



Department of Health DOH (HCO)

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.

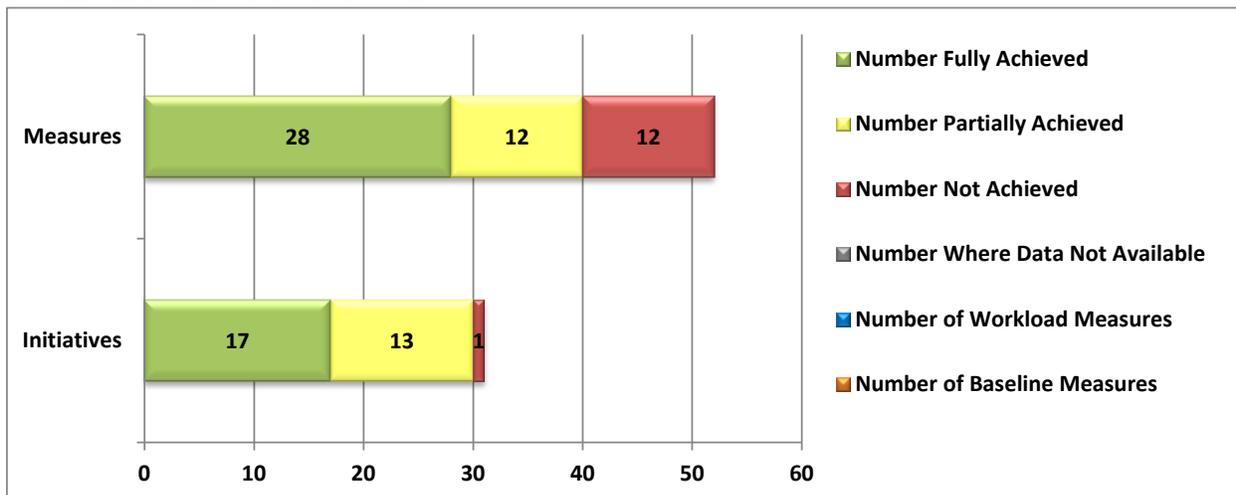
ACCOMPLISHMENTS

- ✓ Completed all submissions and site visit for Accreditation from the Public Health Accreditation Board.
- ✓ Implemented Medical Tourism Initiative
- ✓ Implemented Ebola Readiness Plan

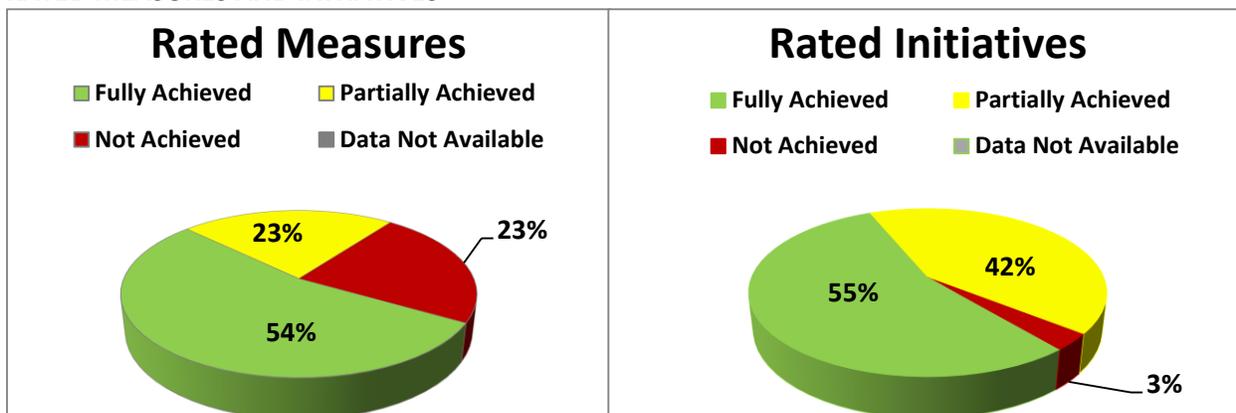


OVERVIEW AGENCY PERFORMANCE

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: Train DOH employees on quality improvement (QI) tools and principles.

