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# Department of Health

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

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Table HC0-1

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Approved	FY 2020 Approved	% Change from FY 2019
OPERATING BUDGET	\$210,119,336	\$208,488,074	\$252,785,684	\$257,266,394	1.8
FTEs	638.5	511.3	636.9	613.8	-3.6

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 2020 approved budget is presented in the following tables:

## **FY 2020 Approved Gross Funds Operating Budget and FTEs, by Revenue Type**

Table HC0-2 contains the approved FY 2020 budget by revenue type compared to the FY 2019 approved budget. It also provides FY 2017 and FY 2018 actual data.

**Table HC0-2**

(dollars in thousands)

	Dollars in Thousands						Full-Time Equivalents					
	Actual FY 2017	Actual FY 2018	Approved FY 2019	Approved FY 2020	Change from FY 2019	% Change*	Actual FY 2017	Actual FY 2018	Approved FY 2019	Approved FY 2020	Change from FY 2019	% Change
<b>Appropriated Fund</b>												
<b><u>GENERAL FUND</u></b>												
Local Funds	72,862	78,114	84,168	86,917	2,749	3.3	173.2	131.5	156.1	168.5	12.3	7.9
Special Purpose Revenue Funds	15,786	18,882	27,387	22,846	-4,541	-16.6	102.6	112.5	152.4	147.0	-5.4	-3.6
<b>TOTAL FOR GENERAL FUND</b>	<b>88,648</b>	<b>96,996</b>	<b>111,554</b>	<b>109,763</b>	<b>-1,792</b>	<b>-1.6</b>	<b>275.8</b>	<b>244.0</b>	<b>308.6</b>	<b>315.5</b>	<b>6.9</b>	<b>2.2</b>
<b><u>FEDERAL RESOURCES</u></b>												
Federal Payments	5,574	4,746	3,000	4,750	1,750	58.3	0.0	0.0	0.0	0.0	0.0	N/A
Federal Grant Funds	113,978	104,916	135,965	140,498	4,533	3.3	350.2	266.3	324.3	294.4	-29.9	-9.2
<b>TOTAL FOR FEDERAL RESOURCES</b>	<b>119,553</b>	<b>109,662</b>	<b>138,965</b>	<b>145,248</b>	<b>6,283</b>	<b>4.5</b>	<b>350.2</b>	<b>266.3</b>	<b>324.3</b>	<b>294.4</b>	<b>-29.9</b>	<b>-9.2</b>
<b><u>PRIVATE FUNDS</u></b>												
Private Grant Funds	251	196	142	136	-7	-4.8	0.0	0.0	1.0	0.0	-1.0	-100.0
Private Donations	0	4	0	0	0	N/A	0.0	0.0	0.0	0.0	0.0	N/A
<b>TOTAL FOR PRIVATE FUNDS</b>	<b>251</b>	<b>200</b>	<b>142</b>	<b>136</b>	<b>-7</b>	<b>-4.8</b>	<b>0.0</b>	<b>0.0</b>	<b>1.0</b>	<b>0.0</b>	<b>-1.0</b>	<b>-100.0</b>
<b><u>INTRA-DISTRICT FUNDS</u></b>												
Intra-District Funds	1,667	1,631	2,124	2,121	-4	-0.2	12.5	1.0	3.0	4.0	1.0	33.3
<b>TOTAL FOR INTRA-DISTRICT FUNDS</b>	<b>1,667</b>	<b>1,631</b>	<b>2,124</b>	<b>2,121</b>	<b>-4</b>	<b>-0.2</b>	<b>12.5</b>	<b>1.0</b>	<b>3.0</b>	<b>4.0</b>	<b>1.0</b>	<b>33.3</b>
<b>GROSS FUNDS</b>	<b>210,119</b>	<b>208,488</b>	<b>252,786</b>	<b>257,266</b>	<b>4,481</b>	<b>1.8</b>	<b>638.5</b>	<b>511.3</b>	<b>636.9</b>	<b>613.8</b>	<b>-23.0</b>	<b>-3.6</b>

\*Percent change is based on whole dollars.

**Note:** If applicable, for a breakdown of each Grant (Federal and Private), Special Purpose Revenue type and Intra-District agreement, please refer to **Schedule 80 Agency Summary by Revenue Source** in the **FY 2020 Operating Appendices** located on the Office of the Chief Financial Officer's website.

## FY 2020 Approved Operating Budget, by Comptroller Source Group

Table HC0-3 contains the approved FY 2020 budget at the Comptroller Source Group (object class) level compared to the FY 2019 approved budget. It also provides FY 2017 and FY 2018 actual expenditures.

**Table HC0-3**

(dollars in thousands)

Comptroller Source Group	Actual FY 2017	Actual FY 2018	Approved FY 2019	Approved FY 2020	Change from FY 2019	Percentage Change*
11 - Regular Pay - Continuing Full Time	38,811	41,028	47,676	48,171	495	1.0
12 - Regular Pay - Other	8,409	9,278	9,757	9,027	-730	-7.5
13 - Additional Gross Pay	1,203	597	0	398	398	N/A
14 - Fringe Benefits - Current Personnel	10,257	11,117	12,479	12,822	344	2.8
15 - Overtime Pay	164	179	60	60	0	0.0
<b>SUBTOTAL PERSONAL SERVICES (PS)</b>	<b>58,844</b>	<b>62,199</b>	<b>69,972</b>	<b>70,478</b>	<b>506</b>	<b>0.7</b>
20 - Supplies and Materials	4,007	5,994	9,415	9,634	219	2.3
30 - Energy, Communication and Building Rentals	405	301	199	199	0	0.0
31 - Telecommunications	1,324	1,465	1,481	1,540	58	3.9
32 - Rentals - Land and Structures	11,502	12,630	12,990	12,884	-106	-0.8
34 - Security Services	598	437	449	449	0	0.0
35 - Occupancy Fixed Costs	322	259	402	402	0	0.0
40 - Other Services and Charges	3,153	3,473	4,420	4,255	-165	-3.7
41 - Contractual Services - Other	54,268	51,106	59,609	41,773	-17,836	-29.9
50 - Subsidies and Transfers	75,107	70,283	93,558	112,527	18,969	20.3
70 - Equipment and Equipment Rental	589	340	291	3,126	2,835	974.8
<b>SUBTOTAL NONPERSONAL SERVICES (NPS)</b>	<b>151,275</b>	<b>146,289</b>	<b>182,814</b>	<b>186,788</b>	<b>3,974</b>	<b>2.2</b>
<b>GROSS FUNDS</b>	<b>210,119</b>	<b>208,488</b>	<b>252,786</b>	<b>257,266</b>	<b>4,481</b>	<b>1.8</b>

\*Percent change is based on whole dollars.

## FY 2020 Approved Operating Budget and FTEs, by Division/Program and Activity

Table HC0-4 contains the approved FY 2020 budget by division/program and activity compared to the FY 2019 approved budget. It also provides FY 2017 and FY 2018 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 2017	Actual FY 2018	Approved FY 2019	Approved FY 2020	Change from FY 2019	Actual FY 2017	Actual FY 2018	Approved FY 2019	Approved FY 2020	Change from FY 2019
<b>(1000) AGENCY MANAGEMENT SUPPORT</b>										
(1010) Personnel	995	784	1,123	1,232	108	8.5	8.8	10.0	9.0	-1.0
(1017) Labor Management	115	112	151	126	-24	1.0	0.8	1.0	1.0	0.0
(1020) Contracting and Procurement	580	442	786	627	-159	6.4	5.2	7.0	5.0	-2.0
(1030) Property Management	15,270	15,523	16,490	16,615	125	6.3	3.4	4.0	6.0	2.0
(1040) Information Technology	2,050	2,671	2,345	2,496	151	7.3	8.4	12.0	12.0	0.0
(1055) Risk Management	88	125	125	135	11	1.1	0.9	1.0	1.0	0.0
(1060) Legal	1,911	2,103	2,815	2,504	-311	15.2	14.1	17.0	14.0	-3.0

**Table HC0-4**

(dollars in thousands)

