

# 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	\$292,952,323	11.9
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)

	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
<b>Appropriated Fund</b>										
<b>GENERAL FUND</b>										
LOCAL FUNDS	77,647	78,870	76,857	-2,014	-2.6	175.1	181.6	178.2	-3.4	-1.9
SPECIAL PURPOSE										
REVENUE FUNDS	11,608	13,155	18,068	4,913	37.4	84.5	96.2	110.5	14.3	14.8
<b>TOTAL FOR GENERAL FUND</b>	<b>89,256</b>	<b>92,025</b>	<b>94,925</b>	<b>2,900</b>	<b>3.2</b>	<b>259.6</b>	<b>277.9</b>	<b>288.8</b>	<b>10.9</b>	<b>3.9</b>

## 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
<b>FEDERAL RESOURCES</b>										
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
<b>TOTAL FOR FEDERAL RESOURCES</b>	<b>114,019</b>	<b>119,619</b>	<b>133,205</b>	<b>13,585</b>	<b>11.4</b>	<b>330.8</b>	<b>322.4</b>	<b>327.2</b>	<b>4.8</b>	<b>1.5</b>
<b>PRIVATE FUNDS</b>										
PRIVATE GRANT FUNDS	19	0	0	0	N/A	0.0	0.0	0.0	0.0	N/A
<b>TOTAL FOR PRIVATE FUNDS</b>	<b>19</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>N/A</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>N/A</b>
<b>INTRA-DISTRICT FUNDS</b>										
INTRA-DISTRICT FUNDS	62,830	50,125	64,823	14,698	29.3	9.1	11.4	12.4	1.0	8.8
<b>TOTAL FOR INTRA-DISTRICT FUNDS</b>	<b>62,830</b>	<b>50,125</b>	<b>64,823</b>	<b>14,698</b>	<b>29.3</b>	<b>9.1</b>	<b>11.4</b>	<b>12.4</b>	<b>1.0</b>	<b>8.8</b>
<b>GROSS FUNDS</b>	<b>266,124</b>	<b>261,769</b>	<b>292,952</b>	<b>31,184</b>	<b>11.9</b>	<b>599.4</b>	<b>611.6</b>	<b>628.3</b>	<b>16.7</b>	<b>2.7</b>

\*Percent change is based on whole dollars.

**Note:** If applicable, for a breakdown of each Grant (Federal and Private), Special Purpose Revenue type and Intra-District agreement, please refer to **Schedule 80 Agency Summary by Revenue Source** in the **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
<b>SUBTOTAL PERSONAL SERVICES (PS)</b>	<b>49,451</b>	<b>53,980</b>	<b>60,911</b>	<b>66,561</b>	<b>5,650</b>	<b>9.3</b>
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	3,485	-175	-4.8
41 - CONTRACTUAL SERVICES - OTHER	55,032	59,481	52,305	56,868	4,563	8.7
50 - SUBSIDIES AND TRANSFERS	68,007	69,449	73,329	77,909	4,580	6.2

**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*
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
<b>SUBTOTAL NONPERSONAL SERVICES (NPS)</b>	<b>200,343</b>	<b>212,144</b>	<b>200,857</b>	<b>226,391</b>	<b>25,533</b>	<b>12.7</b>
<b>GROSS FUNDS</b>	<b>249,794</b>	<b>266,124</b>	<b>261,769</b>	<b>292,952</b>	<b>31,184</b>	<b>11.9</b>

\*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
<b>(1000) AGENCY MANAGEMENT SUPPORT</b>								
(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
<b>SUBTOTAL (1000) AGENCY MANAGEMENT SUPPORT</b>	<b>24,059</b>	<b>24,368</b>	<b>26,192</b>	<b>1,824</b>	<b>46.3</b>	<b>48.5</b>	<b>60.0</b>	<b>11.5</b>
<b>(100F) AGENCY FINANCIAL OPERATIONS</b>								
(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
<b>SUBTOTAL (100F) AGENCY FINANCIAL OPERATIONS</b>	<b>2,379</b>	<b>3,480</b>	<b>3,883</b>	<b>403</b>	<b>30.4</b>	<b>31.5</b>	<b>30.0</b>	<b>-1.5</b>

