

Department of Health

www.doh.dc.gov

Telephone: 202-442-5955

Table HC0-1

	FY 2024	FY 2025	FY 2026	FY 2027	% Change from
Description	Actual	Actual	Approved	Proposed	FY 2026
OPERATING BUDGET	\$281,085,123	\$282,015,786	\$315,819,039	\$276,436,602	-12.5
FTEs	800.1	1,091.2	855.4	927.5	8.4
CAPITAL BUDGET	\$0	\$19,670,505	\$0	\$245,540	N/A
FTEs	0.0	0.0	0.0	0.0	N/A

The District of Columbia Department of Health (DOH) promotes health, wellness, and equity across the District, and protects the safety of residents, visitors, and those doing business in our nation's capital.

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 2027 proposed budget is presented in the following tables:

FY 2027 Proposed Gross Funds Operating Budget and FTEs, by Revenue Type

Table HC0-2 contains the proposed FY 2027 budget and Full-Time Equivalents by revenue type compared to the FY 2026 approved budget. It also provides FY 2024 and FY 2025 actual data.

Table HC0-2
(\$ in thousands)

Appropriated Fund	Dollars in Thousands						Full-Time Equivalents					
	Actual FY 2024	Actual FY 2025	Approved FY 2026	Proposed FY 2027	Change from FY 2026	% Change*	Actual FY 2024	Actual FY 2025	Approved FY 2026	Proposed FY 2027	Change from FY 2026	% Change
GENERAL FUND												
LOCAL FUND	92,399	93,293	97,497	89,962	-7,535	-7.7	159.5	392.8	252.3	400.7	148.5	58.9
SPECIAL PURPOSE REVENUE FUNDS	29,226	18,899	22,650	22,430	-219	-1.0	138.8	142.4	141.7	143.4	1.7	1.2
TOTAL FOR GENERAL FUND	121,625	112,192	120,147	112,392	-7,755	-6.5	298.4	535.2	394.0	544.1	150.2	38.1
FEDERAL RESOURCES												
FEDERAL PAYMENTS	3,777	3,657	4,000	4,000	0	0.0	0.0	0.0	0.0	0.0	0.0	N/A
FEDERAL GRANT FUND - FPR	155,664	165,897	190,602	159,125	-31,477	-16.5	501.7	553.9	461.4	380.9	-80.5	-17.5
TOTAL FOR FEDERAL RESOURCES	159,441	169,554	194,602	163,125	-31,477	-16.2	501.7	553.9	461.4	380.9	-80.5	-17.5
PRIVATE FUNDS												
PRIVATE GRANT FUND -FPR	19	270	1,070	919	-151	-14.1	0.0	2.0	0.0	2.5	2.5	N/A
TOTAL FOR PRIVATE FUNDS	19	270	1,070	919	-151	-14.1	0.0	2.0	0.0	2.5	2.5	N/A
GROSS FUNDS	281,085	282,016	315,819	276,437	-39,382	-12.5	800.1	1,091.2	855.4	927.5	72.2	8.4

* Percent change is based on whole dollars.

Note: If applicable, for a breakdown of each Grant (Federal and Private) and Special Purpose Revenue type, please refer to **Schedule 80 Agency Summary by Revenue Source** in the **FY 2027 Operating Appendices** located on the Office of the Chief Financial Officer's website.

FY 2027 Proposed Operating Budget, by Account Group

Table HC0-3 contains the proposed FY 2027 budget at the Account Group level compared to the FY 2026 approved budget. It also provides FY 2024 and FY 2025 actual expenditures.

Table HC0-3
(\$ in thousands)

Account Group	Actual FY 2024	Actual FY 2025	Approved FY 2026	Proposed FY 2027	Change from FY 2026	% Change*
701100C-CONTINUING FULL TIME	51,021	53,295	69,228	68,864	-364	-0.5
701200C-CONTINUING FULL TIME - OTHERS	18,817	19,573	18,711	24,054	5,343	28.6
701300C-ADDITIONAL GROSS PAY	978	901	5	8	3	58.2
701400C-FRINGE BENEFITS - CURR PERSONNEL	15,671	16,862	20,446	21,758	1,312	6.4
701500C-OVERTIME PAY	304	274	0	23	23	N/A
SUBTOTAL PERSONNEL SERVICES (PS)	86,791	90,904	108,391	114,707	6,317	5.8
711100C-SUPPLIES & MATERIALS	933	957	2,884	3,998	1,114	38.6
712100C-ENERGY COMM & BLDG RENTALS	14,957	13,632	15,986	16,228	243	1.5

Table HC0-3
(\$ in thousands)

Account Group	Actual FY 2024	Actual FY 2025	Approved FY 2026	Proposed FY 2027	Change from FY 2026	% Change*
713100C-OTHER SERVICES & CHARGES	4,556	4,637	6,895	4,613	-2,282	-33.1
713101C-SECURITY SERVICES	396	683	672	783	111	16.5
713200C-CONTRACTUAL SERVICES - OTHER	66,297	61,777	99,813	58,377	-41,436	-41.5
714100C-GOVERNMENT SUBSIDIES & GRANTS	105,555	105,680	77,072	75,089	-1,983	-2.6
715100C-OTHER EXPENSES	876	3,380	0	0	0	N/A
717100C-PURCHASES EQUIPMENT & MACHINERY	723	366	4,107	2,641	-1,465	-35.7
SUBTOTAL NONPERSONNEL SERVICES (NPS)	194,294	191,112	207,428	161,729	-45,699	-22.0
GROSS FUNDS	281,085	282,016	315,819	276,437	-39,382	-12.5

* Percent change is based on whole dollars.

