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# Department of Health

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Table HC0-1

Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved	FY 2022 Approved	% Change from FY 2021
OPERATING BUDGET	\$231,088,347	\$253,084,597	\$264,141,405	\$282,292,322	6.9
FTEs	608.2	804.4	659.1	684.0	3.8
CAPITAL BUDGET	\$0	\$0	\$3,300,000	\$862,500	-73.9
FTEs	0.0	0.0	0.0	0.0	N/A

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

## Summary of Services

The Department of Health provides programs and services with the ultimate goal of reducing the burden of disease and improving opportunities for health and well-being for all District residents and visitors. DOH does this through a number of mechanisms that center around prevention, promotion of health, expanding access to health care, and increasing health equity. The department provides public health management and leadership through policy, planning, and evaluation; fiscal oversight; human resource management; grants and contracts management; information technology; government relations; risk management; communication and community relations; legal oversight; and facilities management. The DOH performance plan is based on three priority areas: (1) health and wellness promotion, (2) promoting health equity, and (3) public health systems enhancement.

The agency’s FY 2022 approved budget is presented in the following tables:

## FY 2022 Approved Gross Funds Operating Budget and FTEs, by Revenue Type

Table HC0-2 contains the approved FY 2022 budget by revenue type compared to the FY 2021 approved budget. It also provides FY 2019 and FY 2020 actual data.

**Table HC0-2**

(dollars in thousands)

Appropriated Fund	Dollars in Thousands							Full-Time Equivalents					
	Actual FY 2019	Actual FY 2020	Approved FY 2021	Approved FY 2022	Change from FY 2021	% Change*		Actual FY 2019	Actual FY 2020	Approved FY 2021	Approved FY 2022	Change from FY 2021	% Change
<b>GENERAL FUND</b>													
Local Funds	84,397	80,292	90,029	88,876	-1,154	-1.3		161.5	168.5	154.6	157.7	3.1	2.0
Special Purpose Revenue Funds	19,965	19,722	30,021	19,171	-10,850	-36.1		124.4	151.0	150.3	141.9	-8.5	-5.6
<b>TOTAL FOR GENERAL FUND</b>	<b>104,362</b>	<b>100,015</b>	<b>120,050</b>	<b>108,046</b>	<b>-12,003</b>	<b>-10.0</b>		<b>285.8</b>	<b>319.5</b>	<b>304.9</b>	<b>299.6</b>	<b>-5.3</b>	<b>-1.8</b>
<b>FEDERAL RESOURCES</b>													
Federal Payments	5,147	8,715	4,000	15,314	11,314	282.8		0.0	0.0	0.0	0.0	0.0	N/A
Federal Grant Funds	116,205	137,321	139,161	157,402	18,241	13.1		318.1	480.4	349.4	378.5	29.0	8.3
<b>TOTAL FOR FEDERAL RESOURCES</b>	<b>121,352</b>	<b>146,036</b>	<b>143,161</b>	<b>172,715</b>	<b>29,554</b>	<b>20.6</b>		<b>318.1</b>	<b>480.4</b>	<b>349.4</b>	<b>378.5</b>	<b>29.0</b>	<b>8.3</b>
<b>PRIVATE FUNDS</b>													
Private Grant Funds	4	199	71	43	-28	-39.4		0.0	0.0	0.0	0.3	0.3	N/A
<b>TOTAL FOR PRIVATE FUNDS</b>	<b>4</b>	<b>199</b>	<b>71</b>	<b>43</b>	<b>-28</b>	<b>-39.4</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.3</b>	<b>0.3</b>	<b>N/A</b>
<b>INTRA-DISTRICT FUNDS</b>													
Intra-District Funds	5,370	6,835	860	1,487	628	73.0		4.3	4.5	4.8	5.7	0.9	18.8
<b>TOTAL FOR INTRA-DISTRICT FUNDS</b>	<b>5,370</b>	<b>6,835</b>	<b>860</b>	<b>1,487</b>	<b>628</b>	<b>73.0</b>		<b>4.3</b>	<b>4.5</b>	<b>4.8</b>	<b>5.7</b>	<b>0.9</b>	<b>18.8</b>
<b>GROSS FUNDS</b>	<b>231,088</b>	<b>253,085</b>	<b>264,141</b>	<b>282,292</b>	<b>18,151</b>	<b>6.9</b>		<b>608.2</b>	<b>804.4</b>	<b>659.1</b>	<b>684.0</b>	<b>24.9</b>	<b>3.8</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 2022 Operating Appendices** located on the Office of the Chief Financial Officer's website.

## FY 2022 Approved Operating Budget, by Comptroller Source Group

Table HC0-3 contains the approved FY 2022 budget at the Comptroller Source Group (object class) level compared to the FY 2021 approved budget. It also provides FY 2019 and FY 2020 actual expenditures.

**Table HC0-3**

(dollars in thousands)

Comptroller Source Group	Actual FY 2019	Actual FY 2020	Approved FY 2021	Approved FY 2022	Change from FY 2021	Percentage Change*
11 - Regular Pay - Continuing Full Time	42,674	43,880	52,378	52,926	548	1.0
12 - Regular Pay - Other	9,442	15,282	9,511	10,096	585	6.1
13 - Additional Gross Pay	723	805	0	0	0	N/A

**Table HC0-3**

(dollars in thousands)

<b>Comptroller Source Group</b>	<b>Actual FY 2019</b>	<b>Actual FY 2020</b>	<b>Approved FY 2021</b>	<b>Approved FY 2022</b>	<b>Change from FY 2021</b>	<b>Percentage Change*</b>
14 - Fringe Benefits - Current Personnel	11,594	13,047	14,395	14,245	-150	-1.0
15 - Overtime Pay	179	1,806	60	60	0	0.0
<b>SUBTOTAL PERSONAL SERVICES (PS)</b>	<b>64,613</b>	<b>74,821</b>	<b>76,344</b>	<b>77,327</b>	<b>983</b>	<b>1.3</b>
20 - Supplies and Materials	10,337	6,836	8,098	10,150	2,052	25.3
30 - Energy, Communication and Building Rentals	171	176	155	183	28	18.2
31 - Telecommunications	1,488	1,580	1,562	2,267	705	45.1
32 - Rentals - Land and Structures	13,128	12,804	13,670	14,055	386	2.8
34 - Security Services	427	396	502	494	-8	-1.6
35 - Occupancy Fixed Costs	398	357	162	171	10	6.0
40 - Other Services and Charges	4,571	2,383	3,784	3,421	-363	-9.6
41 - Contractual Services - Other	62,795	65,984	46,196	58,314	12,118	26.2
50 - Subsidies and Transfers	72,311	86,192	113,140	114,987	1,847	1.6
70 - Equipment and Equipment Rental	850	1,555	530	923	393	74.1
<b>SUBTOTAL NONPERSONAL SERVICES (NPS)</b>	<b>166,476</b>	<b>178,264</b>	<b>187,798</b>	<b>204,965</b>	<b>17,168</b>	<b>9.1</b>
<b>GROSS FUNDS</b>	<b>231,088</b>	<b>253,085</b>	<b>264,141</b>	<b>282,292</b>	<b>18,151</b>	<b>6.9</b>

\*Percent change is based on whole dollars.

