

# Department of Health FY2019

**Agency** Department of Health

**Agency Code** HCO

**Fiscal Year** 2019

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

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

## 2019 Accomplishments

Accomplishment	Impact on Agency	Impact on Residents
DC Health published the Health Equity Report for the District of Columbia 2018.	The Health Equity Report lays out collaborative actions for change that will drive multisector cooperation.	The data throughout the report presents a picture of significant differences across neighborhoods that align with disparities in health outcomes, including life expectancy, with differences of twenty-one-years between the two ends of the spectrum.
Expanded naloxone access	This pilot allows DC Health to test and identify new channels of Narcan distribution as part of our commitment to combat the opioid epidemic.	As of August 31, 2019, DC residents may receive the overdose reversing drug, naloxone, free of charge at select pharmacies in the District of Columbia.

## 2019 Key Performance Indicators

Measure	Frequency	FY 2017 Actual	FY 2018 Actual	FY 2019 Target	FY 2019 Q1	FY 2019 Q2	FY 2019 Q3	FY 2019 Q4	FY 2019 Actual	KPI Status	Explanation
<b>1 - Health Regulation and Licensing Administration (HRLA). Protect the health of those who reside and do business in the District of Columbia by fostering excellence in health professional practice and building quality and safety in health systems and facilities through an effective regulatory framework. (10 Measures)</b>											
Percent of follow-up inspections of health care facilities with harm level deficiencies completed within 30 days	Quarterly	100%	100%	100%	100%	No applicable incidents	No applicable incidents	100%	100%	Met	
Percent of food establishment complaint inspections initiated within five (5) business days of receipt	Quarterly	94.7%	97.3%	95%	97.9%	98.6%	99.3%	97%	98.3%	Met	
Percent of Registered Controlled Substance Facilities inspected annually	Quarterly	100%	100%	90%	30.7	26.5	16.7	23.1	98.8%	Met	
Percent of samples taken from rabies suspect animals submitted for testing within 48 hours	Quarterly	100%	100%	100%	100%	88.9%	67.7%	100%	88.5%	Unmet	Due to staffing/contract challenges in quarters two and three, we were not able to meet within specified time frame of 48 hours. All rabies suspected animals were tested.
Percent of investigations initiated within 24 hours of receipt for complaints of abuse, neglect and mistreatment.	Quarterly	New in 2019	New in 2019	100%	100%	No applicable incidents	No applicable incidents	100%	100%	Met	



Measure	Frequency	FY 2017 Actual	FY 2018 Actual	FY 2019 Target	FY 2019 Q1	FY 2019 Q2	FY 2019 Q3	FY 2019 Q4	FY 2019 Actual	KPI Status	Explanation
Percent of vital records walk-in requests processed within 30 minutes	Quarterly	85.8%	60.6%	92%	60.7%	36.6%	49.9%	46.7%	47.3%	Unmet	The data showing longer customer waiting times reflects two major factors: First, customer volumes have increased significantly due to the national REAL ID implementation deadline. Second, the tracking of customer waiting times has improved significantly over the course of several upgrades to the tracking software. The most recent reporting is more accurate, and is identifying customer delays that have possibly gone unidentified in the past. These data have given DCVRD critical insight into where to focus efforts to enhance the customer service experience, and was an important resource as DCVRD applied Lean Six Sigma techniques to improve customer flow between March and May 2018. These efforts are ongoing, and the team remains fully committed to providing the best customer service experience to every visitor.
<b>4 - Community Health Administration (CHA). Provide programs and services that promote coordination among the health care systems in the city and enhance access to effective prevention, primary and specialty medical care through collaborations with public and private organizations. (15 Measures)</b>											
Percent of eligible children enrolled in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs who receive developmental and social-emotional screenings	Quarterly	52.8%	87.4%	85%	85.6%	92%	87.6%	85.8%	87.6%	Met	
Percent of women enrolled in the MIECHV programs that are screened for depression	Quarterly	85.9%	86.3%	85%	87.9	85.4	84.9	82.5	82.5%	Nearly Met	The program fell slightly short of meeting its screening goals due to the following: 1) home visitors were unable to re-engage enrolled families who stopped participating; 2) high staff (home visitors) turnover rates; 3) competing priorities of home visitors (e.g. managing caseloads, timeliness of screening, and reporting); and, 4) some participants enrolled near the end of the reporting date. DC Health continues to work with grantees to develop and implement strategies to improve performance under this KPI.

