



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.

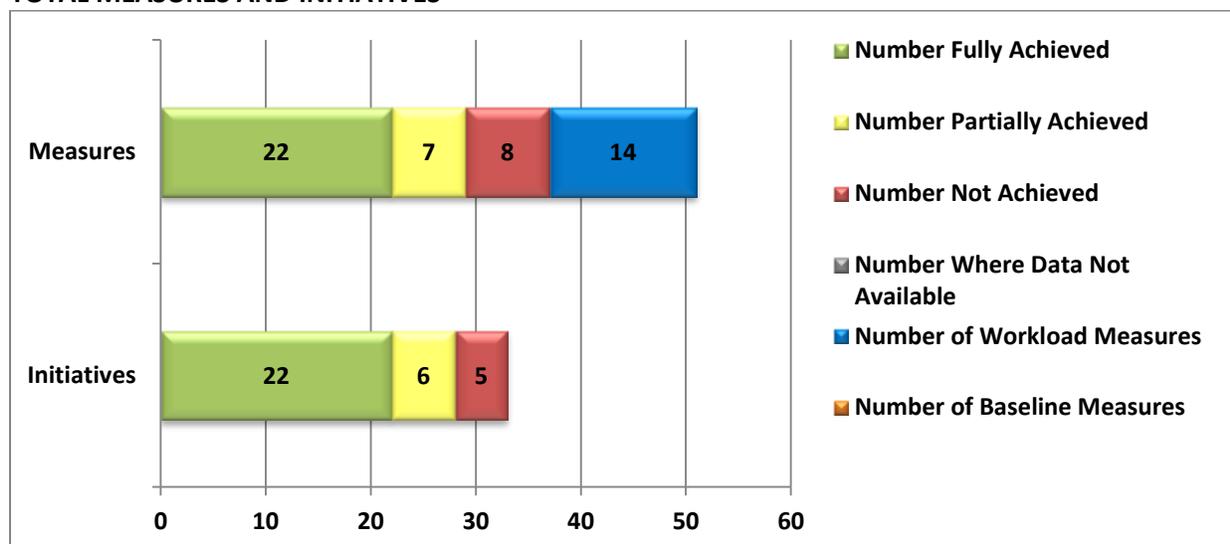
ACCOMPLISHMENTS

- ✓ The Department of Health continues to improve its ability to identify newly diagnosed HIV/AIDS individuals and link them to necessary care services. In FY 13, eighty-three percent (83.8%) of HIV/AIDS clients were linked to care within 3 months of diagnosis. The Department has also increased its monitoring of HIV positive individuals identified as being out of care for 6 months or more for active outreach and follow-up by participating Ryan White providers. Through this effort, multiple HIV positive individuals within the District have been relinked with beneficial HIV care and treatment.
- ✓ In the last year, DOH launched two new programs to increase residents' access to nutritious and healthy food choices, the D.C. Healthy Corner Stores and the Mobile Healthy Food Carts. These programs provided the opportunity for over 5,000 residents to participate in live cooking demonstrations provided at the healthy corner stores and to benefit from \$6,000 worth of "Freggie Bucks" distributed by the mobile vendors. Residents purchased fresh fruits and vegetables in over 8,000 sales transactions, received valuable education and sampled healthy food options in their move to adopt healthy lifestyles.
- ✓ FY 13 also evidenced an increase in access to health care services. DOH worked with local health care providers to appropriately assign more than \$200 million in capital investments in the health care system through the Certificate of Need (CON) program.

