Department of Health FY2019

Agency Department of Health Agency Code HCO Fiscal Year 2019

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.

2019 Strategic Objectives

Objective Number	Strategic Objective
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.

2019 Key Performance Indicators

Measure	Directionality	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Target
1 - Health Regulation and Licensing Administration (HRLA). Protect the health fostering excellence in health professional practice and building quality and framework. (10 Measures)	of those who reside safety in health syste	and do busine ms and faciliti	ess in the Distr es through an	ict of Columb effective reg	ia by ulatory
Percent of follow-up inspections of health care facilities with harm level deficiencies completed within 30 days	Up is Better	100%	100%	100%	100%
Percent of food establishment complaint inspections initiated within five (5) business days of receipt	Up is Better	78.5%	94.7%	97.3%	95%
Percent of food establishment complaint inspections initiated within five (5) business	S Up is Better	78.5%	94.7%	97.3%	

Measure	Directionality	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Target
Percent of Registered Controlled Substance Facilities inspected annually	Up is Better	94.5%	100%	100%	90%
Percent of samples taken from rabies suspect animals submitted for testing within 48 hours	Up is Better	100%	100%	100%	100%
Percent of investigations initiated within 24 hours of receipt for complaints of abuse, neglect and mistreatment.	Up is Better	Not Available	Not Available	Not Available	100%
Percent of residential healthcare providers scoring at or above the national average of 72 percent on the customer satisfaction survey	Up is Better	Not Available	Not Available	Not Available	100%
Percent of medical marijuana facilities (dispensaries and cultivation centers) receiving at least one quarterly inspection	Up is Better	Not Available	Not Available	Not Available	95%
Percent of pharmaceutical facilities receiving at least one annual inspection	Up is Better	Not Available	Not Available	Not Available	90%
Percent of rodent activity complaints inspected or baited, and closed in the 311 system within three (3) business days of receipt	Up is Better	Not Available	Not Available	Not Available	100%
Percent of confirmed foodborne illness cases by DC Health epidemiologists investigated within three (3) business days of notification to HRLA.	Up is Better	Not Available	Not Available	Not Available	95%
3 - Center for Policy Planning and Evaluation (CPPE). Develop an integrate state health planning activities, performance analysis and direction setting	ed public health in ng for department	formation sys programs. (3	tem to suppo Measures)	ort health poli	cy decision,
Percent of Certificates of Need (CONs) reviewed on time within 90 days	Up is Better	100%	100%	100%	100%
Number of CON Appeals	Down is Better	1	0	0	0
Percent of vital records walk-in requests processed within 30 minutes	Up is Better	97.3%	85.8%	60.6%	92%
4 - Community Health Administration (CHA). Provide programs and service city and enhance access to effective prevention, primary and specialty me organizations. (15 Measures)					
Percent of eligible children enrolled in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs who receive developmental and social-emotional screenings	Up is Better	78.9%	52.8%	87.4%	85%
Percent of women enrolled in the MIECHV programs that are screened for depression	Up is Better	79.5%	85.9%	86.3%	85%
Percent of eligible perinatal program participants with a documented reproductive health plan	Up is Better	34%	65.1%	80.4%	90%
D . ()	Up is Better	74.2%	79.1%	72.7%	92%
Percent of school age children with up-to-date immunizations	· •				
Total breastfeeding initiation rates among WIC enrollees	Up is Better	62.3%	60.4%	59.9%	57%

Measure	Directionality	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Target
Percent of Health Professional Loan Repayment Program (HPLRP) participants that are practicing in priority underserved areas	Up is Better	95.7%	98%	91.7%	90%
Percent of infants who receive an initial hearing screen at birth	Up is Better	Not Available	Not Available	Not Available	85%
Percent of infants that receive a follow-up after failing intial hearing screening	Up is Better	Not Available	Not Available	Not Available	75%
Percent of Produce Plus Farmer's Market benefits redeemed	Up is Better	Not Available	Not Available	Not Available	93%
Percent of elementary aged students participating in Joyful Food Markets reporting improved food security	Up is Better	Not Available	Not Available	Not Available	60%
Percent of children ages 0 to 3 served by a VFC (Vaccines for Children) medical home with up-to-date immunizations	Up is Better	Not Available	Not Available	Not Available	55%
Proportion of adults with hypertension who have achieved blood oressure control (seen at Million-Hearts-participating facilities)	Up is Better	Not Available	Not Available	Not Available	70%
Percent of families with one or more completed referrals through Help Me Grow	Up is Better	Not Available	Not Available	Not Available	70%
Percent of students in the School Health Services program with asthma with an asthma action plan on file	Up is Better	Not Available	Not Available	Not Available	35%

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. (13 Measures)

Percent of new HIV cases linked to care within 3 months of diagnosis	Up is Better	85.4%	89.8%	85.6%	90%
Proportion of TB patients completing treatment	Up is Better	50%	100%	100%	90%
Number of individuals started on Pre-Exposure Prophylaxis (PrEP)	Up is Better	Not Available	3465	3414	1000
Percent of Ryan White clients living in the District that are prescribed Anti-Retroviral Therapy	Up is Better	Not Available	83.6%	86.6%	90%
Percent of diagnosed HIV positive individuals retained in care that are virally suppressed	Up is Better	Not Available	82.3%	79.7%	85%
Percent of individuals diagnosed with HIV identified as out-of-care that are re-engaged in care within 3 months of case contact	Up is Better	Not Available	4.3%	14.1%	10%
Percent of DOH-supported HIV tests conducted with focus populations	Up is Better	18.7%	35.8%	49.1%	12%
Percent of clients with a positive Hepatitis C test enrolling in treatment	Up is Better	Not Available	30%	30.4%	40%

