

New Mexico
Department of Health
Quality Improvement Plan

2014-2016



Purpose

The purpose of the New Mexico Department of Health (NMDOH) Quality Improvement Plan (QIP) is to provide guidance about how the New Mexico Department of Health will manage, deploy, and review quality throughout the organization. It describes the processes and activities that will be put into place to ensure quality deliverables are produced consistently and are continuously improved.

The NMDOH Quality Improvement Plan is a disciplined approach to performance management using the Results-Based Accountability (RBA) model, which includes organizational strategic planning, performance management and accountability, operational/business planning and performance, and focused quality improvement efforts.

Policy Statement

The New Mexico Department of Health has an interest in systematically evaluating and improving the quality of its programs, processes, and services in order to achieve a high level of efficiency, effectiveness, and customer satisfaction.

Accreditation and Quality Improvement

The New Mexico Department of Health is applying for health department accreditation under the Public Health Accreditation Board's (PHAB) voluntary, national accreditation program. Under this accreditation program, quality improvement is a cornerstone and reinforces the importance for system-wide quality improvement in public health. Through the accreditation process continuous quality improvement is a foundation, as is exhibited through reaccreditation every five years and reports submitted annually to PHAB. Accreditation and quality improvement are two processes that must work in harmony.

Definitions

Performance Management System

A fully functioning performance management system that is completely integrated into health department daily practice at all levels includes: 1) setting organizational objectives across all levels of the department, 2) identifying indicators to measure progress toward achieving objectives on a regular basis, 3) identifying responsibility for monitoring progress and reporting, and 4) identifying areas where achieving objectives requires focused quality improvement processes. (Public Health Accreditation Board. *Standards and Measures Version 1.0*. Alexandria, VA, May 2011).

Quality Improvement (QI)

Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act,

which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community. Measurable improvements are evaluated by the Performance Management System. (Riley, Moran, Corso, Beitsch, Bialek, and Cofsky. *Defining Quality Improvement in Public Health*. Journal of Public Health Management and Practice. January/February 2010).

Strategic Plan

A strategic plan results from a deliberate decision-making process and defines where an organization is going. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals, and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward. (Swayne, Duncan, and Ginter. *Strategic Management of Health Care Organizations*. Jossey Bass. New Jersey. 2008).

Overview of Quality Improvement in the New Mexico Department of Health

When initiating a quality improvement activity, a natural evolution of change tends to occur, reflecting impact on both the people and processes within the organization. To gain a solid understanding of the barriers, drivers, and nuances along the journey to a QI culture, the National Association of County and City Health Officials (NACCHO) developed the Roadmap to a Culture of QI (QI Roadmap) based on real experiences of practitioners in the field. The QI Roadmap provides guidance on progressing through six phases or levels of QI integration until a culture of QI has been reached and can be sustained. The QI Roadmap also describes the six foundational elements of a QI culture that should be cultivated over time.

The New Mexico Department of Health used the QI Roadmap to assess the amount of activities around quality improvement that are occurring department wide. Currently the NMDOH is in phase three of the QI Roadmap. Discrete quality improvement efforts, generally informal or ad hoc QI activities, are practiced in isolated instances throughout the Department often without consistent use of data or alignment with the steps in a formal quality improvement process. Moving forward, the NMDOH shares some of the characteristics that are listed for phase four, including the use of data to drive decision-making, a data collection system for storing and tracking performance data is currently being implemented Department wide, and formal, in-house quality improvement technical assistance and training is offered to all staff.

Governance Structure

Quality Improvement Council

The Strategic Planning Council (SPC) was established in December 2012 to ensure department-wide input related to strategic planning, quality improvement and other topics related to Public Health Accreditation. As described previously, the SPC has a stated mission and several goals. Providing broad input and oversight for department-wide quality improvement (QI) projects is one of these major tasks. Therefore, the SPC and its members also serve as the Quality Improvement Council (QIC) for NMDOH.