FY 2027 Proposed Operating Budget and FTEs, by Division/Program and Activity

Table HC0-4 contains the proposed FY 2027 budget by division/program and activity compared to the FY 2026 approved budget. It also provides FY 2024 and FY 2025 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
(\$ in thousands)

Division/Program and Activity	Dollars in Thousands					Full-Time Equivalents				
	Actual FY 2024	Actual FY 2025	Approved FY 2026	Proposed FY 2027	Change from FY 2026	Actual FY 2024	Actual FY 2025	Approved FY 2026	Proposed FY 2027	Change from FY 2026
AFO002-AGENCY ACCOUNTING SERVICES	1,282	1,361	1,534	1,683	149	11.8	14.4	12.0	12.0	0.0
AFO003-AGENCY BUDGETING AND FINANCIAL MANAGEMENT SERVICES	1,231	1,311	1,394	1,445	51	8.6	10.3	8.3	8.1	-0.2
AFO005-AGENCY /CLUSTER FINANCIAL EXECUTIVE ADMINISTRATION	779	719	829	849	20	5.2	7.7	4.7	4.9	0.2
AFO011-P-CARD CLEARING	96	-116	0	0	N/A	0.0	0.0	0.0	0.0	N/A
AFO000-AGENCY FINANCIAL OPERATIONS	3,389	3,275	3,758	3,977	219	25.7	32.4	25.0	25.0	0.0
AMP003-COMMUNICATIONS	996	1,241	1,220	1,289	69	7.1	13.3	8.0	8.0	0.0
AMP005-CONTRACTING AND PROCUREMENT	670	628	1,245	1,183	-62	6.6	10.0	8.0	8.0	0.0
AMP011-HUMAN RESOURCE SERVICES	1,864	1,736	1,949	2,084	135	14.2	18.8	13.0	14.0	1.0
AMP012-INFORMATION TECHNOLOGY SERVICES	5,289	10,973	8,651	7,984	-667	30.7	38.3	29.9	25.4	-4.6
AMP013-LABOR RELATIONS	116	74	169	169	0	1.0	2.2	1.0	1.0	0.0
AMP014-LEGAL SERVICES	2,597	2,505	2,718	2,581	-137	13.8	19.6	14.0	13.0	-1.0
AMP019-PROPERTY, ASSET, AND LOGISTICS MANAGEMENT	17,208	15,444	16,934	18,555	1,621	5.4	5.5	4.0	4.0	0.0
AMP024-RISK MANAGEMENT	129	95	136	136	0	1.1	1.1	1.0	1.0	0.0
AMP030-EXECUTIVE ADMINISTRATION	1,605	1,904	2,253	2,373	119	10.6	14.4	13.0	13.0	0.0
AMP000-AGENCY MANAGEMENT PROGRAM	30,475	34,600	35,276	36,355	1,078	90.4	123.1	91.9	87.4	-4.6
H00401-CANCER AND CHRONIC DISEASE PREVENTION	10,528	11,667	11,125	0	-11,125	31.1	40.4	38.0	0.0	-38.0

Table HC0-4
(\$ in thousands)

Division/Program and Activity	Dollars in Thousands					Full-Time Equivalents				
	Actual FY 2024	Actual FY 2025	Approved FY 2026	Proposed FY 2027	Change from FY 2026	Actual FY 2024	Actual FY 2025	Approved FY 2026	Proposed FY 2027	Change from FY 2026
H00403-COMMUNITY OF HEALTH SUPPORT SERVICES	9,125	5,657	9,538	7,879	-1,659	24.1	42.1	39.0	37.0	-2.0
H00405-FAMILY HEALTH	36,767	35,585	39,803	10,651	-29,152	29.4	48.3	85.4	36.4	-49.0
H00406-HEALTH CARE ACCESS	20,599	19,326	7,287	6,788	-499	58.0	69.1	28.5	30.5	2.0
H00407-NUTRITION AND PHYSICAL FITNESS	21,814	25,236	27,853	0	-27,853	20.9	22.2	20.4	0.0	-20.4
H00408-PERINATAL AND INFANT HEALTH	265	75	0	0	N/A	3.0	3.1	0.0	0.0	N/A
H00410-SCHOOL HEALTH SERVICES	0	0	0	20,155	20,155	0.0	0.0	0.0	197.0	197.0
H00411-HEALTH PROMOTION AND DISEASE PREVENTION	0	0	0	35,399	35,399	0.0	0.0	0.0	45.0	45.0
HS0004-COMMUNITY HEALTH SERVICES	99,098	97,545	95,606	80,872	-14,734	166.5	225.1	211.3	345.9	134.6
H00601-FOOD, DRUG, RADIATION, AND COMMUNITY HYGIENE	13,695	18,442	0	0	N/A	50.2	139.5	0.0	0.0	N/A
HS0006-FOOD, DRUG, RADIATION AND COMMUNITY HYGIENE PROGRA	13,695	18,442	0	0	0	50.2	139.5	0.0	0.0	0.0
H00701-COMMUNITY BASED PARTNERSHIP, RESEARCH AND POLICY E	0	11	260	261	1	2.2	2.2	2.0	2.0	0.0
H00702-HEALTH EQUITY PRACTICE AND PROGRAM IMPLEMENTATION	8	1	12	12	0	1.1	0.0	0.0	0.0	N/A
H00703-MULTI SECTOR COLLABORATION	497	638	1,102	935	-168	4.3	5.4	7.0	6.0	-1.0
HS0007-HEALTH EQUITY SERVICES	505	650	1,375	1,208	-167	7.6	7.6	9.0	8.0	-1.0
H00801-DIRECT CARE SERVICES FOR TUBERCULOSIS	1,920	2,134	2,117	1,865	-252	9.3	17.7	13.0	12.1	-1.0
H00802-DRUG ASSISTANCE	9,367	10,110	13,011	12,569	-442	13.2	10.7	10.3	10.3	0.0
H00803-GRANTS AND CONTRACTS MANAGEMENT	1,457	1,028	944	930	-14	14.8	16.7	7.4	6.5	-0.9
H00804-HIV HEALTH AND SUPPORT SERVICES	38,197	42,324	39,797	42,625	2,829	38.4	37.3	44.5	44.6	0.1
H00805-HIV/AIDS DATA AND RESEARCH	2,490	2,771	3,669	3,631	-39	17.1	17.4	18.2	11.8	-6.4
H00806-HIV/AIDS HOUSING AND SUPPORTIVE SERVICES	12,098	13,244	13,522	13,204	-318	4.4	8.5	4.6	4.5	-0.1
H00807-HIV/AIDS POLICY AND PLANNING	4,815	2,794	2,645	1,813	-833	23.7	40.0	13.6	7.5	-6.1
H00808-PREVENTION AND INTERVENTION SERVICES	11,647	8,997	9,967	7,932	-2,035	20.0	23.4	24.7	9.7	-15.0
H00809-STD CONTROL	2,686	2,923	2,446	1,877	-569	20.6	31.8	18.9	14.2	-4.7
H00811-ADOLESCENT HEALTH SERVICES	0	0	0	4,934	4,934	0.0	0.0	0.0	37.0	37.0
HS0008-HIV/AIDS, HEPATITIS, STD, AND TB PREVENTION	84,676	86,326	88,119	91,380	3,261	161.4	203.5	155.2	158.0	2.9
H00902-PUBLIC HEALTH EMERGENCY OPERATIONS AND PROGRAM SUP	5,828	4,028	0	0	N/A	31.8	34.7	0.0	0.0	N/A
H00903-PUBLIC HEALTH EMERGENCY PREPAREDNESS	2,222	1,376	0	0	N/A	2.9	4.9	0.0	0.0	N/A
HS0009-MEDICAL AND PUBLIC HEALTH EMERGENCIES	8,049	5,405	0	0	0	34.7	39.6	0.0	0.0	0.0
H01101-HEALTH CARE FACILITIES REGULATION - OLD	6,200	5,842	0	0	N/A	56.0	83.6	0.0	0.0	N/A

