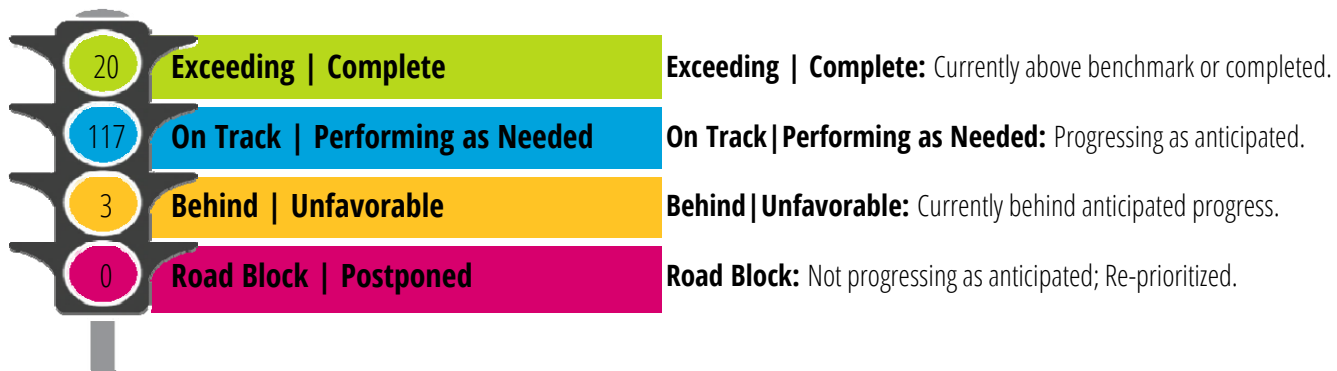


Program Implementation Plan

Results: 3rd Quarter, 2019

This Program Implementation Plan outlines the actions, outputs and outcomes that will be accomplished by HCPH divisions during 2019. 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 Plan of Work Workgroup and approved by the Performance Management Council and Hamilton County Board of Health.

Program Implementation Plan Agency Summary

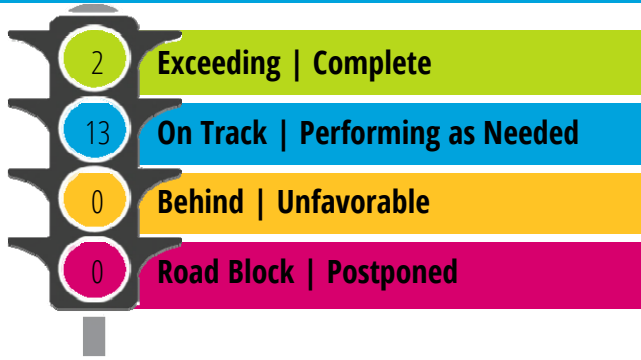


Program Implementation Plan Agency Narrative

Hamilton County Public Health has completed the third quarter with nearly all programs on-track or exceeding their assigned metrics. One of the largest accomplishments in third quarter was the awarding of the Overdoes Data to Action Grant from the Centers for Disease Control and Prevention. The award is for \$5.3 million for three years and will focus on the complex and changing nature of the drug overdoes epidemic. This award help reshape our harm reduction program into an actual division. Other quarter highlights include efforts by the Division of Epidemiology to manage the high number of outbreak reports and our clinical services's high dedication to testing and treating the increase in TB cases. We are making preparations for our final community event commemorating HCPH's 100 year anniversary. This will conclude our 100 year celebration which has brought focus and attention to the hard work our staff do each and every day.

Program Implementation Plan Index

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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







Third Quarter was strong for Administration. The customer service group has issued 18,650 licenses and permits. Vital Statistics issued over 28,200 birth and death certificates. This is slightly below the prior year's benchmark by eight percent. Administration is currently meeting all requirements for the Public Health Accreditation Board (PHAB) including the submission of the 2019 annual report, preparation for the 2020 annual report and assignments related to reaccreditation. All required reporting and emergency preparedness activities are currently on track or exceeding expectations.