**FY 2022 Approved Operating Budget and FTEs, by Division/Program and Activity**

Table HC0-4 contains the approved FY 2022 budget by division/program and activity compared to the FY 2021 approved budget. It also provides FY 2019 and FY 2020 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)

<b>Division/Program and Activity</b>	<b>Dollars in Thousands</b>					<b>Full-Time Equivalents</b>				
	<b>Actual FY 2019</b>	<b>Actual FY 2020</b>	<b>Approved FY 2021</b>	<b>Approved FY 2022</b>	<b>Change from FY 2021</b>	<b>Actual FY 2019</b>	<b>Actual FY 2020</b>	<b>Approved FY 2021</b>	<b>Approved FY 2022</b>	<b>Change from FY 2021</b>
<b>(1000) AGENCY MANAGEMENT SUPPORT</b>										
(1010) Personnel	1,071	497	1,310	1,320	10	9.8	14.0	9.0	10.0	1.0
(1017) Labor Management	126	94	138	157	18	1.0	1.0	1.0	1.0	0.0
(1020) Contracting and Procurement	49	221	712	654	-58	6.9	8.2	6.0	5.0	-1.0
(1030) Property Management	14,299	15,290	17,198	18,335	1,137	4.0	9.2	6.0	4.0	-2.0
(1040) Information Technology	913	2,981	2,491	2,649	158	11.4	15.3	14.0	14.0	0.0
(1055) Risk Management	108	6	236	121	-115	1.0	1.6	2.0	1.0	-1.0
(1060) Legal	2,141	2,091	2,607	2,672	65	15.1	15.5	14.0	15.0	1.0
(1080) Communications	497	539	777	906	130	3.0	5.6	6.0	7.0	1.0
(1085) Customer Service	0	0	0	0	0	2.0	0.0	0.0	0.0	0.0
(1087) Language Access	-4	40	100	100	0	0.0	0.0	0.0	0.0	0.0
(1090) Performance Management	1,604	7,867	2,132	2,391	259	10.0	14.4	12.0	10.0	-2.0
<b>SUBTOTAL (1000) AGENCY MANAGEMENT SUPPORT</b>	<b>20,804</b>	<b>29,626</b>	<b>27,702</b>	<b>29,305</b>	<b>1,603</b>	<b>64.2</b>	<b>84.8</b>	<b>70.0</b>	<b>67.0</b>	<b>-3.0</b>

**Table HC0-4**

(dollars in thousands)

Division/Program and Activity	Dollars in Thousands					Full-Time Equivalents				
	Actual FY 2019	Actual FY 2020	Approved FY 2021	Approved FY 2022	Change from FY 2021	Actual FY 2019	Actual FY 2020	Approved FY 2021	Approved FY 2022	Change from FY 2021
<b>(100F) AGENCY FINANCIAL OPERATIONS</b>										
(110F) Agency Fiscal Officer Operations	676	515	1,185	1,186	1	6.9	10.6	7.0	8.0	1.0
(120F) Accounting Operations	1,008	1,057	1,266	1,265	-1	10.9	16.7	11.0	11.0	0.0
(130F) ACFO	302	319	310	317	7	2.9	4.9	3.0	3.0	0.0
(140F) Agency Fiscal Officer	298	298	562	489	-74	3.0	3.6	3.0	2.0	-1.0
<b>SUBTOTAL (100F) AGENCY FINANCIAL OPERATIONS</b>	<b>2,284</b>	<b>2,190</b>	<b>3,324</b>	<b>3,256</b>	<b>-68</b>	<b>23.8</b>	<b>35.8</b>	<b>24.0</b>	<b>24.0</b>	<b>0.0</b>
<b>(2500) HEALTH EMERGENCY PREPAREDNESS AND RESPONSE ADMINISTRATION</b>										
(2540) Public Health Emergency Preparedness	1,877	2,841	1,491	2,174	683	3.5	6.5	3.6	5.3	1.7
(2550) Public Health Emergency Operations and Program Support	265	404	341	256	-86	1.5	1.0	2.0	1.7	-0.4
(2560) Epidemiology Disease Surveillance and Investigation	490	464	547	535	-11	4.2	5.4	2.4	2.4	0.0
(2570) Emergency Medical Services Regulation	503	329	317	347	30	3.4	4.3	2.2	2.5	0.3
(2580) Senior Deputy Director	4,688	4,321	3,326	5,908	2,582	19.9	34.4	21.8	21.2	-0.7
<b>SUBTOTAL (2500) HEALTH EMERGENCY PREPAREDNESS AND RESPONSE ADMINISTRATION</b>	<b>7,823</b>	<b>8,359</b>	<b>6,022</b>	<b>9,219</b>	<b>3,197</b>	<b>32.5</b>	<b>51.6</b>	<b>32.1</b>	<b>33.0</b>	<b>0.9</b>
<b>(3000) HIV/AIDS HEPATITIS STD AND TB ADMIN</b>										
(3010) HIV/AIDS Support Services	1,836	2,078	2,198	1,768	-430	9.9	12.6	8.5	5.6	-2.9
(3015) HIV/AIDS Policy and Planning	4,014	2,232	2,409	1,281	-1,127	22.6	24.8	19.8	9.9	-9.9
(3020) HIV Health and Support Services	38,023	39,654	38,313	39,510	1,198	20.8	31.0	32.3	81.4	49.1
(3030) HIV/AIDS Data and Research	2,046	2,869	2,333	2,510	176	13.9	11.6	10.8	16.3	5.4
(3040) Prevention and Intervention Services	15,098	15,332	10,388	12,737	2,349	21.2	27.1	24.1	26.5	2.4
(3060) Drug Assistance Program (ADAP)	6,420	5,142	9,304	16,156	6,852	2.8	22.1	17.2	15.9	-1.3
(3070) Grants and Contracts Management	1,342	1,432	1,697	1,029	-668	12.3	17.4	12.8	7.4	-5.4
(3080) STD Control	2,651	2,341	2,208	2,445	237	19.7	27.9	19.3	21.5	2.2
(3085) Tuberculosis Control	1,370	1,326	1,262	1,991	729	7.6	8.5	6.5	7.2	0.7
(3090) HIV/AIDS Housing and Supportive Services	11,800	10,974	19,800	19,928	128	2.4	3.8	2.2	3.1	0.9
<b>SUBTOTAL (3000) HIV/AIDS HEPATITIS STD AND TB ADMIN</b>	<b>84,600</b>	<b>83,380</b>	<b>89,912</b>	<b>99,354</b>	<b>9,442</b>	<b>133.4</b>	<b>186.8</b>	<b>153.5</b>	<b>194.8</b>	<b>41.2</b>
<b>(4500) HEALTH REGULATION AND LICENSING ADMINISTRATION</b>										
(4090) Health Regulation Administration	0	34	0	0	0	0.0	0.0	0.0	0.0	0.0
(4200) Health Professional License Administration	8,682	8,656	15,511	7,919	-7,592	53.6	65.5	69.6	65.7	-4.0
(4515) Food Drug Radiation and Community Hygiene	10,826	10,362	14,402	9,870	-4,532	63.0	68.8	72.0	61.0	-11.0
(4530) Health Care Facilities Regulation	7,444	6,993	5,312	6,601	1,289	55.7	49.6	35.4	47.0	11.6
(4540) Medical Marijuana	425	332	190	25	-165	0.6	9.9	1.0	0.0	-1.0
<b>SUBTOTAL (4500) HEALTH REGULATION AND LICENSING ADMINISTRATION</b>	<b>27,377</b>	<b>26,378</b>	<b>35,414</b>	<b>24,414</b>	<b>-11,000</b>	<b>173.0</b>	<b>193.7</b>	<b>178.0</b>	<b>173.7</b>	<b>-4.3</b>

**Table HC0-4**

(dollars in thousands)

