FY 2012 PERFORMANCE PLAN
Department of Health

MISSION

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

SUMMARY OF SERVICES

The 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.

PERFORMANCE PLAN DIVISIONS:

- Addiction Prevention and Rehabilitation Administration (APRA)
- Community Health Administration (CHA)
- Center for Policy, Planning, and Evaluation (CPPE)
- HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA)
- Health Emergency Preparedness and Response Administration (HEPRA)
- Health Regulation and Licensing Administration (HRLA)
- Office of the Director (OD)

AGENCY WORKLOAD MEASURES

Measures	FY2009 Actual	FY2010 Actual	FY 2011 Actual	FY2012 Projection
Number of inquiries to the Department of Health (DOH) through the "Ask the Director" section of DOH's website.	240	160	201	200
Number of Supplemental Nutrition Program for Women, Infants, Children (WIC) participants	17,473[1]	16,946[2]	16,537	16,038
Number of Commodity Supplemental Food Program (CSFP) Participants	6,447	6,411	6,633	6,647
Number of DC Medicaid 1115 Waiver Reform Demonstration project clients receiving pharmaceutical services through the pharmaceutical procurement and distribution program	3,250	3,622	4,500	4,750
Number of DC Alliance clients receiving pharmaceutical services through the pharmaceutical procurement and distribution program	54,594	48,500	15,000	20,000
Number of Ryan White Service Visits	415,258	418,455	N/R[3]	N/R[4]
Number of individuals entering the APRA Assessment and Referral Center to seek substance abuse treatment services	4,448	6,643	11,716	15,448
Number of new EMT certifications by DC DOH	1,210	1,023	1492	1350
Number of community based health centers involved in emergency preparedness activities with HEPRA	41	59	59	59
Number of clinics submitting request forms to the public health lab	30	33	33	33
Number of background checks conducted	N/A (new initiative)	8,400	11,829	45,000
Number of health care related complaints received	N/A	855	900	950
Number of health care related incidents received	6,659	8,066	9,148	9,700
Number of adverse events reported in nursing homes & hospitals	328	640	113	150
Number of new health professional licenses issued by HRLA	10,723	9,734	8,306	12,000
Number of Certificate of Need Application decisions	27	21	37	28
Number of walk-in customers to Vital Records Office	52,001	41,328	37,001	35,000
Number of BRFSS surveys administered	4,154	4,252	4,597	4,000

[1] The FY2009 data was previously reported as 16,544. The accurate number is 17,473.
[2] The FY2010 data was previously reported as 16,133. The accurate number is 16,946.
[3] Final FY2011 data will not be available until February 2012.
[4] This measure is not a strong indicator of DOH workload and will not be reported in FY2012 as a workload measure.

Addiction Prevention and Recovery Administration (APRA)

SUMMARY OF SERVICES

The Addiction Prevention and Recovery Administration (APRA) promotes access to substance abuse prevention, treatment and recovery support services. Prevention services include: raising public awareness about the consequences of substance abuse, and providing evidence-based program resources to community and faith-based organizations to promote safe and healthy families and communities. APRA promotes long-term recovery by developing and maintaining a recovery-oriented system via a continuum of substance abuse and recovery support services. Treatment services include assessment and referral; outpatient; intensive outpatient; residential; detoxification and stabilization; and medication-assisted therapy. Wrap-around services are also provided such as mentoring, education skill building, and job readiness training. APRA ensures the quality of these services through its regulation and certification authority as the Single State Agency for substance abuse.

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

APRA has developed its prevention framework based on established prevention science related to risk and protective factors. Prevention science has identified a set a risk factors or conditions that increase the likelihood that a child will develop one or more substance abuse and interrelated problems (violence, delinquency, anxiety and depression, poor school performance/dropout, and teen pregnancy) in adolescence. Conversely, the same research has identified a set of protective processes and factors to build healthy behavior. Risk and protective factor –focused prevention is based on a simple premise: to prevent a problem from happening, we must first identify the factors that increase the risk of that problem developing and then reduce those interrelated or shared risks for substance abuse and interrelated problems. The perception of youth alcohol, tobacco and other drug use risk among youth and adults is highly correlated with increased ATOD use. The APRA prevention framework allows APRA to respond to community challenges in a comprehensive way, integrate prevention into the fabric of the community, and go beyond a specific program to become part of a vision shared by a broad spectrum of District residents.

INITIATIVE 1.1: Promote safe and healthy children, youths, families, and communities through implementation of prevention strategies.

APRA funds DC Prevention Centers (DCPC) designed to strengthen community capacity, address needed community changes, reduce substance abuse prevention risk factors, increase protective factors, and achieve targeted outcomes. DCPCs are dynamic hubs that engage, support, and connect the many community elements that are needed to promote healthy children, youth and families as well as a drug-free city. DCPCs implement prevention best practices to provide for a consistent foundation across the District but also have the flexibility to address the unique characteristics and priorities of the geographic area and populations served in their designated wards. DCPCs are also expected to collect District-wide data measures to determine annual progress toward identified prevention outcomes and implement system-wide quality improvement through evaluation.