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	15,495	3,191	3,079	3,524		63%	
Number of death certificates issued G. Varner	26,512	5,957	5,879	6,653		70%	
Number of EHS permits issued G. Kesterman	8,254	4,418	4,550	5,966		181%	
Number of EHS licenses issued G. Kesterman	3,936	2,543	861	312		94%	

Board of Health Training	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of Board of Health training hours T. Ingram	2.00	0.42	0.33	1.00		88%	

Accreditation	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Annual accreditation report created and submitted G. Kesterman						Yes	
Monitored timely reporting of notifiable/reportable diseases, lab test results, and investigation results (Measure 2.1.5A) J. Mooney						Yes	
A system to receive and provide urgent and non-urgent health alerts and to coordinate an appropriate public health response (Measure 2.4.2 A) M. Samet	Tests Completed by Quarter (8 required):	2	3	2	0	88%	
Implement culturally competent initiatives to increase access to health care services for those with barriers due to cultural, language, or literacy (Measure 7.2.3 A) M. Samet						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%	25%		75%	
Finance - Grants - required meetings, budget and expenditure reports complete (25% indicates quarter complete) G. Varner	100%	25%	25%	25%		75%	
Human Resources - Number of new hires that have completed orientation S. Taylor	100%	4	3	5		100%	
Human Resources - Number of HCPH personnel policies reviewed S. Taylor	76	20	20	20		79%	
Public Information - HCPH share of voice (comparing Cincinnati Health and Northern Kentucky communications) M. Samet	50%	54%	35%	65%		51%	
Emergency Communication - Quarterly review, update, and test of emergency preparedness contacts and lists M. Samet	8	2	3	2		88%	



Exceeding | Complete: Currently above benchmark or completed.

On Track | Performing as Needed: Progressing as anticipated.

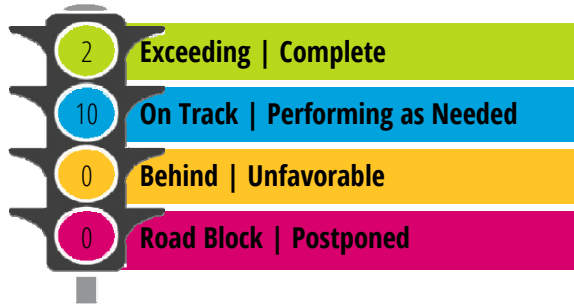
Behind | Unfavorable: Currently behind anticipated progress.

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

Programs Narrative

Staff have been active working on year three of the Hamilton County Public Health Strategic Plan. HCPH continues to seek partnerships with the Hamilton County Mental Health Board and Cincinnati Children's Hospital to assist with youth suicide prevention. The Substance Abuse initiative is now fully operationalized, having completed its first full year of operations. For additional details, see page 7 of the program implementation tab. To further enhance this work, HCPH was awarded \$5.3 million grant funding from the Centers for Disease Control and Prevention. The Overdose Data to Action grant will provide significant focus to the drug overdose epidemic and will assist in providing an interdisciplinary, comprehensive and cohesive public health approach to the issue. The newly formed Oral Health Coalition has gained approval of its strategic plan from the Hamilton County Board of County Commissioners. The coalition will begin to address major gaps in oral health in Hamilton County.

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

All Disease Prevention performance metrics are on track and the staff have continued to have a very busy 2019. The division continued to grow and expand programs, and increased staffing to support program growth. Our vaccine program is active, and has been able to offer influenza and hepatitis vaccines throughout the quarter. However, we anticipate Q4 to capture the majority of the flu vaccines. We have increased the availability of hepatitis A vaccines among vulnerable populations, including on The Exchange Project, and in addition treatment centers throughout Hamilton County. We continue to work on policy and programmatic improvements in tuberculosis and assist with HIV/STD clinical needs by providing treatment in our clinic for syphilis. We continue to serve adult and pediatric patients in tuberculosis control, BCMH, HIV/STD, and Immunization programs.

