
Department of Health

www.doh.dc.gov

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Description	FY 2014	FY 2015	FY 2016	% Change
	Actual	Approved	Proposed	from FY 2015
Operating Budget	\$249,794,268	\$272,700,826	\$261,768,733	-4.0
FTEs	553.6	610.6	611.6	0.2

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 Department of Health provides programs and services with the ultimate goal of reducing the burden of disease. DOH does this through a number of mechanisms that center around prevention, promotion of health, and expanding access to health care. The department provides public health management and leadership through policy, planning, and evaluation; fiscal oversight; human resource management; grants and contracts management; information technology; government relations; risk management; communication and community relations; legal oversight; and facilities management. The DOH performance plan is based on three priority areas: (1) health and wellness promotion, (2) HIV/AIDS prevention and awareness, and (3) public health systems enhancement.

The agency's FY 2016 proposed budget is presented in the following tables:

FY 2016 Proposed Gross Funds Operating Budget, by Revenue Type

Table HC0-1 contains the proposed FY 2016 agency budget compared to the FY 2015 approved budget. It also provides FY 2013 and FY 2014 actual expenditures.

Table HC0-1
(dollars in thousands)

Appropriated Fund	Actual FY 2013	Actual FY 2014	Approved FY 2015	Proposed FY 2016	Change from FY 2015	Percent Change*
General Fund						
Local Funds	86,953	67,584	79,603	78,867	-736	-0.9
Special Purpose Revenue Funds	9,927	10,829	12,393	13,158	766	6.2
Total for General Fund	96,880	78,413	91,995	92,025	30	0.0
Federal Resources						
Federal Payments	1,069	2,164	5,000	5,000	0	0.0
Federal Grant Funds	132,745	118,124	126,219	114,619	-11,599	-9.2
Total for Federal Resources	133,814	120,288	131,219	119,619	-11,599	-8.8
Private Funds						
Private Grant Funds	200	24	0	0	0	N/A
Private Donations	84	57	0	0	0	N/A
Total for Private Funds	284	81	0	0	0	N/A
Intra-District Funds						
Intra-District Funds	45,567	51,013	49,487	50,125	638	1.3
Total for Intra-District Funds	45,567	51,013	49,487	50,125	638	1.3
Gross Funds	276,545	249,794	272,701	261,769	-10,932	-4.0

*Percent change is based on whole dollars.

Notes: If applicable, for a breakdown of each Grant (Federal and Private), Special Purpose Revenue type and Intra-District agreement, please refer to **Schedule 80 Agency Summary by Revenue Source** in the **FY 2016 Operating Appendices** located on the Office of the Chief Financial Officer's website.

FY 2016 Proposed Full-Time Equivalents, by Revenue Type

Table HC0-2 contains the proposed FY 2016 FTE level compared to the FY 2015 approved FTE level by revenue type. It also provides FY 2013 and FY 2014 actual data.

Table HC0-2

Appropriated Fund	Actual FY 2013	Actual FY 2014	Approved FY 2015	Proposed FY 2016	Change from FY 2015	Percent Change
<u>General Fund</u>						
Local Funds	166.7	157.6	171.1	181.6	10.5	6.2
Special Purpose Revenue Funds	72.8	82.7	86.3	96.2	9.9	11.5
Total for General Fund	239.6	240.3	257.4	277.9	20.4	7.9
<u>Federal Resources</u>						
Federal Grant Funds	358.3	299.1	342.8	322.4	-20.4	-6.0
Total for Federal Resources	358.3	299.1	342.8	322.4	-20.4	-6.0
<u>Private Funds</u>						
Private Grant Funds	0.1	0.0	0.0	0.0	0.0	N/A
Total for Private Funds	0.1	0.0	0.0	0.0	0.0	N/A
<u>Intra-District Funds</u>						
Intra-District Funds	5.2	14.2	10.4	11.4	1.0	9.7
Total for Intra-District Funds	5.2	14.2	10.4	11.4	1.0	9.7
Total Proposed FTEs	603.2	553.6	610.6	611.6	1.0	0.2

FY 2016 Proposed Operating Budget, by Comptroller Source Group

Table HC0-3 contains the proposed FY 2016 budget at the Comptroller Source Group (object class) level compared to the FY 2015 approved budget. It also provides FY 2013 and FY 2014 actual expenditures.

Table HC0-3
(dollars in thousands)

Comptroller Source Group	Actual FY 2013	Actual FY 2014	Approved FY 2015	Proposed FY 2016	Change from FY 2015	Percent Change*
11 - Regular Pay - Continuing Full Time	34,770	33,422	38,342	41,929	3,587	9.4
12 - Regular Pay - Other	8,886	6,913	8,751	8,284	-466	-5.3
13 - Additional Gross Pay	1,081	391	0	0	0	N/A
14 - Fringe Benefits - Current Personnel	9,307	8,596	10,567	10,698	130	1.2
15 - Overtime Pay	297	129	0	0	0	N/A
Subtotal Personal Services (PS)	54,341	49,451	57,660	60,911	3,251	5.6
20 - Supplies and Materials	53,741	58,561	59,960	55,045	-4,915	-8.2
30 - Energy, Communication, and Building Rentals	1,078	634	394	538	144	36.6
31 - Telephone, Telegraph, Telegram, Etc.	1,355	1,403	1,414	1,475	60	4.3
32 - Rentals - Land and Structures	12,491	11,146	11,062	13,314	2,252	20.4
34 - Security Services	2,557	647	745	485	-260	-34.9
35 - Occupancy Fixed Costs	998	652	300	316	16	5.5
40 - Other Services and Charges	2,710	2,322	3,543	3,660	117	3.3
41 - Contractual Services - Other	55,037	55,032	66,325	52,305	-14,020	-21.1
50 - Subsidies and Transfers	91,713	68,007	70,996	73,329	2,333	3.3
70 - Equipment and Equipment Rental	525	566	301	390	89	29.6
91 - Expense Not Budgeted Others	0	1,373	0	0	0	N/A
Subtotal Nonpersonal Services (NPS)	222,204	200,343	215,040	200,857	-14,183	-6.6
Gross Funds	276,545	249,794	272,701	261,769	-10,932	-4.0

*Percent change is based on whole dollars.

Division Description

The Department of Health operates through the following 7 divisions:

Health Emergency Preparedness and Response Administration (HEPRA) – provides regulatory oversight of Emergency Medical Services; ensures that DOH and its partners are prepared to respond to citywide medical and public health emergencies, such as those resulting from terrorist attacks, large accidents, or natural events such as weather-related emergencies; conducts disease surveillance and outbreak investigation; and provides analytical and diagnostic laboratory services for programs within DOH and various free and non-profit clinics within the District.

This division contains the following 5 activities:

- **Public Health Emergency Preparedness** – provides the District’s response to the emergency medical needs of its visitors and residents. The responsibilities cover a wide range of activities, including the development and training of emergency response plans, coordination of medical response with federal regional and local partners across the healthcare system, and coordination of volunteers through the Medical Reserve Corps;
- **Public Health Emergency Operations and Program Support** – supports government and private partners with the development of their health and safety plans, emergency operation plans, and training exercises. The program also provides a public health command and control element that coordinates all DOH assets and operations during incidents, special events, and national special security events. In addition, the program acquires and distributes life-saving medications for the DOH programs that will allow as many District residents as possible access to medications. It also provides clinical support, formulary management, and quality assurance monitoring to address the needs of all DOH programs that utilize or distribute pharmaceuticals. The Bureau also maintains the Strategic National Stockpile (SNS) of drugs for the Washington, D.C. region in the event of a declared national emergency;
- **Epidemiology Disease Surveillance and Investigation** – provides surveillance, investigation and control of reportable diseases, disease outbreaks, and other public health threats within the District of Columbia (excluding sexually transmitted diseases (STD), hepatitis, HIV/AIDS, and tuberculosis (TB)). HEPRA works with community and community organizations to withstand and bounce back from natural and man-made disasters. Resilient communities leverage community connections, relationships, and resources to ensure optimal health and security for individuals and families in both routine and emergency situations;
- **Emergency Medical Services Regulation** – provides oversight and regulation of Emergency Medical Services (EMS), including certification and regulation of District of Columbia EMS providers, ambulance agencies, and EMS educational institutions. The program monitors training standards and certifies instructional programs and instructors. In addition, it provides inspection and certification of all ambulances operated in the District whether they are governmental, private, or volunteer; and
- **Office of the Senior Deputy Director** – provides overall direction, policy development and supervision for the four subordinate activities.

HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA) – partners with health and community based organizations to provide HIV/AIDS, hepatitis, STD, and TB prevention and care services. Services include prevention tools and interventions, medical care and supportive services, housing services for persons living with HIV/AIDS, HIV counseling and testing, and data and information on disease-specific programs and services. Furthermore, the administration provides information on the impact of these diseases on the community as well as education, referrals, and intervention services. The AIDS Drug Assistance Program (ADAP) provides drugs at no cost to eligible District residents who are HIV-positive or have AIDS. HAHSTA administers the District’s budget for HIV/AIDS, hepatitis, STD, and TB programs; provides grants to service providers; provides direct services for TB and STDs; monitors programs; and tracks the rates of HIV, hepatitis, STDs and TB in the District of Columbia.

This division contains the following 10 activities:

- **HIV/AIDS Support Services** – provides overall management, planning, direction and support for the HIV/AIDS, STD, TB and adult hepatitis surveillance, prevention, treatment, care, and control programs. It also provides HIV/AIDS information to individuals and community organizations, coordinates HAHSTA participation in public events, prepares written and other resources for public distribution, and manages special projects;
- **HIV/AIDS Policy and Planning** – provides community capacity to more effectively respond to the HIV/AIDS and STD epidemics through the Effi Barry program, which provides training and technical assistance to small, ward-based community organizations, a social marketing program aiming to promote health behavior to reduce risk of disease, and a free condom distribution program. It writes reports and creates other written materials for public distribution; and it provides HIV/AIDS, STD, TB, and hepatitis information to government agencies, community organizations, media, and individuals. It also coordinates participation in public events;
- **HIV Health and Support Services** – provides a comprehensive range of primary medical care and supportive services for persons living with HIV and AIDS;
- **HIV/AIDS Data and Research** – provides a comprehensive picture of the HIV/AIDS epidemic in the District of Columbia for purposes of ensuring that the needs of people infected with HIV, or at risk of infection, are met. It collaborates with health care providers and laboratories to collect and maintain comprehensive HIV/AIDS data in a confidential and secure manner; analyzes, interprets, and distributes epidemiologic information for use in developing public policy, planning, and evaluating prevention intervention and health care services; and supports funding requests;
- **Prevention and Intervention Services** – provides comprehensive HIV prevention programs and services through community organizations to the residents of the District of Columbia. Prevention programs include health education, HIV testing and counseling services, science-based prevention programs, and other support services, including condom distribution. In addition, the program monitors organizations to ensure that quality prevention services are being delivered through program evaluation and quality assurance activities as well as through the provision of capacity building, training, and technical assistance to sub-grantees;
- **AIDS Drug Assistance Program (ADAP)** – provides assistance with deductibles, co-payments, and health insurance/Medicare Part D premiums. DC ADAP also provides an entry point for other District health programs available to people living with HIV/AIDS;
- **Grants and Contracts Management** – provides fiscal and administrative monitoring of District and federally appropriated funds in the form of over 100 grants and sub-grants to more than 50 providers. Fiscal monitoring includes ensuring that grant funds are expended in accordance with federal and local grant regulations, conducting site visits, providing technical assistance to grantees and sub-grantees, and providing continued analysis of grant spending to program counterparts;
- **Sexually Transmitted Disease (STD) Control** – provides assistance to prevent and control sexually transmitted diseases in the District of Columbia through the provision of clinical services, partnerships with local community providers, and promotion of healthy sexual behavior. The program also conducts surveillance for statistical purposes to track diseases and partner notification;
- **Tuberculosis Control** – provides direct care services to District residents, including clinical follow-up for active and/or suspected tuberculosis cases, directly observed therapy, preventive therapy, chest x-rays, contact investigations, and case management; and
- **HIV/AIDS Housing and Supportive Services** – provides housing support, emergency shelter, and other related services to help persons living with HIV and AIDS and their families achieve independent living.

Health Care Regulation and Licensing Administration (HCRLA) – is comprised of the Office of Health Professional Licensing Boards, the Office of Health Care Facilities, the Office of Food, Drug, Radiation and Community Hygiene, and HRLA services.

This division contains the following 4 activities:

- **Office of Health Professional License Administration** – licenses and regulates health care professionals across 22 boards. The program serves as the administrative unit of the boards for processing more than 70,000 health care professionals licenses while providing administrative support on disciplinary hearings, investigations, community outreach, and proposed legislation;
- **Office of Food, Drug, Radiation and Community Hygiene Regulation** – provides varied inspection and regulatory services. The Food Safety and Hygiene Inspection Services regulates smoking bans in establishments and food services that are provided in boarding homes, commission merchants, dairies, delicatessens, bakeries, candy and ice cream manufacturers, grocery stores, retail markets, restaurants, wholesale markets, mobile vendors, and hotels. The Division of Community Hygiene provides abatement notices, inspection of premises, code enforcement, premises baited, catch basin larvicided, community education and outreach, investigation of bite cases, issuance of dog and cat licenses, vaccinations, animal adoptions, spay and neutering, dead animal pick-up, and dangerous dog control services in the District. The Division of Radiation seeks to eliminate radiation overexposure of persons from naturally-occurring and man-made radiation by the inspection of dental X-ray tubes, medical X-rays, and the regulation of health physicists, suppliers, and radioactive-material users in the District of Columbia;
- **Office of Health Care Facilities Regulation** – regulates and licenses group homes, intermediate care facilities for the mentally challenged, assisted-living facilities, child placing agencies, home care agencies, community residence facilities, hospitals, nursing homes, home health agencies, end-stage dialysis renal disease facilities, laboratories, ambulatory surgical centers, maternity centers, tissue banks, community residence facilities, and assisted-living and child placement agencies; and
- **Medical Marijuana** – regulates medical marijuana use in the District. The program registers patients who are currently using medical marijuana and, in some cases, their caregivers, and inspects cultivation centers and dispensaries and approves them to operate in the District.

Center for Policy, Planning, and Evaluation (CPPE) – is responsible for developing an integrated public health information system to support health policy decisions, state health planning activities, performance analysis, and direction setting for department programs; health policy, health planning and development; health research and analysis; vital records; and planning, directing, coordinating, administering, and supervising a comprehensive Epidemiology and Health Risk Assessment program, which involves federal, state, county, and municipal functions.

This division contains the following 3 activities:

- **Research, Evaluation, and Measurement** – plans and coordinates epidemiologic studies and outbreak investigations, defines the health status of residents, and assists with tracking of health events. This includes planning, development and coordination of appropriate methodologies to collect and process data as well as monitoring and evaluation of health and social issues. The division responds to internal and external inquiries about various health events and provides reports on health risk behaviors to both internal and external entities;
- **State Center for Health Statistics** – collects, processes, analyzes, and disseminates birth and death record information and other vital statistics data and information. It is responsible for the statistical analyses of the data generated from birth, death, and other vital records information. In addition, it develops comprehensive statistical and epidemiologic reports on District residents' health status; and
- **State Health Planning and Development** – develops the District's State Health Plan and Annual Implementation, and reviews and approves Certificate of Need applications that allow health care providers to establish new services, make certain capital expenditures, or take other actions as specified in the law. The activity is also responsible for monitoring free care requirements of hospitals and other health care providers.

Community Health Administration (CHA) – provides programs designed to improve health outcomes for all residents of the District of Columbia, with an emphasis on women, infants, children (including children with special health care needs), and other vulnerable groups such as those with a disproportionate burden of chronic disease and disability. The administration provides programs and services that promote coordination among the health care systems and enhance access to effective prevention, primary and specialty medical care in the District. CHA collaborates with public and private organizations to provide support services to ameliorate the social determinants of health status for these groups.

