

DEPARTMENT OF HEALTH

FY 2023 PERFORMANCE ACCOUNTABILITY REPORT

JANUARY 16, 2024



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1 DEPARTMENT OF HEALTH

Mission: The District of Columbia Department of Health promotes health, wellness and equity, across the District, and protects the safety of residents, visitors and those doing business in our nation's Capital.

Services: The Department of Health (DC Health) adheres to the ten essential public health services generally accepted by the United States public health community. The ten essential public health services are: 1. Monitor health status to identify and solve community health problems. 2. Diagnose and investigate health problems and health hazards in the community. 3. Inform, educate, and empower people about health issues. 4. Mobilize community partnerships and action to identify and solve health problems. 5. Develop policies and plans that support individual and community health efforts. 6. Enforce laws and regulations that protect health and ensure safety. 7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable. 8. Assure competent public and personal health care workforce. 9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services. 10. Research for new insights and innovative solutions to health problems.

2 2023 ACCOMPLISHMENTS

| Accomplishment | Impact on Agency | Impact on Residents |
|---|---|--|
| Implemented a new school health staffing model to ensure every public school student at a school with a health suite had access to a qualified, health professional at their school. | This new model allows the school health services program to have a more stable funding landscape, ensures that the school health program can operate as expected and provide support to DCPS and DCPCS staff and students to address all health needs. | Previously less than half of public schools had 40 hours a week of in-person coverage in their health suite. Now, well over 80% of schools have an in-person staff member each day and anticipate that number being over 90% by the end of the calendar year. |
| Enabled a true Data-Driven Public Health Agency for the development of Policy, Regulation and Legislation, by developing the first truly integrated Disease Information System (DIS 2.0) adopted by major states and CDC. DC Health's Integrated Disease Information processes input around-the-clock, including automatic case creation, on a 3-hour cycle, (a first in Public Health). | This system is a complete Enterprise Framework allowing for the integrated routing of data into, around, and out of the agency. For the first time in the history of DC Health it is possible for data to flow from all administrative inputs all the way to Director's desk without human intervention. For the first time DC Health has automated reporting to the CDC on key diseases, without human-intervention. | It is a scalable, flexible, transparent, auditable and efficient Enterprise that uses population level data with predictive-logic and machine-learning capabilities that enable DC Health Senior Management to respond rapidly to emerging public health threats with timely, data driven public health decisions and policies. |

3 2023 OBJECTIVES

Strategic Objective

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.

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.

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.

Community Health Administration (CHA). The Community Health Administration promotes healthy behaviors, healthy environments, and access to quality health care services to improve health outcomes and reduce disparities in the leading causes of disease and death in the District.

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.

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.

Create and maintain a highly efficient, transparent, and responsive District government.

4 2023 OPERATIONS

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Operation Description

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.

| Criminal Background Check Program: Daily Service | The Division is responsible for processing criminal background checks for health care professionals and prospective applicants of long term care facilities. |
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| Rodent and Vector Control Division: Daily Service | 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. |
| Radiation Protection Division (RPD): Daily Service | The Radiation Protection seeks to reduce and/or eliminate radiation overexposure of naturally occurring or man-made radiation in the District of Columbia. |
| Health Care Facilities Division: Daily Service | 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. 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. |
| Health Professional Licensing: Daily Service | Receive, process, and review for compliance with District and Federal regulatory compliance license applications for over seventy different healthcare professions. |
| Compliance, Quality Assurance and Investigation: Daily Service | 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. |
| Animal Services Program (ASP): Daily Service | 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. |
| Pharmaceutical Control Division (PCD): Daily Service | 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. |

| Operation Title | Operation Description |
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| Intermediate Care Facilities Division (ICFD): Daily Service | 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. |
| Division of Food: Daily Service | Food Safety Division inspects food establishments (e.g. restaurants, food trucks, etc.) to prevent the spread of food-borne illness. |
| Division of Community Hygiene: Daily Service | Community Hygiene Division inspects public pools, barbershops and beauty salons for cleanliness. |

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.

| Data Development, | OHE applies data driven and evidence-based research methods, tools and |
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| Management & Evaluation: Daily Service | practices, including Geographic Information Systems (GIS) and other preeminent methodologies, to measure social determinant and population health outcomes. This includes Key Drivers of Opportunities for Health, disparate outcomes and inequities by socio-economic and demographic subpopulation and geographic location. This core function includes equity data development and modernization; support to design, develop, implement and evaluate Health Equity Programs; publication of reports that inform policy and practice change; as well as build the evidence base. |
| Health Equity Capacity Building: Daily Service | Development, delivery and support of selected programs and initiatives with demonstrable strategic health equity nexus and operational potential. The goal is to contribute to, and inform, the essential paradigm shift in policy and practice needed to improve population health and promote more equitable opportunities for health, especially amongst historically marginalized populations. |
| Collaborative Practice & Policy Change: Daily Service | 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 promoting and achieving health equity. OHE uses a "health in all policies" (HiAP) approach, providing technical assistance on health equity internally and to a range of public, private, and non-profit partners. These partnerships serve to change the conversation and center the health impact of policy and infrastructure outside the traditional public health discourse such as housing, education, and transportation. OHE aims to convene partnerships whose breadth of authority and resources can realize population health improvements the healthcare sector and public health could never achieve alone. |

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.

| Certificate of Need (CON) | CPPE works with healthcare providers to administer the Certificate of Need |
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| Program: Daily Service | program to ensure that the healthcare services and facilities established in the District are of high quality and meet the needs of residents. |
| Vital Records: Daily Service | Vital Records is responsible for collecting, preserving and administering the District's system of birth, death and domestic partnership records. |

| Operation Title | Operation Description |
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| Behavioral Risk Factor Surveillance System (BRFSS): Daily Service | CPPE/BRFSS conducts an estimated 250 health surveys monthly to District residents aged 18 years of age and older in all eight wards of the city. |
| Data Management and Analysis Division (DMAD): Daily Service | The Data Management and Analysis Division is responsible for the collection, analysis, and maintenance of statistical data for human service delivery program components of the Department of Health. |
| Institutional Review Board: Daily Service | DMAD has oversight of the Institutional Review Board for Public Health, which is an administrative body established to protect the rights and welfare of humar research subject recruited to participate in research activities or data collected on human subjects in the DC Department of Health. |
| Occupational Safety and Health Statistics Program (OSHS): Daily Service | Occupational Safety and Health Statistics Program (OSHS), DC Department of Health collaborates with the US Department of Labor, Bureau of Labor Statistics to serve as the premier source of information on the safety and health of the District of Columbia workers. |
| Healthy People: Daily Service | Healthy People serves as the city's shared agenda and Community Health Improvement Plan, which collaboratively sets goals and objectives and monitors progress toward 2020 targets for important population Health outcomes. There are continuous opportunities for residents and partners to get involved in the process and the development of the DC Healthy People 2030 goals and objectives by joining Our Healthy DC at OurHealthyDC.org, an online tool where you can help guide the conversation. |
| Pregnancy Risk Assessment Monitoring System (PRAMS): Daily Service | The Pregnancy Risk Assessment Monitoring System (PRAMS) is a surveillance project of the Centers for Disease Control and Prevention (CDC) and District o Columbia Department of Health. PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. About 100 surveys/questionnaires are mailed monthly to DC resident women who deliver their babies in the District. |
| Research, Measurement and Evaluation (REM)/Division of Epidemiology-Disease Surveillance and Investigation: Daily Service | The Disease Surveillance and Investigation Unit is responsible for the surveillance, investigation and control of reportable diseases within the District of Columbia, with the exception of sexually transmitted illnesses, hepatitis, HIV/AIDS, and Tuberculosis. The program collects, analyzes, interprets, disseminates data, an provides expertise and information on disease management. |
| National Violent Death Reporting System (NVDRS): Daily Service | CPPE administers the National Violent Death Reporting System (NVDRS) for the District of Columbia. NVDRS is a surveillance system initiated by the Centers for Disease Control for collecting data regarding violent deaths in the United States. The initiative involves collaboration between state agencies and local police, coroners, and medical examiners, with the goal of creating a more complete and up-to-date database of violent deaths and their circumstances in the United States. NVDRS is the only state-based surveillance (reporting) system that pools more than 600 unique data elements from multiple sources into a usable, anonymous database. |
| Firearm Injury Surveillance through Emergency Rooms (FASTER): Daily Service | CPPE administers the Firearm Injury Surveillance through Emergency Rooms (FASTER) program in the District of Columbia. The goal of this CDC program is to improve the timeliness of surveillance of ED visits for nonfatal firearm injuries Collaboration includes sharing data in order to improve syndrome definitions, data collection methods, analysis of surveillance data, and presentation and dissemination of findings. Additionally, this collaboration will result in tools and methods that can be used by state and local health departments across the nation to rapidly track and respond to firearm injuries. |

(continued) **Operation Title Operation Description** Community Health Administration (CHA). The Community Health Administration promotes healthy behaviors, healthy environments, and access to quality health care services to improve health outcomes and reduce disparities in the leading causes of disease and death in the District. Health Professional Loan This program aims to recruit and retain health professionals in the District have underserved areas. The HPLRP, funded with both local and Federal dollars, Repayment Program (HPLRP): **Daily Service** 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. School-Based Oral Health This program aids DC Public and Public Charter students in maintaining **Program: Daily Service** educational readiness by providing preventive oral health services in schools and linkage to dental homes. Primary Care Office (PCO) These programs provide funding to increase access to equitable, Grant Programs: Daily Service comprehensive, quality health care services provided through a medical or dental home. Immunization Program: Daily This program seeks to reduce the spread of vaccine preventable diseases Service among residents, visitors, and those working or doing business in the District. Evidence-Based Home This program is designed to promote maternal, infant and early childhood health Visiting Program: Daily Service 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. Help Me Grow (HMG): Daily HMG builds collaboration across sectors, including child health care, early care Service 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. Newborn Screening This program provides a comprehensive, coordinated system for universal **Program: Daily Service** 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. Sexual Violence Prevention Implement and evaluate sexual violence prevention programs, practices, and **Program: Daily Service** 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. School Health Programs: These programs consist of both school health services and the School Based Health Centers (SBHC). The School Health Services Program provides **Daily Service** 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. Perinatal Health Program: This program seeks to improve women's health, promote clinical quality and **Daily Service** patient safety, and achieve collective impact. Adolescent Health This program focuses on building the capacity of youth-serving organizations, Education and Training District of Columbia Public Schools, and District of Columbia Public Charter **Program: Daily Service** Schools through training and technical assistance services on adolescent health topics. Early Childhood Place-Based This program partners with community organizations to implement place-based Initiative: Daily Service strategies to improve early childhood health and education outcomes.