Programs Original values reported in 1st & 2nd Q were revised to more accurately reflect data

Children with Medical Handicaps	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status		
25 % of eligible families are contacted each quarter (quarter reported in % contacted; Approximately 1,100 patients annually)	100%	25%	29%	48%	26%	49%	53%	100%	

Tuberculosis Control	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Total number of tuberculosis screenings	1200	231	302	334		72%	
Active cases of tuberculosis managed by Disease prevention staff	20	10	14	20		220%	

Immunizations	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status	
Total number of flu vaccines administered (3 year average)	120	6	21	9	19	0	33%	
Total combined number of VFC and 317 vaccines administered (3 year average)	1490	300	207	345	250	289	50%	
All services compliant with VFC program guidelines and ACIP recommendations	100%	100%	100%	100%		100%	100%	

STD	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	7		78%		
50% reduction in incidence of congenital syphilis cases. Goal is zero cases. (3-Yr Avg.)	5	0	0	0		0%		
Reduce 2019 primary / secondary syphilis cases to 15% below 3 year average (2016-2018 P&S syphilis average cases = 79)	68	15	27	24	26	14	99%	
# of Syphilis clients served (3 Yr Avg) - Increased Treatment (**Prior years, treatment was provided by Cincinnati, which resulted in a low benchmark for 2019.)	12	53	69	16	60	41	1417%	

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	29	9	44	8	8	89%	
Reduce 2019 HIV cases to 15 % below 3 year average (2016-2018 HIV average cases = 174)	148	29	43	44	42	47	89%	

Continuous Quality Improvement Current Projects New Projects Identified

Scott Puthoff has been assigned to be the project coach for the immunization CQI project identified in the CHIP. The team was formed and meetings began this quarter. Work will continue through the end of the year. The project is slightly behind schedule as the originally assigned project coach resigned and took a position with the Department of Environmental Services.	Yes	Yes
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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

The Division of Environmental Health is on track or exceeding all 14 of its 2019 Program Implementation Plan objectives at the conclusion of third quarter. Food inspection numbers are currently at 66% with half of the licensing year completed. Food education numbers are currently steady at 62.1% with continued full classes at HCPH and in Dayton. Staff continues to promote the program during food service inspections. Summer swimming season is now complete with inspections at 87.9%. The remaining inspections represent indoor swimming pools that will be inspected through the remainder of the licensing year on June 1, 2020. Campground inspections are on track at 65% and staff will remain focused on completing these inspections over the next several months. Public accommodation facility inspections and manufactured home park inspections are complete for 2019. School second-round inspections will be starting again in October and are at 51.7% for the year.

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	1,536	1,484	1,231		66%	
Number of people educated	1,265	184	274	327		62%	
Number of facilities that are brought through the enforcement process (3-Year Avg.)	49	21	19	19		120%	

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	313	253	600		70%	
Average number of days to respond to complaint (Requirement)	3	2	2	2		100%	

Public Swimming Pools and Spas

	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of public swimming pool and spa inspections completed (License Year: June 1-May 31)	1,272	21	480	617		88%	
Number of individuals and facilities in attendance at annual swimming pool educational course (3-Year Avg.)	16	0	20	0		125%	

Additional Inspection Programs

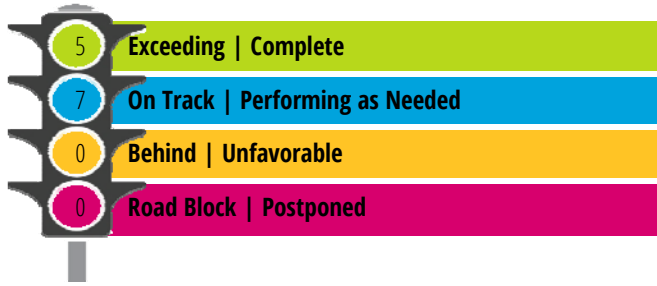
	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
School Inspections - Number of standard inspections conducted per calendar year	344	14	163	1		52%	
Campground Inspections - Number of standard inspections conducted (License Year: May 1 - April 30)	20	0	6	7		65%	
Public Accommodation Facilities - Number of standard inspections conducted per calendar year	126	98	23	15		108%	
Manufactured Home Parks - Number of contract inspections conducted (Per Contract)	86	0	118	0		137%	
Smoke Free Ohio - Number of inspections conducted (3-Year Avg)	43	20	14	13		109%	

Rabies Prevention and Control

	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of quarantine notices sent	808	124	225	236		72%	
Number of samples sent to the Ohio Department of Health for testing	86	7	19	42		79%	

Continuous Quality Improvement

	Current Projects	New Projects Identified
The Division has been working on two project including a project involving public pools and standardizing current enforcement process. The project will include an update for the inspection standard operating guidelines. Data has been initially gathered and changes made to the enforcement process. Data gathering for the final phase of the project is nearing completion. Data is also being gathered to complete the online payment CQI and present the data.	In Progress	Yes


5 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.

