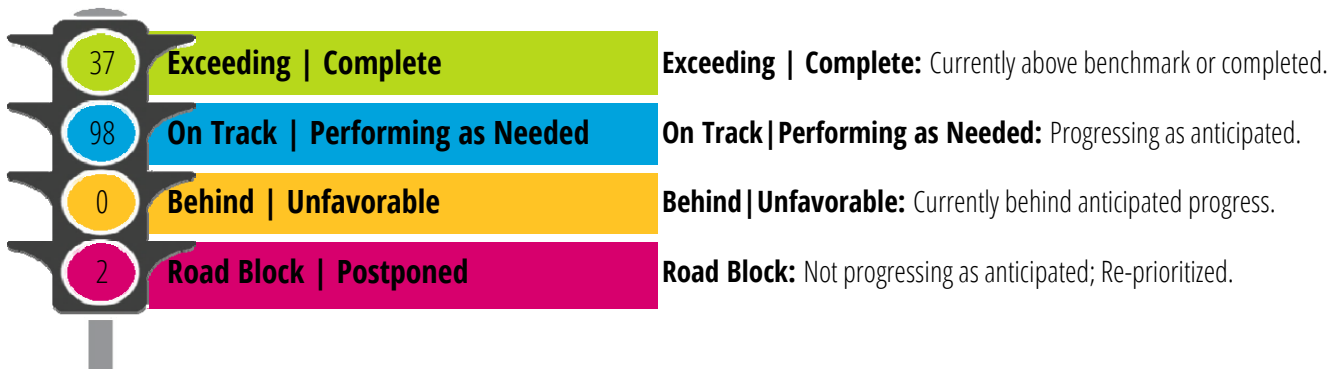


Program Implementation Plan

Results: 3rd Quarter, 2018

This Program Implementation Plan outlines the actions, outputs and outcomes that will be accomplished by HCPH divisions during 2018. It assigns responsibilities and dates for the work to be completed. Output targets are determined by 2017 output data or grant, contract, and state administrative guidelines. This plan was developed by directors and staff, reviewed by the Plan of Work Workgroup and approved by the Performance Management Council and Hamilton County Board of Health.

Program Implementation Plan Agency Summary

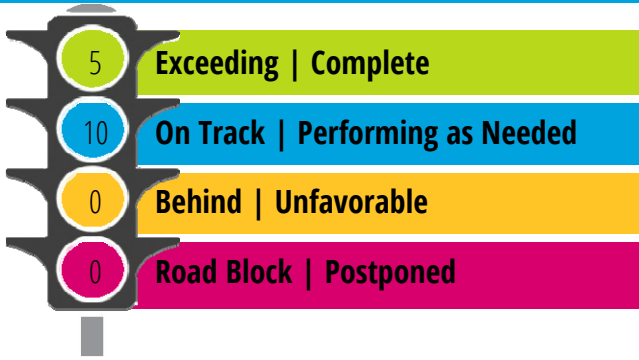


Program Implementation Plan Agency Narrative

Hamilton County Public Health staff have been working hard in 2018. After the third quarter, 27 percent of metrics are now "Exceeding | Complete." There were 72 percent of metrics that were "On Track | Performing as Needed." There were two metrics that were identified as "Road Block | Postponed." Both metrics are in Disease Prevention (DP) and remain postponed due to delays in ODH immunization data migration. After underperforming on several metrics in Q1 and Q2 due to staffing shortages and a leadership transition, Disease Prevention metrics have improved. New and refined DP protocols for immunization, HIV/STD, and CMH continue to be developed with the Medical Director. This has allowed for a good foundation for programs as they are built and expanded while also ensuring performance objectives will continue to be met into the future.

Program Implementation Plan Index

Page	Division / Program	Page	Division / Program
1	Administration	8	Health Promotion and Education
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	13	Performance Management Action Items
7	Harm Reduction Program		



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







Administration is currently "On Track | Performing as Needed" or "Achieving | Exceeding" in all 15 metrics. Customer Service and Vitals staff are on target with all licensing, permitting, and issuing birth / death certificates. All annual licensing for the EHS programs are now complete for 2018. Vital Statistics completed the quarter and slightly exceeded established benchmarks. All 2018 accreditation requirements associated with the annual report are now complete and assignments have been made for the reaccreditation process. Administration is also on track with all required reports tracked in the Program Implementation Plan.