**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
<b>(2500) HEALTH EMERG PREPAREDNESS AND RESP.ADMIN</b>								
(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
<b>SUBTOTAL (2500) HEALTH EMERG PREPAREDNESS AND RESP.ADMIN</b>	<b>67,960</b>	<b>55,116</b>	<b>70,248</b>	<b>15,131</b>	<b>38.9</b>	<b>43.0</b>	<b>43.2</b>	<b>0.2</b>
<b>(3000) HIV/AIDS HEPATITIS STD AND TB ADMIN</b>								
(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	12,192	18	3.0	3.2	3.2	0.0
<b>SUBTOTAL (3000) HIV/AIDS HEPATITIS STD AND TB ADMIN</b>	<b>75,759</b>	<b>76,549</b>	<b>84,898</b>	<b>8,349</b>	<b>121.4</b>	<b>122.0</b>	<b>122.5</b>	<b>0.5</b>
<b>(4500) HLTH CARE REGULATION AND LICENSING ADMIN</b>								
(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
(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
<b>SUBTOTAL (4500) HLTH CARE REGULATION AND LICENSING ADMIN</b>	<b>22,898</b>	<b>23,874</b>	<b>27,227</b>	<b>3,353</b>	<b>174.6</b>	<b>175.8</b>	<b>184.7</b>	<b>8.9</b>
<b>(5000) PRIMARY CARE AND PREVENTION ADMIN.</b>								
(5100) PCPA SUPPORT SERVICES	94	0	0	0	0.0	0.0	0.0	0.0
<b>SUBTOTAL (5000) PRIMARY CARE AND PREVENTION ADMIN.</b>	<b>94</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**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
<b>(7000) OFFICE OF HEALTH EQUITY</b>								
(7010) MULTI SECTOR COLLABORATION	0	0	691	691	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
<b>SUBTOTAL (7000) OFFICE OF HEALTH EQUITY</b>	<b>0</b>	<b>0</b>	<b>1,001</b>	<b>1,001</b>	<b>0.0</b>	<b>0.0</b>	<b>5.0</b>	<b>5.0</b>
<b>(8200) CTR FOR POLICY, PLANNING AND EVALUATION</b>								
(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
<b>SUBTOTAL (8200) CTR FOR POLICY, PLANNING AND EVALUATION</b>	<b>4,570</b>	<b>4,895</b>	<b>5,547</b>	<b>652</b>	<b>44.2</b>	<b>42.8</b>	<b>44.8</b>	<b>2.1</b>
<b>(8500) COMMUNITY HEALTH ADMINISTRATION</b>								
(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	6,629	2,832	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	19,099	-600	21.6	23.0	21.0	-2.0
(8514) CHILDREN, ADOLESCENT AND SCHOOL HEALTH	32,361	32,091	31,074	-1,018	32.4	35.0	22.0	-13.0
<b>SUBTOTAL (8500) COMMUNITY HEALTH ADMINISTRATION</b>	<b>68,405</b>	<b>73,485</b>	<b>73,956</b>	<b>471</b>	<b>143.7</b>	<b>148.0</b>	<b>138.0</b>	<b>-10.0</b>
<b>TOTAL PROPOSED OPERATING BUDGET</b>	<b>266,124</b>	<b>261,769</b>	<b>292,952</b>	<b>31,184</b>	<b>599.4</b>	<b>611.6</b>	<b>628.3</b>	<b>16.7</b>

(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.

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 of 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** – 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; the Center for Policy, Planning, and Evaluation (CPPE) provides surveillance, investigation, and control of reportable diseases, disease outbreaks, and other public health threats within the District of Columbia (excluding sexually transmitted diseases (STDs), hepatitis, HIV/AIDS, and tuberculosis (TB));
- **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;

- **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 and 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; 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 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](http://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
<b>LOCAL FUNDS: FY 2016 Approved Budget and FTE</b>		<b>78,870</b>	<b>181.6</b>
Removal of One-Time Funding	Multiple Programs	-4,176	0.0
Other CSFL Adjustments	Multiple Programs	-237	0.0
<b>LOCAL FUNDS: FY 2017 Current Services Funding Level (CSFL) Budget</b>		<b>74,457</b>	<b>181.6</b>
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
<b>LOCAL FUNDS: FY 2017 Agency Budget Submission</b>		<b>73,006</b>	<b>178.2</b>
Enhance: Expand the Joyful Food Markets (one-time)	Community Health Administration	750	0.0
Reduce: To adjust the funding source for a GWU contract	HIV/AIDS Hepatitis STD and TB Admin	-192	0.0
<b>LOCAL FUNDS: FY 2017 Mayor's Proposed Budget</b>		<b>73,564</b>	<b>178.2</b>
Enhance: To support Produce Plus, Healthy Corners, School-Based Health Centers, and Joyful Food Markets	Community Health Administration	3,030	0.0
Enhance: To support program initiatives (one-time)	Community Health Administration	1,800	0.0
Enhance: To support homeless with late-stage AIDS or terminal cancer	HIV/AIDS Hepatitis STD and TB Admin	500	0.0
Enhance: To support establishment of Office on Violence Prevention and Health Equity (one-time)	Office of Health Equity	400	0.0
Reduce: To recognize the re-establishment of the Vital Records as a SPR fund	Community Health Administration	-2,437	0.0
<b>LOCAL FUNDS: FY 2017 District's Proposed Budget</b>		<b>76,857</b>	<b>178.2</b>
<b>FEDERAL PAYMENTS: FY 2016 Approved Budget and FTE</b>		<b>5,000</b>	<b>0.0</b>
No Change		0	0.0
<b>FEDERAL PAYMENTS: FY 2017 Agency Budget Submission</b>		<b>5,000</b>	<b>0.0</b>
No Change		0	0.0
<b>FEDERAL PAYMENTS: FY 2017 Mayor's Proposed Budget</b>		<b>5,000</b>	<b>0.0</b>
No Change		0	0.0
<b>FEDERAL PAYMENTS: FY 2017 District's Proposed Budget</b>		<b>5,000</b>	<b>0.0</b>
<b>FEDERAL GRANT FUNDS: FY 2016 Approved Budget and FTE</b>		<b>114,619</b>	<b>322.4</b>
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

## Table HC0-5

(dollars in thousands)