Division/Program and Activity	Dollars in Thousands					Full-Time Equivalent				
	Actual FY 2019	Actual FY 2020	Approved FY 2021	Approved FY 2022	Change from FY 2021	Actual FY 2019	Actual FY 2020	Approved FY 2021	Approved FY 2022	Change from FY 2021
<b>(5000) PRIMARY CARE AND PREVENTION ADMINISTRATION</b>										
(5100) PCPA Support Services	431	545	0	0	0	0.0	0.0	0.0	0.0	0.0
<b>SUBTOTAL (5000) PRIMARY CARE AND PREVENTION ADMINISTRATION</b>	<b>431</b>	<b>545</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	192	441	578	487	-91	2.0	4.3	3.0	3.0	0.0
(7020) Comm Based Participatory Research and Policy Evaluation	95	108	224	222	-1	2.0	3.3	2.0	2.0	0.0
(7030) Health Equity Practice and Program Implementation	105	99	110	109	-1	1.0	1.6	1.0	1.0	0.0
<b>SUBTOTAL (7000) OFFICE OF HEALTH EQUITY</b>	<b>392</b>	<b>648</b>	<b>912</b>	<b>819</b>	<b>-93</b>	<b>5.0</b>	<b>9.2</b>	<b>6.0</b>	<b>6.0</b>	<b>0.0</b>
<b>(8200) CENTER FOR POLICY, PLANNING AND EVALUATION</b>										
(8240) EPI Disease Survey & Investigation	3,498	1,156	983	1,983	1,000	0.0	1.6	0.0	0.0	0.0
(8250) Research Evaluation and Measurement	1,252	1,254	1,538	9,002	7,464	2.0	4.1	3.0	3.0	0.0
(8260) State Center Health Statistics	4,506	25,599	7,017	5,559	-1,459	31.0	43.4	41.8	43.3	1.6
(8270) State Health Planning and Development	1,498	1,071	1,630	1,501	-129	7.3	9.8	9.8	9.2	-0.6
<b>SUBTOTAL (8200) CENTER FOR POLICY, PLANNING AND EVALUATION</b>	<b>10,755</b>	<b>29,081</b>	<b>11,169</b>	<b>18,045</b>	<b>6,876</b>	<b>40.3</b>	<b>58.9</b>	<b>54.6</b>	<b>55.6</b>	<b>1.0</b>
<b>(8500) COMMUNITY HEALTH ADMINISTRATION</b>										
(8502) Cancer and Chronic Disease Prevention	8,391	9,760	9,708	9,479	-229	31.3	39.3	32.4	29.7	-2.7
(8505) Health Care Access Bureau	5,249	5,586	11,708	20,842	9,134	28.5	37.2	27.6	25.0	-2.6
(8506) Family Health Bureau	38,957	34,618	39,307	36,168	-3,138	38.7	46.8	33.8	28.0	-5.8
(8510) Support Services	5,749	5,449	6,636	7,178	541	18.7	27.9	23.2	22.6	-0.6
(8511) Perinatal and Infant Health	2	188	3	498	495	1.0	0.0	0.0	4.8	4.8
(8513) Nutrition and Physical Fitness	18,256	17,314	22,326	23,714	1,388	17.7	32.4	24.0	20.0	-4.0
<b>SUBTOTAL (8500) COMMUNITY HEALTH ADMINISTRATION</b>	<b>76,603</b>	<b>72,916</b>	<b>89,687</b>	<b>97,879</b>	<b>8,192</b>	<b>136.0</b>	<b>183.7</b>	<b>141.0</b>	<b>130.0</b>	<b>-11.0</b>
<b>(9220) DOH PCARD POOL</b>										
No Activity Assigned	17	0	0	0	0	0.0	0.0	0.0	0.0	0.0
<b>SUBTOTAL (9220) DOH PCARD POOL</b>	<b>17</b>	<b>0</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>(9960) YR END CLOSE</b>										
No Activity Assigned	2	-39	0	0	0	0.0	0.0	0.0	0.0	0.0
<b>SUBTOTAL (9960) YR END CLOSE</b>	<b>2</b>	<b>-39</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>231,088</b>	<b>253,085</b>	<b>264,141</b>	<b>282,292</b>	<b>18,151</b>	<b>608.1</b>	<b>804.4</b>	<b>659.1</b>	<b>684.0</b>	<b>24.9</b>

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

**Note:** For more detailed information regarding the approved funding for the activities within this agency's programs, please see **Schedule 30-PBB Program Summary by Activity** in the **FY 2022 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 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** – provides informed, data-driven and evidence-based leadership in convening and sustaining effective multi-sector collaborative partnerships essential to promote and achieve health equity; uses a “health in all policies” (HIAP) approach to improving community health; and serves as liaison and technical advisor to all DOH Administrations regarding health equity, as well as to external District government agencies and private partners;
- **Community Based Participatory Research and Policy Evaluation** – applies data-driven and evidence-based research methods, tools and practices, including Geographic Information Systems (GIS)



and other innovative methodologies, to measure social determinant and population health outcomes, including current and projected opportunities for health, disparate outcomes, and inequities by socioeconomic and demographic subpopulation and geographic location. This core function includes support for design, development and implementation of Health Equity Programs and their evaluation, including community-based participatory research, and publication of reports that inform the policy-making process as well as building the evidence base; and

- **Health Equity Practice and Program Implementation** – develops and delivers selected programs and initiatives with demonstrable strategic health-equity ‘nexus’ and operationalization potential, so as to contribute to and inform the essential paradigm shift in policy and practice to improve population health and promote more equitable opportunities for health, especially amongst vulnerable populations.

**Center for Policy, Planning, and Evaluation (CPPE)** – is responsible for developing an integrated public health information system to support health policy decisions, state health planning activities, performance analysis, and direction setting for department programs; health policy, health planning and development; health research and analysis; vital records; disease surveillance and outbreak investigation; and planning, directing, coordinating, administering, and supervising a comprehensive Epidemiology and Health Risk Assessment program, which involves federal, state, county, and municipal functions.

This division contains the following 4 activities:

- **Epidemiology Disease Surveillance and Investigation** – provides surveillance, investigation, and control of reportable diseases, disease outbreaks, and other public health threats within the District of Columbia (excluding sexually transmitted diseases (STDs), hepatitis, HIV/AIDS, and tuberculosis (TB));
- **Research, Evaluation, and Measurement** – plans and coordinates epidemiologic studies and outbreak investigations, defines the health status of residents, and assists with tracking of health events. This includes planning, development and coordination of appropriate methodologies to collect and process data as well as monitoring and evaluation of health and social issues. The division responds to internal and external inquiries about various health events and provides reports on health risk behaviors to both internal and external entities;
- **State Center for Health Statistics** – collects, processes, analyzes, and disseminates birth and death record information and other vital statistics data and information. It is responsible for the statistical analyses of the data generated from birth, death, and other vital records information. In addition, it develops comprehensive statistical and epidemiologic reports on District residents’ health status; and
- **State Health Planning and Development** – develops the District’s State Health Plan and Annual Implementation, and reviews and approves Certificate of Need applications that allow health care providers to establish new services, make certain capital expenditures, or take other actions as specified in the law. The activity is also responsible for monitoring free care requirements of hospitals and other health care providers.

**Community Health Administration (CHA)** – promotes healthy behaviors and healthy environments to improve health outcomes and reduce disparities in the leading causes of mortality and morbidity in the District. CHA focuses on nutrition and physical fitness promotion; cancer and chronic disease prevention and control; access to quality health care services, particularly medical and dental homes; and the health of families across the lifespan. CHA’s approach targets the behavioral, clinical, and social determinants of health through evidence-based programs, policy, and systems change.

