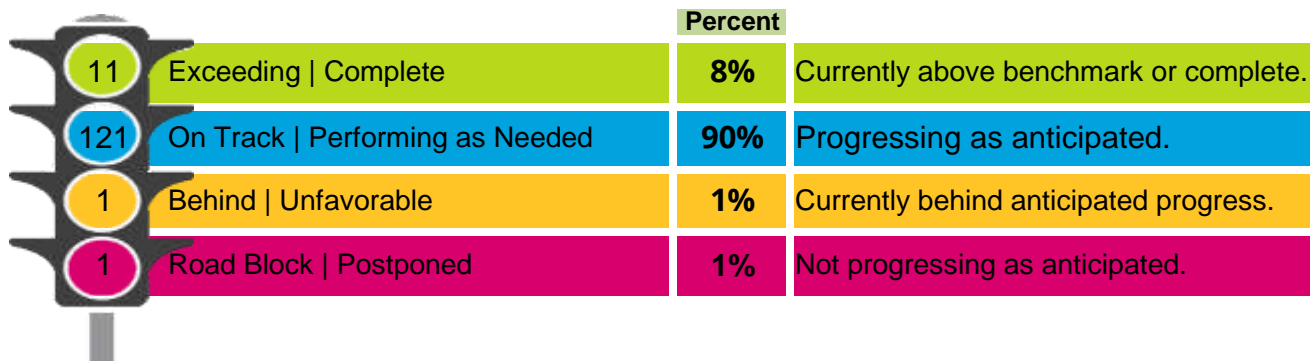


Program Implementation Plan Results: 2nd Quarter, 2022

This Program Implementation Plan outlines the actions, outputs and outcomes that will be accomplished by HCPH divisions during 2022. It assigns responsibilities and dates for the work to be completed. Output targets are determined by 3-year output data or grant, contract, and state administrative guidelines. This plan was developed by directors and staff, reviewed by the Program Implementation Plan Workgroup, and approved by the Performance Management Council and Hamilton County Board of Health.

Program Implementation Plan Agency Summary

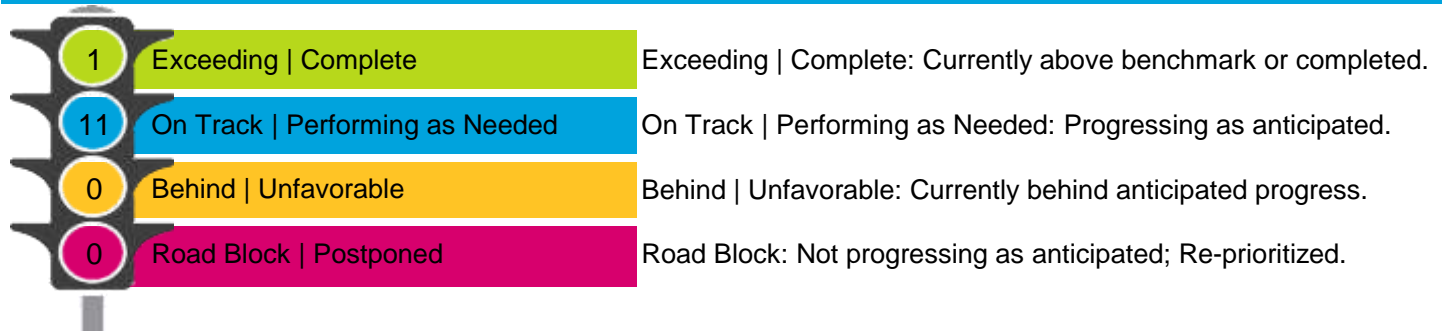


Program Implementation Plan Agency Narrative

The 2022 program implementation plan has been updated to reflect updated metrics for the agency's programs and services for Q2 of 2022. HCPH had a successful second quarter. Eight percent of all metrics performed as "Exceeded | Completed" and 90 percent performed as "On Track | Performing as Needed." Two percent of metrics were behind or postponed. HCPH will continue to closely monitor the impacts COVID-19 is having on the agency's overall performance overall.

