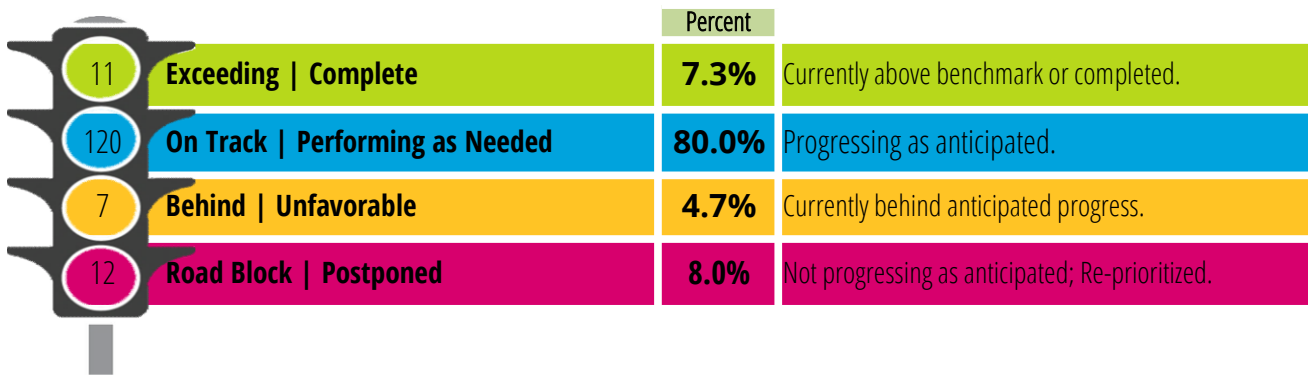




Program Implementation Plan Results: 2nd Quarter, 2020

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

Despite the Governor’s Emergency Declaration and COVID-19 response efforts, HCPH had a successful second quarter of 2020. There were 7 percent of all metrics that performed as “Exceeded | Completed” and 80 percent performed as "On Track | Performing as Needed." Nearly 13 percent of metrics are currently behind or postponed due in large part to COVID-19, which is up from 11 percent last quarter. The most significant impacts related to COVID-19 has been observed in the divisions of Harm Reduction and Epidemiology. While HCPH is working hard to complete 2020 metrics, we’re continuing to see the growing impact that COVID-19 is having on the agency's performance overall. We will continue to closely monitor the impact as we move forward into subsequent quarters.

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





The Customer Service Group issue 6,154 licenses and permits, as well as 9,871 birth and death certificates. Compared to the second quarter report in 2019, death certificates issued are up over 1,600 in 2020; birth certificates have decreased by nearly 300 compared to 2019. However, we are seeing increases in birth certificates issued so far in June 2020. The 2020 annual reporting was submitted to ODH, which included documentation on accreditation quality indicators. Emergency communication activities continue to exceed expectations due to COVID-19. 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 second 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	2,809			44%	
Number of death certificates issued <small>G. Varner</small>	24,686	6,404	7,062			55%	
Number of EHS permits issued <small>G. Kesterman</small>	18,132	4,870	5,111			55%	
Number of EHS licenses issued <small>G. Kesterman</small>	4,016	2,583	1,043			90%	

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	0.67			67%	

Accreditation

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

Administration

Administration	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Finance - internal reports, audits, and budgets complete (25% indicates quarter complete) <small>G. Varner</small>	100%	25%	25%			50%	
Finance - Grants - required meetings, budget and expenditure reports complete (25% indicates quarter complete) <small>G. Varner</small>	100%	25%	25%			50%	
Human Resources - Number of new hires that have completed orientation <small>S. Taylor</small>	100%	1	1			100%	
Human Resources - Number of HCPH personnel policies reviewed <small>S. Taylor</small>	76	41	15			74%	
Public Information - HCPH share of voice (comparing Cincinnati Health and Northern Kentucky communications) <small>M. Samet</small>		Yes	Yes			Yes	
Emergency Communication - Quarterly review, update, and test of emergency preparedness contacts and lists <small>M. Samet</small>	8	10	12			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 continued to work 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. However, due to COVID-19, gatherings of this group were placed on hold. 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. 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	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	In Progress	
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	In Progress	
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	In Progress	



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

Disease Prevention continued to meet quarterly performance goals in the Children with Medical Handicaps and TB Control programs. The clinic instituted stricter infection control practices and social distancing measures. Walk-in patients are no longer accepted, and appointments were limited to active TB cases only; non-urgent TB appointments were added to a 'recall list'. In June, services were increased to once again to accommodate non-priority patients who were not seen during April and May. There was a decline in immunizations, as well as HIV/STI in-person services due to COVID-19. Our staff is conducting outreach to public schools in highly disadvantaged communities around the County to offer pop-up immunization clinics at the schools. DIS staff have resumed HIV testing at the Justice Center; our partner Caracole has also resumed onsite testing. As clinic services have slowly reopened, we are seeing an uptick in Syphilis cases.

