

▼ FY2017 Performance Accountability Report

The Performance Accountability Report (PAR) measures each agency's performance for the fiscal year against the agency's performance plan and includes major accomplishments, updates on initiatives, and key performance indicators (KPIs).

▼ Mission

The District of Columbia Department of Health promotes health, wellness and equity, across the District, and protects the safety of residents, visitors and those doing business in our nation's Capital.

▼ 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.

▼ FY17 Top Accomplishments

Accomplishment	Impact on Agency	Impact on Residents
Health Systems Plan		The HSP is based on the qualitative and quantitative analysis of a wealth of local data that has identified a range of opportunities related to patient and community engagement, service integration, care coordination, care transition, as well as gaps in the District's health infrastructure, and recommendations on how to address the challenges identified.
Help Me Grow		HMG succeeded in its soft launch in 2017, exceeding its target of serving 40 families by performing over 200 intakes this year. HMG builds collaboration across sectors, including child health care, early care and education, and family support. Through comprehensive physician and community outreach and centralized information and referral centers, families are linked with needed programs and services.
Opioid Response Efforts		DOH has been an active partner in the Opioid Working Group with DBH, FEMS, OCME and others. HAHSTA continues to facilitate Naloxone access through its contract vendors, contributing to the reversal of hundreds of overdoses. Additionally, the Prescription Drug Monitoring Program (PDMP) became active this year. The PDMP aims to improve the District's ability to identify and reduce diversion of prescription drugs in an efficient and cost effective manner that will not impede the appropriate medical utilization of controlled substances. These efforts will continue with the Opioid Summit in Fall 2017.

▼ 2017 Strategic Objectives

Objective Number	Strategic Objective

1	Health Regulation and Licensing Administration (HRLA). Protect the health of those who reside and do business in the District of Columbia by fostering excellence in health professional practice and building quality and safety in health systems and facilities through an effective regulatory framework.
2	Office of Health Equity. Promote Health Equity. Collaborate with other government agencies and community partners to identify and address the social determinants of health which are the key drivers of inequities in health outcomes.
3	Center for Policy Planning and Evaluation (CPPE). Develop an integrated public health information system to support health policy decision, state health planning activities, performance analysis and direction setting for department programs.
4	Community Health Administration (CHA). Provide programs and services that promote coordination among the health care systems in the city and enhance access to effective prevention, primary and specialty medical care through collaborations with public and private organizations.
5	HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) Reduce HIV, STD, TB and hepatitis-related morbidity and mortality and ensure healthy outcomes for persons living with those diseases. Administer federal and local funding, provide grants to service providers, monitor and evaluate programs, ensure quality services, and track the cases and status of the epidemics in the District.
6	Health Emergency Preparedness and Response Administration (HEPRA) Provide regulatory oversight of emergency medical services (EMS) and seek to ensure that DOH, its partners and the community are prepared for, can respond to, and recover from public health and health care system events and emergencies.
7	Create and maintain a highly efficient, transparent and responsive District government.**

2017 Key Performance Indicators

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY 2017	KPI Status	Explanation
1 - Health Regulation and Licensing Administration (HRLA). Protect the health of those who reside and do business in the District of Columbia by fostering excellence in health professional practice and building quality and safety in health systems and facilities through an effective regulatory framework. (8 Measures)									
Percent of follow-up inspections of health care facilities with harm level deficiencies completed within 30 days	Quarterly	100	100	100	100	No applicable incidents	100	Met	
Percent of intermediate care facilities identified with immediate jeopardies investigated	Quarterly	100%	No applicable incidents	100%	100%	No applicable incidents	100%	Met	

within 24 hours									
Percent of food establishment complaints inspected within 5 days	Quarterly	100%	96.3%	98.3%	92%	94%	94.7%	Nearly Met	Some facilities were closed when inspectors initially presented within the 5-day window. The subsequent attempts sometimes fell outside the 5-day window.
Percent of food-borne outbreak notifications in which suspected products were embargoed or collected and submitted for testing	Quarterly	100%	No applicable incidents	No applicable incidents	No applicable incidents	No applicable incidents	No applicable incidents		
Percent of inspections of pharmacy facilities where pharmacists are in compliance with patient counseling requirements	Quarterly	100%	100%	100%	100%	100%	100%	Met	
Percent of Registered Controlled Substance Facilities inspected	Annually	100%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	100%	Met	
Percent of samples taken from rabies suspect animals submitted for testing within 48 hours	Quarterly	100%	100%	100%	100%	100%	100%	Met	
Percent of rodent activity complaints	Quarterly	100%	100%	100%	100%	100%	100%	Met	

inspected or baited within 48 hours.

3 - Center for Policy Planning and Evaluation (CPPE). Develop an integrated public health information system to support health policy decision, state health planning activities, performance analysis and direction setting for department programs. (3 Measures)

Percent of Certificates of Need (CONs) reviewed on time within 90 days	Quarterly	100%	100%	100%	100%	100%	100%	Met	
Number of CON Appeals	Quarterly	0	0	0	0	0	0	Met	
Percent of vital records walk-in requests processed within 30 minutes	Quarterly	97%	96.6%	80.8%	81.3%	86.3%	85.8%	Unmet	DCVRD received 800 more walk-in visits relative to last year. DC experienced a spike in visits from immigrants seeking vital documents during the winter, a trend noted across Vital Records Divisions nationally at that time. Satisfying these additional requests did impact the unit's performance on this target. DCVRD continues to invest, as it has for the past two years, in enhanced technologies to improve the efficiency and effectiveness of service as well as the quality and security of data the unit generates to inform public health programs in the District.

