

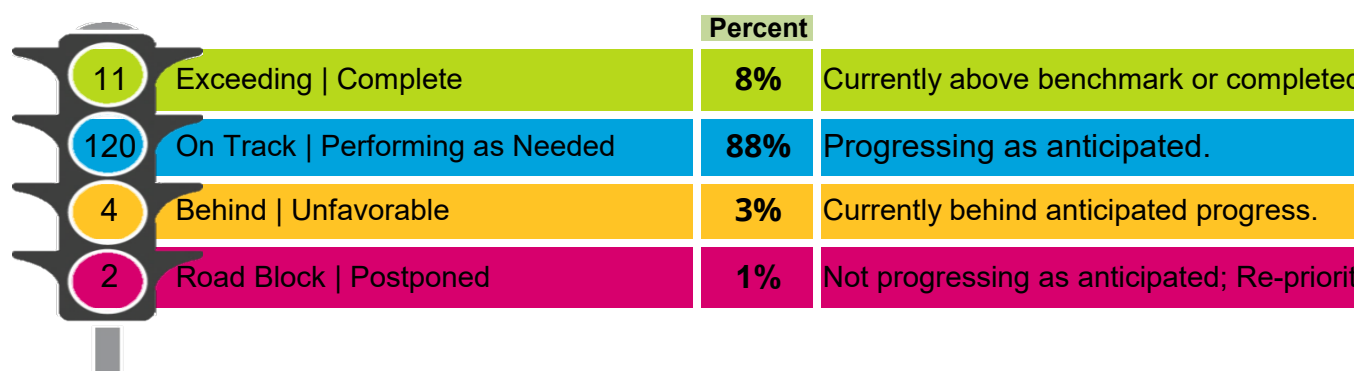


HAMILTON COUNTY PUBLIC HEALTH

Program Implementation Plan Results: 2nd Quarter, 2021

This Program Implementation Plan outlines the actions, outputs and outcomes that will be accomplished by HCPH divisions during 2021. 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 2021 program implementation plan has been updated to reflect updated metrics for the agency's programs and services for 2021. HCPH had a successful second quarter of 2021. Eight (8) percent of all metrics performed as "Exceeded | Completed" and 88 percent performed as "On Track | Performing as Needed." Four (4) percent of metrics were behind or postponed due in large part to COVID-19. The most significant impacts related to COVID-19 have been observed in the divisions of Harm Reduction and Water Quality. With both programs, there are no impacts to State or grant requirements. HCPH will closely monitor the impacts COVID-19 is having on the agency's overall performance overall as we move forward into 2021.

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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

Administration had a productive second quarter. The Customer Service team issued 7,310 licenses and permits. Vital Statistics issued 11,346 birth and death certificates. The 2021 annual accreditation report was submitted to the Public Health Accreditation Board. HCPH will be preparing for reaccreditation during 2021. Emergency preparedness activities are exceeding expectations due to COVID-19. The Public Information Officer continues to lead 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 G. Varner	14,425	3,811	4,047			54%	
Number of death certificates issued G. Varner	28,060	9,213	7,299			59%	
Number of EHS permits issued C. Davidson	19,554	4,336	6,152			54%	
Number of EHS licenses issued C. Davidson	3,936	1,348	1,158			64%	

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	1.50			75%	

Accreditation

						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)					Yes	
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 (6 required):	6	7			217%	
Implement culturally competent initiatives to increase access to health care services (Measure 7.2.3 A) M. Samet	100%	100%	100%		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) 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	6	7	4			183%	



2 Exceeding | Complete

Exceeding | Complete: Currently above benchmark or completed.

6 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

Staff continued to work on year four of the HCPH Strategic Plan. The Substance Abuse initiative is fully operationalized through the Harm Reduction division. For additional details, see page 7 of the program implementation plan. The Oral Health Coalition continued its work in addressing major gaps in oral health care in Hamilton County. Additionally, COVID-19 response has provided considerable opportunity to enhance service delivery, particularly with regards to communication with clients and the public where English is not the first or preferred language.

