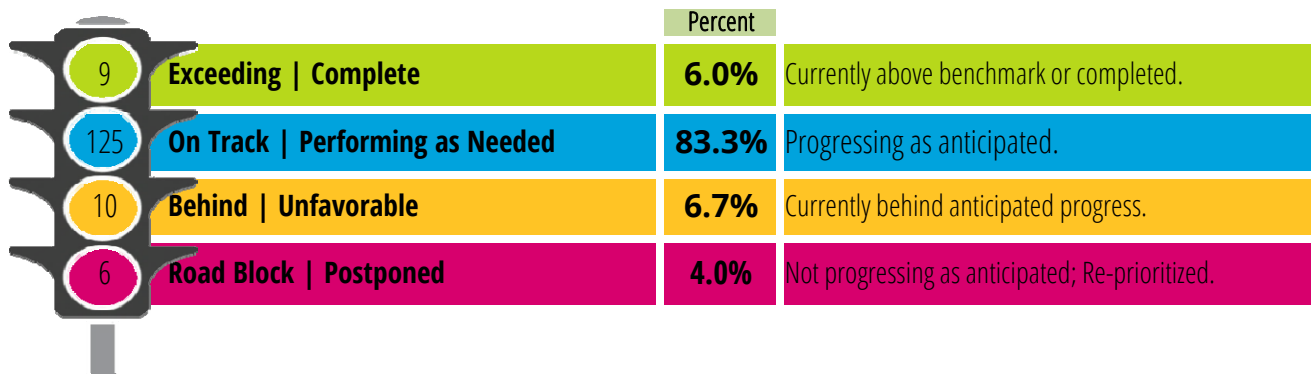




Program Implementation Plan Results: 1st Quarter, 2020

This Program Implementation Plan outlines the actions, outputs and outcomes that will be accomplished by HCPH divisions during 2020. 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 2020 program implementation plan has been updated to reflect newly assigned metrics and programs for 2020. All strategic plan metrics within the dashboard have been updated to match the fourth year requirements for the strategic plan. Despite the Governor’s Emergency Declaration and COVID-19 response efforts, HCPH had a successful first quarter of 2020. There were 6 percent of all metrics that performed as “Exceeded | Completed” and 83 percent performed as "On Track | Performing as Needed." Approximately 11 percent of metrics are currently behind or postponed due in large part to COVID-19. While HCPH is working hard to complete 2020 metrics, we’ve only just begun to see the impact that COVID-19 will have on successful completion of metrics; this impact will most certainly carry forward into the second quarter.

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 had a productive first quarter. The customer service group issued 7,453 licenses and permits, representing over 33 percent of all licenses and permits expected for 2020. A large portion of this volume is food service renewal licenses for 2020. Vital Statistics issued 9,572 birth and death certificates. This is on target at 25 percent of the benchmark for the first quarter. The 2020 annual accreditation report was submitted to the Public Health Accreditation Board. Emergency preparedness activities are exceeding expectations due to COVID-19. The Public Information Officer is leading communication efforts as part of the County's Joint Information Center. Due to the overwhelming number media contacts surrounding the COVID-19 response, it was difficult to track media calls and HCPH's share of voice for the first 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 <small>G. Varner</small>	13,459	3,168				24%	
Number of death certificates issued <small>G. Varner</small>	24,686	6,404				26%	
Number of EHS permits issued <small>G. Kesterman</small>	18,132	4,870				27%	
Number of EHS licenses issued <small>G. Kesterman</small>	4,016	2,583				64%	

Board of Health Training	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of Board of Health training hours <small>G. Kesterman</small>	2.00	0.67				34%	

Accreditation	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Annual accreditation report created and submitted <small>R. Stowe</small>							
Monitored timely reporting of notifiable/reportable diseases, lab test results, and investigation results (Measure 2.1.5A)							
A system to receive/provide urgent/non-urgent health alerts and to coordinate an appropriate response (Measure 2.4.2 A)							
Tests Completed by Quarter (8 required):		10	0	0	0	125%	
Implement culturally competent initiatives to increase access to health care services (Measure 7.2.3 A) <small>M. Samet</small>							

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%	
Finance - Grants - required meetings, budget and expenditure reports complete (25% indicates quarter complete) <small>G. Varner</small>	100%	25%				25%	
Human Resources - Number of new hires that have completed orientation <small>S. Taylor</small>	100%	1				100%	
Human Resources - Number of HCPH personnel policies reviewed <small>S. Taylor</small>	76	41				54%	
Public Information - HCPH share of voice (comparing Cincinnati Health and Northern Kentucky communications) <small>M. Samet</small>	50%					0%	
Emergency Communication - Quarterly review, update, and test of emergency preparedness contacts and lists <small>M. Samet</small>	8	10				125%	



