

**DATE:** August 9, 2024  
**TO:** Board of Health Members  
**FROM:** Jacquelyn Phillips Carter, MPH, BSN, RN - Secretary  
**SUBJECT:** Agenda for August 13, 2024

City of Middletown Board of Health & Environment will meet in regular session **August 13, 2024** 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** -July 2024

**RECEIVE AND FILE FINANCIAL REPORT** -July 2024

### **EDUCATION PRESENTATION**

Skin Cancer-Dr. Jennewine

### **NEW BUSINESS**

1. Travel Authorizations-None
2. Approval of Agreement between Butler County General Health District and City of Middletown Health Department-Public Health Emergency Preparedness Grant (PHEP)
3. 1<sup>st</sup> Reading of MBHE Ordinance No. 2024-01 by Title Only-Food Fees
4. 1<sup>st</sup> Reading of MBHE Ordinance No. 2024-02 by Title Only-Pool Fees

### **REPORTS**

Health Commissioner

Medical Director

Director of Nursing

Environmental Health Director

### **BOARD MEMBER OPEN DISCUSSION**

### **ADJOURNMENT**

The Next Board of Health Meeting is scheduled for September 10, 2024 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  
July 9, 2024

The City of Middletown Board of Health met in regular session at 7:30 AM on July 9, 2024.

Members Present

Mayor, Elizabeth Slamka  
Ruth Lolli  
Emily Miller, BSN, RN  
Dr. Scott Zollett, MD  
Amy Sibcy  
Jeff Bonnell  
Sally Kash, MS, RN  
Joseph Richmond, MBA

Health Department Staff Present

Jackie Phillips Carter, MPH, BSN, RN  
Carla Ealy, BS, REHS  
Chandra Corbin, BSN, RN  
Amanda McDonald, Vital Statistics Registrar

Absent and Excused

All board members were present.

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ROLL CALL

All board members were present.

CITIZEN COMMENTS

None.

APPROVAL OF MINUTES – June 2024

Motion: Ms. Kash moved, seconded by Ms. Lolli to approve the June 2024 minutes.

Roll call vote: Yes-7 (Lolli, Miller, Zollett, Sibcy, Bonnell, Kash, Richmond). No-0. Motion Passed.

RECEIVE AND FILE FINANCIAL REPORT-June 2024

Ms. Phillips Carter informed the board that the June Financial Report is current through June 11, 2024.

Motion: Ms. Lolli moved, seconded by Mr. Richmond to approve the June Financial Report.

Roll call vote: Yes-6 (Lolli, Miller, Bonnell, Sibcy, Kash, Richmond). No-1 (Zollett). Motion Passed.

Education Presentation- Middletown Connect, Kristy Duritsch & DeAnna Shores

Kristy Durtisch and DeAnna Shores provided the Board of Health with a presentation on Middletown Connect. The City of Middletown Health Department secured the OHIZ Grant and in partnership Southwest Ohio Safety has created and implemented Middletown Connect. Middletown Connect focuses on health equity and social determinants of health. Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Social determinants of health are the conditions in the environment where people are born, live, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks. There is a 12.5-year difference in life expectancy between the least vulnerable census tract and the most vulnerable census tract in Middletown. Middletown Connect combines community engagement and activation with resource and systems alignment to create a positive impact on the community. Middletown Connect has appointed dedicated Community Ambassadors to restore

the pride in their neighborhoods. Community Ambassadors host monthly meetings and volunteer for community events working alongside city leaders, organizations and health agencies. Middletown Connect is an emergent community building process. Middletown Connect does not deploy a pre-determined list of programs and services. Alignment is created by employing a credible process, engaging community residents, engaging health improvement partners and facilitating a feedback loop.

Health Improvement Partners (HIP) play a key role in this project. The HIP Team meets quarterly to review data and identify ways to provide resources that support community priorities. HIP Partners are made up of healthcare providers, law enforcement, school system, courts and clergy and community agencies.

Middletown Connect utilizes census data to identify and target areas with higher social determinants of health and share data with health partners and residents. Middletown Connect raises awareness by supporting and promoting programs to educate the community on health-related topics. Middletown Connect promotes physical activity by encouraging and facilitating physical activity within the community to improve overall health. Middletown Connect seeks to improve healthcare access for all residents, especially underserved populations. Middletown Connect strives to empower the community by engaging residents to advocate for their health needs and provide platforms for community input and resources allocation. Middletown Connect addresses social determinants of health by understanding and addressing barriers related to income, education and healthcare access. Middletown Connect promotes health equity by tailoring interventions to meet the needs of underserved populations and ensuring equitable access to healthcare services and resources.

Middletown Connect aims to enhance public health by supporting resident led initiatives, promoting physical activity, and ensuring better access to healthcare. The project emphasizes community empowerment, engagement and health equity. The Middletown Connect organizational chart consists of a core team, connector, coordinator, administrator and facilitator. Kristy Duritsch serves as the administrator, Pastor Scotty Robertson as the advocate, Carrie Yaeger as the intern, Sherry Gibson as the coordinator, Rhonda Molina as the facilitator, Jackie Phillips Carter as the influencer and DeAnna Shores as the connector.

Middletown Connect continues to serve census tracts 130, 131, 132 and has recently added census tracts 122, 141 and 144.

#### NEW BUSINESS

##### Travel Authorizations

There were no travel authorizations requested.

##### Approval of Personnel Appointment-Nicole Pennington, Registered Environmental Health Specialist

Ms. Phillips Carter explained to the board that Ms. Pennington has been selected to fill the position of Registered Environmental Health Specialist. Ms. Pennington will be available to begin her position on August 1, 2024 and will be present at the August Board of Health Meeting.

**Motion:** Ms. Lolli moved, seconded by Ms. Kash to approve the personnel appointment of Nicole Pennington as Registered Environmental Health Specialist.

**Roll call vote:** Yes-7 (Lolli, Miller, Zollett, Sibcy, Bonnell, Kash, Richmond). No-0. Motion Passed.

##### Review of Ohio Department of Health Adult Immunization Program Agreement

Ms. Corbin explained to the board that this is an agreement between City of Middletown Health Department and Ohio Department of Health that allows CMHD to administer adult vaccinations. This agreement pertains to underinsured/uninsured adults and is separate from vaccines in response to an outbreak.

### Review of Proposed FSO/RFE and Pool License Fees for 2024-2025

Ms. Ealy included the 2025 recommended fee increases in the packet for the board to review. Ms. Ealy noted that after COVID, FSO/RFE license fees were drastically reduced, the recommended 2025 fees continue to be lower than pre-COVID fees. The increase will allow CMHD to recover more of the program cost. Ms Ealy also stated the Health department is required to complete a cost analysis for the food program annually and send forward copies to Ohio Department of Health and Ohio Department of Agriculture.

Ms. Ealy stated that the first reading of the ordinance will be at the August Board of Health Meeting.

Dr. Zollett inquired about facility risk levels. Ms. Ealy explained that each facility is assigned a risk rating dependent on a facility's menu and food processes.

### 2<sup>nd</sup> Quarter Report-2024

Ms. Phillips Carter stated that the 2024 2<sup>nd</sup> Quarter Report was included in the packet as well as the 2023 2<sup>nd</sup> Quarter Report for year-to-year comparison.

### REPORTS

#### Health Commissioner

Ms. Phillips Carter thanked board members for completing her evaluation.

Ms. Phillips Carter states that it is her hope that public health connects the community to the resources they need to benefit them most.

Ms. Phillips Carter informed the board that the first Walk With a Doc will be held Saturday, July 20<sup>th</sup> at 9am at Rosa Parks Elementary School. Walk with a Doc is a program designed for anyone looking to embrace a healthier lifestyle. Participants are able to learn about a current health topic by a physician and then engage in a healthy walk and discussion. There is no cost to participate in this program.

#### Medical Director

In Dr. Jennewine's absence, Director of Nursing, Chandra Corbin reported the June communicable disease cases.

|                                 |    |
|---------------------------------|----|
| Chlamydia infection             | 23 |
| COVID-19                        | 19 |
| Cryptosporidiosis               | 1  |
| Gonococcal Infection            | 9  |
| Hepatitis B                     | 1  |
| Hepatitis C                     | 13 |
| HIV                             | 2  |
| Pertussis                       | 1  |
| Streptococcal-Group A- invasive | 2  |
| Tuberculosis                    | 1  |

#### Director of Nursing

Ms. Corbin informed the board that the Public Health Emergency Preparedness contract is currently being reviewed by the Law Department and should be brought to the board for approval at the August meeting.

#### Environmental Director

Ms. Ealy informed the board that six new plans were received in June, two sets of those plans have been approved. Ohio Department of Health will be conducting the Food Service Operation survey on August 12-13<sup>th</sup>. This survey is required every 3 years to ensure that the local health departments are adhering to policies and procedures set forth in



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

the Ohio Revised Code. There will be an Administrative review only in the food service program. No there will be no field review.

Ms. Ealy informed the board that 5 official orders requiring sewer connection were sent to five homeowners.

Ms. Ealy stated that CMHD has begun conducting T21 compliance inspections for tobacco retailers. Ms. Ealy explained that compliance includes ensuring retailers display their T21 licenses and signage in appropriate locations according to the ordinance. Ms. Ealy stated that Sarah Chaney's last day was July 12 and Nicole Pennington will start August 1, 2024.

#### Board Member Open Discussion

Ms. Phillips Carter informed the board that City Council landed on three marijuana dispensaries as compared to the five dispensaries previously discussed.

#### ADJOURNMENT

The meeting was adjourned at 8:48AM. The next meeting will be held on August 13, 2024 at 7:30AM in Conference Room 2C.

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

Elizabeth Slamka, President  
City of Middletown Board of Health

## City of Middletown Health Department

### July 2024 Financial Notes

#### Vital Statistics

- \$8,290.26 Revenue Earned
- 709 Certificates Sold
- 32 Burial permits Sold

#### Environmental

- \$1,969.50 Revenue Earned
- \$20,000 Deposited 7/5/2024 from Interact for Health T21 Grant.

#### Indigent Services

- \$17,521 Spent of the \$20,000 Budget for Indigent Services for 2024
- 23 Applications approved (*2 waiting for invoices*)
  - 3 OD's
  - *Zero dollars in Reimbursements from the Embalmer's Association Program which ended May 2023*
  - The current indigent budget for the fiscal year of 2024 will only cover three more indigent services.

#### Current Grants

- Workforce Development (WF-23) 7/01/2023-11/30/2027 - \$445,000
  - Multi-year project to support the development of current and future public health workforce
    - Award granted to CMHD \$435,000
    - \$10,000 awarded to all LHD's in Ohio for equity specific training.
      - *\$42,033.87 - Deposited to date*
- Public Health Emergency Preparedness (PHEP) 7/1/2023-6/30/2024 - \$24,361.62
  - Deliverable based pass-through with BCGHD
    - *\$22,266.42 - Deposited to date*
- Allotrac Medicaid Billing (MAC Billing) 1/01/2024-12/31/2024
  - Yearly agreement. Payments approved quarterly
    - *\$47,140.83 - Deposited to date*
- Smoking State Reimbursement
  - *\$657.15 - Deposited to date*
- State Health Subsidy Reimbursements & Vital Statistics Reimbursements
  - \$19,349.93 – State Subsidy (January) OAC 3701-36
  - \$9,329.20 – State Subsidy (May) OAC 3701-36
  - \$3,902.73 – Vital Stats (February)
  - \$1,519.20 – Vital Stats (May)

# City of Middletown

## Revenue Report

Accounts: 228.000.43310 to 228.000.49385  
 As Of: 1/1/2024 to 7/31/2024

|                            |                                  | Include Inactive Accounts: Yes |             |             |               |             |
|----------------------------|----------------------------------|--------------------------------|-------------|-------------|---------------|-------------|
| Account                    | Description                      | Budget                         | MTD Revenue | YTD Revenue | Uncollected   | % Collected |
| 228                        | HEALTH FUND                      |                                |             |             |               | 58.33%      |
| <b>Revenue</b>             |                                  |                                |             |             |               |             |
| Intergovernmental          |                                  |                                |             |             |               |             |
| 228.000.43310              | PHHS GRANT                       | \$0.00                         | \$0.00      | \$0.00      | \$0.00        | N/A         |
| 228.000.43311              | INJURY PREVENTION                | \$0.00                         | \$0.00      | \$0.00      | \$0.00        | N/A         |
| 228.000.43315              | AIDS GRANT                       | \$0.00                         | \$0.00      | \$0.00      | \$0.00        | N/A         |
| 228.000.43316              | CHIPS OUTREACH                   | \$0.00                         | \$0.00      | \$0.00      | \$0.00        | N/A         |
| 228.000.43320              | HIV GRANT (MONT CO)              | \$0.00                         | \$0.00      | \$0.00      | \$0.00        | N/A         |
| 228.000.43330              | STATE HEALTH SUBSIDY             | \$9,300.00                     | \$0.00      | \$28,679.13 | (\$19,379.13) | 308.38%     |
| 228.000.43331              | IMMUNIZATION ACTION PLAN GRANT   | \$0.00                         | \$0.00      | \$0.00      | \$0.00        | N/A         |
| 228.000.43332              | BUREAU CHILDRENS MEDICAL HANDIC  | \$0.00                         | \$0.00      | \$0.00      | \$0.00        | N/A         |
| 228.000.43333              | TOBACCO PREVENTION               | \$0.00                         | \$0.00      | \$0.00      | \$0.00        | N/A         |
| 228.000.43360              | PHI GRANT                        | \$14,333.00                    | \$0.00      | \$0.00      | \$14,333.00   | 0.00%       |
| 228.000.43361              | TATU GRANT                       | \$0.00                         | \$0.00      | \$0.00      | \$0.00        | N/A         |
| 228.000.43362              | CHILD/FAMILY HEALTH SERVICES GRA | \$14,333.00                    | \$0.00      | \$0.00      | \$14,333.00   | 0.00%       |
| 228.000.43363              | EARLY START GRANT                | \$0.00                         | \$0.00      | \$0.00      | \$0.00        | N/A         |
| 228.000.43364              | CARDIOVASCULAR GRANT             | \$0.00                         | \$0.00      | \$0.00      | \$0.00        | N/A         |
| 228.000.43365              | H1N1 GRANT REVENUE               | \$0.00                         | \$0.00      | \$0.00      | \$0.00        | N/A         |
| 228.000.43366              | US HHS STIMULUS                  | \$0.00                         | \$0.00      | \$0.00      | \$0.00        | N/A         |
| 228.000.43367              | COVID-19 CRISIS RESPONSE GRANT ( | \$0.00                         | \$0.00      | \$0.00      | \$0.00        | N/A         |
| 228.000.43368              | COVID-19 CONTACT TRACING GRANT ( | \$0.00                         | \$0.00      | \$0.00      | \$0.00        | N/A         |
| 228.000.43369              | HARM REDUCTION GRANT             | \$14,334.00                    | \$0.00      | \$0.00      | \$14,334.00   | 0.00%       |
| 228.000.43370              | PUBLIC HEALTH WORKFORCE DEV GR   | \$123,000.00                   | \$24,174.69 | \$42,033.87 | \$80,966.13   | 34.11%      |
|                            | Intergovernmental Totals:        | \$175,300.00                   | \$24,174.69 | \$70,713.00 | \$104,587.00  | 40.34%      |
| <b>Charges for Service</b> |                                  |                                |             |             |               |             |
| 228.000.44197              | ADMINISTRATIVE FEES              | \$56,591.00                    | \$14,147.50 | \$42,442.50 | \$14,148.50   | 75.00%      |
| 228.000.44210              | VITAL STATISTICS                 | \$108,130.00                   | \$7,883.86  | \$60,161.85 | \$47,968.15   | 55.64%      |
| 228.000.44211              | VITAL STATISTICS SHIPPING CHARGE | \$0.00                         | \$959.99    | \$1,038.74  | (\$1,038.74)  | N/A         |
| 228.000.44215              | PATERNITY AFFIDAVITS             | \$200.00                       | \$0.00      | \$20.00     | \$180.00      | 10.00%      |
| 228.000.44220              | BOARD OF HEALTH PERMITS          | \$0.00                         | \$0.00      | \$0.00      | \$0.00        | N/A         |
| 228.000.44225              | IMMUNIZATION CLINICS             | \$3,000.00                     | \$0.00      | \$0.00      | \$3,000.00    | 0.00%       |
| 228.000.44230              | HEALTH-DUE STATE GOVERNMENT      | \$0.00                         | \$0.00      | \$0.00      | \$0.00        | N/A         |
| 228.000.44240              | SWIMMING POOL/LICENSE FEE        | \$0.00                         | \$0.00      | \$0.00      | \$0.00        | N/A         |
| 228.000.44280              | VENDING LICENSE                  | \$620.00                       | \$0.00      | \$920.90    | (\$300.90)    | 148.53%     |
| 228.000.44281              | FSO RESTAURANT LICENSE           | \$63,000.00                    | \$1,359.50  | \$66,285.42 | (\$3,285.42)  | 105.21%     |
| 228.000.44282              | FOOD ESTABLISHMENT LICENSE       | \$22,000.00                    | \$110.00    | \$27,970.25 | (\$5,970.25)  | 127.14%     |
| 228.000.44283              | HOUSEHOLD SEWAGE                 | \$3,500.00                     | \$0.00      | \$3,331.36  | \$168.64      | 95.18%      |
| 228.000.44284              | FOOD SAFETY CLASSES              | \$90.00                        | \$0.00      | \$61.00     | \$29.00       | 67.78%      |
| 228.000.44285              | SWIMMING POOL/SPA                | \$5,700.00                     | \$0.00      | \$4,020.00  | \$1,680.00    | 70.53%      |

# Revenue Report

As Of: 1/1/2024 to 7/31/2024

Budget      MTD Revenue

**Revenue Report**  
**As Of: 1/1/2024 to 7/31/2024**

| Account    | Description | Budget       | MTD Revenue | YTD Revenue  | Uncollected  | % Collected |
|------------|-------------|--------------|-------------|--------------|--------------|-------------|
| 228 Total: |             | \$703,846.00 | \$82,967.53 | \$474,064.45 | \$229,781.55 | 67.35%      |

**Revenue Report**  
**As Of: 1/1/2024 to 7/31/2024**

| Account      | Description | Budget       | MTD Revenue | YTD Revenue  | Uncollected  | % Collected |
|--------------|-------------|--------------|-------------|--------------|--------------|-------------|
| Grand Total: |             | \$703,846.00 | \$82,967.53 | \$474,064.45 | \$229,781.55 | 67.35%      |

Target Percent:

