



Department of Health (DOH) FY2016 Performance Accountability Report (PAR)

Introduction

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

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.

Overview – Agency Performance

The following section provides a summary of DOH performance in FY 2016 by listing DOH’s top accomplishments, and a summary of its progress achieving its initiatives and progress on key performance indicators.

Top Agency Accomplishments

Accomplishment	Impact on Agency	Impact on Residents
Expansion of the Office of Health Equity (OHE)	OHE is increasingly engaged in a range of city-wide initiatives, including the Amendment to the Comprehensive Plan, Vision Zero, and the 100 Resilient Cities Initiative. OHE will continue in 2017 to bring an applied approach to health equity practice to an expanding range of projects outside the traditional public health sphere.	The efforts of the OHE have produced two significant publications in 2016: the Buzzard Point Community Health and Safety Study (CHASS) and the Safer Stronger DC Advisory Committee Final Report.
Comprehensive response to Zika virus	This response was a success at multiple levels, including the coordinated efforts of all DOH administrations as well as several partner agencies such as DPR, DPW and DDOT.	The Department’s efforts included a public information campaign, two Fight the Bite community events held in all eight Wards, distribution of Zika prevention kits, and expanded trapping and testing of mosquitoes. DOH efforts also included control of the mosquito populations of the District through managed use of larvicidal agents.
Prescription Drug Overdose: Data-Driven Prevention Initiative (DDPI)	With this taskforce/surveillance system, the District intends to treat opioids as a public health problem and bring a new approach and resources to first understand the problem, which can then guide effective prevention strategies. The new grant will assist in enhancing collaborative efforts between DOH, DBH, OCME, and FEMS.	This new grant from the CDC will help to support the Department’s existing efforts to tackle opioid misuse in the District. Specifically, the DDPI will allow DOH to gather more data on prescription opioid usage and overdoses to then build upon existing strategies to address this growing concern.

In FY 2016, DOH had 59 Key Performance Indicators. Of those, 0 were neutral. Of the remaining measures, 53% (31 KPIs) were met, 14% (8 KPIs) were nearly met, and 34% (20 KPIs) were unmet. In FY 2016, DOH had 45 Initiatives. Of those, 78% (35) were completed and 22% (10) were nearly completed, and 0% (0) were not completed. The next sections provide greater detail on the specific metrics and initiatives for DOH in FY 2016.

FY16 Objectives

Division	Objective
Agency Management	Ensure the development and retention of a competent workforce.
Agency Management	Use information systems that support the health department's mission and workforce by providing infrastructure for data collection/analysis, program management, and communication.
Agency Management	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)
Agency Management	Increase the effectiveness of DOH federal award management in order to reduce the risk of adverse findings and results
Agency Management	Align DOH with the District-wide strategy of having Health in All Policies (HiAP).
Center for Policy, Planning and Evaluation	Promote the availability of accessible, high quality and affordable health care services
Center for Policy, Planning and Evaluation	Process vital records in a timely manner to ensure quality customer service.
Community Health Administration	Maintain the delivery of safety-net services provided to low-income residents through Project WISH in efforts to reduce breast and cervical cancer mortality rates in the District of Columbia.
Community Health Administration	Expand nutrition education and increase access to healthy foods as part of efforts to lower the District's obesity rate
Community Health Administration	Improve the identification and treatment of infants at risk for developmental delays through referral and parent education.
Community Health Administration	Reduce Infant Mortality in the District of Columbia
Community Health Administration	Improve immunization rates among children enrolled in District of Columbia Public Schools (DCPS), and District of Columbia Public Charter Schools.
Community Health Administration	Increase the overall well-being of woman and children participants in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program.
Community Health Administration	Promote the availability of accessible, high quality and affordable health care
Community Health Administration	Improve breastfeeding initiation rates among low-income women
Health Emergency Preparedness and Response Administration	Improve and sustain public health emergency preparedness and response activities within the District.
Health Emergency Preparedness and Response Administration	The DOH Emergency Healthcare Coalition will strengthen the ability of the healthcare system to prepare, to respond and recover from incidents that have a public health and medical impact.
Health Emergency Preparedness and Response Administration	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.
Health Regulation and Licensing Administration	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.
Health Regulation and Licensing Administration	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.

Health Regulation and Licensing Administration	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.
Health Regulation and Licensing Administration	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
Health Regulation and Licensing Administration	Conduct timely animal surveillance and disease control to protect residents and visitors.
Health Regulation and Licensing Administration	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.
HIV/AIDS, Hepatitis, STD and TB Administration	Reduce transmission/prevent new infections of HIV, STD, TB, and Hepatitis through early diagnosis and treatment, harm reduction, behavior change and biomedical interventions.
HIV/AIDS, Hepatitis, STD and TB Administration	Improve care and treatment outcomes, as well as quality of life, for persons living with HIV, STDs, TB and hepatitis through increased access to, retention in, and quality of care and support services.

FY16 KPIs

Objective: 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.

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
Number of total CPODs locations	8	A					15	Met	
Number of POD trainings held	6	Q	3	1	3	1	8	Met	
Percent of prescription claims processed and replenished annually within five (5) business days	100	Q	98.68	92.13	99.28		95.9	Nearly Met	DOH has ceased this function as of July 14th due to a change in funding structure. DOH maintained over 95% compliance with the target up until ceasing operations.

Objective: 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

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
Percent of inspections of pharmacy facilities where pharmacists are in compliance with patient counseling requirements	95	Q	100	100	100	100	100	Met	
Percent of Registered Controlled Substance Facilities inspected	100	A					94.5	Nearly Met	

Objective: 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.

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
Percent of follow-up inspections of health care facilities with harm level deficiencies completed within 30 days	100	Q				100	100	Met	
Number of inspections completed by the HCFD	100	Q	18	24	20	41	103	Met	

Objective: 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.

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
Percent of intermediate care facilities identified with immediate jeopardies investigated within 24 hours	100	Q				100	100	Met	There were only two cases where immediate jeopardies were identified, both occurring in the fourth quarter. The standard was met in both instances.

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

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
Percent of samples taken from rabies suspect animals submitted for testing within 48 hours	100	Q	100	100	100	100	100	Met	

Objective: 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)

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
Percent of all sub-grantees receiving DOH funding registered in EGMS	100	A					100	Met	The reporting schedule was changed to annual to ensure accurate year-end aggregates and reflect cumulative totals in the quarterly numbers.
Percent of DOH grants managment (program/fiscal) personnel completing EGMS training	90	A					96.9	Met	DOH performance was 93/96 personnel receiving training (96.9%). Target was met. The reporting schedule was changed to annual to ensure accurate year-end aggregates and reflect cumulative totals in the quarterly numbers.

Percent of sub-grantee organizations that have submitted all required documents into EGMS accounts	90	A						86.9	Nearly Met	DOH performance was at 86.9% (73/84). There were 11 sub-grantees not compliant with submitting documents. Guidance was issue and the Office of Grants Management continues to follow up with these organizations. The remaining issues are projected to be resolved early in FY 17. The reporting schedule was changed to annual to ensure accurate year-end aggregates and reflect cumulative totals in the quarterly numbers.
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Objective: Ensure the development and retention of a competent workforce.

