



Department of Health DOH (HC)

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.

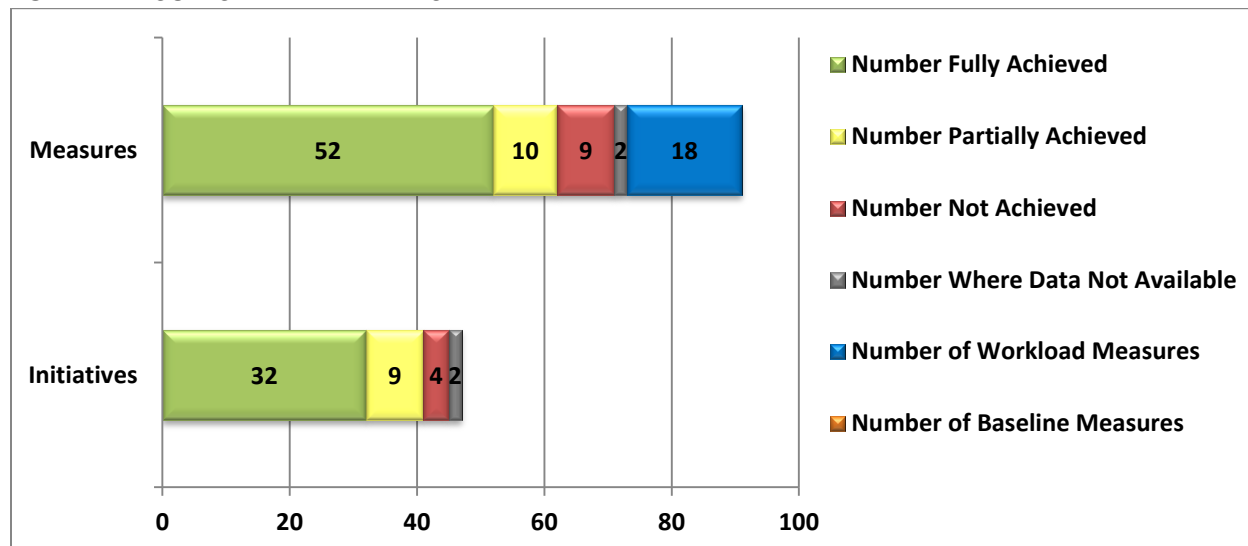
ACCOMPLISHMENTS

- ✓ DOH improved the quality and safety of the emergency medical services available to D.C. residents by increasing its surveillance of ambulances. In FY 2012, the Department completed 66% more inspections than it did in FY 2011. In total 464 inspections were done, this is 26 more than our fiscal year target.
- ✓ The number of D.C. youth accessing prevention and treatment services for alcohol and other drugs has increased. In FY 2012, the city saw a 252% increase in the number of youth referred into care by District government agencies as a result of increased collaboration and data sharing. The total number of youth referred was 1,848.
- ✓ DOH has given youth a greater chance to monitor their health and seek care when necessary by increasing the number of youth screened for STD's by 37%. In FY 2011, there were 4,274 youth screened. In FY 2012, that number was increased to 5,870.

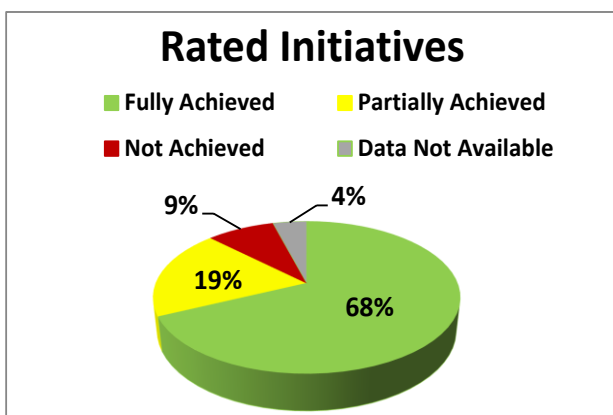
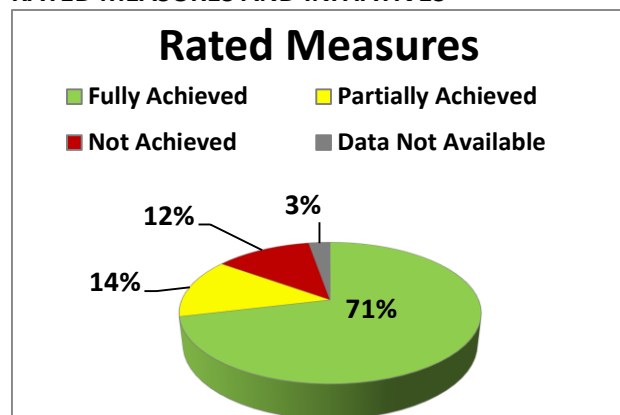


OVERALL OF AGENCY PERFORMANCE

TOTAL MEASURES AND INITIATIVES



RATED MEASURES AND INITIATIVES



Note: Workload and Baseline Measurements are not included

Default KPI Rating:	
$\geq 100\%$	Fully Achieved
75 - 99.99%	Partially Achieved
$< 75\%$	Not Achieved



Key Performance Initiatives – Assessment Details

Performance Assessment Key:

- Fully Achieved Partially Achieved Not Achieved Data Not Reported

Agency 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.