The Quality Improvement Council was established within the SPC to oversee the quality improvement process. As a component of the SPC, the QIC has representation from all divisions and facilities in the Department of Health. QIC members are excited and motivated to work with senior managers to offer NMDOH employees a chance to assist in forging the Department's future. The QIC is responsible for conducting QI efforts and for promoting, challenging, and empowering NMDOH employees to participate in the ongoing process of QI.

The responsibilities of the Council include:

- Developing and approving the Quality Improvement Plan;
- Assuring that the review functions outlined in this the plan are completed;
- Prioritizing issues referred to the QIC for review;
- Assuring the data obtained through QI activities are analyzed;
- Recommending appropriate follow up and problem resolution;
- Identifying educational needs and assuring that staff education for QI takes place;
- Appointing sub-committees or teams to work on specific issues, as necessary;
- Assuring that resources are properly allocated through the establishment of priorities for planning, implementing, and evaluating improvements;
- Monitoring division improvement efforts which directly support NMDOH priority measures;
- Ensuring the organization sustains the gains of its improvement effort;
- Leading NMDOH culture shift toward customer-focused, evidence-based, continuous improvement practices; and
- Reviewing and revising Quality Improvement Plan on an annual basis.

The QIC, as part of the SPC, meets once a month for 90 minutes and maintains records and minutes of all meetings. At least annually, the QIC will provide an update of the QIP to the Cabinet Secretary.

The Quality Improvement Council, as part of the Strategic Planning Council, identifies and defines goals and specific objectives to be accomplished each year. Quality improvement tools and techniques applied in a variety of group and team

situations enable the important data collection, problem analysis, and employee involvement, which are keys to improving performance. Progress in meeting these goals and objectives are an important part of the annual evaluation of quality improvement activities. The following criteria were developed by the members of the SPC in regards to selecting which NMDOH level quality improvement projects to focus on.

Scope

While a potential QI project does not have to impact the entire department, it should not just affect one narrow program or area. We want to maximize the reach. This can include doing a project in just one division, if there is potential to identify best practices that can be shared and replicated in other areas.

Customers

A potential QI project does not have to immediately impact external customers in the community, but rather can focus on internal processes and customers. All internal work will ultimately help the communities we serve by helping NMDOH to function more effectively.

Number of projects

The Strategic Planning Council will pick only one project at a time from each of the four QI focus areas. While there are many quality projects that are not selected, these can continue within their divisions. The Office of Policy and Accountability (OPA) will provide training and support on Results-Based Accountability to these as well; to the extent they have the time and resources.

Project Selection

The NMDOH conducted an Employee Engagement Survey in 2013, which asked employees to identify areas for team improvement. The employees were provided ten areas to select from:

- Mission (Our TEAM understands and follows the overall NMDOH mission, vision, and values.)
- Quality (I understand how success is measured and can contribute to ensuring quality services.)
- Customer Service (We provide services which are timely and tailored to our customers.)
- Training (I have the training needed to accomplish my work successfully and in compliance with rules and regulations.)
- Opportunities for growth (I have the tools I need to learn, do my job better and have career advancement within the NMDOH.)
- Safety (My work place is well maintained and physically safe place to work.)
- Communication (I receive the information I need to do my job effectively.)
- Teamwork (My colleagues and I hold each other accountable and contribute to achieve results.)

- Diversity (My workplace consistently demonstrates support for diverse workforce.)
- Equity (My workplace consistently demonstrates fairness and justice among employees.)

The top three areas, as identified by NMDOH employees were:

- 67.5% Opportunities for Growth
- 51.0% Training
- 49.7% Communication

Two follow-up questions were asked:

- How can your team improve in these areas? (Please provide examples)
- What should be changed to eliminate the weaknesses? (Please provide examples)

Using the text analysis tool within Survey Monkey, the program utilized to administer the Employee Engagement Survey, the top five most common words identified within the qualitative text were:

- Opportunities (19%)
- Employees (17%)
- Staff (15%)
- Improve (13%)
- Teamwork (8%)

A search within the qualitative data was then conducted, specifically searching for the identified key words. The results of the aforementioned review were summarized and presented to the Quality Improvement Council. The QIC, using the previously stated criteria, voted on, and choose four focus areas.

