
Department of Health

www.doh.dc.gov
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Table HC0-1

Description	FY 2016 Actual	FY 2017 Approved	FY 2018 Proposed	% Change from FY 2017
OPERATING BUDGET	\$253,547,157	\$292,952,323	\$231,495,077	-21.0
FTEs	495.8	628.3	606.2	-3.5

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 2018 proposed budget is presented in the following tables:

FY 2018 Proposed Gross Funds Operating Budget and FTEs, by Revenue Type

Table HC0-2 contains the proposed FY 2018 budget by revenue type compared to the FY 2017 approved budget. It also provides FY 2016 actual data.

Table HC0-2

(dollars in thousands)

Appropriated Fund	Dollars in Thousands					Full-Time Equivalents				
	Actual FY 2016	Approved FY 2017	Proposed FY 2018	Change from FY 2017	Percentage Change*	Actual FY 2016	Approved FY 2017	Proposed FY 2018	Change from FY 2017	Percentage Change
GENERAL FUND										
LOCAL FUNDS	74,485	76,857	74,016	-2,841	-3.7	178.3	178.2	155.9	-22.4	-12.5
SPECIAL PURPOSE REVENUE FUNDS	11,183	18,068	19,977	1,909	10.6	89.2	110.5	137.2	26.6	24.1
TOTAL FOR GENERAL FUND	85,668	94,925	93,993	-932	-1.0	267.5	288.8	293.0	4.3	1.5
FEDERAL RESOURCES										
FEDERAL PAYMENTS	4,948	5,000	5,000	0	0.0	0.0	0.0	0.0	0.0	N/A
FEDERAL GRANT FUNDS	115,508	128,205	131,673	3,468	2.7	218.6	327.2	308.8	-18.3	-5.6
TOTAL FOR FEDERAL RESOURCES	120,456	133,205	136,673	3,468	2.6	218.6	327.2	308.8	-18.3	-5.6
PRIVATE FUNDS										
PRIVATE GRANT FUNDS	0	0	32	32	N/A	0.0	0.0	0.3	0.3	N/A
TOTAL FOR PRIVATE FUNDS	0	0	32	32	N/A	0.0	0.0	0.3	0.3	N/A
INTRA-DISTRICT FUNDS										
INTRA-DISTRICT FUNDS	47,423	64,823	798	-64,025	-98.8	9.7	12.4	4.0	-8.4	-67.6
TOTAL FOR INTRA-DISTRICT FUNDS	47,423	64,823	798	-64,025	-98.8	9.7	12.4	4.0	-8.4	-67.6
GROSS FUNDS	253,547	292,952	231,495	-61,457	-21.0	495.8	628.3	606.2	-22.1	-3.5

*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 2018 Operating Appendices** located on the Office of the Chief Financial Officer's website.

FY 2018 Proposed Operating Budget, by Comptroller Source Group

Table HC0-3 contains the proposed FY 2018 budget at the Comptroller Source Group (object class) level compared to the FY 2017 approved budget. It also provides FY 2015 and FY 2016 actual expenditures.

Table HC0-3

(dollars in thousands)

Comptroller Source Group	Actual FY 2015	Actual FY 2016	Approved FY 2017	Proposed FY 2018	Change from FY 2017	Percentage Change*
11 - REGULAR PAY - CONTINUING FULL TIME	34,518	35,827	43,833	45,109	1,276	2.9
12 - REGULAR PAY - OTHER	9,442	9,325	10,434	7,776	-2,658	-25.5
13 - ADDITIONAL GROSS PAY	784	686	0	0	0	N/A
14 - FRINGE BENEFITS - CURRENT PERSONNEL	9,141	9,783	12,294	11,461	-833	-6.8
15 - OVERTIME PAY	95	131	0	0	0	N/A
SUBTOTAL PERSONAL SERVICES (PS)	53,980	55,752	66,561	64,346	-2,216	-3.3

Table HC0-3

(dollars in thousands)

Comptroller Source Group	Actual FY 2015	Actual FY 2016	Approved FY 2017	Proposed FY 2018	Change from FY 2017	Percentage Change*
20 - SUPPLIES AND MATERIALS	65,621	55,752	72,050	9,016	-63,034	-87.5
30 - ENERGY, COMMUNICATION AND BUILDING RENTALS	424	309	639	372	-267	-41.8
31 - TELEPHONE, TELEGRAPH, TELEGRAM, ETC.	1,319	1,604	1,478	1,610	132	8.9
32 - RENTALS - LAND AND STRUCTURES	10,369	11,210	12,284	13,007	722	5.9
34 - SECURITY SERVICES	745	424	632	439	-193	-30.6
35 - OCCUPANCY FIXED COSTS	286	298	605	259	-346	-57.1
40 - OTHER SERVICES AND CHARGES	3,047	3,159	3,485	3,187	-298	-8.6
41 - CONTRACTUAL SERVICES - OTHER	59,481	51,647	56,868	54,920	-1,948	-3.4
50 - SUBSIDIES AND TRANSFERS	69,449	72,751	77,909	84,042	6,133	7.9
70 - EQUIPMENT AND EQUIPMENT RENTAL	1,402	641	441	298	-142	-32.3
SUBTOTAL NONPERSONAL SERVICES (NPS)	212,144	197,795	226,391	167,149	-59,242	-26.2
GROSS FUNDS	266,124	253,547	292,952	231,495	-61,457	-21.0

*Percent change is based on whole dollars.