Measure	Directionality	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Target
Number of Naloxone kits distributed	Up is Better	Not Available	Not Available	Not Available	1000
Percent of people experiencing overdoses who were also linked to substance use treatment	Up is Better	Not Available	Not Available	Not Available	45%
Proportion of gonorrhea cases with appropriate treatment confirmed among clients seen at the Health and Wellness Center	Up is Better	Not Available	Not Available	Not Available	35%
Percent of individuals started on PrEP who are members of demographic groups most impacted by HIV (African American women, men who have sex with men, or transgender women of color)	Up is Better	Not Available	Not Available	Not Available	60%
Percent of AIDS Drug Assistance Program (ADAP) beneficiaries who are currently virally suppressed	Up is Better	Not Available	Not Available	Not Available	85%
6 - Health Emergency Preparedness and Response Administ services (EMS) and seek to ensure that DOH, its partners and public health and health care system events and emergencies	d the community a				
Percent of Medical Reserve Corps (MRC) units that can respond within 2 hours of notification to activate	Up is Better	Not Available	89.5%	100%	75%
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	Up is Better	Not Available	6.9%	10.6%	60%
Percent of HEPRA personnel that complete the ICS Training Series including POD training and participation in at lease one exercise, incident or Special Event	Up is Better	Not Available	Not Available	Not Available	100%
Percent of Open PODs that can open for set up within 2 hours of a potification to activate	Up is Better	Not Available	Not Available	Not Available	100%
Percent of Closed PODs that can open for set up within two hours of notification to activate	Up is Better	Not Available	Not Available	Not Available	100%
Percent of EMS agency inspections with passing determinations	Up is Better	Not Available	Not Available	Not Available	75%
Percent of HECC IMT leadership staff (ie, the six ICS/IM lead oles) reporting for immediate duty within 60 minutes to an inannounced staff assembly for a real incident or drill	Up is Better	Not Available	Not Available	Not Available	100%
Percent of District hospitals, skilled nursing facililites, and clinics hat participate in at least two (2) HMC sponsored trainings and workshops annually	Up is Better	Not Available	Not Available	Not Available	50%

Measure	Directionality	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Target
Percent of District hospitals and skilled nursing facilities that reported requested Essential Elements of Information (EEI) to the HMC within the HMC specified timeframe	Up is Better	Not Available	Not Available	Not Available	50%
Percent of EMS Emergency Response vehicles with an initial passing inspection	Up is Better	Not Available	Not Available	Not Available	85%
7 - Create and maintain a highly efficient, transparent	and responsive D	istrict gover	nment. (17 M	leasures)	
Percent of MSS employees who complete the required MSS training curriculum	Up is Better	32.1%	41.2%	36.3%	80%
Percent of lapsed dollar amounts on federal awards	Down is Better	1%	5.8%	19.1%	3%
Percent of eligible employee reviews completed on time	Up is Better	57.6%	95%	96.5%	90%
Percent of required attendees completing trainings mandated by EOM, DCHR, or the DOH Director	Up is Better	Not Available	Not Available	Not Available	70%
Percent of new subgrants with approved risk-based monitoring plans within 30 days of award	Up is Better	Not Available	Not Available	Not Available	75%
Percent of completed interim subgrant budget periods with performance ratings completed and submitted within 45 days	Up is Better	Not Available	Not Available	Not Available	60%
Percent of completed interim subgrant budget periods where the number of site visits met or exceeded the number in the most recent revision of the risk-based monitoring plan	Up is Better	Not Available	Not Available	Not Available	60%
HR MANAGEMENT - Percent of eligible employees completing and finalizing a performance plan in PeopleSoft (Updated by OCA)	Up is Better	Not Available	No data available	96%	Not Available
HR MANAGEMENT - Percent of eligible employee performance evaluations completed and finalized in PeopleSoft (Updated by OCA)	Up is Better	Not Available	99.8%	Waiting on Data	Not Available
FINANCIAL MANAGEMENT - Quick Payment Act Compliance - Percent of QPA eligible invoices paid within 30 days (Updated by OCA)	Up is Better	Not Available	No data available	Waiting on Data	Not Available
FINANCIAL MANAGEMENT - Percent of local budget de- obligated to the general fund at the end of year (Updated by OCA)	Down is Better	7.2%	4.8%	Waiting on Data	Not Available
CONTRACTS AND PROCUREMENT - Average number of calendar days between requisition and purchase orders issued (Updated by OCA)	Up is Better	Not Available	16.9	Waiting on Data	Not Available

Measure	Directionality	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Target
CONTRACTS AND PROCUREMENT - Percent of Small Business Enterprise (SBE) annual goal spent (Updated by OCA)	Up is Better	103.4%	100.6%	Waiting on Data	Not Available
IT POLICY AND FOIA COMPLIANCE - Percent of "open" data sets identified by the annual Enterprise Dataset Inventory published on the Open Data Portal - (Updated by OCA)	Up is Better	Not Available	No data available	52.9%	Not Available
IT POLICY AND FOIA COMPLIANCE - Percent of FOIA Requests Processed in more than 25 business days - statute requirements allow 15 business days and a 10 day extension - (Updated by OCA)	Down is Better	6.9%	4.2%	Waiting on Data	Not Available
Average days to hire new employees	Down is Better	Not Available	Not Available	Not Available	90
HR MANAGEMENT - Average number of days to fill vacancy from post to offer acceptance (Updated by OCA)	Down is Better	Not Available	Not Available	Not Available	New Measure

