
Department of Health

www.doh.dc.gov

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Description	FY 2011 Actual	FY 2012 Approved	FY 2013 Proposed	% Change from FY 2012
Operating Budget	\$248,091,639	\$259,211,399	\$269,394,379	3.9
FTEs	743.4	735.6	707.8	-3.8

The mission of the Department of Health (DOH) is to promote healthy lifestyles, prevent illness, protect the public from threats to their health, and provide equal access to quality healthcare services for all in the District of Columbia.

Summary of Services

The Department of Health provides programs and services with the ultimate goal of reducing the burden of disease. DOH does this through a number of mechanisms that center around prevention, promotion of health, and expanding access to health care. 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) HIV/AIDS prevention and awareness, and 3) public health systems enhancement.

The agency's FY 2013 proposed budget is presented in the following tables:

FY 2013 Proposed Gross Funds Operating Budget, by Revenue Type

Table HC0-1 contains the proposed FY 2013 agency budget compared to the FY 2012 approved budget. It also provides FY 2010 and FY 2011 actual expenditures.

Table HC0-1
(dollars in thousands)

Appropriated Fund	Actual FY 2010	Actual FY 2011	Approved FY 2012	Proposed FY 2013	Change from FY 2012	Percent Change*
General Fund						
Local Funds	82,496	81,529	90,672	88,379	-2,294	-2.5
Special Purpose Revenue Funds	13,800	13,787	7,761	11,544	3,783	48.7
Total for General Fund	96,296	95,316	98,433	99,922	1,489	1.5
Federal Resources						
Federal Payments	0	0	5,000	5,000	0	0.0
Federal Grant Funds	140,065	127,286	136,706	136,056	-649	-0.5
Total for Federal Resources	140,065	127,286	141,706	141,056	-649	-0.5
Private Funds						
Private Grant Funds	458	735	214	311	96	45.0
Total for Private Funds	458	735	214	311	96	45.0
Intra-District Funds						
Intra-District Funds	24,085	24,755	18,858	28,105	9,247	49.0
Total for Intra-District Funds	24,085	24,755	18,858	28,105	9,247	49.0
Gross Funds	260,903	248,092	259,211	269,394	10,183	3.9

*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 2013 Operating Appendices located on the Office of the Chief Financial Officer's website.

FY 2013 Proposed Full-Time Equivalents, by Revenue Type

Table HC0-2 contains the proposed FY 2013 FTE level compared to the FY 2012 approved FTE level by revenue type. It also provides FY 2010 and FY 2011 actual data.

Table HC0-2

Appropriated Fund	Actual FY 2010	Actual FY 2011	Approved FY 2012	Proposed FY 2013	Change from FY 2012	Percent Change
<u>General Fund</u>						
Local Funds	152.2	124.0	180.8	168.8	-12.0	-6.6
Special Purpose Revenue Funds	106.2	119.4	778	90.6	12.8	16.4
Total for General Fund	258.3	243.4	258.6	259.4	0.8	0.3
<u>Federal Resources</u>						
Federal Grant Funds	535.6	495.6	472.0	440.4	-31.6	-6.7
Total for Federal Resources	535.6	495.6	472.0	440.4	-31.6	-6.7
<u>Private Funds</u>						
Private Grant Funds	0.0	0.0	0.0	2.5	2.5	N/A
Total for Private Funds	0.0	0.0	0.0	2.5	2.5	N/A
<u>Intra-District Funds</u>						
Intra-District Funds	4.4	4.4	5.0	5.5	0.5	10.0
Total for Intra-District Funds	4.4	4.4	5.0	5.5	0.5	10.0
Total Proposed FTEs	798.4	743.4	735.6	707.8	-278	-3.8

FY 2013 Proposed Operating Budget, by Comptroller Source Group

Table HC0-3 contains the proposed FY 2013 budget at the Comptroller Source Group (object class) level compared to the FY 2012 approved budget. It also provides FY 2010 and FY 2011 actual expenditures.

Table HC0-3
(dollars in thousands)

Comptroller Source Group	Actual FY 2010	Actual FY 2011	Approved FY 2012	Proposed FY 2013	Change from FY 2012	Percent Change*
11 - Regular Pay - Continuing Full Time	36,438	35,513	43,544	42,083	-1,461	-3.4
12 - Regular Pay - Other	9,221	9,373	8,918	8,895	-23	-0.3
13 - Additional Gross Pay	825	789	3	3	0	0.0
14 - Fringe Benefits - Current Personnel	9,254	9,637	10,324	10,861	537	5.2
15 - Overtime Pay	577	197	90	90	0	0.0
Subtotal Personal Services (PS)	56,316	55,509	62,879	61,932	-947	-1.5
20 - Supplies and Materials	33,424	34,600	31,080	40,337	9,257	29.8
30 - Energy, Comm. and Building Rentals	393	2,199	1,681	1,446	-235	-14.0
31 - Telephone, Telegraph, Telegram, Etc.	1,243	1,082	1,189	1,301	112	9.4
32 - Rentals - Land and Structures	12,470	11,013	13,212	12,715	-497	-3.8
33 - Janitorial Services	22	32	58	0	-58	-100.0
34 - Security Services	2,974	1,865	1,543	2,566	1,023	66.3
35 - Occupancy Fixed Costs	347	333	1,377	1,011	-366	-26.6
40 - Other Services and Charges	3,472	2,879	4,957	3,982	-975	-19.7
41 - Contractual Services - Other	47,171	39,946	56,877	53,631	-3,246	-5.7
50 - Subsidies and Transfers	101,405	96,100	83,850	89,935	6,085	7.3
70 - Equipment and Equipment Rental	1,861	1,030	508	540	31	6.1
91 - Expense Not Budgeted Others	-194	1,503	0	0	0	N/A
Subtotal Nonpersonal Services (NPS)	204,587	192,583	196,332	207,463	11,130	5.7
Gross Funds	260,903	248,092	259,211	269,394	10,183	3.9

*Percent change is based on whole dollars.

Division Description

The Department of Health operates through the following 8 divisions:

Addiction Prevention and Recovery Administration (APRA) – promotes access to substance abuse prevention, treatment and recovery support services. Prevention services include raising public awareness about the consequences of substance abuse and providing evidence-based program resources to community and faith-based organizations to promote wellness and reduce substance use and abuse. Treatment services include assessment and referrals for appropriate levels of care. Treatment services also include maintenance of a comprehensive continuum of substance abuse treatment services including outpatient, intensive outpatient, residential, detoxification and stabilization, and medication assisted therapy. Recovery support services include wrap-around services to ensure a full continuum of care, such as mentoring services, education skills building, and job readiness training. APRA ensures the quality of these services through its regulation and certification authority as the Single State Agency for substance abuse.