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

Programs Narrative

The Emergency Preparedness (EP) Program is on track and performing as needed for all metrics and has been working to complete required grant deliverables for the PHEP and the CRI grants. During this reporting period, the EP Program drafted the agency's Pandemic Influenza Response Annex and its Cold Storage Standard Operating Procedure. HCPH was recognized by ODH as the first LHD in the state of Ohio to be rated as "established" by the Centers for Disease Control and Prevention's (CDC) Division of State and Local Readiness (DSLRL) for the Operational Readiness Review Tool. DSLR has implemented a rigorous operational readiness review (ORR) process to evaluate local capacity and capability to distribute and dispense life-saving medicines and supplies to the right people at the right time. DSLR designed the ORR to measure a jurisdiction's operational readiness – the ability to plan and successfully execute a large MCM response in the event of an intentional release of anthrax or during other public health emergencies, such as pandemic influenza. The EP Program conducted Emergency Preparedness outreach at multiple schools in the county. The agency's preparedness specialist educated elementary school kids on emergency preparedness and identifying the various natural disasters that occur in the county. The EP Program continued to conduct point of dispensing (POD) training to locations around the County that are set up to act as POD sites in the event of a public health emergency.

Programs

Public Health Emergency Preparedness	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Local PHEP Grant (BP2: '18-'19) - # of deliverables completed (grant ends 6/30/19)	23	7	16	NA		100%	
Regional PHEP Grant (BP2: '18-'19) - # of deliverables completed (grant ends 6/30/19)	8	2	6	NA		100%	
Local PHEP Grant (BP1: '19-'20) - # of deliverables completed (grant begins 7/1/19)	8	NA	NA	3		38%	
Regional PHEP Grant (BP1: '19-'20) - # of deliverables completed (grant begins 7/1/19)	3	NA	NA	3		100%	
Cities Readiness Initiative	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
2018-2019 Grant - # of deliverables completed (grant ends 6/30/19)	1	0	1	NA		100%	
2019-2020 Grant - # of deliverables completed (grant begins 7/1/19)	4	NA	NA	2		50%	
Points of Dispensing (POD) Sites	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
# of POD orientation trainings completed	5	1	2	3		120%	
# of POD drills/exercises completed	3	1	0	3		133%	
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 system	4	1	1	1		75%	
Complete 1 per quarter after hour check on HCPH fax system	4	1	1	1		75%	
Complete 1 per quarter after hour check on HCPH website	4	1	1	1		75%	
Complete 2 annual checks of HCPH panic and lockdown buttons	2	0	1	0		50%	
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

The Epidemiology Division is on track and performing as needed on 9 of its 11 metrics listed. The division is still working on finishing the collection of 2015-2017 and 2018 injury data. The division is running into an issue with being able to establish consistent communication with one of the hospital systems to collect the data. Outbreaks identified in Q3 of the PIP were less than those in Q2, however for the year we are already at 113% of the number of outbreaks based on a 3 year average. This is likely due to increased awareness of schools, daycares, and other facilities with reporting requirements for outbreaks. The Maternal and Child Health epidemiologists continue to perform their work as needed for the OEI, CFR, and FIMR programs. The Community Action Team (CAT) is being restructured to allow for two separate committees to deal with CFR and FIMR respectively, to implement new programs/recommendations. The FIMR CAT team is currently working on their items to implement, but they have not been completed as of this report. The epidemiology division is also dealing with staff transitions and hiring as two new positions have been created as a result of the OD2A grant. Tom Boeshart has transitioned to senior epi over infectious disease and Whitney Remy has been promoted to senior epi for maternal and child health. Unfortunately our infectious disease epi, Alexis Grimes Trotter, has moved on to work with CDC NIOSH. We are currently interviewing to back fill both Alexis and Whitney's positions, ultimately leading to four epidemiologists that will be hired during Q4 of this year.