2019 Operations

Operations Header	Operations Title	Operations Description	Type of Operations
	alth professional pract	on (HRLA). Protect the health of those who reside and do business in the District of Colunice and building quality and safety in health systems and facilities through an effective re	
HEALTH PROFESSIONAL LICENSE ADMIN	Health Professional Licensing	Receive, process, and review for compliance with District and Federal regulatory compliance license applications for over seventy different healthcare professions.	Daily Service
FOOD, DRUG, RADIATION & COMMUNITY HYGIENE	Food Safety and Hygiene Inspection Services Division (FSHISD)	Food Safety and Hygiene Inspection Services Division inspects food establishments (e.g. restaurants, food trucks, etc.) to prevent the spread of food-borne illness. They also inspect public pools, barbershops and beauty salons for cleanliness.	Daily Service
HEALTH CARE FACILITES REGULATION	Health Care Facilities Division	The Health Care Facilities Division inspects, monitors, and investigates: Ambulatory Surgical Centers, Certified Home Health Agencies, End-Stage Renal Disease Facilities, Hospices, Hospitals, Laboratories (Clinical Laboratory Improvement Amendments of 1988[CLIA]), Certificate of Waiver Programs (COW), Communicable Disease Laboratories, Tissue Banks, and Hospital Laboratories, Maternity Centers, Nursing Homes, Outpatient Physical Therapy or Speech Pathology Services, and Portable X-Ray Suppliers in the District of Columbia. The Division inspects these sites to determine compliance with local licensure health and safety regulations and federal standards for participation in Medicare and Medicaid programs under Titles XVIII and XIX of the Social Security Act. The Division also conducts Architectural Plans Review of health care facilities in the District of Columbia and inspects renovated projects and new construction.	Daily Service

Operations Header	Operations Title	Operations Description	Type of Operations
		In addition, the Division inspects the DC Detention Facility aka (DC Jail) and the DC Youth Services Administration Detention Center – at New Beginnings Youth Development Center (located in Laurel, Maryland) and Mt. Olivet Road, NE (Washington, DC) in accordance with court mandates.	
HEALTH PROFESSIONAL ICENSE ADMIN	Criminal Background Check Program	The Division is responsible for processing criminal background checks for health care professionals and prospective applicants of long term care facilities.	Daily Service
HEALTH PROFESSIONAL ICENSE ADMIN	Compliance, Quality Assurance and Investigation	The Office of Compliance, Quality Assurance and Investigation enforces the District and federal laws and regulations governing licensed health professionals (Health Professional Boards and Advisory Committees). In addition, to determine compliance with federal participation in Medicare and Medicaid programs regarding Nursing Homes and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/ID), the Office also conducts investigations, as necessary.	Daily Service
COOD,DRUG,RADIATION & COMMUNITY HYGIENE	Rodent and Vector Control Division	The Rodent and Vector Control Division conducts field inspections, rodent baiting and community education activities to reduce the rat population in the District of Columbia.	Daily Service
OOD,DRUG,RADIATION & COMMUNITY HYGIENE	Animal Services Program (ASP)	The Animal Services Program (ASP) is responsible for the prevention and spread of diseases transmitted by animals to people, follow-up on disease investigations, dog licensing, regulation and enforcement, field inspection and animal sheltering services in the District of Columbia. In addition, the ASP responds to any animal related compliant, and is responsible for zoonotic surveillance.	Daily Service
OOD,DRUG,RADIATION & COMMUNITY HYGIENE	Pharmaceutical Control Division (PCD)	The Pharmaceutical Control Division (PCD) licenses, regulates and inspects community and hospital pharmacies and distributor manufactures. The PCD also licenses pharmaceutical detailers (e.g., pharmaceutical representatives) as well as registers, regulates and inspects controlled substance facilities in the District of Columbia.	Daily Service
FOOD, DRUG, RADIATION & COMMUNITY HYGIENE	Radiation Protection Division (RPD)	The Radiation Protection seeks to reduce and/or eliminate radiation overexposure of naturally occurring or man-made radiation in the District of Columbia.	Daily Service
HEALTH CARE FACILITES REGULATION	Intermediate Care Facilities Division (ICFD)	The Intermediate Care Facilities Division (ICFD) seeks to ensure applicable agencies substantially comply with District and/or Federal regulatory requirements for licensure and/or federal certification. ICFD has the regulatory oversight responsibility for the following seven (7) different programs: 1) Intermediate Care Facilities for Individuals with Intellectual Disabilities; 2) Group Homes for Individuals with Intellectual Disabilities; 3) Child Placing Agencies; 4) Home Care Agencies; 5) Assisted Living Residence; 6) Community Residence Facilities; and 7) Nurse Staffing Agencies. The oversight of these facilities is conducted at least annually and when necessary to ensure the health and safety of residents.	Daily Service
MEDICAL MARIJUANA	Medical Marijuana Program (MMP)	The Division of Medical Marijuana and Integrative Therapy (MMIT) licenses and regulates medical marijuana dispensaries and cultivation centers. The MMIT also approves patients and caregivers who apply to participate in the medical marijuana program. The Division also registers healthcare practitioners who elect to participate as recommenders for patients in need of medical marijuana as a treatment modality.	Daily Service
2 - Office of Health Equity.	Promote Health Equi	ty. Collaborate with other government agencies and community partners to ident are the key drivers of inequities in health outcomes. (3 Activities)	tify and

