

Department of Health

www.doh.dc.gov
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Table HC0-1

Description	FY 2016	FY 2017	FY 2018	FY 2019	% Change
	Actual	Actual	Approved	Proposed	from FY 2018
OPERATING BUDGET	\$253,547,157	\$210,119,336	\$231,495,077	\$254,785,684	10.1
FTEs	495.8	638.5	606.2	636.9	5.1

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 2019 proposed budget is presented in the following tables:

FY 2019 Proposed Gross Funds Operating Budget and FTEs, by Revenue Type

Table HC0-2 contains the proposed FY 2019 budget by revenue type compared to the FY 2018 approved budget. It also provides FY 2016 and FY 2017 actual data.

Table HC0-2

(dollars in thousands)

Appropriated Fund	Dollars in Thousands							Full-Time Equivalents					
	Actual FY 2016	Actual FY 2017	Approved FY 2018	Proposed FY 2019	Change		Actual FY 2016	Actual FY 2017	Approved FY 2018	Proposed FY 2019	Change		
					from FY 2018	% Change*					from FY 2018	% Change	
GENERAL FUND													
Local Funds	74,485	72,862	74,016	84,168	10,152	13.7	178.3	173.2	155.9	156.1	0.2	0.2	
Special Purpose Revenue Funds	11,183	15,786	19,977	27,387	7,410	37.1	89.2	102.6	137.2	152.4	15.3	11.1	
TOTAL FOR GENERAL FUND	85,668	88,648	93,993	111,554	17,562	18.7	267.5	275.8	293.0	308.6	15.5	5.3	

Table HC0-2

(dollars in thousands)

Appropriated Fund	Dollars in Thousands						Full-Time Equivalents					
	Actual FY 2016	Actual FY 2017	Approved FY 2018	Proposed FY 2019	Change from FY 2018	% Change*	Actual FY 2016	Actual FY 2017	Approved FY 2018	Proposed FY 2019	Change from FY 2018	% Change
FEDERAL RESOURCES												
Federal Payments	4,948	5,574	5,000	5,000	0	0.0	0.0	0.0	0.0	0.0	0.0	N/A
Federal Grant Funds	115,508	113,978	131,673	135,965	4,292	3.3	218.6	350.2	308.8	324.3	15.4	5.0
TOTAL FOR FEDERAL RESOURCES	120,456	119,553	136,673	140,965	4,292	3.1	218.6	350.2	308.8	324.3	15.4	5.0
PRIVATE FUNDS												
Private Grant Funds	0	251	32	142	110	344.7	0.0	0.0	0.3	1.0	0.7	233.3
TOTAL FOR PRIVATE FUNDS	0	251	32	142	110	344.7	0.0	0.0	0.3	1.0	0.7	233.3
INTRA-DISTRICT FUNDS												
Intra-District Funds	47,423	1,667	798	2,124	1,326	166.2	9.7	12.5	4.0	3.0	-1.0	-25.0
TOTAL FOR INTRA-DISTRICT FUNDS	47,423	1,667	798	2,124	1,326	166.2	9.7	12.5	4.0	3.0	-1.0	-25.0
GROSS FUNDS	253,547	210,119	231,495	254,786	23,291	10.1	495.8	638.5	606.2	636.9	30.7	5.1

*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 2019 Operating Appendices** located on the Office of the Chief Financial Officer's website.

FY 2019 Proposed Operating Budget, by Comptroller Source Group

Table HC0-3 contains the proposed FY 2019 budget at the Comptroller Source Group (object class) level compared to the FY 2018 approved budget. It also provides FY 2016 and FY 2017 actual expenditures.

Table HC0-3

(dollars in thousands)

Comptroller Source Group	Actual FY 2016	Actual FY 2017	Approved FY 2018	Proposed FY 2019	Change from FY 2018	Percentage Change*
11 - Regular Pay - Continuing Full Time	35,827	38,811	45,109	47,676	2,567	5.7
12 - Regular Pay - Other	9,325	8,409	7,776	9,757	1,981	25.5
13 - Additional Gross Pay	686	1,203	0	0	0	N/A
14 - Fringe Benefits - Current Personnel	9,783	10,257	11,461	12,479	1,018	8.9
15 - Overtime Pay	131	164	0	60	60	N/A
SUBTOTAL PERSONAL SERVICES (PS)	55,752	58,844	64,346	69,972	5,626	8.7
20 - Supplies and Materials	55,752	4,007	9,016	9,415	399	4.4
30 - Energy, Communication and Building Rentals	309	405	372	199	-173	-46.6
31 - Telephone, Telegraph, Telegram, Etc.	1,604	1,324	1,610	1,481	-128	-8.0
32 - Rentals - Land and Structures	11,210	11,502	13,007	12,990	-17	-0.1
34 - Security Services	424	598	439	449	10	2.2
35 - Occupancy Fixed Costs	298	322	259	402	143	55.1
40 - Other Services and Charges	3,159	3,153	3,187	4,420	1,233	38.7

Table HC0-3

(dollars in thousands)

Comptroller Source Group	Actual FY 2016	Actual FY 2017	Approved FY 2018	Proposed FY 2019	Change from FY 2018	Percentage Change*
41 - Contractual Services - Other	51,647	54,268	54,920	61,609	6,689	12.2
50 - Subsidies and Transfers	72,751	75,107	84,042	93,558	9,516	11.3
70 - Equipment and Equipment Rental	641	589	298	291	-8	-2.6
SUBTOTAL NONPERSONAL SERVICES (NPS)	197,795	151,275	167,149	184,814	17,665	10.6
GROSS FUNDS	253,547	210,119	231,495	254,786	23,291	10.1

*Percent change is based on whole dollars.

