
Department of Health

www.doh.dc.gov
Telephone: 202-442-5955

Table HC0-1

Description	FY 2015	FY 2016	FY 2017	% Change
	Actual	Approved	Proposed	from FY 2016
OPERATING BUDGET	\$266,123,537	\$261,768,733	\$287,217,323	9.7
FTEs	599.4	611.6	628.3	2.7

The mission of the Department of Health (DOH) is to promote healthy lifestyles, prevent illness, protect the public from threats to their health, and assure 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 and improving opportunities for health and well-being for all District residents and visitors. DOH does this through a number of mechanisms that center around prevention, promotion of health, expanding access to health care, and increasing health equity. The department provides public health management and leadership through policy, planning, and evaluation; fiscal oversight; human resource management; grants and contracts management; information technology; 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) promoting health equity, and (3) public health systems enhancement.

The agency's FY 2017 proposed budget is presented in the following tables:

FY 2017 Proposed Gross Funds Operating Budget and FTEs, by Revenue Type

Table HC0-2 contains the proposed FY 2017 budget by revenue type compared to the FY 2016 approved budget. It also provides FY 2015 actual data.

Table HC0-2

(dollars in thousands)

Appropriated Fund	Dollars in Thousands					Full-Time Equivalents				
	Actual FY 2015	Approved FY 2016	Proposed FY 2017	Change from FY 2016	Percentage Change*	Actual FY 2015	Approved FY 2016	Proposed FY 2017	Change from FY 2016	Percentage Change
GENERAL FUND										
LOCAL FUNDS	77,647	78,870	73,564	-5,307	-6.7	175.1	181.6	178.2	-3.4	-1.9
SPECIAL PURPOSE REVENUE FUNDS	11,608	13,155	15,626	2,471	18.8	84.5	96.2	110.5	14.3	14.8
TOTAL FOR GENERAL FUND	89,256	92,025	89,190	-2,835	-3.1	259.6	277.9	288.8	10.9	3.9
FEDERAL RESOURCES										
FEDERAL PAYMENTS	4,719	5,000	5,000	0	0.0	0.0	0.0	0.0	0.0	N/A
FEDERAL GRANT FUNDS	109,299	114,619	128,205	13,585	11.9	330.8	322.4	327.2	4.8	1.5
TOTAL FOR FEDERAL RESOURCES	114,019	119,619	133,205	13,585	11.4	330.8	322.4	327.2	4.8	1.5
PRIVATE FUNDS										
PRIVATE GRANT FUNDS	19	0	0	0	N/A	0.0	0.0	0.0	0.0	N/A
TOTAL FOR PRIVATE FUNDS	19	0	0	0	N/A	0.0	0.0	0.0	0.0	N/A
INTRA-DISTRICT FUNDS										
INTRA-DISTRICT FUNDS	62,830	50,125	64,823	14,698	29.3	9.1	11.4	12.4	1.0	8.8
TOTAL FOR INTRA-DISTRICT FUNDS	62,830	50,125	64,823	14,698	29.3	9.1	11.4	12.4	1.0	8.8
GROSS FUNDS	266,124	261,769	287,217	25,449	9.7	599.4	611.6	628.3	16.7	2.7

*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 **FY 2017 Operating Appendices** located on the Office of the Chief Financial Officer's website.

FY 2017 Proposed Operating Budget, by Comptroller Source Group

Table HC0-3 contains the proposed FY 2017 budget at the Comptroller Source Group (object class) level compared to the FY 2016 approved budget. It also provides FY 2014 and FY 2015 actual expenditures.

Table HC0-3

(dollars in thousands)

Comptroller Source Group	Actual FY 2014	Actual FY 2015	Approved FY 2016	Proposed FY 2017	Change from FY 2016	Percentage Change*
11 - REGULAR PAY - CONTINUING FULL TIME	33,422	34,518	41,929	43,833	1,904	4.5
12 - REGULAR PAY - OTHER	6,913	9,442	8,284	10,434	2,150	26.0
13 - ADDITIONAL GROSS PAY	391	784	0	0	0	N/A
14 - FRINGE BENEFITS - CURRENT PERSONNEL	8,596	9,141	10,698	12,294	1,597	14.9
15 - OVERTIME PAY	129	95	0	0	0	N/A
SUBTOTAL PERSONAL SERVICES (PS)	49,451	53,980	60,911	66,561	5,650	9.3

