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# Department of Health

**www.doh.dc.gov**  
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<b>Description</b>	<b>FY 2009 Actual</b>	<b>FY 2010 Approved</b>	<b>FY 2011 Proposed</b>	<b>% Change from FY 2010</b>
Operating Budget	\$248,233,729	\$249,846,193	\$279,717,936	12.0
FTEs	747.6	836.0	783.6	-6.3

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The mission of the Department of Health (DOH) is to promote healthy lifestyles, prevent illness, protect the public from threats to their health, and provide equal access to quality healthcare services for all in the District of Columbia.

## Summary of Services

The Department of Health provides programs and services with the ultimate goal of reducing the burden of disease. DOH does this through a number of mechanisms that center around prevention, promotion of health, and expanding access to health care. The Department provides public health management and leadership through policy, planning, and evaluation; fiscal oversight; human resource management; grants and contracts management; information tech-

nology; government relations; risk management; communication and community relations; legal oversight; and facilities management. The DOH performance plan is based on three priority areas: 1) health and wellness promotion, 2) HIV/AIDS prevention and awareness, and 3) public health systems enhancement.

The agency's FY 2011 proposed budget is presented in the following tables:

## FY 2011 Proposed Gross Funds Operating Budget, by Revenue Type

Table HC0-1 contains the proposed FY 2011 agency budget compared to the FY 2010 approved budget. It also provides the FY 2008 and FY 2009 actual expenditures.

**Table HC0-1**  
(dollars in thousands)

<b>Appropriated Fund</b>	<b>Actual FY 2008</b>	<b>Actual FY 2009</b>	<b>Approved FY 2010</b>	<b>Proposed FY 2011</b>	<b>Change from FY 2010</b>	<b>Percent Change*</b>
<b>General Fund</b>						
Local Funds	667,354	107,239	78,190	74,472	-3,718	-4.8
Dedicated Taxes	3,932	0	0	0	0	N/A
Special Purpose Revenue Funds	11,751	11,806	14,272	15,652	1,380	9.7
<b>Total for General Fund</b>	<b>683,038</b>	<b>119,045</b>	<b>92,461</b>	<b>90,124</b>	<b>-2,338</b>	<b>-2.5</b>
<b>Federal Resources</b>						
Federal Payments	0	0	0	5,000	5,000	N/A
Federal Grant Funds	137,133	133,256	135,859	149,223	13,364	9.8
Federal Medicaid Payments	1,034,318	-29,275	0	0	0	N/A
<b>Total for Federal Resources</b>	<b>1,171,451</b>	<b>103,981</b>	<b>135,859</b>	<b>154,223</b>	<b>18,364</b>	<b>13.5</b>
<b>Private Funds</b>						
Private Grant Funds	551	632	319	319	0	0.0
<b>Total for Private Funds</b>	<b>551</b>	<b>632</b>	<b>319</b>	<b>319</b>	<b>0</b>	<b>0.0</b>
<b>Intra-District Funds</b>						
Intra-District Funds	23,872	24,576	21,206	35,052	13,846	65.3
<b>Total for Intra-District Funds</b>	<b>23,872</b>	<b>24,576</b>	<b>21,206</b>	<b>35,052</b>	<b>13,846</b>	<b>65.3</b>
<b>Gross Funds</b>	<b>1,878,912</b>	<b>248,234</b>	<b>249,846</b>	<b>279,718</b>	<b>29,872</b>	<b>12.0</b>

\*Percent change is based on whole dollars.

**Note:** If applicable, for a breakdown of each Grant (Federal and Private), Special Purpose Revenue type and Intra-District agreement, please refer to **Schedule 80 Agency Summary by Revenue Source** in the **Operating Appendices** located on the Office of the Chief Financial Officer's website.

## **FY 2011 Proposed Full-Time Equivalents, by Revenue Type**

Table HC0-2 contains the proposed FY 2011 FTE level compared to the FY 2010 approved FTE level by revenue type. It also provides FY 2008 and FY 2009 actual data.

**Table HC0-2**

(dollars in thousands)

<b>Appropriated Fund</b>	<b>Actual FY 2008</b>	<b>Actual FY 2009</b>	<b>Approved FY 2010</b>	<b>Proposed FY 2011</b>	<b>Change from FY 2010</b>	<b>Percent Change</b>
<b>General Fund</b>						
Local Funds	340.0	185.8	156.9	136.5	-20.3	-13.0
Special Purpose Revenue Funds	124.1	105.8	121.6	134.8	13.2	10.9
<b>Total for General Fund</b>	<b>464.1</b>	<b>291.5</b>	<b>278.4</b>	<b>271.4</b>	<b>-7.1</b>	<b>-2.5</b>
<b>Federal Resources</b>						
Federal Grant Funds	572.8	449.4	554.0	507.4	-46.5	-8.4
Federal Medicaid Payments	24.2	0.3	0.0	0.0	0.0	N/A
<b>Total for Federal Resources</b>	<b>597.0</b>	<b>449.7</b>	<b>554.0</b>	<b>507.4</b>	<b>-46.5</b>	<b>-8.4</b>
<b>Private Funds</b>						
Private Grant Funds	0.5	0.0	0.0	0.0	0.0	N/A
<b>Total for Private Funds</b>	<b>0.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>N/A</b>
<b>Intra-District Funds</b>						
Intra-District Funds	5.5	6.3	3.5	4.8	1.2	34.6
<b>Total for Intra-District Funds</b>	<b>5.5</b>	<b>6.3</b>	<b>3.5</b>	<b>4.8</b>	<b>1.2</b>	<b>34.6</b>
<b>Total Proposed FTEs</b>	<b>1,067.1</b>	<b>747.6</b>	<b>836.0</b>	<b>783.6</b>	<b>-52.4</b>	<b>-6.3</b>

## FY 2011 Proposed Operating Budget, by Comptroller Source Group

Table HC0-3 contains the proposed FY 2011 budget at the Comptroller Source group (object class) level compared to the FY 2010 approved budget. It also provides FY 2008 and FY 2009 actual expenditures.

**Table HC0-3**  
(dollars in thousands)

<b>Comptroller Source Group</b>	<b>Actual FY 2008</b>	<b>Actual FY 2009</b>	<b>Approved FY 2010</b>	<b>Proposed FY 2011</b>	<b>Change from FY 2010</b>	<b>Percent Change*</b>
11 - Regular Pay - Cont Full Time	48,529	40,524	43,928	45,058	1,130	2.6
12 - Regular Pay - Other	16,426	10,829	12,493	9,803	-2,690	-21.5
13 - Additional Gross Pay	2,756	4,620	359	0	-359	-100.0
14 - Fringe Benefits - Current Personnel	12,333	10,024	9,113	9,650	537	5.9
15 - Overtime Pay	656	1,054	134	98	-36	-27.2
<b>Subtotal Personal Services (PS)</b>	<b>80,700</b>	<b>67,051</b>	<b>66,027</b>	<b>64,608</b>	<b>-1,419</b>	<b>-2.1</b>
20 - Supplies and Materials	17,237	32,409	28,063	34,982	6,919	24.7
30 - Energy, Comm. and Building Rentals	304	972	480	1,395	915	190.6
31 - Telephone, Telegraph, Telegram, Etc.	1,162	1,045	1,144	1,691	547	47.8
32 - Rentals - Land and Structures	18,943	13,934	11,830	12,794	964	8.2
33 - Janitorial Services	25	195	29	32	4	12.3
34 - Security Services	2,223	2,683	3,080	1,874	-1,206	-39.1
35 - Occupancy Fixed Costs	101	1,164	347	432	85	24.5
40 - Other Services and Charges	2,785	3,873	3,755	3,899	144	3.8
41 - Contractual Services - Other	193,267	50,328	39,757	67,830	28,072	70.6
50 - Subsidies and Transfers	1,560,801	74,681	94,751	89,594	-5,157	-5.4
70 - Equipment and Equipment Rental	1,366	695	582	586	4	0.7
91 - Expense Not Budgeted Others	0	-796	0	0	0	N/A
<b>Subtotal Nonpersonal Services (NPS)</b>	<b>1,798,212</b>	<b>181,183</b>	<b>183,819</b>	<b>215,110</b>	<b>31,290</b>	<b>17.0</b>
<b>Gross Funds</b>	<b>1,878,912</b>	<b>248,234</b>	<b>249,846</b>	<b>279,718</b>	<b>29,872</b>	<b>12.0</b>

\*Percent change is based on whole dollars.

## Division Description

The Department of Health operates through the following 8 divisions:

**Addiction Prevention and Recovery Administration (APRA)** – promotes access to substance abuse prevention, treatment and recovery support services. Prevention services include raising public awareness about the consequences of substance abuse and providing evidence-based program resources to community and faith-based organizations to promote wellness and reduce substance use and abuse. Treatment services include assessment and referrals for appropriate levels of care. Treatment services also include maintenance of a comprehensive continuum of substance abuse treatment services including outpatient, intensive outpatient, residential, detoxification and stabilization, and medication assisted therapy. Recovery support services include wrap-around services to ensure a full continuum of care, such as mentoring services, education skills building and job readiness training. APRA ensures the quality of these services through its regulation and certification authority as the Single State Agency for substance abuse.