Program Implementation Plan Index





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2	Strategic Plan	9	Plumbing
3	Disease Prevention	10	Waste Management
4	Environment Health	11	Water Quality
5	Emergency Preparedness	12	Performance Management Work Groups
6	Epidemiology		
7	Harm Reduction Program		




Programs Narrative



More birth certificates were issued this past quarter than previous quarter, but we are still behind our benchmark; however, we anticipate another increase in 3rd quarter with registration for school and fall sports. Death certificates are ahead of the benchmark, and the second quarter 2022 exceeded second quarter 2021 by nearly 300. HCPH remains in the queue to have our documentation for reaccreditation reviewed by the Public Health Accreditation Board. We anticipate our documentation and site review process to occur during the third quarter.

Programs






Customer Service & Vital Statistics	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of birth certificates issued							
D. Comeau	13,854	2,894	3,022			43%	
Number of death certificates issued							
D. Comeau	29,839	9,860	6,620			55%	
Number of EHS permits issued							
C. Davidson	19,554	5,676	5,740			58%	
Number of EHS licenses issued							
C. Davidson	3,936	2,658	596			83%	

Board of Health Training	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of Board of Health training hours							
G. Kesterman	2.00	0.00	0.75			38%	

Accreditation

Accreditation	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Annual accreditation report created and submitted							
R. Stowe						Yes	
Monitored timely reporting of notifiable/reportable diseases, lab test results, and investigation results (Measure 2.1.5A)							
J. Mooney	50%	100%	100%			In Progress	

Administration

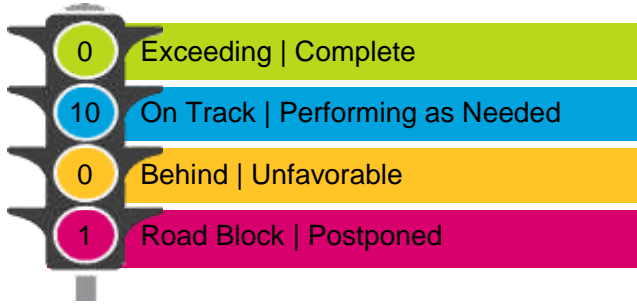
Administration	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Finance - internal reports, audits, and budgets complete (25% indicates quarter complete)							
G. Varner	100%	25%	25%			50%	
Finance - Grants - required meetings, budget and expenditure reports complete (25% indicates quarter complete)							
G. Varner	100%	25%	25%			50%	
Human Resources - New hires that have completed orientation							
S. Taylor	100%	100%	100%			100%	
Human Resources - Quarterly review of HCPH personnel policies (25% indicates quarter complete)							
S. Taylor	100%	25%	25%			50%	
Emergency Communication - Quarterly review, update, and test of emergency preparedness contacts and lists							
M. Samet	4	2				125%	

	1 Exceeding Complete	Exceeding Complete: Currently above benchmark or completed.
	10 On Track Performing as Needed	On Track Performing as Needed: Progressing as anticipated.
	0 Behind Unfavorable	Behind Unfavorable: Currently behind anticipated progress.
	0 Road Block Postponed	Road Block: Not progressing as anticipated; Re-prioritized.

Programs Narrative

The Core Competencies for Public Health Professionals assessment was completed to help HCPH better understand the staffs' self-reported level of competence in the domains. The overall agency response rate was 91 percent, consisting of 84 non-supervisory and 31 supervisory staff. All division presentations were revised, reformatted, and in process of recording as part of the new hire orientation revision. The revised orientation process will launch during third quarter. Senior leadership met with an architect consultant to tour facilities and prepare a report of space needs per department and for the agency. A real estate broker was also engaged to discuss space needs. Lastly, the public relations team continues to work on ensuring website content is ADA compliant. All video and imagery are accompanied with captioning. The team is also working on developing bench strength to support communication functions. Protocols will be established, followed by any training necessary.