- Data Not Reported:** This data is current not available to DOH. We are awaiting a report from DCHR and will provide data shortly.

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

INITIATIVE 2.1: DOH will continue to fully implement risk-based monitoring activities

- Fully achieved:** We met this target through increased reporting of activity and clarification of expectations for sub-grant monitors, as well as increased training.

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

INITIATIVE 3.1: DOH has begun to develop an online storage and retrieval system for paper and electronic records and will migrate 100% of records by September 2012.

- Not achieved:** This initiative has not been as successful as hoped. DOH still continues to convert from the use of paper files to electronic and to train employees on the use of the electronic filing system.

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

INITIATIVE 4.1: Enhance DOH website through its re-design, migration, and re-launch

- Fully Achieved:** The Department launched its new website this fiscal year and is pleased with the more user friendly format that makes it easier to find information and navigate between pages.

INITIATIVE 4.2: Improve DOH customer service ratings.

- Data Not Reported:** The Office of Unified Communication's Customer Service Rating has not yet been released for the fourth quarter of FY 2012.

Addiction, Prevention and Recovery Administration (APRA)

OBJECTIVE 1: Implement an integrated prevention infrastructure and system to reduce priority risk factors.

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

- Partially Achieved:** We were successful in implementing more effective prevention strategies. Best practices recommend prevention strategies that are of longer duration especially when working with youth living in higher risk environments. This year APRA continued to shift staff and grant recipients from short term to longer, more strategic and robust services. Available date



indicates that there was a small increase in the age in which D.C. youth first use ATOD, which can be attributed to an improvement in our 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.

- **Partially Achieved:** Prevention science suggests that youth are exposed to risk in all areas of a young person's life including family/caregivers, community, peers, and school. In FY 2012, APRA focused more prevention resources toward parents and adults who are influencers of youth and have greater potential to decrease areas of risk while increasing protection. Available date indicates that there was a small increase in the age in which D.C. youth first use ATOD.

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.

- **Partially Achieved:** Although, the number of referrals made by other District government agencies did not meet our expected targets for this year, there was an overall increase in the number of referrals that occurred in FY 2011 and those that occurred in FY 2012. APRA continues to working in collaboration with CFSA, DMH, DYRS and other partners to create a seamless referral process using the Districts Automated Treatment Accounting System (DATA).

INITIATIVE 2.2: Promote sobriety by linking residents to clinically appropriate substance abuse treatment and recovery support services and ensuring continued engagement in services.

- **Fully Achieved:** We met our client abstinence rates through the comprehensive recovery support services provided by our community –based and faith-based providers. Our providers have increased their referrals to wrap around services and have worked on engaging and retaining clients in the Access to Recovery Support program. The model that is implemented in the District is structured towards shorter term treatment throughout the continuum of care. Although the treatment episodes are short term, step down care offers longer term treatment throughout the treatment stages. The shorter term treatment episodes increase the likelihood that harder to engage clients are successful at completing a treatment episode before stepping down to the next level of care. This method increases engagement and completion of treatment per episode. We have also emphasized the importance of ongoing case management, coordination of services with third party referents and engagement of family members in the treatment process. APRA believes that the meeting of this indicator reflects improved overall quality of engagement, retention and case coordination skills sets.

Community Health Administration (CHA)

OBJECTIVE 1: To support initiatives that promotes the prevention and control of diabetes and cardiovascular disease, and other co-morbid conditions.

INITIATIVE 1.1: The Cardiovascular Health Program (CHP) and the Diabetes Prevention and Control Program (DPCP) will provide technical assistance and support to 35 community partnerships and/or initiatives.

- **Fully Achieved:** In an effort to increase efficiency, the CCDP Bureau integrated outreach/technical assistance efforts for both the cardiovascular and diabetes programs. This consolidation resulted in a reduction in the total number of initiatives for FY12; however, the same objectives were met. Ultimately, participation in partnership events and technical assistance opportunities provided far exceed the year-end target.



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

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

- **Fully achieved:** Project WISH works with several community partners who conduct culturally-relevant outreach and education activities that ultimately leads women to breast cancer screening services. Community service providers facilitate availability of screening and diagnostic services across the District. These partnerships have allowed Project WISH to exceed our anticipated goals, in terms of number of procedures, rather than just number of women screened.