This division contains the following 6 activities:

- **Cancer and Chronic Disease Prevention** – provides cancer control and prevention initiatives to reduce the rates of cancer-related mortality among District residents by focusing on treatable or preventable cancers such as breast and cervical, lung, prostate, and colorectal malignancies. The program defines and seeks to reduce the burden of diabetes mellitus and cardiovascular disease on residents of the District of Columbia, and builds partnerships that help strengthen and increase the scope of the infrastructure for care, interventions, and population-based strategies to promote health within the District. Furthermore, the Bureau implements a citywide asthma plan that includes data collection, public education, and access to appropriate care for asthma and related allergies, in addition to developing and implementing policy changes and delivery systems, including preventive measures for asthma control;
- **Primary Care** – identifies health professional shortage and medically underserved areas for primary care, dental, and mental health care services, and administers programs to improve access to primary care services for District residents regardless of their ability to pay for services;
- **Support Services** – coordinates CHA’s efforts to help develop an integrated community-based health delivery system, ensures access to preventive and primary health care, and fosters citizen and community participation toward improving the health outcomes of women, infants, children (including children with special health care needs), and other family members in the District of Columbia;
- **Perinatal and Infant Health** – provides comprehensive services to improve perinatal outcomes for high-risk pregnant and parenting women, the health and development of their infants into early childhood, and health outcomes for children with special healthcare needs by facilitating access to coordinated primary and specialty health care and other services in partnership with their families and community organizations. The overarching goal is to reduce infant mortality and perinatal health disparities in the District of Columbia primarily through a home visiting approach;
- **Nutrition and Physical Fitness** – provides increased access to healthy food, promotes physical activity as a means to reduce morbidity, supports services that offer specialized nutrition intervention, and maintains an extensive referral network available to District families, infants, children, and seniors. The goal of activities performed within the Nutrition and Physical Fitness Bureau is to positively impact dietary habits, foster physical activity, and decrease overweight and obesity rates, thus improving health outcomes among the population; and
- **Children, Adolescent, and School Health** – provides improvement for the health and well-being of all District pre-school and school-age children and adolescents by enhancing access to preventive, dental, primary and specialty care services and contributing to the development of a coordinated, culturally competent, family-centered health care delivery system. The program seeks to promote age-appropriate immunizations and increase health education and outreach to District residents.

Agency Management – provides for administrative support and the required tools to achieve operational and programmatic results. This division is standard for all agencies using performance-based budgeting.

Agency Financial Operations – provides comprehensive and efficient financial management services to, and on behalf of, District agencies so that the financial integrity of the District of Columbia is maintained. This division is standard for all agencies using performance-based budgeting.

Division Structure Change

The Department of Health has no division structure changes in the FY 2016 proposed budget.

FY 2016 Proposed Operating Budget and FTEs, by Division and Activity

Table HC0-4 contains the proposed FY 2016 budget by division and activity compared to the FY 2015 approved budget. It also provides the FY 2014 actual data.

Table HC0-4

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2014	Approved FY 2015	Proposed FY 2016	Change from FY 2015	Actual FY 2014	Approved FY 2015	Proposed FY 2016	Change from FY 2015
(1000) Agency Management								
(1010) Personnel	761	845	845	0	6.6	7.5	7.2	-0.2
(1017) Labor Management	115	132	135	3	1.0	1.0	1.0	0.0
(1020) Contracting and Procurement	987	994	545	-449	8.7	9.0	3.2	-5.8
(1030) Property Management	16,911	14,807	17,070	2,263	3.4	5.0	4.0	-1.0
(1040) Information Technology	1,038	1,028	1,022	-7	4.4	5.0	5.0	0.0
(1055) Risk Management	134	142	145	3	0.8	1.0	1.0	0.0
(1060) Legal	0	0	2,252	2,252	0.0	0.0	15.0	15.0
(1080) Communications	214	196	219	23	2.8	2.0	2.0	0.0
(1085) Customer Service	151	248	303	55	1.8	3.0	3.0	0.0
(1087) Language Access	102	100	100	0	0.0	0.0	0.0	0.0
(1090) Performance Management	3,277	2,075	1,732	-343	7.0	9.2	7.0	-2.2
Subtotal (1000) Agency Management	23,691	20,568	24,368	3,800	36.4	42.8	48.5	5.8
(100F) Agency Financial Operations								
(110F) Agency Fiscal Officer Operations	791	1,239	923	-316	8.6	9.4	8.0	-1.4
(120F) Accounting Operations	970	1,329	1,398	68	12.9	13.5	13.0	-0.5
(130F) ACFO	175	435	329	-106	3.8	4.6	3.5	-1.1
(140F) Agency Fiscal Officer	422	373	831	458	4.4	4.0	7.0	3.0
Subtotal (100F) Agency Financial Operations	2,358	3,376	3,480	104	29.8	31.5	31.5	0.0
(2000) Addiction Prevention and Recovery Administration								
(2055) Deputy Director for Treatment	0	0	0	0	0.0	0.0	0.0	0.0
Subtotal (2000) Addiction Prevention and Recovery Administration	0	0	0	0	0.0	0.0	0.0	0.0

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Table HC0-4 (Continued)

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2014	Approved FY 2015	Proposed FY 2016	Change from FY 2015	Actual FY 2014	Approved FY 2015	Proposed FY 2016	Change from FY 2015
(2500) Health Emergency Preparedness and Response								
Administration								
(2540) Public Health Emergency Preparedness	1,033	984	823	-161	1.4	1.3	2.0	0.7
(2550) Public Health Emerg. Ops. and Program Support	48,745	48,882	49,299	417	0.0	11.0	8.8	-2.2
(2560) Epidemiology Disease Surveillance and Investigation	670	449	240	-209	0.0	4.2	2.0	-2.2
(2570) Emergency Medical Services Regulation	436	577	750	174	3.8	5.0	7.2	2.2
(2580) Office of the Senior Deputy Director	3,335	4,162	4,004	-158	19.8	19.8	23.0	3.3
Subtotal (2500) Health Emergency Preparedness and Response Administration	54,219	55,054	55,116	62	25.0	41.3	43.0	1.8
(3000) HIV/AIDS, Hepatitis, STD, and TB Administration								
(3010) HIV/AIDS Support Services	1,527	2,546	1,795	-751	12.0	24.3	13.4	-10.9
(3015) HIV/AIDS Policy and Planning	3,363	2,303	1,574	-728	7.5	9.5	7.0	-2.5
(3020) HIV Health and Support Services	34,586	39,315	33,922	-5,392	11.9	13.6	14.9	1.3
(3030) HIV/AIDS Data and Research	2,250	2,894	3,450	557	16.4	17.3	21.0	3.7
(3040) Prevention and Intervention Services	10,835	12,251	13,362	1,111	18.4	22.2	21.5	-0.7
(3060) Drug Assistance Program (ADAP)	9,891	11,131	5,981	-5,150	5.2	6.8	4.5	-2.3
(3070) Grants and Contracts Management	865	913	1,050	137	7.2	8.0	9.0	1.0
(3080) Sexually Transmitted Diseases Control	2,109	1,606	1,768	162	19.0	11.8	16.0	4.2
(3085) Tuberculosis Control	1,103	1,146	1,472	325	7.0	8.0	11.5	3.5
(3090) HIV/AIDS Housing and Supportive Services	13,440	14,272	12,174	-2,098	2.6	3.2	3.2	0.0
Subtotal (3000) HIV/AIDS, Hepatitis, STD, and TB Administration	79,971	88,377	76,549	-11,828	107.2	124.8	122.0	-2.7
(4500) Health Care Regulation and Licensing Administration								
(4200) Office of Health Professional License Administration	8,603	8,948	8,275	-673	69.0	70.2	68.7	-1.5
(4510) HCRLA Support Services	141	225	0	-225	1.9	3.0	0.0	-3.0
(4515) Office of Food, Drug, Radiation, and Comm. Hygiene Reg.	8,715	9,112	9,258	147	53.4	55.3	54.4	-0.8
(4530) Office of Health Care Facilities Regulation	4,735	5,812	5,863	51	42.0	47.5	48.5	1.0
(4540) Medical Marijuana	0	0	478	478	0.0	0.0	4.1	4.1
Subtotal (4500) Health Care Regulation and Licensing Administration	22,193	24,097	23,874	-222	166.3	176.0	175.8	-0.3
(5000) Primary Care and Prevention Administration								
(5100) PCPA Support Services	188	0	0	0	0.0	0.0	0.0	0.0
Subtotal (5000) Primary Care and Prevention Administration	188	0	0	0	0.0	0.0	0.0	0.0
(8200) Center for Policy, Planning, and Evaluation								
(8250) Research, Evaluation, and Measurement	426	522	309	-213	0.8	1.0	1.0	0.0
(8260) State Center Health Statistics	3,371	3,577	3,543	-34	31.0	35.3	34.0	-1.2
(8270) State Health Planning and Development	843	1,046	1,043	-3	7.3	7.7	7.7	0.0
Subtotal (8200) Center for Policy, Planning and Evaluation	4,641	5,144	4,895	-249	39.0	44.0	42.8	-1.2