Operations Header	Operations Title	Operations Description	Type of Operations
HEALTH EQUITY PRACTICE AND PROGRAM IMPLEMENTATION	Multi Sector Collaboration	The Office of Health Equity (OHE) provides informed, data driven and evidence based leadership in convening and sustaining effective multi-sector collaborative partnerships essential to promote and achieve health equity. OHE uses a "health in all policies" (HiAP) approach to improving community health. OHE serves as a liaison and technical advisor to all DOH Administrations regarding health equity, as well as external DC government agencies and private partners.	Daily Service
HEALTH EQUITY PRACTICE AND PROGRAM IMPLEMENTATION	Community Based Participatory Research & Policy Evaluation	OHE applies data driven and evidence based research methods, tools and practices, including Geographic Information Systems (GIS) and other innovative methodologies, to measure social determinant and population health outcomes. This includes current and projected opportunities for health, disparate outcomes and inequities by socio-economic and demographic subpopulation and geographic location. This core function includes support to design, development and implementation of Health Equity Programs and their evaluation, including community based participatory research, and publication of reports that inform the policy making process as well as building the evidence base.	Daily Service
HEALTH EQUITY PRACTICE AND PROGRAM IMPLEMENTATION	Health Equity Practice & Program Implementation	Development and delivery of selected programs and initiatives with demonstrable strategic health equity nexus and operational potential, so as to contribute to, and inform, the essential paradigm shift in policy and practice to improve population health and promote more equitable opportunities for health, especially amongst vulnerable populations.	Daily Service
		CPPE). Develop an integrated public health information system to support hormance analysis and direction setting for department programs. (3 Activit	
STATE HEALTH PLANNING AND DEVELOPMENT	Certificate of Need (CON) Program	CPPE works with healthcare providers to administer the Certificate of Need program to ensure that the healthcare services and facilities established in the District are of high quality and meet the needs of residents.	Daily Service
STATE CENTER HEALTH STATISTICS	Behavioral Risk Factor Surveillance System (BRFSS)	CPPE/BRFSS conducts an estimated 333 health surveys monthly to District residents aged 18 years of age and older in all eight wards of the city.	Daily Service
STATE CENTER HEALTH STATISTICS	Vital Records	Vital Records is responsible for collecting, preserving and administering the District's system of birth, death and domestic partnership records.	Daily Service
4 - Community Health Ad in the city and enhance ac private organizations. (2	cess to effective prev	rovide programs and services that promote coordination among the health vention, primary and specialty medical care through collaborations with pu	care systems blic and
CANCER AND CHRONIC DISEASE PREVENTION	Cancer Programs Division	The Cancer Programs Division encompasses three programs (Project WISH, Comprehensive Cancer Control, Cancer Management, Leadership and Coordination, and Colorectal Screening) engaged in reducing the District's cancer burden.	Daily Service
CANCER AND CHRONIC DISEASE PREVENTION	DC Cancer Registry (DCCR)	DCCR is a population-based registry that maintains data on all cancer patients diagnosed and/or treated within the District. All cancer cases are required by DC Law to be reported to DCCR within six months of first contact with a cancer patient.	Daily Service

Operations Header	Operations Title	Operations Description	Type of Operations
CANCER AND CHRONIC DISEASE PREVENTION	Chronic Disease Division	The Chronic Disease Division addresses population level chronic disease prevention and management through evidence-based behavioral, clinical, policy and environmental interventions, as well as through multi-sector collaboration.	Daily Service
CANCER AND CHRONIC DISEASE PREVENTION	Tobacco Control Program	This program aims to reduce disease, disability and death due to tobacco use by: educating and informing stakeholders and decision-makers about evidence-based policies and programs to prevent initiation of tobacco use; working with health systems to implement evidence-based practices to support tobacco cessation in the District of Columbia; implementing evidence-based, mass-reach health communication interventions to increase cessation and/or promote the Quitline; reducing exposure to secondhand smoke; and identifying and eliminating tobacco-related disparities among specific populations.	Daily Service
CHILDREN, ADOLESCENT AND SCHOOL HEALTH	Adolescent Health Education and Training Program	This program focuses on building the capacity of youth-serving organizations, District of Columbia Public Schools, and District of Columbia Public Charter Schools through training and technical assistance services on adolescent health topics.	Daily Service
CHILDREN, ADOLESCENT AND SCHOOL HEALTH	Home Visiting Program	This program is designed to promote maternal, infant and early childhood health as well as the development of strong parent-child relationships. The program's key outcomes include improved maternal and child health; prevention of child injuries, child abuse or maltreatment; improvement in school readiness and achievement; reduction in crime or domestic violence; and improvements in family economic self-sufficiency.	Daily Service
CHILDREN, ADOLESCENT AND SCHOOL HEALTH	Help Me Grow (HMG)	HMG builds collaboration across sectors, including child health care, early care and education, and family support. Through comprehensive physician and community outreach and centralized information and referral centers, families are linked with needed programs and services.	Daily Service
CHILDREN, ADOLESCENT AND SCHOOL HEALTH	School-Based Oral Health Program	This program aids DC Public and Public Charter students in maintaining educational readiness by providing preventive oral health services in schools and linkage to dental homes.	Daily Service
NUTRITION AND PHYSICAL FITNESS	Home Delivered Meals	This program administers a home delivered meals program through a local grant award to Food and Friends.	Daily Service
NUTRITION AND PHYSICAL FITNESS	Pop-Up Markets in Elementary Schools	This program administers a school based pop-up market program through a local grant award to Martha's Table.	Daily Service
NUTRITION AND PHYSICAL FITNESS	Supplemental Nutrition Assistance Program, Education and Obesity Grant (SNAP-Ed)	This program provides oversight to two grantees who provide health and wellness education and SNAP referrals to eligible District residents.	Daily Service
NUTRITION AND PHYSICAL FITNESS	Special Supplemental	This program provides oversight to WIC Local Agencies that provide no-cost nutrition assessments, breastfeeding support and healthful	Daily Service