INITIATIVE 1.2: Prevent the onset of, and delay the progression of substance abuse in youth and young adults from pre-K through age 21 through implementation of culturally sensitive prevention best policies, programs, and practices.

National prevention policy and research indicates there is a period of increased risk for development of substance abuse disorders. People who do not develop a substance use problem by age 21 are unlikely to do so. In addition, there are many risk factors for substance use in youth that also predict the development of a range of other problems, such as sexual activity and physical fights. The average age of onset of substance use in the District is before age 13. District youth who use ATOD before age 13 are more likely to become involved in other risk behaviors such as increased drug use, physical fights, sexual activity, and carrying a weapon Therefore, the introduction of prevention interventions must begin at early ages and be integrated into partnerships within DOH and other District agency partners. APRA plans to implement systems to 1) provide these messages at different stages of a young person's development and within multiple settings; 2) collect relevant epidemiological data that focuses on the population and/or geographic area where substance abuse is most prevalent; 3) promote the use of science and evidence-based programs, practices, and strategies that address the need; 4) focus on the community and apply strategies that promote environmental change; 5) encourage public and private partnerships; and 6) connect individuals, families, and agencies to screening and assessment services for substance abuse treatment and recovery.

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

INITIATIVE 2.1: Promote sobriety by linking residents to clinically appropriate substance abuse treatment and recovery support services. The levels of care within APRA's clinical continuum include medically monitored non-hospital detoxification, residential treatment, intensive outpatient treatment, and outpatient treatment.

INITIATIVE 2.2: Enhance the capacity of residents to maintain sobriety and long-term recovery through assessment for and linkages to recovery support services. Clinical services may address the most pressing needs associated with Alcohol Tobacco and Other Drug (ATOD) problems but ongoing social, employment, and housing supports are an important factor to preventing relapse after treatment has been completed or may serve as an added pathway to recovery for clients that may be receptive or responsive to clinical treatment approaches.

APRA PROPOSED KEY PERFORMANCE INDICATORS - Addiction Prevention and Recovery Administration

Measure	FY2010 Actual	FY2011 Target	FY2011 YTD	FY2012 Target	FY2013 Target
# of adults reached through planned prevention strategies	N/A	12000	12500	14000	14500
# of youth reached through planned prevention strategies	N/A	N/A	N/A	13,500	14,000
% of adults who complete an assessment and receive a referral to treatment services	100%	100%	100%	100%	100%
% of youth who complete an assessment and receive treatment services	N/A	100%	75%	75%	100%
% of adults who complete a GPRA assessment and receive a referral to recovery support services	N/A	100%	100%	100%	100%
% of youth who complete a GPRA and receive a referral to recovery support services	N/A	N/A	N/A	100%	100%
% of adults that successfully complete treatment	N/A	70%	42.68%	55%	60%
% of youth that successfully complete treatment	N/A	N/A	19.5%	25%	30%
# of clients referred from CFSA	N/A	N/A	125	138	135
# of clients referred from DYRS	N/A	N/A	201	221	220
# of clients referred from DMH	4	75	89	98	98
# of clients referred from CSOSA	7	150	186	205	205
# of clients referred from PSA	N/A	N/A	N/A	131	130
Average length of stay for detoxification	N/A	4	4	4	4
% of recovery support clients that maintain abstinence from ATOD 6 months post admission	83%	85%	84%	85%	85%
% of eligible providers that receive a certification, recertification, or follow up inspection	N/A	100%	100%	100%	100%
# of technical assistance encounters provided	633	1,000	1,060	1200	1200
% of contracted providers that undergo a financial review	N/A	75%	72%	72%	85%
% of contracted providers that undergo a contract review	N/A	N/A	N/A	75%	85%

Center for Policy, Planning and Evaluation (CPPE)

SUMMARY OF SERVICES

The Center for Policy, Planning, and Evaluation is responsible for developing an integrated public health information system to support health policy decisions, state health planning activities, performance analysis and direction setting for department programs. Activities include health planning and development, health research and analysis, vital records and administering a comprehensive Evaluation and Health Risk Assessment program which involves federal, state, county and municipal functions.

OBJECTIVE 1: Promote the availability of accessible, high quality and affordable health care services.

INITIATIVE 1.1: The State Health Planning and Development Agency (SHPDA) reviews certificate of need applications to ensure that the services and facilities established in the District are of high quality and accessible to the public.

INITIATIVE 1.2: To assist health care providers/facilities in completing certificate of need applications, the SHPDA provides pre-application consultations to assist the provider/facility in assessing the need for their proposed projects and the criteria for establishing quality of care, continuity, accessibility, acceptability, and financial feasibility.

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

INITIATIVE 2.1: Improve the timeliness in issuing vital records (birth and death certificates) to reduce wait times and increase customer satisfaction.

OBJECTIVE 3: Conduct the Behavioral Risk Factor Surveillance System Survey

INITIATIVE 3.1: Complete 4800 interviews for the survey year implementing a landline and cell phone questionnaire.

