



FY 2015 PERFORMANCE PLAN
Department of Health

MISSION

The Mission of the Department of Health is to promote and protect the health, safety and quality of life of residents, visitors and those doing business in the District of Columbia.

SUMMARY OF SERVICES

The DOH adheres to the ten essential public health services generally accepted by the United States public health community. The ten essential public health services are:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

PERFORMANCE PLAN DIVISIONS:

- Center for Policy, Planning, and Evaluation (CPPE)
- Community Health Administration (CHA)
- Health Emergency Preparedness and Response Administration (HEPRA)
- Health Regulation and Licensing Administration (HRLA)
- HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA)
- Office of the Director (OD)



AGENCY WORKLOAD MEASURES

Measures	FY 2012 Actual	FY 2013 Actual	FY 2014 YTD ¹
Number of federal grants managed by the Department	98	92	57
Number of subgrant awards issued by the Department	245	224	230
Number of Supplemental Nutrition Program for Women, Infants, Children (WIC) participants	16,558	12,356	14,804
Number of Farmers Markets vendors accepting WIC and Produce Plus benefits (Sustainable DC FD2.3)	N/A	47	52
Number of stores participating in the Healthy Corner Store Initiative (Sustainable DC FD2.1)	N/A	30	30
Number of Ryan White service visits	318,193	370,095	391,181
Number of DC Medicaid 1115 Waiver Reform Demonstration project clients receiving pharmaceutical services through the pharmaceutical procurement and distribution program	4,525	4,057	4,600
Number of DC Alliance clients receiving pharmaceutical services through the pharmaceutical procurement and distribution program	15,300	15,500	15,400
Number of special event health, medical and safety events requiring DOH participation.	N/A	N/A	145
Number of registered volunteers trained in emergency preparedness/community resilience.	N/A	N/A	200
Number of new EMT certifications by DC DOH	1,434	1,312	1,150
Number of calls responded to by Animal Control Officers	12,568	14,656	9,766
Number of health care related incidents investigated	9,301	10,694	9,373
Number of new health professional licenses issued by the Health Regulation and Licensing Administration (HRLA)	6,160	13,053	10,143
Number of Certificate of Need application decisions	33	37	6
Number of walk-in customers to the Vital Records Office	30,834	32,500	32,500
Number of Behavioral Risk Factor Surveillance System (BRFSS) surveys administered	3,967	4,837	3,690

¹ No specific date given at the time this document was published.



SUMMARY OF SERVICES

The 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. Activities include health planning and development, health research and analysis, vital records and administering a comprehensive evaluation and health risk assessment program.

OBJECTIVE 1: Promote the availability of accessible, high quality and affordable health care services, especially in underserved areas (One City Action Plan Action 3.2.1).

INITIATIVE 1.1: To increase residents' access to needed health care services (Age-Friendly DC: Domain 8).

The State Health Planning and Development Agency (SHPDA) reviews Certificate of Need (CON) applications to ensure that the services and facilities established in the District are of high quality and meet the needs of residents. Once a CON is approved, the health care provider will then begin the licensure and construction process, if applicable, to establish services. During FY14, SHPDA has seen a dramatic decrease in the number of CON applications, which was due to, in part, fewer applications from home health care providers. Based on this decrease, the SHPDA anticipates a change in the CON applications reviewed to 25 in FY15. **Completion Date: September, 2015.**

INITIATIVE 1.2: Assess the availability of and access to care to determine the need for constructing new primary health care clinics and for recruiting and retaining primary care, mental health and dental providers in underserved areas (One City Action Plan Action 3.2.1, Age-Friendly DC: Domain 8).

In FY 15, the Primary Care Bureau (PCB), within the Community Health Administration (CHA), seeks to maintain the participation of “primary care” medical professionals in the District’s Health Professions Loan Repayment Program (HPLRP) so that they represent 60% of all HPLRP participants. After an assessment was completed, regulations were passed in FY 2010 that set “target” participation goals for each eligible discipline: 60% primary care providers, 20% dental providers, and 20% mental health providers. As of August 15, 2014, primary care practitioners represented 60% of the total participant pool.

Completion Date: September, 2015.

INITIATIVE 1.3: Ensure that 90% of Tobacco Settlement Fund funded health center and hospital projects are operational and serving the public (Age-Friendly DC: Domain 8).