| Operation Title | Operation Description |
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| Teen Pregnancy Prevention (TPP): Daily Service | 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. |
| Youth Advisory Council: Daily Service | 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. |
| Cancer Programs Division: Daily Service | The Cancer Programs Division encompasses three programs (Project WISH, Comprehensive Cancer Control, and Colorectal Screening) engaged in reducing the District's cancer burden. |
| DC Cancer Registry (DCCR): Daily Service | 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. |
| Home Delivered Meals: Daily Service | 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. |
| Pop-Up Markets in Elementary Schools: Daily Service | 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. |
| Supplemental Nutrition Assistance Program, Education and Obesity Grant (SNAP-Ed): Daily Service | 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. |
| The Safe Sleep Program: Daily Service | 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. |
| Produce Plus Program: Daily Service | 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. |
| Chronic Disease Division: Daily Service | 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. |
| Tobacco Control Program: Daily Service | 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. |
| Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Daily Service | 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. |

| Operation Title | Operation Description |
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| Farmers' Market Nutrition Program (FMNP): Daily Service | 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. |
| Preventive Health and Health Services Block Grant (PHHSBG): Daily Service | 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. |
| Senior Farmers' Market Nutrition Program (SFMNP): Daily Service | 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. |
| Commodity Supplemental Food Program: Daily Service | 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. |

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.

| the cases and status of the epidemics in the District. | | | |
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| AIDS Drug Assistance: Daily Service | 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. | | |
| Pre-Exposure Prophylaxis (PrEP): Daily Service | HAHSTA makes PrEP widely available in the District, and does targeted outreach to target populations to receive screening, education, and referral to PrEP enrollment. | | |
| Condom Distribution: Daily Service | 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. | | |
| HIV Testing: Daily Service | The District of Columbia makes HIV testing widely available in clinical and non-clinical settings through both point of care and conventional test. DC Health funded partners are encouraged to offer testing to focus populations to increase awareness of HIV status. | | |
| Hepatitis: Daily Service | The District of Columbia collaborates with a range of community-based organizations, as well as governmental and non-governmental stakeholders to increase hepatitis awareness through screening, vaccinations and access to treatment options. | | |
| HIV Program Monitoring: Daily Service | The Ryan White HIV/AIDS Program provides fiscal and programmatic compliance monitoring and oversight to sub-recipient organizations that are funded to deliver primary medical care, treatment, and essential support services to people with HIV and their families in the Washington Eligible Metropolitan Area. | | |
| Quality Improvement: Daily Service | The Quality Management Program supports a network of high quality, equitable care for consumers of HIV services in DC and the metro area through data driven decision making addressing social determinates of health through process improvement and evidence based clinical interventions. | | |
| Case Investigation: Daily Service | The Strategic Information Division investigates newly reported HIV and STD cases through contact with diagnosing providers and facilities; abstraction of physical and electronic medical records; and routine interstate case review processes. Information ascertained through case investigations facilitates the initiation of services provided by Disease Intervention Specialist (DIS) and provides the foundation for analytic activities. | | |

| Operation Title | Operation Description |
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| Data Collection, Processing, Management, & Reporting: Daily Service | The Strategic Information Division promotes provider and laboratory compliance with local HIV, STD, Hepatitis, & TB infection reporting regulations through targeted community outreach, educational, and technical assistance activities. Provides oversight in the development and modification of data collection and management software applications utilized for disease surveillance activities. Aids in the implementation and expansion of electronic laboratory reporting. Inputs information from provider case report forms and laboratory records into data management systems though both manual and electronic processes. Monitors the timeliness, completeness, and quality of surveillance data. Ensures the timely reporting of local surveillance data to federal partners. |
| Data to Action: Daily Service | The Strategic Information Division utilizes disease surveillance data to identify individuals living with HIV in the District that have evidence of potential gaps in the receipt of appropriate care and treatment and/or individuals that are part of growing molecular HIV clusters. Identified individuals are targeted for outreach, prevention, and reengagement services through primary health care providers and disease intervention specialist (DIS). |
| Data Analysis & Dissemination: Daily Service | The Strategic Information Division conducts routine analysis of disease surveillance data to monitor population-level patterns and trends in the occurrence, treatment, and outcomes of the infections addressed by the administration. Information ascertained from such analyses is presented in the Annual Surveillance and Epidemiology Report; as well as targeted fact facts, infographics, presentations, and manuscripts. Presented information is utilized to inform local disease control and prevention programmatic and policy initiatives. |
| Grants Management: Daily Service | Provides fiscal and administrative monitoring of District and federally appropriated funds. The Grants Management team provides fiscal monitoring of over 130 grants and sub-grants to more than 50 providers, 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. |
| Capacity Building: Daily Service | Ensure that the community and our partnering organizations have access to relevant trainings and technical assistance through the Effi Barry Training Institute and other community initiatives. |
| Housing: Daily Service | Understanding the complex nature of the Washington Regional Metropolitan Statistical Area, this division addresses the housing needs of those residents in the region who are who are living with HIV through our Housing Opportunities for Persons living With HIV/AIDS. |
| Community Partnerships: Daily Service | Ensure that all voices of the community are heard in the development of programs and initiatives. We convene several community advisory boards such as the Washington DC Regional Planning Commission on Health and HIV, the Places of Worship Advisory Board, and the IMPACT DMV Regional Coalition, these are important mechanisms to ensure community input. Additionally, CBHCP is committed to building stronger relationships and partnerships that foster innovative programming that supports creative and innovative approaches to public health. |
| Youth STI Screening: Daily Service | The District's STD and TB Control Division provides traditional STD screening and treatment per CDC guidelines via the school-based screening and sexual health program. |
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| Operation Title | Operation Description |
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| Health and Wellness Center: Daily Service | The District's Health and Wellness Center provide core services include traditional TB and STD screening and treatment per CDC guidelines, PEP and PrEP for HIV prevention, rapid initiation of ART and linkage to care services for individuals who test positive for HIV, treatment and linkage for hepatitis C, mental health counseling, and disease intervention for treatment verification and partner investigations for select communicable diseases. |
| Harm Reduction: Daily Service | The District of Columbia supports harm reduction services through syringe exchange services. HAHSTA partners with a network of community-based organizations, governmental and non-governmental agencies who serve people who inject drugs (PWIDs). |

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.

| can respond to, and recover tro | om public health and health care system events and emergencies. |
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| Medical Materiel | HEPRA ensures the secure distribution and integrity of the stockpile from |
| Management and Distribution: | receipt to recovery of the materiel through planning, real time inventory |
| Daily Service | tracking, and partner collaboration. |
| Incident Command System | HEPRA ensures that all DOH staff with a designated role within the Health |
| (ICS) and National Incident | Emergency Coordination Center (HECC) and/or the Emergency Support |
| Management System (NIMS) | Function (ESF) #8 response are prepared for and can respond to events and |
| Training: Daily Service | 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. |
| Special Events Permitting: | As a member of the Mayor's Special Event Task Group, HEPRA provides |
| Daily Service | 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. |
| Healthcare Coalition | HEPRA co-leads the DC Health and Medical Coalition (HMC) by providing |
| Development: Daily Service | 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. |
| Training and Certification of | HEPRA regulates training and certification for EMS Providers (paramedics and |
| EMS Providers and EMS | EMTs) emergency medical service (EMS) and certifies/inspects EMS and |
| Emergency Response Vehicles: | emergency response vehicles (including ambulances, medical equipment aboard |
| Daily Service | 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). |
| Medical Reserve Corps | The DC Medical Reserve Corps (MRC) is a team of medical and non-medical |
| (MRC): Daily Service | 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. |
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| Operation Title | Operation Description |
| Emergency Operations Coordination: Daily Service | 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 evolvoing health needs arising from emergencies. |

5 2023 STRATEGIC INITIATIVES

| Title | Description | Update |
|---------------------------|---|---|
| eMOST Mainte- nance | The eMOST program empowers terminally-ill patients with the right to make decisions on their end-of-life care options, in consultation with their DC-licensed authorized healthcare provider. In FY23, DC Health HEPRA will continue to coordinate with the Department of Healthcare Finance (DHCF), the Chesapeake Regional Information System for Our Patients (CRISP), and the Health Information Exchange for the DC region, to ensure that patients have access to complete, save, and share end-of-life care directives with healthcare providers electronically. | Completed to date: Complete The eMOST form was launched on the cloud-based platform of the DC HIE's Advanced Care Plan Portal in March 2023 and webinar training of stakeholders is nearing completion. The update of the DC Health MOST website is complete and the eMOST social media plan has been completed. All DC HIE users will have access to the MOST form, which does include FEMS and could include OUC. MOU with DCHF through end of FY23 and Dr. Amy the SME will continue as POC. |
| Data Repository | HEPRA will maintain an upgraded cloud-based registry and repository solution for Emergency Medical Services (EMS) and Trauma data from EMS agencies and healthcare providers within the District. These dashboards will be based on data contained in the DC EMS Data Repository and the DC Trauma Registry. The dashboards will provide data transparency and enable decision-makers, medical professionals, and members of the public to access emergency medical care statistics that demonstrate system utilization and demand. | Completed to date: 75-99% Real time EMS Data is flowing to the DC Health Data Engine. Work continues by DC Health IT to ensure data populates correctly into database and integrations with Data Analysis software as well as the OD MAP Project are operational |

In FY 2023, Department of Health had 25 Strategic Initiatives and completed 52%.

| Emergency Medical Services (EMS) Reg- ulations | HEPRA will continue to revise and improve emergency medical services (EMS) regulations in order to strengthen, improve, and modernize the EMS system in Washington, DC. This includes updating manuals and SOPs aimed at strengthening DC Health enforcement of regulations over the DC Health certified EMS agencies, EMS educational institutions, individual EMS providers, and specialty care centers. | Completed to date: 50-74% Under new executive leadership, DC Health has transitioned to a new plan for updated EMS Regulatons including development of an amended EMS Act of 2008. These changes will be presented in FY24 |
|--|---|--|
| Incident Manage- ment Digitization Initiative | HEPRA will implement and utilize a web-based software system, referred to as VEOCI, to support emergency response operations, including maintaining situational awareness of field activities, supporting operational needs coordination, procurement and cost recovery tracking and data reporting. This initiative enables coordinated information sharing in real time across DC Health stakeholders and allows future Health Emergency Operations Center (EOC) activations to be effectively managed virtually when needed. | Completed to date: Complete VEOCI is fully operational for DC Health HEPRA. |

Build and Launch a Health Opportunity Index (HOI) for the District OHE will continue the work successfully started in FY22, through Phase Two, that will culminate in publication of the inaugural DC Health Opportunity Index.