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
Percent of eligible employees with on-time Employee Performance Plans	90	A					92.6	Met	The reporting schedule was changed to annual to ensure accurate year-end aggregates and reflect cumulative totals in the quarterly numbers.
Number of public health competency development activities offered	10	Q	0	0	0	19	19	Met	
Percent of employees who are in compliance with the mandatory ethics training requirements	90	A					76.4	Unmet	BEGA offers this training every other year, so there were no offerings in 2016. DOH made efforts to reinforce compliance through the online ethics pledge. DOH anticipates reaching this target in 2017.

Percent of eligible employee reviews completed on time.	90	A				57.6	Unmet	DOH scored 20% higher on this indicator over FY 15. DOH is implementing earlier deadlines for the completion of evaluations in FY 17 to improve further.
Percent of MSS employees who complete the required MSS training curriculum	75	A				32.1	Unmet	This measure only reflects those MSS employees who completed all courses in the curriculum. There are several additional employees who have partially completed the curriculum.
Percent of DOH employees participating in a public health development activity	50	A				28.7	Unmet	The Training and Organizational Development Officer, the position tasked with overseeing this project, was vacant for much of the year. In addition, the trainings that did occur were voluntary. This project will be continued into FY 17. The reporting schedule was changed to annual to ensure accurate year-end aggregates and reflect cumulative totals in the quarterly numbers.

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

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
Total number of nutrition education contacts made to low-income District residents participating in DOH Healthy Food Access Program	42,000	Q	17,625	12,569	7,981	5,273	43,448	Met	

Number of District residents receiving farmer's market incentive benefits from DOH-administered programs	8,600	Q	0	0	5,681	11,727	17,408	Met
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Objective: Improve and sustain public health emergency preparedness and response activities within the District.

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
Percent of DOH staff that completed ICS 100 and 200 training	75	A					86.4	Met	The reporting schedule was changed to annual to ensure accurate year-end aggregates and reflect cumulative totals in the quarterly numbers.
Percent of DOH staff that completed ICS 700 and 800 training	75	A					86.4	Met	The reporting schedule was changed to annual to ensure accurate year-end aggregates and reflect cumulative totals in the quarterly numbers.
Number of emergency preparedness training exercises with DOH participation	4	Q	2	9	7	3	21	Met	
Number of individuals completing community resilience training	100	Q	20	15	134	188	357	Met	
Percent of health and medical plan applications with initial review completed within 72 hours	90	Q	100	100	100	100	100	Met	
Percent of DOH staff that completed ICS 300 and 400 training	50	A					31.8	Unmet	This training requires pre-requisites which are offered infrequently, creating competition for seats and leaving some personnel unable to complete the course. The reporting schedule was changed to annual to ensure accurate year-end aggregates and reflect cumulative totals in the quarterly numbers.

Objective: Improve breastfeeding initiation rates among low-income women

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
Total breastfeeding initiation rates among low-income WIC enrollees	55	Q	62.01	62.16	62.59	62.4	62.3	Met	
Breastfeeding initiation rates among low-income African-American WIC enrollees	46	Q	37.01	42.19	40.97	47.54	41.6	Nearly Met	

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

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
Proportion of TB patients completing treatment	85	A					50	Unmet	The unmet target is a function of lower than expected volume, as well as only including the number of patients who completed during that window period. The expectation is that those who began treatment during this period will be counted as complete in subsequent quarter reports.
Number of publicly-supported HIV medication prescriptions refilled	85,386	Q	909	4,871	3,472	3,229	12,481	Unmet	Service utilization is impacted by number of individuals with other third party payers such as Medicaid.
Proportion of gonorrhea cases with appropriate treatment confirmed	50	Q	17.37	37.11	40.44	24.55	29.9	Unmet	Program has not seen the level of intake anticipated.

Proportion of Ryan White clients with viral suppression	83	Q	69.97	74.7	74.56	74.78	73.5	Unmet	<p>Ryan White programs are effective in ensuring that clients are engaged in medical care and prescribed anti-retroviral therapy. Of all participants, 90% had medical visits during the year and 90% had been prescribed medication. There are several explanations for not achieving the goal of 83% viral load suppression: (1) treatment interruption - there is a cohort of persons who interrupt their treatment which can result in not maintaining viral load suppression; (2) incomplete data reporting - there are clients who obtain their medical care across the region and some laboratory reports may not have been received and recorded or persons have moved from the region during the time period (initially counted in the total Ryan White client population, but no reports received due to relocation); (3) treatment adherence - there are clients who are not consistent in their treatment regimens, some are attributable to behavioral health factors (for example, depression, substance use) or not following treatment doses (there are examples of persons taking some of their medications). Overall, the viral load suppression rate is higher than the overall number of persons living with HIV in the District (57% v 73%) and much higher than the national estimate (30%). The Mayor's 90/90/90/50 Plan contains several strategies to improve treatment adherence and attain the goal of 90% viral load suppression by 2020.</p>
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Objective: Improve immunization rates among children enrolled in District of Columbia Public Schools (DCPS), and District of Columbia Public Charter Schools.

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
Percent of children with up-to-date immunizations	92	A					74.2	Unmet	In August 2016, the compliance windows algorithm for the Immunization Registry was updated to reflect current federal (ACIP) standards. The algorithm changes have depressed the overall compliance rates - primarily due to compliant records under the old vaccine-specific standards becoming non-compliant under new standards). DOH is both working to correct any erroneous compliance determinations in the registry resulting from the algorithm changes as well as determining a strategy to increase awareness of and compliance with the new standards. Finally, compliance rates are also impacted by reporting rates, and DOH has been working to improve reporting into the DOCIIS registry - primarily with the August 2016 launch of the Self Service Portal (SSP) to facilitate record submission into the registry.

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

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
Percent of parents receiving educational counseling for newborn hearing loss	95	Q	92.62	86.96	97.81	92.07	92.8	Nearly Met	

Percent of infants that receive documented follow-up after the first review

80

Q

55.74

63.04

48.09

60.37

56.3

Unmet

While there are a number of reasons families don't receive follow up services the most common barriers include parents refusing the hearing screening services, infants that are sick and have not been cleared for a hearing test (because of more pertinent health concerns), long waits at different clinics, and insurance difficulty. At times, stigma has been present as parents have preferences regarding clinic selection (for example, they don't want to access services on the campus of Gallaudet University because they believe that will make their baby deaf). Educational counseling is not designed to remedy all of these barriers, it was designed to reinforce the importance of the hearing screening.

Objective: Increase the effectiveness of DOH federal award management in order to reduce the risk of adverse findings and results

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
Percent of lapsed dollar amounts on federal awards	3	A					1	Met	

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

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
Percent of children enrolled in the Maternal, Infant, and Early Childhood Visiting (MIECHV) programs who receive developmental and socio-emotional screenings	95	Q	81.42	74.42	69.57	76.92	78.9	Unmet	The HV program met with the LIAs to assess their process for screening families. A screening protocol, training series and resources were developed to support LIAs in implementing HV models. Additionally, in anticipation of the new HRSA FY17 performance measures the program created screening schedules for each of the screening tools. Now home visitors will know the timeframe that they will be required to screen clients and children per tool.
Percent of women enrolled in the MIECHV programs that are screened for depression	95	Q	83.12	48.39	80.43	84.62	79.5	Unmet	The HV program met with the LIAs to assess their process for screening families. A screening protocol, training series and resources were developed to support LIAs in implementing HV models. Additionally, in anticipation of the new HRSA FY17 performance measures the program created screening schedules for each of the screening tools. Now home visitors will know the timeframe that they will be required to screen clients and children per tool.

