

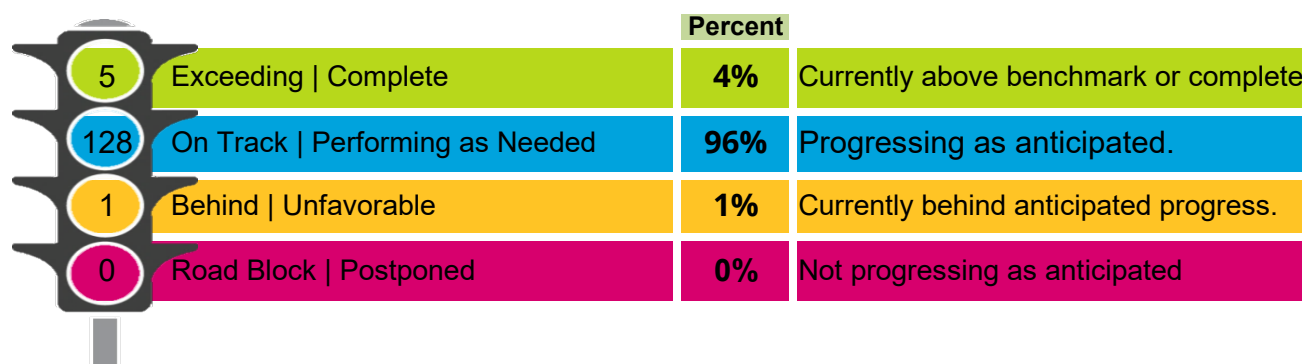


HAMILTON COUNTY PUBLIC HEALTH

Program Implementation Plan Results: 1st Quarter, 2022

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 2022 program implementation plan has been updated to reflect updated metrics for the agency's programs and services for Q1 of 2022. HCPH had a successful first quarter. Four percent of all metrics performed as "Exceeded | Completed" and 96 percent performed as "On Track | Performing as Needed." One percent of metrics were behind or postponed due in large part to COVID-19. HCPH will continue to closely monitor the impacts COVID-19 is having on the agency's overall performance overall.

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ADMINISTRATION



HAMILTON COUNTY
PUBLIC HEALTH

1st Quarter
2022



0 Exceeding | Complete

Exceeding | Complete: Currently above benchmark or completed.

12 On Track | Performing as Needed

On Track | Performing as Needed: Progressing as anticipated.

0 Behind | Unfavorable

Behind | Unfavorable: Currently behind anticipated progress.

0 Road Block | Postponed

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

Programs Narrative

The customer service group issued 8,334 licenses and permits. The Vitals team issued 12,754 birth and death certificates. Documentation and population health outcome indicators required for reaccreditation was finalized and uploaded into the e-PHAB portal. The final submission will occur in early Q2 after payment has been processed by PHAB. Emergency preparedness communication activities continue to exceed expectations due in part to COVID-19. All other administrative activities are performing as needed.

Programs

Customer Service & Vital Statistics	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of birth certificates issued							
D. Comeau	13,854	2,894				21%	
Number of death certificates issued							
D. Comeau	29,839	9,860				33%	
Number of EHS permits issued							
C. Davidson	19,554	5,676				29%	
Number of EHS licenses issued							
C. Davidson	3,936	2,658				68%	

Board of Health Training	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of Board of Health training hours							
G. Kesterman	2.00	0.00				0%	

Accreditation

Annual accreditation report created and submitted							Status
R. Stowe						In Progress	
Monitored timely reporting of notifiable/reportable diseases, lab test results, and investigation results (Measure 2.1.5A)							
J. Mooney	50%	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%	
Finance - Grants - required meetings, budget and expenditure reports complete (25% indicates quarter complete)							
G. Varner	100%	25%				25%	
Human Resources - New hires that have completed orientation							
S. Taylor	100%	100%				100%	
Human Resources - Quarterly review of HCPH personnel policies (25% indicates quarter complete)							
S. Taylor	100%	25%				25%	
Emergency Communication - Quarterly review, update, and test of emergency preparedness contacts and lists							
M. Samet	4	2				50%	



Exceeding | Complete: Currently above benchmark or completed.