Table HC0-3

(dollars in thousands)

Comptroller Source Group	Actual FY 2014	Actual FY 2015	Approved FY 2016	Proposed FY 2017	Change from FY 2016	Percentage Change*
20 - SUPPLIES AND MATERIALS	58,561	65,621	55,045	72,050	17,005	30.9
30 - ENERGY, COMMUNICATION AND BUILDING RENTALS	634	424	538	639	101	18.7
31 - TELEPHONE, TELEGRAPH, TELEGRAM, ETC.	1,403	1,319	1,475	1,478	3	0.2
32 - RENTALS - LAND AND STRUCTURES	11,146	10,369	13,314	12,284	-1,029	-7.7
34 - SECURITY SERVICES	647	745	485	632	147	30.3
35 - OCCUPANCY FIXED COSTS	652	286	316	605	289	91.3
40 - OTHER SERVICES AND CHARGES	2,322	3,047	3,660	3,085	-575	-15.7
41 - CONTRACTUAL SERVICES - OTHER	55,032	59,481	52,305	56,863	4,558	8.7
50 - SUBSIDIES AND TRANSFERS	68,007	69,449	73,329	72,579	-750	-1.0
70 - EQUIPMENT AND EQUIPMENT RENTAL	566	1,402	390	441	50	12.9
91 - EXPENSE NOT BUDGETED OTHERS	1,373	0	0	0	0	N/A
SUBTOTAL NONPERSONAL SERVICES (NPS)	200,343	212,144	200,857	220,656	19,798	9.9
GROSS FUNDS	249,794	266,124	261,769	287,217	25,449	9.7

*Percent change is based on whole dollars.

FY 2017 Proposed Operating Budget and FTEs, by Division/Program and Activity

Table HC0-4 contains the proposed FY 2017 budget by division/program and activity compared to the FY 2016 approved budget. It also provides FY 2015 actual data. For a more comprehensive explanation of divisions/programs and activities, please see the Division/Program Description section, which follows the table.

Table HC0-4

(dollars in thousands)

Division/Program and Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2015	Approved FY 2016	Proposed FY 2017	Change from FY 2016	Actual FY 2015	Approved FY 2016	Proposed FY 2017	Change from FY 2016
(1000) AGENCY MANAGEMENT SUPPORT								
(1010) PERSONNEL	734	845	950	105	12.0	7.2	8.0	0.8
(1017) LABOR MANAGEMENT	122	135	143	9	1.0	1.0	1.0	0.0
(1020) CONTRACTING AND PROCUREMENT	587	545	647	102	8.6	3.2	6.0	2.8
(1030) PROPERTY MANAGEMENT	13,951	17,070	16,852	-218	4.8	4.0	6.0	2.0
(1040) INFORMATION TECHNOLOGY	2,911	1,022	2,057	1,035	4.9	5.0	7.0	2.0
(1055) RISK MANAGEMENT	137	145	149	4	1.0	1.0	1.0	0.0
(1060) LEGAL	621	2,252	2,527	275	0.0	15.0	16.0	1.0
(1080) COMMUNICATIONS	187	219	312	93	2.0	2.0	2.0	0.0
(1085) CUSTOMER SERVICE	214	303	262	-41	3.0	3.0	3.0	0.0
(1087) LANGUAGE ACCESS	93	100	100	0	0.0	0.0	0.0	0.0
(1090) PERFORMANCE MANAGEMENT	4,500	1,732	2,192	460	9.0	7.0	10.0	3.0
SUBTOTAL (1000) AGENCY MANAGEMENT SUPPORT	24,059	24,368	26,192	1,824	46.3	48.5	60.0	11.5

Table HC0-4

(dollars in thousands)