Programs:	Year 3	Requirement	Q1	Q2	Q3	Q4	Average	Status
Strong Leadership and Workforce								
Percent of staff completing CCPHP assessment		80%	0%	91%			91%	
Percent of staff completing Tier 1 Health Equity training		80%	0%	0%			0%	
Percent staff recruitment and retention key actions complete		100%	25%	25%			25%	
Percent of required staff completing New Hire Orientation		80%	0%	0%			0%	
Percent of public health workforce and pipeline key actions complete		100%	25%	25%			25%	
Flexible and Sustainable Funding								
Percent of finance key actions completed		100%	0%	15%			0%	
Timely and Locally Relevant Data								
Percent of data access and availability key actions completed		100%	0%	20%			0%	
Foundational Infrastructure								
Percent of public information key actions completed		100%	50%	50%			50%	
Percent of strategic partnerships key actions completed		100%	25%	25%			25%	
Percent of information technology key actions completed		100%	20%	20%			20%	
Percent of facilities key actions completed		100%	50%	50%			50%	



Exceeding | Complete: Currently above benchmark or completed.

On Track | Performing as Needed: Progressing as anticipated.












Behind | Unfavorable: Currently behind anticipated progress.

Road Block: Not progressing as anticipated; Re-prioritized.

Program Narrative

The DP division had significant staff turnover in quarter 2, resulting in delayed training and diminished capacity to provide all of the services that are typically offered. Our STI clinic saw immense growth in number of people seeking appointments, which in turn led to slightly less staff availability to provide immunizations. We adjusted the metrics this quarter to better reflect the current ability to run reports and to set more realistic expectations of the team. We are in the process of hiring and onboarding new staff, and have added positions to reflect the additional patient volume and to provide adequate staffing for patient safety. CQI projects will resume soon. Patient satisfaction forms from Q1 were utilized to improve overall appearance of the space, ensure that the facility was being cleaned and maintained properly, and to give staff feedback that was provided from patients

Programs

Children with Medical Handicaps	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
25 % of eligible families are contacted each quarter (quarter reported in % contacted; Approximately 1,100 patients annually)	25%	38%	42%			40%	
Tuberculosis Control	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
75 % of contact investigations in the TB Program will begin within 24 hrs or next business day of notification for new case	75%	100%	75%			88%	
100 % of patients who are eligible, receive counseling on starting LTBI treatment	100%	63%	100%			81%	
100 % of patients lost to LTBI treatment will have documented follow-up efforts	100%	100%	100%			100%	
Immunizations	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Total vaccine administration will increase by 25% (2019 was 1,064; 2020 goal is 1,330)	1330	95	95			14%	
Syphilis	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
9 of 9 grant metrics are meeting or exceeding required targets.	9	8	6			89%	
Syphilis cases are started on treatment within 14 calendar days from the date of case assignment. (Goal >85%)	85%	87%	87%			87%	
# of Syphilis clients treated by HCPH clinic. (10% greater than 2019)	205	102	111			104%	
HIV	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
9 of 9 grant metrics are meeting or exceeding required targets	9	8	8			89%	
Newly confirmed HIV+ clients attended first medical appt <30 days of HIV+ test date. (Goal >75%)	75%	80%	67%			74%	
Region 8 HIV testing programs will have a greater than 1.0% positivity.	100%	65%	77%			71%	

Continuous Quality Improvement

Current Projects New Projects Identified

DP recently completed a customer service survey and is utilizing feedback to make improvements.

No

No


0 Exceeding | Complete

Exceeding | Complete: Currently above benchmark or completed.

14 On Track | Performing as Needed

On Track | Performing as Needed: Progressing as anticipated.

0 Behind | Unfavorable

Behind | Unfavorable: Currently behind anticipated progress.

0 Road Block | Postponed

Road Block: Not progressing as anticipated; Re-prioritized.

Programs Narrative

The Environmental Health Division is on track and performing as expected for all fourteen (14) metrics through the 2nd quarter. As the summer season ends and we move into the fall, pool inspection activity will decrease as outdoor/seasonal pools will have received all required annual inspections. School and restaurant inspections will then pick up again with the change of seasons.