Table HC0-4
(\$ in thousands)

Division/Program and Activity	Dollars in Thousands					Full-Time Equivalents				
	Actual FY 2024	Actual FY 2025	Approved FY 2026	Proposed FY 2027	Change from FY 2026	Actual FY 2024	Actual FY 2025	Approved FY 2026	Proposed FY 2027	Change from FY 2026
HS0011-OFFICE OF HEALTH CARE FACILITIES	6,200	5,842	0	0	0	56.0	83.6	0.0	0.0	0.0
H01201-HEALTH LICENSING - OLD	18,094	12,368	0	0	N/A	75.1	83.7	0.0	0.0	N/A
HS0012-PROFESSIONAL LICENSING	18,094	12,368	0	0	0	75.1	83.7	0.0	0.0	0.0
H01301-EMERGENCY MEDICAL SERVICES REGULATION - OLD	17	56	0	0	N/A	0.1	2.3	0.0	0.0	N/A
HS0013-REGULATORY OVERSIGHT OF EMERGENCY MEDICAL SERVICES	17	56	0	0	0	0.1	2.3	0.0	0.0	0.0
H01401-EPIDEMIOLOGIC STUDIES AND OUTBREAK INVESTIGATION -	758	1,134	0	0	N/A	10.8	13.7	0.0	0.0	N/A
HS0014-RESEARCH EVALUATION AND MEASUREMENT	758	1,134	0	0	0	10.8	13.7	0.0	0.0	0.0
H01501-DEVELOPMENT OF THE STATE HEALTH PLAN AND ANNUAL IM	1,301	1,219	0	0	N/A	9.2	9.1	0.0	0.0	N/A
HS0015-STATE HEALTH PLANNING AND DEVELOPMENT	1,301	1,219	0	0	0	9.2	9.1	0.0	0.0	0.0
H01601-BIRTH AND DEATH RECORD COLLECTION, PROCESSING, ANA	15,070	14,965	0	0	N/A	112.4	127.8	0.0	0.0	N/A
HS0016-STATE HEALTH STATISTICS	15,070	14,965	0	0	0	112.4	127.8	0.0	0.0	0.0
H02031-FINANCE AND GRANTS - HEALTH SYSTEMS AND PREPAREDNE	0	0	674	419	-255	0.0	0.0	5.0	3.2	-1.8
H02032-HEALTH AND MEDICAL COALITION	0	0	1,116	1,067	-48	0.0	0.0	1.0	0.7	-0.3
H05407-EMERGENCY MEDICAL SERVICES REGULATION	0	12	1,411	996	-415	0.0	0.0	5.4	4.5	-0.9
H05408-PUBLIC HEALTH PLANNING, TRAINING AND EXERCISE	0	0	222	231	9	0.0	0.0	1.6	1.3	-0.3
H05406-PUBLIC HEALTH EMERGENCY OPERATIONS AND PROGRAM SUP	0	3	3,927	4,299	372	0.0	0.0	19.6	20.8	1.2
H05405-HEALTH CARE FACILITIES REGULATION	0	0	6,981	7,465	484	0.0	0.0	46.5	47.7	1.2
H05404-HEALTH LICENSING	0	0	14,262	12,233	-2,030	0.0	0.0	77.6	82.9	5.3
HS0059-HEALTH SYSTEMS AND PREPAREDNESS	0	14	28,593	26,709	-1,884	0.0	0.0	156.5	161.0	4.5
H02034-INDOOR ENVIRONMENT	0	0	1,574	1,617	43	0.0	0.0	13.0	9.5	-3.5
H02035-OUTDOOR ENVIRONMENT	0	0	328	226	-103	0.0	0.0	3.0	2.0	-1.0
H02036-FOOD SANITATION	0	0	2,499	2,184	-314	0.0	0.0	22.0	20.0	-2.0
H02037-COMMUNITY HYGIENE	0	0	554	465	-88	0.0	0.0	5.0	4.0	-1.0
H02038-ANIMAL SERVICES	0	0	10,095	9,370	-725	0.0	0.0	13.0	4.0	-9.0
H02039-RODENT AND VECTOR CONTROL	0	0	2,108	2,112	3	0.0	0.0	20.0	19.0	-1.0
H02040-POLICY AND PLANNING - ENVIRONMENTAL HEALTH SERVICES	0	0	362	326	-36	0.0	0.0	2.0	2.0	0.0
H02041-FINANCE AND GRANTS - ENVIRONMENTAL HEALTH SERVICES	0	0	550	463	-87	0.0	0.0	3.0	2.0	-1.0

Table HC0-4
(\$ in thousands)