58.33%

# City of Middletown

## Expense Report

Accounts: 228.450.51110 to 228.450.59200

Account Access Group: N/A

As Of: 1/1/2024 to 7/31/2024

Include Inactive Accounts: Yes  
Include Pre-Encumbrances: Yes

| Account                      | Description              | Budget       | MTD Expense | YTD Expense  | UnExp. Balance | Encumbrance | Unenc. Balance | % Used  | Target Percent: | 58.33% |
|------------------------------|--------------------------|--------------|-------------|--------------|----------------|-------------|----------------|---------|-----------------|--------|
| 228                          |                          |              |             |              |                |             |                |         |                 |        |
| HEALTH FUND                  |                          |              |             |              |                |             |                |         |                 |        |
| Health Admin                 |                          |              |             |              |                |             |                |         |                 |        |
| Personal Services            |                          |              |             |              |                |             |                |         |                 |        |
| 228.450.51110                | SALARIES & WAGES         | \$600,840.00 | \$23,451.93 | \$326,192.49 | \$274,647.51   | \$0.00      | \$274,647.51   | 54.29%  |                 |        |
| 228.450.51120                | OVERTIME WAGES           | \$0.00       | \$0.00      | \$0.00       | \$0.00         | \$0.00      | \$0.00         | N/A     | \$0.00          |        |
| 228.450.51211                | PERS                     | \$84,118.00  | \$6,906.28  | \$48,878.65  | \$35,239.35    | \$0.00      | \$35,239.35    | 58.11%  |                 |        |
| 228.450.51220                | WORKERS COMPENSATIO      | \$24,034.00  | \$0.00      | \$1,754.71   | \$22,279.29    | \$0.00      | \$0.00         | 100.00% |                 |        |
| 228.450.51230                | GROUP HEALTH INSURANC    | \$103,148.00 | \$7,247.81  | \$53,430.35  | \$49,717.65    | \$0.00      | \$49,717.65    | 51.80%  |                 |        |
| 228.450.51240                | UNEMPLOYMENT COMPEN      | \$0.00       | \$0.00      | \$0.00       | \$0.00         | \$0.00      | \$0.00         | N/A     | \$0.00          |        |
| 228.450.51270                | MEDICARE-CITY SHARE      | \$8,712.00   | \$427.81    | \$4,668.25   | \$4,043.75     | \$0.00      | \$4,043.75     | 53.58%  |                 |        |
| 228.450.51275                | LIFE INSURANCE           | \$1,941.00   | \$152.10    | \$1,064.70   | \$876.30       | \$0.00      | \$876.30       | 100.00% |                 |        |
| 228.450.51290                | EMPLOYEE AWARDS          | \$0.00       | \$0.00      | \$0.00       | \$0.00         | \$0.00      | \$0.00         | N/A     | \$0.00          |        |
| Personal Services Totals:    |                          | \$822,793.00 | \$38,185.93 | \$435,989.15 | \$386,803.85   | \$23,155.59 | \$363,648.26   | 55.80%  |                 |        |
| Contractual Services         |                          |              |             |              |                |             |                |         |                 |        |
| 228.450.52110                | TRAVEL & TRAINING        | \$4,000.00   | \$0.00      | \$1,446.31   | \$2,553.69     | \$0.00      | \$2,553.69     | 36.16%  |                 |        |
| 228.450.52111                | MANDATORY TRAINING       | \$0.00       | \$0.00      | \$0.00       | \$0.00         | \$0.00      | \$0.00         | N/A     | \$0.00          |        |
| 228.450.52120                | EMPLOYEE MILEAGE REIM    | \$3,000.00   | \$225.25    | \$1,275.10   | \$1,724.90     | \$0.00      | \$1,724.90     | 42.50%  |                 |        |
| 228.450.52222                | TELEPHONE LINE CHARGE    | \$5,640.00   | \$40.88     | \$1,750.80   | \$3,889.20     | \$0.00      | \$3,889.20     | 31.04%  |                 |        |
| 228.450.52230                | POSTAGE AND POSTAL CH    | \$0.00       | \$0.00      | \$0.00       | \$0.00         | \$0.00      | \$0.00         | N/A     | \$0.00          |        |
| 228.450.52260                | HEALTH - DUE STATE GOV   | \$0.00       | \$0.00      | \$0.00       | \$0.00         | \$0.00      | \$0.00         | N/A     | \$0.00          |        |
| 228.450.52310                | MUNICIPAL GARAGE CHAR    | \$3,500.00   | \$0.00      | \$1,204.25   | \$2,295.75     | \$0.00      | \$2,295.75     | 34.41%  |                 |        |
| 228.450.52340                | EQUIPMENT/VEHICLE REN    | \$0.00       | \$0.00      | \$0.00       | \$0.00         | \$0.00      | \$0.00         | N/A     | \$0.00          |        |
| 228.450.52410                | LEGAL SERVICES           | \$0.00       | \$0.00      | \$0.00       | \$0.00         | \$0.00      | \$0.00         | N/A     | \$0.00          |        |
| 228.450.52420                | MEDICAL SERVICE          | \$0.00       | \$0.00      | \$0.00       | \$0.00         | \$0.00      | \$0.00         | N/A     | \$0.00          |        |
| 228.450.52480                | OTHER PROFESSIONAL SE    | \$41,085.00  | \$463.58    | \$9,660.92   | \$31,424.08    | \$349.33    | \$31,074.75    | 24.36%  |                 |        |
| 228.450.52481                | WORKFORCE GRANT CON      | \$71,840.95  | \$0.00      | \$9,770.00   | \$62,070.95    | \$12,699.95 | \$49,371.00    | 31.28%  |                 |        |
| 228.450.52482                | SYRINGE EXCHANGE PRO     | \$0.00       | \$0.00      | \$0.00       | \$0.00         | \$0.00      | \$0.00         | N/A     | \$0.00          |        |
| 228.450.52488                | HEALTH DEPT COVID-19 EX  | \$18,430.00  | \$1,320.00  | \$2,930.00   | \$15,500.00    | \$15,500.00 | \$0.00         | 100.00% |                 |        |
| 228.450.52490                | OUTSIDE PRINTING         | \$2,000.00   | \$0.00      | \$440.53     | \$1,559.47     | \$354.95    | \$1,204.52     | 39.77%  |                 |        |
| 228.450.52510                | MAINTENANCE OF EQUIPM    | \$8,000.00   | \$0.00      | \$2,148.77   | \$5,851.23     | \$0.00      | \$5,851.23     | 26.86%  |                 |        |
| 228.450.52680                | MEDICAL LIABILITY INSURA | \$0.00       | \$0.00      | \$0.00       | \$0.00         | \$0.00      | \$0.00         | N/A     | \$0.00          |        |
| 228.450.52820                | LICENSES AND PERMITS     | \$11,855.00  | \$0.00      | \$1,790.50   | \$10,064.50    | \$0.00      | \$10,064.50    | 15.10%  |                 |        |
| 228.450.52920                | MEMBERSHIPS, BOOKS, PE   | \$1,500.00   | \$0.00      | \$274.00     | \$1,226.00     | \$0.00      | \$1,226.00     | 18.27%  |                 |        |
| 228.450.52930                | PHOTO SUPPLIES & PROC    | \$0.00       | \$0.00      | \$0.00       | \$0.00         | \$0.00      | \$0.00         | N/A     | \$0.00          |        |
| 228.450.52940                | INDIGENT BURIALS         | \$0.00       | \$0.00      | \$0.00       | \$0.00         | \$0.00      | \$0.00         | N/A     | \$0.00          |        |
| Contractual Services Totals: |                          | \$170,850.95 | \$2,049.71  | \$32,691.18  | \$138,159.77   | \$28,904.23 | \$109,255.54   | 36.05%  |                 |        |
| Commodities                  |                          |              |             |              |                |             |                |         |                 |        |

## Expense Report

As Of: 1/1/2024 to 7/31/2024

| Account        | Description             | Budget                | MTD Expense        | YTD Expense         | UnExp. Balance      | Encumbrance        | Unenc. Balance      | % Used        |
|----------------|-------------------------|-----------------------|--------------------|---------------------|---------------------|--------------------|---------------------|---------------|
| 228.450.53100  | OFFICE SUPPLIES         | \$2,500.00            | \$0.00             | \$1,138.42          | \$1,361.58          | \$34.82            | \$1,326.76          | 46.93%        |
| 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             | \$38.38             | \$161.62            | \$14.00            | \$147.62            | 26.19%        |
| 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   | \$200.00              | \$0.00             | \$196.22            | \$3.78              | \$0.00             | \$3.78              | 98.11%        |
| 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  | \$500.00              | \$0.00             | \$410.66            | \$89.34             | \$0.00             | \$89.34             | 82.13%        |
|                | Commodities Totals:     | \$3,400.00            | \$0.00             | \$1,783.68          | \$1,616.32          | \$48.82            | \$1,567.50          | 53.90%        |
| 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             | \$2,618.22          | \$2,181.78          | \$0.00             | \$2,181.78          | 54.55%        |
| 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             | \$2,618.22          | \$2,181.78          | \$0.00             | \$2,181.78          | 54.55%        |
|                | Capital Outlay Totals:  | \$4,800.00            | \$0.00             | \$2,618.22          | \$2,181.78          | \$0.00             | \$2,181.78          | 54.55%        |
| 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:    | <u>\$1,001,843.95</u> | <u>\$40,235.64</u> | <u>\$473,082.23</u> | <u>\$528,761.72</u> | <u>\$52,108.64</u> | <u>\$476,653.08</u> | <u>52.42%</u> |

**Expense Report**  
**As Of: 1/1/2024 to 7/31/2024**

| Account    | Description | Budget         | MTD Expense | YTD Expense  | UnExp. Balance | Encumbrance | Unenc. Balance | % Used |
|------------|-------------|----------------|-------------|--------------|----------------|-------------|----------------|--------|
| 228 Total: |             | \$1,001,843.95 | \$40,235.64 | \$473,082.23 | \$528,761.72   | \$52,108.64 | \$476,653.08   | 52.42% |

**Expense Report**

| <b>As Of: 1/1/2024 to 7/31/2024</b> |             |                 |             |              |                |                 |                |
|-------------------------------------|-------------|-----------------|-------------|--------------|----------------|-----------------|----------------|
| Account                             | Description | Budget          | MTD Expense | YTD Expense  | UnExp. Balance | Encumbrance     | Unenc. Balance |
| Grand Total:                        |             | \$1,0001,843.95 | \$40,235.64 | \$473,082.23 | \$528,761.72   | \$52,108.64     | \$476,653.08   |
|                                     |             |                 |             |              |                | Target Percent: | 52.42%         |
|                                     |             |                 |             |              |                | Target Percent: | 58.33%         |

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

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

WITNESS TO:

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

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

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

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

**Section 1. Scope of Services**

**A. Contract Requirements**

1. Contractor will submit all grant documentation as directed by the Board and ODH by the assigned deadline outlined in Attachment B.
2. Contractors will participate in 100% of local PHEP quarterly meetings with the Board and other PHEP Contractors.
3. Contractor will participate in 75% of Regional Emergency Response Coordinator Workgroup meetings.
4. Contractor will adhere to the local health department (LHD) staff training requirements outlined in Attachment C.
5. Contractor will maintain responsibility for all infectious disease control and follow-up within their respective jurisdiction, except tuberculosis, HIV, and syphilis.
6. Contractor will adhere to the infectious disease control and investigation expectations outlined in Attachment D.
7. The Board will issue monthly disease surveillance reports for Butler County and will email the preceding month's report to the CMHD Health Commissioner by the 5th day of the month.

8. The Board will review and manage EpiCenter anomalies for CMHD.

## **B. Grant Deliverables**

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

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

## **Section 2. Term**

This agreement shall be effective from the date it is executed by the parties and shall continue in effect through **June 30, 2025** unless terminated as provided in this Agreement. Services eligible for payment under this Agreement shall be performed on or after **July 1, 2024** through **June 30, 2025**, and which are timely invoiced as provided in this Agreement.

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

### **A. Compensation:**

1. The Board agrees to pay the Contractor up to but not in excess Of \$23,837.70, as full and complete compensation for the deliverables required and outlined in this Agreement.
2. Payment will be reimbursed upon completion of deliverables as described in the PHEP Deliverables Summary (Attachment B).

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

1. Payment will be made by the Board as the Contractor submits monthly invoices for the reimbursement of expenditures for deliverables performed under this Agreement when the following conditions have been met: Submission of the detailed monthly invoices (by the 5<sup>th</sup> of each month) specifying that the contractor has performed the work under this Agreement and has progressed according to the grant requirements.
2. Any periodic payments from the Board specified in this Agreement will be contingent upon performance of contractual obligations to date, including the proper receipt of supporting invoices, reports, statements, or any other supporting information as required by the Board in this Agreement.
  - a. Failure to satisfactorily meet any one of the Agreement obligations by the Contractor may result in the Board not approving periodic payments to the Contractor and/or filing liens as may be necessary against the Contractor's assets or future assets, until the Contractor satisfactorily fulfills its

obligations under the Agreement or satisfactorily reimburses the Board for any prior payments.

- b. The Board also reserves the right to seek any other legal financial remedies as necessary pursuant to any damages the Board may have encountered through the Contractor's default on any of the Agreement obligations until all or part of the Board's prior payments have been recouped as the Board deems appropriate but not to exceed the total amount of any prior payments.
- c. The Board also reserves the right in the event of non-performance of this Agreement to prohibit any future or limited contractual relationships with the Contractor either directly or indirectly.

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

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

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

Contractor will adhere to the ODH 2024-2025 Public Health Emergency Preparedness program guidance regarding any prohibited use of funds.

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

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

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

- A. Contractor, at such times and in such form as the Board may require, shall furnish the Board such reports as may be requested pertaining to the work or services undertaken pursuant to this Agreement, the costs and obligations incurred or to be incurred in connection therewith, and any other matters covered by this Agreement. Contractor shall retain all financial and administrative records for a period of five years after the expiration or termination of this Agreement, and shall provide the Board or any of the Board's representatives or auditor access to such records.
- B. The Board and/or the Auditor of State shall have the right to audit or cause to be audited financial data or records of Contractor pertaining to the work or services undertaken pursuant to this Agreement at any time with 15 days prior notice.

C. Contractor shall cooperate with the Auditor of State or any independent auditor hired by the Board and provide to such auditor on a confidential basis, medical records as well as other patient or financial records pertaining to the work or services undertaken pursuant to this Agreement for a management audit. All parties shall comply with requirements established by the Health Insurance Portability and Accountability Act (HIPPA) Standards for Privacy of Individually Identifiable Health Information (Privacy Rule 45 CFR Part 160 and Subparts A and E of Part 164) regarding safeguarding and protecting individually identifiable health information ("Protected Health Information" or "PHI"). It is the intention of the parties that the provisions of this Section reflect the requirements of HIPPA, as adopted, amended and interpreted from time to time.

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

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

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

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

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

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

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

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

#### **Section 12. Independent Contractor**

The Contractor shall perform all work and services described herein as an independent contractor and not as an officer, agent, servant, or employee of the Board. The Contractor shall have exclusive control of and the exclusive right to control the details of the services and work performed hereunder and all persons performing the same and shall be solely responsible for the acts and omissions of its officers, agents, employees, contractors, and subcontractors, if any. Nothing herein shall be construed as creating a partnership or joint venture between the Board and the Contractor. No person performing any of the work or services described

hereunder shall be considered an officer, agent, servant, or employee of the Board, nor shall any such person be entitled to any benefits available or granted to employees of the Board.

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

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

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

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

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

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

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

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

### **Section 17. Notices**

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

#### **To the Board:**

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

#### **To the Contractor:**

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

**Section 18. Waiver**

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

**Section 19. Severability**

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

**Section 20. Entire Agreement**

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

*(This space intentionally left blank.)*

**Section 21. Authority**

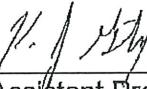
The persons signing this Agreement represent and warrant that they are authorized to represent their respective parties and to execute this Agreement on behalf of the party that they represent.

IN WITNESS WHEREOF, the Board and the Contractor have executed

this Agreement on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

THE BOARD OF HEALTH OF  
THE BUTLER COUNTY GENERAL  
HEALTH DISTRICT  
Tax ID 316000061  
301 S 3<sup>rd</sup> St.  
Hamilton, OH 45011  
Motion 2024-06-010

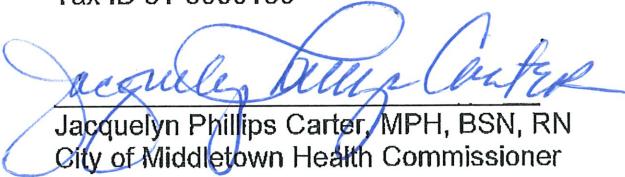
Approved as to Form Only

  
\_\_\_\_\_  
K. J. Mly  
6/21/2024  
Assistant Prosecuting Attorney

  
\_\_\_\_\_  
Erik Balster MPH, REHS, RS  
Health Commissioner

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

CITY OF MIDDLETOWN HEALTH DEPARTMENT  
Tax ID 31-6000139

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

  
\_\_\_\_\_  
Ben Hodder, J.D.  
City of Middletown Law Director

Attachment A

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

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

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

Contractor further represents and warrants that:

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

City of Middlebush Health Department  
Contractor

By Jacquelyne D. Oster  
Title Health Commissioner  
Date 7/10/2024

**Attachment B**  
**Award Amounts and Deliverable Details**  
**City of Middletown PHEP FY2025**  
**Funding by Deliverable**

| <b>Deliverable</b> | <b>Amount</b>      |
|--------------------|--------------------|
| 1.1                | 785.30             |
| 1.2                | 785.89             |
| 2.1                | 785.89             |
| 3.1                | 2,619.63           |
| 4.1                | 2,095.70           |
| 5.1                | 2,357.55           |
| 6.1                | 2,881.48           |
| 7.1                | 523.93             |
| 7.2                | 523.93             |
| 8.1                | 1,309.82           |
| 9.1                | 785.89             |
| 9.2                | 2,095.70           |
| 10.1               | 2,881.48           |
| 11.1               | 1,309.82           |
| 12.1               | 1,309.82           |
| 13.1               | 785.89             |
|                    |                    |
|                    |                    |
|                    |                    |
|                    |                    |
| <b>Totals:</b>     | <b>\$23,837.70</b> |

## Deliverable Details

### **Deliverable – Objective 1: Performance Measures**

**Domain:** Countermeasures and Mitigation

**Capability:** 3, 8, 15

**Description:** CDC utilizes the performance measures as one method of measurement to assess progress across all six PHEP domains, strategies, activities, and outcomes. The information sharing and volunteer management deployment drills are outcome measures that are collected by ODH bi-annually, aggregated and submitted to CDC for a national picture of preparedness. The information sharing performance measure falls into the “Timely Communication of Situational Awareness and Risk Information by Partners” program measure and the volunteer deployment performance measure falls into the “Timely Coordination and Support of Response Activities with Health Care and Other Partners” program measure. In each of these drills, the Contractor should involve their critical infrastructure personnel. Documenting performance measure outcomes through program measures is one of methods of assessment across all PHEP domains that aids in a national level of preparedness and PHEP program impact. Drill must occur at least 5 months apart.

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

- **Objective 1.1:** By September 1, 2024, the Contractor must submit to the Board of Health a completed *Volunteer Deployment Performance Measure* form and *Information Sharing Performance Measure* form.
  
- **Objective 1.2:** By April 1, 2025, the Contractor must submit to the Board of Health a completed *Volunteer Deployment Performance Measure* form and *Information Sharing Performance Measure* form.

### **Deliverable – Objective 2: Ohio Department of Health Statewide Integrated Preparedness Planning Workshop (IPPW)**

**Domain:** Community Resilience

**Capability:** 1

**Description:** IPPW workshop attendance is necessary to collaborate on statewide training and exercise planning efforts among all PHEP and HPP Contractors. Additional information, and requirements for participating in the ODH Statewide IPPW are located in the *BP1/SFY25 Exercise Deliverable Technical Assistance* document.

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

- **Objective 2.1:** By September 1, 2024 the Contractor’s Emergency Response Coordinator, or designee, must provide representation at the ODH Statewide IPPW and must complete the participant feedback survey and send the Board of Health the verification of attendance.

**Deliverable – Objective 3: POD Staff Training Domain: POD Essentials Training**

**Capability: 8**

**Description:** In the event of a public health emergency, such as a pandemic or bioterrorism attack, the efficient dispensing of medical countermeasures to the affected population is critical to prevent further spread of disease. Trained workers can help to streamline the process by preparing vaccination and medication stations, managing queues, and providing accurate information to the public. Training workers for points of dispensing of medical countermeasures is of utmost importance as they play a significant role in providing relief during emergency situations.

The Contractor must provide an in-person POD Essentials training, for their designated POD workers and identified volunteer staff. Coordination of this course will entail scheduling of location; date/time; providing materials for the course; and providing certificates of completion to those who have successfully completed the course. The Contractor must utilize a sign-in sheet to account for attendance at the training. The training must cover:

- All aspect of setting up a POD, including location and accessibility,
- Address each type of POD,
- Address medical and non-medical POD types (Pills/vaccine vs PPE),
- Include an overview of each of the stations,
- Cover the duties and responsibilities for each position within the POD,
- Address any Just in Time training materiel that is available.

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

- **Objective 3.1:** By October 1, 2024, the Contractor must coordinate an in-person POD worker training that includes all identified POD staff positions, including volunteers is encouraged. Submit the sign in sheet and agenda to verify completion to the Board of Health.