Programs

Food Safety and Education

Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of FSO / RFE inspections completed (License Year: March 1 - February 28)	5,990	2,471	1,660		69%	
Number of people educated (3-Year Avg)	459	125	132		56%	
Number of facilities that are brought through the enforcement process (3-Year Avg.)	52	17	23		78%	

Housing and Nuisance Inspections

3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of housing inspections completed	1,152	302	407		62%	
Average number of days to respond to complaint (Requirement)	2	2	2		100%	

Public Swimming Pools and Spas

Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of public swimming pool and spa inspections completed (License Year: June 1-May 31)	1,253	25	534		45%	
Number of equipment inspections completed	210	0	358		170%	

Additional Inspection Programs

Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
School Inspections - Number of standard inspections conducted per calendar year	345	35	158		56%	
Campground Inspections - Number of standard inspections conducted (License Year: May 1 - April 30)	23	1	8		40%	
Public Accommodation Facilities - Number of standard inspections conducted per calendar year	197	56	74		66%	
Manufactured Home Parks - Number of contract inspections conducted (Per Contract)	57	20	9		51%	
Smoke Free Ohio - Number of inspections conducted (3-Year Avg)	22	4	7		51%	

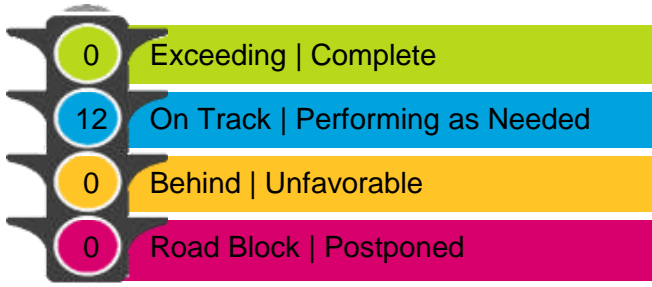
Rabies Prevention and Control

3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Status
Number of quarantine notices sent	662	143	221		55%
Number of samples sent to the Ohio Department of Health for testing	48	7	12		40%

Continuous Quality Improvement

Current Projects	New Projects Identified
0	No

0	No	No
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Exceeding | Complete: Currently above benchmark or completed.

On Track | Performing as Needed: Progressing as anticipated.

Behind | Unfavorable: Currently behind anticipated progress.

Road Block: Not progressing as anticipated; Re-prioritized.

Programs Narrative

The Emergency Preparedness (EP) Division is on track and performing as expected for all twelve (12) metrics through the 2nd quarter. On 6/30/22, the PHEP BP3 grant ended. All deliverables were completed and invoiced to ODH. HCPH continued managing three COVID-19 grants which support agency pandemic response efforts. The total number of vaccines given during the reporting period was 3,240 at 120 mobile POD locations + homebound appointments. 233 of those vaccinations were home-bound appointments. Mobile sites included locations such as; YMCAs, community buildings/ civic centers, churches, schools, the Hamilton County Board of Election, Ohio Means Jobs, County Administrative buildings, Hamilton County Jobs and Family services, fire departments, recreation facilities, Cincinnati/ Hamilton County Library locations, Hamilton County Developmental Disabilities Services, and retirement / long term care facilities. Currently, we are awaiting a ProLink nursing contract renewal beyond the 7/30/22 date. The EP team has continued to work with our epidemiology division to put together a map / data set for identifying high SVI areas (for both vaccination planning usage, as well as an upcoming Health Equity report).

Programs















Public Health Emergency Preparedness	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Local PHEP Grant (BP3 & BP4) - # of deliverables completed	27	5	11			59%	
Regional PHEP Grant (BP3 & BP4) - # of deliverables completed	16	4	4			50%	
Number of multi year training and exercise plans written	1	0	0			0%	
Cities Readiness Initiative	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Local CRI Grant - # of deliverables completed	9	2	3			56%	
Percent of medical countermeasure files uploaded in preparation for ODH site visit	100%	0%	0%			0%	
Agency Emergency Preparedness	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Intro to Incident Command (IS100) Training	75%	72%	69%			69%	
Intro to National Incident Management System (IS700) Training	75%	73%	68%			68%	
Advanced ICS Training for command staff (200, 300, 400, 800)	75%	81%	85%			85%	
Department Operations Training for Command staff	75%	59%	60%			60%	
Number of agency emergency preparedness plans reviewed / updated	100%	1%	25%			13%	
Accreditation Standard 1.2.1 (24/7 communication; Requirement)	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Complete 1 per quarter after hour checks on HCPH phone, fax and website	4	0	2			50%	
Complete 1 annual checks of HCPH panic and lockdown buttons	1	0	1			100%	
Continuous Quality Improvement	Requirement	Current Projects	New Projects Identified				
0	No	No	No				