Division/Program and Activity	Dollars in Thousands					Full-Time Equivalents				
	Actual FY 2024	Actual FY 2025	Approved FY 2026	Proposed FY 2027	Change from FY 2026	Actual FY 2024	Actual FY 2025	Approved FY 2026	Proposed FY 2027	Change from FY 2026
HS0060-ENVIRONMENTAL HEALTH SERVICES	0	0	18,071	16,763	-1,308	0.0	0.0	81.0	62.5	-18.5
H02027-POLICY AND PLANNING	0	0	466	448	-18	0.0	0.0	2.0	2.0	0.0
H02028-DATA MANAGEMENT AND ANALYSIS	0	0	1,534	1,006	-528	0.0	0.0	12.0	7.1	-4.9
H02029-INFORMATICS	0	0	648	1,963	1,315	0.0	0.0	5.0	13.4	8.4
H02030-FINANCE AND GRANTS - POLICY, PLANNING, AND EVALUAT	0	9	976	863	-112	0.0	0.0	7.0	5.2	-1.8
H05403-DEVELOPMENT OF THE STATE HEALTH PLAN AND ANNUAL IM	0	0	1,576	1,308	-267	0.0	0.0	6.5	5.8	-0.7
H05402-BIRTH AND DEATH RECORD COLLECTION, PROCESSING, ANA	0	0	2,845	2,170	-675	0.0	0.0	22.0	15.2	-6.8
H05401-EPIDEMIOLOGIC STUDIES AND OUTBREAK INVESTIGATION	0	48	36,978	11,415	-25,562	0.0	0.0	71.0	31.0	-40.0
HS0061-POLICY, PLANNING, AND EVALUATION	0	58	45,021	19,173	-25,848	0.0	0.0	125.5	79.7	-45.8
PRG001-NO PROGRAM	-244	116	0	0	N/A	0.0	0.0	0.0	0.0	N/A
PRG000-NO PROGRAM	-244	116	0	0	0	0.0	0.0	0.0	0.0	0.0
TOTAL PROPOSED OPERATING BUDGET	281,085	282,016	315,819	276,437	-39,382	800.1	1,091.2	855.4	927.5	72.2

(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. For detailed information on this agency's Cost Center structure as reflected in the District's Chart of Accounts, please see **Schedule 30-CC FY 2027 Proposed Operating Budget and FTEs, by Division/Office**. Both schedules can be found in the **FY 2027 Operating Appendices**, located on the Office of the Chief Financial Officer's website. Additional information on this agency's interagency agreements can be found in **Appendix H** in the **Executive Summary, Volume 1**.

Division Description

The Department of Health operates through the following 8 divisions:

Community Health Services – located within the Community Health Administration (CHA), this program promotes healthy behaviors. CHA focuses on nutrition and physical fitness promotion; cancer and chronic disease prevention and control; access to quality health care services, particularly medical and dental homes; and the health of families across the lifespan. CHA's approach targets the behavioral, clinical, and social determinants of health through evidence-based programs, policy, and systems change.

This division contains the following 7 activities:

- **Cancer and Chronic Disease Prevention** – develops, implements and evaluates programs and policy aimed at preventing and controlling the leading causes of death in the District. The Bureau implements cancer control and prevention initiatives aimed at reducing the high rates of cancer-related mortality among District residents. Its programs target treatable or preventable cancers, such as breast, cervical, lung, and colorectal, through primary and secondary prevention. The Bureau also works to reduce the impact of chronic conditions such as cardiovascular disease, hypertension, and diabetes mellitus, by developing innovative management approaches and building community partnerships. It supports clinical quality improvement initiatives, which include developing decision support tools and participating in the design of clinical delivery systems, and it provides expert technical assistance to clinical and community settings around best practices for chronic disease prevention and management. The Bureau implements

social marketing campaigns to change social norms and introduces long-lasting protective interventions, like cancer screening and tobacco cessation and treatment programs. The Bureau also helps strengthen the infrastructure for chronic disease care and promotes population-based policy strategies to reduce the common risk factors for chronic disease, including tobacco use, poor nutrition, and physical inactivity;

- **Community of Health Support Services** – provides overall oversight of all programs and operations of CHA. The Bureau provides strategic direction for the administration and represents the agency within the District government and to community stakeholders. It sets priorities for administration activities and lead policy development, planning, and operational management. It also includes program support services, whose purpose is to ensure efficient and effective daily operations across the administration through the development, implementation, execution, and review of all administrative functions and policies, including administration-specific human resources, information technology, facilities, and customer service activities; a grant and budget monitoring unit, whose purpose is to uniformly address all of the administration’s fiscal duties, including responsibility for the development of, oversight over the execution of, and reporting of the fiscal year budget; provision of support for all local and grant-funded Administration programs; procurement, monitoring, and evaluation for all non-personnel activities, such as contracts, memoranda of understanding, and sub-grants; implementation of comprehensive strategic fiscal plans to include allocation of personnel costs across all administration funding sources; and a program evaluation unit, whose purpose is to collaborate with program and fiscal staff to ensure effective and efficient performance of sub grantees. Program analysts will review and provide ongoing feedback on performance metrics and process and outcome measures to program staff and sub grantees, provide technical assistance around evaluation and measurement, and advise on performance improvement activities. They will work closely with grant monitors as well as program staff to ensure positive impact of funded initiatives. A Deputy Director of Programs and Policy (DDPP) unit leads the activities of CHA that address the determinants of health in the District of Columbia. The DDPP oversees implementation of evidence-based programs and policies to prevent illness and injury, promote healthy behaviors and healthy environments across the lifespan, improve access to medical and dental homes, and foster clinical quality improvement and innovation. The DDPP ensures that CHA programs follow best practices and are aligned with the core public health functions and essential services. The DDPP serves as the Title V Maternal and Child Health Block Grant Director and oversees the four programmatic bureaus within CHA: the Cancer and Chronic Disease Prevention Bureau, the Nutrition and Physical Fitness Bureau, the Health Care Access Bureau, and the Family Health Bureau;
- **Family Health** – works to improve perinatal, early childhood, and child and adolescent health outcomes so that every child in the District of Columbia is healthy and able to thrive in school and beyond. The Bureau supports the development of a coordinated, culturally competent, family-centered health care delivery system; promotes community and clinical linkages for women, parents, children and adolescents; and works to align and integrate services to connect District families with the resources they need. It also provides expert technical assistance and builds the capacity of clinical and community-based organizations to deliver evidence-based practices and innovative programs in perinatal, early childhood, child, and adolescent health directly in communities. In addition, the Bureau facilitates school-based health care services and coordinates with education partners to implement policies and programs that support healthy school environments that support the whole child;
- **Health Care Access** – supports population-based programs to improve access to quality primary care services for residents. The Bureau works to support and promote medical and dental facilities so that all residents can access comprehensive preventive medical and dental services. The Bureau administers the State Oral Health Program, the Immunization program including its Vaccines for Children program and the immunization registry, and health care workforce development programs. By administering the District’s Health Professional Shortage Areas and Medically Underserved Area programs, the Bureau is a key component of the District’s health planning infrastructure. The Bureau also supports innovations in primary care service delivery and quality, diffusion of primary care access to underserved communities, and linkages to primary care services regardless of the resident’s ability to pay. The Bureau also ensures that underserved populations maintain access and linkages to healthcare services and the services provided by other CHA bureaus;
- **Nutrition and Physical Fitness** – promotes health and reduces obesity among District residents by encouraging behavioral change through direct nutrition and physical activity education and by facilitating policy, systems, and environmental changes that make healthy choices the easy choice in every community. The Bureau administers programs that supply food or funds for food such as the Supplemental Nutrition Assistance Program, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the Produce Plus Program, pop-up community markets, and other programs to impact socioeconomic factors that influence access to healthy foods. The Bureau also provides food, health and nutrition assessments and intervention, as well as education and counseling aimed