FY 2019 Proposed Operating Budget and FTEs, by Division/Program and Activity

Table HC0-4 contains the proposed FY 2019 budget by division/program and activity compared to the FY 2018 approved budget. It also provides FY 2016 and FY 2017 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	Actual FY 2017	Approved FY 2018	Proposed FY 2019	Change from FY 2018	Actual FY 2016	Actual FY 2017	Approved FY 2018	Proposed FY 2019	Change from FY 2018
(1000) AGENCY MANAGEMENT SUPPORT										
(1010) Personnel	750	995	1,153	1,123	-30	5.2	8.5	10.2	10.0	-0.2
(1017) Labor Management	115	115	142	151	8	1.0	1.0	1.0	1.0	0.0
(1020) Contracting and Procurement	669	580	642	786	145	2.2	6.4	6.0	7.0	1.0
(1030) Property Management	13,846	15,270	16,673	16,490	-183	3.0	6.3	4.0	4.0	0.0
(1040) Information Technology	1,316	2,050	2,210	2,345	135	4.0	7.3	10.0	12.0	2.0
(1055) Risk Management	142	88	150	125	-25	0.7	1.1	1.0	1.0	0.0
(1060) Legal	1,980	1,911	2,666	2,815	149	13.5	15.2	17.0	17.0	0.0
(1080) Communications	434	269	286	447	161	1.7	2.0	2.0	3.0	1.0
(1085) Customer Service	175	219	261	162	-99	2.6	3.0	3.0	2.0	-1.0
(1087) Language Access	76	22	100	100	0	0.0	0.0	0.0	0.0	0.0
(1090) Performance Management	2,664	1,844	2,225	2,275	50	5.6	10.4	10.0	10.0	0.0
SUBTOTAL (1000) AGENCY MANAGEMENT SUPPORT	22,168	23,364	26,509	26,820	311	39.6	61.2	64.2	67.0	2.8
(100F) AGENCY FINANCIAL OPERATIONS										
(110F) Agency Fiscal Officer Operations	992	969	958	1,021	63	5.7	10.6	7.0	7.0	0.0
(120F) Accounting Operations	1,072	1,313	1,242	1,289	47	9.4	12.6	11.0	11.0	0.0
(130F) ACFO	287	305	296	312	16	2.4	4.3	3.0	3.0	0.0
(140F) Agency Fiscal Officer	95	193	381	406	26	5.5	4.1	3.0	3.0	0.0
SUBTOTAL (100F) AGENCY FINANCIAL OPERATIONS	2,446	2,780	2,877	3,028	152	23.0	31.6	24.0	24.0	0.0

Table HC0-4

(dollars in thousands)

Division/Program and Activity	Dollars in Thousands					Full-Time Equivalents				
	Actual FY 2016	Actual FY 2017	Approved FY 2018	Proposed FY 2019	Change from FY 2018	Actual FY 2016	Actual FY 2017	Approved FY 2018	Proposed FY 2019	Change from FY 2018
(2000) ADDICTION PREVENTION AND RECOVERY ADMIN										
(2040) Prevention Services	-155	0	0	0	0	0.0	0.0	0.0	0.0	0.0
SUBTOTAL (2000) ADDICTION PREVENTION AND RECOVERY ADMIN	-155	0	0	0	0	0.0	0.0	0.0	0.0	0.0
(2500) HEALTH EMERG PREPAREDNESS AND RESP ADMIN										
(2540) Public Health Emergency Preparedness	1,557	215	2,737	2,754	17	1.4	5.9	7.4	3.5	-4.0
(2550) Public Health Emergency Operations and Program Support	46,189	205	175	166	-9	7.6	11.1	2.2	1.5	-0.7
(2560) Epidemiology Disease Surveillance and Investigations	462	310	611	542	-70	1.4	2.7	4.8	4.3	-0.5
(2570) Emergency Medical Services Regulation	515	462	432	403	-29	7.0	4.2	4.2	3.4	-0.8
(2580) Senior Deputy Director	5,675	5,154	2,940	4,243	1,303	15.6	21.4	16.4	20.2	3.9
SUBTOTAL (2500) HEALTH EMERG PREPAREDNESS AND RESP ADMIN	54,399	6,346	6,895	8,107	1,212	32.9	45.3	35.0	33.0	-2.0
(3000) HIV/AIDS HEPATITIS STD AND TB ADMIN										
(3010) HIV/AIDS Support Services	1,844	1,757	1,631	1,658	27	11.2	12.6	10.3	9.7	-0.6
(3015) HIV/AIDS Policy and Planning	5,092	3,344	3,634	3,718	84	5.7	7.2	10.4	22.9	12.5
(3020) HIV Health and Support Services	35,374	35,350	38,901	40,628	1,726	10.7	15.7	16.8	21.2	4.3
(3030) HIV/AIDS Data and Research	2,892	2,468	2,527	2,469	-59	16.0	17.7	17.0	14.7	-2.3
(3040) Prevention and Intervention Services	11,723	12,784	11,807	13,759	1,952	14.6	26.7	18.0	22.2	4.2
(3060) Drug Assistance Program (ADAP)	7,467	8,861	8,590	8,328	-262	3.0	4.8	7.0	3.9	-3.1
(3070) Grants and Contracts Management	888	1,468	1,408	1,554	146	6.8	8.4	11.1	12.4	1.2
(3080) STD Control	2,401	2,464	2,322	2,591	268	12.9	23.8	21.5	20.0	-1.4
(3085) Tuberculosis Control	1,238	1,232	1,112	1,253	141	9.2	7.6	6.5	7.5	1.0
(3090) HIV/AIDS Housing and Supportive Services	12,008	12,141	13,453	13,386	-67	2.2	3.4	3.8	2.5	-1.4
SUBTOTAL (3000) HIV/AIDS HEPATITIS STD AND TB ADMIN	80,927	81,870	85,386	89,343	3,957	92.2	128.0	122.5	137.0	14.5
(4500) HEALTH REGULATION AND LICENSING ADMIN										
(4200) Health Professional License Admin	7,551	7,201	9,282	10,621	1,340	63.5	62.6	68.8	65.7	-3.1
(4515) Food Drug Radiation and Comm Hygiene	8,807	10,170	10,236	12,492	2,256	53.4	55.0	55.0	62.4	7.4
(4530) Health Care Facilities Regulation	4,967	5,586	8,141	8,784	644	39.9	53.8	54.0	59.4	5.4
(4540) Medical Marijuana	336	279	626	524	-102	3.9	6.6	3.8	0.8	-3.0
SUBTOTAL (4500) HEALTH REGULATION AND LICENSING ADMIN	21,661	23,236	28,284	32,422	4,138	160.7	178.0	181.7	188.4	6.7
(5000) PRIMARY CARE AND PREVENTION ADMIN.										
(5100) PCPA Support Services	180	77	101	0	-101	0.0	0.0	0.0	0.0	0.0
SUBTOTAL (5000) PRIMARY CARE AND PREVENTION ADMIN.	180	77	101	0	-101	0.0	0.0	0.0	0.0	0.0

Table HC0-4

(dollars in thousands)