	0 Exceeding Complete	Exceeding Complete: Currently above benchmark or completed.
	13 On Track Performing as Needed	On Track Performing as Needed: Progressing as anticipated.
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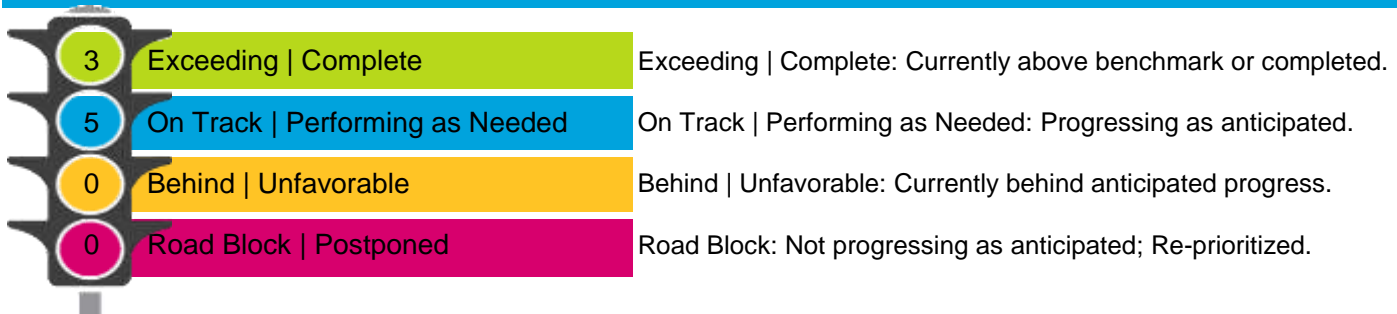
Programs Narrative

The epidemiology staff is currently on track for all but one of its measures during Q2. The one measure that is currently behind is our progress on the AHEAD tool. We have been working with our vendor to finalize a dashboard template to use for the new AHEAD tool. The division should be able to get back on track during the 2nd half of 2022. The division has also filled a couple of vacancies, one for our maternal and child health epidemiologist and another for our communicable disease specialist.

Programs

Surveillance	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Percent of data requests completed by requestor's deadline.	100%	100%	100%			100%	
Percent of facilities reporting injury data to epidemiology division.	100%	75%	75%			75%	
Percent of AHEAD tool modules updated within Tableau.	100%	0%	20%			20%	
Communicable Disease	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Percent of weekly and monthly reports that are completed by established deadlines.	100%	100%	100%			100%	
Percent of monthly contract reports completed by established deadlines.	100%	100%	100%			50%	
Percent of outbreaks opened in ODRS within one business day of notification to the local health dept.	100%	100%	100%			100%	
Percent of outbreaks closed within 90 days of onset date of last case.	100%	100%	100%			50%	
Maternal and Child Health	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Percent of OEI monthly reports and surveillance data submitted to ODH by grant deadline.	100%	100%	100%			100%	
Percent of all fetal deaths between 1/2022 and 12/2022 reviewed by FIMR. (Requirement of 15%)	15%	0%	1%			9%	
Percent of local monthly and quarterly surveillance reports completed by established deadlines.	100%	100%	100%			100%	
Percent of monthly and quarterly FIMR reports submitted to ODH by grant deadline.	100%	100%	100%			100%	
11 MCH grant required interviews conducted by FIMR staff.	11	0	1			9%	
Harm Reduction	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Percent of daily and monthly reports completed by established deadlines	100%	100%	100%			100%	
Percent of data sources built into the Tableau dashboard	100%	75%	100%			88%	
Continuous Quality Improvement	Requirement	Current Projects	New Projects Identified				
0	No	No					