Programs:		Year 3	
Mental Health			Status
Support and collaborate with partners in youth suicide prevention workgroup.			
J. Mooney & D. Carlson		In Progress	
Substance Abuse			Status
Manage Harm Reduction program and report on key program metrics (See Harm Reduction page for details)			
S. Merrick		In Progress	
Obesity			Status
Target schools identified, school implementation launched			
M. Knaebel		In Progress	
Program outcomes developed and data points determined			
M. Knaebel		In Progress	
Evaluation plan developed			
M. Knaebel		In Progress	
Oral Health			Status
Action plan adopted and work plan developed			
		Yes	
Progress on work plan implementation			
		In Progress	
Administration			Status
Workforce - Assess capacity (S. Taylor)			
Complete report showing status of positions and support of new workloads		Yes	
Service delivery - Languages, signage and printed materials identified (M. Samet)		In Progress	
Messages identified and developed		In Progress	
Selected materials distributed and posted		In Progress	
Public Information - Survey key audience groups (M. Samet)		In Progress	
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)		Yes	
Implement emergency readiness training plan as needed for staff		Yes	

DISEASE PREVENTION



0 Exceeding | Complete

Exceeding | Complete: Currently above benchmark or completed.

10 On Track | Performing as Needed

On Track | Performing as Needed: Progressing as anticipated.

1 Behind | Unfavorable

Behind | Unfavorable: Currently behind anticipated progress.

0 Road Block | Postponed

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

Program Narrative

The Division of Disease Prevention (DP) has been working on shifting back to typical duties as Covid-19 efforts wind down. Our TB cases and suspects are rapidly increasing, and LTBI patients continue to be a challenge to engage. We remain on track for all measures despite this, but are currently working on ensuring that DOT or VDOT continues for patients that are or were infectious. CMH is allowing home visits again, and the RN has made increased efforts to contact eligible families. Immunizations are up, but some patients are residents of Butler County due to a lack of open immunization sites in that region. Syphilis and HIV numbers were updated from Q1 to reflect cases closed, assigned, etc after PIP data was due. We are on track for most measures. We are seeing a significant increase of HIV cases among PWID in Butler County, and these are currently a major focus of our resources. Syphilis numbers are slowly increasing, and we anticipate this trend will continue.

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%	27%	50%			39%	
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%	100%			100%	
75 % of patients who are eligible, begin LTBI treatment	75%	74%	72%			73%	
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	62	48			8%	
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	7			78%	
Syphilis cases are started on treatment within 14 calendar days from the date of case assignment. (Goal >85%)	85%	80%	81%			81%	
# of Syphilis clients treated by HCPH clinic. (10% greater than 2019)	205	43	56			48%	
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	7			89%	
Newly confirmed HIV+ clients attended first medical appt <30 days of HIV+ test date. (Goal >75%)	75%	86%	77%			81%	
Region 8 HIV testing programs will have a greater than 1.0% positivity.	1.0%	2.1%	1.3%			1.7%	