Collaborative OHE will lead implementation Actions for of the Multi-Sectoral Health Change Equity Agenda, starting with

of the Multi-Sectoral Health Equity Agenda, starting with the 6 Recommendations identified in the Health Equity Summit 2021 - Summary Report: Sustain Whole-of-Community Response; Promote Culture of Wellness & DC HOPE (health. opportunity, prosperity, equity); Repair the Past to Transform the Future; Prioritize Community-Engaged Practices; Leverage Policy & Practice Change Momentum, and Anchor Collaborative Action.

Completed to date: 75-99%

The HOI implementation team finalized the data reduction phase of the project and transitioned to map creation and data visualization. The data reduction phase yielded a composite HOI score and four profiles, constituting new latent variables for the HOI data. The first profile focused on consumer and economic opportunities and included the food accessibility, job participation and population weighted density indices. The second profile focused on environmental and consumer opportunities and included the housing and transportation affordability, household material deprivation, education attainment, and access to care indices. The third profile focused on population mobility and environmental opportunity and built environment and included the population mobility, employment access, walkability, and environmental air quality indices. Lastly, the fourth profile focused on economic opportunity and included the income inequality index and segregation index. In September 2023, the DC HOI Technical Advisory Committee convened a second meeting with representatives from two DC Health Administrations - Office of Health Equity (OHE); and Center for Policy Planning and Evaluation (CPPE); and two outside experts, from the DC State Data Center (Office of Planning), and the Virginia Department of Health. The mission of the committee is to review the data and methodology deployed in development of the DC HOI and guide the process to assure quality, reliability, utility and sustainability of the DC HOI. The HOI development team prepared and shared maps for the HOI composite score and each of the four profiles to better contextualize the profiles and assist with profile naming during the second advisory committee meeting. Concurrently, we are also working on process mapping with the IT department to support DC HOI data visualization.

As of September 30, 2023 - this work represents the DC-HOI Version 1.0 - which is analyzed to the Census tract level - per the VA Department of Health Model. Remaining work towards Version 2.0, will refine the District process to show result at the 51-Statistical Neighborhood Level.

Completed to date: 75-99%

As planned, the HeathyDC2030 Steering Committee held its 3rd (of four) scheduled meetings for 2023 on September 27, 2023. Dialogue and discussion focused on the identification of potential priorities within seven major categories. The discussion surfaced key sub-areas of concern, with interest focused on the potential for the identification of priorities strategies that require focused attention and sustained action. Discussion also considered the potential for development of solutions through complementary multisectoral actions that collectively address barriers in access to quality healthcare; the social and structural determinants; and structural and institutional racism.

The Steering Committee is on track to achieve its goal of completing the development of an action plan by the end of 2023.

| Launch a Health Literacy Plan for the District | OHE will continue the work successfully launched in FY22, through Phase Two, will include implementation of plan deliverables, and strategies to assure sustainability through the updated Healthy DC 2030. | Completed to date: 50-74% In Q4, DC Health's Advancing Health Literacy Project initiated activities focused on distilling and documenting what has been learned since the project launch and co-creating system-wide organizational health literacy capacity and practice for both non-health and health care organizations to promote culturally supportive personal health literacy for residents. Working closely with collaborative partners, Q4 activities included: updating and streamlining project workplans to include uniquely tailored pilot projects at the community based organizations; co-developing and implementing a health literacy training curriculum; implementing an enhanced health literacy campaign and user-friendly Learning Support Portal; initializing the development of the organizational health literacy model; and piloting project evaluation plan protocols with our Howard University partners. Work has been progressing well this year, and the distillation of learning generated from partnering CBO's has been promising - positioning us well for the sustaining the infrastructure beyond the end of the no-cost extension period in mid-2024. Associated data exploration work in response local inquiries about the root causes of change are also being informed by the insights of CBO partners. Plans are underway for early FY24 for more focused discussion with collaborative CBOs and other community partners to help contextualize results, as well as inform outreach and programmatic initiatives. |
|---|---|---|
| Grants for community organiza- tions for HIV/AIDS prevention | The Prevention Bureau will release a funding announcement to support prevention and drug user health programs using a syndemics approach. Activities will include HIV, hepatitis, and STI testing, PrEP/PEP education and linkages, wellness, and drug user health. An RFA will be released in FY22 for start up on 1/1/23. | Completed to date: Complete Nine sub-grantees, a mix of community based organizations and clinical providers were identified through the competitive process. The funded service categories are Category 1A: Syndemic Testing (i.e., HIV, STI, and hepatitis), Category 1B: Enhanced Support for Self-testing, Category 2: Drop-In Center Services for People who Use Drugs, Category 3: PrEP/PEP services, and Category 4: Effective Behavioral Interventions for Syringe Service Programs. Programming began on 6/1/23. |
| Joseph's House | The Housing Opportunities for People with AIDS (HOPWA) Program will provide facility based housing support services to individuals living with HIV/AIDS. Activities will include assessment, case management and assistance with transitional and/or permanent stability housing with the goal of eliminating barriers to health care and treatment. | Completed to date: Complete Joseph House continues to provide exceptional services for consumers of the District living with HIV/AIDS. Joseph's House provides Transitional Housing for up to 24 month. Joseph's House also provides supportive services that include case management and transportation support. |

Automation of the State Health Planning and Development Agency Certificate of Need Process The State Health Planning and Development Agency (SHPDA) is working with a third-party vendor to automate the SHPDA Application Processing System (SHPDA-APS) to systematize the SHPDA Certificate of Need process. The SHPDA is on schedule to launch a beta test of the SHPDA-APS to allow proposed providers to establish a User Profile and enter an online CON application consistent with the SHPDA process. The User Profile will allow the system to link related entities and allow the SHPDA to have a clear view of the CONs held by a single entity and/or a family of entities. The online application processing will increase standardization and tracking of the CON applications. The automated processing will also make data available to the SHPDA on a Health Care Facility level which will be used to further analyze the health systems in the District.

Study on LGBTQ Health

The District of Columbia Department of Health (DC Health), Center for Policy, Planning and Evaluation (CPPE) will seek a qualified vendor who has extensive experience conducting focus groups for special populations such as the Lesbian, Gay, Bisexual, and Transgender (LGBT) communities. The focus groups will focus on 1) identifying healthcare access and other health-related concerns of the LGBT community; 2) develop a plan for achieving defined goals; 3) review existing plans and update and implement where necessary; and 4) assess findings to address gaps and identify priority areas that will guide future work.

Completed to date: 75-99%

The SHPDA is still working with the third-party vendor to fully automate the SHPDA CON Application Processing System. Applicants are now creating user and facility profiles which will allow the system to link related entities. Users are able to complete the notice of intent to file a certificate of need application and requests for a determination online, and are able to initiate the CON application and upload the application and supporting documents to the SHPDA-APS. Progress has been made to the CON online application and adjustments are being made to make the CON application process more user-friendly. This will bring the SHPDA to 90% completion.

The CON Automation process is close to completion. The SHPDA continues to resolve system error to ensure optimum system functionality.

Completed to date: 50-74%

During the last reporting quarter, the DC BRFSS took a different approach to address the lack of transgender representation in the upcoming LGBTQ report. We are currently working to obtain transgender focus group data that may have been collected by DC Health HAHSTA Administration and other credible organizations within the District of Columbia that may have data that would meet the criteria for the report.

We anticipate the report being completed by February or March of 2024. Obtaining transgender data for the report is vital for policy recommendations and evaluation. Also, the report will likely go through several reviews from DC Health and LGBTQ Affairs, before release.

| Enhanced Outbreak Detection | The Division of Epidemiology piloted an algorithm that uses contact tracing data to identify locations of possible COVID-19 outbreaks. The technology continues to be refined and, in FY 23, the Division will extend its use to other diseases apart from COVID-19. This will assist in identifying exposure sources for foodborne diseases and enhance outbreak mitigation efforts. | Completed to date: Complete The team developed features that allow us to utilize these technologies for other notifiable diseases. |
|---|---|--|
| Automated Interstate Sharing of Disease Surveil- lance Case Reports | Currently, non-DC case reports received in the Salesforce Disease Surveillance System must be manually saved by an investigator and faxed/sent via email. There are systems such as the American Public Health Laboratory AIMS platform that can be used to facilitate efficient sharing of these data with other jurisdictions, however AIMS platform is not being utilized at DC Health to send to or receive case-reports from other states or jurisdictions. In FY 23, DC Health will enhance the Disease Surveillance System to allow investigators to flag out of jurisdiction case reports, which can then be batched and securely shared, saving time for the epidemiology team and improving timeliness of data sharing. | Completed to date: 75-99% DC Health is incrementally advancing the AIMS platform for DMV region case report sharing. While challenges stemming from staffing shortages persist, ongoing efforts are focused on resource allocation and automation exploration. Our overarching goal remains the enhancement of the Disease Surveillance System, enabling secure sharing of out-of-jurisdiction case reports. The EPI Informatics Team has assessed our progress on this strategic initiative and found that we are at roughly 5% completion in setting up the AIMS platform for sharing data with other jurisdictions. Currently, we are attending monthly interjurisdictional pilot projects and have identified key interjurisdictional partners. Our immediate next steps involve connecting DIS 2.0 to AIMS and coordinating data exchange with other jurisdictions. We've set a target of achieving full AIMS connectivity by September 2024, at which point we will commence data sharing with other jurisdictions. |