Since its inception, the survey has been conducted using landlines, but a cell phone survey will be added in FY11 by the CDC in order to maintain survey integrity and validity. Over the past several years data has shown that the 18 to 34 year old population is utilizing their cell phones as their primary source of communication. This new initiative will allow a representative sample of the District's population to participate in the BRBSS, increase response rates and improve data validity.

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

INITIATIVE 4.1: Improve program monitoring activities among public health programs.

Monitoring and evaluation (M&E) of project/program activities provides government officials, program managers and staff with better means for learning from past experience, improving service delivery, planning and allocating resources, and demonstrating results as part of accountability to key stakeholders. CPPE will coordinate all monitoring and evaluation activities within DOH that includes development of results frameworks by DOH programs and evaluation of progress made.

KEY PERFORMANCE INDICATORS – Center for Policy, Planning and Evaluation

Measure	FY 2010 Actual	FY2011 Target	FY2011 YTD	FY2012 Target	FY2013 Target
# of certificate of need reviews[5]	21	25	35	25	25
# of technical assistance meetings held with healthcare providers	570	450	500	500	500
% of vital records processed within 30 minutes	N/A	60%	75%	75%	85%
# of BRFSS surveys completed	4252	4900	3342	4800	4000
% of Department programs completing a logic model to measure program effectiveness	N/A	75%	100%	90%	100%

[5] Reduction in targets for FY2011 through FY2014 reflect change in economy. It is expected that less capital investments will be made during a time of economic challenges facing the nation.

Community Health Administration (CHA)

SUMMARY OF SERVICES

The Community Health Administration (CHA) provides programs and services that promote coordination among the health care systems in the city and enhances access to effective prevention, primary and specialty medical care through collaborations with public and private organizations.

OBJECTIVE 1: To support initiatives that promote the prevention and control of diabetes and cardiovascular disease, and other co-morbid conditions, and which target priority populations through utilization of evidence-based, culturally-sensitive approaches.

INITIATIVE 1.1: In FY 2012, the Cardiovascular Health Program (CHP) and the Diabetes Prevention and Control Program (DPCP) will provide technical assistance and support to a minimum of 35 community partnerships and/or initiatives addressing diabetes prevention and control, and cardiovascular health and wellness throughout the District, with particular emphasis on those initiatives addressing health disparities.

The CHP and DPCP coordinate and offer technical assistance to a variety of chronic disease prevention stakeholders. The technical assistance provided may take many forms based on available funding, such as: promotion of the Guideline Advantage Program (a quality improvement program addressing the foremost chronic disease concerns in outpatient settings), distributing guidance and disease surveillance reports, and supporting policy and environmental change through collaborative efforts, including implementation of a range of programming (e.g. worksite wellness, community health workers, community-based disease self management resources, and health system navigation). The DPCP and CHP also support and are active members of several chronic disease coalitions/collaboratives. The efforts of these collaboratives/coalitions are also focused upon systems redesign to significantly improve health outcomes related to cardiovascular disease and diabetes for the District constituency.

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

INITIATIVE 2.1: In FY 2012, Project WISH will provide clinical breast exams and mammogram screenings to 500 eligible women.

Project Wish provides a set of comprehensive services to District of Columbia women including free clinical breast exams and mammograms. To qualify for services eligible women must be low-income, uninsured or underinsured, between 40-64 years of age, and residents of the District of Columbia.

INITIATIVE 2.2: In FY 2012, Project WISH will provide pelvic and cervical exams and/or PAP-test screenings to 300 eligible women.

Project WISH provides comprehensive services to eligible women in the form of free pelvic and/or cervical exams and PAP-test screenings.

OBJECTIVE 3: To encourage tobacco cessation among DC residents.

INITIATIVE 3.1: In FY 2012 the CHA tobacco program will develop a strategy to sustain a mix of future federal and DC appropriated funding to continue the DC Quitline

at a service-level designed to reach and treat 3.5% of District residents using tobacco products in areas with high tobacco usage.

The DC Quitline targets African American males residing in Wards 5 – 8. According to CDC, calling a quitline doubles a smoker's chance of quitting for good, especially when combined with free nicotine replacement therapy. The DC Tobacco Quitline provides proactive phone counseling to support smokers who are ready to quit at no cost to the callers. The DC Quitline hopes to reach 3.5% of its tobacco users (approximately 2,500 people, based on 2010 census data and 2010 BRFSS data).

OBJECTIVE 4: Increase breastfeeding rates among WIC mothers.

INITIATIVE 4.1: Increase breastfeeding initiation rates from 48% (May 2011) to 49% in FY 2012.

A major component of the WIC Program is to improve the nutritional status of infants and WIC mothers and increase breastfeeding among participants. WIC promotes breastfeeding to all pregnant women as the optimal infant feeding choice, unless medically directed.

Breastfeeding education and support is provided through: 1) counseling and breastfeeding educational materials; 2) follow-up support by peer counselors; 3) receiving an enhanced food package with lower fat and increased fiber and cash vouchers for vegetables and fruit; and 4) providing breast pumps, breast shells or nursing supplements to help support the initiation and continuation of breastfeeding.

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

INITIATIVE 5.1: During FY2012 maintain an average monthly service level of 96% of the federally assigned ceiling of 6,647 participants, to ensure that an optimal number of clients receive services.

