

Department of Health FY2018

FY2018 Performance Accountability Report

The Performance Accountability Report (PAR) measures each agency's performance for the fiscal year against the agency's performance plan and includes major accomplishments, updates on initiatives, and key performance indicators (KPIs).

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.

Summary of Services

The DOH 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.

FY18 Top Accomplishments

What is the accomplishment that your agency wants to highlight?	How did this accomplishment impact residents of DC?	How did this accomplishment impact your agency?
The Summit of 40	In October 2017, a summit of 40 local experts in opioid use disorder, government officials, including representatives of DC Council, Attorney General Karl Racine, and people in recovery met to align and amplify the impact of the work being done in the District to address the opioid crisis. Five initiatives were committed to and launched at the Summit, one of which is the development of a three-year comprehensive opioid use disorder strategy.	The recommendations from the Summit span a number of sectors, including public health and health care. DC Health will be a part of the comprehensive strategy informed by the broader community.
District of Columbia Perinatal Health and Infant Mortality Report	Our approach aligns with nationally-recognized best practices, and reflects the core principles identified to decrease perinatal health disparities and improve maternal and child health.	There are four overall strategic areas for DC Health's approach to eliminating preventable infant deaths: improving pre-conception health, assuring high quality healthcare, assisting District families with preparing and caring for children, and promoting safe and healthy environments. DC Health is actively addressing each of these areas through the support of various programs in the District of Columbia.

2018 Strategic Objectives

Objective Number	Strategic Objective

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1	Health Regulation and Licensing Administration (HRLA). Protect the health of those who reside and do business in the District of Columbia by fostering excellence in health professional practice and building quality and safety in health systems and facilities through an effective regulatory framework.
2	Office of Health Equity. Promote Health Equity. Collaborate with other government agencies and community partners to identify and address the social determinants of health which are the key drivers of inequities in health outcomes.
3	Center for Policy Planning and Evaluation (CPPE). Develop an integrated public health information system to support health policy decision, state health planning activities, performance analysis and direction setting for department programs.
4	Community Health Administration (CHA). Provide programs and services that promote coordination among the health care systems in the city and enhance access to effective prevention, primary and specialty medical care through collaborations with public and private organizations.
5	HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) Reduce HIV, STD, TB and hepatitis-related morbidity and mortality and ensure healthy outcomes for persons living with those diseases. Administer federal and local funding, provide grants to service providers, monitor and evaluate programs, ensure quality services, and track the cases and status of the epidemics in the District.
6	Health Emergency Preparedness and Response Administration (HEPRA) Provide regulatory oversight of emergency medical services (EMS) and seek to ensure that DOH, its partners and the community are prepared for, can respond to, and recover from public health and health care system events and emergencies.
7	Create and maintain a highly efficient, transparent and responsive District government.**

2018 Key Performance Indicators

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY2018	KPI Status	Explanation
1 - Health Regulation and Licensing Administration (HRLA). Protect the health of those who reside and do business in the District of Columbia by fostering excellence in health professional practice and building quality and safety in health systems and facilities through an effective regulatory framework. (8 Measures)									
Percent of follow-up inspections of health care facilities with harm level deficiencies completed within 30 days	Quarterly	100%	100%	No applicable incidents	No applicable incidents	100%	100%	Met	
Percent of food establishment complaints inspected within 5 days	Quarterly	95%	99.1%	98.4%	94.8%	98%	97.3%	Met	
Percent of Registered Controlled Substance Facilities inspected	Quarterly	90	25.3	32.6	17.2	24.9	100%	Met	

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY2018	KPI Status	Explanation
Percent of samples taken from rabies suspect animals submitted for testing within 48 hours	Quarterly	100%	100%	100%	100%	100%	100%	Met	
Percent of intermediate care facilities identified with immediate jeopardies investigated within 24 hours	Quarterly	100%	No applicable incidents	No applicable incidents	No applicable incidents	No applicable incidents	No applicable incidents	No applicable incidents	
Percent of food-borne outbreak notifications in which suspected products were embargoed or collected and submitted for testing	Quarterly	95%	No applicable incidents	No applicable incidents	No applicable incidents	100%	100%	Met	
Percent of inspections of pharmacy facilities where pharmacists are in compliance with patient counseling requirements	Quarterly	90%	100%	100%	100%	100%	100%	Met	
Percent of rodent activity complaints inspected or baited within 48 hours.	Quarterly	100%	100%	100%	100%	100%	100%	Met	
3 - Center for Policy Planning and Evaluation (CPPE). Develop an integrated public health information system to support health policy decision, state health planning activities, performance analysis and direction setting for department programs. (3 Measures)									
Percent of vital records walk-in requests processed within 30 minutes	Quarterly	95%	93.6%	53.8%	40.1%	49.3%	60.6%	Unmet	The data showing longer customer waiting times reflects two major factors: First, as reported after the second quarter, DCVRD successfully launched a kiosk-based system in February that has enhanced the security of customers' vital data, and markedly improved existing safeguards preventing it from being used improperly. As the team adjusts to

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY2018	KPI Status	Explanation
									this new system, the Division has seen some increase in customer wait times. Second, the tracking of customer waiting times has improved significantly over the course of several upgrades to the tracking software. The most recent reporting is more accurate, and is identifying customer delays that have possibly gone unidentified in the past. These data have given DCVRD critical insight into where to focus efforts to enhance the customer service experience, and was an important resource as DCVRD applied Lean Six Sigma techniques to improve customer flow between March and May 2018. These efforts are ongoing, and the team remains fully committed to providing the best customer service experience to every visitor.
Percent of Certificates of Need (CONs) reviewed on time within 90 days	Quarterly	100%	100%	100%	100%	100%	100%	Met	
Number of CON Appeals	Quarterly	0	0	0	0	0	0	Met	
4 - Community Health Administration (CHA). Provide programs and services that promote coordination among the health care systems in the city and enhance access to effective prevention, primary and specialty medical care through collaborations with public and private organizations. (13 Measures)									
Percent of eligible children enrolled in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs who receive developmental and social-emotional screenings	Quarterly	95%	65.2%	70.8%	84.6%	92%	87.4%	Nearly Met	Unmet target needs were driven by staff turnover that resulted in missed screening schedules. Typical of other home visiting programs, client attrition from the program before screening due dates also led to unmet targets.