Communications: The activity of conveying information through the exchange of thoughts, messages, or information, as by speech, visuals, signals, writing, or behavior. It is the

meaningful exchange of information between two or more people. Any act by which one person gives to or receives information from another person about that person's needs, desires, perceptions, knowledge, or affective states.

Training and Workforce Development: Through workforce development, individuals can receive training that increases their competency and makes them a greater asset in the workforce. The National Governors Association defines workforce development as "the education, employment, and job-training efforts designed to help employers get a skilled workforce as well as to help individuals to succeed in the workplace."

Health and Safety: An area concerned with protecting the safety, health and welfare of people engaged in work or employment. The goals of occupational safety and health programs include fostering a safe and healthy work environment.

Performance Measures: A performance measure is a numeric description of an agency's work and the results of that work. Performance measures are based on data, and tell a story about whether an agency or activity is achieving its objectives and if progress is being made toward attaining policy or organizational goals. A performance measure is a quantifiable expression of the amount, cost, or result of activities that indicate how much, how well, and at what level, products or services are provided to customers during a given time period.

Quality Improvement Council members were tasked with seeking, within their division, examples of Quality Improvement projects, which aligned with our four focus areas. The members presented their examples to the QI Council and using the previously mentioned criteria selected one project for each of our focus areas.

Quality Improvement Model

Quality improvement activities emerge from a systematic and organized framework for improvement. This framework, adopted by the Cabinet Secretary, is understood, accepted, and utilized throughout the NMDOH. This is a result of continuous education and involvement of staff at all levels of population or performance activities.

Results-Based Accountability (RBA) is a disciplined way of thinking and taking action that can be used to improve the lives of children, families, and communities as a whole. RBA can be used by agencies to improve the performance of their programs. RBA can be adapted to fit the unique needs and circumstances of different communities and programs.

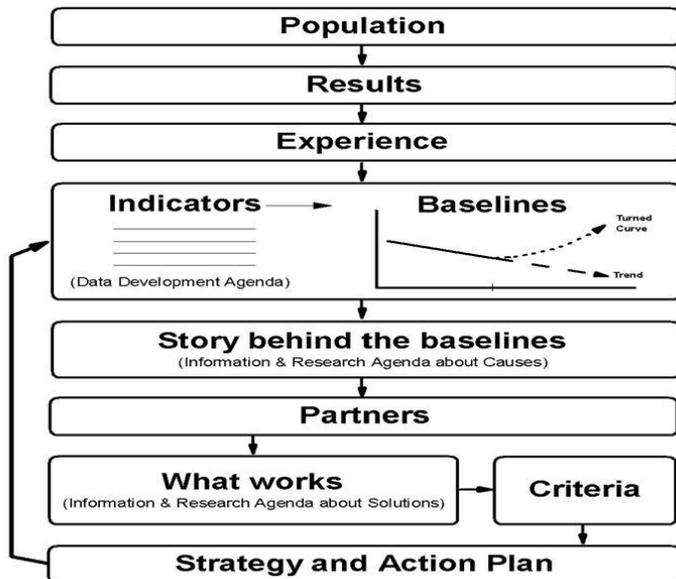
RBA starts with ends and works backwards, step by step, to the means. For programs, the ends are how customers are better off

when the program works the way it should. RBA is a process that gets you and your partners from talk to action quickly. It uses plain language and common sense methods that everyone can understand. RBA is an inclusive process where diversity is an asset and everyone can contribute. Like all good processes, RBA is hard work, though it is work that you control and that makes a real difference in people's lives.

The RBA model can be applied in two ways, either as population accountability or performance accountability. Population accountability is about the well being of whole populations in a community, city, county, state or nation. Performance accountability is about the well being of client populations, e.g. programs, agencies, and service systems. Below are visuals of how the RBA model can be used either for populations or performance through the "Turn the Curve" process.