FY 2018 Proposed Operating Budget and FTEs, by Division/Program and Activity

Table HC0-4 contains the proposed FY 2018 budget by division/program and activity compared to the FY 2017 approved budget. It also provides FY 2016 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 2016	Approved FY 2017	Proposed FY 2018	Change from FY 2017	Actual FY 2016	Approved FY 2017	Proposed FY 2018	Change from FY 2017
(1000) AGENCY MANAGEMENT SUPPORT								
(1010) PERSONNEL	750	950	1,153	203	5.2	8.0	10.2	2.2
(1017) LABOR MANAGEMENT	115	143	142	-1	1.0	1.0	1.0	0.0
(1020) CONTRACTING AND PROCUREMENT	669	647	642	-6	2.2	6.0	6.0	0.0
(1030) PROPERTY MANAGEMENT	13,846	16,852	16,673	-179	3.0	6.0	4.0	-2.0
(1040) INFORMATION TECHNOLOGY	1,316	2,057	2,210	153	4.0	7.0	10.0	3.0
(1055) RISK MANAGEMENT	142	149	150	0	0.7	1.0	1.0	0.0
(1060) LEGAL	1,980	2,527	2,666	140	13.5	16.0	17.0	1.0
(1080) COMMUNICATIONS	434	312	286	-26	1.7	2.0	2.0	0.0
(1085) CUSTOMER SERVICE	175	262	261	0	2.6	3.0	3.0	0.0
(1087) LANGUAGE ACCESS	76	100	100	0	0.0	0.0	0.0	0.0
(1090) PERFORMANCE MANAGEMENT	2,664	2,192	2,225	33	5.6	10.0	10.0	0.0
SUBTOTAL (1000) AGENCY MANAGEMENT SUPPORT	22,168	26,192	26,509	317	39.6	60.0	64.2	4.2
(100F) AGENCY FINANCIAL OPERATIONS								
(110F) AGENCY FISCAL OFFICER OPERATIONS	992	1,382	958	-424	5.7	10.0	7.0	-3.0

Table HC0-4

(dollars in thousands)

Division/Program and Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2016	Approved FY 2017	Proposed FY 2018	Change from FY 2017	Actual FY 2016	Approved FY 2017	Proposed FY 2018	Change from FY 2017
(120F) ACCOUNTING OPERATIONS	1,072	1,660	1,242	-418	9.4	12.0	11.0	-1.0
(130F) ACFO	287	373	296	-77	2.4	4.0	3.0	-1.0
(140F) AGENCY FISCAL OFFICER	95	469	381	-88	5.5	4.0	3.0	-1.0
SUBTOTAL (100F) AGENCY FINANCIAL OPERATIONS	2,446	3,883	2,877	-1,007	23.0	30.0	24.0	-6.0
(2000) ADDICTION PREVENTION & RECOVERY ADMIN								
(2040) PREVENTION SERVICES	-155	0	0	0	0.0	0.0	0.0	0.0
SUBTOTAL (2000) ADDICTION PREVENTION & RECOVERY ADMIN	-155	0	0	0	0.0	0.0	0.0	0.0
(2500) HLTH EMERG PREPAREDNESS AND RESP.ADMIN								
(2540) PUBLIC HEALTH EMERGENCY PREPAREDNESS	1,557	1,671	2,737	1,065	1.4	5.5	7.4	2.0
(2550) PUBLIC HEALTH EMERG. OPS. AND PGM SUPT	46,189	64,212	175	-64,037	7.6	11.0	2.2	-8.8
(2560) EPIDEMIOLOGY DISEASE SURVL. AND INVESTIG	462	371	611	240	1.4	2.5	4.8	2.3
(2570) EMERGENCY MEDICAL SERVICES REGULATION	515	559	432	-127	7.0	4.2	4.2	0.0
(2580) SENIOR DEPUTY DIRECTOR	5,675	3,435	2,940	-495	15.6	20.0	16.4	-3.6
SUBTOTAL (2500) HLTH EMERG PREPAREDNESS AND RESP.ADMIN	54,399	70,248	6,895	-63,353	32.9	43.2	35.0	-8.2
(3000) HIV/AIDS HEPATITIS STD AND TB ADMIN								
(3010) HIV/AIDS SUPPORT SERVICES	1,844	1,646	1,631	-15	11.2	12.4	10.3	-2.1
(3015) HIV/AIDS POLICY AND PLANNING	5,092	2,451	3,634	1,183	5.7	7.0	10.4	3.4
(3020) HIV HEALTH AND SUPPORT SERVICES	35,374	38,754	38,901	148	10.7	14.9	16.8	2.0
(3030) HIV/AIDS DATA AND RESEARCH	2,892	2,921	2,527	-394	16.0	17.0	17.0	0.0
(3040) PREVENTION AND INTERVENTION SERVICES	11,723	13,691	11,807	-1,884	14.6	25.0	18.0	-7.0
(3060) DRUG ASSISTANCE PROGRAM (ADAP)	7,467	8,342	8,590	248	3.0	4.5	7.0	2.5
(3070) GRANTS AND CONTRACTS MANAGEMENT	888	1,026	1,408	382	6.8	8.0	11.1	3.1
(3080) STD CONTROL	2,401	2,700	2,322	-377	12.9	23.0	21.5	-1.5
(3085) TUBERCULOSIS CONTROL	1,238	1,175	1,112	-64	9.2	7.5	6.5	-1.0
(3090) HIV/AIDS HOUSING AND SUPPORTIVE SERVICES	12,008	12,192	13,453	1,261	2.2	3.2	3.8	0.6
SUBTOTAL (3000) HIV/AIDS HEPATITIS STD AND TB ADMIN	80,927	84,898	85,386	488	92.2	122.5	122.5	0.0
(4500) HEALTH REGULATION AND LICENSING ADIM								
(4200) HEALTH PROFESSIONAL LICENSE ADMIN	7,551	7,523	9,282	1,759	63.5	67.5	68.8	1.3
(4515) FOOD DRUG RADIATION AND COMM. HYGIENE	8,807	10,682	10,236	-446	53.4	56.8	55.0	-1.8
(4530) HEALTH CARE FACILITIES REGULATION	4,967	8,219	8,141	-79	39.9	53.4	54.0	0.6
(4540) MEDICAL MARIJUANA	336	803	626	-177	3.9	7.0	3.8	-3.2
SUBTOTAL (4500) HEALTH REGULATION AND LICENSING ADIM	21,661	27,227	28,284	1,057	160.7	184.7	181.7	-3.0