Programs

Surveillance	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Complete injury surveillance activities (annual injury data collection and AHEAD tool updates)	100%	0%	0%	50%		50%	
Complete daily and monthly overdose reports for Hamilton County	377	76	91	103		72%	

Communicable Disease	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Complete weekly and monthly communicable disease surveillance reports	64	13	16	18		73%	
Complete monthly contract reports and attend quarterly lab network and infection prevention meetings	44	11	11	11		75%	
Number of communicable diseases reported to Epidemiology (3 Year Avg)	1853	559	519	445		82%	
Number of communicable disease outbreak investigations (3 Year Avg)	40	24	14	7		113%	

Maternal and Child Health	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Completion of OEI 2.0 Grant Metrics related to surveillance/reporting	100%	25%	25%	25%		75%	
Completion of Deliverable 3 of FIMR component of MCH Grant (review at least 15% of all fetal deaths 10/2017-9/2018)	11	2	1	5		73%	
Number of CFR case review team meetings conducted	7	1	2	2		71%	
Number of activities implemented by CAT due to CFR and FIMR recommendations	3	0	0	0		0%	
Number of FIMR case review team meetings conducted	6	1	2	3		100%	

Continuous Quality Improvement	Current Projects	New Projects Identified
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The epidemiology division is currently working on a CQI project involving the disease prevention, waste management, and health promotion divisions related to work on pediatric related programs. Specifically, the epi division does follow up/case management on pregnant women with hepatitis B. Epi division staff have created a current state flow chart for the perinatal hepatitis B program and will continue working on the fishbone diagram needed for the next CQI team meeting.

Yes

Yes
Page 6


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

15 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 for the Harm Reduction program are on track and performing as needed. Every week, new clients access the syringe exchange at all 8 sites of service, including our 2 new sites in Fairfield and our partnership with Caracole. The Narcan Distribution Collaborative is under contract through October, 2019 and is active in community events throughout Hamilton County. As we reach the end of the contract for the NDC we have seen a decrease in distribution due to efforts to better focus our targets in getting Narcan where it is most needed. The Prescription Drug Overdose (PDO) grant met 6 of 8 grant metrics. Although significant progress was made, two objectives were not fully implemented. These two objectives were changed in year three of the grant and required more time and effort to be fully implemented. We were awarded the OD2A CDC grant which allows this program area to now become its own division. As we grow and learn, we anticipate many changes in our metrics for the 2020 calendar year.

Programs

The Exchange Project	2018 Value	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of client visits	10,462	3,043	3,132	3,297		91%	
Number of total clients served	3,400	870	1,970	1,956		141%	
Number of new clients (included in total clients served)	1,517	406	404	419		81%	
Syringes exchanged	337,000	75,498	85,083	80,276		71%	
Hepatitis C Testing							
HCV+	261	49	79	84		81%	
HIV Testing	139	25	43	45		81%	
HIV+	351	80	123	149		100%	
Treatment Referral	1	1	0	0		100%	
Medical Referral	49	4	4	11		39%	
Narcan (doses Distributed)	16	2	5	3		63%	
Pregnancy Tests Provided	854	214	237	213		78%	
Narcan Distribution Collaborative	2018 Value	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Narcan doses distributed (includes Exchange Project)	29,380	8,290	9,000	6,374		81%	
Individuals provided Narcan use education	15,000	2,741	2,952	2,290		53%	
Prescription Drug Overdose Grant	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
8 of 8 grant metrics are meeting or exceeding targets (Grant ends 8/31/2019)	8	8	8	6	NA	75%	

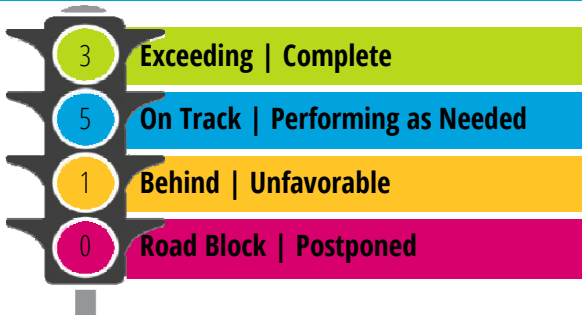
Continuous Quality Improvement

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

Current Projects New Projects Identified

No

 No
Page 7



Exceeding | Complete: Currently above benchmark or completed.