Programs

Customer Service & Vital Statistics	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of birth certificates issued <small>G. Varner</small>	15,813	3,354	4,614	4,184		77%	
Number of death certificates issued <small>G. Varner</small>	26,450	7,441	6,331	6,259		76%	
Number of EHS permits issued <small>G. Kesterman</small>	8,254	3,831	4,698	4,802		162%	
Number of EHS licenses issued <small>G. Kesterman</small>	3,936	2,605	1,009	240		98%	

Board of Health Training	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of Board of Health training hours <small>T. Ingram</small>	2.00	1.00	0.50	0.83		117%	

Accreditation	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
<i>Annual accreditation report created and submitted</i> <small>T. Ingram</small>						Yes	
<i>Monitored timely reporting of notifiable/reportable diseases, lab test results, and investigation results (Measure 2.1.5A)</i> <small>C. Davidson</small>						Yes	
<i>A system to receive and provide urgent and non-urgent health alerts and to coordinate an appropriate public health response (Measure 2.4.2 A)</i> <small>M. Samet</small>	Tests Completed by Quarter:	2	4	2	0	Yes	
<i>Implement culturally competent initiatives to increase access to health care services for those with barriers due to cultural, language, or literacy (Measure 7.2.3 A)</i> <small>M. Samet</small>						In Progress	

Administration	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Finance - internal reports, audits, and budgets complete (25% indicates quarter complete) <small>G. Varner</small>	100%	25%	25%	25%		75%	
Finance - Grants - required meetings, budget and expenditure reports complete (25% indicates quarter complete) <small>G. Varner</small>	100%	25%	25%	25%		75%	
Human Resources - Number of new hires that have completed orientation <small>S. Taylor</small>	100%	6	4	5		100%	
Human Resources - Number of HCPH personnel policies reviewed <small>S. Taylor</small>	75	19	19	19		76%	
Public Information - HCPH share of voice (comparing Cincinnati Health and Northern Kentucky communications) <small>M. Samet</small>	50%	69%	73%	39%		60%	
Emergency Communication - Quarterly review, update, and test of emergency preparedness contacts and lists <small>M. Samet</small>	800%	200%	400%	200%		75%	



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

HCPH staff are on track to meet or exceed all requirements for year two of the Strategic Plan. The newest achievement is in the Oral Health Coalition which successfully convened their first meeting. In addition, the Oral Health Coalition Coordinator position has been filled and the upcoming meeting scheduled has been announced. Formal work on an action plan will now commence. Also, HCPH has made significant progress in the substance abuse initiative with the Harm Reduction Program now being fully operationalized. For additional metric detail, see page 9 of the program implementation tab. The Public Information Officer has continued to work with the Customer Service Feedback Workgroup and is creating for key audience groups with the intention of updating the communications plan based on feedback received.

Programs

Mental Health

Status

Coordinate response to condemnations and difficult housing nuisances to assist in finding long term solutions

G. Kesterman In Progress



Support and collaborate with partners in youth suicide prevention workgroup.

C. Davidson & R. Stowe In Progress



Substance Abuse

Status

Manage Harm Reduction program and report on key program metrics (See Harm Reduction page for details)

L. McCreadie In Progress



Obesity

Status

Target schools identified, school implementation launched

B. Stowe Yes

Program outcomes developed and data points determined

B. Stowe Yes



Evaluation plan developed

B. Stowe Yes

Oral Health

Status

Select coalition members, coordinator and convene coalition

T. Ingram Yes



Action plan developed and report on progress

T. Ingram In Progress

Administration

Status

Workforce - Assess capacity (S. Taylor)

Complete report showing status of positions and support of new workloads In Progress



Information Technology - Assess division and agency needs (E. Moser)

Develop response plan In Progress



Service delivery - Languages, signage and printed materials identified (M. Samet)

Messages identified and developed In Progress



Selected materials distributed and posted In Progress

Public Information - Survey key audience groups (M. Samet)

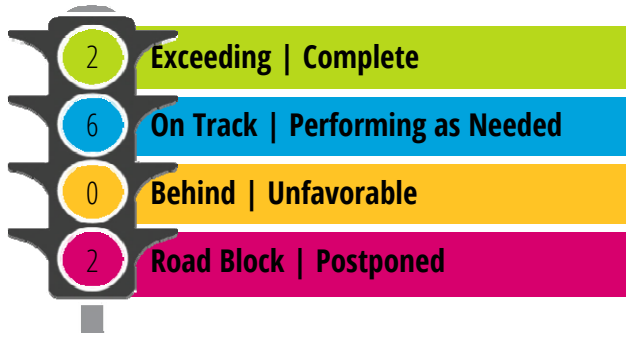
Update communications plan based on input from surveyed groups In Progress



Emergency Preparedness - Update staff training plan as needed to ensure emergency readiness (J. Sherrard)