4 - Community Health Administration (CHA). Provide programs and services that promote coordination among the health care systems in the city and enhance access to effective prevention, primary and specialty medical care through collaborations with public and private organizations. (13 Measures)

Total number of nutrition education and wellness contacts made to low income District residents participating in DOH Healthful Food Access programs	Quarterly	44,000	5000	7792	6837	6365	25,994	Unmet	The target was not met due to: a) Resignation of DOH SNAP-Ed Nutrition Educator and UDC SNAP-Ed Nutrition Educator; b) Change in a staff position and illness of other staff members resulted in no one being able to lead classes in the community. The DOH SNAP-Ed Nutrition Educator position was not filled. UDC has been working with their HR department of post, interview and hire for the position.
Percent of parents	Quarterly	95%	84.7%	67.8%	59.7%	66.7%	70%	Unmet	Parents receive educational counseling for newborn hearing loss from the DC Hears

receiving educational counseling for newborn hearing loss									program when the infant has to be rescreened after the initial newborn screening if they fail the initial screening in either or both ears or did not receive the screening at all. DC Hears receives this information via the Oz database which contains newborn screening information for all infants born in DC. Parents may not receive the information if the family is lost to follow up (incorrect telephone number or wrong address) or the parents did not respond to contacts attempted by DC Hears or the birthing hospital's attempts to contact and provide counseling.
Percent of infants that receive documented follow up care after the first referral	Quarterly	80%	35.5%	26.6%	31.5%	53.3%	37.1%	Unmet	DC Hears utilizes a monthly report that is able to be developed using numerous variables. The report that is run allows the DC Hears program to identify all infants that are DC residents that did not have a hearing screening conducted before discharge from the hospital or those that were completed but the infant referred in one or both ears. This information is entered into Oz by the hospital staff. Many times the infants that are found on the report as not having a screening conducted were or are currently in the NICU and will have their hearing screened before being discharged from the hospital. There are also infants that do not have their hearing screened because their parents opt of the screening. Infants may also appear on the report if the initial screening could not be conducted because the infant was too fussy. Also infants that expire due to various causes (i.e. extreme prematurity) will also appear on this report. A subsequent screening may occur after the initial infant information is entered into the database. DC Hears attempts to contact all families with infants that appear on the report. This contact occurs the proceeding month as DC Hears queries the data once a month; on the 5th. This percentage can improve with updated documentation from the hospitals, primary care providers and diagnostic centers as the infants are rescreened after they are discharged from the hospital. As well as with families contacting DC Hears to update the status of their infant receiving a secondary hearing screening (whether the infant passes or fails the screening.)
Percent of	Quarterly	90%	No data	36%	No data	81.5%	65.1%	Unmet	The DC Healthy Start Sites (DCHS) are hovering

eligible perinatal program participants with a documented reproductive health plan			available		available					at 81.5 % for the percent of women having a documented Reproductive Life Plan (RLP). DC Healthy Start sites are using the One Key Question® to drive the development for RLPs for participants. However, one of the challenges is timely data entry, and moving forward in FY 2018, the DCHS Case Managers and Family Support Workers are required record participant data into the DC Healthy Start database by the 5th of each month. The DCHS Program Evaluator will conduct monthly audits to ensure that participant data is entered as required. For DCHS sites that fail to enter the data as required, performance improvement plans will be implemented to increase timely data entry.
Percent of school age children with up-to-date immunizations	Annually	92%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	79.1%	Unmet	HPV vaccination requirement continues to be the biggest driver impacting compliance rates negatively. Out of all non-compliant students, over 32% are non-compliant with HPV only. In addition to our outreach efforts, we're currently updating our algorithm to adopt the new HPV 2-dose vaccine rule in DOCIIS, which should improve rates. Our team is also merging and removing duplicates in the system (DOCIIS); this should improve rates as well.	
Percent of eligible children enrolled in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs who receive developmental and social-emotional screenings	Quarterly	95%	48%	66.7%	66.7%	92.3%	52.8%	Unmet	A couple of factors influenced unmet target needs. Some caregivers did not give ASQ screening consent. Some of the recruited caregivers, typical of most other home visiting programs nationwide, withdrew from the program before screening administration timelines were reached. Staff turnover rates also negatively influenced screening. Finally, for some cases, missing data on screening, mainly on the LIA's end, limited our ability to determine if screening was done for some eligible children.	
Percent of women enrolled in the MIECHV programs that are screened	Quarterly	95%	87.5%	66.7%	66.7%	95.8%	85.9%	Nearly Met	The target was not met due to a) lack of screening consent for some participants b) staff turnover rates, which resulted in some clients dropping out of the program and others missing their screening schedules c) withdrawal of some clients before their earliest screening dates and	

for depression									d) duration of enrollment i.e. some new enrollees had not reached dates when screening guidelines dictate that they should be screened.
Percent of HPLRP participants that are practicing in priority underserved areas.	Quarterly	90%	96.2%	96.2%	100%	100%	98%	Met	
Percent increase in visits for primary medical, dental, and behavioral health services funded by the Diffusion of Care grants	Annually	5%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Data Forthcoming	Unmet	In FY16, grantees exceeded the Diffusions of Care KPI target by 76%. Given this, the cohort has exceeded our overall patient visit projections. However, due to significant staffing challenges and leadership transitions at two grantee sites in FY17, the Diffusion of Care grantees did not meet DOH's KPI target for a 5% annual increase. On the other hand, the other two grantees exceeded the 5% target, having increased their patient visits by 8% and 39%, respectively. Health Care Access Bureau staff are working with all Diffusion of Care grantees to address challenges and to finalize sustainability plans in FY18.
Total breastfeeding initiation rates among WIC enrollees	Quarterly	57%	60.2%	60.8%	61.1%	59.7%	60.4%	Met	
Breastfeeding initiation rates among African-American WIC enrollees	Quarterly	47%	52.5%	53.9%	54.2%	52.5%	53.3%	Met	
Number of children <18 years of age who receive a dental examination and a fluoride varnish treatment	Annually	3000	Annual Measure	Annual Measure	Annual Measure	Annual Measure	3697	Met	

