

**Trumbull County Board of Health  
September 26, 2018 – Regular Meeting – 1:00 P.M.  
176 Chestnut Ave. NE \* Warren, Ohio**

**BOARD MEMBERS PRESENT:** Thomas Borocz  
Gregory Dubos  
Dr. Harold Firster  
John Messersmith, President Pro Tempore  
Robert Biery, Jr., President

**BOARD MEMBERS NOT PRESENT:** Kathy Salapata, R.N.  
John "Jack" Simon, Jr.

**STAFF:** Sandra Swann, RN, Director of Nursing  
Kristofer Wilster, MPH, REHS/RS, Director of Environmental Health  
Jenna Amerine, MPH, CHES, Health Educator  
Michael Burke, RS, Public Health Inspector  
Rodney Hedge, RS, Public Health Inspector  
Johnna Ben, Administrative Secretary

**OTHERS:** Robert Kokor, Legal Counsel

**MINUTES**

- I. **Board Member Continuing Education (1:00 – 1:30)**
- II. **The Meeting Was Called to Order & the Pledge of Allegiance was said.**
- III. **Adoption of Agenda: *MOTION: 18-130* made by Mr. Messersmith, second by Dr. Firster to adopt the agenda as presented.**

**Roll Call Vote:**

Mr. Borocz – Yes  
Mr. Dubos – Yes  
Dr. Firster – Yes  
Mr. Messersmith – Yes  
Mr. Biery – Yes

Motion carried.

- IV. **Approval of the Minutes: *MOTION: 18-131* made by Mr. Borocz, second by Dr. Firster to approve the minutes of the August 22, 2018, regular meeting, as presented.**

**Roll Call Vote:**

Mr. Borocz – Yes  
Mr. Dubos – Yes  
Dr. Firster – Yes  
Mr. Messersmith – Yes  
Mr. Biery – Yes

Motion carried.

- V. **Health Commissioner Report:** Mr. Migliozi was attending the Health Commissioners' Conference in Columbus, and not in attendance at the meeting, but did submit a written report to the Board. Mr. Wilster informed the Board, on Mr. Migliozi's behalf, that the agency had applied for, and was awarded, a \$500.00 grant from the Public Entity Pool (PEP), which will be used for security lighting for the building. Hubbard Township requested information regarding fracking in their township. The health district does not regulate this industry; however, we told them that we would look into the brine water that is used for salting of the roads in the winter months. We are going to send letters to the communities and attempt to ascertain the chemicals in the brine solution that is used for roads. Mr. Wilster also informed the Board that Lisa Spelich was voted Employee of the Month for September.

**MOTION: 18-132** made by Mr. Dubos, second by Mr. Messersmith to accept the Health Commissioner's written report as presented.

**Roll Call Vote:**

Mr. Borocz – Yes  
Mr. Dubos – Yes  
Dr. Firster – Yes  
Mr. Messersmith – Yes  
Mr. Biery – Yes

Motion carried.

- VI. **Director of Nursing Report:** Mrs. Swann presented a written report to the Board for their review. In addition, Mrs. Swann provided the Board with a written update on the statewide Hepatitis A outbreak, and informed the Board that a special District Advisory Council meeting had been scheduled for October 11, 2018, regarding the Trumbull County Board of Health policy relating to delegation of authority to quarantine. The rabies contract with our animal trapper has expired, and the trapper we currently have under contract has asked for a fee increase. Due to his request, authorization to send this contract out for bid is being requested.

**MOTION: 18-133** made by Mr. Messersmith, second by Mr. Borocz to send the trapper contract for the rabies program out for bid.

**Roll Call Vote:**

Mr. Borocz – Yes  
Mr. Dubos – Yes  
Dr. Firster – Yes  
Mr. Messersmith – Yes  
Mr. Biery – Yes

Motion carried.

**MOTION: 18-134** made by Mr. Borocz, second by Dr. Firster to accept the Director of Nursing's written report as presented.

Mr. Biery also thanked Mrs. Swann for sending representatives out to the Southington Back to School Event.

**Roll Call Vote:**

Mr. Borocz – Yes  
Mr. Dubos – Yes  
Dr. Firster – Yes  
Mr. Messersmith – Yes  
Mr. Biery – Yes

Motion carried.

- VII. Director of Environmental Health Report:** Mr. Wilster presented a written report for the Board's review.

**MOTION: 18-135** made by Mr. Messersmith, second by Mr. Dubos to accept the Director of Environmental Health's report as presented.

**Roll Call Vote:**

Mr. Borocz – Yes  
Mr. Dubos – Yes  
Dr. Firster – Yes  
Mr. Messersmith – Yes  
Mr. Biery – Yes

Motion carried.

- VIII. Health Educator Report:** Ms. Amerine presented a written report to the Board for their review. Ms. Amerine also informed the Board that our intern, Leslie Rivera, obtained a full-time job, and her last day will be Friday, 9/28/18.

**MOTION: 18-136** made by Mr. Dubos, second by Dr. Firster to accept the Health Educator's report as presented.

**Roll Call Vote:**

Mr. Borocz – Yes  
Mr. Dubos – Yes  
Dr. Firster – Yes  
Mr. Messersmith – Yes  
Mr. Biery – Yes

Motion carried.

- IX. Accreditation Coordinator Report:** Mrs. Markusic was also attending an accreditation conference in Columbus, and not in attendance at the meeting, but did provide a written report to the Board for their review.

**MOTION: 18-137** made by Dr. Firster, second by Mr. Messersmith to accept the Accreditation Coordinator's report as presented.

**Roll Call Vote:**

Mr. Borocz – Yes  
Mr. Dubos – Yes  
Dr. Firster – Yes  
Mr. Messersmith – Yes  
Mr. Biery – Yes

Motion carried.

- X. Board Report: None**

- XI. Old Business:** Correction of Address – Variance Request – Kim Ellis, 3782 Warren Sharon Rd., Vienna Twp. - This variance was granted at the August 2018 meeting, but the address was listed incorrectly as 3868 Warren Sharon Rd. The correct address is 3782 Warren Sharon Rd.

**MOTION: 18-138** made by Mr. Messersmith, second by Mr. Borocz to amend Motion 18-126, granting a variance to Kim Ellis, correcting the address to 3782 Warren Sharon Rd.

**Roll Call Vote:**

Mr. Borocz – Yes  
Mr. Dubos – Yes  
Dr. Firster – Yes  
Mr. Messersmith – Yes  
Mr. Biery – Yes

Motion carried.

- XII. **New Business:** A. Proposed New Fee Language Change for .08 Recreation – B. Pools – 1<sup>st</sup> Reading – The findings of ODH during their recent survey of our public swimming pool program were that the language in our fee schedule for our fee categories was not in accordance with OAC 3701-31-03(D). OAC 3701-37-03(D) specifies three separate required license fee categories. Their recommendation was that we utilize the wording in the rule, which currently specifies individual public swimming pools, individual public spas, and individual special use pools. The language is the only change for the pool fees.

**MOTION: 18-139** made by Mr. Dubos, second by Dr. Firster to approve the 1<sup>st</sup> reading of the proposed new fee language for .08 Recreation – B. Pools.

**Roll Call Vote:**

Mr. Borocz – Yes  
Mr. Dubos – Yes  
Dr. Firster – Yes  
Mr. Messersmith – Yes  
Mr. Biery – Yes

Motion carried.

- B. Approval of ENV-1270 – Niles Grass Complaints - **MOTION: 18-140** made by Mr. Borocz, second by Mr. Messersmith to approve policy ENV-1270 – Niles Grass Complaints, as presented.

**Roll Call Vote:**

Mr. Borocz – Yes  
Mr. Dubos – Yes  
Dr. Firster – Yes  
Mr. Messersmith – Yes  
Mr. Biery – Yes

Motion carried.

- C. Variance Request – Micah P. Mihalik – 4155 Sweet West Rd., Mesopotamia Twp. – Mr. Mihalik was present at the meeting. Mr. Hedge stated that during a point of sale inspection, a metal cased well and a hand dug well were noted on the property, but the hand dug well had not been properly sealed. Mr. Mihalik stated that he would like to save the hand dug well for agricultural purposes, to be used to water his apple trees and garden. Mr. Mihalik said he would agree to disconnect the line from the house and seal it from tampering. Mr. Wilster stated that the state code requires that if a well cannot be brought up to code, then it must be sealed, and for a variance to be granted it must be for hardship reasons, such as financial, etc. Mr. Mihalik stated that he felt that it would be a financial hardship, but that he had not obtained a quote as of yet. Mr. Messersmith questioned as to whether the Board had granted variances such as this in the past. Mr. Wilster stated that yes, the Board had,

and that it was the Board's decision, but he would have to recommend that the Board deny the variance.

Mr. Messersmith made motion to deny the variance as requested, second by Mr. Borocz. Following discussion, and confusion over the motion, Mr. Messersmith and Mr. Borocz withdrew their motion.

**MOTION: 18-141** made by Mr. Messersmith, second by Mr. Dubos to grant the variance to Micah P. Mihalik, allowing the existing hand dug well, located at 4155 Sweet West Rd., Mesopotamia Twp., to exist without sealing it to state specifications provided that the lid is sealed and cross contamination is prevented.

**Roll Call Vote:**

- Mr. Borocz – Yes
- Mr. Dubos – Yes
- Dr. Firster – Yes
- Mr. Messersmith – Yes
- Mr. Biery – Yes

Motion carried.

- D. Variance Request – Frederick Retterer, 5013 North St., Fowler Twp. – *This item was removed from the agenda.*
- E. Declaration of Unfit for Human Habitation – 24 West Church St., Newton Falls City, Kolovich Enterprises, LLC, Owner – *This item was removed from the agenda.*
- F. Declaration of Unfit for Human Habitation – 3065 Eagle Creek Rd., Braceville Twp., Lori Mayle, Owner – Not present. Upon request of Braceville Township Zoning, an inspection was conducted on September 6, 2018. Upon inspection, the inspector noted that the structure was unsecured, solid waste was present, the structure was fire damaged, gross unsanitary conditions existed and there was heavy vegetative overgrowth.

**MOTION: 18-142** made by Mr. Messersmith, second by Dr. Firster to declare the structure located at 3065 Eagle Creek Rd., Braceville Twp., unfit for human habitation.

**Roll Call Vote:**

- Mr. Borocz – Yes
- Mr. Dubos – Yes
- Dr. Firster – Yes
- Mr. Messersmith – Yes
- Mr. Biery – Yes

Motion carried.

G. Declaration of Unfit for Human Habitation – 2261 Lorain Ave., Newton Twp., Max K. Roper, Owner – Not present. Upon request of Newton Township Zoning, an inspection of the structure was conducted on August 21, 2018. Upon inspection, the inspector noted broken, missing or boarded windows and doors, mold, the structure unsecured, solid waste, rodent and/or insect infestation and gross unsanitary conditions.

**MOTION: 18-143** made by Mr. Messersmith, second by Dr. Firster to declare the structure at 2261 Lorain Ave., Newton Twp., unfit for human habitation.

**Roll Call Vote:**

Mr. Borocz – Yes

Mr. Dubos – Yes

Dr. Firster – Yes

Mr. Messersmith – Yes

Mr. Biery – Yes

Motion carried.

H. Declaration for Unfit for Human Habitation – 2230 Broadview, Newton Twp. – Not present. Upon request from Newton Township Zoning, an inspection was conducted on August 21, 2018. Upon inspection, the inspector noted broken, missing or boarded windows and doors, the structure was unsecured, water damage, solid waste, mold & moisture contamination, rodent and/or insect infestation and gross unsanitary conditions.

**MOTION: 18-144** made by Mr. Messersmith, second by Mr. Dubos to declare the structure located at 2230 Broadview, Newton Township, unfit for human habitation.

**Roll Call Vote:**

Mr. Borocz – Yes

Mr. Dubos – Yes

Dr. Firster – Yes

Mr. Messersmith – Yes

Mr. Biery – Yes

Motion carried.

I. Declaration of Unfit for Human Habitation – 597 Leavitt Rd., Warren Twp., Lois J. Lucas, Owner – Ms. Lucas is deceased, and the executrix of her will was present, and two of the neighbors (names were not provided). The executor stated that the structure was sold 3 years ago, but the sale has not been completed because the estate has not yet cleared probate. Mr. Wilster stated that as long as the deed is in Lois J. Lucas' name, we have to go by who is listed on the auditor's record card.

**MOTION: 18-145** made by Mr. Messersmith, second by Mr. Borocz to declare the structure at 597 Leavitt Rd., Warren Twp., unfit for human habitation.

The neighbors asked the Board what was next. The process was explained to the neighbors, and Mr. Hedge added that the property was on the township's meeting last night, and it is the township's intention to tear the structure down.

**Roll Call Vote:**

- Mr. Borocz – Yes
- Mr. Dubos – Yes
- Dr. Firster – Yes
- Mr. Messersmith – Yes
- Mr. Biery – Yes

Motion carried.

J. Declaration of Unfit for Human Habitation – 3471 St. Rt. 5, Braceville Twp., Phyllis Putnam, Owner – Not present. Upon request from Braceville Township Zoning, and inspection was conducted on August 30, 2018. Upon inspection, the inspector noted that the structure was unsecure, solid waste and gross unsanitary conditions.

**MOTION: 18-146** made by Mr. Messersmith, second by Mr. Borocz to declare the structure at 3471 St. Rt. 5, Braceville Twp., unfit for human habitation.

**Roll Call Vote:**

- Mr. Borocz – Yes
- Mr. Dubos – Yes
- Dr. Firster – Yes
- Mr. Messersmith – Yes
- Mr. Biery – Yes

Motion carried.

K. Declaration of Unfit for Human Habitation – 52 S. Davis St., Girard City, Richard Grove, Owner – Not present. Upon request of Girard City Officials, an inspection was conducted on August 16, 2018. Upon inspection, the inspector noted water damage, mold & moisture contamination, the structure was unsecured and the electric and water had been shut off.

**MOTION: 18-147** made by Mr. Borocz, second by Mr. Messersmith to declare the structure at 52 S. Davis St., Girard City, unfit for human habitation.

**Roll Call Vote:**

- Mr. Borocz – Yes
- Mr. Dubos – Yes
- Dr. Firster – Yes
- Mr. Messersmith – Yes
- Mr. Borocz – Yes



Motion carried.

- L. Alleged Code Violation – Stacy Augustine – 911 Beechwood, Girard City – Not present. A notice of violation was issued on August 31, 2018, to immediately restore water service to the premises. To date, water service has not been restored, and this continues to pose a danger to life and health.

**MOTION: 18-148** made by Mr. Borocz, second by Mr. Messersmith to require Stacy Augustine of 911 Beechwood, Girard City, to have potable water service returned to the premises within seven (7) days, by making arrangements with the Girard City Water Department. Failure to comply will result in this matter being turned over to the Girard Court for legal action.

**Roll Call Vote:**

- Mr. Borocz – Yes
- Mr. Dubos – Yes
- Dr. Firster – Yes
- Mr. Messersmith – Yes
- Mr. Biery – Yes

Motion carried.

- M. Alleged Code Violation – Brian Guy, 126 W. Second St., Girard City – Not present. A notice of violation was issued on August 20, 2018, to immediately restore water service to the premises. To date, water service has not been restored, which continues to pose a danger to life and health.

**MOTION: 18-149** made by Mr. Borocz, second by Mr. Messersmith to require Brian Guy of 126 West Second St., Girard, to have potable water service returned to the premises within seven (7) days, by making arrangements with the Girard City Water Department. Failure to comply will result in this matter being turned over to the Girard City Court for legal action.

**Roll Call Vote:**

- Mr. Borocz – Yes
- Mr. Dubos – Yes
- Dr. Firster – Yes
- Mr. Messersmith – Yes
- Mr. Biery – Yes

Motion carried.

- N. Passage of Revision of “Regulation of the Trumbull County Combined Health District for Establishing Fees” .06 Food A. – E. First Reading – Pursuant to ORC Section 3717.07, cost methodology was performed on the food program fees. It was determined that all the fees remained the same, except for the vending fee, which will increase the local fee to \$27.01. The Board of Health is required to give the proposed change in fees three readings and one public hearing. The public hearing will be

held at the October 24, 2018, Board of Health meeting. All vending companies being affected by the fee changes will be notified.