Division/Program and Activity	Dollars in Thousands					Full-Time Equivalents				
	Actual FY 2016	Actual FY 2017	Approved FY 2018	Proposed FY 2019	Change from FY 2018	Actual FY 2016	Actual FY 2017	Approved FY 2018	Proposed FY 2019	Change from FY 2018
(7000) OFFICE OF HEALTH EQUITY										
(7010) Multi Sector Collaboration	0	440	289	300	11	0.0	2.1	2.0	2.0	0.0
(7020) Comm Based Partnership Research and Policy Evaluation	0	226	231	237	6	0.0	2.1	2.0	2.0	0.0
(7030) Health Equity Practice and Program Implement	0	52	99	101	2	0.0	1.1	1.0	1.0	0.0
SUBTOTAL (7000) OFFICE OF HEALTH EQUITY	0	719	619	638	19	0.0	5.4	5.0	5.0	0.0
(8200) CTR FOR POLICY, PLANNING AND EVALUATION										
(8240) EPI Disease Survey and Investigation	0	0	2,452	869	-1,584	0.0	0.0	4.6	0.0	-4.6
(8250) Research Evaluation and Measurement	264	635	363	1,063	699	0.7	1.1	2.6	2.0	-0.6
(8260) State Center Health Statistics	3,975	4,152	3,648	4,665	1,017	32.0	35.6	30.7	35.6	4.9
(8270) State Health Planning and Development	1,089	882	1,249	2,172	923	7.2	7.2	8.6	9.0	0.4
SUBTOTAL (8200) CTR FOR POLICY, PLANNING AND EVALUATION	5,328	5,668	7,713	8,768	1,056	39.8	43.9	46.4	46.6	0.1
(8500) COMMUNITY HEALTH ADMINISTRATION										
(8502) Cancer and Chronic Disease Prevention	6,887	6,843	7,913	9,003	1,090	18.2	28.6	30.0	31.7	1.7
(8504) Primary Care	3,276	5,191	0	0	0	5.9	28.0	0.0	0.0	0.0
(8505) Health Care Access Bureau	0	0	6,571	5,875	-696	0.0	0.0	27.0	28.8	1.8
(8506) Family Health Bureau	0	0	31,532	42,205	10,673	0.0	0.0	31.0	37.3	6.3
(8510) Support Services	4,325	5,086	6,617	5,666	-951	19.4	25.3	20.0	19.0	-1.0
(8511) Perinatal and Infant Health	3,524	2,795	3	305	302	23.3	17.8	0.0	1.0	1.0
(8513) Nutrition and Physical Fitness	17,197	17,577	20,476	22,605	2,130	15.6	22.5	19.3	18.0	-1.3
(8514) Children, Adolescent and School Health	31,385	28,579	0	0	0	25.2	23.0	0.0	0.0	0.0
SUBTOTAL (8500) COMMUNITY HEALTH ADMINISTRATION	66,593	66,072	73,112	85,659	12,547	107.6	145.2	127.3	135.8	8.5
(9960) YR END CLOSE										
No Activity Assigned	0	-13	0	0	0	0.0	0.0	0.0	0.0	0.0
SUBTOTAL (9960) YR END CLOSE	0	-13	0	0	0	0.0	0.0	0.0	0.0	0.0
TOTAL PROPOSED OPERATING BUDGET	253,547	210,119	231,495	254,786	23,291	495.8	638.4	606.2	636.9	30.7

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

Note: For more detailed information regarding the proposed funding for the activities within this agency's programs, please see **Schedule 30-PBB Program Summary by Activity** in the **FY 2019 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; and 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, DC 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.

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 include developing decision support tools and participating in the design of clinical delivery systems, and it provides expert technical assistance to clinical and community settings around best practices for chronic disease prevention and management. The Bureau implements social marketing campaigns to change social norms and introduces long-lasting protective interventions, like cancer screening and tobacco cessation and treatment programs. The Bureau also helps strengthen the infrastructure for chronic disease care and promotes population-based policy strategies to reduce the common risk factors for chronic disease, including tobacco use, poor nutrition, and physical inactivity;

- **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 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; 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 2018 Approved Budget to FY 2019 Proposed Budget, by Revenue Type

Table HC0-5 itemizes the changes by revenue type between the FY 2018 approved budget and the FY 2019 proposed budget. For a more comprehensive explanation of changes, please see the FY 2019 Proposed Budget Changes section, which follows the table.

Table HC0-5

(dollars in thousands)

DESCRIPTION	DIVISION/PROGRAM	BUDGET	FTE
LOCAL FUNDS: FY 2018 Approved Budget and FTE		74,016	155.9
Removal of One-Time Costs	Multiple Programs	-767	0.0
LOCAL FUNDS: FY 2019 Recurring Budget		73,248	155.9
COLA: FY 2019 COLA Adjustment	Multiple Programs	665	0.0
Agency Request-Increase: To align Fixed Costs with proposed estimates	Agency Management Support	521	0.0
Agency Request-Decrease: To realize programmatic cost savings in nonpersonal services	Multiple Programs	-491	-3.8
Mayor's Policy-Enhance: To support the School Health Services Program	Community Health Administration	4,400	0.0

Table HC0-5
(dollars in thousands)

DESCRIPTION	DIVISION/PROGRAM	BUDGET	FTE
Mayor's Policy-Enhance: To support a preterm birth prevention pilot program (one-time)	Community Health Administration	2,365	0.0
Mayor's Policy-Enhance: To support rat abatement (one-time)	Health Regulation and Licensing Admin	907	4.0
Mayor's Policy-Enhance: To support Defending Access to Health Care	Health Regulation and Licensing Admin	107	1.0
Mayor's Policy-Reduce: To realize programmatic cost savings in nonpersonal services	Multiple Programs	-337	0.0
Mayor's Policy-Reduce: To align Fixed Costs with proposed estimates	Agency Management Support	-604	0.0
LOCAL FUNDS: FY 2019 Mayor's Proposed Budget		80,782	157.1
Enhance: To support smoking cessation programs	Community Health Administration	1,000	0.0
Enhance: To support proposed initiatives (one-time)	Community Health Administration	915	0.0
Enhance: To support the Home Visiting program	Community Health Administration	711	0.0
Enhance: To support nutritional programs	Community Health Administration	462	0.0
Enhance: To support the HealthySteps demonstration	Community Health Administration	300	0.0
Enhance: To fund a study of OBGYN services in Wards 5, 7, and 8 (one-time)	Community Health Administration	150	0.0
Enhance: For the purchase of opioid antagonist rescue kits (one-time)	HIV/AIDS Hepatitis STD and TB Admin	50	0.0
Enhance: To support the Returning Citizens Opportunity to Succeed Amendment Act of 2018 (one-time)	Ctr for Policy, Planning and Evaluation	40	0.0
Reduce: Reduction to reflect actual occupancy costs	Agency Management Support	-81	0.0
Reduce: To recognize savings from a reduction in FTEs	Multiple Programs	-161	-1.0
LOCAL FUNDS: FY 2019 District's Proposed Budget		84,168	156.1
FEDERAL PAYMENTS: FY 2018 Approved Budget and FTE		5,000	0.0
No Change		0	0.0
FEDERAL PAYMENTS: FY 2019 Mayor's Proposed Budget		5,000	0.0
No Change		0	0.0
FEDERAL PAYMENTS: FY 2019 District's Proposed Budget		5,000	0.0
FEDERAL GRANT FUNDS: FY 2018 Approved Budget and FTE		131,673	308.8
COLA: FY 2019 COLA Adjustment	Multiple Programs	1,350	0.0
Agency Request-Increase: To align budget with projected grant awards	Multiple Programs	2,942	15.4
FEDERAL GRANT FUNDS: FY 2019 Mayor's Proposed Budget		135,965	324.3
No Change		0	0.0
FEDERAL GRANT FUNDS: FY 2019 District's Proposed Budget		135,965	324.3
PRIVATE GRANT FUNDS: FY 2018 Approved Budget and FTE		32	0.3
COLA: FY 2019 COLA Adjustment	HIV/AIDS Hepatitis STD and TB Admin	7	0.0
Agency Request-Increase: To align budget with projected grant awards	HIV/AIDS Hepatitis STD and TB Admin	103	0.7
PRIVATE GRANT FUNDS: FY 2019 Mayor's Proposed Budget		142	1.0
No Change		0	0.0
PRIVATE GRANT FUNDS: FY 2019 District's Proposed Budget		142	1.0