Division/Program and Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2015	Approved FY 2016	Proposed FY 2017	Change from FY 2016	Actual FY 2015	Approved FY 2016	Proposed FY 2017	Change from FY 2016
(100F) AGENCY FINANCIAL OPERATIONS								
(110F) AGENCY FISCAL OFFICER OPERATIONS	714	923	1,382	459	9.0	8.0	10.0	2.0
(120F) ACCOUNTING OPERATIONS	1,024	1,398	1,660	263	13.0	13.0	12.0	-1.0
(130F) ACFO	262	329	373	44	4.4	3.5	4.0	0.5
(140F) AGENCY FISCAL OFFICER	379	831	469	-363	4.0	7.0	4.0	-3.0
SUBTOTAL (100F) AGENCY FINANCIAL OPERATIONS	2,379	3,480	3,883	403	30.4	31.5	30.0	-1.5
(2500) HLTH EMERG PREPAREDNESS AND RESP.ADMIN								
(2540) PUBLIC HEALTH EMERGENCY PREPAREDNESS	1,180	823	1,671	848	1.2	2.0	5.5	3.5
(2550) PUBLIC HEALTH EMERG. OPS. AND PGM SUPT	60,988	49,299	64,212	14,912	9.8	8.8	11.0	2.2
(2560) EPIDEMIOLOGY DISEASE SURVL. AND INVESTIG	417	240	371	131	4.0	2.0	2.5	0.5
(2570) EMERGENCY MEDICAL SERVICES REGULATION	564	750	559	-192	5.1	7.2	4.2	-3.0
(2580) SENIOR DEPUTY DIRECTOR	4,811	4,004	3,435	-569	18.8	23.0	20.0	-3.0
SUBTOTAL (2500) HLTH EMERG PREPAREDNESS AND RESP.ADMIN	67,960	55,116	70,248	15,131	38.9	43.0	43.2	0.2
(3000) HIV/AIDS HEPATITIS STD AND TB ADMIN								
(3010) HIV/AIDS SUPPORT SERVICES	1,850	1,795	1,646	-149	23.5	13.4	12.4	-1.0
(3015) HIV/AIDS POLICY AND PLANNING	2,828	1,574	2,451	877	9.4	7.0	7.0	0.0
(3020) HIV HEALTH AND SUPPORT SERVICES	35,329	33,922	38,754	4,831	13.2	14.9	14.9	0.0
(3030) HIV/AIDS DATA AND RESEARCH	3,003	3,450	2,921	-529	16.8	21.0	17.0	-4.0
(3040) PREVENTION AND INTERVENTION SERVICES	12,013	13,362	13,691	329	21.4	21.5	25.0	3.5
(3060) DRUG ASSISTANCE PROGRAM (ADAP)	2,799	5,981	8,342	2,361	6.4	4.5	4.5	0.0
(3070) GRANTS AND CONTRACTS MANAGEMENT	868	1,050	1,026	-24	7.7	9.0	8.0	-1.0
(3080) STD CONTROL	2,215	1,768	2,700	931	11.9	16.0	23.0	7.0
(3085) TUBERCULOSIS CONTROL	1,313	1,472	1,175	-296	7.9	11.5	7.5	-4.0
(3090) HIV/AIDS HOUSING AND SUPPORTIVE SERVICES	13,541	12,174	11,692	-482	3.0	3.2	3.2	0.0
SUBTOTAL (3000) HIV/AIDS HEPATITIS STD AND TB ADMIN	75,759	76,549	84,398	7,849	121.4	122.0	122.5	0.5
(4500) HLTH CARE REGULATION AND LICENSING ADMIN								
(4200) HEALTH PROFESSIONAL LICENSE ADMIN	8,714	8,275	7,523	-752	68.6	68.7	67.5	-1.2
(4510) HCRLA SUPPORT SERVICES	361	0	0	0	3.0	0.0	0.0	0.0
(4515) FOOD DRUG RADIATION AND COMM. HYGIENE	8,759	9,258	10,682	1,423	56.5	54.4	56.8	2.4

Table HC0-4

(dollars in thousands)