Operations Header	Operations Title	Operations Description	Type of Operations
	Nutrition Program for Women, Infants and Children (WIC)	foods that have been prescribed to promote healthy pregnancies and growth during the first five years of life.	
NUTRITION AND PHYSICAL FITNESS	Farmers' Market Nutrition Program (FMNP)	This program provides oversight for farmers who participate in healthful food access programs that assist income stressed District residents purchase locally sourced fruits and vegetables. Residents receive health and wellness education along with the food benefit.	Daily Service
NUTRITION AND PHYSICAL FITNESS	Newborn Hearing Program	This program provides a comprehensive, coordinated system for universal newborn hearing screening and intervention. The program works to ensure all newborns are screened for hearing loss prior to hospital discharge and infants needing additional evaluation are linked with specialized services and a medical home.	Daily Service
PERINATAL & INFANT HEALTH	The Safe Sleep Program	This program provides safe sleep education for parents/caregivers, child serving community partners, and health providers. The program distributes portable cribs to families in need of a safe sleep environment for their newborn infant.	Daily Service
PRIMARY CARE	Health Professional Loan Repayment Program (HPLRP)	This program aims to recruit and retain health professionals in the District have underserved areas. The HPLRP, funded with both local and Federal dollars, provides loan repayment awards to eligible primary medical, dental, and mental health, health professionals in exchange for two to four years of service at approved sites.	Daily Service
CHILDREN, ADOLESCENT AND SCHOOL HEALTH	Sexual Violence Prevention Program	This program provides single and multiple sexual assault prevention sessions to elementary, middle, and high school students using evidence-based curricula.	Daily Service
CHILDREN, ADOLESCENT AND SCHOOL HEALTH	School Health Programs	These programs consist of both school health services and the School Based Health Centers (SBHC). The School Health Services Program provides comprehensive school health services in District of Columbia public and public charter schools. Located within the school building, SBHCs are designed to bring the medical provider's office to the school. Each SBHC is designed to complement and enhance the health care system in the District by collaborating with each student's medical home/primary care provider.	Daily Service
NUTRITION AND PHYSICAL FITNESS	Produce Plus Program	This program administers the Produce Plus farmers' market incentive program and the Fruit and Vegetable Prescription (FVRx) initiative through a local grant award to DC Greens.	Daily Service
PERINATAL & INFANT HEALTH	DC Healthy Start	This program seeks to eliminate disparities in perinatal health, including prematurity and infant mortality by improving women's health, promoting quality services, strengthening family resilience, and achieving collective impact. The program works with community providers to provide medical and case	Daily Service

Operations Header	Operations Title	Operations Description	Type of Operations
		management services for women and families at high risk for poor perinatal health outcomes.	
PRIMARY CARE	Primary Care Office (PCO) Grant Programs	These programs provide funding to increase access to equitable, comprehensive, quality health care services provided through a medical or dental home.	Daily Service
CHILDREN, ADOLESCENT AND SCHOOL HEALTH	Early Childhood Place-Based Initiative	This program partners with community organizations to implement place-based strategies to improve early childhood health and education outcomes.	Daily Service
CHILDREN, ADOLESCENT AND SCHOOL HEALTH	Immunization Program	This program seeks to reduce the spread of vaccine preventable diseases among residents, visitors, and those working or doing business in the District.	Daily Service
CANCER AND CHRONIC DISEASE PREVENTION	Preventive Health and Health Services Block Grant (PHHSBG)	The PHHSBG aligns with DC Healthy People 2020 to identify current and emerging public health needs and to support innovative programs and policies within the local context.	Daily Service
morbidity and mortality a and local funding, provid	and ensure healthy le grants to service	tration (HAHSTA) Reduce HIV, STD, TB and hepatitis-re outcomes for persons living with those diseases. Admin providers, monitor and evaluate programs, ensure qua ics in the District. (5 Activities)	nister federal
DRUG ASSISTANCE PROGRAM (ADAP)	AIDS Drug Assistance	The AIDS Drug Assistance Program (ADAP) provides medication for the treatment of HIV disease. Through screening of clients to determine eligibility, enrollment and medication management the District of Columbia will continue providing this critical service.	Daily Service
PREVENTION AND INTERVENTION SERVICES	Condom Distribution	The District of Columbia Condom Program distributes both male and female condoms to District residents. The program utilizes an online platform to distribute condoms to individuals and District providers of health and support services.	Daily Service
PREVENTION AND INTERVENTION SERVICES	DC Needle Exchange Program (DC NEX)	The District of Columbia Needle Exchange Program (DC NEX) supports harm reduction through the distribution of clean needles in exchange for used ones. The program partners with 3 District community based providers to implement these interventions and link clients to primary medical services.	Daily Service
PREVENTION AND INTERVENTION SERVICES	Pre-Exposure Prophylaxis (PrEP)	HAHSTA makes PrEP widely available in the District, and does targeted outreach to target populations to receive screening, education, and referral to PrEP enrollment.	Daily Service
PREVENTION AND INTERVENTION SERVICES	Narcan Distribution	Naloxone is an opioid antagonist that was developed in the 1960s. It bonds to the opioid receptors in the brain without activating them, cutting off the effects of opiate drugs. Commonly known by the trade name Narcan, naloxone is carried by first responders, EMTs, and	Daily Service

Operations Header	Operations Title	Operations Description	Type of Operations
		paramedics. It can be administered, in different formulations, intramuscularly, intravenously, or subcutaneously with a syringe or via an intranasal atomizer. DOH provides funding to community partners to provide stipends to peers for outreach, education and the distribution of kits.	
of emergency medical so	ervices (EMS) and send to, and recover f	sponse Administration (HEPRA) Provide regulate eek to ensure that DOH, its partners and the com rom public health and health care system events	munity are
PUBLIC HEALTH EMERGENCY PREPAREDNESS	Incident Command System (ICS) and National Incident Management System (NIMS) Training	HEPRA ensures that all DOH staff with a designated role within the Health Emergency Coordination Center (HECC) and/or the Emergency Support Function (ESF) #8 response are prepared for and can respond to events and emergencies utilizing the concepts of the NIMS of FEMA Incident Command System (ICS) trainings and participation in planned exercises, as directed by Homeland Security Presidential Directive #5.	Daily Service
PUBLIC HEALTH EMERGENCY PREPAREDNESS	Special Events Permitting	As a member of the Mayor's Special Event Task Group, HEPRA provides customer assistance to Event Organizers by reviewing/approving the Health, Medical and Safety Plan component of their DCRA Special Event Permit Application. Through this coordination, HEPRA ensures each Event Organizer has obtained the required health and medical support required for their size and type of event, in accordance with the District EMS Act of 2008; DCMR, Title 29, Chapter 5 (Emergency Medical Services) and DOH policies.	Daily Service
PUBLIC HEALTH EMERGENCY PREPAREDNESS	Healthcare Coalition Development	HEPRA co-leads the DC Health and Medical Coalition (HMC) by providing coordination, oversight, policy guidance and leadership through meeting participation, planning support and communications to promote, attain and sustain Health and medical emergency preparedness services during routine and emergency operations. HEPRA conducts exercises, training and drills, to test and improve the healthcare system's resiliency. HEPRA also compiles and distributes situation reports (SITREPs), and radio drills to ensure timely and adequate communication and response, and monitors healthcare facility status.	Daily Service
PUBLIC HEALTH EMERGENCY PREPAREDNESS	Medical Materiel Management and Distribution	HEPRA ensures the secure distribution and integrity of the stockpile from receipt to recovery	Daily Service