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY2018	KPI Status	Explanation
Total number of nutrition education and wellness contacts made to low income District residents participating in DOH Healthful Food Access programs	Quarterly	44,000	7841	6061	5893	13,066	32,861	Unmet	The FY2018 target for Nutrition Education Contacts was not met due to federal guidance from USDA to deliver nutrition education interventions of an appropriate intensity and duration to facilitate behavior change. Thus, DC SNAP-Ed reallocated resources to decrease participation in one-time events and increase delivery of series-based interventions. As a result, overall nutrition education contacts decreased.
Percent of school age children with up-to-date immunizations	Annually	92%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	72.7%	Unmet	The FY2018 4th quarter data provided was preliminary, as the 2018-2019 school year began five weeks ago. School data stabilizes after Child Count (in mid-October). Historically, immunization compliance rates are lowest at the start of school and improve as the school year progresses. The HPV vaccination requirement continues to be the biggest driver negatively impacting compliance rates. Out of all non-compliant students, over 34% are non-compliant with HPV only.
Percent of women enrolled in the MIECHV programs that are screened for depression	Quarterly	95%	86.7%	61.1%	71.4%	90.1%	86.3%	Nearly Met	Targets were not met due to a) withdrawal of some clients before their earliest screening timelines were reached b) staff turnover rates

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY2018	KPI Status	Explanation
									that resulted in missed screening schedules and/or client attrition and c) new enrollees who had not reached dates when screening guidelines dictate that they should be screened.
Percent increase in the number of students utilizing school-based oral health services	Annually	-99%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	-111.2%	Unmet	One of the SBOHP provider was transitioning to not renew their contracts, thus not actively scheduling the visits.
Percent of eligible perinatal program participants with a documented reproductive health plan	Semi-Annually	90%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	80.4%	Unmet	Information was not captured for all Healthy Start participants due to the low return rate.
Percent of infants that receive documented follow up care after the first referral	Quarterly	80%	47.9%	32.3%	31.6%	36.2%	35.8%	Unmet	Birthing facilities did not report timely and accurate demographic and hearing screening results to DC Health. When contact information is missing or inaccurate it results in an inability to accurately track follow up as DC Health staff to reach parents. Documented follow up improves as more time elapses due to DC Health's ability to collect data when the newborns are seen for appointments after a failed initial

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY2018	KPI Status	Explanation
									hearing screening. These appointments and results of any subsequent testing is tracked and reported to our agency. DC Health is able to update the reported KPI numbers as this additional data is received. To improve accuracy and timely reporting at the time of the initial screen, DC Health staff have strengthened communication and contact with newborn hearing screening staff at all DC birthing facilities including ongoing hospital site visits to underscore the importance of reporting. DC Health staff and hospital staff meet to address barriers to data entry and work together to apply quality improvement measures to improve performance.
Percent of parents receiving educational counseling for newborn hearing loss	Quarterly	95%	60.4%	63.9%	79.7%	77.9%	72.7%	Unmet	Birthing facilities did not report timely and accurate demographic and hearing screening results to DC Health. When contact information is missing or inaccurate it results in an inability to accurately track follow up as DC

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY2018	KPI Status	Explanation
									Health staff to reach parents. Documented follow up improves as more time elapses due to DC Health's ability to collect data when the newborns are seen for appointments after a failed initial hearing screening. These appointments and results of any subsequent testing is tracked and reported to our agency. DC Health is able to update the reported KPI numbers as this additional data is received. To improve accuracy and timely reporting at the time of the initial screen, DC Health staff have strengthened communication and contact with newborn hearing screening staff at all DC birthing facilities including ongoing hospital site visits to underscore the importance of reporting. DC Health staff and hospital staff meet to address barriers to data entry and work together to apply quality improvement measures to improve performance.
Percent increase in visits	Annually	-95%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	16.9%	Met	

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY2018	KPI Status	Explanation
for primary medical, dental, and behavioral health services funded by the Diffusion of Care grants									
Total breastfeeding initiation rates among WIC enrollees	Quarterly	57%	57.3%	58.9%	61.4%	62.6%	59.9%	Met	
Breastfeeding initiation rates among African-American WIC enrollees	Quarterly	47%	50%	51.2%	54.2%	54.8%	52.3%	Met	
Number of children <18 years of age who receive a dental examination and a fluoride varnish treatment through the SBPOHP	Annually	3000	Annual Measure	Annual Measure	Annual Measure	Annual Measure	3339	Met	
Percent of HPLRP participants that are practicing in priority underserved areas.	Quarterly	90	100	70.6	68	91.7	91.7	Met	
5 - HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) Reduce HIV, STD, TB and hepatitis-related morbidity and mortality and ensure healthy outcomes for persons living with those diseases. Administer federal and local funding, provide grants to service providers, monitor and evaluate programs, ensure quality services, and track the cases and status of the epidemics in the District. (9 Measures)									
Proportion of gonorrhea cases with appropriate treatment confirmed	Quarterly	75%	38.2%	39.5%	36.6%	26.7%	35.2%	Unmet	Treatment confirmation is currently only conducted for reported rectal gonorrhea cases, cases among young MSM, cases among