Table HC0-4

(dollars in thousands)

Division/Program and Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2016	Approved FY 2017	Proposed FY 2018	Change from FY 2017	Actual FY 2016	Approved FY 2017	Proposed FY 2018	Change from FY 2017
(5000) PRIMARY CARE AND PREVENTION ADMIN.								
(5100) PCPA SUPPORT SERVICES	180	0	101	101	0.0	0.0	0.0	0.0
SUBTOTAL (5000) PRIMARY CARE AND PREVENTION ADMIN.	180	0	101	101	0.0	0.0	0.0	0.0
(7000) OFFICE OF HEALTH EQUITY								
(7010) MULTI SECTOR COLLABORATION	0	691	289	-402	0.0	2.0	2.0	0.0
(7020) COMM BASED PART. RSRCH AND PLCY EVAL.	0	210	231	21	0.0	2.0	2.0	0.0
(7030) HEALTH EQUITY PRACTICE AND PGM IMPLEMENT	0	100	99	-1	0.0	1.0	1.0	0.0
SUBTOTAL (7000) OFFICE OF HEALTH EQUITY	0	1,001	619	-382	0.0	5.0	5.0	0.0
(8200) CTR FOR POLICY, PLANNING AND EVALUATION								
(8240) EPI DISEASE SURVEY & INVESTIGATION	0	0	2,452	2,452	0.0	0.0	4.6	4.6
(8250) RESEARCH EVALUATION AND MEASUREMENT	264	404	363	-41	0.7	1.0	2.6	1.6
(8260) STATE CENTER HEALTH STATISTICS	3,975	4,078	3,648	-431	32.0	36.1	30.7	-5.4
(8270) STATE HEALTH PLANNING AND DEVELOPMENT	1,089	1,064	1,249	185	7.2	7.8	8.6	0.8
SUBTOTAL (8200) CTR FOR POLICY, PLANNING AND EVALUATION	5,328	5,547	7,713	2,166	39.8	44.8	46.4	1.6
(8500) COMMUNITY HEALTH ADMINISTRATION								
(8502) CANCER AND CHRONIC DISEASE PREVENTION	6,887	7,969	7,913	-55	18.2	27.0	30.0	3.0
(8504) PRIMARY CARE	3,276	6,629	0	-6,629	5.9	27.0	0.0	-27.0
(8505) HEALTH CARE ACCESS BUREAU	0	0	6,571	6,571	0.0	0.0	27.0	27.0
(8506) FAMILY HEALTH BUREAU	0	0	31,532	31,532	0.0	0.0	31.0	31.0
(8510) SUPPORT SERVICES	4,325	6,261	6,617	356	19.4	24.0	20.0	-4.0
(8511) PERINATAL AND INFANT HEALTH	3,524	2,925	3	-2,921	23.3	17.0	0.0	-17.0
(8513) NUTRITION AND PHYSICAL FITNESS	17,197	19,099	20,476	1,377	15.6	21.0	19.3	-1.7
(8514) CHILDREN, ADOLESCENT AND SCHOOL HEALTH	31,385	31,074	0	-31,074	25.2	22.0	0.0	-22.0
SUBTOTAL (8500) COMMUNITY HEALTH ADMINISTRATION	66,593	73,956	73,112	-844	107.6	138.0	127.3	-10.8
TOTAL PROPOSED OPERATING BUDGET	253,547	292,952	231,495	-61,457	495.8	628.3	606.2	-22.1

(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 2018 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 9 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. HEPRA also 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;
- **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; see also the Center for Policy, Planning, and Evaluation (CPPE), which 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 Regulation and Licensing Administration (HRLA) – 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 HRLA 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, HRLA 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, HRLA 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.

Primary Care and Prevention Administration (PCPA) – provides communicable disease prevention and control, community-based forums and grants, medical advice, laboratory services, health assessment reports, pharmaceutical procurement, disease investigation, and disease control services to District residents, workers and visitors so that their health status is improved. PCPA also supports the Health Professional Recruitment Fund, which is a program to recruit and retain qualified health professionals to work in underserved areas of the District, to provide loan repayment for needed health professionals in exchange for service obligation at nonprofit or District of Columbia facilities in designated Health Professional Shortage Areas and Medically Underserved Areas.

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, 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:

- **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 4 activities:

- **Epidemiology Disease Surveillance and Investigation** – provides surveillance, investigation, and control of reportable diseases, disease outbreaks, and other public health threats within the District of Columbia (excluding sexually transmitted diseases (STDs), hepatitis, HIV/AIDS, and tuberculosis (TB));
- **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) – promotes healthy behaviors and healthy environments to improve health outcomes and reduce disparities in the leading causes of mortality and morbidity in the District. 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 6 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 includes 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;
- **Health Care Access Bureau** – supports population-based programs to improve access to quality primary care services for residents. The Bureau works to support and promote medical and dental homes 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 fosters linkages to primary care services regardless of 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;
- **Family Health Bureau** – 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 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 services and coordinates with education partners to implement policies and programs that support healthy school environments that support the whole child;
- **Support Services** – provides overall oversight of all of the programs and operations of CHA. Provides strategic direction for the administration and represents the agency within District government and to community stakeholders. Sets priorities for administration activities and leads

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; and 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;

- **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 healthcare 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; and
- **Nutrition and Physical Fitness** – promotes health and reduces obesity among District residents by encouraging behavior 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.

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

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

Division Structure Change

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

FY 2017 Approved Budget to FY 2018 Proposed Budget, by Revenue Type

Table HC0-5 itemizes the changes by revenue type between the FY 2017 approved budget and the FY 2018 proposed budget. For a more comprehensive explanation of changes, please see the FY 2018 Proposed Budget Changes section, which follows the table.