DESCRIPTION	DIVISION/PROGRAM	BUDGET	FTE
<b>FEDERAL GRANT FUNDS: FY 2017 Agency Budget Submission</b>		<b>128,205</b>	<b>327.2</b>
No Change		0	0.0
<b>FEDERAL GRANT FUNDS: FY 2017 Mayor's Proposed Budget</b>		<b>128,205</b>	<b>327.2</b>
No Change		0	0.0
<b>FEDERAL GRANT FUNDS: FY 2017 District's Proposed Budget</b>		<b>128,205</b>	<b>327.2</b>
<b>SPECIAL PURPOSE REVENUE FUNDS: FY 2016 Approved Budget and FTE</b>		<b>13,155</b>	<b>96.2</b>
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
<b>SPECIAL PURPOSE REVENUE FUNDS: FY 2017 Agency Budget Submission</b>		<b>15,626</b>	<b>110.5</b>
No Change		0	0.0
<b>SPECIAL PURPOSE REVENUE FUNDS: FY 2017 Mayor's Proposed Budget</b>		<b>15,626</b>	<b>110.5</b>
Enhance: To re-establish the Vital Records Fund	Community Health Administration	2,442	0.0
<b>SPECIAL PURPOSE REVENUE FUNDS: FY 2017 District's Proposed Budget</b>		<b>18,068</b>	<b>110.5</b>
<b>INTRA-DISTRICT FUNDS: FY 2016 Approved Budget and FTE</b>		<b>50,125</b>	<b>11.4</b>
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
<b>INTRA-DISTRICT FUNDS: FY 2017 Agency Budget Submission</b>		<b>64,823</b>	<b>12.4</b>
No Change		0	0.0
<b>INTRA-DISTRICT FUNDS: FY 2017 Mayor's Proposed Budget</b>		<b>64,823</b>	<b>12.4</b>
No Change		0	0.0
<b>INTRA-DISTRICT FUNDS: FY 2017 District's Proposed Budget</b>		<b>64,823</b>	<b>12.4</b>
<b>GROSS FOR HC0 - DEPARTMENT OF HEALTH</b>		<b>292,952</b>	<b>628.3</b>

(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 \$292,952,323, which represents an 11.9 percent increase over its FY 2016 approved gross budget of \$261,768,733. The budget is comprised of \$76,856,609 in Local funds, \$5,000,000 in Federal Payments, \$128,204,619 in Federal Grant funds, \$18,068,249 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 an increase 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 Epidemiology and Laboratory Capacity (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 supporting Wildlife Rehabilitation, Jail Inspections, and Information Technology (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 a 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.

**Reduce:** The proposed Local funds budget was reduced by \$192,291 to reflect the change in funding source for the George Washington University (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.

### **District's Proposed Budget**

**Enhance:** The proposed budget in Local funds includes a net increase of \$3,030,000 to the Community Health Administration (CHA) division. This increase is comprised of \$1,450,000 to support Produce Plus and Healthy Corners partnerships to deliver fresh produce and healthy snacks to corner stores in low-income communities; \$1,200,000 to augment School-Based Health Centers at Coolidge, Dunbar, and H.D. Woodson high schools, which will allow students to receive primary health care services on school grounds; and \$380,000 to support the Joyful Food Markets monthly pop-up grocery nutritional programs in Wards 7 and 8 elementary schools.

The proposed budget in Local funds also includes an increase of \$1,800,000, which is allocated to the CHA division as one-time funding in FY 2017. This enhancement is comprised of \$1,000,000 to support the Urban Health Initiative at Howard University to expand substance abuse disorder care, \$500,000 for Crittenden Services of Greater Washington to support teen pregnancy prevention programming, \$150,000 to support teen peer educators who are responsible for providing sexual health information and condoms to District youths, \$100,000 to support the Oral Health Program to provide dental services to DC Schools, and \$50,000 for a pilot program for Mobile Markets, which are farm stands on wheels that distribute local, sustainably produced food to underserved communities in the Washington, DC area.

In the HIV/AIDS, Hepatitis, STD, and TB Administration division, the proposed Local funds budget includes an increase of \$500,000 to support HIV/AIDS Housing through Joseph's House, which provides integrated housing, nursing, and support services for homeless people with late-stage AIDS or terminal cancer.

In the Office of Health Equity, the Local funds budget proposal includes a one-time funding increase of \$400,000 to establish an Office on Violence Prevention and Health Equity. This program was initiated by the Neighborhood Engagement Achieves Results (NEAR) Act of 2015, to develop and implement a public health strategy that includes the use of risk assessment tools, identification of heavy utilizers of public services, provision of cognitive and family-based therapy, and coordination of available services, to combat the spread of violence.



In Special Purpose Revenue (SPR) funds, the budget supports an increase of \$2,442,000 to the CHA division for re-establishment of the Vital Records fund. Vital Records is responsible for collecting, preserving and administering the District's system of birth and death records.

**Reduce:** The proposed budget includes a Local funds reduction of \$2,437,000 from the CHA division to reflect the reestablishment of the Vital Records fund as an SPR fund.

## **Agency Performance Plan\***

Department of Health (DOH) has the following strategic objectives for FY 2017:

### **Strategic Objectives**

Strategic Objectives describe what the agency will do, at a high level, to achieve its mission. These are action-based sentences that define what an agency does for its customers, whether the customers are residents or other District agencies, and how that improves the District.

