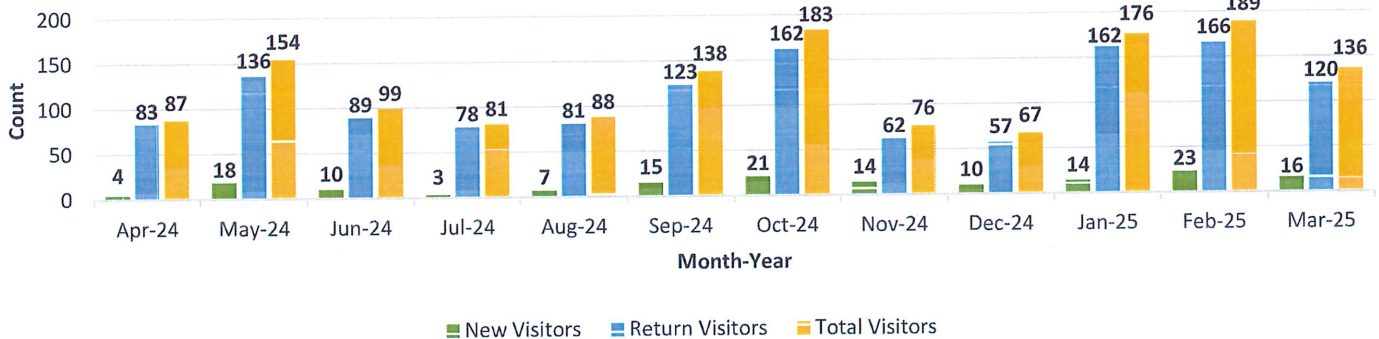


Figure 2: Syringes Returned and Distributed by Month for the Fairfield SSP Site for 2024 and 2025

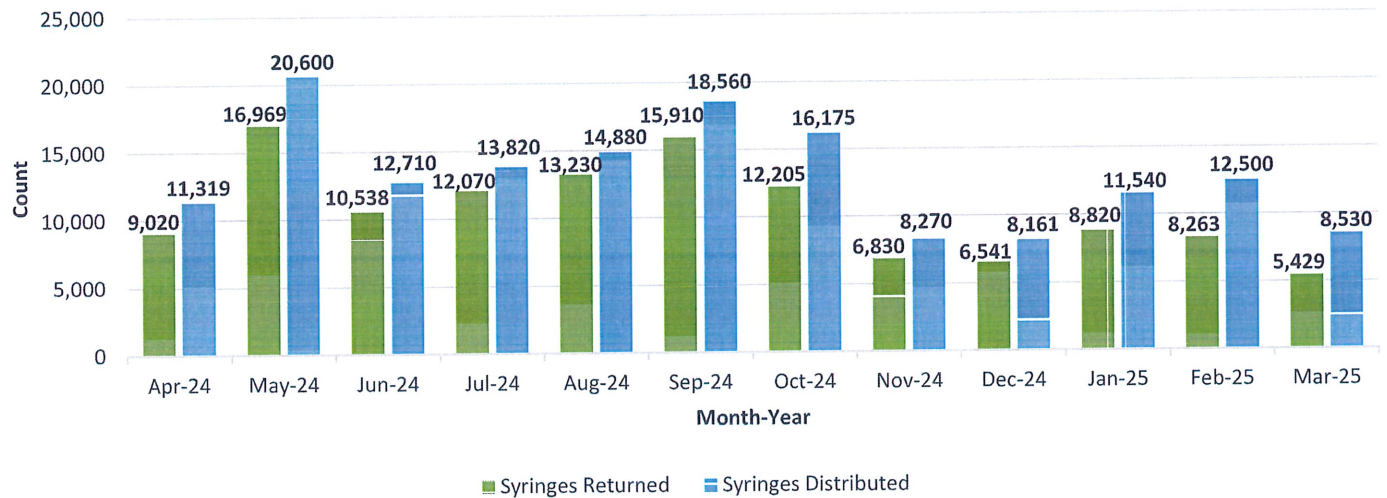


Table 1: Syringes Returned and Distributed by Visitors' Home County of Residence for the Fairfield SSP Site for March 2025

County	Syringes Returned	Syringes Distributed	Percent Returned
Butler County, OH	5,049	7,990	63.19%
Hamilton County, OH	280	400	70.00%
Warren County, OH	100	140	71.43%
Total	5,429	8,530	63.65%



Butler County Monthly Communicable Disease Surveillance Report

March of 2025

Jordan Luttrell-Freeman, MPH
Jordan.luttrell-freeman@bcOhio.gov

Notifiable Communicable Diseases

Summary:

- Number of Disease Cases Reported in Butler County: 826
- Most Frequently Reported: COVID-19, Influenza-Associated Hospitalization, Chlamydia, Hepatitis C, Gonococcal infection

Table 1. Comparison of Reported Cases of Confirmed or Probable Notifiable Communicable Diseases, March 2025 (excluding Chlamydia infection and gonorrhea)

	Reported Cases	Rate per 100,000	Rate Ratio	Confidence Interval
State of Ohio (excluding BC)	16,551	145.1	-	-
Butler County	720	184.4	1.27	1.18-1.37

Interpretation: The residents of Butler County were 27% more 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)

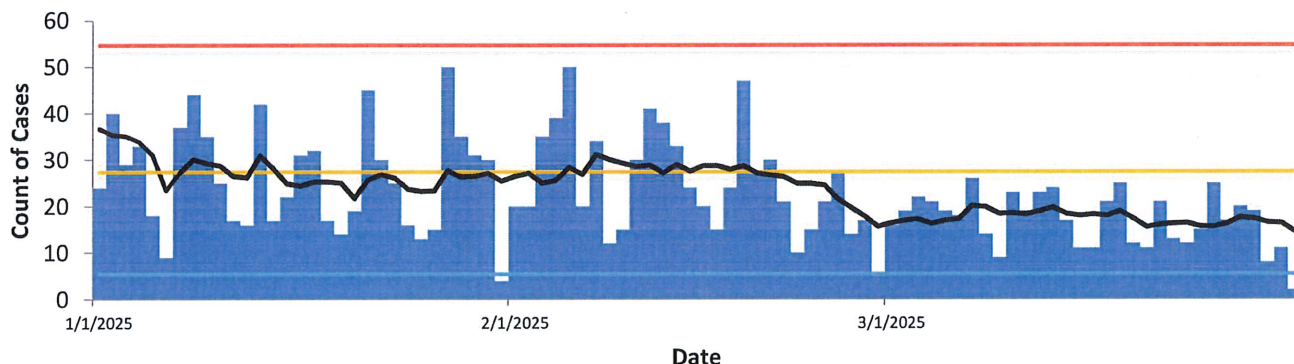
Table 2.* Communicable Diseases by Jurisdiction (March 2025)

Jurisdiction	Count	Rate per 100,000	Change from Previous Month
Butler County General Health District	501	181.6	↓26.5% from February 2025 (n=682)
Middletown City Health Department	188	368.4	↓16.8% from February 2025 (n=226)
City of Hamilton Health Department	137	216.1	↓40.9% from February 2025 (n=232)
Butler County (all inclusive)	826	211.6	↓27.5% from February 2025 (n=1140)

Table 3.* Butler County Reportable Diseases by Subgroups (March 2025)

Reportable Disease Subgroup	Count	Trend
Viral Hepatitis (B and C)	49	↑40.0% from February 2025 (n=35)
Sexually-Transmitted Infections (Chlamydia infection, Gonorrhea, Syphilis and HIV)	106	↓11.7% from February 2025 (n=120)
Enteric Diseases (Hepatitis A, Amebiasis, Campylobacteriosis, Cryptosporidiosis, Cyclosporiasis, STEC, Giardiasis, Salmonellosis, Shigellosis, Vibriosis and Yersiniosis)	19	↑26.7% from February 2025 (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)	631	↓33.4% from February 2025 (n=947)

Figure 1. Reported Cases of COVID-19 by Date of Event 2025*

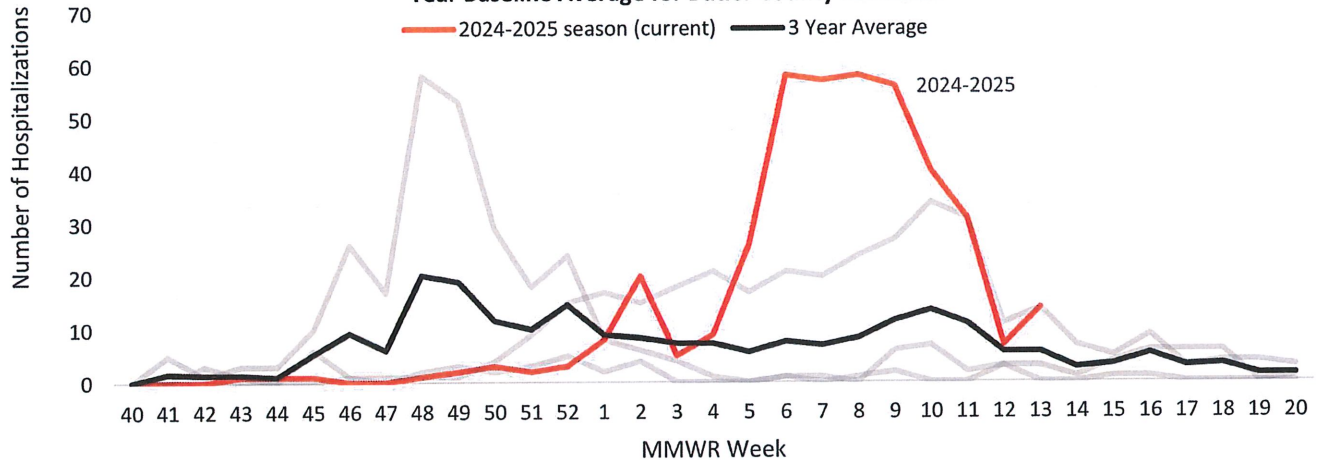


*Data is provisional and subject to change – Table 1 does not include Gonorrhea or Chlamydia infection due to the high likelihood of duplicate cases and co-infections. Suspected, probable, & confirmed cases are included in counts for Tables 2-4 except for cases of arboviral encephalitis such as Zika virus disease, of which only probable and confirmed cases are reported and Novel Influenza A of which only confirmed cases are reported. Report reflects diseases reported to ODH for the period of March 1 - 31, 2025, unless otherwise noted. Table 6 includes only probable and confirmed cases. Data accessed from the Ohio Disease Reporting System (ODRS) on 04/04/2025.

Table 4. *Diseases Reported in Butler County (March 2025)

Jurisdictions	Butler County General Health District	Middletown City Health Department	City of Hamilton Health Department	Butler County (all inclusive)
C. auris	4	0	1	5
Campylobacteriosis	1	0	1	2
Chlamydia infection	40	23	15	78
COVID-19	315	124	85	524
CPO	4	1	1	6
Cryptosporidiosis	1	0	0	1
Gonococcal infection	15	5	3	23
Hepatitis A	12	0	3	15
Hepatitis B	16	1	2	19
Hepatitis C	18	4	8	30
HIV	1	0	0	1
Influenza-associated hospitalization	50	28	13	91
Legionellosis	1	0	0	1
Lyme Disease	1	0	0	1
Measles	1	0	0	1
Meningitis - aseptic/viral	2	0	0	2
Meningitis - bacterial (Not N. meningitidis)	1	0	0	1
Mumps	1	0	0	1
Pertussis	6	0	0	6
Salmonellosis	1	0	0	1
Spotted Fever Rickettsiosis, including Rocky Mountain spotted fever (RMSF)	1	0	0	1
Streptococcal - Group A -invasive	0	0	1	1
Streptococcus pneumoniae - invasive	3	0	3	6
Syphilis	3	1	0	4
Tuberculosis	3	1	1	5
Total	501	188	137	826

Figure 2. Confirmed Influenza-Associated Hospitalizations by MMWR Week with Past 3-Years and 3 Year Baseline Average for Butler County Residents



*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. Report reflects diseases reported to ODH for the period of March 1 - 31, 2025, unless otherwise noted. Table 6 includes only probable and confirmed cases. Data accessed from the Ohio Disease Reporting System (ODRS) on 04/04/2025.

Butler County Reportable Disease Surveillance

Table 6 outlines Butler County's select, reportable disease counts by year, that were classified as either "probable" or "confirmed" during the years of 2020 through 2025 and provides a 5-year average column for comparison. Graph includes those diseases that represent a consistent threat to public health.