Public Health Accreditation Board (PHAB) -Vital Records Office Accreditation

has been working to develop accreditation standards and measures for Vital Records/Health Statistics (VRHS) Units in the 57 jurisdictional areas identified by the National Center for Health Statistics (NCHS) within the National Vital Statistics Collaborative Program (VSCP). This includes the 50 states, the District of Columbia, New York City, American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and Virgin Islands. PHAB has partnered with the National Association for Public Health Statistics and Information Systems (NAPHSIS), CDC's Center for State, Tribal, Local, and Territorial Support (CSTLTS), NCHS, and several states to develop the standards and measures and complete both an alpha and a beta test to ascertain their applicability in the field. On November 28, 2018, the PHAB Board of Directors approved the final standards and measures and process guide for this new accreditation program. Based on the

For the past few years, PHAB

Primary Care Retention and Specialty Care Incentive

Mayor's Commission on Healthcare Systems and Transformation, there is a need to retain primary care and specialty workforce in Health Professional Shortage Areas (HPSA) utilizing mechanisms to enhance the current HPLRP program. This initiative will continue the pilot methods to incentivize recruitment of specialty care physicians and retainment of primary care providers.

recommendations from the

Completed to date: Complete The District of Columbia Vital Records Division (DCVRD) completed its submission for accreditation during Q3 of FY 22. PHAB is reviewing the documents submitted and DC Health awaits guidance on next steps.

Completed to date: Complete

Due to the hiring of the Nurse Home Visitor, the Program will be able to enroll new participants increasing their program capacity from 75 to 100 participants. DC Health funds services for 16 mothers out of a projected full caseload of 100 mothers.

| Free Dental Services for Seniors | who have incomes at or below \$139,900. Provided through | Completec The Progra |
|--|---|-------------------------|
| | grants from DC Health to private practice providers. | |

Completed to date: Complete The Program has launched fully and is seeing patients.

Howard Centers of Excellence

DC Health will support the establishment or expansion of five DC Health-approved centers of excellence (COEs): sickle cell disease, women's health, substance use and co-occurring disorders, trauma care and violence prevention. and oral health. The funding will be used to support both operations and infrastructure investments necessary to support and launch the COEs through FY25. Overall, this funding creates a sustainable, nationally recognized Centers for Excellence (COE) within the District of Columbia's sole HBCU - Howard University. This will contribute to racial equity in two ways: 1) by improving the quality of services for health problems that have a disproportionate impact on racial minorities and 2) by supporting and strengthening the network of health care providers who are themselves members of racial minorities.In FY 22, DC Health will work with stakeholders to create an administrative leadership structure and strategic plan for the COEs.

Completed to date: 50-74%

By September 2023, the Howard University Centers of Excellence engaged 9,271 community members, clinicians and students in: Research and Innovation- 3 novel clinical care models that address health disparities exacerbated by COVID have been developed in women's health, sickle cell, and behavioral health. Research can identify evidence-based solutions.

Healthcare delivery- the COEs are building capacity to provide the highest quality and specialized healthcare to communities disproportionately impacted by COVID, reaching 5,925 patients. Education and training- the COEs have trained 448 healthcare professionals, researchers and students and offered educational programs and workshops to promote best practices in healthcare delivery and management.

Community engagement- HU COEs have collaborated with residents, community organizations and healthcare professionals on addressing health disparities exacerbated by COVID, improving access to quality healthcare, and promoting overall health and safety.

Data and analytics- HU COEs are building capacity to better capture and report health impact data to internal and external stakeholders using an HU COE dashboard.

Oral Health COE Provided comprehensive oral care services to: 1597 urgent care clinic patients (goal: 400) 1,702 patient assessments (goal: 500) 1,556 comprehensive care patients (goal: 500) 443 senior patients visits (Goal:75) 95 children received treatment at the Give Kids a Smile Day (Goal:75) Trauma and Violence Prevention COE • The TVP COE team led a Stop the Bleed training for Fannie Mae Foundation in August 2023 reaching 72 attendees. • TVP COE reached 124 youth, achieving 61% of its targets across 5 primary outcomes in the ENGAGE program • In August 2023, Dr. Mitchell presented at the National Medical Association Conference on 2023 Violence Prevention Council • Several individuals on the TVP COE team are participating in the development of the Howard University Gun Violence Task Force. • On May 23, 2023, Dr. Roger Mitchell served as moderator for a Congressional briefing and panel discussion on gun violence titled "Gun Violence Impacts Everyone", organized by Congresswoman Frederica S. Wilson (FL-24). • The TVP COE trained 343 health care providers at Stop the Bleed trainings. • Participated in a Planning Meeting for a Gun Violence Prevention Summit. Schedule to occur Spring 2024.

Behavioral Health COE Provided 159 addiction medicine consults and treated 12 patients in the innovative community- based SUD program. (goal:170 Patients) Trained 183 physicians, residents, and medical students using grand rounds, clinical supervision, and didactic training. (Goal Trained 35 social workers, community health workers, and peer recovery coaches trained in motivational interviewing. Provided Narcan training to 60 individuals during Mental Health Awareness month. Experienced challenges with addiction medicine physician and psychiatrist stepping down from their positions. Currently recruiting for these positions as Residents and Medical Students rotate on consultation and liaison service. 15 addiction medicine consults were completed in May 2023. Two faculty members and 2 peer recovery specialists recorded inaugural podcast sessions for HUH. Featured topics included: children and the use of fentanyl, psychiatry in the Black community, and life testine on indicate the road to recovery, and how they are giving back today.

| First Time Mothers | This project seeks to implement an evidence-based home visiting service exclusively eligible for first-time mothers in the District of Columbia. The target population are pregnant women in their first or second trimester preparing to give birth to their first child. |
|-----------------------|---|
| Capital Food Bank | DC Health will support food system resiliency as the District continues post-pandemic recovery. DC Health will provide enhancement funding and technical assistance to Capital Area Food Bank to implement a multi-pronged approach to increase food |

distribution to residents experiencing food insecurity, build out protocols for organizational emergency preparedness that can be shared across the region, and facilitate capacity-building of their network partners through provision of food storage equipment, supplies,

transportation vouchers, etc. This will contribute to racial equity by addressing the problem of food insecurity, which disproportionately impacts persons of color in the

District.

Completed to date: Complete

During Quarter 4, Nurse Family Partnership hosted their annual cookout and graduation celebrating the first graduates of the NFP program since its inception. The program maintained a 16 families enrollment at all times.

Completed to date: Complete

During FY23, the Capital Area Food Bank strengthened partnerships with 16 community-based organizations and federally qualified health centers to distribute fresh produce and healthy shelf-stable groceries for residents with a goal of distributing at least 230,000 meals in FY23. Over the course of FY23, an average of 3,000 households were served 306,000 meals. Improvements This project will support

to food access services improved food environments and increased food across a variety of settings in the District. DC Health will provide enhancement funding and technical assistance to FRESHFARM, DC Central Kitchen, Martha's Table, and Food and Friends to meet residents with low socio-economic status where they are and increase utilization of food access benefits at farmers markets. corner stores. schools. and residences. This project will contribute to racial equity by addressing the problem of food insecurity, which disproportionately impacts persons of color in the District.

Hiring additional school nurses

Children's School Services (CSS) in their efforts to hire and retain additional school nurses to ensure compliance with D.C. Law 22-61 Public School Health Services Amendment Act of 2017.

DC Health will support

Completed to date: Complete

The Produce Plus Program (operated through FRESHFARM) successfully extended the 2023 Produce Plus season, meaning participants received two extra months of benefits (Oct and Nov 2023) than previous years. In FY23, 5,674 income-eligible residents received \$40 per month on a debit card from June to November 2023 to purchase fruits and vegetables at farmers markets in the District. In addition, through this startegic initiative, Joyful Food Markets program operator, Martha's Table, entered into an agreement with Dreaming Out Loud to source local produce from Black, Indigenous, and People of Color farmers for distribution to families at Joyful Food Markets. 11,290 families participated in pop-up monthly Joyful Food Markets in FY23, shopping at no cost for pantry staples and fresh produce.

Completed to date: 75-99%

To date for Q4 CSS continues to utilize a combination of Children's School Services (CSS) hired nurses and health technicians and agency school health suite staff to staff school health suites participating in the School Health Services Program (SHSP). A total of 205 health suite staffing FTEs are currently hired. This includes 8 CSS Nurse Managers, 82 CSS hired nurses, 27 agency nurses, 15 CSS hired health technicians, and 73 agency health technicians. In an effort to ensure full-time and consistent staffing in all SHSP health suites, DC Health implemented a new health suite staffing model in SY23-24. Hiring and staffing for SY 23-24 was initiated June 2023, at the conclusion of SY 22 - 23. This staffing model is a team-based cluster-based model, which focuses greater use and hiring of student health technicians compared to RNs and LPNs. We anticipate this staffing model change will result in greater accessibility of health suite staff for all SHSP participating schools.

| Brain Health Initiative | In FY23, Cancer and Chronic Disease Prevention Bureau's Brain Health Initiative plans to launch a mass media campaign aiming to encourage DC residents to talk more openly about dementia. Campaign materials will include posters, social media cards, webinars, and training opportunities. The activities will not only highlight the importance of talking about dementia but also provide educational awareness on the signs/symptoms that can be an indication of dementia and ways to reduce risk factors for the disease. |
|-------------------------------|--|
| Framework | The Health Regulation and |
| of an | Licensing Administration |
| enhanced | (HRLA) will hire and onboard |
| and | ten (10) Licensing Specialists |
| expedited | that will assist in handling the |
| application | licensure process for a number |

of health professionals. The

additional staff will assist in

professions. Additionally, the

facilitate a more efficient and expedited license process

enhancement will aid and

processing of a number

applications of new

process.