This division contains the following 7 activities:

- **Office of the Senior Deputy Director** – provides overall direction, policy development and supervision for the other activities in APRA;
- **Office of the Deputy Director for Operations** – ensures the financial stability, fiscal integrity and program accountability of APRA. The office manages APRA's operating budget, financial operations, and facilities and is responsible for overseeing grant compliance and monitoring contracts;
- **Office of the Deputy Director for Administration** – manages the administrative functions of APRA including human resources as well as coordinates and ensures adherence to privacy and risk management requirements for the agency and substance abuse treatment provider network. In addition, the office oversees, coordinates, and ensures high quality prevention and performance-related activities, including regulation of substance abuse treatment services in the District of Columbia;
- **Office of Prevention Services** – works to prevent the onset of, and reduce the progression of, substance abuse risk among youth through a comprehensive public health and risk reduction prevention strategy that addresses the interrelated and root causes of tobacco, alcohol, marijuana and other drug use. In addition, the office monitors and ensures that federal funds are addressing national outcome measures, high performance standards, and statutory requirements;
- **Office of Performance Management** – is responsible for evaluating, monitoring and managing the performance of all APRA programs, services, providers and staff. In addition, the office oversees the quality assurance and certification process for all substance abuse treatment facilities and programs in the District of Columbia. The Quality Assurance division conducts surveys of, and works with, substance abuse treatment providers to promote the highest quality standards for delivering services related to best practice models for substance abuse treatment. The Certification and Regulation division certifies substance abuse treatment facilities and programs to ensure compliance with District and federal laws and regulations. Only APRA-certified substance abuse treatment facilities and programs may lawfully provide treatment services in the District of Columbia;
- **Office of the Deputy Director for Treatment** – ensures the effective delivery of substance abuse treatment services to APRA direct service treatment programs and programs that APRA contracts with or regulates. The office ensures that the highest quality treatment services are provided through policy development, analysis, and research; and
- **Implementation of Drug Treatment Choice** – provides subsidies and transfers for treatment services only.

**Health Emergency Preparedness and Response Administration (HEPRA)** – provides regulatory oversight of Emergency Medical Services; ensures that DOH and its partners are prepared to respond to citywide medical and public health emergencies, such as those resulting from terrorist attacks, large accidents, or natural events such as weather-related emer-

gencies; conducts disease surveillance and outbreak investigation; and provides analytical and diagnostic laboratory services for programs within DOH and various free and non-profit clinics within the District.

This division contains the following 6 activities:

- **Office of the Senior Deputy Director** – provides overall direction, policy development and supervision for the five subordinate programs;
- **Public Health Emergency Preparedness** – provides the District's response to the emergency medical needs of its visitors and residents. The responsibilities cover a wide range of activities, including the development and training of emergency response plans, coordination of medical response with Federal regional and local partners across the healthcare system, and coordination of volunteers through the Medical Reserve Corps;
- **Public Health Laboratory** – provides analytical and diagnostic support services for programs within DOH and the community, including free and nonprofit clinics and other entities within the District of Columbia. The laboratory conducts a wide range of clinical tests and limited environmental testing, supports biological and chemical emergency response testing, and monitors the Federal BioWatch program;
- **Public Health Emergency Operations** – supports government and private partners with the development of their health and safety plans, emergency operation plans, and training exercises. The program also provides a public health command and control element that coordinates all DOH assets and operations during incidents, special events, and national special security events;
- **Epidemiology Disease Surveillance and Investigation** – provides surveillance, investigation and control of reportable diseases, disease outbreaks, and other public health threats within the District of Columbia (excluding sexually transmitted diseases, hepatitis, HIV/AIDS, and tuberculosis); and
- **Emergency Medical Services Regulation** – provides oversight and regulation of emergency medical services (EMS), including certification and regulation of District of Columbia EMS

providers, ambulance agencies, and EMS educational institutions. The program monitors training standards, certifying instructional programs, and instructors. In addition, it provides inspection and certification of all ambulances operated in the District whether they are governmental, private, or volunteer.

**HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA)** – partners with health and community-based organizations to provide HIV/AIDS, hepatitis, STD, and TB prevention and care services. Services include prevention tools and interventions, medical care and supportive services, housing services for persons living with HIV/AIDS, HIV counseling and testing, and data and information on disease-specific programs and services. Furthermore, the administration provides information on the impact of these diseases on the community as well as education, referrals, and intervention services. The AIDS Drug Assistance Program (ADAP) provides drugs at no cost to eligible District residents who are HIV-positive or have AIDS. HAHSTA administers the District's budget for HIV/AIDS, hepatitis, STD, and TB programs, provides grants to service providers, provides direct services for TB and STDs, monitors programs, and tracks the rates of HIV, hepatitis, STDs, and TB in the District of Columbia.

This division contains the following 10 activities:

- **HIV/AIDS Support Services** – provides overall management, planning, and direction and support for the HIV/AIDS, STD, TB and adult hepatitis surveillance, prevention, treatment, care, and control programs. It also provides HIV/AIDS information to individuals and community organizations, coordinates HAHSTA participation in public events, prepares written and other resources for public distribution, and manages special projects;
- **HIV/AIDS Policy and Planning** – provides community capacity to more effectively respond to the HIV/AIDS and STD epidemics through the Effi Barry Program, which provides training and technical assistance to small, Ward-based community organizations, a social marketing program aiming to promote health behavior to reduce risk of disease, and a free condom distribution program. It

develops and reviews policy; prepares testimony, reports, and other written materials for public distribution; and provides HIV/AIDS, STD, TB, and hepatitis information to government agencies, community organizations, media, and individuals. It also coordinates participation in public events;

- **HIV Health and Support Services** – provides a comprehensive range of primary medical care and supportive services for persons living with HIV and AIDS;
- **HIV/AIDS Data and Research** – provides a comprehensive picture of the HIV/AIDS epidemic in the District of Columbia for purposes of ensuring that the needs of people infected with HIV, or at risk of infection, are met. It collaborates with health care providers and laboratories to collect and maintain comprehensive HIV/AIDS data in a confidential and secure manner; analyzes, interprets, and distributes epidemiologic information for use in developing public policy, planning, and evaluating prevention intervention and health care services; and supports funding requests;
- **Prevention and Intervention Services** – provides comprehensive HIV prevention programs and services through community organizations to the residents of the District of Columbia. Prevention programs include health education, HIV testing and counseling services, science-based prevention programs, and other support services, including condom distribution. In addition, the program monitors organizations to ensure that quality prevention services are being delivered through program evaluation and quality assurance activities as well as through the provision of capacity building, training, and technical assistance to sub-grantees;
- **Drug Assistance Program (ADAP)** – provides assistance with deductibles, co-payments, and health insurance/Medicare Part D premiums. DC ADAP also provides an entry point for other District health programs available to people living with HIV/AIDS;
- **Grants and Contracts Management** – provides fiscal and administrative monitoring of District and federally appropriated funds in the form of 139 grants and sub-grants to 53 providers. Fiscal monitoring includes ensuring that grant funds are expended in accordance with federal and local grant regulations, conducting site visits, providing

technical assistance to our grantees and sub-grantees, and providing continued analysis of grant spending to program counterparts;

- **Sexually Transmitted Disease Control** – provides assistance to prevent and control sexually transmitted diseases in the District of Columbia through the provision of clinical services, partnerships with local community providers, and promotion of healthy sexual behavior. The program also conducts surveillance for statistical purposes to track diseases and partner notification;
- **Tuberculosis Control** – provides direct care services to District of Columbia residents, including clinical follow-up for active and/or suspected tuberculosis cases, directly observed therapy, preventive therapy, chest x-rays, contact investigations, and case management; and
- **HIV/AIDS Housing and Supportive Services** – provides housing support, emergency shelter, and other related services to help persons living with HIV and AIDS and their families achieve independent living.

**Health Care Regulation and Licensing Administration (HCRLA)** – is comprised of the Office of Food, Drug, Radiation and Community Hygiene Regulation; Office of Health Care Facilities Regulation; HCRLA Support Services; and Health Professional License Administration.

This division contains the following 4 activities:

- **Health Professional License Administration** – licenses and regulates health care professionals across 18 boards. The program serves as the administrative unit of the boards for processing 50,000 health care professionals licenses while providing administrative support on disciplinary hearings, investigations, community outreach and proposed legislation;
- **HCRLA Support Services** – directs, oversees and establishes the division's goals, initiatives, and performance measures;
- **Office of Food, Drug, Radiation and Community Hygiene Regulation** – provides varied inspection and regulatory services. The Food Safety and Hygiene Inspection Services regulates smoking bans in establishments and food services that are provided in boarding homes, commission merchants, dairies, delicatessens, bakeries, candy and

ice cream manufacturers, grocery stores, retail markets, restaurants, wholesale markets, mobile vendors, and hotels. The Division of Community Hygiene provides abatement notices, inspection of premises, code enforcement, premises baited, premises abated, catch basin larvicided, community education and outreach, investigation of bite cases, issuance of dog and cat licenses, vaccinations, animal adoptions, spay and neutering, dead animal pick-up, and dangerous dog control services in the District. The Division of Radiation seeks to eliminate radiation overexposure of persons from naturally-occurring and man-made radiation by the inspection of dental X-ray tubes, medical X-rays, and the regulation of health physicists, suppliers, and radioactive-material users in the District of Columbia; and

- **Office of Health Care Facilities Regulation** – regulates and licenses group homes, intermediate care facilities for the mentally challenged, assisted living facilities, child placing agencies, home care agencies, community residence facilities, hospitals, nursing homes, home health agencies, end stage dialysis renal disease facilities, laboratories, ambulatory surgical centers, maternity centers, tissue banks, community residence facilities, and assisted living and child placement agencies.