at improving dietary habits and overall nutrition. Nutritional support is coupled with programs to promote physical activity and to decrease obesity;

- **School Health Services** - aims to bridge the gap between health and learning by supporting over 80,000 students in more than 200 District of Columbia Public School and DC Public Charter Schools. School health suites staffed by Registered Nurses (RN), Licensed Practical Nurses (LPN), or Student Health Technicians collaborate with families, school staff, and other health providers to provide basic health services and ensure student health needs are met during the school day; and
- **Health Promotion and Disease Prevention** – works to promote safe and healthy behaviors and environments, improve early detection of cancer and chronic disease and support optimal disease management to avoid disease complications. (This Bureau will replace the Cancer and Chronic Disease Bureau and the Nutrition and Physical Fitness Bureau.

Health Equity Services – located within the Office of Health Equity (OHE), this program 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 DOH, this Office is charged with providing leadership to the evidence-based paradigm and practice change efforts essential to promoting and achieving health equity, including 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:

- **Community Based Partnership, Research and Policy Evaluation** – located within Health Regulation Licensing and Administration (HRLA), this program provides 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;
- **Health Equity Practice and Program Implementation** – develops and delivers selected programs and initiatives with demonstrable strategic health-equity ‘nexus’ and operationalization potential, 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; and
- **Multi Sector Collaboration** – provides informed, data-driven and evidence-based leadership in convening and sustaining effective multi-sector collaborative partnerships essential to promote and achieve health equity; uses a “health in all policies” (HIAP) approach to improving community health; and serves as liaison and technical advisor to all DOH Administrations regarding health equity, as well as to external District government agencies and private partners.

HIV/AIDS, Hepatitis, STD, and TB Prevention – 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:

- **Direct Care Services for Tuberculosis** – 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;

- **Drug Assistance** – 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;
- **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;
- **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;
- **HIV/AIDS Policy and Planning** – provides community capacity to 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 healthy behaviors 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;
- **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;
- **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; and
- **Adolescent Health Services** – provides care for high school students at their schools in the school health suites and operates the school-based health centers, now known as teen clinics.

Health Systems and Preparedness – This administration supports the steady state and emergent operations of the healthcare system within the District of Columbia. A core component is to provide regulatory oversight of healthcare professionals and entities operating within the District of Columbia. This administration supports the Department, healthcare system, and the public in public health emergency preparedness, resiliency, response, and recovery activities to ensure continuity of services and the well-being and health of residents of and visitors to the District of Columbia.

This division contains the following 7 activities:

- **Finance and Grants - Health Systems and Preparedness** – administers and manages the financial resources and grants to enhance health infrastructure and public health preparedness. This role ensures efficient allocation of federal, state, and local funds to support essential health services and emergency response capacity. Key functions include budgeting, financial oversight, and compliance, as well as overseeing grant application, distribution, and monitoring processes for health departments and community organizations. In times of public health emergencies, the division mobilizes funds quickly to support rapid response efforts. It also tracks fund utilization and program outcomes to report the impact of financial support on health systems and preparedness, while providing technical assistance and training to health organizations in financial management and compliance. This work is crucial for building resilient health systems and communities prepared to face public health threats;
- **Health and Medical Coalition** – this activity, guided by CDC requirements brings together a network of healthcare organizations, public health agencies, emergency responders, and community partners to strengthen local and regional

health response capabilities. This coalition coordinates resources, communication, and planning efforts to ensure an organized, community-wide response to public health emergencies. Key responsibilities include assessing community health needs, maintaining inventories of medical supplies and equipment, and developing surge capacity plans for hospitals and healthcare providers. The coalition also conducts joint training exercises, fosters interagency communication, and ensures compliance with CDC preparedness guidelines. By promoting collaboration and readiness across sectors, the Health and Medical Coalition enhances the resilience of healthcare systems and prepares communities for effective, unified responses to public health threats;

