

AGENDA  
GEAUGA PUBLIC HEALTH  
April 26, 2023

1.0 Call to Order

2.0 Opening of Meeting

2.01 Pledge of Allegiance

2.02 Declaration of Quorum

2.03 Certification of Delivery of Official Notices of Meeting

3.0 Board of Health

3.01 Minutes, Special Meeting March 15, 2023

3.02 Minutes, Regular Meeting March 22, 2023

4.0 Health District Staff Reports

4.01 Population Health Report

4.02 Environmental Health Report

4.03 Administrator's Report

4.04 Health Commissioner's Report

5.0 Committee Meetings

No Reports

6.0 Old Business

6.01 House Bill 110 Review

6.02 Permission to Adopt Change to Home Sewage Treatment Rules

## 7.0 New Business

### 7.01 Resolutions

- 7.01.01 April 2023 Financial Reports
- 7.01.02 Resolution 2023-4 Then & Now Purchase Order
- 7.01.03 Permission to Approve Appropriations for Increase/Decrease
- 7.01.04 Resolution 2023-5 Then & Now Purchase Order
- 7.01.05 Permission to Approve the 2024 Budget

### 7.02 Resolution of Appreciation for Richard Piraino

### 7.03 Permission to Appoint Becky Kelly as Registrar

## 8.0 Citizens' Remarks

- Session to last 20 minutes unless Board moves to extend.
- 2 minutes per speaker to make comments and ask questions.
- The Board will answer questions after having an opportunity to investigate responses following the meeting. This is not a press conference where answers should be expected on the spot.
- Board responses will be recorded and publicly filed with meeting minutes.

## 9.0 Executive Session

## 10.0 Adjournment

## **1.0 Call to Order**

The regular meeting of the Geauga County Board of Health was called to order at 5:00 p.m. on Wednesday, April 26, 2023, by President Carolyn Brakey. The meeting was held at the Geauga County Office Building located at 12611 Ravenwood Drive, Chardon, Ohio.

## **2.0 Opening of Meeting**

### **2.01 Declaration of Quorum**

The following members were present constituting a quorum:

Carolyn Brakey, Esq.	Lynn Roman
Dr. Mark Hendrickson	Dr. Mark Rood

Absent: Ashley Jones, Pharm D

Minutes were recorded by Gina Parker.

Also present from the Health District staff:

Ron H. Graham	Dan Lark
Melissa Kimbrough	Adam Litke

Others Present: Several members of the public were in attendance.

### **2.03 Certification of Delivery of Official Notices**

Certification of delivery of the official notices of the regular meeting of the Board of Health was made by Adam Litke, Administrator.

## **3.0 Board of Health**

### **3.01 Approval of Minutes**

*Dr. Mark Rood moved and Lynn Roman seconded a motion that the minutes of the March 15, 2023, Board of Health special meeting be tabled until they have been rewritten in the new format; motion carried.*

*Lynn Roman moved and Dr. Mark Hendrickson seconded a motion that the minutes of the March 22, 2023, Board of Health regular meeting be approved as amended; motion carried.*

*Discussion:*

*Carolyn Brakey suggested tabling the March 15, 2023, special meeting minutes and requested following changes to the March 22, 2023, regular meeting minutes:*

- *Page 6 – Carolyn Brakey asked who the community needs assessment was presented to.*
- *Page 9 – Election of Board was held at the start of the meeting.*
- *Page 12 – The apostrophe should come after the “s” in Citizen’s Remarks*

## **4.0 Health District Staff Reports**

### **4.01 Population Health**

#### **4.01.01 Safe Communities**

The Coalition Coordinator Emily Landis is orienting Lake County General Health District (LCGHD) staff to existing coalition plans and activities and is confirming spring events with community partner organizations. In particular, she is actively seeking a site for the required Click It or Ticket Kickoff event in late May.

There were no fatal accidents in Geauga County in March 2023.

#### **4.01.02 Buckles Buckeyes Program (Car Seat Program)**

Currently, Geauga Public Health (GPH) is without a Certified Passenger Safety Technician (CPST), and the program is suspended at this time. GPH staff is planning for the Health Educator to become trained as a CPST, however current available training classes conflict with previously established Safe Communities events. Staff will continue to look for an appropriate training opportunity.

#### **4.01.03 Community Events**

No community events were held from mid-March through March 31, 2023.

#### **4.01.04 Get Vaccinated Ohio-Public Health Initiative (GVO)**

This grant’s reports are submitted and tracked through the Ohio Department of Health (ODH) Grant Management Information System (GMIS). Reports are submitted on a monthly basis, regarding expense reports, grant deliverable tracking, and program reports.

Grant Period: 7/1/2022-6/30/2023

- D1- Immunization Reminder and Recall System: Tracking completed through March 2023. GMIS current through November 2022.
- D2- Immunization Coverage Disparities: D2A report submitted on 1/6/2023. GMIS current through November 2022.
- D3- Immunization Provider Identification: Completed on 9/9/2022. Submitted 3/20/2023.
- D4- Immunization Quality Improvement for Providers: Staff education completed on 7/28/2022. Submitted 8/9/2022. GMIS current through November 2022.
- D5- Provider Education-MOBI and TIES: Staff education completed on 11/28/2022. Submitted 4/6/2023. GMIS current through November 2022.
- D6- Perinatal Case Identification and Follow-up: Tracking complete through March 2023. GMIS current through November 2022.
- D7- School Immunization Assurance: D7A: Completed on 9/9/2022. Submitted 3/20/2023. D7B: School educations completed 4/7/2023. Report submitted 4/7/2023. GMIS current through November 2022.

The application for Get Vaccinated Ohio 2023-2024 was submitted on 3/27/2023 in collaboration with Lake County General Health District serving as the Lead Agency due to funding amounts.

#### **4.01.05**

##### **Child Fatality Review**

The annual Child Fatality Review meeting was held on Wednesday, March 29<sup>th</sup>. All cases were electronically submitted into The National Center for Fatality Review and Prevention the same day, and required documents were mailed to ODH.

Safety recommendations from the meeting include: prenatal education, safe sleep education, mental health and suicide prevention, outdoor safety related to children around water, fire, lawn equipment, sunscreen, and helmets, gun safety, and using car seats.

#### **4.01.06**

##### **Public Health Emergency Preparedness (PHEP)**

There is an active outbreak of pertussis in Geauga County among children. To date, 12 total cases (6 confirmed and additional 6 suspected) have been identified among children ranging from 2 months to 11 years of age. Six cases were confirmed by testing, and an additional six who were exposed are symptomatic, but have not had confirmatory testing. Staff of Geauga Public Health and Lake County General Health District have been in touch with the Ohio Department of Health to help manage the outbreak. A vaccine clinic was held at Geauga Public Health on April 5, and 13 DTap and 1 Tdap vaccines were administered.

The After Action Report/Improvement Plan for the Foodborne Outbreak Tabletop Exercise held in February was submitted to the Ohio Department of Health on March 31.