Completed to date: Complete

The Brain Health Public Awareness Campaign was successfully completed on September 30th. Our impactful ads were disseminated across different platforms, including TV, streaming services, buses, and social media, creating a wide reach and engagement throughout the community. The bus campaign covered the entire city, with a pronounced emphasis on Wards 5, 7, and 8 in DC, which experience elevated burdens of subjective cognitive decline and mortality rates. In our commitment to sustained awareness, additional materials have been developed to bolster our efforts into the next fiscal year. This includes printable content and radio ads, which are presently in the review stages for the ongoing media campaign. Upon approval, we anticipate a continued media presence through the next fiscal year through support from BOLD funding.

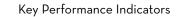
Completed to date: 75-99%

Training is complete for the eight Health Licensing Specialists, with ongoing refreshers provided as needed. The Supervisory Health Licensing Specialist position was not funded for FY24. The hiring and on-boarding of eight Health Licensing Specialists has had a drastic impact on the boards. New licensure pathways were able to be introduced and we were able to process double the number of applications. We hope that the FTE for the Supervisory Health Licensing Specialist will be budgeted for FY24 or FY25. The Supervisory HLS will be able to assist in the day to day management of the HLS and work on identifying additional expedited pathways to licensure.

which will improve the healthcare workforce in the District of Columbia.

| Framework of an enhanced and expedited complaint investiga- tion process for health care facilities. | The Health Regulation and Licensing Administration (HRLA) will hire and onboard one (1) Nurse Specialist 1 to handle compliance at health care facilities. The additional employee will assist in the completion of annual licensure and recertification surveys, as well as investigations of complaints and facility-reported incidents. Additionally, the enhancement will aid in more timely onsite initiation of investigations, especially those that allege abuse and/or actual harm to patients and residents of healthcare facilities in the District of Columbia. | Completed to date: Complete The Office of Health Facilities hired a Nurse Specialist I (surveyor). This employee was onboarded on 7/17/23. Although the employee was placed on the acute care team, they will be cross trained to also provide regulatory oversight of dialysis, home health, and hospice providers. |
|--|--|---|
| Animal Shelter Operation Funding | DC Health HRLA will provide funding to support the best practices for animal care and control in the animal sheltering environment. The additional funding will bridge the gap to provide for fully funding the costs of operations and extended animal services. The public will have improved access to the existing animal shelter facility and enhanced interaction with the animals residing in the shelter. | Completed to date: 0-24% EOM and DGS are in the process of finalizing a new location site. There is an ongoing effort to identify a new location and secure the necessary funding to support the facility and operations. |

6 2023 KEY PERFORMANCE INDICATORS AND WORKLOAD MEASURES



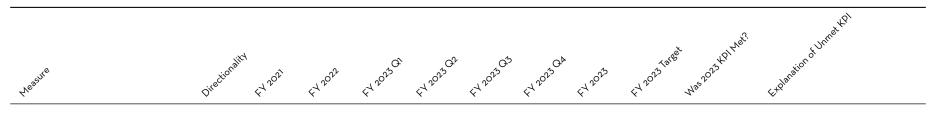
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Health Regulation and Licensing Administration (HRLA). Protect the health of those who reside and do business in the District of Columbia by fostering excellence in health professional practice and building quality and safety in health systems and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

| and building quanty and safety in heart | | | | | | | | | | | |
|---|-----------------|-------|-------|--------------------------------------|-------|-------|-------|-------|------|------------|--|
| Percent of Registered Controlled Substance Facilities inspected annually | Up is Better | 98.3% | 95.3% | 19.6% | 27.2% | 13.2% | 36.6% | 96.6% | 100% | Nearly Met | The KPI target was unmet due to a vacant Pharmacist inspector position being back filled 180 days into the fiscal year. The new employee required training before having the ability to complete the inspections. Additionally, PCD staff were out on extended leave unexpectedly. Despite the constraint, the team was able to complete all but eight inspections. |
| Percent of follow-up inspections of health care facilities with harm level deficiencies completed within 30 days | Up is Better | 100% | 100% | No ap- plicable inci- dents | 100% | 100% | 100% | 100% | 100% | Met | |
| Percent of samples taken from rabies suspect animals submitted for testing within 48 hours | Up is Better | 64.5% | 100% | 100% | 100% | 83.3% | 100% | 97.5% | 100% | Nearly Met | One-quarter the division was down an Investigator for a period, and we overlapped multiple tasks in two programs to achieve the work. |
| Percent of food establishment complaint inspections initiated within five (5) business days of receipt | Up is Better | 97.1% | 97.6% | 95.7% | 96.4% | 96.1% | 95.4% | 95.9% | 95% | Met | |
| Percent of residential healthcare providers scoring at or above the national average of 72 percent on the customer satisfaction survey | Up is Better | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | Met | |

Key Performance Indicators (continued)

| Ne ^{25¹¹e} | Directionality | 5 ¹²⁰² | 5 ¹²⁰²² | 6 ⁴²⁰²³ 01 | 6 ⁷²⁰⁷³ 02 | ET 2013 03 | 5 ⁴⁷⁰⁷³⁰⁴ | et 2023 | ET 2013 Tare | vies 2025 401 ref. | Explanation of Unnet Key |
|---|-----------------|-------------------|--------------------|------------------------|------------------------|------------------------|------------------------|---------|--------------|--------------------|--|
| Percent of pharmaceutical facilities receiving at least one annual inspection | Up is Better | 98.1% | 95.8% | Annual Mea- sure | Annual Mea- sure | Annual Mea- sure | Annual Mea- sure | 96.6% | 100% | Nearly Met | The KPI target was unmet due to a vacant Pharmacist inspector position being back filled 180 days into the fiscal year. The new employee required training before having the ability to complete the inspections. Additionally, PCD staff were out on extended leave unexpectedly. Despite the constraint, the team was able to complete all but eight inspections. |
| Percent of rodent activity complaints inspected or baited, and closed in the 311 system within three (3) business days of receipt | Up is Better | 99.9% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | Met | |
| Percent of confirmed foodborne illness cases by DC Health epidemiologists investigated within three (3) business days of notification to HRLA | Up is Better | 85% | 94.4% | 100% | 100% | 100% | 83.3% | 95% | 95% | Met | |
| Percent of investigations initiated within 24 hours of receipt for complaints of abuse, neglect and mistreatment | Up is Better | 88.5% | 87.5% | 72.7% | 100% | 100% | 100% | 91.7% | 100% | Nearly Met | The Office of Health Facilities faced challenges this year with the intake/triage role due to staff turnover. This position was filled by two different employees during this fiscal year. In the interim, tasks had to be reassigned to management staff (i.e. the Program Manager or Associate Director). In addition, the extensive training for this role had resulted in some prolonged reviews of information. We are currently working Human Resources to recruit for this position. |



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.

| Average wait time for vital records | Down is | 8 | 16.9 | 16.9 | 30 | 24.6 | 22.4 | 21.5 | 30 | Met | |
|---|---------|-------|------|--------|--------|--------|--------|-------|------|------------|----------------------------------|
| walk-in issuance requests (in minutes) | Better | | | | | | | | | | |
| Percent of Certificates of Need | Up is | 79.4% | 100% | 100% | 100% | 100% | 33.3% | 94.7% | 100% | Nearly Met | CON decisions were just over the |
| (CONs) reviewed within 90 days | Better | | | | | | | | | | 90 days. |
| Percentage of vaccine preventable | Up is | 100% | 100% | Annual | Annual | Annual | Annual | 100% | 90% | Met | |
| disease cases with contact tracing | Better | | | Mea- | Mea- | Mea- | Mea- | | | | |
| initiated within 24 hours of receipt of | | | | sure | sure | sure | sure | | | | |
| line list of exposed contacts | | | | | | | | | | | |
| Percentage of foodborne disease | Up is | 96.6% | 100% | Annual | Annual | Annual | Annual | 100% | 90% | Met | |
| cases with first interview attempt | Better | | | Mea- | Mea- | Mea- | Mea- | | | | |
| within 72 hours of receipt of the case | | | | sure | sure | sure | sure | | | | |
| report | | | | | | | | | | | |

Community Health Administration (CHA). The Community Health Administration promotes healthy behaviors, healthy environments, and access to quality health care services to improve health outcomes and reduce disparities in the leading causes of disease and death in the District.

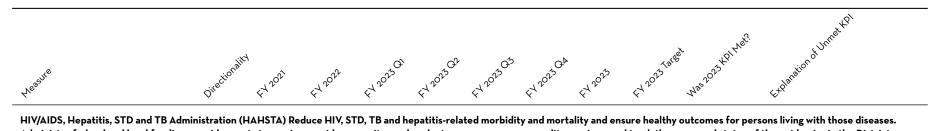
Expansional Unnet KPI Was 2023 HPI Nes. 54 2023 Tarbet Directionality 5¹²⁰²³03 5⁴¹²⁰²³04 <1 2023 O2 ET 2023 OT 572022 \$⁴2025 F7 202 rneasure Percent of WIC households that Up is New in 63.9% Annual Annual Annual Annual 84.2% 90% DC WIC made significant progress redeem their benefits Better towards meeting the target of 2022 Mea-Mea-Mea-Mea-90%. In FY23, DC WIC continued sure sure sure sure to leverage telehealth to help families overcome transportation barriers to attend WIC appointments. DC WIC provided extended hours and weekend hours to offer WIC appointments to working families. DC WIC continued to partner with the DC Department of Human Services on a data matching initiative, identifying and reaching out to TANF clients eligible for WIC but not participating. DC WIC also partnered with the DC Human Services, Office of Migrant Affairs to successfully enroll newly arrived refugees housed in temporary housing facilities across the District. Percent of Health Professional Up is 91.7% Unmet The program has 15 mental health 92.7% 71.4% 73.8% 67.4% 67.4% 67.4% 90% Loan Repayment Program (HPLRP) Better providers, of which 14 practice in a participants that are practicing in geographic Health Professional priority underserved areas Shortage Area (covering East of the River). The Federal Government rates this shortage area as 14 out of 25 possible points, which is below the threshold for a priority area as defined by this measure. However, given the increasing need for behavioral health providers, the Program considers behavioral health East of the River as a high need area, despite the scoring.