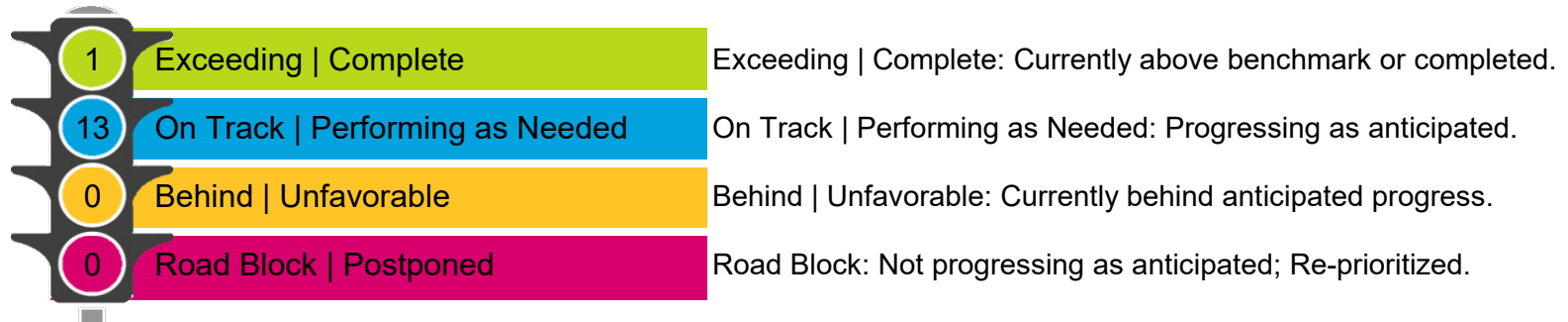
Continuous Quality Improvement

Current Projects New Projects Identified

There are currently no quality improvement projects at this time.

No















No



Programs Narrative

The EH Division continues to be on track with all 14 performance measures. Food inspection numbers are up compared to 2020 as complaints related to COVID orders are no longer being received. The Division continues to use the Sharonville Convention Center for the ServSafe courses and there have been four courses taught this year; including a Spanish course. In October, we will resume ServSafe courses in Dayton-Montgomery County. The EH Division has completed all contracted inspections for mobile home parks in Hamilton County. The Division continues to inspect and complete all mandated programs within the county to protect our citizens and communities.

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)		5,881	1,672	1,838			60%	
Number of people educated (3-Year Avg)		880	115	130			28%	
Number of facilities that are brought through the enforcement process (3-Year Avg.)		53	14	24			72%	
Housing and Nuisance Inspections		3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of housing inspections completed		986	165	344			52%	
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)		1,241	17	809			67%	
Number of equipment inspections completed		420	0	331			79%	
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		322	34	163			61%	
Campground Inspections - Number of standard inspections conducted (License Year: May 1 - April 30)		20	1	13			70%	
Public Accommodation Facilities - Number of standard inspections conducted per calendar year		196	56	75			67%	
Manufactured Home Parks - Number of contract inspections conducted (Per Contract)		30	13	17			100%	
Smoke Free Ohio - Number of inspections conducted (3-Year Avg)		35	7	3			29%	
Rabies Prevention and Control		3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4		Status
Number of quarantine notices sent		693	138	220			52%	
Number of samples sent to the Ohio Department of Health for testing		77	3	10			17%	

Continuous Quality Improvement

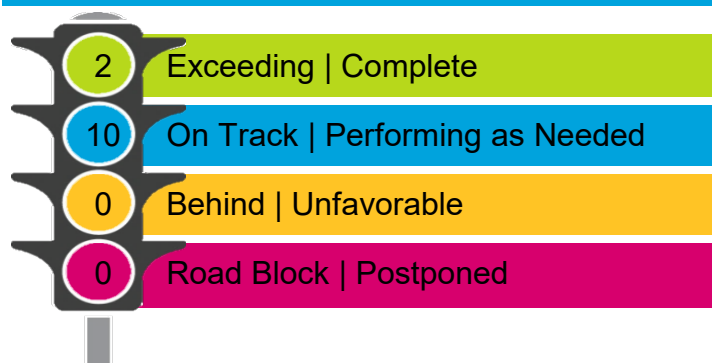
Current Projects

New Projects
Identified

There are currently no quality improvement projects at this time.