This division contains the following 7 activities:

- **Office of the Senior Deputy Director** – provides overall direction, policy development, and supervision for the other activities in APRA;
- **Office of the Deputy Director for Operations** – ensures the financial stability, fiscal integrity, and program accountability of APRA. The office manages APRA's operating budget, financial operations, and facilities and is responsible for overseeing grant compliance and monitoring contracts;
- **Office of the Deputy Director for Administration** – manages the administrative functions of APRA, including human resources, and coordinates and ensures adherence to privacy and risk management requirements for the agency and substance abuse treatment provider network. In addition, the office oversees, coordinates, and ensures high quality prevention and performance-related activities, including regulation of substance abuse treatment services in the District of Columbia;
- **Office of Prevention Services** – works to prevent the onset of, and reduce the progression of, substance abuse risk among youth through a comprehensive public health and risk reduction prevention strategy that addresses the interrelated and root causes of tobacco, alcohol, marijuana, and other drug use. In addition, the office monitors and ensures that federal funds are addressing national outcome measures, high performance standards, and statutory requirements;
- **Office of Performance Management** – is responsible for evaluating, monitoring and managing the performance of all APRA programs, services, providers and staff. In addition, the office oversees the quality assurance and certification process for all substance abuse treatment facilities and programs in the District of Columbia. The Quality Assurance division conducts surveys of, and works with, substance abuse treatment providers to promote the highest quality standards for delivering services related to best practice models for substance abuse treatment. The Certification and Regulation division certifies substance abuse treatment facilities and programs to ensure compliance with District and federal laws and regulations. Only APRA-certified substance abuse treatment facilities and programs may lawfully provide treatment services in the District of Columbia;
- **Office of the Deputy Director for Treatment** – ensures the effective delivery of substance abuse treatment services to APRA direct service treatment programs and programs that APRA contracts with or regulates. The office ensures that the highest quality treatment services are provided through policy development, analysis, and research; and
- **Implementation of Drug Treatment Choice** – provides subsidies and transfers for treatment services only.

Health Emergency Preparedness and Response Administration (HEPRA) – provides regulatory oversight of Emergency Medical Services; ensures that DOH and its partners are prepared to respond to citywide medical and public health emergencies, such as those resulting from terrorist attacks, large accidents, or natural events such as weather-related emergencies; conducts disease surveillance and outbreak investigation; and provides analytical and diagnostic laboratory services for programs within DOH and various free and non-profit clinics within the District.

This division contains the following 6 activities:

- **Office of the Senior Deputy Director** – provides overall direction, policy development and supervision for the five subordinate activities;
- **Public Health Emergency Preparedness** – provides the District’s response to the emergency medical needs of its visitors and residents. The responsibilities cover a wide range of activities, including the development and training of emergency response plans, coordination of medical response with Federal regional and local partners across the healthcare system, and coordination of volunteers through the Medical Reserve Corps;
- **Public Health Laboratory** – provides analytical and diagnostic support services for programs within DOH and the community, including free and nonprofit clinics and other entities within the District of Columbia. The laboratory conducts a wide range of clinical tests and limited environmental testing, supports biological and chemical emergency response testing, and monitors the Federal BioWatch program;
- **Public Health Emergency Operations** – 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;
- **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, hepatitis, HIV/AIDS, and tuberculosis); and
- **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, 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.

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 health care 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 139 grants and sub-grants to 53 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 our grantees and sub-grantees, and providing continued analysis of grant spending to program counterparts;
- **Sexually Transmitted Disease Control** – provides assistance to prevent and control sexually transmitted diseases in the District of Columbia through the provision of clinical services, partnerships with local community providers, and promotion of healthy sexual behavior. The program also conducts surveillance for statistical purposes to track diseases and partner notification;
- **Tuberculosis Control** – provides direct care services to District residents, including clinical follow-up for active and/or suspected tuberculosis cases, directly observed therapy, preventive therapy, chest x-rays, contact investigations, and case management; and
- **HIV/AIDS Housing and Supportive Services** – provides housing support, emergency shelter, and other related services to help persons living with HIV and AIDS and their families achieve independent living.

Health Care Regulation and Licensing Administration (HCRLA) – is comprised of the Office of Food, Drug, Radiation and Community Hygiene Regulation; Office of Health Care Facilities Regulation; HCRLA Support Services; and Health Professional License Administration.

This division contains the following 4 activities:

- **Health Professional License Administration** – licenses and regulates health care professionals across 18 boards. The program serves as the administrative unit of the boards for processing 50,000 health care professionals licenses while providing administrative support on disciplinary hearings, investigations, community outreach, and proposed legislation;
- **HCRLA Support Services** – directs, oversees, and establishes the division's goals, initiatives, and performance measures;
- **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, premises abated, catch basin larvicided, 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, medical X-rays, and the regulation of health physicists, suppliers, and radioactive-material users in the District of Columbia; and

- **Office of Health Care Facilities Regulation** – regulates and licenses group homes, intermediate care facilities for the mentally challenged, assisted living facilities, child placing agencies, home care agencies, community residence facilities, hospitals, nursing homes, home health agencies, end stage dialysis renal disease facilities, laboratories, ambulatory surgical centers, maternity centers, tissue banks, community residence facilities, and assisted living and child placement agencies.

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; and planning, directing, coordinating, administering, and supervising a comprehensive Epidemiology and Health Risk Assessment program, which involves federal, state, county, and municipal functions.

This division contains the following 3 activities:

- **Research, Evaluation, and Measurement** – supervises a national state-based telephone survey conducted in cooperation with the Centers for Disease Control (CDC). This is a statistically sound survey accurately portraying the health status of District residents, used to assist policy makers in planning and developing programs to address the health needs of District residents;
- **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 program is also responsible for monitoring free care requirements of hospitals and other health care providers.

Community Health Administration (CHA) – provides programs designed to improve health outcomes for all residents of the District of Columbia, with an emphasis on women, infants, children (including children with special health care needs), and other vulnerable groups such as those with a disproportionate burden of chronic disease and disability. The administration provides programs and services that promote coordination among the health care systems and enhance access to effective prevention, primary and specialty medical care in the District. CHA collaborates with public and private organizations to provide support services to ameliorate the social determinants of health status for these groups.

