FY 2013 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	FY 2010 Actual	FY 2011 Actual	FY 2012 Actual	FY 2013 Projection
Number of Supplemental Nutrition Program for Women, Infants, Children (WIC) participants	16,946	16,537	16,558	17,000
Number of DC Medicaid 1115 Waiver Reform Demonstration project clients receiving pharmaceutical services through the pharmaceutical procurement and distribution program	3,622	4,500	4,525	4,600
Number of DC Alliance clients receiving pharmaceutical services through the pharmaceutical procurement and distribution program	48,500	15,000	15,300	15,600
Number of Ryan White service visits	418,455	428,172	318,193	400,000
Number of individuals entering the APRA Assessment and Referral Center to seek substance abuse treatment services	6,643	11,716	9,192	12,500
Number of new EMT certifications by DC DOH	1,023	1492	1434	1264
Number of background checks conducted for health care professionals receiving licensure	8,400	11,829	23,592	10,000
Number of health care related complaints received	855	900	820	800
Number of health care related incidents received	8,066	9,148	9,301	9,000
Number of adverse events reported in nursing homes & hospitals	640	113	71	50
Number of new health professional licenses issued by the Health Regulation and Licensing Administration (HRLA)	9,734	8,306	6,160	16,000
Number of Certificate of Need application decisions	21	37	26	30
Number of walk-in customers to the Vital Records Office	41,328	37,001	30,834	36,300
Number of Behavioral Risk Factor Surveillance System (BRFSS) surveys administered	4,252	4,597	3,967	5,000

Addiction Prevention and Recovery Administration

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: Reduce priority risk factors that place District children, youth, families, and communities at risk of substance use and interrelated problems.

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

APRA funds DC Prevention Centers (DCPC) designed to strengthen the community's capacity to reduce substance abuse and prevent risk factors. The centers work with the community to implement best practices and connect community resources. All four centers provide a consistent prevention strategy 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. The DCPCs also collect data to determine annual progress toward identified prevention outcomes and implement quality improvement activities. By September 30, 2013, the prevention centers are expected to increase the number of adults reached through their planned prevention strategies.

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. The average age of onset of substance use in the District is before age 13. District youth who use alcohol, tobacco and other drugs (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. By September 30, 2013, the prevention centers are expected to increase the number of youth reached through their planned prevention strategies.

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.

Plans of care are developed for each client entering into treatment. The levels of care within APRA's clinical continuum include medically monitored non-hospital detoxification, residential treatment, intensive outpatient treatment, and outpatient treatment. Clients are expected to advance through the levels of care to successfully complete treatment. By September 30, 2013, APRA seeks to increase the percentage of clients that successfully complete treatment.

INITIATIVE 2.2: Enhance the capacity of clients to maintain sobriety and long-term recovery through assessment for and linkages to recovery support services.

Clinical services may address the most pressing treatment needs associated with addiction to (ATOD) problems but ongoing social, employment, and housing supports are an important factor to prevent relapse. By September 30, 2013, APRA seeks to increase the percentage of clients that maintain abstinence from ATOD six months post treatment.

APRA PROPOSED KEY PERFORMANCE INDICATORS - Addiction Prevention and Recovery Administration

Measure	FY 2011 Actual	FY 2012 Target	FY 2012 YTD	FY 2013 Projection	FY 2014 Projection	FY 2015 Projection
# of adults reached through planned prevention strategies	n/a [1]	5,200	6,388	7,400	8,400	9,400
# of youth reached through planned prevention strategies	n/a	13,500	4,797	6,000	7,200	8,400
% of adults that successfully complete treatment[2]	70%	55%	42.68%	60%	60%	60%
% of youth that successfully complete treatment	n/a	25%	19.5%	30%	30%	30%
% of recovery support clients that maintain abstinence from ATOD 6 months post admission	83%	85%	84%	85%	85%	85%
# of technical assistance encounters provided	1,060	1,200	1,448	1,500	1,550	1,600
% of contracted providers that undergo a financial review	72%	85%	72%	85%	85%	85%
% of contracted providers that undergo a contract review	n/a	75%	n/a	85%	85%	85%

[1] N/A reflects data that is not available because the indicator is new and historical data is not available.