**Deliverable – Objective 4: Internal Information Exchange**

**Domain: Incident Management, Information Management**

**Capability: 3, 4, 6**

**Description:** Internal information exchange during an incident provides the jurisdiction the ability to exchange health-related information and situational awareness. There are several strategies to share information and manage a response. One of the most common methods of information sharing is utilizing Situation Reports (SITREPs). SITREPs are communication tools that keep internal and external partners informed of evolving and changing circumstances during an emergency. While the information identified in a SITREP can vary based on applicability, the minimum information should include observed developments in the incident (such as changes in location or severity), resources requested or deployed, response actions taken, and the extent of damage incurred.

This deliverable is intended to ensure local health departments have a strategy for internal notification of an incident, and a means to distribute information that creates a common operating picture. The Contractor must provide a Situation Report (SITREP) and list of internal partners that will receive the SITREP following an accidental chemical release scenario. Additionally, local health departments will document the notification, describing how and when incident information is shared.

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

- **Objective 4.1:** By November 1, 2024, the Contractor must submit to the Board of Health the Contractor's SITREP, list of internal partners, and internal incident notification process with requirements according to the *Internal Information Exchange Rubric*.

**Deliverable – Objective 5: Risk Communication****Domain:** Information Management**Capability:** 1, 4, 6

**Description:** Strengthening risk communications activities improves the ability of jurisdictions to disseminate critical public health information and warnings. During an incident, risk communication and distribution strategies will strengthen the public's trust and response. Within public health preparedness, there is a special emphasis on addressing the needs of populations with access and functional needs. Specifically, the needs that interfere with their ability to access or receive emergency support before, during, or after a disaster/emergency. Local health departments must consider the Access and Functional Needs (AFN) and other special populations when developing a risk communication strategy, using tools such as the RAPT Tool and ODH Equity Dashboard.

The intent of this deliverable is for Contractors to utilize collaborative partnerships to develop materials that could be distributed to their community, as well as ensuring their distribution strategy details how their agency will provide incident or emergency messaging in accordance with their current Communications Annex.

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

- **Objective 5.1:** By December 1, 2024, the Contractor must submit to the Board of Health a completed *Risk Communication Distribution Strategy Workbook*, an example of incident/emergency messaging applicable to your population, and a list of partners to assist in external information distribution.

**Deliverable – Objective 6: BP1 – BP5 PHEP Core Integrated Preparedness Plan (IPP)****Domain:** Community Resilience**Capability:** 1

**Description:** Contractors will submit the five-year (BP1-BP5) PHEP Core IPP to include jurisdictional content on preparedness activity considerations, overall preparedness priorities and reporting, training report, exercise report, a multi-year schedule of preparedness activities and completed Hazard Vulnerability Assessment (HVA). The proposed preparedness priorities and activities should be clearly linked to the jurisdictional HVA. The jurisdictional HVA will be submitted as an appendix to the overall PHEP Core IPP.

The IPP deliverable is a foundational document guiding a successful training and exercise program as well as a method to increase whole community preparedness by outlining overall training and exercise program priorities and a detailed schedule of training and exercise activities designed to meet those priorities for the jurisdiction. Deliverable submission checklists and instructions for the PHEP Core IPP are located in the *PHEP Core IPP Template*.

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

- **Objective 6.1:** By December 15, 2024 the Contractor must submit to the Board of Health the five-year jurisdictional IPP and required appendices on the *PHEP Core IPP Template*.

**Deliverable – Objective 7: Tactical Communications****Domain:** Information Management**Capability:** 6

**Description:** The establishment of a tactical communications strategy is essential to ensuring the availability of redundant communications in the event of a public health emergency. The purpose of this deliverable is to sustain redundant, interoperable communications systems. Upon the completion of this deliverable, redundant communications systems will be tested and a report indicating message

response rate will be generated.

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

The Contractor must conduct alerting drills utilizing the agency's redundant communication system to prompt agency-designated staff to respond to the activation of a dispensing campaign, simulated emergency, or volunteer activation. Template language for messaging is available, but not required.

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

- **Objective 7.1:** By December 15, 2024, the Contractor must submit to the Board of Health the *Communications Worksheet* and alerting system message summary report.
- **Objective 7.2:** By June 15, 2025, the Contractor must submit to the Board of Health the *Communications Worksheet* and alerting system message summary report.

**Deliverable – Objective 8: Volunteer Management Standard Operating Procedure**

**Domain:** Volunteer Management

**Capability:** 15

**Description:** The implementation of mitigative measures to evaluate agency volunteers as physically and mentally capable of continuing response activities during acute and long-term responses can aid in preventing burn out in volunteer staff, and subsequently, supporting retention post-incident. Local public health agencies should identify a process as to how this measure will be addressed upon check in of volunteers to their shift.

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

- **Objective 8.1:** By February 15, 2025, the jurisdiction will provide a standard operating procedure that details the volunteer check-in process. This process should be targeted to the provision of oversight and evaluation of volunteer mental and physical fitness for responding to an incident.

**Deliverable – Objective 9: Participate in the Planning and Conduct of the PHEP Regional Chemical Tabletop Exercise (TTX) and After-Action Report/Improvement Plan**

**Domain:** Community Resilience, Incident Management

**Capability:** 1, 3

**Description:** Contractors conduct exercises and complete subsequent after-action report/improvement plans (AAR/IPs) to capture demonstrated performance, local capability, and to identify gaps. In BP1, Contractors will participate in the planning and execution of the PHEP Regional Chemical TTX. The Contractor will participate in all planning meetings that will be coordinated by the Regional Public Health Coordinator. As part of the planning, Contractors will be required to invite applicable local partners to include at least one (1) access and functional needs (AFN) partner. After the exercise, the Contractor will complete an AAR/IP that documents local exercise activities and the inclusion of all local partners in the planning and execution of the exercise. Supporting information on exercise planning, exercise partners and the associated AAR/IP can be found in the *BP1/SFY25 Exercise Deliverable Technical Assistance* document.

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

2024-2025 PHEP/CRI Contract

- **Objective 9.1:** By March 15, 2025, the Contractor will attend all planned tabletop exercise planning meetings and must submit to the Board of Health the completed verification of attendance of all exercise planning meetings sponsored by the Regional Public Health Coordinator.
- **Objective 9.2:** By March 15, 2025, the Contractor must submit to the Board of Health a completed AAR/IP that documents jurisdictional exercise participation in the regional TTX following requirements listed in the *PHEP AAR/IP Template*.

#### **Deliverable – Objective 10: Administrative Preparedness Plan**

**Domain:** Incident Management

**Capability:** 3

**Description:** As defined by the CDC PHEP programmatic requirements, Administrative Preparedness plans identify and mitigate barriers to the timely acquisition of goods and services, the hiring or assignment of response personnel, the receipt and disposition of emergency funds, and legal determinations needed to implement protective health measures during a public health response. Creating and maintaining an Administrative Preparedness Plan ensures that the fiscal, legal, and administrative authorities and practices that govern funding, procurement, contracting, and hiring are integrated into all stages of emergency preparedness and response for acute and long-term responses. The Contractor will develop or update an Administrative Preparedness Plan, either as an annex to the Contractor's Emergency Preparedness Plan (recommended) or as a standalone plan, that addresses emergency staffing processes to include strategies to surge human resources, receipt of emergency funds, expedited procurement and contracting, and emergency legal authorities.

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

- **Objective 10.1:** By April 1, 2025, the Contractor must submit to the Board of Health the Contractor's completed/updated Administrative Preparedness Plan in accordance with the requirements detailed in the *Administrative Preparedness Plan rubric*.

#### **Deliverable – Objective 11: POD Use in Non-MCM Spaces**

**Domain:** Countermeasures and Mitigation

**Capability:** 8

**Description:** Looking at the East Palestine incident response we now realize that local public health departments (LHDs) may need to think outside of the box for such rare incidents that could occur at any time given for any unpredicted incidents or events. This includes the need to designate a health assessment site for mass public support in response to chemical events. LHDs have identified POD locations for medical countermeasures (MCM) dispensing which could potentially serve as a site for health assessments in a chemical incident response. Health assessment sites require more resources and privacy than a typical POD would, therefore requiring careful thought in evaluation of POD locations to serve a dual purpose for health assessment sites as well.

The Contractor is required to complete the *Utilization of PODs in Non-MCM Spaces handbook* for the utilization of POD sites to support mass public engagement for any unforeseen incident response or events that may be ongoing. The Contractor will begin to assess current POD locations and potential challenges to implanting a health assessment site to assist with mass public support to meet the needs of the public within their jurisdictions, including AFN and other special populations.

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

- **Objective 11.1:** By April 15, 2025, the Contractor must submit to the Board of Health the completed *Utilization of PODs in Non-MCM Spaces handbook*.

**Deliverable – Objective 12: Medical Countermeasures Community Profile – POD Sustainment and**

**Recruitment Annex Domain:** Medical Countermeasures Dispensing

**Capability:** 8

**Description:** The Medical Countermeasures Community Portfolio (MCCP) strives to ensure all jurisdictions across Ohio have a sound, sustainable, and dynamic medical countermeasures program. The MCCP will provide a comprehensive overview of a community's individual medical countermeasures program while ensuring program continuity for local public health through an iterative evaluation, outreach, planning, and training approach.

The **POD Sustainment and Recruitment Annex** assesses a community's open and closed POD systems from an equity perspective. Equitable distribution of MCMs during an emergency response and having POD sites pre-identified for equitable distribution is crucial. The **POD Sustainment and Recruitment Annex** requires the Contractor to utilize data systems to determine where POD sites for the equitable distribution of MCMs need to be located within their jurisdiction. Contractors will be required to facilitate discussions with the partners of potential POD sites that enhance equitable distribution of MCMs and to begin working towards an MOU to utilize the site.

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

- **Objective 12.1:** By May 15, 2025, the Contractor must submit to GMIS the competed **POD Sustainment and Recruitment Annex**.

**Deliverable – Objective 13: CHEMPACK Interactive Training**

**Domain:** Medical Countermeasures Dispensing

**Capability:** 8

**Description:** The dispensing of medical countermeasures during a chemical response is of utmost importance. Many chemical agents are highly toxic substances that can cause severe and potentially fatal effects. The prompt administration of antidotes such as atropine and pralidoxime can significantly increase the chances of survival and minimize long-term health complications. Nerve agents can rapidly spread and affect many people within a short period. By efficiently dispensing medical countermeasures, the spread of the agent can be contained, and the overall impact on public health can be minimized. The timely administration of medical countermeasures can also provide reassurance and a sense of security to the affected population, fostering trust in the emergency response system. The quick dispensing of medical countermeasures plays a crucial role in mitigating the detrimental effects of nerve agents and safeguarding the well-being of individuals and communities during such emergencies. The CHEMPACK training will include:

- Overview of organophosphates and nerve agents
- Signs and symptoms of exposure
- Treatment
- CHEMPACK supplies,
- Requesting CHEMPACK
- Requesting additional emergency response personnel/equipment
- Use of auto-injectors
- Hands-on demonstration of the CHEMPACK containers and the handling of the contents

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

A minimum of one representative must attend a regional training coordinated by the Regional Public Health Coordinator and led by ODH MCM Unit. The Contractor will need to send their certificate of completion to the Board of Health.

- **Objective 13.1:** By June 15, 2025, the Contractor must send their certificate of completion to the Board of Health.

**Attachment C**  
**Staff Training Requirements**  
City of Middletown PHEP FY2025

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

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

*City of Middletown Health Department*  
Contractor

*By Jeanne Philip Carter*  
*Title Health Commissioner*  
Date 7/10/2024

**Attachment D**  
**Infectious Disease Control and Investigation Expectations**  
**City of Middletown PHEP FY2025**

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

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

*City of Middletown Health Department*  
Contractor

*Jacquelynn D. Deter*  
Title *Health Commissioner*  
Date *7/10/2024*

## MBHE ORDINANCE NO. 2024-01

AN ORDINANCE AMENDING FEES FOR THE LICENSING OF FOOD SERVICE OPERATIONS, MOBILE FOOD SERVICE OPERATIONS, TEMPORARY FOOD SERVICE OPERATIONS, VENDING MACHINE LOCATIONS, RETAIL FOOD ESTABLISHMENTS, MOBILE RETAIL FOOD ESTABLISHMENTS, AND TEMPORARY RETAIL FOOD ESTABLISHMENTS.

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

## Section 1

The following fees are hereby amended:

A. The annual City license fee for Food Service Operations and Retail Food Establishments, as defined in Section 3717.01 of the Ohio Revised Code, classified by risk and size as provided by the Regulations promulgated by the Public Health Council and Director of Agriculture, shall be:

|         | Commercial<br>Less than<br>25,000 sq. ft. |                 | Non-Commercial<br>Less than<br>25,000 sq. ft. |                 | Commercial 25,000<br>sq. ft. or More |                   | Non-Commercial<br>25,000 sq. ft.<br>or More |                 |
|---------|---|-----------------|---|-----------------|--------------------------------------|-------------------|---|-----------------|
| Level 1 | \$146.00                                  | <b>\$176.00</b> | \$73.00                                       | <b>\$88.00</b>  | \$225.00                             | <b>\$260.00</b>   | \$112.50                                    | <b>\$130.00</b> |
| Level 2 | \$168.00                                  | <b>\$194.00</b> | \$84.00                                       | <b>\$97.00</b>  | \$238.00                             | <b>\$276.00</b>   | \$119.00                                    | <b>\$138.00</b> |
| Level 3 | \$351.00                                  | <b>\$376.00</b> | \$175.50                                      | <b>\$188.00</b> | \$925.00                             | <b>\$950.00</b>   | \$462.50                                    | <b>\$475.00</b> |
| Level 4 | \$453.00                                  | <b>\$478.00</b> | \$226.50                                      | <b>\$239.00</b> | \$983.00                             | <b>\$1,008.00</b> | \$491.50                                    | <b>\$504.00</b> |

B. The annual City license fee for High Risk Mobile Food Service Operations and Mobile Retail Food Establishments shall be \$110.00 **\$135.00** and Low Risk Mobile Food Service Operations and Retail Food Establishments shall be **\$67.50** as defined in the Ohio Revised Code.

C. The annual City license fee for Temporary Commercial Food Service Operations and Temporary Commercial Retail Food Establishments, as defined in the Ohio Revised Code, shall be \$39.00 per day of the event. The City license fee for Non-Commercial Temporary Food Service Operations and Non-Commercial Temporary Retail Food Establishments shall be \$19.50 per day of the event.

D. The annual City license fee for Vending Machine Locations as defined in the Ohio Revised Code shall be \$19.73 **\$20.40**.

E. The cost of a license for Retail Food Establishments, Mobile Retail Food Establishments, Temporary Retail Food Establishments, Temporary Food Service Operations, Vending, Food Service Operations and Mobile Food Service Operations

may include an amount in addition to the fees set forth above, to be determined by the Public Health Council and Director of Agriculture pursuant to the Ohio Revised Code.

F. Any licensee who fails to file a renewal application, postmarked on or before March 1, with the appropriate license fee, shall be assessed a penalty fee in the amount of twenty-five percent (25%) of the City license fee, pursuant to Ohio Revised Code 3709.09.

### **Section 2**

The fees charged under this ordinance shall be in lieu of all food service operation, retail food establishment, micro market, license and inspection fees required by this Board of Health on or with respect to the operation of, ownership of or employment by food service operations and retail food establishments within this State, except that a fee will be charged for the collection and bacteriological examination of any necessary water samples taken from food service operations, and a fee of \$300.00 for Facility and Equipment Review. The fee for an Expedited Facility and Equipment Review fee shall be \$600.00.

### **Section 3**

Any person who violates any provision of this ordinance shall be in violation of and subject to the penalties provided in Section 3717.99 of the Ohio Revised Code.

### **Section 4**

Should any provision of the ordinance be declared unconstitutional or invalid for any reason, the remainder of this ordinance shall not be thereby affected.

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Elizabeth Slamka, President  
Board of Health and Environment

First Reading \_\_\_\_\_  
Second Reading \_\_\_\_\_  
Third Reading \_\_\_\_\_  
Date Adopted \_\_\_\_\_  
Effective Date \_\_\_\_\_

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

Approved as to form:

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Law Director

## **MBHE ORDINANCE NO. 2024-002**

### **AN ORDINANCE AMENDING THE FEES FOR THE LICENSING OF PUBLIC SWIMMING POOLS, PUBLIC SPAS, AND SPECIAL USE POOLS.**

BE IT ORDAINED, by the Board of Health & Environment of the City of Middletown Health District, State of Ohio, that:

#### Section 1

A. The annual City license fee for public swimming pools, public spas, and special use pools, as defined in Division (G) (H) and (I) of Section 3749.01 of the Ohio Revised Code, as provided by the regulations promulgated by the Public Health Council, shall be:

#### **Public**

|                        |          |                 |
|------------------------|----------|-----------------|
| Individual pool        | \$220.00 | <b>\$245.00</b> |
| Individual spa         | \$220.00 | <b>\$245.00</b> |
| Individual special use | \$220.00 | <b>\$245.00</b> |

#### **Additional at same facility**

|                        |          |
|------------------------|----------|
| Individual pool        | \$100.00 |
| Individual spa         | \$100.00 |
| Individual special use | \$100.00 |

B. The total cost of a license for public swimming pool, public spa, and special use pool shall include an amount in addition to the fees set forth above, to be determined by the Public Health Council, pursuant to Sections 3749.03 and 3749.04 of the Ohio Revised Code.

C. Any licensee who fails to file a renewal application, postmarked by April 30<sup>th</sup> of each year with the appropriate license fee, shall be assessed a penalty fee in the amount of twenty-five percent (25%) of the City license fee, pursuant to Ohio Revised Code 3709.09.

#### Section 2

This Ordinance does not supersede and replace MBHE Ordinance No. 2014-003 adopted on November 11, 2014, except to the extent that such sections are inconsistent with this Ordinance.

#### Section 3

Should any provision of this Ordinance be declared unconstitutional or invalid for any reason, the remainder of this Regulation shall not be thereby affected.

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Elizabeth Slamka, President  
Board of Health & Environment

First Reading \_\_\_\_\_  
Second Reading \_\_\_\_\_  
Third Reading \_\_\_\_\_  
Date Adopted \_\_\_\_\_  
Effective Date \_\_\_\_\_

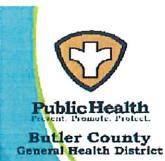
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Jacquelyn Phillips Carter, MPH, BSN, RN  
Board of Health and Environment

Approved as to form:

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Law Director



## Butler County Monthly Communicable Disease Surveillance Report

July of 2024

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

### Notifiable Communicable Diseases

#### Summary:

- Number of Disease Cases Reported in Butler County: 1045
- Most Frequently Reported: COVID-19, Chlamydia, Hepatitis C, Gonorrhea, and Hepatitis B.