On Track | Performing as Needed: Progressing as anticipated.

Behind | Unfavorable: Currently behind anticipated progress.

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

Programs Narrative

All measures for Health Promotion and Education are on track and performing as needed. Highlights included the following: St. Bernard-Elmwood Place City Schools came on board as the 7th WeTHRIVE! School District on 7/15/19; Delhi Township became the 26th WeTHRIVE! Community after township trustees adopted the WeTHRIVE! resolution on 7/31/19; a Community Health Assessment was presented in Montgomery on 9/12/19; and the WeTHRIVE! Initiative was announced as a finalist for The Health Collaborative's 2019 Inspire Healthcare Gen-H Award. Overall, the Ohio Equity Institute (OEI) grant is performing as needed. However, the team has encountered obstacles with identifying women who qualify for OEI Navigation services in a "service rich-system poor" County. As a result, a quality improvement project was initiated to examine root cause and identify potential solutions. ODH staff is being engaged to assist in this process. Lastly, continuation grant award notifications for FY20 for the Maternal & Child Health (MCH) and OEI 2.0 grants were received. The FY20 Tobacco grant began on 7/1/19. Detailed grant reports are available upon request for the MCH, OEI, and Tobacco grants.

Programs

Tobacco	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Cessation: 4 of 4 grant metrics are meeting or exceeding targets (grant begins 7/1/2018)	4	4	4	N/A		100%	
Prevention: 4 of 4 grant metrics are meeting or exceeding targets (grant ends 6/30/2019)	4	4	4	N/A		100%	
Prevention: 6 of 6 grant metrics are meeting or exceeding targets (grant begins 7/01/2019)	6	N/A	N/A	6		100%	

Maternal & Child Health	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
3 of 3 grant metrics are meeting or exceeding targets (grant ends 9/30/2019)	3	3	3	3		100%	
15 of 15 OEI 2.0 grant metrics are meeting or exceeding targets (grant ends 9/30/2019)	15	14	14	14		93%	

WeTHRIVE!	Status	Status
Maintain engagement of 24 existing WeTHRIVE! Communities	In Progress	
Maintain engagement of 6 existing WeTHRIVE! School Districts	In Progress	
Complete Community Health Assessments in partnership with Division of EPI	In Progress	

Accreditation Standard 5.3.2A (Alignment of CHIP)	Status
HCPH should consider building in linkages from Community Health Improvement Plan to Strategic Plan	In Progress

Continuous Quality Improvement	Current Projects	New Projects Identified
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The division wrapped up its quality improvement (QI) project aimed at standardizing the WeTHRIVE! Process (from recruitment to recognition) in an effort to simplify data collection, improve communication between communities and HCPH, and to allow replication of the WeTHRIVE! process across sectors. A smaller scale process improvement (mini-PDSA) was also completed for the WeTHRIVE! School Initiative to align with the larger QI project. These QI projects will be shared at an upcoming meeting of the Performance Management Council. During the progress period, the OEI team began a QI project to examine root cause and identify potential solutions for improving outreach and engagement of women who qualify for OEI Navigation services in a "service rich-system poor" county. ODH, the funding agency, is also being engaged to assist with identifying solutions. Lastly, staff that are not actively involved in a formal quality improvement project are working on mini process improvements that impact their day-to-day work.