[2] This measure is being evaluated in comparison to industry standard or, in this case, national performance. Based upon a 2008 national review, completed by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Administration, nationally 47% of those who enter treatment are discharged because they successfully completed treatment.

SUMMARY OF SERVICES

The Center for Policy, Planning, and Evaluation (CPPE) is responsible for developing an integrated public health information system to support health policy decisions, state health planning activities, performance analysis and direction setting for department programs. Activities include health planning and development, health research and analysis, vital records and administering a comprehensive evaluation and health risk assessment program.

OBJECTIVE 1: Promote the availability of accessible, high quality and affordable health care services, especially in underserved areas (One City Action Plan Action 3.2.1).

INITIATIVE 1.1: To increase residents' access to needed health care services.

The State Health Planning and Development Agency (SHPDA) reviews Certificate of Need (CON) applications to ensure that the services and facilities established in the District are of high quality and meet the needs of residents. Once a CON is approved, the health care provider will then begin the licensure and construction process, if applicable, to establish services.

INITIATIVE 1.2: Assess the availability of and access to care to determine the need for constructing new primary health care clinics and for recruiting and retaining primary care, mental health and dental providers in underserved areas (One City Action Plan Action 3.2.1).

These health centers and these recruiting and retention efforts are focused on expanding the availability of preventive and primary care services.

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

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

By September 30, 2013, CPPE will increase the percentage of vital records processed within thirty minutes by increasing the number of historic records entered into the electronic system and increasing the number of reports reviewed from the QMatic customer flow system.

OBJECTIVE 3: Conduct the Behavioral Risk Factor Surveillance System Survey (BRFSS)

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

Since its inception, the BRFSS survey has been conducted using landlines. In 2011, a cell phone survey was added 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 BRFSS, increase response rates and improve data validity. By September 30, 2013, CPPE will complete data collection and analysis for the 2012 survey.

KEY PERFORMANCE INDICATORS – Center for Policy, Planning and Evaluation

Measure	FY 2011 Actual	FY 2012 Target	FY 2012 YTD	FY 2013 Projection	FY 2014 Projection	FY 2015 Projection
# of CONs reviewed (One City Action Plan Action 3.2.1)	37	25	26	25	30	37
% of vital records processed within 30 minutes	95%	95%	90%	95%	96%	97%
# of BRFSS surveys completed[3]	4,597	4,800	3,967	4,800	4,000	4,000

[3] This measure is based upon the industry standard. CDC requires that each state participating in the BRFSS to have a sample size of no less than 4,000.

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

INITIATIVE 1.1: Project WISH will provide clinical breast exams and mammogram screenings to 640 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. This activity will be completed by September 30, 2013.

INITIATIVE 1.2: Project WISH will provide pelvic and cervical exams and/or PAP-test screenings to 275 eligible women.

Project WISH provides comprehensive services to eligible women in the form of free pelvic and/or cervical exams and PAP-test screenings. This activity will be completed by September 30, 2013.

OBJECTIVE 2: Expand nutrition education and increase access to healthy foods as part of efforts to lower the District's obesity rate (One City Action Plan Actions 3.4.1, 3.4.2 and Indicator 3H).

INITIATIVE 2.1: Increase number of DC residents participating in SNAP-ED sessions to 10,000 persons in FY 2013 (One City Action Plan Actions 3.4.1 and 3.4.2).

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 by emphasizing five 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. The program develops educational handouts and classes and outreach sessions that are age, language, and culturally appropriate to target audiences. By September 30, 2013, the program seeks to increase by 20%, the number of residents participating from the previous fiscal year, from a base of 8,348.

INITIATIVE 2.2: Launch the *Live Well D.C.!* initiative (One City Action Plan Action 3.4.2).