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Table HC0-4 (Continued)

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2014	Approved FY 2015	Proposed FY 2016	Change from FY 2015	Actual FY 2014	Approved FY 2015	Proposed FY 2016	Change from FY 2015
(8500) Community Health Administration								
(8502) Cancer and Chronic Disease Prevention	5,505	6,100	7,794	1,694	21.7	16.8	25.0	8.2
(8503) Pharmaceutical Procurement and Distribution	-346	0	0	0	15.6	0.0	0.0	0.0
(8504) Primary Care	3,894	4,405	3,797	-608	3.3	5.0	7.0	2.0
(8510) Support Services	6,024	6,527	6,896	369	20.0	24.0	26.0	2.0
(8511) Perinatal and Infant Health	3,612	4,123	3,209	-914	40.2	47.8	32.0	-15.8
(8513) Nutrition and Physical Fitness	15,666	18,047	19,699	1,652	18.7	22.8	23.0	0.2
(8514) Children, Adolescent, and School Health	28,084	36,882	32,091	-4,790	30.3	34.0	35.0	1.0
Subtotal (8500) Community Health Administration	62,439	76,083	73,485	-2,598	149.8	150.3	148.0	-2.3
(9960) Year End Close								
No Activity Assigned	95	0	0	0	0.0	0.0	0.0	0.0
Subtotal (9960) Year End Close	95	0	0	0	0.0	0.0	0.0	0.0
Total Proposed Operating Budget	249,794	272,701	261,769	-10,932	553.6	610.6	611.6	1.0

(Change is calculated by whole numbers and numbers may not add up due to rounding)

Note: For more detailed information regarding the proposed funding for the activities within this agency's divisions, please see **Schedule 30-PBB Program Summary by Activity** in the **FY 2016 Operating Appendices** located on the Office of the Chief Financial Officer's website.

FY 2016 Proposed Budget Changes

The Department of Health's (DOH) proposed FY 2016 gross budget is \$261,768,733, which represents a 4.0 percent decrease from its FY 2015 approved gross budget of \$272,700,826. The budget is comprised of \$78,866,643 in Local funds, \$5,000,000 in Federal Payments, \$114,619,156 in Federal Grant funds, \$13,158,380 in Special Purpose Revenue funds, and \$50,124,554 in Intra-District funds.

Current Services Funding Level

The Current Services Funding Level (CSFL) is a Local funds ONLY representation of the true cost of operating District agencies, before consideration of policy decisions. The CSFL reflects changes from the FY 2015 approved budget across multiple divisions, and it estimates how much it would cost an agency to continue its current divisions and operations into the following fiscal year. The FY 2016 CSFL adjustments to the FY 2015 Local funds budget are described in table 5 of this agency's budget chapter. Please see the CSFL Development section within Volume 1: Executive Summary for more information regarding the methodology used and components that comprise the CSFL.

DOH's FY 2016 CSFL budget is \$79,242,205, which represents a \$360,440, or 0.5 percent, decrease from the FY 2015 approved Local funds budget of \$79,602,645.

CSFL Assumptions

The FY 2016 CSFL calculated for DOH included adjustment entries that are not described in detail on table 5. These adjustments include reductions of \$2,980,000 to account for the removal of one-time funding appropriated in FY 2015 that includes the following one-time items: \$2,000,000 to support tobacco cessation efforts in the District and \$980,000 to support several initiatives within the Community Health Administration

division. Of that amount, \$480,000 supported a competitive grant to establish a comprehensive concussion protocol for children; \$200,000 supported the Department of Health's efforts to prevent and address the impact of chronic illness; \$150,000 provided a grant for clinical nutrition home delivery services for individuals living with cancer and other life-threatening diseases; \$100,000 support teen peer educators who provide sexual and reproductive health education to their peers; and \$50,000 supported DOH initiatives that encourage corner store owners to incorporate in their offerings and provide nutrition education.

Additionally, adjustments were made for a net increase of \$513,001 in personal services to account for Fringe Benefit costs based on trend and comparative analyses, the impact of cost-of-living adjustments, and approved compensation agreements implemented in FY 2015, and an increase of \$792,274 in nonpersonal services based on the Consumer Price Index factor of 2.2 percent. DOH's CSFL funding for the Fixed Costs Inflation Factor reflects an adjustment for an increase of \$64,390 to account for growth in two commodities, Energy and Rent. Additionally, adjustments were made for increases of \$700,000 for the restoration of one-time salary lapse in FY 2015, and \$549,895 in Other Adjustments to reflect the transfer of attorney's from the Office of the Attorney General and support the 4.3 Full-Time Equivalent (FTE) positions, and to account for proper funding of compensation and classification reforms within the Workforce Investments fund for Compensation Groups 1 and 2.

Agency Budget Submission

Increase: The proposed Local funds budget includes a net increase to nonpersonal services in the amount of \$3,926,411. This includes the reallocation of \$3,875,000 in funding for the Access to Care and Home Visitation activities moving from Contractual Services to Subsidies and Transfers, \$33,150 to Equipment and Equipment Rental to procure necessary additions for the replacement of obsolete office equipment, and \$64,217 in Other Services and Charges to implement the Electronic Medical Records (EMR) system, all offset by a decrease of \$45,956 in Supplies and Materials. The Agency Management division includes a net increase to Fixed Costs totaling \$1,391,908 to cover the increase in rent at the 899 North Capitol Street location, which covers a 6th floor expansion project, and higher utility costs incurred at the offices on DC Village Lane in Southwest. The expansion project includes additional funding from Special Purpose Revenue and Federal Grants and will be referenced later in this section. In addition, personal services increased by \$494,615 to support projected salary increases, Fringe Benefits, and an additional 3.2 FTEs across multiple programs.

The proposed Federal Grant funds budget includes a net increase of \$1,828,988 to cover Home Visitation Services, Preventive Health Services Block grant, and the Cancer and Chronic Disease Prevention (CCDP) grant. Of this amount, \$595,975 reflects the increase to CCDP for the portion of responsibilities that were formerly administered by the Department of Behavioral Health. Fixed Costs support reflects an increase of \$556,586 in the Agency Management division to cover costs associated with the aforementioned expansion project. An increase of \$175,196 includes adjustments to Other Services and Charges for \$126,696 and \$48,500 in Equipment and Equipment Rental, of which \$40,000 from Equipment and Equipment Rental will cover costs incurred in the Health Emergency Preparedness and Response Administration. The remaining balance will cover training, fleet maintenance and technology costs.

The proposed Special Purpose Revenue funds budget reflects an increase of \$1,802,756 in personal services to support salary increases, projected Fringe Benefits costs and an additional 10.9 FTEs. Fixed Costs increased by \$199,998 to reflect the additional costs associated with an expansion project at a DOH facility.

The proposed Intra-District funds budget reflects a net increase of \$578,790 to nonpersonal services. This includes an increase of \$590,790 for Supplies and Materials that is partially offset by a reduction of \$12,000 in equipment costs to reflect the reduction of purchases associated with the Fire and Emergency Medical Services (FEMS) Department Memorandum of Understanding (MOU). Additionally, an increase in the amount of \$131,623 to personal services will support projected salary increases, Fringe Benefits, and 1.0 FTE across multiple programs.