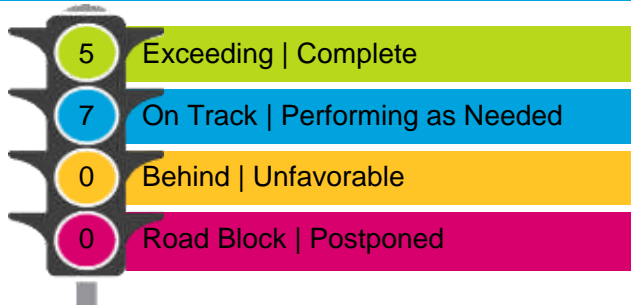
HARM REDUCTION



Programs Narrative

Harm Reduction Subcommittee continues to include more community stakeholders and partners. Planned a summer series of roundtable facilitated discussions and networking events to provide a more informal space for relationship building and action steps around Harm Reduction efforts. Conducted a formal survey with SAFE service participants through the month of May to help better inform our work and the work of the community.

Programs							
Harm Reduction	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of syringes distributed	464,632	226,560	259,770			105%	
Number of syringes received	330,596	137,530	156,633			89%	
Expand to two additional sites for syringe services (e.g. pop up, mobile, brick and mortar)	2	2	0			100%	
Harm Reduction Partnerships	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Harm Reduction Subcommittee meetings (including workgroup meetings)	2	5	5			500%	
Expand number of community partners engaged in the quarterly harm reduction meeting by 5 providers	5	2	1			60%	
Percent of OFR cases that have family / significant other interviews conducted	10%	0%	13%			7%	
Addressing Stigma	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of venues reached with stigma marketing material	20	23	0			115%	
Number of trauma informed care / adverse childhood events training	25	6	0			24%	
Continuous Quality Improvement						Current Projects	New Projects Identified
						0	0



Exceeding | Complete: Currently above benchmark or completed.

On Track | Performing as Needed: Progressing as anticipated.

Behind | Unfavorable: Currently behind anticipated progress.

Road Block: Not progressing as anticipated; Re-prioritized.

Programs Narrative

13 of 14 metrics within the Division of Health Promotion and Education are on track or exceeding. The Tobacco Grant ended 6/30/2022 and all grant related metrics were exceeded during the grant year. WeTHRIVE! staff in HPE and Epidemiology presented a Community Health Assessment to Miami Township in May. Results for the Community Health Assessment provide the Miami Township WeTHRIVE! Team with potential next steps. Three WeTHRIVE! teams completed 5 community assessment modules evaluating the environment and policies within the community. WeTHRIVE! teams implemented 16 unique strategies during Q2 ranging from community clean up days, increasing access to healthy food, increasing opportunities for physical activity and overall community engagement. Tobacco staff worked with Northwest Local Schools to adopt and implement an alternative to suspension program for tobacco-related offenses as well as the City of Sharonville to adopt a 100% tobacco free policy for all city parks and splashpads. Partnerships were created with dentist offices to increase screening and referral for cessation services. Additional grant reports are available for MCH, Tobacco and OEI.

Programs

Tobacco Grant (7/1 to 6/30)	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of impressions for tobacco grant paid media campaigns (Quarterly Avg.)	389,596	#####	492,772			378%	
Number of engagements for tobacco grant paid media campaigns (Quarterly Avg.)	5	3	3			120%	
Number of tobacco related trainings and education as outlined by the grant	10	5	6			110%	
Maternal & Child Health (10/1 to 9/30)	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of Adolescent Health Advisory Committee meetings	4	2	1			75%	
Create adolescent health implementation plan as outlined by grant						Yes	
Create adolescent health evaluation plan as outlined by grant						Yes	
Ohio Equity Institute (10/1 to 12/31)	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of outreach avenues utilized by neighborhood navigators to identify women	6	5	7			100%	
Number of pregnant women screened by OEI neighborhood navigators that meet eligibility criteria for OEI services	300	25	63			29%	
WeTHRIVE!	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Maintain engagement of existing active WeTHRIVE! communities	100%	100%	100%			100%	
Maintain engagement of existing WeTHRIVE school districts	100%	100%	100%			100%	
Complete community health assessments in partnership with the Division of EPI						In Progress	
WeTHRIVE Health Equity recommendations developed						In Progress	