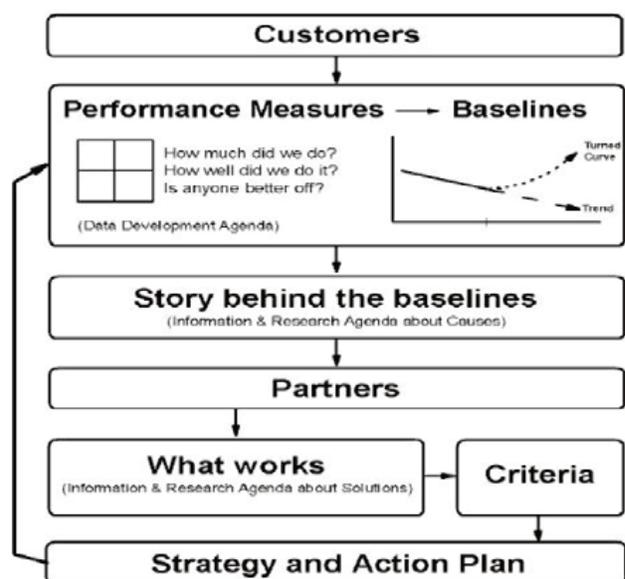
Population Accountability

Getting from Talk to Action



Performance Accountability

Getting from Talk to Action



Current Quality Improvement Projects

Training and Workforce Development

Objective: Review gaps in NMDOH wide employee training and develop tools for e-tracking to ensure completion.

Story Behind Data: NMDOH uses the online learning environment for training; NMDOH OPA maintains the Public Health Learning Collaborative, which maintains a focus on public health courses offered in classroom and online environments for NMDOH and their health improvement partners; and NMDOH has some training policies in place; policies need to be developed to respond to the evolving developments in practice;

- a. There is a need for Individual Learning Plans (ILP) to:
 - i. Track required training for NMDOH and/or profession;
 - ii. Track elective course completion related to professional development; and,
 - iii. Continuing education credits necessary for licensure.

What Works: Online education for most of the workforce, constant internal communication (to keep things on task), Moodle learning management software and, Train the Trainer/Facilitator (No cost/low cost)

Partners: State Office of Personnel, NMDOH Human Resources Division, NMDOH Training Unit, NMDOH Divisions and Offices, IT contractors, CEU granting entities, Content Experts/contracts, Intradepartmental training units, NMDOH Senior Management, Consumers/NMDOH Employees

Strategies: Develop policies and procedures for training areas, employ train the trainer/facilitator model, develop an action plan to move Moodle from 1.9 version to 2.3 version for internal/external use, incorporate critical training (i.e. ethics/values, cultural competency, safety, performance management) in an overall implementation plan for training, use SharePoint platform for facilitating work

Membership list: Erica Pierce, Scientific Labs Division; Tuula PiiSpanen-Krabbe, Training Unit; Melissa Walker, Training Unit; Louie Trujillo, Facilities; Frances Tweed, Facilities; Greg Manz, Bureau of Health Emergency Management; Christina Iyengar, Bureau of Health Emergency Management; Dan Maxwell, Division of Health Improvement; Carlotta Garcia, Office of Health Equity; Alexis Avery, Public Health Division

Meeting Schedule: Monthly and as needed for document deadlines.

Identified Goals:

- Developing a NMDOH training inventory.
- Developing a “one stop” location for all NMDOH employees to access information on NMDOH training opportunities.
- Creating a tracking system for employee training for all NMDOH Training Unit classes.
- Assist in developing a workforce development program.
- Assist in creating leadership development, management development, and succession planning/career development training opportunities for all NMDOH employees.