| rleasure | Directionali | et 2022 | \$7 2022 | \$7.2023 CM | 57 2023 OS | 5× 2023 | 5 57 2023 | × ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | < 1.2015 (a) | ret was 2012 Holl Mari? | Expansion of Unnet Kol |
|---|-----------------|---------|----------|-------------|------------|---------|-----------|---|--------------|-------------------------|---|
| Percent of sites reporting immunization data electronically into the immunization registry (DOCIIS) | Up is Better | 95.5% | 80.7% | 98.1% | 98.1% | 97.9% | 98.3% | 98.3% | 96% | Met | |
| Percent of eligible children enrolled in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs who receive developmental and social-emotional screenings | Up is Better | 86.1% | 81.8% | 85.6% | 82.1% | 87.7% | 83.3% | 84.5% | 85% | Nearly Met | The target was not met mainly because of instability in staffing at the home visiting programs' main local implementing agency. The Mary's Center experienced one of the greatest staffing turnovers ever witnessed since the inception of the program. The entire senior leadership of the home visiting program at the Mary's Center as well as several home visitors resigned from the agency. This resulted in service interruption (including children screening services) for many families served by personnel who quit from the program. |
| Percent of women enrolled in the Maternal Infant and Early Childhood Home Visiting (MIECHV) programs that are screened for depression | Up is Better | 93.8% | 86.8% | 84.9% | 82.4% | 79.2% | 79.3% | 81.4% | 90% | Nearly Met | The target was not met because of massive staff turnover at the local implementing agency. The entire leadership at the Mary's Center and several home visitors, who normally conduct visits and screen caregivers for depression, quit leading to screening service interruption. Several clients were also on creative outreach status for a lengthy period of time. This is an enrollment status in which a client/family is not engaged in services and the home visitor is unable to reach them despite several attempts through calls, emails, text messages etc. |

| r/restric | Directionalt | ET 202 | 5 ⁴²⁰²² | F720230 | < ²⁰¹³ 02 | < ²⁰²⁰⁵ 05 | 5 ⁴²⁰²³⁰⁴ | et 2023 | FT 2023 Tare | Net Net | Erdanation of Unnet UP |
|--|-----------------|-----------------------|-----------------------|------------------------|------------------------|------------------------|------------------------|---------|--------------|------------|---|
| Percent of kindergarten-enrolled children with up-to-date immunizations | Up is Better | 77.4% | 73.8% | 90% | 90% | 88.1% | 79.1% | 87% | 85% | Met | |
| Percent of Oral Health Program participants referred to a dental home | Up is Better | Not Avail- able | 53.1% | Annual Mea- sure | Annual Mea- sure | Annual Mea- sure | Annual Mea- sure | 93.2% | 50% | Met | |
| Percent of infants who receive an initial hearing screen at birth | Up is Better | 97.5% | Not Avail- able | Annual Mea- sure | Annual Mea- sure | Annual Mea- sure | Annual Mea- sure | 98.5% | 95% | Met | |
| Proportion of adults with hypertension who have achieved blood pressure control (seen at Million-Hearts-participating facilities) | Up is Better | 49% | 60% | 62.1% | 63.9% | 64.1% | Waiting on Data | 63.4% | 70% | Nearly Met | Based on the OLS regression model using estimates for years 2020, 2021 and 2022, the target for hypertension control in FY 2023 was 62.3% and the actual was 62.4% which indicates that the target was met. The targets for FY2024 and FY 2025 will be updated accordingly. |
| Percent of students in the School Health Services program with asthma with an asthma action plan on file | Up is Better | 4.3% | 17.7% | 11.7% | 15% | 19,1% | 4.6% | 12.7% | 48% | Unmet | The program was unable to meet this goal for asthmatic students of all severity levels, due to difficulties in obtaining full-time health suite staff in all schools. However, when examining asthmatic students with the highest severity levels, 69.2% (1468/2120) of asthmatic students who have poorly controlled or uncontrolled asthma had an asthma action plan on file at the end of SY22-23. |

Key Performance Indicators (continued)

| theast e | Directionalit | × ~ 2022 | 5×12022 | 57 2013 O | ET 2023 OF | ET 2023 03 | ET 2023 OA | £ ⁴²⁰²³ | ET 2023 TO | 100 Met | Expandion of Unnet Key |
|---|-------------------|----------------|-----------------------|------------------------|------------------------|------------------------|------------------------|--------------------|----------------|-------------|---|
| Percent of infants that receive a repeat screening after failing an intial hearing screening | Up is Better | 46.7% | Not Avail- able | Annual Mea- sure | Annual Mea- sure | Annual Mea- sure | Annual Mea- sure | 76.5% | 75% | Met | Target was nearly met due to dedicated work overcoming on-going challenges reaching families to obtain repeat screenings. There is always going to be lost-to-follow (standard across the country), but as data quality and quantity improves through supporting our hospital partners for more accurate and timely submissions into the DC newborn screening database the DC EHDI Program will be able to support more families and get closer - and surpass - our target goal. |
| Percent of families with one or more completed referrals through Help Me Grow within three months of referral | Up is Better | 70.7% | 76.5% | Annual Mea- sure | Annual Mea- sure | Annual Mea- sure | Annual Mea- sure | 88.5% | 70% | Met | |
| Percent change in preventive care visits among health care workforce supported by Primary Care Office | Up is Better | New in 2023 | New in 2023 | Annual Mea- sure | Annual Mea- sure | Annual Mea- sure | Annual Mea- sure | -50% | New in 2023 | New in 2023 | |
| Percent of adults with diabetes with poor HbA1c control (A1C > 9%) at Million-Hearts participating facilities | Down is Better | New in 2023 | New in 2023 | 55.2% | 33.6% | 31% | Waiting on Data | 39.7% | New in 2023 | New in 2023 | |
| Percent of adults with high blood cholesterol in Million-Hearts participating facilities who are on statin therapy | Up is Better | New in 2023 | New in 2023 | 84% | 84.5% | 80.5% | Waiting on Data | 83% | New in 2023 | New in 2023 | |
| Percent of WIC enrollees breastfeeding at six months | Up is Better | New in 2023 | New in 2023 | Annual Mea- sure | Annual Mea- sure | Annual Mea- sure | Annual Mea- sure | 38% | New in 2023 | New in 2023 | |
| Percent of Black/African American WIC enrollees breastfeeding at six months | Up is Better | New in 2023 | New in 2023 | Annual Mea- sure | Annual Mea- sure | Annual Mea- sure | Annual Mea- sure | 16.6% | New in 2023 | New in 2023 | |



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.

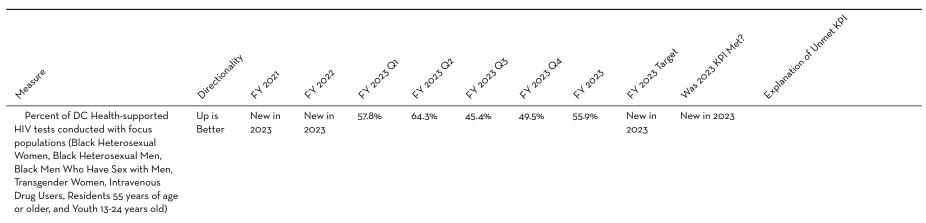
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|---|--------|-------|-------|--------|--------|--------|---------|-------|-----|------------|---|
| Percent of Ryan White clients living | Up is | 92.2% | 95.1% | Annual | Annual | Annual | Annual | 95.6% | 90% | Met | |
| in the District that are prescribed | Better | | | Mea- | Mea- | Mea- | Mea- | | | | |
| Anti-Retroviral Therapy | | | | sure | sure | sure | sure | | | | |
| Percent of diagnosed HIV positive | Up is | 87.3% | 81.3% | Annual | Annual | Annual | Annual | 84.3% | 85% | Nearly Met | The proportion of individuals |
| individuals retained in care that are | Better | | | Mea- | Mea- | Mea- | Mea- | | | | retained in care have increased |
| virally suppressed | | | | sure | sure | sure | sure | | | | since last year's reporting and it is close to meeting the established target (<1%). However, we continue to observe lingering issues related to the pandemic that may affect individuals' behavior seeking care and getting blood work done. |
| Percentage of individuals | Up is | 7.1% | 100% | Annual | Annual | Annual | Annual | 20% | 10% | Met | |
| diagnosed with HIV confirmed to be | Better | | | Mea- | Mea- | Mea- | Mea- | | | | |
| out-of-care that are re-engaged within | | | | sure | sure | sure | sure | | | | |
| 90 days of successful case contact | | | | | | | | | | | |
| For patients with newly diagnosed | Up is | 88.9% | 90% | Semi- | 100% | Semi- | 100% | 100% | 90% | Met | |
| TB disease for whom 12 months or | Better | | | Annual | | Annual | | | | | |
| less of treatment is indicated, the | | | | Mea- | | Mea- | | | | | |
| percentage who complete treatment within 12 months | | | | sure | | sure | | | | | |
| Percentage of new HIV cases | Up is | 87.7% | 75.4% | Annual | Annual | Annual | Annual | 79.2% | 90% | Unmet | The proportion of newly |
| linked to care within 30 days of | Better | | | Mea- | Mea- | Mea- | Mea- | | | | diagnosed individuals linked to |
| diagnosis | | | | sure | sure | sure | sure | | | | care have increased since last |
| | | | | | | | | | | | year's reporting. However, we |
| | | | | | | | | | | | continue to observe lingering |
| | | | | | | | | | | | issues related to the pandemic |
| | | | | | | | | | | | that may affect individuals' |
| | | | | | | | | | | | behavior seeking care and getting |

blood work done.