The District's CSFP targets low-income pregnant and breastfeeding women, other new mothers up to one year after birth, children up to age six, and elderly people at least 60 years of age by supplementing their diets with nutritious foods. Monthly CSFP food packages do not provide a complete diet, but rather are good sources of the nutrients typically lacking in the diets of the population reached.

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

INITIATIVE 6.1: Increase number of DC residents participating in SNAP-ED sessions by 3% annually.

SNAP-ED sessions focus on encouraging low-income participants (the majority of whom are potentially SNAP-eligible) to purchase foods that promote a healthier diet. The program develops educational handouts and classes and outreach sessions that are age, language, and culturally appropriate to target audiences.

OBJECTIVE 7: Improve the District's birth outcomes through increased utilization of the DC Healthy Start project.

INITIATIVE 7.1: In FY 2012 increase the number of participants in DC Healthy Start program from 403 to 420 women through increased targeted recruitment efforts.

DC Healthy Start case management services strengthen healthcare and social support systems for pregnant and postpartum women, their infants, and their families. This encourages learning, empowerment, and a forum for changing health practices and reducing behavioral risk factors to improve birth outcomes. Outreach and client recruiting staff participate in community activities such as health fairs, door-to-door client sweeps, and community forums to identify and refer eligible District residents for services. The program also utilizes stakeholder sites (e.g., Income Maintenance Administration offices) to provide screening, pregnancy testing, condoms, and referrals to Healthy Start.

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

INITIATIVE 8.1: In FY 2012 maintain at least a 90% referral rate for follow-up services for infants born with sickle cell disease.

The Newborn Screening program monitors newborn screening results for certain metabolic and genetic disorders for every child born in the District of Columbia. This initiative will aid in the early identification of infants at risk for developmental delays and provide the necessary medical treatment to prevent further complications. Once identified, frequent follow-up is needed to ensure all parents comply with referral to improve a child's long term outcomes

INITIATIVE8.2: By September 30, 2012, 80% of the parents of infants with abnormal hearing screening results will be educated on the importance of follow-up care.

Approximately three babies per 1,000 births are born with a hearing loss, making it the most common birth defect in the District. If not identified early, it can lead to a delay in language, cognitive, and social development. The DOH hearing program works to raise public awareness about the prevalence of hearing loss among newborns, potential consequences of failing to identify newborns with hearing loss, and the available resources for detecting, and treating it as early as possible (i.e., preferably within the first three months of life).

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

INITIATIVE 9.1: The Primary Care Bureau (PCB) plans to increase the participation of "primary care" medical professionals in the District's Health Professions Loan Repayment Program (HPLRP) so that they represent 40% of all HPLRP participants.

The program coordinates three distinct programs aimed at recruiting and placing providers in underserved areas in the District: J-1 Visa Waiver, Health Professionals Loan Repayment Program, and the National Health Service Corps. Regulations passed in FY 2010 set "target" participation goals for each eligible discipline: 60% - primary care providers, 20% - dental providers, and 20% mental health providers. In FY11, primary care practitioners represented 10% of the total participant pool. The plan calls for increasing both recruitment efforts and awards to primary care providers so as to increase the percentage of HPLRP participants that are in a primary care specialty.

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

INITIATIVE 10.1: In FY 2012, 66% of registered refugees will be screened within 30 days of referral.
CDC recommends that all newly arriving refugees and recently approved asylees be screened within 90 days of arrival or approval. Despite this, a disproportionate number of refugees in the District have never been screened by a physician. The Refugee Health Program provides healthcare case management to refugee populations to ensure that individuals receive a comprehensive health screening within 30 days after referral in accordance with Department of Health guidelines. The Program accomplishes this through collaboration with local resettlement agencies, community health centers, and the Department of Human Services. To date in FY11, the Program provided services to 250 refugees and asylees, while totals for FY 2010 and FY 2009 were 270 and 280, respectively. FY12 will be the first year that the Refugee Health Program will have the ability to track screening completion rates.

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

INITIATIVE 11.1: In FY 2012 increase the number of pharmacy providers from 15 to at least 20. In collaboration with the Department of Health Care Finance (Medicaid) and the HIV/AIDS, Hepatitis, STD and Tuberculosis Administration, CHA is establishing a core network of pharmacy providers in each of the District's wards to better service eligible clients enrolled in their programs. The initial provider network will grow to 20 or more providers in 2012.

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

INITIATIVE 12.1: In FY 2012, maintain at least 95% of children with up-to-date immunizations in District of Columbia Public Schools and District of Columbia Public Charter Schools.
By working closely with school health officials, health care providers, and Managed Care Organizations, CHA will meet the immunization compliance goal of 95% by September 2012. DOH has launched a public information campaign to encourage children and their caregivers to seek immunization from a primary care provider and partner with community health centers offering a well-child exam, including immunizations. These activities, along with training and education, will continue to reinforce residents and providers about the importance of immunizations for children.

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

INITIATIVE 13.1: In FY 2012 increase the number of participants by 20% in the Maternal, Infant, and Early Childhood Home Visiting Program and increase the average number of visits per month.