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY2018	KPI Status	Explanation
									pregnant women, HIV co-infected cases, and cases diagnosed at the health and Wellness Center. The high volume of cases reported to HAHSTA prevents followup on all newly diagnosed.
Percentage of clients with a positive Hepatitis C test enrolling in treatment	Annually	40%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	30.4%	Unmet	The costs for HCV treatment is one barrier to linkage to care; the cost for the 12 week treatment regimen is nearly \$100,000 and is often times not covered by DC Medicaid MCO and FFS plans. Additionally, insurance coverage for patients diagnosed with HCV is limited primarily because of prescriber limitations (i.e., specialists who are not hepatologists, gastroenterologists, or ID physicians cannot prescribe treatment); substance use guidelines (i.e., patients must agree to abstain from illicit drug or alcohol use for at least 3 months), and HCV-positive patients must have documented fibrosis before having access to treatment. With the stringent restrictions on insurance authorizations for

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY2018	KPI Status	Explanation
									treatment, most HCV patients remain untreated if unable to pay out of pocket.
Percentage of individuals diagnosed with HIV retained in care that are virally suppressed	Annually	80%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	79.7%	Nearly Met	Target narrowly missed.
Percent of clients linked to care within 3 months of diagnosis	Quarterly	88%	86%	81.7%	85.7%	92.6%	85.6%	Nearly Met	HAHSTA will continue its efforts in linking District residents living with HIV to treatment. Reported numbers will most likely change as additional laboratory reports for fiscal year are processed.
Percentage of individuals diagnosed with HIV identified as out-of-care that are re-engaged in care within 3 months	Annually	50%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	14.1%	Unmet	During FY 2018, HAHSTA initiated re-engagement efforts on a sub-population of persons living with HIV in District. During FY 2019 we will be expanding the pilot to more fully capture re-engagement activities for all person living in the District.
Proportion of TB patients completing treatment	Semi-Annually	90%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	100%	Met	
Number of individuals started on Pre-Exposure Prophylaxis (PrEP)	Quarterly	100	1101	579	579	1155	3414	Met	

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY2018	KPI Status	Explanation
Percentage of individuals diagnosed with HIV living in the District that are on Anti-Retroviral Therapy	Annually	80%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	86.6%	Met	
Percentage of DOH-supported HIV tests conducted with focus populations	Quarterly	12%	34.7%	64.2%	24.7%	94.2%	49.1%	Met	
6 - Health Emergency Preparedness and Response Administration (HEPRA) Provide regulatory oversight of emergency medical services (EMS) and seek to ensure that DOH, its partners and the community are prepared for, can respond to, and recover from public health and health care system events and emergencies. (6 Measures)									
Percent of Management Supervisory Service (MSS), Excepted Service (ES), and Legal Services staff with the essential or emergency designation who complete the independent study portion of the Management ICS Training Series as outlined in DOH Standard Operating Procedure 1380	Quarterly	60%	0%	0.9%	20.7%	19.7%	10.6%	Unmet	The DC Health Director fully supports and has made this a priority for completion in FY19. Personnel to conduct the training and track the completion rate has been rectified, thus enabling HEPRA the resources to complete during FY19.
Percent of unannounced ambulance inspections resulting in a pass rating	Quarterly	95%	91.1%	76.9%	80.8%	100%	83.8%	Unmet	All deficiencies caught during unannounced inspections were addressed on subsequent re-inspections. The EMS program is

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY2018	KPI Status	Explanation
									working collaboratively with DC-Licensed EMS agencies to minimize the occurrence of deficiencies during unannounced inspections.
Percent of HEPPRA new hires that completed ICS 100 and 200 training	Quarterly	100%	100%	100%	100%	100%	100%	Met	
Percent of health and medical plan applications with initial review completed within 72 hours.	Quarterly	100%	100%	100%	100%	100%	100%	Met	
Percent of Medical Reserve Corps (MRC) units that can respond within 2 hours during an emergency.	Quarterly	75%	100%	100%	100%	100%	100%	Met	
Average set-up time for PODs	Quarterly	2	No data available	No data available	2	2	2	Met	
7 - Create and maintain a highly efficient, transparent and responsive District government.** (8 Measures)									
Percent of MSS employees who complete the required MSS training curriculum	Annually	80%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	36.3%	Unmet	While the overall percentage of completions is lower than anticipated, 17% completed four of the five required courses resulting in 54% of MSS employees completing four or five courses.

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY2018	KPI Status	Explanation
Percent of lapsed dollar amounts on federal awards	Annually	3%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	19.1%	Unmet	The largest percentage of lapse (96.1%) is within 3 major grants: HIV Emergency Relief, HIV Care Formula grant and WIC - Supplemental Nutrition Program. The contributing factors are as follows: (1) HIV Emergency Relief: delays in the approval of Human Care Agreements for services covered under a new fee-for-service contract system, and delays in approval of the Third Party Administrator contract. Both factors resulted in significant delays in program spending due to the inability for providers to invoice for reimbursement; (2) HIV Care Formula Grant: lapse is due to the mandatory application of rebate funds to ADAP costs prior to use of grant funds, plus the overall reduction in the cost of the drug pricing. (Note: underspending will not result in a penalty); and (3) WIC Supplemental Nutrition: grant lapse is due to savings from rebates received, off-setting expenses.
	Quarterly	100%	80%	92.5%	91.3%	92.4%	89.7%	Unmet	

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY2018	KPI Status	Explanation
Percent of sub-grantee organizations that have submitted all required business documents into EGMS accounts									The 7% (not met) are inclusive of those grantees who have submitted hard copy documentation post-award. These documents are held in hard files and can be verified by the Office of Grants Management in local and federal finance and award management systems. DC Health is modifying the e-system to create and schedule tasks for grantee organizations to upload specific documents. This function was developed but was not yet deployed (delayed until FY 19).
Percent of DOH grants management (program/fiscal) personnel completing EGMS Training	Quarterly	90%	18.2%	40.2%	50%	70.7%	45.2%	Unmet	OGM changed its focus of the type of help resources delivered to individual EGMS users. This was due to limited OGM staff resources for development, training, systems-management and Tier I help. The focus of help resources for DC Health personnel centered primarily on development of individual user tools and technical assistance. This included substantial OGM staff time used to redesign EGMS dashboard help resources--