This division contains the following 7 activities:

- **Cancer and Chronic Disease Prevention** – provides cancer control and prevention initiatives to reduce the rates of cancer-related mortality among District residents by focusing on treatable or preventable cancers such as breast and cervical, lung, prostate, and colorectal malignancies. The program defines and seeks to reduce the burden of diabetes mellitus and cardiovascular disease on residents of the District of Columbia, and builds partnerships that help strengthen and increase the scope of the infrastructure for care, interventions, and population-based strategies to promote health within the District. Furthermore, the program promotes smoking cessation programs in the District and implements a citywide asthma plan that includes data collection, public education, and access to appropriate care for asthma and related allergies, in addition to developing and implementing policy changes and delivery systems, including preventive measures for asthma control;
- **Pharmaceutical Procurement and Distribution** – acquires and distributes 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 Bureau also maintains the Strategic National Stockpile (SNS) of drugs for the Washington, D.C. region in the event of a declared national emergency;

- **Primary Care** – identifies health professional shortage areas for primary care, dental, and mental health care services, and supports population-based programs to improve access to primary care services for District residents regardless of their ability to pay for services;
- **Support Services** – provides coordination of CHA's efforts to help develop an integrated community-based health delivery system, ensures access to preventive and primary health care, and fosters citizen and community participation toward improving the health outcomes of women, infants, children (including children with special health care needs), and other family members in the District of Columbia;
- **Perinatal and Infant Health** – provides improved perinatal outcomes for high-risk pregnant and parenting women, the health and development of their infants into early childhood, as well as the 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;
- **Nutrition and Physical Fitness** – provides food, health and nutrition assessments and intervention, education, and referral services to District families, infants, children, and seniors to affect dietary habits, foster physical activity, and decrease overweight and obesity rates, thus improving health outcomes among the population; and
- **Children, Adolescent and School Health** – provides improvement for the health and well-being of all District pre-school and school-age children and adolescents by enhancing access to preventive, dental, primary and specialty care services and contributing to the development of a coordinated, culturally competent, family-centered health care delivery system. The program seeks to improve age-appropriate immunizations and increase health education and outreach to District residents.

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

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

Division Structure Change

The Department of Health has no division structure changes in the FY 2013 proposed budget.

FY 2013 Proposed Operating Budget and FTEs, by Division and Activity

Table HC0-4 contains the proposed FY 2013 budget by division and activity compared to the FY 2012 approved budget. It also provides the FY 2011 actual data.

Table HC0-4

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2011	Approved FY 2012	Proposed FY 2013	Change from FY 2012	Actual FY 2011	Approved FY 2012	Proposed FY 2013	Change from FY 2012
(1000) Agency Management Support								
(1010) Personnel	835	931	722	-209	7.8	8.0	7.0	-1.0
(1017) Labor Management	112	115	120	5	1.0	1.0	1.0	0.0
(1020) Contracting and Procurement	1,821	1,289	1,325	35	6.8	9.0	11.0	2.0
(1030) Property Management	16,385	20,090	20,109	19	2.9	4.0	4.0	0.0
(1040) Information Technology	718	656	611	-45	4.8	5.0	5.0	0.0
(1055) Risk Management	122	127	129	2	1.0	1.0	1.0	0.0
(1080) Communications	232	252	318	66	4.9	3.0	4.0	1.0
(1085) Customer Service	238	266	234	-32	3.9	3.0	3.0	0.0
(1087) Language Access	18	60	162	102	0.0	0.0	0.0	0.0
(1090) Performance Management	1,727	1,918	1,696	-222	8.7	6.2	8.8	2.5
Subtotal (1000) Agency Management Support	22,208	25,705	25,425	-280	41.8	40.2	44.8	4.5
(100F) Agency Financial Operations								
(110F) Agency Fiscal Officer Operations	696	1,019	1,032	13	9.8	10.4	10.4	0.0
(120F) Accounting Operations	994	1,209	1,264	56	13.6	14.0	14.0	0.0
(130F) ACFO	394	457	452	-5	6.3	5.1	5.6	0.5
(140F) Agency Fiscal Officer	425	439	451	12	4.8	5.0	5.0	0.0
Subtotal (100F) Agency Financial Operations	2,509	3,124	3,199	75	34.6	34.5	35.0	0.5
(2000) Addiction Prevention and Recovery Admin.								
(2010) Office of Senior Deputy	505	472	530	58	3.8	4.0	4.0	0.0
(2020) Deputy Director for Operations	3,301	3,176	3,751	575	21.3	21.0	20.0	-1.0
(2030) Deputy Director for Administration	486	1,341	1,295	-46	4.8	12.0	13.0	1.0
(2040) Prevention Services	2,396	5,390	4,939	-451	11.6	12.0	14.0	2.0
(2050) Performance Management	1,435	407	396	-11	17.4	4.0	4.0	0.0
(2055) Deputy Director for Treatment	8,564	8,807	9,060	253	2.9	12.0	13.0	1.0
(2070) Implementation of Drug Treatment Choice	16,353	14,828	15,053	225	0.0	0.0	0.0	0.0
No Activity Assigned	0	0	1	1	0.0	0.0	0.0	0.0
Subtotal (2000) Addiction Prevention and Recovery Admin.	33,039	34,420	35,024	604	61.9	65.0	68.0	3.0

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Table HC0-4 (Continued)