INITIATIVE 1.1: Train 90% of senior leaders and managers, and 50% of non-managerial staff, on quality improvement (QI) basic tools and principles.

-  **Not achieved.** Although over 90% of senior leaders participated in QI training, the planned training for managerial staff was rescheduled for FY 2015. Approximately 100 employees participated in a QI workshop; however, additional training will be required in FY 2015 to reach a greater number of staff.

OBJECTIVE 2: Achieve national public health accreditation

INITIATIVE 2.1: Assess the Department's ability to satisfy national public health standards.

-  **Fully achieved.** In FY 2014, DOH submitted 501 documents to satisfy all of the requested examples. Documentation was submitted in May of 2014 and a site visit was scheduled for November of 2014. The final decision will be made by the Public Health Accreditation Board in March of 2015.

Community Health Administration

OBJECTIVE 1: Maintain the delivery of safety-net services provided to low-income residents through Project WISH in efforts 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 680 eligible women.

-  **Fully achieved:** Project WISH works with several community partners who conduct culturally-relevant outreach and education activities that ultimately lead women to breast cancer screening services. Additionally, community providers receive funding to provide breast cancer screening and diagnostic services across the District. Although implementation of the Affordable Care Act led to the expansion of health care coverage and greater access to screening and preventative services, Project WISH continues to target and reach women at greatest need to ensure they receive life-saving education and screening services. During FY14, 2,382 breast cancer screening and diagnostic services were provided; including mammograms, clinical breast examinations, ultrasounds, biopsies, and other services.

INITIATIVE 1.2 Project WISH will provide pelvic and cervical exams and/or PAP-test screenings to 295 eligible women.



Fully Achieved: Project WISH continues to work with its community partners to provide comprehensive services to eligible women in the form of free cervical cancer screening and diagnostic procedures. 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. These partnerships allowed Project WISH to achieve its goals. During FY2014, the program provided 419 cervical cancer screening and diagnostic procedures including Pap tests, colposcopy, endocervical curettage, conization, HPV testing and Loop electrode excision procedures (LEEP).

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. (One City Action Plan Actions 3.4.1 and 3.4.2).

Partially achieved: During FY14, the District of Columbia SNAP-Ed program provided nutrition and physical activity education to a total of 22,628 residents. The FY14 YE Target reflects duplicated figures that include activities by both DOH and UDC staff, while the FY14 actual participant figures reflect the transition from using duplicated to unduplicated data to report on the KPI. In addition, several key FY13 partnerships were not continued in FY14. However, the USDA approved State Plan projects a 3% and 10% increase over 2014 participation for DOH and UDC respectively. In addition, DOH is working to establish new partners in 2015 to increase the number of families participating in SNAP-Ed.

INITIATIVE 2.2: Increase the number of District residents reached through the Live Well D.C.! Initiative (One City Action Plan Action 3.4.2 and Sustainable DC Plan Action HW 1.2).).

Partially achieved: During FY14 there was no funding stream or programmatic infrastructure to support Live Well D.C.! branded events. To continue the work of this initiative, 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. DCKK has conducted demonstrations at 13 community events, two cooking demonstrations per store, and 60 cooking classes throughout Wards 5, 7, & 8 for a total of 73 events. Eight hundred and twenty-one (821) 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: Expand the D.C. Fresh! pilot program (One City Action Plan Action 3.4.2 and Sustainable DC Plan Action HW 1.2).

Fully achieved: “D.C. Fresh!” is actually the Get Fresh Health Food Access Initiatives. Get Fresh initiatives include Produce Plus, Freggie Bucks, and Healthy Corner Stores. These DC Government funded programs provide residents participating in citywide safety net programs such as the Senior Farmers’ Market Nutrition Program (SFMNP), SNAP, the Commodity Supplemental Food Program (CSFP) and TANF with farmers’ market incentive checks for fresh fruits and vegetables. More than \$165,000 in checks were distributed and redeemed by low income residents during the 2014 growing season.

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

INITIATIVE 3.1: Increase the percentage of parents of infants with abnormal hearing screening results that are educated on the importance of follow-up care and the percentage of infants that receive follow-up care.

Fully achieved: In FY14, 94% of parents with an infant with abnormal hearing screening results received educational counseling and were referred for follow up care. 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 telephone call and (bilingual) literature, staff assists with linkages to services and follows up care to ensure optimal outcomes.