Continuous Quality Improvement

OEI Team identified needed process improvements within the gift card tracking and distribution process. A mini-PDSA was completed to review the current process, identify gaps/ potential solutions and new solution is being piloted. Gift card tracking was not always happening on a timely basis. A new field was added to the Redcape survey completed by the Navigators for them to enter the last 6 digits provided to the women served. Having this additional information will allow the Project Coordinator to more accurately track gift cards being distributed.

Current Projects	New Projects Identified
Yes	No

PLUMBING



Exceeding | Complete: Currently above benchmark or completed.

On Track | Performing as Needed: Progressing as anticipated.

Behind | Unfavorable: Currently behind anticipated progress.

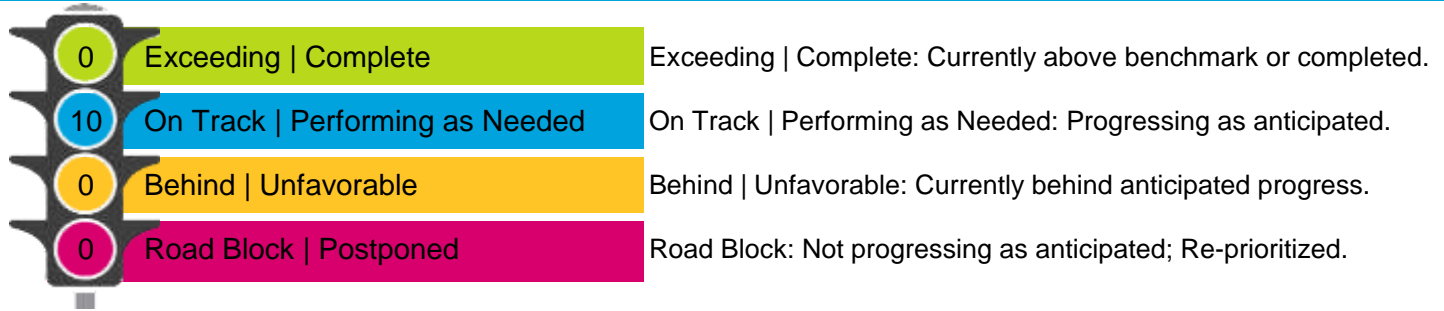
Road Block: Not progressing as anticipated; Re-prioritized.

Programs Narrative

The Plumbing Division is on track and performing as expected for all eight (8) metrics through the 2nd quarter. It is anticipated that backflow surveys will pick up during 3rd quarter. Medical gas inspection activity will also likely see an increase as inspections associated with the permits issued for the new Mercy Kings Mills hospital in Warren County are expected to ramp up.

Programs











Plumbing Inspections	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status	
Number of plumbing permits issued	3,968	958	1,085			51%		
Number of plumbing inspections completed	8,617	2,682	2,580			61%		
Number of residential plan reviews completed	3,410	811	867			49%		
Number of commercial plan reviews completed	563	147	168			56%		
Medical Gas Permits	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status	
Number of medical gas blueprint reviews completed	26	4	6			38%		
Number of medical gas inspections completed	130	39	21			46%		
Backflow Prevention	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status	
Number of new backflow devices registered	331	33	120			46%		
Number of backflow / cross connections surveys completed	69	17	0			25%		
Continuous Quality Improvement						Current Projects	New Projects Identified	
						0	No	0