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

Staff have been actively working on year three of the Hamilton County Public Health Strategic Plan. The Maternal & Child Health Senior Epidemiologist has joined a group convened by Cincinnati Children's Hospital, and in partnership with MindPeace and the Cincinnati Health Department, to work on youth suicide prevention. Substance Abuse initiative is fully operationalized through the newly formed Harm Reduction division. For additional details, see page 7 of the program implementation tab. The Oral Health Coalition continued its work in addressing major gaps in oral health care in Hamilton County.

Programs:	Year 3	Status
Mental Health		
Support and collaborate with partners in youth suicide prevention workgroup. <small>J. Mooney & R. Stowe</small>	In Progress	
Substance Abuse		
Manage Harm Reduction program and report on key program metrics (See Harm Reduction page for details) <small>S. Merrick</small>	In Progress	
Obesity		
Target schools identified, school implementation launched <small>M. Knaebel</small>	In Progress	
Program outcomes developed and data points determined <small>M. Knaebel</small>	In Progress	
Evaluation plan developed <small>M. Knaebel</small>	In Progress	
Oral Health		
Action plan adopted and work plan developed	Yes	
Progress on work plan implementation	In Progress	
Administration		
Workforce - Assess capacity <small>(S. Taylor)</small>		
Complete report showing status of positions and support of new workloads	0	
Information Technology - Assess division and agency needs <small>(E. Moser)</small>		
Develop response plan	0	
Service delivery - Languages, signage and printed materials identified <small>(M. Samet)</small>	In Progress	
Messages identified and developed	0	
Selected materials distributed and posted	0	
Public Information - Survey key audience groups <small>(M. Samet)</small>		
Update communications plan based on input from surveyed groups	0	
Emergency Preparedness - Update staff training plan as needed to ensure emergency readiness <small>(J. Sherrard)</small>		
Implement emergency readiness training plan as needed for staff	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.

Program Narrative

All Disease Prevention performance metrics are on track. The division has increased staffing to support program growth. We continue to work on policy and programmatic improvements in tuberculosis and to assist with HIV/STI clinical needs by providing treatment in our clinic for syphilis. We continue to serve adult and pediatric patients in tuberculosis control, BCMH, HIV/STI, and Immunization programs. The latter part of this quarter has experienced a downturn in service provision due to the growing Coronavirus pandemic. Our efforts in March have been focused on downsizing efforts in an attempt to reduce possible exposure and spread of COVID-19.

Programs							
Children with Medical Handicaps	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
50 % of eligible families are contacted each quarter (quarter reported in % contacted; Approximately 1,100 patients annually)	50%	53%				53%	
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%				133%	
75 % of patients who are eligible, begin LTBI treatment	75%	100%				133%	
100 % of patients lost to LTBI treatment will have documented follow-up efforts	100%	96%				96%	
Immunizations	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Total vaccine administration will increase by 25% (2019 was 1,343; 2020 goal is 1,679)	1679	106				6%	
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	7				78%	
Syphilis cases are started on treatment within 14 calendar days from the date of case assignment. (Goal >85%)	85%	94%				94%	
# of Syphilis clients treated by HCPH clinic. (10% greater than 2019)	205	62				30%	
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	7				78%	
Newly confirmed HIV+ clients attended first medical appt <30 days of HIV+ test date. (Goal >75%)	75%	73%				73%	
Region 8 HIV testing programs will have a greater than 1.0% positivity.	1.0%	0.01				0.01	
Continuous Quality Improvement						Current Projects	New Projects Identified
There are no current or identified CQI projects for Disease Prevention.						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 Division of Environmental Health is on track or exceeding in all 14 of its 2020 Program Implementation Plan objectives. Food inspection numbers are on track as licensure for 2020/2021 is now just underway. Food education numbers are slightly down in 2020 with 13.1% of the benchmark achieved. The Environmental Health Division continues to promote the educational courses within all food facilities and including courses at Dayton-Montgomery County Public Health. Swimming pool and campground licensing will start May 1 and June 1, respectively, with standard inspections to follow. Smoke Free Ohio inspections has seen a decrease from the average in first quarter.