The District Government has invested over \$70 million in Tobacco Settlement Funds (TSF) to construct new and expand existing primary care and hospital facilities. The PCB within the CHA has provided oversight for these capital grants to ensure that facilities are completed and open for services as expeditiously as possible. In FY14, 90% (nine out of 10) of the TSF-funded projects had been completed and were operational. By September 30, 2015, the PCB will ensure that the final funded project, a multi-use facility with multiple partners, will be completed and 100% of the grants will be closed out. **Completion Date: September, 2015.**



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

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

In FY 15, CPPE will maintain that at least 95 percent of vital records are processed within 30 minutes by continuing to increase the number of historic records entered into the electronic registration system. Vital Records Division has made significant headway as birth records dating back to the 1950s are currently undergoing a Quality Assurance process in order to move these records to the electronic system. Death records are now in the process of being scanned and prepared to move them to the electronic system. As these records are entered in the electronic system, processing time to issue a vital record will be significantly reduced.

Completion Date: September, 2015.

INITIATIVE 2.2: Analyze customer data to improve service delivery.

In FY15, the Vital Records Division will continue to analyze data from the QMatic customer flow system to identify those customer requests most often requiring more than 30 minutes to process. The analysis will support recommendations for improved processing of the identified ‘time consuming’ requests. Some recommendations are now being implemented.

Completion Date: September, 2015.

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

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

The 2011 BRFSS marked the first time that the CDC added a cell phone survey component to the annual survey process. CPPE has since published a 2011 report that included cell phone responses. The 2012 report is forthcoming. By September 30, 2015, CPPE will complete the data collection and analysis for the 2014 survey, providing the District with four years of health behavior data based upon a more representative sample of the city’s population.

Completion Date: September, 2015.

KEY PERFORMANCE INDICATORS – Center for Policy, Planning and Evaluation

Measure	FY 2013 Actual	FY 2014 Target	FY 2014 YTD ²	FY 2015 Target	FY 2016 Projection	FY 2017 Projection
Number of Certificates of Need (CONs) reviewed (One City Action Plan Action 3.2.1)	37	30	6	25	25	25
Percent of HPLRP participants that are practicing primary care (One City Action Plan Action 3.2.1)	61%	60%	60%	60%	60%	60%
Percent of TSF-funded health center and hospital projects operational and serving the public	61%	60%	90%	100%	n/a ³	n/a
Percent of vital records processed within 30 minutes	95%	95%	90%	95%	95%	95%
Number of BRFSS surveys completed ⁴	4,837	5,000	3,690	5,000	5,000	5,000

² No specific date given at the time this document was published.

³ “After reaching the FY 2015 Target of 100% completion, this KPI will be removed and not appear in the 2016 and 2017 performance plans.”



Community Health Administration

SUMMARY OF SERVICES

The Community Health Administration (CHA) provides programs and services that promote coordination among the health care systems in the city and enhances access to effective prevention, primary and specialty medical care through collaborations with public and private organizations.

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.

INITIATIVE 1.1: Project WISH will provide clinical breast, pelvic and cervical exams, as well as mammogram screenings and PAP-test screenings, to eligible women (Age-Friendly DC: Domain 8).

Project WISH provides a set of comprehensive services to District of Columbia women including free clinical breast exams and mammograms, pelvic exams, Pap tests, HPV tests and other diagnostic services. To qualify for services, eligible women must be low-income, uninsured or underinsured, between 40-64 years of age, and residents of the District of Columbia. **Completion Date: September 30, 2015.**

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

INITIATIVE 2.1: Increase number of DC residents participating in SNAP-ED sessions (One City Action Plan Actions 3.4.1 and 3.4.2, Age-Friendly DC: Domain 8, Sustainable DC Plan Health & Wellness Action 1.2).

In FY 15, CHA seeks to increase the overall number of residents participating in SNAP-Ed sessions with a special emphasis on the early childhood and senior populations. Both of these groups present with similar vulnerability and there is an opportunity to positively impact their knowledge and behaviors. SNAP-ED sessions focus on encouraging low-income participants (the majority of whom are potentially SNAP-eligible) to purchase foods that promote a healthier diet by emphasizing five nutrition messages: eating nutritious fruits and vegetables, consuming low-fat dairy, eating more whole grains foods, drinking more water, and engaging in daily physical activity. The program develops educational handouts and classes and outreach sessions that are age, language, and culturally appropriate to target audiences. **Completion Date: September 30, 2015.**

INITIATIVE 2.2: Expand the *D.C. Fresh!* pilot program (One City Action Plan Action 3.4.2 and Sustainable DC Plan Food Action 2.2, Age-Friendly DC: Domain 8).