Health and Safety

Objective: Increase health and safety for the NMDOH's employees and the people we serve

Indicator: Sharps injuries across all public health offices (PHOs)

Baseline: 8 reported sharps injuries across all public health offices (2012)

Story Behind Data: In 2010, there were four reported sharps injuries reported from the NMDOH's PHOs. Although there were only two reported sharps injuries in 2011, in 2012 there were eight reported sharps injuries. Further, these counts are likely an underestimate, as many such injuries are underreported due to:

- Shame by the professional;
- Unclear reporting process; and
- Intensely busy workload, thereby preventing ample time for reporting.

What Works: Preventing sharps injuries has the following intended outcomes:

- Increased Efficiency: Time saved, Cost saved
- Increased Effectiveness: Increase in preventative behaviors, Decreased Incidence/Prevalence

Partners: PHO staff, contractors, custodians

Strategies:

- Prioritize prevention at the Division level
- Update procedures for prevention and reporting
- Develop training and competency
- Reposition used sharps containers
- Investigate newly-designed containers which may alleviate sticks
- Rewards for reporting
- Simplify reporting process

Membership list:

David Selvage, Epidemiology and Response Division; Alexander Gallegos, Scientific Laboratory Division; Stephen Dorman, Chief Medical Officer; Deborah Thompson, Epidemiology and Response Division; Andrew Gans, Public Health Division

Identified Goals:

Communications

Objective: Create a new website that uses simple language, consistent, easy to navigate, accessible and current, which meets the needs of our diverse audience.

Story Behind Data:

- Not enough staff.
- Access to edit sites through Contribute has affected the site in terms of having wrong and old information.
- It is not centralized and consistent.
- It does not use simple, common language. The language needs to be developed at a certain educational level that will be of service to everyone (NM families, providers, research audience).
- Information is not prioritized to best achieve our goals and values.
- The site needs to be able to reach all audiences especially the accessibility, and bilingual audience.
- No regular maintenance schedule or procedures: Website Content Management/Organization Policy, Website Maintenance Policy, Outdated Information Prevention Policy.
- It is on an old server and needs to be on a newer server version.
- Does not have a custom search engine.

What Works:

- Look at Arizona, Florida, Texas, and Vermont webpages
- Reduce number of websites
- Mandate Policies
- Archiving
- Consolidate Information
- Support and Buy-In from IT Governance Board (IGB)

Partners:

- Web Development Staff
- Help Desk
- NM Families
- NMDOH Staff
- Research Community
- Healthcare Providers
- Information Governance Board (IGB)

Strategies:

- Mandate policies and get approval from IGB
- Restructure and consolidate web content
- Create sustainable resources that support the NMDOH Site

Membership list:

Clint Sulis, Information Technology Services Division; Martin Maniscalco, Information Technology Services Division; Christina Perea, Office of Policy and Accountability; Javier Rios, Office of Health Equity; Kenny Vigil, Communications Director

Meeting Schedule:

Members meet once a month for two hours.

Identified Goals:

- Develop website policies by October 2013
- Create and distribute a website customer satisfaction survey by October 2013
- Complete redesigned website rough draft by December 2013
- Launch the new website by January 2014
- Restructure and consolidate web content by December 2015
- Create sustainable resources that support the new NMDOH website (ongoing)
- Restructure and consolidate web content within two years
- Migrate website policies into new NMDOH policy format
 - o Forms and procedures within policies need to be developed
- Create sustainable resources that support the new NMDOH website
- Possibly support the Public Information Officers, Kenny Vigil and David Morgan with developing an employee survey in regards to how NMDOH employees would like to receive communications (ex: Newsletter, E-news, etc.)
- Possibly collaborate as a group to address employee communications survey results and create a communications outlet to better communication amongst the department.

Performance Measures

Objective: To improve on behalf of the DOH both the quantities of Performance Measures (PM) as well as the proportion of Performance Measures of type “Outcome.”

Indicator: Percentage of “Outcome” type Performance Measures relative to all types combined (“Explanatory,” “Efficiency,” “Quality,” “Output,” and “Outcome”).

Baseline: To provide at least two years of baseline data, we chose to use FY13 as the baseline dataset. In the table below, note that in FY13 there were only 11 PMs for the DOH, of which approximately 18.5% were of type “Outcome.” By FY15, the DOH has increased the numbers of PMs to 31, of which approximately 38.7% are of type “Outcome.”