**Center for Policy, Planning, and Evaluation (CPPE)** – is responsible for developing an integrated public health information system to support health policy decisions, state health planning activities, performance analysis, and direction setting for department programs; health policy, health planning and development; health research and analysis; vital records; and for planning, directing, coordinating, administering, and supervising a comprehensive Epidemiology and Health Risk Assessment program, which involves federal, state, county, and municipal functions.

This division contains the following 3 activities:

- **Research, Evaluation, and Measurement** – supervises a national state-based telephone survey conducted in cooperation with the Centers for Disease Control (CDC). This is a statistically sound survey accurately portraying the health status of District residents, used to assist policy makers in planning and developing programs to address the health needs of District residents;

- **State Center for Health Statistics** – provides for collecting, processing, analyzing, and disseminating birth and death record information and other vital statistics data and information. It is responsible for the statistical analyses of the data generated from birth, death, and other vital records information. In addition, it develops comprehensive statistical and epidemiologic reports on District residents' health status; and
- **State Health Planning and Development** – provides for the development of the District's State Health Plan and Annual Implementation and for reviewing and approving Certificate of Need applications that allow health care providers to establish new services, make certain capital expenditures, or take other actions as specified in the law. The program is also responsible for monitoring free care requirements of hospitals and other health care providers.

**Community Health Administration (CHA)** – provides programs designed to improve health outcomes for all residents of the District of Columbia, with an emphasis on women, infants, children (including children with special health care needs), and other vulnerable groups such as those with a disproportionate burden of chronic disease and disability. The administration provides programs and services that promote coordination among the health care systems and enhance access to effective prevention, primary and specialty medical care in the District. CHA collaborates with public and private organizations to provide support services to ameliorate the social determinants of health status for these groups.

This division contains the following 7 activities:

- **Cancer and Chronic Disease Prevention** – provides cancer control and prevention initiatives to reduce the rates of cancer-related mortality among District residents by focusing on treatable or preventable cancers such as breast and cervical, lung, prostate, and colorectal malignancies. The program defines and seeks to reduce the burden of diabetes mellitus and cardiovascular disease on residents of the District of Columbia, and builds partnerships that help strengthen and increase the scope of the infrastructure for care, interventions, and population-based strategies to promote health within the District. Furthermore, the pro-

gram promotes smoking cessation programs in the District and implements a citywide asthma plan that includes data collection, public education, access to appropriate care for asthma and related allergies, in addition to developing and implementing policy changes and delivery systems, including preventive measures for asthma control;

- **Pharmaceutical Procurement and Distribution** – acquires and distributes life-saving medications for the Department of Health programs that will allow as many District residents as possible access to medications. It also provides clinical support formulary management and quality assurance monitoring to address the needs of all DOH programs that utilize or distribute pharmaceuticals. The Bureau also maintains the Strategic National Stockpile (SNS) of drugs for the Washington, DC region in the event of a declared national emergency;
- **Primary Care** – identifies health professional shortage areas for primary care, dental, and mental health care services, and supports population-based programs to improve access to primary care services for District residents regardless of their ability to pay for services;
- **Support Services** – provides coordination of CHA's efforts to help develop an integrated community-based health delivery system, ensures access to preventive and primary health care, and fosters citizen and community participation toward improving the health outcomes of women, infants, children (including children with special health care needs), and other family members in the District of Columbia;
- **Perinatal and Infant Health** – provides improved perinatal outcomes for high-risk pregnant and parenting women, the health and development of their infants into early childhood, as well as the health outcomes for children with special health-care needs by facilitating access to coordinated primary and specialty health care and other services in partnership with their families and community organizations. The overarching goal is to reduce infant mortality and perinatal health disparities in the District of Columbia primarily through a home visiting approach;
- **Nutrition and Physical Fitness** – provides food, health and nutrition assessments and interven-

tion, education, and referral services to District families, infants, children, and seniors to affect dietary habits, foster physical activity, decrease overweight and obesity rates and thus improve health outcomes among the population; and

- **Children, Adolescent and School Health** – provides improvement for the health and well-being of all District pre-school and school-age children and adolescents by enhancing access to preventive, dental, primary and specialty care services and contributing to the development of a coordinated, culturally competent, family-centered health care delivery system. The program seeks to improve age-appropriate immunizations and increase health education and outreach to District residents.

**Agency Management** – provides for administrative support and the required tools to achieve operational and programmatic results. This division is standard for all agencies using performance-based budgeting.

**Agency Financial Operations** – provides comprehensive financial management services to, and on behalf of, District agencies so that the financial integrity of the District of Columbia is maintained. This division is standard for agencies using performance-based budgeting.

### **Division/Program Structure Change**

In FY 2011, the agency will convert to division-based budgeting. The proposed division/program structure changes are provided in the Agency Realignment appendix to the proposed budget, which is located at [www.cfo.dc.gov](http://www.cfo.dc.gov) on the Annual Operating Budget and Capital Plan page.

## FY 2011 Proposed Operating Budget and FTEs, by Division and Activity

Table HC0-4 contains the proposed FY 2011 budget by division and activity compared to the FY 2010 approved budget. It also provides the FY 2009 actual data.

**Table HC0-4**

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2009	Approved FY 2010	Proposed FY 2011	Change from FY 2010	Actual FY 2009	Approved FY 2010	Proposed FY 2011	Change from FY 2010
<b>(0001) DHD-Dummy Program</b>	<b>-11</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Subtotal (0001) DHD-Dummy Program</b>	<b>-11</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>(1000) Agency Management Support</b>								
(1010) Personnel	716	1,084	740	-343	5.4	7.0	8.0	1.0
(1017) Labor Management	121	111	105	-6	0.9	1.0	1.0	0.0
(1020) Contracting and Procurement	1,256	1,209	803	-406	5.8	6.0	7.0	1.0
(1030) Property Management	6,130	15,041	18,455	3,414	3.8	4.0	4.0	0.0
(1040) Information Technology	362	951	1,148	197	3.2	6.0	5.0	-1.0
(1055) Risk Management	122	126	125	-1	1.0	1.0	1.0	0.0
(1060) Legal	94	98	0	-98	1.0	1.0	0.0	-1.0
(1070) Fleet	4	0	0	0	0.0	0.0	0.0	0.0
(1080) Communications	255	316	455	139	1.6	2.0	5.0	3.0
(1085) Customer Service	358	400	314	-86	4.2	4.0	4.0	0.0
(1087) Language Access	0	0	162	162	0.0	0.0	0.0	0.0
(1090) Performance Management	1,652	2,132	5,040	2,908	8.6	10.0	9.0	-1.0
<b>Subtotal (1000) Agency Management Support</b>	<b>11,070</b>	<b>21,467</b>	<b>27,347</b>	<b>5,881</b>	<b>35.4</b>	<b>42.0</b>	<b>44.0</b>	<b>2.0</b>
<b>(100F) Agency Financial Operations</b>								
(110F) Agency Fiscal Officer Operations	482	808	967	159	6.1	9.0	10.0	1.0
(120F) Accounting Operations	935	1,195	1,164	-31	12.3	15.0	14.0	-1.0
(130F) ACFO	698	528	545	17	5.6	6.5	6.5	0.0
(140F) Agency Fiscal Officer	438	406	418	12	4.9	5.0	5.0	0.0
<b>Subtotal (100F) Agency Financial Operations</b>	<b>2,553</b>	<b>2,937</b>	<b>3,094</b>	<b>157</b>	<b>28.9</b>	<b>35.5</b>	<b>35.5</b>	<b>0.0</b>
<b>(2000) Addiction Prevention and Recovery Administration</b>								
(2010) Office of Senior Deputy	0	0	473	473	0.0	0.0	4.0	4.0
(2020) Deputy Director for Operations	0	0	3,289	3,289	0.0	0.0	22.0	22.0
(2030) Deputy Director for Administration	0	0	455	455	0.0	0.0	5.0	5.0
(2040) Prevention Services	0	0	5,690	5,690	0.0	0.0	12.0	12.0
(2050) Performance Management	0	0	1,839	1,839	0.0	0.0	19.0	19.0
(2055) Deputy Director for Treatment	0	0	6,990	6,990	0.0	0.0	4.0	4.0
(2070) Implementation of Drug Treatment Choice	12,181	15,636	15,178	-458	0.0	0.0	0.0	0.0
(2080) Quality Improvement	1,484	1,046	0	-1,046	11.4	10.0	0.0	-10.0
(2090) Certification and Regulation Services	879	1,031	0	-1,031	8.6	9.0	0.0	-9.0
(2100) APRA Support Services	5,764	2,377	0	-2,377	19.5	19.0	0.0	-19.0
(2200) Intake Assessment and Referral	1,936	1,566	0	-1,566	19.4	20.0	0.0	-20.0
(2300) Acute Detox and Residential Treatment	6,958	3,457	0	-3,457	20.8	9.0	0.0	-9.0
(2400) Prevention and Youth Treatment Services	7,670	3,313	0	-3,313	14.8	15.0	0.0	-15.0
(2510) Adult Treatment Service	6,862	6,206	2	-6,204	19.9	30.0	0.0	-30.0
(2600) Women's Services	794	603	0	-603	6.6	8.0	0.0	-8.0
(2700) Special Populations	1,736	1,415	0	-1,415	3.9	4.0	0.0	-4.0
<b>Subtotal (2000) Addiction Prevention and Recovery Admin.</b>	<b>46,264</b>	<b>36,651</b>	<b>33,916</b>	<b>-2,734</b>	<b>125.0</b>	<b>124.0</b>	<b>66.0</b>	<b>-58.0</b>