Implement emergency readiness training plan as needed for staff Yes





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 Division of Disease Prevention is exceeding or performing as needed for 8 of 10 of performance metrics. The Division experienced significant challenges due to staffing shortages and a transition in leadership in Q1 and Q2 which have impacted the metrics for Children with Medical Handicaps (CMH) and tuberculosis (TB) but staffing levels have improved significantly over the course of Q3 and metrics have improved. The two immunization metrics are still postponed due to delays in ODH data migration. Q2 is not technically influenza vaccination season, so those metrics have been deferred until this upcoming flu season in Q4. We currently are in process of filling vacant positions in TB and HIV/STD, and anticipate all vacancies to be filled prior to Q4. The immunization program is being refined, expanded, and new standard operating protocols are being adopted with the assistance and approval of Dr. Steve Feagins MD, HCPH Medical Director, which will provide for increased efficiency and accuracy in billing. Hepatitis A vaccines have been provided to the community through doses provided by HCPH DP staff at the Hamilton County Justice Center, on The Exchange Project, and other community sites. Additional new protocols are being written for TB and HIV/STD that will ensure performance objectives will continue to be met in the future, and will provide a good foundation as we build and expand programs. CMH has also refined processes and is moving forward nicely with a full time staff person now on board.

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)	25%	15%	45%	75%		75%	
Tuberculosis Control	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
All active TB cases managed in compliance with current CDC guidelines	100%	50%	75%	90%		90%	
Minimum of 75% of infected contacts complete treatment each quarter	75%	80%	80%	85%		85%	
Immunizations	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Increase from 71% to 76% of two-year olds appropriately immunized (Metric determined by ODH annual audit standards in Q3)	76%	NA	NA	NA		0%	
Decrease from 13% to 10% in missed opportunities to immunize (Metric determined by ODH annual audit standards in Q3)	10%	NA	NA	NA		0%	
70% of clients seen during annual influenza season receive recommended influenza vaccine	70%	64%	NA	NA		91%	
All services compliant with VFC program guidelines and ACIP recommendations	100%	90%	100%	100%		100%	
STD	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
7 of 7 grant metrics are meeting or exceeding required targets	7	7	6	6		86%	
50% reduction in incidence of congenital syphilis cases. Goal is zero cases. (3-Yr Avg.)	5	0	0	1		20%	
HIV	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
13 of 13 grant metrics are meeting or exceeding required targets	13	13	12	12		92%	
Continuous Quality Improvement						Current Projects	New Projects Identified

There have been no current or planned quality improvement projects identified.

No

No
Page 3



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 Division of Environmental Health is on track or exceeding in all 14 of its 2018 Plan of Work objectives. Food inspection numbers are currently at 73.5% through the 3rd quarter. All outdoor pools have been completed as the summer operational season is over. Nuisance complaint inspections have increased throughout the summer. Staff have continued to respond to complaints, on average, in two business days. Food education, including both Level 1 and 2 courses continue to have strong participation with nearly 900 people attending courses. Staff continue to promote the educational courses within all food facilities during inspections. Campground and school inspections will increase in the fall months. Public accommodation facilities are 69% complete, through the third quarter.

Programs

Food Safety and Education	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of FSO / RFE inspections completed	6,442	1,219	1,634	1,881		73%	
Number of people educated (Goal)	1,400	379	252	266		64%	
Number of facilities that are brought through the enforcement process (3-Year Avg.)	45	14	14	11		87%	
Housing and Nuisance Inspections	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of housing inspections completed	1,546	399	505	635		100%	
Average number of days to respond to complaint (Requirement)	3	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	1,272	42	850	631		120%	
Number of individuals and facilities in attendance at annual swimming pool educational course (3-Year Avg.)	12	0	24	0		200%	
Additional Inspection Programs	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
School Inspections - Number of standard inspections conducted	344	18	156	2		51%	
Campground Inspections - Number of standard inspections conducted	20	0	8	5		65%	
Public Accommodation Facilities - Number of standard inspections conducted	126	54	30	3		69%	
Manufactured Home Parks - Number of contract inspections conducted	86	0	84	2		100%	
Smoke Free Ohio - Number of inspections conducted (3-Year Avg)	51	11	8	4		45%	
Rabies Prevention and Control	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of quarantine notices sent	765	137	178	215		69%	
Number of samples sent to the Ohio Department of Health for testing	78	16	20	28		82%	

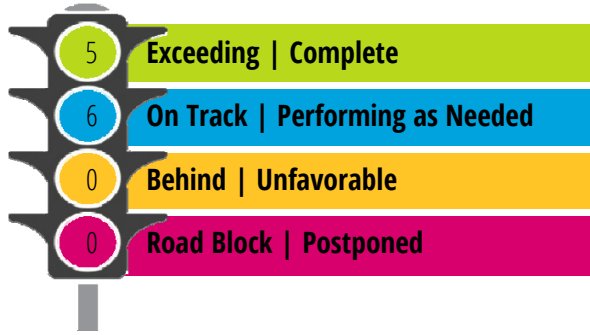
Continuous Quality Improvement

The Division is working on a multi divisional CQI project that is focusing on the food program's enforcement process. Specifically, it is trying to better provide resources and tools to those facilities in which English is a second language. Several other CQI projects are progressing including online license payments, pool equipment replacement forms, and temporary in-field payments. Each project is in the data gathering phase and will be reviewing the data in the next month to start developing ideas on possible solutions.