**MOTION: 18-150** made by Mr. Borocz, second by Mr. Messersmith to approve the first reading of the proposed vending fee change for licensing period 2019.

**Roll Call Vote:**

- Mr. Borocz – Yes
- Mr. Dubos – Yes
- Dr. Firster – Yes
- Mr. Messersmith – Yes
- Mr. Biery – Yes

Motion carried.

**XIII. Citizens Comments – None**

**XIV. Executive Session: MOTION: 18-151** made by Mr. Dubos, second by Dr. Firster to go into executive session for discussion regarding pending legal issues and the health district's COOP Plan, which is being discussed in executive session due to security reasons.

**Roll Call Vote:**

- Mr. Borocz – Yes
- Mr. Dubos – Yes
- Dr. Firster – Yes
- Mr. Messersmith – Yes
- Mr. Biery – Yes

Motion carried.

**MOTION: 18-152** made by Mr. Messersmith, second by Dr. Firster to come out of executive session.

**Roll Call Vote:**

- Mr. Borocz – Yes
- Mr. Dubos – Yes
- Dr. Firster - Yes
- Mr. Messersmith – Yes
- Mr. Biery – Yes

Motion carried. (Closed 2:07 PM – Reopened 2:22 PM)

**XV. Approval of Payment of the Bills: MOTION: 18-153** made by Mr. Dubos, second by Dr. Firster to approve payment of the bills as presented.

**Roll Call Vote:**

- Mr. Borocz – Yes
- Mr. Dubos – Yes
- Dr. Firster – Yes
- Mr. Messersmith – Yes
- Mr. Biery – Yes

Motion carried.

**XVI. Date of Next Regular Meeting: October 24, 2018**

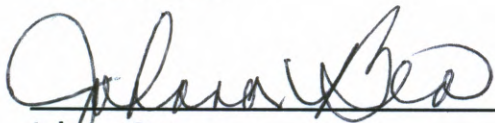
**XVII. Adjournment: MOTION: 18-154** made by Mr. Messersmith, second by Mr. Dubos to adjourn.

**Roll Call Vote:**

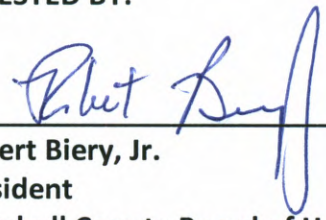
- Mr. Borocz – Yes
- Mr. Dubos – Yes
- Dr. Firster – Yes
- Mr. Messersmith – Yes
- Mr. Biery – Yes

Motion carried. (Adjournment 2:24 PM)

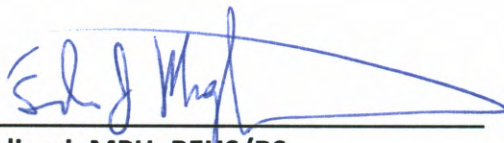
**RECORDED BY:**

  
\_\_\_\_\_  
Johanna Ben  
Administrative Secretary  
Trumbull County Combined Health District

**ATTESTED BY:**

  
\_\_\_\_\_  
Robert Biery, Jr.  
President  
Trumbull County Board of Health

For

  
\_\_\_\_\_  
Frank Migliozi, MPH, REHS/RS  
Secretary and Health Commissioner  
Trumbull County Board of Health

## Health Commissioner's Report – September 2018 Board of Health Meeting

### 1) Budget/Financial

- Attached is the monthly financial report for August, but as of 8/31/18, the general fund showed a positive cash balance of \$347,471.01, with our all fund balance at \$1,200,738.28.
- Even though it is not reflected in the attached financial report, we did receive our 2<sup>nd</sup> half taxes in September, which totaled \$175,945.33. Although the state is phasing out the tangible personal property reimbursement, we did receive \$3,376.68 in tangible personal property tax from Howland, Kinsman, Warren and Weathersfield townships. According to the Trumbull County Auditor's office, these are the only entities (with county health) in Trumbull County still getting money.

### 2) Time Study

- Attached is my time study for the month of August. The bulk of my time was spent on administrative issues, accreditation and PHEP.

### 3) Vehicles

- Attached is the cost analysis for the month of August for the vehicles. The overall cost savings with the vehicles, for the month of August, was \$1,407.18, with a year to date savings of \$7,715.26.
- As you may notice, the YTD cost savings has only increased slightly from my last report. We realized that the actual cost of the vehicle insurance, with the addition of the new vehicles, was not being calculated in the insurance costs. This miscalculation was corrected, and we revised the previous months cost savings to get the actual YTD cost savings, which is reflected on my attached breakdown.

### 4) Accreditation

- We received notification on September 7, 2018, that our Action Plan has been accepted by PHAB. We have one year from the date of notification to implement our Action Plan.
- We have scheduled all of the initial meetings that need to be held to discuss the items to be submitted to PHAB, and many are already underway.

### 5) West Nile Virus

- I reported on my report last month that there were two positive pools of mosquitoes located in Champion and Newton Falls City, which were collected through our surveillance program. Since my last report, there was one additional positive pool, which was again located in Champion.
- We do have one suspected human case of West Nile Virus, and our epidemiologist is currently investigating to confirm this case. We continue to conduct surveillance, treat affected breeding grounds and provide public education through the end of the month.

- 6) As I stated on my last report, we received official notification from OCSEA AFSCME on July 23, 2018, regarding the impact of Janus v. AFSCME, Council 31, which ruled that “Fair Share” fees are unconstitutional. This ruling makes language in Article 4 Section 2 of our Collective Bargaining Agreement invalid. We have a meeting scheduled for October 17, 2018, with the union stewards and OCSEA state representatives to negotiate the modifications to our contract in response to this Supreme Court’s ruling; our legal counsel will also be involved in this meeting.
  
- 7) The county’s new payroll system will become effective October 12, 2018. This new system will require computerized time entry by each department, and there is an optional feature for requests for leave that we are looking into possibly using. Johnna Ben has been attending trainings on this new payroll system.
  
- 8) Policies/Procedures – Revisions (See Attached)
  - ADM-1040, Travel Policy
  - ADM-1520, Emergency Procurement Policy

**TRUMBULL COUNTY COMBINED HEALTH DISTRICT**  
**FINANCIAL REPORT**  
**As of August 31, 2018**

FUND	BUDGET		JULY		AUGUST		YEAR TO DATE		REVENUE	EXPENDITURES	REV - EXP	REMAINING BUDGET	% REMAINING	CALENDAR REMAINING	FUND CASH BALANCE					
	REV	EXP	REV	EXP	REV	EXP	REV	EXP												
GENERAL FUND 950	\$ 2,224,450.00	\$	273,585.52	\$	217,531.12	\$	146,163.52	\$	228,678.55	\$	1,539,277.68	\$	1,446,846.17	\$	92,431.51	\$	777,603.83	34.96%	33.33%	\$ 347,471.01
FOOD SERV FUND 951	\$ 341,710.00	\$	4,297.79	\$	23,169.29	\$	2,720.10	\$	33,522.15	\$	319,388.34	\$	229,847.39	\$	89,540.95	\$	111,862.61	32.74%	33.33%	\$ 167,347.35
CAR SEAT FUND 955	\$ 15,000.00	\$	60.00	\$	2,174.55	\$	30.00	\$	-	\$	4,330.00	\$	4,757.68	\$	(427.68)	\$	10,242.32	68.28%	33.33%	\$ 9,841.37
PROJECT DAWN FUND 956	\$ 10,000.00	\$	49.18	\$	8,160.31	\$	-	\$	-	\$	6,309.18	\$	10,972.52	\$	(4,663.34)	\$	(972.52)	-9.73%	33.33%	\$ 1,297.36
PARKS/CAMPS FUND 958	\$ 4,700.00	\$	-	\$	3,115.26	\$	-	\$	-	\$	4,346.26	\$	4,435.26	\$	(89.00)	\$	264.74	5.63%	33.33%	\$ -
PRIV WATER SYS FUND 959	\$ 28,000.00	\$	8,102.50	\$	6,601.79	\$	5,549.00	\$	3,018.71	\$	38,112.75	\$	16,677.23	\$	21,435.52	\$	11,322.77	40.44%	33.33%	\$ 43,180.62
POOLS FUND 960	\$ 21,000.00	\$	850.00	\$	16,327.00	\$	-	\$	135.00	\$	20,737.00	\$	20,182.00	\$	555.00	\$	818.00	3.90%	33.33%	\$ 555.00
REIMB SWD FUND 970	\$ 20,000.00	\$	5,143.08	\$	14,146.87	\$	-	\$	-	\$	15,143.08	\$	14,146.87	\$	996.21	\$	5,853.13	29.27%	33.33%	\$ 4,883.74
CONSTRUCTION & DEMO FUND 972	\$ 1,206,000.00	\$	88,775.15	\$	90,771.38	\$	100,329.60	\$	99,199.22	\$	645,804.75	\$	592,132.92	\$	53,671.83	\$	613,867.08	50.90%	33.33%	\$ 286,937.32
HSTS PROGRAM FUND 974	\$ 913,800.00	\$	46,277.46	\$	110,095.70	\$	40,789.25	\$	103,683.20	\$	596,584.52	\$	627,106.59	\$	(30,522.07)	\$	286,693.41	31.37%	33.33%	\$ 162,313.69
TB CONTROL UNIT FUND 979	\$ 72,273.87	\$	548.48	\$	4,473.92	\$	255.00	\$	8,031.36	\$	1,788.48	\$	47,812.06	\$	(46,023.58)	\$	24,461.81	33.85%	33.33%	\$ 20,782.85
<b>GRANTS (FUND 954)</b>	\$ 809,337.50	\$	63,857.49	\$	172,152.89	\$	43,626.07	\$	5,938.34	\$	534,923.47	\$	511,661.98	\$	23,261.49	\$	297,675.52			\$ 83,854.10
JOURNAL ENTRY / ADJUSTMENTS	\$ -	\$	1,515.82	\$	7,908.50	\$	2,119.59	\$	3,635.41	\$	7,908.50	\$	(4,273.09)	\$	(4,273.09)	\$	(7,908.50)			\$ (4,273.09)
HEMCH	\$ 86,162.00	\$	9,276.75	\$	25,000.00	\$	8,583.50	\$	-	\$	67,183.10	\$	58,680.80	\$	8,502.30	\$	27,481.20	31.89%	33.33%	\$ 8,502.30
HEPHEP	\$ 158,341.00	\$	24,598.77	\$	21,400.00	\$	1,412.00	\$	128,480.34	\$	107,185.95	\$	21,294.39	\$	51,155.05	\$	51,155.05	32.31%	33.33%	\$ 22,652.49
HEMQT	\$ 40,075.00	\$	-	\$	10,480.00	\$	5,777.41	\$	2,328.32	\$	35,456.91	\$	38,051.85	\$	(2,594.94)	\$	2,023.15	5.05%	33.33%	\$ 3,214.49
HEGVO	\$ 31,659.50	\$	-	\$	198.36	\$	-	\$	527.65	\$	(726.01)	\$	30,933.49	\$	(726.01)	\$	30,933.49	97.71%	33.33%	\$ (726.01)
HETUPCP	\$ 80,000.00	\$	7,900.00	\$	15,163.40	\$	7,000.00	\$	891.66	\$	53,400.00	\$	63,622.37	\$	(10,222.37)	\$	16,377.63	20.47%	33.33%	\$ 6,620.52
HECHC	\$ 135,000.00	\$	13,466.83	\$	26,741.50	\$	5,288.47	\$	1,703.15	\$	70,301.98	\$	65,718.71	\$	4,583.27	\$	69,281.29	51.32%	33.33%	\$ 14,257.23
HEMIECHV	\$ 188,100.00	\$	-	\$	50,211.14	\$	13,445.10	\$	339.28	\$	123,759.29	\$	123,307.71	\$	451.58	\$	64,792.29	34.45%	33.33%	\$ 20,879.01
HEPDOP	\$ 90,000.00	\$	7,099.32	\$	15,049.99	\$	-	\$	148.28	\$	52,706.44	\$	46,460.08	\$	6,246.36	\$	43,539.92	48.38%	33.33%	\$ 12,727.16
<b>* TOTAL</b>	<b>\$ 5,666,271.37</b>	<b>\$</b>	<b>491,546.65</b>	<b>\$</b>	<b>668,720.08</b>	<b>\$</b>	<b>339,462.54</b>	<b>\$</b>	<b>482,206.53</b>	<b>\$</b>	<b>3,726,745.51</b>	<b>\$</b>	<b>3,526,578.67</b>	<b>\$</b>	<b>200,166.84</b>	<b>\$</b>	<b>2,139,692.70</b>	<b>37.76%</b>	<b>33.33%</b>	<b>\$ 1,200,738.28</b>

AUGUST 1, 2018 TO AUGUST 31, 2018

VEHICLE	MILEAGE	MILEAGE RATE	TOTAL \$
	1	1383	0.545 \$ 753.74
	2	1172	0.545 \$ 638.74
	3	819	0.545 \$ 446.36
	4	1310	0.545 \$ 713.95
	5	1999	0.545 \$ 1,089.46
	6	841	0.545 \$ 458.35
	8	1295	0.545 \$ 705.78
	9	1761	0.545 \$ 959.75
<b>TOTAL</b>		<b>10580</b>	<b>\$ 5,766.10</b>
<hr/>			
GAS @25 MPG	423.2	\$2.34 / GAL	\$ 990.29
LEASE PAYMENTS on vehicles 1-6			\$ 1,767.54
INSURANCE \$12,688.00 per year			\$ 1,057.33
TWO NEW VEHICLES (60 MONTHS)		\$16,312.98 EACH	\$ 543.77
<b>TOTAL PAYMENT</b>			<b>\$ 4,358.92</b>
<hr/>			
<b>TOTAL MONTHLY SAVINGS</b>			<b>\$ 1,407.18</b>
<hr/>			
<b>YTD SAVINGS (BEGINNING OCTOBER 1, 2017)</b>			<b>\$ 7,715.26</b>