Decrease: The proposed budget includes a net reduction to Local funds in the amount of \$5,812,934. This combines reductions of \$4,875,000 to reflect the transfer of funding for Access to Care and Home Visitation activities to Subsidies and Transfers, an overall reduction of \$361,900 in Access to Care funding due to streamlining direct patient services, \$504,577 in Contractual Services due to the integration of Infant Mortality and Help Me Grow, as well as \$71,457 due to the transfer of attorneys to the subordinate agencies.

The proposed Federal Grant funds budget includes a decrease of \$639,360 and 19.4 FTEs in personal services primarily due to loss of funding for Healthy Start grants. Contractual Services experienced a net reduction to Federal Grants in the amount of \$3,629,323. This is mainly due to reductions of \$1,702,528 in the Community Health Administration division resulting from the end of the grant cycle for the Maternal, Infant, and Early Childhood Home Visitation grants; and \$1,709,952 in the HIV/AIDS, Hepatitis, STD, Tuberculosis Administration (HAHSTA) division for HIV Emergency Relief Projects. The remaining decrease of \$216,844 reflects Contractual Services savings across multiple divisions. Supplies and Materials had a net reduction of \$4,794,524, mainly due to reductions in medical supply purchases. Lastly, a reduction of \$5,097,041 in Subsidies and Transfers reflects the loss of funding for subgrants that covers housing for persons with AIDS and those who support HIV Prevention.

The proposed Special Purpose Revenue funds budget reflects a net decrease of \$85,508 to Nonpersonal Services. This includes reductions of \$38,435 in Supplies and Materials due to a decreased need within the Pharmacy Protection fund and \$72,073 in Other Services and Charges to reflect reductions in information technology (IT) software acquisitions in the State Health Planning and Development activity. These reductions were partially offset by an increase of \$25,000 in equipment costs to purchase software for cultivation centers and patient tracking efforts for medical marijuana, as well as the purchase of laptops for the Board of Medicine program. Contractual Services contain a decrease of \$1,015,663 to reflect the reduction of IT consultant contracts within the Board of Medicine fund.

In Intra-District funds, a net decrease of \$72,645 to Contractual Services – Other includes a decrease of \$112,170 to the MOU agreement with the Department of Health Care Finance (DHCF) for pharmaceutical procurement, partially offset by increases of \$24,975 to cover the Vital Statistics Information Management System (VSIMS) contract and \$14,550 for the Amerisource Bergen Inventory System, an inventory management solution that is specifically designed to automate all aspects of pharmacy operations and medication inventory management.

Technical Adjustment: The proposed budget includes a technical adjustment in the amount of \$29,482 in Local funds to accommodate the anticipated salary increases associated with the transfer of attorneys to the Department of Health.

Mayor's Proposed Budget

Enhance: The proposed budget includes an increase of \$750,000 to expand the Joyful Food Markets. This funding will provide more than 4,200 children and their families with free, non-perishable groceries and fresh produce. Joyful Food Markets are monthly, pop-up grocery stores operating in high-needs schools throughout the District.

Transfer-In/Enhance: The proposed budget includes a transfer-in of \$266,782 and 3.0 FTEs from the Executive Office of the Mayor (EOM) to support the hiring and appointments for DOH's many boards and commissions. This combines a transfer in the amount of \$262,386 and an enhancement of \$4,395 to support the reassigned positions.

Reduce: The proposed budget includes reductions of \$2,000 to reflect a reduction in tuition reimbursements within the Health Emergency Preparedness and Response Administration (HEPRA) and \$5,967 in the Center for Policy, Planning, and Evaluation (CPPE), due to reduced equipment maintenance costs. A decrease of \$106,453 includes a reduction of \$56,453 from the elimination of a contract that provides inspections for the

DC Jail. The Health Care Regulation and Licensing Administration (HCRLA) division will now incorporate the inspections in their workflows. In addition, a \$50,000 reduction in the Agency Management division reflects a reduction in contractual costs for communications support. A reduction of \$215,000 includes decreases of \$115,000 to align funding for community organizations for HIV prevention services based on service utilization and program effectiveness and \$100,000 to reflect the reduced need for a nursing contract, due to the agency directly filling key positions at the STD/TB clinic in FY 2016. A reduction of \$275,000 in the HIV/AIDS, Hepatitis, STD and Tuberculosis Administration (HAHSTA) reflects several reductions to daily operation requirements, which include decreases of \$100,000 to align with the redesigned capacity building program and plans for a more focused program to support strategic planning and innovative projects; \$75,000 to reflect a small reduction in local funding for its social marketing program; \$60,000 due to the agency's finance office directly assuming responsibility from HAHSTA for drawdown payments for Housing Opportunities for Persons with AIDS (HOPWA); and \$40,000 to reflect the reduction in need for temporary staff to manually enter data into the D.C. Public Health Information System as a result of expected completion of the Electronic Lab Reporting interface. A reduction of \$374,872 reflects a modest reduction in grants to align funding with resources. Personal services were reduced by \$502,000 to reflect salary lapse savings. A reduction of \$625,000 includes decreases of \$500,000 to reflect the reduction in need for HIV point-of-care test kits as HAHSTA continues its strategy to promote integration of HIV testing in primary medical care that can be supported through insurance billing without the need for publicly funded point-of-care tests, and \$125,000 to reflect the reduced need for public funding of laboratory testing, as more and more patients are covered for testing under insurance. Funding will remain to help those without insurance and focus populations like young persons for confidential testing. A reduction of \$3,000,000 reflects the delay of procurement activities for School Health IT infrastructure development and data system upgrades, as well as aligning the budget for school nurses with anticipated need.

Transfer-Out: In Local funds, DOH will transfer 1.0 FTE to the Office of Contracting and Procurement (OCP) to support the Procurement Practices Reform Act of 2010 initiatives. Additionally, Federal Grant funds were reduced by 1.0 FTE due to the same initiative.

District's Proposed Budget

Enhance: The proposed budget in Local funds includes an increase of \$2,576,000, which is allocated to the Community Health Administration (CHA) division as one-time funding in FY 2016. This enhancement is comprised of \$1,300,000 to support the Teen Pregnancy Prevention Fund, \$400,000 to combat increasing rates of infant mortality in the District, \$157,000 to support teen peer educators who provide sexual health information and condoms to youth, \$150,000 to support a competitive grant for clinical nutritional home delivery services for individuals living with cancer and other life-threatening diseases, and \$569,000 to support initiatives focused on the healthy development of girls attending public schools and public charter schools in grades 9 through 12.

In the HIV/AIDS, Hepatitis, STD, and TB Administration division, the budget proposed in Local funds includes a one-time funding of \$500,000 to replace an anticipated loss of federal funding that supports housing for persons with AIDS. The budget in Local funds for CHA includes an additional one-time allocation of \$350,000 to support the Produce Plus program. Produce Plus is a locally-funded farmers' market incentive program designed to increase access to healthy and nutritious food options for income-eligible District residents, as well as to promote the presence and benefits of Farmers' Markets, with the ultimate goal of improving public health outcomes.

In the Health Care Regulation and Licensing Administration division, the Local funds budget increased by \$258,466 and 1.0 FTE. This enhancement is comprised of \$136,466 and 1.0 FTE to replace lost Special Purpose Revenue funds resulting from the Pharmaceutical Detailing Licensure Amendment Act of 2015 and \$122,000 in personal services to fund the implementation of the Cottage Food Amendment Act. This law permits cottage food operations to make a wide variety of foods; however, they can only sell their foods at Farmers Markets and are limited to collecting no more than \$25,000 in revenue annually.

Reduce: The proposed budget includes a reduction of \$136,466 and 1.0 FTE in Special Purpose Revenue funds due to lost revenue resulting from the Pharmaceutical Detailing Licensure Amendment Act of 2015.

FY 2015 Approved Budget to FY 2016 Proposed Budget, by Revenue Type

Table HC0-5 itemizes the changes by revenue type between the FY 2015 approved budget and the FY 2016 proposed budget.