Table 5. * Reported Probable/Confirmed Cases in Butler County (2020–2025)

	2020	2021	2022	2023	2024	5 Year Avg.	Up to 3/31/2025
Amebiasis	0	1	1	0	0	<1	0
Botulism- wound	0	0	1	0	0	<1	0
Brucellosis	0	2	0	0	0	<1	0
Candida auris (not reportable prior to 2019)	0	1	13	37	57	21.6	7
Campylobacteriosis	30	35	48	49	42	40.8	8
Chlamydia infection	1,512	1,406	1,359	1,321	1,208	1361.2	262
COVID-19 (not reportable prior to 2020)	26,420	39,521	49,323	12,192	9303	27351.8	2081
CPO (replaces CP-CRE) (not reportable prior to 2019)	10	11	12	93	58	36.8	15
Creutzfeldt-Jakob Disease	0	1	1	0	0	<1	0
Cryptosporidiosis	6	5	7	7	12	7.4	2
Cyclosporiasis	0	0	1	3	1	1.0	0
Dengue	0	1	1	0	1	<1	0
E. coli, Shiga-Toxin Producing	14	15	17	17	12	15.0	0
Ehrlichiosis-Ehrlichia chaffeensis	1	1	1	0	0	<1	0
Giardiasis	4	14	7	13	5	8.6	0
Gonococcal Infection	651	480	473	413	369	477.2	80
Haemophilus influenzae (invasive disease)	7	6	11	18	14	11.2	1
Hemolytic uremic syndrome	0	1	0	1	0	<1	0
Hepatitis A	2	1	0	2	0	1.0	0
Hepatitis B - acute/chronic/perinatal	67	85	78	82	69	76.2	17
Hepatitis C – acute/chronic/perinatal	486	434	390	280	234	364.8	72
HIV	17	58	38	35	44	38.4	5
Hansen's disease	0	0	1	0	0	<1	0
Influenza-associated Hospitalization	266	18	306	70	333	198.6	384
Legionellosis – Legionnaires' Disease	10	10	15	12	14	12.2	2
Listeriosis	0	0	1	2	0	<1	0
Lyme Disease	2	0	2	2	5	2.2	0
Malaria	2	1	3	4	3	2.6	0
Measles – imported outside Ohio	0	0	0	0	1	<1	0
Meningitis – aseptic/viral	9	14	10	10	26	13.8	1
Meningitis – bacterial (not N. meningitidis)	3	3	11	10	11	7.6	3
Meningococcal dz. – Neisseria meningitidis	0	0	0	0	3	<1	0
MIS-C associated with COVID-19	0	15	7	1	0	4.6	0
Mpox (not reportable prior to 2022)	-	-	4	0	0	1.3	0
Mumps	0	0	0	0	1	<1	0
Pertussis	13	3	3	5	65	17.8	26
Salmonellosis	20	26	34	54	36	34.0	7
Salmonella Paratyphi	0	0	0	1	1	<1	0
Salmonella Typhi (Typhoid Fever)	0	2	0	1	2	1.0	0
Shigellosis	8	3	6	7	12	7.2	5
Spotted Fever Rickettsiosis (including RMSF)	2	0	1	0	0	<1	0
Streptococcal – Group A – invasive	27	24	34	39	31	31.0	8
Streptococcal – Group B – in newborn	1	0	1	1	0	<1	1
Streptococcus pneumoniae – Invasive	31	33	40	43	40	37.4	19
Syphilis (all stages)	17	23	45	66	55	41.2	9
Tuberculosis (active)	6	7	8	7	13	8.2	1
Varicella	1	5	8	19	11	8.8	0
Vibriosis (not Cholera)	0	2	2	3	2	1.8	0
West Nile Virus Disease	0	0	0	1	0	<1	0
Yersiniosis	0	1	2	4	4	2.2	1

*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. Report reflects diseases reported to ODH for the period of March 1 - 31, 2025, unless otherwise noted. Table 6 includes only probable and confirmed cases. Data accessed from the Ohio Disease Reporting System (ODRS) on 04/04/2025.



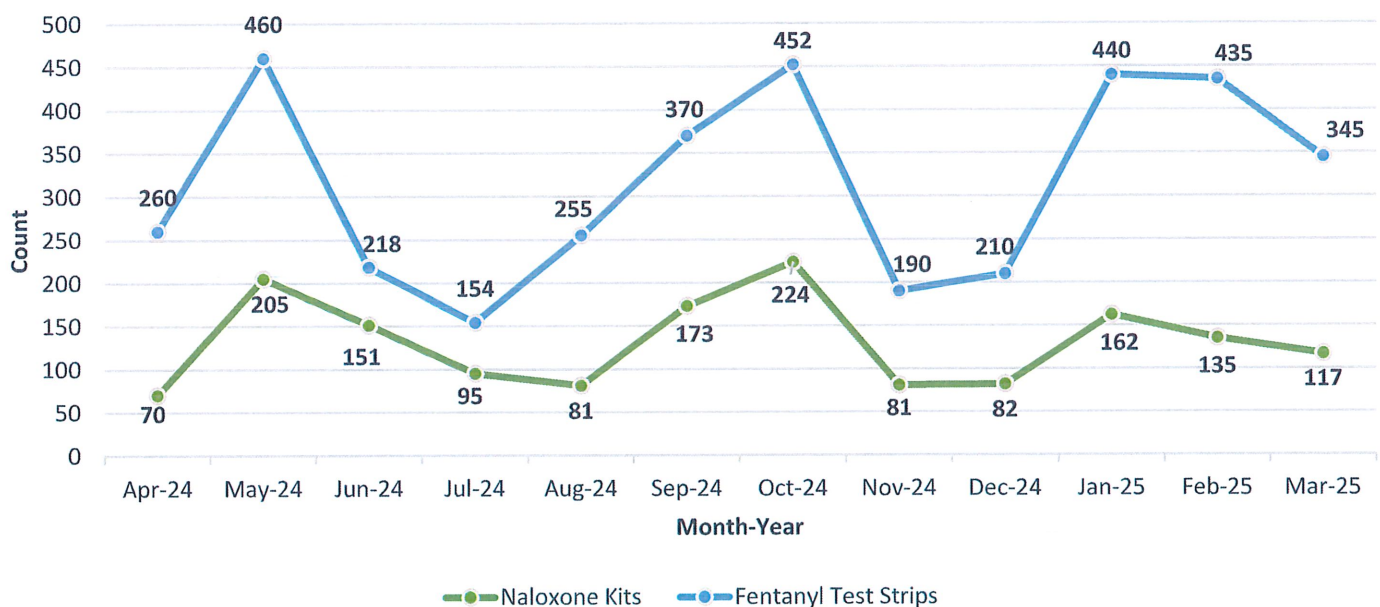
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Table 2: Syringes Returned and Distributed by Zip Code - City for the Fairfield SSP Site by Butler County Visitors' Home Residence for March 2025

Zip Code - City	Syringes Returned	Syringes Distributed	Percent Returned
Hamilton			
45011	1,540	2,440	63.11%
45013	1,795	2,560	70.12%
45015	250	810	30.86%
Hamilton Total	3,585	5,810	61.70%
Middletown			
45042	660	780	84.62%
45044	584	860	67.91%
Middletown Total	1,244	1,640	75.85%
45014 - Fairfield	220	420	52.38%
45056 - Oxford	0	40	0.00%
45067 - Trenton	0	80	0.00%
Butler County Total	5,049	7,990	63.19%

Figure 3: Naloxone Kits and Fentanyl Test Strips Distributed by Month for the Fairfield SSP Site for 2024 and 2025





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Figure 1: Oxford SSP Site Visitors by Week for March 2025

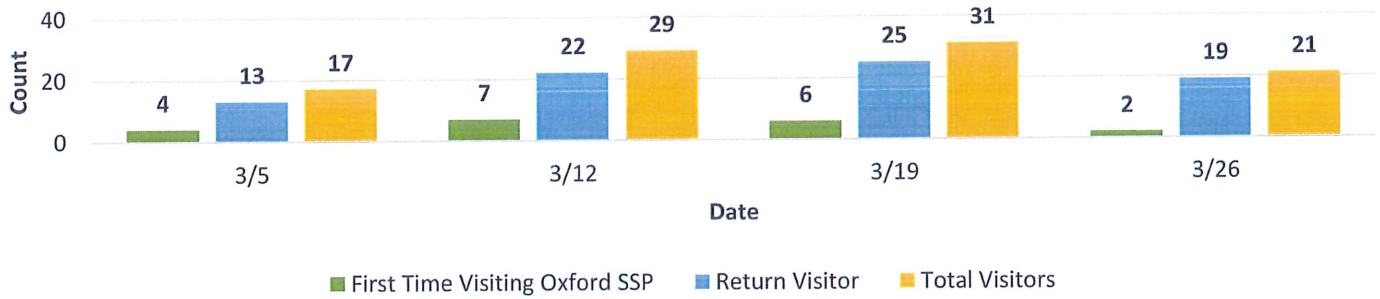


Figure 2: Oxford SSP Site Visitors by Month for 2024 and 2025

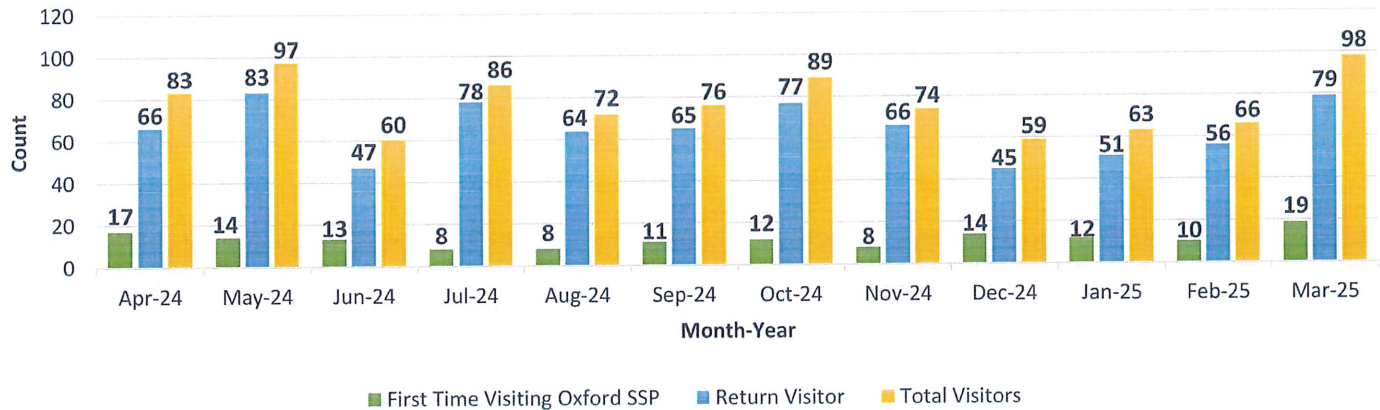
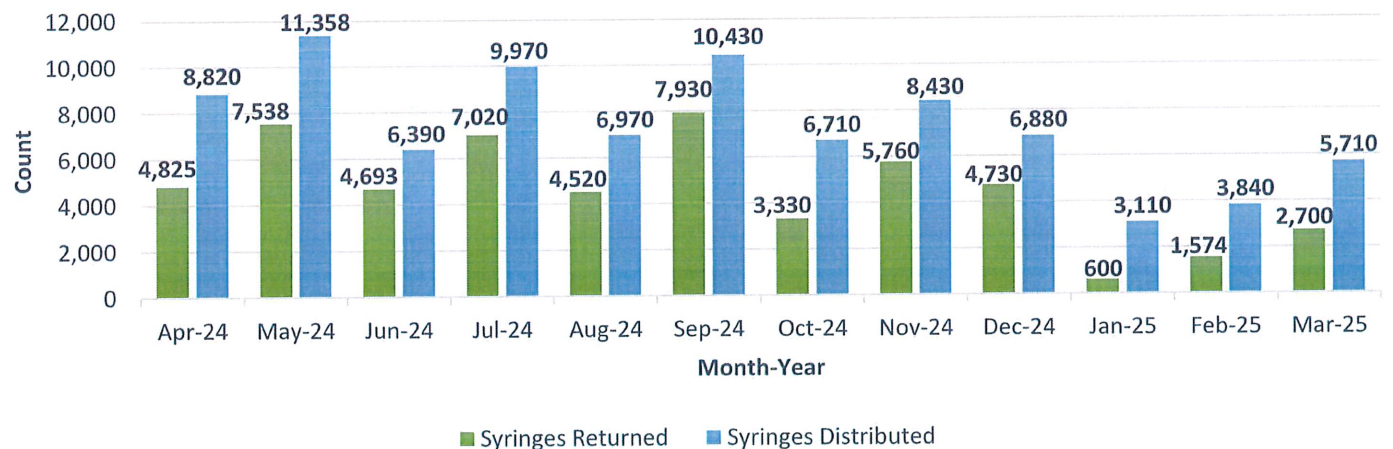


Figure 3: Syringes Returned and Distributed by Month for the Oxford SSP Site for 2024 and 2025





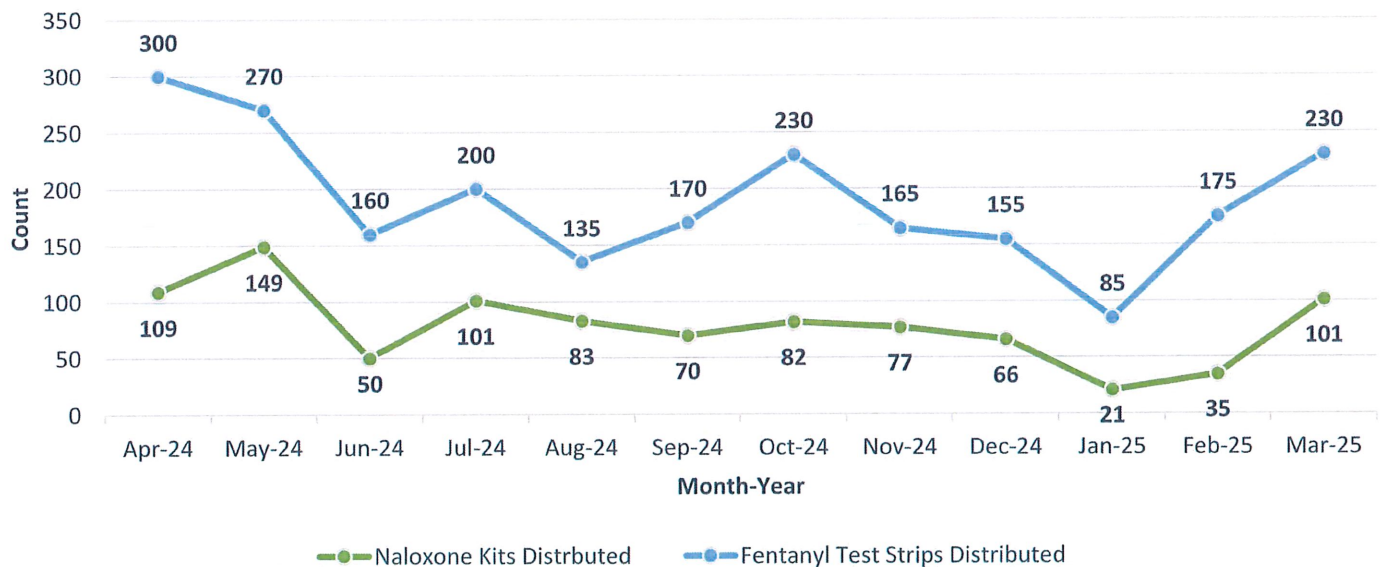
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Table 1: Syringes Returned and Distributed by Zip Code – City or County for the Oxford SSP Site by Visitors' Reported Home Residence for March 2025

Zip Code - City	Syringes Returned	Syringes Distributed	Percent Returned
Hamilton			
45011	360	1,940	18.56%
45013	1,220	1,850	65.95%
45015	0	40	0.00%
Hamilton Total	1,580	3,830	41.25%
Middletown			
45042	300	140	214.29%
45044	0	280	0.00%
Middletown Total	300	420	71.43%
45056 - Oxford	680	1,320	51.52%
45067 - Trenton	140	140	100.00%
Total	2,700	5,710	47.29%