Measure	Frequency	FY 2017 Actual	FY 2018 Actual	FY 2019 Target	FY 2019 Q1	FY 2019 Q2	FY 2019 Q3	FY 2019 Q4	FY 2019 Actual	KPI Status	Explanation
Percent of eligible perinatal program participants with a documented reproductive health plan	Quarterly	65.1%	80.4%	90%	90.5%	89%	89%	83.1%	87.7%	Nearly Met	Throughout FY19, the program faced challenges with timely and accurate data entry. The program required the sub-grantee sites to develop data entry processes to improve data entry timeliness and accuracy. DCHS will continue to provide technical assistance to sub-grantee sites to ensure the goal is met moving forward.
Percent of school age children with up-to-date immunizations	Annually	79.1%	72.7%	92%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	75.1%	Unmet	The overall compliance rate for the 4th quarter of the fiscal year has been traditionally low due to enrollment counts. Enrollment stabilizes after Child Count, which is October 7, 2019. Students had until the end of September to certify or show proof of vaccination. Records are being submitted daily. The Immunization Program continues to use data and evidence-based approaches to improve vaccine coverage rates. This includes targeting vaccines that are key drivers of low rates and expanding messaging to schools and providers on those vaccines. This quarter the Program collaborated with the School Health Services Program to draft and send communications and resource materials in a "Back To School" information packet. The packet included best practices for and tools for nurses and Immunization Points of Contact to improve vaccine compliance for their schools.
Total breastfeeding initiation rates among WIC enrollees	Quarterly	60.4%	59.9%	57%	61.3%	61.2%	61.3%	64.9%	62.2%	Met	
Breastfeeding initiation rates among African-American WIC enrollees	Quarterly	53.3%	52.3%	47%	53.9%	53.4%	54.8%	56.5%	54.6%	Met	
Percent of Health Professional Loan Repayment Program (HPLRP) participants that are practicing in priority underserved areas	Quarterly	98%	91.7%	90%	90.9%	90.9%	96.6%	90%	92.2%	Met	

Measure	Frequency	FY 2017 Actual	FY 2018 Actual	FY 2019 Target	FY 2019 Q1	FY 2019 Q2	FY 2019 Q3	FY 2019 Q4	FY 2019 Actual	KPI Status	Explanation
Percent of infants who receive an initial hearing screen at birth	Annually	New in 2019	New in 2019	85%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	97.3%	Met	
Percent of infants that receive a follow-up after failing initial hearing screening	Annually	New in 2019	New in 2019	75%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	61.4%	Unmet	At many hospitals, outpatient follow-up screenings for missed or abnormal hearing exams are coordinated and scheduled by hospital screening staff. DC Health and hospital staff follow up with families of infants needing additional screening to communicate the importance of additional screening, timely diagnosis and treatment if a hearing disorder is present. In some instances, inaccurate or out-of-date telephone numbers and/or addresses are provided by families. To decrease the percent of infants who are lost to follow-up, DC Health will employ the following strategies: 1) continue to educate the public on the importance of newborn hearing screening and what to expect during the screening process; 2) collaborate with hospital screening staff to improve workflows to ensure follow up appointments are scheduled prior to hospital discharge; and, 3) work with hospital staff to improve validation of contact information for the parents/caregivers following birth.
Percent of Produce Plus Farmer's Market benefits redeemed	Quarterly	New in 2019	New in 2019	93%	No applicable incidents	No applicable incidents	22.4%	117.6%	95.8%	Met	
Percent of elementary aged students participating in Joyful Food Markets reporting improved food security	Quarterly	New in 2019	New in 2019	60%	No applicable incidents	No applicable incidents	68.8%	No applicable incidents	68.8%	Met	
Percent of children ages 0 to 3 served by a VFC (Vaccines for Children) medical home with up-to-date immunizations	Annually	New in 2019	New in 2019	55%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	No applicable incidents		
Proportion of adults with hypertension who have achieved blood pressure control (seen at Million-Hearts-participating facilities)	Quarterly	New in 2019	New in 2019	70%	62.9%	64.3%	67.5%	68.2%	65.3%	Nearly Met	This rate is produced only with DCPCA data. MedStar is experiencing issues with its EHR reporting system and does not expect to produce numbers until the start of the new grant year (January, 2020).