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

- **Fully Achieved:** Project WISH works with several community partners who conduct culturally-relevant outreach and education activities that ultimately leads women to screening services. Community service providers facilitate availability of screening and diagnostic services across the District. These partnerships have allowed Project WISH to exceed our anticipated goals, in terms of number of procedures, rather than just number of women screened.

OBJECTIVE 3: To encourage tobacco cessation among DC residents.

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

- **Not Achieved:** Despite budget challenges that resulted in service reductions for the Quitline given the end of CPPW funds in March 2012, the CCDP Bureau was able to handle 5364 calls,

OBJECTIVE 4: Increase breastfeeding rates among WIC mothers.

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

- **Fully Achieved:** Training on breastfeeding is mandatory for all WIC Local Agency & clinic staff and consistently reinforced by the State Agency at all quarterly trainings. New WIC staff are trained on breastfeeding support. Pumps and breastfeeding incentives are offered to WIC clients. A Breastfeeding Peer Counselor program is an essential component of breastfeeding support. Thus, the Nutrition & Physical Fitness was able to satisfy the fiscal year target.

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

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

- **Fully Achieved:** Program's success in reaching the target was partly due to asking staff to verbally encourage clients to pick-up their food packages every month, and to make sure they get recertified in the month designated so that they would not be terminated from the program, thereby decreasing any interruptions in service. Also more seniors contacted the program for information so there has been an increased need for the program benefits.

OBJECTIVE 6: Increase low-income District resident participation in the Supplemental Nutrition Assistance Program Education (SNAP-ED).

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

- **Partially Achieved:** Goal not met due to operational limitations that have made it difficult for staff



to consistently attend outreach events. Besides the school outreach events, requests are generally made for evenings or on weekends that are beyond the standard tour of duty. Additionally, additional staff support and transportation accommodations are needed to completely fulfill this objective.

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

INITIATIVE 7.1: In FY 2012 increase the number of participants in DC Healthy Start program from 319 to 395 women through increased targeted recruitment efforts.

- **Fully Achieved:** Despite several vacancies in the Bureau, Perinatal & Infant Health team were able to meet and exceed the FY12 target of increasing the total number of participants by maximizing available staff resources.

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

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

- **Fully Achieved:** Success continues because the Program Specialist is able to identify and follow-up on abnormal screening results with parents and physicians.

INITIATIVE 8.2: By September 30, 2012, 75% of the parents of infants with abnormal hearing screening results will be educated on the importance of follow-up care.

- **Fully Achieved:** Success continues because Program Specialist revamped parental educational materials and provided one-on-one education to providers to improve data reporting.

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

INITIATIVE 9.1: The Primary Care Bureau (PCB) will increase the participation of "primary care" medical professionals in the Health Professions Loan Repayment Program (HPLRP) to 40% of all HPLRP participants.

- **Partially Achieved:** Over the course of the past two years, the Primary Care Bureau has been updating the HPLRP regulations and legislation governing the Program to allow the Bureau to better target its resources. The target participation rate by discipline is 60% for primary care providers (vs. mental health and dental), but at the start of FY12, only 29% of providers were primary care. At the start of FY11, the Bureau carefully estimated the number of new contracts it would be able to issue with FY12 funds and the percent of each discipline to which the Program could issue new contracts and determined that we could achieve a rate of 40% by the end of FY12 when looking at the discipline breakdown across both new and continuing participants. The Bureau was successful in both estimating the correct percentage and achieving the percentage - with just over 40% of the HPLRP participant pool being made up of primary care providers.

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

INITIATIVE 10.1: In FY 2012, 66% of registered refugees will be screened within 30 days of referral.

- **Fully Achieved:** This number cannot be accurately estimated because DOH does not have sufficient access to the necessary data. This threat to data validity is one of the reasons why the Refugee Health Program functions have been transferred back to DC DHS for FY13. Despite plans to transition the Refugee Health functions over to DHS, the Bureau spent a significant amount of time working with an IT consultant to develop a Quickbase application to improve data collection



and tracking. Bureau staff are now in the process of completing the development of this database and transitioning it over to DC DHS to assist in carrying out the health data tracking functions.

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

INITIATIVE 11.1: FY 2012 increase the number of pharmacy providers from 15 to at least 20.

- **Fully Achieved:** DOH CPU has signed Human Care Agreements with 21 DC pharmacy providers that are now integrated into the District's Pharmacy Provider Network (PPN). These pharmacies provide specialty care and prescription services to eligible District residents living with HIV. DOH CHA coordinated with HAHSTA and DHCF Medicaid Division to create a network of core pharmacy providers to serve the District's HIV population, which has helped Program exceed their fiscal year target.

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

INITIATIVE 12.1: In FY 2012, maintain at least 95% of children with up-to-date immunizations in District of Columbia Public Schools and District of Columbia Public Charter Schools.