Current Projects New Projects Identified

Yes

No



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 Program is on track or exceeding or performing as needed on 11 of 11 performance metrics and has been busy working on grant deliverables from the current Public Health Emergency Preparedness and City Readiness Initiative grants. We are drafting a new Mass Fatality Annex and are updating our agency's Emergency Response Plan (ERP), using guidance from Ohio Department of Health. Our Emergency Preparedness Specialist continued providing Points of Dispensing Orientation training and technical support for POD set-up drills at our long-term care facilities. We also participated in a multi-day functional exercise with the BioWatch program which included local, state, and federal partners. The after exercise action report/improvement plan is currently being drafted.

We are continuing to build and maintain our Medical Reserve Corps (MRC) volunteer database and are planning a MRC volunteer event called Sound the Alarm, on September 29th. Our MRC volunteers are partnering with American Red Cross (ARC) to install smoke detectors in homes in the Hamilton County area. Every day, seven people die in home fires, most in homes that lack working smoke alarms. ARC wants to improve the odds and save lives- that's why they launched the home fire campaign. A critical part of the campaign is Sound the Alarm, a series of home fire safety and smoke alarm installation events across the county. Our MRC Leadership Team is chaired by HCPH and meets the first Tuesday of every month.

Programs

Public Health Emergency Preparedness	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Local PHEP Grant (BP1: '17-'18) - # of deliverables completed (grant ends 6/30/18)	17	1	14	2		100%	
Regional PHEP Grant (BP1: '17-'18) - # of deliverables completed (grant ends 6/30/18)	12	2	9	1		100%	
Local PHEP Grant (BP2: '18-'19) - # of deliverables completed (grant begins 7/1/18)	12	NA	NA	6		50%	
Regional PHEP Grant (BP1: '18-'19) - # of deliverables completed (grant begins 7/1/18)	5	NA	NA	3		60%	
Cities Readiness Initiative	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
2017-2018 Grant - # of deliverables completed (grant ends 6/30/18)	4	0	4	NA		100%	
2018-2019 Grant - # of deliverables completed (grant begins 7/1/18)	3	NA	NA	1		33%	
Points of Dispensing (POD) Sites	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
# of POD orientation trainings completed	5	13	10	2		500%	
# of POD drills/exercises completed	3	1	2	2		167%	
Accreditation Standard 1.2.1 (24/7 communication; Requirer	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status	
Complete 1 per quarter after hour checks on HCPH phone system	4	1	1	1		75%	
Complete 1 per quarter after hour check on HCPH fax system	4	1	1	1		75%	
Complete 1 per quarter after hour check on HCPH website	4	1	1	1		75%	

Continuous Quality Improvement

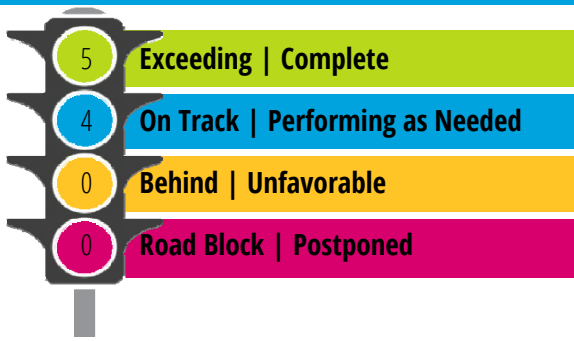
There have been no current or planned quality improvement projects identified.

Current Projects

New Projects Identified

No

No
Page 5



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.

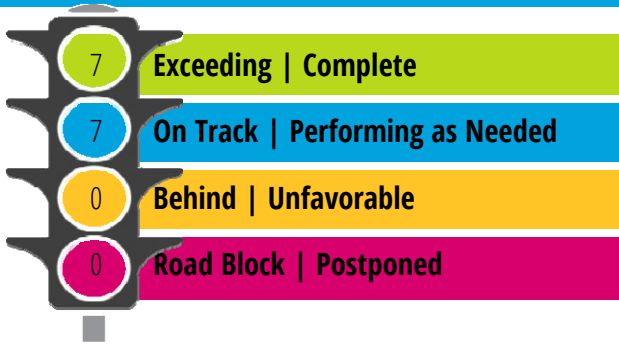
Programs Narrative

The Epidemiology Division is exceeding or performing as needed on 9 of 9 performance metrics. Staff continue to ensure that daily overdose reports are published seven days a week. An online version of the daily overdose report is currently being reviewed and finalized for transition to a web-based platform. The division is current on publishing all weekly and monthly infectious disease reports for Hamilton County and our contracting jurisdictions. Starting Q3, Butler County no longer contracts with HCPH for epi services as the Butler Co Health Department decided to build its own epi capacity. A change in the goal for contract reports will reflect this change. Division staff continue to work with ODH, NKY, KDH, and CDC on a HIV IDU case investigation providing surveillance data and creating a shareable database for enhanced interviews.