This division contains the following 6 activities:

- **Cancer and Chronic Disease Prevention** – develops, implements and evaluates programs and policy aimed at preventing and controlling the leading causes of death in the District. The Bureau implements cancer control and prevention initiatives aimed at reducing the high rates of cancer-related mortality among District residents. Its programs target treatable or preventable cancers, such as breast, cervical,

lung, and colorectal, through primary and secondary prevention. The Bureau also works to reduce the impact of chronic conditions such as cardiovascular disease, hypertension, and diabetes mellitus, by developing innovative management approaches and building community partnerships. It supports clinical quality improvement initiatives, which include developing decision support tools and participating in the design of clinical delivery systems, and it provides expert technical assistance to clinical and community settings around best practices for chronic disease prevention and management. The Bureau implements social marketing campaigns to change social norms and introduces long-lasting protective interventions, like cancer screening and tobacco cessation and treatment programs. The Bureau also helps strengthen the infrastructure for chronic disease care and promotes population-based policy strategies to reduce the common risk factors for chronic disease, including tobacco use, poor nutrition, and physical inactivity;

- **Health Care Access Bureau** – supports population-based programs to improve access to quality primary care services for residents. The Bureau works to support and promote medical and dental homes so that all residents can access comprehensive preventive medical and dental services. The Bureau administers the State Oral Health Program, the Immunization program including its Vaccines for Children program and the immunization registry, and health care workforce development programs. By administering the District’s Health Professional Shortage Areas and Medically Underserved Area programs, the Bureau is a key component of the District’s health planning infrastructure. The Bureau also supports innovations in primary care service delivery and quality, diffusion of primary care access to underserved communities, and linkages to primary care services regardless of resident’s ability to pay. The Bureau also ensures that underserved populations maintain access and linkages to healthcare services and the services provided by other CHA bureaus;
- **Family Health Bureau** – works to improve perinatal, early childhood, and child and adolescent health outcomes so that every child in the District of Columbia is healthy and able to thrive in school and beyond. The Bureau supports the development of a coordinated, culturally competent, family-centered health care delivery system; promotes community and clinical linkages for women, parents, children and adolescents; and works to align and integrate services to connect District families with resources they need. It also provides expert technical assistance and builds the capacity of clinical and community-based organizations to deliver evidence-based practices and innovative programs in perinatal, early childhood, child, and adolescent health directly in communities. In addition, the Bureau facilitates school-based health services and coordinates with education partners to implement policies and programs that support healthy school environments that support the whole child;
- **Support Services** – provides overall oversight of all of the programs and operations of CHA. Provides strategic direction for the administration and represents the agency within District government and to community stakeholders. Sets priorities for administration activities and leads policy development, planning, and operational management. It also includes program support services, whose purpose is to ensure efficient and effective daily operations across the administration through the development, implementation, execution, and review of all administrative functions and policies, including administration-specific human resources, information technology, facilities, and customer service activities; a grant and budget monitoring unit, whose purpose is to uniformly address all of the administration’s fiscal duties, including responsibility for the development of, oversight over the execution of, and reporting of the fiscal year budget; provision of support for all local and grant-funded Administration programs; procurement, monitoring, and evaluation for all non-personnel activities, such as contracts, memoranda of understanding, and sub-grants; implementation of comprehensive strategic fiscal plans to include allocation of personnel costs across all administration funding sources; and a program evaluation unit, whose purpose is to collaborate with program and fiscal staff to ensure effective and efficient performance of sub grantees. Program analysts will review and provide ongoing feedback on performance metrics and process and outcome measures to program staff and sub grantees, provide technical assistance around evaluation and measurement, and advise on performance improvement activities. They will work closely with grant monitors as well as program staff to ensure positive impact of funded initiatives. A Deputy Director of Programs and Policy (DDPP) unit leads the activities of CHA that address the determinants of health in the District of Columbia. The DDPP oversees implementation of evidence-based programs and policies to prevent illness and injury, promote

healthy behaviors and healthy environments across the lifespan, improve access to medical and dental homes, and foster clinical quality improvement and innovation. The DDPP ensures that CHA programs follow best practices and are aligned with the core public health functions and essential services. The DDPP serves as the Title V Maternal and Child Health Block Grant Director and oversees the four programmatic bureaus within CHA: the Cancer and Chronic Disease Prevention Bureau, the Nutrition and Physical Fitness Bureau, the Health Care Access Bureau, and the Family Health Bureau;

- **Perinatal and Infant Health** – provides comprehensive services to improve perinatal outcomes for high-risk pregnant and parenting women, the health and development of their infants into early childhood, and health outcomes for children with special healthcare needs by facilitating access to coordinated primary and specialty health care and other services in partnership with their families and community organizations. The overarching goal is to reduce infant mortality and perinatal health disparities in the District of Columbia primarily through a home visiting approach; and
- **Nutrition and Physical Fitness** – promotes health and reduces obesity among District residents by encouraging behavior change through direct nutrition and physical activity education and by facilitating policy, systems, and environmental changes that make healthy choices the easy choice in every community. The Bureau administers programs that supply food or funds for food such as the Supplemental Nutrition Assistance Program, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the Produce Plus Program, pop-up community markets, and other programs to impact socioeconomic factors that influence access to healthy foods. The Bureau also provides food, health and nutrition assessments and intervention, as well as education and counseling aimed at improving dietary habits and overall nutrition. Nutritional support is coupled with programs to promote physical activity and to decrease obesity.

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

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

### Division Structure Change

The Department of Health has no division structure changes in the FY 2022 approved budget.

## FY 2021 Approved Budget to FY 2022 Approved Budget, by Revenue Type

Table HC0-5 itemizes the changes by revenue type between the FY 2021 approved budget and the FY 2022 approved budget. For a more comprehensive explanation of changes, please see the FY 2022 Approved Budget Changes section, which follows the table.

### Table HC0-5

(dollars in thousands)

DESCRIPTION	DIVISION/PROGRAM	BUDGET	FTE
<b>LOCAL FUNDS: FY 2021 Approved Budget and FTE</b>		<b>90,029</b>	<b>154.6</b>
Removal of One-Time Costs	Multiple Programs	-6,020	0.0
<b>LOCAL FUNDS: FY 2022 Recurring Budget</b>		<b>84,009</b>	<b>154.6</b>
Decrease: To align resources with operational spending goals	Multiple Programs	-384	-2.9
Enhance: To support Healthcare Worker shortage (\$1.5m) and Prenatal Care Centers (\$250k) (one-time)	Community Health Administration	1,750	0.0
Enhance: To support Medical Orders for Scope of Treatment (\$485k) and Implement NEDOCS (\$265k) (one-time)	Multiple Programs	750	2.0
Enhance: To support Dementia Training for Direct Care Workers Act of 2019 (\$170k) and develop a system to share healthcare information (\$400k) (one-time)	Community Health Administration	570	0.0

**Table HC0-5**

(dollars in thousands)