### **Objectives**

1. Health Regulation and Licensing Administration (HRLA). Protect the health of those who reside and do business in the District of Columbia by fostering excellence in health professional practice and building quality and safety in health systems and facilities through an effective regulatory framework.
2. Office of Health Equity. Promote Health Equity. Collaborate with other government agencies and community partners to identify and address the social determinants of health which are the key drivers of inequities in health outcomes.
3. Center for Policy Planning and Evaluation (CPPE). Develop an integrated public health information system to support health policy decision, state health planning activities, performance analysis, and direction setting for department programs.
4. Community Health Administration (CHA). Provide programs and services that promote coordination among the health care systems in the city and enhance access to effective prevention, primary and specialty medical care through collaborations with public and private organizations.
5. HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) Reduce HIV, STD, TB and hepatitis-related morbidity and mortality and ensure healthy outcomes for persons living with those diseases. Administer federal and local funding, provide grants to service providers, monitor and evaluate programs, ensure quality services, and track the cases and status of the epidemics in the District.
6. Health Emergency Preparedness and Response Administration (HEPRA). Provide regulatory oversight of emergency medical services (EMS) and seek to ensure that the Department of Health (DOH), its partners and the community are prepared for, can respond to, and recover from public health and health care system events and emergencies.
7. Create and maintain a highly efficient, transparent, and responsive District government.\*\*

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### **Activities**

Activities include the work that happens on a daily basis to help achieve the strategic objectives. Activity names come from the Budget line items. This is further divided into “daily services” (ex. sanitation disposal), and long-term “key projects” that are high profile, one-time and span several years, (ex. redevelopment of Walter Reed Army Medical Center). Many agencies will mostly have daily services, whereas some agencies that are more capital-based will have several key projects.

**1. Health Regulation and Licensing Administration (HRLA). Protect the health of those who reside and do business in the District of Columbia by fostering excellence in health professional practice and building quality and safety in health systems and facilities through an effective regulatory framework. (10 Activities)**

<b>Activity Title</b>	<b>Activity Description</b>	<b>Type of Activity</b>
Health Professional Licensing	Receive, process, and review for compliance with District and federal regulatory compliance license applications for for thirty-nine (39) different healthcare professions.	Daily Service
Food Safety and Hygiene Inspection Services Division (FSHISD)	Food Safety and Hygiene Inspection Services Division inspects food establishments (e.g. restaurants, food trucks, etc.) to prevent the spread of food-borne borne illness. They also inspect public pools, barbershops, and beauty salons for cleanliness.	Daily Service
Health Care Facilities Division	Ambulatory Surgical Centers, Certified Home Health Agencies, End-Stage Renal Disease Facilities, Hospices, Hospitals, Laboratories (Clinical Laboratory Improvement Amendments of 1988[CLIA]), Certificate of Waiver Programs (COW), Communicable Disease Laboratories, Tissue Banks, and Hospital Laboratories, Maternity Centers, Nursing Homes, Outpatient Physical Therapy or Speech Pathology Services, and Portable X-ray Suppliers in the District of Columbia. The division inspects these sites to determine compliance with local licensure health and safety regulations and federal standards for participation in Medicare and Medicaid programs under Titles XVIII and XIX of the Social Security Act. The division also conducts Architectural Plans Review of health care facilities in the District of Columbia and inspects renovated projects and new construction. In addition, the division inspects the DC Detention Facility (DC Jail) and the DC Youth Services Administration Detention Center – at New Beginnings Youth Development Center (located in Laurel, Maryland) and Mt. Olivet Road, NE (Washington, DC) in accordance with court mandates.	Daily Service
Criminal Background Check Program	The division is responsible for processing criminal background checks for health care professionals and prospective applicants of long term care facilities.	Daily Service
Compliance and Quality Assurance	The Office of Compliance and Quality Assurance enforces the District and federal laws and regulations governing licensed health professionals (Health Professional Boards and Advisory Committees). In addition, to determine compliance with federal participation in Medicare and Medicaid programs regarding Nursing Homes and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/ID), the office also conducts investigations, as necessary.	Daily Service

(Continued on next page)

**1. Health Regulation and Licensing Administration (HRLA). Protect the health of those who reside and do business in the District of Columbia by fostering excellence in health professional practice and building quality and safety in health systems and facilities through an effective regulatory framework. (10 Activities)**

Activity Title	Activity Description	Type of Activity
Rodent and Vector Control Division	The Rodent and Vector Control Division conducts field prevention and spread of diseases transmitted by animals to people, follow-up on disease investigations, dog licensing, regulation and enforcement, field inspection, and animal sheltering services in the District of Columbia. In addition, the ASP responds to any animal related complaint.	Daily Service
Animal Services Program (ASP)	The Animal Services Program is responsible for the the prevention and spread of diseases transmitted by animals to people, follow-up on disease investigations, licensing, regulation and enforcement, field inspection, and animal sheltering services in the District of Columbia. In addition, the ASP responds to any animal related complaint.	Daily Service
Pharmaceutical Control Division (PCD)	The Pharmaceutical Control Division licenses, regulates, eliminate radiation overexposure of naturally It also registers, regulates, and inspects medical marijuana dispensaries and cultivation centers. The PCD also licenses pharmaceutical detailers (e.g., pharmaceutical representatives).	Daily Service
Radiation Protection Division (RPD)	The Radiation Protection seeks to reduce and/or background checks for health care professionals and occurring or manmade radiation in the District of Columbia.	Daily Service
Intermediate Care Facilities Division (ICFD)	The Intermediate Care Facilities Division seeks to ensure applicable agencies substantially comply with District and/or Federal regulatory requirements for licensure and/or federal certification. ICFD has the the regulatory oversight responsibility for the following seven (7) different programs: (1) Intermediate Care Facilities for Individuals with Intellectual Disabilities; (2) Group Homes for Individuals with Intellectual Disabilities; (3) Child Placing Agencies; (4) Home Care Agencies; (5) Assisted Living Residence; (6) Community Residence Facilities; and (7) Nurse Staffing Agencies. The oversight of these facilities is conducted at least annually and when necessary to ensure the health and safety of residents.	Daily Service