**Table 1. Comparison of Reported Cases of Confirmed or Probable Notifiable Communicable Diseases, July 2024** (excluding Chlamydia infection and gonorrhea)

|                              | Reported Cases | Rate per 100,000 | Rate Ratio | Confidence Interval |
|------------------------------|----------------|------------------|------------|---------------------|
| State of Ohio (excluding BC) | 21,911         | 192.8            | -          | -                   |
| Butler County                | 338            | 233.4            | 1.21       | 1.13-1.29           |

**Interpretation:** The residents of Butler County were 21% 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 (July 2024)**

| Jurisdiction                          | Count       | Rate per 100,000 | Change from Previous Month            |
|---------------------------------------|-------------|------------------|---------------------------------------|
| Butler County General Health District | 678         | 245.7            | ↑132.2% from June 2024 (n=292)        |
| Middletown City Health Department     | 167         | 327.2            | ↑131.9% from June 2024 (n=72)         |
| City of Hamilton Health Department    | 200         | 315.5            | ↑110.5% from June 2024 (n=95)         |
| <b>Butler County (all inclusive)</b>  | <b>1045</b> | <b>267.7</b>     | <b>↑127.7% from June 2024 (n=459)</b> |

**Table 3.\* Butler County Reportable Diseases by Subgroups (July 2024)**

| Reportable Disease Subgroup   | Count | Trend                          |
|---|-------|--------------------------------|
| Viral Hepatitis (B and C)   | 29    | ↓34.1% from June 2024 (n=44)   |
| Sexually-Transmitted Infections (Chlamydia infection, Gonorrhea, Syphilis and HIV)  | 134   | ↑11.7% from June 2024 (n=120)  |
| Enteric Diseases (Hepatitis A, Amebiasis, Campylobacteriosis, Cryptosporidiosis, Cyclosporiasis, STEC, Giardiasis, Salmonellosis, Shigellosis, Vibriosis and Yersiniosis)   | 19    | ↑171.4% from June 2024 (n=7)   |
| Vaccine-Preventable Diseases (COVID-19, influenza-associated hospitalizations, <i>Haemophilus influenzae</i> , Bacterial meningitis, Mumps, Pertussis, invasive <i>Streptococcus pneumoniae</i> , Tetanus, and Varicella) | 848   | ↑217.6% from June 2024 (n=267) |

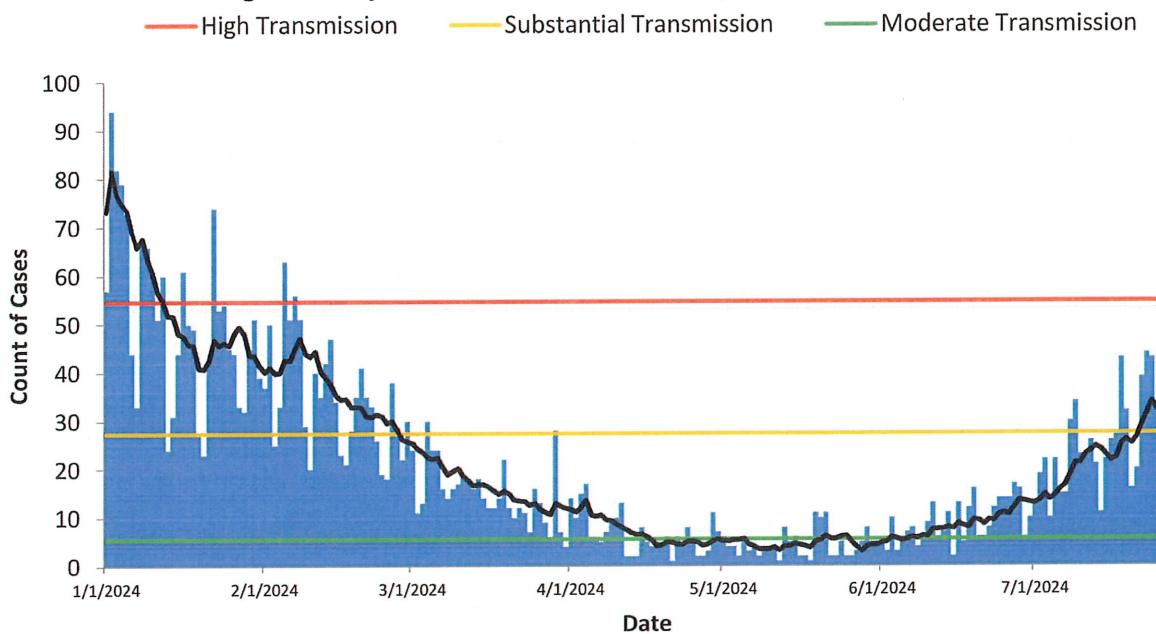
\*Data is provisional and subject to change – Table 1 does not include Gonorrhea or Chlamydia infection due to the high likelihood of duplicate cases and co-infections. Suspected, probable, & confirmed cases are included in counts for Tables 2-4 except for cases of arboviral encephalitis such as Zika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

\*COVID-19 cases are sorted by Event Date (the earliest public health knows about the case). All other reportable diseases are sorted by Date Reported to ODH. This is due to the data entry delay that occurred during the fourth wave of COVID-19. Report reflects time period of June 1-31, 2024, unless otherwise noted. Table 6 includes only probable and confirmed cases. Data accessed from the Ohio Disease Reporting System (ODRS) on 7/31/2024.

**Table 4. \*Diseases Reported in Butler County (July 2024)**

| Jurisdictions                        | Butler County General Health District | Middletown City Health Department | City of Hamilton Health Department | Butler County (all inclusive) |
|--------------------------------------|---------------------------------------|-----------------------------------|------------------------------------|-------------------------------|
| C. auris                             | 1                                     | 2                                 | 0                                  | 3                             |
| Campylobacteriosis                   | 8                                     | 0                                 | 0                                  | 8                             |
| Chlamydia infection                  | 51                                    | 24                                | 23                                 | 98                            |
| COVID-19                             | 561                                   | 114                               | 159                                | 834                           |
| CPO                                  | 2                                     | 2                                 | 1                                  | 5                             |
| Cryptosporidiosis                    | 1                                     | 0                                 | 0                                  | 1                             |
| E. coli, Shiga Toxin-Producing       | 1                                     | 1                                 | 0                                  | 2                             |
| Gonococcal infection                 | 14                                    | 5                                 | 4                                  | 23                            |
| Hepatitis B                          | 4                                     | 3                                 | 1                                  | 8                             |
| Hepatitis C                          | 10                                    | 6                                 | 5                                  | 21                            |
| HIV                                  | 1                                     | 3                                 | 1                                  | 5                             |
| Influenza-associated hospitalization | 2                                     | 0                                 | 0                                  | 2                             |
| Legionellosis                        |                                       | 1                                 | 0                                  | 1                             |
| Lyme Disease                         | 3                                     | 0                                 | 0                                  | 3                             |
| Measles                              | 1                                     | 0                                 | 0                                  | 1                             |
| Meningitis - aseptic/viral           | 2                                     | 1                                 | 1                                  | 4                             |
| Pertussis                            | 3                                     | 2                                 | 0                                  | 5                             |
| Salmonellosis                        | 4                                     | 0                                 | 1                                  | 5                             |
| Shigellosis                          | 2                                     | 0                                 | 0                                  | 2                             |
| Streptococcal - Group A - invasive   | 1                                     | 0                                 | 0                                  | 1                             |
| Streptococcus pneumoniae - invasive  | 1                                     | 0                                 | 1                                  | 2                             |
| Syphilis                             | 3                                     | 2                                 | 3                                  | 8                             |
| Tuberculosis                         | 2                                     | 1                                 | 0                                  | 3                             |
| <b>Total</b>                         | <b>678</b>                            | <b>167</b>                        | <b>200</b>                         | <b>1045</b>                   |

**Figure 1. Reported Cases of COVID-19 by Date of Event 2024\***



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

\*COVID-19 cases are sorted by Event Date (the earliest public health knows about the case). All other reportable diseases are sorted by Date Reported to ODH. This is due to the data entry delay that occurred during the fourth wave of COVID-19. Report reflects time period of June 1-31, 2024, unless otherwise noted. Table 6 includes only probable and confirmed cases. Data accessed from the Ohio Disease Reporting System (ODRS) on 7/31/2024.

### 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 2019 through 2024 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 (2019–2024)**

|  | 2019  | 2020   | 2021   | 2022   | 2023   | 5 Year Avg. | Up to 7/31/2024 |
|--|-------|--------|--------|--------|--------|-------------|-----------------|
| Amebiasis  | 1     | 0      | 1      | 1      | 0      | <1          | 0               |
| Botulism- wound                                      | 0     | 0      | 0      | 1      | 0      | <1          | 0               |
| Brucellosis  | 0     | 0      | 2      | 0      | 0      | <1          | 0               |
| Candida auris (not reportable prior to 2019)         | 0     | 0      | 1      | 13     | 37     | 10.2        | 23              |
| Campylobacteriosis                                   | 45    | 30     | 35     | 48     | 49     | 41.4        | 22              |
| Chlamydia infection                                  | 1,631 | 1,512  | 1,406  | 1,359  | 1,321  | 1,445.8     | 758             |
| COVID-19 (not reportable prior to 2020)              | -     | 26,420 | 39,521 | 49,323 | 12,192 | 31,864      | 4,507           |
| CPO (replaces CP-CRE) (not reportable prior to 2019) | 4     | 10     | 11     | 12     | 93     | 26          | 33              |
| Creutzfeldt-Jakob Disease                            | 2     | 0      | 1      | 1      | 0      | <1          | 0               |
| Cryptosporidiosis                                    | 4     | 6      | 5      | 7      | 7      | 5.8         | 7               |
| Cyclosporiasis                                       | 2     | 0      | 0      | 1      | 3      | 1.2         | 1               |
| Dengue   | 1     | 0      | 1      | 1      | 0      | <1          | 1               |
| E. coli, Shiga-Toxin Producing                       | 11    | 14     | 15     | 17     | 17     | 14.8        | 7               |
| Ehrlichiosis-Ehrlichia chaffeensis                   | 0     | 1      | 1      | 1      | 0      | <1          | 0               |
| Giardiasis   | 12    | 4      | 14     | 7      | 13     | 10          | 1               |
| Gonococcal Infection                                 | 732   | 651    | 480    | 473    | 413    | 549.8       | 202             |
| Haemophilus influenzae (invasive disease)            | 10    | 7      | 6      | 11     | 18     | 10.4        | 11              |
| Hemolytic uremic syndrome                            | 0     | 0      | 1      | 0      | 1      | <1          | 0               |
| Hepatitis A  | 104   | 2      | 1      | 0      | 2      | 21.8        | 0               |
| Hepatitis B - acute/chronic/perinatal                | 109   | 67     | 85     | 78     | 82     | 84.2        | 43              |
| Hepatitis C – acute/chronic/perinatal                | 552   | 486    | 434    | 390    | 280    | 428.4       | 153             |
| HIV  | 24    | 17     | 58     | 38     | 35     | 34.4        | 29              |
| Hansen's disease                                     | 0     | 0      | 0      | 1      | 0      | <1          | 0               |
| Influenza-associated Hospitalization                 | 325   | 266    | 18     | 306    | 70     | 197         | 312             |
| Legionellosis – Legionnaires' Disease                | 17    | 10     | 10     | 15     | 12     | 12.8        | 5               |
| Listeriosis  | 0     | 0      | 0      | 1      | 2      | <1          | 0               |
| Lyme Disease   | 3     | 2      | 0      | 2      | 2      | 1.8         | 3               |
| Malaria  | 2     | 2      | 1      | 3      | 4      | 2.4         | 3               |
| Meningitis – aseptic/viral                           | 25    | 9      | 14     | 10     | 10     | 13.6        | 15              |
| Meningitis – bacterial (not N. meningitidis)         | 4     | 3      | 3      | 11     | 10     | 6.2         | 6               |
| Meningococcal dz. – Neisseria meningitidis           | 0     | 0      | 0      | 0      | 0      | 0           | 3               |
| MIS-C associated with COVID-19                       | -     | 0      | 15     | 7      | 1      | 5.75        | 0               |
| Mpox (not reportable prior to 2022)                  | -     | -      | -      | 4      | 0      | -           | 0               |
| Mumps  | 1     | 0      | 0      | 0      | 0      | <1          | 1               |
| Pertussis  | 38    | 13     | 3      | 3      | 5      | 12.4        | 22              |
| Salmonellosis  | 32    | 20     | 26     | 34     | 54     | 33.2        | 23              |
| Salmonella Paratyphi                                 | 0     | 0      | 0      | 0      | 1      | <1          | 0               |
| Salmonella Typhi (Typhoid Fever)                     | 0     | 0      | 2      | 0      | 1      | <1          | 1               |
| Shigellosis  | 7     | 8      | 3      | 6      | 7      | 6.2         | 10              |
| Spotted Fever Rickettsiosis (including RMSF)         | 0     | 2      | 0      | 1      | 0      | <1          | 0               |
| Streptococcal – Group A – invasive                   | 24    | 27     | 24     | 34     | 39     | 29.6        | 29              |
| Streptococcal – Group B – in newborn                 | 0     | 1      | 0      | 1      | 1      | <1          | 0               |
| Streptococcus pneumoniae – Invasive                  | 59    | 31     | 33     | 40     | 43     | 41.2        | 29              |
| Syphilis (all stages)                                | 11    | 17     | 23     | 45     | 66     | 32.4        | 36              |
| Tuberculosis (active)                                | 8     | 6      | 7      | 8      | 7      | 7.2         | 12              |
| Varicella  | 14    | 1      | 5      | 8      | 19     | 9.4         | 9               |
| Vibriosis (not Cholera)                              | 1     | 0      | 2      | 2      | 3      | 1.6         | 1               |
| West Nile Virus Disease                              | 0     | 0      | 0      | 0      | 1      | <1          | 0               |
| Yersiniosis  | 1     | 0      | 1      | 2      | 4      | 1.6         | 0               |

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

\*COVID-19 cases are sorted by Event Date (the earliest public health knows about the case). All other reportable diseases are sorted by Date Reported to ODH. This is due to the data entry delay that occurred during the fourth wave of COVID-19. Report reflects time period of June 1-31, 2024, unless otherwise noted. Table 6 includes only probable and confirmed cases. Data accessed from the Ohio Disease Reporting System (ODRS) on 7/31/2024.



## Butler County General Health District

Figure 1: Oxford SSP Site Visitors by Week for July 2024



Figure 2: Oxford SSP Site Visitors by Month for 2023 and 2024

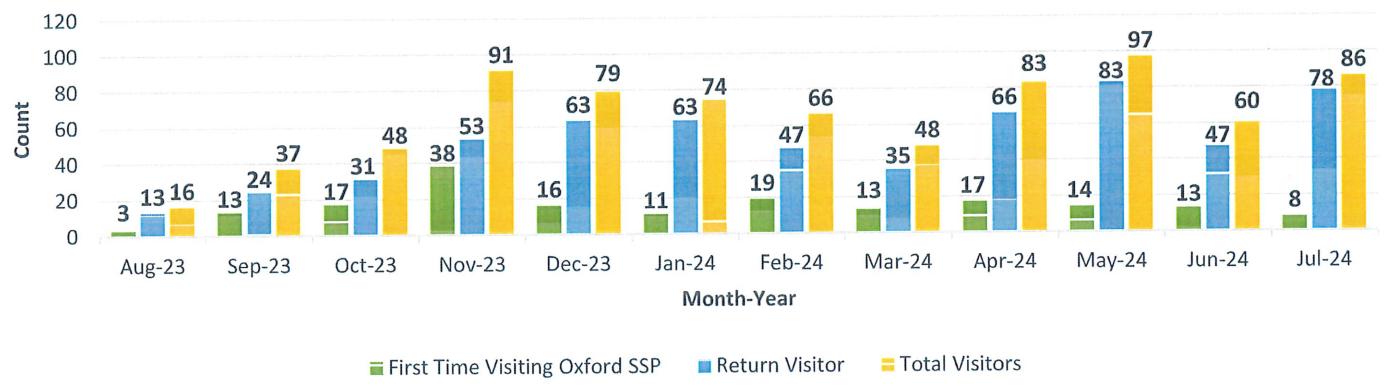


Figure 3: Syringes Returned and Distributed by Month for the Oxford SSP Site for 2023 and 2024



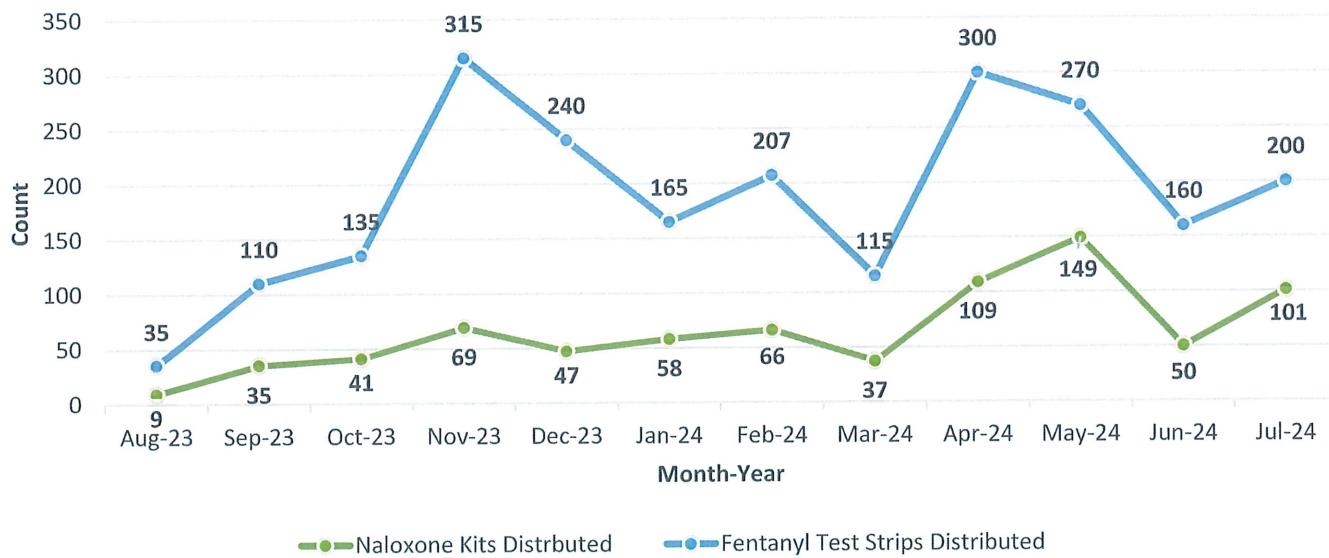


**Butler County**  
General Health District

Table 1: Syringes Returned and Distributed by Zip Code – City or County for the Oxford SSP Site by Visitors' Reported Home Residence for July 2024

| Zip Code - City             | Syringes Returned | Syringes Distributed | Percent Returned |
|-----------------------------|-------------------|----------------------|------------------|
| <b>Hamilton</b>             |                   |                      |                  |
| 45011                       | 820               | 2,010                | 40.80%           |
| 45013                       | 2,350             | 2,710                | 86.72%           |
| <b>Hamilton Total</b>       | <b>3,170</b>      | <b>4,720</b>         | <b>67.16%</b>    |
| <b>Middletown</b>           |                   |                      |                  |
| 45042                       | 0                 | 60                   | 0.00%            |
| 45044                       | 0                 | 520                  | 0.00%            |
| <b>Middletown Total</b>     | <b>0</b>          | <b>580</b>           | <b>0.00%</b>     |
| <b>45014 - Fairfield</b>    | <b>0</b>          | <b>120</b>           | <b>0.00%</b>     |
| <b>45056 - Oxford</b>       | <b>3,850</b>      | <b>4,510</b>         | <b>85.37%</b>    |
| <b>45069 - West Chester</b> | <b>0</b>          | <b>40</b>            | <b>0.00%</b>     |
| <b>Total</b>                | <b>7,020</b>      | <b>9,970</b>         | <b>70.41%</b>    |

Figure 4: Naloxone Kits and Fentanyl Test Strips Distributed at the Oxford SSP Site for 2023 and 2024





## Butler County General Health District

Figure 1: Fairfield SSP Site Visitors by Month for 2023 and 2024



Figure 2: Syringes Returned and Distributed by Month for the Fairfield SSP Site for 2023 and 2024