<b>DESCRIPTION</b>	<b>DIVISION/PROGRAM</b>	<b>BUDGET</b>	<b>FTE</b>
Enhance: To support grants for Opioid Treatment Response (\$500k) and Training for Cultural Bias (\$60k) (one-time)	Multiple Programs	560	0.0
Enhance: To provide funding for Hospital Fees and CON (one-time)	Center for Policy, Planning and Evaluation	250	0.0
Enhance: To support nonpersonal service costs	Agency Management Support	206	0.0
Enhance: ARPA - Federal Funds for Local Revenue Replacement to support LGBTQ+ residents	Community Health Administration	50	0.0
Enhance: To support Psychology Interjurisdictional Compact Act of 2020	Health Regulation and Licensing Administration	26	0.0
<b>LOCAL FUNDS: FY 2022 Mayor's Proposed Budget</b>		<b>87,787</b>	<b>153.7</b>
Enhance: To align resources with operational spending goals	Multiple Programs	939	4.0
Enhance: To support the Still Leverage for Our Future Amendment Act of 2021 (one-time)	Community Health Administration	150	0.0
<b>LOCAL FUNDS: FY 2022 District's Approved Budget</b>		<b>88,876</b>	<b>157.7</b>
<b>FEDERAL PAYMENTS: FY 2021 Approved Budget and FTE</b>		<b>4,000</b>	<b>0.0</b>
Increase: To align with the President's FY 2022 Budget Request	HIV/AIDS Hepatitis STD and TB Admin	1,000	0.0
Enhance: ARPA - State Funding to support Howard Center of Excellence (\$8.5m), Capital Food Bank (\$1.9m) and Produce Rx (\$500k)	Community Health Administration	10,924	0.0
<b>FEDERAL PAYMENTS: FY 2022 Mayor's Proposed Budget</b>		<b>15,924</b>	<b>0.0</b>
Transfer-Out/Reduce: ARPA - State and County Funding to reflect the transfer of Produce Rx to DHCF (\$500k) and to reduce several food service initiatives (\$110k)	Community Health Administration	-610	0.0
<b>FEDERAL PAYMENTS: FY 2022 District's Approved Budget</b>		<b>15,314</b>	<b>0.0</b>
<b>FEDERAL GRANT FUNDS: FY 2021 Approved Budget and FTE</b>		<b>139,161</b>	<b>349.4</b>
Increase: To align budget with projected grant awards	Multiple Programs	18,241	29.0
<b>FEDERAL GRANT FUNDS: FY 2022 Mayor's Proposed Budget</b>		<b>157,402</b>	<b>378.5</b>
No Change		0	0.0
<b>FEDERAL GRANT FUNDS: FY 2022 District's Approved Budget</b>		<b>157,402</b>	<b>378.5</b>
<b>PRIVATE GRANT FUNDS: FY 2021 Approved Budget and FTE</b>		<b>71</b>	<b>0.0</b>
Increase: To align resources with operational spending goals	Multiple Programs	43	0.3
Decrease: To align budget with projected grant awards	Multiple Programs	-71	0.0
<b>PRIVATE GRANT FUNDS: FY 2022 Mayor's Proposed Budget</b>		<b>43</b>	<b>0.3</b>
No Change		0	0.0
<b>PRIVATE GRANT FUNDS: FY 2022 District's Approved Budget</b>		<b>43</b>	<b>0.3</b>
<b>SPECIAL PURPOSE REVENUE FUNDS: FY 2021 Approved Budget and FTE</b>		<b>30,021</b>	<b>150.3</b>
Decrease: To align budget with projected revenues	Multiple Programs	-10,850	-8.5
<b>SPECIAL PURPOSE REVENUE FUNDS: FY 2022 Mayor's Proposed Budget</b>		<b>19,171</b>	<b>141.9</b>
No Change		0	0.0
<b>SPECIAL PURPOSE REVENUE FUNDS: FY 2022 District's Approved Budget</b>		<b>19,171</b>	<b>141.9</b>
<b>INTRA-DISTRICT FUNDS: FY 2021 Approved Budget and FTE</b>		<b>860</b>	<b>4.8</b>
Increase: To support the costs of pre-existing programmatic initiatives	Multiple Programs	628	0.9
<b>INTRA-DISTRICT FUNDS: FY 2022 Mayor's Proposed Budget</b>		<b>1,487</b>	<b>5.7</b>
No Change		0	0.0
<b>INTRA-DISTRICT FUNDS: FY 2022 District's Approved Budget</b>		<b>1,487</b>	<b>5.7</b>
<b>GROSS FOR HC0 - DEPARTMENT OF HEALTH</b>		<b>282,292</b>	<b>684.0</b>

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

## FY 2022 Approved Operating Budget Changes

Table HC0-6 contains the approved FY 2022 budget by fund compared to the FY 2021 approved budget.

**Table HC0-6**

Appropriated Fund	FY 2021 Approved	FY 2022 Approved	% Change from FY 2021
Local Funds	\$90,029,201	\$88,875,692	-1.3
Federal Payments	\$4,000,000	\$15,313,500	282.8
Federal Grant Funds	\$139,161,122	\$157,401,992	13.1
Private Grant Funds	\$70,929	\$42,988	-39.4
Special Purpose Revenue Funds	\$30,020,558	\$19,170,751	-36.1
Intra-District Funds	\$859,596	\$1,487,399	73.0
<b>GROSS FUNDS</b>	<b>\$264,141,405</b>	<b>\$282,292,322</b>	<b>6.9</b>

### Recurring Budget

The FY 2022 budget for DOH includes a net reduction of \$6,020,000 to account for the removal of one-time funding appropriated in FY 2021 for the following enhancements: \$3,125,000 to support primary care and specialty providers; \$1,200,000 to support the State Health Planning and Development Agency Certificate of Need; \$500,000 to support the animal shelter contract; \$352,000 to support the Certificate of Need Fee Reduction Act of 2019; \$250,000 for hearing aid assistance; \$213,000 to support a Teen Pregnancy Peer Education grant; \$155,000 to support the Electronic Medical Order of Scope of Treatment Registry Act of 2019; \$150,000 to support the Leverage for Our Future Act of 2019; and \$75,000 to support the Women, Infants and Children (WIC) Outreach Plan.

### Mayor's Proposed Budget

**Increase:** The FY 2022 Federal Payment request for DOH increased by \$1,000,000 to align the budget with the President's budget request.

In Federal Grant funds, the proposed budget includes an increase of \$18,240,870 and 29.0 Full-Time Equivalent (FTE) positions to align the budget with projected awards across multiple divisions for COVID-19 funding, Opioid funding, and HIV/AIDS funding. The proposed budget for Private Grant funds includes an increase of \$42,987 and 0.3 FTE in Private Grant funds to support an award from the DC Center for Aids Research.

In Intra-District funding, the proposed budget includes an increase of \$627,804 and 0.9 FTE to support the DC Opioid response initiative.

**Decrease:** The proposed Local funds budget includes a net decrease of \$384,035 and 2.9 FTEs to recognize savings in the personal services budget and to allow DOH to realize programmatic cost savings across multiple divisions to meet the projected fixed cost estimates from the Department of General Services and the Office of the Chief Technology Officer. The budget also includes a decrease of \$70,928 in Private Grant funds to align the budget with a projected grant award from the Pew Charitable Trusts.

In Special Purpose Revenue funds, DOH's budget includes a net decrease of \$10,849,806 and 8.5 FTEs to align the budget with projected revenues primarily in the Health Regulation and Licensing Administration.

**Enhance:** The proposed Local Funds budget includes an increase in one-time funding of \$3,880,000, consisting of \$1,500,000 to recruit specialty care providers in Health Professional Shortage areas and Medically Underserved Areas; \$500,000 to support Opioid Treatment Response; \$485,000 and 2.0 FTE for cloud-based Medical Orders for Scope of Treatment; \$400,000 for a system to integrate information for clinicians on first prenatal visits; \$265,000 to implement NEDOCS to track emergency department crowding; \$250,000 for Certificate of Need (CON) and Hospital fees; \$250,000 for Prenatal care and birthing/hospital centers; \$170,000 to support Dementia Training for Direct Care Workers Act of 2019; and \$60,000 for a

webinar to train clinicians on Cultural Competence and Implicit Bias. Also in Local funds, a proposed increase of \$206,232 will support contracts in the Office of Contracting and Procurement. DOH's proposed budget includes \$50,000 in ARPA - Local Revenue Replacement funding to support the study on the Health of LGBTQ+ residents. This increase in spending is supported by Coronavirus Relief funds from the American Rescue Plan Act. Lastly, \$25,550 is proposed to support the Psychology Interjurisdictional Compact Act of 2020.

The FY 2022 Federal Payment request for DOH is increased by \$10,923,500, including \$8,482,500 to support the Howard Center of Excellence, \$1,941,000 for the Capital Food Bank, and \$500,000 for Produce Rx. This increase in spending is supported by Coronavirus Relief funds from the American Rescue Plan Act.