The positions of Emergency Response Coordinator and Epidemiologist are vacant as of March 31 and interviews are underway with a target offer date of April 19<sup>th</sup>. In the interim, Lake County’s Preparedness and Epidemiology staff are completing deliverables and disease investigations for Geauga County.

**4.01.07**

**Communicable Diseases Reported by Month:** Ohio Disease Reporting System (ODRS)

<b>Communicable Disease</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
Campylobacteriosis	2	1	1
Chlamydia infection	5	12	9
COVID-19	286	227	204
CP-CRE	0	0	2
Giardiasis	0	0	1
Gonococcal infection	1	1	1
Haemophilus influenzae (invasive disease)	0	0	1
Hepatitis B (including delta) - chronic	1	0	2
Hepatitis C - chronic	1	1	0
Influenza-associated hospitalization	7	5	0
Lyme	1	0	0
Legionellosis	1	0	0
Pertussis	4	4	13
Salmonellosis	1	1	1
Shigellosis	0	1	0
Streptococcal - Group A -invasive	3	1	4
Streptococcal - Group B - in newborn	0	1	0
Streptococcus pneumoniae - invasive antibiotic resistance unknown or non-resistant	1	1	0
Syphilis - early	0	0	1
Syphilis - primary	0	1	0
Syphilis - secondary	0	0	1
Varicella	1	0	1

*Adam Litke provided the following highlights for Dyan Denmeade:*

- *Introduced Valerie Sency and Patti Gallagher of the DDC Clinic in Middlefield. He would like for GPH to provide a nurse and part-time PRN on Wednesdays at the clinic to augment the Amish community's need for vaccinations. He is also exploring grant funding for this service.*
- *GPH will partner with Lake County General Health District (LCGHD) for the Get Vaccinated Ohio grant as it is no longer eligible for the grant based on the population of the county.*

*Discussion:*

*Dr. Mark Rood is in favor of the proposal to work with the DDC clinic stating he is aware of the needs of the county's citizens. He said it is a great way to improve services to the Amish community.*

*Ron Graham thanked the members of the DDC clinic for partnering with GPH. He also reiterated it is a great opportunity to tend to their needs.*

## **4.02**

### **Environmental Health**

#### **4.02.01**

##### **Director's Report**

This month has been busy with usual work and the increasing workload as summer approaches. Interviews have taken place to add to the staff located at Geauga Public Health. Staff has been working to integrate and update policies and procedures in different programs.

#### **4.02.02**

##### **Water Pollution Control Loan Fund (WPCLF)**

As of this Board of Health meeting, Geauga Public Health currently has \$81,000 to be utilized for the 2021 WPCLF contract. Of the \$81,000, \$75,000 has been awarded and is in process. Once spent, this completes the 2021 funding. OEPA was kind enough to extend the deadline so we could use these remaining funds. We will have \$150,000 to award for jobs to use 2022 funding. These funds will need to be used by December 31, 2023. For 2023 we have been awarded \$50,000 for funding. This amount may be able to be increased when we show the funding is being utilized.

### **4.02.03**

#### **Program Inspections**

From 3/15/23 through 4/14/23, the Environmental Health staff conducted the following program inspections:

<b>Program</b>	<b>Inspections</b>
Private Water Systems (wells)	11
Camps	0
Swimming Pools/Spas	2
Food	100
Sewage Systems	24
For Sale of Property	9
HB 110 (Semi-Public) Systems	13
Plumbing	23
Schools	1

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*Dan Lark provided the following highlights:*

- *Valerie McCaffrey, the new environmental health specialist, has been hired and started on Monday.*
- *On April 15th, GPH became a representative for Small Flows to work with small commercial septic systems.*

### **4.03**

#### **Administrator's Report**

##### **4.03.01**

###### **Administrator**

1. Parkman Wells – GPH is currently in talks with Ohio Environmental Protection Agency (OEPA) to receive additional funding for Parkman Well replacement related to contamination from outside sources.
2. Geauga DDC Clinic – GPH met with the DDC clinic team and is in discussions to provide assistance, via staffing, to the DDC clinic. The staffing will be for vaccination clinics that are generally held on Wednesday of each week. This will be a targeted effort to assist the Amish population in Geauga.
3. Geauga Amish Population – Adam Litke will be attending a meeting in Columbus on April 24<sup>th</sup> and April 25<sup>th</sup> to discuss possible grants to help assist the Amish population. Ohio Department of Health (ODH) and Adam will be discussing ways to work with ODH regarding Amish vaccinations, eyesight clinics, and more.



4. Geauga DDC Letter of Support – Attached is a letter of support from the Geauga DDC clinic for assistance with their vaccination program.
5. Operation & Maintenance (O&M) Program – GPH will be starting O&M trainings to better inform the public of the O&M program. Mr. Daniel Lark and his team will be leading this endeavor. The O&M program is expected to be launched in 2023 primarily focusing on the NPDES systems.
6. Technology – The Geauga Automatic Data Processing (ADP) team is currently performing a technology audit and will be assisting GPH with updating our technology items that have exceeded their useful lifespan. Except for certain team members that need a dedicated printer due to privacy concerns or printing requirements GPH will no longer issue personal printers. Community printers will be used instead.
7. Audits – The Auditor of State of Ohio’s office will be starting the 2021 and 2022 calendar year financial audit in the near future. Mr. Daniel Lark and his team are still reviewing additional programs, policies, and procedures to determine if any deficiencies exist. This process started with the House Bill 110 (HB110) program and was expanded after finding other instances where the public was overcharged for services/licenses/permits, improper handling of licenses, and additional items.

#### **4.03.02**

#### **Notes to Financial Statements**

**Accounts Payable by G/L Distribution Report. This is the day-to-day or current expenses report.**

1. Farris Excavating – EH Assistance Fund. Part of Water Pollution Control Loan Fund. (WPCLF)

#### **Notes on Chart 1 (pg. 5)**

As of March 31, 2023, 25% of the year is complete. This percentage is a point of reference for what percentage of revenue and expense you might expect to see received/expensed at this point in the year.

The following are explanations for revenues and/or expenses that are significantly over budget or under budget from that reference point.

#### **REVENUE:**

1. License is showing over budget as the Food Licenses are being issued.
2. Fees Solid Waste Fees are showing over budget as the 4th quarter payment posted.
3. Other Revenue is showing over budget. The EPA wired a payment for the Parkman wells in the amount of \$150,330.00

## EXPENSES:

This being only the third month of the year there are no expenses that are significantly over or under budget.

### **Notes on Chart 2 (pg. 6)**

Chart 2 is a comparison of the beginning cash balance of each fund to the current cash balance of each fund.

1. Food Service (6005) is showing an increase in cash balance. We are starting to process the 2023 Food Service Licenses. This is typical of previous years and Health Districts in general.
2. Immunization Action Plan (6025) is showing an increase in expenses. We have not received the offset revenue

### **Notes on Chart 3 (pg. 7)**

The bar graph compares the revenue and expenses by each month for all funds combined. In March we received the property taxes which make revenues far exceed expense for the year to date. This would be typical in health districts in general.