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 Emergency Preparedness (EP) program is on track or exceeding with all 12 of its 2021 performance measures. EP continued to play a role in the agency's response to COVID-19. The program has been focusing on identifying community POD (or clinic) and mobile clinic locations to administer the COVID-19 vaccine. Community and mobile clinics are identified and scheduled across the HCPH jurisdictions and in high-risk communities. In addition, the team is overseeing the "homebound" vaccination program where we are working with our agency mobile vaccination teams, jurisdiction Fire/EMS departments and home health agencies to push out vaccine to the vulnerable homebound population. The EP Program continues to manage the numerous COVID-19 grants that have been awarded to HCPH to fund the work as a response to the COVID-19 pandemic and oversees the completion of deliverables as required by the local PHEP, regional PHEP and CRI grants.

Programs

Public Health Emergency Preparedness	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Local PHEP Grant (BP2 & BP3) - # of deliverables completed	15	4	10			93%	
Regional PHEP Grant (BP2 & BP3) - # of deliverables completed	7	4	2			86%	
Number of multi year training and exercise plans written	1	1	0			100%	
Cities Readiness Initiative	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Local CRI Grant - # of deliverables completed	2	1	1			100%	
Percent of medical countermeasure files uploaded in preparation for ODH site visit	100%	100%	100%			100%	
Agency Emergency Preparedness	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Intro to Incident Command (IS100) Training	75%	75%	69%			69%	
Intro to National Incident Management System (IS700) Training	75%	72%	67%			67%	
Advanced ICS Training for command staff (200, 300, 400, 800)	75%	80%	84%			84%	
Department Operations Training for Command staff	75%	80%	85%			85%	
Number of agency emergency preparedness plans reviewed / updated	1	1	1			100%	
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	4	1	1			50%	
Complete 2 annual checks of HCPH panic and lockdown buttons	1	0	0			0%	
Continuous Quality Improvement						Current Projects	New Projects Identified
There are currently no quality improvement projects at this time.						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.

1 Behind | Unfavorable

Behind | Unfavorable: Currently behind anticipated progress.

0 Road Block | Postponed

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

Programs Narrative

In Q2, the epidemiology division was able to return to its normal work across most of its program areas. PCG, an ODH vendor, conducted case interviews and contact tracing for Hamilton County COVID cases allowing the epi division to focus on COVID outbreaks and regular surveillance activities. The division was able to reestablish its routine contract reports for Adams, Brown, and Highland Counties as well as our monthly MCH reports. Four facilities have signed on to have a tele-icar conducted as part of the Division's NACCHO BLOC grant and initial meetings are happening at the end of June. The injury surveillance programs was able to get an additional data source into our Tableau Server platform and is currently working on the external injury data with The Health Collaborative. The daily OD, monthly OD, and SSP reports are now all available on our Tableau server as well as embedded into the HCPH reports webpage. The division is currently dealing with changes in staffing as our senior communicable disease investigator left in April, while three injury epidemiologists left the agency in Q2 for other opportunities. Second round interviews for the epidemiologist positions have been completed with the hope of staff starting in these positions in early Q3. The division is currently supporting efforts with the Disease Prevention Division on an investigation of PWID HIV cases among Butler County residents.

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%	100%	100%			100%	
Percent of AHEAD tool modules updated within Tableau.	100%	13%	0%			13%	
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%	82%	100%			91%	
Percent of monthly contract reports completed by established deadlines.	100%	0%	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%	0%	75%			19%	
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 10/2019 and 9/2020 reviewed by FIMR. (Requirement of 15%)	15%	0%	8%			53%	
Percent of local monthly and quarterly surveillance reports completed by established deadlines.	100%	33%	100%			67%	
Percent of monthly and quarterly FIMR reports submitted to ODH by grant deadline.	100%	100%	100%			100%	
10 MCH grant required interviews conducted by FIMR staff.	10	3	3			60%	
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%	63%	18%			80%	
Continuous Quality Improvement						Current Projects	New Projects Identified

There are currently no quality improvement projects at this time.

No

No



1 Exceeding | Complete

Exceeding | Complete: Currently above benchmark or completed.

6 On Track | Performing as Needed

On Track | Performing as Needed: Progressing as anticipated.