The home visiting program is designed to promote maternal, infant and early childhood health as well as the development of strong parent-child relationships. The program seeks to improve maternal and child health; prevent child injuries, child abuse and neglect; reduce emergency room visits; improve school readiness and achievement; reduce crime and domestic violence; improve family economic self-sufficiency; improve care coordination and referrals for community resources and support; and finally, improve parenting skills to increase child development.

KEY PERFORMANCE INDICATORS - Community Health Administration

Measure	FY 2010 Actual	FY 2011 YTD	FY 2011 Target	FY 2012 Target	FY 2013 Target
# of chronic disease partnerships supported with Technical Assistance, and participation in partnership advancement, initiatives, events[6]	265	70	48	35	40
# of women receiving clinical breast exam and mammogram screenings[7]	307	321	650	500	500
# of women receiving pelvic and cervical exam/PAP-test screenings[8]	80	108	335	300	500
Tobacco DC Quitline call volume (% reached)[9]	2015 (3.22)	4607 (3.50)	2576 (3.5)	2576 (3.5)	2651 (3.7)
% of DC Quitline calls converting to counseling	89%	87%	90%	90%	90%
% of postpartum WIC mothers who initiate breastfeeding	45%	47%	48%	49%	50%
Maintain service to at least 96% of 6,647 CSFP caseload	96%	96%	96%	97%	97%
# SNAP-Ed participants receiving education[10]	27,927	7,545	9,945	10,245	10,552
# of Healthy Start participants	381	403	395	420	435
% of newborns diagnosed with Sickle	100%	87%	90%	90%	90%

[6] Projected numbers in FY12 thru FY 14 reflect identified decreases in funding
[7] Ibid
[8] Ibid
[9] Ibid
[10] Participation numbers include those served by CHA and its partners - UDC and Capital Area Food Bank. In 2011, funding was cut from $2.5 million to $1.5 million, and USDA ceased providing the 50% cash match for nutrition education provided.

Measure	FY 2010 Actual	FY 2011 YTD	FY 2011 Target	FY 2012 Target	FY 2013 Target
Cell disease and referred for follow-up					
% of parents receiving educational counseling for newborn hearing loss	N/A	N/A	70%	80%	85%
% of HPLRP participants that are practicing primary care	20	10	30	40	50
% of refugees screened within 30 days of referral.	N/A	50%	50%	66%	75%
# of new pharmacy providers added to network	N/A	0	15	20	25
% of children with up-to-date immunizations	93%	93%	95%	95%	99%
# of families in the DC Home Visiting program	N/A	N/A	50	60	70

Health Emergency Preparedness and Response Administration (HEPRA)

SUMMARY OF SERVICES
The Health Emergency Preparedness and Response Administration (HEPRA) provides regulatory oversight of Emergency Medical Services (EMS) including service providers, associated educational institutions, EMS agencies and their operations. HEPRA also ensures that DOH and its partners are prepared to respond to city-wide medical and public health emergencies, such as those resulting from terrorist attacks or natural disasters. The Public Health Laboratory (PHL) functions as a state and local laboratory providing analytical and diagnostic services for programs within the Department of Health.

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

INITIATIVE 1.1: The EMS Division will perform a 100% announced inspection of all District ambulances for certification purposes to monitor on-going compliance. In addition, the Division will perform unannounced inspections on a percentage of DC ambulances to ensure continued compliance and availability of equipment in accordance with American College of Surgeons recommendations.

In the District of Columbia there are currently 146 ambulances, both Basic Life Support and Advanced Life Support. All ambulances within the District are inspected on an annual basis as part of their certification process. This is an announced inspection and an ambulance cannot be certified to operate in the District without first successfully passing this inspection. The EMS Division also performs unannounced inspections of ambulances to ensure that they continue to comply with the regulations.

INITIATIVE 2: EMS Personnel participate in Health Emergency Coordination Center (HECC) activations during drills, training and emergency responses. Performance is a measure of percentage of the total activations of the HECC where EMS Division personnel were present.

INITIATIVE 2.1: The EMS Division will participate in 100% of the HECC activations. EMS personnel will participate in drills and training sessions to better prepare for a response to an actual real-world event. The Division will also participate in 100% response activations to put the knowledge acquired from drills and training to use.

The HECC is the coordination center for medical activities during a large scale incident. EMS personnel are assigned to critical sections of the HECC and are responsible for the execution of their duties while in the HECC. The EMS Division's personnel are involved in emergency preparedness activities and responses. They are assigned roles in the HECC to monitor the status of hospitals, clinics and skill nursing facilities. They perform in the role of emergency liaison officers to various District and Federal government agencies, as well as non-governmental organizations.

OBJECTIVE 3: Improve Administrative Services with Customer & Stakeholder Feedback/Satisfaction Surveys

INITIATIVE 3.1: The EMS Division will solicit input of stakeholders on the services that were provided to them. Their feedback will shape future performance.
Each Division has a number of services and products that are provided to stakeholders. With the recent access to the Survey Monkey system, the EMS Division can begin to determine if the products and services are meeting the needs of stakeholders, as well as solicit thoughts on how to improve. As this is a new item for EMS, the Division is planning to initially send out 50 surveys in FY20112 to evaluate responses for needed changes to future service delivery.