Measure	Frequency	FY 2017 Actual	FY 2018 Actual	FY 2019 Target	FY 2019 Q1	FY 2019 Q2	FY 2019 Q3	FY 2019 Q4	FY 2019 Actual	KPI Status	Explanation
Percent of families with one or more completed referrals through Help Me Grow	Quarterly	New in 2019	New in 2019	70%	68%	93.8%	17.6%	40.7%	48.9%	Unmet	The target was not met because a significant proportion of children who were referred to services and supports in the community were not successfully connected to services. This is because some organizations had long wait periods and placed participants on waiting lists. Other participants decided not to use the referrals they were given. Finally, some families did not have sufficient time to connect to a service between the time referrals were provided to them and the close of the fiscal year. The program continues to enroll and refer clients to services daily. Participants enrolling later in the year may not be successfully linked to services by reporting dates for this KPI, due to time lag between referral and ability to access the service. This rate can be updated as time passes and those families enrolling later in the year are able to complete referrals. The program is investigating adding a time frame for completion to improve reporting for this KPI.
Percent of students in the School Health Services program with asthma with an asthma action plan on file	Quarterly	New in 2019	New in 2019	35%	Waiting on Data	Waiting on Data	27.1	27.9	27.9%	Unmet	DC Health has worked with CSS throughout Q4 to review current asthma care coordination process and increase the number of completed asthma action plans. CSS established a new position, clinical coordinator, to improve asthma care coordination processes through collaboration with case management team, case reviews and extra support to nurses to improve care coordination. DC Health is reviewing CSS' asthma care coordination methods and have provided feedback throughout Q4.

**5 - HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) Reduce HIV, STD, TB and hepatitis-related morbidity and mortality and ensure healthy outcomes for persons living with those diseases. Administer federal and local funding, provide grants to service providers, monitor and evaluate programs, ensure quality services, and track the cases and status of the epidemics in the District. (13 Measures)**

Measure	Frequency	FY 2017 Actual	FY 2018 Actual	FY 2019 Target	FY 2019 Q1	FY 2019 Q2	FY 2019 Q3	FY 2019 Q4	FY 2019 Actual	KPI Status	Explanation
Percent of new HIV cases linked to care within 3 months of diagnosis	Annually	89.8%	85.6%	90%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	88.1%	Nearly Met	Target of 90% was not met however at 88.14% it is within range. HAHSTA will continue its efforts in linking District residents living with HIV to treatment. Reported numbers will most likely change as additional laboratory reports for the fiscal year are processed.
Proportion of TB patients completing treatment	Annually	100%	100%	90%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	100%	Met	
Number of individuals started on Pre-Exposure Prophylaxis (PrEP)	Quarterly	3465	3414	1000	887	216	423	164	1690	Met	
Percent of Ryan White clients living in the District that are prescribed Anti-Retroviral Therapy	Annually	83.6%	86.6%	90%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	93.1%	Met	
Percent of diagnosed HIV positive individuals retained in care that are virally suppressed	Annually	82.3%	79.7%	85%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	87.5%	Met	
Percent of individuals diagnosed with HIV identified as out-of-care that are re-engaged in care within 3 months of case contact	Annually	4.3%	14.1%	10%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	11.9%	Met	
Percent of DOH-supported HIV tests conducted with focus populations	Quarterly	35.8%	49.1%	12%	49%	80.5%	81.7%	74%	69.5%	Met	
Percent of clients with a positive Hepatitis C test enrolling in treatment	Annually	30%	30.4%	40%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	31.2%	Unmet	Many clients receiving positive HCV results are already aware of their status and therefore already receiving treatment. HAHSTA will continue its efforts in linking District residents with a positive HCV result to care.
Number of Naloxone kits distributed	Quarterly	New in 2019	New in 2019	1000	767	16,099	4395	19,997	41,258	Met	