FY13					
Explanatory	Efficiency	Quality	Output	Outcome	TOTAL
3	3	0	3	2	11
27.3%	27.3%	0.0%	27.3%	18.2%	100.0%

FY14					
Explanatory	Efficiency	Quality	Output	Outcome	TOTAL
3	3	1	5	4	16
18.8%	18.8%	6.3%	31.3%	25.0%	100.0%

FY15					
Explanatory	Efficiency	Quality	Output	Outcome	TOTAL
2	8	6	3	12	31
6.5%	25.8%	19.4%	9.7%	38.7%	100.0%

Story Behind the Data:

Performance Measures are quantifiable measure of outcomes, output, efficiency or cost-effectiveness to gauge if agencies are meeting objectives. Performance management is a shared responsibility throughout a public health system, involvement of internal and external partners in examining ways to better manage performance is encouraged (Riley, et al., 2010).

New Mexico’s Accountability in Government Act (AGA; 1999) and the Public Health Accreditation Board (PHAB) stress accountability through the alignment of program activities, strategies, resources and measures of program performance.

The Performance Measure type “Outcome” is a measurement of impact or public benefit of a program (e.g., rate of measles cases, per 1,000 population); this type is also a measure of the extent to which a service has achieved its goals or objectives, and met accepted standards. The PM type “Outcome” serves as the gold standard for Performance Management systems.

Outcome means a change, or lack of change, in the health of a defined population that is related to a public health intervention – such as the tests, investigations, or educational services you offered as part of your process, above. Outcomes can be of three types^{2,3}:

Health Status Outcome. A change, or lack of change, in physical or mental status.

Social Functioning Outcome. A change, or lack of change, in the ability of an individual to function in society.

Consumer Satisfaction. The response of an individual to services received from a health provider or program.

What Works: Accountability in Government Act (AGA) training, with a focus on Results Based Accountability (RBA) as the methodology to develop and monitor Performance Measures. Membership List: Lee Collen, Epidemiology and Response Division, Fred Schaum, Aging and Long Term Services

Strategies:

- One-on-one consultation
- Trainings

Identified Goals: To improve in both the numbers (to ensure sufficient representation of the DOH Programs as well as those programs receiving proportionally more of the State General Funds) as well as the “Outcome” type of Performance Measures.

Literature Cited:

¹Riley, WJ, LM Beitsch, HM Parsons, JW Moran (2010) “Quality Improvement in Public Health: Where Are We Now?” *J Public Health Management Practice* 16(1): 1-2.

²Lichiello, P (XX) “The Turning Point Guidebook for Performance Measurement, University of Washington Health Policy Analysis Program, under contract to the Robert Wood Johnson Foundation/University of Washington Turning Point National Program Office.

³Hatry, HP, Fall, M, Singer, TO, and Liner, EB (1990) “Monitoring the Outcomes of Economic Development Programs”. Washington, DC: The Urban Institute Press.

Other Agency QI Projects

Divisions and programs are encouraged to initiate their own quality improvement projects. These projects are encouraged to use Results-Based Accountability principles and apply common quality improvement tools and techniques to help teams achieve their desired results. Divisions and programs desiring to pursue quality improvement efforts are encouraged to coordinate with Office of Policy and Accountability (OPA) for advice and assistance. All employees within the NMDOH are encouraged to seek areas/programs, which could benefit from a QI process. Individuals wishing to submit an idea/process should complete a QI Project Submission Form to the Strategic Planning Council (Attachment A).

Monitoring and Oversight

NMDOH staff are encouraged to conduct ongoing quality improvement analysis as a part of their overall job responsibilities. This involves continually evaluating processes and results in order to improve them. Concerns or issues can be brought to the attention of division staff, management, or the Quality Improvement Council via the Quality Improvement Submission Form (Attachment A).