This District-wide wellness program aims to improve individual health behaviors by educating the public of the importance of making healthy lifestyle choices as a means of improving health outcomes. DOH will partner with D.C. Central Kitchen and a Kaiser Permanente grant to provide outreach and education through community and in-store cooking demos and taste tests in and around the 30 neighborhood stores in Ward 5, 7 and 8 that are participating in the *D.C. Healthy Corner Store* program.

INITIATIVE 2.3: Launch the *D.C. Fresh!* pilot program (One City Action Plan Action 3.4.2).
This program uses mobile healthy food carts to provide fresh produce and minimally-processes foods in high traffic low-income neighborhoods, particularly in Wards 5, 7 and 8.

OBJECTIVE 3: Improve the identification and treatment of infants at risk for developmental delays through referral and parent education.

INITIATIVE 3.1: 85% 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). By September 30, 2013, this goal will be achieved.

OBJECTIVE 4: Increase the number of home visitations for pregnant women and newborn infants for an evidenced reduction in the infant mortality rate (One City Action Plan Action 3.2.2 and Indicator 3F).

INITIATIVE 4.1: Build on the successful elements of the Infant Mortality Plan originally published in December 2007 (One City Action Plan Action 3.2.2 and Indicator 3F).
DOH will build on the successful reduction of the District's infant mortality rate to the lowest in decades by utilizing the Infant Mortality Action Plan in three ways: (1) increasing capacity of home visitation for pregnant women; (2) enhancing collaboration between DOH and other government agencies; and (3) increasing coordination between the District government and community organizations.

INITIATIVE 4.2: Collect and analyze demographic data to improve DOH's effectiveness in targeting the causes of high infant mortality (One City Action Plan Action 3.2.2 and Indicator 3F).
DOH will for the first time conduct multidisciplinary studies based on the unique collaboration between market research and public health data. Geographically summarized demographic data on lifestyle preferences, spending habits and on health care utilization will enable DOH to make data-driven decisions targeting District areas with high infant mortality rates.

OBJECTIVE 5: Improve immunization rates among children enrolled in District of Columbia Public Schools and District of Columbia Public Charter Schools.

INITIATIVE 5.1: Maintain at least 92% 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 92% by September 2013. 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 6: Increase the number of young children in the District who are ready for school.

INITIATIVE 6.1: In FY 2013 increase the number of participants in the Maternal, Infant, and Early Childhood Home Visiting Program to 60 families.
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. By September 30, 2013, the program will increase the number of children who are ready for school.

KEY PERFORMANCE INDICATORS - Community Health Administration

Measure	FY 2011 Actual	FY 2012 Target	FY 2012 YTD	FY 2013 Projection	FY 2014 Projection	FY 2015 Projection
# of women receiving screenings and mammograms	312	321	627	640	665	675
# of women receiving screenings and PAP-tests	141	108	253	275	300	325
# SNAP-Ed participants receiving education[4] [One City Action Plan Actions 3.4.1 and 3.4.2]	9,958	10,245	8,348	10,000	10,500	11,000
% of parents receiving educational counseling for newborn hearing loss	n/a	75%	84%	85%	88%	90%
# of home visitations provided to pregnant women and newborns to reduce infant mortality [One City Action Plan Action 3.2.2]	n/a	n/a	n/a	n/a	n/a	n/a
% of children with up-to-date immunizations[5]	93%	95%	92%	92%	93%	94%
# of families in the DC Home Visiting program, early childhood visits	181	120	50	60	70	90

[4] 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. The *One City Action Plan* called for a baseline of 25,000 with a 3% growth.

[5] This measure is based upon the industry standard. The U.S. Department of Health and Human Services established through Healthy People 2020 that 95% of children enrolled in kindergarten should have their required shots. Data indicates that this 95% is achieved nationally. For adolescents, the target drops to 80% as data indicates that only about 45% of adolescents received required vaccinations.

Health Emergency Preparedness and Response Administration

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.

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

INITIATIVE 1.1: 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. By September 30, 2013, HEPRA will increase the number of unannounced ambulance inspections conducted.