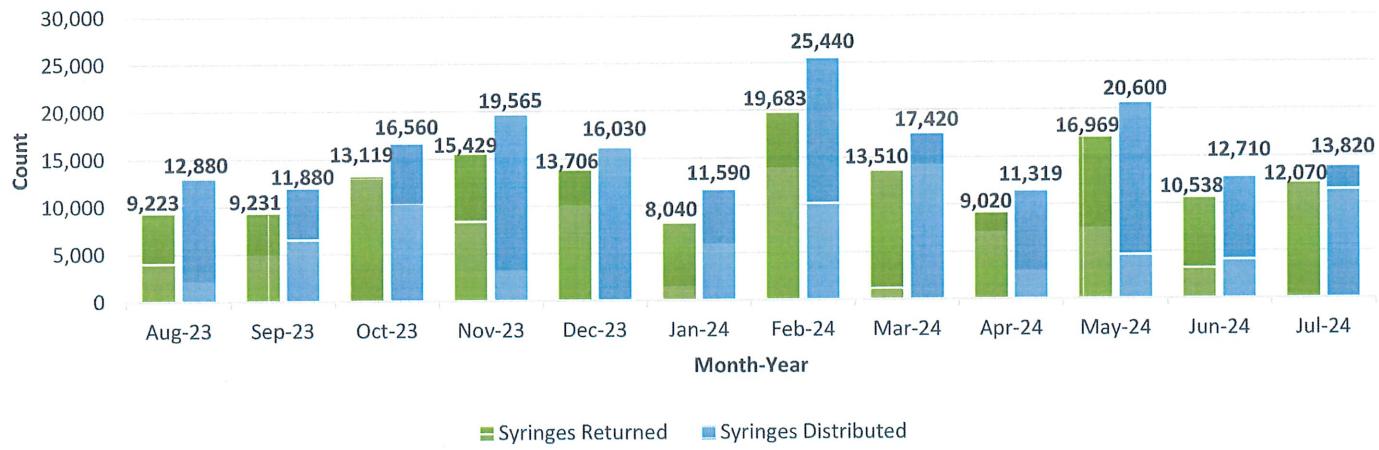


Table 1: Syringes Returned and Distributed by Visitors' Home County of Residence for the Fairfield SSP Site for July 2024

| County                | Syringes Returned | Syringes Distributed | Percent Returned |
|-----------------------|-------------------|----------------------|------------------|
| Butler County, OH     | 11,900            | 13,590               | 87.56%           |
| Clermont County, OH   | 20                | 40                   | 50.00%           |
| Hamilton County, OH   | 0                 | 40                   | 0.00%            |
| Montgomery County, OH | 150               | 150                  | 100.00%          |
| <b>Total</b>          | <b>12,070</b>     | <b>13,820</b>        | <b>87.34%</b>    |

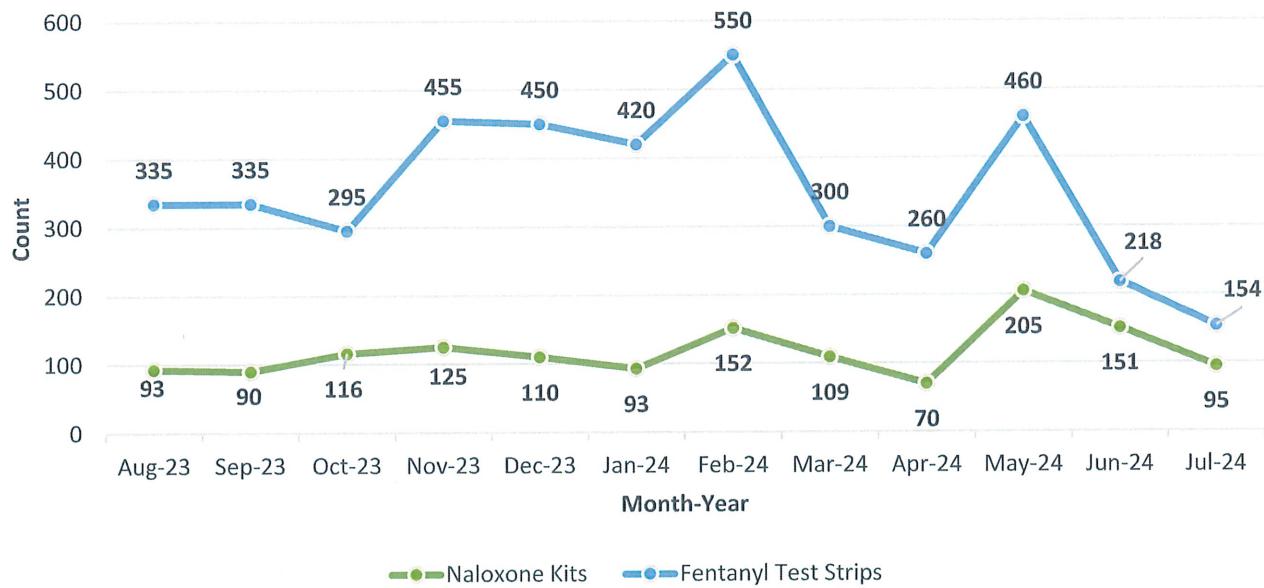


**Butler County**  
General Health District

Table 2: Syringes Returned and Distributed by Zip Code - City for the Fairfield SSP Site by Butler County Visitors' Home Residence for July 2024

| Zip Code - City            | Syringes Returned | Syringes Distributed | Percent Returned |
|----------------------------|-------------------|----------------------|------------------|
| <b>Hamilton</b>            |                   |                      |                  |
| 45011                      | 2,920             | 3,690                | 79.13%           |
| 45013                      | 5,400             | 5,780                | 93.43%           |
| 45015                      | 1,110             | 1,230                | 90.24%           |
| <b>Hamilton Total</b>      | <b>9,430</b>      | <b>10,700</b>        | <b>88.13%</b>    |
| <b>Middletown</b>          |                   |                      |                  |
| 45042                      | 0                 | 40                   | 0.00%            |
| 45044                      | 1,640             | 1,820                | 90.11%           |
| <b>Middletown Total</b>    | <b>1,640</b>      | <b>1,860</b>         | <b>88.17%</b>    |
| <b>45014 - Fairfield</b>   | <b>630</b>        | <b>710</b>           | <b>88.73%</b>    |
| <b>45050 - Monroe</b>      | <b>0</b>          | <b>40</b>            | <b>0.00%</b>     |
| <b>45055 - Overpeck</b>    | <b>200</b>        | <b>200</b>           | <b>100.00%</b>   |
| <b>45056 - Oxford</b>      | <b>0</b>          | <b>80</b>            | <b>0.00%</b>     |
| <b>Butler County Total</b> | <b>11,900</b>     | <b>13,590</b>        | <b>87.56%</b>    |

Figure 3: Naloxone Kits and Fentanyl Test Strips Distributed by Month for the Fairfield SSP Site for 2023 and 2024



# City of Middletown Health Department

## July 2024

### Vital Statistics

|                             | MONTHLY | YTD  |
|-----------------------------|---------|------|
| Birth Certificates Filed    | 81      | 506  |
| Death Certificates Filed    | 80      | 639  |
| Birth Certificates Issued   | 395     | 2330 |
| Death Certificates Issued   | 314     | 2408 |
| Indigent Cremation Services | 4       | 23   |

### Deaths Filed

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

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

|                                 | MONTHLY | YTD | Environmental Inspections | MONTHLY | YTD |
|---------------------------------|---------|-----|---------------------------|---------|-----|
| Food Service Operations(FSO)    | 28      | 264 |                           |         |     |
| Retail Food Establishments(RFE) | 18      | 129 |                           |         |     |
| Prelicense/Consultations        | 9       | 39  |                           |         |     |
| Sewage Inspections              | 0       | 1   |                           |         |     |
| School Inspections              | 0       | 21  |                           |         |     |
| Vending Locations               | 0       | 1   |                           |         |     |
| Temporary FSO/RFE               | 9       | 17  |                           |         |     |
| Mobile FSO/RFE                  | 5       | 24  |                           |         |     |
| Complaints                      | 3       | 16  |                           |         |     |
| Smoking Complaint Inspections   | 0       | 2   |                           |         |     |
| Swimming Pools                  | 27      | 80  |                           |         |     |
| Tattoo                          | 1       | 5   |                           |         |     |
| Temp Park/Park Camp             | 0       | 5   |                           |         |     |
| Jail Inspection                 | 0       | 0   |                           |         |     |
| Site Visit (Septic)             | 0       | 0   |                           |         |     |
| Well Inspection                 | 0       | 0   |                           |         |     |

### Level 1 Certification Training

|                     |   |   |
|---------------------|---|---|
| Number of Attendees | 0 | 3 |
|---------------------|---|---|

### Animal Bite Events

|                         |   |    |
|-------------------------|---|----|
| Dog                     | 8 | 44 |
| Cat                     | 0 | 5  |
| Bat                     | 0 | 1  |
| Raccoon-Animal Exposure | 1 | 2  |



## Smoking Complaint Spreadsheet

For July 2024

| Business Name | Date              | Notice of Report | Dismissed | Notice of Violation (30 Days) | Letter of Warning (15 Days) | Civil Fine Letter | Violation Contested | Notice of Hearing | Additional Comments |
|---------------|-------------------|------------------|-----------|-------------------------------|-----------------------------|-------------------|---------------------|-------------------|---------------------|
| 1 City Tavern | Complaint 6/25/24 | X                |           |                               |                             |                   |                     |                   |                     |
| 2             |                   |                  |           |                               |                             |                   |                     |                   |                     |
| 3             |                   |                  |           |                               |                             |                   |                     |                   |                     |

Notes:

**Billy T's** owes \$1200 in fines, unpaid.  
**Buster's Bar** owes \$200 in fines, unpaid. **This facility is closed for business and is for sale.**



July 10, 2024

Jackie Phillips Carter MPH, BSN, RN  
Health Commissioner  
City of Middletown health Department  
1 Donham Plaza  
Middletown, Ohio 45042

Dear Commissioner Carter:

This is to confirm the scheduling of your Food Service Operation Program survey to begin on ~~Monday, August 12<sup>th</sup>, 2024~~, at 9:00am. The survey should be completed within 3 days.

This survey is conducted pursuant to Ohio Revised Code Section 3717.11 and in accordance with Ohio Administrative Code 3701-21-24 or 901:3-4-17. To complete the survey in a timely manner, the following information must be retrieved from your files and assembled for the surveyor:

- RFE or FSO applications for licenses for the last complete licensing period. (March 1<sup>st</sup>, 2023, to February 28<sup>th</sup>, 2024)
- A copy of your cost analysis showing the calculation of your maximum licensing fees since the last survey was completed. (February 2020)
- Documentation of official notification or board of health approval for anticipated increases included in the cost analysis since the last survey was completed. (February 2020)
- Information regarding notice of proposed license fees given to those affected by the proposed fee since the last survey was completed. (February 2020)
- Information regarding public hearing for licensing fees since the last survey was completed. (February 2020)
- Board of health minutes documenting license fee adoptions since the last survey was completed. (February 2020)
- Adopted fee schedule since the last survey was completed. (February 2020)
- Board of health resolution giving the health commissioner the authority to suspend a license in cases of emergency (if applicable).
- Board of health resolution stating which persons employed by them may take actions pursuant to ORC 3717.29/ORC 3717.49 (Legal notices leading to license action).

*Rescheduled*

*Sept 30, Oct 1, Oct 2*

- Completed Health Department Information form (attached).
- Board of Health minutes documenting authorization of personnel to embargo food and the tagging of equipment which is not applicable for FSOs.
- Verification of current REHS/EHSIT registration for the Environmental Health Director and food program environmental health specialists.
- License report forms and transmittal forms since the last survey (February 2020).
- Plans that were submitted for Facility Layout and Equipment Specifications Review during March 1<sup>st</sup>, 2023, through February 28<sup>th</sup>, 2024 (or since the last survey). (If applicable, not to exceed 3.)
- Plans that were submitted for Temporary Facility Layout and Equipment Specifications Review during March 1<sup>st</sup>, 2023, through February 28<sup>th</sup>, 2024. (If applicable, not to exceed 5.)
- Written enforcement procedures.
- Written environmental health specialist training and supervision plans.
- Documentation to support environmental health specialist supervision such as supervisor's inspection reports, performance evaluations, etc. (Employee names may be removed from documents such as performance evaluations).

For the performance standards please have available

- Emergency Preparedness Plan Manual
- Foodborne illness procedures, forms, and investigation documents.

**Electronic copies are permissible for review.**

Should you have any questions regarding the survey or the completion of the attached form, please contact me at 614-326-9926.

Sincerely,

*Margaret Beth Vawter*

M. Beth Vawter, REHS  
Environmental Health Program Specialist  
Food Safety Program  
Ohio Department of Health

cc: Health Commissioner, EH Director  
Attachment

August 9, 2024

City of Middletown Health Department  
The Honorable Elizabeth Slamka  
1 Donham Plaza  
Middletown, Ohio 45042

Dear Mayor Slamka,

This correspondence is to confirm the scheduling of your Retail Food Establishment (RFE) Licensing and Inspection Program survey which will begin on Monday, September 9, 2024, at 9:00AM. The survey should be completed within two days.

The Ohio Department of Agriculture is responsible for surveying the Retail Food Establishment Programs conducted by local boards of health in Ohio. The survey is conducted pursuant to Ohio Revised Code section 3717.11 and in accordance with the Ohio Administrative Code rule 901:3-4-17. To complete the survey in a timely manner, the following information must be retrieved from your files and assembled for the surveyor:

- Applications for licenses for the last complete licensing period (December 1, 2022, through November 30, 2023);
- A copy of your cost analysis showing the calculation of your maximum licensing fees since the last survey;
- Documentation of official notification and board of health approval for anticipated increases included in the cost analysis since the last survey;
- Information regarding public hearing for licensing fees since the last survey;
- Board of health minutes documenting license fee adoptions since the last survey;
- Adopted fee schedule since the last survey;
- Board of health resolution giving the health commissioner the authority to suspend a license in cases of emergency (if applicable).
- Board of health resolution stating which persons may initiate action pursuant to ORC 3717.29 (legal notices leading to license action);
- RFE complaint investigation procedure;

- The board of health minutes documenting authorization of personnel to embargo food and tag equipment;
- Verification of current REHS/REHSIT registration for the Environmental Health Director and food program specialists;
- License report forms and transmittal forms since the last survey;
- If applicable, no more than three sets of plans that were submitted for facility layout and equipment specifications review since the last survey;
- If applicable, no more than five sets of plans that were submitted for temporary facility layout and equipment specifications review since the last survey;
- Written enforcement procedures and;
- Written food specialist training program.

To facilitate review of items pertaining to the performance standards, please have the following available:

- A copy of your department's emergency preparedness manual; and
- A copy of your department's foodborne illness procedures, forms, and investigations.

Electronic copies of all requested items are permissible for review.

If you have any further questions, please feel free to contact me at (614) 582-4003.

Sincerely,

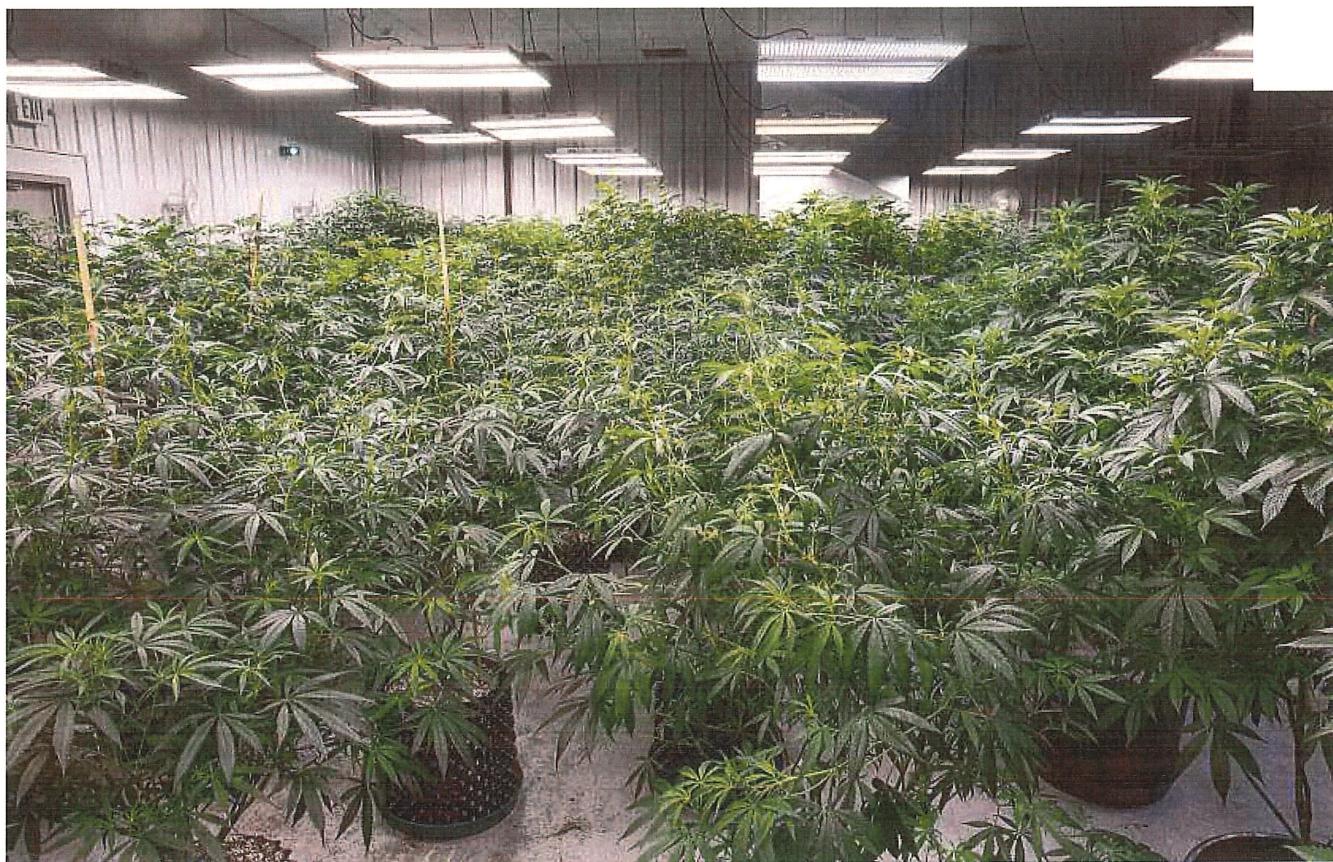


Jason Ahrens, Program Coordinator  
Division of Food Safety

Cc: Jackie Phillips Carter, Health Commissioner, City of Middletown Health Department  
Carla Ealy, REHS, Environmental Health Director, City of Middletown Health Department  
Colette Naples, REHS, Food Safety Specialist I, ODA Division of Food Safety

# DISPENSARIES NOW PERMITTED IN MIDDLETOWN

Some residents speak out against marijuana businesses in the city; council members defend their vote.



*A cultivation room at Pure Ohio Wellness' medical marijuana grow facility in Clark County. Three of the roughly 20 dispensaries in Montgomery, Greene, Butler, Warren, Clark and Miami counties have been issued dual licenses for medicinal and recreational pot. BILL LACKEY / STAFF*



*In January, Monroe City Council members passed an emergency ordinance imposing a nine-month moratorium on adult-use cannabis operators within the city with the exception of the existing licensed medical marijuana businesses. Monroe has four medical marijuana businesses, two in Butler and two in Warren counties. The four are located near Interstate 75, are 2.5 miles apart and report "very healthy" sales, a city official said. CONTRIBUTED*

BY LAUREN PACK STAFF WRITER

MIDDLETOWN — Marijuana dispensaries can now locate in Middletown, and a business investor said his company has "a spot picked out on (Ohio) 122."

A largely new council on Tuesday night repealed the 2017 ban on

medical marijuana dispensaries and passed an ordinance permitting a total of three dispensaries, medical and recreational, in the city.

That number was reduced from the first reading of five dispensaries, one per 10,000 people in the city.

Before council voted, several citizens, including some teens and students, spoke out on the negatives of marijuana dispensaries in the city.

Kristy Duritsch, Safety County of Southwestern Ohio executive director, said, "Increased access for adults to use legally also increases access for teens to experiment with and use illegally."

Recent studies say a high percentage of users of marijuana products move on to other drugs, Duritsch said. "It is a gateway drug," she said.

She added that based on studies in other states, increased access will result in a tripling of ER visits for children and an increase in teen use. And, Duritsch said, the only people who will benefit are the owners and investors.

Councilman Steve West II said most of the anti-marijuana studies have been funded by "big pharma."

"The real epidemic for our youth in this country is absentee parents, fast food and not prioritizing academics,"

West said. He added there is a "big problem" in this country with prescription drugs, and marijuana is an alternative that may have helped those who found themselves addicted.

John Young of Waynesville spoke as a representative of Grand Slam dispensaries, a group of investors from out of state. Young said he is a former college and professional baseball player who has worked in the medical industry for 30 years in the area of cancer diagnostics.

"My passion has been just helping people and saving lives," Young said. "Medical marijuana dispensaries are helping people."

He said the company also wants to connect with the community, giving back \$50,000 to \$100,000 a year to invest in youth programs.

"We want to partner with Middletown. We have a spot picked out on (Route) 122.