**CHART 1**

**MONTH OF : MARCH**

	Revised	YTD	% of Budget
Revenue Type	Budget	Revenue	Received
Property and Other Taxes	\$ 638,099.00	\$ 293,800.15	46.04%
State Reimbursement-Real Estate	\$ 75,392.00	\$ -	0.00%
State Revenues	\$ 711,064.00	\$ 106,766.39	15.02%
Local Government Tax	\$ -	\$ -	
Permits	\$ 725,000.00	\$ 156,009.00	21.52%
Inspection Fees	\$ 507,000.00	\$ 31,965.00	6.30%
Fees	\$ 236,500.00	\$ 71,121.92	30.07%
Licenses	\$ 200,000.00	\$ 160,310.12	80.16%
Fines	\$ 1,000.00	\$ 2,104.00	210.40%
Fees Infectious Waste Fees	\$ 750.00	\$ -	0.00%
Fees Solid Waste Fees	\$ 15,000.00	\$ 4,400.00	29.33%
Foundation Revenue	\$ -	\$ -	
Water Testing Fee	\$ 13,000.00	\$ 3,175.00	24.42%
Federal Grants	\$ 147,000.00	\$ 23,506.74	15.99%
Local Match	\$ -	\$ -	
Reimbursements	\$ -	\$ -	
Other Revenue	\$ 160,670.00	\$ 279,929.90	174.23%
Other Revenue Other Receipts	\$ -	\$ 2,880.00	0.00%
Other Revenue Other Revenue	\$ 14,500.00	\$ 17,334.00	119.54%
Other Revenue Real Estate Fee Refund	\$ -	\$ -	
Transfers In	\$ 129,500.00	\$ -	0.00%
<b>Total Revenue</b>	<b>\$ 3,574,475.00</b>	<b>\$ 1,153,302.22</b>	<b>32.26%</b>
		<b>Percentage of year Completed</b>	<b>25.00%</b>
	Revised	YTD	% of Budget
Expense Type	Budget	Expense	Used
Salaries	\$ 1,506,494.00	\$ 286,236.98	19.00%
OPERS	\$ 208,761.00	\$ 39,541.76	18.94%
Medicare	\$ 21,615.00	\$ 4,067.46	18.82%
Workers Compensation	\$ 37,273.00	\$ -	0.00%
Hospitalization	\$ 365,566.00	\$ 59,230.87	16.20%
Unemployment	\$ 5,000.00	\$ -	0.00%
Contract Services	\$ 844,539.17	\$ -	0.00%
Travel	\$ 46,644.60	\$ 6,021.06	12.91%
Vehicle Expense	\$ -	\$ -	-
Legal Fees	\$ 12,770.55	\$ 323.66	2.53%
Advertising	\$ 4,571.00	\$ 1,015.34	22.21%
State Remittance	\$ 65,473.00	\$ 5,536.00	8.46%
State Remittance Ohio Permit Fee	\$ 19,830.00	\$ 3,312.00	16.70%
State Remittance Ohio Water Test Fee	\$ -	\$ -	0.00%
Materials and Supplies	\$ 30,656.98	\$ 5,294.99	17.27%
Materials and Supplies Supplies	\$ 21,069.78	\$ 3,095.72	14.69%
Materials and Supplies Vaccine Supply	\$ 18,047.03	\$ 350.41	1.94%
Equipment	\$ 42,898.43	\$ 9,606.87	22.39%
Equipment Equipment	\$ 11,303.00	\$ -	0.00%
Equipment Equipment Maintenance	\$ 3,100.00	\$ 13.84	0.45%
Other	\$ 327,293.02	\$ 52,669.09	16.09%
Other County RE Tax Expenses	\$ 11,000.00	\$ 4,943.19	44.94%
Other Health Emergency	\$ -	\$ -	0.00%
Other Other Expenses	\$ 111,751.52	\$ 11,248.58	10.07%
Other State RE Tax Expenses	\$ 1,000.00	\$ -	0.00%
Other VS Remit to State	\$ 164,396.86	\$ 22,204.32	13.51%
Refunds	\$ 16,600.00	\$ 480.00	2.89%
Repair Services	\$ -	\$ -	0.00%
Transfers Out	\$ 129,500.00	\$ -	0.00%
<b>Total Expense</b>	<b>\$ 4,027,153.94</b>	<b>\$ 515,192.14</b>	<b>12.79%</b>
		<b>Percentage of year Completed</b>	<b>25.00%</b>
<b>Revenue Less Expense</b>	<b>\$ (452,678.94)</b>	<b>\$ 638,110.08</b>	
<b>Beginning Cash Balance</b>		<b>\$ 4,250,354.64</b>	
<b>Total Cash on Hand</b>		<b>\$ 4,888,464.72</b>	
<b>Cash on Hand Per Cash Position Report</b>		<b>\$ 4,888,464.72</b>	