Table HC0-5

(dollars in thousands)

DESCRIPTION	DIVISION/PROGRAM	BUDGET	FTE
LOCAL FUNDS: FY 2017 Approved Budget and FTE		76,857	178.2
Removal of One-Time Funding	Multiple Programs	-2,950	0.0
Other CSFL Adjustments	Multiple Programs	78	0.0
LOCAL FUNDS: FY 2018 Current Services Funding Level (CSFL) Budget		73,985	178.2
Increase: To adjust the Contractual Services budget	Multiple Programs	1,173	0.0
Increase: To align Fixed Costs with proposed estimates	Multiple Programs	337	0.0
Decrease: To recognize savings from a reduction in FTEs	Multiple Programs	-1,546	-22.7
Decrease: To realize programmatic cost savings in nonpersonal services	Multiple Programs	-2,184	0.0
LOCAL FUNDS: FY 2018 Agency Budget Submission		71,765	155.6
Enhance: To support Joyful Food Markets	Community Health Administration	1,000	0.3
Enhance: To support the Urban Health Initiative for opioid treatment	HIV/AIDS Hepatitis STD and TB Admin	850	0.0
Enhance: To support Teen Pregnancy programs and initiatives (one-time)	Community Health Administration	625	0.0
Reduce: To realize programmatic cost savings in nonpersonal services	Multiple Programs	-84	0.0
LOCAL FUNDS: FY 2018 Mayor's Proposed Budget		74,156	155.9
Enhance: To support in-home meal delivery services	Community Health Administration	300	0.0
Enhance: To fund an electronic tracking system for the Medical Marijuana Omnibus Act of 2016	Health Regulation and Licensing Admin	276	0.0
Enhance: To support the Health Care Decisions Act of 2015	Hlth Emerg Preparedness and Resp.Admin	200	1.0
Enhance: To support the Health Professional Recruitment Fund (one-time)	Primary Care and Prevention Admin.	101	0.0
Enhance: To support vital records fee waiver for the homeless	Ctr for Policy, Planning and Evaluation	60	0.0
Enhance: To support teen peer sexual health educators program (one-time)	Community Health Administration	41	0.0
Reduce: To adjust personal services	Multiple Programs	-351	-1.0
Reduce: To align Fixed Costs with proposed estimates	Agency Management	-768	0.0
LOCAL FUNDS: FY 2018 District's Proposed Budget		74,016	155.9
FEDERAL PAYMENTS: FY 2017 Approved Budget and FTE		5,000	0.0
No Change		0	0.0
FEDERAL PAYMENTS: FY 2018 Agency Budget Submission		5,000	0.0
No Change		0	0.0
FEDERAL PAYMENTS: FY 2018 Mayor's Proposed Budget		5,000	0.0
No Change		0	0.0
FEDERAL PAYMENTS: FY 2018 District's Proposed Budget		5,000	0.0

Table HC0-5

(dollars in thousands)

DESCRIPTION	DIVISION/PROGRAM	BUDGET	FTE
FEDERAL GRANT FUNDS: FY 2017 Approved Budget and FTE		128,205	327.2
Increase: To align budget with projected grant awards	Multiple Programs	6,687	0.0
Increase: To align Fixed Costs with proposed estimates	Multiple Programs	923	0.0
Increase: To align resources with operational spending goals	Multiple Programs	343	0.0
Decrease: To align budget with projected grant awards	Multiple Programs	-4,485	-18.3
FEDERAL GRANT FUNDS: FY 2018 Agency Budget Submission		131,673	308.8
No Change		0	0.0
FEDERAL GRANT FUNDS: FY 2018 Mayor's Proposed Budget		131,673	308.8
No Change		0	0.0
FEDERAL GRANT FUNDS: FY 2018 District's Proposed Budget		131,673	308.8
PRIVATE GRANT FUNDS: FY 2017 Approved Budget and FTE		0	0.0
Increase: To align personal services and Fringe Benefits with projected costs	HIV/AIDS Hepatitis STD and TB Admin	32	0.3
PRIVATE GRANT FUNDS: FY 2018 Agency Budget Submission		32	0.3
No Change		0	0.0
PRIVATE GRANT FUNDS: FY 2018 Mayor's Proposed Budget		32	0.3
No Change		0	0.0
PRIVATE GRANT FUNDS: FY 2018 District's Proposed Budget		32	0.3
SPECIAL PURPOSE REVENUE FUNDS: FY 2017 Approved Budget and FTE		18,068	110.5
Increase: To align personal services and Fringe Benefits with projected costs	Multiple Programs	2,602	26.6
Decrease: To align resources with operational spending goals	Multiple Programs	-693	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2018 Agency Budget Submission		19,977	137.2
No Change		0	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2018 Mayor's Proposed Budget		19,977	137.2
No Change		0	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2018 District's Proposed Budget		19,977	137.2
INTRA-DISTRICT FUNDS: FY 2017 Approved Budget and FTE		64,823	12.4
Decrease: To recognize savings from a reduction in FTEs	Multiple Programs	-1,063	-8.4
Decrease: To realize programmatic cost savings in nonpersonal services	Hlth Emerg Preparedness and Resp.Admin	-62,961	0.0
INTRA-DISTRICT FUNDS: FY 2018 Agency Budget Submission		798	4.0
No Change		0	0.0
INTRA-DISTRICT FUNDS: FY 2018 Mayor's Proposed Budget		798	4.0
No Change		0	0.0
INTRA-DISTRICT FUNDS: FY 2018 District's Proposed Budget		798	4.0
GROSS FOR HC0 - DEPARTMENT OF HEALTH		231,495	606.2

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

FY 2018 Proposed Budget Changes

The Department of Health's (DOH) proposed FY 2018 gross budget is \$231,495,077, which represents a 21.0 percent decrease from its FY 2017 approved gross budget of \$292,952,323. The budget is comprised of \$74,015,725 in Local funds, \$5,000,000 in Federal Payments, \$131,672,529 in Federal Grant funds, \$32,010 in Private Grant funds, \$19,976,889 in Special Purpose Revenue funds, and \$797,924 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 2017 approved budget across multiple divisions, and it estimates how much it would cost an agency to continue its current and operations into the following fiscal year. The FY 2018 CSFL adjustments to the FY 2017 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 2018 CSFL budget is \$73,984,891, which represents a \$2,871,718, or 3.7 percent, decrease from the FY 2017 approved Local funds budget of \$76,856,609.