2 Behind | Unfavorable

Behind | Unfavorable: Currently behind anticipated progress.






1 Road Block | Postponed




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



Programs Narrative

HIV and Hep C testing continues to fall below an acceptable threshold however we are working with the DP Division that contracts for the SSP testers to develop better client engagement strategies for testing. We continue to provide safe syringe kits based on a needs based model. We are researching the use of contingency management in order to develop more effective strategies in the collection of syringes. We are also pursuing the distribution and maintenance of strategically placed syringe disposal containers in a high risk communities as another means of safe syringe disposal. We have conducted 1 system coordination meeting and the next meeting will be in May. We are on target to successfully complete this indicator. We have broadened the scope of Harm Reduction collaborations and have engaged several new partnerships within early child education, workforce development, child care, and transportation partners. Our last few meetings had 35-40 attendees! As of yet, we have not completed any OFR interviews however we needed to solidify the process with other county partners - this has been accomplished and we are set to begin interviews within the next quarter. We have just finalized a contract with BWA, who will be developing our stigma campaign. We anticipate meeting this performance goal over the next two quarters. We are the identified county leader to implement Handle with Care (a trauma informed care program between schools and law enforcement). Our first meeting with Hamilton County Schools that are interested in this program is set for next quarter. On track to expand SSP/Harm Reduction services in the Price Hill area, possibly partnering with Equitas, Mt. Washington and in discussion with Colerain Township.

Programs

Harm Reduction	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of syringes distributed	464,632	249,884	305,603			120%	
Number of syringes received	330,596	138,490	164,358			92%	
Hepatitis C testing increased by 10% over 2019 for syringe services	287	34	37			25%	
HIV testing increased by 10% over 2019 for syringe services	517	61	162			43%	
Expand to two additional sites for syringe services (e.g. pop up, mobile, brick and mortar)	2	0	0			0%	

Harm Reduction Partnerships	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Complete two addiction treatment collaborative events	2	1	2			150%	
Expand number of community partners engaged in the monthly harm reduction meeting by 5 providers	5	4	25			580%	
Percent of OFR cases that have family / significant other interviews conducted	10%	0%	0%			0%	

Addressing Stigma	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of venues reached with stigma marketing material	20	0	0			0%	
Number of trauma informed care / adverse childhood events training	25	0	0			0%	

Continuous Quality Improvement	Current Projects	New Projects Identified
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There are currently no quality improvement projects at this time.

No

No



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 Narrative



All metrics within the division of Health Promotion and Education are on track. ODH removed the grant deliverable related to the number of tobacco trainings for the current grant fiscal year. Tobacco trainings will be implemented during the new grant fiscal year (Q3 and Q4). HPE staff anticipates being able to achieve the metric during Q3 and Q4. Madison Witczak joined the HPE team as a Health Educator. She will be focused on the Tobacco Use Prevention and Cessation Grant. Nicole Key transitioned to the WeTHRIVE! Team. Loveland Local Schools adopted a 100% tobacco-free policy creating tobacco free environments within the school district for all students, staff, and visitors. More detailed grant reports are available for the Tobacco, Maternal and Child Health, and Ohio Equity Institute grants.





Programs

Tobacco Grant (7/1/20 to 6/30/21)	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	97,399	474,651			147%	

Number of engagements for tobacco grant paid media campaigns (Quarterly Avg.)	388	97	805			232%	
Number of tobacco related trainings and education as outlined by the grant	2	0	0			0%	

Maternal & Child Health (10/1 to 9/30/21)	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 9/30/21)	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of outreach avenues utilized by neighborhood navigators to identify women	6	6	6			100%	
Number of pregnant women screened by OEI neighborhood navigators that meet eligibility criteria for OEI services	300	16	47			21%	

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	Current Projects	New Projects Identified
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M. Knaebel and C. Iwasko are providing support for the Lincoln Heights Vaccine Quality Improvement Project. The goal of the project is to increase the vaccinated rate within the Village of Lincoln Heights. The project is currently in the pilot stage- with HCPH hosting mobile pop-up clinics at 8 locations within the Village.