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

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
Number of breast cancer screening and diagnostic services performed	832	Q	492	440	305	84	1,321	Met	
Number of cervical screenings and diagnostic services performed	325	Q	76	51	46	23	196	Unmet	Improvements in insurance coverage under the Affordable Care Act has reduced demand for publicly-funded services.

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

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
Percent of vital records walk-in requests processed within 30 minutes	95	Q	96.7	98.7	98.92	95.06	97.3	Met	

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

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
Percent increase in visits for primary medical, dental, and behavioral health services funded by the Diffusion of Care grants	5	A					90.1	Met	
Percent of HPLRP participants that are practicing in priority underserved areas	40	Q	94.12	96.15	96.43	96.3	95.7	Met	

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

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
Percent of Certificates of Need (CONs) reviewed on time within 90 days	100	Q	100	100	100	100	100	Met	
Number of CON Appeals	0	Q	1	0	0	0	1	Unmet	A party not receiving a CON have a legal right to appeal. CPPE cannot control when an entity chooses to initiate an appeal.

Objective: 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.

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
Percent of rodent activity complaints inspected or baited in 48 hours	100	Q	100	100	100	100	100	Met	

Objective: Reduce Infant Mortality in the District of Columbia

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
Number of parents/caregivers educated on infant safe sleep practices and provided a Pack-'n-Play portable crib	1,000	Q	228	287	418	258	1,191	Met	
Percent of Healthy Start participants who have a documented reproductive plan	90	Q	5.88	46.35	32.09	32.09	34	Unmet	The Healthy Start program revised the method used to capture this reproductive life plans (RLPs). DC DOH met with the the HS subgrantee sites to review the process to create and document RLPs and ensure that HS participants have a documented reproductive health plan on file. Additionally as part of the Healthy Start Grantee requirements, we are required to implement new screening tools that are intended to capture many data elements including RLPs.

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

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
Number of DOH supported HIV tests among focus populations	15,000	Q	3,419	2,449	6,482	4,136	16,486	Met	
Number of needles off the streets through DC NEX Program	600,000	Q	221,182	238,141	161,165	177,381	797,869	Met	

Percent of clients linked to care within 3 months of diagnosis	87	Q	87.18	83.48	83.61	89.06	85.4	Nearly Met	
Number of condoms (female and male) distributed by DC DOH Condom Program	6,600,000	Q	1,419,900	1,599,900	1,600,000	1,416,000	6,035,800	Nearly Met	This number fell slightly short of the target (10% increase annually), but performance was within the normal range for the past several years.
Number of DOH supported HIV tests reported	125,000	Q	23,568	24,744	20,501	19,334	88,147	Unmet	Improvements in insurance coverage from the Affordable Care Act have reduced the demand for publicly-funded tests.

Number of youth (15-19 years) screened for STDs through youth outreach programs

4,500

Q

518

887

456

429

2,290

Unmet

SBSPP screening has been focused to priority schools. While these schools may have a history of high positivity and other factors indicate a higher risk of STDs in the student population these schools have also had lower screening rates due to a number of issues that the range from resistance of administration/ staff, low perceived risk of students, disruption in screening program and message fatigue. New approaches have been implemented in FY17 to address some of these barriers. It was expected that two new non-traditional STI screening sites (YSSP) would be delivering screening services. These 2 sites were estimated to serve approximately 1000 young people during the reporting period. Due to a number of issues(MOA execution, staffing, equipment needs) the sites were not able to be up and running until late September of 2016. We expect higher screening rates in the next fiscal year now that sites are up and running and beginning outreach to target populations.

Number of publicly supported hepatitis C tests	14,500	Q	191	607	775	508	2,081	Unmet	HAHSTA has determined that the original target of 14500 is not an appropriate due to a number of factors, including patient volume, and having not yet implemented algorithms for increased Hep C screening to address patient populations outside of the baby boomer cohort. HAHSTA will reassess this metric and submit a new one for FY17.
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Objective: The DOH Emergency Healthcare Coalition will strengthen the ability of the healthcare system to prepare, to respond and recover from incidents that have a public health and medical impact.

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
Percent of unannounced ambulance inspections resulting in a pass rating	95	Q	95.6	92.77	86.02	77.78	88.5	Nearly Met	HEPRA does not directly control whether ambulances are in total compliance. Any issues identified are pursued and ambulances are re-inspected as necessary to ensure compliance.

Objective: 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.

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
Percent of food-borne outbreak notifications in which suspected products were embargoed or collected and submitted for testing	100	Q	100				100	Met	These conditions were encountered on 32 instances, all in Q1. The standard was met in all instances.

Percent of food establishment complaints inspected within 5 days	100	Q	83.4	57.55	96.9	77.58	78.5	Unmet	Sanitarians have been working closely with establishment personnel to adhere to recommendations to control risk factors as identified by the FDA, known as Active Managerial Control (AMC). AMC will greatly improve the conditions, lessening the number of complaints, and allowing FSHISD staff to respond to a minimal number of complaints within five (5) days. The Division considers complaints high priority, however unable to conduct an investigation of a complaint of an establishment that begins operation after 5 pm or operates only on weekends, impacts the number of complaints that can be successfully closed. To address this issue, two (2) sanitarians are now on an alternate work schedule (AWS) and are able to conduct inspections of these establishments known as "night stops". All complaints have been acknowledged within 48 hours of receipt.
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Objective: Use information systems that support the health department's mission and workforce by providing infrastructure for data collection/analysis, program management, and communication.

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
Number of documents converted to the electronic file management system	98,000	Q	45,459	13,585	26,406	26,303	111,753	Met	

FY16 Workload Measures

Measure	Freq	Q1	Q2	Q3	Q4	Total
Number of subgrant awards issued by the Department (Agency Management)	A					177
Number of federal grants managed by the Department (Agency Management)	A					70
Number of Supplemental Nutrition Program for Women, Infants, Children (WIC) participants (CHA)	A					14,900
Number of Farmers Markets vendors accepting Produce Plus benefits (Sustainable DC FD2.3) (CHA)	A					93
Number of stores participating in the Healthy Corner Store Initiative (Sustainable DC FD2.1) (CHA)	A					67
Number of Certificate of Need application decisions (CPPE)	A					24
Number of walk-in customers to the Vital Records Office (CPPE)	A					49,990
Number of BRFSS surveys administered (CPPE)	A					1,645
Number of DC ADAP clients receiving pharmaceutical services through the pharmaceutical procurement and distribution program (HAHSTA)	A					606
Number of clients with DC ADAP and Alliance receiving pharmaceutical services through the pharmaceutical procurement and distribution program (HAHSTA)	A					274
Number of new EMT certifications by DC DOH (HEPRA)	A					173
Number of special event health, medical and safety plans requiring DOH review (HEPRA)	A					58
Number of background checks conducted (HRLA)	A					15,293
Number of Intermediate Care and Nursing Home-related incidents received (HRLA)	A					10,414
Number of new health professional licenses issued (HRLA)	A					13,530
Number of calls responded to by Animal Control Officers (HRLA)	A					10,926

FY16 Initiatives

Title: Improve on-time completion of Performance Evaluations and Development Plans.