Operations Header	Operations Title	Operations Description	Type of Operations
		of the materiel through planning, real time inventory tracking, and partner collaboration.	
EMERG. MED. SVS. REGULATION	Training and Certification of EMS Providers and EMS Emergency Response Vehicles	HEPRA regulates training and certification for EMS Providers (paramedics and EMTs) emergency medical service (EMS) and certifies/inspects EMS and emergency response vehicles (including ambulances, medical equipment aboard air ambulances and FEMS' rescue boats) operating in the District to ensure optimal healthcare response in accordance with the District EMS Act of 2008 and DCMR, Title 29, Chapter 5 (Emergency Medical Services).	Daily Service
PUBLIC HEALTH EMERGENCY PREPAREDNESS	Medical Reserve Corps (MRC)	The DC Medical Reserve Corps (MRC) is a team of medical and non-medical volunteers who are called upon to assist the Department of Health, Health Emergency Preparedness and Response Administration (HEPRA) in preparing for and responding to special events and public health and all-hazard emergencies.	Daily Service
PUBLIC HEALTH EMERGENCY PREPAREDNESS	Emergency Operations Coordination	HEPRA directs and coordinates the implementation of other public health preparedness capabilities critical to public health emergency preparedness and response; and make informed, timely and effective decisions that direct resources and personnel to address ongoing and evolvoing health needs arising from emergencies.	Daily Service

2019 Workload Measures

Measure	FY 2016	FY 2017	FY 2018
1 - Animal Services Program (ASP) (2 Measures)			
Number of calls responded to by Animal Control Officers	10,926	13,972	15,511
Number of dog licenses processed	Not Available	3089	3824
1 - Compliance, Quality Assurance and Investigation (2 Measures)			
Number of Intermediate Care and Nursing Home-related incidents received	10,414	10,713	11,798

Measure	FY 2016	FY 2017	FY 2018
Number of investigations performed	Not Available	1815	1621
1 - Criminal Background Check Program (2 Measures)			
Number of Criminal Background Checks processed for health professionals	Not Available	9118	9299
Number of Criminal Background Checks processed for non-health professionals	Not Available	7277	8010
1 - Food Safety and Hygiene Inspection Services Division (FSHISD) (1 Measure)			
Number of new and routine food establishments inspected	Not Available	5072	4839
1 - Health Care Facilities Division (1 Measure)			
Number of inspections completed by the Health Care Facilities Division	103	130	159
1 - Health Professional Licensing (2 Measures)			
Number of new health professional licenses issued	13,530	20,817	11,590
Number of walk-in customers to Processing Center	Not Available	31,806	38,924
1 - Intermediate Care Facilities Division (ICFD) (1 Measure)			
Number of inspections completed by the Intermediate Care Facilities Division	Not Available	200	268
1 - Pharmaceutical Control Division (PCD) (2 Measures)			
Number of pharmacies inspected	Not Available	155	166
Number of Registered Controlled Substance Facilities inspected	Not Available	233	234
3 - Behavioral Risk Factor Surveillance System (BRFSS) (1 Measure)			
Number of BRFSS surveys administered	1645	3000	123
3 - Certificate of Need (CON) Program (1 Measure)			
Number of Certificate of Need application decisions	24	31	27

Measure	FY 2016	FY 2017	FY 2018
3 - Vital Records (1 Measure)			
Number of walk-in customers to the Vital Records Office	49,990	50,790	38,193
4 - Adolescent Health Education and Training Program (1 Measure)			
Number of reproductive health plans developed	Not Available	Not Available	Not Available
4 - Cancer Programs Division (3 Measures)			
Number of breast screening and diagnostic procedures performed	1321	1269	900
Number of cervical screening and diagnostic procedures performed	196	163	35
Number of patients enrolled in Cancer Surviving and Thriving (CTS) courses	Not Available	0	Waiting on Data
4 - Chronic Disease Division (3 Measures)			
Number of residents enrolled in chronic disease self-management trainings	Not Available	5431	5500
Number of healthcare systems reporting clinical quality measures related to high blood pressure and/or diabetes	Not Available	8	10
Number of residents at risk for diabetes participating in Diabetes Prevention Program	Not Available	Not Available	Not Available
4 - DC Healthy Start (1 Measure)			
Number of participants receiving services though DC Healthy Start	Not Available	1301	1851
4 - Farmers' Market Nutrition Program (FMNP) (2 Measures)			
Number of District residents receiving supplemental groceries from Joyful Food Markets and Commodities and Supplemental Food Program (CSFP)	Not Available	45,384	Not Available
Number of District residents receiving meals from the Home Delivered Meals program	Not Available	Not Available	Not Available
4 - Health Professional Loan Repayment Program (HPLRP) (1 Measure)			
Number of HPLRP providers	Not Available	24	33
4 - Help Me Grow (HMG) (1 Measure)		·	·