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY2018	KPI Status	Explanation
									"Quick Help Links" and "Quick Help Guides." Individual technical assistance increased in the last quarter, so few additional EGMS trainings were scheduled or developed by OGM in Q4. Note also: DC health personnel not reached are inclusive of persons who were initially targeted, but reassigned to non-monitoring duties. Limited staff time and competing training priorities for EGMS users was also a contributing factor.
Percent of DOH employees participating in a public health development activity	Quarterly	60%	0%	9.4%	0%	2.5%	3%	Unmet	Health Equity 101 course underwent a content revision and was relaunched in September.
Number of documents converted to the electronic file management system	Quarterly	98,000	14,117	26,222	20,262	68,578	129,179	Met	
Percent of eligible employee reviews completed on time	Annually	90%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	96.5%	Met	
Percent of all sub-grantees receiving DOH funding registered in EGMS	Quarterly	100%	100%	100%	100%	100%	100%	Met	

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY2018	KPI Status	Explanation
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**We've revisited a project to standardize District wide measures for the Objective "Create and maintain a highly efficient, transparent and responsive District government." New measures will be tracked in FY18 and FY19 and published starting in the FY19 Performance Plan.

2018 Workload Measures

Measure	Freq	Q1	Q2	Q3	Q4	FY 2018
1 - Animal Services Program (ASP) (2 Measures)						
Number of calls responded to by Animal Control Officers	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	15,511
Number of dog licenses processed	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	3824
1 - Compliance and Quality Assurance (2 Measures)						
Number of Intermediate Care and Nursing Home-related incidents received	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	11,798
Number of investigations performed	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	1621
1 - Criminal Background Check Program (2 Measures)						
Number of Criminal Background Checks processed for health professionals	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	9299
Number of Criminal Background Checks processed for non-health professionals	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	8010
1 - Food Safety and Hygiene Inspection Services Division (FSHISD) (1 Measure)						
Number of new and routine food establishments inspected	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	4839
1 - Health Care Facilities Division (1 Measure)						
Number of inspections completed by the Health Care Facilities Division	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	159
1 - Health Professional Licensing (2 Measures)						
Number of new health professional licenses issued	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	11,590

Measure	Freq	Q1	Q2	Q3	Q4	FY 2018
Number of walk-in customers to Processing Center	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	38,924
1 - Intermediate Care Facilities Division (ICFD) (1 Measure)						
Number of inspections completed by the Intermediate Care Facilities Division	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	268
1 - Pharmaceutical Control Division (PCD) (2 Measures)						
Number of pharmacies inspected	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	166
Number of Registered Controlled Substance Facilities inspected	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	234
1 - Rodent and Vector Control Division (1 Measure)						
Number of 311 rodent activity complaints inspected or baited within 48 hours	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	5820
3 - Behavioral Risk Factor Surveillance System (1 Measure)						
Number of BRFSS surveys administered	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	123
3 - Certificate of Need (CON) Program (1 Measure)						
Number of Certificate of Need application decisions	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	27
3 - Vital Records (1 Measure)						
Number of walk-in customers to the Vital Records Office	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	38,193
4 - Cancer Programs Division (5 Measures)						
Number of women receiving mammogram screenings	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	352
Number of women receiving cervical cancer screenings	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	16
Number of patients enrolled in Cancer Surviving and Thriving (CTS) courses	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	0
Number of breast screening procedures performed	Annually					900

Measure	Freq	Q1	Q2	Q3	Q4	FY 2018
		Annual Measure	Annual Measure	Annual Measure	Annual Measure	
Number of cervical screening procedures performed	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	35
4 - Cardiovascular Disease and Diabetes Program (2 Measures)						
Number of residents enrolled in self-management trainings	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	5500
Number of healthcare systems reporting clinical quality measures related to high blood pressure and/or diabetes	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	10
4 - DC Healthy Start (1 Measure)						
Number of participants receiving services through DC Healthy Start	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	1851
4 - Diffusions of Care and Innovations in Care grant programs (1 Measure)						
Number of visits through Diffusions of Care and Innovations in Care grant programs	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	81,006
4 - Farmers' Market Nutrition Program (FMNP) (2 Measures)						
Percent of WIC participants redeeming FMNP benefits	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	40.4
Number of District residents receiving supplemental groceries or meals (Pop Up Market/Home delivered meals)	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	10,640
4 - Health Professional Loan Repayment Program (HPLRP) (1 Measure)						
Number of HPLRP providers	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	33
4 - Help Me Grow (HMG) (1 Measure)						
Number of resource referrals completed through Help Me Grow	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	246
4 - Home Delivered Meals (1 Measure)						
Number of District residents receiving farmer's market incentive benefits from DOH administered programs (FMNP, PPP, FVRx)	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	21,188
4 - Home Visiting Program (2 Measures)						