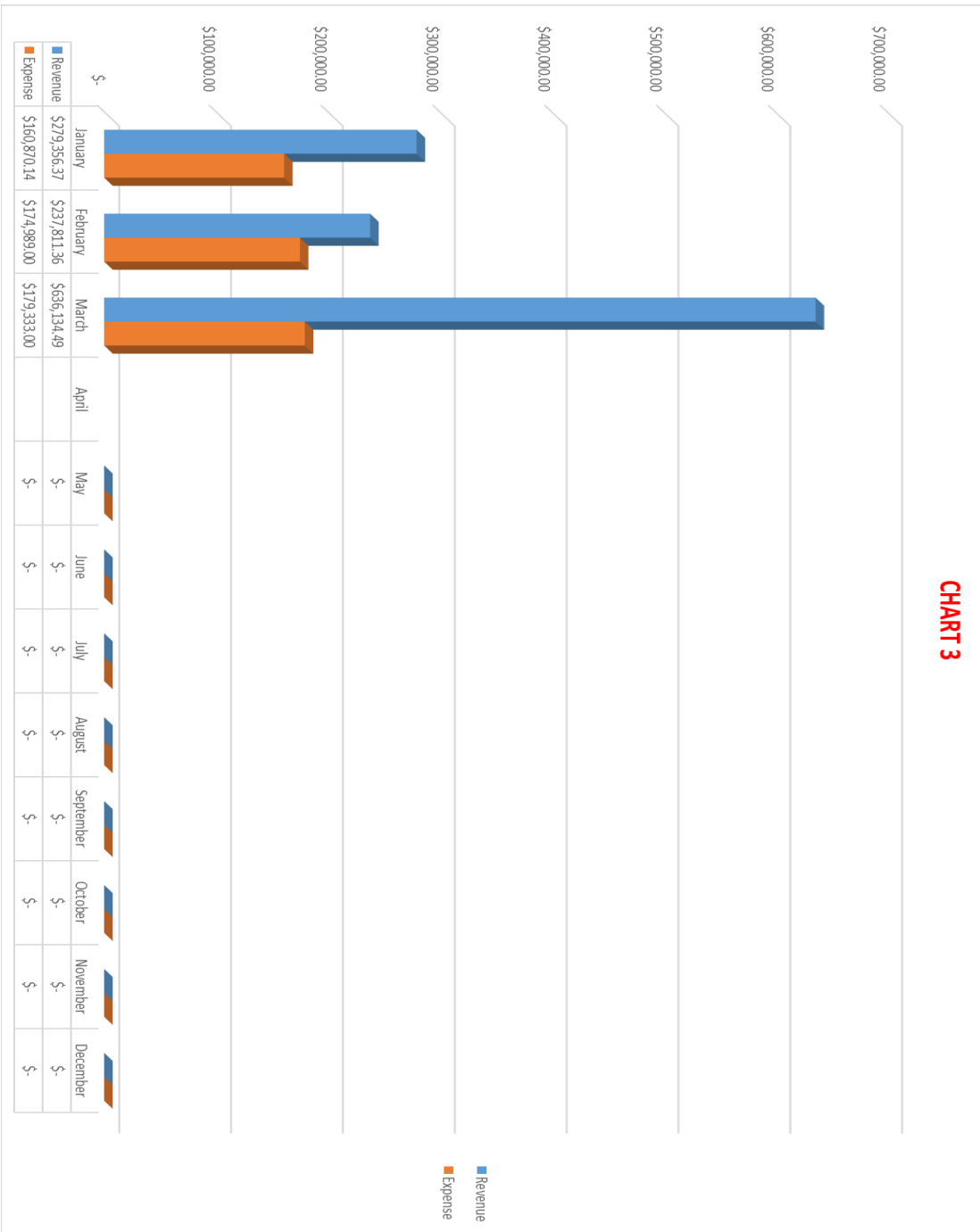
**MONTH OF :**

**CHART 2**

**MARCH**

Fund Number	Fund name	Beginning Cash Balance	YTD Revenue Per Budget Performance	YTD Expense Per Budget Performance	Ending Cash Balance	YTD Cash Per Cash Position Report	Difference	Percentage Increase/Decrease
6002	Board of Health	\$ 1,613,468.68	\$ 458,070.96	\$ 121,688.33	\$ 1,949,851.31	\$ 1,949,851.31	\$ -	20.85%
6004	Trailer Park	\$ 11,394.69	\$ -	\$ 120.44	\$ 11,274.25	\$ 11,274.25	\$ -	-1.06%
6005	Food Service	\$ 168,560.28	\$ 163,964.12	\$ 24,295.46	\$ 308,228.94	\$ 308,228.94	\$ -	82.86%
6008	Infectious Waste/Solid Waste	\$ 109,690.56	\$ 4,400.00	\$ 8,646.63	\$ 105,443.93	\$ 105,443.93	\$ -	-3.87%
6011	Private Water Systems	\$ 194,176.35	\$ 297,800.90	\$ 12,368.39	\$ 479,608.86	\$ 479,608.86	\$ -	147.00%
6018	Swimming Pools	\$ 26,209.09	\$ -	\$ 120.44	\$ 26,088.65	\$ 26,088.65	\$ -	-0.46%
6019	Not Used	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
6021	Public Health Infrastructure	\$ 429,621.78	\$ 19,786.00	\$ 24,720.75	\$ 424,687.03	\$ 424,687.03	\$ -	-1.15%
6023	Sewage Treatment Systems	\$ 912,166.28	\$ 123,147.00	\$ 126,377.44	\$ 908,935.84	\$ 908,935.84	\$ -	-0.35%
6024	Not Used	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
6025	Immunization Action Plan	\$ 36,092.56	\$ -	\$ 34,838.78	\$ 1,253.78	\$ 1,253.78	\$ -	-96.53%
6026	Women, Infants, and Children	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
6027	Child & Family Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
6030	Emergency Response Fund	\$ 25,000.00	\$ -	\$ -	\$ 25,000.00	\$ 25,000.00	\$ -	-
6036	Environmental Health Assistance	\$ 71,131.37	\$ 51,757.50	\$ 34,050.00	\$ 88,838.87	\$ 88,838.87	\$ -	24.89%
6037	For Sale of Property	\$ 292,189.74	\$ 13,405.00	\$ 67,881.32	\$ 238,213.42	\$ 238,213.42	\$ -	-18.47%
6038	Not Used	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
6039	Alcohol, Tobacco & Other Drugs	\$ 52,017.32	\$ 17,250.00	\$ 16,387.66	\$ 52,879.66	\$ 52,879.66	\$ -	1.66%
6040	Injury Prevention	\$ 54,388.25	\$ 3,720.74	\$ 10,668.00	\$ 47,440.99	\$ 47,440.99	\$ -	-12.77%
6041	Workforce Development	\$ 44,230.50	\$ -	\$ 12,721.37	\$ 31,509.13	\$ 31,509.13	\$ -	-28.76%
6042	Population Health Fund	\$ 210,017.19	\$ -	\$ 20,807.13	\$ 189,210.06	\$ 189,210.06	\$ -	-9.91%
<b>Total</b>		\$ 4,250,354.64	\$ 1,153,302.22	\$ 515,192.14	\$ 4,888,464.72	\$ 4,888,464.72	\$ -	-
			\$ 1,153,302.22	\$ 515,192.14				
			\$ -	\$ -	<b>Check figure</b>	\$ 638,110.08		

**CHART 3**



*Adam Litke provided the following highlights:*

- *The first grant for the Parkman wells has been completed. Will also fix the additional landscaping. May 19th is Press Day for the Parkman Wells to share how it happened and what steps were taken to correct it. Additional funding has been awarded for the wells and landscaping. ODOT will be cleaning the area and moving the Parkman salt dome.*
- *GPH partnered with University Hospitals prior to provide eye clinics to the Amish population. They will be partnering again for vision clinics at the Amish schools. Also looking for grant funds for the program. Will be meeting with the Amish Superintendent to discuss ways in which we can help them.*
- *The goal is still to launch the Operation and Maintenance program in 2023.*
- *Automatic Data Processing (ADP) will complete a full technology audit of the IT equipment. Adam Litke also asked ADP to provide recommendations on updating the current IT hardware use by GPH.*

*Discussion:*

*Carolyn Brakey asked if GPH is protected against cyber attacks. Adam Litke said everything that we could move was moved to the ADP system years ago. We are looking at ways to better insulate phones as that could not be moved to ADP.*

*Dr. Mark Rood asked for an update to the cooperative agreement with LCGHD. Adam Litke said the staff is doing a fantastic job. The staff is very talented and upbeat. Most open positions have been filled.*

*Lynn Roman asked how many Parkman properties can be fixed using the additional funding. Adam Litke said it could cost about \$30,000 to \$40,000 per well.*

#### **4.04**

#### **Health Commissioner's Report**

##### **4.04.01**

##### **Cross Jurisdictional Contract Update**

Five registered sanitarians, one clerical, one registered nurse, one health educator and one plumbing inspector applied for positions with the Lake County General Health District. All applicants were hired at a similar or higher wage. LCGHD is currently interviewing for a preparedness coordinator, a part time/full-time epidemiologist, two clerical staff, and two register sanitarians to meet the staffing needs of the contract with Geauga Public Health.