Percent increase in the number of students utilizing school-based oral health services	Annually	7.5%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	-23.6%	Unmet	The decline in participation can be attributed to scheduling challenges and newly-implemented eligibility screening. The Program is investigating approaches to simplifying scheduling and collecting data on eligibility to inform development of new policies. The Program is transitioning its focus towards ensuring linkages to dental homes. The number of students served through SBOHP is no longer considered a key indicator of performance as effective linkage to a dental home will result in fewer students relying on SBOHP for routine dental care.
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5 - HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) Reduce HIV, STD, TB and hepatitis-related morbidity and mortality and ensure healthy outcomes for persons living with those diseases. Administer federal and local funding, provide grants to service providers, monitor and evaluate programs, ensure quality services, and track the cases and status of the epidemics in the District. (9 Measures)

Number of individuals started on Pre-Exposure Prophylaxis (PrEP)	Quarterly	100	154	165	1911	1235	3465	Met	
Percentage of individuals diagnosed with HIV living in the District that are on Anti-Retroviral Therapy	Annually	80%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	83.6%	Met	
Percentage of individuals diagnosed with HIV retained in care that are virally suppressed	Annually	80%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	82.3%	Met	
Percentage of individuals diagnosed with HIV identified as out-of-care that are re-engaged in care within 3	Annually	50%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Data Forthcoming	Unmet	During FY 2017, HAHSTA initiated re-engagement efforts on a sub-population of persons living with HIV in District. The pilot project was not initiated until the 4th quarter of the fiscal year. During FY 2018 we will be expanding the pilot to more fully capture re-engagement activities for all persons living with HIV in the District.

months									
Percentage of clients with a positive Hepatitis C test enrolling in treatment	Annually	40%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	30%	Unmet	Some of those clients were lost to follow up, or did not enroll in treatment.
Proportion of gonorrhea cases with appropriate treatment confirmed	Quarterly	75%	24.5%	25.2%	20.9%	25.1%	23.9%	Unmet	This target was not met due to low levels of client follow up. As a result of this a new system utilizing email communication has been implemented to communicate test results. This should increase confirmations.
Percent of clients linked to care within 3 months of diagnosis	Quarterly	88%	92.5%	92.8%	90%	80%	89.8%	Met	
Proportion of TB patients completing treatment	Quarterly	90%	No data available	100%	No data available	100%	100%	Met	
Percentage of DOH-supported HIV tests conducted with focus populations	Quarterly	12%	27.2%	21.7%	57.3%	33.2%	35.8%	Met	

6 - Health Emergency Preparedness and Response Administration (HEPRA) Provide regulatory oversight of emergency medical services (EMS) and seek to ensure that DOH, its partners and the community are prepared for, can respond to, and recover from public health and health care system events and emergencies. (6 Measures)

Percent of HEPRA new hires that completed ICS 100 and 200 training	Quarterly	100%	No applicable incidents	100%	No applicable incidents	100%	100%	Met	
Percent of health and medical plan applications	Quarterly	100%	100%	100%	100%	100%	100%	Met	

with initial review completed within 72 hours.									
Percent of unannounced ambulance inspections resulting in a pass rating	Quarterly	95%	93.1%	84.1%	88.4%	91.4%	88.8%	Nearly Met	The top three maintenance faults identified during unannounced inspections across all EMS agencies were: 1) Damaged or broken rear access steps. 2) Inoperable patient compartment lights. 3) Inoperable exterior emergency lights.
Percent of Medical Reserve Corps (MRC) units that can respond within 2 hours during an emergency.	Quarterly	75%	75%	80%	100%	100%	89.5%	Met	
Average set-up time for PODs	Quarterly	2	2	2	3	2	2.25	Unmet	PODs are located throughout the District and open at different times based upon resource and staff availability. The time it takes to fully open a POD depends on when CDC resources arrive.
Percentage of DOH employees participating in an emergency preparedness training exercise	Quarterly	30	2.4	23	1.7	0.2	27.1	Nearly Met	Prior to October 2017, the DOH policy requiring the training of department staff in incident management had not been fully implemented. DC DOH HEPRA has currently dedicated a staff member to focus on the implementation, coordination and tracking of data related to this KPI. The tracking and data collection process has been restructured to more accurately document the number of staff that have completed the training requirements.