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2011	Approved FY 2012	Proposed FY 2013	Change from FY 2012	Actual FY 2011	Approved FY 2012	Proposed FY 2013	Change from FY 2012
(2500) Health Emergency Preparedness and Response Administration								
(2060) Office Emergency Health and Medical Services	0	0	0	0	0.0	0.0	0.0	0.0
(2540) Public Health Emergency Preparedness	5,461	2,691	3,180	489	11.2	11.0	12.9	1.9
(2548) Public Health Laboratory	3,048	2,706	436	-2,271	24.2	24.2	2.0	-22.2
(2550) Public Health Emergency Operations and Program Support	554	462	506	43	5.9	6.0	7.0	1.0
(2560) Epidem Disease Surveillance and Investigation	241	712	871	159	6.9	8.0	8.5	0.5
(2570) Emergency Medical Services Regulation	301	376	305	-72	4.9	3.1	3.0	-0.1
(2580) Senior Deputy Director	694	811	1,315	504	3.7	5.0	4.1	-0.9
Subtotal (2500) Health Emergency Preparedness and Response Administration	10,298	7,759	6,612	-1,147	56.9	57.3	37.5	-19.8
(3000) HIV/AIDS Hepatitis STD and TB Admin.								
(3010) HIV/AIDS Support Services	2,447	3,106	1,709	-1,397	25.5	24.1	12.6	-11.6
(3015) HIV/AIDS Policy and Planning	1,630	2,040	2,417	378	1.9	2.0	7.8	5.8
(3020) HIV Health and Support Services	34,884	27,597	31,703	4,106	16.6	15.9	13.9	-2.0
(3030) HIV/AIDS Data and Research	3,352	3,572	3,504	-68	24.3	21.2	21.3	0.0
(3040) Prevention and Intervention Services	9,577	13,524	14,277	752	23.7	21.8	22.8	1.0
(3052) Communicable Disease	0	0	0	0	0.0	0.0	0.0	0.0
(3060) Drug Assistance Program (ADAP)	8,920	12,032	10,835	-1,197	7.8	9.4	5.9	-3.5
(3070) Grants and Contracts Management	1,178	987	917	-69	11.7	10.5	9.0	-1.4
(3080) STD Control	2,758	3,058	2,726	-332	33.1	32.2	25.5	-6.8
(3085) Tuberculosis Control	1,494	1,839	1,632	-207	12.4	10.5	9.5	-1.0
(3090) HIV/AIDS Housing and Supportive Services	12,555	12,762	15,567	2,805	1.0	3.0	3.0	0.0
Subtotal (3000) HIV/AIDS Hepatitis STD and TB Admin.	78,795	80,517	85,287	4,770	158.2	150.6	131.2	-19.3
(4500) Health Care Regulation and Licensing Admin.								
(4070) Community Hygiene	-188	0	0	0	0.0	0.0	0.0	0.0
(4090) Health Regulation Administration	-20	0	0	0	0.0	0.0	0.0	0.0
(4200) Health Professional License Administration	6,825	7,249	9,050	1,801	54.5	58.4	73.6	15.2
(4510) HCRLA Support Services	668	865	110	-755	3.4	5.6	0.3	-5.3
(4515) Food, Drug, Radiation and Community Hygiene	6,339	6,398	6,834	436	45.9	45.5	48.5	3.0
(4530) Health Care Facilites Regulation	5,157	5,094	5,673	579	42.6	44.7	49.4	4.7
Subtotal (4500) Health Care Regulation and Licensing Admin.	18,781	19,606	21,667	2,061	146.4	154.3	171.8	17.5
(5000) Primary Care and Prevention Administration								
(5030) Cancer Health Care	8,715	0	0	0	0.0	0.0	0.0	0.0
Subtotal (5000) Primary Care and Prevention Admin.	8,715	0	0	0	0.0	0.0	0.0	0.0
(8200) Center for Policy, Planning and Evaluation								
(8250) Research Evaluation and Measurement	477	384	397	13	1.0	1.0	1.0	0.0
(8260) State Center Health Statistics	2,460	2,906	2,955	49	31.6	34.3	34.5	0.2
(8270) State Health Planning and Development	728	807	920	113	5.4	6.7	7.7	1.0
Subtotal (8200) Center for Policy, Planning and Evaluation	3,665	4,097	4,272	175	38.0	42.0	43.2	1.2

(Continued on next page)

Table HC0-4 (Continued)

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2011	Approved FY 2012	Proposed FY 2013	Change from FY 2012	Actual FY 2011	Approved FY 2012	Proposed FY 2013	Change from FY 2012
(8500) Community Health Administration								
(8502) Cancer and Chronic Disease Prevention	3,996	3,606	3,965	359	32.6	28.8	28.8	0.0
(8503) Pharmaceutical Procurement and Distribution	23,668	17,900	27,484	9,584	7.7	8.0	8.0	0.0
(8504) Primary Care	3,601	4,182	4,234	52	2.9	3.3	4.3	1.0
(8510) Support Services	6,575	7,401	5,837	-1,564	40.5	36.0	26.0	-10.0
(8511) Perinatal and Infant Health	5,902	6,513	5,521	-991	54.7	52.8	51.2	-1.5
(8513) Nutrition and Physical Fitness	16,944	20,575	17,375	-3,199	33.2	31.0	24.0	-7.0
(8514) Children, Adolescent and School Health	9,398	23,807	22,661	-1,146	34.2	32.0	34.0	2.0
(8515) Environmental Hazards and Injury Prevention	0	0	0	0	0.0	0.0	0.0	0.0
No Activity Assigned	0	0	830	830	0.0	0.0	0.0	0.0
Subtotal (8500) Community Health Administration	70,082	83,984	87,908	3,924	205.7	191.8	176.3	-15.5
Total Proposed Operating Budget	248,092	259,211	269,394	10,183	743.4	735.6	707.8	-27.8

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

Note: For more detailed information regarding the proposed funding for the activities within this agency's divisions, please see **Schedule 30-PBB Program Summary by Activity** in the **FY 2013 Operating Appendices** located on the Office of the Chief Financial Officer's website.

FY 2013 Proposed Budget Changes

The Department of Health's (DOH) proposed FY 2013 gross budget is \$269,394,379, which represents a 3.9 percent increase over its FY 2012 approved gross budget of \$259,211,399. The budget is comprised of \$88,378,587 in Local funds, \$5,000,000 in Federal Payments, \$136,056,351 in Federal Grant funds, \$310,726 in Private Grant funds, \$11,543,691 in Special Purpose Revenue funds, and \$28,105,023 in Intra-District funds.

Current Services Funding Level

The Current Services Funding Level (CSFL) is a Local funds ONLY representation of the true cost of operating District agencies, before consideration of policy decisions. The CSFL reflects changes from the FY 2012 approved budget across multiple programs, and it estimates how much it would cost an agency to continue its current programs and operations into the following fiscal year. The initial adjustments in the budget proposal represent changes that should be compared to the FY 2013 CSFL budget and not necessarily changes made to the FY 2012 Local funds budget. The FY 2013 CSFL adjustments to the FY 2012 Local funds budget are described in table 5 of this agency's budget chapter. Please see the CSFL Development section within Volume 1: Executive Summary for more information regarding the methodology used and components that comprise the CSFL.

DOH's FY 2013 CSFL budget is \$88,275,111, which represents a \$2,397,066, or 2.6 percent, decrease from the FY 2012 approved Local funds budget of \$90,672,177.

Initial Adjusted Budget

Cost Increase: The proposed budget includes increases in Local funds of \$257,461 to support the funding necessary for personal services that include salary steps and Fringe Benefits costs and \$103,400 for equipment costs. A net increase of \$6,220,000 in Federal Grant funds includes increases to the HIV/AIDS, Hepatitis, Tuberculosis Administration, Community Health Administration, and Addiction, Prevention, and Recovery Administration programs. Federal Grant funds also show increases of \$659,000 in Supplies and Materials and \$11,123 in Equipment and Equipment Rental. DOH has a net increase of \$96,425 and 2.5 FTEs in Private Grant Funds for HIV/AIDS, Hepatitis, and Tuberculosis Administration. Special Purpose Revenue (SPR) includes increases of \$474,000 and 7.8 FTEs, as well as \$179,000 and 1.0 FTE, to align the budget with revenue projections. Cost increases of \$23,375 and \$11,577 were also made in SPR to align revenue to the Radiation Protection and Emergency Medical Services Fees funds, respectively. A net increase in Intra-District Funds of \$9,646,151 consisted of an increase in funding of \$5,875,000 from the Department of Health Care Finance to purchase pharmaceuticals for Medicaid, an increase of \$3,700,000 from the Department of Corrections to purchase pharmaceuticals for inmates and, an increase of \$71,151 and 0.5 FTE to align the budget with revenue projections from the Department of Human Services in support of the Family Refugee Program.