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: During FY14, the DOH provided home visitations to pregnant women and newborns to reduce infant mortality. DOH exceeded its target and provided 5,958 home visits. On October 1, 2014, the DC Department of Health (DOH), along with project partners, launched Stronger Together, a citywide initiative to further reduce the District’s infant mortality rate (IMR). The initiative is a public-private partnership with more than 40 community providers and corporate partners united to improve maternal and child health outcomes throughout the city to address the physical and social determinants of health to reduce preventable infant deaths.

Stronger Together includes the development of a five-year Infant Mortality Reduction Action Plan, the development of stakeholder advisory groups to oversee the implementation of the action plan, and the creation and launch of a citywide public education campaign. Components include an interactive [website](#), targeted marketing



initiatives and engagement activities at participating partner locations. Through outreach and engagement efforts, the goal is to reduce the District's infant mortality rate to 5.0 deaths per 1,000 births by 2020.

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 (CHNA), which is currently available on its website. Additionally, through the Stronger Together initiative, comprehensive data analysis revealed the key drivers of infant mortality in the District. Data analysis regarding risk factors for infant death revealed four areas of high impact that aim to reduce infant mortality and health outcome disparities among District citizens: 1) early and continuous prenatal care; 2) obesity prevention and weight loss; 3) smoking cessation and 4) infant sleep safety.

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 average immunization compliance rate for DC Public Schools and DC Public Charter Schools was 83%. In FY14, the Immunization Program wrote and recorded a Back-to-School PSA which ran from July through October 2014. The 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 9th 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: Increase the number of participants in the Maternal, Infant, and Early Childhood Home Visiting Program.

Partially achieved: During FY14, there were 178 participants who received services (at least one completed visit) in the Maternal, Infant, and Early Childhood Home Visiting Program. However, the program was only able to maintain a 52% capacity rate (93 out of 180 participants). In FY15, DOH will be working with its partners to meet the federal grant requirement of an 85% capacity rate (153 out of 180 participants).

OBJECTIVE 7: Access to Care

INITIATIVE 1.2: Assess care to determine the need for constructing new primary health

care clinics, recruiting and retaining health care providers in underserved areas

[One City Action Plan Action 3.2.3]

Fully achieved: In FY14, 62.5% of HPLRP participants were practicing primary care in the District



- **INITIATIVE 1.3: Ensure that 90% of Tobacco Settlement Fund funded health center and hospital projects are operational and serving the public.**
Fully achieved: In FY14, 90% of TSF-funded projects were open and fully operational.

Center for Policy, Planning and Evaluation

OBJECTIVE 1: Promote the availability of accessible, high quality and affordable health care [One City Action Plan Action 3.2.3]

- **INITIATIVE 1.1: To increase residents' access to needed health care services.**
Partially achieved. In FY 14, SHPDA reviewed 20 CON applications.

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 (VRD) has successfully met this target goal of processing 95% of walk-in customers within 30 minutes. This success was achieved primarily as a result of legacy paper records being scanned into the VRD electronic birth registration system to enable issuance of a certified record.

- **INITIATIVE 2.2: Analyze customer data to improve service delivery.**
This target objective was partially completed. The VRD recently implemented an updated version of its QMatic customer flow system that will provide better and more accurate reporting of customer work flow and staff performance.

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

- **INITIATIVE 3.1: Complete 4800 interviews for the survey year implementing a landline and cell phone questionnaire,**
Fully Achieved. The 2011 BRFSS marked the first time that the CDC added a cell phone survey component to the annual survey process. CPPE has since published a 2011 report that included cell phone responses. Data collection and analysis for the DC BRFSS program has been completed. The data annual health report provides an overview of the health of District residents.