- **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;
- **Public Health Planning, Training, and Exercise** – strengthens public health preparedness by developing comprehensive emergency plans, conducting training, and organizing simulation exercises. This activity ensures that programs in support of public health professionals, healthcare providers, and emergency responders are equipped with the knowledge and skills needed for effective crisis response. Its responsibilities include creating detailed response plans for a variety of health emergencies, coordinating training sessions on response protocols and safety procedures, and running large-scale drills and exercises to test readiness. This includes activities related to fostering interagency collaboration and refining response strategies, the program enhances public health resilience, ensuring that communities and responders are well-prepared to manage potential health crises;
- **Public Health Emergency Operations and Program Support** – coordinates and manages responses to public health emergencies, such as disease outbreaks, natural disasters, and other crises. This activity is associated with all programs that lead the planning, preparedness, and operational support necessary for an effective and rapid response to emergencies, ensuring that critical health resources and services are available to affected communities. Its responsibilities include coordinating across government agencies, healthcare providers, and community organizations to deploy resources, personnel, and medical supplies where needed. The program also establishes and maintains emergency communication systems, conducts training exercises, and provides logistical support to enhance response efficiency. Through continuous readiness efforts, the program aims to protect public health, reduce risks, and build resilience against future health threats;
- **Health Care Facilities Regulation** – administers 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, HSPA 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, HPSA takes enforcement actions to compel facilities, providers, and suppliers to come into compliance with District and federal law; and
- **Health Licensure** – 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.

Environmental Health Services – this program provides varied inspection and regulatory services on covered environmental health domains including food services, community sanitation, animal care and control, and lead services.

This division contains the following 8 activities:

- **Indoor Environment** – The Healthy Housing Program, previously located within the Department of Energy and Environment (DOEE), will now be housed within the Division of Indoor Environment. This program aims to reduce and eliminate environmental hazards—such as lead, climate-related issues, ventilation, pests, and structural concerns—within homes. The Healthy Housing Program encompasses both the Childhood Lead Poisoning Prevention Program (CLPPP) and the Healthy Homes initiative. CLPPP receives grant funding from the Centers for Disease Control and Prevention (CDC) to monitor and investigate cases of elevated blood lead levels in children under the age of six. The program also conducts year-round outreach focused on the importance of lead screening. The "Twice by Two" campaign informs and educates physicians on lead screening and reporting laws while encouraging parents to take their children

to their pediatricians for screenings. In addition to these efforts, the Division of Indoor Environment will provide a range of services, including lead education and outreach, case management for families exposed to lead, carbon monoxide education and detectors, and prescription drug disposal. These initiatives will contribute to a safer and healthier indoor living environment for all District residents;

- **Outdoor Environment** – The Division of Outdoor Environment is responsible for monitoring, conducting research, providing education and outreach, and implementing recommendations and interventions related to workplace and occupational health, environmental hazards, and climate adaptation. Key focus areas include managing smoking exemptions, enforcing smoking regulations, and addressing non-medical radiation. The Division of Outdoor Environment will play a crucial role in promoting a healthier outdoor environment, ensuring the safety and well-being of residents in their workplaces and communities, while also addressing the impacts of climate change;
- **Food Sanitation** – The Division of Food regulates 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;
- **Community Hygiene** – The Division of Community Hygiene regulates businesses including but not limited to, Barbershops, Cosmetology or Personal Grooming establishments, Nail Salons, Aquatic Facilities or Bedding/Upholstery establishments in Washington, D.C.;
- **Animal Services** – The Division of Animal Services provides the 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;
- **Rodent and Vector Control** – The Division of Rodent and Vector Control provides a comprehensive, sustainable and responsive rodent control and animal disease prevention program. This program uses an integrated approach that includes community outreach, surveys, abatement, enforcement and cooperation with other District agencies to protect human health and the environment;
- **Policy and Planning - Environmental Health Services** – provides capacity to respond to environmental health issues in the District of Columbia through training and technical assistance, social media marketing, legislation, development written materials for public distribution and coordination of participation in public events; and
- **Finance and Grants - Environmental Health Services** – provides fiscal and administrative monitoring of District and federally appropriated funds ensuring that funds are expended in accordance with federal and local grant regulations.

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; disease surveillance and outbreak investigation; 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 7 activities:

- **Policy and Planning** – Responsible for directing the DC health improvement process, including engaging multi-sector partners and residents to develop a city-wide shared community agenda for population health improvement. The process develops and monitors the District's Community Health Needs Assessment, a comprehensive population health status report, and Community Health Improvement Plan (Healthy DC), a framework that sets shared goals, develops and monitors health outcome objectives and targets for the year 2030, and prioritizes collective actions aimed at systems- and policy-level change. The team also provides strategic insights and technical assistance related to performance metric alignment with Healthy DC, agency-wide planning activities, alignment with national and city-wide planning processes, data for decision-making, and application of evidence-based interventions/promising practices;
- **Data Management and Analysis** – The Data Management and Analysis Department (DMAD) collects, analyzes, and maintains statistical data to support human services delivery within the Department of Health. In addition, DMAD involves managing large datasets and analyzing trends, patterns, and insights related to health service delivery to inform policy decisions and ensure the accuracy and availability of health-related statistics for program management and improvement. DMAD is also responsible for managing databases, ensuring data security, providing access to authorized users, and updating datasets regularly to keep them indicative of ongoing program operations;
- **Informatics** – provides agency-wide support across a number of areas. Informatics spearheads data modernization and provides leadership and support for the Agency's data governance initiative. Support for workflow automations, interoperability, data-based projects and grants, and direct system support are all functions of informatics. Informatics is also tasked with coordinating work with the designated Health Information Exchange serving the District (CRISP

DC HIE), including tracking, developing, and vetting of use cases, and monitoring user access. Informatics may be called on to act as a liaison to IT for any program within DC Health. In addition, Informatics provides leadership on data governance, and supports informatics' initiatives agency wide, including automation of workflows, systems specific support, project management, interoperability support;