Description: 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.

Complete to Date: Complete

Status Update: HR sent monthly reports to the DOH Managers to document the completion rate of Plans. By July 2016, the completion rate was approximately 93%. DOH has made significant improvement on past years performance

Title: Ensure compliance with mandatory training requirements.

Description: Training requirements laid out by both DCHR and internal DOH policy, contribute to overall organizational health. Ethics training ensures that all employees are empowered to carry out their duties with the high measure of integrity expected of them. The curriculum of trainings, mandated for all MSS employees to complete within their first two years of MSS service, empowers managers to oversee their departments more efficiently and effectively.

Complete to Date: 75-99%

Status Update: Newly hired employees complete ethics training electronically. All other required classes are completed. MSS employees are tracked to indicate their successful completion of mandatory training classes. The KIP on MSS trainings reflects only those who completed all five trainings. There were several additional employees who completed part of the curriculum.

If Incomplete, Explanation: Targets were not met on corresponding KPIs. However, there was substantial improvement in communicating the need to complete these trainings and documenting results.

Title: Integrate public health competencies into workforce development activities.

Description: The Council on Linkages Core Competencies for Public Health Professionals provides a relevant competency framework for developing employee skills in key Public Health topics. 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 should possess as they work to protect and promote the health of a community.

Complete to Date: 75-99%

Status Update: Some pairing of class offerings against the public health competencies was completed in FY2016. Further development is needed. Implementation had been delayed due to the loss of a key staff member. The recruitment is underway to replace that individual.

If Incomplete, Explanation: The position responsible for administering this program was vacant for much of the year. Some progress was made, but there was not sufficient time for full implementation. This initiative is continuing into FY 17.

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

Description: 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 89,000 in FY 16. Electronic storage of documents will increase both internal and external responsiveness, as well as, reduce on-site physical footprint.

Complete to Date: Complete

Status Update: DOH reached its target for digitizing documents in FY 16. This will continue to benefit the Department and its customers by organizing information more securely and efficiently while reducing the need for physical space to store archival records.

Title: DOH shall provide training for all external users operating in various roles and functions within EGMS.

Description: The purpose of EGMS is to make available a uniform system for managing tasks of the entire life-cycle of a DOH-issued award (e.g. from solicitation to grant issuance to close-out). Users will be supported by uniform controls, a central database, defined user accounts, and dashboards for managing tasks and retrieving tools. These tools support greater transparency and accountability in grants management activities and prevent unwanted outcomes in the future such as applications rejected for procedural reasons, delays by vendors in submitting required documentation, and lapses in vendor payments. As such, DOH has set a target of 100% of all sub-grantees receiving DOH funding to be registered in EGMS in FY 2016. Additionally, as it is also essential to track the sub-grantees who are actively executing grant transactions in the system in addition to being merely registered, DOH has set a target of 90% of registered sub-grantees who submit all required business documents.

Complete to Date: Complete

Status Update: DOH reached this target. As of 09/30/16, 89 applicant/grantee organizations registered and utilized EGMS. External user webinars and on-site trainings, technical support and help-desk navigation support were provided to 157 external primary and secondary account users since implementation (June - September 2016). Deliverables: recorded EGMS webinar; user guidances and supplemental resource materials; set-up of EGMS help-desk and direct technical assistance to 126 users (about 36% of cases opened)

Title: DOH shall provide training for all internal users operating in various roles and functions within EGMS.

Description: DOH issues an average of 250 sub-grant awards annually either as new or continuation awards for services provided by community-based organizations, hospitals and universities. There are multiple tasks for creating solicitations, managing competitive application processes, issuing awards and modifications and ensuring that sound monitoring and performance management controls are in place. Awards are co-monitored by personnel who have fiscal, administrative, programmatic, and evaluation responsibilities. For EGMS to achieve maximum utility, it is critical to ensure that assigned personnel are utilizing EGMS to the maximum capacity. To that extent, DOH has set an FY 16 target of at least 90% of existing personnel to receive EGMS training.

Complete to Date: Complete

Status Update: 90 internal users initially targeted received training and technical support. The final result includes 3 additional staff assigned a role in EGMS. A total of 34 training events were sponsored by the DOH Office of Grants Management for internal users. The sessions included a combination of orientation, demo sessions and end-user trainings and informal drop-in sessions. Management-level and super-user trainings were also completed in Q4, including the development and delivery of a recorded 1.5 hour webinar for supervisor-approvers

Title: DOH shall ensure that all federal grants are appropriately spent down by the close-out date.

Description: Funding from federal awards is a critical resource in offering the broad range of services DOH makes available to District residents and visitors. Maintaining the highest standard of management of these funds is key to ensuring that the District continues to receive these funds in the future and ensuring those funds contribute, to the greatest degree possible, to improved health outcomes. To this end, DOH has set an FY 16 target of no greater than a 3.0% lapse rate on federal grants that have closed within the fiscal year reported.

Complete to Date: Complete

Status Update: DOH is on track to meet this target of less than 3.0% lapse rate. Data from the OCFO Q3 Grant Lapse projections report indicate less than 1% lapse rate based on expenditures of liquidated grants in Q3. The Q4 (annual) lapse report is pending FY 16 closeout in order to provide the final result for this annual measure.

Title: Expand the newly-created Office of Health Equity.

Description: Despite the many health resources available in the District, health outcomes continue to reflect significant health inequities among residents. The Office of Health Equity will collaborate with other government agencies and community partners to identify and address the social determinants of health which are the key drivers of inequities in health outcomes.

Complete to Date: Complete

Status Update: OHE released the Buzzard Point Community Health and Safety Study in August, and has begun work on its first Health Equity Report. The Safer Stronger DC report was completed and posted in June. The Office continues to contribute to critical citywide initiatives

Title: Fully implement the FitDC Initiative.

Description: Chronic diseases are among the leading causes of death and drivers of health care expenditures in the District. FitDC, a joint venture of EOM, DPR, and DOH, is a comprehensive, District-wide effort to promote healthy eating and healthy living, and reduce the incidence of chronic disease.

Complete to Date: Complete

Status Update: FitDC coaches continue to work within their communities to promote the objectives of FitDC, and encourage healthy living through greater use of the District's Recreation Centers

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

Description: 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. The SHPDA anticipates reviewing 90% of CON applications within 90 days and having 0 CON applications appealed in FY 16.

Complete to Date: Complete

Status Update: The SHPDA's projections for FY 2016 include the review of 25 CON applications, with 90% of CONs being reviewed within 90 days. To date, the SHPDA has completed review of 16 CON applications with 12 in various stages of the review process. The SHPDA has reviewed 100% of CON applications within 90 days to date in FY 16

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

Description: In FY 16, 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 scanned and entered into the electronic registration system. Vital Records Division has made significant headway as birth records dating back to the 1935 have undergone a Quality Assurance process and these records have been moved to the electronic registration system. Death records have been scanned dating back to 1965 and moved to the electronic registration system. As these records are entered in the electronic registration system, processing time to issue a vital record will be significantly reduced. District Priority Area: Sustainable Neighborhoods.