Measure	Freq	Q1	Q2	Q3	Q4	FY 2018
Number of families participating in home visiting programs	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	259
Number of resource referrals made through the Home Visiting Program	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	466
4 - Newborn Hearing Program (1 Measure)						
Number of infants receiving a hearing screening in their first month of life	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	13,061
4 - Oral Health Program (1 Measure)						
Number of students receiving school based oral health services	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	3392
4 - Produce Plus Program (2 Measures)						
Number of residents redeeming Produce Plus and FVRx checks	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	9109
Number of Farmers Markets vendors accepting Produce Plus benefits	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	69
4 - School Health Programs (2 Measures)						
Number of students enrolled in a school based health center	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	2742
Number of students receiving DOH-sponsored school health services	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	78,312
4 - Special Supplemental Nutrition Program for Women, Infants and Children (WIC) (1 Measure)						
Number of Supplemental Nutrition Program for Women, Infants, Children (WIC) participants	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	20,542
4 - Supplemental Nutrition Assistance Program, Education and Obesity Grant (SNAP-Ed) (1 Measure)						
Number of nutrition and wellness education contacts made during the fiscal year	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	32,861
4 - The Safe Sleep Program (2 Measures)						
Number of parents/caregivers educated on infant safe sleep practices	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	528
Number of portable cribs (Pack-n-Play) distributed	Annually					508

Measure	Freq	Q1	Q2	Q3	Q4	FY 2018
		Annual Measure	Annual Measure	Annual Measure	Annual Measure	
4 - Tobacco Control Program (1 Measure)						
Number of calls to the DC Tobacco Quitline	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	3197
5 - AIDS Drug Assistance (3 Measures)						
Number of DC ADAP clients receiving pharmaceutical services through the pharmaceutical procurement and distribution program	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	797
Number of clients with DC ADAP and Alliance receiving pharmaceutical services through the pharmaceutical procurement and distribution program	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	567
Number of publicly-supported HIV medication prescriptions refilled	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	9177
5 - Condom Distribution (3 Measures)						
Number of condoms (female and male) distributed by DC DOH Condom Program.	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	4,115,000
Number of youth (15-19 years) screened for STDs through youth outreach programs	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	2288
Number of clients with viral load served through treatment adherence activities	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	1895
5 - DC Needle Exchange Program (DC NEX) (1 Measure)						
Number of needles off the streets through DC NEX Program	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	410,212
6 - Healthcare Coalition Development (4 Measures)						
Number of Health Action Network (HAN) Alerts generated	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	36
Number of Radio Calls conducted	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	49
Number of Situation Reports (sitreps) distributed	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	32
Number of Health and Medical Coalition (HMC) Meetings held.	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	14

Measure	Freq	Q1	Q2	Q3	Q4	FY 2018
6 - Medical Materiel Management and Distribution (3 Measures)						
Number of POD trainings held	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	3
Number of open PODs	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	16
Number of closed PODs	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	40
6 - Special Events (3 Measures)						
Number of special event health, medical and safety plans requiring DOH review	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	213
Number of HECC Activations	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	6
Number of MRC units activated	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	16
6 - Training and Certification of EMTs and EMS Vehicles (2 Measures)						
Number of new EMT certifications by DC DOH	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	502
Number of emergency vehicle inspections conducted	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	511

2018 Strategic Initiatives

Title	Description	Complete to Date	Status Update	Explanation
CHILDREN, ADOLESCENT AND SCHOOL HEALTH (3 Strategic initiatives)				
School Health Services Program	DOH will implement and monitor a restructured School Health Services Program (SHSP) in public and public charter schools to better focus on child health and educational outcomes and to leverage the existing health care delivery system and other community assets. The new program expands beyond school nursing services to provide clinical and allied health services, care coordination, community navigation, and quality	Complete	SHSP continued to implement the standardized process for staffing school health suites through the summer session of SY 17-18 and to start SY 18-19. Care Coordination processes continue to be implemented this quarter and resulted in a 12% increase in submitted UHCs and 13% increase in oral health assessment forms for SY 17-18 compared to SY 16-17. In Q4, both staff feedback surveys remained active and collected a cumulative total of 75 responses. Both the online parent feedback	

Title	Description	Complete to Date	Status Update	Explanation
	assurance to ensure students are healthy and ready to learn.		survey and online AOM refresher was implemented in Sept 2018.	
Help Me Grow	In FY18, DOH will implement Help Me Grow (HMG) District-wide to identify children at-risk for developmental and behavioral delays and link them and their families to services. HMG includes ongoing follow-up assessments to ensure families remain connected with the services best suited to meet their children's developmental and behavioral needs.	Complete	In Q4, 45 calls and referrals were made to Help Me Grow (HMG) resulting into the enrollment of 30 children. 27 referrals to developmental and behavioral services were given to families for concerns ranging from behavioral to communication, speech and language. 7 of the referrals have been linked to service, 3 have an appointment scheduled, and the rest are pending services. 28 outreach events have been done in the DC community to spread awareness about HMG. These events reached 61 DC community partners serving families with children aged 0-5 years.	
Early Childhood Place-Based Initiative	In FY18, DOH will implement early childhood place-based strategies with community partners to improve outcomes for children ages zero to five, and their families, living in communities with poor health and education outcomes.	Complete	In Q4, 45 calls and referrals were made to Help Me Grow (HMG) resulting into the enrollment of 30 children. 27 referrals to developmental and behavioral services were given to families for concerns ranging from behavioral to communication, speech and language. 7 of the referrals have been linked to service, 3 have an appointment scheduled, and the rest are pending services. 28 outreach events have been done in the DC community to spread awareness about HMG. These events reached 61 DC community partners serving families with children aged 0-5 years.	
DRUG ASSISTANCE PROGRAM (ADAP) (1 Strategic Initiative)				
DC ADAP Enrollment Site	In FY18 DC ADAP will provide electronic enrollment to its beneficiaries through a web-based portal that captures all of the District's and HRSA requirements for determining eligibility.	Complete	HAHSTA's DC ADAP has implemented the new electronic enrollment web-based portal.	
EMERG. MED. SVS. REGULATION (2 Strategic initiatives)				
EMS Fees & Fines	DOH – HEPRA will assess and update where necessary Emergency Medical Services fees allowable by D.C. Municipal Regulations (DCMR) Title 28, Chapter 5 (EMS) for services rendered. Simultaneously, the DOH - HEPRA will develop and implement a fine schedule aimed at strengthening the DOH's enforcement of regulations over the DOH-certified EMS response agencies,	25-49%	HEPRA continues to work on a fees and fine structure by working collaboratively with the general counsel as well as sister administrations (Health Regulation and Licensing Administration). EMS is modeling many of the fines on existing structures that are in place for other healthcare providers.	DC Health leadership is currently evaluating the most efficient and effective pathway to the implementation of new fees and fines, as well as a structure to issue the fines within the EMS community. Once these issues have been resolved,