Figure 4: Naloxone Kits and Fentanyl Test Strips Distributed at the Oxford SSP Site for 2024 and 2025



Smoking Complaint Spreadsheet									
For March 2025									
	Business Name	Date	Notice of Report	Dismissed	Notice of Violation (60 Days)	Letter of Warning (15 Days)	Civil Fine Letter	Violation Contested	Additional Comments
1	Middletown Collision Center	02/05/2025				X			Facility has until 04/24/2025 to request departmental review
2	Billy T's	02/27/2025	X						Completed investigation 03/19/2025
3									
Notes:									

City of Middletown Health Department

March 2025

Vital Statistics

	MONTHLY	YTD
Birth Certificates Filed	72	207
Death Certificates Filed	93	277
Birth Certificates Issued	393	1071
Death Certificates Issued	429	1168
Indigent Cremation Services	0	7

Deaths Filed

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

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

Environmental Inspections

	MONTHLY	YTD
Food Service Operations(FSO)	42	163
Retail Food Establishments(RFE)	13	56
Prelicense/Consultations	8	33
Sewage Inspections	0	0
School Inspections	12	12
Vending Locations	0	1
Temporary FSO/RFE	5	5
Mobile FSO/RFE	8	11
Complaints	10	25
Smoking Complaint Inspections	2	2
Swimming Pools	0	2
Tattoo	0	0
Temp Park/Park Camp	0	0
Jail Inspection	0	0
Site Visit (Septic)	0	0
T 21 Inspections	5	7
Well Sealing Permits	0	1
Septic Abandonment	0	1

Level 1 Certification Training

Number of Attendees	0	14
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Animal Bite Events

Dog	5	15
Cat	1	3
Bat	0	2

Health Commissioner Notes

March 2025

Middletown Connect/Grant OHIZ

- All Ambassadors meeting are joint and scheduled on Saturday and Monday
- All are welcome
- Union presentation

BC Cares

- Continues every Wednesday focusing on Health of Butler County

PHAB

- CHIP
- Walk with Doc March YMCA Colon Cancer Awareness Month went well
 - 2 Doctors and 2 UC West Chester Doctors (residents)
 - Next Walk with a Doc will be held 4/19 Clean Air and Water- Rosa Parks

Trending health concerns:

Measles continue to spread now 400 cases in Texas (1 death)

New Mexico 44 measles (7 deaths under investigation)

Kansas 23 measles

Ohio 10 measles

Grant disruptions

Meetings Internal/Activities

- Indigent/Unclaimed Services and activities. 1 application submitted to state embalmers- no reimbursements as of yet
- Weekly Sr. Staff Meeting
- Council Review Meeting
- Middletown Connect Core Meetings
- Middletown Connect Ambassador Meetings
- Together We Can ODH Weekly
- Infectious Disease Call
- AOHC Call-re: grant disruptions
- Midpointe Library for Black History Month

Community Participation/Events

- CenterPoint Program Meeting
- CenterPoint Board Meeting
- SWO District Mtg
- YWCA Board and committee Meeting
- Prevention Advocacy and Policy Coalition Meeting
- BC Development and Disabilities Board of Committee
- 9th Annual Faith Breakfast
- Food is Health Webinar
- Meet w/ Jason Menchhoffer-ODH Liaison
- Butler County Prevention Advocacy and Prevention Coalition
- Butler County Infant Vitality Commission
- 17 Strong Panel

Black Maternal Health Week

Community Event

When: Saturday, April 12th

Where: Booker T. Washington Community Center--YMCA

Time: 9:00 a.m. - 2:00 p.m.

9A-10A: Resources

10A-10:15A: Welcome & Introductions

10:15A-11A: Jackie Phillips Carter (key note speaker)

11A-11:30A: Cornerstone of the Community Awards (3)

11:30A-12:30P: Lunch

12:45-1:15P: 1st breakout sessions (A & B)

1:15P-1:45P: 2nd breakout sessions (C & D)

2P: Meet back up to adjourn



Keynote



Jackie Phillips Carter
MPH, BSN, RN

Session A



Ivy Price-Ware
Education

Teen Moms Matter:
Advocating for Health, Stability,
and Success

Session B



Leander Tipton, BSW
Relationship and Fatherhood

Healthy Relationships:
Black Love is Black Power

Session C



Ella Thomas
Community Workers

Staying Connected in
Your Community

Session D



Angel Quinones
Mental Health

The Mind of Black Maternal Health

Register here



Sponsored by:



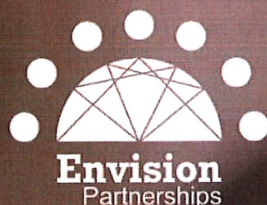
CONTACT:

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dthurmond@ywcahamilton.com

toni.tipton@frhc.org

SAVE THE DATE



HEALTH & POLICY FOR 2025

MAY 12TH, 2025 | 9 AM - 11 PM
RSVP BY MAY 10TH, 2025

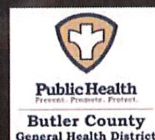
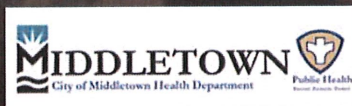
2nd Annual Butler County Community Conversation



Health Department
345 High Street, 3rd floor
Hamilton, Ohio 45011



Butler County
Mental Health & Addiction
Recovery Services Board



Miami University - Middletown
4200 N University Blvd
Middletown, OH 45042
Johnston Hall - Room 142

QUESTIONS AND TO RSVP,
CONTACT BELON HILL

Bhill@envisionpartnerships.com



HEALTH ALERT

Measles in Ohio:

Recognition, Reporting, and Prevention

March 31, 2025

Summary and Action Items

- The Ohio Department of Health (ODH) recently reported 11 measles cases in March 2025; 10 of which are linked to an outbreak. ODH is working with the Ashtabula County Health Department, Knox Public Health, Allen County Public Health, and other impacted health departments to identify and notify those who may have been exposed and to promote opportunities for vaccination.
- Measles is extremely contagious and declines in measles vaccination rates globally have increased the risk of outbreaks. During 2022, an outbreak centered in central Ohio totaled 85 cases. Most large outbreaks of measles in the U.S. have occurred among close-knit and under-vaccinated communities.
- Many [international locations](#) are reporting ongoing measles transmission, including neighboring [Ontario, Canada](#). The Centers for Disease Control and Prevention (CDC) recently released a [health advisory](#) for an expanding measles outbreak in the U.S. with most cases occurring in Texas and New Mexico.
- ODH is reminding clinicians and public health officials to remain alert for [signs and symptoms of measles](#), particularly among people who have not yet received a measles-containing vaccine (MCV), including those who may have postponed or missed doses. Providers should also consider outreach to patients who are eligible for MCV to encourage routine immunization.
- Measles is a [Class A reportable disease](#). If measles is suspected, facilities should implement appropriate [infection prevention and control measures](#) and report any case, suspected case, or positive laboratory result **immediately via telephone** to the [local public health department](#) in which the patient resides. Prompt recognition, reporting, and implementation of infection prevention and control measures are critical to limiting the spread of disease.

Background

Measles is a highly contagious viral illness that typically begins with a prodrome of fever, cough, coryza (runny nose), and conjunctivitis (pink eye), lasting two to four days prior to rash onset. Modified measles can occur in infants who still have maternal antibodies and in those who received a measles vaccine or immune globulin soon after exposure. Measles can cause severe health complications, including pneumonia, encephalitis (inflammation of the brain), and death. Complications from measles are more common among children younger than 5, adults older than 20, pregnant women, and people with compromised immune systems. As many as one in 20 children with measles gets pneumonia, the most common cause of death from measles in young children.

The virus is transmitted by direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes. Measles virus can remain infectious in the air and on surfaces for up to two hours after an infected person leaves an area. Infected people are contagious from four days before rash onset to four days after. The incubation period for measles from exposure to fever is usually about 10 days (range seven to 12 days), and from exposure to rash onset is usually about 14 days (range seven to 21 days).

The measles, mumps, rubella (MMR) vaccine is highly protective against measles infection. CDC recommends all children get two doses of MMR vaccine, starting with the first dose at 12-15 months of age, and the second dose at 4 through 6 years of age. MMR vaccine can also be given to adults born after 1957 who are not vaccinated, or whose vaccination status is unknown. For individuals not protected by prior immunization or disease, CDC recommends that all persons older than 6 months receive MMR vaccine prior to travelling internationally or to an area with ongoing measles transmission.

Recognition

Consider measles as a diagnosis in anyone with a febrile illness and clinically compatible symptoms (e.g., a generalized [maculopapular rash](#) with cough, coryza, or conjunctivitis). A clinical history should include assessment for known contact to someone with measles, recent travel to areas with measles transmission, including international travel or travel to outbreak areas within the U.S., and MMR vaccination status.

Collection of virologic and serologic specimens is recommended for confirmation of disease. For patients with suspected measles, collect **both** respiratory (oropharyngeal or nasopharyngeal) and serum specimens for testing. Measles testing can be performed by commercial laboratories.

Testing for measles virus is also available through the ODH laboratory (ODHL) for [eligible clinical specimens](#). To request approval for testing at ODHL:

- Healthcare providers should contact the [local public health department](#) in which the patient resides.
- Local health departments should contact the Bureau of Infectious Diseases Vaccine Preventable Disease Epidemiology program to request specimen approvals using established chains of communication.

For additional clinical information for healthcare providers, please visit the [CDC website](#).

Reporting

Report a case, suspected case, and/or positive laboratory result **immediately via telephone** to the [local public health department](#) in which the patient resides. If patient residence is unknown, report immediately via telephone to the local public health department in which the reporting healthcare provider or laboratory is located. Local public health departments should report immediately via telephone the case, suspected case, and/or a positive laboratory result to ODH.

Prevention

Recommend MMR vaccine for all eligible patients who are unvaccinated or not fully vaccinated. Immunization schedules can be found on the CDC website [here](#).

Persons with suspected or confirmed measles infection should be isolated, including exclusion from school or childcare center, for four days following the onset of rash. Contacts who might be susceptible should be immunized with measles vaccine as soon as possible after exposure. Measles vaccine given within 72 hours after exposure may prevent or reduce the severity of disease. Immune globulin (IG) can prevent or modify measles in a susceptible person if given within six days of exposure. IG may be especially indicated for susceptible household contacts less than one year of age, pregnant women, or immunocompromised persons, for whom the risk of complications is increased.

Please see the [Measles Chapter in the ODH Infectious Disease Control Manual](#) and [CDC website](#) for additional guidance on the public health management of cases and contacts and infection prevention and control measures.

To minimize the risk of measles transmission in healthcare settings, healthcare personnel should do the following:

1. Query patients with a febrile rash illness about a history of travel (including international travel or travel to outbreak areas within the U.S.), contact with foreign visitors, transit through an international airport, or possible exposure to a person with measles in the three weeks prior to symptom onset. The possibility of measles should be considered for patients with such a history and symptoms consistent with measles.
2. Mask patients with suspected measles immediately, if tolerated. Encourage respiratory etiquette.
3. Do not allow patients with suspected measles to remain in the waiting room or other common areas; isolate patients with suspected measles immediately in an airborne infection isolation room if one is available. If such a room is not available, place the patient in a private room with the door closed. For additional infection control information, please refer to the [CDC's control measures for measles](#).
4. If possible, allow only healthcare personnel with documentation of two doses of MMR vaccine or laboratory evidence of immunity to measles (i.e., measles IgG positive) to enter the patient's room.
5. Healthcare personnel should wear an N95 or higher-level respirator regardless of presumptive evidence of immunity. A user seal check should be performed each time the respirator is donned.
6. If possible, do not allow susceptible visitors in the patient room.
7. Do not use the examination room for at least two hours after the possibly infectious patient leaves.
8. If possible, schedule patients with suspected measles at the end of the day.
9. Notify the local health department in whose jurisdiction the patient resides immediately by telephone about any patients with suspected measles.
10. Notify any location where the patient is being referred for additional clinical evaluation or laboratory testing about the patient's suspected measles status, and do not refer patients with suspected measles to other locations unless appropriate infection control measures can be implemented at those locations. The patient must wear a mask, if feasible.
11. Instruct patients with suspected measles and exposed persons to inform all healthcare providers of the possibility of measles prior to entering a healthcare facility so appropriate infection control precautions can be implemented.
12. Make note of the staff and other patients who were in the area during the time the patient with suspected measles was in the facility and for two hours after they left. If measles is confirmed, exposed people will need to be assessed for measles immunity.
13. For additional details about prevention measures in healthcare settings, refer to CDC's [Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings](#).

Contact Information

For general questions related to measles, healthcare providers and facilities should contact their [local health department](#). Ohio local health departments should contact the ODH Bureau of Infectious Diseases at 614-995-5599 or VPDEpi@odh.ohio.gov.

Resources

- [ODH Infectious Disease Control Manual Measles Chapter](#).
- [CDC Measles Guidance for Healthcare Providers](#).
- [CDC Manual for the Surveillance of Vaccine-Preventable Diseases Measles Chapter](#).
- [CDC Measles: Plan for Travel](#).

Measles vaccination rate at over 150 area schools too low to prevent spread

Lower immunity means higher risk of outbreaks

Caption

[LOCAL NEWS](#)

By [Samantha Wildow](#)

4 hours ago

X

Amid a measles outbreak in other parts of Ohio, a Dayton Daily News analysis of statewide vaccination data finds more than 150 area elementary schools have kindergarten measles, mumps and rubella vaccination rates below what health experts say is needed for community protection.

More parents at one Springboro elementary school filed to have their kids exempted from vaccine requirements on moral grounds than any other school in Ohio. That school has the state's lowest vaccination rate among in-person schools with more than 300 students.

In general, vaccination rates are declining here and across the state. While some of this is due to access, vaccine refusal has grown enough in some local counties to leave the countywide vaccination rate below what's needed to prevent spread, the data shows.

[Explore](#)Measles outbreak: How protected are local elementary schools? Search the data

Doctors and public health experts say not enough children are meeting routine immunization requirements, which increases the risk of an outbreak should they get exposed to a highly contagious illness like measles.