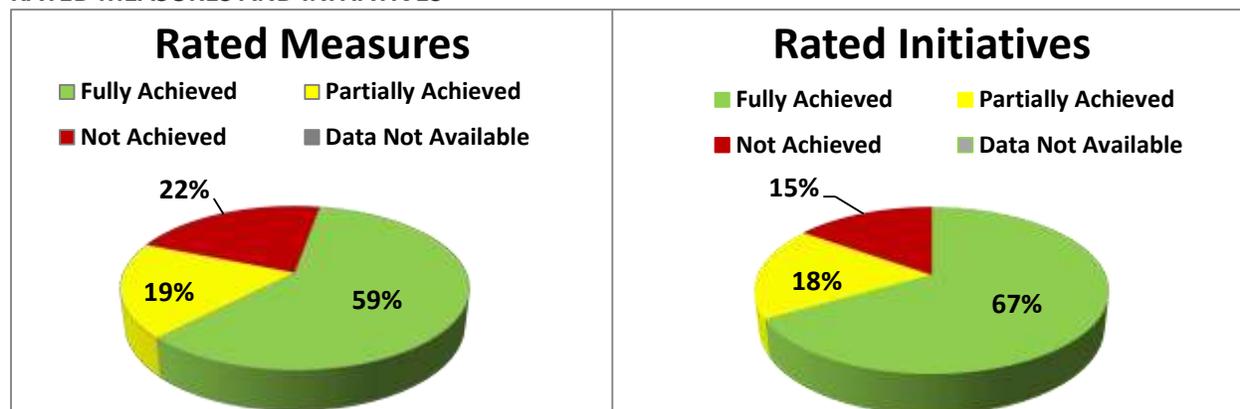


OVERVIEW AGENCY PERFORMANCE

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.

- **Not achieved.** In FY 13, the Department completed 62.48% of employee performance reviews on time. DOH continues to improve its timely completion rate. In FY 12, the % completed on time was 48.5%.

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

INITIATIVE 2.1: To improve the timeliness of and accessibility of records to the public.

- **Not achieved** In FY 13, there were 29,106 files entered into the electronic records (document management) system. This represents less than 1% of the 11 million files that DOH estimates need to be converted from paper to electronic records.

OBJECTIVE 3: Effectively communicate with stakeholders and the community about public health assets and challenges.

INITIATIVE 3.1: Increase the public use of DOH website.

- **Partially achieved:** In FY 14, there were over 917,445 visits to the DOH website. Of these visits, 504,052 were from unique visitors.

APRA

OBJECTIVE 1: Reduce priority risk factors that place District children, youth, families, and communities at risk of substance use and interrelated problems.

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

- **Fully achieved:** APRA DCPC continued to support youth, families and communities through planned prevention strategies. The four DC Prevention Centers (DCPC) reached 14,094 youth and 12,863 adults through three core functions: community education, community leadership engagement, and community changes action planning. A major effort this fiscal year was support for the Synthetic Marijuana Initiative. APRA launched a campaign to raise awareness among DC youth about the dangers of synthetic marijuana and to facilitate community action through youth led and adult supported prevention strategies. A



campaign evaluation in FY 2013 included a survey of 350 youth and 350 adults. Among the findings were: 92% of the respondents had heard about the campaign; 100% indicated that the campaign advertising caught their attention and 92% liked the theme. Eighty percent of the respondents said they were not at all likely to purchase, smoke or use synthetic marijuana in the next 90 days. In addition to becoming an international resource, the campaign has received 8 public relations and advertising awards.

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

Fully achieved. APRA data findings suggest that DC youth begin to use alcohol, tobacco, and other drugs at about the same as youth in other states (Cigarettes-age 12.9; Alcohol-age 13; and Marijuana-13.9). In an effort to reduce the starting age, APRA prevention staff reached more than 6,000 District agency and community members through planned educational strategies that included One City Summer events. It is estimated that more than 17,000 youth were reached through these efforts. In addition, through the use of federal funds, APRA funded and evaluated 11 evidence-based community and parent focused grants. APRA continued to see a reduction in sales to youth with a retailer violation rate of 10.2%. The Food and Drug Administration (FDA) tobacco contract also continued local licensing and advertising inspections of licenses in addition to undercover buys.

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.