Title	Description	Complete to Date	Status Update	Explanation
	EMS educational institutions and individual EMS providers.			progress will move forward with final development and implementation.
EMS Automated Inspections	DOH-HEPRA will develop and implement a new electronic inspection system to replace its current paper-based inspection system for all FEMS and private ambulances as well as medical kits for FEMS emergency response vehicles and rescue boats and commercial air ambulances.	25-49%	HEPRA leadership met with DC Health IT team regarding the status of this project, a work plan was developed as a pathway forward with development of the automated/online system.	DC Health IT Leadership re-prioritized its IT project queue. This project is currently pending IT's advancement.
FOOD, DRUG, RADIATION & COMMUNITY HYGIENE (2 Strategic initiatives)				
Medical Marijuana Program Electronic Tracking System	This system will allow the Medical Marijuana and Integrative Therapy (MMIT) Division to track plants from seed to sale. It enables the Division to monitor plant counts remotely (without being on site). It will also make the inspection process quicker and more efficient. Lastly, it will allow the Department to implement reciprocity with jurisdictions that have "equal" programs.	Complete	In April, 2018, the Medical Marijuana and Integrative Therapy (MMIT) Division formally launched its online tracking system. 100 percent of the District's dispensaries and cultivation centers are registered in the system and compliant with its use.	
Rodent Prevention and Abatement	DOH HRLA will enhance collaboration with the Department of Public Works to maintain a sustainable and responsive rodent prevention and abatement program to ensure commercial and residential areas remain healthy, livable enjoyable. DOH HRLA will also collaborate with The Lab @ DC to assist with their Rodent Abatement Predictive Analysis initiative.	Complete	Draft of proposed regulation is completed and HRLA has signed-off on the document for DC Health's legal counsel to submit to the Office of the Deputy Mayor for Health and Human Services (DMHHS) for review/approval. The predictive analytics pilot was completed	
HEALTH EQUITY PRACTICE AND PROGRAM IMPLEMENTATION (6 Strategic initiatives)				
Continue to Further DC Government Cross- departmental Health in All Policies (HiAP) Collaborative practices and partnerships.	In 2018, OHE will engage, provide leadership, and serve as an active participant with the DC 100 Resilient Cities program and partners, to deepen knowledge about the application of health and equity considerations into the policy and practice across the District.	Complete	The Office of Health Equity continues to engage with the DC100 Resilient Cities Program, and has informed the process on multi-sector collaboration, especially in promoting health and equity through leveraging HiAP opportunities. The first DC Resiliency strategy is nearing completion, with the inclusion of health equity and social determinants as key concepts.	

Title	Description	Complete to Date	Status Update	Explanation
			Work with Sustainable DC2.0 has progressed further. The 10.15.18 draft includes a new “HiAP Informed” goal, informing the plan’s governance. There is also a new chapter on Equity, intended to frame and inform the plan as a whole, and the chapter on Health is informed by the sentiment that building a culture of health means thinking beyond hospitals and clinics as the main source of wellbeing.	
Support Commission on Health Equity (CHE) Year 1 Work Program	Work with Commission and Chair to develop and implement Year 1 Work Plan, supported by effective bylaws.	Complete	OHE has continued to engage and support the work of the Commission. The Community Conversations now anticipated for late fall 2018, will be the initial focus of their work for 2019.	
Social Determinant and Health Equity Data Indicators	In 2018, OHE will integrate health equity indicators to form a Health Opportunities Index for the District.	Complete	The preliminary selection of measures and metrics appropriate to the District is complete, but needs further refinement. A process of benchmarking against robust evidence informed programs is underway.	
Implement OHE Community Engagement Agenda	Use Health Equity Report 2017 as Focal Point for Community Conversations across the District.	75-99%	The Perceptions of Health Equity Pre-Assessment, completed in Summer 2018, engaged a total of 16 non-governmental stakeholder agencies in a qualitative key-informant interview process, and a preliminary report was developed. This process has provided informative insights on perceptions of health equity, and key problems faced by residents across the District. The scheduled of Community Conversations planned and developed for August and September 2018 had to be postponed; it is anticipated that the process will be rescheduled for late fall 2018.	Because of the delay in the formal release of the DC HER 2018, the OHE’s Schedule of Community Conversations have had to be postponed. It is anticipated that this process will be resume in late fall 2018.
Health Equity Institute	In 2018, OHE will implement the 2018 Cohort of the cross-administration Health Equity Institute, as well as bimonthly Health Equity 101 trainings for new DOH employees.	Complete	Health Equity trainings using the updated curriculum began in September 2018.	