This is something that pediatricians are actively preparing for at places like Dayton Children's Hospital.

"We're a global community, and there's no insulating ourselves," said Dr. Michael Klatte, chief of pediatric infectious disease at Dayton Children's, adding the hospital is using lessons learned from past cases of the measles to inform what they plan to do if they see cases in this region this year.

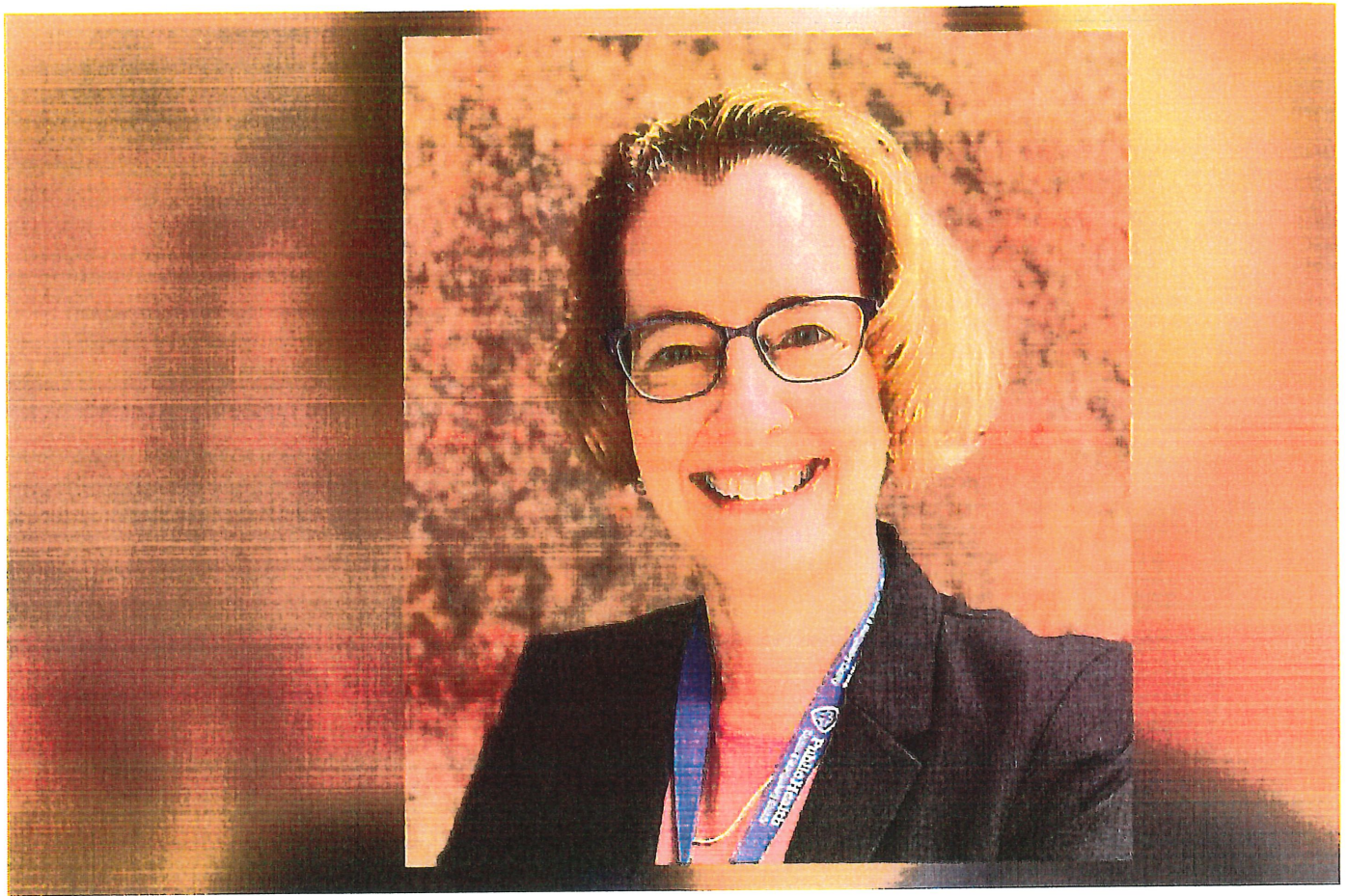
"If it's in one place on the globe, it very easily has the potential to spread," Klatte said.



Dr. Michael Klatte, chief of the infectious diseases division at Dayton Children's, talks Thursday, March 27, 2025 about the importance of childhood immunizations.
MARSHALL GORBY/STAFF

Every year, this news outlet obtains vaccination data for Ohio schools to help the public understand the status of efforts to protect children from contagious diseases through vaccinations. Our analysis of newly released 2024-2025 vaccination data from the Ohio Department of Health shows there's been little improvement in vaccination rates and more utilization of non-medical exemptions.

"It's important that children are fully vaccinated before they attend school because they're going to be in close contact with lots of kids and probably exposed to a lot of diseases, including diseases that vaccines can prevent," said Dr. Becky Thomas, medical director for Public Health - Dayton & Montgomery County.



Dr. Becky Thomas is the Medical Director for Public Health – Dayton & Montgomery County. (CONTRIBUTED)

Statewide, vaccination rates have declined among kindergarten students, from 86.2% in the 2023-2024 school year, to 85.4% of kindergarten students being fully vaccinated in the 2024-2025 school year, according to ODH. Similar trends were seen in five of the nine counties in the Dayton, Springfield and Butler County region.

“Unfortunately, we’ve seen those rates decrease over the past several years to a place where now we’re at a higher risk of having outbreaks in school settings,” Thomas said.

Herd immunity challenges

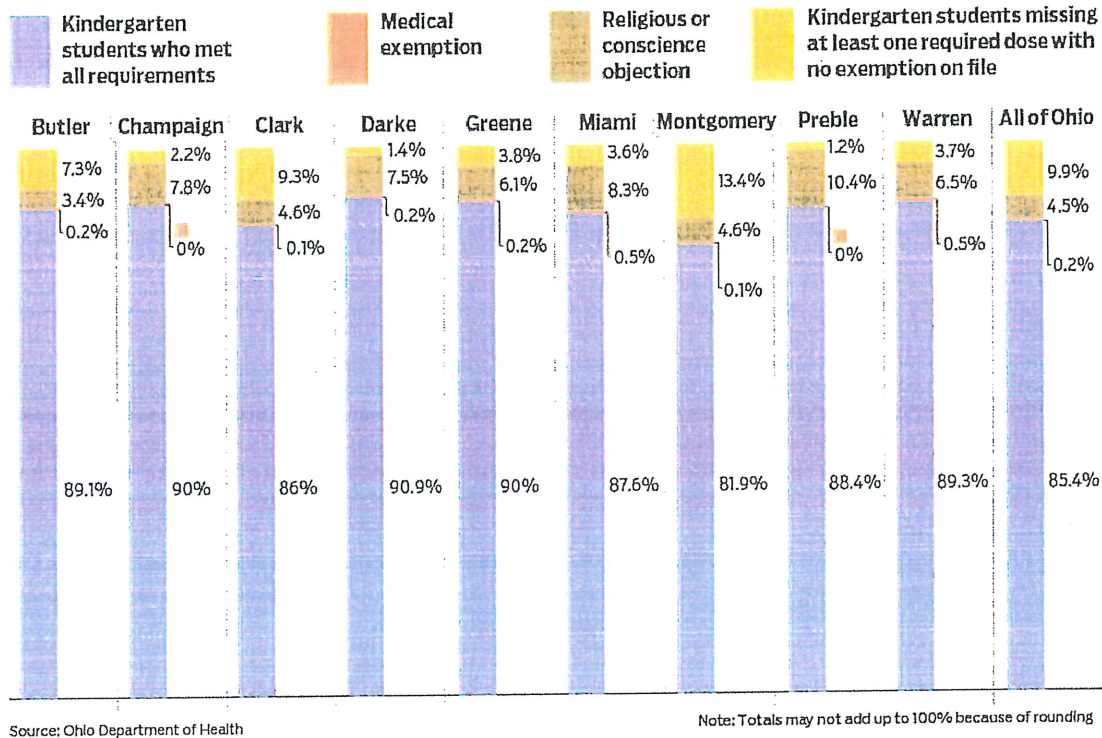
The majority of schools in the nine-county Dayton, Springfield and Butler County region are not meeting the threshold for herd immunity, which is the minimum percentage of the population that needs to be immune to prevent the spread of a highly contagious illness.

As of the end of the March, a total of 483 measles cases were reported by 20 states and jurisdictions, according to the U.S. Centers for Disease Control. There have been

five outbreaks, which are defined as three or more related cases, reported in 2025, and 93% of confirmed cases (447 of 483) are outbreak-associated.

COUNTY-LEVEL VACCINATION RATES FOR KINDERGARTEN STUDENTS IN THE 2024-2025 SCHOOL YEAR

Below are the percentages of kindergarten students in area counties who have all of their required vaccinations, including one for measles, mumps and rubella. The herd immunity threshold for measles that would be able to protect unvaccinated individuals against the virus is about a 94% vaccination rate.



For measles, a vaccination rate that is [between 92-94% is](#) needed in order to prevent or limit the spread of measles infections, according to the American Academy of Pediatrics.

ADVERTISING

Only about 33% of the elementary schools in the region have 92% or higher of their kindergarten students meeting all of their immunization requirements, according to a Dayton Daily News analysis of ODH data. That goes down to 19% when looking at how many schools meet the 94% threshold.

“Our modeling studies from the CDC show that when that rate gets less than 85% in particular, if a case of measles comes into a school and the vaccination rate is that low, it’s more than likely going to lead to a measles outbreak in that school,” Thomas said.

Montgomery County continues decline

Montgomery County has not bounced back to its pre-pandemic vaccination rate of 91.3%, according to Public Health.

Last school year, 83% of kindergarten students in Montgomery County met all of their vaccination requirements, ODH data shows, with that figure dropping to 81.9% for the 2024-2025 school year.

Some of the schools in the region with the lowest vaccination rates are public charter schools, such as National Heritage Academies' Emerson Academy, which reported to the state that six out of 71 of its kindergarten students met all of their immunization requirements.

Since the time they reported that to the state, the number of children who have gotten vaccinated has since gone up, a spokesperson for the school said.

Explore Measles outbreak with 10 cases confirmed in northeast Ohio

The rate of fully immunized kindergarten students at Emerson Academy increased from 17% during the 2023-2024 academic year to 66% during the 2024-2025 school year, the spokesperson said.

The school attributes this to ensuring an easy-to-navigate paperwork submission process for families, while connecting them to community resources as needed and decreasing any barriers, the spokesperson said.

National Heritage Academies' North Dayton School of Discovery reported 33 out 67 kindergarten students met their immunization requirements. Updated data since those figures were reported to the state were not available.

Moral exemptions grow

The percentage of kindergarten students whose parents or guardians are filing non-medical exemptions to avoid vaccinations continues to increase both statewide and in most of the nine-county Dayton region.

The state as a whole declined in the percentage of kindergarten students who met their vaccination requirements while seeing another increase of the religious or reason of conscience exemptions, going from 3.6% in the 2022-2023 school year to 4% in 2023-2024 and 4.5% in 2024-2025.

All of the counties in the region except for Darke County had an increase in the percentage of students whose families submitted a religious or reason of conscience exemption, according to our analysis of ODH data.

Explore 'We will pay a very steep cost;' Texas measles outbreak shows local vulnerability

Springboro's Clearcreek Elementary School has the state's highest number of students who have religious or reason of conscience exemptions with 40 students with that type of exemption, according to ODH data.

About 86% of kindergarten students there have all of their required vaccinations, which is 262 students out of 304. The school district did not respond to requests for comment.

Northmont's Kleptz Early Childhood School has one of the higher number of kindergarten students with a religious or reason of conscience exemption with 19 kindergarten students, according to ODH.

"The nurses send multiple communications to families. They start with grade level and then narrow it down to those who still need to provide proof of vaccination," said Tony Thomas, superintendent at Northmont City Schools.

The Kleptz Early Learning Center also has a large number of kindergarten students with 326 out of 345 kindergarten students, or 95%, vaccinated, according to the district. Many other schools in the region with students with religious and moral exemptions are smaller in size.

Preble County has the largest percentage of kindergarten students with a religious or moral exemption at 10.4%, according to ODH. Eaton Community City also has 19 kindergarten students with that type of exemption. Of its 141 kindergarten students, 121 meet all of their vaccination requirements.

Springfield schools

Springfield schools have some of the lower rates of vaccination in Clark County. The district faces unique challenges, it said, adding that the district is committed not just to compliance, but to finding solutions to support the well-being of students and their families.

"Unlike other school districts in Clark County, Springfield serves a highly mobile student population, with high rates of transience, homelessness, and poverty — all of which contribute to lower vaccination rates," said Jenna Leinasars, communications specialist for Springfield schools.

While a rural district may have a kindergarten class of 25 students who remain enrolled throughout the year, an urban district like Springfield's sees frequent student movement, with new enrollments and withdrawals happening regularly, she said.

Additionally, the Springfield City Schools District accounts for 10 of the 20 elementary buildings in the countywide data set and serves 681 kindergarten students, making comparisons to smaller, rural districts difficult, she said.

“Despite these challenges, county health officials have noted that the district’s vaccination rates are actually higher than expected given the city’s poverty levels,” Leinasars said. “This success is a direct result of the dedicated efforts of our Health Services team. District and building nurses work proactively, sending multiple vaccination reminders before the school year, followed by letters and personal phone calls to families about missing immunizations.”

To further support student health, the district opened a new School-Based Health Center (SBHC) at Springfield High School in partnership with Rocking Horse Community Health Center. Open during and after school hours, the SBHC provides a range of medical services, including vaccinations.

Explore Mercy Health, Cigna reach agreement to keep patients in network

“Since opening in August, the center has served over 2,000 patient appointments, with the majority being SCSD students and families,” Leinasars said.

The district expanded its partnership with Rocking Horse by deploying a mobile health unit to schools on a bi-weekly schedule. This initiative ensures students stay up to date on vaccinations while eliminating transportation barriers for families, Leinasars said.