### **District's Approved Budget**

**Enhance:** The approved Local funds budget for the Department of Health reflects an increase of \$938,744 and 4.0 FTEs across multiple divisions, of which \$300,000 will support the District's Health Steps program; \$278,837 and 2.0 FTEs will support the Omnibus Public Safety and Justice Amendment Act of 2021; \$215,923 and 2.0 FTEs will support the Certified Midwife Credential Amendment Act of 2022; and \$143,984 will enable the agency to hire additional school nurses in support of the District's Public Health Services Amendment Act of 2017. The approved Local budget also includes a one-time increase of \$150,000 in the Community Health Administration division to support the Still Leverage for Our Future Amendment Act of 2021.

**Transfer-Out/Reduce:** The Department of Health's Federal Payment funds budget includes a net reduction of \$610,000 in the Community Health Administration division to align the budget with the projected spending. This adjustment includes a reallocation of \$941,000 for various food services programs within the agency and \$500,000 to reflect the transfer of the costs associated with the Produce Rx program to the Department of Health Care Finance, offset by increases of \$325,000 for the Joyful Food Markets that provide groceries to children and families facing food insecurities, \$250,000 for the Healthy Corner Store Partnership program, \$231,000 to support Produce Plus Programs, and \$25,000 to support home-delivered meals for individuals with serious illnesses. These adjustments are part of a reallocation of funding supported by Coronavirus Relief Federal Payment funds from the American Rescue Plan Act.

## Agency Performance Plan\*

The Department of Health (DOH) has the following strategic objectives for FY 2022:

### 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 (OHE). 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



**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
Animal Services Program (ASP)	The Animal Services Program (ASP) is responsible for the prevention and spread of diseases transmitted by animals to people, follow-up on disease investigations, dog licensing, regulation and enforcement, field inspection and animal sheltering services in the District of Columbia. In addition, the ASP responds to any animal related compliant, and is responsible for zoonotic surveillance.	Daily Service
Pharmaceutical Control Division (PCD)	The Pharmaceutical Control Division (PCD) licenses, regulates and inspects community and hospital pharmacies and distributor manufactures. 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 (OHE). 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
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>
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
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
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
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
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
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
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

**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>
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
Perinatal Health Program	This program seeks to improve women's health, promote clinical quality and patient safety, and achieve collective impact.	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
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
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
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
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

**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
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
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
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
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
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

**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>
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
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 disease. Through screening of clients to determine eligibility, enrollment and medication management the District of Columbia will continue providing this critical service.	Daily Service
Condom Distribution	The District of Columbia Condom Program distributes both male and female condoms to District residents. The program utilizes an online platform to distribute condoms to individuals and District providers of health and support services.	Daily Service
DC Needle Exchange Program (DC NEX)	The District of Columbia Needle Exchange Program (DC NEX) supports harm reduction through the distribution of clean needles in exchange for used ones. The program partners with 3 District community based providers to implement these interventions and link clients to primary medical services.	Daily Service
Pre-Exposure Prophylaxis (PrEP)	HAHSTA makes PrEP widely available in the District, and does targeted outreach to target populations to receive screening, education, and referral to PrEP enrollment.	Daily Service
Narcan Distribution	Naloxone is an opioid antagonist that was developed in the 1960s. It bonds to the opioid receptors in the brain without activating them, cutting off the effects of opiate drugs. Commonly known by the trade name Narcan, naloxone is carried by first responders, 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)**

Activity Title	Activity Description	Type of Activity
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 Event Organizers by reviewing/approving the Health, Medical and Safety Plan component of their DCRA Special Event Permit Application. Through this coordination, HEPRA ensures each Event Organizer has obtained the required health and medical support required for their size and type of event, in accordance with the District EMS Act of 2008; DCMR, Title 29, Chapter 5 (Emergency Medical Services) and DOH policies.	Daily Service
Healthcare Coalition Development	HEPRA co-leads the DC Health and Medical Coalition (HMC) by providing coordination, oversight, policy guidance and leadership through meeting participation, planning support and communications to promote, attain and sustain Health and medical emergency preparedness services during routine and emergency operations. HEPRA conducts exercises, training and drills, to test and improve the healthcare system's resiliency. HEPRA also compiles and distributes situation reports (SITREPs), and radio drills to ensure timely and adequate communication and response, and monitors healthcare facility status.	Daily Service
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

**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
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 2019 Actual	FY 2020 Target	FY 2020 Actual	FY 2021 Target	FY 2022 Target
Percent of Registered Controlled Substance Facilities inspected annually	No	98.8%	100%	74.8%	100%	100%
Percent of confirmed foodborne illness cases by DC Health epidemiologists investigated within three (3) business days of notification to HRLA	No	96.9%	95%	100%	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	98.3%	95%	97.9%	95%	95%
Percent of investigations initiated within 24 hours of receipt for complaints of abuse, neglect and mistreatment	No	100%	100%	100%	100%	100%



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

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Target</b>	<b>FY 2020 Actual</b>	<b>FY 2021 Target</b>	<b>FY 2022 Target</b>
Percent of medical marijuana facilities (dispensaries and cultivation centers) receiving at least one quarterly inspection	No	100%	95%	30%	95%	95%
Percent of pharmaceutical facilities receiving at least one annual inspection	No	98.2%	100%	67.6%	100%	100%
Percent of residential healthcare providers scoring at or above the national average of 72 percent on the customer satisfaction survey	No	97.7%	100%	100%	100%	100%
Percent of rodent activity complaints inspected or baited, and closed in the 311 system within three (3) business days of receipt	No	97.9%	100%	98.8%	100%	100%
Percent of samples taken from rabies suspect animals submitted for testing within 48 hours	No	88.5%	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. (6 Measures)**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Target</b>	<b>FY 2020 Actual</b>	<b>FY 2021 Target</b>	<b>FY 2022 Target</b>
Average wait time for vital records walk-in issuance requests	No	New in 2021	New in 2021	New in 2021	New in 2021	30
Number of CON Appeals	No	0	0	0	0	0
Percent of Certificates of Need (CONs) reviewed on time within 90 days	No	100%	100%	100%	100%	100%
Percent of vital records walk-in requests processed within 30 minutes	No	47.3%	92%	83.8%	92%	92%
Percentage of foodborne disease cases with first interview attempt within 72 hours of receipt of the case report	No	New in 2021	New in 2021	New in 2021	New in 2021	90%
Percentage of vaccine preventable disease cases with contact tracing initiated within 24 hours of receipt of line list of exposed contacts	No	New in 2021	New in 2021	New in 2021	New in 2021	90%

**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. (20 Measures)**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Target</b>	<b>FY 2020 Actual</b>	<b>FY 2021 Target</b>	<b>FY 2022 Target</b>
Breastfeeding initiation rates among African-American WIC enrollees	No	54.6%	53%	62.5%	53%	58%
Percent of Farmer's Market incentive benefits redeemed	No	95.8%	93%	Not Available	93%	93%
Percent of Health Professional Loan Repayment Program (HPLRP) participants that are practicing in priority underserved areas	No	92.2%	90%	91.5%	90%	90%
Percent of Senior FMNP Benefits Redeemed	No	New in 2020	New in 2020	Data Forthcoming	47%	95%
Percent of WIC FMNP Benefits Redeemed	No	New in 2020	New in 2020	Data Forthcoming	47%	50%
Percent of Youth Advisory Council participants who report an increase in knowledge and skills gained from participation	No	New in 2020	New in 2020	20%	40%	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	85.8%	85%	88.6%	85%	85%
Percent of eligible perinatal program participants with a documented reproductive health plan	No	83.2%	90%	64.3%	90%	90%
Percent of families with one or more completed referrals through Help Me Grow within three months of referral	No	40.7%	70%	59.8%	70%	70%
Percent of infants that receive a repeat screening after failing an initial hearing screening	No	61.4%	75%	35.1%	75%	75%
Percent of infants who receive an initial hearing screen at birth	No	97.3%	85%	97.5%	85%	95%
Percent of kindergarten-enrolled children with up-to-date immunizations	No	New in 2020	New in 2020	79.5%	80%	85%
Percent of providers reporting immunization data electronically into the immunization registry (DOCIIS)	No	New in 2020	New in 2020	45.3%	40%	45%
Percent of sampled elementary aged students participating in School-Based Markets reporting food security	No	68.8%	70%	45.4%	70%	70%
Percent of students in the School Health Services program with asthma with an asthma action plan on file	No	27.9%	40%	25.1%	40%	48%
Percent of students referred by the SBOHP that completed at least one visit with a dental home provider	No	New in 2020	New in 2020	7.1%	50%	50%