##### **4.04.02**

##### **State Budget Bill Update**

The Association of Ohio Health Commissioners (AOHC) Board has been hard at work tackling state budget issues. The budget is always replete with fiscal and policy matters that greatly impact local public health, and this year's budget is no exception. As the House wraps up public

testimony and begins deliberating their amendments to the bill, now is the perfect time to contact your state representative and let them know your thoughts on public health issues in the budget.

The Board has identified the **two PRIORITY issues** for AOHC:

1. **Support an additional \$20M per fiscal year for line item 440-493.** This money will be used locally to support community health improvement plans and evidence based public health initiatives.
2. **Remove language forcing the immediate abatement of dry wells or amend the language to allow local health districts to create remediation plans.** AOHC is actively working in good faith with ODH to find agreed upon language that moves the needle on abating these treatment systems, but does so in a time and manner that considers the significant financial burden it places on homeowners. We are optimistic that we will reach consensus with ODH on such language and be able to include it in the bill, either in the House or the Senate.

Additionally, the AOHC board has taken the following positions of which you should be aware.

1. AOHC supports the statewide flavored tobacco ban in the budget.
2. AOHC supports removal of language from the bill that impacts REHS certification fees and standards. Furthermore, AOHC is in active dialogue with ODH in an attempt to strengthen the REHS advisory board to better meet the needs of registered sanitarians working for local health districts.
3. AOHC supports an amendment by Rep. Lauren McNally to provide \$1M per year to local health districts to purchase or maintain mobile health units.

#### **4.04.03**

##### **New Care Coordination Webpage - from Ohio Medicaid**

Ohio Department of Medicaid's (ODM) new [care coordination webpage](#) is now available! This page provides information on what successful care coordination looks like, including videos, information on waiver programs, helpful resources for [members](#), and [one-pagers](#). Bookmark the page and continue to check back as more information becomes available.

Care coordination brings together healthcare services and community-based resources to best serve each member's needs. Care coordination support is available to all members through the Next Generation managed care plans. This support can be "event-driven" for members who need short-term or one-time assistance, or it can be "treatment-driven" for members needing long-term or those with more complex needs. The plan works closely with members to identify health goals and make informed healthcare decisions.

To learn more, visit [Care Coordination | Medicaid \(ohio.gov\)](#)

#### **4.04.04**

##### **Public Swimming Pool Update**

ODH's, "Recreation, Environmental, Aquatics and Community Health Programs", now known as the REACH Unit, is preparing for their 2023 Swim Safely campaign. This year REACH is providing laminated half-sheet posters to public swimming pool operators to display within their pool areas to help educate visitors about swimming safely.

The poster includes a QR code which takes the visitor to a survey type of scavenger hunt around the pool deck to learn about the safety precautions in place in case of emergency, and to learn how to make safe swimming choices. REACH also hopes to obtain information about the safety knowledge of Ohio's pool visitors to ensure Ohio's pools remain a safe place for families and friends to enjoy.

#### **4.04.05**

##### **Bureau of Infectious Diseases (BID): Immunizations Journal Entry**

The Director's Journal for School Immunizations has been updated and posted on the Immunization program webpage (<https://odh.ohio.gov/know-our-programs/immunization/media/directors-journal-school-requirements>).

Minor updates were made to match current Advisory Committee on Immunization Practices (ACIP) recommendations. No new requirements were added.

#### **4.04.06**

##### **Marburg Virus**

Centers for Disease Control and Prevention (CDC) has posted Travel Health Notices for Tanzania (Level 1, Practice Usual Precautions) and Equatorial Guinea (Level 2, Practice Enhanced Precautions) due to the outbreaks of Marburg virus. At this time, CDC is not recommending health departments conduct risk assessments or monitor travelers returning from either country, *but CDC is sending mobile phone health text messages to air passengers arriving in the US from either Equatorial Guinea or Tanzania to urge them to self-monitor for Marburg-related symptoms for 21 days* after leaving these impacted countries and to reach out to their local health departments if they should develop symptoms.

### **Background**

Marburg virus disease is a rare but highly fatal viral hemorrhagic fever caused by two zoonotic viruses, Marburg virus and Ravn virus, that are closely related to ebola viruses within family Filoviridae. In February and March 2023, two distinct outbreaks of Marburg virus were reported in Equatorial Guinea and Tanzania. These outbreaks mark the first time that Marburg virus has been identified in either Equatorial Guinea or Tanzania, though the virus has been identified previously in neighboring countries and the reservoir, the Egyptian fruit bat, is known to be



present in both countries. Available information suggests that these outbreaks may have originated separately in each country. To date, there is no evidence that these two outbreaks are epidemiologically linked. Viral genetic sequencing from Tanzania is in process; these results, along with sequence data available from Equatorial Guinea, will further inform whether the outbreaks emerged separately through distinct animal-to-human spillover events.

A person with Marburg Virus Disease (MVD) is not contagious until symptoms appear. Symptoms may include fever, headache, muscle and joint pain, fatigue, loss of appetite, gastrointestinal symptoms, or unexplained bleeding. Marburg virus is spread through contact (through broken skin or mucous membranes) with the blood or other body fluids (including urine, saliva, sweat, feces, vomit, breast milk, amniotic fluid, or semen) of a person who is sick with or has died from MVD, with the body fluids of infected animals, or with needles or other fomites that are contaminated with the virus. Marburg virus is not spread through airborne transmission.

There is currently no Food and Drug Administration (FDA)-approved vaccine or treatment for MVD. In the absence of early diagnosis and appropriate supportive care, MVD has a high mortality rate of 23%–90%. With early intensive supportive care and fluid replacement, mortality rates may be lower.

#### **4.04.07**

##### **March 2023 MMWR Highlights: Global and Local Health**

- CDC analyzed claims data from 2016-2021 from the Merative MarketScan Commercial Database for trends in prescription stimulant fills (primarily used to treat ADHD). Overall, percentage of enrollees with prescription stimulant fills increased from 3.6% in 2016 to 4.1% in 2021. Those for females aged 14-44 and males aged 25-44 increased by more than 10% from 2020-2021, which may be attributable to the pandemic impact on mental health issues and/or policy and health system reimbursement changes.
- CDC examined changes in ED visits for initial firearm injury encounters January 2019–December 2022. Weekly increases were noted during the Covid-19 pandemic coinciding with when in March 2020 Covid-19 was declared a national emergency (and total number of Emergency Department [ED] visits decreased) and in late May 2020 concurrent with public racism outcries, increases in crime, and changes in state-level Covid-19 prevention strategies. Firearm injury ED visits were 37% higher in 2020 compared with 2019, (36% higher in 2021, and 20% higher in 2022.) A comprehensive approach is needed to prevent and respond to firearm injuries and address the social and economic inequities that contribute to the risk for violence.
- CDC analyzed data from the 2022 Fall Styles survey on U.S. adult perceptions regarding preventing hearing loss from amplified music at venues or events. More than half agreed with and were open to protective actions including limiting sound levels, posting warning signs, and using hearing protection if provided when music at such events reaches potentially hazardous levels.