Yes

No

PLUMBING



0 Exceeding | Complete

Exceeding | Complete: Currently above benchmark or completed.

7 On Track | Performing as Needed

On Track | Performing as Needed: Progressing as anticipated.

0 Behind | Unfavorable

Behind | Unfavorable: Currently behind anticipated progress.

1 Road Block | Postponed

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

Programs Narrative

The plumbing division is on track achieving 7 of 8 performance measures in the second quarter. Plumbing permits are remaining steady and inspections are continuing as scheduled. Fewer medical gas permits have been issued than in previous years. Because of supply limitations (wood, plastics, etc.), we are just now seeing an increase in plumbing permits that normally occur in spring. New backflows are meeting targets. We have restarted contacting commercial facilities to request access to conduct backflow surveys.

Programs							
Plumbing Inspections	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of plumbing permits issued	3,968	821	1,032			47%	
Number of plumbing inspections completed	8,617	1,749	2,369			48%	
Number of residential plan reviews completed	3,410	721	847			46%	
Number of commercial plan reviews completed	563	102	185			51%	
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	2	10			46%	
Number of medical gas inspections completed	130	15	40			42%	
Backflow Prevention	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of new backflow devices registered	331	56	61			35%	
Number of backflow / cross connections surveys completed	69	0	0			0%	
Continuous Quality Improvement						Current Projects	New Projects Identified

There are currently no quality improvement projects at this time.

No

No



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 Narrative

The Division of Waste Management is on track to achieve all 10 of its performance measures. Most body art inspections are conducted in 4th quarter prior to license renewals. There has been a push to get scrap tire inspections and the first of two annual compost facility inspections completed in 2nd quarter. This is in an effort to identify and address any mosquito harborage issues which can be common at these sites; especially in the warmer months. Lead poisoning investigations have been caught up from the temporary suspension of in-home investigation activities due to COVID-19. HUD grant start up activities continue with staff attending New Grantee Orientation (NGO) training. On-boarding of one additional staff for this program has been completed with one additional planned for 4th quarter. Staff continued to assist with mass vaccination clinics as well.

Programs

Body Art

Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of facility inspections (Requirement)	41	3	1		10%	
Number of unlicensed facilities located and enforcement initiated (3-Yr Avg)	3	0	3		100%	

Construction and Demolition Debris

Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of CD&D facility inspections completed	158	34	41		47%	

Solid Waste Inspections

Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of solid waste facility inspections completed	42	7	14		50%	
Number of scrap tire facility inspections completed	50	1	51		104%	
Number of compost facility inspections completed	24	0	13		54%	
Number of solid waste nuisance and open dumping investigations completed (3-Yr Avg)	130	17	25		32%	

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	7	8		60%	
Number of newly identified children with blood levels greater than 10 µg/dL	11	2	4		55%	
Number of public health lead poisoning investigations completed	11	5	10		136%	