Not achieved. Treatment success rates for FY 13 clearly identify an opportunity for APRA, District residents and stakeholders to strengthen efforts to support individuals in successfully completing treatment. Of the adults that began substance abuse treatment, 43% completed treatment in accordance with their treatment plan. For our youth clients, only 14%, successfully completed treatment.

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

Fully achieved: APRA's Access to Recovery Program exceeded its FY 13 target for client abstinence rates. Ninety-one (91.4%) of APRA clients maintained sobriety for 6 months after completing treatment. through the comprehensive recovery support services provided by our community and faith- based providers. The providers continue to provide supportive wrap around services to clients in the ATR program and continue to focus on improving the engagement and retention process.



CHA

OBJECTIVE 1: Improve the delivery of services provided by Project WISH to reduce breast and cervical cancer mortality rates in the District of Columbia.

INITIATIVE 1.1: Project WISH will provide clinical breast exams and mammogram screenings to 640 eligible women.

- **Not 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. Additionally, community providers receive funding to provide breast cancer screening and diagnostic services across the District. During the FY 13, 675 mammograms and clinical breast examinations were performed.

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

- **Partially achieved:** Culturally-relevant outreach and education, provided by Project WISH community partners, encourages District women to utilize available cervical cancer screening services. Service providers, located at hospital and clinic based settings, receive funds to provide cervical cancer screening and diagnostic services across the District. During FY 13, the program provided 250 Pap tests.

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

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

- **Fully achieved:** During FY 13, the District of Columbia SNAP-Ed program increased its numbers of participating DC residents to 12,356. This was accomplished through the work of DOH staff as well as the University of The District of Columbia. Additionally, community partners assisted with ensuring that hard to reach target audiences were included.

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

- **Fully achieved:** The DOH partnered with D.C. Central Kitchen to provide outreach and education on cooking demos in Wards 5, 7 and 8 that participate in the D.C. Healthy Corner Store program. DCCK has conducted demonstrations at 45 community events, two cooking demonstrations per store and 45 cooking classes throughout Wards 5, 7 & 8 for a total of 150 events. 5,835 D.C. residents benefited from cooking demos and classes as well as nutrition information and food samples made with fresh produce available in their communities through the D.C. Healthy Corner Store program.

INITIATIVE 2.3: Launch the D.C. Fresh! pilot program (One City Action Plan Action 3.4.2).

- **Fully achieved:** Mobile healthy food carts participated in 10 large community events where they distributed \$6,000 worth of Freggie Bucks which were used to purchase fresh fruits and vegetables. They were able to complete 8,000 sales transactions in FY 13.



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

INITIATIVE 3.1: 85% of the parents of infants with abnormal hearing screening results will be educated on the importance of follow-up care.

- **Fully achieved:** The DOH has been effective in providing educational counseling for parents of infants with abnormal hearing screening results. Each month staff analyzes hearing screening data to target the families of infants that have referred on the initial hearing screening. In addition to receiving a phone call and (bilingual) literature, staffs assist with linkages to services and follow up care to ensure optimal outcomes. Additionally, DOH hosted a full day conference, “Sound Beginnings: Understanding the DC Family Roadmap to Hearing Screening” that increased the public’s and providers’ awareness about the newborn hearing screening process in the District.

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

INITIATIVE 4.1: Build on the successful elements of the Infant Mortality Plan originally published in December 2007 (One City Action Plan Action 3.2.2 and Indicator 3F).

- **Fully achieved:** The Perinatal and Infant Health Bureau (PIHB) will maintain its efforts to reduce infant mortality in the District of Columbia by educating the population and continue home visitation to the target population. PIHB plans to further increase the capacity of home visitation for pregnant women and inter-conceptional women by extending its efforts beyond wards 5, 6, 7 and 8 to include District wide services. All District residents of childbearing age will be eligible to be enrolled in case management services and be recipients of evidence-based curricula, benefit from prenatal care as well as in home nursing care/support.

INITIATIVE 4.2: Collect and analyze demographic data to improve DOH’s effectiveness in targeting the causes of high infant mortality (One City Action Plan Action 3.2.2 and Indicator 3F).