Cost Decrease: The proposed budget includes a decrease in Local funds of \$1,617,380 in nonpersonnel services, which is the result of a reduction in contractual services. The proposed budget includes decreases in Federal Grant funds of \$4,038,810 and 4.8 FTEs due to a reduction in Stimulus Grant funding; \$714,000 representing the net change in personal services due to a reduction in staff of 14.5 FTEs; \$636,000 in Other Services and Charges; \$365,000 in Contractual Services – Other; and \$21,000 to support the adjustment to fixed costs. In Special Purpose Revenue funds, a cost reduction of \$138,000 was realized in the Pharmacy fund; the SHPDA fund reflects a decrease of \$66,000, and the ICF/MR Fees and Fines fund was reduced by \$36,000. Intra-District funds were decreased by \$400,150 due to the discontinuation of the MOU with the Child and Family Services Agency (CFSA).

Shift: The proposed budget includes shifts of \$1,257,000 and \$100,000 from Federal Grant funds to Local funds and to Special Purpose Revenue funds, respectively, because certain grant funding no longer provides for fixed costs. Shifts from Local funds to Special Purpose Revenue funds of \$2,425,894 and \$816,000 will support contract costs for the Board of Medicine fund and the Board of Pharmacy fund, respectively. This shift also increased the FTE count by 4.0 in the Health Care Regulation and Licensing Administration program. This shifted amount is reflected in Local funds as the removal of one-time funding in the CSFL.

Additionally Adjusted Budget

Technical Adjustments: Adjustment of fringe benefits to restore the District Government contribution for employee health insurance from 72 percent, implemented in the FY 2011 budget, to 75 percent in FY 2013, resulting in increases of \$63,013 in Local funds, \$116,233 in Federal Grant funds, \$605 in Private Grant funds, \$22,871 in Special Purpose Revenue funds, and \$711 in Intra-District funds.

Additional Adjustments: DOH is adjusting Federal Grants by a reduction of \$116,233 to offset the impact of the policy that offsets the cost of the increase in the District's health insurance contribution from 72 percent to 75 percent.

Cost Decrease: Special Purpose Revenue decreased by \$30,000 to align budget with projected revenue

Policy Initiatives

Cost Increase: The proposed budget includes an increase to Local funds of \$526,000 to support the Commodity Food Program. Contractual Services increased by \$495,000 to foster DOH's commitment to support tobacco control programs in the District. Subsidies and Transfers increased by \$285,000 to implement a navigator program that assists diabetic patients in accessing treatment and care. An increase of \$36,000 was issued to support the Annual Inspection for the Department of Youth Rehabilitation Services (DYRS). An additional \$2,543 was also added to Local funds to cover additional funding needed for Fringe Benefits. The proposed budget also includes an increase of \$50,000 in Local funds to support incentives for low-income residents to use food stamps at farmers markets.

Cost Decrease: The proposed Local funds budget includes a reduction of \$285,000 due to the elimination of 3.0 FTEs from vacant positions. Local funds also decreased by \$149,235 in Equipment and Contracts. A reduction of \$408,000 and 12.2 FTEs to Federal Grant funds was made to align the budget with projected grant funding.

Transfer Out: The proposed budget includes a transfer out of \$919,846 and 9.0 FTEs in Local funds to the newly created Department of Forensic Sciences.

FY 2012 Approved Budget to FY 2013 Proposed Budget, by Revenue Type

Table HCO-5 itemizes the changes by revenue type between the FY 2012 approved budget and the FY 2013 proposed budget.

Table HCO-5

(dollars in thousands)

	DIVISION	BUDGET	FTE
LOCAL FUNDS: FY 2012 Approved Budget and FTE		90,672	180.8
Removal of One-Time Funding	Multiple Programs	-3,286	0.0
Fringe Benefit Rate Adjustment	Multiple Programs	195	0.0
Consumer Price Index	Multiple Programs	665	0.0
Personal Services Growth Factor	Multiple Programs	71	0.0
Fixed Cost Inflation Factor	Multiple Programs	-41	0.0
FY 2013 Current Services Funding Level Budget (CSFL)		88,275	180.8
Cost Increase: To cover additional funding needed for personal services including salary steps and Fringe Benefits costs	Multiple Programs	257	0.0
Cost Increase: To cover additional funding needed for Equipment and Equipment Rental	Multiple Programs	103	0.0
Cost Decrease: Net change in nonpersonal services primarily driven by reduction in contractual services	Multiple Programs	-1,617	0.0
Shift: To align the budget with fixed costs estimates from DGS and OCTO	Agency Management Support	1,257	0.0
FY 2013 Initial Adjusted Budget		88,275	180.8
Technical Adjustment: Health insurance contribution	Multiple Programs	63	0.0
FY 2013 Additionally Adjusted Budget		88,338	180.8
FY 2013 Policy Initiatives			
Cost Increase: To support tobacco control programs	Community Health Administration	495	0.0
Cost Increase: To implement a program focusing on diabetic care and treatment	Community Health Administration	285	0.0
Cost Increase: To cover additional funding necessary for the Commodity Food Program	Multiple Programs	526	0.0
Cost Increase: To cover additional funding necessary for the Annual Department of Youth Rehabilitation Services Inspection	Multiple Programs	36	0.0
Cost Increase: To cover additional funding needed for Fringe Benefits costs	Health Emergency Preparedness and Response Administration	3	0.0
Cost Increase: To support incentives for low-income residents to use food stamps at farmers markets	Community Health Administration	50	0.0
Cost Decrease: To reflect the reduction of salaries and Fringe Benefits for FTEs	Agency Management Support	-285	-3.0
Cost Decrease: Decrease in Equipment and Professional Service Contract	Agency Management Support	-149	0.0
Transfer Out: The Department of Health will assist with partial funding of a new agency, the Department of Forensic Sciences	Multiple Programs	-920	-9.0
LOCAL FUNDS: FY 2013 Proposed Budget and FTE		88,379	168.8

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Table HCO-5 (Continued)

(dollars in thousands)