Division/Program and Activity	Dollars in Thousands					Full-Time Equivalent				
	Actual FY 2017	Actual FY 2018	Approved FY 2019	Approved FY 2020	Change from FY 2019	Actual FY 2017	Actual FY 2018	Approved FY 2019	Approved FY 2020	Change from FY 2019
(1080) Communications	269	471	447	675	228	2.0	1.7	3.0	5.0	2.0
(1085) Customer Service	219	55	162	0	-162	3.0	2.6	2.0	0.0	-2.0
(1087) Language Access	22	18	100	100	0	0.0	0.0	0.0	0.0	0.0
(1090) Performance Management	1,844	2,226	2,275	2,133	-142	10.4	8.6	10.0	10.0	0.0
<b>SUBTOTAL (1000) AGENCY MANAGEMENT SUPPORT</b>	<b>23,364</b>	<b>24,529</b>	<b>26,820</b>	<b>26,644</b>	<b>-176</b>	<b>61.2</b>	<b>54.4</b>	<b>67.0</b>	<b>63.0</b>	<b>-4.0</b>
<b>(100F) AGENCY FINANCIAL OPERATIONS</b>										
(110F) Agency Fiscal Officer Operations	969	1,011	1,021	1,135	114	10.6	6.0	7.0	7.0	0.0
(120F) Accounting Operations	1,313	1,215	1,289	1,354	65	12.6	9.4	11.0	11.0	0.0
(130F) ACFO	305	212	312	334	22	4.3	2.6	3.0	3.0	0.0
(140F) Agency Fiscal Officer	193	199	406	537	130	4.1	2.6	3.0	3.0	0.0
<b>SUBTOTAL (100F) AGENCY FINANCIAL OPERATIONS</b>	<b>2,780</b>	<b>2,637</b>	<b>3,028</b>	<b>3,360</b>	<b>331</b>	<b>31.6</b>	<b>20.6</b>	<b>24.0</b>	<b>24.0</b>	<b>0.0</b>
<b>(2500) HLTH EMERG PREPAREDNESS AND RESP.ADMIN</b>										
(2540) Public Health Emerg Preparedness	215	970	2,754	2,936	182	5.9	6.4	3.5	4.4	0.9
(2550) Public Health Emerg Ops. and Pgm Supt	205	134	166	145	-21	11.1	1.3	1.5	1.0	-0.5
(2560) Epidemiology Disease Survl. and Investig	310	267	542	448	-93	2.7	4.1	4.3	3.3	-1.0
(2570) Emergency Med Svs Regulation	462	335	403	498	95	4.2	3.5	3.4	4.3	0.8
(2580) Senior Deputy Director	5,154	3,244	4,243	4,130	-113	21.4	14.1	20.2	21.1	0.8
<b>SUBTOTAL (2500) HLTH EMERG PREPAREDNESS AND RESP.ADMIN</b>	<b>6,346</b>	<b>4,949</b>	<b>8,107</b>	<b>8,157</b>	<b>50</b>	<b>45.3</b>	<b>29.4</b>	<b>33.0</b>	<b>34.0</b>	<b>1.0</b>
<b>(3000) HIV/AIDS HEPATITIS STD AND TB ADMIN</b>										
(3010) HIV/AIDS Support Services	1,757	1,995	1,658	2,703	1,044	12.6	8.5	9.7	10.7	1.0
(3015) HIV/AIDS Policy and Planning	3,344	4,105	3,718	2,039	-1,679	7.2	8.9	22.9	17.5	-5.4
(3020) HIV Health and Support Services	35,350	28,567	40,628	38,357	-2,271	15.7	14.5	21.2	19.3	-1.9
(3030) HIV/AIDS Data and Research	2,468	2,199	2,469	1,856	-613	17.7	14.6	14.7	8.9	-5.8
(3040) Prevention and Intervention Svs	12,784	10,181	11,759	12,301	542	26.7	15.5	22.2	17.1	-5.2
(3060) Drug Assistance Program (ADAP)	8,861	6,757	8,328	9,228	900	4.8	6.0	3.9	16.1	12.2
(3070) Grants and Contracts Management	1,468	1,323	1,554	1,627	73	8.4	9.5	12.4	11.9	-0.5
(3080) STD Control	2,464	2,340	2,591	2,602	11	23.8	18.4	20.0	20.2	0.1
(3085) Tuberculosis Control	1,232	1,252	1,253	1,174	-78	7.6	5.5	7.5	7.0	-0.4
(3090) HIV/AIDS Housing & Supt Svs	12,141	11,070	13,386	19,830	6,444	3.4	3.3	2.5	2.4	-0.1
<b>SUBTOTAL (3000) HIV/AIDS HEPATITIS STD AND TB ADMIN</b>	<b>81,870</b>	<b>69,789</b>	<b>87,343</b>	<b>91,716</b>	<b>4,373</b>	<b>128.0</b>	<b>104.7</b>	<b>137.0</b>	<b>131.1</b>	<b>-6.0</b>
<b>(4500) HEALTH REGULATION AND LICENSING ADMIN</b>										
(4200) Health Professional License Admin	7,201	7,357	10,621	7,966	-2,655	62.6	56.6	65.7	63.8	-2.0
(4515) Food Drug Radiation and Comm. Hygiene	10,170	9,856	12,492	12,223	-269	55.0	46.3	62.4	68.3	5.8
(4530) Health Care Facilities Regulation	5,586	6,986	8,784	5,335	-3,449	53.8	45.6	59.4	37.9	-21.5
(4540) Medical Marijuana	279	719	524	1,334	809	6.6	3.2	0.8	9.7	8.9
<b>SUBTOTAL (4500) HEALTH REGULATION AND LICENSING ADMIN</b>	<b>23,236</b>	<b>24,918</b>	<b>32,422</b>	<b>26,858</b>	<b>-5,564</b>	<b>178.0</b>	<b>151.6</b>	<b>188.4</b>	<b>179.7</b>	<b>-8.7</b>

**Table HC0-4**

(dollars in thousands)

Division/Program and Activity	Dollars in Thousands					Full-Time Equivalents				
	Actual FY 2017	Actual FY 2018	Approved FY 2019	Approved FY 2020	Change from FY 2019	Actual FY 2017	Actual FY 2018	Approved FY 2019	Approved FY 2020	Change from FY 2019
<b>(5000) PRIMARY CARE AND PREVENTION ADMIN.</b>										
(5100) PCPS Support Services	77	521	0	0	0	0.0	0.0	0.0	0.0	0.0
<b>SUBTOTAL (5000) PRIMARY CARE AND PREVENTION ADMIN.</b>	<b>77</b>	<b>521</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>(7000) OFFICE OF HEALTH EQUITY</b>										
(7010) Multi Sector Collaboration	440	222	300	405	105	2.1	1.7	2.0	3.0	1.0
(7020) Comm Based Part. Research and Policy Eval.	226	145	237	236	0	2.1	1.7	2.0	2.0	0.0
(7030) Health Equity Practice and Pgm Implement	52	93	101	127	25	1.1	0.9	1.0	1.0	0.0
<b>SUBTOTAL (7000) OFFICE OF HEALTH EQUITY</b>	<b>719</b>	<b>459</b>	<b>638</b>	<b>768</b>	<b>129</b>	<b>5.4</b>	<b>4.3</b>	<b>5.0</b>	<b>6.0</b>	<b>1.0</b>
<b>(8200) CTR FOR POLICY, PLANNING AND EVALUATION</b>										
(8240) EPI Disease Survey & Investigation	0	1,740	869	4,089	3,220	0.0	4.0	0.0	1.0	1.0
(8250) Research Evaluation and Measurement	635	1,178	1,063	1,787	724	1.1	2.2	2.0	2.5	0.5
(8260) State Center Health Statistics	4,152	4,157	4,665	5,572	907	35.6	25.4	35.6	36.8	1.2
(8270) State Health Planning and Development	882	1,372	2,172	2,003	-169	7.2	7.0	9.0	9.5	0.5
<b>SUBTOTAL (8200) CTR FOR POLICY, PLANNING AND EVALUATION</b>	<b>5,668</b>	<b>8,447</b>	<b>8,768</b>	<b>13,450</b>	<b>4,682</b>	<b>43.9</b>	<b>38.6</b>	<b>46.6</b>	<b>49.8</b>	<b>3.2</b>
<b>(8500) COMMUNITY HEALTH ADMINISTRATION</b>										
(8502) Cancer and Chronic Disease Prevention	6,843	6,588	9,003	9,486	483	28.6	25.8	31.7	25.6	-6.1
(8504) Primary Care	5,191	-3	0	0	0	28.0	0.0	0.0	0.0	0.0
(8505) Health Care Access Bureau	0	5,651	5,875	5,765	-109	0.0	23.1	28.8	24.4	-4.4
(8506) Family Health Bureau	0	35,812	42,205	42,211	6	0.0	24.8	37.3	36.8	-0.5
(8510) Support Services	5,086	6,615	5,666	5,458	-208	25.3	17.2	19.0	17.5	-1.5
(8511) Perinatal and Infant Health	2,795	4	305	268	-37	17.8	0.0	1.0	0.0	-1.0
(8513) Nutrition and Physical Fitness	17,577	17,606	22,605	23,125	519	22.5	16.6	18.0	22.0	4.0
(8514) Children, Adolescent and School Health	28,579	-4	0	0	0	23.0	0.0	0.0	0.0	0.0
<b>SUBTOTAL (8500) COMMUNITY HEALTH ADMINISTRATION</b>	<b>66,072</b>	<b>72,269</b>	<b>85,659</b>	<b>86,313</b>	<b>655</b>	<b>145.2</b>	<b>107.5</b>	<b>135.8</b>	<b>126.2</b>	<b>-9.6</b>
<b>(9960) YR END CLOSE</b>										
No Activity Assigned	-13	-30	0	0	0	0.0	0.0	0.0	0.0	0.0
<b>SUBTOTAL (9960) YR END CLOSE</b>	<b>-13</b>	<b>-30</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>TOTAL APPROVED OPERATING BUDGET</b>	<b>210,119</b>	<b>208,488</b>	<b>252,786</b>	<b>257,266</b>	<b>4,481</b>	<b>638.4</b>	<b>511.2</b>	<b>636.9</b>	<b>613.8</b>	<b>-23.0</b>