Division/Program and Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2015	Approved FY 2016	Proposed FY 2017	Change from FY 2016	Actual FY 2015	Approved FY 2016	Proposed FY 2017	Change from FY 2016
(4530) HEALTH CARE FACILITIES								
REGULATION	5,064	5,863	8,219	2,357	46.4	48.5	53.4	4.9
(4540) MEDICAL MARIJUANA	0	478	803	325	0.0	4.1	7.0	2.9
SUBTOTAL (4500) HLTH CARE REGULATION AND LICENSING ADMIN	22,898	23,874	27,227	3,353	174.6	175.8	184.7	8.9
(5000) PRIMARY CARE AND PREVENTION ADMIN.								
(5100) PCPA SUPPORT SVS	94	0	0	0	0.0	0.0	0.0	0.0
SUBTOTAL (5000) PRIMARY CARE AND PREVENTION ADMIN.	94	0	0	0	0.0	0.0	0.0	0.0
(7000) OFFICE OF HEALTH EQUITY								
(7010) MULTI SECTOR COLLABORATION	0	0	291	291	0.0	0.0	2.0	2.0
(7020) COMM BASED PART. RSRCH AND PLCY EVAL.	0	0	210	210	0.0	0.0	2.0	2.0
(7030) HEALTH EQUITY PRACTICE AND PGM IMPLEMENT	0	0	100	100	0.0	0.0	1.0	1.0
SUBTOTAL (7000) OFFICE OF HEALTH EQUITY	0	0	601	601	0.0	0.0	5.0	5.0
(8200) CTR FOR POLICY, PLANNING AND EVALUATION								
(8250) RESEARCH EVALUATION AND MEASUREMENT	360	309	404	95	1.0	1.0	1.0	0.0
(8260) STATE CENTER HEALTH STATISTICS	3,424	3,543	4,078	536	35.7	34.0	36.1	2.0
(8270) STATE HEALTH PLANNING AND DEVELOPMENT	786	1,043	1,064	21	7.6	7.7	7.8	0.1
SUBTOTAL (8200) CTR FOR POLICY, PLANNING AND EVALUATION	4,570	4,895	5,547	652	44.2	42.8	44.8	2.1
(8500) COMMUNITY HEALTH ADMINISTRATION								
(8502) CANCER AND CHRONIC DISEASE PREVENTION	7,592	7,794	7,969	175	16.2	25.0	27.0	2.0
(8504) PRIMARY CARE	4,278	3,797	5,629	1,832	4.9	7.0	27.0	20.0
(8510) SUPPORT SERVICES	5,350	6,896	6,261	-635	23.2	26.0	24.0	-2.0
(8511) PERINATAL AND INFANT HEALTH	3,026	3,209	2,925	-284	45.4	32.0	17.0	-15.0
(8513) NUTRITION AND PHYSICAL FITNESS	15,798	19,699	17,219	-2,480	21.6	23.0	21.0	-2.0
(8514) CHILDREN, ADOLESCENT AND SCHOOL HEALTH	32,361	32,091	29,119	-2,973	32.4	35.0	22.0	-13.0
SUBTOTAL (8500) COMMUNITY HEALTH ADMINISTRATION	68,405	73,485	69,121	-4,364	143.7	148.0	138.0	-10.0
TOTAL PROPOSED OPERATING BUDGET	266,124	261,769	287,217	25,449	599.4	611.6	628.3	16.7

(Change is calculated by whole numbers and numbers may not add up 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 2017 Operating Appendices** located on the Office of the Chief Financial Officer's website. "No Activity Assigned" indicates budget or actuals that are recorded at the division/program level.

Division Description

The Department of Health operates through the following 8 divisions:

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 emergencies; 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 5 activities:

- **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 Emergency Operations and Program Support** – 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. Pharmaceutical Procurement and Distribution acquires and distributes over \$58 million life-saving medications for the DOH 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 program also maintains the Strategic National Stockpile (SNS) of drugs for the Washington, D.C. region in the event of a declared national emergency;
- **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 (STD), hepatitis, HIV/AIDS, and tuberculosis (TB)). HEPRA works with community and community organizations to withstand and bounce back from natural and man-made disasters. Resilient communities leverage community connections, relationships, and resources to ensure optimal health and security for individuals and families in both routine and emergency situations;
- **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 and certifies 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; and
- **Office of the Senior Deputy Director** – provides overall direction, policy development and supervision for the four subordinate activities.