This District-wide wellness program aims to improve individual health behaviors by increasing access to healthy foods. This program uses mobile healthy food carts to provide fresh produce and minimally-processed foods in high traffic low-income neighborhoods, particularly in Wards 5, 7 and 8. In FY 15, DOH will increase partnerships through participation in the produce voucher program, such as Produce Plus and Freggie Bucks. **Completion Date: September 30, 2014.**

⁴ This measure is based upon the industry standard. CDC requires that each state participating in the BRFSS to have a sample size of no less than 4,000.



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

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

In FY 15, the CHA will enhance the DC Hears database in sync with the State Vital Records data system managed by CPPE. The ultimate objective of the program is to increase the percentage of infants with abnormal hearing screening results that receive follow-up care. Approximately three babies per 1,000 births are born with a hearing loss, making it the most common birth defect in the District. If not identified early, it can lead to a delay in language, cognitive, and social development. **Completion Date: September 30, 2015.**

OBJECTIVE 4: Improve immunization rates among children enrolled in District of Columbia Public Schools (DCPS), District of Columbia Public Charter Schools, as well s Private and Parochial Schools.

INITIATIVE 4.1: Maintain at least 92% of children with up-to-date immunizations in DCPS and District of Columbia Public Charter Schools.

CHA will work collaboratively with the Office of the State Superintendent of Education (OSSE) and the DCPS system to monitor and regulate rates of immunization compliance. In addition, during FY15, CHA will work to enhance the accuracy and interoperability of the Immunization Registry. The Immunization Program will support primary care providers in efforts to encourage parents and caregivers to immunize children and schedule annual well child visits. DOH has launched a public awareness campaign on the HPV vaccination which will continue in 2015. These activities, along with training and education, will continue to reinforce residents and providers about the importance of immunizations for children. In addition, encouraging compliance to immunization schedules remain a fundamental priority for the WIC Program. Efforts to promote age appropriate immunizations for children, aged birth to five years, will continue at WIC sites throughout the District.

Completion Date: September 30, 2015.

OBJECTIVE 5: Increase the number of young children in the District who are ready for school.

INITIATIVE 5.1: Increase the number of participants in the Maternal, Infant, and Early Childhood Home Visiting Program.

The home visiting program is designed to promote maternal, infant and early childhood health as well as the development of strong parent-child relationships. The program seeks to improve maternal and child health; prevent child injuries, child abuse and neglect; reduce emergency room visits; improve school readiness and achievement; reduce crime and domestic violence; improve family economic self-sufficiency; improve care coordination and referrals for community resources and support; and finally, improve parenting skills to increase child development. In FY 15, the program will increase and/or maintain the number of families participating in the program. **Completion Date: September 30, 2015.**



KEY PERFORMANCE INDICATORS - Community Health Administration

Measure	FY 2013 Actual	FY 2014 Target	FY 2014 YTD ⁵	FY 2015 Target	FY 2016 Projection	FY 2017 Projection
Number of breast screening and diagnostic procedures performed	675	680	937	832	832	832
Number of cervical screening and diagnostic procedures performed	250	295	425	325	325	325
Number of SNAP-Ed participants receiving nutrition education ⁶ [One City Action Plan Actions 3.4.1 and 3.4.2 and Sustainable DC Plan Action FD2.3]	12,356	8,552	8,435	16,000	16,000	16,000
Percent of parents receiving educational counseling for newborn hearing loss	96.3%	89%	93.96%	94%	95%	95%
Percent of infants that receive documented follow up care after the first referral	n/a	67%	71.31%	75%	80%	80%
Percent of children with up-to-date immunizations ⁷	88.55%	88.36%	n/a	92%	92%	92%
Number of families in the DC Home Visiting program, early childhood visits	190	180	236	360	360	TBD ⁸

⁵ No specific date given at the time this document was published.

⁶ Participation 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% cash match for nutrition education provided. The *One City Action Plan* called for a baseline of 25,000 with a 3% growth.

⁷ This measure is based upon the industry standard. The U.S. Department of Health and Human Services established through Healthy People 2020 that 95% of children enrolled in kindergarten should have their required shots. Data indicates that this 95% is achieved nationally. For adolescents, the target drops to 80% as data indicates that only about 45% of adolescents received required vaccinations.

⁸ Currently, the early childhood home visiting program only has funding until the end of FY 2016.