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)	6,442	1,848				29%	
Number of people educated (3-Year Avg)	1,265	166				13%	
Number of facilities that are brought through the enforcement process (3-Year Avg.)	49	13				27%	
Housing and Nuisance Inspections	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of housing inspections completed	1,659	240				14%	
Average number of days to respond to complaint (Requirement)	3	3				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)	1,272	21				2%	
Number of individuals and facilities in attendance at annual swimming pool educational course (3-Year Avg.)	16	0				0%	
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	344	10				3%	
Campground Inspections - Number of standard inspections conducted (License Year: May 1 - April 30)	20	0				0%	
Public Accommodation Facilities - Number of standard inspections conducted per calendar year	126	10				8%	
Manufactured Home Parks - Number of contract inspections conducted (Per Contract)	86	28				33%	
Smoke Free Ohio - Number of inspections conducted (3-Year Avg)	43	8				19%	
Rabies Prevention and Control	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of quarantine notices sent	808	129				16%	
Number of samples sent to the Ohio Department of Health for testing	86	14				16%	
Continuous Quality Improvement						Current Projects	New Projects Identified

The EH Division has completed two projects in 2020 including a project involving the swimming pool enforcement process and online payments. Both projects were successful, with the online payments increasing by over 200% and a change in the enforcement SOG for pools to streamline efficiency. The EH Division is currently exploring ideas for a CQI project for 2020.

In Progress

Yes



Exceeding | Complete: Currently above benchmark or completed.

On Track | Performing as Needed: Progressing as anticipated.

















Behind | Unfavorable: Currently behind anticipated progress.

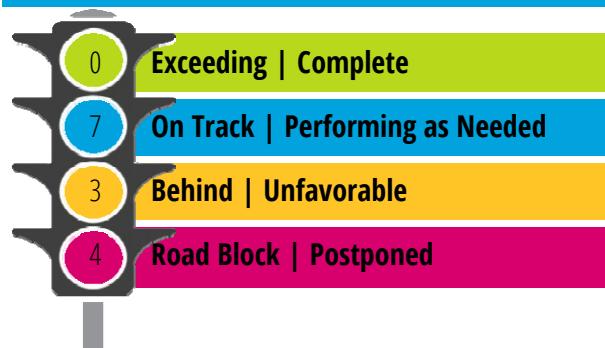
Road Block: Not progressing as anticipated; Re-prioritized.

Programs Narrative

The EP Program has spent the majority of its time with COVID-19 response efforts, including, but not limited to: 1) communicated with existing closed POD sites and signed up 5 new sites; 2) connected with St. Josephs Home–Developmental Disabilities, Homeless Shelter agencies, City Gospel Mission, and Council on Aging to provide support; 3) communicated with open POD managers, police, and fire chiefs with COVID-19 information; 4) communicated to school principals with COVID-19 information; 5) worked with Ham. Co. Educational Services Center to share COVID-19 information with schools and childcare centers (ages 0-5); 6) worked to connect healthcare and nursing homes to The Health Collaborative to request PPE; and 7) submitting regular Situation Reports describing HCPH's response efforts.

Programs

Public Health Emergency Preparedness	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Local PHEP Grant (BP1 & BP2) - # of deliverables completed	25	7				28%	
Regional PHEP Grant (BP1 & BP2) - # of deliverables completed	10	3				30%	
Number of multi year training and exercise plans written	2	1				50%	
Cities Readiness Initiative	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Local CRI Grant - # of deliverables completed	4	0				0%	
Percent of medical countermeasure files uploaded in preparation for ODH site visit	100%	0%				0%	
Agency Emergency Preparedness	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Intro to Incident Command (IS100) Training	80%	84%				84%	
Intro to National Incident Management System (IS700) Training	80%	81%				81%	
Advanced ICS Training for command staff (200, 300, 400, 800)	80%	82%				82%	
Department Operations Training for Command staff	80%	80%				80%	
Number of agency emergency preparedness plans reviewed / updated	15	25				2500%	
Points of Dispensing (POD) Sites	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
# of POD orientation trainings completed	5	0				0%	
# of POD drills/exercises completed	2	0				0%	
# of new updated MOUs signed	3	6				200%	
Percentage of POD plans reviewed / updated	50%	50%				50%	
Accreditation Standard 1.2.1 (24/7 communication; 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	12	3				25%	
Complete 2 annual checks of HCPH panic and lockdown buttons	2	0				0%	
Continuous Quality Improvement						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

Two of 3 indicators for surveillance are on track. Epi is in the process of collaborating with the Health Collaborative/Health Bridge to collect hospital injury data directly from their agency instead of from each hospital system; our data request still in process with the Health Collaborative. The division has hired a Communicable Disease Investigator and is now fully staffed for Communicable Disease. Reporting on the communicable disease program is delayed to ensure maximum effort is spent on our COVID-19 response efforts. These numbers will be updated in future reports. Three of 5 indicators for Maternal and Child Health are on track. FIMR team has been affected by COVID-19 outbreak and has not been able to review cases; alternate measures are being considered. All Harm Reduction indicators are on track.