Complete to Date: Complete

Status Update: VRD has maintained at least 95% percent of vital records requests processed within 30 minutes.

Title: Analyze customer data to improve service delivery.

Description: In FY15, the Vital Records Division updated its QMatic customer flow system, which provides more functionality that will allow us to improve our capability analyze data from the QMatic customer flow system. The ability to evaluate and identify those customer requests requiring more than 30 minutes to

process will support recommendations for improved processing of the identified time consuming' requests. Some recommendations have been implemented and we will continue to implement new recommendations in FY16.

Complete to Date: Complete

Status Update: VRD has maintained its use of Qmatic for the purposes of customer flow analysis.

Title: Project WISH will provide breast and cervical cancer screenings (mammography and Pap testing) as well as clinical breast and pelvic exams to eligible women.

Description: 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.

Complete to Date: Complete

Status Update: Overall, Project WISH achieved 135% of its goal during FY2016. We anticipate that this number will decrease over time as more women are enrolled in the Affordable Care Act

Title: Increase the total number of nutrition education contacts made to low income District residents participating in DOH Healthy Food Access programs by leveraging partnerships with community providers that offer nutrition and wellness education

Description: In FY 16, CHA seeks to increase the overall number of nutrition education contacts made to residents participating in Healthy Food Access programs including SNAP- Ed, Freggie Bucks, Healthy Corner Stores, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the Food and Friends (home meals delivery services) 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. The education 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 nutrition messages that promote eating nutritious foods including fruits and vegetables and engaging in daily physical activity

Complete to Date: Complete

Status Update: All programs met 2016 nutrition education contact targets, including those set for Produce Plus and FMN which runs between June 1 and November 30.

Title: Expand healthy food access to low income District residents by increasing opportunities to secure locally sourced fresh produce.

Description: This District of Columbia Department of Health administers several programs that provide residents with the opportunity to purchase healthy food including locally sourced fresh produce. Programs such as the Farmers' Market Nutrition Program (FMNP), Produce Plus Program (PPP), Freggie Bucks, and the Fruit and Vegetable Prescription Program (FVRx) offer food benefits that can be redeemed at farmers' markets and healthy corner stores.

Complete to Date: Complete

Status Update: The WIC Program provides benefits year round, while FMNP, Freggie Bucks, Produce Plus and FVRx operate from June 1st to the end of the growing season (November). The programs met target goals based on funding and outreach efforts. FVRx participation more than doubled this year, thanks in part to the increased number of health care providers participating.

Title: Enhance data systems in order to improve monitoring of at-risk infants and 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.

Description: In FY 16, 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.

Complete to Date: 75-99%

Status Update: CHA has met with CPPE to collaborate on the possibility of syncing the DC Hears data base to the State Vital Records. Results of the meeting are pending. The Newborn Hearing Program continues to educate parents of infants with abnormal hearing screening results on the importance of follow-up care. Other barriers that affect the success of this measure includes phone numbers not working, parents refusing the hearing screening, infants in a fragile health state getting the hearing screening late, as well as infants that have expired

If Incomplete, Explanation: CHA has met with CPPE to collaborate on the possibility of syncing the DC Hears data base to the State Vital Records. Results of the meeting are pending. The Newborn Hearing Program continues to educate parents of infants with abnormal hearing screening results on the importance of follow-up care. Other barriers that affect the success of this measure includes phone numbers not working, parents refusing the hearing screening, infants in a fragile health state getting the hearing screening late, as well as infants that have expired.

Title: Improve the preconception health and wellbeing of women of child bearing age through promotion of preventive health care and reproductive health plans.

Description: In FY 16, DC Healthy Start (DCHS) will focus efforts on ensuring reproductive age women have health insurance, periodic well women visits and a reproductive health plan. The reproductive health care plan will assist women in addressing their reproductive health care needs, support her goals, and promote planned pregnancies. These efforts support improving the health of women before, during, and after pregnancy, resulting in improved birth outcomes and decreased infant mortality.

Complete to Date: Complete

Status Update: DC Healthy Start is on target to reach its fiscal year goal. The programs has contracted with two Federally Qualified Health Centers and Children's National Medical Center to ensure efforts to improve the health of women before, during and after pregnancy.

Title: Expand participation in Safe Sleep workshops through community outreach and engagement with partners in clinical and community-based settings.

Description: In FY16, the Community Health Administration (CHA)/Perinatal and Infant Health Bureau (PIHB) Safe Sleep Program aims to decrease the number of preventable deaths related to Sudden Infant Death Syndrome (SIDS)/Sudden and Unexplained Infant Death (SUID) by educating parents and caregivers on the importance of a safe sleep environment for infants. The program provides and partners with community organizations to conduct Safe Sleep workshops to District residents and caregivers about the dangers of co-sleeping and placing an infant on his/her back to sleep. In addition to the SIDS education/information, participants of the workshops are eligible to receive a safety approved Pak-n-Play (portable crib). SIDS /SUID are major factors of infant mortality in the District of Columbia. Increasing awareness will assist parent(s)/caregivers in ensuring that infants are placed in a safe sleep environment at all times.

Complete to Date: Complete

Status Update: The Safe Sleep Program is on target to reach its target for this fiscal year. Partnerships were established with two additional community based programs to conduct Safe Sleep workshops to educate parents on safe sleep environments and disseminate Pack'N Plays.

Title: Maintain at least 90% of children with up-to-date immunizations in DCPS and District of Columbia Public Charter Schools.

Description: CHA will work collaboratively with the Office of the State Superintendent of Education (OSSE) DCPS and the Public Charter School Board to

monitor and regulate rates of immunization compliance. In addition, during FY16, 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 through 2016. These activities, along with training and education, will continue to reinforce residents and providers about the importance of immunizations for children. In addition, encouraging adherence 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.

Complete to Date: 75-99%

Status Update: The data is based on the number of school-aged children enrolled in DC Public and DC Public Charter Schools (according to data from OSSE). The numerator represents the number of students who are deemed to be in compliance with all recommended vaccinations at the end of each quarter, and the denominator reflects the total number of students enrolled

If Incomplete, Explanation: In August 2016, the compliance windows algorithm for the Immunization Registry was updated to reflect current federal standards. The changes have depressed the overall compliance rates. DOH is working to correct any erroneous compliance determinations in the registry from the changes and determining a strategy to increase compliance with the new standards. Compliance rates are also impacted by reporting rates. DOH has been working to improve reporting into the DOCHS registry with the August 2016 launch of the Self Service Portal.

Title: Establish and track implementation of protocol to do developmental and social-emotional screenings of children under the age of 6 within 5 weeks of enrollment using a standardized tool in order to increase or maintain the percentage of children screened.

Description: Children grow and develop at different rates; however, there are developmental milestones that are predictable for children as they reach certain ages. It is critical that a child's development is monitored to ensure early identification of developmental delays.

Complete to Date: Complete

Status Update: "DOH has partnered with Georgetown University to develop a Screening/Assessment Course to improve HV ability to introduce these tools to families and referral to services. On July 6, 2016 ""The Right Questions are the Key: Best Practices in Screening by Home Visitors"" went live at: <https://edge.edx.org/courses/course-v1:GeorgetownX+CCHD+2016/info> Note: A new user must create a log-in. "

Title: Establish and track implementation of protocol to do depression screening of women within 5 weeks of enrollment using a standardized depression scale in order to increase or maintain the percentage of women screened.