Health Emergency Preparedness and Response Administration

SUMMARY OF SERVICES

The Health Emergency Preparedness and Response Administration (HEPRA) provides regulatory oversight of Emergency Medical Services (EMS) including service providers, associated educational institutions, EMS agencies and their operations. HEPRA also ensures that DOH and its partners are prepared to respond to city-wide medical and public health emergencies, such as those resulting from terrorist attacks or natural disasters. In addition, HEPRA oversees an extensive medication management program that procures and distributes lifesaving medications to District programs that provide pharmaceutical services to eligible residents.

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

INITIATIVE 1.1: HEPRA will continue to solicit input of stakeholders on the services that were provided to them.

Each Division has a number of services and products that are provided to stakeholders. HEPRA began collecting customer feedback through on-line surveys in FY 12. The results have been used to improve service delivery to the public. In FY 15, HEPRA will issue 3,000 surveys in efforts to continue to solicit customer feedback. **Completion Date: September 30, 2015.**

OBJECTIVE 2: Improve and sustain public health emergency preparedness and response activities within the District.

INITIATIVE 2.1: Ensure that all DOH staff required to report to work during emergencies are prepared to respond by utilizing the concepts of the National Incident Management System (NIMS) as directed by Homeland Security Presidential Directive #5 (Age-Friendly DC: Domain 9).

The use of a standardized approach to incident response and recovery is paramount for inter-agency collaboration and life safety. The goal of DOH will be to meet the following NIMS training levels for all DOH emergency designated staff, with 100% of applicable staff being trained in NIMS IS-100, NIMS IS-200, NIMS IS-700, and NIMS IS-800. **Completion Date: September, 2015.**

INITIATIVE 2.2: Ensure staff participating in the Health Emergency Coordination Center (HECC) activities are prepared to respond to emergencies using the concepts of the NIMS as directed by Homeland Security Presidential Directive #5 (Age-Friendly DC: Domain 9).

The use of a standardized approach to incident response and recovery is paramount for inter-agency collaboration and life safety. The goal of HEPRA will be to meet the following NIMS training levels for HECC participating staff, with 100% of applicable staff being trained in NIMS ICS-300 and ICS-400. **Completion Date: September 30, 2015.**



INITIATIVE 2.3: Inspect emergency medical vehicles (ambulances) in accordance with District regulations.

HEPRA will add the inspection of medical equipment assigned to non-transporting response vehicles and air ambulances. The EMS Act of 2009 along with current regulations outlined in the DCMR, Title 29, Chapter 5, mandates that all EMS response vehicles must be inspected prior to being placed into service. Further, any EMS response vehicle certified by the DC Department of Health is subject to an unannounced inspection at any time. **Completion Date: September, 2015**

INITIATIVE 2.4: HEPRA is responsible for conducting the review and approval of the Health, Medical and Safety Plan applications for all events held on District of Columbia public space.

The Special Event Health, Medical and Safety Plan requires a review of applications that are inclusive of information on the full event and the health, medical and safety procedures that will be utilized during the event. HEPRA reviews the Special Events Health, Medical and Safety Plan applications to ensure that the plans meet the minimum standards for the size and type of event as defined by the policy. **Completion Date: September 30, 2015.**

INITIATIVE 2.5: HEPRA will continue to train District staff, residents, community-based partners and businesses in emergency preparedness and community resilience to strengthen our ability to respond and recover more quickly when disaster strikes (Age-Friendly DC: Domain 9).

Community resilience is the ability of a community to prepare for, respond to, and recover from a disaster and focuses on relationships and resources within the community. Training in emergency preparedness and community resilience connects community members and neighbors to government agencies, organizations and resources before and during an emergency or disaster. **Completion Date: September 30, 2015.**

OBJECTIVE 3: Assure the provision of pharmaceutical services in a cost effective, clinically proficient manner to maximize District residents access to life saving medications.

INITIATIVE 3.1: the DC DOH Pharmaceutical Warehouse personnel will process and replenish medication orders within five (5) business days of request (Age-Friendly DC: Domain 8).