Title	Description	Complete to Date	Status Update	Explanation
Healing Futures Fellowship	Deliver OHE Annual "Healing Futures Fellowship" (HFF-DC) program in summer 2018.	Complete	HFF-DC Class of 2018 was a success, and graduated the full cohort of 24 Fellows as "Healing Ambassadors." Team project deliverables and presentations were to a high standard. Post-test evaluations show a significant increase in learning and understanding of health equity concepts.	
HEALTH PROFESSIONAL LICENSE ADMIN (2 Strategic initiatives)				
Development of Health Professions	DOH, in collaboration with University of the District of Columbia (UDC), will explore shortages in health professions and the development of new educational programs needed within the District's hospitals and health care facilities, to increase employment opportunities for District residents. DOH and UDC will consult with Department of Employment Services (DOES) on this initiative.	0-24%	The Community College continues to offer non-professional entry level health programs such as nursing assistant, dialysis technician, pharmacy technician, and patient care technician. These are appropriate entry-level programs for a Community College. UDC's Community College received approval from the Board to submit application for Initial Approval. Obtaining initial approval could facilitate accreditation for a revised nursing program.	
Initial Online Application Process	DOH HRLA will begin the process of creating an online application for first-time health professionals seeking licensure in the District of Columbia. This initiative will improve customer application experience and improve overall efficiency of application life-cycle (from application submission to license issuance).	Complete	Initial online applications are now available for Audiology Assistant and Speech & Language Pathology Assistant professions.	
PREVENTION AND INTERVENTION SERVICES (2 Strategic initiatives)				
Funding to community partners for Naloxone	In FY18, DOH will provide funding and training to community partners to provide funding for Naloxone outreach, education/training and the distribution of kits. The distribution of the kits is part of an initiative to train more community members who	Complete	HAHSTA distributed 767 Narcan kits during Q4 to its two community partners; an additional 240 kits were distributed to six DHS homeless shelters. HAHSTA funds eight peer educators who provide overdose prevention education in overdose hot spots and distribute	

Title	Description	Complete to Date	Status Update	Explanation
	interact with persons who inject drugs. Naloxone is an opioid antagonist that reverses overdoses.		Narcan at fixed and transient sites. HAHSTA provided three community trainings in Q4 to 91 laypersons, healthcare providers, and social service workers on ways to recognize and respond to overdoses and the proper administration of Narcan. HAHSTA continues its Naloxone distribution partnership with DHS homeless shelters.	
Pre-Exposure Prophylaxis (PrEP) to decrease the prevalence of HIV spreading to African-American women and young African-American men who have sex with men	In FY18, HAHSTA will Focus efforts toward making PrEP more available to African-American men ages 20-35 and women ages 20-35 to decrease the acquisition of HIV. Activities include targeted outreach to those populations including: HIV screening, education, and referral to PrEP enrollment.	50-74%	HAHSTA continues to support outreach and education efforts to focus on African American women and young African American men who have sex with men by adding two additional community providers. The providers specifically focus on African American women and African American men who have sex with men. The goal is to increase and promote PrEP utilization through education activities	This activity is not complete because the new providers will not start programming until October 1, 2018.
PUBLIC HEALTH EMERGENCY PREPAREDNESS (9 Strategic initiatives)				
Health and Medical Coalition Planning and Development	To enhance collaboration, preparedness, response, and recovery efforts during incidents/emergencies, DOH will develop and expand the DOH Health and Medical Coalition (HMC) among four core member types (public health, emergency management, emergency medical services and healthcare care/hospitals).	Complete	DOH HMC continues to build capacity through the expansion and growth of the coalition's partners. All four Core Membership types meet on a monthly basis to address preparedness, response, and recovery efforts in the face of adversity.	
HMC Healthcare Information System (HIS) training	DOH will develop HIS standard operating procedures and conduct stakeholder training for its Core Membership, to share situational awareness across the healthcare and public health systems.	25-49%	The DC Health and Medical Coalition participated in a review meeting with the developers of the DC HOP system to provide additional feedback and refine business requirements. DC HMC will continue to work with the developers to ensure the	Due to coalition expansion and re-prioritization for information sharing and resource coordination among the healthcare system, HEPRA leadership will

Title	Description	Complete to Date	Status Update	Explanation
			system meets the administration needs.	reevaluate the current need, function, and timeline for this system before system implementation is conducted.
Volunteer Management Planning	DOH - HEPRAs will work with District and Regional partners to ensure access to a medically-trained volunteer workforce by updating the Volunteer Management Annex to the AHEOP; increase recruitment and training of new volunteers for the DOH MRC Unit; and increase outreach and training opportunities for the District's MRC Units.	50-74%	DC Health continues to develop the MRC Program, holding quarterly meetings with MRC Unit leaders. Strategic planning efforts are underway to develop a comprehensive MRC Plan that addressed all Units, their capabilities/specialty areas, and responsibilities to respond or support an emergency incident or special event. Multiple activations occurred during this quarter to include Independence Day Celebration support of Medical Aid Stations; McCain lying-in-state support of Medical Aid Stations, and the activation response to the Capper Apt Fire, where the MRC provided medical support for intake and assessment of the residents.	DC Health is restructuring the DC MRC Program in FY19 to include more standardized and structured training sessions to further improve upon the capability of the DC MRC. This effort will continue beyond FY18 to complete this strategic initiative.
Distribution and Dispensing of Medical Countermeasures	DOH - HEPRAs will work with other DOH Administrations and partner agencies to operationalize the newly revised MCM suite of planning documents to include a full assessment of Open Points of Dispensing (PODs) sites; identification and implementation of a Secondary Receipt, Stage, and Store (RSS) site-per CDC requirement; and increase training personnel for the identified roles in the Open PODs and RSS.	0-24%	Due to the end of a lease on the District's Primary RSS, efforts were focused on finding a suitable replacement for this required site. During the CDC's July 2018 site visit, finding a Secondary RSS is the priority item for the District to complete. Request for Space has been issued through DGS, with no success in finding a CDC-compliant space. CDC has supported the concept of locating the Secondary RSS in a neighboring state.	Request for Space has been issued through DGS, with no success in finding a CDC-compliant space to date.