We are excited about it,"

Young said.

Middletown Health Commissioner Jackie Phillips Carter addressed council as a "citizen" and urged council to move "more slowly" on marijuana dispensary legislation.

"While we certainly respect the rights of adults to make their own informed choices, we health professionals do have serious concerns about marijuana getting into the hands of children, especially when it is presented in the forms of gummies, brownies and hard candies," Phillips Carter said.

"I would be remiss as a health official not to come before you and speak tonight. My request would be two (dispensaries)."

Council members Zack Ferrell, West and Paul Horn have advocated for months to repeal the six-year moratorium and permit dispensaries in the city. After additional discussion Tuesday, which included Mayor Elizabeth Slamka in agreement, they amended the number to three.

Councilwoman Jennifer Carter was clear: "I do not want to see any dispensaries in Middletown."

Horn said the issue is about choices, whether it be smoking tobacco, drinking alcohol, eating an unhealthy diet, all of which have detrimental physical effects and can cause death.

"What this is is a choice, you can choose to do this ... no one is going to make you go there. You can drive by" Horn said. He added the area is saturated with retail growth, and people in the city are driving to other locations to make purchases.

Slamka said she liked what she heard about the business investors wanting to give back to the city and said a recent city survey shows "people in Middletown do support medical marijuana very much."

But she said continued education is a must, including how marijuana use affects drivers.

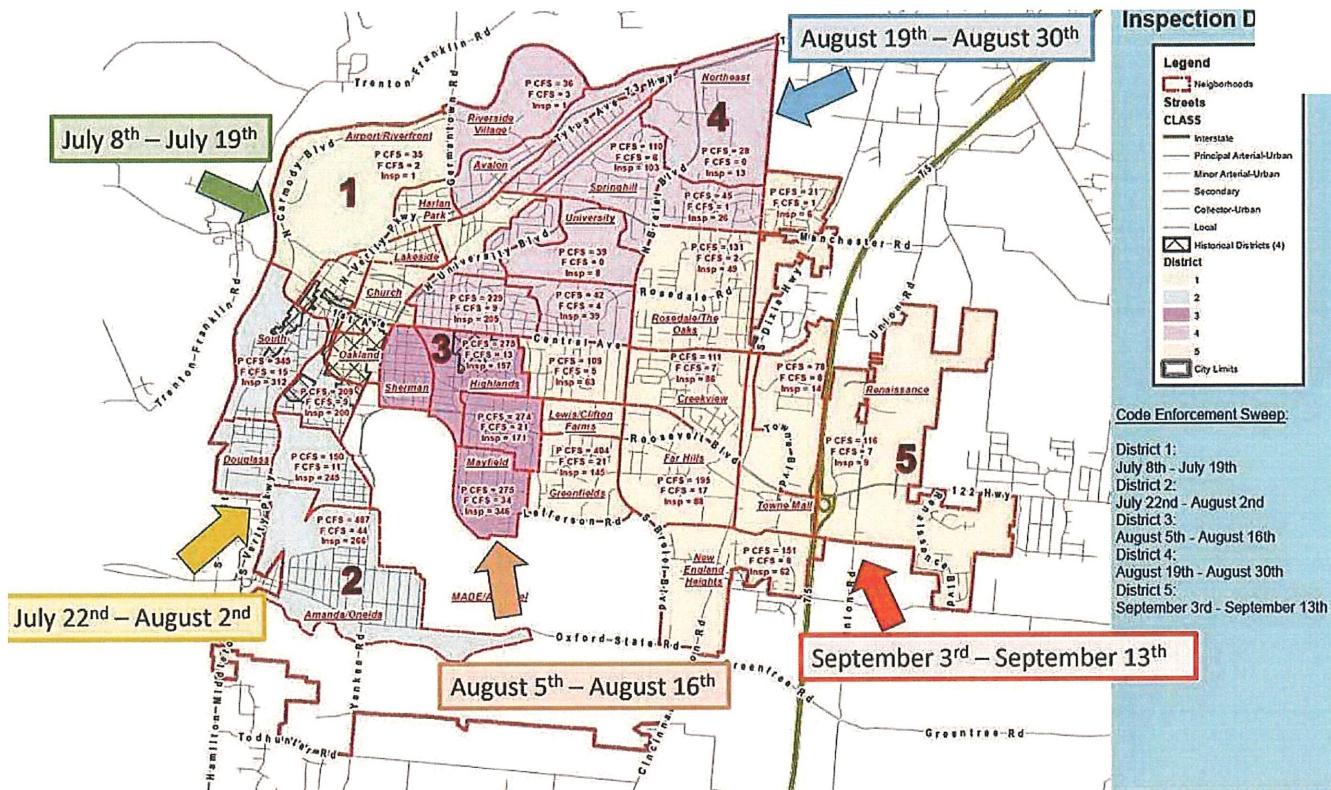
Ferrell said his father "drank himself to death ... he had a problem with addiction.

Couldn't beat it. I wish to God I could have gave him some medical marijuana. So for everybody who needs it ... it could have saved my Dad's life."

Contact this reporter at 513-543-9227 or email [lauren.pack@coxinc.com](mailto:lauren.pack@coxinc.com).

# Middletown inspectors to start code enforcement sweep this week

Help is available for outdoor residential cleanup, repairs.



Middletown's neighborhood code enforcement sweeps start today. *CITY OF MIDDLETOWN / CONTRIBUTED*

BY LAUREN PACK STAFF WRITER

MIDDLETOWN — Beginning today and for nearly two months, code specialists will sweep Middletown, going house-to-house to perform outdoor inspections.

The Code Enforcement District Sweep by city inspectors will run through

Sept. 13.

During each two-week period, all five code enforcement specialists will be concentrated in one district. The specialists will notify property owners and occupants of violations found and include educational information concerning code enforcement tips and assistance programs that are available for repairs.

The districts and their sweep dates are.

- District 1 (July 8 -19): Airport/Riverfront, Harlan Park, Downtown, Church, Oakland, Lakeside, Roselawn.
- District 2 ( July 22-Aug.2): South, Prospect, Douglass, Meadowlawn, Amanda/ Oneida.
- District 3 (Aug. 5-Aug.16): Sherman, Highlands, Barbara Park, Mayfield.
- District 4 (Aug. 19-30): Sunset/Park Place, El Dorado/ Williamsdale, University, Wildwood, Avalon, Riverside Village, Dixie Heights, Springhill, Northeast, Manchester Meadows.
- District 5 (Sept. 2-13): Sawyer's Mill, Rosedale/The Oaks, Creekview, Euclid Heights/ Runnymede, Lewis/Clifton Farms, Greenfields, Far Hills, Thorny Acres/Burnham Woods, Towne Mall, New England Heights, Renaissance.

The sweep will offer two separate checks, one for nuisance violations and another for violations of the Middletown development code and property maintenance.

Most common violations of the property maintenance code are for sidewalks and driveways; accessory structures; premises identification; foundations; exterior walls, roofs, gutters and drainage; stairways, decks and porch; handrails and guardrails.

The code specialists will also be looking for nuisance violations such as tall grass and weeds (no higher than 6 inches), accumulation of garbage, litter and rubbish, plus trees and shrubbery.

The Middletown ordinance addressing trees and shrubbery is specific to their impact on the public right-of-way. The city's ordinance does not require the cutting, trimming or removal of trees or bushes on private property except for maintenance to a specific height over the street, sidewalk or right-of-way.

The code enforcement specialists will inspect from the sidewalk, alleyways or driveway. They will not go into lawns, homes or backyards. However, if a backyard backs up into an alley, the backyard can be inspected that way. No drones will be used to inspect areas that a specialist can't see.

If a property is found to either have a property maintenance, zoning or nuisance violation, a notice will be served by posting the notice in a conspicuous place on the property and sending a copy of the notice by regular mail to the property (if owner-occupied, or to the occupant, if it's a rental) and to the tax mailing address for the owner as listed on the county auditor's website.

In the majority of cases, there will be an abatement period, or the time limit to complete repairs, that will begin when the city receives word of notice.

During this abatement period, the violations are expected to be corrected before a recheck by a code specialist. Tenants of rentals will not be fined or cited into court for property maintenance violations, only for nuisance and zoning violations. The deadlines to fix violations are: seven days for tall grass, trees and trash; 20 days for parking on grass, illegal expansion of driveway, etc.; and 30 days for property maintenance.

The code sweep is happening at the same time as the second Trash Bash, scheduled for Saturday, and the ongoing Home Improvement

Repair Program that has been expanded and will kick off today.

Under Round 2 of the repair program, homeowners can receive up to \$8,500 in grant funding for costs incurred during the repair/improvement process. The funds will be allocated on a first-come, first-served basis. Up to 50% of the grant award may be requested to be paid in advance of the project, with the remaining 50% to be paid as reimbursement after verified completion.

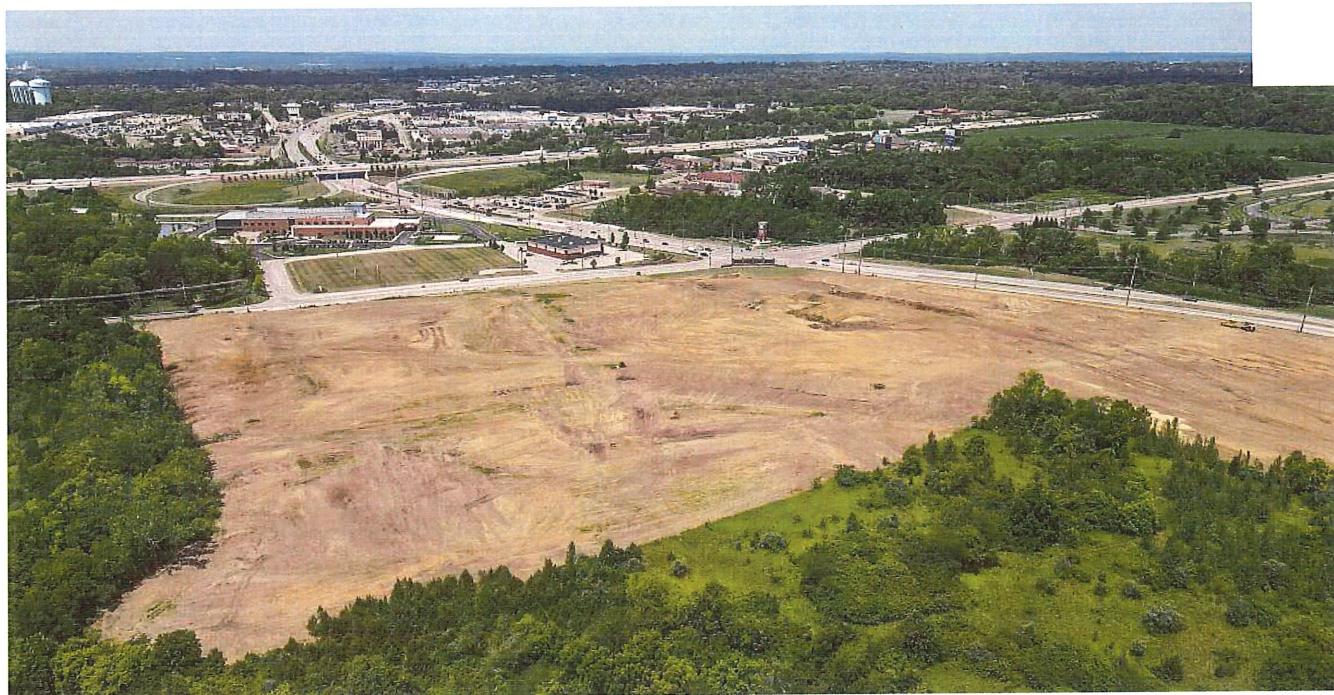
Only one approved application is allowed per year.

All residents west of Breiel Boulevard are eligible.

Contact this reporter at 513- 543-9227 or email lauren.  
[pack@coxinc.com](mailto:pack@coxinc.com).

# RENAISSANCE BEGINS

## CLOSER LOOK



*The \$200 million Renaissance Pointe project, in the planning stages for years with developers and city of Middletown and Warren County officials, is under way, and crews have wasted no time clearing the site and moving dirt after the ceremonial groundbreaking just weeks ago. Under the Woodard Development plan, the 50-plus acres on the east side of Middletown along Interstate 75 at Ohio 122 and Union Road will be transformed into a 3,000-seat, multipurpose event center, retail and office space, hotels, restaurants and residential options. City officials have called Renaissance Pointe one of the largest investments and developments in Middletown's history. NICK GRAHAM / STAFF*

# Four new Middletown fire stations moving forward

The \$26.8M project will replace facilities that are decades old.



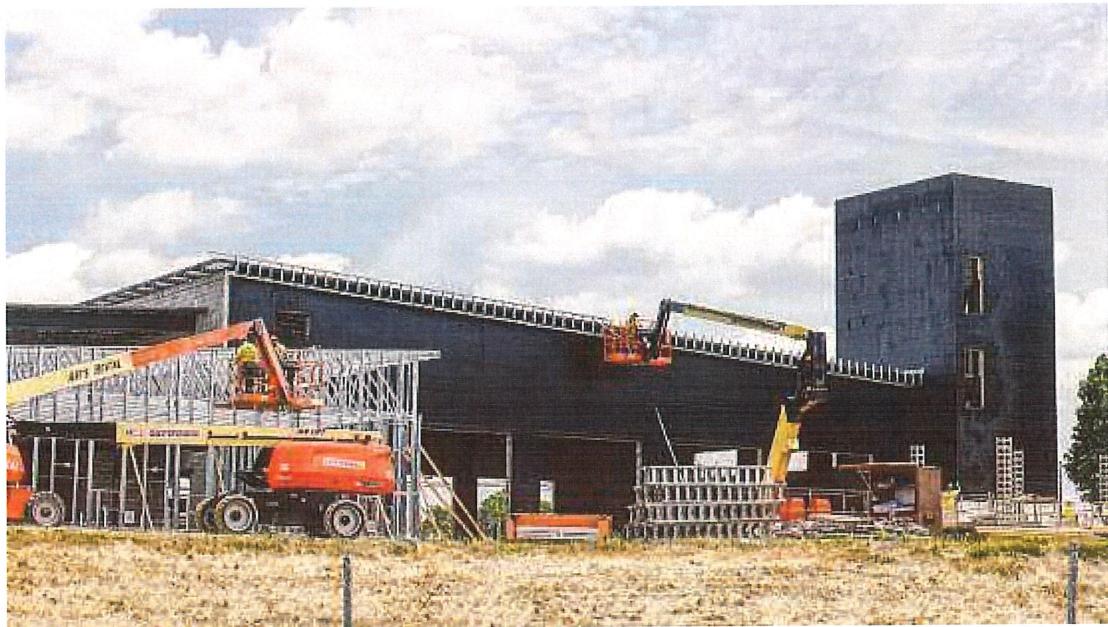
*Site work has started on the new Middletown Fire Station 81 at the corner of Charles Street and Henry Avenue in Middletown*



*Construction continues on the new Middletown Fire Station 82 on Ohio 122 near Atrium Medical Center Monday in Middletown*



*Construction continues on the new Middletown Fire Station 83 Headquarters on Yankee Road on Monday in Middletown*



*Site work has started on the new Middletown Fire Station 85 on Sophie Avenue in Middletown. NICK GRAHAM PHOTOS / STAFF*

#### STAFF REPORT

Construction crews are working to build four new Middletown fire stations at one time, a project that will result in replacement of all of the city's current stations, which are decades old.

The construction is projected to be completed by 2025 and cost about \$26.8 million.

Structures continue to take shape at two of the sites, including the new Middletown Fire Station 82 on Ohio 122 near Atrium Medical Center.

Significant progress also is visible at the new Middletown Fire Station 83 Headquarters on Yankee Road. Work there began in September.

Those first two stations should be completed by November this year.

Site preparation work has happened at two other new sites: Middletown Fire Station 85 on Sophie Avenue and Middletown Fire Station 81 at the corner of Charles Street and Henry Avenue.

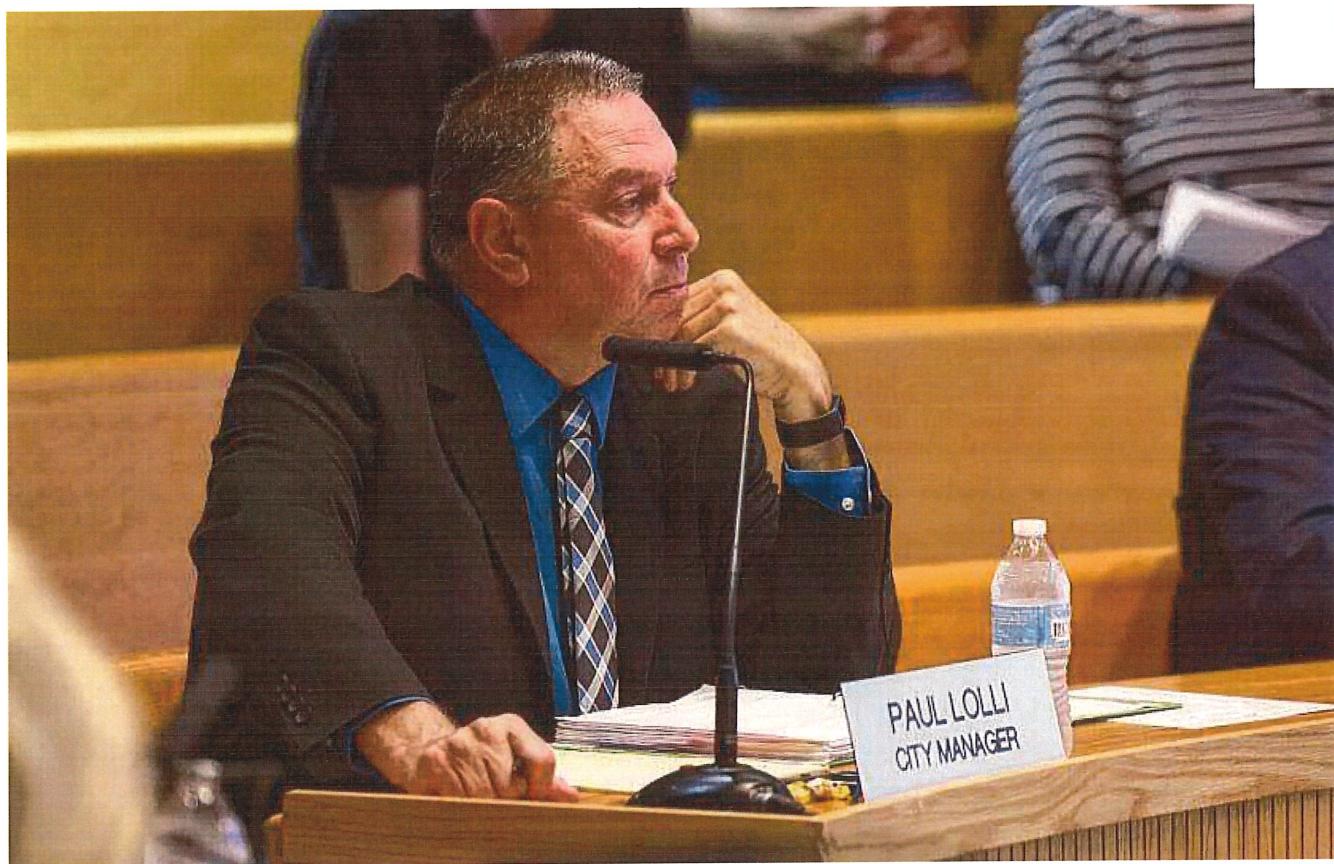
Those two stations are targeted for completion in the summer of 2025.

The shift in Middletown's population and future growth have been cited by city leaders as the reason the new stations were needed. Officials also noted the age of the existing stations, the oldest of which was built 70 years ago.

The current stations do not meet today's standards and codes for modern-day fire stations, fire officials have said. Those stations do not have sprinkler systems, sleeping areas do not meet current requirements for egress, and the buildings do not meet accessibility requirements and lack essential facilities.

# Middletown city manager retires in closed-door session

Paul Lolli, the former fire chief, has been in the role for 2 years.