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%	56%			55%	
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%	100%	100%			100%	
100 % of patients lost to LTBI treatment will have documented follow-up efforts	100%	96%	100%			196%	
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	163	60			17%	
Syphilis	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
9 of 9 grant metrics are meeting or exceeding required targets.	9	8	4			44%	
Syphilis cases are started on treatment within 14 calendar days from the date of case assignment. (Goal >85%)	85%	91%	89%			90%	
# of Syphilis clients treated by HCPH clinic. (10% greater than 2019)	205	66	47			55%	
HIV	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
9 of 9 grant metrics are meeting or exceeding required targets	9	8	8			89%	
Newly confirmed HIV+ clients attended first medical appt <30 days of HIV+ test date. (Goal >75%)	75%	90%	1%			77%	
Region 8 HIV testing programs will have a greater than 1.0% positivity.	1.0%	0.01	1.0%			0.01	
Continuous Quality Improvement						Current Projects	New Projects Identified

There are no current or identified CQI projects for Disease Prevention.

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 Division of Environmental Health is on track in all 14 of its 2020 Program Implementation Plan objectives. Food inspection numbers are down slightly when compared with second quarter of 2019 due to COVID-19. Last year at this time, 3,020 inspections were completed as compared to 2,670 inspections this year. The team has been working hard; it is anticipated that inspections will be back on track by the conclusion of the licensing year in February, 2021. Food education numbers are down due to the cancellation of food safety classes. We are working with Sharonville Convention Center to get classes rescheduled with social distancing and other rules in place. Swimming pool and campground inspections are underway as COVID-19 orders have allowed them to open under restrictions. Smoke Free Ohio inspections have seen a decrease from the average in first and second quarter.

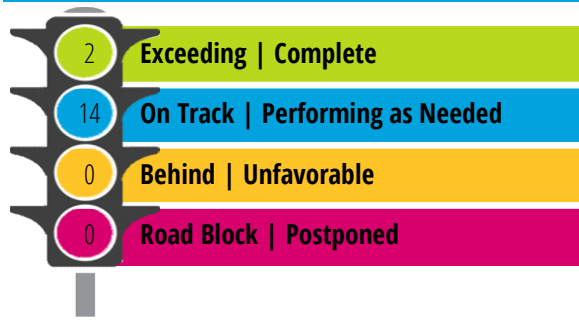
Programs

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	822			41%	
Number of people educated (3-Year Avg)	1,265	166	0			13%	
Number of facilities that are brought through the enforcement process (3-Year Avg.)	49	13	5			37%	
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	192			26%	
Average number of days to respond to complaint (Requirement)	3	3	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)	1,272	21	206			18%	
Number of individuals and facilities in attendance at annual swimming pool educational course (3-Year Avg.)	16	0	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	89			29%	
Campground Inspections - Number of standard inspections conducted (License Year: May 1 - April 30)	20	0	8			40%	
Public Accommodation Facilities - Number of standard inspections conducted per calendar year	126	10	12			17%	
Manufactured Home Parks - Number of contract inspections conducted (Per Contract)	86	28	56			98%	
Smoke Free Ohio - Number of inspections conducted (3-Year Avg)	43	8	3			26%	
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	195			40%	
Number of samples sent to the Ohio Department of Health for testing	86	14	22			42%	
Continuous Quality Improvement						Current Projects	New Projects Identified

The EH Division 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 has postponed data collection for a proposed project in 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.

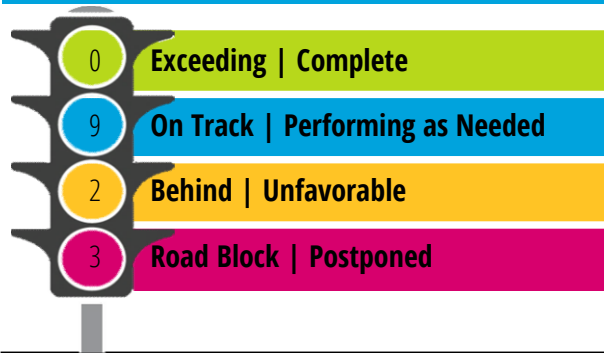
Road Block: Not progressing as anticipated; Re-prioritized.