The division is also achieving its metrics in regards to the maternal and child health grant for the Ohio Equity Institute projects in both Hamilton and Butler Counties. Several division staff attended the CityMatCH conference (a national conference for state and local MCH professionals). Due to additional reporting requirements (i.e. Health Equity report, WeTHRIVE! CHAs) the CFR report has been delayed to accommodate for these time sensitive projects, but plans are in place to complete by the deadline. The FIMR report is on track, but is requiring a longer data validation process due to the presence of data entry errors from when the program was housed at a different agency. The division has begun collecting injury data from the hospital systems again in 2018. An MPH student from UC is completing their internship by assisting with the injury data collection and analysis. A second MPH student will be completing their capstone project by analyzing cancer data for an agency report. The division is continuing its effort with the Live Stories platform to create a new Community AHEAD tool, updating from the current format on our website. Several epi staff are also working with the HPE division to create a Health Equity report in 2018.

Programs

Surveillance	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Complete injury surveillance activities (annual injury data collection and AHEAD tool updates)	100%	25%	25%	25%		75%	
Complete cancer report for Hamilton County (Goal)	1	0	0	10%		10%	
Complete daily and monthly overdose reports for Hamilton County	377	94	94	94		75%	
Communicable Disease	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Complete weekly and monthly communicable disease surveillance reports	64	16	16	16		75%	
Complete monthly contract reports and attend quarterly lab network and infection prevention meetings	50	14	14	11		78%	
Child Fatality Review & Fetal and Infant Mortality Review	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Complete Child Fatality Review annual report (Goal)	1	0	0	35%		35%	
Complete Fetal and Infant Mortality Review annual report (Goal)	1	0	0	20%		20%	
Maternal & Child Health	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
1 of 1 grant metric for the Ohio Institute for Equity in Birth Outcomes (OEI) will be meeting or exceeding targets in Hamilton Co.	1	0	0	0		1	
1 of 1 grant metric for the Ohio Institute for Equity in Birth Outcomes (OEI) will be meeting or exceeding targets in Butler Co.	1	0	0	0		1	
Continuous Quality Improvement	Requirement	Current Projects	New Projects Identified				
There have been no current or planned quality improvement projects identified.		No	No				



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 Exchange Project (TEP) is currently on track achieving 11 out of 11 performance metrics. Every week there are new clients using the exchange services at all of the service locations. TEP is implementing a treatment referral process with Addiction Services Council (ASC) that will provide for tracking of treatment referrals when clients call ASC to discuss treatment options. The Narcan Distribution Collaborative (NDC) is on track or performing as needed for 2 of 2 performance metrics, and distributed over 7,000 doses in Q3 alone. The NDC continues to reach out to additional partners around the county to expand dispensing of Narcan in new communities, and is working with healthcare and other organizations throughout the county to create sustainability plans for when the NDC doses have all been distributed. Implementation of dispensing in hospital emergency departments is progressing, with an additional two hospital systems coming on board to distribute Narcan during Q3. The Prescription Drug Overdose (PDO) grant continues to meet 8 of 8 grant metrics, and PDO staff are engaged in community education and medical policy change.

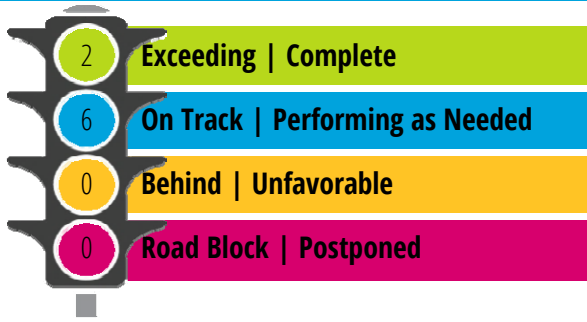
Programs

The Exchange Project	Estimate	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
<i>Number of clients served</i>	8,128	2,032	2,749	2,999		96%	
<i>Number of new clients (would be included above, as well)</i>	1,004	251	417	452		112%	
<i>Syringes exchanged</i>	381,844	95,461	89,186	89,913		72%	
<i>Hepatitis C Testing</i>	244	61	57	63		74%	
<i>HCV+</i>	76	19	39	41		130%	
<i>HIV Testing</i>	296	74	68	90		78%	
<i>HIV+</i>	4	1	0	0		25%	
<i>Treatment Referral</i>	144	36	4	7		33%	
<i>Medical Referral</i>	4	1	10	5		400%	
<i>Narcan (doses Distributed)</i>	8,256	2,064	2,560	2,472		86%	
<i>Pregnancy Tests Provided</i>	740	185	263	216		90%	
Narcan Distribution Collaborative	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
<i>Narcan doses distributed (includes Exchange Project)</i>	12,500	5,378	6,871	7,105		155%	
<i>Individuals provided Narcan use education</i>	10,005	3,572	3,415	6,021		130%	
Prescription Drug Overdose Grant	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
<i>8 of 8 grant metrics are meeting or exceeding targets (Grant ends 8/31/2018)</i>	8	8	8	8		100%	
Continuous Quality Improvement						Current Projects	New Projects Identified

There have been no current or planned quality improvement projects identified.