Table HC0-5

(dollars in thousands)

DESCRIPTION	DIVISION/PROGRAM	BUDGET	FTE
SPECIAL PURPOSE REVENUE FUNDS: FY 2018 Approved Budget and FTE		19,977	137.2
COLA: FY 2019 COLA Adjustment	Multiple Programs	657	0.0
Agency Request-Increase: To align resources with operational spending goals	Multiple Programs	6,761	15.3
SPECIAL PURPOSE REVENUE FUNDS: FY 2019 Mayor's Proposed Budget		27,395	152.4
Reduce: To align budget with projected revenues	Ctr for Policy, Planning and Evaluation	-8	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2019 District's Proposed Budget		27,387	152.4
INTRA-DISTRICT FUNDS: FY 2018 Approved Budget and FTE		798	4.0
COLA: FY 2019 COLA Adjustment	Community Health Administration	12	0.0
Agency Request-Increase: To align resources with operational spending goals	Multiple Programs	1,315	-1.0
INTRA-DISTRICT FUNDS: FY 2019 Mayor's Proposed Budget		2,124	3.0
No Change		0	0.0
INTRA-DISTRICT FUNDS: FY 2019 District's Proposed Budget		2,124	3.0
GROSS FOR HC0 - DEPARTMENT OF HEALTH		254,786	636.9

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

FY 2019 Proposed Budget Changes

The Department of Health's (DOH) proposed FY 2019 gross budget is \$254,785,684, which represents a 10.1 percent increase over its FY 2018 approved gross budget of \$231,495,077. The budget is comprised of \$84,167,610 in Local funds, \$5,000,000 in Federal Payments, \$135,964,578 in Federal Grant funds, \$142,365 in Private Grant funds, \$27,386,714 in Special Purpose Revenue funds, and \$2,124,417 in Intra-District funds.

Recurring Budget

The FY 2019 budget for the Department of Health includes a reduction of \$767,409 to account for the removal of one-time funding appropriated in FY 2018 for the following enhancements; \$666,219 to support a teen peer sexual health educators grant in the Community Health Administration (CHA) division and \$101,190 to support the Health Professional Recruitment Fund in the Primary Care and Prevention Administration division.

Mayor's Proposed Budget

Cost-of-Living Adjustment: DOH budget proposal includes cost-of-living adjustments (COLA) of \$665,497 in Local funds, \$1,350,228 in Federal Grant funds, \$6,857 in Private funds, \$656,933 in Special Purpose Revenue funds, and \$11,679 in Intra-District funds.

Agency Request – Increase: The proposed Local funds budget for DOH includes a net increase of \$521,417 to align the budget with Fixed Costs estimates provided by the Department of General Services (DGS) and Telecommunication estimates provided by the Office of the Chief Technology Officer. The increase from DGS is due to an expected increase in services at the District's Animal Shelter.

The proposed budget in Federal grants funds reflects an increase of \$2,941,821 and 15.4 Full Time Equivalents (FTEs) positions, primarily in the Community Health Administration division to reflect the conversion of certain contracts to sub-grants. This adjustment also impacts the Health Emergency Preparedness and Response Administration to cover new sub-grants that support Ebola activities. This increase is comprised of a grant award of \$1,533,285 from a Division of Home Visitation and Early Childhood grant;

\$537,451 from the transfer of the Senior Farmers Market and the Commodity Supplemental Food Program grants from the D.C. Office on Aging; \$460,605 for the Violence Against Women Act grant; \$350,480 within the HIV/AIDS, Hepatitis, STD, and TB Administration on the Health Department Demonstration Projects For Comprehensive Prevention, Care, Behavioral Health, and Social Services For Men Who Have Sex With Men Of Color At Risk For And Living With HIV Infection; and \$60,000 for the Innovation Home Visitation grant.

In Private Grant funds, the budget includes an increase of \$103,498 and 0.7 FTE related to the grant award from Gilead Sciences, Inc. This funding enables DOH to develop a replicable model program that embodies best practices in HIV and/or hepatitis B and C screening and linkage to care.

DOH's proposed budget in Special Purpose Revenue funds reflects a net increase of \$6,760,892 and 15.3 FTEs, primarily due to the addition of the Communicable and Chronic Disease fund.

Additionally, the proposed budget in Intra-District funds reflects a net increase of \$1,314,825, which includes a reduction of 1.0 FTE, primarily in the Community Health Administration, from a partnership with the D.C. Office on Aging. The proposed budget enables the agency to plan, implement, and monitor programs in health, education, and social services for older and disabled residents of the District. Also, the funding supports an agreement with the Department of Human Services to implement evidence-based and evidence-informed strategies to prevent and reduce teen pregnancy.

Agency Request – Decrease: The proposed budget in Local funds reflects a reduction of \$490,676 and 3.8 FTEs. This is comprised of a salary and benefit reduction of \$35,040 across multiple divisions; a decrease of \$194,443 within the HIV/AIDS, Hepatitis, STD, and TB Administration due to a reduction in funding to community-based providers for HIV prevention services, including HIV/STI testing, Pre-Exposure Prophylaxis, and other prevention interventions; and a reduction in personnel costs in the amount of \$261,193 for 3.8 FTEs. Certain elements of the HIV/AIDS Administration were transferred to other divisions.

Mayor's Policy – Enhance: DOH's proposed Local funds budget includes an increase in the amount of \$4,400,000 within the Community Health Administration to support components of the School Health Services Program (SHSP), including but not limited to a legislative mandate that requires clinical nursing coverage of 40 hours per week for all public and public charter schools in the District beginning August 1, 2018.

Also, the proposed Local funds budget includes an increase of \$2,365,000 in one-time funding. This increase is comprised of \$1,630,000 to support a pre-term birth prevention pilot, where DOH will partner with two birthing facilities to implement a two-year demonstration project to decrease barriers to the use of the medication 17 alpha-hydroxyprogesterone caproate (17P) and increase adherence to weekly treatments; thereby, decreasing preterm births and improving the health of District infants; and \$735,000 to support Florence Crittenton Services of Greater Washington for pregnancy prevention activities for girls between the ages of 13 to 19 who live in Wards 5, 7, and 8.