- Per CDC assessment of jurisdictional immunization information systems, during May 22, 2022 to January 31, 2023, a total of 1,189,651 JYNNEOS doses (734,510 first doses and 452,884 second doses) were administered to people at risk for Mpox, per the FDA Emergency Use Authorization. 1-dose vaccination coverage is estimated at 36.7% and 2-dose coverage at 22.7%. Despite declines in cases, vaccination remains recommended to minimize the impact of a resurgence.
- In February 2022, St. Croix County, Wisconsin, saw 5 dogs and 4 humans diagnosed with Blastomycosis fungal infection. Despite Blastomyces being endemic in Wisconsin, no cases had been reported in this neighborhood in the previous 10 years. Investigation revealed that recent construction might have dispersed fungal spores.
- Per National Center for Health Statistics, National Health Interview Survey 2021 data, 13.6% of adults assessed their health as fair or poor. This increased with age, from 6.9% among 18-44 year olds to 22.6% among those 65 and older. The percentage reporting fair or poor health also increased as family income decreased, to about 43% among adults 45 years and older with income below the federal poverty level.
- Following steady gradual declines since 1993, and then a substantial decline (to 2.2 cases per 100,000 people) due to the Covid-19 pandemic in 2020, tuberculosis incidence is increasing. It increased to 2.4 in 2021 and 2.5 in 2022, which still remains below pre-pandemic levels. Incidences are higher among American Indian or Alaskan native and Native Hawaiian or other Pacific Islanders than other groups. More than 80% of U.S. cases are attributed to reactivation of latent TB infection. Testing and treatment efforts are critical.
- The Dharvia slum in Mumbai, India, has one of the highest concentrations of patients with drug-resistant tuberculosis in the world, and its residents relocating during the Covid-19 pandemic disrupted care and treatment. CDC worked with local health authorities to develop risk assessment tools, map addresses and transit routes, increase patient contacts and counseling, and provide amounts of medicine to cover travel periods, among other interventions, to help retain as many patients as possible on treatment. Only 3% of patients were lost to follow-up during the program's implementation, compared to 18% pre-pandemic.
- In 2021 and 2022, 25 cases of tuberculosis (TB) were reported among inmates in 2 Washington state prisons. 244 additional resident and staff contacts of these patients (with no known TB histories) were subsequently diagnosed with latent TB infection. Prolonged infectiousness and suspension of annual screenings due to pandemic response increased transmission, leading to this outbreak. Prompt diagnosis, isolation of contagious patients, and sustained adequate treatment are needed to end this outbreak and prevent future ones like it.
- U.S. clinical practice guidelines recommend directly observed therapy (DOT) for tuberculosis treatment, wherein the healthcare provider observed the patient ingesting the

medicine. Analysis of reviews, data, and literature has shown that using video to facilitate remote DOT interactions (vDOT) has led to more doses being observed and similar (slightly higher) rates of treatment completion and microbiological resolution compared to in-person DOT. CDC now indicated vDOT should be considered equivalent to in-person DOT.

- Data from the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) programs and from 6 countries that have conducted impact surveys was analyzed to assess the programs’ impact toward eliminating HIV as a Global Public Health Threat, particularly through provision of HIV antiretroviral therapy (ART.) By September 2022, 20 million people infected with HIV in 54 countries were receiving PEPFAR-supported ART, increased 300-fold from the 66,550 in 2004. From 2015 to 2022, viral load coverage more than tripled from 24% to 80%, and viral load suppression increased from 80% to 95%. Despite these successes, efforts need to be expanded to other countries and to reach disparate subpopulations such as young children, pregnant women, people in prison, MSM, and transgender people.
- Per National Center for Health Statistics, National Health Interview Survey, 2021 data, 3.8% of adults had serious psychological distress during the past month. The percentage decreased as family income increased, from 8.9% in people below the federal poverty level, to 2.0% in those 4 times the federal poverty level or higher.
- The tickborne disease, Babesiosis, trends were assessed in 10 states where reportable during 2011-2019. Vermont, Maine, and New Hampshire had not been included in previous CDC surveillance summaries as states with endemic babesiosis, but their incidences increased substantially [Vermont (1,602%, from 2 to 34 cases), Maine (1,422%, from 9 to 138), New Hampshire (372%, from 13 to 78)], such that they now are considered to have endemic transmission. As case rates continue to rise throughout the Northeast, tick prevention messaging is important.
- CDC analyzed 2010-2019 National Electronic Injury Surveillance System–All Injury Program (NEISS-AIP) data and found that 733,547 ED visits by incarcerated adults occurred in the U.S. The proportion resulting from assault and self-harm was 5 times higher than among non-incarcerated adults. Assault-related ED visits by incarcerated adults were highest among men and those under age 65, while falls-related visits were highest among those over age 65. Overdose and poisoning related visits were higher for women than for men.
- School-age children Covid-19 vaccination coverage remains low nationwide, at 61.7% of those age 12-17, and 32.7% of those age 5-11. Seattle Public Schools implemented a program to increase coverage during the 2021-2022 school year that included: strategic messaging; school-based clinics at 54 schools; and school-led community engagement also targeting groups with cultural, linguistic, or other barriers. Primary vaccination series completion increased from 56.5% in December 2021 to 80.3% by June 2022 (33.7% to 74% among kids 5-11, and 81.3% to 86.6% among kids 12-18.)

- From April to May 2022, the U.S. Virgin Islands Department of Health conducted a serosurvey of kids in grades 3-7 enrolled in 15 schools for previous dengue virus infection (because vaccination is recommended for kids age 9-16 with lab confirmation of previous infection). Among 372 who received testing, 218 (59%) received a negative result and 152 (41%) received a positive result. Prevalence was similar for males and females. Prior infection was lowest in 8-year-olds (27%), but was 51% in kids 9-13 years old (the age group eligible for the dengue vaccine.)
- In October, 2022, a patient in Maricopa County, Arizona, was diagnosed with dengue virus after traveling to Mexico, and subsequent testing of mosquito pools near the patient's home revealed one positive for same-strain dengue virus. Public health canvassed nearby residents and in November 2022 ultimately confirmed one positive test result from a neighbor with no recent travel, confirming the area's first locally-acquired case of dengue virus infection. No further cases were identified as of January 2023, but increased surveillance and education campaigns for the public and healthcare providers are being implemented.

*Ron H. Graham provided the following highlights:*

- *Sits on a grant committee for the state and can now advocate for more grant money on the local level.*
- *Had an interview with NACCHO in regards to the shortfall and disparity of mental health needs during COVID.*
- *Submitting the Workforce grant, Get Vaccinated Ohio grant, and the Preparedness grant.*
- *Staff hiring is going well.*

## **5.0**

### **Committee Reports**

No Committee reports.

## **6.0**

### **Old Business**

#### **6.01**

##### **House Bill 110 Review**

Bryan Kostura of McDonald Hopkins, LLC, provided the following update on the House Bill 110 review.