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, 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 writes reports and creates other written materials for public distribution; and it 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 healthcare 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;
- **AIDS 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 over 100 grants and sub-grants to more than 50 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 grantees and sub-grantees, and providing continued analysis of grant spending to program counterparts;
- **Sexually Transmitted Disease (STD) 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 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 Health Professional Licensing Boards, the Office of Health Care Facilities, the Office of Food, Drug, Radiation and Community Hygiene, and HCRLA Support services.

This division contains the following 4 activities:

- **Office of Health Professional License Administration** – the Office of Health Professional Boards administers the licensure of almost 70,000 health professionals in the District of Columbia supporting 19 health professional boards. The Office also executes the investigation of consumer incidents or complaints against health professionals and recommends enforcement, if necessary, to bring licensees into compliance with District and Federal law. The health professional boards advise the Department of Health in matters pertaining to the development of rules and regulations for health professionals and provide additional services including licensure verification, and licensure examinations licenses;
- **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, catch basin larvicide, 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;
- **Office of Health Care Facilities Regulation** – the Health and Intermediate Care Facility Divisions administer all District and federal laws and regulations governing the licensure, certification and regulation of all health care facilities in the District of Columbia. In this role, HCRLA staff inspects health care facilities and providers who participate in the Medicare and Medicaid programs, responds to consumer and self-reported facility incidents and/or complaints, and conducts investigations, if indicated. When necessary, HCRLA takes enforcement actions to compel facilities, providers, and suppliers to come into compliance with District and federal law; and
- **Medical Marijuana** – allows all qualifying patients to have the right to obtain and use marijuana for medical purposes when his or her primary physician has provided a written recommendation that bears his or her signature and license number. This recommendation must assert that the use of marijuana is medically necessary for the patient for the treatment of a qualifying medical condition or to mitigate the side effects of a qualifying medical treatment.

Office of Health Equity (OHE) – works to address the root cause of health disparities, beyond health care, and health behaviors, by supporting projects, policies and research that will enable every resident to achieve their optimal level of health. The Office achieves its mission by informing, educating, and empowering people about health issues and facilitating multi-sector partnerships to identify and solve community health problems related to the social determinants of health. As the newest division of the DOH, this Office is charged with providing leadership to the evidence-based paradigm and practice change effort essential to promoting and achieving health equity, to include practitioners not only within DOH, but across District government, as well as with other public, private and non-profit entities, including community residents.

This division contains the following 3 activities:

- **Multi Sector Collaboration** – will provide informed, data-driven and evidence-based leadership in convening and sustaining effective multi-sector collaborative partnerships essential to promote and achieve health equity; will use a “health in all policies” (HIAP) approach to improving community health; and will serve as liaison and technical advisor to all DOH Administrations regarding health equity, as well as to external District government agencies and private partners;

- **Community Based Participatory Research and Policy Evaluation** – applies data-driven and evidence-based research methods, tools and practices, including Geographic Information Systems (GIS) and other innovative methodologies, to measure social determinant and population health outcomes, including current and projected opportunities for health, disparate outcomes, and inequities by socioeconomic and demographic subpopulation and geographic location. This core function includes support for design, development and implementation of Health Equity Programs and their evaluation, including community-based participatory research, and publication of reports that inform the policy-making process as well as building the evidence base; and
- **Health Equity Practice and Program Implementation** – develops and delivers selected programs and initiatives with demonstrable strategic health-equity ‘nexus’ and operationalization potential, so as to contribute to and inform the essential paradigm shift in policy and practice to improve population health and promote more equitable opportunities for health, especially amongst vulnerable populations.

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 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** – plans and coordinates epidemiologic studies and outbreak investigations, defines the health status of residents, and assists with tracking of health events. This includes planning, development and coordination of appropriate methodologies to collect and process data as well as monitoring and evaluation of health and social issues. The division responds to internal and external inquiries about various health events and provides reports on health risk behaviors to both internal and external entities;
- **State Center for Health Statistics** – collects, processes, analyzes, and disseminates 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** – develops the District’s State Health Plan and Annual Implementation, and reviews and approves 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 activity 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 healthcare 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 6 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 program implements a citywide asthma plan that includes data collection, public education, and 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;