Title	Description	Complete to Date	Status Update	Explanation
			Beginning discussions have occurred with Maryland and Virginia to identify options. DC Health is also considering commercial warehouses as an option to fulfill the requirement.	
Vulnerable Populations Planning	DOH - HEPRA will work with District partner agencies and the Mayor's Office to ensure inclusive planning for the access and functional needs population in the District through the Vulnerable Populations Community and Healthcare Coalition (VPCHCC); planning efforts will focus on drafting and implementing an Evacuation Plan for the Home-bound population.	25-49%	DC Health continues to work with HSEMA and other District partners to ensure actions are being taken to address AFN. DC Health is also evaluating assets that may be necessary to support Shelter Operations. Points of Dispensing set-up and locations are being re-evaluated to ensure ADA compliance.	Work on this strategic initiative has been delayed due to staffing limitations, a leadership change within HEPRA, and necessary support to other special events/incidents within the District. Hiring actions to meet this strategic initiative have occurred. Work on this Strategic Initiative will continue into FY19.
Incident Management Team (IMT) Formation, Training, and Implementation	DOH - HEPRA will work with DOH HR to implement DOH Procedure 1380.000 for DOH MSS personnel assigned to Incident Management Team (IMT) roles, and assess ways to engage CSS personnel in emergency preparedness and response roles through the development of policies, procedures and/or initiatives.	0-24%	23 Management Supervisory Service (MSS), Excepted Service (ES), and Legal Services staff with the essential or emergency designation have completed the independent study portion of the Management ICS Training Series as outlined in DC Health's Standard Operating Procedure 1380. Additional effort is being focused on ensuring that everyone complies with the requirement to complete these trainings by making	The DC Health Director fully supports and has made this a priority for completion in FY19. Personnel to conduct the training and track the completion rate has been rectified, thus enabling HEPRA the resources to complete during FY19.

Title	Description	Complete to Date	Status Update	Explanation
			<p>more in-class training options available both in-house and in partnership with DC HSEMA, and by continued engagement with DC Health leadership to utilize their assistance in ensuring their staff complete these trainings in a timely manner.</p>	
<p>Infectious Disease and Planning</p>	<p>DOH - HEPRA will work with other DOH Administrations and partner agencies to revise the DOH Infectious Disease Plan that will address the public health and healthcare needs to plan for and respond to communicable diseases such as the Zika Virus, West Nile Virus, and Dengue Virus for the purpose of protecting the health and safety of the residents, workforce and visitors in the District of Columbia.</p>	<p>25-49%</p>	<p>Partner collaboration continues, with a focus on creating appendices for the base planning document. Legionella workgroup meetings occur monthly at this time. Upon the hire of a new Planning Officer during Q1, this will be one of two priority appendices to complete and add to the All-Hazards Emergency Operations Plan during FY19.</p>	<p>This has been postponed to be completed during FY19 due to staffing limitations, a leadership change within HEPRA, and necessary support to other special events/incidents within the District. Hiring vacancies to meet this strategic initiative will be a priority in FY19.</p>
<p>All-Hazards Health and Medical Emergency Operations Planning</p>	<p>DOH - HEPRA will work with other DOH Administrations and partner agencies to ensure the DOH All-Hazards Emergency Operations Plan (AHEOP) aligns with the District's Response Plan (DRP), meets the CDC Public Health Emergency Preparedness (PHEP) capability requirements and addresses vulnerable populations.</p>	<p>0-24%</p>	<p>The AHEOP revision has been postponed to FY19 due to staffing limitations, a leadership change within HEPRA, and necessary support to other special events/incidents within the District. Hiring to meet this strategic initiative will be a priority in FY19.</p>	<p>The AHEOP revision has been postponed to FY19 due to staffing limitations, a leadership change within HEPRA, and necessary support to other special events/incidents within the District. Hiring to meet this strategic</p>

Title	Description	Complete to Date	Status Update	Explanation
				initiative will be a priority in FY19.
Mass Casualty Incident (MCI) Planning	DOH – HEPRA will ensure ESF 8 coordination among the District stakeholder community to respond to a Mass Casualty Incident (MCI) with the revision of the DOH MCI Plan. By integrating it with other District MCI preparedness efforts from agencies such as FEMS, HSEMA, and MPD and other private and non-profit organizations, DOH – HEPRA will prepare an integrated MCI deliverable to include within the District Response Plan.	0-24%	The MCI Plan revision has been delayed due to staffing limitations, a leadership change within HEPRA and support of other special events within the District. Hiring to meet this strategic initiative is a priority.	This has been postponed to be completed during FY19 due to staffing limitations, a leadership change within HEPRA, and necessary support to other special events/incidents within the District. Hiring to meet this strategic initiative will be a priority in FY19.
STATE CENTER HEALTH STATISTICS (4 Strategic initiatives)				
Upgrade Electronic Death Registration System	This project will improve death record registration timeliness and data quality through eliminating paper records, and enhancing minimum reporting standards for death data.	Complete	This initiative was completed on October 2, 2017.	
Implement Kiosk Processing Solution	This project will improve processing and wait times as well as allow for customer engagement prior to their arrival in the DCVRD fulfillment center. The kiosk solution will optimize staff time by automating data entry functions at the beginning of the registration process.	Complete	This initiative was completed on January 30, 2018.	

Title	Description	Complete to Date	Status Update	Explanation
Implement online processing option for walk-in birth and death certificates	The two-year project to establish this option will allow for customer engagement prior to arriving in the DCVRD fulfillment center. Phase I will be completed in FY18 and will facilitate appointment setting and entitlement verification for issuance and amendment services.	Complete	The requirements for this project have been refined, meeting the FY 18 portion of the deliverables for this project. The Vital Records Division is exploring procurement and development options going into FY 19.	
Implement electronic mothers worksheet	This three-year project will streamline demographic data collection and minimize processing errors in birth records. In FY 18, a survey of new mothers will be conducted, the design of the worksheet will be finalized, and an implementation plan will be developed.	0-24%	The design phase of this three-year project was deferred into FY 19.	This project was projected initially on a three-year development cycle to conclude in FY 20.