Key Performance Indicators (continued)

| Kreserie | Directionalt | 5 ⁴²⁰² | 5 ⁴²⁰²² | 6 ⁴²⁰²³ 01 | 5 ⁴²⁰²³⁰² | < ¹²⁰²³⁰³ | 64 2023 QA | et 2023 | <7-2025 Tare | 11852023 KPI Me?: | Explanation of Unnet KP1 |
|---|-----------------|-------------------|--------------------|------------------------|------------------------|------------------------|------------------------|---------|--------------|-------------------|---|
| Percentage of new HIV cases achieving viral suppression within 90 days of diagnosis | Up is Better | 57.5% | 55.6% | Annual Mea- sure | Annual Mea- sure | Annual Mea- sure | Annual Mea- sure | 53.2% | 90% | Unmet | The proportion of newly diagnosed individuals achieving viral suppression have slightly decreased since last year's reporting. However, 18% of those newly diagnosed achieved viral suppression after the reporting period. Almost 9% of clients did not have a laboratory panel, meaning they may have never been linked to care or may no longer reside in the district. Furthermore, we continue to observe lingering issues related to the pandemic that may affect individuals' behavior seeking care and getting blood work done. |
| Percentage of gonorrhea cases with appropriate treatment confirmed among clients seen at the Health and Wellness Center with at least 15 days elapsed from diagnosis date | Up is Better | 98.7% | 98.9% | 96.4% | 96.2% | 95% | 96.3% | 96% | 90% | Met | |
| Percent of AIDS Drug Assistance Program (ADAP) beneficiaries who are currently virally suppressed | Up is Better | 94.4% | 94% | 91% | 92% | 91.1% | 83.4% | 89.2% | 85% | Met | |
| 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) | Up is Better | 88.5% | 83.8% | 89.1% | 91.2% | 90.2% | 89.6% | 90.1% | 65% | Met | |

Key Performance Indicators (continued)



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.

| Percent of Management | Up is | 35.6% | 45.2% | 45.2% | 45.5% | 45.1% | 45.1% | 45.2% | 60% | Unmet | A new training instructor was |
|--|-----------------|--------|-------|--------|--------|--------|--------|--------|--------|-------|------------------------------------|
| Supervisory Service (MSS), Excepted | Better | | | | | | | | | | hired during Q3, and has been |
| Service (ES), and Legal Services staff | | | | | | | | | | | working diligently to ensure that |
| with the essential or emergency | | | | | | | | | | | employees with the specified |
| designation who complete ICS-100, | | | | | | | | | | | designation meet the requirement |
| ICS-200, ICS-700, ICS-800, and any | | | | | | | | | | | moving forward. |
| other HEPRA prescribed training, as | | | | | | | | | | | |
| outlined in DOH Standard Operating | | | | | | | | | | | |
| Procedure 1380 | | | | | | | | | | | |
| Percent of DC HMC Core | Up is | Not | 100% | Annual | Annual | Annual | Annual | 100% | 75% | Met | |
| Membership meeting attended by | Better | Avail- | | Mea- | Mea- | Mea- | Mea- | | | | |
| representation from each of the 4 | | able | | sure | sure | sure | sure | | | | |
| required Core HCC Members as | | | | | | | | | | | |
| defined by HHS ASPR | | 1000 | 10.04 | 1000/ | 10.00/ | 10.04/ | 1000 | 10.00/ | 10.04/ | M I | |
| Percent of Open Points of Distribution (PODs) that can open for | Up is Better | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | Met | |
| set up within 2 hours of notification to | Detter | | | | | | | | | | |
| activate | | | | | | | | | | | |
| Percent of Closed Points of | Up is | 42.6% | 42.6% | Semi- | 63.6% | Semi- | 63.6% | 63.6% | 100% | Unmet | DC Health, HEPRA was unable to |
| Distribution (PODs) that can open for | Better | 42.0% | 42.0% | Annual | 03.0% | Annual | 03.0% | 03.0% | 100% | Onnet | fill staffing vacancies supporting |
| set up within two hours of notification | Detter | | | Mea- | | Mea- | | | | | the POD program for most of the |
| to activate | | | | sure | | sure | | | | | FY. Staff are now onboarded with |
| | | | | 5410 | | 5410 | | | | | active plans to meet metrics for |

FY24.

| | | | | | | | | | | | à |
|---|-----------------|-----------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|----------------------|-------------------|--|
| Kreasure | Directionalit | 5 - 202 | 5 ⁷²⁰²² | 57202304 | 57 2023 Or | 5×202303 | 5×202304 | 572023 | 5 ⁴²⁰²⁵⁸⁶ | 142 2013 KPI Mar. | Expanation of Unnet UP |
| Percent of EMS agency inspections with passing determinations | Up is Better | Not Avail- able | 100% | No ap- plicable inci- dents | 80% | | |
| Percent of EMS Emergency Response vehicles with an initial passing inspection | Up is Better | 97.9% | 87.3% | 83% | 74.6% | 90.1% | 78% | 83.3% | 90% | Nearly Met | During FY23, EMS Agencies regulated by DC Health encountered significant supply chain shortages for medical supplies required during inspection. Work is ongoing to better prepare the EMS system for these shortages |
| 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 | Up is Better | Not Avail- able | No Ap- plicable Inci- dents | 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 | Up is Better | 96.2% | 94.2% | 92.3% | 76.9% | 76.9% | 81.8% | 82% | 75% | Met | |
| 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 | Up is Better | 31.9% | 70% | 70% | 63.6% | 61.3% | 100% | 100% | 100% | Met | |
| Percent of District hospitals, skilled nursing facililites, and clinics that participate in at least two (2) HMC sponsored trainings and workshops annually | Up is Better | 18.9% | 20% | Annual Mea- sure | Annual Mea- sure | Annual Mea- sure | Annual Mea- sure | 55.3% | 50% | Met | |

| rvestire | Directionalit | + + | 5×12022 | 5 ^{4 2023} O | 5×202302 | 54 ²⁰²³ 0 ³ | E ^{4 2023 QA} | < ⁴²⁰²³ | F ¹²⁰²³ Tarr | VNes2014 PINE | Explanation of Unnet Kel |
|---|--|---------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|-------------------------|---------------|--|
| Percent of closed points of distribution (POD) partners meeting all program requirements | Up is Better | 42.6% | 42% | 42.6% | 63.6% | 63.6% | 63.6% | 54.9% | 100% | Unmet | DC Health HEPRA was unable to fill staffing vacancies supporting the POD program for most of the FY. Staff are now onboarded with active plans to meet metrics for FY24. |
| Percent of Health Alert Network (HAN) alert recipients who acknowledge receipt after the first alert attempt | Up is Better | 31.9% | No Ap- plicable Inci- dents | 90% | | |
| Percent of Medical Reserve Corps (MRC) volunteers that acknowledge a notification to activate/drill message within 2 hours | Up is Better | 20.8% | 25.3% | Annual Mea- sure | Annual Mea- sure | Annual Mea- sure | Annual Mea- sure | 3.4% | 75% | Unmet | Notifications are sent out via email message. Further notifications may go out via text messages as volunteers are more apt to respond to text messages rather than email. |
| Create and maintain a highly efficient, Percent of MSS employees who complete the required MSS training curriculum | , transparen Up is Better | t, and respo 89% | 56.9% | Annual Mea- sure | nt. Annual Mea- sure | Annual Mea- sure | Annual Mea- sure | 88.9% | 80% | Met | |
| Percent of lapsed dollar amounts on federal awards | Down is Better | 16.9% | 22.4% | Annual Mea- sure | Annual Mea- sure | Annual Mea- sure | Annual Mea- sure | 17.5% | 3% | Unmet | Contributing factors include an increase in the number of vacant positions, turnover of key personnel to direct the administrative and programmatic milestones involving spending, low subrecipient (contractors and subgrantee) spending. Note: There are pending carryover requests that will reduce this lapse rate once revisions are documented. |
| Percent of eligible employee reviews completed on time | Up is Better | 91.2% | 96.9% | Annual Mea- sure | Annual Mea- sure | Annual Mea- sure | Annual Mea- sure | 91.2% | 100% | Nearly Met | Target not met due to a few factors including employee attrition and plans for which evaluations were not due included in the official report. |

Key Performance Indicators (continued)

| Keasure | Directionalt | 4 5 ⁴ 2027 | £ ^{7,2022} | F4-2015 01 | F4202302 | F ²⁰¹³ 03 | F ⁴²⁰²³ 0 ⁴ | 5 ^{4 2023} | 5 ^{4 2023 Tare} | Net Net | Expanation of Unnet UPI |
|---|-------------------|--------------------------|---------------------|---------------------------------|------------------------|---------------------------------|-----------------------------------|---------------------|--------------------------|---------|---|
| Percent of required attendees completing trainings mandated by EOM, DCHR, or the DOH Director | Up is Better | 81.1% | 95.1% | Annual Mea- sure | Annual Mea- sure | Annual Mea- sure | Annual Mea- sure | 96% | 70% | Met | |
| Percent of new subgrants with approved risk-based monitoring plans within 30 days of award | Up is Better | 80.3% | 71.2% | 89.7% | 19.5% | 13.6% | 60% | 57.5% | 75% | Unmet | Factors contributing to the delays and to the decline in Q3-4 included the launch of a new Enterprise Grants Management System (EGMS 2.0), where staff time competed with EGMS 2.0 testing, technical fixes, and training for internal and external EGMS 2.0 users, and a new risk assessment tool, created March 2023, but not successfully integrated into EGMS 2.0 on time to meet this target. Risk assessments that were not completed within the targeted timeframe were completed after the target date. |
| Percent of completed interim subgrant budget periods with performance ratings completed and submitted within 45 days | Up is Better | 70.6% | 67.3% | 97.1% | 0% | 0% | 93.3% | 73% | 60% | Met | |
| Percent of targeted visits completed by monitors per the most recent version of the risk-based monitoring plan | Up is Better | 65% | 45.5% | 81.1% | 40.7% | 60% | 73% | 69.2% | 60% | Met | |
| Average days to hire new employees | Down is Better | 82 | 54.5 | Semi- Annual Mea- sure | 65 | Semi- Annual Mea- sure | 47 | 62 | 90 | Met | |