**2. Center for Policy Planning and Evaluation (CPPE). Develop an integrated public health information system to support health policy decision, state health planning activities, performance analysis and direction setting for department programs. (3 Activities)**

<b>Activity Title</b>	<b>Activity Description</b>	<b>Type of Activity</b>
Certificate of Need (CON) Program	CPPE works with healthcare providers to administer the Certificate of Need program to ensure that the healthcare services and facilities established in the District are of high quality and meet the needs of residents.	Daily Service
Vital Records System	Vital Records is responsible for collecting, preserving, and administering the District's system of birth, death, and domestic partnership records.	Daily Service
Behavioral Risk Factor Surveillance	CPPE/BRFSS conducts an estimated 333 health surveys monthly to District residents aged 18 years of age and older in all eight wards of the city.	Daily Service

**3. Community Health Administration (CHA). Provide programs and services that promote coordination among the health care systems in the city and enhance access to effective prevention, primary, and specialty medical care through collaborations with public and private organizations. (22 Activities)**

<b>Activity Title</b>	<b>Activity Description</b>	<b>Type of Activity</b>
DC Control Asthma Now (DC CAN)	DC CAN collaborates with local stakeholders to develop and implement strategic initiatives to reduce the burden of asthma and promotes comprehensive asthma management across their lifespan.	Daily Service
Cancer Programs Division	The Cancer Programs Division encompasses three programs (Project WISH, Comprehensive Cancer Control, Cancer Management, Leadership and Coordination, and Colorectal Screening) engaged in reducing the District's cancer burden.	Daily Service
DC Cancer Registry (DCCR)	DCCR is a population based registry that maintains data on all cancer patients diagnosed and/or treated within the District. All cancer cases are required by DC Law to be reported to DCCR within six months of first contact with a cancer patient.	Daily Service
Cardiovascular Disease and Diabetes Program	This program promotes and reinforces healthful behaviors and practices across the lifespan. The program works to ensure the implementation of best practices to improve quality, effectiveness, delivery, and use of clinical preventive services related to cardiovascular disease, diabetes, and obesity.	Daily Service
Tobacco Control Program	This program aims to reduce disease, disability and death due to tobacco use by: preventing youth from smoking; helping adults and youth quit their tobacco use; reducing exposure to secondhand smoke; and identifying and eliminating tobacco related disparities among specific populations.	Daily Service
Sexual Violence Prevention Program	This program provides single and multiple sexual assault prevention sessions to elementary, middle, and high school students using evidence-based curricula.	Daily Service

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**3. Community Health Administration (CHA). Provide programs and services that promote coordination among the health care systems in the city and enhance access to effective prevention, primary, and specialty medical care through collaborations with public and private organizations. (22 Activities)**

<b>Activity Title</b>	<b>Activity Description</b>	<b>Type of Activity</b>
Health and Sexuality Education Program	This program focuses on modifying unhealthy behavior through the use of age appropriate educational sessions. The program partners with District of Columbia Public Schools and District of Columbia Public Charter Schools to provide health and sexuality education sessions for youth in grades K – 12.	Daily Service
Home Visiting Program	This program is designed to promote maternal, infant and early childhood health as well as the development of strong parentchild relationships. The program’s key outcomes include improved maternal and child health; prevention of child injuries, child abuse or maltreatment; improvement in school readiness and achievement; reduction in crime or domestic violence; and improvements in family economic self-sufficiency.	Daily Service
Help Me Grow (HMG)	HMG builds collaboration across sectors, including child health care, early care and education, and family support. Through comprehensive physician and community outreach and centralized information and referral centers, families are linked with needed programs and services.	Daily Service
School Health Programs	These programs consist of both school health services and the School Based Health Centers (SBHC). The School Health Services Program provides comprehensive school health services in District of Columbia public and public charter schools. Located within the school building, SBHCs are designed to bring the medical provider’s office to the school. Each SBHC is designed to complement and enhance the health care system in the District by collaborating with each student’s medical home/primary care provider or serving as the student’s medical home/primary care provider.	Daily Service
Oral Health Program	This program aids schools in maintaining educational readiness by providing preventive oral health services for DC Public and Public Charter students.	Daily Service
Home Delivered Meals	This program administers a home delivered meals program through a local grant award to Food and Friends.	Daily Service
Pop-up Markets in Elementary Schools	This program administers a school based pop-up market program through a local grant award to Martha’s Table. This program administers the Produce Plus farmers’ market incentive program and the Fruit and Vegetable Prescription (FVRx) initiative through a local grant award to DC Greens.	Daily Service
Produce Plus Program	This program administers the Produce Plus farmers’ market incentive program and the Fruit and Vegetable Prescription (FVRx) initiative through a local grant award to DC Greens.	Daily Service
Supplemental Nutrition Assistance Program, Education and Obesity (SNAP-Ed)	This program provides oversight to two grantees that provide health and wellness education and SNAP referrals to eligible District residents.	Daily Service