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**Table HC0-4 (Continued)**

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2009	Approved FY 2010	Proposed FY 2011	Change from FY 2010	Actual FY 2009	Approved FY 2010	Proposed FY 2011	Change from FY 2010
<b>(2500) Health Emergency Preparedness and Response Administration</b>								
(2060) Office Emergency Health and Medical Services	8,215	5,922	0	-5,922	30.3	38.0	0.0	-38.0
(2540) Public Health Emergency Preparedness	0	0	2,601	2,601	0.0	0.0	11.5	11.5
(2548) Public Health Laboratory	2,677	2,820	4,595	1,776	28.2	25.0	25.0	0.0
(2550) Public Health Emergency Operations and Program Support	0	0	501	501	0.0	0.0	7.0	7.0
(2560) Epidemic Disease Surveillance and Investigate	0	0	824	824	0.0	0.0	7.1	7.1
(2570) Emergency Medical Services Regulation	0	0	481	481	0.0	0.0	5.1	5.1
(2580) Senior Deputy Director	0	0	1,436	1,436	0.0	0.0	3.8	3.8
<b>Subtotal (2500) Health Emerg. Prepared and Response Admin.</b>	<b>10,892</b>	<b>8,742</b>	<b>10,438</b>	<b>1,696</b>	<b>58.4</b>	<b>63.0</b>	<b>59.5</b>	<b>-3.5</b>
<b>(3000) HIV/AIDS Hepatitis STD and TB Administration</b>								
(3010) HIV/Aids Support Services	9,763	6,501	3,395	-3,106	25.3	23.6	26.3	2.7
(3015) HIV/Aids Policy and Planning	0	1,920	2,375	455	0.0	0.0	2.0	2.0
(3020) HIV Health and Support Services	35,922	30,330	35,011	4,680	16.6	16.3	17.0	0.7
(3030) HIV/Aids Data and Research	1,784	2,784	3,391	607	17.1	21.9	26.0	4.1
(3040) Prevention and Intervention Services	6,081	9,613	14,544	4,930	20.3	26.8	24.3	-2.5
(3052) Communicable Disease	5,320	4,929	0	-4,929	37.5	48.2	0.0	-48.2
(3060) Drug Assistance Program (ADAP)	13,324	12,399	11,925	-475	9.9	10.0	8.0	-2.0
(3070) Grants and Contracts Management	1,677	1,516	1,163	-353	11.0	15.8	12.0	-3.8
(3080) STD Control	0	0	3,149	3,149	0.0	0.0	34.0	34.0
(3085) Tuberculosis Control	0	0	1,771	1,771	0.0	0.0	12.8	12.8
(3090) HIV/Aids Housing and Supportive Services	13,661	15,052	12,631	-2,421	1.0	2.0	1.0	-1.0
<b>Subtotal (3000) HIV/Aids Hepatitis STD and TB Administration</b>	<b>87,531</b>	<b>85,045</b>	<b>89,354</b>	<b>4,309</b>	<b>138.7</b>	<b>164.6</b>	<b>163.3</b>	<b>-1.3</b>
<b>(4500) Health Care Regulation and Licensing Administration</b>								
(4070) Community Hygiene	7,308	6,373	0	-6,373	46.0	46.8	0.0	-46.8
(4080) Radiation Program	254	329	0	-329	2.3	4.0	0.0	-4.0
(4090) Health Regulation Administration	6,825	6,699	0	-6,699	54.6	63.0	0.0	-63.0
(4200) Health Professional License Administration	5,090	5,471	7,155	1,684	40.6	44.5	61.7	17.2
(4510) HCRLA Support Services	465	504	449	-55	3.1	4.0	3.8	-0.2
(4515) Food, Drug, Radiation and Community Hygiene	0	0	6,821	6,821	0.0	0.0	50.2	50.2
(4530) Health Care Facilities Regulation	0	0	5,504	5,504	0.0	0.0	45.5	45.5
<b>Subtotal (4500) Health Care Regulations and Licensing Admin.</b>	<b>19,941</b>	<b>19,377</b>	<b>19,929</b>	<b>552</b>	<b>146.6</b>	<b>162.3</b>	<b>161.2</b>	<b>-1.0</b>
<b>(5000) Primary Care and Prevention Administration</b>								
(5020) Communicable Disease	-143	0	0	0	0.0	0.0	0.0	0.0
(5030) Cancer Health Care	9,741	0	0	0	0.4	0.0	0.0	0.0
(5200) Pharmaceutical Procurement and Distribution	6	0	0	0	0.0	0.0	0.0	0.0
<b>Subtotal (5000) Primary Care and Prevention Administration</b>	<b>9,604</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.4</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>(6000) Medical Assistance Administration</b>								
(6200) MAA Support Services	-5	0	0	0	0.0	0.0	0.0	0.0
(6210) Program Integrity	32	0	0	0	0.3	0.0	0.0	0.0
(6220) Quality Management	1,777	0	0	0	0.3	0.0	0.0	0.0
(6230) Children and Families	5	0	0	0	0.0	0.0	0.0	0.0
(6250) Disabilities and Aging	1	0	0	0	0.0	0.0	0.0	0.0
(6310) D.C. Public Schools	462	0	0	0	0.0	0.0	0.0	0.0
(6320) Mental Health	538	0	0	0	0.0	0.0	0.0	0.0
(6340) Child and Family Services	-32,056	0	0	0	0.0	0.0	0.0	0.0
<b>Subtotal (6000) Medical Assistance Administration</b>	<b>-29,245</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.6</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

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**Table HC0-4 (Continued)**

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2009	Approved FY 2010	Proposed FY 2011	Change from FY 2010	Actual FY 2009	Approved FY 2010	Proposed FY 2011	Change from FY 2010
<b>(6500) Health Care Safety Net Administration</b>								
(6510) Health Care Safety Net Oversight	66	0	0	0	0.5	0.0	0.0	0.0
<b>Subtotal (6500) Health Care Safety Net Administration</b>	<b>66</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>(8000) Maternal and Family Health Administration</b>								
(8010) Perinatal and Infant Care	0	0	0	0	0.0	0.0	0.0	0.0
(8020) Child Health Service	-1	0	0	0	0.0	0.0	0.0	0.0
(8030) Office of Nutrition Programs	1	0	0	0	0.0	0.0	0.0	0.0
(8040) MFHA Support Services	-1	0	0	0	0.0	0.0	0.0	0.0
<b>Subtotal (8000) Maternal and Family Health Administration</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>(8100) Center for Policy, Planning and Evaluation</b>								
(8060) State Center Health Statistics	3,070	3,606	0	-3,606	34.9	36.0	0.0	-36.0
(8070) State Health Planning and Development	503	1,049	0	-1,049	4.7	5.0	0.0	-5.0
(8080) Epidemiology and Health Risk Assessment	774	413	0	-413	3.5	2.0	0.0	-2.0
<b>Subtotal (8100) Center for Policy, Planning and Evaluation</b>	<b>4,347</b>	<b>5,069</b>	<b>0</b>	<b>-5,069</b>	<b>43.0</b>	<b>43.0</b>	<b>0.0</b>	<b>-43.0</b>
<b>(8200) Center for Policy, Planning and Evaluation</b>								
(8250) Research Evaluation and Measurement	0	0	450	450	0.0	0.0	2.0	2.0
(8260) State Center Health Statistics	0	0	3,321	3,321	0.0	0.0	35.0	35.0
(8270) State Health Planning and Development	0	0	876	876	0.0	0.0	6.0	6.0
<b>Subtotal (8200) Center for Policy, Planning and Evaluation</b>	<b>0</b>	<b>0</b>	<b>4,647</b>	<b>4,647</b>	<b>0.0</b>	<b>0.0</b>	<b>43.0</b>	<b>43.0</b>
<b>8500) Community Health Administration</b>								
(8502) Cancer and Chronic Disease Prevention	3,352	6,842	3,919	-2,923	22.1	27.1	33.5	6.4
(8503) Pharmaceutical Procurement and Distribution	20,761	16,534	21,012	4,479	5.1	6.8	8.0	1.2
(8504) Primary Care	10,876	5,044	5,374	330	7.9	4.0	3.0	-1.0
(8510) Support Services	13,971	6,724	9,062	2,337	33.4	44.4	41.5	-3.0
(8511) Perinatal and Infant Health	5,624	7,386	6,919	-466	39.9	56.8	56.0	-0.8
(8512) Special Health Care Needs	789	0	1	1	3.7	0.0	0.0	0.0
(8513) Nutrition and Physical Fitness	19,913	17,287	20,967	3,681	27.8	28.5	34.0	5.5
(8514) Children, Adolescent and School Health	9,213	10,699	23,737	13,038	29.8	33.0	35.0	2.0
(8515) Environmental Hazards and Injury Prevention	722	44	0	-44	0.4	1.0	0.0	-1.0
<b>Subtotal (8500) Community Health Administration</b>	<b>85,223</b>	<b>70,559</b>	<b>90,992</b>	<b>20,434</b>	<b>170.0</b>	<b>201.6</b>	<b>211.0</b>	<b>9.4</b>
<b>Total Proposed Operating Budget</b>	<b>248,234</b>	<b>249,846</b>	<b>279,718</b>	<b>29,872</b>	<b>747.6</b>	<b>836.0</b>	<b>783.6</b>	<b>-52.4</b>