HEALTH COMMISSIONER WORK HOURS

AUGUST 1, 2018 - AUGUST 31, 2018

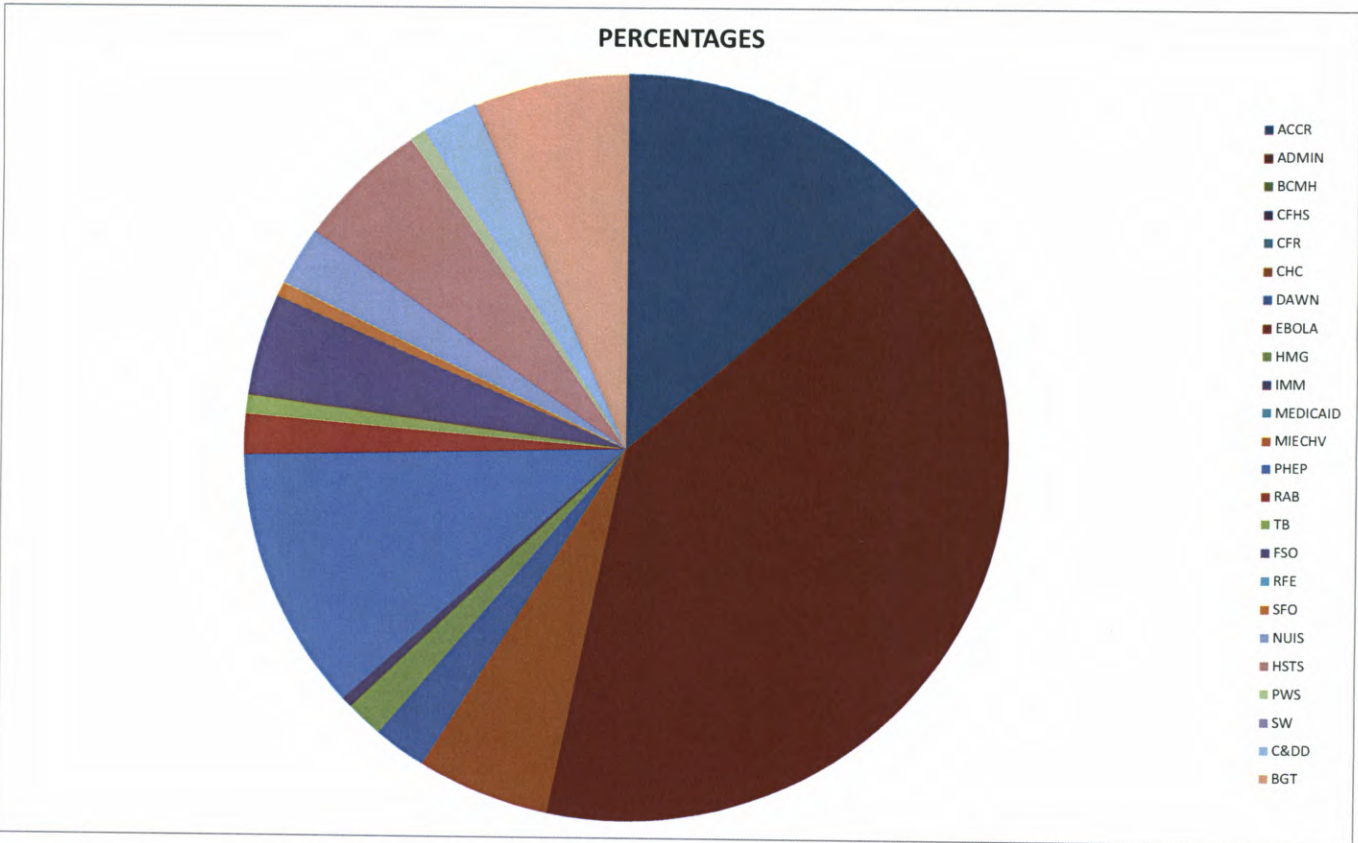
<u>SUMMARY -YTD</u>	<u>COUNT</u>	<u>MINUTES</u>	<u>PERCENTAGE</u>	<u>HOURS</u>
ACCR	85	1275	13.7%	21.25
ADMIN	246	3690	39.5%	61.5
BCMH	0	0	0.0%	0
CFHS	0	0	0.0%	0
CFR	0	0	0.0%	0
CHC	35	525	5.6%	8.75
DAWN	14	210	2.3%	3.5
EBOLA	0	0	0.0%	0
HMG	10	150	1.6%	2.5
IMM	3	45	0.5%	0.75
MEDICAID	0	0	0.0%	0
MIECH	0	0	0.0%	0
PHEP	71	1065	11.4%	17.75
RAB	11	165	1.8%	2.75
TB	5	75	0.8%	1.25
FSO	27	405	4.3%	6.75
RFE	0	0	0.0%	0
SFO	4	60	0.6%	1
NUIS	16	240	2.6%	4
HSTS	35	525	5.6%	8.75
PWS	4	60	0.6%	1
SW	0	0	0.0%	0
C&DD	15	225	2.4%	3.75
BGT	41	615	6.6%	10.25
LUNCH	86	1290		21.5
SICK	28	420		7
OFF	0	0		0
VAC	0	0		0
HOLIDAY	0	0		0
<b>TOTAL MINUTES</b>	<b>736</b>	<b>11040</b>	<b>100%</b>	<b>184</b>
<b>MINUTES LESS SICK, VAC, HOL, LUNCH</b>		<b>9330</b>		



**SUMMARY -YTD**

ACCR	13.67%
ADMIN	39.55%
BCMH	0.00%
CFHS	0.00%
CFR	0.00%
CHC	5.63%
DAWN	2.25%
EBOLA	0.00%
HMG	1.61%
IMM	0.48%
MEDICAID	0.00%
MIECHV	0.00%
PHEP	11.41%
RAB	1.77%
TB	0.80%
FSO	4.34%
RFE	0.00%
SFO	0.64%
NUIS	2.57%
HSTS	5.63%
PWS	0.64%
SW	0.00%
C&DD	2.41%
BGT	6.59%

**PERCENTAGES**





# TRUMBULL COUNTY COMBINED HEALTH DISTRICT

*"Building a Healthy Community"*

Frank J. Migliozi, MPH, REHS/RS

Health Commissioner

176 Chestnut N.E. • Warren, Ohio 44483

www.tcchd.org



**Public Health**  
Prevent. Promote. Protect.

**Date:** 9/18/18

**To:** TCCHD Board of Health

**From:** Frank Migliozi, Health Commissioner

**RE:** Revised Documents Approved

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### **ADM-1040, Travel Policy**

Revision: 001

Date: 9/05/18

- 1.2, changed "original" to "origin".
- 3.1 added "one-way travel" and changed "trip travel" to "distance."
- 3.3, added "one-way distance", in the bulleted meal information added everything after each dash and added "Adjustments...supervisor."
- 3.5, added new.
- 8.1.2, added "agency".
- 8.1.3, added "agency".

### **ADM-1520, Emergency Procurement Policy**

Revision: 001

Date: 9/07/18

- 2.3.1, replaced "IBM-AS400" with "Munis".

# Trumbull County Combined Health District Nursing Department Board Report

## Board of Health Report September 26, 2018 for August 2018

- Kathy Parrilla R.N. was invited to the Ohio Department of Health (ODH) for their Prescription Drug Overd Prevention Grant site visit with the Centers for Disease Control (CDC) on 08/28/2018.
- Kenya Franklin completed the HFAST (Healthy Families of America Site Tracker) which is a yearly requirement for our home visiting accreditation. TCCHD received a 98% for completion.
- Melissa Adams (new Family Service Coordinator) completed her Provisional Credential for Home Visitor on August 23, 2018. She has completed all of the online trainings for the Full Credential and only has to complete two face to face trainings which have been scheduled.
- Attached is a copy of the Overdose Report, DAWN Report, Influenza Report and Animal Bite Report for August 2018.

### Nursing Division Staff Report:

<i>Reported Communicable Disease Cases for August 2018</i>	
<u>Reportable condition</u>	<u># of cases reported</u>
Brucellosis	1
Chlamydia	52
Carbapenemase Producing Carbapenem-Resistant Enterobacteriaceae ( CRE)	4
Dengue	1
Gonococcal	15
Hepatitis A	3
Hepatitis B (chronic)	3
Hepatitis C (chronic )	21
Lyme disease	3
Viral meningitis	1
Salmonellosis	1
West Nile Virus	2
<b><u>Total cases reviewed</u></b>	<b><u>107</u></b>

**Trumbull County Combined Health District  
Nursing Department Board Report**

<b>MONTH <u>August 2018</u></b>		
<b>Nursing Programs</b>	<b># of Services Provided</b>	<b>Clients Served</b>
BCMH	6	6
Health Fairs / Presentations	Southington 8/11 WIC Latch On Day 8/8	150 People Represented by - Beth Shelar 20-25 participants Represented by - Beverly Cope
Car Seat Classes	4	15 families
Car Seats Provided	16 seats @ classes	1 @HV 17 seats total
Children Immunization Clinics	2 Clinics	58 seen
Adult Immunization Clinics	1 Clinic	6 seen
TB Testing	1 Clinic	6 seen
Pregnancy Testing	4 tests	1 (+) 3 (-)
Referrals to Agencies: (WIC, DJFS, Immunization Clinics, Mental Health)	Helped 1 with CPA for Job and Family Service	
Immunization Appointments	Child: 34 scheduled 8 NS, 1 CN 25 seen 33 seen in walk in clinic Adults: 17 scheduled, 5 NS 12 seen	Child Clinics – 58  Adult Clinic - 12
TB Clinic Appointments	1	1
TB Nurse Appointments	1	1
Cribs for Kids	4 classes 27 cribs total	17 cribs at classes 5 @ St Joe's Tea 3 @ HV-- 1 MCHD replaced 1- BMTF
Tobacco Activities	5 Meetings	
<b>DAWN Program</b>	1 class-  <b>See DAWN Attached report</b>	3 clients scheduled (All no showed)  Kits from the HD-1 Aug. refills: 2  First Responder Refills in Aug: 13 First Responder Kits used: 12 All 12 were successful 5 referrals made to Mental Health

Trumbull County Combined Health District  
Nursing Department Board Report

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**ACRONYMS**

**TCCHD:** TRUMBULL COUNTY COMBINED HEALTH DISTRICT

**ODH:** OHIO DEPARTMENT OF HEALTH

**CDC:** CENTER FOR DISEASE CONTROL

**ODRS:** OHIO DISEASE REPORTING SYSTEM

**DAWN:** DEATHS AVOIDED WITH NALOXONE

**MQT:** MOM'S QUIT FOR TWO

**BMTF:** BABY AND ME TOBACCO FREE

**CFK:** CRIBS FOR KIDS

**GVO:** GET VACCINATED OHIO

**PHEP:** PUBLIC HEALTH EMERGENCY PREPAREDNESS

**PDOP:** PRESCRIPTION DRUG OVERDOSE PROGRAM

**HMG:** HELP ME GROW

**MIECHV:** MATERNAL INFANT EARLY CHILDHOOD HOME VISITING

**EI:** EARLY INTERVENTION

**MCH:** MATERNAL CHILD HEALTH

**BCMh:** BUREAU OF CHILDREN WITH MEDICAL HANDICAPS

**TUPCP:** TOBACCO USE PREVENTION & CESSATION PROGRAM

# Ohio Local Health Department Survey of Reported Animal (Mammal) Bite/Rabies Exposure Events

For Year: 2018

Person Completing Form: August

Phone: 1-330-675-2590

List health jurisdictions covered below	Jurisdiction (County, City or Combined)
1 <u>TRUMBULL COUNTY COMBINED HEALTH</u>	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____

SPECIES OR ANIMAL GROUP	HUMAN EXPOSURE EVENTS		3. OTHER RABIES EXPOSURE EVENTS	4. TOTAL EVENTS	5. TOTAL PERSONS EXPOSED	6. TOTAL PERSONS STARTING PEP
	1. BITES	2. NON-BITE				
<i>Unknown on report</i>	1	0	0	1	1	0
BAT	0	3	0	3	3	0
CAT	3	0	0	3	3	0
DOG	13	1	1	15	15	0
FERRET	0	0	0		0	0
LIVESTOCK	0	0	0		0	0
OTHER DOMESTIC	0	0	0		0	0
OTHER WILD	0	0	0		0	0
RACCOON	0	0	1	1	0	0
RODENT/RABBIT (DOMESTIC)	0	0	0		0	0
RODENT/RABBIT (WILD)	0	0	0		0	0
SKUNK	0	0	0		0	0
<b>TOTAL</b>	<b>17</b>	<b>4</b>	<b>2</b>	<b>23</b>	<b>22</b>	<b>0</b>

Electronic submission of the excel file by Email is preferred.

**Please rename the file with your health department name before submitting.**

In columns 1, 2, 3, 5 and 6 enter a **number or zero**. Count each event only once.

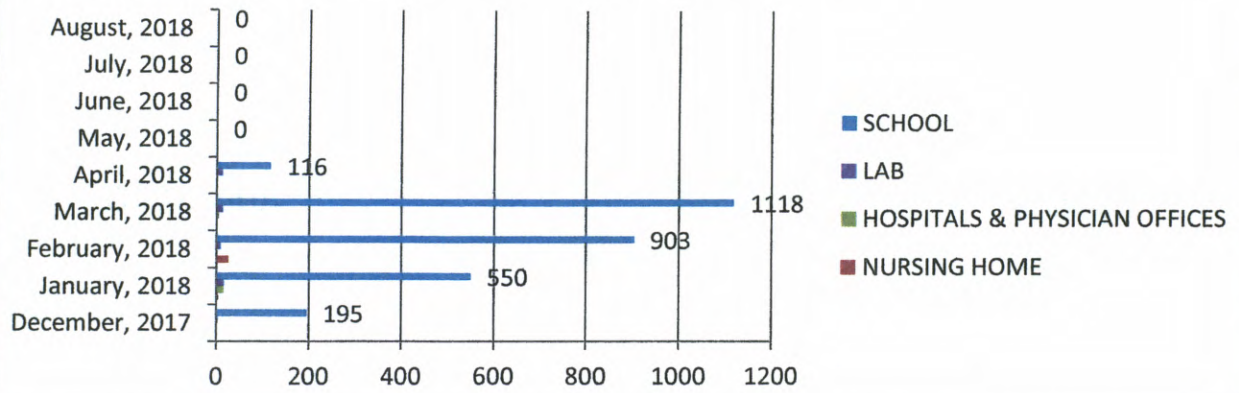
See the Animal Bite Survey Instructions file for definitions of events and exposures

Please send to: Zoonotic Disease Program  
Bureau of Infectious Diseases  
Ohio Department of Health  
35 E Chestnut St., 6th Floor  
Columbus, OH 43215

Fax: (614) 564-2456

Email [zoonoses@odh.ohio.gov](mailto:zoonoses@odh.ohio.gov)

## 2018 Influenza statistics



## **Project DAWN**

**Aug. 2018**

Kits from the Health Dept.: 1

Aug. Refills: 2

People Trained in Aug.: 6

First Responder Refills in Aug.: 13

First Responder Kits used: 12

All 12 were successful

Total Year to Date:

Kits form the Health Dept.: 212

People Trained: 245

Refills: 60

First Responder Refills: 338

First Responder Kits Used: 82

Successful: 79

Unsuccessful: 3



# Trumbull County Overdose Report

## August 2018

Trumbull County Combined Health District  
Ranee Shoenberger RN, Epidemiologist  
Kathy Parrilla RN, Injury Prevention Coordinator

Trumbull County, in 2018, continues to experience overdoses each month ranging from 22 to 60. The major trend we are seeing, however, is Cocaine being laced with Fentanyl and circulating in the county. As a result of this finding the OFR Committee has agreed to develop 2 press releases (one for the community and one for our first responders) and those were disseminated in August. A flyer was also developed with the same Public Health Message. There are 36 confirmed overdose deaths in Trumbull County as of the end of August.

Figure 1. A monthly count of emergency departments visits due to overdoses in Trumbull County by Zip Codes. There were 42 overdoses during the month of August.