CSFL Assumptions

The FY 2018 CSFL calculated for DOH included adjustment entries that are not described in detail on table 5. These adjustments include a decrease of \$32,667 in personal services to account for Fringe Benefit costs based on trend and comparative analyses, and an increase of \$636,134 in nonpersonal services based on the Consumer Price Index factor of 2.5 percent.

CSFL funding for DOH includes a reduction of \$2,950,000 to account for the removal of one-time funding appropriated in FY 2017. Of this amount, \$2,550,000 was allocated to the Community Health Administration (CHA) division, which consisted of \$1,000,000 to support the Urban Health Initiative at Howard University to expand substance abuse disorder care, \$750,000 to expand the Joyful Food Markets, \$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. The remaining \$400,000 was allocated to the Office of Health Equity to support the establishment of the Office on Violence Prevention and Health.

Additionally, a decrease of \$525,185 for the Fixed Cost Inflation Factor reflects estimates based on historical expenditures of Department of General Services' commodities and Telecommunications estimates provided by the Office of the Chief Technology Officer.

Agency Budget Submission

Increase: The proposed Local funds budget for DOH includes a net increase of \$1,173,158 in Contractual Services, primarily in the Community Health Administration division, to correctly reflect funding reduced in the previous fiscal year in support of the move to the Vital Records fund; and an increase of \$337,045 to align Fixed Costs based on estimates provided by the Department of General Services (DGS), and Telecommunication estimates provided by the Office of the Chief Technology Officer.

The proposed budget in Federal Grant funds reflects an increase of \$6,686,874, primarily in the Community Health Administration division to reflect the conversion of contracts to sub-grants. This adjustment also impacts the Health Emergency Preparedness and Response Administration because of new sub-grants supporting Ebola activities. Other adjustments in Federal Grant funds include increases of \$923,003 based on the estimates provided by DGS for building rental costs, and \$343,324 primarily for Information Technology assessments and various other services.

In Private Grant funds, an increase of \$32,010 supports an additional 0.3 Full-Time Equivalent (FTE) position for a grant award from Gilead Sciences, Inc. This funding enables DOH to develop a model program that embodies best practices in HIV and/or hepatitis screening and linkage to care.

DOH's proposed budget in Special Purpose Revenue funds reflects an increase of \$2,602,006 and 26.6 FTEs, primarily in the Center for Policy, Planning, and Evaluation Administration division for the Vital Records fund, due to a change in funding from contracts to personal services.

Decrease: The proposed budget in Local funds reflects a reduction of \$1,545,933 and 22.7 FTEs, primarily from the Center for Policy, Planning, and Evaluation division based on the reclassification of funding to SPR funds, specifically for the Vital Records fund. DOH's proposed budget in Local funds

also reflects a net reduction of \$2,183,817, mainly from reductions in the Community Health Administration division for sub-grants supporting School Based Health Centers and the HIV/AIDS, Hepatitis, STD, and TB Administration division's reduction in prevention services.

The proposed budget in Federal Grant funds reflects a decrease of \$4,485,291 and 18.3 FTEs across multiple divisions to align the budget with projected grant awards.

DOH's proposed budget in Special Purpose Revenue funds reflects a net decrease of \$693,367, due to a change in funding from contracts to personal services within the Vital Records fund. This decrease is net of an increase in contracts for the Board of Medicine fund.

The proposed budget in Intra-District funds reflects reductions of \$1,063,439 and 8.4 FTEs from the Health Emergency Preparedness and Response Administration division, primarily due to the discontinuation of a Memorandum of Understanding (MOU) agreement with the Department of Health Care Finance (DHCF) for the Medicaid 1915(B)(4) waiver. The proposed budget also includes a decrease of \$62,961,484 for medical supplies based on the discontinuance of the MOU agreement with DHCF for bulk purchasing of pharmaceuticals and subsequent closure of the Pharmacy Warehouse.

Mayor's Proposed Budget

Enhance: DOH's proposed Local funds budget includes an increase of \$1,000,000 and 0.3 FTE in the Community Health Administration (CHA) division to support Joyful Food Markets, the healthful food access program in Ward 7 and 8 that helps to reduce inequalities by ensuring greater access to affordable food, including locally sourced produce. Joyful Food Markets are monthly pop-up grocery stores operating in high-needs schools throughout the District. The proposed budget in Local funds also includes an enhancement of \$850,000 to the HIV/AIDS, Hepatitis, STD, and TB Administration division to expand substance abuse treatment for opioids. Additionally, the proposed Local funds budget includes a one-time increase of \$625,000 in the CHA division to support Teen Pregnancy programs and initiatives by providing funding to the Crittenton Hospital, supporting the objective of reducing pregnancies, births, and sexually transmitted infections among teenage girls ages 14–19, and increase their motivation and aspirations to succeed and complete high school and post-secondary education.

Reduce: The proposed budget in Local funds includes a decrease of \$84,000 across multiple divisions based on projected programmatic cost savings. This adjustment is comprised of \$20,000 from the elimination of Zip Car funding, which will no longer be needed since the Healthy Start program has been contracted out and DOH employees will not need the Zip cars; and \$64,000 in savings as DOH implements a plan to purchase medications in FY 2017 and obtain pharmaceutical rebates that will be used to purchase medications in FY 2018.