On Track | Performing as Needed: Progressing as anticipated.

Behind | Unfavorable: Currently behind anticipated progress.

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

Programs Narrative

Implementation of HCPH's 2022-2026 Strategic Plan began during the progress period. An annual implementation plan was developed for each priority area to guide the work. All metrics are performing as needed. Several key actions are slated to begin in Q2 or Q3. Many key actions for Strong Leadership and Workforce are underway. New Hire Orientation continues to be revised and is scheduled to be relaunched in late Q2/early Q3. The Tier 1 Health Equity Training for all staff is also in development. The interactive training was piloted with the Health Equity coaches; the self-paced introductory video was filmed during the progress period and is in the editing stage. Several Foundational Infrastructure key actions also began. The Public Information team is working to make updates to the agency's website with feedback from division directors and staff. An initial partner organization list was compiled and is being organized into priority focus areas. The IT team worked on finalizing the server upgrade as well as ongoing IT management. Lastly, an internal team was convened to assess facility/space needs. An architect has been engaged to assist with the assessment process.

Programs:

Strong Leadership and Workforce

	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Percent of staff completing CCPHP assessment	80%	0%				0%	
Percent of staff completing Tier 1 Health Equity training	80%	0%				0%	
Percent staff recruitment and retention key actions complete	100%	25%				25%	
Percent of required staff completing New Hire Orientation	80%	0%				0%	
Percent of public health workforce and pipeline key actions complete	100%	25%				25%	

Flexible and Sustainable Funding

	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Percent of finance key actions completed	100%	0%				0%	

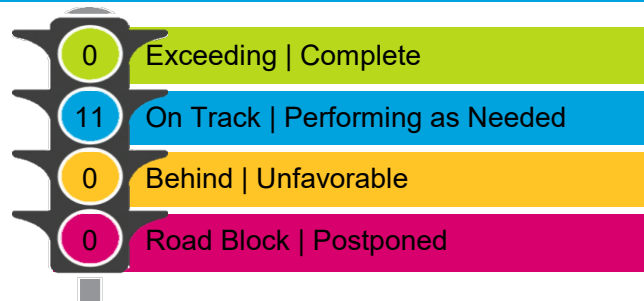
Timely and Locally Relevant Data

	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Percent of data access and availability key actions completed	100%	0%				0%	

Foundational Infrastructure

	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Percent of public information key actions completed	100%	50%				50%	
Percent of strategic partnerships key actions completed	100%	25%				25%	
Percent of information technology key actions completed	100%	20%				20%	
Percent of facilities key actions completed	100%	50%				50%	

DISEASE PREVENTION



Exceeding | Complete: Currently above benchmark or completed.

On Track | Performing as Needed: Progressing as anticipated.

Behind | Unfavorable: Currently behind anticipated progress.

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

Program Narrative

The Disease Prevention Division is going through a period of rapid change and growth. We are working on expansion of our clinical operations that will allow us to see more clients for STI and HIV services, including adding another exam room for added clinical volume. We are adding and adjusting staff roles as needed, and the addition of a clinic manager to oversee clinic flow/function is leading to more standardized practices and updated protocols. We are seeing a slow increase in patients who are willing to allow the CMH nurse to come to their homes for visits, and we plan to offer small incentives to increase these numbers further. The increase in number of syphilis cases treated tracks with overall state trends that show an increase in cases, though Hamilton County is seeing a slower increase in cases than the rest of the state. Testing under the EHE grant started at 2 partner sites at the beginning of March, and these testing numbers can be added as metrics in Q2. Immunization numbers are reflective of a slower time of year for that program, but we also had a lot of clients from other counties coming to our site due to Covid-19 related closures at other sites.