Programs Narrative

The EP Program worked completed the remaining deliverables from the PHEP Core, Regional and CRI grants. HCPH's Emergency Response Plan was finalized and promulgated. Two grants applications were submitted to ODH and approved for COVID-19 Response (\$650,243) and Contact Tracing (\$544,127). EP is working with the Hamilton County Emergency Management & Homeland Security Agency to receive and push out personal protective equipment, such as N95 and KN95 masks, surgical masks, gloves, gowns, and face shields to long-term care facilities, hospitals, and county agencies. A weekly Situation Report (SitRep) is produced and distributed to agency staff and community partners that summarizes the agency's COVID-19 response activities; it is posted on the HCPH website for the community to access.

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	7			56%	
Regional PHEP Grant (BP1 & BP2) - # of deliverables completed	10	3	1			40%	
Number of multi year training and exercise plans written	2	1	0			50%	
Cities Readiness Initiative	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Local CRI Grant - # of deliverables completed	4	0	1			25%	
Percent of medical countermeasure files uploaded in preparation for ODH site visit	100%	0%	0%			0%	
Agency Emergency Preparedness	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Intro to Incident Command (IS100) Training	80%	84%	0.85			85%	
Intro to National Incident Management System (IS700) Training	80%	81%	0.82			82%	
Advanced ICS Training for command staff (200, 300, 400, 800)	80%	82%	0.82			82%	
Department Operations Training for Command staff	80%	80%	0.8			80%	
Number of agency emergency preparedness plans reviewed / updated	15	25	0.000001			167%	
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			0%	
# of POD drills/exercises completed	2	0	0			0%	
# of new updated MOUs signed	3	6	7			433%	
Percentage of POD plans reviewed / updated	50%	50%	80%			80%	
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	3			50%	
Complete 2 annual checks of HCPH panic and lockdown buttons	2	0	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 three indicators for surveillance are on track. Epi continues to collaborate with the Health Collaborative/Health Bridge to collect hospital injury data directly from their agency instead of from each hospital system; our data request is still in process. However, we will begin to receive a daily injury report w/o demographic information until the request is approved. A new Epidemiologist and Communicable Disease Specialist will be hired to help with COVID-19 response. Communicable disease metrics were not achieved in Q2 due to the effort/time spent on COVID-19 response efforts. Three of five indicators for Maternal and Child Health are on track. FIMR team has been affected by COVID-19 and has not been able to review cases; alternate measures are being considered. All Epi-related 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%			50%	
Percent of facilities reporting injury data to epidemiology division.	100%	100%	100%			50%	
Percent of AHEAD tool modules updated within Tableau.	100%	10%	5%			15%	

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%	60%	0%			15%	
Percent of monthly contract reports completed by established deadlines.	100%	0%	0%			0%	
Percent of outbreaks opened in ODRS within one business day of notification to the local health dept.	100%	100%	100%			50%	
Percent of outbreaks closed within 90 days of onset date of last case.	100%	100%	100%			50%	

Maternal and Child Health	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Percent of OEI monthly reports and surveillance data submitted to ODH by grant deadline.	100%	100%	100%			50%	
Percent of all fetal deaths between 10/2018 and 9/2019 reviewed by FIMR. (Requirement of 15%)	15%	3%	3%			33%	
Percent of local monthly and quarterly surveillance reports completed by established deadlines.	100%	100%	100%			50%	
Percent of monthly and quarterly FIMR reports submitted to ODH by grant deadline.	100%	100%	100%			50%	
10 MCH grant required interviews conducted by FIMR staff.	10	1	0			10%	

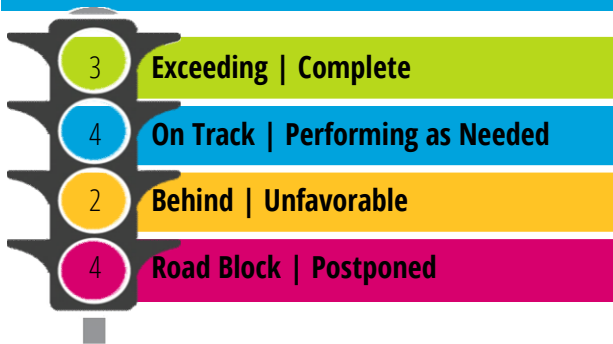
Harm Reduction	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Percent of daily and monthly reports completed by established deadlines	100%	100%	100%			50%	
Percent of data sources built into the Tableau dashboard	100%	10%	25%			35%	