**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. (20 Measures)**

Measure	New Measure/ Benchmark Year	FY 2019 Actual	FY 2020 Target	FY 2020 Actual	FY 2021 Target	FY 2022 Target
Percent of women enrolled in the MIECHV programs that are screened for depression	No	82.5%	85%	88.9%	85%	85%
Percentage increase in preventive care visits among health centers supported by Primary Care Office grants	No	New in 2020	New in 2020	5.1%	5%	5%
Proportion of adults with hypertension who have achieved blood pressure control (seen at Million-Hearts-participating facilities)	No	65.3%	54.3%	70%	70%	70%
Total breastfeeding initiation rates among WIC enrollees	No	62.2%	60%	68.5%	60%	65%

**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. (16 Measures)**

Measure	New Measure/ Benchmark Year	FY 2019 Actual	FY 2020 Target	FY 2020 Actual	FY 2021 Target	FY 2022 Target
For patients with newly diagnosed TB disease for whom 12 months or less of treatment is indicated, the proportion who complete treatment within 12 months	No	100%	90%	96%	90%	90%
Number of Naloxone kits distributed	No	41,258	30,000	31,266	30,000	30,000
Number of individuals prescribed Pre-Exposure Prophylaxis (PrEP)	No	1690	3000	341	3000	3000
Percent of AIDS Drug Assistance Program (ADAP) beneficiaries who are currently virally suppressed	No	84.8%	85%	89.6%	85%	85%
Percent of DOH-supported HIV tests conducted with focus populations	No	69.5%	15%	53.7%	15%	15%
Percent of Ryan White clients living in the District that are prescribed Anti-Retroviral Therapy	No	93.1%	90%	94.1%	90%	90%
Percent of clients with a positive Hepatitis C test enrolling in treatment	No	31.2%	40%	No Applicable Incidents	40%	40%
Percent of diagnosed HIV positive individuals retained in care that are virally suppressed	No	87.5%	85%	88.7%	85%	85%
Percent of new HIV cases linked to care within 3 months of diagnosis	No	88.1%	90%	95.6%	90%	90%

**5. HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) Reduce HIV, STD, TB and hepatitis-related morbidity and mortality and ensure healthy outcomes for persons living with those diseases. Administer federal and local funding, provide grants to service providers, monitor and evaluate programs, ensure quality services, and track the cases and status of the epidemics in the District. (16 Measures)**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Target</b>	<b>FY 2020 Actual</b>	<b>FY 2021 Target</b>	<b>FY 2022 Target</b>
Percent of people experiencing overdoses who were also linked to substance use treatment	No	27.6%	45%	4.5%	45%	45%
Percent of successful opioid overdose reversals	No	New in 2021	New in 2021	New in 2021	New in 2021	80%
Percentage of individuals diagnosed with HIV confirmed to be out-of-care that are re-engaged within 90 days of successful case contact	No	11.9%	10%	16.7%	10%	10%
Percentage of individuals prescribed PrEP at the DC Health & Wellness Center who are members of the demographic groups disproportionately impacted by HIV (e.g., Black Women, men who have sex with men, Transgender Women of Color)	No	96.3%	60%	97.1%	65%	65%
Percentage of new HIV cases achieving viral suppression within 90 days of diagnosis	No	New in 2021	New in 2021	New in 2021	New in 2021	90%
Percentage of new HIV cases linked to care within 30 days of diagnosis	No	New in 2021	New in 2021	New in 2021	New in 2021	90%
Proportion of gonorrhea cases with appropriate treatment confirmed among clients seen at the Health and Wellness Center	No	96.9%	90%	97.6%	90%	90%

**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. (13 Measures)**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Target</b>	<b>FY 2020 Actual</b>	<b>FY 2021 Target</b>	<b>FY 2022 Target</b>
Percent of Closed PODs that can open for set up within two hours of notification to activate	No	75%	100%	27.2%	100%	100%
Percent of District hospitals that reported requested Essential Elements of Information (EEI) to the HMC within the timeframe as stated in the HMC Response Plan	No	43.9%	50%	82.5%	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	15.6%	50%	82.2%	50%	50%
Percent of District hospitals, skilled nursing facilities and clinics that complete the HMC Membership requirements as outlined in the HMC Preparedness Plan	No	New in 2021	New in 2021	New in 2021	New in 2021	75%

**6. Health Emergency Preparedness and Response Administration (HEPRA) Provide regulatory oversight of emergency medical services (EMS) and seek to ensure that DOH, its partners and the community are prepared for, can respond to, and recover from public health and health care system events and emergencies. (13 Measures)**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Target</b>	<b>FY 2020 Actual</b>	<b>FY 2021 Target</b>	<b>FY 2022 Target</b>
Percent of EMS Emergency Response vehicles with an initial passing inspection	No	92.3%	85%	92.5%	85%	85%
Percent of EMS agency inspections with passing determinations	No	95.2%	75%	93.3%	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	91.8%	100%	No Applicable Incidents	100%	100%
Percent of HEPRA personnel completing the prescribed ICS Training Series, including POD training and participation in at least one exercise, special event or real incident	No	40.7%	100%	37.5%	100%	100%
Percent of Health Alert Network (HAN) alert recipients who acknowledge receipt after the first alert attempt	No	New in 2020	New in 2020	56.4%	90%	90%
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	36.6%	60%	35%	60%	60%
Percent of Medical Reserve Corps (MRC) volunteers that acknowledge a notification to activate/drill message within 2 hours	No	100%	75%	39.8%	75%	75%
Percent of Open PODs that can open for set up within 2 hours of notification to activate	No	100%	100%	100%	100%	100%
Percent of closed POD partners meeting all program requirements	No	New in 2020	New in 2020	36.6%	100%	100%

**7. Create and maintain a highly efficient, transparent, and responsive District government. (8 Measures)**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Target</b>	<b>FY 2020 Actual</b>	<b>FY 2021 Target</b>	<b>FY 2022 Target</b>
Average days to hire new employees	No	56	90	64	90	90
Percent of MSS employees who complete the required MSS training curriculum	No	80.3%	80%	91.1%	80%	80%
Percent of completed interim subgrant budget periods with performance ratings completed and submitted within 45 days	No	71.5%	60%	62.1%	60%	60%

**7. Create and maintain a highly efficient, transparent, and responsive District government. (8 Measures)**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Target</b>	<b>FY 2020 Actual</b>	<b>FY 2021 Target</b>	<b>FY 2022 Target</b>
Percent of eligible employee reviews completed on time	No	100%	90%	100%	100%	100%
Percent of lapsed dollar amounts on federal awards	No	9.2%	3%	11%	3%	3%
Percent of new subgrants with approved risk-based monitoring plans within 30 days of award	No	49.5%	75%	60.3%	75%	75%
Percent of required attendees completing trainings mandated by EOM, DCHR, or the DOH Director	No	No Applicable Incidents	70%	100%	70%	70%
Percent of targeted visits completed by monitors per the most recent version of the risk-based monitoring plan	No	72.2%	60%	11.2%	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. Health Professional Loan Repayment Program (HPLRP)**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>
Number of certified HPLRP sites	No	33	30	Data Forthcoming