7 - Create and maintain a highly efficient, transparent and responsive District government. (9 Measures)**

Percent of eligible employee reviews completed on time	Annually	90%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	95%	Met	
Percent of employees who are in	Annually	95%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Not Available		

compliance with the mandatory ethics training requirements									
Percent of MSS employees who complete the required MSS training curriculum	Annually	80%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	41.2%	Unmet	Starting May 2017, HR Learning delivered all MSS core classes onsite, (except for the Leadership Essential course, a vendor-led class) to increase participation. DOH improved by 9 points over FY 16 achievement despite an increase in total MSS employees. DOH had 35 MSS employees fully compliant this year relative to 25 in FY 16 (+40%).
Percent of DOH employees participating in a public health development activity	Quarterly	60%	43.3%	79.6%	22.5%	4.9%	37.5%	Unmet	The year-end aggregate was 84.5%. Target was met.
Number of documents converted to the electronic file management system	Quarterly	98,000	18523	44923	12824	36672	112,942	Met	
Percent of all sub-grantees receiving DOH funding registered in EGMS	Quarterly	100%	100%	100%	100%	100%	100%	Met	
Percent of sub-grantee organizations that have submitted all required business documents into EGMS accounts	Quarterly	100%	94.5%	72%	93.6%	82.5%	85.6%	Unmet	Business documents stored in EGMS to meet this requirement include documentation of a Grantee's TaxID, DUNS# and registration in the federal System for Award Management. The 11% (not met) are inclusive of those grantees who have submitted hardcopy documentation. These documents are held in hard files and can be verified by the Office of Grants Management in local and federal finance and award management systems.
Percent of	Quarterly	90	51.6	65.6	77.6	82.5	82.5	Nearly	The targets reached increased incrementally

DOH grants management (program/fiscal) personnel completing EGMS Training								Met	over the FY17. The 18% not reached are inclusive of DOH staff identified as targets to be reached, but who were not assigned, or were relocated or removed from monitoring assignments prior to training. The results may have been impacted by two factors (1) the denominator included those targets that were on the FY 16 roster to be retrained, but did not attend, and (2) the denominator includes staff whose job descriptions would have justified EGMS training, but they didn't attend because they had no role or assignment yet in EGMS.
Percent of lapsed dollar amounts on federal awards	Annually	3%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	6.4%	Unmet	One major program (Ryan White Part B) had the greatest impact and contribution of the total lapse for FY 17. DOH has been below the target of 3% lapse for the past three years. This is a surge. There were two primary contributors: (1) Delay in getting Human Care Agreements in place for which these funds were encumbered and (2) the agency is now receiving pharmacy rebates, which by directive from HRSA, must be used prior to funding from the grant. For that reason there should not be any penalties placed on future award amounts.

We've revisited a project to standardize District wide measures for the Objective "Create and maintain a highly efficient, transparent and responsive District government." New measures will be tracked in FY18 and FY19 and published starting in the FY19 Performance Plan.

2017 Workload Measures

Measure	Freq	Q1	Q2	Q3	Q4	FY 2017
1 - Animal Services Program (ASP) (2 Measures)						
Number of calls responded to by Animal Control Officers	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	13,972
Number of dog licenses processed	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	3089
1 - Compliance and Quality Assurance (2 Measures)						
Number of Intermediate Care and Nursing Home-related incidents received	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	10,713
Number of investigations performed	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	1815

1 - Criminal Background Check Program (2 Measures)						
Number of Criminal Background Checks processed for health professionals	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	9118
Number of Criminal Background Checks processed for non-health professionals	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	7277
1 - Food Safety and Hygiene Inspection Services Division (FSHISD) (1 Measure)						
Number of new and routine food establishments inspected	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	5072
1 - Health Care Facilities Division (1 Measure)						
Number of inspections completed by the Health Care Facilities Division	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	130
1 - Health Professional Licensing (2 Measures)						
Number of new health professional licenses issued	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	20,817
Number of walk-in customers to Processing Center	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	31,806
1 - Intermediate Care Facilities Division (ICFD) (1 Measure)						
Number of inspections completed by the Intermediate Care Facilities Division	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	200
1 - Pharmaceutical Control Division (PCD) (2 Measures)						
Number of pharmacies inspected	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	155
Number of Registered Controlled Substance Facilities inspected	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	233
3 - Behavioral Risk Factor Surveillance System (1 Measure)						
Number of BRFSS surveys administered	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	3000
3 - Certificate of Need (CON) Program (1 Measure)						
Number of Certificate of Need application decisions	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	31

3 - Vital Records (1 Measure)						
Number of walk-in customers to the Vital Records Office	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	50,790
4 - Cancer Programs Division (5 Measures)						
Number of breast screening procedures performed	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	1269
Number of cervical screening procedures performed	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	163
Number of women receiving mammogram screenings	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	419
Number of women receiving cervical cancer screenings	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	60
Number of patients enrolled in Cancer Surviving and Thriving (CTS) courses	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	0
4 - Cardiovascular Disease and Diabetes Program (2 Measures)						
Number of residents enrolled in self-management trainings	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	5431
Number of healthcare systems reporting clinical quality measures related to high blood pressure and/or diabetes	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	8
4 - DC Cancer Registry (DCCR) (1 Measure)						
Number of facility audits conducted (to determine facilities that are not meeting reporting threshold)	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Not Available
4 - DC Control Asthma Now (DC CAN) (1 Measure)						
Number of providers participating in trainings on comprehensive asthma treatment	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Not Available
4 - DC Healthy Start (1 Measure)						
Number of participants receiving services through DC Healthy Start	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	1301
4 - Diffusions of Care and Innovations in Care grant programs (1 Measure)						
Number of patients receiving services through Diffusions of Care and Innovations in Care grant programs	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Data Forthcoming