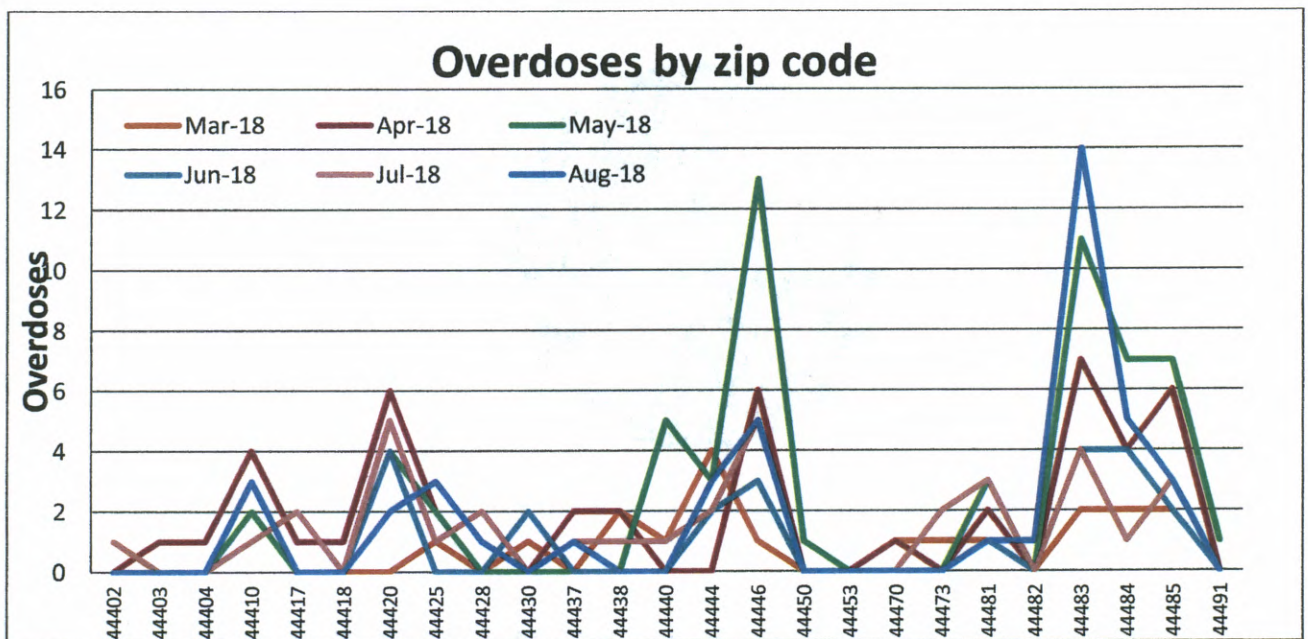


Figure 2. Gender distribution of overdose-related ED visits; Trumbull County; August 2018

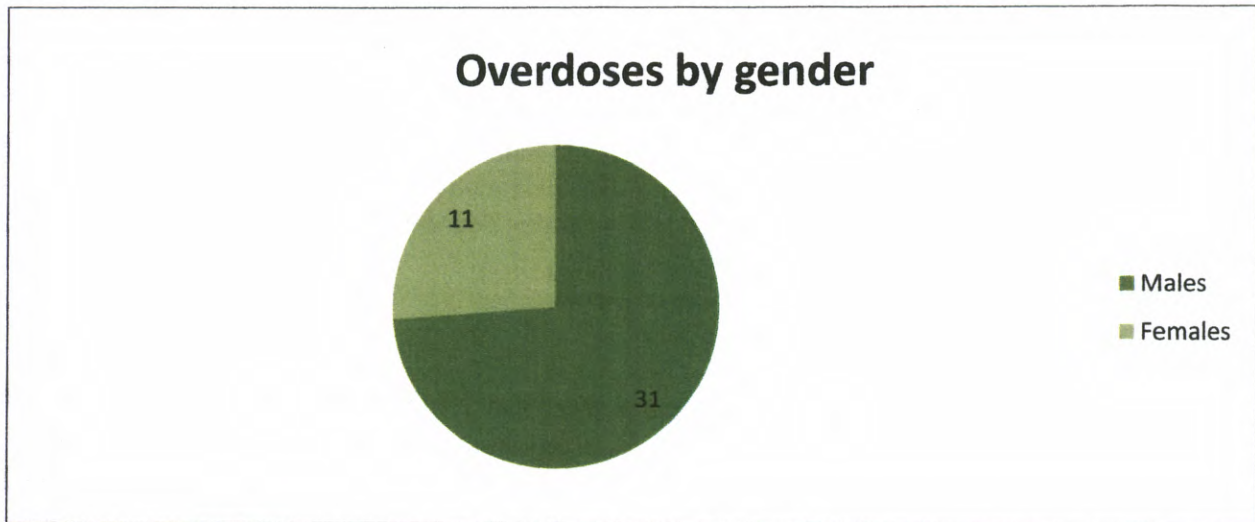
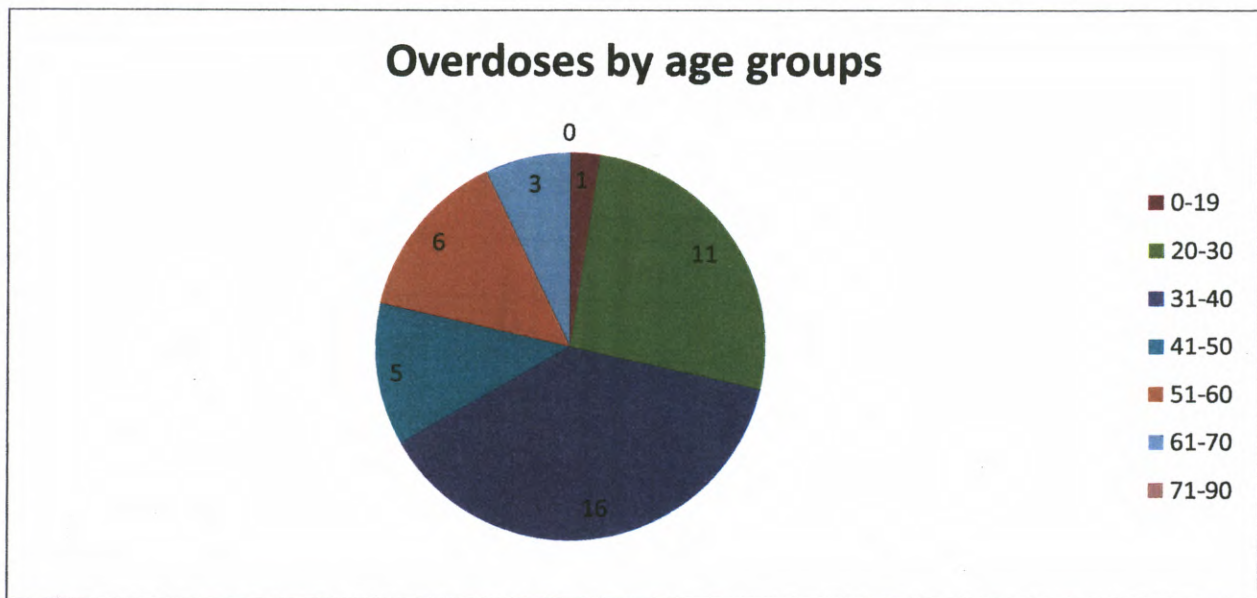


Figure 3. Age distribution of overdose-related ED visits; Trumbull County; August 2018



Age distribution of overdose-related ED visits for August revealed "mean age" of 38 yrs. of age and "median age" of 31 yrs.

Figure 4. The days of the week that the overdoses occurred; Trumbull County; August 2018.

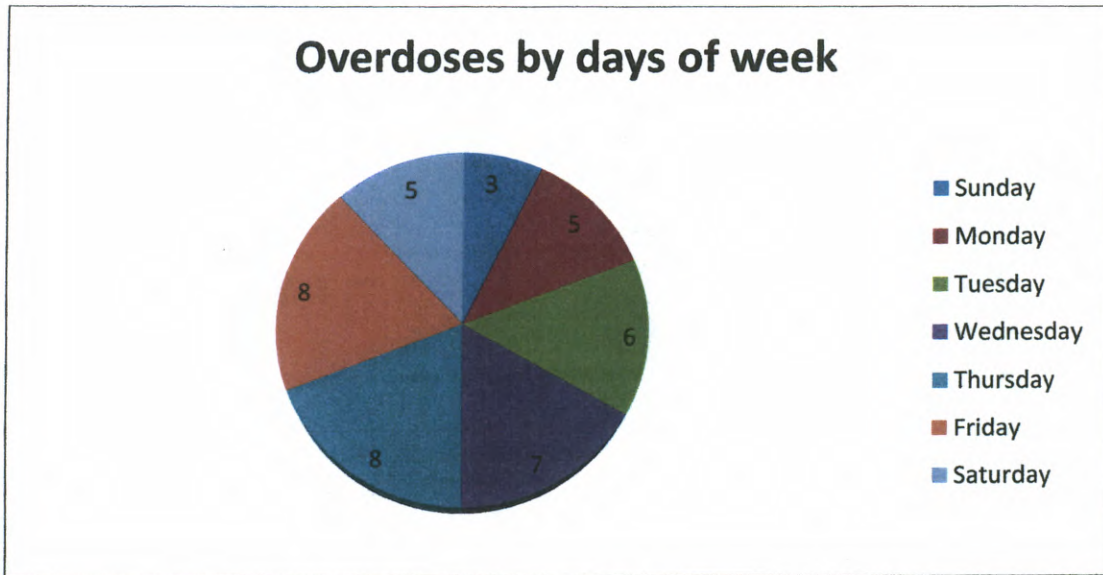
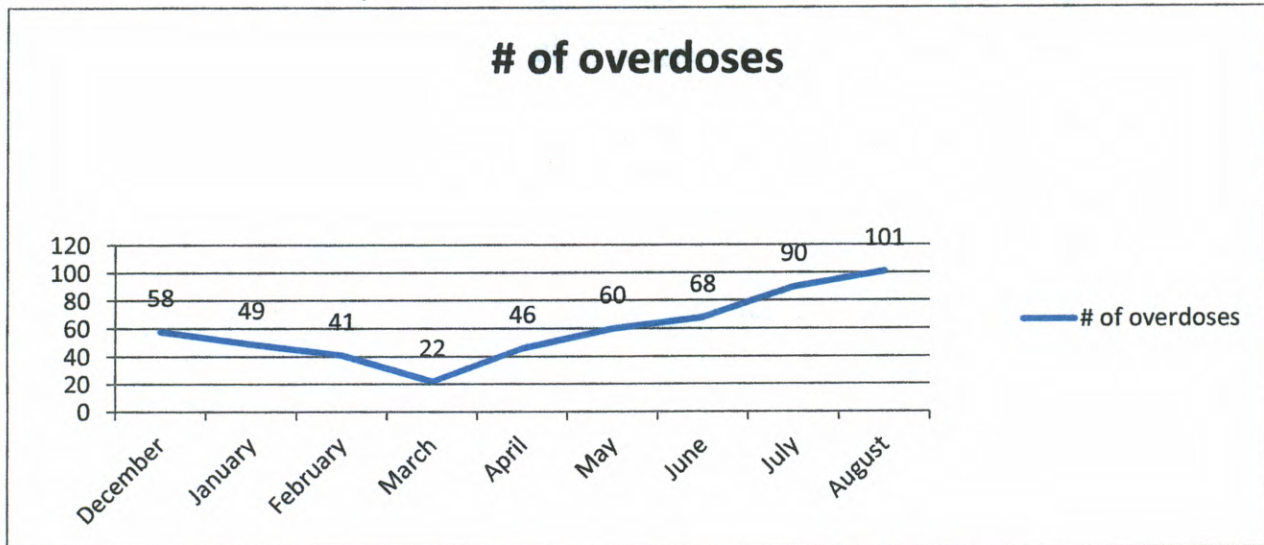


Figure 5. Chart of total overdoses from December 2017 to August 2018

(total numbers including Steward ED visits)



# Emergency Department Encounters and Emergency Response to Drug Overdoses



**Public Health**  
Prevent. Promote. Protect.

2018 Data compiled by the Trumbull County Combined Health District

August MTD totals are 42 (not including TMH or NSH)\*

Zip Code	Number	Percent
44402	5	1.56%
44403	2	0.62%
44404	1	0.31%
44410	19	5.92%
44417	3	0.93%
44418	2	0.62%
44420	25	7.79%
44425	11	3.43%
44428	3	0.93%
44430	12	3.74%
44437	5	1.56%
44438	7	2.18%
44439	0	0.00%
44440	7	2.18%
44444	17	5.30%
44446	41	12.77%
44450	1	0.31%
44453	0	0.00%
44470	4	1.25%
44473	4	1.25%
44481	20	6.23%
44482	1	0.31%
44483	60	18.69%
44484	34	10.59%
44485	35	10.90%
44491	2	0.62%
<b>Total</b>	<b>321</b>	<b>100.00%</b>

Age Range	Number	Percent
0-19	15	4.67%
20-30	110	34.27%
31-40	91	28.35%
41-50	47	14.64%
51-60	40	12.46%
61-70	14	4.36%
71-90	4	1.25%
<b>Total</b>	<b>321</b>	<b>100.00%</b>

Gender	Number	Percent
Male	194	60.44%
Female	127	39.56%
<b>Total</b>	<b>321</b>	<b>100.00%</b>

Hospital	NSH	TMH
June	8	34
July	24	31
August	11	48
September		
October		
November		
December		
<b>Total</b>	<b>43</b>	<b>113</b>

Days of the Week	Number	Percent
Monday	55	17.13%
Tuesday	34	10.59%
Wednesday	44	13.71%
Thursday	69	21.50%
Friday	44	13.71%
Saturday	40	12.46%
Sunday	35	10.90%
<b>Total</b>	<b>321</b>	<b>100.00%</b>

2018 Months	Number
January	49
February	41
March	22
April	46
May	60
June	26
July	35
August	42
September	
October	
November	
December	
<b>Total</b>	<b>321</b>



# TRUMBULL COUNTY COMBINED HEALTH DISTRICT

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Frank J. Migliozi, MPH, REHS/RS

Health Commissioner

176 Chestnut N.E. • Warren, Ohio 44483

[www.tchd.org](http://www.tchd.org)



**Public Health**  
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- 461 Outbreak cases between January 5, 2018 – September 24, 2018
- Ages range from 19 to 76 years old
- 61% of cases are male
- 61% (282) of cases have been hospitalized
- 0 deaths have been reported
- 44 counties in Ohio are affected (50%)

The Ohio Department of Health (ODH) and affected local health departments are investigating an increased number of hepatitis A cases in Ohio. ODH has declared a statewide community outbreak of hepatitis A after observing an increase in cases linked to certain risk factors since the beginning of 2018. Outbreaks of hepatitis A are occurring in several states across the U.S., including neighboring states of Indiana, Kentucky, Michigan and West Virginia.

Hepatitis A is a vaccine-preventable liver disease that usually spreads when a person ingests fecal matter - even in microscopic amounts - from contact with objects, food or drinks contaminated by the stool of an infected person. Hepatitis A can also be spread from close personal contact with an infected person, such as through sex.

People at increased risk for hepatitis A in this outbreak include:

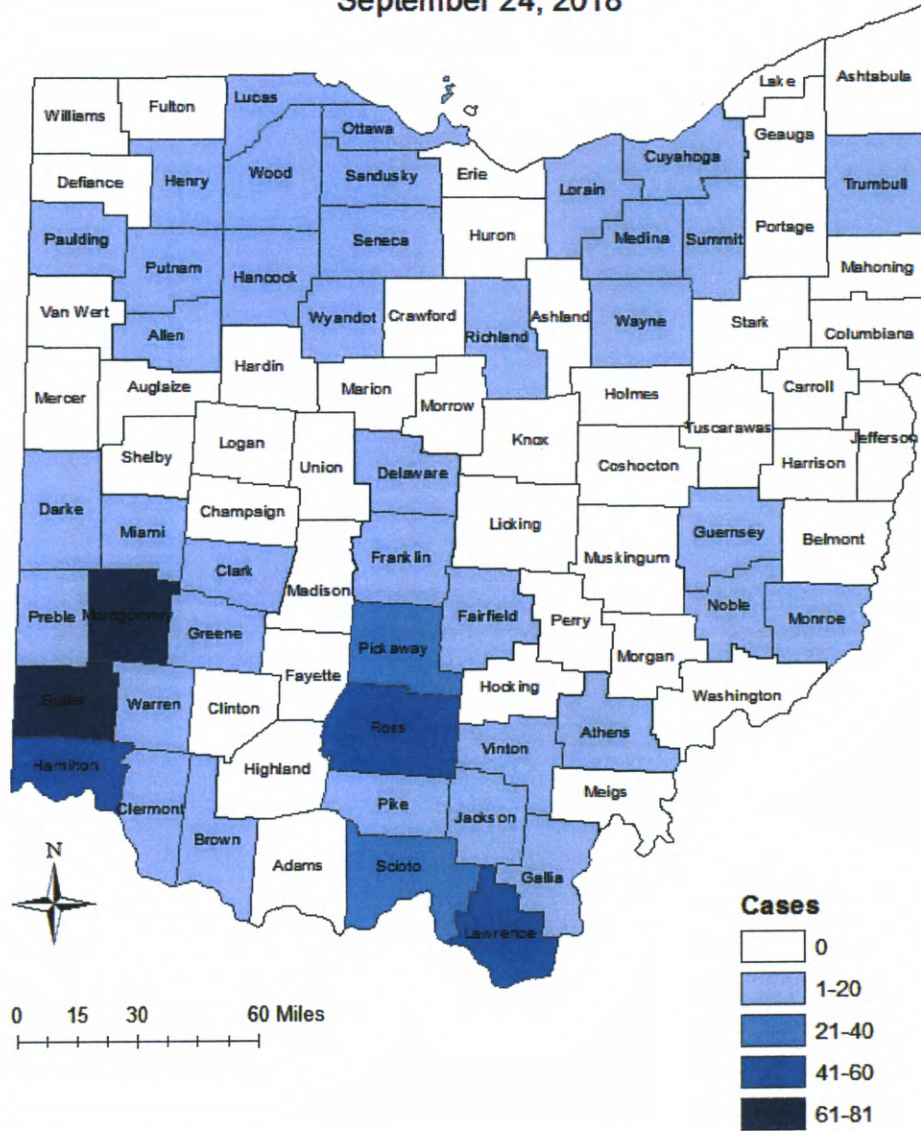
- People with direct contact with individuals infected with the virus
- Men who have sex with men
- People who use street drugs whether they are injected or not
- People who are incarcerated
- People experiencing homelessness
- People who have traveled to other areas of the U.S. currently experiencing outbreaks

Symptoms of hepatitis A include fatigue, low appetite, stomach pain, nausea, clay-colored stools and jaundice. People with hepatitis A can experience mild illness lasting a few weeks to severe illness lasting several months.