Workload Measures

| Kressure | FT 202 | <1-2022 | <12023 O | 54 2013 Q2 | FT 2023 Q3 | FT 2025 QA | ct ²⁰²³ |
|--|----------|---------|-----------------|-----------------|----------------|------------------|--------------------|
| T Animal Services Program (ASP) | × | X | × | × | × | × | × |
| Number of calls responded to by Animal | 18,689 | 1,881 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 18,462 |
| Control Officers | | | | | | | |
| Number of dog licenses processed | 2,560 | 2,855 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 3813 |
| Compliance, Quality Assurance and Investig | gation | | | | | | |
| Number of Intermediate Care and | 194 | 534 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 360 |
| Nursing Home-related incidents received | | | | | | | |
| Number of investigations performed | 355 | 105 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 63 |
| Criminal Background Check Program | | | | | | | |
| Number of Criminal Background Checks | 14,476 | 15,375 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 51,249 |
| processed for health professionals | | | A 154 | A 154 | A 154 | A 154 | |
| Number of Criminal Background Checks | 5,449 | 5,338 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 5950 |
| processed for non-health professionals | | | | | | | |
| Division of Food | | | 4 154 | | | | |
| Number of new and routine food | 3,418 | 2,720 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 3599 |
| establishments inspected | | | | | | | |
| Health Care Facilities Division | | | | | | | |
| Number of inspections completed by the Health Care Facilities Division | 126 | 103 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 117 |
| | | | | | | | |
| Health Professional Licensing | | | 4 154 | | | | |
| Number of new health professional licenses issued | 13,549 | 14,062 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 18,829 |
| Number of walk-in customers to | 3.060 | 12,939 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 7534 |
| Processing Center | 3,000 | 12,909 | Annual ricusure | Annual ricusure | Annuar reasure | Annual i leasure | 7554 |
| Intermediate Care Facilities Division (ICFD | . | | | | | | |
| Number of inspections completed by | 237 | 188 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 184 |
| the Intermediate Care Facilities Division | 201 | 100 | Annual measure | Annual measure | Annual Measure | Annua measure | 104 |
| Pharmaceutical Control Division (PCD) | | | | | | | |
| Number of pharmacies inspected | 167 | 161 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 157 |
| Number of Registered Controlled | 234 | 221 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 227 |
| Substance Facilities inspected | 5. | | | | | | |
| Behavioral Risk Factor Surveillance System | (BRFSS) | | | | | | |
| Number of Behavioral Risk Factor | 2,043 | 2,694 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 2668 |
| Surveillance System (BRFSS) surveys | | | | | | | |
| administered | | | | | | | |
| Certificate of Need (CON) Program | | | | | | | |

| rheastife | 54 202 | 54 20 ⁰² | 5×20230 | \$72023O2 | \$7 ²⁰²⁰³ | FT 2023 GA | 54 2023 |
|--|---------------|---------------------|----------------|----------------|----------------------|----------------|-----------------|
| Number of Certificate of Need application decisions | 34 | 36 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 38 |
| Vital Records | | | | | | | |
| Number of walk-in customers to the Vital Records Office | 10,721 | 31,139 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 47,013 |
| Cancer Programs Division | | | | | | | |
| Number of women provided with navigation services for breast cancer screening, diagnosis and treatment through Project WISH | 110 | 105 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 678 |
| Number of people provided with navigation services for colorectal cancer screening, diagnosis and treatment through DC3C | 100 | 325 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 996 |
| Chronic Disease Division | | | | | | | |
| Number of residents enrolled in evidence based chronic disease self-management or lifestyle change programs | New in 2023 | New in 2023 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | Waiting on Data |
| Evidence-Based Home Visiting Program | | | | | | | |
| Number of families participating in evidence-based home visiting programs | 360 | 344 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 282 |
| Number of resource referrals made through the evidence-based Home Visiting Program | 705 | 564 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 375 |
| Farmers' Market Nutrition Program (FMNP |) | | | | | | |
| Number of District seniors receiving supplemental groceries from and Commodities and Supplemental Food Program (CSFP) | 5,411 | 5,411 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 5570 |
| Number of District residents receiving supplemental groceries from School-Based Nutrition Markets | 7,020 | 8,959 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 11,290 |
| Number of District residents receiving meals from the Home Delivered Meals program | Not Available | 2,440 | 1,283 | 1,052 | 1,170 | 1,127 | 4632 |
| Number of stores participating in Healthy Corner Store Program | New in 2023 | New in 2023 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 54 |
| | | | | | | | |

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|---|--------------------|-------------------|----------------|-----------------------------|----------------------------|-----------------------------|--------|
| Kessure | 57202 | 572022 | 54 2023 A | FT 2023 O2 | ET 2025 05 | ET 2023 QA | 572023 |
| Number of SNAP Match stores | New in 2023 | New in 2023 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 32 |
| Home Delivered Meals | | | | | | | |
| Number of District residents redeeming Produce Plus benefits | 20,711 | 23,014 | 6,090 | 0 | 2,701 | 5,674 | 14,465 |
| Newborn Screening Program | | | | | | | |
| Number of infants receiving a hearing screening in their first month of life | 11,577 | Not Available | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 10,941 |
| Perinatal Health Program | | | | | | | |
| Number of participants receiving services though DC Healthy Start | 460 | 634 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 444 |
| Pop-Up Markets in Elementary Schools | | | | | | | |
| Number of grocery bags distributed through the Joyful Food Markets Program | New in 2023 | New in 2023 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 54,916 |
| Number of markets held through the Joyful Food Markets Program | New in 2023 | New in 2023 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 449 |
| Produce Plus Program | | | | | | | |
| Number of households reached through the partnership with the Capital Area Food Bank | New in 2023 | New in 2023 | 4,080 | 3,840 | 3,840 | 240 | 12,000 |
| Number of produce boxes distributed through the partnership with the Capital Area Food Bank | New in 2023 | New in 2023 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 61,200 |
| School Health Programs | | | | | | | |
| Number of students served by the School Health Services Program | 82,199 | 82,886 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 81,707 |
| Number of individuals who receive services in a school based health center | New in 2023 | New in 2023 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 4750 |
| School-Based Oral Health Program | | | | | | | |
| Number of Oral Health Program participants who received a dental screening | 540 | 898 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 2181 |
| Special Supplemental Nutrition Program for | r Women, Infants a | nd Children (WIC) | | | | | |
| Number of Special Supplemental Nutrition Program for Women, Infants, Children (WIC) enrollees | 21,781 | Not Available | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 21,414 |
| | | | | | | | |

| r Neastre | 51 2021 | 54 2022 | 54 2023 D | 54 2023 Q2 | 5×202303 | 5×202304 | 5-2023 |
|--|---------------|-------------|----------------|----------------|----------------|----------------|-------------------|
| Number of parents/caregivers educated on infant safe sleep practices | 743 | 1,128 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 1581 |
| Tobacco Control Program | | | | | | | |
| Number of calls to the DC Tobacco Quitline | 3,640 | 3,105 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 2775 |
| AIDS Drug Assistance | | | | | | | |
| Number of DC ADAP prescriptions | Not Available | 8,096 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 8221 |
| Number of DC ADAP clients served | 733 | 738 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 959 |
| Number of reported HIV cases investigated | Not Available | 611 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 596 |
| Number of HIV, STD, and hepatitis laboratory reports processed | Not Available | 108,486 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 175,006 |
| The number of charts annually reviewed | Not Available | 2,766 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 3182 |
| Number of harm reduction clients linked to substance use disorder treatment | Not Available | 145 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 44 |
| Condom Distribution | | | | | | | |
| Number of condoms (female and male) distributed by DC Health Condom Program | 2,439,900 | 3,151,000 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 3,029,000 |
| Number of youth (15-19 years) screened for chlamydia and gonorrhea (CT and GC) through HAHSTA-supported programs | 653 | 561 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | No data available |
| HIV Testing | | | | | | | |
| Number of needles off the streets through the DC Needle Exchange (DC NEX) Program | 584,372 | 463,768 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 6173 |
| Pre-Exposure Prophylaxis (PrEP) | | | | | | | |
| Number of patient encounters (physically or virtually) at the DC Health and Wellness Center. | New in 2023 | New in 2023 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 8281 |
| Healthcare Coalition Development | | | | | | | |
| Number of Health Action Network (HAN) Alerts generated | 0 | 0 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 0 |
| Number of Health and Medical Coalition (HMC) Meetings held | 81 | 69 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 85 |
| Number of Radio Drills conducted | 39 | 35 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 25 |

| rheast e | 51 202 | <1 2022 | 5 ⁴²⁰²³ 01 | 5 ⁴²⁰²³ 02 | 5 ¹²⁰¹³ 0 ³ | \$12013 QA | 5 ¹²⁰²³ |
|--|-------------------|-------------------|-----------------------|-----------------------|-----------------------------------|----------------|--------------------|
| Number of HMC facilities participating in exercises and special events involving HMC Coordination | 115 | 115 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 115 |
| Number of HMC-sponsored events, trainings, and workshops | New in 2023 | New in 2023 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 6 |
| Medical Materiel Management and Distribu | ition | | | | | | |
| Number of emergency preparedness-related trainings and exercises coordinated by HEPRA | 0 | 3 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 4 |
| Number of DC Health personnel trained for point of distribution (POD) operations | 40 | 16 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 31 |
| Special Events Permitting | | | | | | | |
| Number of special event health, medical and safety plans for DCRA permit applications requiring DC Health review | 12 | 103 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 150 |
| Number of Medical Reserve Corps (MRC) activations | 85 | 42 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 2 |
| Total number of (Medical Reserve Corps (MRC) volunteer hours | 40,850 | 247 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 36.5 |
| Number of Health Emergency Command Center (HECC) Activations | 2 | 0 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 1 |
| Number of Medical Reserve Corps (MRC) personnel activated in response to an incident or planned event | 2,650 | 62 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 7 |
| Training and Certification of EMS Providers | and EMS Emergency | Response Vehicles | | | | | |
| Number of emergency vehicle inspections conducted | 683 | 474 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 456 |
| Number of new EMT certifications by DC Health | 347 | 539 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 612 |