Description: The home visiting program is designed to promote maternal, infant and early childhood health as well as the development of strong parent-child relationships. Maternal depression is a significant risk factor affecting the well-being and school readiness of young children. It is important to screen and address maternal depression to ensure that children are healthy and ready to learn. Depressed mothers have been found to be disengaged from their children, and have negative and/or less positive interactions with their children. Additionally, children of depressed mothers are highly likely to be exposed to poor parenting practices, neglect, and abuse.

Complete to Date: Complete

Status Update: DOH has partnered with Georgetown University to develop a Screening/Assessment Course to improve HV ability to introduce these tools to families and referral to services. On July 6, 2016 ""The Right Questions are the Key: Best Practices in Screening by Home Visitors"" went live at: <https://edge.edx.org/courses/course-v1:GeorgetownX+CCHD+2016/info> Note: A new user must create a log-in.

Title: Increase the percent of health professionals practicing in priority underserved areas.

Description: The District's Health Professional Shortage Area (HPSA) designations identify geographic areas with shortages of health care providers in any of

three disciplines: primary medical, primary dental, and primary mental health care. Degrees of shortage are reflected in each HPSA's score from 1-25 with 25 indicating the highest degree of shortage. While the District's Health Professional Loan Repayment Program (HPLRP) has always used HPSA designations as a basis for eligibility, given the current competitiveness of the Program, the Bureau proposes to also use the HPSA scores to establish priority areas for new HPLRP awards, so that the Department is targeting its loan repayment dollars to areas and neighborhoods with the greatest need. Priority areas will be defined as those with HPSA scores of 16 or higher.

Complete to Date: Complete

Status Update: In the last quarter of FY2016, HPLRP currently had 27 active participants. Of those active participants, 26 were working in priority HPSAs (i.e. with a HPSA score of 18 or higher).

Title: Increase the provision of primary medical, dental, and behavioral health services in priority underserved areas through interventions at health care settings that facilitate access to preventive care.

Description: In FY15, the District Government launched the Diffusion of Care grants to provide funding for primary care providers to expand services in priority underserved areas. DOH granted a total of \$2.25 million per year to four grantees to implement services ranging from primary medical care to behavioral health to ophthalmology. These services not only demonstrate DOH's commitment to increasing the availability of services but also to ensuring comprehensive care through the co-location of multiple disciplines within primary care settings.

Complete to Date: Complete

Status Update: The Diffusion of Care grant provides funding to three Federally Qualified Health Centers (FQHCs) and one hospital-based primary care practice. In the first (i.e. baseline) year of the grant program (FY15), the grantees provided a collective total of 21,148 visits. The target for the second year of the grant is therefore calculated as 22,205 visits. At the conclusion of the fourth quarter, the grantees collectively provided 40,211 visits, or an 90.1% increase of the total annual goal of 22,205.

Title: Increase breastfeeding peer counselor visits in clinical settings throughout the District to increase breastfeeding initiation rates among women participating in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

Description: Improving the health of women, infants and children is one of the primary goals of the WIC Program. Breastfeeding is a key strategy to accomplish this goal. There are many known health benefits, both short and long term, for the infant and mother, and DC WIC oversees implementation of the nationally recognized Loving Support curriculum in its programming. Breastfeeding initiation rates continue to rise in the United States. According to the CDC Breastfeeding Report Card for the United States 2014, the national rate is 79 % but the District's rate is 77.6 %. Most notably, the breastfeeding rate for low-income women participating in the WIC Program in the District was 51.53% in FY2014, up from 49.2% in 2013, but well below the Healthy People 2020 target of 82%.

Complete to Date: Complete

Status Update: The 2016 target rate was set at 55%. 2016 breastfeeding initiation rates exceeded the targeted amount by reaching 62%.

Title: Initiate breastfeeding promotion campaign that targets the African-American community, including fathers, to increase breastfeeding initiation rates among African American women participating in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

Description: Breastfeeding rates for African American women in the District and across the country are significantly lower than other demographics. A look at the rates in a select group of WIC sites shows the breastfeeding rate for African American women to be 34%. The breastfeeding rate in sites serving predominantly Latino women is 80%, according to data taken from the WIC management information system as of April 10, 2015. Infant mortality in the District is higher in the African American population than for whites and Latinos. In an effort to promote health equity among all residents, the DC WIC Program is initiating a

breastfeeding promotion campaign that targets the African American community, including fathers.

Complete to Date: 75-99%

Status Update: The 2016 target was set at 48%. 2016 breastfeeding initiation rates for African American WIC participants only reached 46%. Greater efforts will be made in FY2017 to improve rates for this demographic.

If Incomplete, Explanation: The 2016 target was set at 48%. 2016 breastfeeding initiation rates for African American WIC participants only reached 46%. Greater efforts will be made in FY2017 to improve rates for this demographic.

Title: Ensure that all DOH staff with a designated role within the Health Emergency Coordination Center (HECC) and/or the Emergency Support Function (ESF) No. 8 response are prepared for and can respond to events and emergencies utilizing the concepts of the NIMS, as directed by Homeland Security Presidential Directive No. 5.

Description: The use of a standardized approach to incident response and recovery is essential for effective and efficient inter-agency collaboration and good public health. Currently, a select group of DOH staff have been well trained on emergency preparedness and response activities. Beginning in FY 2015 and continuing through out FY 2016, DOH will be expanding its training and response activities to include a much greater percentage of staff. Activities include completion of FEMA Incident Command System (ICS) trainings and participation in planned exercises. ICS 100 and 200 trainings introduce the basics of the ICS, whereas ICS 700 and 800 trainings introduce the National Response Framework and Incident Management System. ICS 300 and 400 provided more advanced content.

Complete to Date: 75-99%

Status Update: Completion rates for ICS 100, 200, 700 and 800 courses were 87.88%, 84.85%, 86.36% and 86.36%, respectively. Results for ICS-300 and 400 courses were below 49% and skewed the overall result. The low ICS-300 and 400 completion rates are due to both courses being infrequently offered by FEMA and requiring pre-requisites. Also of concern is whether this course should be a requirement for all 40 personnel when the courses are designed 'for individuals who may assume a supervisory role'

If Incomplete, Explanation: ICS 300 and ICS 400 courses are seated courses that are rarely offered within the jurisdiction. Seats in those two courses are highly sought after.

Title: HEPRA reviews the Health, Medical and Safety Plan components of applications, requesting a special event permit to utilize DC public space, processed through the Mayor's Special Events Task Force.

Description: Special Event Health, Medical and Safety Plans require event organizers to document which necessary health, medical and safety procedures and resources are appropriate for their event. HEPRA reviews the plans to ensure that it meets health and medical standards for the size and type of event as defined by the policy.