Butler County

Some progress was made this school year. Butler, Champaign, Darke and Preble counties each saw an increase in the kindergarten students who met all of their vaccination requirements this school year compared to the previous school year.

Middletown’s Amanda Elementary School has one of the lower rates of kindergarten students who have all of their required vaccinations in Butler County. About 76% — 53 out of 70 kindergarten students — are up-to-date on required vaccinations, according to ODH.

The Middletown City School District is committed to supporting families in keeping their children healthy and ready to learn, said Dan Wohler, MCSD communications administrator

“MCSD works closely with parents and guardians by sending reminders and making personal phone calls to help ensure students receive the required vaccinations,” Wohler said.

The district shares information about local immunization clinics through the Butler County General Health District, as well as how to access services through the district’s school-based health center.

MCSD also provides resources about other local providers where families can obtain vaccinations, Wohler said.

Young patients most at risk

Young children are the ones who are most vulnerable to experiencing a severe illness, health complication or even death when it comes to highly infectious diseases like measles and pertussis.

“As a pediatrician, a lot of these infections disproportionately infect younger children when it comes to the severity,” Klatte said.

Since the measles vaccine was developed in 1963, the worst the illness has to offer hasn’t been a common thing to see, especially for parents who are Generation X, Millennials or Generation Z, all of whom were born after the introduction of the vaccine.

For the medical professionals who have watched the severity of these illnesses impact their youngest patients, it is a difficult thing to see. This leads doctors like Klatte to encourage parents and guardians of young children to talk to a trusted medical professional about their concerns when it comes to vaccination.

Flu hospitalizations still high, but starting to trend down

It's not too late to get a flu shot, official says; season to end mid-May.

BY SAMANTHA WILDOW STAFF WRITER

Influenza activity in Ohio is still very high, the Ohio Department of Health says, but figures for flu-related hospitalizations, as well as outpatient visits and emergency room visits for flu-like symptoms, are starting to trend slightly downward.

There were 2,406 flu-related hospitalizations in the latest week of data, the ODH's latest flu report says, a decrease of 2.39% over the previous week.

The flu season will continue until the middle of May, so experts say people should still take precautions.

"Typically the flu season runs from October to May, so we're still in the midst of the traditional season," said Dan Suffoletto, public information manager for Public Health-Dayton and Montgomery County.

With that in mind, it's not too late to get a flu vaccination, he said.

Flu shots are available at most doctor's offices and pharmacies. For more information or to find a location, visit vaccines.gov.

"It's still very important if people are having signs and symptoms of

Proposed Medicaid work rule draws criticism

Survey respondents, advocates say work requirements would hurt Ohioans, industry.



A construction worker at the site of the Hilton Garden Inn at the Dayton Arcade in December 2024. The Ohio Department of Medicaid is planning to submit a request to the U.S. Centers for Medicare and Medicaid to impose work requirements on Ohio Medicaid expansion members. JIM NOELKER / STAFF

BY SAMANTHA WILDOW STAFF WRITER

03/3/25

Ohioans submitted more than 400 responses to the Ohio Department of Medicaid in response to a proposed rule that would require certain Medicaid recipients to be employed, in school or in a training program to keep their health coverage.

The responses were overwhelmingly against those requirements being proposed for members who access Medicaid through the expansion of the program under the Affordable Care Act.

People eligible for the expansion include low-income adults up to 133% of the federal poverty level.

"They don't have a disability," state Sen. Steve Huffman, R-Tipp City, said. "... They have the ability to get a job."

Ohioans 55 or older and those with a substance use disorder or other intensive health need would be exempt from the work requirement.

The proposed work requirement for Medicaid expansion members was included in the state budget two years ago, Huffman said. Lawmakers are requiring the Ohio Department of Medicaid to submit this proposal to the federal level.

"They have done it for other states, and it is only for the expansion population," Huffman said.

In 2019, the U.S. Centers for Medicare and Medicaid Services under the Trump administration approved Ohio's request to make the changes. Those changes were put on pause due to the COVID-19 pandemic before the Biden administration withdrew support for the requirements in 2021.

A loss of Medicaid dollars Some people said reducing the number of those covered under Medicaid could impact local economies and how much federal funding the state receives.

“Healthy people are productive people, and a productive population makes both a thriving economy and a better state reputation via a happier society,” said Kathryn Kosey, of Dayton.

“The proposed work requirements would make it more difficult for people already struggling to stay productive to access Medicaid by adding huge administrative burdens to being enrolled in the program.”

One responder said Medicaid is an economic driver, so reducing the number of members covered under the program also reduce use of the wider range of health care providers and services in the area, while potentially increasing use to emergency care, filling up local emergency rooms.

“Medicaid dollars flow directly into local communities, supporting health care providers, hospitals and related industries,” said Dan Mistak, the acting president and director of Health Care Initiatives for Justice-Involved Populations at Community Oriented Correctional Health Services.

If Medicaid also switches to a per capita funding model in the future, this could impact the amount of funding the state receives if Ohio has fewer Medicaid members.

“Implementing work requirements is particularly short-sighted given renewed discussions at the federal level about transitioning Medicaid to a per-capita cap funding model,” Mistak said.

If such a policy is adopted, states like Ohio would benefit from having as many people as possible enrolled in Medicaid to secure higher federal funding levels, he said.

“By removing individuals from Medicaid rolls now, Ohio risks permanently reducing its baseline enrollment figures, which would result in less federal funding and greater financial strain on the state in the future,” Mistak said.

Failing to address root causes

Others said the requirement could penalize people who are already struggling.

“My work as a social worker and as an attorney in the child abuse and neglect unit at the prosecutor’s office clearly saw that work requirements disproportionately harm vulnerable populations such as individuals with disabilities, mental health conditions, people in rural communities and low-wage workers with irregular schedules,” said Jennifer M. Allen, counselor at law at Williams Allen Casey LPA.

“Based on experience with similar policies in other states, we fear these requirements will lead thousands of people to lose coverage and jeopardize the health care of people with CF (cystic fibrosis) and other serious and chronic conditions,” said Amanda Attiya, state policy specialist at the Cystic Fibrosis Foundation.

Advocates said the rule would disproportionately impact residents in the Appalachian region of Ohio.

“Mandatory work requirements for Medicaid eligibility risk increasing the number of uninsured individuals while failing to address the root causes of poverty and unemployment. Instead of helping people transition out of poverty, these policies will exacerbate existing challenges faced by vulnerable populations,” said Megan Riddlebarger, executive director of the Corporation for Ohio Appalachian Development.

Others worry these requirements may cause people to fall through the cracks.

“There are ways to help people out of poverty, but restricting their access to health care will only make their situation worse. The homeless and people in domestic violence situations are just two examples that come to mind,” said Mary Sue Gmeiner, of Dayton.

Few show support of proposed requirement

Out of the more than 400 responses to Ohio Medicaid, most were against the proposed requirements, but a few of the comments received were in favor of them.

"I strongly support work requirements for Medicaid. Work provides value to a person's life and enhances family dynamics," said Ruth Pettitt.

"There are so many people that abuse the system," an anonymous person said.

"If it was put to public vote, I would definitely support it."

Of those who showed support, many said it seemed like a reasonable request to them.

"As someone who worked their entire life, I believe that it is more than reasonable to require all able-bodied persons younger than 55 to work 20 hours a week in order to receive Medicaid benefits," said Christy Mosier, of Newcomerstown. "... I do believe that all people, especially children, should have access to affordable health care. However, when did it become wrong to expect an able-bodied person to work for the money and benefits they receive?"

"As a health care worker, I see the abuse daily as nonworking adults freeloading off the system while treating health care workers with disdain. Please require adults to work for their health care like the rest of us," another anonymous person said.

Others were not against able-bodied people being required to work but questioned the impact on people who are not working because they are someone's caregiver.

"While I wholeheartedly believe able-bodied persons should work, I am concerned about those who are a child's primary caregiver. With the cost

of child care, I do not believe this is good policy to take away the health care of a parent who is home with their child,” said Rebecca Wolfe, of Dublin.

Lawmakers are requiring the Ohio Department of Medicaid to submit this request to the U.S. Centers for Medicare and Medicaid by Saturday, according to House Bill 33 passed by the 135th Ohio General Assembly.

MORE INFORMATION

Under the proposed requirement that Medicaid expansion members have to be working, in school or in occupational training, there will be no regular reporting by enrollees, according to Ohio Medicaid. Some of the data that will be used to determine work, schooling or disability status will include:

- Individuals with household earned income at or above 30% of the federal poverty level will be presumed to be employed.
- Individuals who have applied for or are enrolled in another program that has disability as a basis for enrollment will be presumed to have intensive physical or mental health status.
- Incarcerated individuals will be exempt from the status requirements and will remain enrolled until their release.
- Individuals who qualify under another eligibility category will be exempt.

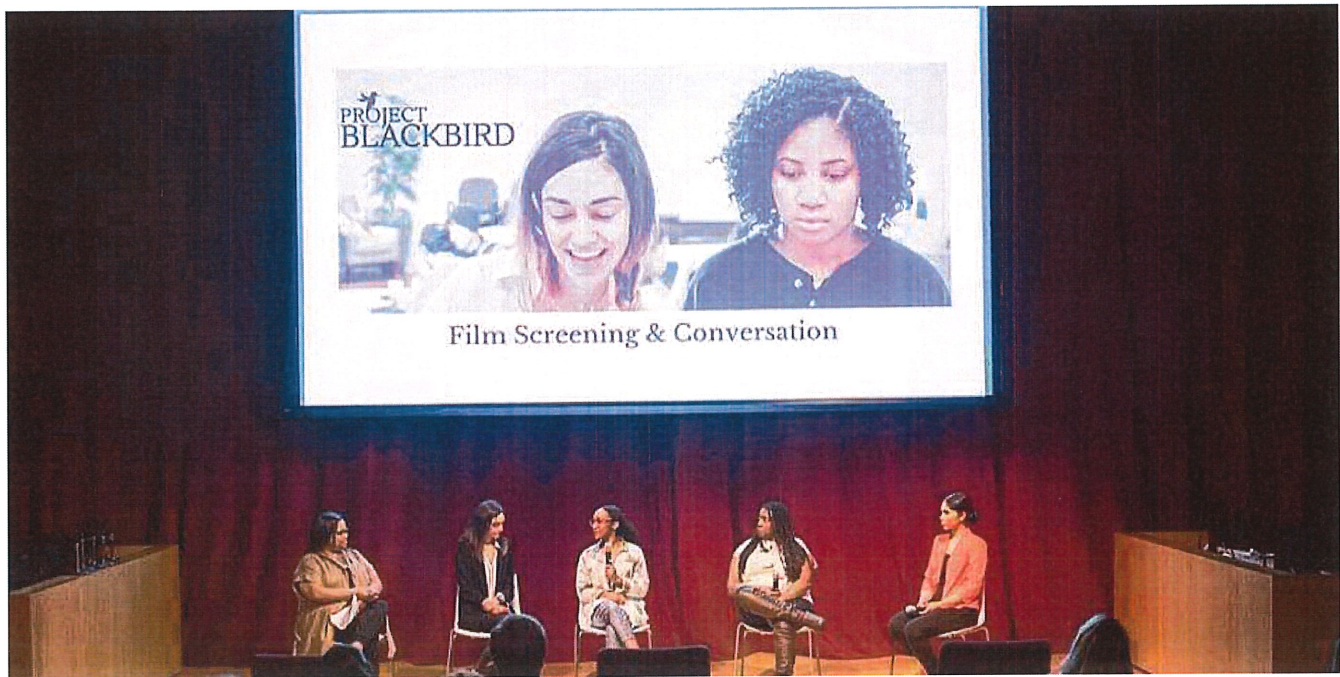
Project Blackbird to shed shame on mental health at upcoming WSU event

WRIGHT STATE UNIVERSITY



Kendra Williams, a partner and board member at the nonprofit Project Blackbird, (right) is the "original blackbird" in the film and organization's namesake. Williams will be among the panelists in an upcoming event being held March 19 at Wright State University.

03/04/25



Project Blackbird, a nonprofit that formed out of a film of the same name, will be holding a panel on March 19 at Wright State, which will focus on destigmatizing discussions around mental health. PROJECT BLACKBIRD PHOTOS

BY SAMANTHA WILDOW STAFF WRITER

Stigma around mental health can lead to people suffering longer and in silence, which is why one nonprofit's mission is to visit places like Wright State University to address that shame head-on and provide students with free resources.

"We all want to help the next generation, so that they can help the next generation ... so that we can build a more positive world around mental health safety and help these students really live and not just survive," said Project Blackbird founder Alexandra Miles.

Project Blackbird is a nonprofit and live touring event coming to Wright State University for a free event open to students and the community on March 19 to encourage conversations around the crises and stigma surrounding mental illness.

Among other topics, Project Blackbird will address eating disorders within underrepresented communities nationwide, kicking off the event with a film Miles created centered on eating disorders.

“The organization actually started from the film,” Miles said. “I was an actor and a filmmaker, and I created a film that was about a young woman who I, personally, had met at an eating disorder treatment center.”

The woman’s name is Kendra Williams, who is also set to be at the March 19 event at Wright State University.

“We called her Blackbird because she had a tattoo of a blackbird on her neck and she barely spoke with anybody. She was very silent, which was her way of disconnecting from her own pain,” Miles said.

The film focuses on the connection formed between Williams’ character and the character based on Miles.

Sharing the film then became a way to connect with others and to destigmatize discussions around mental health, Miles said.

“Their bond actually highlights pervasive feelings of shame and silence surrounding mental health discussions,” said Barbara Marsh, director of counseling and wellness services at Wright State University.

“It motivated them to share their story and encourage an open dialogue around mental health,” Marsh said.

The March 19 event will include a viewing of the film, a panel discussion lead by Dayton Daily News’ editor of investigations Josh Sweigart, and a resource fair where students and others can find help if they need it.

Project Blackbird will also connect students to free therapy, Miles said.

“Project Blackbird pays for a full year of therapy for all of our student audiences and we do so through our partnership with Talkspace,” Miles

said. Talkspace is an online therapy provider based in New York.

Project Blackbird will be held at 4:30 p.m. on March 19 in the auditorium at Wright State University's Student Success Center, located at 3640 Colonel Glen Highway, Dayton.