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%	
Percent of facilities reporting injury data to epidemiology division.	100%	80%				80%	
Percent of AHEAD tool modules updated within Tableau.	100%	0%				0%	

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%					0%	
Percent of monthly contract reports completed by established deadlines.	100%					0%	
Percent of outbreaks opened in ODRS within one business day of notification to the local health dept.	100%					0%	
Percent of outbreaks closed within 90 days of onset date of last case.	100%					0%	

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%	
Percent of all fetal deaths between 10/2018 and 9/2019 reviewed by FIMR. (Requirement of 15%)	15%	3%				17%	
Percent of local monthly and quarterly surveillance reports completed by established deadlines.	100%	100%				100%	
Percent of monthly and quarterly FIMR reports submitted to ODH by grant deadline.	100%	100%				100%	
10 MCH grant required interviews conducted by FIMR staff.	10	1				10%	

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%	#REF!				100%	
Percent of data sources built into the Tableau dashboard	100%	100%				100%	

Continuous Quality Improvement

	Current Projects	New Projects Identified
There are currently no CQI projects in Epi.	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

All metrics for the Harm Reduction program are on track and performing as needed. Every week, new clients access the syringe services program at all 8 sites of service, including our 2 new sites in Fairfield and our partnership with Caracole. The Narcan Distribution Collaborative allotment of donated doses ended at the end of October, 2019. As we reached the end of the contract with Emergent Biosolutions we have seen a decrease in distribution due to efforts to better focus our targets in getting Narcan where it is most needed. We now have multiple allotments for Narcan. The Prescription Drug Overdose (PDO) grant ended 8/31/2019. We were awarded the OD2A CDC grant which allows this program area to now become its own division. As we grow and learn, we anticipate many changes in our metrics for the 2020 calendar year. Services in the month of March have drastically been reduced in effort to reduce the spread of COVID-19. We can anticipate that both syringe services data and Narcan distribution will show a decline for several months.

Programs

Harm Reduction	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of new clients (Increase by 10%)	10,462	372				4%	
Number of outreach avenues utilized to engage new populations	12	0				0%	
Number of syringes distributed	325,000	105,290				32%	
Number of syringes received	325,000	86,841				27%	
Hepatitis C testing increased by 10% over 2019 for syringe services	261	48				18%	
HIV testing increased by 10% over 2019 for syringe services	139	91				65%	
Expand to two additional sites for syringe services (e.g. pop up, mobile, brick and mortar)	2	0				0%	

Harm Reduction Partnerships	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Complete two addiction treatment collaborative events	2	0				0%	
Expand number of community partners engaged in the monthly harm reduction meeting by 5 providers	5	2				40%	
Percent of OFR cases that have family / significant other interviews conducted	10%	0%				0%	

Addressing Stigma	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Increase harm reduction education to community groups including schools, employers, first responders, etc. by 20%	854	5				1%	
Number of venues reached with stigma marketing material	20	0				0%	
Number of trauma informed care / adverse childhood events training	20	0				0%	

Continuous Quality Improvement	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





All metrics within the division are on track. The January and February Tobacco paid media campaigns focused on cessation and saw an increase in the number of impressions and engagements compared to previous campaigns. Other highlights during this quarter include: a Community Health Assessment was presented to Anderson Township; multiple new communities and schools have expressed interest in joining WeTHRIVE!; and the OEI Neighborhood Navigator contractor was hired. The number of technical assistance visits for child care providers will increase in future quarters. Work on the adolescent health evaluation plan will begin after the adolescent health implementation plan is submitted and approved by ODH in April. Detailed grants reports are available upon request for the MCH, OEI and Tobacco grants.