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%	38%				38%	
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%	
75 % of patients who are eligible, begin LTBI treatment	75%	63%				63%	
100 % of patients lost to LTBI treatment will have documented follow-up efforts	100%	100%				100%	
Immunizations	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Total vaccine administration will increase by 25% (2019 was 1,064; 2020 goal is 1,330)	1330	95				7%	
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				89%	
Syphilis cases are started on treatment within 14 calendar days from the date of case assignment. (Goal >85%)	85%	98%				98%	
# of Syphilis clients treated by HCPH clinic. (10% greater than 2019)	205	102				50%	
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				89%	
Newly confirmed HIV+ clients attended first medical appt <30 days of HIV+ test date. (Goal >75%)	75%	72%				72%	
Region 8 HIV testing programs will have a greater than 1.0% positivity.	100.0%	33.0%				33%	

Continuous Quality Improvement

Current Projects New Projects Identified

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

No

No



0 Exceeding | Complete

Exceeding | Complete: Currently above benchmark or completed.

14 On Track | Performing as Needed

On Track | Performing as Needed: Progressing as anticipated.

0 Behind | Unfavorable

Behind | Unfavorable: Currently behind anticipated progress.

0 Road Block | Postponed




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

Programs Narrative



The Environmental Health Division is on track/performing as needed with 14 of 14 metrics through the first quarter. The food program is ahead of schedule due to the new licensing period starting in March and many of the level 1 and 2 facility inspections have now been completed. The ServSafe food safety training program continues to see an increase in participants through the first quarter. HCPH is one of only two health departments in Ohio currently offering in person classes.

Programs



Food Safety and Education

Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of FSO / RFE inspections completed (License Year: March 1 - February 28)	5,990	2,471			41%	
Number of people educated (3-Year Avg)	459	125			27%	
Number of facilities that are brought through the enforcement process (3-Year Avg.)	52	17			33%	






Housing and Nuisance Inspections

3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of housing inspections completed	1,152	302			26%	
Average number of days to respond to complaint (Requirement)	2	2			100%	



Public Swimming Pools and Spas

Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of public swimming pool and spa inspections completed (License Year: June 1-May 31)	1,253	25			2%	
Number of equipment inspections completed	210	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	345	35			10%	
Campground Inspections - Number of standard inspections conducted (License Year: May 1 - April 30)	23	1			4%	
Public Accommodation Facilities - Number of standard inspections conducted per calendar year	197	56			28%	
Manufactured Home Parks - Number of contract inspections conducted (Per Contract)	57	20			35%	
Smoke Free Ohio - Number of inspections conducted (3-Year Avg)	22	4			19%	

Rabies Prevention and Control

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

Continuous Quality Improvement

Current Projects

New Projects Identified

No

No



Exceeding | Complete: Currently above benchmark or completed.

On Track | Performing as Needed: Progressing as anticipated.

Behind | Unfavorable: Currently behind anticipated progress.

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




Programs Narrative



The EP Division continued completing PHEP, CRI and COVID-19 grant deliverables and is on track with 12 of 12 metrics through the first quarter. One of the PHEP grant deliverables was to update the agency's Continuity of Operations Plan (COOP). The COOP was updated according to a detailed rubric provided by ODH. The EP Division continued updating the agency's COVID-19 Response After-Action Report and drafting the agency's Environmental Health Response Annex. The EP Division welcomed a new Public Health Response Coordinator to the team, Sarah Moore.






COVID-19 response operations update:



- Q1 vaccine distribution started strong, but requests for PODs have tapered significantly.
- Direct outreach, specifically targeting high SVI areas, has improved POD requests in our high need/ low vaccine rate areas.
- Over 3,500 COVID-19 rapid test kits have been distributed to community members through PODs, Libraries of Cincinnati- Hamilton County, Council on Aging and local fire/police.
- Since December 2020, HCPH has administered over 85,000 vaccines through closed, open, and homebound POD efforts.
- Continued outreach efforts included; calling all individuals that have not yet received a booster/ 2nd dose, but received a previous dose with HCPH (list includes over 42k individuals), email blasts to faith-based organizations, low income senior housing, fire, police, and community partners.