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**3. Community Health Administration (CHA). Provide programs and services that promote coordination among the health care systems in the city and enhance access to effective prevention, primary, and specialty medical care through collaborations with public and private organizations. (22 Activities)**

<b>Activity Title</b>	<b>Activity Description</b>	<b>Type of Activity</b>
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	This program provides oversight to four WIC Local Agencies that provide no-cost nutrition assessments, breastfeeding support and healthful foods that have been prescribed to promote healthy pregnancies and growth during the first five years of life.	Daily Service
Farmers' Market Nutrition Program (FMNP)	This program provides oversight for 52 farmers who participate in healthful food access programs that assist income stressed District residents purchase locally sourced fruits and vegetables. Residents receive health and wellness education along with the food benefit.	Daily Service
Newborn Hearing Program	This program provides a comprehensive, coordinated system for universal newborn hearing screening and intervention. The program works to ensure all newborns are screened for hearing loss prior to hospital discharge and infants needing additional evaluation are linked with specialized services and a medical home.	Daily Service
DC Healthy Start	This program seeks to eliminate disparities in perinatal health, including prematurity and infant mortality by improving women's health, promoting quality services, strengthening family resilience, and achieving collective impact. The program works with community providers to provide medical and case management services for women and families at high risk for poor perinatal health outcomes.	Daily Service
The Safe Sleep Program	This program provides safe sleep education for parents/professionals in the District have underserved areas. The HPLRP, funded with both local and Federal dollars, provides loan repayment awards to eligible primary medical, dental, and mental health, health professionals in exchange for two to four years of service at approved sites.	Daily Service
Health Professional Loan Repayment Program (HPLRP)	This program aims to recruit and retain health behaviors and practices across the lifespan. The program works to ensure the implementation of best practices to improve quality, effectiveness, delivery, and use of clinical preventive services related to cardiovascular disease, diabetes, and obesity.	Daily Service
Diffusions of Care and Innovations in Care grant programs	These programs oversee grants to community health health centers to expand access to primary and specialty services, improve the delivery and quality of primary care services, and improve patient outcomes.	Daily Service

**4. HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) Reduce HIV, STD, TB and hepatitisrelated morbidity and mortality and ensure healthy outcomes for persons living with those diseases. Administer federal and local funding, provide grants to service providers, monitor and evaluate programs, ensure quality services, and track the cases and status of the epidemics in the District. (3 Activities)**

<b>Activity Title</b>	<b>Activity Description</b>	<b>Type of Activity</b>
Condom Distribution	The District of Columbia Condom Program distributes both male and female condoms to District residents. The program utilizes an online platform to distribute condoms to individuals and District providers of health and support services.	Daily Service
AIDS Drug Assistance	The AIDS Drug Assistance Program (ADAP) provides medication for the treatment of HIV disease. Through screening of clients to determine eligibility, enrollment and medication management the District of Columbia will continue providing this critical service.	Daily Service
DC Needle Exchange Program (DC NEX)	The District of Columbia Needle Exchange Program (DC NEX) supports harm reduction through the distribution of clean needles in exchange for used ones. The program partners with three District community based providers to implement these interventions and link clients to primary medical services.	Daily Service

**5. Health Emergency Preparedness and Response Administration (HEPRA) Provide regulatory oversight of emergency medical services (EMS) and seek to ensure that DOH, its partners and the community are prepared for, can respond to, and recover from public health and health care system events and emergencies. (5 Activities)**

Activity Title	Activity Description	Type of Activity
Incident Command System (ICS) and National Incident Management System (NIMS) Training	HEPRA will ensure that all DOH staff with a designated role within the Health Emergency Coordination Center (HECC) and/or the Emergency Support Function (ESF) #8 response are prepared for and can respond to events and emergencies utilizing the concepts of the NIMS of FEMA Incident Command System (ICS) trainings and participation in planned exercises, as directed by Homeland Security Presidential Directive #5.	Daily Service
Special Events	HEPRA reviews the Health, Medical and Safety Plan components of applications, requesting a special processed through the Mayor’s Special Events Task Force to ensure that it meets health and medical standards for the size and type of event as defined by the policy.	Daily Service
Healthcare Coalition Development	HEPRA provides coordination and DOHHMC oversight, policy guidance and leadership through meeting participation, planning support and communications to promote, attain and sustain Health and medical emergency preparedness services during routine and emergency operations. HEPRA compiles and distributes situation reports (sitreps), conducts Radio Calls to ensure timely and adequate communication and response, and monitors bed availability status.	Daily Service
Medical Materiel Management and Distribution	HEPRA ensures the secure distribution and integrity of the stockpile from receipt to recovery of the materiel through planning, real time inventory tracking, and partner collaboration.	Daily Service
Training and Certification of EMTs and EMS Vehicles	HEPRA coordinates training and certification for emergency medical service (EMS) vehicles and emergency medical technicians (EMTs) in the District to ensure optimal healthcare response in accordance with District regulations per EMS Act of 2009 and DCMR, Title 29, Chapter 5, Emergency Medical Services.	Daily Service

## KEY PERFORMANCE INDICATORS

Key Performance Indicators measure how well an agency is achieving its Strategic Objectives. They are outcome oriented and should be used to answer the question, “What does the agency need to measure to determine success?”