People who believe that they are at high risk for hepatitis A infection should contact their healthcare provider or local health department for information about vaccination. People who know that they have been exposed to someone with hepatitis A should contact their healthcare provider or local health department to discuss post-exposure vaccination options. Individuals who experience symptoms of hepatitis A should contact their healthcare provider.

# Hepatitis A Outbreak Cases by County, Ohio, 2018

September 24, 2018



Data analyzed 09/24/2018, Outbreak Response and Bioterrorism Investigation Team, Bureau of Infectious Diseases, Ohio Department of Health, 2018.

Ohio Hepatitis A Outbreak Cases by County (September 24, 2018):

County	Total
Allen	1
Athens	2
Brown	1
Butler	62
Clark	4
Clermont	10
Cuyahoga	7
Darke	2
Delaware	1
Fairfield	4
Franklin	12
Gallia	9
Greene	5
Guernsey	1
Hamilton	50
Hancock	5
Henry	1
Jackson	1
Lawrence	53
Lorain	2
Lucas	16
Medina	1
Miami	5
Monroe	1
Montgomery	81
Noble	2
Ottawa	2
Paulding	1
Pickaway	21
Pike	7
Preble	5
Putnam	2
Richland	1
Ross	42
Sandusky	2
Scioto	22
Seneca	1
Summit	3
Trumbull	1
Vinton	3
Warren	3
Wayne	1
Wood	4
Wyandot	1
<b>Grand Total</b>	<b>461</b>



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**Public Health**  
Prevent. Promote. Protect.

Kris Wilster, MPH, RS/REHS  
Director of Environmental Health Report  
September 2018

- **Permits & Applications for August 2018:**
  - Residential Septic .....43
  - Private Water Systems .....29
  - Plumbing – Residential .....41
  - Plumbing – Commercial .....13
  - Real Estate Applications .....52
  
- **Inspections for August 2018:**

<ul style="list-style-type: none"> <li>- Private Water Systems .....23</li> <li>- Plumbing .....73</li> <li>- Manufactured Home Parks ....6</li> <li>- Schools .....1</li> <li>- Public Pools/Spas .....40</li> <li>- Tattoo &amp; Body Piercing .....0</li> <li>- Campgrounds .....10</li> <li>- Food Service Operations .....116</li> <li>- Food Service Mobile Units ....5</li> <li>- Food Service Temporary Units .....1</li> <li>- Retail Food Establishments ...57</li> <li>- Mosquito Investigations .....47</li> <li>- Institution Inspections .....0</li> <li>- Nuisances – Sewage .....5</li> </ul>	<ul style="list-style-type: none"> <li>- Nuisances – Solid Waste .....66</li> <li>- Nuisances – Housing .....42</li> <li>- Nuisances – Grass .....22</li> <li>- Rodent Control (Complaints) .....0</li> <li>- Real Estate Evaluations .....135</li> <li>- Residential Sewage .....209</li> <li>- O &amp; M Sampling .....336</li> <li>- Semi-Public Sewage Systems .....45</li> <li>- Solid Waste Landfill .....0</li> <li>- C&amp;DD .....2</li> <li>- Smoking Investigations .....6</li> <li>- Water Sampling and Baseline   Sampling of Water for Oil &amp;   Gas Drilling .....26</li> </ul>
---	--
  
- **Administrative Hearings Scheduled for August 2018:**

<ul style="list-style-type: none"> <li>- Private Water Systems .....30</li> <li>- Sewage Complaints .....0</li> <li>- Real Estate Upgrades .....13</li> <li>- Animal Complaints .....0</li> <li>- Other: Tank Abandonment ....1</li> </ul>	<ul style="list-style-type: none"> <li>- Solid Waste .....0</li> <li>- Point of Sale .....3</li> <li>- Sewer Tie Ins .....0</li> <li>- O &amp; M .....0</li> </ul>
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- **Administrative Hearing Outcomes for August 2018:**

<ul style="list-style-type: none"> <li>- Complied .....22</li> <li>- No Shows – F &amp; O Issued ....20</li> <li>- Tabled .....1</li> </ul>	<ul style="list-style-type: none"> <li>- Consent to Board Order .....2</li> <li>- Vacant .....1</li> <li>- Cancelled .....1</li> </ul>
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- Attached please find the status updates on the Board’s Findings & Order’s cases



**Board's Findings Orders Update  
TCCHD**

Last Name	First Name	Violation Address	Township	Program/Type	Date of Board Meeting Admin Hearings	Findings & Orders	Time-frame	Status
W.I. Miller & Sons LLC		4315 Bloomfield Kinsman	Gustavus	real estate upgrade	8/8/17	Submit paperwork/upgrade septic system	6 months	PTI issued 1/4/18 - good for one year
Shaw	David A.	8150 State Route 46	Greene	PWS	8/24/17	Submit PWS application with fee/seal well or bring into compliance	30 days	PWS permit issued 9/26/17 - good for one year
Knez	Dusan	2686 Bell Wick	Hubbard	PWS	9/14/17	Submit application with fee and seal well	30 days	10/25/17 Sealing permit issued - good for one year
Stein	Charles & Janet	2037 Niles Cortland	Bazetta	sewer tie in	1/9/18	Connect to available sewer line & abandon tank	60 days	Plans submitted to extend sewer, tickled 8/6/18
Slusher	Theresa & David	6235 Morrell Ray	Mecca	real estate	1/16/18	Submit paperwork, obtain a PTI and install system	10/31/18	pending
Moody	Darrell	1165 Greenville	Mecca	real estate	1/9/18	Submit paperwork, obtain a PTI and install system	11/01/18	pending
Adkins Jr.	Glen E.	5636 Amy Boyle Rd.	Brookfield	PWS	1/18/18	Submit PWS sealing permit & seal well	30 days	3/12/18 permit issued/good for one year
Mauk	Bonnie S.	3630 N. Park Ave.	Warren	real estate	3/13/18	Submit paperwork, obtain a PTI an install system	11/01/18	pending
Borkholder	David & Marie	3100 Housel Craft	Farmington	real estate	3/20/18	Submit paperwork, obtain a PTI and install system	90 days	paperwork submitted 7/12/18
White	Rex L.	705 Deforest	Howland	real estate upgrade	4/10/18	Submit paperwork, obtain a PTI and install system	10/31/18	pending
Starcher	Carl G.	2861 Ridge	Fowler	real estate	4/10/18	Submit paperwork, obtain a PTI and install system	10/31/18	pending
Suva	Carol	3510 North Park	Warren	real estate	5/1/18	Submit paperwork, obtain a PTI and install system	90 days	paperwork submitted 8/3/18
Stolba	Benjamin J.	3198 St. Rt. 534	Southington	real estate	5/8/18	Submit paperwork, obtain a PTI and install system	10/31/18	pending
Neuenschwander	Victor J.	10045 Kinsman Pymatuning	Kinsman	real estate	5/8/18	Submit soil study, obtain a PTI and complete installation	90 days	On lot preliminary 7-11-18
Chintella	Joseph M.	7156 Chestnut Ridge	Hubbard	real estate upgrade	5/15/18	Submit paperwork, obtain a PTI and complete installation	90 days	complied
Shaw/Sundy	John/Carleen	1938 Hubbard Thomas	Hubbard	real estate upgrade	5/15/18	Submit paperwork, obtain a PTI and complete installation	90 days	Girard Court
Viselli	Leonard & Josephine	7912 Price Shaffer	Hubbard	real estate upgrade	5/15/18	Submit paperwork, obtain a PTI and complete installation	90 days	Girard Court
Barbe	Nicholas	5647 Amy Boyle	Brookfield	Sewage complaint	5/17/18	Correct the flooding issues	30 days	7/26/18 gave to Rod to check - tickled 60 days - 10/26/18
Ridel	Scott R.	3465 Pothour Wheeler	Hubbard	real estate	5/22/18	Submit paperwork, obtain a PTI and complete installation	90 days	Girard Court
O'Brien	William C.	4572 State Route 7	Hartford	real estate	5/22/18	Submit paperwork, obtain a PTI and complete installation	90 days	paperwork submitted 9/10/18
Miller	Daniel & Leah	4710 Larson West	Farmington	PWS	6/7/18	Submit PWS sealing permit with fee & seal well or bring into compliance	30 days	Permit issued 8/17/18 - good for one year
Fisher	William & Elma	3160 Housel Craft	Farmington	Real estate	6/14/18	Submit paperwork, obtain a PTI and complete installation	90 days	paperwork submitted 7/9/18

TCCHD

Kurzeika	Jessica L.	4153 Donley	Mespo	real estate upgrade	6/19/18	Submit paperwork, obtain a PTI and complete installation	90 days	pending
Sullick	Derek R.	2929 Orangeville Sharon	Hartford	Sewage complaint	6/21/18	Submit paperwork, obtain a PTI and complete installation	90 days	pending
Austin	Darren & Cynthia	6496 Merwin Chase	Brookfield	Real estate	6/21/18	Provide documentation of bankruptcy or complete work on septic	60 days	Bankruptcy filing 8/2/18
Patchin	Tiffany A.	3150 Weilacher	Warren	Real estate	6/26/18	Obtain plumbing permit and correct plumbing issues	30 days	complied
Trumbull Co. Investments LLC		3156 McCleary Jacoby	Bazetta	Real estate	6/26/18	Submit paperwork and obtain a PTI and have system installed	90 days	9/14/18 gave to Rod to check
Himes	Robert & Nicole	6451 Yoder	Kinsman	sewer tie in	6/26/18	Submit plumbing inspection fee and connect to available sanitary sewer	60 days	pending
Deraway II	Adrienne & John	2395 Niles Cortland	Bazetta	Real estate	6/26/18	Repair system or upgrade	10/31/18	pending
Triple Diamond Properties LLC		5987 Youngstown Hubbard	Hubbard	Solid Waste complaint	6/28/18	Remove solid waste & submit receipts	30 days	9/14/18 gave to Rod to check
KRV Construction		5079 Hoagland Blackstub	Mecca	Solid Waste complaint	6/28/18	Cease & desist bringing additional material onsite	Ohio EPA okay	8/13/18 tickle 30 days per Rod
Maritch	Charles	698/700 Brookfield	Brookfield	Solid Waste complaint	6/28/18	Remove solid waste & submit receipts	90 days	pending
Swiger	Orlin	1374 Heaton Blvd.	Weathersfield	Solid Waste complaint	6/28/18	Remove solid waste & submit receipts	30 days	9/14/18 gave to Rod to check
Elekes	Janna L.	5632 Mt. Everett	Hubbard	real estate upgrade	7/17/18	Submit paperwork, obtain a PTI and have system installed	90 days	pending
Weaver	William & Rosa	4607 Phalanx Mills Herner	Southington	real estate	7/17/18	Submit paperwork, obtain a PTI and have system installed	90 days	pending
Diefenderfer/Mannion	Angela/Christian	2475 Palmyra	Warren	real estate	7/17/18	Submit paperwork, obtain a PTI and have system installed	90 days	pending
Hardesty	Lawrence & Kimberly	1983 Ohltown McDonald	Weathersfield	real estate	7/17/18	Address plumbing issues & complete septic evaluation	45 days	pending
Weaver	William J.	5799 Ensign	Farmington	real estate	7/17/18	Address plumbing issues & complete septic evaluation	45 days	pending
Crisp	Jason & Melissa	6340 State Route 45	Bristol	real estate upgrade	7/19/18	Submit paperwork, obtain a PTI and have system installed	90 days	pending
Amsler	Shane & Kacee	925 Portage Easterly	Mecca	real estate	7/19/18	Address plumbing issues and install a 90 degree elbow	45 days	pending
Rising	Matthew & Ella	3391 Ridge	Fowler	Real estate upgrade	7/19/18	Submit paperwork, obtain a PTI and have system installed	90 days	pending
Mamula	Scott M.	5206 Cadwallader Sonk	Fowler	Real estate	7/17/18	Submit paperwork, obtain a PTI and have system installed	90 days	pending
Moody	Darrell & Amanda	2249 Housel Craft	Bristol	Point of sale	7/24/18	Submit application with fee	30 days	Assessment letter
Zook	David & Rose Marie	1841 State	Champion	Point of sale	7/24/18	Submit application with fee	30 days	complied
Harris	Eric W.	5727 North Park Ext.	Champion	Point of sale	7/26/18	Submit application with fee	30 days	pending
Schmucker	Malvern	2184 Hyde Shaffer	Bristol	Real estate	7/26/18	Submit paperwork, obtain a PTI and have system installed	90 days	pending
Gingerich Jr.	Joseph J.	6047 Ensign	Farmington	Real estate	7/26/18	Submit paperwork, obtain a PTI and have system installed	90 days	pending

TCCHD

Shaw	David & Anna	8150 State Route 46	Greene	Real estate	7/26/18	Submit paperwork, obtain a PTI and have system installed or request state to waive matching grant requirements	90 days	pending
Knight	Heidi	6026 Warner	Vernon	real estate upgrade	8/7/18	Submit paperwork, obtain a PTI and have system installed	90 days	pending
Lenno	Brittney M.	1707 Stillwagon	Howland	real estate upgrade	8/7/18	Submit paperwork, obtain a PTI and have system installed	90 days	pending
Shehy	Daniel R.	2885 Anderson Morris	Liberty	real estate upgrade	8/7/18	Submit paperwork, obtain a PTI and have system installed	90 days	pending
Badanjek	Trina	6518 Riverside	Warren	real estate upgrade	8/7/18	Submit paperwork, obtain a PTI and have system installed	90 days	pending
Camelback IX LLC		1268 Harrison	Weathersfield	Point of sale	8/7/18	Submit application with fee	30 days	pending
Robinson Real Estate		1200 Rose	Liberty	PWS	8/9/18	Submit PWS sealing permit with fee & seal well or bring into compliance	30 days	pending
Dines	Nathan	1259 Greenville	Mecca	PWS	8/9/18	Submit PWS sealing permit with fee & seal well or bring into compliance	30 days	pending
Bates	Bonnie	4885 Warren Sharon	Vienna	PWS	8/9/18	Submit PWS sealing permit with fee & seal well or bring into compliance	30 days	pending
Ockenfels	Michael & Andrea	1672 Shannon	Liberty	real estate upgrade	8/16/18	Submit paperwork, obtain a PTI and have system installed	11/01/18	pending
Lombardi	Shawn	1710 Pleasant Valley	Liberty	real estate upgrade	8/16/18	Submit paperwork, obtain a PTI and have system installed	90 days	pending
Graham	Glenda & Scott	3333 Anderson Morris	Liberty	real estate upgrade	8/16/18	Submit paperwork, obtain a PTI and have system installed	90 days	pending
Drapola	Kristen	6864 Merwin Chase	Brookfield	PWS	8/16/18	Submit PWS sealing permit with fee & seal well or bring into compliance	30 days	pending
Camelli	Richard	993 State Route 534	Braceville	PWS	8/9/18	Submit PWS sealing permit with fee & seal well or bring into compliance	30 days	pending
Brocius	William Lee	2787 Warren Meadville	Bazetta	PWS	8/23/18	Submit PWS sealing permit with fee & seal well or bring into compliance	30 days	pending
Fike	Jeremiah	3987 Youngstown Kingsville	Fowler	PWS	8/23/18	Submit fee & schedule water test	30 days	pending
Flaviano	Nicholas, Joseph & Anthony	616 Youngstown Warren	Weathersfield	Sewage complaint	8/29/18	Fix and/or replace grinder pump	14 days	pending
Kawecki	Samuel	1608 Keefer	Liberty	real estate upgrade	8/14/18	Submit paperwork, obtain a PTI and have system installed	05/01/19	pending
O'Brien	Timothy	3528 Beechwood	Hubbard	Point of sale	8/28/18	Submit application with fee	30 days	pending
Kaja Holdings 2 LLC		3830 Davis Peck	Gustavus	Point of sale	8/28/18	Submit application with fee	30 days	pending
Vargo	James	3292 Main	Weathersfield	Plumbing	8/28/18	Obtain a plumbing permit	30 days	pending
Emmett	David & Andrea	4402 State Route 7	Hartford	Real estate	8/28/18	Submit paperwork, obtain a PTI and have system installed	90 days	pending