4 - Farmers' Market Nutrition Program (FMNP) (2 Measures)						
Number of District residents receiving supplemental groceries or meals (Pop Up Market/Home delivered meals)	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	45,384
Percent of WIC participants redeeming FMNP benefits	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	48
4 - Health and Sexuality Education Program (1 Measure)						
Number of students grades K-12 receiving education through the Health and Sexuality Education Program	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Not Available
4 - Health Professional Loan Repayment Program (HPLRP) (1 Measure)						
Number of HPLRP providers	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	24
4 - Help Me Grow (HMG) (1 Measure)						
Number of resource referrals completed through Help Me Grow	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	367
4 - Home Delivered Meals (1 Measure)						
Number of District residents receiving farmer's market incentive benefits from DOH administered programs (FMNP, PPP, FVRx)	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	25,653
4 - Home Visiting Program (2 Measures)						
Number of families participating in home visiting programs	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	289
Number of resource referrals made through the Home Visiting Program	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	516
4 - Newborn Hearing Program (1 Measure)						
Number of infants receiving a hearing screening in their first month of life	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	8069
4 - Oral Health Program (1 Measure)						
Number of students receiving school based oral health services	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	3746
4 - Pop-Up Markets in Elementary Schools (1 Measure)						
Number of students receiving supplemental groceries	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	38,799

		Measure	Measure	Measure	Measure	
4 - Produce Plus Program (2 Measures)						
Number of residents redeeming Produce Plus and FVRx checks	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	10,435
Number of Farmers Markets vendors accepting Produce Plus benefits	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	101
4 - School Health Programs (2 Measures)						
Number of students receiving DOH-sponsored school health services	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	76,164
Number of students enrolled in a school based health center	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	1600
4 - Sexual Violence Prevention Program (1 Measure)						
Number of students receiving education sessions through the Sexual Violence Prevention Program	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Not Available
4 - Special Supplemental Nutrition Program for Women, Infants and Children (WIC) (1 Measure)						
Number of Supplemental Nutrition Program for Women, Infants, Children (WIC) participants	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	130,643
4 - Supplemental Nutrition Assistance Program, Education and Obesity Grant (SNAP-Ed) (1 Measure)						
Number of nutrition and wellness education contacts made during the fiscal year	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	25,994
4 - The Safe Sleep Program (2 Measures)						
Number of parents/caregivers educated on infant safe sleep practices	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	875
Number of portable cribs (Pack-n-Play) distributed	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	502
4 - Tobacco Control Program (2 Measures)						
Number of calls to the DC Tobacco Quitline	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	4330
Number of health providers participating in tobacco-related educational trainings	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Not Available

5 - AIDS Drug Assistance (3 Measures)						
Number of DC ADAP clients receiving pharmaceutical services through the pharmaceutical procurement and distribution program	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	568
Number of clients with DC ADAP and Alliance receiving pharmaceutical services through the pharmaceutical procurement and distribution program	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	568
Number of publicly-supported HIV medication prescriptions refilled	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	2596
5 - Condom Distribution (3 Measures)						
Number of youth (15-19 years) screened for STDs through youth outreach programs	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	650
Number of clients with viral load served through treatment adherence activities	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	795
Number of condoms (female and male) distributed by DC DOH Condom Program.	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	5,212,700
5 - DC Needle Exchange Program (DC NEX) (1 Measure)						
Number of needles off the streets through DC NEX Program	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	784,495
6 - Healthcare Coalition Development (4 Measures)						
Number of Health Action Network (HAN) Alerts generated	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	21
Number of Radio Calls conducted	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	49
Number of Situation Reports (sitreps) distributed	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	52
Number of Health and Medical Coalition (HMC) Meetings held.	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	11
6 - Medical Materiel Management and Distribution (3 Measures)						
Number of open PODs	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	64
Number of POD trainings held	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	19
Number of closed PODs	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure	40

	Measure	Measure	Measure	Measure	
6 - Special Events (3 Measures)					
Number of special event health, medical and safety plans requiring DOH review	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure 240
Number of HECC Activations	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure 3
Number of MRC units activated	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure 14
6 - Training and Certification of EMTs and EMS Vehicles (2 Measures)					
Number of new EMT certifications by DC DOH	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure 329
Number of emergency vehicle inspections conducted	Annually	Annual Measure	Annual Measure	Annual Measure	Annual Measure 503

2017 Strategic Initiatives

Title	Description	Complete to Date	Status Update	Explanation
CHILDREN, ADOLESCENT AND SCHOOL HEALTH (2 Strategic initiatives)				
School Health Services Program Restructuring	DOH is restructuring the provision of school health services, including school-based health center services, to better focus on child health outcomes and to leverage the existing health care delivery system and other community assets. The School Health Services Program in public and public charter schools will expand beyond school nursing services to provide clinical and allied health services, care coordination, community navigation, and quality assurance to ensure students are healthy and ready to learn. School-Based Health Centers will provide primary health care, including oral health and mental health services, as well as support for school-wide health promotion, at 7 public high schools.	75-99%	Following full implementation of Program Area 1, updates to the algorithm continue. We created a tool to place nurses in schools with the most need. Staffing challenges continue but we are employing strategies including more allied health professionals. Program Area 2 continues phase-in, starting with a record review to ensure appropriate forms, medications and plans are in place for all students prior to a health suite visit. Services are provided/tracked in a fully functional online EHR. SHSP has also launched online AOM training.	
Help Me Grow	In FY17, Help Me Grow (HMG) will conduct a soft launch with 40 families to provide screening and linkages to services for children with developmental or behavioral delays, with plans for full implementation later in 2017.	Complete	HMG continued to increase intakes as families could access us directly with the 1-800-Mom-Baby line. In Q4 we worked with over 80 children, facing a variety of concerns. Care coordinators provided 154 referrals to District resources. 203	