(Change is calculated by whole numbers and numbers may not add due to rounding.)

**Note:** For more detailed information regarding the proposed funding for the activities within this agency's programs, please see **Schedule 30-PBB Program Summary By Activity** in the **FY 2011 Operating Appendices** located on the Office of the Chief Financial Officer's website.

## **FY 2011 Proposed Budget Changes**

**Intra-Agency Adjustments:** The Department of Health's FY 2011 budget reduction plan includes transferring various costs from Local funds to other fund types. These include the shifting of the following from Local funds to Federal Grant funds: services and charges associated with the Strategic National Stockpile totaling \$72,607; IT costs totaling \$14,777; and social marketing contracts totaling \$174,000. Additionally, animal shelter contract costs totaling \$249,141 are shifted from local funds to Special Purpose Revenue funds. These transfers have no impact on direct services to District residents. Furthermore, an increase of \$751,526 aligns the agency's occupancy fixed costs with the estimates by the Department of Real Estate Services (DRES). While the the Office of the Chief Technology Officer's (OCTO) revised estimate indicates a \$127,511 increase in the DOH IT ServUs budget, this increase is accounted for by including the operating costs of HIV/AIDS, Hepatitis, STD, and Tuberculosis Administration (HAHSTA's) epidemiological and surveillance system.

**Transfer In/Out:** The Agency's FY 2011 budget includes a transfer out of \$943,859 (10.8 FTEs) to the Office of the State Superintendent of Education.

**Cost Savings:** The DOH budget reduction plan relies upon cost savings to the Local budget totaling \$4,705,115. These cost-saving measures focus on maximizing agency efficiencies and have minimal impact on direct services to District residents. In FY 2011, DOH will continue to manage the expenses associated with the purchase of office supplies, saving \$111,360, and the costs for out-of-city travel and personal service contracts, saving \$27,858. An additional reduction of \$13,767 aligns fleet assessments with the estimates by the Department of Public Works (DPW).

For the Community Health Administration (CHA) programs, cost savings to the Local budget will minimize impact on direct services. Specifically, the Allied Health budget is aligned with projected utilization to save \$350,000. Furthermore, decreases in equipment purchases save \$10,000. The elimination of a vacant administrative manager position saves \$57,763, and a reduction in overtime expenditures saves an additional \$1,000. Additionally, the non-

recurrence of one-time grant funding to the DC Hospital Association, DC Primary Care Association medical homes, Summit Health Institute, and United Medical Center saves \$826,229.

Cost savings to Health Emergency Preparedness and Response Administration (HEPRA) programs include reductions to the Local and Special Purpose Revenue budgets that minimize impact on direct services. Savings totaling \$119,857 are realized from decreasing the copier maintenance contract, eliminating a vacant administrative specialist position, and managing costs related to office support. Aligning occupancy fixed costs with DRES estimates yields \$55,695 in cost savings from Special Purpose Revenue funds.

HAHSTA programs, aiming to minimize impact on direct services, achieve \$286,019 in savings to the Local budget by adjusting costs to cover tuition for employee training, decreasing the scanning contract, and eliminating a vacant senior special assistant position.

The Addiction Prevention and Recovery Administration (APRA) programs achieve local budget cost savings with no adverse impact on services. Savings totaling \$1,784,006 are tied directly or indirectly to the closure of APRA's District-run detoxification center and the transfer of detox services to a contractor, resulting in improved services to residents. These savings include: (1) decreasing by \$111,300 the budget to purchase medical supplies; (2) decreasing by \$45,000 the budget to purchase office equipment and furniture; (3) saving \$165,999 by eliminating the vacant Medical Director position; and (4) reducing by \$1,441,707 support contracts that include nursing, food and bed linens. APRA also saves \$492,356 by managing costs for IT support services to account for new software that will not require the same level of support as its predecessor. Furthermore, \$49,552 is saved by eliminating additional income allowance for employees, and \$20,000 is saved by decreasing overtime costs. Finally, \$219,428 in Special Purpose Revenue funds is saved by decreasing the Safe and Drug Free Schools subgrants.

**Policy Initiatives:** The FY 2011 budget for DOH seeks to utilize and enhance resources to maximize the agency's impact on the core public health needs of the District. The Health Care Regulation and Licensing Administration (HCRLA) will utilize revenue collected to increase support by \$396,337 for SafeRx con-

tracts, facility inspections, and the Food Program software maintenance for the Food Program, and by \$1,004,000 to increase staffing. HCRLA will also increase support for DOH's impact on the District's public health delivery system by \$700,000 based on enhanced revenue collection for pharmaceutical marketing cost reports and increase in certain health professional licensing fees. The increase in budget authority ensures sufficient funding for the administration of the requirements set forth under the AccessRx, including the collection, analysis, and reporting of pharmaceutical marketing expenses in the District. \$360,000 (including 1 additional FTE) of these funds will be used to support the regulation of the District's health professionals. HEPRa will use revenue generated to increase funds by \$47,000 for medical supplies. Funding totaling \$2,528,000 from the Strategic Prevention Framework State Incentive Federal grant will enhance the programs under APRA. Additionally, funding totaling \$3,357,000 from various Federal grants will enhance programs under CHA. Federal funding from the Centers of Disease Control and Prevention totaling \$84,000 will enhance programs under the Center for Policy, Planning and Evaluation (CPPE). Finally, an increase of \$1,000,000 in Local funds enhances the AIDS Drugs Assistance Program funds to support the Chronic Care Initiative, and Federal funds for HIV/AIDS Prevention totaling \$5,000,000 will enhance other programs under HAHSTA. DOH's FY 2011 budget includes three new intra-District projects in CHA totaling \$13,087,404 based on proposed agreements with the Department of Health Care Finance (DHCF). DHCF will advance to DOH \$12,500,000 for the School Health Services program, \$400,000 for immunization registration, \$187,404 for the 1115 Pharmacy waiver.

**Protected Programs:** DOH will continue to pursue an aggressive, comprehensive strategy to promote healthy lifestyles, prevent illness, protect the public from threats to their health, and provide equal access to quality healthcare services. DOH will do this through a variety of programs designed to address the critical needs of District residents.

DOH remains committed to combating HIV and AIDS in the District. All efforts have been made to protect the following critical HAHSTA programs: District-wide condom distribution, routine HIV test-

ing, school-based youth STD screening to serve 20 D.C. public schools, the "D.C. Takes on HIV" social marketing campaign, and locally-funded community-based HIV prevention grants including the Effi Barry program.

DOH protected the implementation of the Choice in Drug Treatment Program. Through the Addiction Recovery Fund, this program finances a comprehensive spectrum of substance abuse treatment services for District families and residents coping with the disease of addiction. Critical treatment services supported from this fund include sub-acute detoxification services, medication-assisted treatment, residential, intensive outpatient and outpatient services.

The FY 2011 DOH budget also protects efforts to improve reproductive health outcomes and the reduction of infant mortality. DOH will continue to fund efforts within the agency and in the community to send nurses and family support workers to vulnerable pregnant women and new mothers.

Moreover, DOH's budget preserves funding to protect the school nurse staffing program within both D.C. Public Schools and Public Charter Schools. As the leader of the school health team, the school nurse is responsible for providing a host of health screenings and direct health care to students, collaborating with the child's primary care provider in the development of the health care plan for children with special health care needs and chronic health conditions, reviewing all health certificates at the start of the school year to check for any reported medical abnormalities, and ensuring that each child's immunization record is current.