OBJECTIVE 4: Improve Epidemiology Disease Surveillance and Reporting

INITIATIVE 4.1: Increase to 70% the percentage of reports of selected reportable diseases for which initial public health control measure(s) were initiated within the appropriate time frame. Based on the notifications received by DE-DSI of reportable diseases in District of Columbia residents, DE-DSI seeks to make certain that appropriate interventions are initiated in a timely manner for the cases that require control measures.

INITIATIVE 4.2: Increase to 75% the percentage of infectious disease outbreak investigation reports that contain all minimal elements. DE-DSI collects a variety of information during an outbreak investigation. Depending on the investigation, optional elements vary. However, there are a minimum set of data pieces that need to be collected during each outbreak. DE-DSI seeks to make certain that all minimal elements for an outbreak investigation report are obtained.

OBJECTIVE 5: Improve and sustain public health emergency preparedness and response efforts within HEPRA.

INITIATIVE 5.1: Assure that staff participating in HECC activities are prepared to respond to emergencies utilizing the concepts of the National Incident Management System (NIMS) as directed by Homeland Security Presidential Directive #5.
The use of a standardized approach to incident response and recovery is paramount for inter-agency collaboration and life safety. By the end of FY12, the goal of HEPRA will be to meet the following NIMS training levels for HECC participating staff:

- 90% of applicable staff should be trained in NIMS IS-100, NIMS IS-200, NIMS IS-700, and NIMS IS-800; as well as
- 50% of applicable staff should be trained in NIMS ICS-300 and NIMS ICS-400

In addition, 100% of NIMSCAST reporting requirements will be met by the Special Operations Coordinator (SOC) in collaboration with the NIMS Compliance Officer at the District of Columbia Homeland Security and Emergency Management Agency.

KEY PERFORMANCE INDICATORS – Health Emergency Preparedness and Response Administration[11]

Measure	FY2010 Actual	FY2011 Target	FY2011 YTD	FY2012 Target	FY2013 Target
# of ambulance inspections	278	300	279	300	300
# of unannounced ambulance inspections	132	150	136	150	160
% of the total activations of the HECC where EMS Division personnel were present	N/A	100%	100%	100%	100%
# of survey reports that are sent out from all HEPRA Divisions (Administration, Epidemiology, EMS, Operations, PHL) to stakeholders and customers	N/A	N/A	5	50	75
% of reports of selected reportable diseases for which initial public health control measure(s) were initiated within the appropriate time frame	N/A	N/A	N/A	70%	80%
% of infectious disease outbreak investigation reports that contain all minimal elements	N/A	N/A	N/A	75%	85%
% of applicable staff trained on NIMS IS 100, 200, 700 and 800	N/A	N/A	77%	90%	90%
% of applicable staff trained on NIMS ICS 300 and 400	N/A	N/A	49%	50%	50%

[11] N/A is used multiple times within the chart to indicate a new initiative or new data collection requirements for HEPRA.

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

SUMMARY OF SERVICES

The HIV/AIDS, Hepatitis, STD and TB Administration's (HAHSTA) mission is to prevent primary infection of HIV/AIDS, STDs, Tuberculosis and Hepatitis, reduce transmission of the diseases and provide care and treatment to persons with the diseases. HAHSTA partners with health and community-based organizations to offer HIV and STD testing and counseling, prevention education and interventions, free condoms, as well as medical support, medication at no cost and other support services needed by clients living with HIV/AIDS. In addition, HAHSTA provides direct services at its STD and TB Clinics for residents of the District, administers the District's budget for HIV/AIDS, STD, Tuberculosis, and Hepatitis programs, and collects and manages data on disease-specific programs and services.

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

INITIATIVE 1.1: Increase efforts to identify individuals newly infected with HIV or STDs.

Routine, opt-out HIV testing is a key component of HAHSTA's strategy to prevent new infections. HAHSTA has worked to incorporate this policy as a standard of care in all facilities in the District. For FY12, HAHSTA will build toward full implementation of routine testing by focusing in a number of areas: Managed Care provider networks, unaffiliated physicians and practices (educate 400 physicians) and expanded partner services (community provider training). HAHSTA has proposed a new initiative, pending federal funding, to equip up to 25 hospitals and medical providers with new technology to provide confirmatory tests rapidly, which will improve immediate linkage into HIV medical care and identifying acute infection, which can be more easily transmitted.

INITIATIVE 1.2: Elimination of Mother-to-Child Transmission of HIV.

Peri-natal infection of HIV is nearly 100% preventable; therefore, HAHSTA's goal is to eliminate mother-to-child transmission of HIV in the District. HAHSTA has been specifically working with medical providers on routine peri-natal testing, standard first and third trimester testing as well as at the time of delivery with OB/GYNs and labor and delivery suites, awareness through intensive outreach with CHA's Healthy Start program and incorporating peri-natal exposure surveillance through the Vital Records electronic birth record system. As the majority of HIV positive women are in child bearing years and most are of the opinion that HIV positive women should not or cannot have healthy babies, HAHSTA will add a new component on education and awareness that HIV positive women can safely have a healthy baby to increase testing and diagnosis of child-bearing age women and proper treatment by September FY12.