- **Finance and Grants Policy, Planning, and Evaluation** – The Office of Finance, Grants, and Administration (OFGA) within the Center for Policy, Planning, and Evaluation (CPPE) is responsible for managing CPPE's financial operations, including budget planning and execution; overseeing grants administration to ensure compliance with federal and local regulations; and coordinating administrative processes to support programmatic goals. The goal of the OFGA is to streamline resource allocation and operational workflows, enabling CPPE to focus on its core mission of advancing health equity, data-driven policy development, and public health planning. By providing strategic oversight and operational support, OFGA ensures the effective and sustainable implementation of CPPE's programs and initiatives;
- **Development of the State Health Plan and Annual Implementation** – the District's State Health Plan was designed to serve as a roadmap for developing a comprehensive, accessible, equitable health care system capable of providing the highest quality services cost-effectively and guides the District's Certificate of Need (CON) program by providing objective, refined, and data-driven information. The State Health Planning and Development Agency (SHPDA) is responsible for reviewing CON applications of health care providers requesting to establish new services, make certain capital expenditures, or take other actions subject to CON review as specified in the law. SHPDA is also responsible for monitoring Uncompensated Care requirements of hospitals and other CON-holders;
- **Birth and Death Record Collection, Processing, Analyzing and Dissemination** – The District of Columbia Vital Records Division (DCVRD) is the Division of the Department that is responsible for the vital statistics system. "System of vital statistics" means the collection, registration, preservation, amendment, certification, verification, and maintenance of the security and integrity of vital records such as birth and death, vital event data, the collection of other required reports, and related activities. The division is also charged with administering Domestic Partnership Registration and Termination; and
- **Epidemiologic Studies and Outbreak Investigation** – Located within the Center for Policy, Planning and Evaluation (CPPE), this program 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.

Agency Management – provides 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 approved division structure changes are provided in the Agency Realignment appendix (Schedule 30- PBB) to the approved budget, which is located at www.cfo.dc.gov on the Annual Operating Budget and Capital Plan page.

FY 2026 Approved Budget to FY 2027 Proposed Budget, by Revenue Type

Table HC0-5 itemizes the changes by revenue type between the FY 2026 approved budget and the FY 2027 proposed budget. For a more comprehensive explanation of changes, please see the FY 2027 Proposed Budget Changes section, which follows the table.

Table HC0-5
(\$ in thousands)

DESCRIPTION	DIVISION/PROGRAM	BUDGET	FTE
LOCAL FUNDS: FY 2026 Approved Budget and FTE		97,497	252.3
Removal of One-Time	Multiple Programs	-791	0.0
LOCAL FUNDS: FY 2027 Recurring Budget		96,707	252.3
Increase: To adjust the contractual services budget	Multiple Programs	1,407	0.0
Increase: To align fixed costs with proposed estimates	Multiple Programs	243	0.0
Increase: To support additional FTE(s)	Multiple Programs	13,787	148.5
Increase: To support nonpersonnel service costs	Multiple Programs	795	0.0
Decrease: To align resources with operational spending goals	COMMUNITY HEALTH SERVICES	-21,527	0.0
Reduce: High Needs Healthcare Career Scholarship Program	HEALTH SYSTEMS AND PREPAREDNESS	-749	0.0
Reduce: To reflect savings in Community Health Services	COMMUNITY HEALTH SERVICES	-700	0.0
LOCAL FUNDS: FY 2027 Mayor's Proposed Budget		89,962	400.7
SPECIAL PURPOSE REVENUE FUNDS: FY 2026 Approved Budget and FTE		22,650	141.7
Increase: To align personnel services and fringe benefits with projected costs	Multiple Programs	887	1.7
Decrease: To align resources with projected revenues	Multiple Programs	-1,106	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2027 Mayor's Proposed Budget		22,430	143.4
FEDERAL PAYMENTS: FY 2026 Approved Budget and FTE		4,000	0.0
No Change		0	0
FEDERAL PAYMENTS: FY 2027 Mayor's Proposed Budget		4,000	0.0
FEDERAL GRANT FUND - FPRS: FY 2026 Approved Budget and FTE		190,602	461.4
Decrease: To align the budget with projected grant awards	Multiple Programs	-22,883	0.0
Decrease: To recognize savings from a reduction in FTE(s)	Multiple Programs	-8,594	-80.5
FEDERAL GRANT FUND - FPRS: FY 2027 Mayor's Proposed Budget		159,125	380.9
PRIVATE GRANT FUND -FPRS: FY 2026 Approved Budget and FTE		1,070	0.0
Increase: To support additional FTE(s)	Multiple Programs	237	2.5
Decrease: To align the budget with projected grant awards	Multiple Programs	-388	0.0
PRIVATE GRANT FUND -FPRS: FY 2027 Mayor's Proposed Budget		919	2.5
GROSS FOR HC0-DEPARTMENT OF HEALTH (HC0)		276,437	927.5

(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 interagency projects funded within this agency, please see **Appendix H, FY 2027 Interagency Budgets**, in the **Executive Summary, Volume 1** located on the OCFO's website.

FY 2027 Proposed Operating Budget Changes

Table HC0-6 contains the proposed FY 2027 budget by fund compared to the approved FY 2026 budget.

Table HC0-6

Appropriated Fund	FY 2026 Approved	FY 2027 Proposed	% Change from FY 2026
LOCAL FUND	\$97,497,333	\$89,962,082	-7.7
SPECIAL PURPOSE REVENUE FUNDS	\$22,649,640	\$22,430,235	-1.0
FEDERAL PAYMENTS	\$4,000,000	\$4,000,000	0.0
FEDERAL GRANT FUND - FPR	\$190,602,064	\$159,125,072	-16.5
PRIVATE GRANT FUND -FPR	\$1,070,002	\$919,212	-14.1
GROSS FUNDS	\$315,819,039	\$276,436,602	-12.5