No

No
Page 7



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

During the third quarter 9 of 9 measures were on track. Highlights included the following: Winton Woods School District adopted a 100% tobacco-free campus policy; Deer Park became the 24th WeTHRIVE! Community; two additional child care providers received Ohio Healthy Program (OHP) designation status; and the Village of Lincoln Heights awarded the WeTHRIVE! initiative with a "Legacy Award" for believing in its mission and other support to the Village. HPE was awarded the Tobacco Prevention & Cessation grant (continuation) and the Ohio Equity Institute (OEI) 2.0 (competitive) grants; we are still waiting to receive notification as to the award status for the Maternal & Child Health (MCH) grant from ODH and the Racial and Ethnic Approaches to Community Health (REACH) grant from the CDC. Detailed grant reports are available upon request for the MCH grant (monthly) and Tobacco grant (quarterly). See the quarterly CHIP and PHAC newsletter for additional details regarding WeTHRIVE! initiative efforts.

Programs

Tobacco Grant	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Youth: 7 of 7 grant metrics are meeting or exceeding targets (grant ends 6/31/2018)	7	7	7	NA	NA	100%	
Policy: 7 of 7 grant metrics are meeting or exceeding targets (grant ends 6/31/2018)	7	7	7	NA	NA	100%	
Cessation: 4 of 4 grant metrics are meeting or exceeding targets (grant begins 7/1/2018)	4	NA	NA	4		100%	
Prevention 4 of 4 grant metrics are meeting or exceeding targets (grant begins 7/1/2018)	4	NA	NA	4		100%	

Maternal & Child Health	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
3 of 3 grant metrics are meeting or exceeding targets (grant ends 9/30/2018)	3	3	3	3		100%	
Awaiting RFP for grant beginning 10/1/2018	NA	NA	NA	NA		100%	

WeTHRIVE!	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
WeTHRIVE! 22 communities committed to the initiative by December, 2018	22	22	23	24		100%	

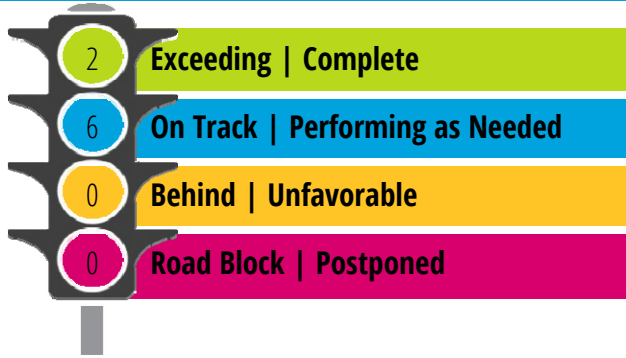
		Status
Develop framework to evaluate the WeTHRIVE! Initiative.	Yes	
Research community-based evaluation frameworks and models	Yes	
Develop draft evaluation framework	Yes	
Review evaluation framework with key stakeholders	Yes	
Complete Community Health Assessments in partnership with Division of Epidemiology	In Progress	
Maintain engagement of existing WeTHRIVE! Communities	In Progress	

Accreditation Standard 5.3.2A (Alignment of CHIP)

HCPH should consider building in linkages from Community Health Improvement Plan to Strategic Plan	In Progress	
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Continuous Quality Improvement

	Current Projects	New Projects Identified
The division continued its quality improvement (QI) project aimed at standardizing the WeTHRIVE! Process (from recruitment to recognition) in an effort to simplify data collection, improve communication between communities and HCPH, and to allow replication of the WeTHRIVE! process across sectors. During the progress quarter, the team continued planning and testing the pilot. In addition to the formal QI project, staff is working on mini process improvements (or PDSA's) that impact their day-to-day work. Documentation of the mini-PDSA's will be submitted at the end of the 4th quarter and are included as part of HPE staff SuccessFactor goals.	In Progress	No



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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 or exceeding in all 8 of its 2018 Plan of Work objectives. Staff have been busy with increased permits and inspections in residential, commercial and medical gas programs. Mirroring the high permit numbers, staff have been exceeding the anticipated number of inspections. In addition, medical gas permits have continued to remain strong, exceeding the benchmark. The Backflow Program continues to be strong, in large part due to the addition of the Village of Lockland into the program. Staff visits the Village weekly to conduct backflow surveys. These surveys have discovered 127 new testable backflow devices that will be tracked annually to ensure compliance.