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

**Note:** For more detailed information regarding the proposed funding for the activities within this agency's programs, please see **Schedule 30-PBB Program Summary by Activity** in the **FY 2020 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 Licensing 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 a 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 Department of Health has no division structure changes in the FY 2020 approved budget.

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## FY 2019 Approved Budget to FY 2020 Approved Budget, by Revenue Type

Table HC0-5 itemizes the changes by revenue type between the FY 2019 approved budget and the FY 2020 approved budget. For a more comprehensive explanation of changes, please see the FY 2020 Approved Budget Changes section, which follows the table.

**Table HC0-5**

(dollars in thousands)

DESCRIPTION	DIVISION/PROGRAM	BUDGET	FTE
<b>LOCAL FUNDS: FY 2019 Approved Budget and FTE</b>		<b>84,168</b>	<b>156.1</b>
Removal of One-Time Costs	Multiple Programs	-4,148	0.0
<b>LOCAL FUNDS: FY 2020 Recurring Budget</b>		<b>80,019</b>	<b>156.1</b>
Increase: To align resources with operational spending goals	Multiple Programs	17,367	0.0
Increase: To align personal services and Fringe Benefits with projected costs	Multiple Programs	604	2.3
Decrease: To align resources with operational spending goals	Multiple Programs	-17,501	0.0
Enhance: To support the Maternal and Infant Health Summit and Dementia Coordinator (one-time)	Agency Management Support	600	0.0

**Table HC0-5**

(dollars in thousands)

<b>DESCRIPTION</b>	<b>DIVISION/PROGRAM</b>	<b>BUDGET</b>	<b>FTE</b>
Enhance: To support Food Safety and Hygiene Inspection Services	Multiple Programs	560	5.0
Enhance: To support Senior dental services grants (one-time)	Community Health Administration	500	0.0
Enhance: To support Access to Treatment for Anaphylaxis Act of 2018	Health Regulation and Licensing Admin	199	2.0
Enhance: Study of Long-Term Care Facilities and Long-Term Care Services Act of 2018 (one-time)	Health Regulation and Licensing Admin	118	0.0
<b>LOCAL FUNDS: FY 2020 Mayor's Proposed Budget</b>		<b>82,465</b>	<b>165.5</b>
Enhance: To support various operational requirements and policy initiatives (one-time)	Multiple Programs	3,222	0.0
Enhance: To support the Birth-to-Three for All D.C. Act of 2018	Multiple Programs	1,503	3.0
Enhance: To support the Medical Marijuana Patient Health and Accessibility Improvement Amendment Act of 2019	Health Regulation and Licensing Admin	266	3.0
Enhance: To support the East End Federally Qualified Health Center Certificate of Need Maximum Fee Establishment Amendment Act of 2017 and the Returning Citizens Opportunity to Succeed Act of 2019	Ctr for Policy, Planning and Evaluation	240	0.0
Reduce: To recognize savings from a reduction in FTE(s)	Health Regulation and Licensing Admin	-179	-3.0
Reduce: Elimination of the Maternal and Infant Health Summit	Agency Management Support	-600	0.0
<b>LOCAL FUNDS: FY 2020 District's Approved Budget</b>		<b>86,917</b>	<b>168.5</b>
<b>FEDERAL PAYMENTS: FY 2019 Approved Budget and FTE</b>		<b>3,000</b>	<b>0.0</b>
Increase: To align with the President's FY 2020 Budget Request	HIV/AIDS Hepatitis STD and TB Admin	1,750	0.0
<b>FEDERAL PAYMENTS: FY 2020 Mayor's Proposed Budget</b>		<b>4,750</b>	<b>0.0</b>
No Change		0	0.0
<b>FEDERAL PAYMENTS: FY 2020 District's Approved Budget</b>		<b>4,750</b>	<b>0.0</b>
<b>FEDERAL GRANT FUNDS: FY 2019 Approved Budget and FTE</b>		<b>135,965</b>	<b>324.3</b>
Increase: To align budget with projected grant awards	Multiple Programs	4,533	-29.9
<b>FEDERAL GRANT FUNDS: FY 2020 Mayor's Proposed Budget</b>		<b>140,498</b>	<b>294.4</b>
No Change		0	0.0
<b>FEDERAL GRANT FUNDS: FY 2020 District's Approved Budget</b>		<b>140,498</b>	<b>294.4</b>
<b>PRIVATE GRANT FUNDS: FY 2019 Approved Budget and FTE</b>		<b>142</b>	<b>1.0</b>
Decrease: To align budget with projected grant awards	Multiple Programs	-7	-1.0
<b>PRIVATE GRANT FUNDS: FY 2020 Mayor's Proposed Budget</b>		<b>136</b>	<b>0.0</b>
No Change		0	0.0
<b>PRIVATE GRANT FUNDS: FY 2020 District's Approved Budget</b>		<b>136</b>	<b>0.0</b>
<b>SPECIAL PURPOSE REVENUE FUNDS: FY 2019 Approved Budget and FTE</b>		<b>27,387</b>	<b>152.4</b>
Decrease: To align budget with projected revenues	Multiple Programs	-4,533	-5.4
<b>SPECIAL PURPOSE REVENUE FUNDS: FY 2020 Mayor's Proposed Budget</b>		<b>22,854</b>	<b>147.0</b>
Reduce: To align budget with projected revenues	Ctr for Policy, Planning and Evaluation	-8	0.0
<b>SPECIAL PURPOSE REVENUE FUNDS: FY 2020 District's Approved Budget</b>		<b>22,846</b>	<b>147.0</b>

## Table HC0-5

(dollars in thousands)

DESCRIPTION	DIVISION/PROGRAM	BUDGET	FTE
<b>INTRA-DISTRICT FUNDS: FY 2019 Approved Budget and FTE</b>		<b>2,124</b>	<b>3.0</b>
Decrease: To align resources with operational spending goals	Multiple Programs	-4	1.0
<b>INTRA-DISTRICT FUNDS: FY 2020 Mayor's Proposed Budget</b>		<b>2,121</b>	<b>4.0</b>
No Change		0	0.0
<b>INTRA-DISTRICT FUNDS: FY 2020 District's Approved Budget</b>		<b>2,121</b>	<b>4.0</b>
<b>GROSS FOR HC0 - DEPARTMENT OF HEALTH</b>		<b>257,266</b>	<b>613.8</b>

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

### FY 2020 Approved Budget Changes

The Department of Health's (DOH) approved FY 2020 gross budget is \$257,266,394, which represents a 1.8 percent increase over its FY 2019 approved gross budget of \$252,785,684. The budget is comprised of \$86,916,746 in Local funds, \$4,750,000 in Federal Payment funds, \$140,497,706 in Federal Grant funds, \$135,509 in Private Grant funds, \$22,845,845 in Special Purpose Revenue funds, and \$2,120,588 in Intra-District funds.