- **Fully achieved:** The DOH has completed a comprehensive community health needs assessment which is currently available on its website. Additionally, the DOH has fully implemented software enhancements and staff training in order to utilize market research and public health data to affect program decisions.

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

INITIATIVE 5.1: Maintain at least 92% of children with up-to-date immunizations in District of Columbia Public Schools and District of Columbia Public Charter Schools.

- **Partially achieved:** The overall compliance rate for DC Public School, at the end of the 2012-2013 School Year, was 89.9% and the rate for Charter Schools was 83%. In FY 13, the Immunization Program wrote and recorded a Back-to-School PSA which ran from July through October 2013. This PSA was heard on five (5) Radio One stations (mainstream



urban, adult contemporary, news/talk, gospel) and a Latino station. Additionally, the Immunization Program hosted its 8th Annual Immunization Conference, the School Appreciation Event for school nurses and administrators, and an educational and awards program for participants in the Vaccines For Children (VFC) program.

OBJECTIVE 6: Increase the number of young children in the District who are ready for school.

INITIATIVE 6.1: In FY 2013 increase the number of participants in the Maternal, Infant, and Early Childhood Home Visiting Program to 60 families.

Partially achieved: The DOH awarded two contracts to local implementing agencies (LIA) in May 2012, to implement Home Instructions for Parents of Preschool Youngster (HIPPPY) and Parents As Teachers (PAT). Both programs provide home visitation services to residents in the District's Wards 5, 7 and 8. The Family Place has recruited and enrolled one hundred twenty-three (123) families in the HIPPPY program and continues to serve one hundred twenty-one (121) families. Whereas, the Mary's Center has recruited and enrolled sixty-nine (69) families, and has served a total of eighty-one (81) families through the PAT program.

CPPE

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

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

Fully achieved: The State Health Planning and Development Agency (SHPDA) reviewed 37 applications in FY 13. Of those 37 applications, the SHPDA denied 4 applications and approved 33 applications. The approved projects represent roughly \$200 million in capital investment for the District's health care infrastructure.

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

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

Fully achieved. The Vital Records Division has been successful in processing 95% of walk-in requests for birth and death record information within 30 minutes. Although the scanning effort has been delayed, customer satisfaction is at an all time high as evidenced by the GradeDC scorecard reports. The completion date for enabling all records to be issued from the Vital Records Division electronic system is now March, 2014.

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: In 2013, the DC BRFSS completed 4,837 surveys. The surveys were administered to District residents, 18 years of age and older in all eight wards of the city. The BRFSS will complete data analysis for the 2012 and 2013 survey by September 30, 2014.



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 (One City Action Plan Action 3.2.3).

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

Fully achieved: In FY 13, 714 new HIV/AIDS cases were reported. HAHSTA has engaged in multiple activities to ensure the timely reporting of HIV cases including provider training and outreach concerning District reporting laws, regulations, and procedures; laboratory monitoring and outreach; and an increased focus on active case surveillance. For FY 13, HAHSTA continued to support HIV screening in six hospitals and four community health centers, as well as directly supported more than 150,000 tests in FY 13. However, funding was not received to equip the 25 hospital and medical partners with new rapid testing technology.

INITIATIVE 1.2: Reduce the Prevalence of STDs and HIV in Youth.

Not achieved: HAHSTA has continued to normalize STD/HIV testing among District youth in an effort to improve the sexual health of this priority population and eventually reduce their rates of infections. The program expanded text message reminders sent to students participating in the School-based STD Screening Program (SBSP) reminding them to call in for their results to increase the percentage of participating students aware of their infection status and decrease the interval between testing and treatment of those infected. DOH expanded the number of school-based health centers that provide routine STD/HIV screening, treatment, and linkage to care. Additionally, the Gonorrhea Screening Program was expanded to provide youth-focused community-based organizations the ability to test adolescents for STDs in a non-clinical, non-school setting.