In Progress Yes


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

8 On Track | Performing as Needed
On Track | Performing as Needed: Progressing as anticipated.

0 Behind | Unfavorable
Behind | Unfavorable: Currently behind anticipated progress.

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

Programs Narrative

The Plumbing Division is on track for 8 of 8 metrics at the end of third quarter. Residential permits are slightly lower than expected and below the three year benchmark. Commercial permits remain strong. Revenue is continuing to be above budget expectations. Medical gas inspections continue to be strong with several major projects underway including the new hospital tower at Children’s hospital.

The backflow program has continued to work to increase lawn irrigation compliance. Partnering with the City of Cincinnati, we have successfully increased the number of new backflow devices – we are now at 95 percent of the benchmark. The increase has both been through the use of enforcement correspondence and staff field surveys at commercial properties. A new database to manage the backflow program is anticipated before the end of the year.

Programs

Plumbing Inspections

	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of plumbing permits issued	4,193	692	1,044	1,088		67%	
Number of plumbing inspections completed	8,920	1,734	1,651	1,538		55%	
Number of residential plan reviews completed	3,575	580	891	924		67%	
Number of commercial plan reviews completed	613	112	153	164		70%	

Medical Gas Permits

	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of medical gas blueprint reviews completed	22	5	4	4		59%	
Number of medical gas inspections completed	113	27	19	40		76%	

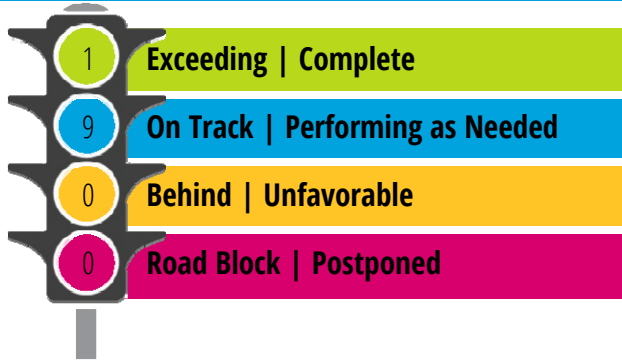
Backflow Prevention

	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of new backflow devices registered	311	37	71	187		95%	
Number of backflow / cross connections surveys completed	133	17	35	13		49%	

Continuous Quality Improvement

Plumbing Division in coordination with customer services has been working on a project to improve the process of payment and submittal of backflow test sheets. Ultimate goal is to reduce the time spent entering the test sheets into the database while maintaining accuracy. The project has been placed on hold due to the resignation of the database specialist. It is anticipated that this position will be filled and the project completed by the end of the year.

Current Projects	New Projects Identified
Yes	Yes


1 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 Narrative

The Division of Waste Management is on track to achieve all of its performance measures. We have been busy conducting scrap tire inspections in conjunction with the deputy sheriff officer employed by the Solid Waste District. Solid waste inspections are higher than usual as we have conducted weekend inspections of Rumpke to ensure proper use of daily cover. Sampling at active and closed facilities has begun and will be completed in fourth quarter. We have received fewer new cases of lead poisoning greater than 10 ug/dL compared to previous years for this time period, though these referrals tend to be sporadic in nature. Staff have engaged in efforts to increase lead testing of children in high risk zip codes.

Programs

Body Art

	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of facility inspections (Requirement)	43	8	6	16		70%	
Number of unlicensed facilities located and enforcement initiated (3-Yr Avg)	3	1	0	0		33%	

Construction and Demolition Debris

	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of CD&D facility inspections completed	158	30	41	47		75%	

Solid Waste Inspections

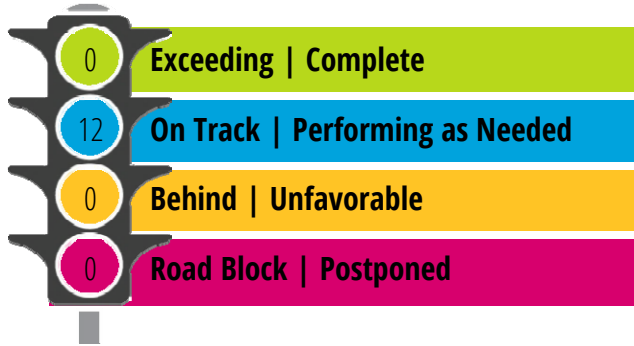
	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of solid waste facility inspections completed	42	11	16	12		93%	
Number of scrap tire facility inspections completed	60	0	29	37		110%	
Number of compost facility inspections completed	24	0	9	6		63%	
Number of solid waste nuisance and open dumping investigations completed (3-Yr Avg)	125	28	41	41		88%	