Programs

Plumbing Inspections

	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of plumbing permits issued	4,380	856	1,380	1,021		74%	
Number of plumbing inspections completed	6,025	1,818	3,055	2,569		124%	
Number of residential plan reviews completed	3,700	722	1,177	883		75%	
Number of commercial plan reviews completed	680	134	205	138		70%	

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	6	6	9		81%	
Number of medical gas inspections completed	109	21	24	39		77%	

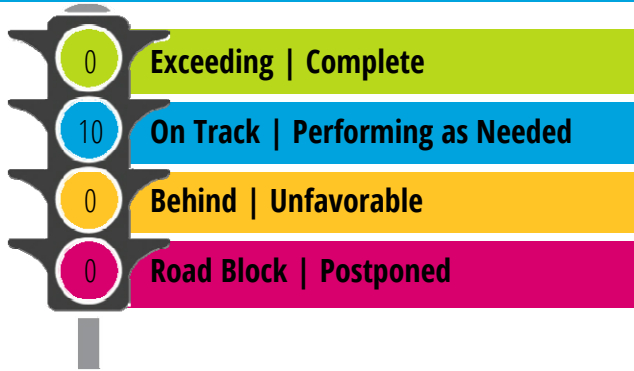
Backflow Prevention

	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of new backflow devices registered	250	31	86	127		98%	
Number of backflow / cross connections surveys completed	60	28	26	50		173%	

Continuous Quality Improvement

The Division of Plumbing is currently researching project options based on feedback provided from the Customer Service Workgroup survey. The division is working to increase plumbing contractor knowledge that a building permit number at the time of application with HCPH will decrease plan / application approval time. A building permit number is required prior to issuing an approved set of plans. The project is anticipated to be completed prior to the end of the year.

	Current Projects	New Projects Identified
	In Progress	No


0 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 Division of Waste Management is on track to achieve 10 of 10 of its 2018 performance measures by year's end. Scrap tire inspections were stalled this summer due to a staffing change in the Environmental Crimes deputy detail. Those inspections have been reinitiated with hopes to catch up in the coming months. Nuisance complaints and open dumps are up this summer consuming considerable staff time.

All contract obligations with the Solid Waste Management District are being met. Lead referrals and investigations are lower than anticipated, but are generally sporadic in nature. Monthly performance calls with Ohio Department of Health (ODH) continue to be favorable. One on-site visit is scheduled for September 25th. The Ohio EPA annual survey will be skipped this year with continuance on the director's "approved" list of health districts. This is due to our program's good track record and staffing changes at Ohio EPA.

Programs

	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of facility inspections (Requirement)	43	10	9	6		58%	
Number of unlicensed facilities located and enforcement initiated (3-Yr Avg)	3	1	1	0		67%	

Construction and Demolition Debris

	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of CD&D facility inspections completed	158	33	37	39		69%	

Solid Waste Inspections

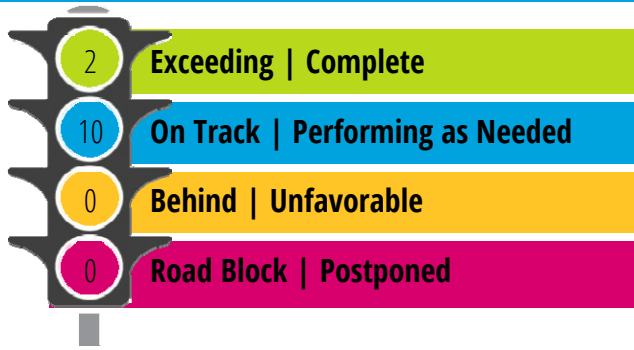
	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of solid waste facility inspections completed	42	9	9	14		76%	
Number of scrap tire facility inspections completed	60	4	9	24		62%	
Number of compost facility inspections completed	24	0	5	11		67%	
Number of solid waste nuisance and open dumping investigations completed (3-Yr Avg)	120	28	45	47		100%	

Lead Poisoning and Prevention

	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of newly identified children with blood levels between 5-10 µg/dL	61	13	8	17		62%	
Number of newly identified children with blood levels greater than 10 µg/dL	22	4	5	6		68%	
Number of public health lead poisoning investigations completed	29	2	7	2		38%	

Continuous Quality Improvement

	Current Projects	New Projects Identified
The Division is currently working up a mini-CQI project for Certified Mailings and intake of Return Receipt cards. Project is currently in test stage.	In Progress	No



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 Division of Water Quality (WQ) is successfully on track with achieving 12 of 12 of its 2018 performance measures. STS follow up inspections are currently behind the three year average. To boost revenue, staff have been concentrating on initial inspections, therefore reinsertion has lagged slightly from projections. Stormwater metrics are nearly all on track. The STS mapping is slightly behind target due to the reassignment of one staff member to complete STS inspections and one position temporarily vacant. All wq metrics are anticipated to be completed or in compliance with contract expectations by year's end.