Board's Findings Orders Update  
TCCHD

Candel	Anthony R.	3310 Watson Marshall	Weathersfield	PWS	8/30/18	Submit PWS sealing permit with fee & seal well or bring into compliance	30 days	pending
Valent	Dnelle	1255 Sodom Hutchings	Vienna	PWS	8/30/18	Submit PWS sealing permit with fee & seal well or bring into compliance	30 days	pending
Stimbu	Spencer	818 Warner	Brookfield	PWS	8/30/18	Submit PWS sealing permit with fee & seal well or bring into compliance	30 days	pending
Green	Gene D.	6015 D Arrowhead	Mecca	Tank abandonment	8/30/18	Pump & crush septic tank and submit forms & fee	30 days	pending
Robinson	Jonathan L.	Parcel #35-050900 St. Rt. 46	Mecca	Point of sale	9/4/18	Submit application with fee	30 days	pending
Hodges	Ronald L.	6601 State Route 5	Johnston	Point of sale	9/4/18	Submit application with fee	30 days	pending
Campbell	William D.	3253 Warren Ravenna	Braceville	Real estate	9/4/18	Submit paperwork, obtain a PTI and have system installed	90 days	pending
Alexander Jr.	Paul	5776 Warren Meadville	Johnston	Real estate	9/4/18	Submit paperwork, obtain a PTI and have system installed	90 days	pending
Stanford	Robert & Latonda	3563 Homewood	Hubbard	Plumbing	9/4/18	Obtain a plumbing permit	30 days	pending
Thomas	Thomas E.	3555 Woodside Dr.	Warren	Tank abandonment	9/6/18	Abandon septic tank	30 days	pending
EZ Acres		2822 Durst Clagg	Bazetta	Solid Waste complaint	9/6/18	Remove solid waste & submit receipts	01/01/19	pending
Sanfrey	Diane	1593 Niles Cortland	Howland	Sewage complaint	9/6/18	Submit paperwork, obtain a PTI and have system installed or tie into sewer	02/01/19	pending
Ayres Sr.	John	1575 Niles Cortland	Howland	Sewage complaint	9/6/208	Submit paperwork, obtain a PTI and have system installed	90 days	pending



**Report of the Health Educator  
Trumbull County Combined Health District  
Jenna Amerine  
August 2018 for September 26<sup>th</sup> Board Meeting**

Creating Healthy Communities Grant

- CHC Grant Activities:
  - Attended CHC All-Project Call on August 9<sup>th</sup>.
  - Continue to oversee CHC Intern on health promotion projects.
  - Completed CHC 3<sup>rd</sup> Quarter CHC Newsletter.
  - Attended CHC 3<sup>rd</sup> Quarter Site Visit Call on August 20<sup>th</sup>.
  - Attend meeting with Cortland News on Tobacco and Health Education Editorials on August 1<sup>st</sup>.
  - Completed Warren City Complete Streets Draft Policy to be sent in for Warren Comprehensive Plan on August 2<sup>nd</sup>.
  - Hosted second Quinby Park Pop-up Farmers' Market on August 3<sup>rd</sup>.
    - o July Market - 3 vendors with 76 in attendance! Great turnout!
    - o August Market – 4 vendors with 81 in attendance!
  - Hosted second month of Bolindale Pop-up Farmers' Markets on August 8<sup>th</sup> and August 22<sup>nd</sup>.
    - o July 9<sup>th</sup> market – 3 vendors with 46 in attendance.
    - o July 25<sup>th</sup> market – 2 vendors with 37 in attendance.
    - o August 8<sup>th</sup> market – 2 vendors with 38 in attendance.
    - o August 22<sup>nd</sup> market – 3 vendors with 25 in attendance. Very bad weather had an effect on our turnout for this market.
  - Attended Healthy Community Partnership Steering Committee Meeting on August 7<sup>th</sup>.
  - Attended Safe Routes to School for Walk and Bike To School Day at Warren City Schools on August 7<sup>th</sup>.
  - Attended Statewide Healthy Eating Call on August 8<sup>th</sup>.
  - Attended Howland Park Board Meeting on August 9<sup>th</sup>.
  - Attended Warren Tobacco 21 Planning Call with Addiction Preventing Tobacco on August 10<sup>th</sup>.
  - Attended Quinby Park Kennedy Arts Celebration Event on August 13<sup>th</sup>.
  - Met with Warren City Engineer on Complete Streets Draft Policy on August 14<sup>th</sup>.
  - Met with Snider Recreation on Quinby Park Improvements to receive quotes and final purchasing details on August 14<sup>th</sup>.
  - Hosted CHC 3<sup>rd</sup> Quarter Coalition Meeting on August 15<sup>th</sup>.
  - Hosted another round of Ohio Healthy Program Training Classes with local daycares and early child care providers on August 16<sup>th</sup>, 23<sup>rd</sup>, 30<sup>th</sup>, and September 6<sup>th</sup>.

- Attended SmartMart Healthy Retail Kickoff Event on August 17<sup>th</sup>.
  - Attended mandatory peer site visit in Akron on August 17<sup>th</sup>.
  - Attended Healthy Community Partnership Active Transportation Action Team Meeting on August 28<sup>th</sup>.
  - Hosted Walk Audit in Warren on August 28<sup>th</sup>.
  - Hosted Tobacco 21 Meeting with Preventing Tobacco Addiction on August 29<sup>th</sup>.
  - Hosted Bike Audit in Warren on August 30<sup>th</sup>.
- Continue to promote the Facebook and Twitter Pages as well as post informational material and programs on the site.
  - Attended Weekly Administrative Meetings and Accreditation Meetings.
  - Continue to work with Mercy Health on obtaining Fracking Health Data.
  - Attended County Wellness Committee Meeting on August 1<sup>st</sup>.
  - Attended Meeting with Air Force Community Partnership on August 3<sup>rd</sup>.
  - Presented to Cortland City Council on Tobacco 21 on August 20<sup>th</sup>.
  - Attended Active Shooter Training on August 21<sup>st</sup>.
  - Attended Community Health Needs Assessment Question Selection Meeting on August 23<sup>rd</sup>.
  - Attended Howland Schools Employee Wellness Fair on August 27<sup>th</sup>.
  - Attended Well-Being Collaborative Meeting in Salem on August 30<sup>th</sup>.

#### Days Worked

- 21

#### Early, Late and Weekend Hours

- Worked late on August 3<sup>rd</sup> for Quinby Pop-up Farmers' Market.
- Worked late on August 8<sup>th</sup> for Bolindale Pop-up Farmers' Market.
- Worked late on August 9<sup>th</sup> for Howland Park Board Meeting.
- Worked late on August 15<sup>th</sup> for CHC 3<sup>rd</sup> Quarter Coalition Meeting.
- Worked late on August 16<sup>th</sup> and 23<sup>rd</sup> for Ohio Healthy Program Training Classes.
- Worked late on August 17<sup>th</sup> for CHC Peer Site Visit in Akron.
- Worked late on August 20<sup>th</sup> for Cortland City Council Presentation.
- Worked late on August 22<sup>nd</sup> for Bolindale Pop-up Farmers' Market.
- Worked late on August 28<sup>th</sup> for Warren Walk Audit.
- Worked early and late on August 30<sup>th</sup> for Well-Being Collaborative Meeting and Warren Bike Audit.

### Plans for September

- Continue operating and updating the Facebook and Twitter Pages.
- Continue to oversee Health Education Intern in implementing projects and social media sites.
- Attend Accreditation and Weekly Administrative meetings.
- Attend Healthy Community Partnership Steering Committee Meeting on September 4<sup>th</sup>.
- Continue Planning Yay! Bikes Commuter Ride Training for Healthy Community Partnership Active Transportation Action Team on September 5<sup>th</sup>.
- Attend Quinby Park Improvements meeting with Trumbull Neighborhood Partnership on September 6<sup>th</sup>.
- Teach Ohio Healthy Program Training Classes on September 6<sup>th</sup> and 7<sup>th</sup>.
- Host Quinby Park Pop-up Farmers' Market on September 7<sup>th</sup>.
- Host Bolindale Pop-up Farmers' Market on September 12<sup>th</sup> & 26<sup>th</sup>.
- Attend Warren City Safe Routes to School Walk and Bike to School Day Planning Meeting on September 11<sup>th</sup>.
- Attend CHC All-Project Call on September 13<sup>th</sup>.
- Attend Fracking Study Meeting on September 13<sup>th</sup>.
- Attend Warren City Council's Public Meeting on Tobacco 21 on September 13<sup>th</sup>.
- Host Tobacco Sub-Committee Meeting on September 14<sup>th</sup>.
- Host Bolindale Community Garden Introductory Event on September 16<sup>th</sup>.
- Attend Yay! Bikes Commuter Ride Train-the-Trainer on September 17<sup>th</sup>-20<sup>th</sup>.
- Attend Cortland City Council to present on Tobacco 21 on August 20<sup>th</sup>.
- Attend Trumbull Memorial Health Foundation Board Meeting on September 21<sup>st</sup>.
- Attend Healthy Community Partnership Active Transportation Action Team Meeting on September 25<sup>th</sup>.



# TRUMBULL COUNTY COMBINED HEALTH DISTRICT

*"Building a Healthy Community"*

Frank J. Migliozi, MPH, REHS/RS

Health Commissioner

176 Chestnut N.E. • Warren, Ohio 44483

www.tcchd.org



**Public Health**  
Prevent. Promote. Protect.

**Date:** 9/18/18

**To:** TCCHD Board of Health

**From:** Natalie Markusic

**RE:** Board Accreditation Report – 9/26/18

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**Procedures.** (10% of Time)

- ENV-1270, Niles Grass Complaints (*NEW – Requesting BOH Approval*)
- Revised ADM-1040, Travel Policy
- Revised ADM-1520, Emergency Procurement Policy

**HSTS Grant.** Prepared and revised additional technical specs for the last 3 grant-qualified properties for this year. (10% of Time)

**Action Plan.** (80% of Time)

- Action accepted by PHAB. All actions must be completed and all documents must be submitted to PHAB by 9/7/19. (attached)
- 7.2.2 AA1: Held first meeting to develop Memorandum of Understanding (MOU) that will be presented to the Family and Children First Council. The purpose of the MOU is to establish a documented referral system to improve access-to-care for populations with unmet needs and who experience barriers to care.
- MOU was completed and will be presented to FCFC on 9/26/18.
- 9.2.2 AB1: Held first meeting QI meeting to address the request-for-leave process.
- Process-mapped request-for-leave process using the LEAN principles.





## Trumbull County Combined Health District Action Plan

Measure Number and Required Documentation	Site Visit Report Conformity Comments	Site Visit Report Opportunities for Improvement	Objectives and Actions the Health Department Plans to Take to be in Conformity with this Measure	Documentation the Health Department Plans to Submit to Demonstrate Conformity with this Measure
<p><b>1.1.2 T/L</b></p> <p><b>1. A Tribal or local community health assessment that includes:</b></p> <ul style="list-style-type: none"> <li>a. Data and information from various sources contributed to the community health assessment and how the data were obtained</li> <li>b. Demographics of the population</li> <li>c. Description of health issues and specific descriptions of population groups with particular health issues and inequities.</li> <li>d. Description of factors that contribute to specific populations' health challenges.</li> <li>e. Description of existing Tribal or community assets or resources to address health issues</li> </ul>	<p><b>RD1: Community Health Assessment Document:</b></p> <ul style="list-style-type: none"> <li>a. TCCHD collected quantitative primary data through a series of community surveys collected in a variety of forums: at a large community event, through partners, and online. One of the surveys included some qualitative data collection with open-ended responses for a variety of issues. Secondary data was included through County Health Rankings which utilizes a variety of data sources, and through the CDC Community Health Status Indicators, a compilation of data provided U.S. DHHS.</li> <li>b. A narrative description of TCCHD demographics were provided, including population size and racial/ethnic profile, age, poverty level and unemployment, homelessness; special population groups including Amish and rural Appalachia were also noted.</li> <li>c. The data analysis presented the health issues at a County-level. While the narrative did suggest a general difference in behaviors and outcomes for a geographic area, the analysis did not present results in support of this, or include any community or population-specific disparities or poor health outcomes.</li> <li>d. Survey results about perception of</li> </ul>	<p>TCCHD's health assessment efforts offer an opportunity to conduct further analysis to clearly identify and document disparities or poor health outcomes in specific communities or populations.</p> <p>share preliminary findings with the community at large in order to provide an opportunity for input.</p>	<p>Objective A: Collaborate with community partners to develop a comprehensive community health assessment of Trumbull County that includes clearly identified disparities and/or poor health outcomes in specific communities or populations.</p> <p>Action A1: Collaborate with community partners to develop a community health assessment survey.</p> <p>Action A2: Distribute survey instrument to community and collect results.</p> <p>Action A3: Present/distribute results to community partners and public at large for comment/input.</p> <p>Objective B: Institute an annual review of community (CHA) data collected, analyzed and distributed to ensure the ongoing monitoring, refreshing and adding of data and data analysis.</p> <p>Action B1: Collect community data and analyze.</p> <p>Action B2: Present/distribute annual community data analysis</p>	<p>Documentation for Objective A: New reviewed and adopted CHA</p> <p>Documentation for Action A1: Trumbull County Community Health Assessment Survey</p> <p>Documentation for Action A2: Report of survey results</p> <p>Documentation for Action A3: Report of partner/public comments from 2 separate distributions/presentations.</p> <p>Documentation for Objective B: Reports of data analysis from initial review.</p> <p>Documentation for Action B1: 2 reports of data analysis from initial review.</p> <p>Documentation for Action B2: 2 separate distributions/ 8/10/18</p>