- **Primary Care** – conducts population health research to examine the capacity of the public health system and identify gaps in access and quality of public health interventions. The program identifies the factors that negatively impact the ability of individuals, families, and communities to access and benefit from primary care and other health-related services. The program also develops training and technical assistance to inform current and potential partners of the current health status of District residents and highlights legislative and policy changes with the greatest potential to achieve health equity, especially among residents who experience disproportionate negative health outcomes as a result of disparities. The program also identifies health professional shortages and medically underserved areas for primary care, dental, and mental health care services, and administers programs to improve access to primary care services for District residents regardless of their ability to pay for services;
- **Support Services** – coordinates 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 comprehensive services to improve perinatal outcomes for high-risk pregnant and parenting women, the health and development of their infants into early childhood, and 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 increased access to healthy food, promotes physical activity as a means to reduce morbidity, supports services that offer specialized nutrition intervention, and maintains an extensive referral network available to District families, infants, children, and seniors. The goal of activities performed within the Nutrition and Physical Fitness Bureau is to positively impact dietary habits, foster physical activity, and decrease overweight and obesity rates, thus improving health outcomes among the population; and
- **Children, Adolescent, and School Health** – provides improvement for the health and well-being of all District preschool 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 promote 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 and efficient 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 all agencies using performance-based budgeting.

Division Structure Change

The proposed division structure changes are provided in the Agency Realignment appendix to the proposed budget, which is located at www.cfo.dc.gov on the Annual Operating Budget and Capital Plan page.

FY 2016 Approved Budget to FY 2017 Proposed Budget, by Revenue Type

Table HC0-5 itemizes the changes by revenue type between the FY 2016 approved budget and the FY 2017 proposed budget. For a more comprehensive explanation of changes, please see the FY 2017 Proposed Budget Changes section, which follows the table.

Table HC0-5

(dollars in thousands)

DESCRIPTION	DIVISION/PROGRAM	BUDGET	FTE
LOCAL FUNDS: FY 2016 Approved Budget and FTE		78,870	181.6
Removal of One-Time Funding	Multiple Programs	-4,176	0.0
Other CSFL Adjustments	Multiple Programs	-237	0.0
LOCAL FUNDS: FY 2017 Current Services Funding Level (CSFL) Budget		74,457	181.6
Decrease: To align Fixed Costs with proposed estimates	Multiple Programs	-54	0.0
Decrease: To recognize savings from a reduction in FTEs	Multiple Programs	-326	-3.4
Decrease: To realize programmatic cost savings in nonpersonal services	Multiple Programs	-1,075	0.0
Decrease: To adjust the Contractual Services budget	Multiple Programs	-1,524	0.0
Technical Adjustment: Reforecast of the centralized Fixed Costs assessment	Multiple Programs	1,527	0.0
LOCAL FUNDS: FY 2017 Agency Budget Submission		73,006	178.2
Shift: To adjust the funding source for a GWU contract	HIV/AIDS Hepatitis STD and TB Admin	-192	0.0
Enhance: Expand the Joyful Food Markets (one-time)	Community Health Administration	750	0.0
LOCAL FUNDS: FY 2017 Mayor's Proposed Budget		73,564	178.2
FEDERAL PAYMENTS: FY 2016 Approved Budget and FTE		5,000	0.0
No Change		0	0.0
FEDERAL PAYMENTS: FY 2017 Agency Budget Submission		5,000	0.0
No Change		0	0.0
FEDERAL PAYMENTS: FY 2017 Mayor's Proposed Budget		5,000	0.0
FEDERAL GRANT FUNDS: FY 2016 Approved Budget and FTE		114,619	322.4
Increase: To align budget with projected grant awards	HIV/AIDS Hepatitis STD and TB Admin	8,255	0.0
Increase: To adjust the Contractual Services budget	Multiple Programs	3,851	0.0
Increase: To align personal services and Fringe Benefits with projected costs	Multiple Programs	3,362	4.8
Increase: To align resources with operational spending goals	Multiple Programs	1,069	0.0
Decrease: To align Fixed Costs with proposed estimates	Agency Management Support	-436	0.0
Decrease: To realize programmatic cost savings in nonpersonal services	Multiple Programs	-2,516	0.0
FEDERAL GRANT FUNDS: FY 2017 Agency Budget Submission		128,205	327.2
No Change		0	0.0
FEDERAL GRANT FUNDS: FY 2017 Mayor's Proposed Budget		128,205	327.2
SPECIAL PURPOSE REVENUE FUNDS: FY 2016 Approved Budget and FTE		13,155	96.2
Increase: To align personal services and Fringe Benefits with projected costs	Multiple Programs	1,828	14.3
Increase: To align resources with operational spending goals	Multiple Programs	643	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2017 Agency Budget Submission		15,626	110.5
No Change		0	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2017 Mayor's Proposed Budget		15,626	110.5