He was asked to examine the financial records, the inspection forms, various electronic databases, and the public records of Geauga Public Health on the implementation of House Bill 110 (HB110). He explained that HB110 was created in 1984 to form a partnership between the Ohio Environmental Protection Agency (EPA) and local health districts (LHDs) allowing LHDs to conduct inspection and enforcement services for semipublic disposal systems. LHDs conduct

inspections every three years for the onsite non-discharging systems and yearly for the offsite discharging systems. Violations and enforcement are done through the Ohio EPA and local prosecutor's office. The audit was for records from 2010 through 2022. It consisted of five phases:

1. Manual audit of over 1,000 hard copy files to verify inspection applications, fees paid, documentation of completed inspections were in the hard copy files.
2. Review of each of the 470 records on an onsite database (Database #1). This was cross-checked against the data found in the hard copy files.
3. Review and audit of the 870 records on an offsite database (Database #2) for inspection applications, fees paid, documentation of completed inspections.
4. Cross-check all information from every address from the first three phases.
5. Checked the fees against the HB110 fee sheet.

Findings: GPH accepted \$791,084 in application fees and late fees. HB110 fees were collected from 577 separate property addresses. From 2010 to 2022, 203 inspections were conducted, 97 of which occurred in 2022 when GPH staff recognized the deficiency and tried to address it immediately. The audit accounted for \$33,172 in fees paid for inspections that were conducted. A net payment of \$757,912 was received, but no inspections were conducted.

#### Deficiencies:

- Hard copy files were not organized properly.
- Lack of file control and security measures need to be in place.
- Database #1: Disparity between hard copy files and Database #1. There was no way to append documents to it.
- Database #2: The system is just a conglomeration of records within an address. However each address could have multiple address entries, allowing for the 870 records. Some contained duplicate information, while others may have only one or two files. The address may not have been searched properly or categorized properly.
- No overarching list of properties that are in the program. After organizing the files, it was determined that there were 566 separate addresses.
- Need to address how to deal with the duplicate addresses.
- Lack of applications and proof of payments, lack of signed applications or inspections, no methodology for removing properties that no longer fit the parameters of the program and methodology of recording inspections on paper and in the database.

#### Recommendations:

- Have a unified list of participating House Bill 110 property addresses.
- Create policies and procedures in place for record-keeping to hold everyone accountable.
- Have a consistent way of storing files.
- Create a policy for exempting properties.
- Start putting the above in place incrementally now.

#### *Discussion:*

*Dr. Mark Rood asked if the three databases were being used at the same time. Bryan Kostura stated that was correct and there was no consistency as to when each one was used.*

*Lynn Roman asked how the different databases originated. Adam Litke said that Database #1 is where data is recorded in an information system and that Database #2 contains scanned documents. Bryan Kostura said that all three can be used if preferred, but policies and procedures need to be in place for what type of system is used and how to cross-check it.*

*Dr. Mark Hendrickson asked if the discrepancy was having the paper versus remote storage. Bryan Kostura said it was not. They worked onsite for the hard copy and Database #1 audits, but worked remotely for the Database #2 audit.*

*Dr. Mark Hendrickson asked how many properties currently qualify for HB110. Bryan Kostura said, based on their review, 566 separate entities. Adam Litke said there may be additional ones that we are not yet aware of until the staff checks the properties' qualifications.*

*Lynn Roman asked what system is in place right now, as GPH has been current in 2022 and so far in 2023, and what assurances do we have to know if everything is being inputted accurately now. Adam Litke said we are still using the systems that have been in place, however the goal is to have an in-house "mini audit" to make sure everything is being completed correctly.*

*Dr. Mark Rood asked Dan Lark how other counties in Ohio successfully accomplish the records and tasks of HB110. Dan Lark said that HDIS (Health District Information Systems) is used by many health departments throughout the state. Ron Graham stated that LCGHD uses the same tools, but the implementation has been different than that of GPH.*

*Dr. Mark Hendrickson asked if a process is currently in place to solve the problems described. Ron Graham said they first wanted to see the scope of the problem before implementing tools to correct the issues. Dan Lark said there is a plan to keep up to date on the current inspections, so they are completed in a set timeframe. Bryan Kostura stated that in 2022, once the issue was identified by GPH, there was a significant difference in how records were inputted into the systems.*

*Lynn Roman asked how they knew there weren't any issues prior to 2010. Bryan Kostura said an internal review conducted by GPH showed that the issues seemed to begin following 2009 because of staffing cuts and implementation of certain programs being put on hold. Adam Litke said he has been in contact with the Ohio EPA regarding the issue.*

*Dr. Mark Hendrickson asked what led to the awareness of the problem. Adam Litke said when learning about the sanitarians' duties, none of them said they were working on that program.*

*Dr. Mark Hendrickson asked what process is in place to identify businesses that should be included in HB110. Ron Graham said that we will get a list from the state for the businesses with one- and three-year inspection cycles to reduce the issues we had.*

*Carolyn Brakey stated there are two parts to the solution: What are we doing going forward to put policies and procedures in place and what do we do to make this right for the past. Board members discussed returning the money for services not rendered. Carolyn Brakey requested an updated 2023 budget, including the amount to be credited for inspections that were paid for but not completed and the funds needed to customers who paid the fees. Bryan Kostura suggested hiring a claims administrator that specializes in locating people for things such as class action lawsuits since they are more efficient at doing that task. Adam Litke said the money will come from the cash carryover, which is meant for unexpected needs or emergencies.*

## **6.02**

### **Permission to Adopt Change to Home Sewage Treatment Rules, First Reading**

*Dr. Mark Rood moved and Dr. Mark Hendrickson seconded a motion to approve the first reading of the regulation change to Section 3701-29-19e, the Ohio Home Sewage Treatment System Rules, Geauga County Supplemental Rules to state that the Geauga County Board of Health adopts a rule requiring the collection of the required NPDES samples to be completed by the Geauga County Board of Health. This item was tabled at the March 22, 2023, meeting until a regulation adoption process has been added to the by-laws.*

Dan Lark said this is needed to change the supplemental rule that Geauga County had previously set to allow service providers to take National Pollutant Discharge Elimination System (NPDES) samples. Currently, that is not being done. Only 8% of the approximately 1,600 systems were sampled last year and less than 25% of them met the criteria for water quality standards. If the systems do not work properly, they can allow direct discharge of sewage into the county waterways. By changing this regulation section, we would like to collect those samples ourselves, cost efficiently and to make sure homeowners are in compliance with the law.