HEPRA provides a mechanism for the direct delivery of selected prescription medications to eligible District residents who are enrolled in District programs. Counseling services are also available for those who needed assistance. In FY 15, HEPRA will ensure that all medical orders are processed within five business days. **Completion Date: September 30, 2015.**



KEY PERFORMANCE INDICATORS – Health Emergency Preparedness and Response Administration

Measure	FY 2013 Actual	FY 2014 Target	FY 2014 YTD ⁹	FY 2015 Target	FY 2016 Projection	FY 2017 Projection
Number of survey reports that are sent out to stakeholders and customers	479	500	2,748	3,000	3,500	4,000
Percent of applicable staff trained on NIMS ICS 100, 200, 700 and 800	n/a	n/a	n/a	100%	100%	100%
Percent of applicable staff trained on NIMS ICS 300 and 400	100%	90%	100%	100%	100%	100%
Total number of ambulance inspections	522	375	360	400	435	435
Percent of prescription claims processed and replenished annually within five (5) business days	n/a	n/a	n/a	100%	100%	100%

⁹ No specific date given at the time this document was published.



HIV/AIDS, Hepatitis, STD, and TB Administration

SUMMARY OF SERVICES

The HIV/AIDS, Hepatitis, STD and TB Administration's (HAHSTA) mission is to prevent primary infection of HIV/AIDS, STDs, Tuberculosis and Hepatitis, reduce transmission of the diseases and provide care and treatment to persons with the diseases. HAHSTA partners with health and community-based organizations to offer HIV and STD testing and counseling, prevention education and interventions, free condoms, as well as medical support, medication at no cost and other support services needed by clients living with HIV/AIDS. In addition, HAHSTA provides direct services at its STD and TB Clinics for residents of the District, administers the District's budget for HIV/AIDS, Tuberculosis, and Hepatitis programs, and collects and manages data on disease specific programs and services.

OBJECTIVE 1: Reduce transmission/prevent new infections of HIV, STD, TB, and Hepatitis through early diagnosis and treatment, harm reduction, and behavior change interventions (One City Action Plan Action 3.2.3).

INITIATIVE 1.1: Increase identification of individuals newly infected with HIV or STDs

Routine, opt-out HIV testing is the key component of HAHSTA's strategy to prevent new infections. HAHSTA has worked to incorporate this policy as a standard of care in all facilities in the District and HIV testing has been expanded to motor vehicles offices and an addiction recovery center. In FY15, HAHSTA will continue its partnership with hospitals by supporting emergency room testing while increase billing for in-patients and ambulatory care patients. HAHSTA will enhance its outreach testing by using new rapid-rapid confirmatory testing per the CDC guidance, including an additional public benefits office and a revised social networking program. HAHSTA will also retool its HIV testing and introduce a new STD social marketing program. **Completion Date: September 30, 2015.**

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

It is critical that the District support young people to develop awareness, skills, and behaviors that lead to a reduction of risk for STDs and HIV throughout their lifetime. Activities to achieve this goal include: mainstreaming of STD/HIV information into youth activities; expanding HIV testing in schools; expanding peer educators, including distribution of condoms in public schools; expanding the HAHSTA youth social marketing program to address peer norms that influence sexual activity; and expanding youth outreach and STD/HIV testing and treatment services to venues other than the school. In FY15, HAHSTA will increase the number of youth screened for STDs. **Completion Date: September 30, 2015.**

OBJECTIVE 2: Improve care and treatment outcomes, as well as quality of life, for HIV/AIDS-infected individuals through increased access to, retention in, and quality of care and support services, as part of the District's adoption of the National HIV/AIDS Strategy, with targets to be accomplished by 2015 (One City Action Plan Action 3.2.3).

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

HAHSTA will continue to increase the utilization of HIV/AIDS care services by DC residents and ensure the availability of critical and effective support services to maximize retention in



care and health outcomes. HAHSTA will expand the peer community health worker model program to support newly diagnosed and persons returning to care to connect and retain in HIV treatment. HAHSTA will collaborate with the Department of Health Care Finance on optimizing Medicaid coverage for care and appropriate support services for persons living with HIV and HAHSTA funds for ensuring improved health outcomes. HAHSTA will expand its HIV treatment social marketing program to emphasize that HIV is a manageable disease. In FY 15, HAHSTA will increase the percentage of clients linked to care within 3 months of diagnosis. **Completion Date: September 30, 2015.**

Objective 3: Increase, monitor and evaluate the number of persons recommended for screening of hepatitis C and linkage to care for persons diagnosed (Age-Friendly DC: Domain 8).