### 1. Health Regulation and Licensing Administration (HRLA). Protect the health of those who reside and do business in the District of Columbia by fostering excellence in health professional practice and building quality and safety in health systems and facilities through an effective regulatory framework. (8 Measures)

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2015 Target	FY 2016 Target	FY 2017 Target
Percent of follow-up inspections of health care facilities with harm level deficiencies completed within 30 days		Not available	Not available	Not available	100%	100%
Percent of intermediate care facilities identified with immediate jeopardies investigated within 24 hours		Not available	Not available	Not available	100%	100%
Percent of food establishment complaints inspected within five days		Not available	Not available	Not available	100%	100%
Percent of foodborne outbreak notifications in which suspected products were embargoed or collected and submitted for testing		Not available	Not available	Not available	100%	100%
Percent of inspections of pharmacy pharmacy facilities where pharmacists prodare in compliance with patient counseling requirements		Not available	Not available	Not available	100%	100%
Percent of Registered Controlled Substance Facilities inspected		Not available	Not available	Not available	100%	100%
Percent of samples taken from rabies suspect animals submitted for testing within 48 hours		Not available	Not available	Not available	100%	100%
Percent of rodent activity complaints inspected or baited within 48 hours		Not available	Not available	Not available	100%	100%

### 2. Center for Policy Planning and Evaluation (CPPE). Develop an integrated public health information system to support health policy decision, state health planning activities, performance analysis and direction setting for department programs. (3 Measures)

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2015 Target	FY 2016 Target	FY 2017 Target
Percent of Certificates of Need (CONs) reviewed on time within 90 days		Not available	Not available	Not available	100%	100%
Number of CON Appeals receive initial intervention within		Not available	Not available	Not available	Not available	Not availabl
Percent of vital records walk-in requests processed within 30 minutes		89.2%	96.79%	95%	95%	97%

**3. Community Health Administration (CHA). Provide programs and services that promote coordination among the health care systems in the city and enhance access to effective prevention, primary and specialty medical care through collaborations with public and private organizations. (18 Measures)**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2014 Actual</b>	<b>FY 2015 Actual</b>	<b>FY 2015 Target</b>	<b>FY 2016 Target</b>	<b>FY 2017 Target</b>
Number of breast screening procedures performed		2,382	259	832	832	832
Number of cervical screening procedures performed		419	1,475	325	325	325
Total number of nutrition education and wellness contacts made to low income District residents participating in DOH Healthful Food Access programs		Not available	Not available	40,000	42,000	44,000
Number of District residents receiving farmer's market incentive benefits from DOH administered programs (FMNP, PPP, FVRx)		Not available	Not available	8,500	8,600	8,700
Number of District residents receiving supplemental groceries or meals (Pop Up Market/Home delivered meals)		Not available	Not available	Not available	10,000	11,500
Percent of parents receiving educational counseling for newborn hearing loss		93.9%	95.05%	94%	95%	95%
Percent of infants that receive documented follow up care after the first referral		65.3%	61.62%	75%	80%	80%
Percent of eligible perinatal program participants with a documented reproductive health plan		Not available	Not available	90%	90%	90%
Number of parents/caregivers educated on infant safe sleep practices		909	2,600	1,000	2,800	3,000
Percent of school age children with up-to-date immunizations		83.1%	87.42%	92%	92%	92%
Percent of eligible children enrolled in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs who receive developmental and social-emotional screenings		Not available	Not available	95%	95%	95%
Percent of women enrolled in the MIECHV programs that are screened for depression		Not available	Not available	95%	95%	95%
Percent of HPLRP participants that are practicing in priority underserved areas		Not available	Not available	Not available	40%	90%

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**3. Community Health Administration (CHA). Provide programs and services that promote coordination among the health care systems in the city and enhance access to effective prevention, primary and specialty medical care through collaborations with public and private organizations. (18 Measures)**

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2015 Target	FY 2016 Target	FY 2017 Target
Percent increase in visits for primary medical, dental, and behavioral health services funded by the Diffusion of Care grants		Not available	Not available	5%	5%	5%
Total breastfeeding initiation rates among WIC enrollees		Not available	Not available	Not available	55%	57%
Breastfeeding initiation rates among African-American WIC enrollees		Not available	Not available	45%	46%	47%
Number of children under 3 years of age (with Medicaid insurance) who receive a dental examination and a fluoride varnish	X	Not available	Not available	Not available	2,000	3,000
Percent increase in the number of students utilizing school-based oral health services	X	Not available	Not available	Not available	5%	7.5%

**4. HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) Reduce HIV, STD, TB and hepatitis-related morbidity and mortality and ensure healthy outcomes for persons living with those diseases. Administer federal and local funding, provide grants to service providers, monitor and evaluate programs, ensure quality services, and track the cases and status of the epidemics in the District. (13 Measures)**