INITIATIVE 1.3: Reduce the Prevalence of STDs and HIV in Youth.

It is critical that the District support young people to develop awareness, skills, and behaviors that lead to a reduction of risk for STDs and HIV throughout their lifetime. Activities to achieve this goal include: mainstreaming of STD/HIV information into youth activities; training all school nurses working in DC Public Schools to integrate routine STD and HIV prevention and screening; education for in-school and out-of-school youth to build skills that allow them to reduce their risk of infection; and expanding youth outreach and STD/HIV testing and treatment services to venues other than the school.

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

INITIATIVE 2.1: Increase the Number of People in quality HIV medical care.
HAHSTA will work to increase the utilization of HIV care services by DC residents and ensure the availability of critical and effective support services to maximize retention in care and health outcomes. In FY12, HAHSTA implemented the Red Carpet Entry program (expedited appointments for HIV medical care for newly diagnosed and those returning to treatment) to increase the number of providers and duration of recapture activities to identify and reenter individuals into HIV medical care.

KEY PERFROMANCE INDICATORS - HIV/AIDS, Hepatitis, STD, and TB Administration

Measure	FY 2010 Actual	FY 2011 Target	FY 2011 YTD	FY 2012 Target	FY 2013 Target
# of new HIV/AIDS cases reported within the fiscal year [12]	193	1,500	452	1,500	1,300
# of peri-natal HIV infections	0	0	0	0	0
#of publicly supported HIV tests reported	44,014	125,000	79,915	125,000	125,000
# of needles off the streets through DC NEX Program	158,803	350,000	244,275	400,000	425,000
# of condoms (female and male) distributed by DC DOH Condom Program	2,179,374	4,500,000	4,040,140	4,500,000	5,000,000
# of youth (15-19 years) screened for STDs through youth outreach programs	3,050	12,000	3,773	7,500	7,500
# of clients linked to care within 3 months of diagnosis[13]	N/A	N/A	N/A	70%	75%

[12] **Industry Standard:** CDC reports 2005 data for Baltimore (1,001.3), Chicago (351.4), Detroit (291.1), Philadelphia (645.4), New York City (725.9) and Washington, DC (1,386.0). Due to increased testing, DOH expects that the number of newly diagnosed HIV cases will increase for several years.
[13] New initiative for FY2012

Health Regulation and Legislation Administration – (HRLA)

SUMMARY OF SERVICES
HRLA administers the District and Federal laws and regulations governing the licensure, certification and registration of health care professionals, human service facilitations, pharmacies, animal and rodent control activities and other health-related establishments (restaurants, vendors and spas) to ensure the protection of the health and safety of the residents and visitors of the District of Columbia.

OBJECTIVE: 1: Improve triage process for Nursing Home Facilities.

INITIATIVE 1.1: C**omplaint investigations to be completed within ninety (90) days from the date of receipt.** The Administration seeks to increase the number of onsite investigations of nursing home facilities in relation to reported incidents by cross-training staff and to decrease the number of days to complete complaint investigations. In order to increase site visits, the Administration will seek to hire at least two (2) registered nurses who are trained and certified in the long-term care process.

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

INITIATIVE 2.1: The Investigations Division will provide investigative support and expertise upon request of the 23 health licensing/registration boards and commissions. The Division has implemented a pilot training program to facilitate the cross training of Board investigators with the healthcare facilities investigators to provide additional investigative support and to increase the range of expertise.

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

INITIATIVE 3.1: Increase to 25 the number of issued Notices of Infractions for unlicensed practice of health professions by conducting proactive licensure surveys, to include site visits, at the end of the licensing renewal cycle. The Investigations Division will provide investigative support to the professional licensing programs and Executive Directors to determine the status of health professional licensees who fail to renew. Unannounced site visits will help disclose if there is unlicensed practice by former licensees. Additionally, requests will be submitted to the Office of the Attorney General to process Cease and Desist orders. Investigators may also present the Notice of Infraction before the Office of Administrative Hearings (OAH) when the Department does not provide counsel.

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

INITIATIVE 4 .1: Conduct quarterly unannounced site visits to licensed nurse staffing agencies to determine ongoing compliance with applicable regulations. More frequent monitoring (particularly record keeping) will help improve consistency and accountability in service delivery and quality of care by personnel.

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

licensed and/or certified. These facility types include: ambulatory surgical centers, communicable disease labs, end stage renal dialysis facilities, home health agencies, hospice facilities hospitals, maternity centers, nursing homes, and tissue banks. HCFD will identify deficiencies that may affect state licensure and/or eligibility for federal compliance under the Medicare and Medicaid programs.

> **INITIATIVE 5.1:** Conduct annual licensure and federal certification inspections of health care facilities that HCFD regulates.