The proposed Local funds budget includes an increase of \$906,603 and 4.0 FTEs in one-time funds in the Health Regulation and Licensing Administration that will allow DOH to quickly re-inspect areas where rodent activity has been observed and perform more proactive inspections. The funding will also allow the staff to increase DOH's presence in the community as it performs rodent abatement activities. Lastly, the proposed Local funds budget includes an increase of \$107,000 and 1.0 FTE, in the Community Health Administration, to support Defending Access to Health Care. This initiative requires insurers to cover certain health care services without cost-sharing and includes breast cancer screening and counseling, screenings for HIV, and counseling for sexually transmitted infections. It also requires insurers to provide information regarding coverage to those enrolled and potential enrollees.

Mayor's Policy – Reduce: The proposed Local funds budget includes a net reduction of \$337,108 across multiple divisions based on programmatic cost savings. This reduction is comprised of a decrease of \$100,000 within the Community Health Administration due to a reduction in home visitation services, which supported a text messaging service that sent pregnant and postpartum women helpful messages; \$100,000 from the capacity-building program within the HIV/AIDS, Hepatitis, STD, and TB Administration; \$57,108 from the

school-based health care tool used to achieve health equity among children and adolescents who experience disparities in outcomes; \$50,000 from burial assistance under the Ryan White Program, also within the HIV/AIDS Administration; and \$30,000 in savings from the bio-hazardous waste contract within the HIV/AIDS Administration. Lastly, a reduction of \$604,019 in the Agency Management Support division is due to revised estimates Fixed Costs estimates.

District's Proposed Budget

Enhance: DOH's proposed Local funds budget for the Community Health Administration division reflects a total net increase of \$3,537,472 in enhancements. This amount includes \$1,000,000 for smoking cessation programs. A net increase of \$915,000 is comprised of a \$500,000 one-time increase to support the Produce Rx program, through which food-insecure patients at risk for or experiencing diet-related chronic illness are issued a monthly "prescription" for fresh fruits and vegetables by their health care provider and are given referrals for nutrition education; a \$375,000 one-time increase to support the Senior Dental Service Program Act of 2018; and \$40,000 in one-time funds to support a resource coordinator to connect teen girls to critical mental health and academic support services outside of the school environment. A total of \$710,566 supports the Home Visiting Program as specified by Title I, Section 107 of the "Birth-to-Three for all DC Act of 2018", which provides expectant parents, or parents or legal guardians with young children, primarily in the home, with educational services through weekly or monthly home visits to promote positive child health and development outcomes, such as healthy home environments, healthy birth outcomes, and a reduction in adverse childhood experiences. An increase of \$461,906 supports nutrition programs including \$250,000 for Healthy Corners, \$154,482 for Joyful Markets, \$41,811 for Produce Plus, and \$15,253 for Senior Meals. In addition, a \$300,000 increase supports the HealthySteps Demonstration as specified by Title I, Section 102 and 103 of the "Birth-to-Three for all DC Act of 2018", which would provide early-stage mobile healthcare through a smartphone application and web portal; and \$150,000 in one-time funds supports a study of OBGYN services in Wards 5, 7, and 8 that identifies and analyzes racial and ethnic disparities that impact women's OBGYN outcomes.

The HIV/AIDS, Hepatitis, STD, and TB Administration division's proposed Local funds budget includes an increase of \$50,000 in one-time funding for the purchase of opioid antagonist rescue kits that block the effect of an opioid in the body and may allow for an unresponsive person to be woken up, or a person who is not breathing to be able to breathe on their own.

The Center for Policy, Planning, and Evaluation division's proposed Local funds budget reflects a one-time increase of \$40,000 to maintain a database containing the names, location, and contact information for all District residents held by the Federal Bureau of Prisons outside of the District who are expected to return within the following year; and to assist returning citizens with obtaining information and services relating to housing, employment, transportation, and identification cards.

Reduce: The proposed Local funds budget includes a decrease of \$81,150 in the Agency Management division to reflect an adjustment to the Occupancy Fixed Costs from the Department of General Services. Additionally, there is a reduction of 1.0 FTE and \$160,744 to reflect adjusted personal services costs across multiple divisions.

In Special Purpose Revenue funds, a reduction of \$8,000 to the Center for Policy, Planning and Evaluation division aligns the budget with projected revenues.

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Agency Performance Plan*

The Department of Health (DOH) has the following strategic objectives for FY 2019:

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.**

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 have more of their budget come from capital funding 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)

Activity Title	Activity Description	Type of Activity
Health Professional Licensing	Receive, process, and review for compliance with District and Federal regulatory compliance license applications 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 illness. They also inspect public pools, barbershops and beauty salons for cleanliness.	Daily Service

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
Health Care Facilities Division	<p>The Health Care Facilities Division inspects, monitors, and investigates: 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.</p> <p>In addition, the Division inspects the DC Detention Facility aka (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.</p>	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
Rodent and Vector Control Division	The Rodent and Vector Control Division conducts field inspections, rodent baiting and community education activities to reduce the rat population in the District of Columbia.	Daily Service
Animal Services Program (ASP)	The Animal Services Program is responsible for the 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
Pharmaceutical Control Division (PCD)	The Pharmaceutical Control Division licenses, regulates and inspects community and hospital pharmacies. It also registers, regulates and inspects	Daily Service

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
	medical marijuana dispensaries and cultivation centers. The PCD also licenses pharmaceutical detailers (e.g., pharmaceutical representatives).	
Radiation Protection Division (RPD)	The Radiation Protection seeks to reduce and/or eliminate radiation overexposure of naturally occurring or man-made 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 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. 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 Activities)

Activity Title	Activity Description	Type of Activity
Multi Sector Collaboration	The Office of Health Equity (OHE) provides informed, data driven and evidence based leadership in convening and sustaining effective multi-sector collaborative partnerships essential to promote and achieve health equity. OHE uses a “health in all policies” (HIAP) approach to improving community health. OHE serves as a liaison and technical advisor to all DOH Administrations regarding health equity, as well as external DC government agencies and private partners.	Daily Service
Community Based Participatory Research and Policy Evaluation	OHE 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. This includes current and projected opportunities for health, disparate outcomes and inequities by socio-economic and demographic subpopulation and geographic location. This core function includes support to 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.	Daily Service

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 Activities)

Activity Title	Activity Description	Type of Activity
Health Equity Practice and Program Implementation	Development and delivery of selected programs and initiatives with demonstrable strategic health equity nexus and operational 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.	Daily Service

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. (3 Activities)

Activity Title	Activity Description	Type of Activity
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
Behavioral Risk Factor Surveillance System (BRFSS)	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
Vital Records	Vital Records is responsible for collecting, preserving and administering the District's system of birth, death and domestic partnership records.	Daily Service

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. (23 Activities)

Activity Title	Activity Description	Type of Activity
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 the 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

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. (23 Activities)