Measure	FY 2016	FY 2017	FY 2018
Number of resource referrals completed through Help Me Grow	Not Available	367	246
4 - Home Delivered Meals (1 Measure)			
Number of District residents receiving farmer's market incentive benefits from DC Health- administered programs	43,448	25,653	21,188
4 - Home Visiting Program (2 Measures)			
Number of families participating in evidence-based home visiting programs	Not Available	289	259
Number of resource referrals made through the evidence-based Home Visiting Program	Not Available	516	466
4 - Newborn Hearing Program (1 Measure)			
Number of infants receiving a hearing screening in their first month of life	Not Available	8069	13,061
4 - Produce Plus Program (2 Measures)			
Number of residents redeeming Produce Plus and FVRx checks	Not Available	10,435	9109
Number of Farmers Markets vendors accepting Produce Plus benefits	93	101	69
4 - School Health Programs (2 Measures)			
Number of students enrolled in a school based health center	Not Available	1600	2742
Number of students served by the School Health Services Program	Not Available	Not Available	Not Available
4 - School-Based Oral Health Program (1 Measure)			
Number of children <18 years of age who receive a dental examination and a fluoride varnish treatment through the School-Based Preventative Oral Health Program (SBPOHP)	Not Available	3746	3392
4 - Special Supplemental Nutrition Program for Women, Infants and Children (WIC) (1 M	easure)		
Number of Supplemental Nutrition Program for Women, Infants, Children (WIC) participants	Not Available	24,525	20,542
4 - Supplemental Nutrition Assistance Program, Education and Obesity Grant (SNAP-Ed)	(1 Measure)		
		25,994	

Measure	FY 2016	FY 2017	FY 2018
Total number of nutrition education and wellness contacts made to low income District residents participating in DOH Healthful Food Access programs	Not Available		Waiting on Data
4 - The Safe Sleep Program (2 Measures)			
Number of parents/caregivers educated on infant safe sleep practices	1191	875	528
Number of portable cribs (Pack-n-Play) distributed	Not Available	502	508
4 - Tobacco Control Program (2 Measures)			
Number of calls to the DC Tobacco Quitline	Not Available	4330	3197
Number of pregnant smokers contacted for cessation services	Not Available	Not Available	Not Available
5 - AIDS Drug Assistance (3 Measures)			
Number of DC ADAP clients receiving pharmaceutical services through the pharmaceutical procurement and distribution program	606	568	797
Number of clients with DC ADAP and Alliance receiving pharmaceutical services through the pharmaceutical procurement and distribution program	274	568	567
Number of publicly-supported HIV medication prescriptions refilled	12,481	2596	9177
5 - Condom Distribution (3 Measures)			
Number of condoms (female and male) distributed by DC Health Condom Program	6,035,800	5,212,700	4,115,000
Number of youth (15-19 years) screened for CT and GC through HAHSTA-supported programs	2290	650	2288
Number of clients with viral load served through treatment adherence activities	Not Available	795	1895
5 - DC Needle Exchange Program (DC NEX) (1 Measure)			
Number of needles off the streets through DC NEX Program	797,869	784,495	410,212
6 - Healthcare Coalition Development (4 Measures)			
Number of Health Action Network (HAN) Alerts generated	Not Available	21	36
Number of Radio Calls conducted	Not Available	49	49

Measure	FY 2016	FY 2017	FY 2018
Number of Situation Reports (sitreps) distributed	Not Available	52	32
Number of Health and Medical Coalition (HMC) Meetings held	Not Available	11	14
6 - Medical Materiel Management and Distribution (3 Measures)	'	'	
Number of POD trainings held	Not Available	19	3
Number of open Points of Dispensing (PODs)	Not Available	64	16
Number of closed PODs	Not Available	40	40
6 - Special Events Permitting (3 Measures)			
Number of special event health, medical and safety plans requiring DOH review	58	240	213
Number of HECC Activations	Not Available	3	6
Number of MRC units activated	Not Available	14	16
6 - Training and Certification of EMS Providers and EMS Emergency Respon	nse Vehicles(2 Measures)
Number of new EMT certifications by DC DOH	173	329	502
Number of emergency vehicle inspections conducted	Not Available	503	511

2019 Strategic Initiatives

Strategic Initiative Title	Strategic Initiative Description	Proposed Completion Date
Adolescent Health Education	and Training Program (1 Strategic Initiative)	
School and Community Based Teen Pregnancy Prevention	DC Health will work with Florence Crittenton Services of Greater Washington (Crittenton) to implement evidence-informed programs specifically for adolescents in communities disproportionately impacted by teen pregnancy. The programming will include a focus on social and emotional health, social support, and skill-building to attain higher levels of education which will positively impact health in the long-term. This program will also support community mobilization and stakeholder engagement, proven components of an effective community-wide strategy to prevent teen pregnancy.	09-30-2019