Programs

Tobacco Grant (7/1 to 6/30/2020)	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of impressions for tobacco grant paid media campaigns (Quarterly Avg.)	382566	588945				154%	
Number of engagements for tobacco grant paid media campaigns (Quarterly Avg.)	6505	16895				260%	
Number of tobacco related trainings and education as outlined by the grant	6	6				100%	

Maternal & Child Health (10/1 to 9/30/20)	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of nutrition and physical activity policies adopted by child care providers	4	1				25%	
Number of child care providers obtaining OHP designation or re-designation	3	1				33%	
Number of technical assistance visits provided to child care providers	12	2				17%	
Create adolescent health implementation plan for grant priority community						In Progress	
Create adolescent health evaluation plan for grant priority community						Not Started	

Ohio Equity Institute (10/1 to 9/30/2020)	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of outreach avenues utilized by neighborhood navigators to identify women	12	7				58%	
Number of pregnant women screened by OEI neighborhood navigators that meet eligibility criteria for OEI services	250	39				16%	

WeTHRIVE!	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Maintain engagement of existing active WeTHRIVE! communities	100%	95%				95%	
Maintain engagement of existing WeTHRIVE school districts	100%	100%				100%	
Complete community health assessments in partnership with the Division of EPI						In Progress	
WeTHRIVE Evaluation plan developed						In Progress	

Continuous Quality Improvement

Current Projects New Projects Identified

The OEI team continues to pilot identified strategies to increase number of women identified as a part of the CQI project. Marketing materials have been updated, new outreach strategies have been identified. The UC Pilot project contract is under review by UC Health and will hopefully start in Q2 of 2020.

In Progress

No


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

8 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 Plumbing Division is on track for 8 of 8 measures at the end of the first quarter. Historically, first quarter for plumbing is slower than other quarters. Residential and Commercial permits are on track. Medical gas permits and inspections were strong, due in large part to the construction occurring at Cincinnati Children's Medical Center. The Backflow Prevention program is on track

Programs

Plumbing Inspections

	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of plumbing permits issued	4,193	970				18%	
Number of plumbing inspections completed	8,920	2,216				49%	
Number of residential plan reviews completed	3,575	834				14%	
Number of commercial plan reviews completed	613	139				14%	

Medical Gas Permits

	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of medical gas blueprint reviews completed	22	4				18%	
Number of medical gas inspections completed	113	55				49%	

Backflow Prevention

	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of new backflow devices registered	311	43				14%	
Number of backflow / cross connections surveys completed	133	11				8%	

Continuous Quality Improvement

	Current Projects	New Projects Identified
CQI has been placed on hold	Not Started	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 all of its performance measures. Though there have been few scrap tire and compost facility inspections, this is normal as we attempt to inspect those facilities in quarters 2 and 3 to better target mosquito breeding season. 1st quarter is generally report writing season from the previous year's sampling at closed and active landfills. Also the report on Rumpke odor complaints was completed and a draft form has been released to the odor control workgroup for comment with finalization planned by end of the quarter. Lead case referrals are sporadic. We received two new cases of lead poisoning greater than 10 ug/dL this year and they have been investigated. In light of COVID-19, future on-site/in-home investigations of 10 ug/dL cases will be evaluated on a case by case basis.

Programs

Body Art

	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of facility inspections (Requirement)	43	3				7%	
Number of unlicensed facilities located and enforcement initiated (3-Yr Avg)	3	0				0%	

Construction and Demolition Debris

	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of CD&D facility inspections completed	158	32				20%	

Solid Waste Inspections

	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of solid waste facility inspections completed	42	9				21%	
Number of scrap tire facility inspections completed	60	2				3%	
Number of compost facility inspections completed	24	0				0%	
Number of solid waste nuisance and open dumping investigations completed (3-Yr Avg)	125	26				21%	

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	25	3				12%	
Number of newly identified children with blood levels greater than 10 µg/dL	15	2				13%	
Number of public health lead poisoning investigations completed	15	2				13%	

Continuous Quality Improvement

Current Projects

New Projects Identified

There are three CQI projects in the "do" stage regarding operating index of MSW landfills, management of certified mailing green cards, and Camera Use on Open Dump cases. We are currently collecting ideas for future CQI projects.

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 Division of Water Quality (WQ) is successfully "on track or exceeding" with 13 of 13 of its 2020 performance measures. STS initial and follow-up inspections are lower than the three-year average as a result of one newer staff member in training and having one open STS inspector position. The stormwater program is meeting all contract deliverables while managing a very large volume of sewer connection orders, resulting from newly completed sewer projects by MSD. The division's Quality Improvement project is continuing on with the successes from 2019.