For more information or to register for the free event, visit [projectblackbirdinc.org/ tour/](https://projectblackbirdinc.org/tour/) or search for the event on EventBrite.com.

This event is open to all community members and university students. It is sponsored by Montgomery County Alcohol, Drug Addiction, and Mental Health Services and Wright State University Counseling and Wellness Services.

Contact this reporter at 937- 503-5305 or email samantha.wildow@coxinc.com.

Middletown's new city manager: 'My heart is here'

One of two acting city managers is named to take over the permanent position.



Ashley Combs was named Middletown's city manager after an executive session Tuesday night. CONTRIBUTED

BY RICK MCCRABB CONTRIBUTING WRITER

Middletown's newest leader hopes to stop the revolving door in the city manager's office.

In the last six years, six people, either as acting or permanent positions, have served as managers.

On Tuesday night, after the city council meeting and 30-minute executive session, members unanimously named Ashley Combs as city manager.

Combs and Nathan Cahall, the city's two assistant managers, took turns serving as acting city managers after Paul Lolli's abrupt retirement in July 2024.

Cahall served as acting city manager for five months and Combs for just over two months as council evaluated their performances before deciding whether to conduct a national, or at least a regional, search.

Instead, council decided to stay in-house.

Mayor Elizabeth Slamka said naming Combs "makes sense for Middletown."

Lolli called Combs the "right person, right now, right here."

He said her institutional knowledge, communication skills and loyalty to the city made her the "most qualified person" for the job.

Combs, who has worked for the city for nine years in various leadership positions called being named city manager "truly an honor. I love my time with the city of Middletown. This next chapter is truly exciting."

The city is still finalizing her salary and length of her contract, Lolli said.

Combs talked about the many major projects in the city, from the redevelopment of the Towne Mall, the former Middletown Paperboard site on Ohio 4, the Renaissance Pointe project in the East End, and the downtown refresh.

"We got a lot of irons in the fire and we're excited for the future," she said.

Combs, 38, said during her career with the city she has served with five

city managers. She doesn't plan to use this promotion as a stepping stone, she said.

"I love the city of Middletown," she said. "My heart is here. The city of Middletown has been nothing but good for me and my career."

It's unclear what the announcement means for Cahall and his career with the city. But Combs said she wants him to remain assistant city manager.

"We work very well together," she said.

In the last six years, Middletown has had city managers who were fired, signed separation agreements or resigned.

Doug Adkins, who served as city manager for five years, was removed as city manager by council on Dec. 17, 2019.

Then Susan Cohen was named acting city manager. She then left the city for a leadership position in Union Twp.

In March 2022, Jim Palenick, who served as city manager for less than two years, and the council signed a mutual separation agreement ending his tenure as the city's leader and setting the stage for Lolli, then the fire chief, to take the reigns.

After retirement from the city manager position, Lolli was appointed in October to a vacant council seat following the resignation of Zack Ferrell, who moved out of the city.

Medicaid cuts would endanger our most vulnerable

Across the Dayton community, people with intellectual and developmental disabilities rely on support services to live, work and thrive here.

Nationally, 69% of the providers that deliver these services are turning away new referrals, while 39% are discontinuing existing services because they lack funding. This puts access to services in jeopardy at a time when nearly 512,000 disabled Americans are languishing on waiting lists.

Now, another crisis looms. Medicaid almost exclusively funds community-based services, and in Congress, the House recently approved a budget resolution directing the committee that oversees Medicaid to slash \$880 billion in spending. Such a drastic cut will all but dismantle the federal Medicaid program, leaving hundreds of thousands more Americans without the services they need.

If Sens. Husted and Moreno and Rep. Turner agree that our community is stronger when it includes people with disabilities, then they must reject any proposals to cut funding for the federal Medicaid program.

— JUSTIN BLUMHORST, CELINA

In response to a request I made to his office, Rep. Mike Carey, R-Ohio 15, wrote: "Rest assured that any programs that provide direct benefits to Americans will continue to be distributed, like Medicaid, Social Security, Medicare, and SNAP." Shortly after I received that letter, Carey voted to

pass the budget resolution, which calls for the committee that oversees Medicaid and Medicare to find at least \$880 billion in cost savings to help pay for other parts of the bill.

“Other parts of the bill” include tax cuts for the wealthy. So, Rep. Carey, in what form will Medicaid, Social Security, Medicare and SNAP continue to be distributed? Medicaid provides health care to about 25% of Americans. If the cuts take place, rural hospitals, nursing homes and addiction treatment centers will close, and the most vulnerable will die. Cuts to Medicaid would mean that millions will lose their health care.

Thank you, Rep. Carey, for responding to my letter. Next time, be a little more honest.

— JOY BISHOP, WASHINGTON COURTHOUSE

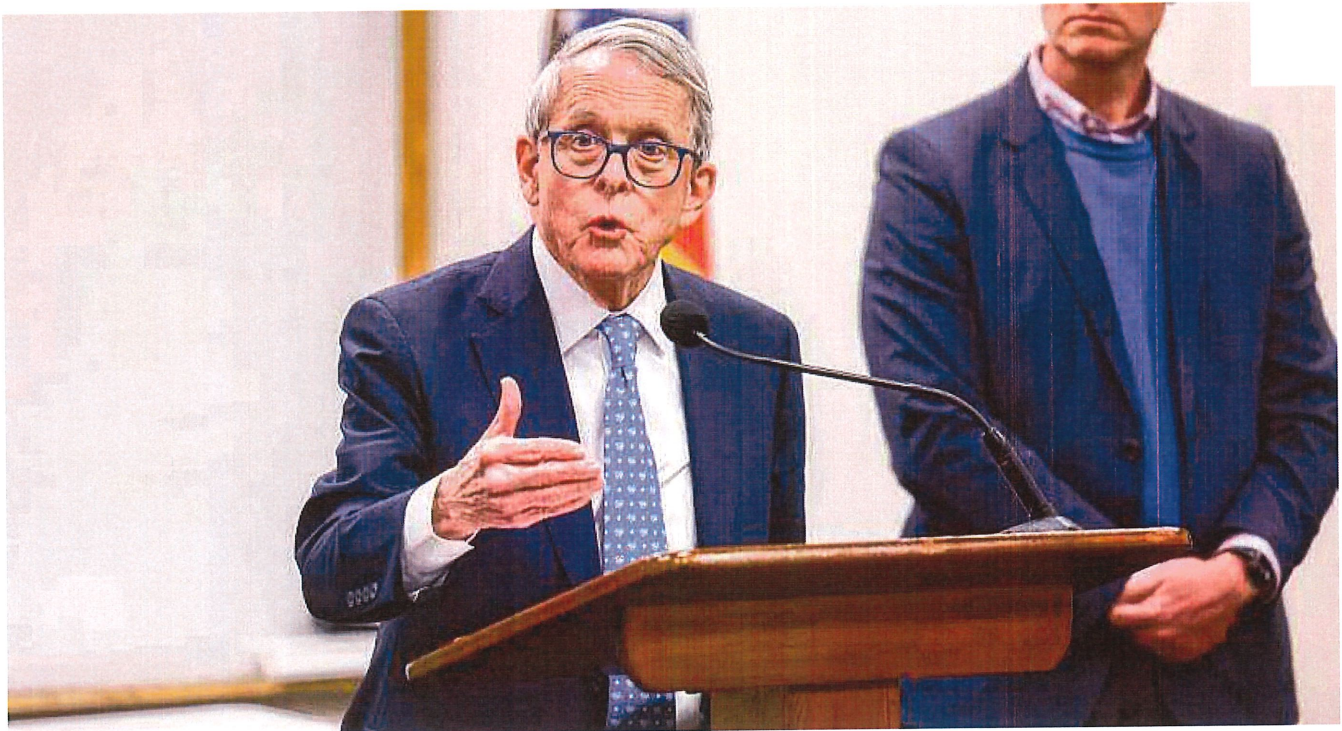
I was moved when I read JD Vance’s “Hillbilly Elegy” because it lifted up a segment of our society that has long been marginalized and mocked. I thought, “Here at last is a bridge-builder who can help us expand our understanding of just who is our neighbor.” I was proud he hailed from Middletown, where I believe people really do make an effort to accept their neighbors regardless of race, class or country of origin.

This is why it was maddening to find out that our vice president said that Christianity approves the prioritizing of one’s own family and friends over the needs of others, and that this apparently justifies an “America first” policy that eliminates foreign aid to the poorest of the poor. In 43 years of preaching, I’ve never had to push people to accept that “charity begins at home.” It’s a motto we’ve internalized. It’s also the slippery slope to self-centeredness. Part of Jesus’ mission was to move us beyond this predisposition, enlarge our understanding of family, and see other people not as strangers but as children of God. I believe this should be part of who we are both as individuals and as members of a society.

— JOHN WAGNER, MIDDLETOWN

DeWine urges feds to speed up research on bird flu vaccine

More than 30% of Ohio's egg-layers have been destroyed; vaccine would protect poultry flocks.



Gov. Mike DeWine talks during a press conference with agricultural leaders in Versailles on Thursday. He said federal assistance is critical in managing Ohio's months-long bird flu outbreak. BRYANT BILLING / STAFF





Gov. Mike DeWine (left) listens while Jim Chakeres, executive vice president of the Ohio Poultry Association, talks during a press conference in Versailles on Thursday afternoon. BRYANT BILLING / STAFF

BY AIMEE HANCOCK STAFF WRITER

Ohio Gov. Mike DeWine hopes the federal government can speed research into a vaccine for the bird flu, which is continuing to affect businesses in western Ohio.

DeWine met in Versailles with local agricultural leaders, who shared with him the latest updates on the Highly Pathogenic Avian Influenza that has affected commercial flocks at 73 facilities across Ohio.

Since December, 15.5 million commercial poultry birds have been destroyed throughout the state in accordance with federal protocol in the fight against the disease, DeWine said in a press briefing after the meeting.

“For some time, the farmers who raise poultry in this part of the state — and this is the center in the state of Ohio for the production of eggs — have really suffered tremendous losses,” DeWine said.

DeWine noted that the 15.5 million depopulated birds were not all confirmed positive cases of HPAI, but were in close proximity to at least one positive case and destroyed to help prevent further spread of the disease.

Federal assistance will continue to be imperative in the local and national responses to HPAI, DeWine said.

“One of the things that is clear is that the federal government is really going to have to accelerate the research that is being done in regard to bird flu,” DeWine said. “... One of the messages that I heard today (during the meeting) was, ‘Please do everything you can to speed that up.’”

DeWine said he will be speaking with U.S. Secretary of Agriculture Brooke Rollins this week to urge the government to do just that.

Dr. Dennis Summers, a veterinarian with the Ohio Department of Agriculture who was part of Thursday’s meeting and press briefing, said an effective vaccination strategy is also needed, though research to this end is still ongoing.

“There isn’t a lot of information yet on how we would implement that, or what type of vaccine it would be, but that’s something the USDA is continuing to work on, so that we know that it’s safe, effective and provides the immunity that we’re looking for in our poultry flocks,” Summers said.

The birds in the state most affected by HPAI so far are the egg-layers. Turkeys and, to a lesser extent, ducks have also been affected, according to Ohio Department of Agriculture Director Brian Baldrige.

“To put it in perspective, as far as the layer facilities, over 30% of our layer birds here in Ohio have been depopulated,” Baldrige said. “Those are the ones laying eggs each and everyday.”

While efforts to get a handle on the virus continue, the USDA in February began providing compensation for some of the losses and costs faced by producers.

“One of the things I’ll take up with the secretary (of agriculture) is to see whether or not that compensation could be backdated because some of these farmers incurred losses before the date that went into effect,” DeWine said.

Jim Chakeres, executive vice president of the Ohio Poultry Association, said Thursday it’s too early to know when consumers can expect to see the price of eggs to come down, as that depends on how quickly farmers can repopulate their flocks.

“The challenge we have is supply and demand; when we’re seeing the supply decrease and the demand remain the same, it’s very difficult for that to happen,” he said.

“Our farmers are working every day to get those barns cleaned and disinfected so they can repopulate and start producing eggs again. That takes time.”

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Education Dept. cuts may affect special ed funding, homeless students

Federal grants for critical programs could be funneled through the state.



The Department of Education in Washington. The Trump administration announced this week that more than 1,300 of the agency's employees will be fired. TIERNEY L. CROSS / THE NEW YORK TIMES

BY EILEEN MCCLORY STAFF WRITER

Significant cuts to the U.S. Department of Education are expected to impact local schools that receive federal funding for special education and homeless student programs, support programs for teachers and principals and more.

What is not clear is how significant this will be for local districts if

federal funding is moved to individual states.

Cuts of more than 1,300 employees were announced from the U.S. Department of Education this week and the Secretary of Education Linda McMahon and President Donald Trump have said the cuts and changes are an effort designed to send education authority back to states.

Ohio's local school districts already get significant funding from the state of Ohio and from local property taxes. That money is not controlled by the federal government.

Melissa Cropper, the president of the Ohio Federation of Teachers, one of the teachers' unions, said the people who will be harmed by these cuts are children, college students and families. She said the U.S. Department of Education gives Ohio schools about \$1.3 billion.

"Firing more than 1,300 Department of Education workers, including hundreds who work on student financial aid and civil rights protections, will not reduce the deficit," Cropper said. "Rather, it will create enormous harm by eroding the government's ability to support successful strategies that improve children's academic outcomes and help students afford higher education."

Trump has announced plans to give block grants of the federal funding that local schools would have gotten to states. But the details of that plan are not clear.

Greg Lawson, a research fellow with the Buckeye Institute, a conservative-leaning think tank in Ohio, said he thinks school officials are right to be worried about the cuts to the education department, but he believes the money will still be available to schools in the long term.

Federal funding approved by Congress and administered through the U.S. Department of Education accounted for 11% of all public school revenue in the state of Ohio last year, according to a recent Ohio Legislative Budget Office report.

Those grants fund more than a dozen programs that support impoverished, low-achieving, early learning and preschool students; homeless children; free meal programs; rural education; career and technical education; neglected and delinquent children; and more than 61,000 English learners, U.S. Department of Education data shows.

Lawson said the switch from receiving funds directly from the federal government to receiving them through the states might cause some problems.

"Nobody knows for sure how it's going to look and what many of the mechanics are going to be," Lawson said. "So even if you didn't have a total reduction in spending, you could have hiccups in how the money gets distributed."