Strategic Initiative Title	Strategic Initiative Description	Proposed Completion Date
DC Healthy Start (2 Strategie	c initiatives)	
Preterm Birth Reduction Pilot	DC Health will work with health providers and payors to ensure women who are at risk for a preterm birth are offered high quality care, including the use of 17P and aspirin. In partnership with DC Health, birthing facilities will adapt successful strategies that have been implemented in other states and jurisdictions to increase the use of 17P and aspirin to reduce the occurrence of preterm deliveries. The purpose of this program is to demonstrate improved outcomes in infant mortality and morbidities associated with preterm birth.	09-30-2020
Newborn Screening and Discharge Regulations	By September 2019, DC Health with draft regulations establishing newborn screening and discharge standards for birthing facilities. Implementation of the standards will be contingent upon passage of the BABIES Bill.	09-30-2019
Emergency Operations Coor	dination (2 Strategic initiatives)	
District of Columbia BioSurveillance Infectious Disease Plan	This new District-wide planning document will consolidate District agencies' planning efforts into one District-level document. Once drafted and approved, will be reviewed annually to determine level of revision necessary based upon current dynamics across the globe regarding infectious diseases.	09-30-2020
District of Columbia Mass Casualty Incident (MCI) Plan	This new planning effort to consolidate District agencies' planning efforts into one District-level document. Once drafted and approved, will be reviewed annually to determine level of revision necessary.	09-30-2020
Health Equity Practice & Pro	gram Implementation (3 Strategic initiatives)	
Continue to Further DC Government Cross- departmental Health in All Policies (HiAP) Collaborative practices and partnerships.	OHE will develop and lead a collaborative strategy to operationalize a "Collaborative Actions For Change" agenda, as recommended by DC Health Equity Report (HER) 2018. This requires infrastructure for a HiAP program of work, informed by the reports baseline data and stakeholder input. HER 2018 identifies nine Key Drivers of Opportunities for Health and Equity: Education, Employment, Income, Housing, Transportation, Food Environment, Medical Care, Outdoor Environment, and Community Safety. The role these non-health sectors play aligns with DC Healthy People 2020's framework on the Social Determinants of Health. DC HER 2018 puts 'meat on the bone' of the DC HP2020 recommendation to increase multi-sector public, private, and non-profit partnerships to further population health improvement, through a coordinated focus on the social determinants of health and health equity. The Baseline assessment in DC HER 2018 will be supplemented by a series of Community Conversations in fall 2018.	09-30-2019
Social Determinant and Health Equity Data Indicators	In 2019, OHE will lead development of a strategy to implement the Goal related to establishment of equity goals and measures for the District, as recommended by DC Health Equity Report (HER) 2018.	09-30-2019
mplement OHE Community Engagement Agenda	In 2019, OHE will leverage the process and insights gained from the 2018 HER Community Conversations to devise a sustained engagement program and process.	09-30-2019
Health Professional Licensing	g (1 Strategic Initiative)	
Initial Online Application Process	The Health Regulation and Licensing Administration (HRLA) will continue 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).	09-30-2019

Strategic Initiative Title	Strategic Initiative Description	Proposed Completion Date
Incident Command System (ICS) and National Incident Management System (NIMS) Training (1 Strategic Initiative)	
Incident Management Team (IMT) Formation, Training, and Implementation	This agency requirements, enacted in 2017, will cross-train DC Health personnel is all administrations in incident management so additional personnel can be enlisted to assist in response and recovery from an emergency.	09-30-2020
Medical Marijuana Program	(MMP) (1 Strategic Initiative)	
Medical Marijuana Program Online Payment	The Medical Marijuana and Integrative Therapy (MMIT) Division will pursue and implement online payment by December 2018. This will improve the customer service experience for the increasing patient population.	09-30-2019
Medical Materiel Manageme	ent and Distribution (1 Strategic Initiative)	
Medical Countermeasures (MCM) Open Points of Dispensing (PODs)	Re-distribution of MCM PODs adequately across the District will ensure all populations, including those with access and functional needs or have limitations with transportation, can access a POD during a District-wide distribution of medications.	09-30-2020
Narcan Distribution (1 Strate	egic Initiative)	
Continued Naloxone education to community partners	In FY19, DC Health will provide continued training and education to six community partners for Naloxone outreach. DC Health will provide community partners with funding to purchase Naloxone to distribute to people who inject drugs. Naloxone is an opioid antagonist that reverses overdoses.	09-30-2019
Pre-Exposure Prophylaxis (P	rEP) (1 Strategic Initiative)	
Pre-Exposure Prophylaxis (PrEP) to decrease the prevalence of HIV spreading to African-American women, young African-American men who have sex with men, and the transgender community.	In FY19, HAHSTA will continue to focus efforts towards making PrEP more available to African-American men ages 20-35, women ages 20-35, and the transgender community to decrease the acquisition of HIV. Activities include targeted outreach to 600 individuals, including: HIV screening, education, and referral to PrEP enrollment.	09-30-2019
Rodent and Vector Control D	Division (1 Strategic Initiative)	
Rodent Prevention and Abatement	The Health Regulation and Licensing Administration (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. By March 2019, HRLA will also collaborate with The Lab @ DC to assist with their Rodent Abatement Predictive Analysis initiative.	09-30-2019
School Health Programs (1 S	trategic Initiative)	
School Health Services Program	DC Health will expand and monitor the 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 SHSP will enhance	09-30-2019

Strategic Initiative Title	Strategic Initiative Description	Proposed Completion Date
	efforts to expand beyond school nursing services to provide clinical health services, care coordination, and quality assurance to ensure students are healthy and ready to learn. DC Health has sufficient funding in FY19 to provide 40 hours of health suite coverage at District public and public charter schools. Staffing levels are of course dependent upon on recruitment, retention and retirement fluctuations.	
School-Based Oral Health P	rogram (1 Strategic Initiative)	
Senior Dental Services Program (SDSP)	DC Health will promote the oral health and welfare of District seniors aged 65 years and older through the Senior Dental Services Program (SDSP) by facilitating access to quality dental services for those who cannot afford dental care. SDSP grantees will provide comprehensive dental care for seniors, with a focus on those who are uninsured or underinsured and have not been engaged in care. The program will also support the grantee's outreach, oral health education, care coordination and navigation efforts to promote utilization of dental services.	09-30-2019
Training and Certification o	f EMS Providers and EMS Emergency Response Vehicles (2 Strategic initiatives)	
Emergency Medical Services (EMS) Annual Report	The EMS Systems Report will provide an annual overview of the District of Columbia's EMS system to District agencies, regional agencies, and the community. This report will include an overview of aggregate EMS call information, education statistics, and inspection information for the District EMS agency, private EMS agencies, and EMS educational institutions.	09-30-2019
Electronic Medical Orders for Scope of Treatment (MOST) Registry	The EMS division is working towards the development of an e-MOST registry based on the national POLST paradigm with DC Health IT, to provide a real-time and secure data base for documenting and easily accessing a patients' wishes for medical intervention.	09-30-2020
Vital Records (2 Strategic in	nitiatives)	
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 DC Vital Records fulfillment center (FY 19 is year two of this initiative).	09-30-2019
Implement electronic mothers worksheet	This three-year project will streamline demographic data collection and minimize processing errors in birth records. FY 19 is year two of this initiative.	09-30-2020