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

INITIATIVE 2.1: Increase the Number of People in quality HIV medical care (One City Action Plan Action 3.2.3)

Fully achieved: HAHSTA continues to maximize the utilization of surveillance data to facilitate linkage and engagement in HIV care. As part of HAHSTA's routine Recapture Blitz efforts, HIV positive individuals identified as being out of care for 6 months or more based on a review of clinic and surveillance data are targeted for active outreach and follow-up by participating Ryan White providers. Through this effort, multiple HIV positive individuals within the District have been relinked with beneficial HIV care and treatment. In FY 13, 83.8% of HIV/AIDS clients were linked to care within 3 months of diagnosis.



HEPRA

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

INITIATIVE 1.1: The Division will perform unannounced inspections on DC ambulances to ensure continued compliance and availability of equipment in accordance with American College of Surgeons recommendations.

- **Fully achieved:** To date, the Department of Health has certified a total of 192 ambulances in the District of Columbia. This number is expected to change in FY 14 due to an active effort by the FEMS to replace older transport units with newly acquired equipment.

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

INITIATIVE 2.1: HEPRA will solicit input of stakeholders on the services that were provided to them. Their feedback will shape future performance.

- **Partially achieved:** Thanks to technology that allows us to send out surveys electrically 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.

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

INITIATIVE 3.1: Assure that staff participating in HECC activities are prepared to respond to emergencies utilizing the concepts of the National Incident Management System.

- **Fully achieved.** In FY 13, the Department of Health trained 100% of relevant emergency preparedness staff on the Department of Homeland Security's NIMS training. NIMS is invaluable to ensure that neighboring jurisdictions and government agencies collaborating on emergency activities are adequately trained. Consistent implementation of NIMS training provides a solid foundation across jurisdictions and disciplines to ensure effective and integrated preparedness planning and response.

HRLA

OBJECTIVE 1: Conduct and complete complaint based investigations of licensed healthcare providers to ensure the health, safety and welfare of residents.

INITIATIVE 1.1: The Investigations Division will provide investigative support and expertise upon request of the 23 health licensing/registration boards and commissions.

- **Partially achieved:** In FY 2013, the Investigations Divisions completed 93 board requested investigations within 45 days. This represented a 84.54% completion rate of the FY13 projected goal of 110 investigations. The Investigations Division's average closure rate of all Board requested investigations was 42 days.



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

INITIATIVE 2.1: The Health Care Facilities Division will conduct 110 on-site surveys to ensure health, safety, sanitation, fire, and quality of care requirements of facilities that are licensed and/or certified.



Fully achieved: The HCFD completed licensure and recertification surveys of health care facilities to ensure compliance with applicable regulatory requirements.

OBJECTIVE 3: Conduct annual licensure for all facilities under the purview of ICFD and federal certification inspections of ICF/MRs, as well as conduct monitoring inspections of certain facilities.

INITIATIVE 3.1: The Intermediate Care Facility Division (ICFD) will conduct 192 onsite surveys to ensure health, safety, sanitation, and quality of care requirements of healthcare facilities.



Fully achieved. The Intermediate Care Facilities has successfully exceeded its FY2013 target.

OBJECTIVE 4: To protect the public health and safety of residents and visitors in the District through the prevention of food-borne outbreaks and to protect the food supply through inspections.

INITIATIVE 4.1: Inspect food establishments.

Fully achieved: The Division has exceeded the target of 500 complaint inspections by completing a total of 795 complaint inspections. These inspections provide an excellent opportunity to inform and educate the PICs (Person-in-Charge) of the importance of adhering to the updated and recently adopted Food Code regulations and to demonstrate how following the regulations results in a more clean and healthy establishment.



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

INITIATIVE 5.1: Inspect x-ray tubes.

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



Fully achieved: The Radiation Protection Division conducted inspections on 829 X-ray tubes during FY 13.