	DIVISION	BUDGET	FTE
FEDERAL PAYMENTS: FY 2012 Approved Budget and FTE		5,000	0.0
No Changes		0	0.0
FY 2013 Initial Adjusted Budget		5,000	0.0
FEDERAL PAYMENTS: FY 2013 Proposed Budget and FTE		5,000	0.0
FEDERAL GRANT FUNDS: FY 2012 Approved Budget and FTE		136,706	472.0
Cost Increase: To cover additional funding needed for Subsidies and Transfers	Multiple Programs	6,220	0.0
Cost Increase: To cover additional funding needed for Supplies and Materials	Multiple Programs	659	0.0
Cost Increase: To cover additional funding needed for Equipment and Equipment Rental	Multiple Programs	11	0.0
Cost Decrease: To reduce Stimulus grant funding	Multiple Programs	-4,039	-4.8
Cost Decrease: Net change in personal services due to reduction in staff	Multiple Programs	-714	-14.5
Cost Decrease: In Other Services and Charges	Multiple Programs	-636	0.0
Cost Decrease: In Contractual Services - Other	Agency Management Support	-365	0.0
Cost Decrease: To align the budget with fixed costs estimates from DGS and OCTO	Agency Management Support	-21	0.0
Shift: To move funding to Local funds; grants do not provide funding for fixed costs	Agency Management Support	-1,257	0.0
Shift: To move funding to Special Purpose Revenue, grants do not provide funding for fixed costs	Multiple Programs	-100	0.0
FY 2013 Initial Adjusted Budget		136,464	452.7
Additional Adjustments: Adjust the budget to offset the impact of the health insurance contribution	Multiple Programs	-116	0.0
Technical Adjustment: Health insurance contribution	Multiple Programs	116	0.0
FY 2013 Additionally Adjusted Budget		136,464	452.7
FY 2013 Policy Initiatives			
Cost Decrease: Reduction of budget to align with projected grant funding	Multiple Programs	-408	-12.2
FEDERAL GRANT FUNDS: FY 2013 Proposed Budget and FTE		136,056	440.4
PRIVATE GRANT FUNDS: FY 2012 Approved Budget and FTE		214	0.0
Cost Increase: Received new grant for HIV/AIDS Hepatitis STD and Tuberculosis research	HIV/AIDS Hepatitis STD and TB Administration	96	2.5
FY 2013 Initial Adjusted Budget		310	2.5
Technical Adjustment: Health insurance contribution	Multiple Programs	1	0.0
FY 2013 Additionally Adjusted Budget		311	2.5
PRIVATE GRANT FUNDS: FY 2013 Proposed Budget and FTE		311	2.5

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Table HCO-5 (Continued)

(dollars in thousands)

	DIVISION	BUDGET	FTE
SPECIAL PURPOSE REVENUE FUNDS: FY 2012 Approved Budget and FTE		7,761	77.8
Cost Increase: To align the budget with revenue projection for the Board of Medicine fund	Health Care Regulation and Licensing Administration	474	7.8
Cost Increase: To align the budget with revenue projection for the State Health Planning and Development Agency (SHPDA) Fees fund	Center for Policy Planning and Evaluation	179	1.0
Cost Increase: To align the budget with revenue projections for the Radiation Protection fund	Health Care Regulation and Licensing Administration	23	0.0
Cost Increase: To align the budget with revenue projections for the Emergency Medical Services Fees fund	Health Emerg Preparedness and Response Administration	12	0.0
Cost Decrease: To adjust the budget to reflect revenue estimates for the Pharmacy fund	Health Care Regulation and Licensing Administration	-138	0.0
Cost Decrease: To adjust the budget to reflect revenue estimates for the SHPDA Admission Fees fund	Center for Policy, Planning and Evaluation	-66	0.0
Cost Decrease: To adjust the budget to reflect revenue estimates for the ICF/MR Fees and Fines fund	Health Care Regulation and Licensing Administration	-36	0.0
Shift: Special Purpose Revenue funding for contracts for the Board of Medicine fund	Health Care Regulation and Licensing Administration	2,426	0.0
Shift: Special Purpose Revenue funding for contracts for the Board of Pharmacy fund	Health Care Regulation and Licensing Administration	816	4.0
Shift: Special Purpose Revenue funding to cover personal services and nonpersonal services costs	Agency Management Support	100	0.0
FY 2013 Initial Adjusted Budget		11,551	90.6
Additional Adjustments: To align budget with certified revenue	Health Care Regulation and Licensing Administration	-30	0.0
Technical Adjustment: Health insurance contribution	Multiple Programs	23	0.0
FY 2013 Additionally Adjusted Budget		11,544	90.6
SPECIAL PURPOSE REVENUE FUNDS: FY 2013 Proposed Budget and FTE		11,544	90.6
INTRA-DISTRICT FUNDS: FY 2012 Approved Budget and FTE		18,858	5.0
Cost Increase: To align the budget with revenue from the MOU with the Department of Health Care Finance for pharmaceutical procurement	Community Health Administration	5,875	0.0
Cost Increase: To align the budget with the MOU with the Department of Corrections for pharmaceuticals	Community Health Administration	3,700	0.0
Cost Increase: To align the budget with revenue from the MOU with the Department of Human Services in support of the Family Refugee program	Community Health Administration	71	0.5
Cost Decrease: Align the budget with discontinuation of the MOU with CFSA	Addiction Prevention and Recovery Administration	-400	0.0
FY 2013 Initial Adjusted Budget		28,104	5.5
Technical Adjustment: Health insurance contribution	Multiple Programs	1	0.0
FY 2013 Additionally Adjusted Budget		28,105	5.5
INTRA-DISTRICT FUNDS: FY 2013 Proposed Budget and FTE		28,105	5.5
Gross for HCO - Department of Health		269,394	707.8

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

Agency Performance Plan

The agency's performance plan has the following objectives for FY 2013:

1. Addiction Prevention and Recovery Administration (APRA)

Objective 1: Implement an integrated prevention infrastructure and system to reduce priority risk factors that place District children, youth, families, and communities at risk of substance use and increase protective factors that reduce the risk of substance use and interrelated problems.¹

Objective 2: Promote long-term recovery from substance use disorder through maintenance of a comprehensive continuum of accessible substance abuse treatment and recovery support services.

Objective 3: Maintain and support a comprehensive continuum of effective substance abuse treatment and recovery support services.