- **Partially Achieved:** School nurses sent letters home to parents, and made principals aware of students who were non-compliant in their schools on a weekly basis. However, DC Law 3-20 and DCMR Title 22, Chapter 1 are not being complied with, therefore the immunization compliance rate for students has been impacted.

OBJECTIVE 13: Improve access to quality, comprehensive, and coordinated community-based systems of services for children and youth with special health care needs (CYSHCN) and their families in the District.

INITIATIVE 13.1: In FY 2012 increase by 20% the number of participants in the District of Columbia's Parent Information Network (DC PIN).

- **Data Not Reported:** There were delays in awarding the Home Visitation contracts which impacted the number of families served. A new data collection system was put into place, along with vendor contracts, which allowed for data collection in the final quarter of the fiscal year.

Center for Policy Planning and Evaluation (CPPE)

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

INITIATIVE 1.1: The State Health Planning and Development Agency (SHPDA) reviews certificate of need applications.

- **Fully Achieved:** During FY 12 the SHPDA reviewed 33 Certificate of Need applications

INITIATIVE 1.2: To assist health care providers/facilities in completing certificate of need applications, the SHPDA provides pre-application consultations.

- **Fully Achieved:** During FY 2012 the SHPDA provided over 700 technical assistance and guidance consultations to prospective applicants and other people who wanted to know about the Certificate of Need process. The consultations were used by the applicants and other parties to understand the rules and regulations, the processes and procedures, the criteria and standards, along with the time and effort required for the submission of a Certificate of Need application.

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

- **Partially Achieved:** Vital records processed 90% of vital records requests within 30 minutes as opposed to the goal of 95% of vital records requests processed in 30 minutes.



OBJECTIVE 3: Conduct the Behavioral Risk Factor Surveillance System Survey.

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

- **Fully Achieved:** The Behavioral Risk Factor Surveillance Survey (BRFSS) is a multimode (landline and cell phone) health survey conducted in every state in the U.S., as well as the District of Columbia and territories. The survey collects data on chronic diseases and related health behaviors from adults 18 years of age or older through a method of random selection of each household that participates. The results are used to monitor trends, guide policy and develop, implement and evaluate wide-range of disease prevention activities.

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

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

- **Partially Achieved:** We will work with DOH program managers from each administration to create Results Frameworks and develop an indicator matrix to measure program activities. This will be a dynamic process where programs will have the opportunity to change or drop indicators when they are no longer relevant. REM will monitor program objectives and indicators and provide recommendations for program improvement”.

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

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

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

- **Fully Achieved:** This metric was met. There were 1,642 HIV cases reported to HAHSTA during FY2012 and there were 604 newly diagnosed HIV cases among DC residents during FY2012. This is due to HAHSTA’s continued communication with health care providers about the importance of reporting HIV infections.

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

- **Fully Achieved:** HAHSTA’s School-based STD Screening Program was piloted in 2007/2008, expanded in 2008/2009, and fully implemented in 2009/2010. During this time, thousands of youth have been screened for chlamydia and gonorrhea and hundreds of infected youth have been identified and treated. During the 2011/2012 academic year 24 senior high schools participated in the SBSP - 2 charter, 3 alternative, and 19 public. To expand and plan for sustainability, the SBSP has engaged multiple different partners. Youth-focused community based organizations such as Sasha Bruce, The Women’s Collective, Latin American Youth Center, Sexual Minority Youth Assistance League, and Metro TeenAIDS have provided on-going assistance with presentations and specimen collection during in-school screening. MTA also provides high quality, culturally-competent, comprehensive risk counseling and services to high-risk youth (those infected with chlamydia, gonorrhea or both) during in-school treatment days. To increase the percentage of participating students aware of their infection status and decrease the interval between testing and treatment, the SBSP collaborated with Internet Sexuality Information Services (ISIS, Inc.) to provide routine text message reminders for adolescents to call in for results. Recently we expanded text reminders to encourage infected students to get their partners tested and treated (2 weeks after the initial text) and to get re-screened for STDs (3 months after the initial text). The most unorthodox partnership is with Unity Health Care, the largest primary health care agency in the area. This collaboration allows Unity clinicians to provide in-school treatment to infected youth. The proximity of the senior high school to the nearest Unity Health Care Center



dictates which clinician will spend ½ - 1 day seeing patients in this non-traditional setting. Unity staff has started offering HIV screening and family planning to students during in-school treatment.

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

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

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

INITIATIVE 2.1: Increase the Number of People in quality HIV medical care.

Not Achieved: HAHSTA anticipates that this metric will be met. Q1, Q2, and Q3 are above 75%. Q4 data is not available yet as cases diagnosed during Q4 will not have 3 months of follow-up until December 31, 2012. The metric will be met due to the effective linkage to care programs funded by HAHSTA.

Health Emergency Preparedness and Response Administration (HEPRA)

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

INITIATIVE 1.1: The EMS Division will perform 100% of announced inspection of all ambulances for certification purposes and will perform unannounced inspections on a percentage of ambulances.