INITIATIVE 3.1: With new screening recommendations and treatment option for hepatitis C, HAHSTA has an overall goal to eradicate hepatitis C in the District of Columbia. HAHSTA will promote and increase screening among recommended populations (“baby boomers” born between 1945 and 1965 and persons with a history of injection drug use). HAHSTA will expand screening at its STD Clinic, provide funding to community partners for outreach testing and employ its academic detailing program to educate primary care and other clinicians in their health settings. HAHSTA will increase the percentage of persons screened based on the screening recommendations. **Completion Date: September 30, 2015.**



KEY PERFORMANCE INDICATORS - HIV/AIDS, Hepatitis, STD, and TB Administration

Measure	FY 2013 Actual	FY 2014 Target	FY 2014 YTD ¹⁰	FY 2015 Target	FY 2016 Projection	FY 2017 Projection
Number of new HIV/AIDS cases reported within the fiscal year [One City Action Plan Action 3.2.3]	330	700	664	650	600	600
Number of publicly supported HIV tests reported [One City Action Plan Action 3.2.3]	138,317	125,000	61,385	125,000	125,000	125,000
Number of needles off the streets through DC NEX Program [One City Action Plan Action 3.2.3]	549,464	500,000	480,946	550,000	550,000	550,000
Number of condoms (female and male) distributed by DC DOH Condom Program [One City Action Plan Action 3.2.3]	5,747,000	5,000,000	3,941,850	6,000,000	6,000,000	6,000,000
Number of youth (15-19 years) screened for STDs through youth outreach programs	5,870	7,500	3,296	7,500	7,500	7,500
Percent of clients linked to care within 3 months of diagnosis [One City Action Plan Action 3.2.3]	84%	85%	74.5%	85%	85%	85%
Percent of recommended persons who were screened once in their lifetime for hepatitis C.	n/a	n/a	n/a	75%	75%	75%

¹⁰ No specific date given at the time this document was published.



Health Regulation and Licensing Administration

SUMMARY OF SERVICES

The Health Regulation and Licensing Administration (HRLA) protects the health of the residents of the District of Columbia and those that do business here by fostering excellence in health professional practice and building quality and safety in health-systems and facilities through an effective regulatory framework. HRLA administers the District and Federal laws and regulations governing the licensure, certification and registration of health care professionals, human service facilitations, pharmacies, animal and rodent control activities, food establishments (restaurants, groceries and deli's) and hygiene or other-health related establishments (spas, salons and swimming pools) to ensure the protection of the health and safety of the residents and visitors of the District of Columbia.

OBJECTIVE 1: Build quality and safety in health-systems and facilities by conducting annual licensure and federal certification inspections of health care facilities.

INITIATIVE 1.1: Conduct on-site surveys to ensure health, safety, sanitation, fire, and quality of care requirements of facilities that are licensed and/or certified.

The facility types inspected by the Health Care Facilities Division (HCFD) include: ambulatory surgical centers, end stage renal dialysis facilities, home health agencies, hospice facilities, hospitals, hospital transplant programs, maternity centers, nursing homes, communicable disease labs, tissue banks, CLIA Laboratories, and Certificate of Wavier (COW) Laboratories. In FY2015, HCFD will complete 112 inspections to identify deficiencies that may affect state licensure and/or eligibility for federal compliance under the Medicare and Medicaid programs. **Completion Date: September 30, 2015.**

OBJECTIVE 2: Build quality and safety in intermediate care facilities by conducting annual licensure and federal certification inspections of intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs), along with monitoring inspections of residential facilities, home care agencies child placing agencies, and licensure oversight to nurse staffing agencies.

INITIATIVE 2.1: Conduct on-site surveys to ensure health, safety, sanitation, and quality of care requirements of healthcare facilities (Age-Friendly DC: Domain 8).

Facilities that are under the purview of the Intermediate Care Facility Division (ICFD) include intermediate care facilities for individuals with intellectual disabilities (ICF/IID) as well as community residential facilities, assisted living residences, child placing agencies, home care agencies, and nurse staffing agencies. By September 30, 2015, ICFD will complete 242 inspections and as appropriate, identify deficiencies within these facilities that may affect state licensure and/or eligibility for federal compliance under the Medicare and Medicaid programs. Additionally, ICFD will refer quality of care issues to the appropriate professional boards and commissions. **Completion Date: September 30, 2015.**

OBJECTIVE 3: Protect the public health and safety of residents and visitors in the District through the prevention of food-borne outbreaks and protect the food supply through inspections.



INITIATIVE: 3.1: Inspect Food Establishments.