Complete to Date: Complete

Status Update: All (81) special event permits reviewed were able to receive DOH's recommendation for DCRA approval. DOH recommendation only given after close coordination with the Event Organizer to ensure an adequate Health, Medical and Safety Plan (w/ supporting EMS contract) was in place to adequately support the type of event and number of planned attendees, IAW the D.C. DOH Special Events Health, Medical and Safety Guide

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

Description: HEPRA staff conduct inspections for EMS response vehicles prior to placement in service and on a routine basis, per EMS Act of 2009 and DCMR, Title 29, Chapter 5, Emergency Medical Services. In DC, there are a total of 182 certified EMS response vehicles including ambulances, engine companies and medical transport helicopters.

Complete to Date: Complete

Status Update: All Announced and Un-Announced inspections conducted by our DOH Compliance Inspector this quarter were completed as planned

Title: Integrate existing information systems used for resource management and situational awareness into one platform.

Description: DOH will complete an assessment of the existing information systems used to monitor patients and healthcare accessibility during emergencies and large scale events to determine the best approach for integration and creation of a user-friendly platform. The end result should provide more timely receipt of accurate, valid data and a faster turn-around in providing response when needed.

Complete to Date: Complete

Status Update: HEPRA upgraded the HC Standard base software and added the HC Hospital Alerting and HC HAvBED modules. Installed a digital sandbox console/table at the new Health Emergency Coordination Center (HECC), integrated that hardware with the new HC Analytics predictive modeling software. Updated Health Information System (HIS)-to-HC Standard data feed. HEPRA conducted two training sessions each on HC Analytics predictive modeling software, HC HAvBED and HC Hospital Alerting modules for a total of (17) DOH and hospital coalition members

Title: DC DOH Pharmaceutical Warehouse personnel will process and replenish medication orders within five (5) business days of request.

Description: HEPRA provides a mechanism for the direct delivery of selected prescription medications in a cost effective, clinically proficient manner to eligible District residents enrolled in District programs. Medication counseling services are also available for those who need assistance.

Complete to Date: Complete

Status Update: Orders processed for the third quarter reflect an all-time low. Due to DHCF moving its Medicaid program for fee-for-service, PW ceased Medicaid pharmaceutical orders on April 30th. Additionally, HAHSTA has not provided new funding since April 1st and \$250K in MOU funds has been returned to DOC as requested

Title: HEPRA will partner with retail pharmacies to support the Strategic National Stockpile program during a public health emergency.

Description: Retail pharmacies provide already established facilities, procedures and resources that can be leveraged during/after a large scale emergency to dispense medical countermeasures (vaccines, antiviral drugs, antibiotics, antitoxin, etc.). In FY 16, HEPRA will work with retail pharmacies to expand its Closed Points of Dispensing (CPODs) program and increase its ability to deliver life-saving medications when needed.

Complete to Date: Complete

Status Update: DOH established a cohort of local pharmacies to serve initially as closed point of dispensing sites where their staff and families will receive medical countermeasures. Upon completion, the pharmacy staff will reopen to dispense prophylaxis to the community including vulnerable populations. A recruitment event was scheduled to solicit retail pharmacies, a site survey and evaluation of operational readiness for all sites was conducted, and populations were identified including homebound and other vulnerable residents

Title: Ensure that 100% of all follow-up inspections of health care facilities with harm level deficiencies are completed within 30 days of the provider's alleged compliance.

Description: The facilities licensed and/or certified and inspected by the Health Care Facilities Division (HCFD) include: ambulatory surgical centers, end stage renal dialysis facilities, home health agencies, hospice facilities, hospitals, maternity centers, nursing homes, communicable disease labs, tissue banks, CLIA Laboratories, and Certificate of Waiver (COW) Laboratories. In FY2016, HCFD will complete 100% of all follow-up inspections of health care facilities with harm level deficiencies within 30 days of the provider's alleged compliance.

Complete to Date: Complete

Status Update: HCFD met its target on this initiative for FY16 facilities that are licensed and/or eligible for federal compliance under the Medicare and Medicaid programs. Forty-one (41) inspections were completed in Q4

Title: Conduct on-site surveys annually to evaluate quality of care, sanitation, and life safety of health care facilities that are licensed and/or certified.

Description: The types of facilities inspected by the Health Care Facilities Division (HCFD) include: ambulatory surgical centers, end stage renal disease facilities, home health agencies, hospice facilities, hospitals, maternity centers, nursing homes, communicable disease labs, tissue banks, CLIA Laboratories, and Certificate of Waiver (COW) Laboratories. In FY2016, HCFD will complete 100 inspections to identify deficiencies that may affect state licensure and/or eligibility for federal compliance under the Medicare and Medicaid programs.

Complete to Date: Complete

Status Update: HCFD is on target to successfully complete this initiative for FY16 facilities that are licensed and/or certified. There was only one (1) facility with harm level deficiencies this quarter

Title: Ensure that 100% of all Immediate Jeopardies (IJ) to health and safety that are identified at any intermediate care facility are investigated within 24 hours and abated or removed within 24 hours.

Description: 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. In FY16 ICFD will complete 235 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 and will ensure that 100% of all immediate jeopardies to health and safety that are identified at any intermediate care facility are investigated within 24 hours and abated or removed within the 24 hour timeframe.

Complete to Date: Complete

Status Update: HRLA/ICFD during the fourth quarter ensured that all immediate jeopardies were abated within 24 hours of being identified.

Title: Ensure that 100% of complaints are acknowledged within 48 hours of receipt and initiate an investigation of the food establishment within 5 days of receipt of complaint.

Description: 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. Additionally, during FY2016 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.

Complete to Date: Complete

Status Update: The tours of duty for two (2) sanitarians have been changed to enable inspections of establishments opening with evening hours. This has improved the responsiveness to these complaints.

Title: Ensure that 100% of food-borne outbreak investigations are initiated within 24 hours of notification. Suspect products shall be embargoed and/or sampled and submitted to the public health lab for testing, as necessary. Coordination with the FDA Regional Rapid Response Team

will also occur.

Description: 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 to swiftly respond to food-borne outbreaks to mitigate the potential of human exposure.

Complete to Date: Complete

Status Update: 100% of suspected foodborne outbreaks reported were investigated within 24 hours with samples collected and submitted to the PHL. No cases to date this year have produced evidence of foodborne contaminatio

Title: Conduct inspections in 95% of all pharmacy facilities and develop a compliance plan for pharmacist-patient counseling

Description: Conduct inspections in at least 95% of all registered community and hospital pharmacies located in the District to ensure compliance with District and federal pharmacy or other applicable and relevant laws. 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, record-keeping and distribution requirements, among other activities. In FY16, the Pharmaceutical Control Division, in consultation with the Board of Pharmacy will develop a compliance plan for proper patient counseling and drug utilization review in order to improve patient drug adherence, medication therapy management or other clinical activities performed by pharmacists in order to advance population health.

Complete to Date: Complete

Status Update: All 163 Pharmacies were inspected. All 150 retail pharmacies were compliant with patient counseling during inspection.

If Incomplete, Explanation: The KPI target was 100% of Controlled Substance facilities to be inspected during the fiscal year. HRLA was just short of this target at 94%.