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

INITIATIVE 6.1: Ensure that 100% of samples taken from rabies-suspect animals are submitted for testing within 48 hours upon notification of exposure.



Fully achieved: The Animal Disease Prevention Program has submitted 231 animals with suspected rabies for testing within the required timeframe in FY 13.



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

- **INITIATIVE 7.1: Inspect 50,000 premises for rodent activity**
Fully achieved. The Rodent and Vector Control Program has inspected more than 53,124 premises for rodent activity.



Key Performance Initiatives – Assessment Details

Performance Assessment Key:

Fully Achieved

Partially Achieved

Not Achieved

Data Not Reported

| | KPI | Measure Name | FY 2012 YE Actual | FY 2013 YE Target | FY 2013 YE Revised Target | FY 2013 YE Actual | FY 2013 YE Rating | Budget Program |
|--------------------------|-----|--|-------------------------|-------------------------|------------------------------------|-------------------------|-------------------------|--|
| Agency Management | | | | | | | | |
| | 1.1 | % of Employee Reviews Completed on Time | 48.5% | 100% | n/a | 63.85% | 63.85% | Agency Management |
| | 2.1 | % of DOH paper files converted to electronic file system | 0.24% | 50% | n/a | 0.25% | 0.49% | Agency Management |
| | 3.1 | # of visitors to the DOH website | 1,050,207 | 1,000,000 | n/a | 917,445 | 91.74% | Agency Management |
| | 4.1 | Number of Supplemental Nutrition Program for Women, Infants, Children (WIC) participants | 16,558 | n/a | n/a | 12,356 | n/a | Community Health Administration |
| | 4.2 | Number of DC Medicaid 1115 Waiver Reform Demonstration project clients receiving pharmaceutical services through the pharmaceutical procurement and distribution program | 4 525 | n/a | n/a | 4 057 | n/a | Health Emergency Preparedness and Response Administration |
| | 4.3 | Number of DC Alliance clients receiving pharmaceutical services through the pharmaceutical procurement and distribution program | 15 300 | n/a | n/a | 15 500 | n/a | Health Emergency Preparedness and Response Administration HEPRA |
| | 4.4 | Number of Ryan White Service Visits | 318 193 | n/a | n/a | 370,095 | n/a | HIV/AIDS, Hepatitis, STD and TB Administration |



| | KPI | Measure Name | FY 2012 YE Actual | FY 2013 YE Target | FY 2013 YE Revised Target | FY 2013 YE Actual | FY2013 YE Rating | Budget Program |
|--|------|---|-------------------------|-------------------------|------------------------------------|-------------------------|------------------------|---|
| ● | 4.5 | Number of individuals entering the APRA Assessment and Referral Center to seek substance abuse treatment services | 9 192 | n/a | n/a | n/a | n/a | Department of Behavioral Health |
| ● | 4.6 | Number of new EMT certifications by DC DOH | 1 434 | n/a | n/a | 1,312 | n/a | Health Emergency Preparedness and Response Administration |
| ● | 4.7 | Number of health care professional background checks conducted | 23,592 | n/a | n/a | 35,488 | n/a | Health Regulation and Licensing Administration |
| ● | 4.8 | Number of health care related complaints | 820 | n/a | n/a | 1,272 | n/a | Health Regulation and Licensing Administration |
| ● | 4.9 | Number of health care related incidents received | 9 301 | n/a | n/a | 10,694 | n/a | Health Regulation and Licensing Administration |
| ● | 4.1 | Number of adverse events reported in nursing homes & hospitals | 71 | n/a | n/a | 44 | n/a | Health Regulation and Licensing Administration |
| ● | 4.11 | Number of new health professional licenses issued by HRLA | 6 160 | n/a | n/a | 13,053 | n/a | Health Regulation and Licensing Administration |
| ● | 4.12 | Number of Certificate of Need Application decisions | 26 | n/a | n/a | 37 | n/a | Center for Policy, Planning and Evaluation |
| ● | 4.13 | Number of walk-in customers to Vital Records Office | 30 834 | n/a | n/a | 32,500 | n/a | Center for Policy, Planning and Evaluation |
| ● | 4.14 | Number of BRFSS surveys administered | 3 967 | n/a | n/a | 4 837 | n/a | Center for Policy, Planning and Evaluation |
| APRA (In FY 14, APRA joined the Department of Behavioral Health) | | | | | | | | |
| ● | 1.1 | # of adults reached through planned prevention strategies | 6 388 | 7 400 | n/a | 15,871 | 214.47% | Department of Behavioral Health |
| ● | 1.2 | # of youth reached through planned prevention strategies | 4 797 | 6,000 | n/a | 17,353 | 289.22% | Department of Behavioral Health |
| ● | 2.1 | % of adults that successfully complete treatment | 42.68% | 60 | n/a | 43% | 71.67% | Department of Behavioral Health |