Table HC0-5

(dollars in thousands)

DESCRIPTION	DIVISION	BUDGET	FTE
LOCAL FUNDS: FY 2015 Approved Budget and FTE		79,603	171.1
Removal of One-Time Funding	Multiple Programs	-2,980	0.0
Other CSFL Adjustments	Multiple Programs	2,620	4.3
LOCAL FUNDS: FY 2016 Current Services Funding Level (CSFL) Budget		79,242	175.4
Increase: To align funding with nonpersonal services costs	Multiple Programs	3,926	0.0
Increase: To align Fixed Costs with proposed estimates	Agency Management	1,392	0.0
Increase: To adjust personal services	Multiple Programs	495	3.2
Decrease: To adjust the Contractual Services budget	Multiple Programs	-5,813	0.0
Technical Adjustment: To support performance-related pay adjustments and negotiated pay increases for Attorneys	Multiple Programs	29	0.0
LOCAL FUNDS: FY 2016 Agency Budget Submission		79,272	178.6
Enhance: To provide fresh food alternatives at community locations	Community Health Administration	750	0.0
Transfer-In/Enhance: To provide support for boards and commissions hiring/appointments	Community Health Administration	267	3.0
Reduce: Reduction in tuition reimbursements	Health Emergency Preparedness and Response Administration	-2	0.0
Reduce: Reduction in equipment maintenance costs	Center for Policy, Planning, and Evaluation	-6	0.0
Reduce: Reduction in contracts; agency will support workflows	Multiple Programs	-106	0.0
Reduce: To restructure based on program needs and usage	HIV/AIDS, Hepatitis, STD, and TB Administration	-215	0.0
Reduce: To reflect cost efficiencies across several daily operations and restructure based on need	HIV/AIDS, Hepatitis, STD, and TB Administration	-275	0.0
Reduce: To align resources with operational goals	Community Health Administration	-375	0.0
Reduce: To adjust personal services	Multiple Programs	-502	0.0
Reduce: Reduction in need for locally funded test kits and lab testing	HIV/AIDS, Hepatitis, STD, and TB Administration	-625	0.0
Reduce: Delay procurement activities for IT development and align school nurse budget with anticipated needs	Community Health Administration	-3,000	0.0
Transfer-Out: To OCP to support the Procurement Practices Reform Act of 2010 initiatives	Agency Management	0	-1.0
LOCAL FUNDS: FY 2016 Mayor's Proposed Budget		75,182	180.6
Enhance: To align funding with nonpersonal services costs	Community Health Administration	2,576	0.0
Enhance: To support program initiative(s)	HIV/AIDS, Hepatitis, STD, and TB Administration	500	0.0
Enhance: To support the Produce Plus program	Community Health Administration	350	0.0
Enhance: To reallocate funding within agency (across fund types) and adjust personal services	Health Care Regulation and Licensing Administration	258	1.0
LOCAL FUNDS: FY 2016 District's Proposed Budget		78,867	181.6

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Table HC0-5 (Continued)

(dollars in thousands)

DESCRIPTION	DIVISION	BUDGET	FTE
FEDERAL PAYMENTS: FY 2015 Approved Budget and FTE		5,000	0.0
No Change		0	0.0
FEDERAL PAYMENTS: FY 2016 Agency Budget Submission		5,000	0.0
No Change		0	0.0
FEDERAL PAYMENTS: FY 2016 Mayor's Proposed Budget		5,000	0.0
No Change		0	0.0
FEDERAL PAYMENTS: FY 2016 District's Proposed Budget		5,000	0.0
FEDERAL GRANT FUNDS: FY 2015 Approved Budget and FTE		126,219	342.8
Increase: To support program initiative(s)	Multiple Programs	1,829	0.0
Increase: To align Fixed Costs with proposed estimates	Agency Management	557	0.0
Increase: To align funding with nonpersonal services costs	Multiple Programs	175	0.0
Decrease: To adjust personal services	Multiple Programs	-639	-19.4
Decrease: To adjust the Contractual Services budget	Multiple Programs	-3,629	0.0
Decrease: To align resources with operational goals	Multiple Programs	-4,795	0.0
Decrease: To streamline operation efficiency	HIV/AIDS, Hepatitis, STD, and TB Administration	-5,097	0.0
FEDERAL GRANT FUNDS: FY 2016 Agency Budget Submission		114,619	323.4
Transfer-Out: To OCP to support the Procurement Practices Reform Act of 2010 initiatives	Agency Management	0	-1.0
FEDERAL GRANT FUNDS: FY 2016 Mayor's Proposed Budget		114,619	322.4
No Change		0	0.0
FEDERAL GRANT FUNDS: FY 2016 District's Proposed Budget		114,619	322.4
SPECIAL PURPOSE REVENUE FUNDS: FY 2015 Approved Budget and FTE		12,393	86.3
Increase: To adjust personal services	Multiple Programs	1,803	10.9
Increase: To align Fixed Costs with proposed estimates	Agency Management	200	0.0
Decrease: To align funding with nonpersonal services costs	Multiple Programs	-85	0.0
Decrease: To adjust the Contractual Services budget	Health Care Regulation and Licensing Administration	-1,016	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2016 Agency Budget Submission		13,295	97.2
No Change		0	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2016 Mayor's Proposed Budget		13,295	97.2
Reduce: To reallocate funding within agency (across fund types)	Health Care Regulation and Licensing Administration	-136	-1.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2016 District's Proposed Budget		13,158	96.2
INTRA-DISTRICT FUNDS: FY 2015 Approved Budget and FTE		49,487	10.4
Increase: To align funding with nonpersonal services costs	Health Emergency Preparedness and Response Administration	579	0.0
Increase: To adjust personal services	Multiple Programs	132	1.0
Decrease: To adjust the Contractual Services budget	Multiple Programs	-73	0.0
INTRA-DISTRICT FUNDS: FY 2016 Agency Budget Submission		50,125	11.4
No Change		0	0.0
INTRA-DISTRICT FUNDS: FY 2016 Mayor's Proposed Budget		50,125	11.4
No Change		0	0.0
INTRA-DISTRICT FUNDS: FY 2016 District's Proposed Budget		50,125	11.4
Gross for HC0 - Department of Health		261,769	611.6

(Change is calculated by whole numbers and numbers may not add up due to rounding)

Agency Performance Plan

The agency has the following objectives and performance indicators for their divisions:

Center for Policy, Planning, and Evaluation (CPPE)

Objective 1: Promote the availability of accessible, high quality, and affordable health care services.

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

KEY PERFORMANCE INDICATORS

Center for Policy, Planning, and Evaluation

Measure	FY 2013 Actual	FY 2014 Target	FY 2014 Actual	FY 2015 Projection	FY 2016 Projection	FY 2017 Projection
Percent of Certificates of Need (CONs) reviewed on time within 90 days ¹	Not Available	Not Available	100%	Not Available	100%	100%
Number of CON Appeals ²	Not Available	Not Available	Not Available	Not Available	0	0
Percent of vital records walk-in requests processed within 30 minutes	Not Available	Not Available	89.2%	95%	95%	97%
Number of CONs reviewed	37	30	20	25	Not Available ³	Not Available
Percent of Health Professional Loan Repayment Program (HPLRP) participants that are practicing primary care	61%	60%	60%	60%	Not Available ⁴	Not Available
Percent of Tobacco Settlement Funds (TSF) funded health center and hospital projects operational and serving the public	61%	60%	90%	100%	Not Available ⁵	Not Available
Number of Behavioral Risk Factor Surveillance System (BRFSS) surveys completed	4,837	5,000	5,244	5,000	Not Available ⁶	Not Available

Community Health Administration (CHA)

Objective 1: Maintain the delivery of safety-net services provided to low-income, uninsured residents through Project WISH in efforts to reduce breast and cervical cancer mortality rates in the District of Columbia.

Objective 2: Expand nutrition education and increase access to healthy foods as part of efforts to lower the District's obesity rate.

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

Objective 4: Reduce infant mortality in the District of Columbia.

Objective 5: Improve immunization rates among children enrolled in District of Columbia Public Schools (DCPS) and District of Columbia Public Charter Schools.

Objective 6: Increase the overall well-being of woman and children participants in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program.

Objective 7: Promote the availability of accessible, high quality and affordable health care.

Objective 8: Improve breastfeeding initiation rates among low-income women.