Activity Title	Activity Description	Type of Activity
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
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 parent-child 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
Oral Health Program	This program aids schools in maintaining educational readiness by providing preventive oral health services and linkage to dental homes 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.	Daily Service
Supplemental Nutrition Assistance Program, Education and Obesity Grant (SNAP-Ed)	This program provides oversight to two grantees who provide health and wellness education and SNAP referrals to eligible District residents.	Daily Service
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

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. (23 Activities)

Activity Title	Activity Description	Type of Activity
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
The Safe Sleep Program	This program provides safe sleep education for parents/caregivers, child serving community partners, and health providers. The program distributes portable cribs to families in need of a safe sleep environment for their newborn infant.	Daily Service
Health Professional Loan Repayment Program (HPLRP)	This program aims to recruit and retain health 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
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
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
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
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
Diffusions of Care and Innovations in Care grant programs	These programs oversee grants to community 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. 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. (23 Activities)

Activity Title	Activity Description	Type of Activity
Early Childhood Place-Based Initiative	This program will partner with community partners to implement early childhood place-based strategies. The initiative aims to improve outcomes for children ages zero to five, and their families, living in communities with poor health and education outcomes.	Daily Service

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. (5 Activities)

Activity Title	Activity Description	Type of Activity
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
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
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 3 District community based providers to implement these interventions and link clients to primary medical services.	Daily Service
Pre-Exposure Prophylaxis (PrEP)	HAHSTA makes PrEP widely available in the District, and does targeted outreach to target populations to receive screening, education, and referral to PrEP enrollment.	Daily Service
Narcan Distribution	Naloxone is an opioid antagonist that was developed in the 1960s. It bonds to the opioid receptors in the brain without activating them, cutting off the effects of opiate drugs. Commonly known by the trade name Narcan, naloxone is carried by first responders, EMT's, and paramedics. It can be administered, in different formulations, intramuscularly, intravenously, or subcutaneously with a syringe or via an intranasal atomizer. DOH provides funding to community partners to provide stipends to peers for outreach, education and the distribution of kits.	Daily Service

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 Activities)

Activity Title	Activity Description	Type of Activity
Incident Command System (ICS) and National Incident Management System (NIMS) Training	HEPRA ensures 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 ICS trainings and participation in planned exercises, as directed by Homeland Security Presidential Directive #5.	Daily Service
Special Events Permitting	As a member of the Mayor's Special Event Task Group, HEPRA provides customer assistance to Event Organizers by reviewing/approving the Health, Medical and Safety Plan component of their DCRA Special Event Permit Application. Through this coordination, HEPRA ensures each Event Organizer has obtained the required health and medical support required for their size and type of event, in accordance with the District EMS Act of 2008; DCMR, Title 29, Chapter 5 (Emergency Medical Services) and DOH policies.	Daily Service
Healthcare Coalition Development	HEPRA co-leads the DC Health and Medical Coalition (HMC) by providing coordination, 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 conducts exercises, training and drills, to test and improve the healthcare system's resiliency. HEPRA also compiles and distributes situation reports (SITREPs), and radio drills to ensure timely and adequate communication and response, and monitors healthcare facility 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 EMS Providers and EMS Emergency Response Vehicles	HEPRA regulates training and certification for EMS Providers (paramedics and EMTs) emergency medical service (EMS) and certifies/inspects EMS and emergency response vehicles (including ambulances, medical equipment aboard air ambulances and FEMS' rescue boats) operating in the District to ensure optimal healthcare response in accordance with the District EMS Act of 2008 and DCMR, Title 29, Chapter 5 (Emergency Medical Services).	Daily Service
Medical Reserve Corps (MRC)	The DC Medical Reserve Corps (MRC) is a team of medical and non-medical volunteers who are called upon to assist the Department of Health, Health Emergency Preparedness and Response Administration (HEPRA) in preparing for and responding to special events and public health and all-hazard emergencies.	Daily Service

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 Activities)

Activity Title	Activity Description	Type of Activity
Emergency Operations Coordination	HEPRA directs and coordinates the implementation of other public health preparedness capabilities critical to public health emergency preparedness and response; and make informed, timely and effective decisions that direct resources and personnel to address ongoing and evolving health needs arising from emergencies.	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. (10 Measures)

Measure	New Measure/ Benchmark Year	FY 2016 Actual	FY 2017 Target	FY 2017 Actual	FY 2018 Target	FY 2019 Target
Percent of Registered Controlled Substance Facilities inspected	No	94.5%	100%	100%	90%	90%
Percent of customer satisfaction surveys issued within 10 business days of a residential healthcare facility/provider site visit for each annual inspection, monitoring visit, or complaint investigation	No	New Measure	New Measure	New Measure	New Measure	100%
Percent of follow-up inspections of health care facilities with harm level deficiencies completed within 30 days	No	100%	100%	100%	100%	100%
Percent of food establishment complaints inspected within 5 days	No	78.5%	100%	94.7%	95%	95%
Percent of food-borne outbreak notifications in which suspected products were embargoed or collected and submitted for testing	No	100%	100%	No applicable incidents	95%	95%
Percent of medical marijuana facilities (dispensaries and cultivation centers) receiving at least one inspection	No	New Measure	New Measure	New Measure	New Measure	95%
Percent of pharmaceutical facilities receiving at least one inspection	No	New Measure	New Measure	New Measure	New Measure	90%
Percent of residential healthcare facility's/agency's providers scoring at or above the national average of 72 percent	No	New Measure	New Measure	New Measure	New Measure	100%
Percent of rodent activity complaints inspected or baited, and closed in the 311 system within three business days of receipt	No	New Measure	New Measure	New Measure	New Measure	100%

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 Measures)

Measure	New Measure/ Benchmark Year	FY 2016 Actual	FY 2017 Target	FY 2017 Actual	FY 2018 Target	FY 2019 Target
Percent of samples taken from rabies suspect animals submitted for testing within 48 hours	No	100%	100%	100%	100%	100%

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. (3 Measures)

Measure	New Measure/ Benchmark Year	FY 2016 Actual	FY 2017 Target	FY 2017 Actual	FY 2018 Target	FY 2019 Target
Number of CON Appeals	No	1	0	0	0	0
Percent of Certificates of Need (CONs) reviewed on time within 90 days	No	100%	100%	100%	100%	100%
Percent of vital records walk-in requests processed within 30 minutes	No	97.3%	97%	85.8%	95%	92%

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. (14 Measures)

Measure	New Measure/ Benchmark Year	FY 2016 Actual	FY 2017 Target	FY 2017 Actual	FY 2018 Target	FY 2019 Target
Breastfeeding initiation rates among African-American WIC enrollees	No	41.6%	47%	53.3%	47%	47%
Percent of Health Professional Loan Repayment Program (HPLRP) participants that are practicing in priority underserved areas	No	95.7%	90%	98%	90%	90%
Percent of children ages 0 to 3 served by a VFC (Vaccines for Children) medical home with up-to-date immunizations	No	New Measure	New Measure	New Measure	New Measure	55%
Percent of elementary aged students participating in Joyful Markets reporting improved food security	No	New Measure	New Measure	New Measure	New Measure	60%
Percent of eligible children enrolled in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs who receive developmental and social-emotional screenings	No	78.9%	95%	52.8%	95%	95%
Percent of eligible perinatal program participants with a documented reproductive health plan	No	34%	90%	65.1%	90%	90%
Percent of families with a completed referral through Help Me Grow	No	New Measure	New Measure	New Measure	New Measure	70%
Percent of infants that receive a follow-up after failing initial hearing screening	No	New Measure	New Measure	New Measure	New Measure	75%