Title: Inspection of Registered Controlled Substance Facilities

Description: Conduct inventory and security inspections for 100% of facilities with controlled substance registrations (pharmacies, veterinary clinics, substance abuse treatment centers, etc.) to prevent diversion of controlled substances and initiate investigations of controlled substance facilities out of compliance. Prescription drug abuse and diversion continue to be a pervasive issue nationally and in the District. In order to reduce drug abuse and diversion threats, in FY16, the Pharmaceutical Control Division (PCD) will assure that 100% of all registered controlled drug substance facilities will receive an inventory and security inspection. During course of an inspection, for controlled substance facilities found to be out-of-compliance, PCD will initiate an investigation or require a Corrective Action Plan within 48 hours of discovery. PCD will bring the facility into compliance within 10 days of completing the investigation or issuance of Corrective Action Plan.

Complete to Date: 75-99%

Status Update: 224 out of 237 Controlled Substance facilities were inspected in FY16. This is 94% completion rate.

If Incomplete, Explanation: The target was to inspect 100% of Controlled Substance Facilities. HRLA was slightly short of this target at 94%.

Title: Ensure that 100% of samples taken from rabies-suspect animals are submitted for testing within 48 hours upon humane euthanasia of the suspected animal. Ensure that 100% of rabies positive results are communicated to exposed individual(s) within 24 hours of receiving results from the testing laboratory.

Description: In FY2016 the Animal Safety Division will continue to ensure that 100% of samples taken from rabies-suspect animals are submitted for testing within 48 hours upon humane euthanasia of the suspected animal. Additionally, the program will develop a communication plan to notify exposed individual(s) within 24 hours of receiving results from the testing laboratory. Accurate data reporting is expected to improve the percentage of rabies-suspect animals that are tested within required timeframe.

Complete to Date: Complete

Status Update: All specimens collected in FY 16 were tested within the target time frame

Title: Inspect or bait for rodent activity within 48 hours of receiving a complaint.

Description: The Rodent and Vector Control Division (RCVD) will inspect or bait a premises within 48 hours of receiving a complaint for rodents. RVCD pest controllers will inspect premises if rodent activity is observed and the property will be baited. The property will be scheduled for follow-up inspection in 30 days. If no activity is observed when a re-inspection is conducted the matter will be closed.

Complete to Date: Complete

Status Update: All complaints received in FY 16 were baited within the 48 hour target.

Title: Increase identification of individuals newly diagnosed with HIV, STDs, hepatitis and TB

Description: HAHSTA promotes, educates providers and engages community partners to implement routine, opt-out testing of HIV, STDs, hepatitis and TB for population-based and frequency recommendations to accomplish early diagnosis and linkage to care and treatment. HAHSTA will continue its partnership with medical providers and community-based organizations for clinical and non-clinical, including social network-based, settings. HAHSTA will focus on several priorities in screening strategies: focus on persons not tested for HIV within previous 24 months, repeat STD infections, prior STD diagnoses for HIV testing, hepatitis C testing among high-risk populations, approaches to identify acute HIV infection and protocols for immediate treatment, and enhanced TB screening for risk populations and identification of Latent TB Infection (LTBI).

Complete to Date: 75-99%

Status Update: HAHSTA intends to make great strides on increasing the percentage of people living with HIV through the rollout of the UNAIDS 90-90-90-50 plan in the District. The project includes several activities and pilot projects to increase viral load suppression to 90% by 2020.

If Incomplete, Explanation: This year's accomplishments are the beginning of a multi-year initiative going through 2020.

Title: Reduce the Incidence of HIV, STDs, and hepatitis among focus populations.

Description: The District maintains generalized epidemics across population groups. However, there are focus populations based on current available epidemiological data. HAHSTA continues to enhance its surveillance and epidemiology capacity to obtain data among all potential focus populations. For HIV, African-American men who have sex with men and African-American heterosexual women have the highest new case rates at 25% and 18%, respectively. For STDs, young people ages 15-24 report 67% of new chlamydia and gonorrhea cases. For hepatitis, 90% of new cases of hepatitis C are among persons ages 40 and older and HAHSTA reported more than 400 new diagnoses of hepatitis A and B in 2012. HAHSTA also will identify concentrations of new cases by census tract. Activities to achieve this goal include: increasing access to Pre-Exposure Prophylaxis (PrEP) programs, increasing condom distribution, increasing trained youth peer educators, expanding social marketing programs, increasing STD and HIV testing in schools, increasing access to hepatitis C treatment, increasing adult hepatitis A/B vaccinations, building capacity among medical providers for PrEP, hepatitis C screening and treatment. Enhance the timeliness of disease interruption strategies, including initiating early partner services, to reduce new transmissions from new diagnoses.

Complete to Date: 75-99%

Status Update: HAHSTA will continue its collaboration with medical providers on recommendations for treatment, including changes in medication regimens and treatment durations. HAHSTA has implemented an Electronic Health Record for tracking TB cases

Title: Increase the rates of treatment adherence and viral load suppression for persons living with HIV/AIDS.

Description: HAHSTA will continue to increase the utilization of HIV 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 continue its collaboration 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 develop through a public-private partnership a new Retention in Care model project with more accessible services to persons living with HIV, including non-standard clinic hours, non-clinical sites and in-home services. HAHSTA will enhance its collaboration with the Department of Behavioral Health on improving care coordination for persons with HIV and co-occurring mental health and substance use conditions. HAHSTA will develop a new clinical care quality approach to ensure compliance with HIV care standards. HAHSTA will develop new medication management strategies to ensure routine prescription refills and use.

Complete to Date: Complete

Status Update: HAHSTA works with two community based organizations for outreach-based HIV testing including the use of the Social Networks Strategy to test those at high risk, or unaware of their status. HAHSTA funds four community health centers to implement routine HIV screening and five hospitals to provide testing in emergency departments while expanding routine testing in inpatient and outpatient settings

Title: Increase the rates of treatment and cure of STDs, TB and hepatitis.

Description: HAHSTA will continue to increase the utilization of treatment for STDs, TB and hepatitis by DC residents and ensure the availability of critical and effective support services to maximize cure rates and health outcomes. HAHSTA will continue its collaboration medical providers on recommendations for treatment, including changes in medication regimens and treatment durations. HAHSTA will seek to expand STD treatment options, including with non-clinical youth-focused community partners. HAHSTA will collaborate with the Department of Health Care Finance on optimizing Medicaid coverage for STD, TB and hepatitis treatment. HAHSTA will enhance its efforts on treatment verification.

Complete to Date: 75-99%

Status Update: HAHSTA will continue its collaboration medical providers on recommendations for treatment, including changes in medication regimens and treatment durations. Additionally, HAHSTA has implemented social networks strategies to identify persons at increased risk of acquiring HIV. Currently HAHSTA has engaged four community based providers to implement these strategies.

Title: Establish the DOH Health and Wellness Center.

Description: HAHSTA will implement the redesign of the STD and TB clinical program to expand health and wellness services, including increased women's and men's health programs. HAHSTA will install an Electronic Medical Record (EMR) system, which will enhance clinical quality. The EMR system will also have capacity for third party billing of public (Medicaid and Medicare) and private health insurance. The Center will also expand hours for young adults and other focus populations. HAHSTA will initiate PrEP and PEP HIV prevention services. HAHSTA also plans to provide hepatitis C treatment. HAHSTA will relocate the two clinics into a new shared site.

Complete to Date: Complete

Status Update: HAHSTA has taken possession of the new location for the new clinic and hopes to be in operation and serving clients by the end of November 2016