District's Proposed Budget

Enhance: DOH's proposed Local funds budget for the Community Health Administration (CHA) division increased by \$300,000 for community-based in-home meal delivery services. The CHA division's proposed Local funds budget was also enhanced by \$41,219 in one-time funding to support a teen peer sexual health educator program. The proposed budget includes a one-time increase of \$101,190 to support the Health Professional Recruitment Fund in the Primary Care and Prevention Administration division. The Health Professional Recruitment Fund was established to increase health services in the District's Medically Underserved and Health Professional Shortage Areas by offering educational loan repayment assistance to medical professionals. The proposed budget also enhances the Center for Policy, Planning and Evaluation division's Local funds budget by \$60,000 to fund a vital records fee waiver for people experiencing homelessness who request a copy of their birth certificate.

Several technical adjustments were also made to DOH's budget through reallocations of Non-Departmental Account funds. First, Local funds for personal services in the Health Regulation and Licensing Administration (HRLA) division were increased by \$275,983 for the implementation of the Medical Marijuana Omnibus Amendment Act of 2016 (B21-210). Second, the Health Emergency Preparedness and Response Administration (HEPRA) division's proposed Local funds budget increased by \$199,766 and 1.0 FTE to support the Health Care Decisions Act of 2015 (B21-171).

Reduce: The proposed Local funds budget includes a net decrease of \$350,731 and 1.0 FTE in the CHA and HRLA divisions. This adjustment includes a decrease of \$466,982 to recognize personal services savings from a reduction of 4.0 FTEs, partially offset by an increase of \$116,251 and 3.0 FTEs to support the electronic tracking system for the Medical Marijuana Omnibus Amendment Act of 2016. Additionally, the budget proposal in Local funds reflects a net decrease of \$768,047 in the Agency Management division to account for adjustments made to align Fixed Costs with revised estimates.

Agency Performance Plan*

Department of Health (DOH) has the following strategic objectives for FY 2018:

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 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.**

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 2015 Actual	FY 2016 Actual	FY 2016 Target	FY 2017 Target	FY 2018 Target
Percent of intermediate care facilities identified with immediate jeopardies investigated within 24 hours	No	Not Available	100%	100%	100%	100%
Percent of registered controlled substance facilities inspected	No	Not Available	94.5%	100%	100%	90%

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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 2015 Actual	FY 2016 Actual	FY 2016 Target	FY 2017 Target	FY 2018 Target
Percent of follow-up inspections of health care facilities with harm level deficiencies completed within 30 days	No	Not Available	100%	100%	100%	100%
Percent of food establishment complaints inspected within 5 days	No	Not Available	78.5%	100%	100%	95%
Percent of food-borne outbreak notifications in which suspected products were embargoed or collected and submitted for testing	No	Not Available	100%	100%	100%	95%
Percent of inspections of pharmacy facilities where pharmacists are in compliance with patient counseling requirements	No	Not Available	100%	100%	100%	90%
Percent of rodent activity complaints inspected or baited within 48 hours	No	Not Available	100%	100%	100%	100%
Percent of samples taken from rabies suspect animals submitted for testing within 48 hours	No	Not Available	100%	100%	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 2015 Actual	FY 2016 Actual	FY 2016 Target	FY 2017 Target	FY 2018 Target
Number of Certificates of Need (CON) Appeals	No	Not Available	1	0	0	0
Percent of CONs reviewed on time within 90 days	No	Not Available	100%	100%	100%	100%
Percent of vital records walk-in requests processed within 30 minutes	No	96.8%	97.3%	95%	97%	95%

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. (13 Measures)

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2016 Target	FY 2017 Target	FY 2018 Target
Breastfeeding initiation rates among African-American WIC enrollees	No	Not Available	41.6%	46%	47%	47%
Number of children <18 years of age who receive a dental examination and a fluoride varnish treatment through the School-Based Preventive Oral Health Program (SBPOHP)	No	Not Available	Not Available	2,000	3,000	3,000

(Continued on next page)

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. (13 Measures)

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2016 Target	FY 2017 Target	FY 2018 Target
Percent increase in the number of students utilizing school-based oral health services	No	Not Available	Not Available	5%	7.5%	1%
Percent increase in visits for primary medical, dental, and behavioral health services funded by the Diffusion of Care grants	No	Not Available	90.1%	5%	5%	5%
Percent of eligible children enrolled in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs who receive developmental and social-emotional screenings	No	Not Available	78.9%	95%	95%	95%
Percent of eligible perinatal program participants with a documented reproductive health plan	No	Not Available	34%	90%	90%	90%
Percent of HPLRP participants that are practicing in priority underserved areas	No	Not Available	95.7%	40%	90%	90%
Percent of infants that receive documented follow up care after the first referral	No	61.6%	56.3%	80%	80%	80%
Percent of parents receiving educational counseling for newborn hearing loss	No	95.1%	92.8%	95%	95%	95%
Percent of school age children with up-to-date immunizations	No	87.4%	74.2%	92%	92%	92%
Percent of women enrolled in the MIECHV programs that are screened for depression	No	Not Available	79.5%	95%	95%	95%
Total breastfeeding initiation rates among WIC enrollees	No	Not Available	62.3%	55%	57%	57%
Total number of nutrition education and wellness contacts made to low income District residents participating in DOH Healthful Food Access programs	No	Not Available	43,448	42,000	44,000	44,000

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. (9 Measures)

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2016 Target	FY 2017 Target	FY 2018 Target
Number of individuals started on Pre-Exposure Prophylaxis (PrEP)	No	Not Available	Not Available	Not Available	100	100
Percent of clients linked to care within three months of diagnosis	No	86.3%	85.4%	87%	88%	88%
Percent of clients with a positive Hepatitis C test enrolling in treatment	No	Not Available	Not Available	Not Available	40%	40%

(Continued on next page)

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. (9 Measures)