KEY PERFORMANCE INDICATORS

Community Health Administration

Measure	FY 2013 Actual	FY 2014 Target	FY 2014 Actual	FY 2015 Projection	FY 2016 Projection	FY 2017 Projection
Number of breast screening procedures performed	675	680	2,382	832	832	832
Number of cervical screening procedures performed	250	295	419	325	325	325
Number of nutrition education contacts made to low-income District residents participating in DOH Healthy Food Access programs ⁷	Not Available	Not Available	Not Available	Not Available	42,000	44,000
Number of District residents receiving farmer's market incentive benefits from DOH administered programs ⁸	Not Available	Not Available	Not Available	Not Available	8,600	8,700
Percent of parents receiving educational counseling for newborn hearing loss	96.3%	90%	93.9%	94%	95%	95%
Percent of infants that receive documented follow up care after the first referral	67%	65%	65.3%	75%	80%	80%
Percent of Healthy Start participants who have a documented reproductive health care plan ⁹	Not Available	Not Available	Not Available	Not Available	90%	90%

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KEY PERFORMANCE INDICATORS (Continued)

Community Health Administration

Measure	FY 2013 Actual	FY 2014 Target	FY 2014 Actual	FY 2015 Projection	FY 2016 Projection	FY 2017 Projection
Number of parents/caregivers educated on infant safe sleep practices and provided a Pak-n-Play (portable crib) ¹⁰	Not Available	Not Available	909	1,000	1,000	1,000
Percent of children with up-to-date immunizations ¹¹	87.2%	90%	83.1%	92%	92%	92%
Percent of children enrolled in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs who receive developmental and social-emotional screenings ¹²	Not Available	Not Available	Not Available	Not Available	95%	95%
Percent of women enrolled in the MIECHV programs that are screened for depression	Not Available	Not Available	Not Available	95%	95%	95%
Percent of Health Professional Loan Repayment Program participants that are practicing in priority underserved areas ¹³	Not Available	Not Available	Not Available	Not Available	40%	60%
Percent increase in visits for primary medical, dental, and behavioral health services funded by the Diffusion of Care grants ¹⁴	Not Available	Not Available	Not Available	5%	5%	5%
Total breastfeeding initiation rates among low-income Women, Infants and Children (WIC) enrollees ¹⁵	Not Available	Not Available	Not Available	Not Available	55%	57%
Breastfeeding initiation rates among low-income African-American WIC enrollees ¹⁶	Not Available	Not Available	Not Available	Not Available	46%	47%
Number of SNAP-Ed participants receiving nutrition education ¹⁷ [Sustainable DC Plan Action FD2.3]	8,552	45,000	22,628	16,000	Not Available ¹⁸	Not Available
Number of families in the DC Home Visiting program early childhood visits	201	360	180	360	Not Available ¹⁹	Not Available

Health Emergency Preparedness and Response Administration (HEPRA)

Objective 1: Improve and sustain public health emergency preparedness and response activities within the District.

Objective 2: The DOH Emergency Healthcare Coalition will strengthen the ability of the healthcare system to prepare, respond, and recover from incidents that have a public health and medical impact.

Objective 3: Assure the provision of medical countermeasures dispensing during emergencies, as well as routine pharmaceutical services, in support of treatment or prophylaxis to the identified population in accordance with public health guidelines and/or recommendations.

KEY PERFORMANCE INDICATORS

Health Emergency Preparedness and Response Administration

Measure	FY 2013 Actual	FY 2014 Target	FY 2014 Actual	FY 2015 Projection	FY 2016 Projection	FY 2017 Projection
Percent of DOH staff that completed Incident Command System (ICS)100 and 200 training ²⁰	Not Available	Not Available	25%	50%	75%	100%
Percent of DOH staff that completed ICS 300 and 400 training ²¹	Not Available	Not Available	0%	25%	50%	75%
Percent of DOH staff that completed ICS 700 and 800 training ²²	Not Available	Not Available	25%	50%	75%	100%
Number of emergency preparedness training exercises with DOH participation	Not Available	Not Available	4	2	4	6
Number of individuals completing community resilience training	Not Available	Not Available	215	170	100	150
Percent of health and medical plan applications with initial review completed within 72 hours	Not Available	Not Available	Not Available	80%	90%	100%
Percent of unannounced ambulance inspections resulting in a pass rating ²³	Not Available	Not Available	Not Available	Not Available	95%	95%
Percent of prescription claims processed and replenished annually within five business days	Not Available	Not Available	Not Available	100%	100%	100%
Number of total Closed Points of Distribution (CPOD) locations ²⁴	Not Available	Not Available	0	4	8	8
Number of Point of Distribution (POD) trainings held ²⁵	Not Available	Not Available	0	2	6	2
Number of survey reports that are sent out to stakeholders and customers	416	500	2,748	3,000	Not Available ²⁶	Not Available
Percent of applicable staff trained on National Incident Management System (NIMS) Incident Command System (ICS) 100, 200, 700 and 800	Not Available	Not Available	Not Available	100%	Not Available ²⁷	Not Available
Percent of applicable staff trained on NIMS ICS 300 and 400	100%	100%	94.6%	100%	Not Available ²⁸	Not Available
Number of ambulance inspections	522	375	360	400	Not Available ²⁹	Not Available

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

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

Objective 2: Improve care and treatment outcomes, as well as quality of life, for persons living with HIV/AIDS, STDs, TB, and Hepatitis through increased access to, retention in, and quality of care and support services.

KEY PERFORMANCE INDICATORS

HIV/AIDS, Hepatitis, STD, and TB Administration

Measure	FY 2013 Actual	FY 2014 Target	FY 2014 Actual	FY 2015 Projection	FY 2016 Projection	FY 2017 Projection
Number of DOH-supported HIV tests reported	138,317	125,000	76,462	125,000	100,000	125,000
Number of DOH-supported HIV tests among focus populations ³⁰	Not Available	Not Available	Not Available	Not Available	15,000	16,500
Number of needles off the streets through DC Needle Exchange (NEX) Program	549,464	500,000	696,807	550,000	600,000	650,000
Number of condoms (female and male) distributed by DC DOH Condom Program	5,747,000	5,000,000	5,249,850	6,000,000	6,600,000	7,300,000
Number of youth (15-19 years) screened for STDs through youth outreach programs	5,870	7,500	3,825	7,500	4,500	5,500
Percent of clients linked to care within 3 months of diagnosis	84%	85%	88%	85%	87%	88%
Number of publicly supported hepatitis C tests ³¹	Not Available	Not Available	Not Available	Not Available	14,500	16,000
Proportion of Ryan White clients with viral suppression ³²	Not Available	Not Available	Not Available	Not Available	83%	87%
Number of publicly-supported HIV medication prescriptions refilled ³³	Not Available	Not Available	Not Available	Not Available	93,924	103,316
Proportion of Tuberculosis (TB) patients completing treatment ³⁴	Not Available	Not Available	Not Available	Not Available	85%	90%
Proportion of gonorrhea cases with appropriate treatment confirmed ³⁵	Not Available	Not Available	Not Available	Not Available	50%	75%
Number of new HIV/AIDS cases reported within the fiscal year	330	700	360	650	Not Available ³⁶	Not Available
Percent of recommended persons who were screened once in their lifetime for hepatitis C	Not Available	Not Available	Not Available	75%	Not Available ³⁷	Not Available

Health Care Regulation and Licensing Administration (HCRLA)

Objective 1: Build quality, safety, and compliance in health-systems and facilities by reducing harm-level deficiencies through annual licensure and federal certification inspections of health care facilities.

Objective 2: Build quality, safety, and compliance in intermediate care facilities through annual licensure, federal certification inspections and through abating or removing immediate jeopardies within 24 hours.

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.

Objective 4: Build quality and safety in pharmaceutical and controlled substance facilities and advance population health by conducting annual licensure inspections and develop a compliance plan for pharmacist-patient counseling.

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

Objective 6: Protect the health and safety of the residents and visitors of the District of Columbia by reducing rodent harborage and mitigating determinants of rodent activity.