Addiction Prevention and Recovery Administration (APRA)

Measure	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2012 Projection	FY 2013 Projection	FY 2014 Projection
Number of adults reached through planned prevention strategies	Not Available	12000	12500	14000	14500	14,500
Number of prevention messages disseminated	Not Available	4	10	15	25	25
Number of prevention activities that target youth	10	25	25	25	35	35
Percentage of adults who present for and receive treatment and recovery support services	Not Available	100%	100%	100%	100%	100%
Percentage of youth who present for and receive treatment and recovery support services	Not Available	100%	100%	100%	100%	100%
Number of clients referred from CFSA	94	100	125	125	138	150
Number of clients referred from DYRS	99	200	201	201	221	200
Number of clients referred from DMH	4	75	89	89	98	100
Number of clients referred from CSOSA	7	150	186	186	205	200
Average length of stay for detoxification	4	4	4	4	4	4
Average length of stay for Opioid treatment	365	365	365	365	365	365
Percentage of recovery support clients that maintain abstinence from ATOD 6 months post admission	83%	85%	84%	85%	85%	85%
Percentage of APRA-referral and funded clients who receive a client satisfaction survey	10%	20%	10%	25%	25%	25%
Percentage of clients satisfied with how their provider is meeting their treatment needs while in treatment	85%	85%	85%	85%	85%	85%
Percentage of clients satisfied with how their providers have prepared them for transitioning to other services after discharge from treatment	85%	85%	85%	85%	85%	85%
Number of technical assistance encounters provided	633	1,000	1,060	1,200	1,200	1,200
Number of substance abuse treatment providers that use evidence-based practices	Not Available	50%	57%	57%	75%	80%
Number of financial reviews performed	Not Available	75%	72%	72%	85%	90%

2. Center for Policy, Planning, and Evaluation (CPPE)

Objective 1: Promote the availability of accessible, high quality and affordable healthcare service.

Objective 2: Process vital records in a timely manner to ensure quality customer service.

Objective 3: Conduct the Behavioral Risk Factor Surveillance System Survey.

Objective 4: Enhance project/program monitoring and evaluation within the Department of Health.

Center for Policy, Planning, and Evaluation (CPPE)

Measure	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2012 Projection	FY 2013 Projection	FY 2014 Projection
Number of certificate of need reviews	21	25	37	25	25	25
Number of technical assistance meetings held with healthcare providers	570	450	735 ²	500	500	500
Percentage of vital records processed within 30 minutes	Not Available	60%	95%	75%	85%	85%
Number of BRFSS surveys completed	4,252	4,900	4,597	4,800	4,000	4,500
Percentage of Department programs completing a logic model to measure program effectiveness	Not Available	75%	84%	90%	100%	100%

3. Community Health Administration (CHA)

Objective 1: To support initiatives that are culturally-sensitive and that target priority populations; initiatives which promote the prevention of diabetes, cardiovascular disease as well as other chronic diseases.

Objective 2: Improve the delivery of services provided by Project WISH to reduce breast and cervical cancer mortality rates in the District of Columbia.

Objective 3: To encourage tobacco cessation among District residents.

Objective 4: Increase breastfeeding rates among WIC mothers.

Objective 5: Serve as many Commodity Supplemental Food Program (CSFP) clients up to the federally assigned ceiling of 6,647 participants.

Objective 6: Increase low-income District resident participation in the Supplemental Nutrition Assistance Program Education (SNAP-ED). The program involves emphasizing 5 nutrition messages: eating nutritious fruits and vegetables, consuming low-fat dairy, eating more whole grains foods, drinking more water, and engaging in daily physical activity.

Objective 7: Improve the District's birth outcomes through increased utilization of the D.C. Healthy Start project.

Objective 8: Improve the identification and treatment of infants at risk for developmental delays through referral and parent education.

Objective 9: Increase number of workforce providers practicing in underserved areas of the District.

Objective 10: Reduce disparities in access to care among vulnerable and special needs populations including refugees and asylees.

Objective 11: Expand the District's medication distribution capabilities by coordinating with Medicaid and HAHSTA to create a network of core pharmacy providers serving the District's HIV population.

Objective 12: Improve immunization rates among children enrolled in District of Columbia Public Schools and District of Columbia Public Charter Schools.

Objective 13: Increase the number of young children in the District who are ready for school.

Objective 14: Improve access to quality, comprehensive, and coordinated community-based systems of services for children and youth with special health care needs (CYSHCN) and their families in the District.

Community Health Administration (CHA)

Measure	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2012 Projection	FY 2013 Projection	FY 2014 Projection
Number of chronic disease partnerships supported with Technical Assistance ³	265	14	150	160	180	175
Number of chronic disease partnership initiatives/ events conducted	27	4	30	35	40	40
Number of women receiving clinical breast exam and mammogram screenings ⁴	307	312	650	500	500	500
Number of women receiving pelvic and cervical exam/PAP-test screenings ⁵	80	141	335	300	500	2,700
Tobacco DC Quitline call volume (percent reached) ⁶	2015 (3.22)	4833 (5.4)	2576 (3.5)	2576 (3.5)	2651 (3.7)	90%
Percentage of DC Quitline calls converting to counseling	89%	93%	90%	90%	90%	55%
Percentage of postpartum WIC mothers who initiate breastfeeding	45%	47%	48%	49%	50%	97%
Maintain service to at least 96 percent of 6,647 CSFP caseload	96%	96%	96%	97%	97%	97%
Number of SNAP-Ed participants receiving education ⁷	27,927	9,945	9,945	10,245	10,552	450
Number of Healthy Start participants	381	395	395	420	435	92%
Percentage of newborns diagnosed with Sickle Cell disease and referred for follow-up	100%	100%	90%	90%	90%	90%
Percentage of parents receiving educational counseling for newborn hearing loss	Not Available	Not Available	70%	80%	85%	50%
Percentage of HPLRP participants that are practicing primary care	20%	15%	30%	40%	50%	75%
Percentage of refugees screened within 30 days of referral	Not Available	50%	50%	66%	75%	15%
Number of new pharmacy providers added to network	Not Available	0	15	20	25	15%
Percentage of children with up-to-date immunizations	93%	93%	95%	95%	99%	95%
Number of families in the DC Home Visiting program	100	181	50	60	70	70
Number of participants in the District of Columbia's Parent Information Network	Not Available	111	100	120	125	125

4. Health Emergency Preparedness and Response Administration (HEPRA)

Objective 1: Improve the quality of Emergency Medical Services (EMS) in the District of Columbia.

Objective 2: Improve Administrative Services with Customer and Stakeholder Feedback/Satisfaction Surveys.

Objective 3: Improve Epidemiology Disease Surveillance and Reporting.

Objective 4: Improve and sustain public health emergency preparedness and response efforts within HEPRA.

Health Emergency Preparedness and Response Administration (HEPRA) ⁸

Measure	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2012 Projection	FY 2013 Projection	FY 2014 Projection
Number of ambulance inspections	278	300	279	300	300	300
Number of unannounced ambulance inspections	132	150	143	150	160	150
Percentage of the total activations of the HECC where EMS division personnel were present	Not Available	100%	100%	100%	100%	100%
Number of survey reports that are sent out from all HEPRA divisions (Administration, Epidemiology, EMS, Operations, PHL) to stakeholders and customers	Not Available	Not Available	16	50	75	75
Percentage of reports of selected reportable diseases for which initial public health control measure(s) were within the appropriate time frame	Not Available	Not Available	Not Available	70%	80%	85%
Percentage of infectious disease outbreak investigation reports that contain all minimal elements	Not Available	Not Available	Not Available	75%	85%	90%
Percentage of applicable staff trained on NIMS IS 100, 200, 700 and 800	Not Available	Not Available	77%	90%	90%	95%
Percentage of applicable staff trained on NIMS ICS 300 and 400	Not Available	Not Available	49%	50%	50%	55%

5. HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA)

Objective 1: Reduce transmission/prevent new infections of HIV, STD, TB, and Hepatitis through early diagnosis and treatment, harm reduction, and behavior change interventions.