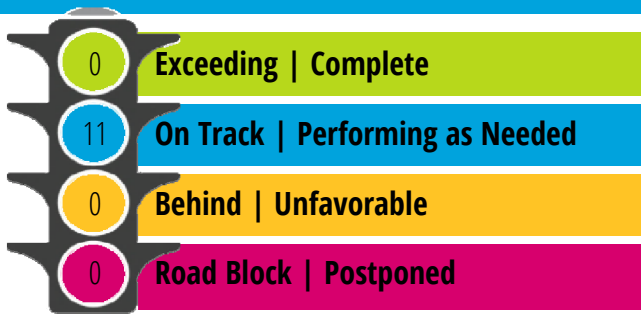
Programs

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)	11,973	2,569				21%	
First Reinspections: Percent Passing	73%	68%				93%	
Second Reinspections: Percent Passing	57%	47%				82%	
Number of STS Operation Permit Follow-up Inspections	3,768	700				19%	
Number of Individual Improvement / Modifications Inspections Requested	222	55				25%	
Number of Requests for Variances (Includes STS & PWS)	35	12				34%	
Applications to Replace or Install a Sewage Treatment System	105	16				15%	
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	33	5				15%	
Number of nuisance complaint investigations completed	461	98				21%	
Number of HSTS's Mapped	821	227				28%	
Number of sanitary sewer connection orders issued	42	45				107%	
Number of Stormwater Pollution Prevention Plan Inspections Completed	34	0				0%	
Train Government Employees	314	0				0%	

Continuous Quality Improvement

The septage hauler reporting form CQI project is being continued in 2020. The division will continue with data collection, monitoring. Training of septage haulers is a new addition to last year's CQI. Another CQI is also being discussed, but has not started, for STS service providers, contracts and report submittal. This will build off of our Sepage Hauler CQI model.

Current Projects	New Projects Identified
Yes	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.

Programs

Workforce Development Workgroup

Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Percent of staff who have completed training as required by the workforce development training plan	105	70			67%	
Assess staff knowledge of core competencies					Status	Status
Review staff training feedback					In Progress	
Training curriculum updated based on staff feedback					In Progress	

Health Equity Workgroup

	Status	Status
Disability Etiquette Training will be provided to all staff during an all staff meeting (1.1.3)	Status: <i>No</i>	
Implement strategies to retain a more diverse workforce (1.2)	Percent Complete: <i>50%</i>	
Complete agency wide Equity Assessment and make recommendations for improvements (1.3)	Percent Complete: <i>50%</i>	
Update most frequently used materials into other languages (Goal = 2)	# Complete: <i>0</i>	
Develop process for assessing the readability of new documents to be used by HCPH (1.4.2)	Percent Complete: <i>100%</i>	
Assess five documents per year for readability at a 4th grade reading level (1.4.3)	# Complete: <i>0</i>	
Workgroup will coordinate an updated accessibility audit for HCPH offices (1.6.1)	Status: <i>In Progress</i>	

Customer Service Feedback





	Status	Status
Implement 2019 surveys (Requirement)	Yes	
Finalize 2020 survey and audit schedule (To start in 4Q)	10	1
	10%	
Provide findings and recommendations based on completed surveys and audits to divisions and to the Performance Management Council	Yes	

Program Implementation Plan

	Status	Status
2019 Program Implementation Plan adopted by the HCPH BOH and dashboard completed	Yes	
2019 Quarterly review of HCPH dashboard metrics review completed by Program Implementation Team	Yes	
2020 Program Implementation Plan adopted by the HCPH BOH (To start in 4Q)	Yes	




Community Health Improvement Plan

	Status	Status
2019 progress reporting to the Public Health Advisory Council and other key stakeholders	In Progress	
Begin development of the 2020 -2023 Community Health Improvement Plan that is aligned with the State plan	In Progress	


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

Programs

Performance Management System Goal Plan Status

Performance Management System will establish and maintain agency wide participation in Performance Council and Workgroups	In Progress	
Performance Management System will engage staff in quality improvement and ensure training opportunities are available	In Progress	
Promote communication of HCPH's performance management system to staff, partners and the public	In Progress	

Customer Feedback Workgroup - Website Updates for Clinic Services Status

Customer service surveys indicated that improvements are needed on the website for clinical services including Harm reduction, TB, and immunizations.	Yes	
---	-----	---

Notes

Public Information Officer has completed the clinical services page on the agency's website.