### Recurring Budget

The FY 2020 budget for DOH includes a net reduction of \$4,148,457 to account for the removal of one-time funding appropriated in FY 2019 for the following enhancements: \$1,630,000 to support a pre-term birth prevention pilot, where DOH partnered 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; \$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; \$628,457 and 4.0 FTEs in the Health Regulation and Licensing Administration that allowed DOH to quickly re-inspect areas where rodent activity has been observed, perform more proactive inspections, and increase DOH's presence in the community as it performs rodent abatement activities; \$500,000 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; \$375,000 to support the Senior Dental Service Program Act of 2018; \$150,000 to support a study of OBGYN services in Wards 5, 7, and 8; \$50,000 for the HIV/AIDS, Hepatitis, STD, and TB Administration to purchase 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; \$40,000 to support a resource coordinator to connect teen girls to critical mental health and academic support services outside of the school environment; and \$40,000 for a resource coordinator to connect teen girls to critical mental health and academic support services outside of the school environment.

### Mayor's Proposed Budget

**Increase:** DOH's proposed Local funds budget includes an increase of \$17,366,714 across multiple divisions to reflect the change in providing funding through grants and subsidies instead of contracts primarily for the School Health Services program. Additionally, a net increase of \$603,970 across multiple divisions reflect salary step and Fringe Benefits adjustments, which include 2.3 Full-Time Equivalents (FTEs), primarily in the Community Health Administration division.

The budget proposal for Federal Grant funds reflects a net increase of \$4,533,128 and a net reduction of 29.9 FTEs, primarily in the Community Health Administration and the HIV/AIDS, Hepatitis, Sexually

Transmitted Diseases (STD), and (TB) Administration. The FTE decrease is primarily due to the elimination of funding for the Men Having Sex with Men of Color at Risk grant. The net increase in federal funding is due to new funding to support combating the opioid crisis in the District of Columbia.

In Federal Payments, DOH's budget proposal reflects a net increase of \$1,750,000 to align the budget with the anticipated appropriation for FY 2020.

In Intra-District funds, there is an increase of 1.0 FTE in the Community Health Administration associated with a Memorandum of Understanding (MOU) with the Office on Aging to advocate, plan, implement, and monitor programs in health, education, and social services for older and disabled residents.

**Decrease:** DOH's budget proposal reflects a decrease in Local funds of \$17,501,481 across multiple divisions in Contractual Services to reflect a reallocation of resources from contracts to subsidies for the School Health Services program.

In Private Grant funds, there is a decrease of \$6,857 and 1.0 FTE in the HIV/AIDS STD and TB Administration associated with funding from Gilead Science Inc.

In Special Purpose Revenue funds, there is a decrease of \$4,532,868 and 5.4 FTEs, primarily in the Health Regulation and Licensing Administration. This decrease is primarily within the Pharmacy Protection and Board of Medicine Funds and reflects a reduction in projected revenue as well as other programmatic changes.

In Intra-District funds there is a net decrease of \$3,830 to align with current funding agreements. The decrease in funding is associated with a MOU with the Department of Health Care Finance to improve health outcomes for children between the ages of birth to eight years old who are at risk for developmental delays and disabilities.

**Enhance:** DOH's proposed Local funds budget includes an increase in the amount of \$559,629 for 5.0 FTEs within the Health Regulation and Licensing Administration to enhanced customer service within the Food Safety and Hygiene Inspection Services Division (FSHISD) for the business owners, residents, and visitors of the District of Columbia.

The proposed Local funds budget includes a one-time increase of \$600,000 for two initiatives in the Agency Management division. First, a one-time enhancement of \$500,000 will support the Second Annual Maternal and Infant Health Summit, which will build upon the 2018 Summit by continuing to bring public awareness and interest to the critical issue of maternal and infant health and the District's approach to ensuring the health of women, babies, and families. The Summit will bring together Mayors, academics, and health officials to continue to share strategies and best practices for improving perinatal health and addressing racial disparities in health outcomes. The event will be led by the recently announced Thrive by Five Coordinating Council, in collaboration with DOH and other District agencies, and will feature panel discussions and breakout sessions focused on sharing ideas and spurring action to improve the health of mothers and their families. Second, a one-time increase of \$100,000 in Contractual Services will provide funding for a Dementia Coordinator to perform an internal assessment of District-wide efforts.

In the Community Health Administration, the proposed Local funds budget includes a one-time increase of \$500,000 to provide funding for senior dental services grants to residents. Senior Dental Services program grants allow DC-based dental offices to promote dental health and welfare to the District's seniors, with an emphasis on engaging seniors, so that they may have access to quality and comprehensive dental care.

In the Health Regulation and Licensing Administration, the Local funds budget includes a total increase of \$317,109. First, a total of \$198,709 and 2.0 FTEs supports the Access to Treatment for Anaphylaxis Act of 2018, which will allow health care professionals to prescribe, and pharmacists to dispense and distribute, epinephrine auto-injectors to authorized entities and to authorize employees or agents of an authorized entity who has completed a training program to provide or administer an epinephrine auto-injector. This will also allow DOH to comply with other requirements. In addition, a one-time increase of \$118,400 will support a contract for a DC Health Demographer to study and evaluate the availability of affordable long-term care facilities and services in the District, per the Long-Term Care Facilities and Long-Term Care Services Act of 2018.

## **District's Approved Budget**

**Enhance:** The Department of Health's approved Local funds budget reflects a net increase of \$3,222,000 in one-time enhancements across multiple divisions. These enhancements are comprised as follows: \$1,125,000 to support the Opioid Overdose Prevention Act of 2019, which provides opioid antagonist kits to Metropolitan Police Department officers while treating opioid overdose patients; \$600,000 to support the Not-for-Profit Hospital Corporation Fiscal and Transition Planning Act of 2019 for the State Health Planning and Development Agency Certificate of Need waiver to accelerate the new hospital's opening and support the broader health system; \$300,000 to support the Birth-to-Three for All D.C. Act of 2018 for the Lactation Professional Certification and Help Me Grow National Center; \$300,000 to support the Leverage for Our Future Act of 2019, which provides a home visiting provider for the provision of home visiting services to certain first-time mothers; \$245,000 to support the Dementia Services Coordinator Act; \$217,000 to support the peer youth health educator program; \$195,000 to support the Hearing Aid Assistance Program Act of 2017 in conjunction with the Department on Disability Services; \$80,000 to support Teen Pregnancy Resource Coordinators; \$80,000 to support the Produce Rx program, which allows medical professionals to prescribe fresh fruit and vegetables to patients experiencing diet-related chronic illnesses; and \$80,000 to support the Women, Infants, and Children Program Expansion Act of 2018.

DOH's Local funds approved budget includes a net increase of \$1,067,272, primarily in the Community Health Administration division. This increase is comprised of \$703,000 for the Birth-to-Three for All D.C Act of 2018, with \$600,000 for the Community Health Administration to allow the HealthySteps program expand to two additional clinics and \$103,000 to the Center for Policy, Planning, and Evaluation, to develop a Lactation Professional Certification; and \$364,272 for nutrition-related programs and services within the Community Health Administration, which is comprised of \$100,000 for the Produce Rx program \$100,000 for Produce Plus; \$100,000 for the Healthy Corners Stores Partnership program; and \$64,272 for Joyful Food Markets.