Objective 2: Improve care and treatment outcomes, as well as quality of life, for HIV-infected individuals through increased access to, retention in, and quality of care and support services.

HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA)

Measure	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2012 Projection	FY 2013 Projection	FY 2014 Projection
Number of new HIV/AIDS cases reported within the fiscal year ⁹	193	1,500	1,205	1,500	1,300	1,000
Number of peri-natal HIV infections	0	0	0	0	0	0
Number of publicly supported HIV tests reported	44,014	125,000	122,356	125,000	125,000	100,000
Number of needles off the streets through DC NEX program	158,803	350,000	341,879	400,000	425,000	425,000
Number of condoms (female and male) distributed by DC DOH Condom program	2,179,374	4,500,000	5,186,340	4,500,000	5,000,000	5,000,000
Number of youth (15-19 years) screened for STDs through youth outreach programs	3,050	12,000	4,274	7,500	7,500	7,500
Number of clients linked to care within 3 months of diagnosis ¹⁰	Not Available	Not Available	Not Available	70	75	80

6. Health Regulation and Licensing Administration (HRLA)

Objective 1: Improve triage process for Nursing Home Facilities.

Objective 2: Conduct and complete complaint based investigations of licensed healthcare providers upon request of health licensing boards and commissions.

Objective 3: Initiate and complete investigations of complaints of the provision of services by unlicensed healthcare providers in violation of the HORA and applicable District regulations.

Objective 4: Conduct a targeted 60 site visits and monitoring of nurse staffing agencies.

Objective 5: The Health Care Facilities Division (HCFD) will conduct 109 on-site surveys to ensure health, safety, sanitation, fire, and quality of care requirements of facilities that are licensed and/or certified.

Objective 6: The Intermediate Care Facility Division (ICFD) will conduct 192 on-site surveys to ensure health, safety, sanitation, and quality of care requirements of healthcare facilities.

Objective 7: To protect the public health and safety of residents and visitors in the District through the prevention of food-borne outbreaks and to protect the food supply through inspections.

Objective 8: To ensure that 100 percent of x-ray machines are safe for use and are free of defects that may cause harm to the public by updating the District of Columbia's Radiation Standards to ensure compatibility with the constantly changing technologies in the health physics and radiation protection field and inspecting x-ray machines for compliance with required standards.

Health Regulation and Licensing Administration (HRLA)

Measure	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2012 Projection	FY 2013 Projection	FY 2014 Projection
Number of nursing home facility inspections	166	310	450	600	700	700
Number of professional license investigations per request of licensing/registration boards	215	140	200	150	155	155
Number of investigations of the unlicensed practice of health	20	26	25	25	25	25
Number of investigations of nurse staffing agencies	40	2	20	60	70	70
Number of facilities licensed/certified by the HCFD	462	581	460	460	460	460
Number of inspections completed by the HCFD	103	144	150	109	109	110
Number of facilities licensed/certified by the ICFD	206	187	207	182	177	177
Number of inspections completed by the ICFD	230	244	250	192	190	200
Number of inspections of food establishments generated by complaints/food borne illness reports	441	589	600	400	400	450
Number of food establishment closures	91	134	100	100	100	90
Number of x-ray tubes inspected for compliance with radiation protection standards	814	801	800	820	840	800

7. Office of the Director (OD)

Objective 1: Ensure the development and retention of a competent workforce.

Objective 2: Improve monitoring, compliance and performance (i.e. process and outcomes) of all recipients of DOH-issued grant awards, as documented by a Satisfactory or better performance rating for a minimum of 90 percent of all DOH grantees.

Objective 3: Develop and implement a Department-wide electronic storage and retrieval system.

Objective 4: Effectively communicate with stakeholders and the community about public health assets and challenges.

Office of the Director (OD)

Measure	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2012 Projection	FY 2013 Projection	FY 2014 Projection
Percentage of employee reviews completed on time	64%	85%	64%	100%	100%	100%
Percentage of DOH grantees who received a satisfactory performance rating	Not Available	Not Available	74%	90%	100%	100%
Percentage of DOH paper files converted to electronic file system ¹¹	Not Available	Not Available	Not Available	50%	75%	100%
Number of visitors to the DOH website	Not Available	690,000	724,500	760,725	785,500	800,000
Office of Unified Communications Customer Service Rating	85%	73%	85%	90%	95%	95%

Performance Plan Endnotes:

- APRA has developed its prevention framework based on established prevention science related to risk and protective factors. Prevention science has identified a set of risk factors or conditions that increase the likelihood that a child will develop one or more substance abuse and interrelated problems (violence, delinquency, anxiety and depression, poor school performance/dropout, and teen pregnancy) in adolescence. Conversely, the same research has identified a set of protective processes and factors to build healthy behavior. Risk and protective factor–focused prevention is based on a simple premise: to prevent a problem from happening, we must first identify the factors that increase the risk of that problem developing and then reduce those interrelated or shared risks for substance abuse and interrelated problems. This prevention framework allows DOH APRA to respond to community problems in a comprehensive way, integrate prevention into the fabric of the community, and go beyond a specific program to become part of a vision shared by a broad spectrum of people.
- Reduction in targets for FY 2011 through FY 2014 reflect change in economy. It is expected that less capital investments will be made during a time of economic challenges facing the nation.
- Projected numbers in FY 2012 - 2014 reflect identified decreases in funding that support these functions.
- Ibid
- Ibid
- Ibid
- Participation numbers include those served by CHA and its partners - UDC and Capital Area Food Bank. In 2011, funding was cut from \$2.5 million to \$1.5 million, and USDA ceased providing the 50 percent cash match for nutrition education provided.
- N/A is used multiple times within the chart to indicate a new initiative or new data collection requirements for HEPR.
- Industry Standard:** CDC reports 2005 data for Baltimore (1,001.3), Chicago (351.4), Detroit (291.1), Philadelphia (645.4), New York City (725.9) and Washington, D.C. (1,386.0). Due to increased testing, DOH expects that the number of newly diagnosed HIV cases will increase for several years.
- New initiative for FY 2012.
- Ibid.