Continuous Quality Improvement	Current Projects	New Projects Identified
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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

Six of 13 performance measures experienced a road block/were postponed due to the restrictions and safety measures put into place in regard to COVID-19. The Syringe Service Program (SSP) adapted to a needs based, appointment only model of service in order to ensure client and staff safety. SSP sites outside of our region were suspended during the Governor's Stay At Home orders. However, prior to the suspension, clients in our service area received a 30-day supply of safe syringe tools. The Harm Reduction program increased its social media presence and interaction with clients (via Facebook) and began utilizing a text service to send out alerts, etc. Staff took a proactive approach in contacting everyone that contacted the SSP dedicated phone line to reach out and check in with participants to provide guidance, as needed. Seven measures were on track or exceeding. Harm Reduction continued the process of expanding SSP/Harm Reduction services with the Cincinnati VA and renting space in the Price Hill area.

Programs

Harm Reduction	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of new clients (Increase by 10%)	1,600	372	311			43%	
Number of outreach avenues utilized to engage new populations	12	0	3			25%	
Number of syringes distributed	325,000	105,290	120,544			69%	
Number of syringes received	325,000	86,841	39,464			39%	
Hepatitis C testing increased by 10% over 2019 for syringe services	261	48	0			18%	
HIV testing increased by 10% over 2019 for syringe services	139	91	0			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			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%			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	0			1%	
Number of venues reached with stigma marketing material	20	0	0			0%	
Number of trauma informed care / adverse childhood events training	20	0	0			0%	

Continuous Quality Improvement	Current Projects	New Projects Identified
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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, exceeding, or complete. The Tobacco Grant funding has been merged into the next year of grant funding, allowing extensions to some deliverables. The Ohio Equity Institute (OEI) began implementing a new contractor position for OEI navigation services with the UC Department of Obstetrics and Gynecology. This contracted position will further increase opportunities to identify women eligible for OEI services within the emergency room setting. The WeTHRIVE Initiative added two new WeTHRIVE Communities – Wyoming & Miami Township. There were some staffing shifts as a result of COVID-19: Jessica Skelton moved off the Tobacco Grant and into an Emergency Preparedness role; Kim Chelf & Dominique Walker are providing ongoing contact tracing support on the COVID-19 Outbreak Team (0.4 FTE each). Detailed grant reports are available upon request for MCH, OEI, and Tobacco.

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	54274			168%	
Number of engagements for tobacco grant paid media campaigns (Quarterly Avg.)	6505	16895	4639			331%	
Number of tobacco related trainings and education as outlined by the grant	6	6	0			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	3			100%	
Number of child care providers obtaining OHP designation or re-designation	3	1	3			133%	
Number of technical assistance visits provided to child care providers	12	2	3			42%	
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	8			125%	
Number of pregnant women screened by OEI neighborhood navigators that meet eligibility criteria for OEI services	250	39	42			32%	

WeTHRIVE!	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Maintain engagement of existing active WeTHRIVE communities	100%	95%	100%			98%	
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 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. With COVID-19, the team had to be creative for outreach - they excelled in online outreach through social media and online pregnancy related interest groups. The UC Pilot project started 6/1/20 and is identifying additional women that meet eligibility criteria for OEI services from an emergency room setting.	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 Plumbing Division is achieving 7 out of the 8 performance measures. The division has temporarily delayed conducting backflow surveys within businesses; it has shifted its focus on the increase in plumbing inspections and permitting activity. Medical gas continues to see growth as new doctor's offices and medical centers continue to be built throughout our service areas. The medical gas portion of the new Children's Hospital is nearly completed. We anticipate new medical gas permits for the older portion of the hospital as they begin to renovate those areas.

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	1,008			47%	
Number of plumbing inspections completed	8,920	2,216	2,083			48%	
Number of residential plan reviews completed	3,575	834	882			48%	
Number of commercial plan reviews completed	613	139	135			48%	
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	9			47%	
Number of medical gas inspections completed	113	55	38			82%	
Backflow Prevention	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of new backflow devices registered	311	43	84			41%	
Number of backflow / cross connections surveys completed	133	11	0			8%	
Continuous Quality Improvement						Current Projects	New Projects Identified

CQI PROJECT: The Plumbing Division is reviewing alternative ways to inspect water lines. We are on track to complete this project by the end of the year.