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	4	8	5		68%	
Number of newly identified children with blood levels greater than 10 µg/dL	15	0	3	0		20%	
Number of public health lead poisoning investigations completed	15	0	3	0		20%	

Continuous Quality Improvement

	Current Projects	New Projects Identified
There are two CQI projects in the "do" stage regarding operating index of MSW landfills and management of certified mailing green cards. There is one possible project identified regarding open dumping and use of cameras; this may be a retroactive documentation and process mapping project. We have also participated in a joint CQI project regarding pediatric case management as it relates to lead poisoning.	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 Division of Water Quality (WQ) is successfully on track with achieving 12 of 12 of its 2019 performance measures. STS follow up inspections are slightly behind the three year average resulting from having different open staff positions through the year. There are several stormwater metrics that increase in the fall and winter months. We are on track and exceeding in many categories but will not meet the 3 year average on Follow-up STS inspections. The CQI project is moving ahead with reporting to the PMC by year's end.

Programs

Sewage Treatment Systems	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of STS Operation Permit Initial Inspections (Requirement)	11,681	2,565	2,846	3,639		77%	
Number of STS Operation Permit Follow-up Inspections	4,465	651	594	712		44%	
Number of Improvement / Modifications Inspections Completed	238	60	71	97		96%	
Number of Requests for Variances (Includes STS & PWS)	25	8	15	10		132%	
Private Water Systems	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
New / Replacement PWS Inspections Completed	5	2	1	4		140%	
PWS Sealing Inspections Conducted	12	4	5	9		150%	
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	67	0	14	49		94%	
Number of nuisance complaint investigations completed	411	46	89	93		55%	
Number of HSTS's Mapped	904	261	240	25		58%	
Number of sanitary sewer connection orders issued	48	4	24	31		123%	
Number of Stormwater Pollution Prevention Plan Inspections Completed	37	0	2	18		54%	
Train Government Employees	296	0	18	84		34%	

Continuous Quality Improvement

Current Projects New Projects Identified

The septage hauler reporting form CQI project is fully underway and data have been collected. Next step is to implement plan and improvements, then study the results. The team is making good progress.

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

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	99	75	1	4		81%	
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

Disability Etiquette Training will be provided to all staff during an all staff meeting (1.1.3)	Status:	<i>Not Started</i>	
Implement strategies to retain a more diverse workforce (1.2)	Percent Complete:	20%	
Complete agency wide Equity Assessment and make recommendations for improvements (1.3)	Percent Complete:	30%	
Update most frequently used materials into other languages (Goal = 2)	# Complete:	1	
Develop process for assessing the readability of new documents to be used by HCPH (1.4.2)	Percent Complete:	75%	
Assess five documents per year for readability at a 4th grade reading level (1.4.3)	# Complete:	0	
Workgroup will coordinate an updated accessibility audit for HCPH offices (1.6.1)	Status:	<i>Not Started</i>	

Customer Service Feedback





Implement 2019 surveys (Requirement)						Status	Status
						In Progress	
Finalize 2020 survey and audit schedule (To start in 4Q)	11	3	2	2		64%	
Provide findings and recommendations based on completed surveys and audits to divisions and to the Performance Management Council						Yes	

Program Implementation Plan

2019 Program Implementation Plan adopted by the HCPH BOH and dashboard completed						Yes	
2019 Quarterly review of HCPH dashboard metrics review completed by Program Implementation Team						In Progress	
2020 Program Implementation Plan adopted by the HCPH BOH (To start in 4Q)						Not Started	


Community Health Improvement Plan

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


	1 Exceeding Complete	Exceeding Complete: Currently above benchmark or completed.
	1 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

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 - Food Safety Class Status

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

ServSafe textbook is currently available to class participants in advance with payment. HCPH website has been updated to show that books can be obtained in advance of the class once payment is made, upon request.