*Middletown City Council voted Tuesday to accept the abrupt retirement of City Manager Paul Lolli, effective July 31. Assistant City Manager Nathan Cahall will be interim city manager. NICK GRAHAM / STAFF*



*Middletown Assistant City Manager Nathan Cahall will be interim city manager.*  
NICK GRAHAM / STAFF

BY MICHAEL D. PITMAN STAFF WRITER

MIDDLETOWN — Middletown City Council accepted the abrupt retirement of its city manager Tuesday night.

After a lengthy executive session discussing personnel matters, the council voted 4-0 to accept the retirement of Paul Lolli, who was hired as the Middletown city manager two years ago to the month. Lolli's effective retirement date will be July 31.

Lolli did not offer any comment after the meeting and promptly exited the building.

Council members after the executive session added the Lolli retirement to the agenda and conducted the vote, all without comment.

In a statement issued by the city of Middletown on Wednesday, Lolli said: "As much as I have enjoyed serving the city of Middletown and its residents, it is time for me to move on to a new chapter."

Lolli led the city as it progressed in its revitalization efforts, including overseeing major projects such as the Cliffs Hydrogen Ready Direct Reduced Iron Plant, park improvements, the Renaissance Pointe project, the Paperboard Remediation Project, the Home Improvement Repair Program, focused efforts on code enforcement, a new levy and the purchase of the Central Connections building.

The Journal - News has requested retirement or severance package information for Lolli, but did not receive that information prior to deadline.

Assistant City Manager Nathan Cahall will be the interim city manager while Middletown City Council launches a nationwide search for a replacement for Lolli.

Lolli had served as interim city manager for four months in early 2022 prior to being named in the permanent job in July 2022.

Before leading the Middletown city administration, he served with the city of Middletown Division of Fire for 33 years, the last seven as its fire chief.

Lolli was the third permanent city manager in as many years when he was hired to the post in 2022.

Cahall will be the fifth city manager, either interim or permanent, in the past seven years.

Contact this reporter at 513- 581-6538 or email Michael.

[Pitman@coxinc.com](mailto:Pitman@coxinc.com).

# 11 area hospitals earn high marks in annual report

Kettering Health earns most top ratings; Premier gets best hospital.



*Kettering Health Dayton was listed as "high-performing" in knee replacements in U.S. News & World Report's annual evaluation of hospitals. JIM NOELKER / STAFF*



*Premier Health's Miami Valley Hospital in Dayton was named the region's best hospital by U.S. News & World Report.* JIM NOELKER / STAFF



*Mercy Health-Springfield Regional Medical Center was ranked high-performing in the treatment of heart failure by U.S. News & World Report.* CONTRIBUTED



*U.S. News and World Report named Kettering Health Hamilton as a high-performing hospital for heart attacks. GREG LYNCH / STAFF*

BY SAMANTHA WILDOW STAFF WRITER

Eleven area hospitals were recognized as “high-performing” in a ranking by U.S. News and World Report in its “Best Hospitals” list.

Kettering Health had the most medical centers recognized by U.S. News and World Report in its “2024- 2025 Best Hospitals” report, while Premier Health’s Miami Valley Hospital was named best hospital in the region.

U.S. News evaluated more than 5,000 hospitals across 15 specialties and 21 procedures and conditions. The annual ratings are meant to assist patients and their doctors in making decisions about where to receive care for challenging health conditions or elective procedures, U.S. News says.

“The ‘high-performing’ designation acknowledges hospitals that consistently deliver high-quality care for specific medical procedures

and conditions. This recognition highlights their expertise and commitment to patient wellbeing," said Ben Harder, chief of health analysis and managing editor at U.S. News.

This year, U.S. News incorporated new data on care provided to patients with Medicare Advantage insurance and on outpatient care. The procedures and conditions ratings are based on objective quality measures.

Kettering Health Main Campus was recognized as a high-performing hospital for eight procedures and conditions.

Those ratings for Kettering Health Main Campus were for the following procedures and conditions: aortic valve surgery, colon cancer surgery, congestive heart failure, heart attack, heart bypass surgery, hip replacement, knee replacement and pneumonia.

Four other Kettering Health medical centers were also named high-performing.

Kettering Health Miamisburg was recognized as high-performing in the area of hip replacements.

Kettering Health Dayton and Kettering Health Miamisburg were also recognized for knee replacements.

Kettering Health Hamilton and Soin Medical Center were recognized as high-performing in treating heart attacks.

"As a system, Kettering Health is dedicated to helping each patient enjoy their best health," said Kettering Health's acute care president Daniel Wolcott.

"We continue to elevate our standards of care and strive for exceptional patient-focused outcomes."

Kettering Health has 14 area medical centers and more than 120

outpatient locations throughout Western Ohio, as well as Kettering Physician Network, which includes more than 700 board-certified providers.

Premier Health's Miami Valley Hospital placed ninth among all Ohio hospitals in the latest annual rankings released by U.S. News and World Report. The hospital had the best performance among all hospitals in the Dayton region.

The distinction includes Miami Valley Hospital North in Englewood and Miami Valley Hospital South in Centerville, Premier Health said.

Miami Valley Hospital, the Dayton region's only level 1 trauma center, was named high-performing in 12 areas of care: aortic valve surgery, colon cancer surgery, chronic obstructive pulmonary disease, heart bypass, heart failure, hip replacement, knee replacement, pneumonia, prostate cancer surgery, maternity care for uncomplicated pregnancies, stroke and leukemia, lymphoma and myeloma.

Premier Health operates five hospitals, seven emergency departments, eight urgent care locations and more than 130 outpatient locations.

Premier Health is dedicated to providing high-quality patient care and enhancing the health of the communities, the hospital system said.

"We are deeply committed to these values," said Dr. Chad Whelan, chief operating officer of Premier Health and president of Miami Valley Hospital.

In addition, Premier Health's Atrium Medical Center received high-performing designations for heart attack and stroke.

"The recognition from U.S. News and World Report is a testament to the incredible dedication of our physicians, providers, nurses and support staff who work tirelessly to deliver exceptional care every single day. They truly inspire us all. Our mission says it best:

We Care.

We Teach. We Innovate.

We Serve," Whelan said.

Among other health networks, Mercy Health- Springfield Regional Medical Center and Mercy Health-Fairfield Hospital were ranked high-performing in treating heart failure.

Fairfield Hospital was also named high-performing in treating COPD.

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

# City finalizes financing for Towne Mall purchase

MIDDLETOWN



*On Tuesday, Middletown City Council agreed on measures to fund the city's purchase of Towne Mall. NICK GRAHAM / STAFF*

BY MICHAEL D. PITMAN STAFF WRITER

Funding for Middletown's purchase of the Towne Mall in the city's East End is now in place.

Last month, the city council agreed during a special meeting to accept the sale of the four-parcel mall that encompasses more than 32 acres. On Tuesday, the council agreed to issue \$7.45 million in bond anticipation notes to help fund the \$10 million purchase. Tuesday's action will partially reimburse the city's general fund as the council had already agreed to pay for Towne Mall from the city's general fund.

There is no finalized plan for the property at this point, said City Manager Paul Lolli, who will retire at the end of the month. He said, "We do know the development that goes there will be a development that works well with the Renaissance Pointe and not compete with it."

Middletown had made an offer to purchase Towne Mall last year with the intent of placing Renaissance Pointe at the location, but withdrew the offer, Lolli said.

Renaissance Pointe is a nearly 51-acre mixed-use \$200 million development at Ohio 122 and Union Road that will include an event center, retail and offices, hotels, restaurants and residential living.

Council member Zack Ferrell said the interesting part of the purchase of Towne Mall is that there is no specific plan.

"We have the ability to obtain grants and brownfield money to be able to tear it down and basically create a blank slate for an investor or developer," he said. "If you hold the property, you have the ability to vet the plan and figure out the best situation for the city, and I think that's why I've been a proponent of this property."

Lolli agreed that purchasing the 32-plus acre property will give the city control, especially since some organizations looking to buy the mall may not have had the best plans for Middletown in that location. A big factor is the city can work to put a complementary development to Renaissance Pointe in the space, as opposed to a competitive development.

"It gives us control of that property and also we'll be working with many developers," Lolli said.

"Our primary thing out there is economic development. That's what we'll do, and that may include a mixed-use type process of possibly living, entertainment and shopping."

City council passed the legislation as an emergency so staff can proceed with the necessary actions needed to be able to close on the real estate transaction.

Contact this writer at 513- 581-6538 or email Michael.

[Pitman@coxinc.com](mailto:Pitman@coxinc.com).

# Global tech outage has local impact

Ohio BMV, local university, airport, taxpayers affected.



*A sign posted to the door at the Ohio BMV site in Springfield Friday morning said the office is closed because its system is down statewide. BILL LACKEY / STAFF*

STAFF AND WIRE REPORTS

A global technology outage caused by a faulty software update grounded flights, knocked media outlets offline, and disrupted hospitals, small businesses and government offices on Friday, highlighting the

fragility of a digitized world dependent on just a handful of providers.

The trouble with the update issued by cybersecurity firm CrowdStrike affected customers running Microsoft Windows.

It was not the result of hacking or a cyberattack, according to CrowdStrike, which apologized and said throughout Friday morning and early afternoon that a fix was on the way.

Thousands of flights were canceled and tens of thousands were delayed around the world, leading to long lines at airports in the U.S., Europe and Asia. Airlines lost access to check-in and booking services in the heart of the summer travel season.

Several local TV stations in the U.S. were prevented from airing the news early Friday, and some state and local governments reported problems at courts, motor vehicles departments, unemployment agencies and other offices.

Affected hospitals had problems with appointment systems, forcing them to suspend patient visits and cancel some surgeries.

### Local impact

The outage affected some taxpayers on the due date for the second half property taxes in Montgomery County. Taxpayers attempting to make online payments through some banking systems were receiving notices that their online payments are not accepted, according to a release from the office of Montgomery County Treasurer John McManus.

“The global Microsoft outage affecting financial services worldwide is unfortunate, but our office fortunately has many options in place to help taxpayers who bank with any impacted financial institutions,” McManus stated. “Any taxpayer experiencing trouble paying online is being asked to utilize one of our other many options to pay their property taxes.”

Patient care at local hospitals was largely unaffected Friday morning.

Kettering Health, Mercy Health, Premier Health and Dayton Children's said they were either not impacted or only minimally impacted by the outages and that patient care was not affected.

Emergency call systems saw issues in Butler County and Middletown throughout Friday morning, although operations were back or close to normal by early Friday afternoon. Montgomery County officials said emergency systems there were not affected.

Public Health - Dayton & Montgomery County said due to technical difficulties with the state's WIC computer system, the health department was unable to serve clients at its WIC locations. WIC is the food assistance program for pregnant women, women who recently had a baby and children up to age 5.

The Dayton International Airport website reported multiple flights were delayed throughout the morning, although others were able to depart. Flights were continuing to be delayed until mid-afternoon on Friday.

All Ohio Bureau of Motor Vehicles locations were closed as of early Friday afternoon. The Ohio Department of Job and Family Services said some services and operations were disrupted.

In a statement, the agency said anyone experiencing trouble accessing services should try again later because they were working to restore systems as quickly as possible.

The University of Dayton reported its campus IT systems were down on Microsoft Windows-based operating systems. UD said it uses the CrowdStrike application on all computers, and that it was causing "blue screens" and/or booting issues on Windows-based operating systems.

A disturbing reminder of vulnerability

Cyber expert James Bore said real harm would be caused.

"All of these systems are running the same software," Bore said. "We've

made all of these tools so widespread that when things inevitably go wrong — and they will, as we've seen — they go wrong at a huge scale."

In an interview on NBC's "Today Show," CrowdStrike CEO George Kurtz apologized, saying the company was "deeply sorry for the impact that we've caused to customers, to travelers, to anyone affected by this, including our companies."

"We know what the issue is" and are working to remediate it, Kurtz said.

Shares of the company, which is based in Austin, Texas, fell nearly 10% on Friday.

Microsoft's stock price fell more than 3%.

Though the outage's impact could be felt far and wide, the forecasting firm Capital Economics said it was likely to have little impact on the world economy.

# City Council accepts Kroger opioid settlement deal

MIDDLETOWN



*The City of Middletown agree to accept the terms of the national opioid settlement involving Kroger. The city is one of many municipalities across the state that will receive a portion of the \$1.2 billion settlement. AP FILE*

BY MICHAEL D. PITMAN AND KASEY TURMAN STAFF WRITERS

The city of Middletown agreed on Tuesday to accept the material terms of the national opioid settlement agreement involving Kroger.

The council had until Aug. 12 to accept the terms. The city is one of

many municipalities and townships across the state that would receive a portion of the \$1.2 billion settlement.

"We don't know the amount we're going to get until all the communities submit their acceptance of this, and then the monies will be rationed out," said City Manager Paul Lolli, who later in the meeting submitted his retirement resignation.

The money the city would eventually receive will be put into Middletown's general fund and would be used for public safety, the courts and/ or the city's health department.

The vote of acceptance comes a week after the city of Fairfield accepted the terms, and based on estimated calculations it would receive more than \$91,000 in Kroger's role in the opioid epidemic.

Final amounts would be determined on how many communities accept the settlement agreement.

The payments from the Kroger settlement, which was finalized in June, will be made annually for 11 years.

It's not determined when the first payments would be made.

The Kroger settlement is just one of eight available to Ohio communities through the National Opioid Settlement. Other settlements include Johnson and Johnson, Walmart and Walgreens. In all, the settlements will pay out to communities across the state more than \$51 billion.

The \$1.2 billion settlement with Kroger "marks another step forward in holding each company that played a role in the opioid epidemic accountable and ensuring hard-hit communities are provided with muchneeded resources," according to a statement on the National Prescription Opiate Litigation.

The country had been hit hard by the opioid epidemic.

Since 1999, there have been more than 1 million drug overdoses in the country, with the majority related to opioid use, according to the Centers for Disease Control and Prevention.

Though Butler County has seen a decrease in drug overdose deaths in recent years — the amount of opioid-related deaths have dropped from 260 in 2017 to 184 in 2022 — opioid-related overdoses made up 84% of all overdose deaths in 2022 in Ohio, according to the Ohio Department of Health. More than 4,000 opioid-related deaths were recorded in 2022.

# Walk with a Doc combines movement, conversation

MIDDLETOWN



*Dr. Jennifer Feldman is lead doctor for Middletown's Walk with a Doc program.*

BY RICK MCCRABB CONTRIBUTING WRITER

A consortium of area nonprofits hopes Middletown residents take the first steps toward better health.

Hospice Care of Middletown, Middletown Community Foundation and the city of Middletown Health Department have launched a Walk with a Doc program in the city.

The health program brings doctors and patients together to walk every third Saturday at 9 a.m. at Rosa Parks Elementary School, 1210 Ver-ity

Parkway.

Dr. Jennifer Feldman, lead doctor for Middletown's program, said it's important for all residents to take their health seriously. She said "simple things" like walking can reduce the chance of serious illnesses.

According to the American Heart Association, walking as little as 30 minutes a day can provide the following benefits:

- Improve blood pressure and blood sugar levels;
- Help maintain a healthy body weight and lower the risk of obesity;
- Enhance mental well-being;
- Reduce the risk of osteoporosis.

"Healthy people are more productive," said Feldman, a pediatrician at Centerpoint Medical with offices in Middletown and Franklin. "I'm very pleased to bring this exciting and simple program to Middletown as it has shown such improved health results for countless people around the world. There's no question that increasing exercise, even moderately, reduces the risks of many diseases, including coronary heart disease, breast and colon cancer and Type 2 diabetes. Research has even shown you could gain two hours of life for each hour that you exercise regularly."

The walks will begin with a short talk from a local doctor, then attendees will walk around the neighborhood near the school and be given an opportunity to ask the doctor any medical questions.

"You never know what those conversations will spark," said Feldman, who added people can walk at their own pace.

Walk with a Doc is an international nonprofit organization whose mission is to inspire communities through movement and conversation.

Middletown joins a growing list of communities worldwide that have

started local Walk with a Doc programs.

Walk with a Doc was started by Dr. David Sabgir, a cardiologist in Columbus.

He has walked with patients and community members nearly every weekend since 2005.

Participation is free and pre-registration is not required.

# Vance to mark VP selection in his hometown



*U.S. Sen. JD Vance (R-Ohio) arrives at the Conservative Political Action Conference in February in National Harbor, Maryland. Former President Donald Trump has chosen Vance to be his running mate, wagering he will bring fresh energy to the GOP ticket and ensure Trump's MAGA movement lives on after him. THE NEW YORK TIMES*

BY AVERY KREEMER STAFF WRITER

While accepting his nomination to join former President Donald Trump on the GOP's ticket, Ohio Sen. JD Vance promised to "be a vice president who never forgets where he came from" — a message that Republicans and Democrats alike expect him to hone in on when he kicks off his rally today at Middletown High School.

"Middletown made him who he is today," said state Rep. Thomas Hall, R-

Madison Twp., who represents Vance's hometown in the Ohio House and known the senator for about eight years.

"I think a lot of his speech will talk about the vision of President Trump and Vice President Vance, and what that means for hardworking Americans, but I think it's also a chance to thank Middletown and thank the area for everything it's ever done for him."

Vance, 39, is set to begin speaking at his old high school at 1:30 p.m. in his first official action as Trump's running mate. If the pair wins this November, Vance will become the first vice president from Ohio in American history.

The senator was a "Middie" up until his graduation in 2003 before joining the Marines, attending the Ohio State University, moving on to Yale Law, working in venture capital in Cincinnati and California, and becoming a U.S. senator from Ohio in 2022.

Middletown was a central component of his 2016 best-selling autobiography "Hillbilly Elegy," an account of how his worldview had been shaped by his Butler County upbringing and his family's Appalachian and Kentucky roots.

But, Butler County Democratic Chair Kathy Wyenandt told this news outlet that whatever homage Vance plays to Middletown today will be "lip service."

"I've been in Butler County politics for the last 15 years, and the only time I have ever seen him around is when he's coming to the Republican party fundraiser at the county level," said Wyenandt, who characterized Vance as a "fraud" for portraying himself as an everyday guy, given his Ivy League education and his career as a venture capitalist.

Hall, on the other hand, said he saw Vance's rise to power as "example 'A' of what the American dream can look like."

"I think anybody in Middletown or anybody in any small town in Ohio, or even America, can see that story and that show of resilience and strength that he had ever since a young age," Hall said.

Differences in opinion over Vance's messaging aside, Hall and Wyenandt told this news organization that his nomination has left much of Butler County buzzing.

"His childhood house is about five minutes from my house. It's definitely crazy to think about," said Hall, who noted he's "as excited as anyone" about the nomination.

"I'm not going to deny that some people around Butler County are excited," Wyenandt said. "I know a lot of the Republican elected (officials) are head over heels as far as JD Vance's (nomination).

He's young, and I know there's a certain hunger for a young, fresh face in politics, and that's exciting."

Despite her opposition to his politics, Wyenandt conceded that Vance's story proves, in a valuable way, that "anything can happen to anyone if they put their mind to it and they have the opportunities." Wyenandt said she's interested to watch Vance's run and how voters' opinions on him shift.

"It'll be interesting. As many people that are happy that he was nominated, there are just as many people that weren't happy," she said. "I think people are going to start to learn who JD Vance really is outside of Ohio."

## COUNT ON US

We will be at today's JD Vance rally at Middletown High School with a group of reporters and photographers. Turn to our website first for coverage of Biden's exit from the presidential race and Vance's election event.

# City's firefighters get 10% raise in first year of new contract

MIDDLETOWN

BY MICHAEL D. PITMAN STAFF WRITER

Staff Writer MIDDLETOWN — Middletown City Council has agreed to a new three-year fire union contract with a goal of reducing so-called legacy payouts and making salaries more competitive.

City Manager Paul Lolli said the contract the council approved 4-0 was a culmination of several months of negotiations with IAFF Local 336.

"One thing we knew that was going to be challenging was how far behind our firefighters were in wages and salaries," he said. "We set out to do what we could to correct that."

The contract's first year will see a 10% wage hike, which will be applied retroactively from Jan. 1. A 7% increase will be added to both the second and third years of the contract. Lolli said Middletown Division of Fire firefighters were underpaid anywhere from \$3,000 to \$12,000, when compared to surrounding jurisdictions.