Monitoring and oversight activities can take place at several levels throughout the NMDOH. For those quality improvement efforts that do not rise to the level of the Quality Improvement Council monitoring and oversight, it is the expectation that divisional managers oversee such efforts and report quarterly to the Council the efforts engaged at the division level. The Quality Improvement Council will sponsor, monitor, and oversee quality improvement efforts that are accepted by the QIC. Quality improvement efforts sponsored by the QIC will be initiated through the use of a formal Quality Improvement Submission Form (Attachment A) and will be monitored through the use of the Quality Improvement Reporting Form (Attachment B).

Annual Evaluation

Our QIP will be evaluated and updated on an annual basis for effectiveness in achieving the quality improvement goals that were implemented throughout the past year. A summary of activities, improvements made, processes modified, projects in progress, and recommendations for changes to the QIP will be compiled and forwarded to the Strategic Planning Council.

Dedicated Resources

The Office of Policy and Accountability provide administrative and technical support for the NMDOH's quality improvement initiatives. This support includes:

- Providing staff coordination for the monthly QI Council meetings, including:
 - o Facilitating meetings
 - o Developing and distributing the agenda
 - o Maintaining meeting minutes
- Providing staff training in QI methods and tools.
- Assisting program staff to track their performance data.
- Providing technical assistance to programs conducting continuous QI or quality planning, which may include data collection/analysis, advice on quality methods/tools or meeting facilitation.
- RBA Coaching/training.

As needed, training specialists and consultants are also available to QI project teams and to the QI Council.

Attachment A

Quality Improvement Submission Form

To initiate a quality improvement idea or project, complete this submission form. Submission forms can be emailed to any quality improvement council member and will be reviewed and either approved or declined within thirty days.

Employee Name:		Date:
Explain the gap in service, efficiency or process targeted for improvement (what is the problem?):		
Explain why this project is a priority:		
What is the desired result? (Example: Reduced Turn Around Time)		
How would you like to improve? (Process)		
What customers will benefit? (Circle all that are applicable) Program External Internal Other:		
Do you have information/evidence/data available to support the need to work on this topic? Yes No		
If yes, please describe here:		
What kind of improvement will result? (Select all that apply):		
<input type="checkbox"/>	Enhanced Employee Performance	
<input type="checkbox"/>	Improved Teamwork and Communications	
<input type="checkbox"/>	Improved Use of Resources	
<input type="checkbox"/>	Improved Working Conditions and Employee Morale	
<input type="checkbox"/>	Increased Efficiency	
<input type="checkbox"/>	Improved Quality of Services	
<input type="checkbox"/>	Increased Safety	
<input type="checkbox"/>	Reduced Cost	
<input type="checkbox"/>	Reduced Waste	
<input type="checkbox"/>	Satisfied Customers/Stakeholders	
<input type="checkbox"/>	Other:	

Proposed project aligns with? (Check all that apply)	
<input type="checkbox"/>	Accreditation
<input type="checkbox"/>	Cultural Competency
<input type="checkbox"/>	Department Mission, Vision, Values
<input type="checkbox"/>	Department Strategic Plan
<input type="checkbox"/>	Health Improvement Plan(s)
<input type="checkbox"/>	Program Planning or Evaluation
<input type="checkbox"/>	Other:

QI Proposal Approval	Approved	Declined	Needs Further Review
NMDOH Strategic Planning Council Date Received:			

Attachment B

Quality Improvement Reporting Form

Project Name:	Date:
1) Who are your customers?	
2) How can you measure if your customers are better off?	
3) How can you measure if you are delivering services well?	
4) How are you doing on the most important of these measures?	
5) Who are the partners that have a role to play in doing better?	
6) What works to do better, including no-cost and low-cost ideas?	
7) What do you propose to do?	
8) What is the return on investment? (skills/knowledge, attitude/opinion, behavior, circumstance)	
Team Members:	
Reported by:	

	Date Received:	Date Reviewed:	Comments:
NMDOH Strategic Planning Council Date Received:			