Fully Achieved: It has been a stellar year for the ambulance inspection program thanks to the EMS Inspection & Compliance Officer, who went above and beyond expectations. This year the Department of Health, HEPRA inspected 464 ambulance units from October 2011 thru September 2012. This was an increase from fiscal year 2010, when roughly 287 units were inspected.

OBJECTIVE 2: EMS Personnel participate in Health Emergency Coordination Center (HECC) activations during drills, training and emergency responses.

INITIATIVE 2.1: The EMS Division will participate in 100% of the HECC activations.

Fully Achieved: EMS Staff have been available and on duty for 100% of the HECC activations to ensure our health emergency operations center is prepared for response.

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

INITIATIVE 3.1: The EMS Division will solicit input of stakeholders on the services that were provided to them. Their feedback will shape future performance..

Fully Achieved: Thanks to technology that allows us to send out surveys electronically and immediately, we are able to request and receive feedback on our services in an extremely timely manner to ensure the best possible customer service. This year we were extremely successful in this endeavor.



OBJECTIVE 4: Improve Epidemiology Disease Surveillance and Reporting.

INITIATIVE 4.1: Increase to 70% the percentage of reports of selected reportable diseases for which initial public health control measure(s) were initiated within the appropriate time frame.

- **Fully Achieved::** The Division of Epidemiology- Disease Surveillance and Investigation (DE-DSI) takes pride in our quick and thorough investigation of threatening reportable and infectious diseases. We are happy to report that the diseases referenced in this measure were promptly investigated and interventions were enacted.

INITIATIVE 4.2: Increase to 75% the percentage of infectious disease outbreak investigation reports that contain all minimal elements.

- **Partially Achieved:** DE-DSI is responsible for the investigation of infectious disease outbreaks. While gathering information from other parties to complete a report can prove difficult, we are happy to report that this past fiscal our division had much success in obtaining the minimal amount of information necessary.

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

INITIATIVE 5.1: Ensure staffs participating in HECC activities are prepared to respond to emergencies utilizing the National Incident Management System (NIMS) as directed by Homeland Security Presidential Directive #5

- **Not Achieved:** Our initial goal for our NIMS training component was to ensure all staff would be properly trained for a health emergency. However, our measures were not set up to reflect what we hoped to calculate, since they were not mentoring properly the present staff members who were either becoming trained or noting the new staff members who joined HEPRA through the year. Additionally, the total amount of staff measured for training was not originally calculated correctly. The KPI tracker does not clearly show that by the end of the year, 82% of all HEPRA staff received training in NIMS IS-100, IS-200, IS-700, and IS-800. To ensure all staff receives the IS-300 and IS-400 training a staff member has been certified as a NIMS Trainer and can hold on-site trainings in the future.

Health Regulation and Licensing Administration (HRLA)

OBJECTIVE 1: Improve triage process for Nursing Home Facilities.

INITIATIVE 1.1: Complaint investigations to be completed within ninety (90) days from the date of receipt.

- **Fully Achieved::** The Office of Compliance and Quality Assurance met this target by ensuring that complaints were responded to within 90 days of receipt.

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

INITIATIVE 2.1: The Investigations Division will provide investigative support and expertise upon request of the 23 health licensing/registration boards and commissions.

- **Fully Achieved::** The Division has commenced cross-training of investigators for both the health professional boards and health care facilities. This training is ongoing throughout FY2013.



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

INITIATIVE 3.1: Increase to 25 the number of issued Notices of Infractions for unlicensed practice of health professions

- **Fully Achieved:** In response, the Division wrote 18 NOIs for this initiative for approximately \$25,000 in total fines.

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

INITIATIVE 4.1: Conduct quarterly unannounced site visits to licensed nurse staffing agencies to determine ongoing compliance with applicable regulations.

- **Fully Achieved:** In response to this initiative, the program performed site visits to 58 staffing agencies as part of the staffing agency's renewal process.

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

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

- **Fully Achieved:** In response, annual licensure and certification surveys have been conducted by the HCFD to ensure compliance with District and Federal laws and regulations.

OBJECTIVE 6: The Intermediate Care Facility Division (ICFD) will conduct 192 on-site surveys to ensure health, safety, sanitation, and quality of care requirements of healthcare facilities.

INITIATIVE 6.1: Conduct annual licensure for all facilities under the purview of ICFD and federal certification inspections of ICF/MRs, as well as conduct monitoring inspections.

- **Fully achieved:** In response the program has licensed/certified 214 facilities and 211 inspections have been completed.

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

INITIATIVE 7.1: To properly identify and inspect food establishments in response to complaints and food borne illness reports and work with establishments to improve their observance of the food code regulations

- **Fully Achieved:** Program has met this initiative by responding to 703 food establishment generated complaints/food illness reports.