As a consequence of routine inspections and complaints due to food code violations and/or food borne illnesses that culminated in summary suspension/closures, HRLA/Food Safety Hygiene Inspection Service Division will work with establishments to improve their observance of the specific food code regulations which promote clean and healthy eating environments. **Completion Date: September 30, 2015.**

INITIATIVE: 3.2: Number of Food Establishment Closures

During FY2015 the Food Safety Division will look at the closures resulting from food establishments' failure to minimize the presence of insects, rodents and other pests on the premises and the reduction of Demonstration of Knowledge (DoK)/Certified Food Protection Manager (CFPM) violations. Establishment's knowledgeable of and executing Active Managerial Controls (AMC) in place will help promote this achievement. **Completion Date: September 30, 2015.**

OBJECTIVE 4: Build quality and safety in pharmaceutical and controlled substance facilities by conducting annual licensure inspections.

INITIATIVE 4.1: Conduct inspections in at least 90% of all registered community and hospital pharmacies located in the District to ensure compliance with District and Federal Pharmacy Law.

Elements of the inspection include physical standards, equipment and security requirements, sanitation requirements, packaging, handling and drug labeling requirements, recordkeeping requirements, misbranding and adulterated drug violations, controlled substance management, recordkeeping and distribution requirements, proper patient counseling and drug utilization review. Where egregious errors are found that directly impact patient health and safety, the pharmacist is referred to the Board of Pharmacy. An example of this would be where a medication dispensing error is discovered. **Completion Date: September 30, 2015**

INITIATIVE 4.2: Conduct inspections in at least 90% of all registered controlled substance facilities located in the District to ensure compliance with District and Federal Controlled Substance Law.

These facilities include substance abuse treatment centers, researchers, animal and veterinary clinics, and ambulatory surgery centers. Elements of the inspection include recordkeeping requirements for drug order, receipt, usage, and inventory; storage and security requirements; and destruction of controlled substances. These inspections are designed to monitor for and prevent drug diversion. Where drug diversion is found, referrals are made to appropriate health licensing boards and Metropolitan Police Department.

Completion Date: September 30, 2015

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

INITIATIVE 5.1: Ensure that 100% of samples taken from rabies-suspect animals are submitted for testing upon notification of exposure. In FY2014 a total of 100% or 218 samples were taken from animals with suspected rabies and sent for testing within 48 hours of notification of exposure. In FY2015 the program will continue to provide District residents with test results and information for prevention and prophylaxis of this fatal zoonotic disease.



Accurate data reporting is expected to improve the percentage of rabies-suspect animals that are tested within required timeframe. **Completion Date: September 30, 2015.**

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

INITIATIVE 6.1: Inspect 75,000 premises for rodent activity

The Rodent Control Division will inspect 75,000 premises for rodent activity and will work to reduce rodent activity, enforce sanitation laws and distribute educational material. This increase in inspections represents an increase from previous inspection years and should provide an evidenced-base decrease in rodent activity. The increase is also attributed to the modification in inspection techniques allowing the inspectors effectively to capture the actual number of properties inspected. **Completion Date: September 30, 2015.**

KEY PERFORMANCE INDICATORS – Health Regulation and Licensing Administration

Measure	FY 2013 Actual	FY 2014 Target	FY 2014 YTD ¹¹	FY 2015 Target	FY 2016 Projection	FY 2017 Projection
Number of inspections completed by the HCFD	168	111	106	112	112	112
Number of inspections completed by the ICFD	202	220	233	260	270	280
Number of food establishment inspections generated by complaints	795	505	532	500	400	300
Number of food establishment closures as a result of failing to minimizing the presences of insects, rodents and other pests	86	100	164	200	150	100
Percentage of pharmaceutical facility inspections conducted.	90%	90%	90%	90%	90%	90%
Number of rabies-suspect animals submitted for testing within the required timeframe for notification	231	300	218	300	300	300
Number of premises inspected for rodent activity	53,124	50,000	55,494	75,000	75,000	75,000

¹¹ No specific date given at the time this document was published.



Office of the Director (OD)

SUMMARY OF SERVICES

The Office of the Director provides leadership and direction to the Department through policy development, strategic planning, agency performance and human resource management, fiscal controls and administration of grants and contracts, information technology, legal oversight and government relations, risk management, communication and community relations, and facilities management.

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

INITIATIVE 1.1: Improve DOH's on-time completion of annual performance plans and evaluations for all employees.

Employee performance management consists of employee performance plans and employee evaluations. Performance plans allow the supervisor to convey their performance expectations for the employee and serve as a baseline for assessing job performance and growth. Employees have input into developing the performance objectives for the rating year. Timely performance plans and on-time evaluations increase employee satisfaction and morale. By the final published due date set by DCHR, the Department will demonstrate an increase in the percentage of completed performance plans and evaluations for eligible employees.
Completion Date: December 31, 2015.