The Community Health Administration division's Local funds approved budget reflects a net increase of \$289,537 and 1.0 FTE to support the Dementia Services Coordinator Amendment Act of 2019.

The Health Regulation and Licensing Administration division's Local funds approved budget increased by \$266,140 and 3.0 FTEs for the Medical Marijuana Patient Health and Accessibility Improvement Amendment Act of 2019, which authorizes the dispensation of medical marijuana for use by qualifying patients over the age of 21 at safe-use facilities.

The Center for Policy, Planning and Evaluation division's Local funds approved budget reflects an increase of \$200,000 to support the East End Federally Qualified Health Center Certificate of Need Maximum Fee Establishment Amendment Act of 2017. The Community Health Administration division's Local funds approved budget reflects an increase of \$146,000 and 2.0 FTEs to support the Women, Infants, and Children Program Expansion Act of 2018, which enables the agency to license and safe-use treatment facilities.

The Center for Policy, Planning and Evaluation division's Local funds approved budget reflects an increase of \$40,000 to support the Returning Citizens Opportunity to Succeed Act of 2019. This allows the agency to make permanent fee waivers for vital records and identification cards for returning citizens, within one year of their release, and those living in halfway houses in the District.

**Reduce:** The proposed Local funds approved budget includes a reduction of \$179,297 in the Health Regulation and Licensing Administration division to reflect a reduction of 3.0 FTEs. Additionally, there is a reduction of \$600,000 for the elimination of the Maternal and Infant Health Summit in the Agency Management division.

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

## Agency Performance Plan\*

The Department of Health (DOH) has the following strategic objectives for FY 2020:

### 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.

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## ACTIVITIES

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

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### 1. Health Regulation and Licensing Administration (HRLA). Protect the health of those who reside and do business in the District of Columbia by fostering excellence in health professional practice and building quality and safety in health systems and facilities through an effective regulatory framework. (11 Activities)

Activity Title	Activity Description	Type of Activity
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. (11 Activities)**

Activity Title	Activity Description	Type of Activity
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
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
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
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
Health Professional Licensing	Receive, process, and review for compliance with District and Federal regulatory compliance license applications for over seventy different healthcare professions.	Daily Service
Compliance, Quality Assurance and Investigation	The Office of Compliance, Quality Assurance and Investigation 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
Animal Services Program (ASP)	The Animal Services Program (ASP) is responsible for the prevention and spread of diseases	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. (11 Activities)**

<b>Activity Title</b>	<b>Activity Description</b>	<b>Type of Activity</b>
	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, and is responsible for zoonotic surveillance.	
Pharmaceutical Control Division (PCD)	The Pharmaceutical Control Division (PCD) licenses, regulates and inspects community and hospital pharmacies and distributor manufacturers. The PCD also licenses pharmaceutical detailers (e.g., pharmaceutical representatives) as well as registers, regulates and inspects controlled substance facilities in the District of Columbia.	Daily Service
Intermediate Care Facilities Division (ICFD)	The Intermediate Care Facilities Division (ICFD) 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
Medical Marijuana Program (MMP)	The Division of Medical Marijuana and Integrative Therapy (MMIT) licenses and regulates medical marijuana dispensaries and cultivation centers. The MMIT also approves patients and caregivers who apply to participate in the medical marijuana program. The Division also registers healthcare practitioners who elect to participate as recommenders for patients in need of medical marijuana as a treatment modality.	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)**

<b>Activity Title</b>	<b>Activity Description</b>	<b>Type of Activity</b>
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

**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)**

<b>Activity Title</b>	<b>Activity Description</b>	<b>Type of Activity</b>
Community Based Participatory Research & 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
Health Equity Practice & 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)**

<b>Activity Title</b>	<b>Activity Description</b>	<b>Type of Activity</b>
Certificate of Need (CON) Program	CPPE works with healthcare providers to administer the Certificate of Need program to ensure that the healthcare services and facilities established in the District are of high quality and meet the needs of residents.	Daily Service
Vital Records	Vital Records is responsible for collecting, preserving and administering the District's system of birth, death and domestic partnership records.	Daily Service
Behavioral Risk Factor Surveillance 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

**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. (28 Activities)**

<b>Activity Title</b>	<b>Activity Description</b>	<b>Type of Activity</b>
Cancer Programs Division	The Cancer Programs Division encompasses three programs (Project WISH, Comprehensive Cancer Control, 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

**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. (28 Activities)**

Activity Title	Activity Description	Type of Activity
Evidence-Based 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
Home Delivered Meals	This program involves the administration of a home delivered meals program to homebound residents of all ages living with a chronic disease. Services include: meals tailored to meet dietary and cultural needs and medical nutrition therapy and referrals.	Daily Service
Pop-Up Markets in Elementary Schools	Program administers pop-up food markets in all elementary schools in Wards 7 and 8. Families participate in choice pantry style market, food demonstrations and nutrition education and are eligible for 23 pounds of food per student enrolled in the participating school. Program addresses food access, food literacy and community engagement.	Daily Service
Supplemental Nutrition Assistance Program, Education and Obesity Grant (SNAP-Ed)	Program provides health and wellness education; policy, systems, and environmental change strategies; and SNAP referrals to eligible District residents. Eligibility for program services includes SNAP certification and participating in activities where at least 50 percent of the audience is SNAP eligible.	Daily Service
Newborn Screening 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

**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. (28 Activities)**

<b>Activity Title</b>	<b>Activity Description</b>	<b>Type of Activity</b>
Sexual Violence Prevention Program	Implement and evaluate sexual violence prevention programs, practices, and policies within the District of Columbia. This includes increasing the use of partnerships to implement relationships/community-level strategies and improve coordination of sexual violence prevention efforts.	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	Program increases resident access to affordable, nutritious, locally sourced produce. The program offers vouchers to eligible low-income residents. Vouchers can be used to purchase fresh produce at any of the authorized farmers' markets between June and October.	Daily Service
Perinatal Health Program	This program seeks to improve women's health, promote clinical quality and patient safety, and achieve collective impact.	Daily Service
Chronic Disease Division	The Chronic Disease Division addresses population level chronic disease prevention and management through evidence-based behavioral, clinical, policy and environmental interventions, as well as through multi-sector collaboration.	Daily Service
Tobacco Control Program	This program aims to reduce disease, disability and death due to tobacco use by: educating and informing stakeholders and decision-makers about evidence-based policies and programs to prevent initiation of tobacco use; working with health systems to implement evidence-based practices to support tobacco cessation in the District of Columbia; implementing evidence-based, mass-reach health communication interventions to increase cessation and/or promote the Quitline; reducing exposure to secondhand smoke; and identifying and eliminating tobacco-related disparities among specific populations.	Daily Service
Adolescent Health Education and Training Program	This program focuses on building the capacity of youth-serving organizations, District of Columbia Public Schools, and District of Columbia Public Charter Schools through training and technical assistance services on adolescent health topics.	Daily Service
School-Based Oral Health Program	This program aids DC Public and Public Charter students in maintaining educational readiness by providing preventive oral health services in schools and linkage to dental homes.	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. (28 Activities)**

<b>Activity Title</b>	<b>Activity Description</b>	<b>Type of Activity</b>
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	Program provides no-cost nutrition assessments, breastfeeding support and healthful foods to promote healthy pregnancies and growth in children during the first five years of life.	Daily Service
Farmers' Market Nutrition Program (FMNP)	This program provides oversight for 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
Primary Care Office (PCO) Grant Programs	These programs provide funding to increase access to equitable, comprehensive, quality health care services provided through a medical or dental home.	Daily Service
Early Childhood Place-Based Initiative	This program partners with community organizations to implement place-based strategies to improve early childhood health and education outcomes.	Daily Service
Immunization Program	This program seeks to reduce the spread of vaccine preventable diseases among residents, visitors, and those working or doing business in the District.	Daily Service
Preventive Health and Health Services Block Grant (PHHSBG)	The PHHSBG aligns with DC Healthy People 2020 to identify current and emerging public health needs and to support innovative programs and policies within the local context.	Daily Service
Teen Pregnancy Prevention (TPP)	This program is designed to prevent teen pregnancy and improve adolescent health outcomes, as well as to achieve the purposes of the Temporary Assistance for Needy Families program. Grantees implement evidence-based or evidence-informed teen pregnancy prevention initiatives.	Daily Service
Youth Advisory Council	Program promotes positive youth development, working with young leaders to enhance critical thinking skills and apply skills to planning and implementing projects to improve their community.	Daily Service
Senior Farmers' Market Nutrition Program (SFMNP)	Healthful food access programs that assists income stressed seniors in purchasing locally sourced fruits and vegetables. Seniors aged 60 years and older receive health and wellness education along with the food benefit, June through October.	Daily Service
Commodity Supplemental Food Program	This program provides a monthly food package, nutrition and wellness education, and opportunities for social engagement to seniors 60 years and older living in the District.	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)**