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2015 Target	FY 2016 Target	FY 2017 Target
Number of DOH supported HIV tests reported		76,462	101,566	125,000	125,000	100,000
Number of DOH supported HIV tests among focus populations		Not available	Not available	Not available	15,000	16,500
Number of individuals started on Pre-Exposure Prophylaxis (PrEP)	X	Not available	Not available	Not available	Not available	100
Number of youth (15-19 years) screened for STDs through youth outreach programs		3,825	1,770	7,500	4,500	5,500
Percent of individuals diagnosed with HIV living in the District that are on Antiretroviral Therapy	X	Not available	Not available	Not available	Not available	80%
Percent of individuals diagnosed with HIV retained in care that are virally suppressed	X	Not available	Not available	Not available	Not available	80%
Percent of individuals diagnosed with HIV identified as out-of-care that are re-engaged in care within three months	X	Not available	Not available	Not available	Not available	50%

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**4. HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) Reduce HIV, STD, TB and hepatitis-related morbidity and mortality and ensure healthy outcomes for persons living with those diseases. Administer federal and local funding, provide grants to service providers, monitor and evaluate programs, ensure quality services, and track the cases and status of the epidemics in the District. (13 Measures)**

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2015 Target	FY 2016 Target	FY 2017 Target
Number of clients with viral load served through treatment adherence activities	X	Not available	Not available	Not available	Not available	100
Number of clients who test positive for Hepatitis C receiving treatment	X	Not available	Not available	Not available	Not available	40
Proportion of gonorrhea cases with appropriate treatment confirmed		Not available	Not available	Not available	50%	75%
Percent of clients linked to care within 3 months of diagnosis		88%	86.34%	86%	87%	88%
Number of publicly-supported HIV medication prescriptions refilled		Not available	Not available	Not available	85,386	93,924
Proportion of TB patients completing treatment		Not available	Not available	Not available	85%	90%

**5. Health Emergency Preparedness and Response Administration (HEPRA) Provide regulatory oversight of emergency medical services (EMS) and seek to ensure that DOH, its partners and the community are prepared for, can respond to, and recover from public health and health care system events and emergencies. (7 Measures)**

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2015 Target	FY 2016 Target	FY 2017 Target
Percent of HEPRA new hires that completed ICS 100 and 200 training		25%	Not available	50%	75%	100%
Number of emergency preparedness training exercises with DOH participation		4	Not available	2	4	6
Percent of health and medical plan applications with initial review completed within 72 hours		Not available	Not available	80%	90%	100%
Percent of unannounced ambulance inspections resulting in a pass rating		Not available	Not available	Not available	95%	95%
Number of Health and Medical Coalition (HMC) Meetings held		Not available	Not available	Not available	Not available	8
Percent of Medical Reserve Corps (MRC) units that can respond within 2 hours during an emergency	X	Not available	Not available	Not available	Not available	75%
Average setup time for PODs		Not available	Not available	Not available	Not available	2

**6. Create and maintain a highly efficient, transparent, and responsive District government.\*\* (19 Measures)**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2014 Actual</b>	<b>FY 2015 Actual</b>	<b>FY 2015 Target</b>	<b>FY 2016 Target</b>	<b>FY 2017 Target</b>
Percent of eligible employee reviews completed on time		Not available	37.91%	90%	90%	90%
Percent of employees who are in compliance with the mandatory ethics training requirements		Not available	Not available	Not available	90%	95%
Percent of MSS employees who complete the required MSS training curriculum		Not available	Not available	Not available	75%	80%
Number of public health competency development activities offered		Not available	Not available	Not available	10	20
Percent of DOH employees participating in a public health development activity		Not available	Not available	Not available	50%	60%
Number of documents converted to the electronic file management system		Not available	210,506	8,1600	89,000	98,000
Percent of all sub-grantees receiving DOH funding registered in EGMS		Not available	Not available	Not available	100%	100%
Percent of sub-grantee organizations that have submitted all required business documents into EGMS accounts		Not available	Not available	Not available	90%	100%
Percent of DOH grants management (program/fiscal) personnel completing EGMS Training		Not available	Not available	Not available	90%	90%
Percent of lapsed dollar amounts on federal awards		Not available	Not available	Not available	3%	3%
Contracts/Procurement Expendable Budget spent on Certified Business Enterprises	X	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016
Contracts/Procurement Contracts lapsed into retroactive status	X	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016
Budget Local funds unspent	X	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016
Budget Federal funds returned	X	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016
Customer Service Meeting Service Level Agreements	X	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016
Human Resources Vacancy Rate	X	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016

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**6. Create and maintain a highly efficient, transparent, and responsive District government.\*\* (19 Measures)**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2014 Actual</b>	<b>FY 2015 Actual</b>	<b>FY 2015 Target</b>	<b>FY 2016 Target</b>	<b>FY 2017 Target</b>
Human Resources Employee District residency	X	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016
Human Resources Employee Onboard Time	X	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016
Performance Management Employee Performance Plan Completion	X	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016

**Performance Plan End Notes:**

\*For more information about the new structure and components of FY 2017 draft performance plans, please see the FY 2017 Proposed Budget and Financial Plan, Volume 1, Appendix E.

\*\*\*"Create and maintain a highly efficient, transparent and responsive District government" is a new Strategic Objective this year required for all agencies.

\*\*\*Key Performance Indicators that are new may not have historical data and may only have FY 2017 targets.