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2016 Target	FY 2017 Target	FY 2018 Target
Percent of DOH-supported HIV tests conducted with focus populations	No	Not Available	18.7%	Not Available	12%	12%
Percent of gonorrhea cases with appropriate treatment confirmed	No	Not Available	29.9%	50%	75%	75%
Percent of individuals diagnosed with HIV identified as out-of-care that are re-engaged in care within three months	No	Not Available	Not Available	Not Available	50%	50%
Percent of individuals diagnosed with HIV living in the District that are on Anti-Retroviral Therapy	No	Not Available	Not Available	Not Available	80%	80%
Percent of individuals diagnosed with HIV retained in care that are virally suppressed	No	Not Available	Not Available	Not Available	80%	80%
Percent of TB patients completing treatment	No	Not Available	50%	85%	90%	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. (6 Measures)

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2016 Target	FY 2017 Target	FY 2018 Target
Average set-up time for Points of Dispensing (PODs)	No	Not Available	Not Available	Not Available	2	2
Percent of DOH employees participating in an emergency preparedness training exercise	No	Not Available	Not Available	Not Available	30%	30%
Percent of health and medical plan applications with initial review completed within 72 hours	No	Not Available	100%	90%	100%	100%
Percent of HEPRA new hires that completed ICS 100 and 200 training	No	Not Available	Not Available	75%	100%	100%
Percent of Medical Reserve Corps (MRC) units that can respond within two hours during an emergency	No	Not Available	Not Available	Not Available	75%	75%
Percent of unannounced ambulance inspections resulting in a pass rating	No	Not Available	88.5%	95%	95%	95%

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

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2016 Target	FY 2017 Target	FY 2018 Target
Budget- Federal funds returned	No	Forthcoming October 2017				
Budget- Local funds unspent	No	Forthcoming October 2017				
Contracts/Procurement- Contracts lapsed into retroactive status	No	Forthcoming October 2017				
Contracts/Procurement- Expendable Budget spent on Certified Business Enterprises	No	Forthcoming October 2017				
Customer Service- Meeting Service Level Agreements	No	Forthcoming October 2017				
Human Resources- Employee District residency	No	Forthcoming October 2017				
Human Resources- Employee On-board Time	No	Forthcoming October 2017				
Human Resources- Vacancy Rate	No	Forthcoming October 2017				
Number of documents converted to the electronic file management system	No	210,506	111,753	89,000	98,000	98,000
Percent of all sub-grantees receiving DOH funding registered in Enterprise Grants Management System (EGMS)	No	Not Available	100%	100%	100%	100%
Percent of DOH employees participating in a public health development activity	No	Not Available	28.7%	50%	60%	60%
Percent of DOH grants management (program/fiscal) personnel completing EGMS Training	No	Not Available	96.9%	90%	90%	90%
Percent of eligible employee reviews completed on time	No	37.9%	57.6%	90%	90%	90%
Percent of employees who are in compliance with the mandatory ethics training requirements	No	Not Available	76.4%	90%	95%	95%
Percent of lapsed dollar amounts on federal awards	No	Not Available	1%	3%	3%	3%
Percent of MSS employees who complete the required MSS training curriculum	No	Not Available	32.1%	75%	80%	80%
Percent of sub-grantee organizations that have submitted all required business documents into EGMS accounts	No	Not Available	86.9%	90%	100%	100%
Performance Management- Employee Performance Plan Completion	No	Forthcoming October 2017				

WORKLOAD MEASURES

Workload Measures, also called inputs or outputs, quantify an activity, effort or process that is necessary to make progress towards the Strategic Objectives. They help answer the question; “How much are we doing?”

1. AIDS Drug Assistance

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of clients with DC ADAP and Alliance receiving pharmaceutical services through the pharmaceutical procurement and distribution program	No	Not Available	Not Available	274
Number of DC ADAP clients receiving pharmaceutical services through the pharmaceutical procurement and distribution program	No	Not Available	Not Available	606
Number of publicly-supported HIV medication prescriptions refilled	No	Not Available	Not Available	12,481

2. Special Events

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of HECC Activations	No	Not Available	Not Available	Not Available
Number of MRC units activated	No	Not Available	Not Available	Not Available
Number of special event health, medical and safety plans requiring DOH review	No	Not Available	Not Available	58

3. Healthcare Coalition Development

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of Health Action Network (HAN) Alerts generated	No	Not Available	Not Available	Not Available
Number of Health and Medical Coalition (HMC) Meetings held	No	Not Available	Not Available	Not Available
Number of Radio Calls conducted	No	Not Available	Not Available	Not Available
Number of sitreps distributed	No	Not Available	Not Available	Not Available

4. Medical Materiel Management and Distribution

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of closed PODs	No	Not Available	Not Available	Not Available
Number of open PODs	No	Not Available	Not Available	Not Available
Number of POD trainings held	No	Not Available	Not Available	Not Available

5. Training and Certification of EMTs and EMS Vehicles

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of emergency vehicle inspections conducted	No	Not Available	Not Available	Not Available
Number of new EMT certifications by DC DOH	No	Not Available	Not Available	173

6. Certificate of Need (CON) Program

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of Certificate of Need application decisions	No	Not Available	Not Available	24

7. Behavioral Risk Factor Surveillance System

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of BRFSS surveys administered	No	Not Available	Not Available	1,645

8. Vital Records

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of walk-in customers to the Vital Records Office	No	Not Available	Not Available	49,990

9. Condom Distribution

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of clients with viral load served through treatment adherence activities	No	Not Available	Not Available	Not Available
Number of condoms (female and male) distributed by DC DOH Condom Program.	No	Not Available	Not Available	6,035,800
Number of youth (15-19 years) screened for STDs through youth outreach programs	No	Not Available	1,770	2,290

10. DC Needle Exchange Program (DC NEX)

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of needles off the streets through DC NEX Program	No	Not Available	Not Available	797,869