OBJECTIVE 8: To ensure that 100% of x-ray machines are safe for use and are free of defects that may cause harm to the public

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

- **Fully Achieved:** In response the program has met this initiative by inspecting 840 x-ray machines for defects that may cause harm to the public.



Key Performance Initiatives – Assessment Details

Performance Assessment Key:

Fully Achieved

Partially Achieved

Not Achieved

Data Not Reported

	KPI	Measure Name	FY 2011 YE Actual	FY 2012 YE Target	FY 2012 YE Revised Target	FY 2012 YE Actual	FY 2012 YE Rating	Budget Program
Agency Management								
	1.1	% of Employee Reviews Completed on Time	0	100%		n/a	n/a	Agency Management
	2.1	% of DOH grantees who received a satisfactory performance rating	98.74%	90%		98.10%	108.99%	Agency Management
	3.1	% of DOH paper files converted to electronic file system	0	50%		0.21%	0.42%	Agency Management
	4.1	# of visitors to the DOH website	632,441	650,000		1258119	193.56%	Agency Management
	4.2	Office of Unified Communication's Customer Service Rating	0	90		254	282.22%	Agency Management
	N/A	Number of inquiries to the Department of Health (DOH) through the "Ask the Director" section of DOH's website.	201	NA		No data reported	Not rated	Agency Management
	N/A	Number of Supplemental Nutrition Program for Women, Infants, Children (WIC) participants	16,537	NA		No data reported	Not rated	Agency Management
	N/A	Number of Commodity Supplemental Food Program (CSFP) Participants	6,633	NA		No data reported	Not rated	Agency Management
	N/A	Number of DC Medicaid 1115 Waiver Reform Demonstration project clients receiving pharmaceutical services through the pharmaceutical procurement and distribution program	4,500	NA		No data reported	Not rated	Agency Management



	KPI	Measure Name	FY 2011 YE Actual	FY 2012 YE Target	FY 2012 YE Revised Target	FY 2012 YE Actual	FY 2012 YE Rating	Budget Program
●	N/A	Number of DC Alliance clients receiving pharmaceutical services through the pharmaceutical procurement and distribution program	15,000	NA		No data reported	Not rated	Agency Management
●	N/A	Number of Ryan White Service Visits		NA		No data reported	Not rated	Agency Management
●	N/A	Number of individuals entering the APRA Assessment and Referral Center to seek substance abuse treatment services	11,716	NA		No data reported	Not rated	Agency Management
●	N/A	Number of new EMT certifications by DC DOH	1492	NA		No data reported	Not rated	Agency Management
●	N/A	Number of community based health centers involved in emergency preparedness activities with HEPRA	59	NA		No data reported	Not rated	Agency Management
●	N/A	Number of clinics submitting request forms to the public health lab	33	NA		No data reported	Not rated	Agency Management
●	N/A	Number of background checks conducted	11,829	NA		No data reported	Not rated	Agency Management
●	N/A	Number of health care related complaints received	900	NA		No data reported	Not rated	Agency Management
●	N/A	Number of health care related incidents received	9,148	NA		No data reported	Not rated	Agency Management
●	N/A	Number of adverse events reported in nursing homes & hospitals	113	NA		No data reported	Not rated	Agency Management
●	N/A	Number of new health professional licenses issued by HRLA	8,306	NA		No data reported	Not rated	Agency Management
●	N/A	Number of Certificate of Need Application decisions	37	NA		No data reported	Not rated	Agency Management
●	N/A	Number of walk-in customers to Vital Records Office	37,001	NA		No data reported	Not rated	Agency Management
●	N/A	Number of BRFSS surveys administered	4,597	NA		No data reported	Not rated	Agency Management



	KPI	Measure Name	FY 2011 YE Actual	FY 2012 YE Target	FY 2012 YE Revised Target	FY 2012 YE Actual	FY 2012 YE Rating	Budget Program
Addiction Prevention and Recovery Administration								
●	1.1	# of adults reached through planned prevention strategies	0	5,200		13,176	253.38%	Addiction prevention & Recovery Admin.
●	1.2	# of youth reached through planned prevention strategies	0	13,500		10,933	80.99%	Addiction prevention & Recovery Admin.
●	1.3	Age of first use of ATOD among youth	13	13.6		13.6	100%	Addiction prevention & Recovery Admin.
●	1.4	% of adults who complete an assessment and receive a referral to treatment services	100%	100%		100%	100%	Addiction prevention & Recovery Admin.
●	1.5	% of youth who complete an assessment and receive treatment services	100%	75%		100%	133.33%	Addiction prevention & Recovery Admin.
●	1.6	% of adults who complete a GPRA assessment and receive a referral to recovery support services	100%	100%		98.45%	98.45%	Addiction prevention & Recovery Admin.
●	1.7	% of youth who complete a GPRA assessment and receive a referral to recovery support services	100%	100%		100%	100%	Addiction prevention & Recovery Admin.
●	1.8	% of adults that successfully complete treatment	70%	55%		67.90%	123.45%	Addiction prevention & Recovery Admin.
●	1.9	% of youth that successfully complete treatment	0	25%		31.71%	126.83%	Addiction prevention & Recovery Admin.
●	1.1	% of eligible providers that receive a certification, recertification, or follow-up inspection	100%	100%		82.86%	82.86%	Addiction prevention & Recovery Admin.
●	1.11	# of technical assistance encounters provided	1,060	1,200		2,643	220.25%	Addiction prevention & Recovery Admin.