			intakes were conducted in FY 2017 and 367 referrals provided. In Q4, HMG also hired a second outreach coordinator and took its outreach District-wide. We continue to build relationships with other DC Agencies and attend community events. To date we have made contact with 393 residents and community partners.	
DRUG ASSISTANCE PROGRAM (ADAP) (1 Strategic Initiative)				
Pharmacy Benefit System	To further facilitate screening of clients and reduce the time of enrollment HAHSTA is implementing a new Pharmacy Benefits System (PBM). This will enable HAHSTA access to secure, web-accessed single-platform system that integrates key functions including drug procurement, inventory management and commercial and public insurance premium and co-pay management.	Complete	This initiative has been completed/	
FOOD,DRUG,RADIATION & COMMUNITY HYGIENE (2 Strategic initiatives)				
Launch PDMP	The Prescription Drug Monitoring Program (PDMP) aims to improve the District's ability to identify and reduce diversion of prescription drugs in an efficient and cost effective manner that will not impede the appropriate medical utilization of controlled substances; and to enhance patient care by providing prescription monitoring information that will assure legitimate use of controlled substances in health care, including palliative care, research and other medical and pharmacological uses.	Complete	The program is active with dispensers and prescribers actively reporting. DOH continues in the process of securing a permanent vendor. The Office of Contracts & Procurement has awarded the contract.	
Rodent Prevention and Abatement	Enhance collaboration with government agencies (DOH and DPW) to maintain a sustainable and responsive rodent prevention and abatement program to ensure commercial and residential areas remain among the healthiest, most livable and enjoyable environment in the District of Columbia.	75-99%	HRLA's Rodent and Vector Control Division participated in the Health and Human Services Cluster's "Hackathon," an initiative designed to bring volunteer IT coders to develop an IT model that will predict long-term trends in rodent hotspots across the District.	This is a multi-year Strategic Initiative that requires daily diligence by HRLA's Rodent and Vector Control Division as well as collaboration with District residents and businesses.
HEALTH EQUITY PRACTICE AND PROGRAM IMPLEMENTATION (6 Strategic initiatives)				
Further DC Government Cross-Developmental Health in All Policies (HiAP)	Engage, provide leadership, and serve as an active participant with the Office of Planning (OP). Introducing health and equity consideration into the Comprehensive Plan for the National Capital, through the Comprehensive Plan Amendment Process.	Complete	OHE has continued collaboration with OP, providing input as needed in the ongoing editing and refinement process in finalization of the Comp Plan. OHE will continue to work closely with	

Collaborative practices and partnerships.			Resilient DC/Resilience Cabinet, to support their operationalizing of health and equity considerations into implementation.	
Launch Commission on Health Equity (CHE)	The CHE was created by DC Act 20-484 (November 2014), and updated and approved in 2016. Work underway will identify members for Mayoral appointment of CHE members representative of community, academia, and government sectors. Training, orientation and development of the CHE's work plan and year 1 agenda will be the focus of the Commission's first year of operation.	Complete	The Commission has held (3) meetings since its launch. During this startup phase, the focus has been on developing functional bylaws which will govern the way they operate, run meetings, etc. The focus will turn shortly to development of guiding principles to inform their work and deliberations -- fall 2017.	
Social Determinant and Health Equity Data Indicators	Develop and maintain baseline social determinant data and health equity indicators for the District of Columbia, including District wide, ward level, and small area data sets, metrics and maps.	Complete	All OHE baseline data, GIS maps, and analysis has been updated to the latest – US Census and American Community Survey 2015 Data.	
Develop and publish the first DC Health Equity Report	Develop and publish the first DC Health Equity Report	75-99%	Data updates have been important in ensuring the currency of the document once published. However, this process which was started end of May 2017, has had an impact on final completion and publication, now anticipated to be before end of 2017.	Significant time was lost during FY17, as we recruited and awaited arrival of a new team member (who started summer 2017) with requisite data, analytical, and GIS skills to complete this process.
Health Equity Institute	Develop and implement internal DOH staff member Health Equity training program, to inform and support public health practice change across all administrations of the Department of Health.	Complete	OHE's internal training program for both new (Health Equity 101), as well as existing (HE Institute) employees was successfully accomplished this year. A total of 4 Health Equity 101 sessions were held and the HE Institute engaged 31 DOH team members, representing all 6 DOH Administrations in this 5 month, in-depth training. OHE also supported the Office of the Director's ongoing development of the DOH Strategic Plan, which continued through Summer 2017, with work group sessions, and final draft of the DOH Strategic Plan completed in September.	
Healing Futures Fellowship	Launch fully functioning "Healing Futures Fellowship" (HFF-DC) program in summer 2017. This 6-week-long high school level, age-appropriate, injury, violence prevention and health	Complete	All HFF Fellows successfully matriculated through the program, and graduated in August as Healing Ambassadors. The	

	equity focused program will graduate an annual cohort of 25 Healing Ambassadors from across the District, armed with knowledge and insight regarding the root causes of health inequities, as well as conflict resolution and leadership skills.		projects developed and presented were of high quality, worthy of implementation. The Class of 2017 included a significant number of college students who provided new insights and opportunities. Many of the college fellows, originally engaged to serve as Peer Mentors to the High School recruits, expressed an interest in research for the OHE Health Equity Report, and were provided the opportunity to contribute in this unexpected way.	
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HEALTH PROFESSIONAL LICENSE ADMIN (2 Strategic initiatives)