OBJECTIVE 2: Improve Administrative Services with Customer & Stakeholder Feedback/Satisfaction Surveys

INITIATIVE 2.1: HEPRA 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 SurveyMonkey, HEPRA 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 HEPRA, it planned to initially send out 50 surveys in FY2012 to evaluate responses for needed changes to future service delivery. 479 surveys were administered in FY 2012. By September 30, 2013, HEPRA intends to increase the number of surveys completed.

OBJECTIVE 3: Improve and sustain public health emergency preparedness and response efforts within HEPRA.

INITIATIVE 3.1: Assure that staff participating in the Health Emergency Coordination Center (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 September 30, 2013, the goal of HEPRA will be to meet the following NIMS training levels for HECC participating staff, with 90% of applicable staff being trained in NIMS IS-100, NIMS IS-200, NIMS IS-700, and NIMS IS-800.

KEY PERFORMANCE INDICATORS – Health Emergency Preparedness and Response Administration

Measure	FY 2011 Actual	FY 2012 Target	FY 2012 YTD	FY 2013 Projection	FY 2014 Projection	FY 2015 Projection
# of unannounced ambulance inspections	143	292	298	300	300	300
# of survey reports that are sent out to stakeholders and customers	16	50	479	500	500	500
% of applicable staff trained on NIMS[6] IS 100, 200, 700 and 800	77%	75%	27%	90%	90%	95%

[6] The measure on NIMS training is being used as an industry benchmark. In January of 2012, the U.S. Department of Health and Human Services (DHHS) Office of the Assistant Secretary for Preparedness and Response released the Healthcare Preparedness Capabilities. It is an industry standard that staff be trained on NIMS.

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 (One City Action Plan Action 3.2.3).

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. By September 30, 2013, 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). Additionally, 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: 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. By September 30, 2013, HAHSTA will increase the number of youth screened for STDs.

OBJECTIVE 2: Improve care and treatment outcomes, as well as quality of life, for HIV/AIDS-infected individuals through increased access to, retention in, and quality of care and support services, as part of the District's adoption of the National HIV/AIDS Strategy, with targets to be accomplished by 2015 (One City Action Plan Action 3.2.3).

INITIATIVE 2.1: Increase the Number of People in quality HIV/AIDS medical care (One City Action Plan Action 3.2.3).
HAHSTA will work to increase the utilization of HIV/AIDS 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/AIDS 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/AIDS medical care. By September 30, 2013, HAHSTA will increase the percentage of clients linked to care within 3 months of diagnosis.

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

Measure	FY 2011 Actual	FY 2012 Target	FY 2012 YTD	FY 2013 Projection	FY 2014 Projection	FY 2015 Projection
# of new HIV/AIDS cases reported within the fiscal year [One City Action Plan Action 3.2.3]	1,205	1,300	617	1,300	1,300	1,200
#of publicly supported HIV tests reported [One City Action Plan Action 3.2.3]	122,356	125,000	52,546	125,000	125,000	125,000
# of needles off the streets through DC NEX Program [One City Action Plan Action 3.2.3]	341,879	400,000	233,814	400,000	425,000	430,000
# of condoms (female and male) distributed by DC DOH Condom Program [One City Action Plan Action 3.2.3]	5,186,340	4,500,000	2,718,750	4,500,000	5,000,000	5,000,000
# of youth (15-19 years) screened for STDs through youth outreach programs	4,274	5,000	2,720	7,500	7,500	8,000
% of clients linked to care within 3 months of diagnosis [One City Action Plan Action 3.2.3]	N/A	70%	28%	50%	60%	70%

Health Regulation and Licensing Administration

SUMMARY OF SERVICES
Health Regulation and Licensing Administration (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: Conduct and complete complaint based investigations of licensed healthcare providers to ensure the health, safety and welfare of residents.

INITIATIVE 1.1: The Investigations Division will provide investigative support and expertise upon request of the 23 health licensing/registration boards and commissions.
By September 30, 2012, the Division will complete at least 85% of assigned investigations within forty-five days of initiation.

OBJECTIVE 2: Conduct annual licensure and federal certification inspections of health care facilities that HCFD regulates.