Table HC0-5

(dollars in thousands)

DESCRIPTION	DIVISION/PROGRAM	BUDGET	FTE
INTRA-DISTRICT FUNDS: FY 2016 Approved Budget and FTE		50,125	11.4
Increase: To align resources with operational spending goals	Multiple Programs	14,568	0.0
Increase: To align personal services and Fringe Benefits with projected costs	Multiple Programs	131	1.0
INTRA-DISTRICT FUNDS: FY 2017 Agency Budget Submission		64,823	12.4
No Change		0	0.0
INTRA-DISTRICT FUNDS: FY 2017 Mayor's Proposed Budget		64,823	12.4
GROSS FOR HC0 - DEPARTMENT OF HEALTH		287,217	628.3

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

FY 2017 Proposed Budget Changes

The Department of Health's (DOH) proposed FY 2017 gross budget is \$287,217,323, which represents a 9.7 percent increase over its FY 2016 approved gross budget of \$261,768,733. The budget is comprised of \$73,563,609 in Local funds, \$5,000,000 in Federal Payments, \$128,204,619 in Federal Grant funds, \$15,626,249 in Special Purpose Revenue funds, and \$64,822,847 in Intra-District funds.

Current Services Funding Level

The Current Services Funding Level (CSFL) is a Local funds ONLY representation of the true cost of operating District agencies, before consideration of policy decisions. The CSFL reflects changes from the FY 2016 approved budget across multiple divisions, and it estimates how much it would cost an agency to continue its current divisions and operations into the following fiscal year. The FY 2017 CSFL adjustments to the FY 2016 Local funds budget are described in table 5 of this agency's budget chapter. Please see the CSFL Development section within Volume 1: Executive Summary for more information regarding the methodology used and components that comprise the CSFL.

DOH's FY 2017 CSFL budget is \$74,457,335, which represents a \$4,412,841, or 5.6 percent, decrease from the FY 2016 approved Local funds budget of \$78,870,176.

CSFL Assumptions

The FY 2017 CSFL calculated for DOH included adjustment entries that are not described in detail on table 5. These adjustments include a reduction of \$4,176,000 to account for the removal of one-time funding appropriated in FY 2016. Of this amount, \$2,926,000 was for the Community Health Administration (CHA) division, which consisted of \$1,300,000 to support the Teen Pregnancy Prevention Fund, \$400,000 to combat increasing rates of infant mortality in the District, \$157,000 to support teen peer educators who provide sexual health information and condoms to youth, \$150,000 to support a competitive grant for clinical nutritional home delivery services for individuals living with cancer and other life-threatening diseases, \$569,000 to support initiatives focused on the healthy development of girls attending public schools and public charter schools in grades 9 through 12, and \$350,000 to support the Produce Plus program. The remainder consisted of \$500,000 allocated to the HIV/AIDS, Hepatitis, STD, and TB Administration division, to replace an anticipated loss of federal funding that supports housing for persons with AIDS, and \$750,000 to expand the Joyful Food Markets.

Additionally, adjustments were made for increases of \$649,293 in personal services to account for Fringe Benefit costs based on trend and comparative analyses, the impact of cost-of-living adjustments, and approved compensation agreements, and an increase of \$635,038 in nonpersonal services based on the Consumer Price Index factor of 2.3 percent. CSFL funding for DOH also includes a decrease of \$1,526,859 for the Fixed Costs Inflation Factor to account for revised estimates provided by the

Department of General Services and Telecommunications estimates provided by the Office of the Chief Technology Officer, and an increase of \$5,687 for the Personal Services Adjustment representing the projected impact of new positions requested in the FY 2016 budget, approved union contracts, and corresponding salary and other adjustments.