KEY PERFORMANCE INDICATORS

Health Care Regulation and Licensing Administration

Measure	FY 2013 Actual	FY 2014 Target	FY 2014 Actual	FY 2015 Projection	FY 2016 Projection	FY 2017 Projection
Percent of follow-up inspections of health care facilities with harm level deficiencies completed within 30 days ³⁸	Not Available	Not Available	Not Available	Not Available	100%	100%
Number of inspections completed by the Health Care Facilities Division (HCFD)	168	111	161	112	100	100
Percent of intermediate care facilities identified with immediate jeopardies investigated within 24 hours ³⁹	Not Available	Not Available	Not Available	Not Available	100%	100%
Percent of food establishment complaints inspected within 5 days ⁴⁰	Not Available	Not Available	Not Available	Not Available	100%	100%
Percent of food-borne outbreak notifications in which suspected products were embargoed or collected and submitted for testing ⁴¹	Not Available	Not Available	Not Available	Not Available	100%	100%
Percent of inspections of pharmacy facilities where pharmacists are in compliance with patient counseling requirements ⁴²	Not Available	Not Available	Not Available	Not Available	95%	95%
Percent of Registered Controlled Substance Facilities inspected ⁴³	Not Available	Not Available	Not Available	Not Available	100%	100%
Percent of samples taken from rabies suspect animals submitted for testing within 48 hours ⁴⁴	Not Available	Not Available	Not Available	Not Available	100%	100%

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KEY PERFORMANCE INDICATORS (Continued)

Health Care Regulation and Licensing Administration

Measure	FY 2013 Actual	FY 2014 Target	FY 2014 Actual	FY 2015 Projection	FY 2016 Projection	FY 2017 Projection
Percent of rodent activity complaints are inspected or baited in 48 hours ⁴⁵	Not Available	Not Available	Not Available	Not Available	100%	100%
Number of inspections completed by the Immediate Care Facilities Division (ICFD)	202	220	204	260	Not Available ⁴⁶	Not Available
Number of food establishment inspections generated by complaints	795	505	726	500	Not Available ⁴⁷	Not Available
Number of food establishment closures as a result of failing to minimizing the presences of insects, rodents and other pests	86	100	206	200	Not Available ⁴⁸	Not Available
Percentage of pharmaceutical facility inspections conducted	90%	90%	90%	90%	Not Available ⁴⁹	Not Available
Number of rabies-suspect animals submitted for testing within the required timeframe for notification	231	380	416	300	Not Available ⁵⁰	Not Available
Number of premises inspected for rodent activity	53,124	50,000	41,063	75,000	Not Available ⁵¹	Not Available

Office of the Director (OD)

Objective 1: Ensure the development and retention of a competent workforce.

Objective 2: Use information systems that support the health department’s mission and workforce by providing infrastructure for data collection/analysis, program management, and communication.

Objective 3: Enhance both the efficiency and effectiveness of DOH grant-making and monitoring processes for sub-grant awards through the successful implementation of the DOH Electronic Grants Management System (EGMS).

Objective 4: Improve the effectiveness of awards management for federal grants.

Objective 5: Oversee the establishment of an Office of Health Equity.

KEY PERFORMANCE INDICATORS

Office of the Director (OD)

Measure	FY 2013 Actual	FY 2014 Target	FY 2014 Actual	FY 2015 Projection	FY 2016 Projection	FY 2017 Projection
Percent of eligible employee reviews completed on time	64%	90%	Not Available	90%	90%	90%
Percent of eligible employees with on-time Employee Performance Plans ⁵²	Not Available	Not Available	Not Available	Not Available	90%	95%
Percent of employees who are in compliance with the mandatory ethics training requirements ⁵³	Not Available	Not Available	Not Available	Not Available	90%	95%
Percent of MSS employees who complete the required MSS training curriculum ⁵⁴	Not Available	Not Available	Not Available	Not Available	75%	80%
Number of public health competency development activities offered ⁵⁵	Not Available	Not Available	Not Available	Not Available	10	20
Percent of DOH employees participating in a public health development activity ⁵⁶	Not Available	Not Available	Not Available	Not Available	50%	60%
Number of documents converted to the electronic file management system	Not Available	Not Available	Not Available	81,600	89,000	98,000
Percent of all sub-grantees receiving DOH funding registered in EGMS ⁵⁷	Not Available	Not Available	Not Available	Not Available	100%	100%

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KEY PERFORMANCE INDICATORS (Continued)

Office of the Director (OD)

Measure	FY 2013 Actual	FY 2014 Target	FY 2014 Actual	FY 2015 Projection	FY 2016 Projection	FY 2017 Projection
Percent of sub-grantee organizations that have submitted all required business documents into EGMS accounts ⁵⁸	Not Available	Not Available	Not Available	Not Available	90%	100%
Percent of DOH grants management (program/fiscal) personnel completing EGMS Training ⁵⁹	Not Available	Not Available	Not Available	Not Available	90%	90%
Percent of lapsed dollar amounts on federal awards ⁶⁰	Not Available	Not Available	Not Available	Not Available	3%	3%
Percent of Managers Trained on Quality Improvement (QI)	20%	90%	31.9%	90%	Not Available ⁶¹	Not Available
Percent of non-managers trained on QI	15%	50%	12.8%	50%	Not Available ⁶²	Not Available

Performance Plan Endnotes:

¹The baseline data for this metric is on file. However, FY 2016 is the first year this measure is appearing on the Performance Plan.

²This is a new baseline measure for FY 2016.

³As of FY 2016, this measure has been removed and replaced with a stronger measure.

⁴As of FY 2016, this measure is no longer being tracked.

⁵Ibid.

⁶Ibid.

⁷This is a new baseline measure for FY 2016.

⁸Ibid.

⁹Ibid.

¹⁰The agency previously internally tracked this measure; however, as of FY 2016 it will be included in their performance plan.

¹¹This measure is based upon the industry standard. The U.S. Department of Health and Human Services established through Healthy People 2020 that 95 percent of children enrolled in kindergarten should have their required shots. Data indicates that this 95 percent is achieved nationally. For adolescents, the target drops to 80 percent as data indicates that only about 45 percent of adolescents received required vaccinations.

¹²This is a new baseline measure for FY 2016.

¹³Ibid.

¹⁴Ibid.

¹⁵Ibid.

¹⁶Ibid.

¹⁷Participation numbers include those served by CHA and its partners - UDC and Capital Area Food Bank. In 2011, funding was cut from \$2.5 million to \$1.5 million, and USDA ceased providing the 50 percent cash match for nutrition education provided.

¹⁸As of FY 2016, this measure is no longer being tracked.

¹⁹Ibid.

²⁰The baseline data for this metric is on file. However, FY 2016 is the first year this measure is appearing on the Performance Plan.

²¹Ibid.

²²Ibid.

²³This is a new baseline measure for FY 2016

²⁴The baseline data for this metric is on file. However, FY 2016 is the first year this measure is appearing on the Performance Plan.

²⁵Ibid.

²⁶In FY 2016, this measure is no longer being tracked but has been modified into a new and improved metric.

²⁷Ibid.

²⁸Ibid.

²⁹Ibid.

³⁰This is a new baseline measure for FY 2016.

³¹Ibid.

³²Ibid.

³³Ibid.

³⁴Ibid.

³⁵Ibid.

³⁶As of FY 2016, this measure is no longer being tracked.

³⁷Ibid.

³⁸This is a new baseline measure for FY 2016.

³⁹Ibid.

⁴⁰Ibid.

⁴¹Ibid.

⁴²Ibid.

⁴³Ibid.

⁴⁴Ibid.

⁴⁵Ibid.

⁴⁶As of FY 2016, this measure is no longer being tracked.

⁴⁷Ibid.

⁴⁸Ibid.

⁴⁹Ibid.

⁵⁰Ibid.

⁵¹Ibid.

⁵²This is a new baseline measure for FY 2016.

⁵³Ibid.

⁵⁴Ibid.

⁵⁵Ibid.

⁵⁶Ibid.

⁵⁷Ibid.

⁵⁸Ibid.

⁵⁹Ibid.

⁶⁰Ibid.

⁶¹As of FY 2016, this measure is no longer being tracked.

⁶²Ibid.