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. (14 Measures)

Measure	New Measure/ Benchmark Year	FY 2016 Actual	FY 2017 Target	FY 2017 Actual	FY 2018 Target	FY 2019 Target
Percent of infants who receive an initial hearing screen at birth	No	New Measure	New Measure	New Measure	New Measure	85%
Percent of low income residents redeeming Produce Plus Farmer's Market benefits	No	New Measure	New Measure	New Measure	New Measure	93%
Percent of school age children with up-to-date immunizations	No	74.2%	92%	79.1%	92%	92%
Percent of women enrolled in the MIECHV programs that are screened for depression	No	79.5%	95%	85.9%	95%	95%
Proportion of adults with hypertension who have achieved blood pressure control	No	New Measure	New Measure	New Measure	New Measure	70%
Total breastfeeding initiation rates among WIC enrollees	No	62.3%	57%	60.4%	57%	57%

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. (12 Measures)

Measure	New Measure/ Benchmark Year	FY 2016 Actual	FY 2017 Target	FY 2017 Actual	FY 2018 Target	FY 2019 Target
Number of Naloxone kits distributed	No	New Measure	New Measure	New Measure	New Measure	1000
Number of individuals started on Pre-Exposure Prophylaxis (PrEP)	No	Not Available	100	3465	100	1000
Percent of DOH-supported HIV tests conducted with focus populations	No	18.7%	12%	35.8%	12%	12%
Percent of Ryan White clients living in the District that are prescribed Anti-Retroviral Therapy	No	Not Available	80%	83.6%	80%	90%
Percent of clients with a positive Hepatitis C test enrolling in treatment	No	Not Available	40%	30%	40%	40%
Percent of diagnosed HIV positive individuals retained in care that are virally suppressed	No	Not Available	80%	82.3%	80%	85%
Percent of individuals diagnosed with HIV identified as out-of-care that are re-engaged in care within 3 months of case contact	No	Not Available	50%	4.3%	50%	50%
Percent of new HIV cases linked to care within 3 months of diagnosis	No	85.4%	88%	89.8%	88%	90%
Percent of people experiencing overdoses who were also linked to substance use treatment	No	New Measure	New Measure	New Measure	New Measure	45%
Percent of persons whose overdoses were reversed using Naloxone	No	New Measure	New Measure	New Measure	New Measure	50%
Proportion of TB patients completing treatment	No	50%	90%	100%	90%	90%

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. (12 Measures)

Measure	New Measure/ Benchmark Year	FY 2016 Actual	FY 2017 Target	FY 2017 Actual	FY 2018 Target	FY 2019 Target
Proportion of gonorrhea cases with appropriate treatment confirmed	No	29.9%	75%	23.9%	75%	75%

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. (10 Measures)

Measure	New Measure/ Benchmark Year	FY 2016 Actual	FY 2017 Target	FY 2017 Actual	FY 2018 Target	FY 2019 Target
Percent of Closed PODs that can open for set up within two hours of notification to activate	No	New Measure	New Measure	New Measure	New Measure	100%
Percent of District hospitals and skilled nursing facilities that reported requested Essential Elements of Information (EEI) to the HMC within the HMC specified timeframe	No	New Measure	New Measure	New Measure	New Measure	50%
Percent of District hospitals, skilled nursing facilities, and clinics that participate in at least two (2) HMC sponsored trainings and workshops annually	No	New Measure	New Measure	New Measure	New Measure	50%
Percent of EMS Emergency Response vehicles with an initial passing inspection	No	New Measure	New Measure	New Measure	New Measure	85%
Percent of EMS agency inspections with passing determinations	No	New Measure	New Measure	New Measure	New Measure	75%
Percent of HECC IMT leadership staff (ie, the six ICS/IM lead roles) reporting for immediate duty within 60 minutes to an unannounced staff assembly for a real incident or drill	No	New Measure	New Measure	New Measure	New Measure	100%
Percent of HEPRA personnel that complete the ICS Training Series including POD training and participation in at least one exercise, incident or Special Event	No	New Measure	New Measure	New Measure	New Measure	100%
Percent of Management Supervisory Service (MSS), Excepted Service (ES), and Legal Services staff with the essential or emergency designation who complete the independent study portion of the Management ICS Training Series as outlined in DOH Standard Operating Procedure-1380	No	Not Available	30%	6.9%	60%	60%
Percent of Medical Reserve Corps (MRC) units that can respond within 2 hours of notification to activate	No	Not Available	75%	89.5%	75%	75%

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. (10 Measures)

Measure	New Measure/ Benchmark Year	FY 2016 Actual	FY 2017 Target	FY 2017 Actual	FY 2018 Target	FY 2019 Target
Percent of Open PODs that can open for set up within 2 hours of notification to activate	No	New Measure	New Measure	New Measure	New Measure	100%

7. Create and maintain a highly efficient, transparent and responsive District government. (7 Measures)**

Measure	New Measure/ Benchmark Year	FY 2016 Actual	FY 2017 Target	FY 2017 Actual	FY 2018 Target	FY 2019 Target
Percent of MSS employees who complete the required MSS training curriculum	No	32.1%	80%	41.2%	80%	80%
Percent of completed interim subgrant budget periods where the number of site visits met or exceeded the number in the most recent revision of the risk-based monitoring plan	No	New Measure	New Measure	New Measure	New Measure	60%
Percent of completed interim subgrant budget periods with performance ratings completed and submitted within 45 days	No	New Measure	New Measure	New Measure	New Measure	60%
Percent of eligible employee reviews completed on time	No	57.6%	90%	95%	90%	90%
Percent of lapsed dollar amounts on federal awards	No	1%	3%	5.8%	3%	3%
Percent of new subgrants with approved risk-based monitoring plans within 30 days of award	No	New Measure	New Measure	New Measure	New Measure	75%
Percent of required attendees completing trainings mandated by EOM, DCHR, or the DOH Director	No	New Measure	New Measure	New Measure	New Measure	70%

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. Certificate of Need (CON) Program

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of Certificate of Need application decisions	No	Not Available	24	31

2. Behavioral Risk Factor Surveillance System (BRFSS)

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of BRFSS surveys administered	No	Not Available	1,645	3,000

3. Vital Records

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of walk-in customers to the Vital Records Office	No	Not Available	49,990	50,790