<b>Activity Title</b>	<b>Activity Description</b>	<b>Type of Activity</b>
AIDS Drug Assistance	The AIDS Drug Assistance Program (ADAP) provides medication for the treatment of HIV	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)**

<b>Activity Title</b>	<b>Activity Description</b>	<b>Type of Activity</b>
	disease. Through screening of clients to determine eligibility, enrollment and medication management the District of Columbia will continue providing this critical 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, EMTs, 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)**

<b>Activity Title</b>	<b>Activity Description</b>	<b>Type of Activity</b>
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
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 Incident Command System (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	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
	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.	
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
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
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 2017 Actual	FY 2018 Target	FY 2018 Actual	FY 2019 Target	FY 2020 Target
Percent of Registered Controlled Substance Facilities inspected annually	No	100%	90%	100%	90%	90%
Percent of confirmed foodborne illness cases by DC Health epidemiologists investigated within three (3) business days of notification to HRLA	No	Not Available	New in 2019	New in 2019	95%	95%
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 complaint inspections initiated within five (5) business days of receipt	No	94.7%	95%	97.3%	95%	95%
Percent of investigations initiated within 24 hours of receipt for complaints of abuse, neglect and mistreatment	No	Not Available	New in 2019	New in 2019	100%	100%
Percent of medical marijuana facilities (dispensaries and cultivation centers) receiving at least one quarterly inspection	No	Not Available	New in 2019	New in 2019	95%	95%
Percent of pharmaceutical facilities receiving at least one annual inspection	No	Not Available	New in 2019	New in 2019	90%	90%
Percent of residential healthcare providers scoring at or above the national average of 72 percent on the customer satisfaction survey	No	Not Available	New in 2019	New in 2019	100%	100%
Percent of rodent activity complaints inspected or baited, and closed in the 311 system within three (3) business days of receipt	No	Not Available	New in 2019	New in 2019	100%	100%
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 2017 Actual	FY 2018 Target	FY 2018 Actual	FY 2019 Target	FY 2020 Target
Number of CON Appeals	No	0	0	0	0	0
Percent of Certificates of Need (CONs) reviewed on time within 90	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 2017 Actual	FY 2018 Target	FY 2018 Actual	FY 2019 Target	FY 2020 Target
days						
Percent of vital records walk-in requests processed within 30 minutes	No	85.8%	95%	60.6%	92%	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. (18 Measures)**

Measure	New Measure/ Benchmark Year	FY 2017 Actual	FY 2018 Target	FY 2018 Actual	FY 2019 Target	FY 2020 Target
Breastfeeding initiation rates among African-American WIC enrollees	No	53.3%	47%	52.3%	47%	47%
Percent of Health Professional Loan Repayment Program (HPLRP) participants that are practicing in priority underserved areas	No	98%	90%	91.7%	90%	90%
Percent of Produce Plus Farmer's Market benefits redeemed	No	Not Available	New in 2019	New in 2019	93%	93%
Percent of Youth Advisory Council participants who report an increase in knowledge and skills gained from participation	No	Not Available	Not Available	Not Available	New Measure	New Measure
Percent of children ages 0 to 3 served by a VFC (Vaccines for Children) medical home with up-to-date immunizations	No	Not Available	New in 2019	New in 2019	55%	55%
Percent of elementary aged students participating in Joyful Food Markets reporting improved food security	No	Not Available	New in 2019	New in 2019	60%	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	52.8%	95%	87.4%	85%	85%
Percent of eligible perinatal program participants with a documented reproductive health plan	No	65.1%	90%	80.4%	90%	90%
Percent of families with one or more completed referrals through Help Me Grow	No	Not Available	New in 2019	New in 2019	70%	70%
Percent of infants that receive a follow-up after failing initial hearing screening	No	Not Available	New in 2019	New in 2019	75%	75%
Percent of infants who receive an initial hearing screen at birth	No	Not Available	New in 2019	New in 2019	85%	85%
Percent of kindergarten-enrolled children with up-to-date immunizations	No	Not Available	Not Available	Not Available	New Measure	New Measure
Percent of providers reporting immunization data electronically	No	Not Available	Not Available	Not Available	New Measure	New Measure

**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. (18 Measures)**

Measure	New Measure/ Benchmark Year	FY 2017 Actual	FY 2018 Target	FY 2018 Actual	FY 2019 Target	FY 2020 Target
into the immunization registry (DOCIIS)						
Percent of students in the School Health Services program with asthma with an asthma action plan on file	No	Not Available	New in 2019	New in 2019	35%	35%
Percent of women enrolled in the MIECHV programs that are screened for depression	No	85.9%	95%	86.3%	85%	85%
Percentage increase in primary care visits funded by Primary Care Office grants	No	Not Available	Not Available	Not Available	New Measure	New Measure
Proportion of adults with hypertension who have achieved blood pressure control (seen at Million-Hearts-participating facilities)	No	Not Available	New in 2019	New in 2019	70%	70%
Total breastfeeding initiation rates among WIC enrollees	No	60.4%	57%	59.9%	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. (13 Measures)**

Measure	New Measure/ Benchmark Year	FY 2017 Actual	FY 2018 Target	FY 2018 Actual	FY 2019 Target	FY 2020 Target
Number of Naloxone kits distributed	No	Not Available	New in 2019	New in 2019	1000	1000
Number of individuals started on Pre-Exposure Prophylaxis (PrEP)	No	3465	100	3414	1000	1000
Percent of AIDS Drug Assistance Program (ADAP) beneficiaries who are currently virally suppressed	No	Not Available	New in 2019	New in 2019	85%	85%
Percent of DOH-supported HIV tests conducted with focus populations	No	35.8%	12%	49.1%	12%	12%
Percent of Ryan White clients living in the District that are prescribed Anti-Retroviral Therapy	No	83.6%	80%	86.6%	90%	90%
Percent of clients with a positive Hepatitis C test enrolling in treatment	No	30%	40%	30.4%	40%	40%
Percent of diagnosed HIV positive individuals retained in care that are virally suppressed	No	82.3%	80%	79.7%	85%	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	4.3%	50%	14.1%	10%	10%
Percent of individuals started on PrEP who are members of demographic groups most impacted	No	Not Available	New in 2019	New in 2019	60%	60%

**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. (13 Measures)**

Measure	New Measure/ Benchmark Year	FY 2017 Actual	FY 2018 Target	FY 2018 Actual	FY 2019 Target	FY 2020 Target
by HIV (African American women, men who have sex with men, or transgender women of color)						
Percent of new HIV cases linked to care within 3 months of diagnosis	No	89.8%	88%	85.6%	90%	90%
Percent of people experiencing overdoses who were also linked to substance use treatment	No	Not Available	New in 2019	New in 2019	45%	45%
Proportion of TB patients completing treatment	No	100%	90%	100%	90%	90%
Proportion of gonorrhea cases with appropriate treatment confirmed among clients seen at the Health and Wellness Center	No	Not Available	New in 2019	New in 2019	35%	35%