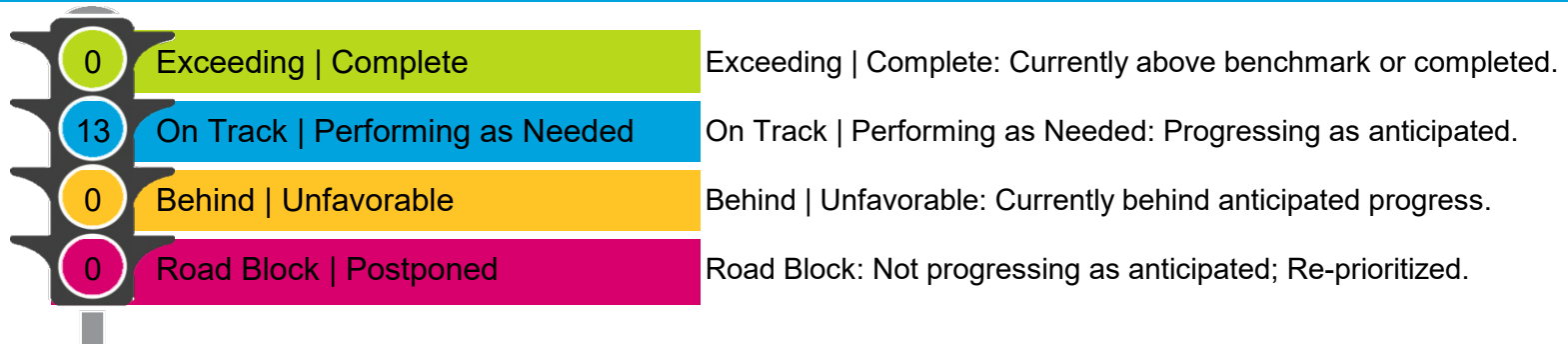
Continuous Quality Improvement

Current Projects	New Projects Identified
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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. One potential project identified is a complete revamp of inspection forms. Currently, these are fillable pdf's, many of which need to be updated. With the Microsoft 365 suite, there are included products that may be a better fit for these forms.

In Progress














Yes



Programs Narrative

The Division of Water Quality (WQ) is on track with all 13 of its 2021 performance measures. The temporary COVID-19 policy to pause sending of sewer orders except when related to nuisance complaints or badly failing systems was discontinued beginning in May 2021. Similarly, the temporary ban on conducting in-person trainings has been lifted allowing our staff to begin training on stormwater pollution prevention and best management practices to stormwater district member jurisdictions. No additional CQI project has been selected for 2021. Instead, continuation of 2020 improvements are underway.

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)	12,137	2,533	3,536			50%	
First Reinspections: Percent Passing	70%	69%	65%			67%	
Second Reinspections: Percent Passing	53%	50%	53%			52%	
Number of STS Operation Permit Follow-up Inspections	3,170	497	1082			50%	
Number of Individual Improvement / Modifications Inspections Requested	269	58	93			56%	
Number of Requests for Variances (Includes STS & PWS)	38	7	15			58%	
Applications to Replace or Install a Sewage Treatment System	88	18	19			42%	
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	6			17%	
Number of nuisance complaint investigations completed	533	62	137			37%	
Number of STS's Mapped	648	0	10			2%	
Number of sanitary sewer connection orders issued	68	1	21			32%	
Number of Stormwater Pollution Prevention Plan Inspections Completed	36	0	0			0%	
Train Government Employees	299	0	5			2%	

Continuous Quality Improvement

Current Projects

New Projects
Identified

There are currently no quality improvement projects at this time.

No

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

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	100%	100%	100%			100%	
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

Revise and relaunch the Health Equity Champions group.	Percent Complete:	50%	
Update most frequently used materials into other languages (Goal = 2)	# Complete:	1	
Implement process for assessing the readability of new documents to be used by HCPH (1.4.2)	Percent Complete:	100%	

Customer Service Feedback

Implement 2021 surveys (Requirement)	Status	Status
	In Progress	
Finalize 2022 survey and audit schedule (Q4 of 2021)	Not Started	
Provide findings and recommendations based on completed surveys and audits to divisions and to the PMC	In Progress	

Program Implementation Plan

2021 Program Implementation Plan adopted by the HCPH BOH and dashboard completed	Status	Status
	Yes	
2021 Quarterly review of HCPH dashboard metrics review completed by Program Implementation Team	In Progress	
2022 Program Implementation Plan adopted by the HCPH BOH (To start in Q1 2022)	Not Started	

Community Health Improvement Plan

2022 progress reporting to the Public Health Advisory Council and other key stakeholders	Status	Status
	In Progress	