**Stimulus:** The FY 2011 budget for DOH includes additional Federal grant resources from stimulus funds. DOH was awarded American Recovery and Reinvestment Act (ARRA) funding from the US Department of Health and Human Services, Centers of Disease Control and Prevention. To support public health efforts to reduce obesity, increase physical activity, improve nutrition, and decrease smoking, DOH will receive \$7,697,000 awarded from the Communities Putting Prevention to Work (CPPW) grant. HEPRa will carryover funds totaling \$79,000 from the Epidemiology Surveillance and Laboratory Capacity for Infectious Disease grant.

## FY 2010 Approved Budget to FY 2011 Proposed Budget, by Revenue Type

Table HC0-5 itemizes the changes by revenue type between the FY 2010 approved budget and the FY 2011 proposed budget.

**Table HC0-5**

(dollars in thousands)

	Program	BUDGET	FTE
<b>LOCAL FUNDS: FY 2010 Approved Budget and FTE</b>		<b>78,190</b>	<b>156.9</b>
Cost Decrease: Manage purchase of office supplies	Multiple Programs	-111	0.0
Shift: Shift in other services and charges tied to Strategic National Stockpile from Local to Federal grant	Multiple Programs	-73	0.0
Cost Decrease: Adjust costs for out-of-city travel and personal service contracts	Agency Management Support	-28	0.0
Cost Increase: Align occupancy fixed costs with DRES estimates	Agency Management Support	752	0.0
Cost Decrease: Align fleet assessment with DPW estimates	Agency Management Support	-14	0.0
Cost Increase: Align IT costs with OCTO estimates	Agency Management Support	128	0.0
Cost Decrease: Align Allied Health budget with projected utilization	Community Health Administration	-350	0.0
Cost Decrease: Decrease equipment purchases	Community Health Administration	-10	0.0
Cost Decrease: Eliminate administrative manager vacant position	Community Health Administration	-58	-0.5
Cost Decrease: Manage overtime expenditures	Community Health Administration	-1	0.0
Eliminate: Eliminate one-time grant to DC Hospital Association	Community Health Administration	-110	0.0
Eliminate: Eliminate one-time grant to DCPCA medical homes	Community Health Administration	-441	0.0
Eliminate: Eliminate one-time grant to Summit Health Institute	Community Health Administration	-100	0.0
Eliminate: Eliminate one-time grant to United Medical Center	Community Health Administration	-175	0.0
Shift: Shift animal shelter contract costs to Special Purpose Revenue funds	Health Care Regulation and Licensing Administration	-249	0.0
Transfer Out: Transfer out 10.8 FTEs to the Office of the State Superintendent for Education	Health Care Regulation and Licensing Administration	-944	-10.8
Cost Decrease: Decrease copier maintenance contract	Health Emergency Preparedness and Response Administration	-52	0.0
Cost Decrease: Eliminate administrative specialist vacant position	Health Emergency Preparedness and Response Administration	-64	-1.0
Cost Decrease: Manage costs for office support	Health Emergency Preparedness and Response Administration	-4	0.0
Shift: Shift IT cost from Local to Federal grant	Health Emergency Preparedness and Response Administration	-15	0.0
Cost Decrease: Adjust tuition costs for employee training	HIV/AIDS Hepatitis STD & TB Administration	-25	0.0
Cost Decrease: Decrease scanning contract	HIV/AIDS Hepatitis STD and TB Administration	-150	0.0
Cost Decrease: Eliminate senior special assistant vacant position	HIV/AIDS Hepatitis STD and TB Administration	-111	-1.0
Shift: Shift social marketing contracts to Federal grant	HIV/AIDS Hepatitis STD and TB Administration	-174	0.0

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**Table HC0-5 (Continued)**

(dollars in thousands)

	<b>Program</b>	<b>BUDGET</b>	<b>FTE</b>
Correct: Eliminate six unfunded positions	Addiction Prevention and Recovery Administration	0	-6.0
Cost Decrease: Decrease purchase of medical supplies	Addiction Prevention and Recovery Administration	-111	0.0
Cost Decrease: Decrease purchases of office equipment and furniture	Addiction Prevention and Recovery Administration	-45	0.0
Cost Decrease: Eliminate additional income allowance for personal services	Addiction Prevention and Recovery Administration	-50	0.0
Cost Decrease: Eliminate medical director vacant position	Addiction Prevention and Recovery Administration	-166	-1.0
Cost Decrease: Manage costs for IT support services to account for new software	Addiction Prevention and Recovery Administration	-492	0.0
Cost Decrease: Manage overtime cost	Addiction Prevention and Recovery Administration	-20	0.0
Cost Decrease: Reduce support service contracts	Addiction Prevention and Recovery Administration	-1,442	0.0
Reduce: Hold salary steps constant	Multiple Programs	-13	0
Enhance: Add HIV/AIDS Administration's AIDS Drug Assistance Program (ADAP) funds to support the Chronic Care Initiative	HIV/Aids Hepatitis STD and TB Administration	1,000	0
<b>LOCAL FUNDS: FY 2011 Proposed Budget and FTE</b>		<b>74,472</b>	<b>136.6</b>
<b>FEDERAL PAYMENTS: FY 2010 Approved Budget and FTE</b>		<b>0</b>	<b>0.0</b>
Enhance: Add Federal funds for HIV/AIDS Prevention	HIV/AIDS Hepatitis STD and TB Administration	5,000	0.0
<b>FEDERAL PAYMENTS: FY 2011 Proposed Budget and FTE</b>		<b>5,000</b>	<b>0.0</b>
<b>FEDERAL GRANT FUNDS: FY 2010 Approved Budget and FTE</b>		<b>135,859</b>	<b>554.0</b>
Cost Increase: Add Recovery Act funding to enhance programs	Agency Management Support	3,024	4.0
Cost Increase: Adjust for administrative costs for various grants	Agency Management Support	999	-2.0
Cost Increase: Adjust for indirect cost rate from Recovery Act funding	Agency Management Support	181	0.0
Cost Increase: Add Strategic Prevention Framework State Incentive Grant	Addiction Prevention and Recovery Administration	2,528	-44.3
Cost Increase: Add Recovery Act funding to enhance programs	Health Emergency Preparedness and Response Administration	79	1.0
Cost Decrease: Adjust for projected grant funding	Health Emergency Preparedness and Response Administration	-426	-9.1
Cost Decrease: Adjust for projected grant funding	HIV/AIDS Hepatitis STD and TB Administration	-843	-1.6
Cost Decrease: Adjust for projected Title 18 and Title 19 grant funding	Health Care Regulation and Licensing Administration	-179	-3.6
Cost Increase: Add federal Center for Disease Control funding	Center for Policy, Planning and Evaluation	84	0.8
Cost Increase: Add Recovery Act funds to enhance programs	Community Health Administration	4,673	8.0

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**Table HCO-5 (Continued)**

(dollars in thousands)

	Program	BUDGET	FTE
<b>FEDERAL GRANT FUNDS: FY 2010 Approved Budget and FTE (cont)</b>			
Cost Increase: Add various grant funding	Community Health Administration	3,357	0.2
Reduce: Hold salary steps constant	Multiple Programs	-113	0
<b>FEDERAL GRANT FUNDS: FY 2011 Proposed Budget and FTE</b>		<b>149,223</b>	<b>507.4</b>
<b>PRIVATE GRANT FUNDS: FY 2010 Approved Budget and FTE</b>		<b>319</b>	<b>0.0</b>
No Change: Maintain FY 2010 funding		0	0.0
<b>PRIVATE GRANT FUNDS: FY 2011 Proposed Budget and FTE</b>		<b>319</b>	<b>0.0</b>
<b>SPECIAL PURPOSE REVENUE FUNDS: FY 2010 Approved Budget and FTE</b>		<b>14,272</b>	<b>121.6</b>
Cost Decrease: Adjusts costs for employee training	Health Care Regulation and Licensing Administration	-28	0.0
Cost Increase: Add various positions	Health Care Regulation and Licensing Administration	1,004	13.0
Cost Increase: Support contracts for SafeRX, facility inspections, and software maintenance for Food Program	Health Care Regulation and Licensing Administration	396	0.0
Shift: Shift animal shelter contract cost from Local	Agency Management Support	249	0.0
Cost Decrease: Reduce Access Rx contract	Health Care Regulation and Licensing Administration	-120	0.0
Cost Decrease: Decrease in Safe and Drug Free Schools subgrants	Addiction Prevention and Recovery Administration	-219	0.0
Cost Decrease: Align occupancy fixed costs with DRES estimates	Health Emergency Preparedness and Response Administration	-56	0.0
Cost Increase: Increase costs for medical supplies	Health Emergency Preparedness and Response Administration	47	0.0
Cost Decrease: Eliminate vacant positions	Center for Policy, Planning and Evaluation	-221	-0.8
Cost Decrease: Align occupancy fixed costs with DRES estimates	Center for Policy, Planning and Evaluation	-67	0.0
Cost Decrease: Adjust costs for travel, equipment purchases, and various contracts	Center for Policy, Planning and Evaluation	-215	0.0
Reduce: Hold salary steps constant	Multiple Programs	-91	0.0
Enhance: Align budget with increase in revenue related to an increase in the filing fee for pharmaceutical marketing cost reports	Health Care Regulation and Licensing Administration	340	0.0
Enhance: Align budget with increase in revenue related to an increase in certain health professional licensing fees	Health Care Regulation and Licensing Administration	360	1.0
<b>SPECIAL PURPOSE REVENUE FUNDS: FY 2011 Proposed Budget and FTE</b>		<b>15,652</b>	<b>134.8</b>
<b>INTRA-DISTRICT FUNDS: FY 2010 Approved Budget and FTE</b>		<b>21,206</b>	<b>3.5</b>
Eliminate: Eliminate one-time transfer from Department of Health Care Finance to support a grant to Planned Parenthood for sexual education programs	HIV/AIDS Hepatitis STD and TB Administration	-250	0.0
Transfer In: Transfer from Office of the State Superintendent for Education for on-site food preparation and vended Summer Meal Service Centers	Health Care Regulation and Licensing Administration	3	-0.5