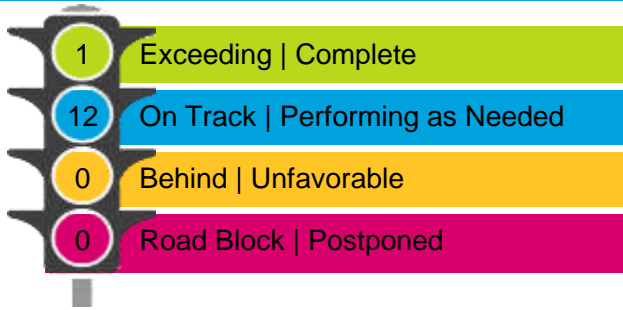


Programs Narrative

The Waste Management Division is on track and performing as expected for all ten (10) metrics through the 2nd quarter. All of our planned retail tire inspections were conducted in the 2nd quarter to ensure storage does not breed mosquitos. We did not receive any new cases of lead poisoning greater than 10 ug/dL in 2nd quarter. These referrals tend to be sporadic in nature. The HUD grant is progressing into production mode, with lead hazards reduced in three housing units and several more in the pipeline. We have entered into a service agreement with People Working Cooperatively for intake of applications and outreach to increase grant opportunity awareness in the communities we are targeting. We released our second RFQ for this grant for contractors. We hope to have more lead abatement contractors participate to improve competition on these projects which average \$15,000 each.

Programs

Body Art	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of facility inspections (Requirement)	50	10	3			26%	
Number of unlicensed facilities located and enforcement initiated (3-Yr Avg)	3	0	1			33%	
Construction and Demolition Debris	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of CD&D facility inspections completed	116	36	39			65%	
Solid Waste Inspections	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of solid waste facility inspections completed	42	13	12			60%	
Number of scrap tire facility inspections completed	50	2	50			104%	
Number of compost facility inspections completed	24	0	10			42%	
Number of solid waste nuisance and open dumping investigations completed (3-Yr Avg)	130	54	31			65%	
Lead Poisoning and Prevention	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4		Status
Number of newly identified children with blood levels between 5-10 µg/dL	25	16	10			104%	
Number of newly identified children with blood levels greater than 10 µg/dL	12	5	0			42%	
Number of public health lead poisoning investigations completed	12	7	1			67%	
Continuous Quality Improvement						Current Projects	New Projects Identified
No new CQI projects identified.						In Progress	No



1 Exceeding | Complete Exceeding | Complete: Currently above benchmark or completed.

12 On Track | Performing as Needed On Track | Performing as Needed: Progressing as anticipated.

0 Behind | Unfavorable Behind | Unfavorable: Currently behind anticipated progress.

0 Road Block | Postponed Road Block: Not progressing as anticipated; Re-prioritized.

Programs Narrative

The Water Quality Division is on track and performing as expected for twelve (12) of thirteen (13) metrics and exceeding in one (1) through the 2nd quarter. Overall, activity remained fairly steady with respect to sewage treatment systems. As expected during the warm weather months, storm water program activities saw an increase.

Programs

Sewage Treatment Systems	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of STS Operation Permit Initial Inspections (Requirement)	11,863	3,038	3,142			52%	
First Reinspections: Percent Passing	67%	69%	64%			67%	
Second Reinspections: Percent Passing	51%	51%	43%			47%	
Number of STS Operation Permit Follow-up Inspections	2,077	671	1033			82%	
Number of Individual Improvement / Modifications Inspections Requested	295	65	95			54%	
Number of Requests for Variances (Includes STS & PWS)	42	24	29			126%	
Applications to Replace or Install a Sewage Treatment System	76	15	26			54%	
Stormwater	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Conduct outfall investigations in accordance with the contract and abate pollution	35	0	31			89%	
Number of nuisance complaint investigations completed	252	54	75			51%	
Number of STS's Mapped	500	75	132			41%	
Number of sanitary sewer connection orders issued	68	8	12			29%	
Number of Stormwater Pollution Prevention Plan Inspections Completed	36	0	6			17%	
Train Government Employees	299	0	63			21%	

Continuous Quality Improvement

Current Projects

New Projects Identified

Continue work from 2020 to make improvements in the Septage Hauler online reporting and education.

In Progress
No