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

Waste Management is on track to achieve 8 of its 10 performance measures. All contractual obligations are being met. Body Art facilities were ordered closed 3/19/20 with reopening 5/15/20; some voluntarily remain closed. Operating guidelines were sent to all facilities via e-mail. Inspections are currently complaint-based; routine inspections will be by appointment to limit contact beginning third quarter. Scrap tire inspections were postponed due to COVID-19, but can be caught up by year end with some modification for records review. Sampling reports were completed from the previous year's sampling at closed and active landfills. With some inspections suspended, the closed landfill report was expanded to include a review and summary of all known closed landfill information; this report is under final review. There were less new cases of lead poisoning this reporting period as compared to previous years. Fewer cases could be due to lack of testing with postponed child wellness checks. Lead poisoning investigations are via phone to limit contact, with in-home investigations to start with completion of a COVID-19 safe process. Staff are assisting with contact tracing, data clean-up, and Responsible RestartOhio complaint investigations.

Programs

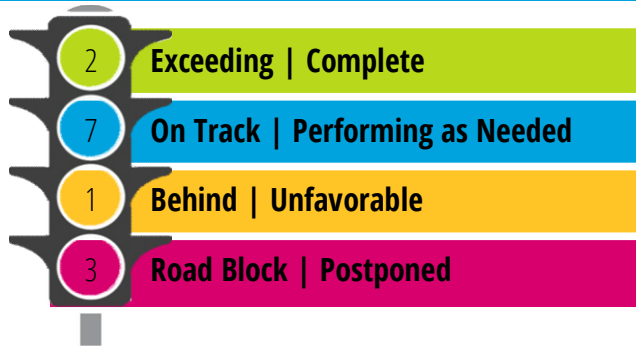
Body Art	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of facility inspections (Requirement)	43	3	1			9%	
Number of unlicensed facilities located and enforcement initiated (3-Yr Avg)	3	0	2			67%	
Construction and Demolition Debris	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of CD&D facility inspections completed	158	32	43			47%	
Solid Waste Inspections	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of solid waste facility inspections completed	42	9	12			50%	
Number of scrap tire facility inspections completed	60	2	3			8%	
Number of compost facility inspections completed	24	0	11			46%	
Number of solid waste nuisance and open dumping investigations completed (3-Yr Avg)	125	26	31			46%	
Lead Poisoning and Prevention	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4		Status
Number of newly identified children with blood levels between 5-10 µg/dL	25	3	2			20%	
Number of newly identified children with blood levels greater than 10 µg/dL	15	2	4			40%	
Number of public health lead poisoning investigations completed	15	2	1			20%	

Continuous Quality Improvement

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 on track or exceeding in 8 of 13 performance measures. STS follow-up inspections are lower than the three-year average as a result of staffing; there are currently two open STS inspector positions. STS installation/replacement applications are lower than the three year average, likely due to the impacts of COVID-19. Three stormwater program metrics are currently postponed because of COVID-19, as well as a shift away from the residential property work in that program. Rather, the stormwater team is working on a request by the Stormwater District to provide mapping/updating of private stormwater infrastructure which is largely on commercial property at this time. The division's quality improvement project on septage hauler reporting is continuing and building upon 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	2,996			46%	
First Reinspections: Percent Passing	73%	68%	1			70%	
Second Reinspections: Percent Passing	57%	47%	0.49			48%	
Number of STS Operation Permit Follow-up Inspections	3,768	700	698			37%	
Number of Individual Improvement / Modifications Inspections Requested	222	55	94			67%	
Number of Requests for Variances (Includes STS & PWS)	35	14	4			51%	
Applications to Replace or Install a Sewage Treatment System	105	16	15			30%	
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	0			15%	
Number of nuisance complaint investigations completed	461	98	73			37%	
Number of HSTS's Mapped	821	227	0			28%	
Number of sanitary sewer connection orders issued	42	45	48			221%	
Number of Stormwater Pollution Prevention Plan Inspections Completed	34	0	0			0%	
Train Government Employees	314	0	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. What was learned from this CQI project will be expanded or STS service providers, contracts and report submittal.

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	72		135%	
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>1</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 2020 surveys (Requirement)		
	<i>Yes</i>	
Finalize 2020 survey and audit schedule (To start in 4Q)		
	9	1
	1	1
Provide findings and recommendations based on completed surveys and audits to divisions and to the Performance Management Council	22%	
	<i>Yes</i>	

Program Implementation Plan

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

Community Health Improvement Plan

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



0	Exceeding Complete
2	On Track Performing as Needed
0	Behind Unfavorable
0	Road Block Postponed

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

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.