	KPI	Measure Name	FY 2011 YE Actual	FY 2012 YE Target	FY 2012 YE Revised Target	FY 2012 YE Actual	FY 2012 YE Rating	Budget Program
●	1.12	% of contracted providers that undergo a financial review	72%	85%		80%	94.12%	Addiction prevention & Recovery Admin.
●	1.13	% of contracted providers that undergo a contract review	0	75%		80%	106.67%	Addiction prevention & Recovery Admin.
●	2.1	# of clients referred from CFSA	100	138		92	66.67%	Addiction prevention & Recovery Admin.
●	2.2	# of clients referred from DYRS	200	221		29	13.12%	Addiction prevention & Recovery Admin.
●	2.3	# of clients referred from DMH	75	98		72	73.47%	Addiction prevention & Recovery Admin.
●	2.4	# of clients referred from CSOSA	150	205		1362	664.39%	Addiction prevention & Recovery Admin.
●	2.5	# of clients referred from PSA	0	131		293	223.66%	Addiction prevention & Recovery Admin.
●	2.6	Average length of stay for detoxification	4	4		3	75%	Addiction prevention & Recovery Admin.
●	2.7	% of recovery support clients that maintain abstinence from ATOD 6 months post admission	85%	85%		99.52%	117.09%	Addiction prevention & Recovery Admin.
Center for Policy Planning and Evaluation (CPPE)								
●	1.1	# of certificate of need reviews	37	25	25	33	132%	Ctr for Policy, Planning & evaluation
●	1.2	# of technical assistance meetings held with healthcare providers	735	500	500	729	145.80%	Ctr for Policy, Planning & evaluation



	KPI	Measure Name	FY 2011 YE Actual	FY 2012 YE Target	FY 2012 YE Revised Target	FY 2012 YE Actual	FY 2012 YE Rating	Budget Program
●	2.1	% of vital records processed within 30 minutes	95%	95%	95%	90.59%	95.35%	Ctr for Policy, Planning & evaluation
●	3.1	# of BRFSS surveys completed	4,597	4,800	4,800	7,146	148.88%	Ctr for Policy, Planning & evaluation
●	4.1	% of Department programs completing a logic model to measure program effectiveness	84%	90%	90%	76.19%	84.66%	Ctr for Policy, Planning & evaluation
Community Health Administration								
●	1.1	# of Cardiovascular Health Program and Diabetes Prevention and Control Program partnerships supported with technical assistance, and participation in partnership advancement, initiatives, and events.	48	35		91	260%	Community Health Administration
●	2.1	# of women receiving clinical breast exam and mammogram screenings	312	500		1,771	354.20%	Community Health Administration
●	2.2	# of women receiving pelvic and cervical exam/ PAP-test screenings	141	300		602	200.67%	Community Health Administration
●	3.1	Tobacco DC Quitline call volume	5.4	3.5	3.2	1.51%	47.06%	Community Health Administration
●	3.2	% of DC Quitline calls converting to counseling	93%	90%		36.41%	40.45%	Community Health Administration
●	4.1	% of postpartum WIC mothers who initiate breastfeeding	46%	49%		49.42%	100.85%	Community Health Administration
●	5.1	% of CSFP caseload fulfilled	99.8%	97%		100.02%	103.11%	Community Health Administration
●	6.1	# of SNAP-Ed participants receiving education	9,958	10,245		8,348	81.48%	Community Health Administration
●	7.1	# of Healthy Start participants	319	395		1,137	287.85%	Community Health Administration