| | KPI | Measure Name | FY 2012 YE Actual | FY 2013 YE Target | FY 2013 YE Revised Target | FY 2013 YE Actual | FY2013 YE Rating | Budget Program |
|--------------|-----|--|----------------------|----------------------|------------------------------------|-------------------------|------------------------|---|
| ● | 2.2 | % of youth that successfully complete treatment | 19.5% | 30 | n/a | 14% | 46.67% | Department of Behavioral Health |
| ● | 2.3 | # of technical assistance encounters provided | 1,448 | 1,500 | n/a | 2,030 | 135.33% | Department of Behavioral Health |
| ● | 2.4 | % of contracted providers that undergo a financial review | 72% | 85% | n/a | 20% | 23.53% | Department of Behavioral Health |
| ● | 2.5 | % of contracted providers that undergo a contract review | 0 | 85% | n/a | 0% | 0% | Department of Behavioral Health |
| ● | 2.6 | % of recovery support clients that maintain abstinence from ATOD 6 months post admission | 84% | 85% | n/a | 91.4% | 107.53% | Department of Behavioral Health |
| CPPE | | | | | | | | |
| ● | 1.1 | # of certificate of need reviews | 26 | 25 | n/a | 37 | 148% | Center for Policy, Planning and Evaluation |
| ● | 2.1 | % of vital records processed within 30 minutes | 90 | 95 | n/a | 95% | 100% | Center for Policy, Planning and Evaluation |
| ● | 3.1 | # of BRFS surveys completed | 3,967 | 4,800 | n/a | 4837 | 100.7% | Center for Policy, Planning and Evaluation |
| HEPRA | | | | | | | | |
| ● | 1.1 | # of unannounced ambulance inspections | 298 | 300 | n/a | 310 | 103% | Health Emergency Preparedness and Response Administration |
| ● | 2.1 | # of survey reports that are sent out from all HEPRA Divisions to stakeholders and customers | 479 | 500 | n/a | 479 | 95.8% | Health Emergency Preparedness and Response Administration |
| ● | 3.1 | % of applicable staff trained on NIMS IS 100, 200, 700 and 800 | 27% | 90% | n/a | 100% | 111% | Health Emergency Preparedness and Response Administration |