Programs

Public Health Emergency Preparedness	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Local PHEP Grant (BP3 & BP4) - # of deliverables completed	26	14				54%	
Regional PHEP Grant (BP3 & BP4) - # of deliverables completed	13	8				62%	
Number of multi year training and exercise plans written	1	0				0%	

Cities Readiness Initiative	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Local CRI Grant - # of deliverables completed	8	6				75%	
Percent of medical countermeasure files uploaded in preparation for ODH site visit	100%	1%				1%	

Agency Emergency Preparedness	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Intro to Incident Command (IS100) Training	75%	72%				72%	
Intro to National Incident Management System (IS700) Training	75%	73%				73%	
Advanced ICS Training for command staff (200, 300, 400, 800)	75%	81%				81%	
Department Operations Training for Command staff	75%	59%				59%	
Number of agency emergency preparedness plans reviewed / updated	100%	1%				1%	

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	0			0%	
Complete 1 annual checks of HCPH panic and lockdown buttons	1	0			0%	

Continuous Quality Improvement	Current Projects	New Projects Identified
	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

The Epidemiology Division has largely been on track and performing as needed during Q1 of 2022. The Child Fatality Review completed its annual entry and reporting of case information to the Ohio Department of Health during this time period. The FIMR program also utilized an intern to assist the Community Action Team with developing a work plan off of prior year recommendations around child and infant mortality reviews. Topics that the team will be building into its work plan include safe sleep and patient advocacy among healthcare providers. The infectious disease team has begun working on activities related to the NACCHO Building Local Operational Capacity + grant. These activities are focused around building local capacity for healthcare associated infections and other antibiotic resistant organism surveillance and infection control processes; a continuation of the work started last year for COVID infection controls assessments and response. The injury epidemiology program area continues to support the harm reduction division with surveillance and reporting on various harm reduction and overdose topics. Dashboards have been built for nearly all harm reduction/overdose data sets at this time. The division currently has an opening for an MCH epidemiologist to assist with Ohio Equity Institute work as our previous person in the position left just after the end of Q1.

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%	75%				75%	
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%	100%				100%	
Percent of monthly contract reports completed by established deadlines.	100%	100%				50%	
Percent of outbreaks opened in ODRS within one business day of notification to the local health dept.	100%	100%				100%	
Percent of outbreaks closed within 90 days of onset date of last case.	100%	100%				25%	
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 1/2022 and 12/2022 reviewed by FIMR. (Requirement of 15%)	15%	0%				0%	
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%	
11 MCH grant required interviews conducted by FIMR staff.	11	0				0%	
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%	
Percent of data sources built into the Tableau dashboard	100%	75%				75%	
Continuous Quality Improvement						Current Projects	New Projects Identified
						No	No

HARM REDUCTION



3 Exceeding | Complete

Exceeding | Complete: Currently above benchmark or completed.

5 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 Harm Reduction Division is on track or exceeding metrics for Q1. The division continues to grow and is now fully staffed. Expanding our SAFE services in the community. Partnering with Equitas is providing opportunities to provide outreach in a high risk overdose area for minority populations and allows us to provide warm hand offs for primary care services. Exceeding number of community partners participating in our system coordination work however continue to

Programs							
Harm Reduction	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of syringes distributed	464,632	226,560				49%	
Number of syringes received	330,596	137,530				42%	
Expand to two additional sites for syringe services (e.g. pop up, mobile, brick and mortar)	2	2				100%	
Harm Reduction Partnerships	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Harm Reduction Subcommittee meetings (including workgroup meetings)	2	5				250%	
Expand number of community partners engaged in the quarterly 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
Number of venues reached with stigma marketing material	20	23				115%	
Number of trauma informed care / adverse childhood events training	25	6				24%	
Continuous Quality Improvement						Current Projects	New Projects Identified
						No	No