4. Cancer Programs Division

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of breast screening and diagnostic procedures performed	No	1,475	1,321	1,269
Number of cervical screening and diagnostic procedures performed	No	259	196	163
Number of patients enrolled in Cancer Surviving and Thriving (CST) courses	No	Not Available	Not Available	0

5. Cardiovascular Disease and Diabetes Program

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of healthcare systems reporting clinical quality measures related to high blood pressure and/or diabetes	No	Not Available	Not Available	8
Number of residents at risk for diabetes participating in Diabetes Prevention Program	Yes	Not Available	Not Available	New Measure
Number of residents enrolled in chronic disease self-management trainings	No	Not Available	Not Available	5,431

6. Tobacco Control Program

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of calls to the DC Tobacco Quitline	No	Not Available	Not Available	4,330
Number of pregnant smokers contacted for cessation services	Yes	Not Available	Not Available	New Measure

7. Home Visiting Program

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of families participating in home visiting programs	No	Not Available	Not Available	289
Number of resource referrals made through the Home Visiting Program	No	Not Available	Not Available	516

8. Help Me Grow (HMG)

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of resource referrals completed through Help Me Grow	No	Not Available	Not Available	367

9. Oral Health Program

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of children <18 years of age who receive a dental examination and a fluoride varnish treatment through the School-Based Preventative Oral Health Program (SBPOHP)	No	Not Available	Not Available	3,746

10. Home Delivered Meals

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of District residents receiving farmer's market incentive benefits from DOH administered programs (Farmers Market Nutrition Program, Public-Private Partnership, Fruit and Vegetable Prescription Program)	No	Not Available	43,448	25,653

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

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Total number of nutrition education and wellness contacts made to low income District residents participating in DOH Healthful Food Access programs	No	Not Available	Not Available	25,994

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

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of Supplemental Nutrition Program for Women, Infants, Children (WIC) participants	No	14,526	Not Available	13,536

13. Farmers' Market Nutrition Program (FMNP)

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of District residents receiving meals from the Home Delivered Meals program	No	Not Available	New Measure	New Measure
Number of District residents receiving supplemental groceries from Joyful Food Markets	No	Not Available	New Measure	New Measure

14. Newborn Hearing Program

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of infants receiving a hearing screening in their first month of life	No	Not Available	Not Available	8,069

15. The Safe Sleep Program

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of parents/caregivers educated on infant safe sleep practices	No	2,600	1,191	875
Number of portable cribs (Pack-n-Play) distributed	No	Not Available	Not Available	502

16. Health Professional Loan Repayment Program (HPLRP)

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of HPLRP providers	No	Not Available	Not Available	24

17. School Health Programs

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of students enrolled in a school based health center	No	Not Available	Not Available	1,600
Number of students with Asthma Action Plans with School Health Services Program	Yes	Not Available	Not Available	New Measure

18. Produce Plus Program

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of Farmers Markets vendors accepting Produce Plus benefits	No	Not Available	93	101
Number of residents redeeming Produce Plus and FVRx checks	No	Not Available	Not Available	10,435

19. DC Healthy Start

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of participants receiving services through DC Healthy Start	No	Not Available	Not Available	1,301

20. AIDS Drug Assistance

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of clients with DC ADAP and Alliance receiving pharmaceutical services through the pharmaceutical procurement and distribution program	No	Not Available	274	568
Number of DC ADAP clients receiving pharmaceutical services through the pharmaceutical procurement and distribution program	No	Not Available	606	568
Number of publicly-supported HIV medication prescriptions refilled	No	Not Available	12,481	2,596

21. Condom Distribution

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of clients with viral load served through treatment adherence activities	No	Not Available	Not Available	795
Number of condoms (female and male) distributed by DC DOH Condom Program	No	Not Available	6,035,800	5,212,700
Number of youth (15-19 years) screened for STDs through youth outreach programs	No	1,770	2,290	650

22. DC Needle Exchange Program (DC NEX)

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of needles off the streets through DC NEX Program	No	Not Available	797,869	784,495

23. Special Events Permitting

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of HECC Activations	No	Not Available	Not Available	3
Number of MRC units activated	No	Not Available	Not Available	14
Number of special event health, medical and safety plans requiring DOH review	No	Not Available	58	240

24. Healthcare Coalition Development

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of Health Action Network (HAN) Alerts generated	No	Not Available	Not Available	21
Number of Health and Medical Coalition (HMC) Meetings held	No	Not Available	Not Available	11
Number of Radio Calls conducted	No	Not Available	Not Available	49
Number of Situation Reports (sitreps) distributed	No	Not Available	Not Available	52

25. Medical Materiel Management and Distribution

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of closed PODs	No	Not Available	Not Available	40
Number of open Points of Dispensing (PODs)	No	Not Available	Not Available	64
Number of POD trainings held	No	Not Available	Not Available	19

26. Training and Certification of EMS Providers and EMS Emergency Response Vehicles

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of emergency vehicle inspections conducted	No	Not Available	Not Available	503
Number of new EMT certifications by DC DOH	No	Not Available	173	329

27. Health Professional Licensing

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of new health professional licenses issued	No	Not Available	13,530	20,817
Number of walk-in customers to Processing Center	No	Not Available	Not Available	31,806

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

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of new and routine food establishments inspected	No	Not Available	Not Available	5,072

29. Health Care Facilities Division

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of inspections completed by the Health Care Facilities Division	No	Not Available	103	130

30. Criminal Background Check Program

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of Criminal Background Checks processed for health professionals	No	Not Available	Not Available	9,118
Number of Criminal Background Checks processed for non-health professionals	No	Not Available	Not Available	7,277

31. Compliance and Quality Assurance

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of Intermediate Care and Nursing Home-related incidents received	No	Not Available	10,414	10,713
Number of investigations performed	No	Not Available	Not Available	1,815

32. Rodent and Vector Control Division

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of 311 rodent activity complaints inspected or baited within 48 hours	Yes	Not Available	Not Available	New Measure

33. Animal Services Program (ASP)

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of calls responded to by Animal Control Officers	No	Not Available	10,926	13,972
Number of dog licenses processed	No	Not Available	Not Available	3,089

34. Pharmaceutical Control Division (PCD)

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of pharmacies inspected	No	Not Available	Not Available	155
Number of Registered Controlled Substance Facilities inspected	No	Not Available	Not Available	233

35. Intermediate Care Facilities Division (ICFD)

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of inspections completed by the Intermediate Care Facilities Division	No	Not Available	Not Available	200

Performance Plan Endnotes:

*For more information about the structure and components of FY 2019 draft performance plans, please see the FY 2019 Proposed Budget and Financial Plan, Volume 1, Appendix E.

**We've revisited a project to standardize District wide measures for the Objective "Create and maintain a highly efficient, transparent and responsive District government". New measures will be tracked in FY 2018 and FY 2019 and published starting in the FY 2019 Performance Plan.

***Key Performance Indicators that are new may not have historical data and may only have FY 2019 targets.