INITIATIVE 1.2: Implement the Department's Workforce Development Plan to ensure adoption of nationally accepted public health competencies.

In FY 15, DOH will adopt the Council on Linkages Core Competencies for Public Health Professionals as the framework for all training and professional development. The Core Competencies for Public Health Professionals are a set of skills desirable for the broad practice of public health. They reflect the characteristics that staff of public health organizations (collectively) should possess as they work to protect and promote the health of a community. The Public Health Competencies are designed to serve as a starting point for academic and practice organizations to understand, assess, and meet education, training, and workforce needs. With adoption of the competencies, DOH will provide appropriate public health skill development trainings and educate managers on how to apply the Core Competencies into performance and individual development plans. **(No Specific completion date given.)**

INITIATIVE 1.3: Train 90% of senior leaders and managers, and 50% of non-managerial staff, on quality improvement (QI) basic tools and principles.

In FY 14, DOH committed to training its workforce on QI tools and principles in order to develop a versatile workforce focused on continuous improvement of programs and services. Although progress was made in the development of a core set of QI classes based upon the PDCA method, training time was more focused on national public health accreditation. In FY 15, training will be offered on accreditation, PDCA and Lean Six Sigma.
Completion Date: September 30, 2015.



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.

INITIATIVE 2.1: Improve accessibility of documents to staff in order to better serve the public.

DOH has implemented an Electronic File Management System in which paper documents can be scanned and stored in an electronic format. DOH plans to increase the number of documents stored in the system to 81,600 in FY 15. Electronic storage of documents will increase both internal and external responsiveness, as well as, reduce on-site physical footprint. **Completion Date: September 30, 2015.**

INITIATIVE 2.2: Develop and implement an agency-wide Enterprise Grants Management System (EGMS).

EGMS will increase the capacity of organizations to submit competitive applications for DOH grant funding via a paperless, centralized and account-based system. By the end of FY 15, 100% of all applications for new and continuation funding will be accepted by DOH through this secure web-based EGMS portal. This will decrease the applicants' burden of creating and managing multiple submissions and business documents for various DOH program units. In addition, this will create a vehicle for tracking and routing an application from submission to review and notification processes in a more time efficient manner.

Completion Date: September 30, 2015.

INITIATIVE 2.3: Develop and Implement of a consolidated enterprise wide asset protection management system.

In FY 14, DOH started to develop and implement a comprehensive inventory management system that will convert the V street warehouse into a state of the art asset protection management system. This system will provide the Department with real time shipping and receiving of all inventory items anywhere in the DOH footprint. And will also track all inventory by location and end user throughout all administrations with various locations providing an audit ready tracking log for each inventory transaction. The process will take approximately 9-12 months from development to fully functioning state of the art inventory and asset management solution. **Completion Date: September 30, 2015.**

OBJECTIVE 3: Oversee the implementation of agency-wide priorities.

INITIATIVE 3.1: Conduct agency sustainability assessment using OCA approved criteria developed by DDOE and OP in accordance with Mayor's Order 2013-209 (Sustainable DC Governance Goal 1, Action 1.2; Built Environment Goal 3)

Within one hundred twenty (120) days after the City Administrator approves sustainability assessment criteria developed jointly by the District Department of the Environment and the Office of Planning, each agency head subject to the authority of the mayor shall use the criteria to evaluate the sustainability of their respective operations in accordance with the requirements of Mayor's Order 2013-209, the Sustainable DC Transformation Order, and submit to his or her responsible Deputy Mayor and the Office of the City Administrator the results of the agency's internal assessment. **Completion Date: April 2015**



KEY PERFORMANCE INDICATORS - Office of the Director

Measure	FY 2013 Actual	FY 2014 Target	FY 2014 YTD ¹²	FY 2015 Target	FY 2016 Projection	FY 2017 Projection
Percent of eligible employee reviews completed on time ¹³	64%	90%	n/a	90%	90%	90%
Percent of Managers Trained on QI	n/a	90%	11.34%	90%	100%	100%
Percent of Non-managers trained on QI	n/a	50%	3%	50%	75%	90%
Number of documents converted to the electronic file management system	n/a	n/a	n/a	81,600	89,000	98,000

¹² No specific date given at the time this document was published.

¹³ Interns, as well as, employees utilizing the Family and Medical Leave Act limit the Department's ability to reach 100%; the target is hence set for 90% completion.