**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. (12 Measures)**

Measure	New Measure/ Benchmark Year	FY 2017 Actual	FY 2018 Target	FY 2018 Actual	FY 2019 Target	FY 2020 Target
Percent of Closed PODs that can open for set up within two hours of notification to activate	No	Not Available	New in 2019	New in 2019	100%	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	Not Available	New in 2019	New in 2019	50%	50%
Percent of District hospitals, skilled nursing facilities, and clinics that participate in at least two (2) HMC sponsored trainings and workshops annually	No	Not Available	New in 2019	New in 2019	50%	50%
Percent of EMS Emergency Response vehicles with an initial passing inspection	No	Not Available	New in 2019	New in 2019	85%	85%
Percent of EMS agency inspections with passing determinations	No	Not Available	New in 2019	New in 2019	75%	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	Not Available	New in 2019	New in 2019	100%	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	Not Available	New in 2019	New in 2019	100%	100%
Percent of Health Alert Network (HAN) alert recipients who	No	Not Available	New in 2019	Not Available	New Measure	New Measure

**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. (12 Measures)**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2017 Actual</b>	<b>FY 2018 Target</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Target</b>	<b>FY 2020 Target</b>
acknowledge receipt after the first alert attempt						
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 Opera	No	6.9%	60%	10.6%	60%	60%
Percent of Medical Reserve Corps (MRC) volunteers that acknowledge a notification to activate/drill message within 2 hours	No	89.5%	75%	100%	75%	75%
Percent of Open PODs that can open for set up within 2 hours of notification to activate	No	Not Available	New in 2019	New in 2019	100%	100%
Percent of closed POD partners meeting all program requirements	No	Not Available	New in 2019	Not Available	New Measure	New Measure

**7. Create and maintain a highly efficient, transparent, and responsive District government. (17 Measures)**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2017 Actual</b>	<b>FY 2018 Target</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Target</b>	<b>FY 2020 Target</b>
Average days to hire new employees	No	Not Available	New in 2019	New in 2019	90	90
Contracts and Procurement - Average number of calendar days between requisition and purchase orders issued	No	16.9	Not Available	Data Forthcoming	Not Available	Not Available
Contracts and Procurement - Percent of Small Business Enterprise (SBE) annual goal spent	No	100.6%	Not Available	Data Forthcoming	Not Available	Not Available
Financial Management - Percent of local budget de-obligated to the general fund at the end of year	No	4.8%	Not Available	Data Forthcoming	Not Available	Not Available
Financial Management - Quick Payment Act (QPA) Compliance - Percent of QPA eligible invoices paid within 30 days	No	Not Available	Not Available	Data Forthcoming	Not Available	Not Available
Human Resource Management - Average number of days to fill vacancy from post to offer acceptance	No	Not Available	New in 2019	New in 2019	New in 2019	Not Available
Human Resource Management - Percent of eligible employee performance evaluations completed and finalized in PeopleSoft	No	99.8%	Not Available	Data Forthcoming	Not Available	Not Available
Human Resource Management - Percent of eligible employees completing and finalizing a performance plan in PeopleSoft	No	Not Available	Not Available	96%	Not Available	Not Available

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

Measure	New Measure/ Benchmark Year	FY 2017 Actual	FY 2018 Target	FY 2018 Actual	FY 2019 Target	FY 2020 Target
IT Policy and Freedom of Information Act (FOIA) Compliance - Percent of open data sets identified by the annual Enterprise Dataset Inventory published on the Open Data Portal	No	Not Available	Not Available	52.9%	Not Available	Not Available
IT Policy and Freedom of Information Act (FOIA) Compliance - Percent of FOIA Requests Processed in more than 25 business days - statute requirements allow 15 business days and a 10 day extension	No	4.2%	Not Available	Data Forthcoming	Not Available	Not Available
Percent of MSS employees who complete the required MSS training curriculum	No	41.2%	80%	36.3%	80%	80%
Percent of completed interim subgrant budget periods with performance ratings completed and submitted within 45 days	No	Not Available	New in 2019	New in 2019	60%	60%
Percent of eligible employee reviews completed on time	No	95%	90%	96.5%	90%	90%
Percent of lapsed dollar amounts on federal awards	No	5.8%	3%	19.1%	3%	3%
Percent of new subgrants with approved risk-based monitoring plans within 30 days of award	No	Not Available	New in 2019	New in 2019	75%	75%
Percent of required attendees completing trainings mandated by EOM, DCHR, or the DOH Director	No	Not Available	New in 2019	New in 2019	70%	70%
Percent of targeted visits completed by monitors per the most recent version of the risk-based monitoring plan	No	Not Available	New in 2019	New in 2019	60%	60%

**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 2016 Actual	FY 2017 Actual	FY 2018 Actual
Number of Certificate of Need application decisions	No	24	31	27

**2. Vital Records**

Measure	New Measure/ Benchmark Year	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual
Number of walk-in customers to the Vital Records Office	No	49,990	50,790	38,193

### 3. Cancer Programs Division

Measure	New Measure/ Benchmark Year	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual
Number of persons identified as cancer survivors and care givers who have attended a disease management course	No	Not Available	Not Available	Not Available
Number of breast screening and diagnostic procedures performed	No	1321	1269	900
Number of cervical screening and diagnostic procedures performed	No	196	163	35
Number of people provided with navigation services for colorectal cancer screening, diagnosis and treatment	No	Not Available	Not Available	Not Available
Number of women provided with navigation services for breast cancer screening, diagnosis and treatment	No	Not Available	Not Available	Not Available

### 4. Evidence-Based Home Visiting Program

Measure	New Measure/ Benchmark Year	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual
Number of families participating in evidence-based home visiting programs	No	Not Available	289	259
Number of resource referrals made through the evidence-based Home Visiting Program	No	Not Available	516	466

### 5. Help Me Grow (HMG)

Measure	New Measure/ Benchmark Year	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual
Number of completed resource referrals provided through the Help Me Grow Program	No	Not Available	367	246
Number of families/providers calls/referrals to Help Me Grow	No	Not Available	Not Available	Not Available

### 6. Home Delivered Meals

Measure	New Measure/ Benchmark Year	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual
Number of District residents receiving farmer's market incentive benefits from DC Health-administered programs	No	43,448	25,653	21,188

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

Measure	New Measure/ Benchmark Year	FY 2016 Actual	FY 2017 Actual	FY 2018 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	25,994	32,861

### 8. Newborn Screening Program

Measure	New Measure/ Benchmark Year	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual
Number of infants receiving a hearing screening in their first month of life	No	Not Available	8069	13,061

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**9. The Safe Sleep Program**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2016 Actual</b>	<b>FY 2017 Actual</b>	<b>FY 2018 Actual</b>
Number of parents/caregivers educated on infant safe sleep practices	No	1191	875	528
Number of portable cribs (Pack-n-Play) distributed	No	Not Available	502	508

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**10. Health Professional Loan Repayment Program (HPLRP)**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2016 Actual</b>	<b>FY 2017 Actual</b>	<b>FY 2018 Actual</b>
Number of certified HPLRP sites	No	Not Available	24	33

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**11. School Health Programs**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2016 Actual</b>	<b>FY 2017 Actual</b>	<b>FY 2018 Actual</b>
Number of students enrolled in a school based health center	No	Not Available	1600	2742
Number of students served by the School Health Services Program	No	Not Available	Not Available	New in 2019

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**12. Produce Plus Program**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2016 Actual</b>	<b>FY 2017 Actual</b>	<b>FY 2018 Actual</b>
Number of Farmers Markets vendors accepting Produce Plus benefits	No	93	101	69
Number of residents redeeming Produce Plus and Produce Prescription at Farmers' Market checks	No	Not Available	10,435	9109

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**13. Perinatal Health Program**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2016 Actual</b>	<b>FY 2017 Actual</b>	<b>FY 2018 Actual</b>
Number of participants receiving services through DC Healthy Start	No	Not Available	1301	1851

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**14. AIDS Drug Assistance**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2016 Actual</b>	<b>FY 2017 Actual</b>	<b>FY 2018 Actual</b>
Number of clients with DC ADAP and Alliance receiving pharmaceutical services through the pharmaceutical procurement and distribution program	No	274	568	567
Number of DC ADAP clients receiving pharmaceutical services through the pharmaceutical procurement and distribution program	No	606	568	797
Number of publicly-supported HIV medication prescriptions refilled	No	12,481	2596	9177