2 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

All metrics within the division of HPE are On Track for Q1. Two staff members resigned their positions within the division during Q1, the division director is in process of hiring staff to fill the open positions. The WeTHRIVE! Team launched the Child Care initiative to all WeTHRIVE! Communities. Eager Achievers join the initiative and became an official WeTHRIVE! Child Care provider. Updates to the WeTHRIVE! community assessments were finalized and are being piloted within WeTHRIVE! community teams. Mt. Healthy Schools and North College Hill Schools updated their wellness policies to align with best practices. Three earned media campaigns related to tobacco cessation and youth vaping ran during Q1 and 5 trainings around tobacco cessation, youth access, vaping were provided to community partners. OEI staff hosted 2 BUMP events during Q1 to bring together pregnant and post-partum women; during each BUMP event an education was provided around breastfeeding. OEI Navigators continue to identify new strategies to connect and engage with eligible women. Additional grant reports available upon request.

Programs

Tobacco Grant (7/1 to 6/30)	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of impressions for tobacco grant paid media campaigns (Quarterly Avg.)	389,596	980,333				252%	
Number of engagements for tobacco grant paid media campaigns (Quarterly Avg.)	5	3				60%	
Number of tobacco related trainings and education as outlined by the grant	10	5				50%	
Maternal & Child Health (10/1 to 9/30)	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of Adolescent Health Advisory Committee meetings	4	2				50%	
Create adolescent health implementation plan as outlined by grant						Yes	
Create adolescent health evaluation plan as outlined by grant						Yes	
Ohio Equity Institute (10/1 to 12/31)	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of outreach avenues utilized by neighborhood navigators to identify women	6	5				100%	
Number of pregnant women screened by OEI neighborhood navigators that meet eligibility criteria for OEI services	300	25				8%	
WeTHRIVE!	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Maintain engagement of existing active WeTHRIVE! communities	100%	100%				100%	
Maintain engagement of existing WeTHRIVE school districts	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
						No	No

PLUMBING



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/performing as needed with 8 of 8 performance measures in the first quarter of 2022. Plumbing permits and inspection progress remain strong. Two permits for large apartment buildings were processed this quarter -- unusual for the middle of winter. Medical gas and backflow inspection programs are on track and continue to keep the team busy.

Programs

Plumbing Inspections	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of plumbing permits issued	3,968	958				24%	
Number of plumbing inspections completed	8,617	2,682				31%	
Number of residential plan reviews completed	3,410	811				24%	
Number of commercial plan reviews completed	563	147				26%	
Medical Gas Permits	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of medical gas blueprint reviews completed	26	4				15%	
Number of medical gas inspections completed	130	39				30%	
Backflow Prevention	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of new backflow devices registered	331	33				10%	
Number of backflow / cross connections surveys completed	69	17				25%	
Continuous Quality Improvement						Current Projects	New Projects Identified
						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 Narrative

The Waste Management Division is on track/performing as needed with 10 of 10 performance measures. Though scrap tire and compost facility inspections for the year have just begun, this is normal as we attempt to inspect those facilities in quarters 2 and 3 to better target mosquito breeding season. The 1st quarter is generally report writing season from the previous year's sampling at closed and active landfills. New lead poisoning referrals are up over previous years for 1st quarter. Staff has shifted work appropriately to accommodate and continue to provide rapid investigations. These cases are feeding into the HUD lead hazard reduction grant work.