Agency Budget Submission

Increase: The proposed budget in Federal Grant funds includes an increase of \$8,255,001 to the HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA). This funding primarily supports the District in meeting the cost of establishing and maintaining a Human Immunodeficiency Virus (HIV) prevention program. Additionally, the proposed budget in Federal Grant funds reflects an increase of \$3,851,034 across multiple divisions, primarily to reflect anticipated increases in the Title 18 and 19 grants, which support inspection of providers and suppliers of healthcare services to ensure mandatory adherence to Medicaid health and safety standards and conditions, Information Technology (IT) consultant contracts within the Agency Management division, and various grants within CHA. The funds also cover projected cost increases in information technology consultant contracts for Kastle Systems, which provides managed security and mechanical services for facilities. An increase of \$3,362,281 and 4.8 Full-Time Equivalents (FTEs) in Federal Grant funds covers projected salary, step increases, and Fringe Benefits costs. Furthermore, the proposed Federal Grant budget is increased by \$1,069,498 across multiple divisions, mainly for contracts supporting Ebola activities, supplies for grants supporting Maternal and Child Health Services and Early Learning Centers (ELC), and equipment for grants supporting Clinical Laboratory Surveys and ELC.

DOH's budget proposal in Special Purpose Revenue funds reflects increases of \$1,828,179 primarily to support 14.3 FTEs added to the Health Care Regulation and Licensing Administration division, and \$643,224 for contractual services. These adjustments are related to contracts with George Washington University (GWU) supporting wildlife rehabilitation and IT solutions within the Health Care Regulation and Licensing Administration division. In Intra-District funds, the proposed budget includes a net increase of \$14,567,722, primarily to the Health Emergency Preparedness and Response Administration division based on a Memorandum of Understanding agreement with the Department of Health Care Finance (DHCF) for procurement of pharmaceutical supplies. Additionally, the proposed budget in Intra-District funds reflects a net increase of \$130,571 in personal services for projected salary step and Fringe Benefit costs, and funding for an additional 1.0 FTE in the Community Health Administration division.

Decrease: The proposed budget in Local funds reflects a reduction of \$53,732 to align funding with projected Fixed Costs estimates provided by the Department of General Services. A reduction of \$325,790 is due to the elimination of 3.4 FTE positions, primarily from the Health Care Regulation Licensing division. DOH's proposed budget in Local funds also reflects a net reduction of \$1,074,776, mainly from reductions in STD test kits and lab supplies within HAHSTA, printing services for TB clinic within HAHSTA, copier maintenance within CPPE and CHA, sub grants for Access to Care and School Based Health Centers within CHA, and IT equipment purchases for Food Inspectors within HRLA. The budget proposal in Local funds is further decreased by \$1,523,996, primarily from reductions in contracts supporting social marketing/promotion materials, within HAHSTA, Gold Systems within CPPE, Tobacco Cessation, and Immunization within CHA, Wildlife Rehabilitation within HRLA, and temporary services, copier maintenance and IT services within the Agency Management division.

The proposed budget in Federal Grant funds includes decreases of \$436,200 from the Agency Management division to align funding with projected Fixed Costs estimates from the Department of General Services, and \$2,516,151 in nonpersonal services, mainly due to reductions in the Community Health Administration division that pertain to sub-grants supporting the Women, Infants, and Children Grant (WIC).

Technical Adjustment: The proposed Local funds budget includes an increase of \$1,526,859 to the Agency Management division for projected Fixed Costs to accommodate the anticipated increases in rent and utility costs associated with the offices at 899 North Capitol Street.

Mayor's Proposed Budget

Enhance: The proposed budget includes an one-time increase of \$750,000 to expand the Joyful Food Markets. This funding will provide more than 4,200 children and their families with free, non-perishable groceries and fresh produce. Joyful Food Markets are monthly, pop-up grocery stores operating in high-needs schools throughout the District.

Shift: The proposed Local funds budget was reduced by \$192,291 to reflect the change in funding source for the GWU epidemiology and surveillance contract to an existing Federal Grant funded contract. This contract supports DOH's academic partnership with GWU to provide technical expertise on HIV, STD, Hepatitis, and TB surveillance, and conduct behavioral health studies on HIV transmission.