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

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>
Number of children <18 years of age who receive a dental examination screening through the School-Based Preventative Oral Health Program (SBPOHP)	No	3392	2515	Data Forthcoming

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

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>
Number of primary care providers participating in workforce development activities	No	New in 2020	New in 2020	Data Forthcoming

**4. Immunization Program**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>
Number of site visits to provide technical assistance to Vaccines for Children (VFC) providers	No	New in 2020	New in 2020	46

**5. Evidence-Based Home Visiting Program**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>
Number of families participating in evidence-based home visiting programs	No	259	259	309
Number of resource referrals made through the evidence-based Home Visiting Program	No	466	491	539

**6. Help Me Grow (HMG)**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>
Number of completed resource referrals provided through the Help Me Grow Program	No	246	156	183
Number of families/providers calls/referrals to Help Me Grow	No	New in 2020	New in 2020	192

**7. Newborn Screening Program**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>
Number of infants receiving a hearing screening in their first month of life	No	13,061	13,042	12,510

**8. School Health Programs**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>
Number of students enrolled in a school based health center	No	2742	2128	2095
Number of students served by the School Health Services Program	No	New in 2019	79,709	81,422

**9. Perinatal Health Program**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>
Number of participants receiving services through DC Healthy Start	No	1851	1561	107

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

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>
Number of reproductive health plans developed	No	New in 2019	1298	46

**11. Certificate of Need (CON) Program**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>
Number of Certificate of Need application decisions	No	27	33	18

**12. Vital Records**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>
Number of walk-in customers to the Vital Records Office	No	38,193	41,016	20,608

**13. Cancer Programs Division**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>
Number of persons identified as cancer survivors and care givers who have attended a disease management course	No	New in 2020	New in 2020	28
Number of breast screening and diagnostic procedures performed	No	900	940	963
Number of cervical screening and diagnostic procedures performed	No	35	8	1
Number of people provided with navigation services for colorectal cancer screening, diagnosis and treatment	No	New in 2020	New in 2020	Data Forthcoming
Number of women provided with navigation services for breast cancer screening, diagnosis and treatment	No	New in 2020	New in 2020	61

**14. Home Delivered Meals**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>
Number of District residents receiving farmer's market incentive benefits from DC Health-administered programs	No	21,188	21,533	22,796

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

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>
Total number of nutrition education and wellness contacts made to low income District residents participating in DC Health Healthful Food Access programs	No	32,861	35,485	16,500

**16. The Safe Sleep Program**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>
Number of parents/caregivers educated on infant safe sleep practices	No	528	1560	1039
Number of portable cribs distributed	No	508	900	947



**17. Produce Plus Program**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>
Number of Farmers Markets vendors accepting Produce Plus benefits	No	69	54	53
Number of residents redeeming Produce Plus and Produce Prescription at Farmers' Market checks	No	9109	8028	4000

**18. AIDS Drug Assistance**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>
Number of clients with DC ADAP and Alliance receiving pharmaceutical services through the pharmaceutical procurement and distribution program	No	567	517	413
Number of DC ADAP clients served	No	797	827	362
Number of publicly-supported HIV medication prescriptions refilled	No	9177	9060	2024

**19. Condom Distribution**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>
Number of clients with viral load served through treatment adherence activities	No	1895	762	581
Number of condoms (female and male) distributed by DC Health Condom Program	No	4,115,000	4,551,300	4,043,000
Number of youth (15-19 years) screened for CT and GC through HAHSTA-supported programs	No	2288	1840	1038

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

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>
Number of needles off the streets through DC NEX Program	No	410,212	470,040	522,653

**21. Medical Materiel Management and Distribution**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>
Number of DC Health personnel trained for POD operations	No	New in 2020	New in 2020	264
Number of emergency preparedness-related trainings and exercises coordinated by HEPRA	No	New in 2020	New in 2020	13

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

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>
Number of new and routine food establishments inspected	No	4839	3076	5016

### 23. Criminal Background Check Program

Measure	New Measure/ Benchmark Year	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual
Number of Criminal Background Checks processed for health professionals	No	9299	11,019	13,240
Number of Criminal Background Checks processed for non-health professionals	No	8010	7659	4956

### 24. Special Events Permitting

Measure	New Measure/ Benchmark Year	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual
Number of HECC Activations	No	6	3	2
Number of MRC activations	No	New in 2020	New in 2020	3
Number of MRC personnel activated in response to an incident or planned event	No	New in 2020	New in 2020	723
Number of special event health, medical and safety plans for DCRA permit applications requiring DC Health review	No	213	159	40
Total number of MRC volunteer hours	No	New in 2020	New in 2020	35,344

### 25. Healthcare Coalition Development

Measure	New Measure/ Benchmark Year	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual
Number of Health Action Network (HAN) Alerts generated	No	36	18	723
Number of Health and Medical Coalition (HMC) Meetings held	No	14	35	33
Number of HMC facilities participating in exercises and special events involving HMC Coordination	No	New in 2020	New in 2020	115
Number of HMC-sponsored trainings and workshops	No	New in 2020	New in 2020	10
Number of Radio Drills conducted	No	49	15	8

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

Measure	New Measure/ Benchmark Year	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual
Number of emergency vehicle inspections conducted	No	511	586	214
Number of new EMT certifications by DC Health	No	502	559	220

### 27. Health Care Facilities Division

Measure	New Measure/ Benchmark Year	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual
Number of inspections completed by the Health Care Facilities Division	No	159	145	203

### 28. Behavioral Risk Factor Surveillance System (BRFSS)

Measure	New Measure/ Benchmark Year	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual
Number of BRFSS surveys administered	No	123	600	1436

**29. Health Professional Licensing**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>
Number of new health professional licenses issued	No	11,590	10,579	10,762
Number of walk-in customers to Processing Center	No	38,924	33,514	10,898

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

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>
Number of Intermediate Care and Nursing Home-related incidents received	No	11,798	12,758	273
Number of investigations performed	No	1621	1725	1310

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

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>
Number of calls responded to by Animal Control Officers	No	15,511	17,725	18,145
Number of dog licenses processed	No	3824	3948	1026

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

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>
Number of pharmacies inspected	No	166	171	163
Number of Registered Controlled Substance Facilities inspected	No	234	248	187

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

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>
Number of inspections completed by the Intermediate Care Facilities Division	No	268	345	244

**34. Chronic Disease Division**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>
Number of healthcare systems reporting clinical quality measures related to high blood pressure and diabetes	No	10	9	Data Forthcoming
Number of residents at risk for diabetes participating in the Diabetes Prevention Program	No	New in 2019	295	Data Forthcoming
Number of residents enrolled in chronic disease self-management trainings	No	5500	5665	Data Forthcoming

**35. Tobacco Control Program**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>
Number of calls to the DC Tobacco Quitline	No	3197	3181	3121

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

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>
Number of Supplemental Nutrition Program for Women, Infants, Children (WIC) participants	No	20,542	11,802	21,764

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

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Actual</b>	<b>FY 2020 Actual</b>
Number of District residents receiving meals from the Home Delivered Meals program	No	New in 2019	350	407
Number of District residents receiving supplemental groceries from School-Based Food Markets	No	New in 2020	New in 2020	7566
Number of District seniors receiving supplemental groceries from and Commodities and Supplemental Food Program (CSFP)	No	New in 2020	New in 2020	5407

**Performance Plan Endnotes:**

\*For more information about the structure and components of FY 2022 draft performance plans, please see the FY 2022 Approved Budget and Financial Plan, Volume 1, Appendix E.

\*\*Key performance indicators that are new may not have historical data and may only have FY 2022 targets.

\*\*\*To view the final versions of agency FY 2022 performance plans when they become available in December 2021, see the OCA website at <https://oca.dc.gov/>.