HIV/AIDS, Hepatitis, STD, and TB Administration

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 identification of individuals newly infected with HIV or STDs.**
Fully achieved. HAHSTA report of 76,462 publicly supported HIV tests is preliminary. HAHSTA expects additional tests with late reporting by providers. Also, there was a backlog of HIV test reports from earlier in FY14 that is being entered into the dataset. HAHSTA expected the number of HAHSTA funded HIV tests to decline as it promoted more HIV testing through medical providers and insurance coverage. With the



District's implementation of expanded Medicaid and the first year of the health insurance marketplace, many more residents now have insurance coverage. In FY14, the U.S. Preventive Services Task Force increased the grade rating for HIV testing to A, which covers all adults and adolescents. Insurance carriers use the Task Force rating for coverage of routine screenings. The decrease in HAHSTA funded testing does not indicate an overall decrease in HIV testing. HAHSTA is now obtaining HIV testing data from the DC Medicaid program. For six months of FY14, Medicaid covered 25,543 tests, which brings a new preliminary number of 102,005. Those numbers will be subsequently included in the reporting of overall testing. With the late reports and the additional six months of Medicaid supported testing, HAHSTA is confident that it will exceed the target. In FY14, HAHSTA shifted policy on providing funding support to hospitals for testing in emergency departments. HAHSTA determined that sustained funding was a priority as insurance would not necessarily cover testing in emergency department settings. HAHSTA started providing funds later in FY14 while leveraging hospitals to increase in-patient HIV screening. HAHSTA approached hospitals on the opportunity to acquire the 4th generation HIV testing architect. HAHSTA currently supports United Medical Center for its 4th generation testing architect. However, the hospitals opted not to seek HAHSTA funds to purchase the lab device."

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

Partially achieved. HAHSTA sought more community partners and new schools to provide STD testing. HAHSTA did engage a new community partner SMYAL for STD testing. It has also contacted public charter schools to offer testing. However, FY14, HAHSTA encountered similar conditions with date changes in screening and low attendance days at schools, which resulted in fewer students to be offered STD testing. The percentage of students voluntarily undertaking STD tests declined from around 70% to 50%. This may be because of students accessing STD testing at other sites or changes in behavior that reduce their risk of STD infection. In fact, HAHSTA saw an encouraging decline from an average infection rate from 6% in FY13 to 4% in FY14. For FY15, HAHSTA is recruiting up to five public charter schools and engaged more community partners to increase STD testing availability. HAHSTA did successfully expand school-based HIV testing from about 200 tests in FY13 to 900 in FY14. HAHSTA expects an increase in FY15 as more schools are willing to make HIV testing available.

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 with its community partners succeeded in increasing the linkage to care within 3 months of diagnosis rate to 86% in FY14.



Health Emergency Preparedness and Response Administration

OBJECTIVE 1: Improve Administrative Services with Customer & Stakeholder Feedback/Satisfaction Surveys.

- **INITIATIVE 1.1: HEPRA will solicit input of stakeholders on the services that were provided to them. Their feedback will shape future performance.**
Partially Achieved. In FY 2014, HEPRA surveyed 2,748 customers/stakeholders.

OBJECTIVE 2: Improve and sustain public health emergency preparedness and response efforts within HEPRA.

- **INITIATIVE 2.1: Ensure staff participating in the HECC activities are prepared to respond to emergencies utilizing the concepts of NIMS as directed by Presidential Directive #5.**
Partially Achieved. 95% of applicable staff were trained in required NIMS courses. The target of 100% was not met due to the hiring of new staff.

OBJECTIVE 3: Expand the District's medication distribution capabilities through new programs that increase ease of access to pharmaceuticals and improve knowledge for those who have multiple chronic illnesses.

- **INITIATIVE 3.1: Establish a DOH Mail Order Pharmacy Service (MOPS) program.**
Partially achieved. The renovation activities to build-out the DOH pharmacy warehouse is still in the construction phase with an expected completion date in February of 2015.
- **INITIATIVE 3.2: Establish a Medication Therapy Management (MTM) service for District residents.**
Partially achieved. The DOH Pharmacy Warehouse, in collaboration with HAHSTA and their partners Clinical Pharmacy Associates (CPA), began training participating pharmacist within the 23 network pharmacies. It is the goal to have at least 30% of the network trained in MTM services to maximize patient adherence and efficacy with prescription medications provided by the District by the end of FY15. The Warehouse would also like to extend MTM services to DHCF clients participating in the HIV MCAD carve out and Health Care Safety Net Clients also known as Alliance.



Health Regulation and Licensing Administration

OBJECTIVE 1: Conduct annual licensure and federal certification inspections of health care facilities that HCFD regulates.