| | KPI | Measure Name | FY 2012 YE Actual | FY 2013 YE Target | FY 2013 YE Revised Target | FY 2013 YE Actual | FY2013 YE Rating | Budget Program |
|---------------|-----|---|----------------------|----------------------|------------------------------------|-------------------------|------------------------|------------------------------------|
| CHA | | | | | | | | |
| ● | 1.1 | # of procedures women receiving clinical breast exam and mammograms | 3,134 | 2,680 | n/a | 675 | 25.18% | COMMUNITY HEALTH ADMINISTRATION |
| ● | 1.2 | # of women receiving pelvic and cervical exam/PAP-test screenings | 357 | 275 | n/a | 250 | 90.91% | COMMUNITY HEALTH ADMINISTRATION |
| ● | 2.1 | # of SNAP-Ed participants receiving education | 8,378 | 10,000 | n/a | 12,356 | 123.56% | COMMUNITY HEALTH ADMINISTRATION |
| ● | 3.1 | % of parents receiving educational counseling for newborn hearing loss | 84 | 85 | n/a | 96.30% | 113.29% | COMMUNITY HEALTH ADMINISTRATION |
| ● | 4.1 | # of home visitations provided to pregnant women and newborns to reduce infant mortality | n/a | 3,500 | n/a | 3843 | 109.8% | COMMUNITY HEALTH ADMINISTRATION |
| ● | 5.1 | % of children with up-to-date immunizations | 92 | 92 | n/a | 88.55% | 96.25% | COMMUNITY HEALTH ADMINISTRATION |
| ● | 6.1 | # of families in the DC Home Visiting program, early childhood visits families in program | 120 | 220 | n/a | 190 | 86.36% | COMMUNITY HEALTH ADMINISTRATION |
| HAHSTA | | | | | | | | |
| ● | 1.1 | # of new HIV/AIDS cases reported within the fiscal year | 617 | 1,300 | n/a | 714 | 54.92% | HIV/AIDS, HEPATITIS, STD, TB ADMIN |
| ● | 1.2 | # of youth (15-19) screened for STDs through youth outreach programs | 2,720 | 7,500 | n/a | 4,449 | 59.32% | HIV/AIDS, HEPATITIS, STD, TB ADMIN |
| ● | 1.4 | # of needles off the streets through DC NEX Program | 233,814 | 400,000 | n/a | 647,838 | 161.96% | HIV/AIDS, HEPATITIS, STD, TB ADMIN |



| | KPI | Measure Name | FY 2012 YE Actual | FY 2013 YE Target | FY 2013 YE Revised Target | FY 2013 YE Actual | FY2013 YE Rating | Budget Program |
|-------------|-----|---|-------------------------|-------------------------|------------------------------------|-------------------------|------------------------|--|
| ● | 1.5 | # of condoms (female and male) distributed by DC DOH Condom Program | 2,718,750 | 4,500,000 | n/a | 6,941,760 | 154.26% | HIV/AIDS, HEPATITIS, STD, TB ADMIN |
| ● | 2.1 | % of clients linked to care within 3 months of diagnosis | 28% | 50% | n/a | 83.82% | 163.97% | HIV/AIDS, HEPATITIS, STD, TB ADMIN |
| HLRA | | | | | | | | |
| ● | 1.1 | # of assigned investigations completed within 45 days of initiation | 76 | 110 | n/a | 93 | 84.5% | HEALTH CARE REGULATION & LICENSING ADMIN |
| ● | 2.1 | # of inspections completed by the HCFD | 108 | 110 | n/a | 168 | 152.7% | HEALTH CARE REGULATION & LICENSING ADMIN |
| ● | 3.1 | # of inspections completed by the ICFD | 165 | 192 | n/a | 202 | 105.2% | HEALTH CARE REGULATION & LICENSING ADMIN |
| ● | 4.1 | # of inspections of food establishments generated by complaints/food borne illness reports | 445 | 500 | n/a | 795 | 157.4% | HEALTH CARE REGULATION & LICENSING ADMIN |
| ● | 4.2 | # of food establishment closures | 60 | 100 | n/a | 86 | 86% | HEALTH CARE REGULATION & LICENSING ADMIN |
| ● | 5.1 | # of x-ray tubes inspected for compliance with radiation protection standards | 796 | 820 | n/a | 829 | 101% | HEALTH CARE REGULATION & LICENSING ADMIN |
| ● | 6.1 | # of rabies-suspect animals submitted for testing within 48 hours of notification of exposure | 0 | 100 | n/a | 231 | 115.5% | HEALTH REGULATION & LICENSING ADMIN |
| ● | 7.1 | # of premises inspected for rodent activity | 62,710 | 6,500 | n/a | 53,124 | 106.25% | HEALTH CARE REGULATION & LICENSING ADMIN |