"We were losing a lot of our firefighters to a lot of these communities around, and the same holds true with our police ranks," Lolli said.

"We had to bridge that gap, we had to stop the bleeding."

He added the contract will allow Middletown to compete in recruitment

and retention of firefighters.

Over the past few years, Middletown Division of Fire has lost upwards of a dozen firefighters to other neighboring jurisdictions. But it's not easy finding new hires.

Assistant Fire Chief Steve Ludwig said during their last hiring cycle Middletown interviewed 12 people, and of those interviewed, "several were not hirable."

There were several minor changes to the three-year contract, which retroactively begins on Jan. 1, including with regards to injury and authorized leave, temporary assignments to a hire rank, discipline, and insurance.

The new contract works toward reducing what is known as legacy payouts, where firefighters historically would "bank" paid time off in exchange for a large payout when they retired. Lolli said that had significant costs to the city, in some cases, more than \$100,000 per retirement.

This generation of firefighters, however, wants to have their money up front, Lolli said, adding that many other communities have reduced or eliminated legacy costs.

He said this will "save the city significant funds."

"We don't have a dollar amount right now, but we do know this moves us into the direction which will be able to reduce that cost for the city in the future," Lolli said.

At Middletown City Council's next meeting on Aug. 6, they'll consider a memorandum of understanding with the city's corrections officers union. Lolli said it's been tough to compete with the Butler County Jail because there's a nearly \$5 per hour difference in wages.

"These are some of the same problems we're seeing with police and fire,

however, this is probably a little bit more of serious nature," the city manager said. "They've lost three in the last year, so retention is a problem."

The plan is to have a \$2.50 increase for the corrections officers in Middletown, "which will get us closer to competing with the Butler County Jail." The salary increase would add about \$25,000 for the remainder of 2024 budget, and add \$57,000 to the budget for 2025 "which we feel will fall within the financial plan of the city."

A fully staffed corrections department would also prevent the need to police officers reassigned from police beats to the city jail when they're short, Lolli said.

Contact this reporter at 513- 581-6538 or email Michael.

[Pitman@coxinc.com](mailto:Pitman@coxinc.com).

# Mental health levy set for Butler County ballot

County to ask voters to pass half-mill levy that will generate \$6.6M.



*Scott Rasmus, executive director of the Butler County Mental Health and Addiction Recovery Services Board, said a levy on the November ballot would replace an existing levy. NICK GRAHAM / STAFF*

BY DENISE G. CALLAHAN CONTRIBUTING WRITER

Butler County mental health board leaders are warning that critical programs and services may have to be cut or reduced if voters reject a half-mill, \$6.6 million levy request in November.

The Butler County Commission agreed to ask voters to approve a new mental health levy that would cost taxpayers about \$18 per \$100,000 in

value annually and collect \$6.6 million, according to the county auditor's office.

The Mental Health and Addiction Recovery Services Board operates on federal, local and state funding, but 57% of its revenue comes from two local tax levies.

MHARS Executive Director Scott Rasmus said this is a new levy, but it will replace the existing .5-mill, 10-year levy that first passed in 1985 and was last renewed in 2014. If successful, the board will retire the old funding source, which expires this year. That levy costs taxpayers \$5 per \$100,000 and collects about \$2.4 million.

"What we're looking at really here is the delta, the new mills versus the old mills, which is \$13 per \$100,000 home per year," Rasmus told the Journal-News.

"That's about a dollar per month, so what I can say is we're only going for what we need. We want to utilize this to get out at least five years. ... We're very good stewards of the taxpayers' money."

He said the board has gone 39 years on the levy, which is "flat funded," meaning the amount received doesn't increase.

"When you have a 1985 halfmill levy it's worth about a third of that now. You lose revenue over time, Rasmus said."

The other local tax collection is a 1-mill levy that first passed in 2006 and renewed in 2020. It costs about \$20 per \$100,000 annually and collects \$8.3 million.

The half-mill levy expires this year and the 1-mill funding source ends next year.

He said the plan is to pass the new levy this year and go for a renewal on the other in November 2026.

The MHARS Board doesn't provide direct mental health and addiction services, but facilitates and pays for programs and services provided by partner agencies. According to the board's 2025 tax budget submission, in 2022 it served about 37,400 "unique" clients, about 10% of the county's population.

The board has 14 full-time staffers, and Rasmus said the estimated expense budget for next year is \$20.7 million.

### What is needed

Rasmus told the commissioners recently that there is a need to preserve existing programming and expand services, especially in light of the fact that suicide deaths have "been on the rise and elevated for the past 21/2 years," when the average for years was around 42.

He said overdose deaths are also concerning. The county coroner's office provided this newspaper statistics showing overdose deaths were at a low of 159 in 2019, spiked to 177 in 2020, dropped to 172 in 2021 and increased to 184 in 2022.

The number went down to 130 last year and stands at 63 to date.

Deaths by suicide stood at 47 in 2019, dropped to 38 in 2020, increased to 50 in 2021, 64 in 2022 and 57 last year. The number of known or suspected deaths stands at 34 to date.

He told the Journal-News that young people, the elderly and veterans are especially vulnerable these days.

"I watch to see since COVID, because that was traumatic for folks, from children all the way up through seniors," Rasmus said.

"I could see the expanded need and the trauma and the anxiety and the depression and substance abuse and stress that that's caused.

Even post-COVID, there's need for expanded programs."

Rasmus has been trying for years to expand services to include an emergency mental health crisis stabilization unit. The commissioners were going to allow the board to use the former Butler County Care Facility and also allocated \$3 million in federal pandemic relief funds for capital needs for the project.

Last year, Rasmus estimated the county would need a new \$7 million levy to operate the facility. A couple of the commissioners weren't keen on the cost and the community reaction was generally negative.

Officials in other jurisdictions, primarily Hamilton, objected to bringing the facility here because they feared it would exacerbate the homeless problem.

Commissioner Cindy Carpenter toured similar facilities in other locations with Rasmus when the board was in the due-diligence phase of the project.

"Dr. Rasmus did countywide public forums because the cities all rebelled against it," she said. "Instead of just fighting the cities, he went out and did what the cities asked and did the forums, and it's just the 'NIMBY' thing: 'not in my backyard.'"

The MHARS board sent out a request for proposals and received just one submission. "That bid had some challenges with it," Rasmus said.

He told the Journal-News his board was prepared to pay a maximum of \$4 million for the first three years of operation, but expected the provider to assume expenses thereafter.

"The provider came in with a budget that was above and beyond that and requested the board cover more than was outlined in the RFP by \$1.4 million," Rasmus said. "That was a problem, and there was still a challenge on where this would be located."

The provider presented a three-year budget of \$7.1 million, \$7.3 million and \$7.5 million and wanted the board to chip in nearly \$500,000 per year.

He said the RFP also required the successful provider prove there was community support from neighboring Fairfield Twp. and Hamilton for the project. "It was required there would be indicated support from those jurisdictions with it and that did not happen in that proposal, clearly," he said. He said the project is now on hold indefinitely.

Commissioner Don Dixon told the Journal-News they are exploring other uses for the old county nursing home.

Rasmus told the commissioners his board requires maintaining a nine-month reserve — roughly \$14.8 million — and that policy would be jeopardized by a levy failure or delay. The board's expenses total about \$16 million a month and the cash balance at the end of June was \$22 million.

"We are approaching the board's minimum funding reserve level; if we weren't to get this money in about a year from this November we would reach our minimum reserve level," Rasmus said. "Which could trigger cuts potentially across the board in order to shore up the viability of the board."

#### Other tax requests on ballots

The board will have some competition for taxpayer dollars in some communities this fall. Mike Stein, real estate director for the county auditor's office, said he has done levy certifications for five other jurisdictions.

They are: the Lane Library (.75-mill renewal); MidPointe Library (1.25-mill additional); Monroe Schools (3.49-mill bond levy); Oxford (2.60-mill additional) and Ross Twp. (2.75-mill renewal).

The board of elections hasn't yet certified the Monroe Schools and

library levy requests to the November ballot.

Mat Himm, past president of the mental health board, told the commissioners he and his family needed the board's services years ago when he was a heroin addict. He has been sober for nearly 11 years; his wife for 9 1/2 years.

"It is actually very scary to us as consumers to realize that if we do not get new funding and replace what we have, those levies that we currently have will expire," Himm said.

"Therefore, we will have to start cutting funding to programs and unfortunately, one of the first things that would have to be cut would be probably stuff like prevention services in schools."

# Council members: Middletown closing in on picking new police chief

Division of Police has had two acting chiefs since December.



*Deputy Chief Andy Warrick*



*Deputy Chiefs Earl Nelson and Malcolm Tipton*

BY LAUREN PACK STAFF WRITER

Middletown is on track to have a new police chief in place by the end of August, according to city council members.

The division of police has had two acting police chiefs at the helm since December when then chief David Birk was placed on administrative leave and later signed a voluntary separation agreement.

Deputy Chief Eric Crank was named acting chief until his retirement in April.

Deputy Chief Andy Warrick was named acting chief in April and remains in that position.

Following civil service testing and evaluation, Middletown City Manager Paul Lolli recommended Lt. Malcolm Tipton and Sgt. Earl Nelson be promoted to deputy chief. Those promotions were approved by council in May.

Deputy chiefs Tipton and Nelson and acting chief Warrick have tested for the chief position. The evaluation process is nearly complete, and a recommendation could go to Lolli before his retirement on July 31.

“Myself and a few others conducted interviews last week and this week with candidates,” and recommendations will go to the city manager’s office soon, said Councilman Steve West II.

He said a recommendation to council for approval could be part of the Aug. 6 agenda.

Mayor Elizabeth Slamka said the police chief position could be on the Aug. 6 agenda or Aug. 20 for council consideration.

“We are hopeful to get the recommendation in the first meeting of August, but it might be the second meeting,” Slamka said.

There is a process that is followed, she noted.

“But I am very confident with our police department.

They do the work every day, and the same thing with the city manager's office," the mayor said.

When asked if he will make a recommendation to council about the new police chief before his retirement, Lolli answered "possibly."

Assistant City Manager Nathan Cahall will take over as acting city manager on Aug. 1 Nelson has been with the Middletown Division of Police since 2005, when he began as a patrol officer.

Nelson was promoted to sergeant in 2017.

Tipton joined the Middletown Division of Police in 2008, was promoted to sergeant in 2017 and lieutenant in 2022 Warrick has been with the Middletown Division of Police since September 2001, when he was a patrol officer. In 2007, he was appointed police sergeant and promoted to lieutenant in 2017. In January 2018, Warrick was appointed deputy police chief.

Contact this reporter at 513-543-9227 or email [lauren.pack@coxinc.com](mailto:lauren.pack@coxinc.com).

# Decision punishes our most vulnerable for housing crisis



*SHALOM (Serving Homeless Alternate Lodging of Middletown) provides shelter for those experiencing homelessness. Middletown reader Amanda Marks says Americans should demand Congress find solutions to the nation's housing crisis.*

STAFF

I am outraged at the recent U.S. Supreme Court decision allowing cities to outlaw homelessness without solving it.

People don't choose homelessness as a lifestyle; it is a symptom of the underlying problem of skyrocketing housing costs and increasing poverty. By criminalizing poverty, this decision will exacerbate the problem without providing solutions. Instead of forcing people into jail cells or pushing them on to other communities, we should be investing in

services that help people find a place to live. We should be throwing them a lifeline, not cutting the thread they are hanging by. This decision demands congressional action. Congress must take immediate action to protect those among us experiencing homelessness and address the fact that rent is unaffordable for most Americans. Enacting a renter tax credit that offsets the high cost of rent is a good place to start.

This horrendous Supreme Court decision should be the catalyst for Congress to finally act on America's housing crisis. We the people must demand it.

— AMANDA MARKS, MIDDLETOWN Is anyone else tired of J.D. Vance portraying Middletown as this broken-down backwater? His book, "Hillbilly Elegy," portrayed the town as a drug-infested sinkhole.

His speech accepting the vice presidential nomination referred to us as cast aside and forgotten by politicians. He should know. The biggest local industry, Cleveland Cliffs, recently received a \$500 million federal grant that will create new jobs, all thanks to legislation Vance voted against. As a native and resident of Middletown, I'm sick and tired of this town being used as a political prop by someone who hasn't lived here in two decades and has done absolutely nothing during his tenure as senator except ignore letters from constituents and vote against legislation that helps the town.

— CHARLA HATTON, MIDDLETOWN Americans should never be punished for having a debilitating illness.

Unfortunately, that's what happens to people like me with illnesses such as End Stage Renal Disease, otherwise known as kidney failure. ESRD changed my life. Paying for ESRD treatment, whether it was dialysis (the treatment which works in place of kidneys) or transplant, both of which I experienced, proved to be extremely difficult. I had to rely on Cobra, Medicare, and Medicaid, and I struggled to pay for life-saving treatment. Other ESRD patients face financial burdens because private insurers are allowed to kick them off their insurance.

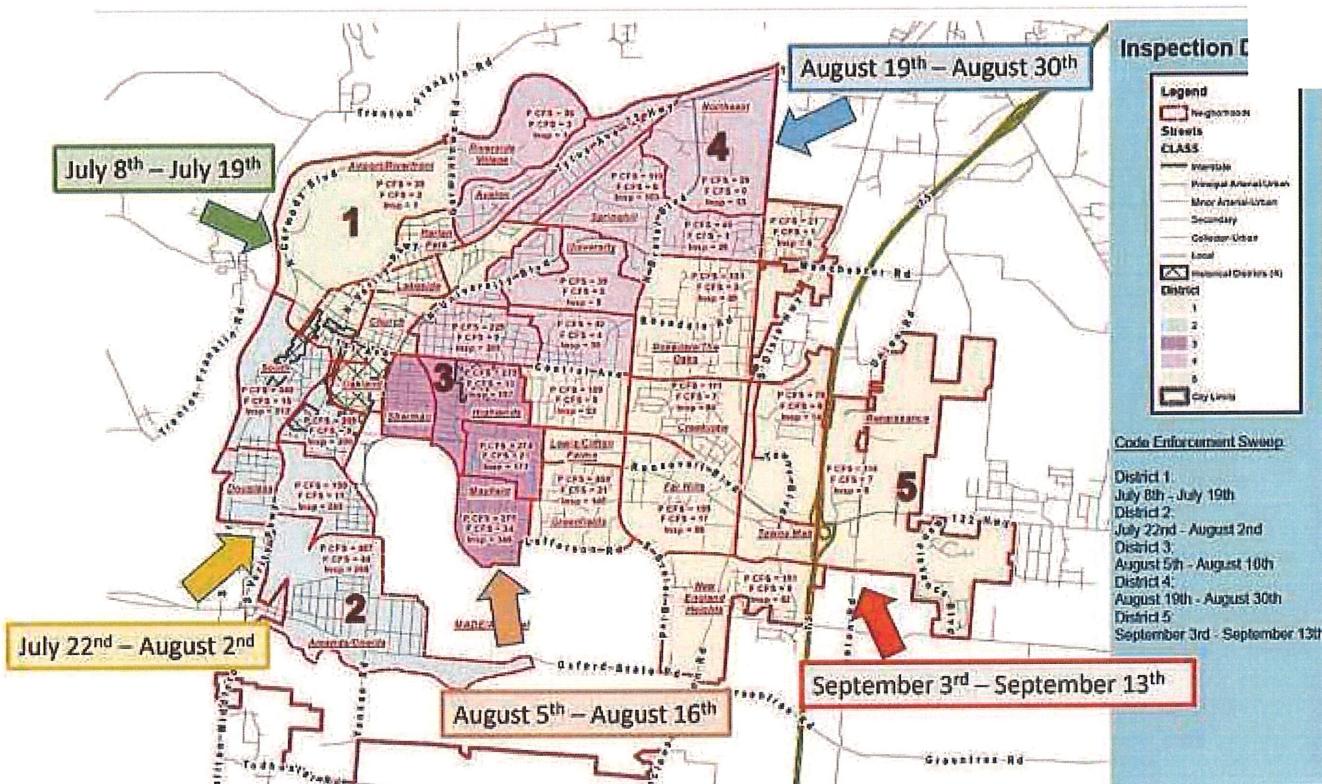
Private insurers push dialysis patients off their plans far too early in order to improve their bottom line, leaving patients to fend for themselves. I am calling on Congressman Mike Turner (R-Ohio) to help pass the Restore Protections for Dialysis Patients Act, which would guarantee that new dialysis patients can keep their private insurance for the first 30 months of care.

Insurers shouldn't be able to kick people off their plans as soon as they get sick.

— POROTHEA DENNIS, DAYTON

# Home repair grants program closes

170 applied for funds; code enforcement sweeps to continue until Sept. 13.



*Code enforcement sweep districts and dates. CITY OF MIDDLETOWN*

BY LAUREN PACK STAFF WRITER

MIDDLETOWN — Middletown's cash grant program that offers homeowners money for home repairs or cleanup work was so popular last week the application process was closed after five days.

An estimated 50 people were in line early July 22 at the city's community and economic development department to apply for the Home Improvement Repair Program that allows homeowners to receive

up to \$8,500 in grant funding for costs incurred during the repair/improvement process.

The grant program is administered in coordination with the city's code enforcement crackdown.

The city is running a Code Enforcement District Sweep through Sept. 13. All five code enforcement specialists are concentrated in one district to do comprehensive houseby-house outdoor inspections over two weeks.

Nearing the end of the first two-week sweep, hundreds of violations were handed out, according to city officials.

The districts and their sweep dates are:

- District 2 (through Friday): South, Prospect, Douglass, Meadowlawn, Amanda/ Oneida.
- District 3 (Monday-Aug.16): Sherman, Highlands, Barbara Park, Mayfield.
- District 4 (Aug. 19-30): Sunset/Park Place, El Dorado/ Williamsdale, University, Wildwood, Avalon, Riverside Village, Dixie Heights, Springhill, Northeast, Manchester Meadows.
- District 5 (Sept. 2-13): Sawyer's Mill, Rosedale/The Oaks, Creekview, Euclid Heights/Runnymede, Lewis/ Clifton Farms, Greenfields, Far Hills, Thorny Acres/ Burnham Woods, Towne Mall, New England Heights, Renaissance.

The sweep includes two checks, one for nuisance violations and another for violations of the Middletown development code and property maintenance. The most common property maintenance code violations are for sidewalks and driveways; accessory structures; premises identification; foundations; exterior walls, roofs, gutters and drainage; stairways, decks and porch; and handrails and guardrails.

The code specialists are also looking for nuisance violations such as tall grass and weeds (no higher than 6 inches); accumulation of garbage, litter and rubbish; and trees and shrubbery.

At the July 16 city council meeting, Assistant City Manager Ashley Combs said code specialists had issued 375 property maintenance violations.

During this abatement period, the violations are expected to be corrected before a recheck by a code specialist. Tenants of rentals will not be fined or cited into court for property maintenance violations, only nuisance and zoning violations.

The time to fix or repair the violations are: seven days for tall grass, trees and trash; 20 days for parking on grass, illegal expansion of driveway, etc.; and 30 days for property maintenance.

The city appropriated \$800,000 in ARPA funds for neighborhood improvement programs, which included two Trash Bash dumping days and the first round of the grant program in May.

About \$400,000 was left for the cash grant program.

By Thursday, city leaders announced via social media that applications would close Friday.

The funds in the second round were allocated on a first-come, first-served basis.

Up to 50% of the grant award may be requested to be paid in advance of the project, with the remaining 50% to be paid as a reimbursement after verified completion. All residents west of Breiel Boulevard were eligible.

“When we saw the line Monday, we knew it would be big,” said Clayton Castle, the city’s communications director.

Around 170 applications were received and Castle estimated only about 60 would be accepted either because of funding shortfalls or projects not meeting specifications.

Improvement projects that are not eligible are: swimming pools, spas and hot tubs; landscaping, plant materials and gardens; underground utilities and storm lines; play equipment and new detached accessory structures or additions.

Contact this reporter at 513- 543-9227 or email lauren.  
[pack@coxinc.com](mailto:pack@coxinc.com).