States would have to figure out what they want to do with it and possibly change formulas, Lawson said.

Lawson noted that the federal Department of Education is one of the newest agencies, having been created in the 1970s.

Shannon Cox, Montgomery County Educational Service Center superintendent, said that even if the grants don't immediately go to the states, it's possible the money would go through other federal agencies.

All districts in the region receive at least some money from the U.S. Department of Education, whether to support students with special needs, teach students who fell behind, or support the McKenny-Vento program, which supports homeless students.

Megan Sparks, a board member for Centerville Schools, said the district expects to get about \$3.3 million in federal funding for this school year, most of which would go toward special education.

"Overall, 42 positions are either fully or partially funded by federal grant dollars," Sparks said. "It is unclear how the significant changes to the

U.S. Department of Education will impact school districts.”

Dayton Public Schools treasurer Hiwot Abraha said the total federal fund appropriation for this school year is about \$43 million, while the district’s entire budget is about \$416 million. DPS is a much bigger school district, with more students and a higher rate of poverty than others in the region, so it receives more federal support.

Dayton Board of Education member Jocelyn Rhynard said this week she and other district leaders are not clear exactly how these cuts will affect local schools.

“We rely on millions of dollars to fund special education teachers for the many students we have with disabilities,” Rhynard said.

She said she had a conversation with Congressman Mike Turner’s office about the importance of the department while she was in Washington D.C., last month.

She said what President Donald Trump, DOGE and Elon Musk are doing to education and to students’ lives are “the exact opposite of improvement or efficiency.”

“It is cruel and will harm millions of students,” Rhynard said.

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Middletown city council officials terminate deal with law firm

Frost Brown Todd hired to handle legal services.

BY RICK MCCRABB CONTRIBUTING WRITER

After a 90-minute executive session Tuesday night, Middletown city council voted to terminate its contract with Bricker Grayon LLP, a law firm that handled the city's legal services.

Council voted to hire Frost Brown Todd to oversee the city's legal services and serve as its law director.

A one-sentence statement from the city read: "The city has decided to transition its law director and legal services to Frost Brown Todd."

The city said it would have no additional comment.

When contacted by the Journal-News on Wednesday afternoon, Mayor Elizabeth Slamka was asked why the city decided to change law firms.

She referred all questions to the city's succinct press release. She may comment on the situation later, she said.

This media outlet also reached out to Frost Brown Todd and is waiting for a response.

Council member Paul Lolli, a former city manager, said the decision was in "the best interest" for the city to move forward with a new firm.

He said there will be a 30-day transition period and he expects it to be “seamless.” Residents won’t notice a difference in the level of services from the law department, Lolli said.

Vaccines could help cut egg prices, but U.S. remains hesitant

TOP NATIONAL STORY



A Red Star hen, a hybrid breed that lays large brown eggs, stands on eggs inside her coop at Historic Wagner Farm in Glenview, Ill. ERIN HOOLEY / ASSOCIATED PRESS FILE

BY JOSH FUNK ASSOCIATED PRESS

03/16/25

OMAHA, Neb. (AP) — Vaccines could be a key means of suppressing bird flu and avoiding the slaughter of millions of chickens, which is blamed for egg prices averaging nearly \$6 a dozen.

But the move has been delayed in part because of concerns it could jeopardize chicken exports worth billions of dollars a year.

The U.S. Department of Agriculture has announced plans to spend \$100 million to study bird flu vaccines to fight the disease in concert with meat chicken, egg and turkey groups. That's part of a larger \$1 billion effort to invest in more protections to keep the virus off farms that President Donald Trump believes will help lower egg prices.

Chicken meat producers remain the most resistant to vaccines because of concerns they could harm meat exports, which totaled nearly \$4.7 billion last year.

Egg and turkey producers sell most of their products in the U.S. and have been hit hardest by the virus.

Why is a vaccine needed?

Without a new policy including vaccines, the government will continue to slaughter every flock with a bird flu infection to limit the spread of the disease.

Those deaths have totaled over 166 million birds in the U.S. since 2022.

Most birds killed are egg-laying chickens, and the death of so many hens is the main reason egg prices keep rising. The average price per dozen has hit \$5.90, and in some parts of the country, it is far higher.

Poultry veterinarian Simon Shane, who runs www.Egg-News.com, said the government is hesitant to use vaccines and change its policy of killing birds largely because of the meat chicken industry's opposition.

"Basically this is a political issue, and this only came to a head because

eggs are at \$8 to \$9 a dozen, and it's embarrassing the government — embarrassing the present administration," Shane said.

Why doesn't the U.S. use a bird flu vaccine?

Before using vaccinations, the government must decide how to devise an effective system and monitor for outbreaks within vaccinated flocks that might not show any symptoms, said John Clifford, the USDA's former longtime chief veterinary officer, who now works with a poultry industry export group. Once that is figured out, the industry can negotiate with countries to minimize trade problems.

"What the industry wants is the ability to develop the strategic plan to share that with the trading partners and then find out what kind of impact that that will have on trade," Clifford said.

There are fears that vaccinating could allow the virus to linger undetected in flocks and mutate in ways that could make it more of a threat to humans and allow sick birds to get into the food supply. Like with other diseases, properly cooking chicken to 165 degrees Fahrenheit (74 degrees Celsius) will kill bird flu, but the industry and chicken buyers don't want it there at all.

For meat chicken, known as broilers, the virus isn't as significant because those birds are slaughtered at 6 to 8 weeks old and thus have less chance of being infected compared with egg-laying hens, which live to 2 years or older. Also most broilers are raised in the Southeast, which hasn't had as many outbreaks as the Midwest and West.

Another delay to vaccinating concerns distribution.

Egg farmers want to administer it through chicken feed or water, saying it's not practical to give shots to millions of birds in a single barn.

It can also be difficult to tell the difference between a vaccinated bird and one that has been sick with the virus. That would make other countries nervous about importing meat.

“People have talked about how expensive it would be to monitor vaccinated populations. And it would be. But where do we want to spend our money?” said Dr. Carol Cardona, a bird flu expert at the University of Minnesota.

“We’re spending our money hand over fist right now in depopulation and to buy eggs for breakfast.”

What does the experience in other countries show?

China and Mexico have been vaccinating their poultry for years, but they take different approaches.

In Mexico, chicken are vaccinated, but Clifford said the country doesn’t slaughter flocks when infections are found. That basically ensures the virus is present in poultry.

China still slaughters vaccinated flocks when infections are found, which has proved more effective at limiting the spread of the virus and reining in outbreaks.

Clifford said the U.S. would need to continue culling flocks with outbreaks even after vaccinating, and it might make sense to give shots only to egg layers and turkeys, not broilers.

Will it help egg prices?

Don’t expect big relief anytime soon.

The USDA, which did not respond to a request for comment sent last week, clearly isn’t moving to vaccinate immediately. And, regardless, it will take time to raise new hens.

“We’re going to have to wait to replace those with new hatched chicks, and it takes 20 weeks before they even start laying,” Shane said. “So I don’t know where they’re going to get the eggs from.”

Prices may ease somewhat later this year after peak demand, which happens around Easter, if mas-sive egg farms in California, Iowa, Ohio and elsewhere can avoid more outbreaks.

The USDA has predicted that average egg prices will be 41% higher than the 2024 average of \$3.17 per dozen.

That would mean \$4.47 per dozen, slightly below the current average.

With Medicaid cuts, smaller Ohio towns will suffer



Thomas Suddes

THOMAS SUDDES

Gov. Mike DeWine last week continued a 108-yearold tradition, begun in 1917, when then- Gov. James M. Cox, the Dayton Democrat, gave an Ohio governor's first in-person State of the State message to the General Assembly.

The annual message is, or can be, a governor's agenda-setter, and Mike DeWine, of Cedarville, took advantage of that opportunity.

Whether his fellow Republicans, who run the legislature, will act as he wishes is an open question.

The Ohio Constitution requires a governor to "communicate at every session, by message, to the General Assembly, the condition of the state, and recommend such measures as he" – someday, she – "shall deem expedient."

Until Cox delivered the 1917's session's message in person, Ohio governors had typically sent the General Assembly a printed message.

DeWine, like his predecessors, talked up accomplishments – and, in fairness, there are many, starting with Ohio's rock-solid finances.

Still, legislators' cheers for DeWine called to mind what Democrat John F. Kennedy said of his 1960 presidential campaign: "There is no city in the United States in which I get a warmer welcome and less votes than Columbus, Ohio."

That is, while many legislative Republicans respect Mike DeWine personally, and likely envy his political successes, that doesn't necessarily mean they'll follow his agenda.

An obvious turn: The evident decision by House Republicans, led by new Speaker Matt Huffman, of Lima – not shy about doing just and only as he pleases – to buck DeWine's plan help finance a new Cleveland Browns stadium.

To help pay for it, DeWine wants to boost Ohio's sports gaming tax, now 20%, to 40%, levied on gross receipts a sports gaming company receives from Ohio bets. The 20% rate was set in mid-2023 in Ohio's current budget; earlier, the tax rate was 10%.

House Republicans instead want Ohio taxpayers to go into debt by selling state-backed bonds to help fund a new Browns stadium.

The Browns' owners, Jimmy and Dee Haslam, want any new stadium to be built in Brook Park. Cleveland city officials want the team to stay in Cleveland.

Meanwhile, perhaps it was practical politics on DeWine's part – why seek what you may never get? – but there are two topics he should have raised last week but didn't.

The first: The burden of skyrocketing real-estate taxes Ohio's property tax set-up are piling onto the shoulders of Ohio homeowners.

If General Assembly Republican keeps ducking the issue, that'll touch off a firestorm in suburban Ohio – GOP communities. Is anyone in Columbus listening? Then there's the peril facing Ohioans, especially in small-town and rural Ohio, also GOP bedrock, if Donald Trump and his troupe of co-presidents slash the federal-state Medicaid program, especially Ohio's 2013 extension of Medicaid coverage to more low-income Ohioans.

Forget ifs, ands and buts: If Washington squeezes Medicaid, some smaller Ohio towns – GOP heartland – will see hospitals close, their jobs vanish.

The legislature should focus on what to do if rural health-care providers move counties-away from pregnant, ill or aging Ohioans. In some state capitals, there's a word for that: Leadership.

Thomas Suddes is a former legislative reporter with The Plain Dealer in Cleveland. You can reach him at tsuddes@gmail.com.

Tree pollen allergies right around the corner

Recent counts in the region range between medium-high and high levels.



BRYANT BILLING / STAFF

BY SAMANTHA WILDOW STAFF WRITER

The end of winter leads straight to allergy season as the beginning of spring on Thursday signals oncoming tree pollen.

Allergy sufferers should start taking their controller medications now, doctors say, and people with chronic respiratory problems, like asthma and lung disease, should have a plan in place in case pollen starts to exacerbate those health issues.

“In the Miami Valley, it’s almost universal. So many folks have issues

03/18/25

with allergies here,” said Dr. David Heidrich, a Premier Health physician.

Allergy sufferers may already be feeling the impact, said Brian Huxtable, air monitoring supervisor at the Regional Air Pollution Control Agency (RAPCA).

“There are different types of tree pollen, different species of trees, so some people may have sensitivities to some more than others,” Huxtable said.

Over the past few days, multiple parts of southwest Ohio have been from medium-high up to high when it comes to pollen counts, according to Pollen.com.

The trees emitting the most allergens right now are Elm, Mulberry and Juniper trees. Pollen.com or the Pollen Wise app are recommended by RAPCA for tracking pollen counts.

The region has previously been ranked as one of the worst cities for allergy sufferers by the Asthma and Allergy Foundation of American, but in recent years, the region’s ranking has improved. In the foundation’s 2025 allergy capitals list, Dayton region is in the bottom 20 of the cities the nonprofit monitors when it comes to allergies, ranked 83rd out of the top 100 cities worst for allergies.

Allergy symptoms, how to treat them

Allergy symptoms can include congestion, itchy eyes, sneezing and coughing. Those symptoms are associated with one of the most common allergic conditions, which is seasonal allergic rhinitis.

About one out of four adults and one out of five children have seasonal allergic rhinitis, according to the Asthma and Allergy Foundation of America.

In addition to the above symptom, seasonal allergic rhinitis causes symptoms such as a runny nose, which also known as rhinorrhea, that is

usually a thin, clear discharge; red and watery eyes; and itchy nose, eyes, ears, or mouth; and swelling around the eye.

“Generally for most people, they’re going to start seeing symptoms worsen when the weather starts warming up, when we’re not having that frost at night anymore,” Heidrich said.

Over the counter medications that treat seasonal allergy symptoms include antihistamines like Zyrtec or Claritin. Doctors recommend allergy sufferers start taking those types of medications or other controller medications before allergy season gets too far ahead, or as recommended by your primary care doctor.

“It’s better to get it on board before we start seeing the full blooms,” said Christine Stahl, a nurse practitioner at Kettering Health Springboro Health Center.

If you’re already taking antihistamines like Zyrtec or Claritin, symptoms can be milder when pollen triggers future allergy reactions, Stahl said.

Antihistamines work by blocking histamine, which is the chemical your body produces in response to an allergen, according to the Cleveland Clinic. Antihistamines can come in the form of a pill, liquid or nasal spray.

Other nasal sprays containing corticosteroids like Flonase work by reducing inflammation in your nasal passages, the Cleveland Clinic says.

More serious symptoms

If you’re having more extreme symptoms, such as a fever, body aches or flulike symptoms, doctors recommend seeking out care from your primary care physician.

If you have other chronic respiratory illnesses on top of seasonal allergies, it’s good to have a plan in place in case pollen allergens make those other conditions worse, such as having a rescue inhaler handy.

“The triggers from the allergens can increase the risk for asthma attacks and things like that,” Stahl said.

Allergy sufferers should also seek guidance from a doctor when using decongestants as they can react with other types of prescription medication, as well as cause issues with conditions like high blood pressure, glaucoma and thyroid disease, the Asthma and Allergy Foundation of America says.

Some over-the-counter decongestants also have phenylephrine as an active ingredient in them, which the FDA recommends against using as studies have shown it is not effective at relieving nasal congestion in commonly used doses.