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)	11,450	2,738	3,507	3,463		85%	
Number of STS Operation Permit Follow-up Inspections	4,500	609	817	1,149		57%	
Number of STS Real Estate Inspections Completed	26	7	5	6		69%	
Number of Improvement / Modifications Inspections Completed	238	34	79	94		87%	
Private Water Systems	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
New / Replacement PWS Inspections Completed	5	1	4	0		100%	
PWS Sealing Inspections Conducted	12	9	2	6		142%	
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	5	0	3	2		100%	
Number of nuisance complaint investigations completed	490	80	164	182		87%	
Number of HSTS's Mapped	1,203	188	216	205		51%	
Number of sanitary sewer connection orders issued	58	14	9	7		52%	
Number of Stormwater Pollution Prevention Plan Inspections Completed	37	12	11	5		76%	
Train Government Employees	271	0	143	38		67%	

Continuous Quality Improvement

The WQ Division is working on a CQI project evaluating issues with the Sewage Treatment System (STS) abandonment process to determine more effective steps to increase the number of properly finalized abandonments. The group has identified root causes of abandonment process problems through flow charts, fish bone diagrams, and Pareto charts. Currently, they are identifying and evaluating potential solutions in the abandonment process. The group tested these chosen solutions during the Second Quarter.

Current Projects

New Projects Identified

Yes

No



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

Workforce Development Workgroup	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
<i>Percent of staff who have completed training as required by the workforce development training plan</i>	94	68	5	5		83%	
<i>Assess staff knowledge of core competency</i>							Status
<i>Completed survey on core competencies</i>						Yes	
<i>Training curriculum updated based on survey findings</i>						Yes	

Health Equity Workgroup	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
<i>Completion of the Health Equity 101 Training by All New Staff</i>	100%	75	74	74		79%	
<i>Creation of a community plan to address health equity in community communications and include translation / adaption prioritization</i>							
<i>Develop a list of communication methods prioritized by each division</i>						Yes	
<i>Develop recommendations for Communication Plan</i>						Yes	
<i>Approve Communications Plan by communications and administration divisions</i>						Yes	
<i>Develop a budget</i>						No	

Customer Service Feedback	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
<i>Implement scheduled 2018 surveys (Requirement)</i>	10	2	3	2		70%	
<i>Finalize 2019 survey and audit schedule (To start in 4th Q)</i>						Not Started	
<i>Provide findings and recommendations based on completed surveys and audits to divisions and to the Performance Management Council</i>						In Progress	

Program Implementation Plan	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
<i>2018 Program Implementation Plan adopted by the HCPH BOH and dashboard completed</i>						Yes	
<i>2018 Quarterly review of HCPH dashboard metrics review completed and continuous quality improvement discussed</i>						Yes	
<i>2019 Program Implementation Plan adopted by the HCPH BOH (To start in 4th Q)</i>						In Progress	

Community Health Improvement Plan	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
<i>2018 progress reporting to the Public Health Advisory Council and other key stakeholders</i>						In Progress	
<i>Creation of the draft 2018-2020 Community Health Improvement Plan that is aligned with the State plan</i>						Yes	



0 Exceeding | Complete

Exceeding | Complete: Currently above benchmark or completed.

4 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

Private Water Audit (Water Quality)

Status

Update private water fees

In Progress



Notes

The private water cost methodology is complete with draft fees nearly ready for administration review. Presentation to the BOH will be scheduled in 2018.

Customer Feedback Workgroup - Plumbing Customer Survey

Status

The Plumbing Division should review process for informing plumbing contractors of the opportunity to improve permit speed by submitting the building permit number during the HCPH application process.

In Progress



Notes

The Division of Plumbing is currently researching project options based on feedback provided from the Customer Service Workgroup survey. The division is working to increase plumbing contractor knowledge that a building permit number at the time of application with HCPH will decrease plan / application approval time. A building permit number is required prior to issuing an approved set of plans.

Customer Feedback Workgroup - Food Safety Class

Status

EH will provide information to customers about obtaining a ServSafe textbook in advance of the class. Website will be updated.

In Progress



Notes

Servsafe textbook is currently available to class participants in advance with payment. EH will brainstorm and execute further strategies to get the message out that textbook is available ahead of time.

Customer Feedback Workgroup - School Inspection Program

Status

EH will develop flyers on pest management and chemical safety and disposal to be distributed to schools during inspections and linked on website.

In Progress



Notes

EH Will review current educational information for schools and work to develop flyers that follow CDC health literacy guidelines and highlight the most common public health issues that schools face in these categories and how the school should address these issues. There is also the possibility of collaborating with Environmental Health for chemical disposal. The plan is to have these flyers developed ahead of 2019 school inspections.