11. DC Control Asthma Now (DC CAN)

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of providers participating in trainings on comprehensive asthma treatment	No	Not Available	Not Available	Not Available

12. Cancer Programs Division

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of breast screening procedures performed	No	Not Available	259	196
Number of cervical screening procedures performed	No	Not Available	1,475	1,321
Number of patients enrolled in Cancer Surviving and Thriving (CTS) courses	No	Not Available	Not Available	Not Available
Number of women receiving cervical cancer screenings	No	Not Available	Not Available	Not Available

(Continued on next page)

12. Cancer Programs Division

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of women receiving mammogram screenings	No	Not Available	Not Available	Not Available

13. DC Cancer Registry (DCCR)

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of facility audits conducted (to determine facilities that are not meeting reporting threshold)	No	Not Available	Not Available	Not Available

14. Cardiovascular Disease and Diabetes Program

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of healthcare systems reporting clinical quality measures related to high blood pressure and/or diabetes	No	Not Available	Not Available	Not Available
Number of residents enrolled in self-management trainings	No	Not Available	Not Available	Not Available

15. Tobacco Control Program

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of calls to the DC Tobacco Quitline	No	Not Available	Not Available	Not Available
Number of health providers participating in tobacco-related educational trainings	No	Not Available	Not Available	Not Available

16. Health and Sexuality Education Program

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of students grades K-12 receiving education through the Health and Sexuality Education Program	No	Not Available	Not Available	Not Available

17. Home Visiting Program

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of families participating in-home visiting programs	No	Not Available	Not Available	Not Available
Number of resource referrals made through the Home Visiting Program	No	Not Available	Not Available	Not Available

18. Help Me Grow (HMG)

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of resource referrals completed through HMG	No	Not Available	Not Available	Not Available

19. Oral Health Program

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of students receiving school-based oral health services	No	Not Available	Not Available	Not Available

20. Home Delivered Meals

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of District residents receiving farmer's market incentive benefits from DOH administered programs (FMNP, PPP, FVRx)	No	Not Available	Not Available	43,448

21. Pop-Up Markets in Elementary Schools

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of students receiving supplemental groceries	No	Not Available	Not Available	Not Available

22. Supplemental Nutrition Assistance Program, Education and Obesity Grant (SNAP-Ed)

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of nutrition and wellness education contacts made during the fiscal year	No	Not Available	Not Available	Not Available

23. Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of Supplemental Nutrition Program for Women, Infants, Children (WIC) participants	No	Not Available	Not Available	Not Available

24. Farmers' Market Nutrition Program (FMNP)

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of District residents receiving supplemental groceries or meals (Pop Up Market/Home delivered meals)	No	Not Available	Not Available	Not Available
Percent of WIC participants redeeming FMNP benefits	No	Not Available	Not Available	Not Available

25. Newborn Hearing Program

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of infants receiving a hearing screening in their first month of life	No	Not Available	Not Available	Not Available

26. The Safe Sleep Program

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of parents/caregivers educated on infant safe sleep practices	No	Not Available	2,600	1,191
Number of portable cribs (Pack-n-Play) distributed	No	Not Available	Not Available	Not Available

27. Health Professional Loan Repayment Program (HPLRP)

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of HPLRP providers	No	Not Available	Not Available	Not Available

28. Sexual Violence Prevention Program

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of students receiving education sessions through the Sexual Violence Prevention Program	No	Not Available	Not Available	Not Available

29. School Health Programs

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of students enrolled in a school based health center	No	Not Available	Not Available	Not Available
Number of students receiving DOH-sponsored school health services	No	Not Available	Not Available	Not Available

30. Produce Plus Program

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of Farmers Markets vendors accepting Produce Plus benefits	No	Not Available	Not Available	93
Number of residents redeeming Produce Plus and FVRx checks	No	Not Available	Not Available	Not Available

31. DC Healthy Start

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of participants receiving services through DC Healthy Start	No	Not Available	Not Available	Not Available

32. Diffusions of Care and Innovations in Care grant programs

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of patients receiving services through Diffusions of Care and Innovations in Care grant programs	No	Not Available	Not Available	Not Available

33. Health Professional Licensing

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of new health professional licenses issued	No	Not Available	Not Available	13,530
Number of walk-in customers to Processing Center	No	Not Available	Not Available	Not Available

34. Food Safety and Hygiene Inspection Services Division (FSHISD)

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of new and routine food establishments inspected	No	Not Available	Not Available	Not Available

35. Health Care Facilities Division

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of inspections completed by the Health Care Facilities Division	No	Not Available	Not Available	103

36. Criminal Background Check Program

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of Criminal Background Checks processed for health professionals	No	Not Available	Not Available	Not Available
Number of Criminal Background Checks processed for non-health professionals	No	Not Available	Not Available	Not Available

37. Compliance and Quality Assurance

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of Intermediate Care and Nursing Home-related incidents received	No	Not Available	Not Available	10,414
Number of investigations performed	No	Not Available	Not Available	Not Available

38. Rodent and Vector Control Division

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of 311 rodent activity complaints inspected or baited within 48 hours	Yes	Not Available	Not Available	New Measure

39. Animal Services Program (ASP)

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of calls responded to by Animal Control Officers	No	Not Available	Not Available	10,926
Number of dog licenses processed	No	Not Available	Not Available	Not Available

40. Pharmaceutical Control Division (PCD)

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of pharmacies inspected	No	Not Available	Not Available	Not Available

40. Pharmaceutical Control Division (PCD)

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of Registered Controlled Substance Facilities inspected	No	Not Available	Not Available	Not Available

41. Intermediate Care Facilities Division (ICFD)

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of inspections completed by the Intermediate Care Facilities Division	No	Not Available	Not Available	Not Available

Performance Plan Endnotes

*For more information about the structure and components of FY 2018 draft performance plans, please see the FY 2018 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 required for all agencies.

***Key Performance Indicators that are new may not have historical data and may only have FY 2018 targets.