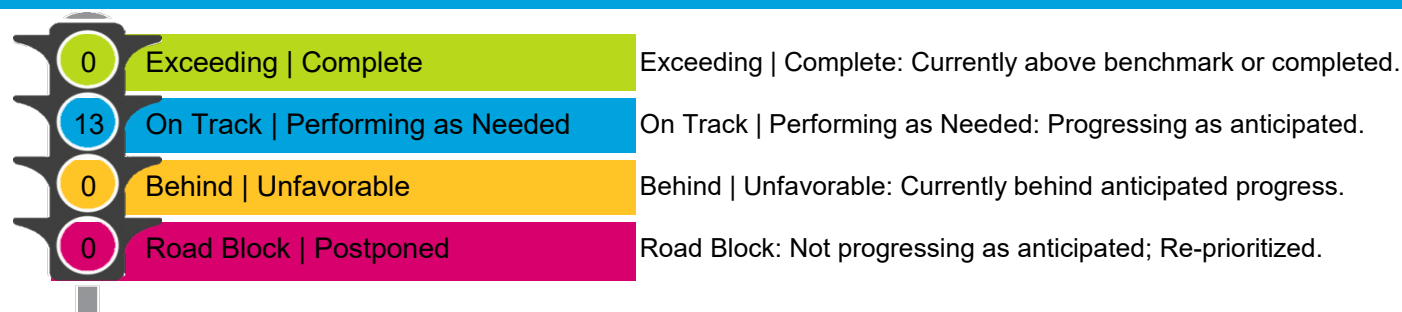
Programs

Body Art	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of facility inspections (Requirement)	50	10				20%	
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	116	36				31%	
Solid Waste Inspections	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of solid waste facility inspections completed	42	13				31%	
Number of scrap tire facility inspections completed	50	2				4%	
Number of compost facility inspections completed	24	0				0%	
Number of solid waste nuisance and open dumping investigations completed (3-Yr Avg)	130	54				42%	
Lead Poisoning and Prevention	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4		Status
Number of newly identified children with blood levels between 5-10 µg/dL	25	16				64%	
Number of newly identified children with blood levels greater than 10 µg/dL	12	5				42%	
Number of public health lead poisoning investigations completed	12	7				58%	
Continuous Quality Improvement						Current Projects	New Projects Identified

No new CQI projects identified.

In Progress














No



Programs Narrative

13 of 13 Division of Water Quality metrics are on track/performing as needed through the first quarter. Several stormwater program related metrics do not start until later in the year, and therefore have no progress shown presently. One stormwater program team member has been working on COVID related projects full-time since the beginning of the year. He will be resuming his normal work duties with the stormwater program in the coming quarter.

Programs

Sewage Treatment Systems	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of STS Operation Permit Initial Inspections (Requirement)	11,863	3,038				26%	
First Reinspections: Percent Passing	67%	69%				69%	
Second Reinspections: Percent Passing	51%	51%				51%	
Number of STS Operation Permit Follow-up Inspections	2,077	671				32%	
Number of Individual Improvement / Modifications Inspections Requested	295	65				22%	
Number of Requests for Variances (Includes STS & PWS)	42	24				57%	
Applications to Replace or Install a Sewage Treatment System	76	14				18%	
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				0%	
Number of nuisance complaint investigations completed	252	54				21%	
Number of STS's Mapped	500	75				15%	
Number of sanitary sewer connection orders issued	68	8				12%	
Number of Stormwater Pollution Prevention Plan Inspections Completed	36	0				0%	
Train Government Employees	299	0				0%	
Continuous Quality Improvement						Current Projects	New Projects Identified

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

In Progress

No

PERFORMANCE MANAGEMENT SYSTEM



HAMILTON COUNTY
PUBLIC HEALTH

1st Quarter

2022



0 Exceeding | Complete

Exceeding | Complete: Currently above benchmark or completed.

9 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%	60%				60%	
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

			Status	Status
Develop Tier 1 Health Equity Training for all staff	Percent Complete:	50%		
Percent of staff receiving Tier 1 Health Equity Training (target: 80 percent)	Percent Complete:	0%		
Additional Health Equity Coaches recruited (target: 5)	# Complete	0.00		

Customer Service Feedback

	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD/ Status	Status
Implement 2022 surveys (Requirement)	5	1				20%	
Finalize 2023 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

	Status	Status
2023 Program Implementation Plan adopted by the HCPH BOH and dashboard completed (Q4)	In Progress	
2022 Quarterly review of HCPH dashboard metrics review completed by Program Implementation Team	In Progress	

Community Health Improvement Plan

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