INITIATIVE 1.1: 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 exceeded its projected performance measures for Fiscal Year 2014. During this fiscal year there were 23 visits to health care facilities for approval of completed renovation projects or new construction; illustrating the growth and improvements in District of Columbia health care facilities.

OBJECTIVE 2: 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 2.1: Conduct on-site surveys to ensure health, safety, sanitation, and quality of care requirements of healthcare facilities.

- **Fully achieved.** The ICFD accomplished their 2014 initiative by completing 204 surveys that included monitoring visits and investigation of complaints and incidents. The initial projection was to complete 220 surveys; however, due to the closure of 10 facilities/agencies and the FBI raid that affected 13 home care agencies, the ICFD revised its goal to complete 192 surveys.

OBJECTIVE 3: 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 3.1: Inspect food establishments.

- **Fully achieved.** In FY14, Food Safety Division (FSD) conducted 726 visits to food establishments as a result of complaints. The Department continues to provide surveillance and education to prevent outbreaks of food borne illnesses and to conduct routine unannounced

OBJECTIVE 4: 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 4.1: Inspect x-ray tubes.

- **Fully achieved.** The Radiation Protection Division met the goals of the respective initiative for FY-14. The Division inspected 855 X-ray tubes or 100% of the initiative's goal

OBJECTIVE 5: Conduct timely animal surveillance and disease control to protect residents and visitors.



INITIATIVE 5.1: Ensure that 100% of samples taken from rabies-suspect animals are submitted for testing within 48 hours upon notification of exposure.

Partially achieved. The initiative 5.1 has been successfully executed by the Animal Disease and Prevention Division whereby 100% of all rabies-suspect animals were submitted for diagnostic testing within 48 hours of notification of potential exposure. The number of animals to be tested in FY14 for Rabies Virus was projected to be 380. The actual number of animals tested in FY14 was 416 with a total of 46 confirmed positive cases (11% incidence).

OBJECTIVE 6: Protect the health and safety of residents and visitors through the reduction of rodent activity.

INITIATIVE 6.1: Inspect 50,000 premises for rodent activity

Partially achieved. The Rodent and Vector Control Division goal was to inspect 50,000 premises for rodent activity and the Division inspected 41,063. This goal was not met because of an unusually high volume of complaints of hornet nests that had to be removed from public spaces. The extraction of hornet nests required assigning 2, and sometimes 3 pest controllers. This reallocation of staff resulted in the pest controllers' inability to inspect the target number of premises.



Key Performance Initiatives – Assessment Details

Performance Assessment Key:

● Fully Achieved
 ● Partially Achieved
 ● Not Achieved
 ● Data Not Reported

	KPI	Measure Name	FY 2013 YE Actual	FY 2014 YE Target	FY 2014 YE Revised Target	FY 2014 YE Actual	FY 2014 YE Rating	Budget Program
Community Health Administration								
	1.1	Number of women receiving pelvic and cervical exam/ PAP-test screenings	0	295		419	142.03%	Community Health Admin.
	1.2	Number of women receiving breast exams and mammograms	660	680		2,382	350.29%	Community Health Admin.
	2.1	Number of SNAP-Ed participants receiving education [One City Action Plan Actions 3.4.1 and 3.4.2 and Sustainable DC Plan Action FD2.3]	8,552	45,000		22,628	25.30%	Community Health Admin.
	2.2	Number of residents participating in a Live Well DC event (Sustainable DC Plan Action HW1.2)	1,859	3,000		821	27.37%	Community Health Admin.
	3.1	% of parents receiving educational counseling for newborn hearing loss	96.30%	90%		93.90%	104.34%	Community Health Admin.
	3.2	Percent of infants that receive documented follow up care after the first referral	67%	65%		65.32%	100.50%	Community Health Admin.