Measure	Frequency	FY 2017 Actual	FY 2018 Actual	FY 2019 Target	FY 2019 Q1	FY 2019 Q2	FY 2019 Q3	FY 2019 Q4	FY 2019 Actual	KPI Status	Explanation
Percent of people experiencing overdoses who were also linked to substance use treatment	Quarterly	New in 2019	New in 2019	45%	69.8%	26.4%	0%	44.6%	27.6%	Unmet	DC Health did not meet this goal due to challenges in collecting client level data once Naloxone kits have been distributed. Kits are distributed to individuals in the community who often don't report back status of the intervention. As of Q4 peer responders are deployed to assist with follow up once notified by care providers that an overdose has happened.
Proportion of gonorrhea cases with appropriate treatment confirmed among clients seen at the Health and Wellness Center	Quarterly	New in 2019	New in 2019	35%	98.8%	98.8%	95.5%	95%	96.9%	Met	
Percent of individuals started on PrEP who are members of demographic groups most impacted by HIV (African American women, men who have sex with men, or transgender women of color)	Quarterly	New in 2019	New in 2019	60%	98.6%	91.8%	89.3%	95.1%	96.3%	Met	
Percent of AIDS Drug Assistance Program (ADAP) beneficiaries who are currently virally suppressed	Quarterly	New in 2019	New in 2019	85%	85.9%	85.7%	85%	82.5%	84.8%	Nearly Met	HAHSTA's percentage of viral suppression for FY2019 is 84.82%, slightly below our target of 85%. Through measuring the data, we've determined that statistical health disparities exist among young adult people living with HIV (PLWH) who access ADAP. The program is addressing these disparities by participating in a national Project ECHO learning collaborative working to end disparities and conducting Drug Utilization Review and Claims Review to assess Antiretroviral Medication Adherence among young adults in care. HAHSTA is confident that these efforts will help us achieve the goal in the near future.

**6 - Health Emergency Preparedness and Response Administration (HEPRA) Provide regulatory oversight of emergency medical services (EMS) and seek to ensure that DOH, its partners and the community are prepared for, can respond to, and recover from public health and health care system events and emergencies. (10 Measures)**



Measure	Frequency	FY 2017 Actual	FY 2018 Actual	FY 2019 Target	FY 2019 Q1	FY 2019 Q2	FY 2019 Q3	FY 2019 Q4	FY 2019 Actual	KPI Status	Explanation
Percent of Medical Reserve Corps (MRC) units that can respond within 2 hours of notification to activate	Quarterly	89.5%	100%	75%	100%	100%	100%	100%	100%	Met	
Percent of Management Supervisory Service (MSS), Excepted Service (ES), and Legal Services staff with the essential or emergency designation who complete the independent study portion of the Management ICS Training Series as outlined in DOH Standard Operating Procedure 1380	Quarterly	6.9%	10.6%	60%	13.1	29.1	34	36.6	36.6%	Unmet	Although HEPRA did not meet the target, the percentage of staff trained has increased over the past three years. We have gone from 7% to 37% since the baseline year. In the coming year, this procedure will be revised to increase the efficiency for staff completion of the required training and ultimately increasing the number of staff trained.
Percent of HEPRA personnel that complete the ICS Training Series including POD training and participation in at least one exercise, incident or Special Event	Quarterly	New in 2019	New in 2019	100%	14.3	14.3	25.9	40.7	40.7%	Unmet	The intermediate and advanced ICS courses (ICS 300 & 400) are only offered twice a year with limited seats available that quickly fill-up. DC Health HEPRA is working with DC HSEMA to increase offerings of these classes in the future.
Percent of Open PODs that can open for set up within 2 hours of notification to activate	Quarterly	New in 2019	New in 2019	100%	No applicable incidents	100%	100%	100%	100%	Met	
Percent of Closed PODs that can open for set up within two hours of notification to activate	Quarterly	New in 2019	New in 2019	100%	No applicable incidents	45.2	68.8	75	75%	Unmet	While this measure continues to see improvement, we are still working with our Closed POD partners to ensure their operational readiness.
Percent of EMS agency inspections with passing determinations	Quarterly	New in 2019	New in 2019	75%	92.9%	100%	100%	100%	95.2%	Met	
Percent of HECC IMT leadership staff (ie, the six ICS/IM lead roles) reporting for immediate duty within 60 minutes to an unannounced staff assembly for a real incident or drill	Quarterly	New in 2019	New in 2019	100%	No applicable incidents	No applicable incidents	No applicable incidents	91.8%	91.8%	Nearly Met	A response rate of 92% in our baseline year, shows that a majority of IMT Leadership staff are trained and ready to respond when activated. HEPRA will continue to finalize communication methods as we work towards 100% in the coming years.