Initial Online Application Process	Begin process of creating online application presence for first-time health professionals seeking licensure in the District of Columbia. Will improve customer application experience and improve overall efficiency of application life-cycle (from application submission to license issuance).	25-49%	HRLA has initiated conversations with IT vendor to identify business rules to create an on-line application for one (1) health profession.	This is a multi-year Strategic Initiative that will ultimately result in over 70 health professions having access to the Initial Online Application process.
Development of health professions	DOH, in collaboration with UDC, will explore shortages in health professions and the development of new educational programs needed within the District's hospitals and health care facilities, to increase employment opportunities for District residents. DOH and UDC will consult with DOES on this initiative.	25-49%	HRLA met with CEO of UDC's Community College and provided list of various health professions that D.C. currently regulates or proposes to in the future. The College will review. The Community College has made no commitment to provide CEU or course offerings at this time.	After reviewing data presented by and conversations with HRLA, UDC's Community College leadership is contemplating its future direction with this initiative.

NUTRITION AND PHYSICAL FITNESS (1 Strategic Initiative)

Expand access to healthy foods	In FY17, DOH will expand the Produce Plus Program to increase access to healthy and nutritious food options for income-eligible residents. DOH will support monthly pop up healthy food markets at all public elementary schools in Wards 7 and 8. In addition, the Department will support innovative programs with corner stores and with mobile farm stands to improve access to healthy foods in underserved communities.	Complete	School pop up market activity ended for the school year in June. Summer activities were held between June and August. Ten new schools will be added for the new school year. The mobile farm stand initiative ran from July through September. The corner stores partnerships initiative with DC Central Kitchen continues. DC Greens distributed Produce Plus throughout Q4. Martha's Table conducted 10 summer pop up markets at community centers in Wards 7 and 8.	
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PREVENTION AND INTERVENTION SERVICES (7 Strategic initiatives)				
Trangender Health Initiative	HAHSTA has implemented the Trangender Health Initiative which provides clean syringes and support services through a neighborhood drop-in center.	Complete	This initiative has been completed.	
Pre-Exposure Prophylaxis (PrEP)	PrEP is a recent innovation in the effort to prevent HIV infection. HAHSTA will make PrEP widely available in the District during FY 17, and do targeted outreach to men who have sex with men and transgender persons to receive screening, education, and referral to PrEP enrollment.	Complete	IMPACT DMV funded 11 agencies to provide PrEP education, outreach and referrals. The target was 1250 men who have sex with men and transgender persons of color. The project is at approximately 100% completion in terms of numbers reported to HAHSTA. To date over 62 individuals have been enrolled/prescribed PrEP at the DC Health and Wellness Center alone and overall combined with the CBO's the total is up to 3,465. 12 agencies have been funded to support this ongoing effort.	
Targeted HIV/STI testing and Provider/Public Education	In FY17, DOH will increase focused HIV/STI testing with the goal of 40% of DC residents tested for HIV in the last 12 months using geospatial and demographic data and enhance medical provider education and media campaigns on routine screening.	Complete	HAHSTA has implemented a new campaign targeting youth and young adults in the final month of the reporting period. HAHSTA has implemented population based strategies to support testing among targeted populations. This includes working with community partners to increase venues for testing and promote testing in non routine clinical settings.	
Establish peer navigator program	In FY17, DOH will recruit and support peer navigators to link residents to PrEP services and information, particularly African-American and Latino residents.	Complete	This initiative has been completed.	
Remove financial barriers to PrEP	In FY17, DOH will ensure Medicaid and MCO coverage of PrEP, and develop a PrEP financial assistance program for medication and lab costs not covered by insurance or patient assistance programs.	Complete	As of the closing of the fiscal year, Gilead, who provides financial assistance to those who are not insured and unable to pay the co-pay for Truvada, has still some barriers for payments. Because of some of these barriers, many of our patients are not able to pay for theirs medications. HAHSTA continues to work closely with Gilead to overcome some of these barriers.	
Improve immediate linkage to HIV	In FY17, DOH will re-design its Red Carpet Entry Program to ensure immediate linkage to HIV treatment by working with providers to enhance culturally competent care, implementing	Complete	HAHSTA's field investigations are continuing outreach to contact clients within 24-48 hours. They are offered	