	KPI	Measure Name	FY 2013 YE Actual	FY 2014 YE Target	FY 2014 YE Revised Target	FY 2014 YE Actual	FY 2014 YE Rating	Budget Program
●	4.1	# of home visitations provided to pregnant women and newborns to reduce infant mortality	0	2,500		5,958	238.32%	Community Health Admin.
●	5.1	% of children with up-to-date immunizations	87.20%	90%		83.13%	92.37%	Community Health Admin.
●	6.1	# of families in the DC Home Visiting program, early childhood visits	201	360	180	178	98.89%	Community Health Admin.
●	7.1	Percent of HPLRP participants that are practicing primary care (One City Action Plan Action 3.2.1)	61%	60%		62.50%	104.17%	Community Health Admin.
●	7.2	Percent of TSF-funded health center and hospital projects operational and serving the public	61%	60%		90%	150%	Community Health Admin.
HIV/AIDS, Hepatitis, STD, and TB Administration								
●	1.1	Number of new HIV/AIDS cases reported within the fiscal year [One City Action Plan Action 3.2.3]	497 ¹	700		360 ²	194% ³	HAHSTA
●	1.2	# of youth (15-19) screened for STDs through youth outreach programs	4,449	7,500		3,825	51%	HAHSTA



	KPI	Measure Name	FY 2013 YE Actual	FY 2014 YE Target	FY 2014 YE Revised Target	FY 2014 YE Actual	FY 2014 YE Rating	Budget Program
●	1.3	# of publicly supported HIV tests reported [One City Action Plan Action 3.2.3]	158,195	125,000		76,462	61.17%	HAHSTA
●	1.4	# of needles off the streets through DC NEX Program [One City Action Plan Action 3.2.3]	647,838	500,000		696,807	139.36%	HAHSTA
●	1.5	# of condoms (female and male) distributed by DC DOH Condom Program [One City Action Plan Action 3.2.3]	6,941,760	500,000		5,249,850	105%	HAHSTA
●	2.1	% of clients linked to care within 3 months of diagnosis [One City Action Plan Action 3.2.3]	83.82%	85%		87.98%	103.06%	HAHSTA
Health Regulation and Licensing Administration								
●	1.1	# of inspections completed by the HCFD	168	111		161	145.05%	HRLA
●	2.1	# of inspections completed by the ICFD	202	220	192	204	106.25%	HRLA
●	3.1	# of inspections of food establishments generated by complaints/food borne illness reports	795	505		726	143.76%	HRLA
●	3.2	# of food establishment closures	86	100		206	206%	HRLA
●	4.1	# of x-ray tubes inspected for compliance with radiation protection standards	829	850		855	106.88%	HRLA



	KPI	Measure Name	FY 2013 YE Actual	FY 2014 YE Target	FY 2014 YE Revised Target	FY 2014 YE Actual	FY 2014 YE Rating	Budget Program
●	5.1	Number of rabies-suspect animals submitted for testing within 48 hours of notification of exposure	358	300	380	416	109.47%%	HRLA
●	6.1	# of premises inspected for rodent activity	53,124	50,000		41,063	82.00%	HRLA
Health Emergency Preparedness and Response Administration								
●	1.1	Number of survey reports that are sent out to stakeholders and customers	416	500		2748	549.60%	HEPRA
●	2.1	% of applicable staff trained on NIMS IS 100, 200, 700 and 800	100%	100%		94.59%	94.59%	HEPRA
●	3.1	Number of pharmacy providers in the DC Specialty Care Pharmacy Network	25	28		23	82.14%	HEPRA
●	3.2	Number of District agencies receiving procurement/distribution services via the DOH Pharmaceutical Warehouse	9	10		8	80%	HEPRA
Agency Management								
●	1.1	Percent of Managers Trained on QI	20%	90%		31.96%	35.51%	Agency Mgmt. Support
●	1.2	Percent of non-managers trained on QI	15%	50%		12.78%	25.56%	Agency Mgmt. Support
●	2.1	Percent of PHAB examples collected	60%	100%		86.85%	86.85%	Agency Mgmt. Support