*Discussion:*

*Dan Lark stated he provided information on how to adopt regulations using three readings.*

## **7.0**

### **7.01.01**

#### **April Financial Reports**

*Lynn Roman moved and Dr. Mark Rood seconded a motion to approve the April 2023 Financial Reports for payment of bills, as listed in the recapitulation sheets attached to these minutes; motion carried.*

*Discussion:*

*Adam Litke said the charge for the Baldwin Group is for the yearly fee for HDIS. He said the program is being sold so we may move away from it. Another large payment was for Farris Excavating for work completed through the Water Pollution Control Loan Fund (WPCLF).*

### **7.01.02**

#### **Resolution 2023-4: Then and Now Purchase Order to Flannery Georgalis, LLC, Not to Exceed \$57,928.90**

*Lynn Roman moved and Dr. Mark Rood seconded a motion to adopt Resolution 2023-4 to authorize the payment of a Then & Now Purchase Order to Flannery Georgalis, LLC, total not to exceed \$57,928.90; motion carried.*

*Discussion:*

*Carolyn Brakey asked what was included in the amount owed. Adam Litke said it was for legal fees up to that date.*

### **7.01.03**

#### **Permission to Approve Appropriations for Increase/Decrease**

No appropriation changes were needed at this time.

### **7.01.04**

#### **Resolution 2023-5: Then and Now Purchase Order to Adam and Kellie Andre, \$925.00**

*Dr. Mark Rood moved and Dr. Mark Hendrickson seconded a motion to adopt Resolution 2023-5 to authorize the payment of a Then & Now Purchase Order to Adam and Kellie Andre for \$925.00; motion carried.*

### **7.01.05**

#### **Permission to Approve the 2024 Budget**

*Lynn Roman moved and Dr. Mark Hendrickson seconded a motion to approve the 2024 Budget; motion carried.*

*Discussion:*

*Adam Litke said even though the 2024 Budget was discussed at the previous meeting, it was not approved at that time.*

### **7.02**

#### **Resolution of Appreciation for Richard Piraino**

*Lynn Roman moved and Dr. Mark Rood seconded a motion to adopt the Resolution of Appreciation for Richard Piraino; motion carried.*





**RESOLUTION OF FAREWELL  
And APPRECIATION  
For  
RICHARD PIRAINO  
  
FOR DEDICATED SERVICES  
TO THE  
RESIDENTS OF GEAUGA PUBLIC HEALTH**

WHEREAS, Richard Piraino was appointed by the Health District Advisory Council as one of their representatives on the Board of Health of Geauga Public Health in 2018; and

WHEREAS, During Richard Piraino’s time on the Board of Health Richard Piraino worked diligently to serve the residents of Geauga County and took pride in protecting both the health and wellbeing of the residents of Geauga County; and

WHEREAS, Richard Piraino served as President of the Board of Health, earning the respect and trust of his fellow Board Members; and

WHEREAS, Richard Piraino’s sage guidance was especially helpful and instrumental in transitioning to the new County office building, ending the For Sale of Property program, implementation of the Operation and Maintenance Program, transition of multiple Health Commissioners, and many other issues large and small throughout the years.

NOW THEREFORE, BE IT RESOLVED,

That the members of the Board of Health, the Health District staff and the members of the community wish to say thank you to Richard Piraino for his dedicated service to this Board and your fellow Geauga County Residents.

Presented this 26<sup>th</sup> day of April 2023.

\_\_\_\_\_  
*Adam Litke*  
*Administrator*

\_\_\_\_\_  
*Carolyn Brakey*  
*President*

**7.03**

**Permission to Appoint Becky Kelly as Registrar**

*Dr. Mark Rood moved and Dr. Mark Hendrickson seconded a motion to appoint Becky Kelly as Registrar of Vital Statistics for Geauga County.*

*Discussion:*

*Adam Litke stated the appointment of Registrar requires Board approval.*

## **8.0**

### **Citizens' Remarks**

Carolyn Brakey outlined the process and policies for providing public comment. Those who would like to comment but not attend the meeting are invited to email info@geaugacountyhealth.org and their comments will be forwarded to the Board.

*Chris Alusheff said nobody was around when the HB110 issue started in 2010. He believes the Board and those in charge on a day to-day basis are capable of making sure this doesn't happen again in the future.*

*Vickie List said a comment was made at the last meeting in regards to what Richard Piraino had said during the HDAC meeting. Mr. Piraino is not the only one who said that and it is a fact that the vast majority of the work done is through Environmental Health. She believes it was misinterpreted—Environmental Health services are just busier than Public Health. Ron Graham said GPH knows that Public Health is important as well.*

## **9.0**

### **Executive Session**

***Lynn Roman moved and Dr. Mark Hendrickson seconded a motion to enter into Executive Session to discuss matters of employment, dismissal, discipline, compensation of public employees in accordance with Section 121.22 of the Ohio Revised Code; motion carried.***

***A roll call vote was taken and all members voted in favor of entering into Executive Session. The Executive Session convened at 6:41 p.m. Lynn Roman moved and Dr. Mark Rood seconded the motion to reconvene the meeting at 7:19 p.m. Motion carried with a roll call vote. Ms. Brakey, yes; Dr. Rood, yes; Ms. Roman, yes and Dr. Hendrickson, yes.***

## **10.0**

### **Adjournment**

***With no further business, the meeting was adjourned at 7:23 p.m.***

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Secretary

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President



# GEAUGA PUBLIC HEALTH

Promoting and Protecting Community Health

12611 Ravenwood Dr., Suite 300, Chardon, OH 44024-1071

440.279.1900 www.gphohio.org

## RESOLUTION 2023-4

A RESOLUTION AUTHORIZING THE PAYMENT OF A THEN & NOW PURCHASE ORDER TO FLANNERY AND GEORGALIS, LLC

On April 26, 2023, at the regular Board of Health meeting, Lynn Roman made a motion and Mark Rood seconded the motion to approve the authorization to pay Then & Now Purchase Order to Flannery Georgalis, LLC, for the following:

Flannery Georgalis LLC	\$49,438.90
Flannery Georgalis LLC	\$1,120.00
Flannery Georgalis LLC	\$500.00
Flannery Georgalis LLC	\$6,870.00

For a total not to exceed \$ 57,928.90.

The motion was made and seconded and approved with a roll call vote.

Carolyn Brakey yes  
Carolyn Brakey, President vote

\_\_\_\_\_  
Ashley Jones, President Pro-Tem vote

Mark Rood YES  
Mark Rood vote

Lynn Roman YES  
Lynn Roman vote

Mark Hendrickson YES  
Mark Hendrickson vote



# GEAUGA PUBLIC HEALTH

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## RESOLUTION 2023-5

### A RESOLUTION AUTHORIZING THE PAYMENT OF A THEN & NOW PURCHASE ORDER TO ADAM AND KELLIE ANDRE

On April 26, 2023, at the regular Board of Health meeting, Mark Rood made a motion and Mark Hendrickson seconded the motion to approve the authorization to pay Adam and Kellie Andre in the amount of \$925.00.


The motion was made and seconded and approved with a roll call vote.

 yes  
Carolyn Brakey, President      vote

\_\_\_\_\_  
Ashley Jones, President Pro-Tem      vote

 YES  
Mark Rood      vote

 YES  
Lynn Roman      vote

 YES  
Mark Hendrickson      vote



**RESOLUTION OF FAREWELL  
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FOR DEDICATED SERVICES  
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Presented this 26<sup>th</sup> day of April 2023.

  
\_\_\_\_\_  
*Adam Litke*  
Administrator

  
\_\_\_\_\_  
*Carolyn Brakey*  
President