(Continued on next page)

**Table HC0-5 (Continued)**

(dollars in thousands)

	<b>Program</b>	<b>BUDGET</b>	<b>FTE</b>
Eliminate: Eliminate one-time Transfer in from Department of Health Care Finance to support emergency operating loans for community health clinics	Community Health Administration	-2,500	0.0
Cost Increase: Transfer in from Department of Health Care Finance for pharmaceutical purchases and formulary services to various programs	Community Health Administration	4,300	0.0
Cost Increase: Transfer in from Department of Health Care Finance for administrative support to the HIV/AIDS Medicaid waiver	Community Health Administration	187	2.8
Cost Increase: Transfer in from Department of Health Care Finance for D.C. Linkage and Tracking System	Community Health Administration	11	-1.0
Cost Increase: Transfer in from D.C. Public Schools for school immunization initiative	Community Health Administration	56	0.0
Cost Increase: Transfer in from Department of Health Care Finance for the immunization registry	Community Health Administration	400	0.0
Cost Increase: Transfer in from Department of Health Care Finance for School Health Nursing Program	Community Health Administration	12,500	0.0
Cost Decrease: Reduce Transfer in from Child and Family Services Agency for Family Treatment Court Program	Addiction Prevention and Recovery Administration	-650	0.0
Eliminate: Eliminate Transfer in from Child and Family Services Agency for parenting program	Addiction Prevention and Recovery Administration	-210	0.0
Reduce: Hold salary steps constant	Multiple Programs	-3	0.0
<b>INTRA-DISTRICT FUNDS: FY 2011 Proposed Budget and FTE</b>		<b>35,052</b>	<b>4.8</b>
<b>Gross for HC0 - Department of Health</b>		<b>279,718</b>	<b>783.6</b>

## Agency Performance Plan

The agency has the following objectives and performance indicators for its Divisions:

### 1. Office of the Director

**Objective 1:** Develop and retain a competent workforce.

**Objective 2:** Ensure effective administration and business practices across the Department.

**Objective 3:** Effectively communicate with stakeholders and the community about public health assets and challenges.

**Objective 4:** Reduce Exposure to Potential and Incurred Losses Related to Risk Management.

### Office of the Director

Measure	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2010 Projection	FY 2011 Projection	FY 2012 Projection
Number of FTEs	1,067	671	911	835	835	835
Vacancy Rate	-	8%	-	8%	7%	6%
Percentage of new hires on board within 60 days after job posting	-	65.38%	-	75%	80%	85%
Quality of new hires based on average quarterly probationary job performance rating	-	-	-	3	3.5	3.5
Turnover Rate	-	-	-	5%	4%	4%
Percentage of sub-grant invoices paid within 30 days of receipt	-	-	80%	85%	90%	95%
Number of reported single audit findings that indicate material non-compliance or a reportable condition	FY 06-12	-	≤ 8	≤6	≤4	<4
Percentage lapse of total dollar amount of federal grant budget.	3%	-	≤ 4%	< 4%	<3%	<3%
Percentage of grants management specialists receiving in-service or a skills-based grants management training.	-	-	60%	70%	75%	75%
Number of COTRs receiving advanced training	-	-	-	10	15	20
Number of procurement related trainings held annually	6	4	4	4	4	4
Square footage of leased space	242,905	242,905	0	149,941	0	0
Facility Cost per DOH employee	\$9,548	\$9,548	0	\$9,548	0	0
Number of visitors to the DOH website	-	593,273	600,000	690,000	724,500	760,725
Average time spent on website per user	-	4:53	4:00	5:00	5:20	5:30
Number of Safety Incidents	-	3	16	15	12	9
Percentage of DOH Employees in Need of Safety Training	-	99%	99%	99%	70%	10%
Number of Professional Educational and Training Activities Attended by ORM	-	2	8	10	12	14
Number of Unusual Incident Reports Filed	-	53	290	180	150	130
Number of Administrations Trained in the Use of Unusual Incident Reports (UIR)	-	1	0	1	3	5 (Also refresher and new staff)

## 2. Health Emergency Preparedness and Response Administration (HEPRA)

**Objective 1:** Improve the quality and efficiency of Emergency Medical Services in the District of Columbia.

**Objective 2:** Improve public health emergency preparedness within the District of Columbia.

**Objective 3:** Improve the ability of the public health laboratory to provide quality healthcare support and emergency preparedness services within the District of Columbia.

### Health Emergency Preparedness and Response Administration (HEPRA)

Measure	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2010 Projection	FY 2011 Projection	FY 2012 Projection
Percentage of District of Columbia EMTs that meet or exceed National Registry test standard	Pass 1st Attempt DC-71%	Pass 1st Attempt DC-67%	Pass 1st Attempt DC-64%	1st Attempt DC-70%	1st Attempt DC-75%	1st Attempt DC-80%
Certifications are rapidly issued to reduce downtime of uncertified providers	5 business days 95% of the time	4 business days 95% of the time	4 business days 95% of the time	2 business days 95% of the time	2 business days 95% of the time	2 business days 95% of the time
Percentage of DOH staff trained in the National Incident Management System	20%	38%	30%	70%	75%	80%
Percentage of hospitals compliant with National Incident Management System training requirements		84%	80%	90%	100%	100%
Percentage of hospitals that adopted bed availability data standards and definition	-	100%	100%	100%	100%	100%
Percentage of long-term care facilities that develop Facility Evacuation Plans	-	90%	90%	100%	100%	100%
Percentage of community-based health centers that biannually update emergency operations plans and facility evacuation plans	-	85%	90%	100%	100%	100%
Percentage of clients using the secure web portal to obtain lab results	0	45%	40%	60%	80%	79%
Percentage of clinics submitting request forms electronically	0%	75%	60%	80%	90%	95%
Percentage of clinics receiving specimen test results by secure fax or web portal	35%	87%	60%	80%	90%	95%
Percentage of clinics reporting above average satisfaction with laboratory services	-	-	70%	80%	90%	95%

### 3. Addiction Prevention and Recovery Administration

**Objective 1:** Implement an integrated prevention system to reduce priority risk factors and increase protective factors that reduces substance use and abuse by District children, youths and families.

**Objective 2:** Maintain and support a comprehensive continuum of accessible substance abuse treatment services.

**Objective 3:** Promote long-term recovery from substance use disorder through maintenance of a comprehensive continuum of accessible recovery support services.

#### Addiction Prevention and Recovery Administration

Measure	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2010 Projection	FY 2011 Projection	FY 2012 Projection
Number of community capacity-building training sessions and technical assistance efforts provided to organizations in support of evidence-based prevention programs implementation	-	2	-	10	15	25
Percentage of clients presenting at the Assessment and Referral Center that complete the assessment and referral process within 2 hours	-	-	-	95%	100%	100%
Percentage of clients that are screened for mental health disorders during the assessment and referral process	-	-	-	100%	100%	100%
Percentage of clients of clients assessed and referred for service that are admitted to a community-based provider	-	-	-	85%	90%	90%
Percentage of clients that complete the detoxification and stabilization program within 3-5 days	-	-	-	95%	95%	95%
Percentage of clients referred to outpatient or intensive outpatient services that complete 2 treatment sessions within the first 2 weeks of admission to treatment	-	-	-	90%	90%	95%
Percentage of clients referred to residential treatment services that remain engaged in active treatment for at least 30 days	-	-	-	90%	90%	95%
Percentage of clients referred to recovery support services that redeem service vouchers	-	80%	-	85%	90%	-
Percentage of recovery support clients that receive a 6-month post admission interview	-	85%	-	90%	90%	-
Percentage of recovery support clients that maintain abstinence from alcohol and drugs 6 months post admission	-	40%	-	45%	50%	-

NOTE: Due to ongoing transition, APRA will begin reporting clinical outcomes in the 3rd quarter of FY 2010.

#### 4. Center for Policy, Planning, and Epidemiology

**Objective 1:** Promote the availability of accessible, high quality and affordable healthcare services.

**Objective 2:** Monitor health care facilities' compliance with the requirements that govern the provision of uncompensated care to needy residents.