Decongestants that contain pseudoephedrine require photo identification and are only available to purchase behind the pharmacy counter.

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HOW TO KEEP POLLEN OUT OF THE HOME

- If you're able to use air conditioning instead, keep your windows closed to prevent pollen from getting inside.
- Check pollen counts daily, such as online at pollen.com or with the Pollen Wise app.
- Change your clothes or take a shower after spending time outside, especially after doing yard work.
- Wipe down any pets that spend time outside.
- Wash your bed sheets frequently, and don't dry clothes outside on a clothesline as pollen can collect on the clothes that way.

Summer camp to help kids with housing issues

FAIRFIELD



Breakfast, lunch and a snack are provided daily for children enrolled in the UpSpring Summer 360 camp program. ANGIE LISCOMB PHOTOGRAPHY / CONTRIBUTED

03/19/25

BY SUE KIESEWETTER CONTRIBUTING WRITER

A nonprofit that helps students who are homeless or have unstable housing, is expanding its reach, bringing a summer program to children in the Fairfield City School district.

The UpSpring Summer 360 camp program will open its third site at South Elementary School, joining sites in Walnut Hills and Florence, Kentucky.

"This is an exciting time as UpSpring continues to grow its educational support while contributing to addressing the rising challenge of youth homelessness in our community," said Jordan Celestin, president of the organization's board of trustees.

"This expansion provides an opportunity for UpSpring staff, donors, volunteers, and community partners to all play a greater part and continue working together to make the difference in our youth's education."

The organization is partnering with the Fairfield Schools for the six-week camp, which runs from June 9 through July 18. This is the 28th year camps have been offered, but the first year outside of Hamilton County or northern Kentucky.

Children will be picked up and brought to the camp by Fairfield buses. It will be in session from 8:30 a.m. to 3 p.m., Mondays through Fridays, said Katie Jensen, UpSpring's development and marketing director.

Instruction in math and literacy will take up mornings. Afternoons will be devoted to enrichment in fitness, arts, STEM (science, technology, engineering, math).

Besides instruction, the program focuses on the social and, emotional development of the children throughout the day, Jensen said.

"We reinforce the message you can succeed, you should have hope," Jensen said.

Participants will receive breakfast, lunch and a snack each day along with a weekend food pack, Jensen said.

One day a week there will be an all-day field trip to Kings Island, a museum, parks or lakes.

"I liked what they had to say. It was jaw-dropping that we got selected," said Matt Crapo, the district's director of student services.

"To be able to bring in outside resources to support kids in an area where's it's needed is great. Not everybody knows the diversity we have in our buildings."

Crapo said about 60% of students enrolled in the district are economically disadvantaged, receiving free or reduced meals. The district is among the top 10 in the state for English language learners, Crapo said.

"We have the students that need this support over the summer. We are happy to partner with UpSpring and provide the support."

The program, Crapo said, prevents summer learning loss and fosters both academic and personal growth.

At the same time it provides stability for children who face housing instability.

Participating students will be selected with input from the district's liaisons from both Fairfield and Fairfield Twp.

UpSpring will provide the certified teachers and programming for the camp and reimburse the district for busing and meals, Crapo said.

“We would like to offer this as long as we can. We want to thank UpSpring for doing this for our kids and our families,” Crapo said.

Anyone wishing to donate can do so online at www.upspring.org or call 513- 389-0805.

Butler County sees large spike in suspected fatal ODs in past week

Between March 10-16, six people died from suspected overdoses.

BY MICHAEL D. PITMAN STAFF WRITER

Suspected fatal incidents of drug overdoses have spiked over the past week, according to Butler County General Health District.

Between March 10 and Sunday, there were six deaths suspected to be fatal overdoses, which is triple the weekly average that Butler County had seen for the past 10 weeks, according to the county health district report.

The agency said the confirmed spike occurred within six days of each other “and mainly concentrated within the village of New Miami and the city of Hamilton” as two suspected fatal overdoses occurred in each area. Middletown and the Butler County portion of Sharonville also saw suspected fatal overdoses during the countywide spike.

The health report also states that hospital emergency department data for suspected fatal drug overdose admissions at a Butler County facility were slightly higher during the spike period, “which provides further evidence of overdoses increasing” and warranted further examination to highlight significant findings and information.

“Data and coroner investigation notes also suggest a high proportion of individuals were suspected to have used stimulants at the time of their

fatality,” according to Jordan Meyer, senior epidemiologist with the Butler County General Health District. “This is notable as Butler County has observed an increase in overdose fatalities involving these substances like methamphetamine and cocaine within the last calendar year.”

Meyer said the data also indicates a potentially high likelihood the individuals thought they may have been using stimulants but did not know they could have been mixed with opioid substances, said Meyer. Until toxicology reports are finalized, he said it’s difficult to determine an exact reason or potential substance responsible for the spike.

All suspected fatal overdoses between March 10 and Sunday were white men. The age groups included three between 55 and 64 years old; one between 18 and 24; one between 35 and 44, and one between 45 and 54 years old.

Until last week, only twice this year — between Jan. 27-Feb. 2 and Feb. 24-March 2 — had there been as many as three suspected fatal drug overdoses, according to the county health district’s report.

According to the Butler County Coroner’s Office, even though there has been a recent spike in suspected fatal drug overdoses, the numbers have trended down since 2022, when there were 184 drug overdose deaths. Overdose deaths dropped to 130 in 2023 and further down to 88 in 2024. Through Tuesday, there have been 25 known and suspected drug overdose deaths, according to the office.

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For decades, Middletown had a Chick-fil-A location; city set for next chapter

Restaurant expected to come back to town later this year.



Chick-fil-A plans to open a location at 6465 Culbertson Road near the Quality Inn and at the former location of Buckeye's restaurant in Middletown, city officials said. The restaurant is expected to open this year. NICK GRAHAM / STAFF

BY RICK MCCRABB CONTRIBUTING WRITER

Ten years ago, Middletown residents were asked their top priorities in a survey called "What If Middletown."

When they were asked what would make their city better, the top responses were improved streets, the reopening of community pools and a new restaurant. Not just any restaurant. Residents wanted a Chick-fil-A.

In the years since the survey, miles of Middletown roads have been repaved and the city is building an aquatic center at the Atrium YMCA.

And now a Chick-fil-A is coming back to town. Get used to hearing, “my pleasure,” Middletown.

The Chick-fil-A survey response was a surprise because people were not asked what specific restaurant they wanted, just what they would like in general.

The newest Chick-fil-A location will be at 6465 Culbertson Road near the Quality Inn and at the former location of Buckeye’s restaurant in Warren County.

The city announced the restaurant is expected to be built and open this year. No operator has been named.

The Atlanta-based company purchased the property for \$700,000 on March 5, according to Warren County Auditor records.

Ironically, 48 years ago, Middletown’s first and only Chick-fil-A location opened in the once vibrant Towne Mall. After the restaurant closed some years later, residents have been chirping ever since for another Chick-fil-A.

When Clayton Castle, now the city’s communications manager, ran unsuccessfully for city council in 2023, residents told him during his door-to-door campaign they wanted a Chick-fil-A, he said.

When he mentioned Chick-fil-A during a candidates forum, he said there were cheers from those in the audience.

“The excitement of its return is evident when you look at the social media announcement on Friday with over a thousand “like” and “love” reactions and hundreds of comments and shares,” he said. “The city of Middletown shares in that excitement and we can’t wait for it to open later this year.”

The closest Chick-fil-A location to Middletown is in Liberty Twp. A new location will be built near Austin Landing in Miami Twp. soon, the company announced last year.

Known for its quality customer service, Chick-fil-A has been ranked the No. 1 fast food restaurant for the past decade by publications and customers.

‘A very steep cost’: Measles outbreak shows local vulnerability

JOURNAL-NEWS IN-DEPTH

BY SAMANTHA WILDOW STAFF WRITER

As a measles outbreak continues in rural west Texas, local doctors and public health experts are urging families to keep their children up to date on childhood immunizations to avoid similar risks in the region.

“We know that when there’s measles anywhere, that’s a threat to everyone everywhere because measles is so very contagious,” said Dr. Becky Thomas, medical director for Public Health - Dayton and Montgomery County.

Nine out of 10 unvaccinated people will get measles if exposed to it, she said.

“You don’t need to have close exposure. You don’t need to be around them for a certain period of time. It’s just that contagious,” Thomas said.

Since the disease was eradicated in the U.S. in 2000, the only way Americans get measles is if they travel outside of the U.S. and bring the virus back, Thomas said. Those can be isolated cases unless the carrier is exposed to a pocket of unvaccinated individuals.

“That county in Texas that’s the center of their outbreak has a very low vaccination rate, and it’s actually, unfortunately, the same as the vaccination rate here in Montgomery County that we have for our

kindergartners now,” Thomas said.

About 84.6% of kindergartners in Montgomery County were vaccinated with the measles, mumps and rubella (MMR) vaccine for the 2024-25 school year, according to Public Health.

Decreased herd immunity

As of March 13, there have been 301 measles cases reported by 15 jurisdictions, including Alaska, California, Florida, Georgia, Kentucky, Maryland, New Jersey, New Mexico, New York City, New York State, Pennsylvania, Rhode Island, Texas, Vermont and Washington, according to the CDC.

More than 50 people have been hospitalized and two have died. Those are the first measles deaths in the U.S. since 2015, according to the U.S. Centers for Disease Control and Prevention.

In the largest Texas outbreak, 259 cases have been identified since late January, as of March 14.

Texas is seeing a rise in measles cases due to decreased herd immunity, said Dr. Elise Striebich, a primary care doctor practicing at the Kettering Health Englewood Health Center.

“Any time we have (lower) vaccination rates, there’s less antibodies, which means there’s a higher risk of an outbreak,” Striebich said.

A vaccination rate of least 94% is needed to reach herd immunity in order to prevent the spread of highly contagious diseases, according to the Mayo Clinic.

Only about 9% of the elementary schools in the region met the threshold of 94% or more of their kindergarten students having all of their required vaccinations for the 2023-24 school year, according to a past Dayton Daily News analysis of Ohio Department of Health data.

Measles has health risks

Measles isn't just contagious. It's also dangerous.

"This is a disease that was feared," Dr. Bruce Vanderhoff, director of the Ohio Department of Health, said about the time prior to the introduction of the MMR vaccine, when measles was active in Ohio.

Measles can lead to severe health problems, Vanderhoff said, like encephalitis, a swelling of the brain with mild to life-threatening symptoms.

A rare but fatal degenerative disease of the central nervous system can take place a decade after the initial measles infection. It can lead to behavioral and intellectual deterioration, as well as seizures, according to the CDC.

"Vaccines save lives — that's never been more obvious to me," said Chris Cook, health commissioner at the Clark County Combined Health District. "The sobering reality is that the two people who died from measles in Texas and New Mexico didn't have to."

Vaccination rates below pre-COVID levels

Vaccination rates have continued to decline since the COVID-19 pandemic.

"The downward trend has continued," Vanderhoff said in a press conference on Tuesday.

Statewide, vaccination rates have declined among kindergarten students, from 86.2% in the 2023-24 school year, to 85.4% of kindergarten students being fully vaccinated in the 2024-25 school year, according to the Ohio Department of Health.

"This decline is alarming," Vanderhoff said.

Montgomery County has not bounced back to its pre-pandemic vaccination rate of 91.3%, according to Public Health.

“Our modeling studies from the CDC show that when that rate gets less than 85% in particular, if a case of measles comes into a school and the vaccination rate is that low, it’s more than likely going to lead to a measles outbreak in that school,” Thomas said.

Clark County also is facing low rates of utilization of the MMR vaccine, according to the Clark County Combined Health District.

About 86.4% of kindergartners in Clark County in the 2023-24 school year were up to date on required childhood immunizations, according to the health district.

Clark County had a pre-pandemic high of 95.6% of kindergarten students in the 2016-17 year who were up-to-date on their vaccinations, the health district said.

“If we continue on a path of decreasing immunization rates, as individuals and as a community we will pay a very steep cost,” Cook said.

Butler County had a slightly better rate, with 87.3% of kindergarten students fully up to date on their childhood immunizations for the 2023-24 school year, according to ODH data.

Butler County’s MMR vaccination rate is higher, with 94.1% of kindergarten students vaccinated with both doses, according to the Butler County General Health District’s most recent data.

Vaccine safety

Children should get two doses of MMR vaccine, the CDC says, starting with the first dose at 12 to 15 months of age and the second dose at 4 through 6 years of age.

The lack of uptake of vaccinations is disheartening from a public health

perspective, Cook said.

“Individual health choices become the profile of a community’s health. We want our community to be as healthy as possible, especially our children,” Cook said.

Childhood vaccines are safe and effective, and they keep children alive, Cook said.

“That’s not a matter of opinion. That’s not a political statement. It’s a fact,” Cook said.

Doctors and public health experts are encouraging parents who are hesitant about vaccines to consult with their child’s doctor or a trusted medical professional.

“I love it when patients come in with questions like that, because that’s what I’m here for, that’s what I’m trained for,” Striebich said.

The American Academy of Pediatrics’ website [healthychildren.org](https://www.healthychildren.org) also provides parents with helpful resources on multiple topics, as well as information on vaccinations.

HOW TO GET YOUR CHILD VACCINATED

The U.S. Centers for Disease Control and Prevention provides resources on its website about how families can access vaccines for their children at no cost to them at [cdc.gov/vaccines/programs/vfc](https://www.cdc.gov/vaccines/programs/vfc). The Vaccines for Children program offers vaccines at no cost for eligible children through doctors enrolled in the program.

Routine childhood vaccinations are also available at many pharmacies. To find a pharmacy near you, visit [vaccines.gov](https://www.vaccines.gov).

Your county health department may be able to provide childhood vaccinations through the Vaccines for Children program. Below are the contact phone numbers for each county health department in the Dayton region:

- Public Health - Dayton and Montgomery County: 937-225-5700
- Greene County Public Health: 937-374-5600
- Warren County Health District: 513-695-1228
- Preble County Public Health: 937-472-0087
- Miami County Public Health: 937-573-3500 or call 937-573-3518 to schedule an immunization
- Darke County Health District: 937-548-4196
- Clark County Combined Health District: 937-390-5600
- Champaign Health District: 937-484-1605
- Butler County General Health District: 513-863-1770