<p>2. Opportunity for the Tribal or local community at large to review and contribute to the assessment</p> <p>3. The ongoing monitoring, refreshing, and adding of data and data analysis</p>	<p>neighborhood issues were presented for the County, including drugs, vacant housing, crime, and safety; however, these results were not associated with any specific community or populations most affected or at risk, and specific health challenges or outcomes were not identified. Survey results for social determinants of health including education, poverty, and health insurance were displayed for the overall jurisdiction. Survey results for behaviors including smoking status, physical activity, and fruit and vegetable consumption were also presented along with diabetes prevalence for the overall jurisdiction. Survey results about pregnancy and infant safety was presented, but did not discuss any relationship with infant mortality or affected populations. Overall, specific populations with disparities, higher health-risks, and poor health outcomes were not discussed.</p> <p>e. While an internal TCCHD review identified general categories of “strengths” for the community such as foundations, recreation facilities, and “great partners”, no specific information such as a listing or description of community assets and resources to address health issues was provided.</p> <p><b>RD2:</b>  <u>Example 1</u> - TCCHD provided a presentation for a community stakeholder meeting in 2016 that reviewed the 2014 CHA progress. No evidence was provided that the community at large was given an opportunity to review the preliminary findings for the 2014 CHA.</p> <p><u>Example 2</u>: TCCHD provided a presentation for a community stakeholder meeting that reviewed the previous (2010) CHA. No evidence was provided that the community at large was given an opportunity to review the preliminary findings for the 2014 CHA.</p> <p><b>RD3:</b>  <u>Example 1</u> - TCCHD provided results from a focus</p>	<p>to community partners and public at large.</p>	<p>presentations of initial data analysis.</p>
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<p>2.1.2 T/L</p> <p>1. <b>Reviews of investigation reports against procedures</b></p>	<p>group held at Grace AME for a chronic disease program. While the respondents did discuss some of the same environmental issues mentioned in the CHA, the community was not identified in the CHA as an area of health inequities and poor health indicators. The results noted the focus group was organized by Grace AME, and did not indicate this was associated with the CHA.</p> <p><u>Example 2</u> - TCCHD provided brief survey results from a pop-up farmer's market in a community. However, the community was not identified in the CHA as an area of health inequities and poor health indicators. The results did not indicate this activity was associated with the CHA.</p>	<p>TCCHD would benefit from a routine process to review investigation reports against procedures. This would help identify strengths as well as potential quality improvement opportunities for their protocols.</p>	<p>Objective A: Revise Outbreak Investigation Procedure to include the process to review infectious disease investigations.</p> <p>Action A1: Define infectious disease investigation review process.</p> <p>Action A2: Add defined process to the Outbreak Investigation Procedure.</p> <p>Action A3: Review the outbreak investigation of an infectious disease to identify strengths, opportunities for improvement and TCCHD's capacity to respond to a real-life event or exercise.</p>	<p>Documentation for Objective A Revised and adopted Outbreak Investigation Procedure.</p> <p>Documentation for Action A1: Meeting minutes and sign-in from meeting.</p> <p>Documentation for Action A2: Revised and adopted Outbreak Investigation Procedure.</p> <p>Documentation for Action A3: Reports of 2 reviewed outbreak investigations.</p>
<p>2.1.5 A</p> <p>1. <b>Tracking log or audit of reports of disease reporting, laboratory tests reports, and/or investigations with actual timelines noted</b></p> <p>2. <b>Applicable laws</b></p>	<p><b>RD1:</b> TCCHD provided an AAR about a GI outbreak. While the AAR notes that Public Health Surveillance and Epidemiological Investigation was part of the Objectives, the AAR only shows the strengths and not what was being evaluated and reviewed against a written process. At the site visit, staff indicated that they utilize their routine protocols and ERP as appropriate during these types of exercises. The AAR did not reference the health department's capacity to respond to outbreaks of infectious disease.</p> <p><b>Example 2</b> - The second AAR is for a biological agent release exercise. There was no reference to an investigation (was not included in the objectives), and no references to the health department's capacity to respond to outbreaks of infectious disease.</p> <p><b>RD1:</b> TCCHD provided the state Quality Indicator Report, which included a lag time audit for agencies reporting to TCCHD, and a completeness review for selected diseases for demographic information. No tracking log or audits were provided that included timelines for reporting lab test results and investigation results.</p> <p><b>RD2:</b></p>	<p>TCCHD would benefit from tracking all investigation elements for timely completion. This information would inform QA and QI efforts for</p>	<p>Objective A: Revise Investigation Log to include the required reporting time and results.</p> <p>Action A1: Revise Investigation Log to include the required reporting time (for the specific notifiable/reportable disease) for easy comparison to the actual reporting time as well as lab test</p>	<p>Documentation for Objective A: Revised Investigation Log</p> <p>Documentation for Action A1: Revised Investigation Log</p>

<p>2.2.2 A</p> <p>1. Protocols that address infectious disease outbreaks describing processes for the review of specific situations and for determining the activation of the All Hazards Emergency Operations Plan</p> <p>2. Protocols that address environmental public health issues describing processes for the review of specific situations and for determining the initiation of the All Hazards Emergency Operations Plan</p> <p>3. Cluster evaluation protocols that describe the processes for the review of specific situations that involve a closely grouped series of events or cases of disease or other health-related phenomenon with well-defined distribution patterns in relation to time or place or both, and for determining initiation of the All Hazards Emergency Operations Plan.</p>	<p>TCCHD provided the Ohio Administrative Code laws regarding reportable diseases. The laws included timelines for reporting by disease, who is responsible for reporting, and laboratory reporting requirements.</p>	<p>investigations.</p>	<p>results and investigation results.</p>
<p><b>RD1:</b></p> <p>TCCHD is required to utilize the Ohio Infectious Disease Control Manual (IDCM) for their disease-specific protocols, so there is no reference to activation of the TCCHD Emergency Response Plan (ERP) included. TCCHD provided their ERP, which included a table of activation levels and a general description for situations that would trigger each level. However, TCCHD did not provide guidance for their ERP activation specific to infectious diseases. Additional internal procedures, such as the TCCHD Outbreak Investigation Procedure and ERP Epidemiology Annex were provided, but did not reference activation of the ERP.</p> <p><b>RD2:</b></p> <p>TCCHD also provided their ERP, which included a table of activation levels and a general description for situations that would trigger each level. However, TCCHD did not provide guidance for their ERP activation specific to environmental health issues.</p> <p><b>RD3:</b></p> <p>TCCHD also provided their ERP, which included a table of activation levels and a general description for situations that would trigger each level. However, TCCHD did not provide guidance for their ERP activation specific to clusters.</p>	<p>TCCHD has an opportunity to include situation review to determine ERP activation in their internal protocols and procedures, and to also develop cluster evaluation protocols which are not addressed in current plans.</p>	<p>Objective A: Revise Emergency Response Plan to include guidance for ERP activation specific to infectious diseases, environmental health issues and cluster protocols.</p> <p>Action A1: Add guidance for ERP activation specific to infectious diseases.</p> <p>Action A2: Add guidance for ERP activation specific to environmental health issues.</p> <p>Action A3: Add guidance for ERP activation specific to cluster protocols.</p> <p>Objective B: Revise Outbreak Investigation Policy to include cluster evaluation protocol.</p> <p>Action B1: Define cluster evaluation protocol.</p> <p>Action B2: Revise Outbreak Investigation Policy to include defined cluster evaluation protocol.</p>	<p>Documentation for Objective A: Revised and adopted Emergency Response Plan</p> <p>Documentation for Action A1: Revised and adopted Emergency Response Plan</p> <p>Documentation for Action A2: Revised and adopted Emergency Response Plan</p> <p>Documentation for Action A3: Revised and adopted Emergency Response Plan</p> <p>Documentation for Objective B: Revised and adopted Outbreak Investigation Policy</p> <p>Documentation for Action B1: Meeting minutes and sign-in from meeting.</p> <p>Documentation for Action B2: Revised and adopted Outbreak Investigation Policy</p>

<p><b>4.2.1 A</b></p> <p><b>1. Engagement of members of the specific community or group that will be affected by a policy and/or strategy to promote the public's health</b></p>	<p><b>RD1:</b></p> <p><u>Example 1</u> - A summary for a focus group at Grace AME church was provided as documentation for this measure. While the attendees provided valuable feedback on the general questions asked, it is unclear what specific policy or strategy that this group will be affected by is being discussed.</p> <p><u>Example 2</u> – A PowerPoint presentation and letter to the school superintendent is provided as documentation for this measure. Both documents outline statistics and efforts of the STAND group for prevention of youth tobacco use. The letter also asks for assistance in reviewing school smoking policies to model them according to ODH guidelines. While the effort demonstrates a possible partnership, evidence of engagement/dialogue is not apparent.</p>	<p>While TCCHD demonstrates discussions with target groups, TCCHD should consider how to engage the target groups in discussions around specific policies/strategies that will affect the group. Engaging in a dialogue about proposed policies and strategies allows the community to feel ownership over initiatives/policies implemented in their communities.</p>	<p>Objective A: Revised Health Promotion Procedure that includes a protocol for engaging the target groups in discussions around specific policies/strategies that will affect the group.</p> <p>Action A1: Research methods/models for engaging target groups in discussions around specific policies/strategies that will affect the group.</p> <p>Action A2: Define protocol for researched engagement method/model.</p> <p>Action A3: Revise Health Promotion Procedure to include defined engagement protocol.</p> <p>Action A4: Use the protocol defined in the revised/adopted Health Promotion Procedure to engage the target population around a proposed policy/strategy prior to policy/strategy implementation.</p>	<p>Documentation for Objective A: Revised and adopted Health Promotion Procedure</p>
<p><b>7.1.1 A</b></p> <p><b>1. A collaborative process to assess availability of health care services</b></p> <p><b>2. The sharing of comprehensive data for the purposes of assessing the availability of health care services and for planning</b></p> <p><b>3. Consideration of emerging issues in public health, the health care system, and</b></p>	<p><b>RD1:</b></p> <p>TCCHD provided data and collaborated with St. Joseph's Hospital during the development of their 2016 Community Health Needs Assessment. TCCHD's contributions are noted in the assessment. A list of current service providers for diabetes, infant mortality, substance abuse and cancer are included but a comprehensive assessment of availability of health care services is not evident.</p> <p><b>RD2:</b></p> <p><u>Example 1</u> - TCCHD distributed the CHA to Trumbull County Stakeholders and Partners who participated in the CHA process as evidenced by the CHA Addendum Distribution Email provided. Some partners including</p>	<p>As noted at the site visit, Trumbull County has a low number of dental and primary care providers in the community. TCCHD should consider assessing the availability of health care services to formally identify and address these gaps through a collaborative</p>	<p>Objective A: Collaborate with community partners to develop a comprehensive community health assessment of Trumbull County that includes an assessment of the availability of health care services.</p> <p>Action A1: Community collaboration driven by Mercy Healthcare System has hired a consultant to gather data on available healthcare services and emerging public health issues to complete a comprehensive community health assessment.</p> <p>Action A2: Collaborate with</p>	<p>Documentation for Objective A: New adopted CHA</p> <p>Documentation for Action A2: Meeting minutes and sign-in from meeting.</p> <p>Documentation for Action A3: Revised and adopted Health Promotion Procedure</p> <p>Documentation for Action A4: Reports of 2 policies/strategies developed with engagement from the target population(s).</p>

<p><b>health care reimbursement</b></p>	<p>St. Joseph's Hospital, as noted in RD1, used this documentation to develop their Community Health Needs Assessment. While this data was shared with St. Joseph's Hospital, the document does not include a comprehensive assessment of availability of health care services.</p> <p><u>Example 2</u> - The 2016 policy for the Trumbull County Community Response Plan to drug overdoses outlines the process for collecting and sharing epidemiologic findings and mobilizing community partners and resources to address and prevent overdose deaths. This data is not used to assess availability of health care services and is not related to the partnership referenced in RD 1.</p> <p><b>RD3:</b></p> <p><u>Example 1</u> - An agenda and minutes from the Trumbull County Health Insurance/Health Care stakeholders meeting from June 2014 demonstrates TCCHD's consideration of Ohio's expanded Medicaid program as an emerging issue that may impact access to care. However, this documentation is not related to the partnership in RD 1.</p> <p><u>Example 2</u> - TCCHD is an active member of the ASAP coalition and opiate task force. The provided 2017-2019 action plan for this group includes objectives focused on increasing capacity for treatment centers and other access issues. The agenda submitted demonstrates TCCHD's involvement in meetings/discussions focused on the increase in opiate overdoses and its impact on access to care, however, this documentation is not related to the partnership in RD 1.</p>	<p>partnership that includes the sharing of data and consideration of emerging health issues.</p>	<p>community partners to develop a community health assessment survey instrument.</p> <p>Action A3: Distribute survey instrument to community and collect results.</p> <p>Action A4: Present/distribute results from survey and other data gathered to community partners for the purpose of assessing, identifying and addressing gaps.</p> <p>Objective B: Institute an annual review of community health care services/system and consideration of emerging issues that is shared through the collaborative process.</p> <p>Action B1: Collect community health care service/system data, determine the development of any emerging issues and analyze.</p> <p>Action B2: Share annual community health care service/system data analysis through collaborative process.</p>	<p>Trumbull County Community Health Assessment Survey instrument</p> <p>Documentation for Action A3: Report of survey results</p> <p>Documentation for Action A4: Presentation of comprehensive data and survey results with sign-in sheet from meeting with community partners.</p> <p>Documentation for Objective B: Reports of initial data analysis shared with community partners.</p> <p>Documentation for Action B1: Reports of the initial data analysis of 2 separate areas of health care services.</p> <p>Documentation for Action B2: Report of initial data analysis shared in 2 separate distributions/presentations.</p>
<p><b>7.1.2 A</b></p> <p><b>1. A process for the identification of un-served or under-served populations</b></p> <p><b>2. A report that identifies populations who are un-served or under-served</b></p>	<p><b>RD1:</b></p> <p>TCCHD has a Health Promotion Program Planning and Implementation Procedure which outlines their approach for developing and implementing health promotion materials and procedures. While the procedure includes a needs assessment, it is not clear that this process is designed to identify populations who are un-served or under-served.</p> <p><b>RD2:</b></p>	<p>TCCHD would benefit from creating a policy/procedure which clearly outlines their process for identifying populations who are un-served and</p>	<p>Objective A: Revise Health Promotion Program Planning and Implementation Procedure to include processes that identify un-served and/or under-served populations.</p> <p>Action A1: Define processes that identify un-served or under-served populations.</p> <p>Action A2: Revise Health</p>	<p>Documentation for Objective A: Revised and adopted Health Promotion Procedure</p> <p>Documentation for Action A1: Meeting minutes and sign-in from meeting.</p> <p>Documentation for Action A2: Documentation for Action A2:</p>

<p>7.1.3 A</p> <ol style="list-style-type: none"> <li>1. The process or set of processes used for the identification of service gaps and barriers to accessing health care services</li> <li>2. Reporting the analysis of data from across the partnership (see 7.1.1) that identify the gaps in access to health care services and the causes of gaps in access, or barriers to care. Reports must include: <ol style="list-style-type: none"> <li>a. Assessment of capacity and distribution of health care providers</li> <li>b. Availability of health care services</li> <li>c. Identification of causes of gaps in services and barriers to receipt of care</li> <li>d. Results of data gathered periodically</li> </ol> </li> </ol>	<p>TCCHD provided a logic model for a goal related to the proportion of persons with health insurance. The document does not identify populations who experience barriers to health care services.</p>	<p>under-served.</p>	<p>Promotion Procedure to include defined processes that identify un-served and/or under-served populations.</p> <p>Action A3: Report that identifies un-served or under-served populations who experience barriers to health care services.</p>	<p>Revised and adopted Health Promotion Procedure</p> <p>Documentation for Action A3: Submit report</p>
<p><b>RD1:</b> The 2016 Mercy Health Needs Assessment demonstrates the collaborative process used to identify gaps in health care services and barriers to care. TCCHD was a participant in the process and assisted with data collection using the CHA.</p> <p><b>RD2:</b> <u>Example 1</u> - The 2016 Mercy Health Needs Assessment provides an executive summary that includes the process used and priority health issues that were identified.</p> <ol style="list-style-type: none"> <li>a) While some of the current service providers are noted, an assessment of the capacity and distribution is not evident.</li> <li>b) The document provides some listings of providers for priority areas including diabetes. However, this document does not provide a comprehensive assessment of the availability of health care services.</li> <li>c) A few barriers are noted in relation to diabetes and substance abuse, however an assessment of causes for lack of access to services is not evident.</li> <li>d) Results of data gathered periodically concerning access are not evident.</li> </ol> <p><u>Example 2:</u> The Trumbull County CHA and CHA/CHIP Addendum is provided for this measure.</p> <ol style="list-style-type: none"> <li>a) While the CHA does collect data about insurance and medical providers, there is not a clear assessment of capacity and distribution of</li> </ol>		<p>During the site visit it was noted that the community served by TCCHD has a shortage of dental providers. TCCHD has an opportunity to assess the related access issue and determine both capacity and distribution of these providers to propose potential solutions.</p>	<p>Objective A: Collaborate with community partners to develop a comprehensive community health assessment of Trumbull County that includes the results of an assessment that identifies the gaps in access to health care services and the causes of gaps in access or barriers to care.</p> <p>Action A1: Report of the analysis of data gathered by the community collaboration that identifies the gaps in access to health care services and the causes of gaps in access or barriers to care that includes a-d.</p> <p>Action A2: Map the available health services in Trumbull County.</p> <p>Objective B: Institute an annual review of community health care services/system to assess the gaps in access to health care services and the causes of gaps in access or barriers to care that is shared through the collaborative process.</p> <p>Action B1: Collect community health care service/system data and analyze.</p> <p>Action B2: Share annual</p>	<p>Documentation for Objective A: New adopted CHA</p> <p>Documentation for Action A1: New adopted CHA</p> <p>Documentation for Action A2: Map of available health services</p> <p>Documentation for Objective B: Reports of initial data analysis shared with community partners.</p> <p>Documentation for Action B1: Reports of the initial data analysis of 2 separate areas of health care services.</p> <p>Documentation for Action B2: Documentation for Action B2:</p>