	KPI	Measure Name	FY 2011 YE Actual	FY 2012 YE Target	FY 2012 YE Revised Target	FY 2012 YE Actual	FY 2012 YE Rating	Budget Program
●	8.1	% of newborns diagnosed with Sickle Cell disease and referred for follow-up	100%	90%		100%	111.11%	Community Health Administration
●	8.2	% of parents receiving educational counseling for newborn hearing loss	0	75%		85.28%	113.71%	Community Health Administration
●	9.1	% of HPLRP participants that are practicing primary care	15%	40%		33.63%	84.07%	Community Health Administration
●	10.1	% of refugees screened within 30 days of referral	50%	66%		82.50%	125%	Community Health Administration
●	11.1	# of new pharmacy providers added to network	0	20		27	135%	Community Health Administration
●	12.1	% of children with up-to-date immunizations	93%	95%		90.86%	95.64%	Community Health Administration
●	13.1	# of families in the DC Home Visiting program	181	120		n/a	n/a	Community Health Administration
Health Emergency Preparedness and Response Administration								
●	1.1	# of ambulance inspections	279	438		464	105.94%	Health Emerg Preparedness & Response Administration
●	1.2	# of unannounced ambulance inspections	143	292		362	123.97%	Health Emerg Preparedness & Response Administration
●	2.1	% of the total activations of the HECC where EMS Division personnel were present	100%	100%		100%	100%	Health Emerg Preparedness & Response Administration
●	3.1	# of survey reports that are sent out from all HEPRA Divisions (Administration, Epidemiology, EMS, Operations, PHL) to stakeholders and customers	16	50		492	984%	Health Emerg Preparedness & Response Administration
●	4.1	% of reports of selected reportable diseases for which initial public health control measure(s) were initiated within the appropriate time frame	0	70%		100%	142.86%	Health Emerg Preparedness & Response Administration



	KPI	Measure Name	FY 2011 YE Actual	FY 2012 YE Target	FY 2012 YE Revised Target	FY 2012 YE Actual	FY 2012 YE Rating	Budget Program
●	4.2	% of infectious disease outbreak investigations reports that contain all minimal elements	0	75%		68.18%	90.91%	Health Emerg Preparedness & Response Administration
●	5.1	% of applicable staff trained on NIMS IS 100, 200, 700 and 800	77%	75%		44.32%	59.09%	Health Emerg Preparedness & Response Administration
●	5.2	% of applicable staff trained on NIMS ICS 300	50%	50%		17.57%	35.14%	Health Emerg Preparedness & Response Administration
●	5.3	% of applicable staff trained on NIMS ICS 400	10%	50%		13.51%	27.03%	Health Emerg Preparedness & Response Administration
HIV/AIDS, Hepatitis, STD and TB Administration								
●	1.1	# of new HIV/AIDS cases reported within the fiscal year	1,205	1,300		1,642	126.31%	HIV/AIDS Hepatitis STD & TB ADMIN
●	1.2	# of peri-natal HIV infections	0	0		?	Check KPI	HIV/AIDS Hepatitis STD & TB Admin.
●	1.3	# of youth (15-19) screened for STDs through youth outreach programs	4,274	5,000		5,870	117.40%	HIV/AIDS Hepatitis STD & TB Admin.
●	1.4	# of publicly supported HIV tests reported	122,356	125,000		122,541	98.03%	HIV/AIDS Hepatitis STD & TB Admin.
●	1.5	# of needles off the streets through DC NEX Program	341,879	400,000		549,464	137.37%	HIV/AIDS Hepatitis STD & TB Admin.
●	1.6	# of condoms (female and male) distributed by DC DOH Condom Program	5,186,340	4,500,000		5,747,000	127.71%	HIV/AIDS Hepatitis STD & TB Admin.
●	2.1	% of clients linked to care within 3 months of diagnosis	0	70		87.88%	125.54%	HIV/AIDS Hepatitis STD & TB Admin.
●	1.1	# of nursing home facility inspections	360	30	28	28	100%	Health Care Regulations & Licensing Admin.



	KPI	Measure Name	FY 2011 YE Actual	FY 2012 YE Target	FY 2012 YE Revised Target	FY 2012 YE Actual	FY 2012 YE Rating	Budget Program
●	2.1	# of professional license investigations per request of licensing/registration boards	139	150	123	123	100%	Health Care Regulations & Licensing Admin.
●	3.1	# of investigations of the unlicensed practice of health	26	25	27	27	100%	Health Care Regulations & Licensing Admin.
●	4.1	# of investigations of nurse staffing agencies	2	60	71	71	100%	Health Care Regulations & Licensing Admin.
●	5.1	# of facilities licensed/certified by the HCFD	581	460	92	92	100%	Health Care Regulations & Licensing Admin.
●	5.2	# of inspections completed by the HCFD	144	109	147	147	100%	Health Care Regulations & Licensing Admin.
●	6.1	# of facilities licensed/certified by the ICFD	187	182		214	117.58%	Health Care Regulations & Licensing Admin.
●	6.2	# of inspections completed by the ICFD	249	192	211	211	100%	Health Care Regulations & Licensing Admin.
●	7.1	# of inspections of food establishments generated by complaints/food borne illness reports	586	400	703	703	100%	Health Care Regulations & Licensing Admin.
●	7.2	# of food establishment closures	134	100	91	91	100%	Health Care Regulations & Licensing Admin.
●	8.1	# of x-ray tubes inspected for compliance with radiation protection standards	804	820	840	840	100%	Health Care Regulations & Licensing Admin.