	KPI	Measure Name	FY 2013 YE Actual	FY 2014 YE Target	FY 2014 YE Revised Target	FY 2014 YE Actual	FY 2014 YE Rating	Budget Program
●	3.1	Number of federal grants managed by the Department	92	57		44	77.20%	Agency Mgmt. Support
●	3.2	Number of subgrant awards issued by the Department	224	230		197	85.65%	Agency Mgmt. Support
●	3.3	Number of Supplemental Nutrition Program for Women, Infants, Children (WIC) participants	15,603	16,500		11,386	69.01%	Community Health Admin.
●	3.4	Number of Farmers Markets vendors accepting Produce Plus benefits (Sustainable DC FD2.3)	47	52		39	75.00%	Community Health Admin.
●	3.5	Number of stores participating in the Healthy Corner Store Initiative	30	30		30	100%	Community Health Admin.
●	3.6	Number of DC Medicaid 1115 Waiver Reform Demonstration project clients receiving pharmaceutical services through the pharmaceutical procurement and distribution program	4,580	4,600		5,115	111.20%	HEPRA
●	3.7	Number of DC Alliance clients receiving pharmaceutical services through the pharmaceutical procurement and distribution program	15,350	15,400		9,794	63.60%	HEPRA



	KPI	Measure Name	FY 2013 YE Actual	FY 2014 YE Target	FY 2014 YE Revised Target	FY 2014 YE Actual	FY 2014 YE Rating	Budget Program
●	3.8	Number of Ryan White service visits	235,230	391,181		556,452	142.49%	HIV/AIDS HEPATITIS STD & TB ADMIN
●	3.9	Number of new EMT certifications by DC DOH	1,255	1,150		1,367	118.86%	HEPRA
●	3.1	Number of background checks conducted for health care professionals receiving licensure	28,585	21,480	10,400 ⁴	12,092	116%	Healthcare Regulation & Licensing Admin.
●	3.11	Number of background checks conducted for unlicensed long-term care professionals	3,193	5,000		6,595	132%	Healthcare Regulation & Licensing Admin.
●	3.12	Number of health care related complaints	1272	900		335	37%	Healthcare Regulation & Licensing Admin.
●	3.13	Number of health care related incidents received	8,992	9,800		10,880	111%	Healthcare Regulation & Licensing Admin.
●	3.14	Number of adverse events reported in nursing homes & hospitals	44	80		57	71%	Healthcare Regulation & Licensing Admin.
●	3.15	Number of new health professional licenses issued	11,813	9,415		11,259	119%	Healthcare Regulation & Licensing Admin.
●	3.16	Number of Certificate of Need application decisions	31	30		20	66.67%	Ctr for Policy , Planning & Eval.



	KPI	Measure Name	FY 2013 YE Actual	FY 2014 YE Target	FY 2014 YE Revised Target	FY 2014 YE Actual	FY 2014 YE Rating	Budget Program
●	3.17	Number of walk-in customers to the Vital Records Office	24,372	32,500		31,550	97.08%	Ctr for Policy , Planning & Eval.
●	3.18	Number of BRFSS surveys administered	2,537	5,000		5,244	104.88%	Ctr for Policy , Planning & Eval.
Center for Policy, Planning and Evaluation								
●	1.1	Number of Certificates of Need (CONs) reviewed	37	30		20 ⁵	66.67%	Ctr for Policy , Planning & Eval.
●	2.1	% of vital records processed within 30 minutes	95.00%	95.00%		89.21%	93.90%	Ctr for Policy , Planning & Eval.
●	3.1	# of BRFSS surveys completed	4,870	5,000		5,244	104%	Ctr for Policy , Planning & Eval.

¹This number remains preliminary and subject to revision.

²This number remains preliminary and subject to revision.

³Originally, this indicator was defined as reports of new cases, which is different from new diagnoses, as it will include previously diagnosed cases in another jurisdiction that are now residing in the District. The intention was to complement the testing effort to find more people who were unaware of their status and ensure their linkage to care and treatment. The direction for this indicator was up as it would be finding more people. However, with HAHSTA's improved efforts on testing and linkage to care, this indicator should reflect the overall objective to reduce new infections. This appears to be the case as Performance Plan the targets for FY15 and FY16 are decreased. So, the preliminary new diagnoses in the District are reported here for this measure, which shows that HAHSTA is ahead of targets in reducing new HIV diagnoses.

⁴This target was revised down due to a regulatory change. The original target was set with the understanding that approximately 11000 renewing applicants would receive a background check. The administration decided not to require a background check upon renewal and to amend the regulation to tie background checks to renewal periods as of January, 2016.

⁵ SHPDA processed all applications received in a timely manner. The target was not achieved due to a smaller than expected number of CON applications received.