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### Center for Policy, Planning, and Epidemiology

<b>Measure</b>	<b>FY 2008 Actual</b>	<b>FY 2009 Target</b>	<b>FY 2009 Actual</b>	<b>FY 2010 Projection</b>	<b>FY 2011 Projection</b>	<b>FY 2012 Projection</b>
Number of decisions issued on certificate of need applications*	23	9	16	16	16	16
Percent of health care facilities submitting uncompensated care reports:						
Hospitals	100%	100%	0%	100%	100%	100%
Nursing Homes	-	-	-	75%	100%	100%

\* The number of certificate of need applications is expected to decrease due to the impact of the global recession on capital investments and new business development.

#### 5. HIV/AIDS, Hepatitis, STD, and TB Administration

**Objective 1:** Reduce transmission/prevent new infections of HIV, STD, TB, and Hepatitis through early diagnosis and treatment, harm reduction, and behavior change interventions.

**Objective 2:** Expand education, behavioral prevention, and STD/HIV diagnosis and treatment programs for young persons in the District of Columbia.

**Objective 3:** Improve care and treatment outcomes, as well as quality of life, for HIV-infected individuals through increased access to, retention in, and quality of care and support services.

## HIV/AIDS, Hepatitis, STD, and TB Administration

Measure	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2010 Projection	FY 2011 Projection	FY 2012 Projection
Number of new HIV (HIV/AIDS) cases diagnosed within the fiscal year <sup>1</sup>	975	714	1,400	1,500	1,500	1,500
Number of publically supported HIV tests performed	72,864	90151	100,000	125,000	150,000	150,000
Number of persons newly diagnosed with HIV through expanded partner services (PCRS)	19	42	40	80	150	200
Number of needles off the streets through DC NEX Program	190,016	279,707	250,000	300,000	350,000	350,000
Number of condoms distributed by DC DOH Condom Program	1.52 million	3.2 million	1.75 million	3 million	3 million	3 million
Number of peri-natal HIV infections	3	1	0	0	0	0
Number of youth (15-19 years) screened for STDs through youth outreach programs (parks and recreation, summer employment, schools, etc.)	2,091	5,265	5,000	10,000	12,000	12,000
Number of persons enrolled in ADAP	1,644	2,060	2,000	2,650	3,350	4,000
Percentage of HIV positive persons with viral load suppression (below 400)	-	-	-	-	-	-
Number of families receiving long-term housing vouchers through HOPWA	331	385	310	320	320	320
Number of families receiving short-term (project-based and emergency) housing assistance through HOPWA <sup>2</sup>	109	337	110	110	110	110
Number of families receiving HOPWA Short Term Rental and Mortgage Assistance (STRMU)	242	167	260	260	260	260

### 6. Health Regulation and Licensing Administration (HRLA)

**Objective 1:** The Health Care Facilities Division (HCFD) will conduct on-site surveys to ensure health, safety, sanitation, fire, and quality of care requirements of facilities that are licensed and/or certified. HCFD will identify deficiencies that may affect state licensure and/or eligibility for federal compliance under the Medicare and Medicaid programs.

**Objective 2:** Initiate, implement and/or revise licensing regulations for health care professionals.

**Objective 3:** Promote transparency and simplification of the food facility inspection system.

## Health Regulation and Licensing Administration (HRLA)

Measure	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2010 Projection	FY 2011 Projection	FY 2012 Projection
Number of background checks conducted	-	-	-	8,400	22,000	24,000
Number of complaint follow-ups conducted in compliance office	-	-	-	25	200	300
Number of adverse events reported in nursing homes and hospitals	524	328	594	640	620	585
Number of additional health care professionals regulated by HRLA	-	-	-	6,000	6,600	6,600
Number of food facility inspections	9,322	5,564	9,500	10,000	10,250	10,500
Number of food samples tested from food facilities throughout the District	444	357	450	550	600	600

## 7. Community Health Administration (CHA)

**Objective 1:** Improve the quality, access, and outcomes of health care services for children, families and adults in the District.

**Objective 2:** Ensure preventative services for children in the District of Columbia.

**Objective 3:** Improve the quality of nutrition-related care delivery to customers at 4 CSFP local agency sites, 23 WIC clinics, one mobile unit, and 26 Farmers' Markets to improve health, increase breastfeeding, reduce obesity and support healthier food choices.

### Community Health Administration (CHA)

Measure	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2010 Projection	FY 2011 Projection	FY 2012 Projection
Number of prenatal home visits per client per month	2.5	2.1	2	2	2.5	3
Number of women enrolled in Healthy Start case management per year	496	656	600	690	700	725
Number of men enrolled in Healthy Start case management per year	69	130	150	150	160	170
Percentage of newly enrolled Healthy Start pregnant women who report entering prenatal care in first trimester per calendar year	34.5%	40%	40%	45%	50%	55%
Percentage of Healthy Start prenatally enrolled pregnant women who deliver vlbw (<1500 g) babies per calendar year	<1,500 – 1.3%	<1,500 – 2%	<1,500 – 2%	<1,500 – 2%	<1,500 – 2%	<1,500 – 2%
Percentage of Healthy Start prenatally enrolled pregnant women who deliver lbw (<2500 g) babies per calendar year	<2,500g – 10%	<2,500g – 8%	<2,500g – 8%	<2,500g – 5%	<2,500g – 4%	<2,500g – 3%
Percent of school aged children in grades Pre-K, K, 2, 4, 6, 8 and 10 who receive screenings such as:						
• Vision	86%	86.5%	90%	95%	95%	98%
• Hearing	97%	91%	91%	95%	95%	98%
• Scoliosis	32%	28%	60%	90%	95%	96%
• BMI on students in grades 2, 4 and 6.	NA	NA	Baseline 25%	30%	45%	60%
Percentage of students who receive comprehensive physical examinations by providers	43%	46%	55%	65%	75%	80%
Percentage of students who receive oral health screenings	27%	36.6%	40%	45%	70%	80%
Percentage of DCPS with full-time nursing coverage	40%	88%	92%	98%	100%	100%
Number of Public Charter Schools with nursing coverage		44	43 (one declined)	50	55	60%
Percentage of identified school aged children with chronic diseases who have Individualized Health Plans (IHPs) developed by school nurses	NA	NA	Baseline 80%	100%	100%	100%
Percentage of postpartum WIC mothers who initiate breastfeeding	49%	45%	45%	49%	50%	60%
Percentage of WIC participants who receive a primary non-high risk or high-risk nutrition education contact during a 6-month certification period	96%	96% <sup>3</sup>	97%	98%	99%	100%
Number of sites funded by DOH adopting evidence-based care management programs <sup>4</sup>	2	10	10	7	2	2

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## Community Health Administration (CHA) (cont)

Measure	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2010 Projection	FY 2011 Projection	FY 2012 Projection
Number of residents with diabetes enrolled in DOH funded evidence-based care management projects <sup>5</sup>	600 (1.5%)	549 (1.5%)	5,000 (14%)	7,000 (20%)	600 (1.5%)	600 (1.5%)
Percentage of residents with diabetes enrolled in DOH funded care programs achieving ideal blood glucose levels (A1c <7) <sup>6</sup>	39	40	40	41	42	43
Percentage reach of DC tobacco users through the DC Tobacco Quitline (1.800.QUITNOW) <sup>7</sup>	2.381%	2.708%	3.025%	1.907%	1.907%	1.907%
Number of calls to the DC Tobacco Quitline (1.800.QUITNOW)	2,248	2,556	2,856	1,800	1,800	1,800
Number of clinics making improvements and monitoring progress by participating in the Asthma Quality Improvement Collaborative	0	8	10	15	20	25

Note: WIC will continue to utilize the newly expanded Nutrition and Physical Fitness Advocacy Board to strengthen promotion and messaging regarding the benefits of breast-feeding to WIC-eligible mothers.

### **Performance Plan Endnotes:**

1. Due to increased testing, DOH expects that the number of newly diagnosed HIV cases will increase for several years. Identifying these new cases is critical to increase survival of patients and decrease future transmissions. Reporting delays may lead to upward revision of actual numbers over time.
2. The number of reported served through project-based transitional or emergency housing is not de-duplicated for the year to date, as families access these services more than once during the year. Final tallies and targets are duplicated
3. FMNP year to date voucher redemption data is not yet available for FY 2009
4. The number of funded projects in this measure represents Budget Support Act and Chronic Care Initiative funded projects. In 2009 Community Health Administration funded three diabetes-related Budget Support Act projects and seven Chronic Care Initiative projects. In 2011 Chronic Care Initiative funding will expire. The estimate for the number of funded sites in 2011 is based upon historical diabetes-related BSA funding
5. Total number of residents with diabetes enrolled in DOH funded evidence-based care management programs. The number in parenthesis indicates the percentage of residents enrolled within the entire diabetes population. 2007 CDC BRFSS estimates indicate that 36,000 residents have diabetes
6. The numerator in this calculation represents the total number of enrollees with diabetes achieving an A1c <7. The denominator represents the total number of patients with diabetes enrolled in BSA and CCI programs. Routine monitoring of a patient's A1C is viewed as the "standard" for measuring blood sugar, or glucose, control over a two-month period. Extensive clinical research shows that holding A1C levels under 7 percent helps prevent many serious complications, including blindness, amputation, heart disease, stroke, and kidney damage.
7. Number goes down in out years as the number of people who choose to smoke and need quit line services goes down.