INITIATIVE 2.1: The Health Care Facilities Division (HCFD) will conduct 110 on-site surveys to ensure health, safety, sanitation, fire, and quality of care requirements of facilities that are licensed and/or certified.
The facility types inspected by the HCFD 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. By September 30, 2013, HCFD will complete 110 inspections to identify deficiencies that may affect state licensure and/or eligibility for federal compliance under the Medicare and Medicaid programs.

OBJECTIVE 3: 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.

INITIATIVE 3.1: 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. By September 30, 2013, ICFD will complete 192 inspections 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.

OBJECTIVE 4: 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: 4.1 Inspect food establishments.
In response to complaints and food borne illness reports, HRLA will work with establishments to improve their observance of the food code regulations which promote clean and healthy eating environments. By September 30, 2013, inspections will be completed.

OBJECTIVE 5: To ensure that 100% of x-ray machines are safe for use and are free of defects that may cause harm to the public.

INITIATIVE 5.1: Inspect x-ray tubes
By September 30, 2013, HRLA will inspect, at minimum, 820 x-ray tubes for compliance with the District of Columbia's Radiation Protection Standards.

OBJECTIVE 6: Conduct timely animal surveillance and disease control to protect residents and visitors.

INITIATIVE 6.1: Ensure that 100% of samples taken from rabies-suspect animals are submitted for testing within 48 hours upon notification of exposure.
Although this activity has been occurring for some time, this is the first time data is being collected and routinely reported for evaluation. By September 30, 2013, all rabies-suspect animals are tested within required timeframe.

OBJECTIVE 7: Protect the health and safety of residents and visitors through the reduction of rodent activity.

INITIATIVE 7.1: Inspect 50,000 premises for rodent activity
The Rodent Control Division will inspect premises for rodent activity and will work to reduce activity, enforce sanitation laws and distribute education materials. This initiative will be completed by September 30, 2013.

KEY PERFORMANCE INDICATORS – Health Regulation and Licensing Administration

Measure	FY 2011 Actual	FY 2012 Target	FY 2012 YTD	FY 2013 Projection	FY 2014 Projection	FY 2015 Projection
# of assigned investigations completed within 45 days of initiation	139	150	76	110	121	132
# of inspections completed by the HCFD	144	109	108	110	110	110
# of inspections completed by the ICFD	249	192	165	192	190	190
# of inspections of food establishments generated by complaints/food borne illness reports	586	400	445	500	500	500
# of food establishment closures	134	100	60	100	100	100
# of x-ray tubes inspected for compliance with radiation protection standards.	804	820	796	820	840	840
% of rabies-suspect animals submitted for testing within 48 hours of notification of exposure[7]	n/a	n/a	n/a	100%	100%	100%
# of premises inspected for rodent activity	6,231	9,000	6,271	6,500	6,850	7,000

[7] The FY 2011 and FY 2012 data for this measure is not available. FY 2013 marks the first time that data is being reported for this measure.

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. By September 30, 2013, the Department will increase the percentage of employees who have a completed performance plans and evaluations.

OBJECTIVE 2: Develop and implement a Department-wide electronic storage and retrieval system.

INITIATVE 2.1: 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 50% of records by September 2013. 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 3: Effectively communicate with stakeholders and the community about public health assets and challenges.

INITIATIVE 3.1: Increase the public use of DOH website.
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. As of September 2012, the Department launched a new website with the intention of increasing its usability, ease of navigation and effectiveness in community core public health messages. By September 30, 2013, the Department will increase the number of visitors to its site.

KEY PERFORMANCE INDICATORS - Office of the Director

Measure	FY 2011 Actual	FY 2012 Target	FY 2012 YTD	FY 2013 Projection	FY 2014 Projection	FY 2015 Projection
Percent of Employee Reviews Completed on Time	64%	100%	n/a	100%	100%	100%
% of DOH paper files converted to electronic file system	N/A	50%	0.24%	50%	75%	100%
# of visitors to the DOH website	632,411	650,000	1,050,207	1,000,000	1,100,000	1,250,000