Mayor's Proposed Budget

Increase: The proposed budget submission for the Department of Health (DOH) includes several increases to Local funds. A proposed increase of \$13,786,981 across multiple divisions is included to support the salaries and fringe benefits for current personnel and an additional 148.5 Full-Time Equivalents (FTEs). These additional FTEs will primarily be allocated to support activities related to School Health Services. A proposed net increase of \$1,406,552 in Local funds across multiple divisions includes increases of: \$1,372,060 in the Environmental Health Administration division to support the Animal Services Contract; \$563,194 in the HIV/AIDS, and Hepatitis, STD, and TB Prevention division, of which \$500,000 supports supplies for School Health Services, \$32,000 for office support, \$14,360 for security services, \$13,008 for membership dues, \$2,326 for postage, \$1,000 for maintenance agreements for microscopes, and \$500 for fire extinguishers; \$36,000 in the Health Systems and Preparedness division to support the Certificate of Need Improvement Act of 2025; and \$29,689 in the Agency Management division to support fixed cost OCTO Assessments. These increases were offset by decreases of: \$243,498 for the High Needs Healthcare Career Scholarship and Health Professional Loan Repayment Program Amendment Act of 2022; \$184,768 in the Health Systems and Preparedness division for eMost; \$114,014 in the Policy and Planning and Evaluation division, which is comprised of \$40,000 for the Returning Citizens Opportunity to Succeed Act of 2019, \$36,000 for the Certificate of Need Improvement Act of 2025, \$15,853 in maintenance for Axiel contracts, \$15,358 in the electronic birth and death system, \$5,000 for the East End Federally Qualified Health Center Certificate of Need, and \$1,803 for fixed cost OCTO Assessments; \$41,297 in the HIV/AIDS, Hepatitis, STD and TB Prevention division for social marketing, and \$10,813 in the Agency Financial Operations division for the single audit. Additionally, the proposed Local funds budget submission includes a net increase of \$794,595 in nonpersonnel services, which is comprised of increases within HIV/AIDS, Hepatitis, STD, and TB Prevention of: \$650,000 supporting School Health Services, \$100,000 supporting harm reduction for transgender health, \$20,000 supporting health education/risk reduction, \$15,000 supporting burial assistance, \$9,000 supporting same day transport, and \$900 for medical surgical and lab supplies, offset by decreases of: \$218 in HIV/AIDS, Hepatitis, STD, and TB Prevention for HIV Prevention division and \$87 in office supplies in the Agency Fiscal Operations division. Lastly, a proposed net increase of \$242,807 across multiple divisions reflects an increase of \$1,532,807 in the Agency Management division for fixed costs estimates from the Department of General Services, offset by a decrease of \$1,290,000 in Environmental Health Services in occupancy costs supporting the Animal Shelter.

DOH also proposes several increases in personnel services to align salaries and fringe benefit costs across multiple divisions. These adjustments include \$886,727 and 1.7 FTEs in Special Purpose Revenue (SPR) funds and \$236,944 and 2.5 FTEs in Private Grant funds.

Decrease: The proposed budget submission for the Community Health Services division includes a Local funds net decrease of \$21,526,537. This includes \$17,977,010 in net-zero re-alignments to support the needs of DC Health's budget, redirected from contractual services budget within School Health Services to the personnel services budget within the same program. These realignments were offset by an increase of \$300,000 in supplies supporting School Health Services. In addition to the realignments, other adjustments include: \$1,300,000 reduction of Healthy Steps; \$735,000 reduction in teen pregnancy; \$699,999 reduction in Home Visitation programs; \$310,635 reduction for IT support; \$275,029 reduction in team-based care for chronic conditions; \$168,006 reduction in chronic illness initiatives; \$103,000 reduction in Birth-to-Three; \$100,000 reduction for the Farmers Market Support Amendment Act of 2025; \$62,363 reduction in tobacco cessation

activities; \$53,785 reduction in vaping prevention and cessation; \$25,000 reduction in the Mental Health Access in Pediatrics (MAP) program; \$15,000 reduction in tuition for employee training; and \$1,710 reduction in the interagency agreement supporting sign language.

In Special Purpose Revenue funds, a proposed decrease of \$1,106,131, across multiple divisions reflects the realignment of resources to lower projected revenues, primarily in the State Health Planning and Development Agency (SHPDA) fund.

In Federal Grant funds the proposed budget submission includes several decreases across multiple divisions. These adjustments include reductions of \$8,594,141 to reflect the elimination of 80.5 FTEs and \$22,882,851 to align the budget with projected revenues, due to reduced funding from the federal government.

In Private Grant funds, a proposed decrease of \$387,734 across multiple divisions is included to align the budget with projected awards.

Reduce: DOH’s proposed Local funds budget includes a reduction of \$700,000 in the Community Health Services division, to reflect reductions in Health Steps within Family Health services. The Local budget proposal also includes a reduction of \$749,000 in the Health Systems and Preparedness division in contracts for the High Needs Healthcare Career Scholarship program.

FY 2027 Proposed Full-Time Equivalentents (FTEs)

Table HC0-7 contains a summary of the FY 2027 proposed budgeted Full-Time Equivalentents (FTEs).

Table HC0-7

Total FY 2027 Proposed Budgeted FTEs	927.5
Less: Interagency FTEs budgeted in this agency but employed by other agencies:	
AT0-OFFICE OF THE CHIEF FINANCIAL OFFICER	(2.0)
FR0-DEPARTMENT OF FORENSIC SCIENCES	(15.0)
FX0-OFFICE OF THE CHIEF MEDICAL EXAMINER	(3.0)
PO0-OFFICE OF CONTRACTING AND PROCUREMENT	(2.0)
TO0-OFFICE OF THE CHIEF TECHNOLOGY OFFICER	(1.4)
Total Interagency FTEs budgeted in this agency, employed by other agencies	(23.4)
Add: Interagency FTEs budgeted in other agencies but employed by this agency:	
HT0-DEPARTMENT OF HEALTH CARE FINANCE	3.6
RL0-CHILD AND FAMILY SERVICES AGENCY	0.2
Total Interagency FTEs budgeted in other agencies, employed by this agency	3.8
Total FTEs employed by this agency	908.0

Note: Table HC0-7 displays the impact of the buyer agencies budgets funding the seller agencies FTEs in the FY 2027 budget, compared to how FTEs were budgeted in FY 2026.

-It starts with the FY 2027 budgeted FTE figure, 927.5 FTEs.

-It subtracts 23.4 FTEs budgeted in HC0 in FY 2027 who are employed by another agency.

-It adds 3.8 FTEs budgeted in other agencies in FY 2027 who are employed by HC0.

-It ends with 908.0 FTEs, the number of FTEs employed by HC0, which is the FTE figure comparable to the FY 2026 budget.