treatment	a demonstration project on Rapid HIV treatment initiation, and identifying persons not on treatment to re-engage with medical care.		partner services and verification of linkage to care. If clients are already linked to care, the DIS must verify the provider and the last medical appointment. If not linked to care, the DIS will schedule an appointment with provider of choice and verify whether the client attended. The provider is called by DIS to assure linkage. If a client does not attend the initial appointment there will be a second attempt by the DIS to schedule.
Strengthen community supports and increase provider competence	In FY17, DOH will increase the number of community health workers (CHWs) to link and retain persons in HIV treatment; partner with the city's pharmacies on supporting HIV treatment; and provide critical technical guidance to medical providers on HIV treatment and clinical care.	Complete	During the closing of the fiscal year HAHSTA continues to be on target with providing community support to the city's pharmacies on supporting HIV treatment and providing critical technical guidance to medical providers on HIV treatment and clinical care.
PUBLIC HEALTH EMERGENCY PREPAREDNESS (7 Strategic initiatives)			
HECC Relocation	DOH, HEPRA Health Emergency Coordination Center (HECC) will maintain situational awareness of capabilities and requirements utilizing the Health Alert Network (HAN), HC-Standard, and other information technology systems to develop recommendations/courses of action for the DOH leadership. HEPRA will develop a Continuity of Operations (COOP) plan to physically relocate the core functions of the HECC.	Complete	The decommissioned DOH Pharmacy Warehouse located in Ward 8 at #4 DC Village Lane, SW remains a viable Course of Action (COA #1) as a potential COOP site. Although decommissioned, the site remains the property of DOH and has several rooms that could be modified to serve as a much reduced/austere version of the brand new HECC at 899 N. Capitol Street NE. DOH senior leadership has decided to implement the use of a legacy space available at its former offices in the current DC Department of Human Services building at 64 New York Avenue.
Watch Officer Program	Fully implement the DOH Watch Officer program. Implement Watch Officer duty schedule in the District Emergency Operations Center (EOC)/ Joint All Hazards Operations Center (JAHOC) on 24/7 basis. Implement a DOH Watch Officer Training Program.	Complete	The DOH Watch Officer program is fully implemented with eight contracted Watch Officers staffing the DOH Desk at the District's Joint All Hazards Operations Center (JAHOC) on a 24/7/365 basis. A Training Program has been implemented that includes formal instructions, and mentorship by an experienced Watch Officer before a new Watch Officer is allowed to fully assume duties by him/herself. The State EMS Coordinator

			inprocessed into HEPRA in June and has implemented a review and update of the Watch Officer SOPs and WO Training Program.	
Volunteer Management	Ensure current DOH HEPRA Volunteer Management plan aligns with MCM ORR requirements to include the establishment of procedures for determining staffing needs and the utilization of volunteers (coordination through demobilization).	75-99%	Although the current planning document satisfies the MCM ORR Requirements, based upon the Q3 gap analysis, and research completed during Q4, it was determined that the Purpose, Goals, and Structure of the DC Medical Reserve Corps needed to be revised to support a more realistic notification, deployment, and work structure. Justin-time training was developed for volunteers staffing the RSS, and the Open and Closed PODs. The restructure of the DC MRC Program will be continued and incorporated into the AHEOP during FY18.	Due to the loss of the MRC Program Manager, and based upon a gap analysis that was completed in June 2017, the DOH Volunteer Management Plan was not completed in FY17. The restructure of the DC MRC Program will be continued and incorporated into the AHEOP during FY18.
Vulnerable Populations	DOH-HEPRA will ensure that the needs of the access and functional needs population, service animals and pets are addressed in all preparedness, response and recovery planning and response activities by expanding the Vulnerable Populations Community and Healthcare Coalition (VPCHCC) and the State Animal Response Team (SART) to include community and faith –based sectors and participating in Mass care plans development meetings.	75-99%	DOH participated with the Department of Human Services in the development of Mass Care planning documents, scheduled to be completed during FY18. Due to the loss of the Program Manager for the VPCHCC and the SART, work was not continued in either of these programs during Q4, but will be re-initiated during FY18. Revision of the AHEOP incorporated components that addressed AFN populations, companion and service animals.	Due to the loss of the Program Manager for the VPCHCC and the SART, work was not continued in either of these programs during Q4, but will be re-initiated during FY18. Revision of the AHEOP incorporated components that addressed AFN populations, companion and service animals.
Health and Medical Coalition Planning and Development	Provide coordination and DOH-HMC oversight, policy guidance, and leadership through meeting participation, planning support and communications to promote, attain and sustain health and medical emergency preparedness services during routine and emergency operations. Update and convert all existing health care coalition plans into the DOH Health and Medical Coalition framework.	Complete	In Q1, the HMC focused its efforts on preparedness for the 58th Presidential Inauguration. The HMC met with District and regional stakeholders and conducted a healthcare partner survey to better address the needs of the healthcare community, identify needed resources and exchange information. The HMC Executive Steering Committee and workgroups engaged internal and external stakeholders to guide program priorities. The HMC also updated coalition plans to ensure appropriate healthcare response efforts among public	

			health and safety partners.	
Arbovirus Surveillance and Response Plan	HEPRA will update and implement the Arbovirus Surveillance and Response Plan that addresses the public health and health care risks of Zika virus, Dengue virus, Chikungunya virus, West Nile virus to protect the public health and safety of residents and visitors and reduce the risks of disease transmission.	Complete	Work has been completed on the Arbovirus Surveillance and Response Plan. During FY18, this initiative will expand to take a more All-Hazards approach to vector-borne diseases affecting the population of the District, and incorporated into an updated Infectious Disease Surveillance and Response Annex to the AHEOP.	
Mass Casualty Incident (MCI) Plan	DOH – HEPRA will ensure ESF 8 coordination among the District stakeholder community to respond to a Mass Casualty Incident (MCI) with the revision of the DOH MCI Plan. By integrating it with other District MCI preparedness efforts from agencies such as FEMS, HSEMA, and MPD and other private and non-profit organizations, DOH – HEPRA will prepare an integrated MCI deliverable to include within the District Response Plan.	25-49%	DOH continued to expand the Surge Management portion of the AHEOP to include MCI, HCF Evacuation, and Fatality Management considerations. Work will be continued during FY18 to integrate all planning documents into the AHEOP and the DRP.	In order to facilitate and coordinate a robust District Mass Casualty Incident (MCI) Plan, first steps in completing this task were to complete a full assessment of current plans and procedures, and develop an annotated outline to begin the discussions with other District agencies. The process will continue and be completed during FY18.