OBJECTIVE 6: The Intermediate Care Facility Division (ICFD) will conduct 192 on-site surveys to ensure health, safety, sanitation, and quality of care requirements of healthcare facilities. Facilities that are under the purview of the ICFD include intermediate care facilities for persons with mental retardation (ICF/MR) as well as community residential facilities, assisted living residences, child placing agencies and home care agencies. ICFD will routinely inspect these facilities and as appropriate identify deficiencies within these facilities that may affect state licensure and/or eligibility for federal compliance under the Medicare and Medicaid programs. Additionally, ICFD will refer quality of care issues to the appropriate professional boards and commissions.

> **INITIATIVE 6.1:** Conduct annual licensure for all facilities under the purview of ICFD and federal certification inspections of ICF/MRs, as well as conduct monitoring inspections of community residential facilities, home care agencies, and child placing agencies.

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

> **INITITATIVE: 7.1** To properly identify and inspect food establishments in response to complaints and food borne illness reports and work with establishments to improve their observance of the food code regulations which promote clean and healthy eating environments.

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

> **INITIATIVE 8.1:** To inspect, at minimum, 800 x-ray tubes for compliance with the District of Columbia's Radiation Protection Standards.

KEY PERFORMANCE INDICATORS – Health Regulation and Licensing Administration

Metric	FY 2010 Actual	FY 2011 YTD	FY 2011 Target	FY 2012 Target	FY 2013 Target
# of nursing home facility inspections	166	310	450	600	700
# of professional license investigations per request of licensing/registration boards	215	140	200	150	155
# of investigations of the unlicensed practice of health	20	26	25	25	25
# of investigations of nurse staffing agencies	40	2	20	60	70
# of facilities licensed/certified by the HCFD	462	460	460	460	460
# of inspections completed by the HCFD	103	156	150	109	109
# of facilities licensed/certified by the ICFD	206	193	207	182	177
# of inspections completed by the ICFD	230	244	250	192	190
# of inspections of food establishments generated by complaints/food borne illness reports	441	415	600	400	400
# of food establishment closures	91	129	100	100	100
# of x-ray tubes inspected for compliance with radiation protection standards.	814	801	800	820	840

Office of the Director (OD)

SUMMARY OF SERVICES
The Office of the Director provides public health management and leadership through policy, planning, and evaluation, fiscal oversight, human resource management, grants and contracts management, information technology, government relations, risk management, communication and community relations, legal oversight and facilities management.

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

INITIATIVE 1.1: Improve DOH's on-time completion of annual performance plans and evaluations for all employees.
Employee performance management consists of employee performance plans and employee evaluations, and allows the employee to have direct input in developing performance objectives; allows the supervisor to convey their expectations of the employee; and offers a baseline for assessing job performance and growth

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

Initiative 2.1: DOH will continue to fully implement risk-based monitoring activities, as prescribed by the Federal and District regulations, as well as DOH and OCFO policies and procedures for NOGA issuances, monitoring and performance. The results will be an increase in efficiency of at least 6 (six) control areas for DOH grants management: (1) pre-award risk/capacity assessments, including assignment of a risk-rating for each award; (2) development of a monitoring plan for each award, (3) identification of deficiencies and technical assistance needs of the grantee, (4) documentation of required co-monitoring (programmatic and fiscal) activities, including site visits, desk reviews and audits; (5) timely and efficient review and processing of invoices, receipts and payments and (6) timely and appropriate application of conditions of award and corrective action plans.

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

INITIATVE 3.1: To improve the timeliness of and accessibility of records to the public, DOH has begun to develop an online storage and retrieval system for paper and electronic records and will migrate 100% of records by September 2012. This process is also important as DOH has reduced its physical footprint by consolidating the agency's space in January 2011. Electronic storage of records will increase both internal and external responsiveness.

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

INITIATIVE 4.1: Enhance DOH website through its re-design, migration, and re-launch
DOH's website is a critical communication channel to the public, stakeholders, and partners, and accessibility to accurate information is critical to a robust public health infrastructure. In its current state, the DOH website lacks a service-based platform and has a dated look and feel.

Working with OCTO and as a part of a District-wide initiative, DOH will migrate the website to a new system, reorganize the site, and update the content. DOH's site will be re-launched in FY2012. The new site will be more citizen-centered and offer enhanced access to information and services.

INITIATIVE 4.2: Improve DOH customer service ratings.
DOH provides a number of services to customers inside and outside of the District. Historically, DOH had not met the customer services expectations, as defined by the Office of Unified Communications (OUC). However, in FY2011 DOH did greatly improve its scores to the "meets expectations" category. DOH will at minimum continue to meet expectations but also seek to exceed expectations in FY2012.

KEY PERFORMANCE INDICATORS - Office of the Director

Measure	FY 2010 Actual	FY2011 Target	FY2011 YTD	FY2012 Target	FY2013 Target
Percent of Employee Reviews Completed on Time	64%	85%	64%	100%	100%
Percent of DOH grantees who received a satisfactory performance rating	N/A	N/A	85%	90%	100%
% of DOH paper files converted to electronic file system[14]	N/A	N/A	N/A	50%	75%
# of visitors to the DOH website	N/A	690,000	724,500	760,725	785,500
Office of Unified Communication's Customer Service Rating	85%	73%	85%	90%	95%

[14] Ibid.