<p><b>concerning access</b></p>	<p>providers showing geographic gaps in availability.</p> <p>b) The CHA provides data on the number of both primary care physicians and dentists which is significantly lower in Trumbull County than the state and national benchmarks.</p> <p>c) Some barriers are included in the Community Strengths and Themes Assessment Results, however a comprehensive assessment of causes for lack of access to services is not evident.</p> <p>d) There is no evidence of results of data gathered periodically.</p>		<p>community health care service/system data analysis through collaborative process for the purpose of planning.</p>	<p>Report of initial data analysis shared in 2 separate distributions/ presentations.</p>
<p><b>7.2.2 A</b></p> <p><b>1. Collaborative implementation of mechanisms or strategies to assist the population in obtaining health care services</b></p>	<p><u>Example 1</u> - The CHIP Action plan for addressing infant mortality is submitted for this measure. The work plan includes action steps demonstrating a collaboration between TCCHD and other partners including the Family &amp; Children First Council and Resource Mothers to increase the number of referrals to various programs. Actions steps to achieve the objectives include screening for tobacco use to make referrals to Baby &amp; Me Tobacco Free and expanding outreach to additional agencies to gain referrals and partnership. A column indicating progress made toward objectives to increase the number of referrals to various programs to reduce infant mortality is included.</p> <p><u>Example 2</u> - The Action Plan for The Alliance for Substance Abuse Prevention Opiate Task Force, of which TCCHD is an active member is included for this measure. The 2017-2019 plan outlines the collaborative plan to reduce drug overdoses and deaths in Trumbull County. TCCHD takes specific responsibility for an objective to increase access to Project Dawn (Naloxone) to increase the survival rate of overdoses. Increasing access to Project Dawn does not include collaborative implementation of strategies to improve access to services for those who experience barriers.</p>	<p>During the site visit, there was discussion about improving access to healthy foods and physical activity. For this measure, TCCHD would benefit from focusing in on access to health care services and further explore initiatives that may increase access to care including the lack of dental providers mentioned in the site visit.</p>	<p>Objective A: Establish referral MOUs with coalition of community partners to link individuals with needed health care services.</p> <p>Action A1: Develop MOU</p> <p>Objective B: Revised CHIP to include referrals to link individuals to health care services between coalition members. Referrals tracked.</p> <p>Action B1: Add coalition referrals to CHIP</p> <p>Action B2: Add referral tracking to CHIP</p>	<p>Documentation for Objective A: MOUs signed by coalition members</p> <p>Documentation for Action A1: Signed MOUs</p> <p>Documentation for Objective B: Revised and adopted CHIP</p> <p>Documentation for Action B1: Revised and adopted CHIP</p> <p>Documentation for Action B2: Revised and adopted CHIP</p>
<p><b>7.2.3 A</b></p> <p><b>1. Initiatives to ensure that access and barriers are addressed in a culturally competent manner</b></p>	<p><u>Example 1</u> - TCCHD's Creating Health Communities (CHC) Grant Program Implementation Narrative is provided. The highlighted portion of the document states that while the percentage of those in their community who are not proficient in English is 0, they would partner with Humility of Mary Health Partners</p>	<p>TCCHD has an opportunity to ensure that their strategies to increase access to health care services</p>	<p>Objective A: Revised Health Promotion Procedure that includes a protocol for ensuring strategies are addressed in a culturally competent manner and cultural language and/or low</p>	<p>Documentation for Objective A: Revised and adopted Health Promotion Procedure</p>



	<p>Community Outreach program if necessary to reach non-English speakers. It is not evident what initiatives are currently in place to ensure that access and barriers are addressed in a culturally competent manner.</p> <p><u>Example 2</u> - CHC worked with Grace AME church through a focus group to solicit input regarding problems and concerns of the South Warren Community. It is not evident how the focus group ensured that access and barriers are addressed in a culturally competent manner.</p>	<p>are addressed in a culturally competent manner and consider cultural, language or low literacy barriers.</p>	<p>literacy barriers are considered.</p> <p><b>Action A1:</b> Define a protocol for ensuring strategies are addressed in a culturally competent manner and cultural language and/or low literacy barriers are considered</p> <p><b>Action A2:</b> Revise Health Promotion Program Procedure to include defined protocol for ensuring strategies are addressed in a culturally competent manner and cultural language and/or low literacy barriers are considered</p> <p><b>Action A3:</b> Use protocol defined in the revised Health Promotion Procedure to ensure access and barrier initiatives are addressed in a culturally competent manner.</p>	<p>Documentation for Action A1: Meeting minutes and sign-in from meeting.</p> <p>Documentation for Action A2: Revised and adopted Health Promotion Procedure</p> <p>Documentation for Action A3: 2 initiatives in which access/barriers are addressed in a culturally competent manner.</p>
<p><b>8.2.1 A</b></p> <p><b>1. Workforce development plan</b></p> <p><b>2. Implemented workforce development strategies</b></p>	<p><b>RD1:</b></p> <p>The TCCHD provides as documentation a Workforce Development Plan document.</p> <p>a) The plan document mentions that TCCHD will lose a significant number of staff members due to retirement, which could impact health department capacity in the future. However, the plan does not clearly identify and document the collective capability of the department workforce and its units.</p> <p>b) The plan document does not clearly address gaps in capacity and capabilities by providing clear defined strategies to close the gaps.</p> <p>c) How TCCHD will use technology advances to promote workforce development was not clearly documented in the workforce development plan. During the site visit, TCCHD leadership noted that electronic face-to-face training, when available, was provided for the convenience of staff. In addition, TCCHD leadership indicates that future plans include tablets for environmental staff to use in the</p>	<p>TCCHD leadership has an opportunity for improvement to align global workforce development planning efforts with potential gaps in workforce capacity, capabilities, core competency as well as develop and implement effective strategies to address identified gaps.</p>	<p><b>Objective A: Revise Workforce Development Plan to include:</b></p> <ul style="list-style-type: none"> <li>• The collective capability of the department workforce and its units.</li> <li>• Defined strategies to address/close gaps in capacity and capability.</li> <li>• Defined strategy to use technology advances to promote workforce development.</li> <li>• Global assessment of current staff competencies against the adopted core competencies.</li> <li>• Training to address gaps in staff competencies</li> <li>• A description of barriers/inhibitors to the achievement closing gaps associated with global</li> </ul>	<p>Documentation for Objective A: Revised and adopted Workforce Development Plan.</p>

<p>field.</p> <p>d) TCCHD workforce development does conduct an annual health equity assessment using the Culturally and Linguistically Appropriate Services standards and does require Cultural Competency workforce training annually. Another example of TCCHD responsiveness to a changing environment is Workplace Violence Training.</p> <p>e) TCCHD uses the Council on Linkages Core Competencies for Public Health Professionals as the guide for professional development; however, the documentation does not show a global assessment of current staff competencies against the adopted core competencies. During the site visit, TCCHD leadership noted that individual staff assessments against the adopted core competencies is conducted and documented in individual job descriptions.</p> <p>f) A TCCHD comprehensive training schedule and course topic identifiers was included in the plan documentation and identified the targeted workforce audience and the frequency of mandatory training. However, the training schedule does not clearly address gaps in staff competencies.</p> <p>g) Within the plan document, TCCHD did not clearly identify agency specific barriers/inhibitors to the achievement of closing gaps associated with global workforce capacity and capabilities.</p> <p><b>RD2:</b>  <u>Example 1</u> - The TCCHD provided documentation regarding how training opportunities are communicated to employees; however, the example does not establish how gaps in workforce capacity and capabilities are addressed.</p> <p><u>Example 2</u> - Provided documentation shows employees have access to the Human Resources Manual via TCCHD's intranet; however, the example does not establish how gaps in workforce capacity and capabilities are addressed.</p>	<p>workforce capacity and capabilities.</p> <p>Action A1: Conduct Core Competency Assessment Survey of staff.</p> <p>Action A2: Evaluate/assess survey results by individual, job classification and agency as a whole.</p> <p>Action A3: Assess the collective workforce and its units to determine the global workforce capacity and capability.</p> <p>Action A4: Develop strategies to address/close gaps in capacity and capability.</p> <p>Action A5: Modify comprehensive training schedule in the Workforce Development Plan to include training(s) to address gaps in staff competencies.</p> <p>Action A6: Identify barriers/inhibitors to the achievement of closing gaps associated with global workforce capacity and capabilities.</p> <p>Action A7: Develop strategy to use technology advances to promote workforce development</p> <p>Objective B: Implemented Workforce Development strategy(ies) deemed acceptable by the Accreditation Team.</p>	<p>Documentation for Action A1: Core Competency Assessment Survey Instrument</p> <p>Documentation for Action A2: Revised and adopted Workforce Development Plan.</p> <p>Documentation for Action A3: Revised and adopted Workforce Development Plan.</p> <p>Documentation for Action A4: Revised and adopted Workforce Development Plan.</p> <p>Documentation for Action A5: Revised training schedule in the Workforce Development Plan</p> <p>Documentation for Action A6: Revised and adopted Workforce Development Plan</p> <p>Documentation for Action A7: Revised and adopted Workforce Development Plan</p> <p>Documentation for Objective B: Evidence of 2 Workforce Development strategies implemented.</p>
<p><b>9.2.2 A</b></p>	<p>TCCHD should</p>	<p>Documentation for Objective A:</p>

<p>1. Quality improvement activities based on the QI plan</p>	<p><u>Example 1</u> - The programmatic example provided is for the Car Seat Program. A portion of the QI plan and a storyboard are provided as documentation for this measure. The storyboard outlines the use of the PDCA cycle and documents that staff identified this problem based on existing data and described the improvement opportunity. The current process was explained and survey results provided possible causes of the problem. A plan was put into action and progress was evaluated after one month. Staff reviewed the results of the change and made a recommendation to continue testing the improvement theory for 2 additional months. The storyboard is dated December 2016, however it appears that the project was initiated before June 2016 which was the date of the QI plan. As a result, the example does not demonstrate implementation of the QI plan as it predates the plan itself.</p>	<p>document QI initiatives that have been implemented following the QI plan date of June 2016. Documentation should include how the QI project has been identified and implemented, following guidelines provided in the organizational QI plan.</p>	<p>implement one program QI project.</p> <p>Action A1: Complete a QI project in the Animal Bite/Rabies program using the Plan, Do, Check, Act (PDCA) QI process.</p> <p>Objective B: Develop and implement one administrative QI project.</p> <p>Action B1: Complete an administrative QI project to streamline the staff request-for-leave process using the LEAN QI process.</p> <p>Objective C: Complete 2 QI projects with the participation of staff from all levels of the agency's hierarchy.</p>	<p>Completed Storyboard for a program QI project.</p> <p>Documentation for Action A1: Completed Storyboard for the Animal Bite/Rabies program QI project.</p> <p>Documentation for Objective B: Completed Storyboard for an administrative QI project.</p> <p>Documentation for Action B1: Completed Storyboard for the staff request-for-leave process administrative QI project.</p> <p>Documentation for Objective C: Completed Storyboards from 2 QI projects.</p>
<p>2. Staff participation in quality improvement activities based on the QI plan</p>	<p><u>Example 2</u>: The second example provided is for the Incident Command System QI project. PHAB considers preparedness a program example and therefore this does not meet the requirement for an administrative example.</p> <p><b>RD2:</b></p> <p><u>Example 1</u> - TCCHD created a QI subcommittee of 8 team members to work on the Car Seat Program QI project. An action plan is included and demonstrates the responsibilities and actions of the members. The document is dated December 2016, however it appears that the project was initiated before June 2016 which was the date of the QI plan. As a result, the example does not demonstrate implementation of the QI plan as it predates the plan itself.</p> <p><u>Example 2</u> - TCCHD created a QI subcommittee of 11 members to address the identified ICS QI project. Meeting minutes from April 2016 are provided as documentation of their involvement.</p>	<p>document QI initiatives that have been implemented following the QI plan date of June 2016. Documentation should include how the QI project has been identified and implemented, following guidelines provided in the organizational QI plan.</p>	<p>implement one program QI project.</p> <p>Action A1: Complete a QI project in the Animal Bite/Rabies program using the Plan, Do, Check, Act (PDCA) QI process.</p> <p>Objective B: Develop and implement one administrative QI project.</p> <p>Action B1: Complete an administrative QI project to streamline the staff request-for-leave process using the LEAN QI process.</p> <p>Objective C: Complete 2 QI projects with the participation of staff from all levels of the agency's hierarchy.</p> <p>Action C1: Document staff's participation in Animal Bite/Rabies program QI project.</p> <p>Action C2: Document staff's participation in the staff request-for-leave QI project.</p>	<p>Completed Storyboard for a program QI project.</p> <p>Documentation for Action A1: Completed Storyboard for the Animal Bite/Rabies program QI project.</p> <p>Documentation for Objective B: Completed Storyboard for an administrative QI project.</p> <p>Documentation for Action B1: Completed Storyboard for the staff request-for-leave process administrative QI project.</p> <p>Documentation for Objective C: Completed Storyboards from 2 QI projects.</p> <p>Documentation for Action C1: Meeting minutes and sign-in sheet from an Animal Bite/Rabies QI Meeting.</p> <p>Documentation for Action C2: Meeting minutes and sign-in sheet from a staff request-for leave QI Meeting.</p>
<p>10.1.1 1. The use of evidence-based or promising practices, including:</p>	<p><b>RD1:</b></p> <p><u>Example 1:</u></p> <p>a) TCCHD implemented a program called Project Dawn that used education and provision of a drug-overdose reversal treatment to prevent</p>	<p>During the site visit, it was noted that when implementing new evidence-based state initiatives staff</p>	<p>Objective A: Revised Health Promotion Procedure to include the process of incorporating evidence-based or promising practices into the design of a new</p>	<p>Documentation for Objective A: Revised and adopted Health Promotion Procedure</p>

<p><b>a. Documentation of the source of the evidence-based or promising practice</b></p> <p><b>b. Documentation of how the evidence-based or promising practice was incorporated into the design of a new or revised process, program, or intervention</b></p>	<p>deaths. TCCHD provided a program description from the state health department about community Overdose Education and Naloxone Distribution Programs, and a SAMHSA program guide that includes overdose education and naloxone distribution programs as a recommended strategy; however, both publications were dated after the implementation of Project Dawn. Discussion during the site visit noted that Project Dawn was based off a promising practice TCCHD staff learned about from another Ohio County, but this was not captured through documentation.</p> <p>b) The grant application for Project Dawn was provided, which noted the relevance for the program to the community and cited recent drug-overdose data in support of the need and appropriateness to the community. A 2015 Annual Report was also provided that included a brief description and the results from Project Dawn. However, no information was provided about how an evidence-based practice was incorporated into the program design, or how it was considered for the community.</p> <p><u>Example 2:</u></p> <p>a) TCHD implemented a youth tobacco prevention program called "STAND" that included a movie theater advertisement. TCCHD provided a CDC publication titled "Advancing Tobacco Control Through Evidence-based Programs, which included Counter-Marketing as an evidence-based activity as the source for the program.</p> <p>b) While the movie advertisement does comply with the CDC evidence-based practice, no documentation that the publication was used in development was provided about how an evidence-based practice was incorporated into the program design, or how it was appropriate for the community. TCCHD provided a "brainstorming" worksheet about the movie theater advertisement; additional minutes were provided that included a sign-in for the youth members included in STAND program planning, and referenced that the movie add developers</p>	<p>will frequently informally contact the state to adjust for their local population. TCCHD has an opportunity to ensure the process for incorporating a process, program, or intervention is a consistent procedure with records to document the development process and consideration of the intended audience.</p>	<p>or revised process, program or intervention.</p> <p>Action A1: Define a process to incorporate evidence-based or promising practices into the design of a new or revised process, program or intervention.</p> <p>Action A2: Revise Health Promotion Procedure to include defined process to incorporate evidence-based or promising practices into the design of a new or revised process, program or intervention.</p> <p>Objective B: Develop documentation that shows a defined process was used to incorporate evidence-based or promising practices into the design of a new or revised process, program or intervention.</p>	<p>Documentation for Action A1: Meeting minutes and sign-in from meeting.</p> <p>Documentation for Action A2: Revised and adopted Health Promotion Procedure</p> <p>Documentation for Objective B: 2 examples of new or revised processes, programs or interventions in which an evidence-based or promising practice was incorporated using the defined process.</p>
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