**15. Condom Distribution**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2016 Actual</b>	<b>FY 2017 Actual</b>	<b>FY 2018 Actual</b>
Number of clients with viral load served through treatment adherence activities	No	Not Available	795	1895
Number of condoms (female and male) distributed by DC Health Condom Program	No	6,035,800	5,212,700	4,115,000
Number of youth (15-19 years) screened for CT and GC through HAHSTA-supported programs	No	2290	650	2288

**16. DC Needle Exchange Program (DC NEX)**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2016 Actual</b>	<b>FY 2017 Actual</b>	<b>FY 2018 Actual</b>
Number of needles off the streets through DC NEX Program	No	797,869	784,495	410,212

**17. Medical Materiel Management and Distribution**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2016 Actual</b>	<b>FY 2017 Actual</b>	<b>FY 2018 Actual</b>
Number of DC Health personnel trained for POD operations	No	Not Available	Not Available	Not Available
Number of emergency preparedness-related trainings and exercises coordinated by HEPRA	No	Not Available	Not Available	Not Available

**18. Food Safety and Hygiene Inspection Services Division (FSHISD)**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2016 Actual</b>	<b>FY 2017 Actual</b>	<b>FY 2018 Actual</b>
Number of new and routine food establishments inspected	No	Not Available	5072	4839

**19. Criminal Background Check Program**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2016 Actual</b>	<b>FY 2017 Actual</b>	<b>FY 2018 Actual</b>
Number of Criminal Background Checks processed for health professionals	No	Not Available	9118	9299
Number of Criminal Background Checks processed for non-health professionals	No	Not Available	7277	8010

**20. Special Events Permitting**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2016 Actual</b>	<b>FY 2017 Actual</b>	<b>FY 2018 Actual</b>
Number of HECC Activations	No	Not Available	3	6
Number of MRC activations	No	Not Available	Not Available	Not Available
Number of MRC personnel activated in response to an incident or planned event	No	Not Available	Not Available	Not Available
Number of special event health, medical and safety plans requiring DOH review	No	58	240	213
Total number of MRC volunteer hours	No	Not Available	Not Available	Not Available

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**21. Healthcare Coalition Development**

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<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2016 Actual</b>	<b>FY 2017 Actual</b>	<b>FY 2018 Actual</b>
Number of Health Action Network (HAN) Alerts generated	No	Not Available	21	36
Number of Health and Medical Coalition (HMC) Meetings held	No	Not Available	11	14
Number of HMC facilities participating in exercises and special events involving HMC Coordination	No	Not Available	Not Available	Not Available
Number of HMC-sponsored trainings and workshops	No	Not Available	Not Available	Not Available
Number of Radio Calls conducted	No	Not Available	49	49

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**22. Training and Certification of EMS Providers and EMS Emergency Response Vehicles**

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<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2016 Actual</b>	<b>FY 2017 Actual</b>	<b>FY 2018 Actual</b>
Number of emergency vehicle inspections conducted	No	Not Available	503	511
Number of new EMT certifications by DC DOH	No	173	329	502

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**23. Health Care Facilities Division**

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<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2016 Actual</b>	<b>FY 2017 Actual</b>	<b>FY 2018 Actual</b>
Number of inspections completed by the Health Care Facilities Division	No	103	130	159

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**24. Behavioral Risk Factor Surveillance System (BRFSS)**

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<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2016 Actual</b>	<b>FY 2017 Actual</b>	<b>FY 2018 Actual</b>
Number of BRFSS surveys administered	No	1645	3000	123

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**25. Health Professional Licensing**

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<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2016 Actual</b>	<b>FY 2017 Actual</b>	<b>FY 2018 Actual</b>
Number of new health professional licenses issued	No	13,530	20,817	11,590
Number of walk-in customers to Processing Center	No	Not Available	31,806	38,924

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**26. Compliance, Quality Assurance and Investigation**

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<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2016 Actual</b>	<b>FY 2017 Actual</b>	<b>FY 2018 Actual</b>
Number of Intermediate Care and Nursing Home-related incidents received	No	10,414	10,713	11,798
Number of investigations performed	No	Not Available	1815	1621

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**27. Animal Services Program (ASP)**

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<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2016 Actual</b>	<b>FY 2017 Actual</b>	<b>FY 2018 Actual</b>
Number of calls responded to by Animal Control Officers	No	10,926	13,972	15,511

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**27. Animal Services Program (ASP)**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2016 Actual</b>	<b>FY 2017 Actual</b>	<b>FY 2018 Actual</b>
Number of dog licenses processed	No	Not Available	3089	3824

**28. Pharmaceutical Control Division (PCD)**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2016 Actual</b>	<b>FY 2017 Actual</b>	<b>FY 2018 Actual</b>
Number of pharmacies inspected	No	Not Available	155	166
Number of Registered Controlled Substance Facilities inspected	No	Not Available	233	234

**29. Intermediate Care Facilities Division (ICFD)**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2016 Actual</b>	<b>FY 2017 Actual</b>	<b>FY 2018 Actual</b>
Number of inspections completed by the Intermediate Care Facilities Division	No	Not Available	200	268

**30. Chronic Disease Division**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2016 Actual</b>	<b>FY 2017 Actual</b>	<b>FY 2018 Actual</b>
Number of healthcare systems reporting clinical quality measures related to high blood pressure and/or diabetes	No	Not Available	8	10
Number of residents at risk for diabetes participating in Diabetes Prevention Program	No	Not Available	Not Available	New in 2019
Number of residents enrolled in chronic disease self-management trainings	No	Not Available	5431	5500

**31. Tobacco Control Program**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2016 Actual</b>	<b>FY 2017 Actual</b>	<b>FY 2018 Actual</b>
Number of calls to the DC Tobacco Quitline	No	Not Available	4330	3197
Number of pregnant smokers contacted for cessation services	No	Not Available	Not Available	New in 2019

**32. Adolescent Health Education and Training Program**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2016 Actual</b>	<b>FY 2017 Actual</b>	<b>FY 2018 Actual</b>
Number of reproductive health plans developed	No	Not Available	Not Available	New in 2019

**33. School-Based Oral Health Program**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2016 Actual</b>	<b>FY 2017 Actual</b>	<b>FY 2018 Actual</b>
Number of children <18 years of age who receive a dental examination screening and a fluoride varnish treatment through the School-Based Preventative Oral Health Program (SBPOHP)	No	Not Available	3746	3392

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

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2016 Actual</b>	<b>FY 2017 Actual</b>	<b>FY 2018 Actual</b>
Number of Supplemental Nutrition Program for Women, Infants, Children (WIC) participants	No	Not Available	24,525	20,542

**35. Farmers' Market Nutrition Program (FMNP)**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2016 Actual</b>	<b>FY 2017 Actual</b>	<b>FY 2018 Actual</b>
Number of District residents receiving meals from the Home Delivered Meals program	No	Not Available	Not Available	New in 2019
Number of District residents receiving supplemental groceries from Joyful Food Markets and Commodities and Supplemental Food Program (CSFP)	No	Not Available	Not Available	New in 2019

**36. Primary Care Office (PCO) Grant Programs**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2016 Actual</b>	<b>FY 2017 Actual</b>	<b>FY 2018 Actual</b>
Number of primary care providers participating in workforce development activities	No	Not Available	Not Available	Not Available

**37. Immunization Program**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2016 Actual</b>	<b>FY 2017 Actual</b>	<b>FY 2018 Actual</b>
Number of site visits to provide technical assistance to Vaccines for Children (VFC) providers	No	Not Available	Not Available	Not Available

**Performance Plan End Notes:**

\*For more information about the structure and components of FY 2020 draft performance plans, please see the FY 2020 Proposed Budget and Financial Plan, Volume 1, Appendix E.

\*\*Key Performance Indicators that are new may not have historical data and may only have FY 2020 targets.

\*\*\* District wide measures for the objective "Create and maintain a highly efficient, transparent and responsive District government" have been introduced as part of FY 2019 and FY 2020 Performance Plans and will be reported by the Office of the City Administrator (OCA). FY 2019 and FY 2020 are pilot years for this initiative, therefore not all data are available.