Measure	Frequency	FY 2017 Actual	FY 2018 Actual	FY 2019 Target	FY 2019 Q1	FY 2019 Q2	FY 2019 Q3	FY 2019 Q4	FY 2019 Actual	KPI Status	Explanation
Percent of District hospitals, skilled nursing facilities, and clinics that participate in at least two (2) HMC sponsored trainings and workshops annually	Quarterly	New in 2019	New in 2019	50%	14.4	0	12.2	15.6	15.6%	Unmet	This is our baseline year and the HMC program plans to expand membership throughout the coming years and increase facility engagement. The HMC will work with our member organizations to develop training, exercise, and planning tools.
Percent of District hospitals and skilled nursing facilities that reported requested Essential Elements of Information (EE) to the HMC within the HMC specified timeframe	Quarterly	New in 2019	New in 2019	50%	53.3%	21.4%	42.9%	57.1%	43.9%	Unmet	DC Health requests certain EEs (e.g. available beds) during emergencies and drills from the District's hospitals. There is a subset of hospitals (e.g. District specialty hospitals) that do not respond to certain drills because the request is not applicable to their facility based on the type of beds they operate. The DC HMC will review and modify this measure as appropriate for future reporting
Percent of EMS Emergency Response vehicles with an initial passing inspection	Quarterly	New in 2019	New in 2019	85%	84.2%	95.8%	95%	91.5%	92.3%	Met	
<b>7 - Create and maintain a highly efficient, transparent and responsive District government. (16 Measures)</b>											
Percent of MSS employees who complete the required MSS training curriculum	Annually	41.2%	36.3%	80%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	80.3%	Met	
Percent of lapsed dollar amounts on federal awards	Annually	5.8%	19.1%	3%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	9.2%	Unmet	The listed figure is preliminary, and based on the status of expenditure reporting as of the end of the FY 19. The close-out process for FY 19 is still underway, and the actual lapse rate will be recalculated based on final reconciliation of FY 19 spending, award revisions (e.g. reductions of award, extensions), plus approval of carryover requests by federal grantors. The lapse figure reported will likely be revised down.
Percent of eligible employee reviews completed on time	Annually	95%	96.5%	90%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	100%	Met	
Percent of required attendees completing trainings mandated by EOM, DCHR, or the DOH Director	Annually	New in 2019	New in 2019	70%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	No applicable incidents		

Measure	Frequency	FY 2017 Actual	FY 2018 Actual	FY 2019 Target	FY 2019 Q1	FY 2019 Q2	FY 2019 Q3	FY 2019 Q4	FY 2019 Actual	KPI Status	Explanation
Percent of new subgrants with approved risk-based monitoring plans within 30 days of award	Quarterly	New in 2019	New in 2019	75%	17.3%	69.2%	44.6%	64.5%	49.5%	Unmet	The Office of Grants Management (OGM) preliminary assessment identifies the root cause as design flaws in the Electronic Grants Management System (EGMS), limiting direct access by monitors to the risk assessment module, which is not co-located with the most current version of the award. This makes it difficult to identify the RA as a pending/incomplete task or to locate a starting point. OGM had to re-train and develop help guides and provide TA to users. Contributing factors include: (1) too many steps needed to complete the approval cycle, which ends with the Program Manager/supervisor, (2) manual risk assessments outside of EGMS were not validated and could not be counted in this report.
Percent of completed interim subgrant budget periods with performance ratings completed and submitted within 45 days	Quarterly	New in 2019	New in 2019	60%	99.1%	0%	0%	0%	71.5%	Met	
Percent of targeted visits completed by monitors per the most recent version of the risk-based monitoring plan	Quarterly	New in 2019	New in 2019	60%	51.5%	69.9%	66.9%	95.8%	72.2%	Met	
HR MANAGEMENT - Percent of eligible employees completing and finalizing a performance plan in PeopleSoft (Updated by OCA)	Annually	New in 2019	New in 2019	Not Available	Annual Measure	Annual Measure	Annual Measure	Annual Measure	90%	No Target Set	
HR MANAGEMENT - Percent of eligible employee performance evaluations completed and finalized in PeopleSoft (Updated by OCA)	Annually	New in 2019	New in 2019	Not Available	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data	No Target Set	
FINANCIAL MANAGEMENT - Quick Payment Act Compliance - Percent of QPA eligible invoices paid within 30 days (Updated by OCA)	Annually	New in 2019	New in 2019	Not Available	Annual Measure	Annual Measure	Annual Measure	Annual Measure	98.6%	No Target Set	

Measure	Frequency	FY 2017 Actual	FY 2018 Actual	FY 2019 Target	FY 2019 Q1	FY 2019 Q2	FY 2019 Q3	FY 2019 Q4	FY 2019 Actual	KPI Status	Explanation
FINANCIAL MANAGEMENT - Percent of local budget de-obligated to the general fund at the end of year (Updated by OCA)	Annually	New in 2019	New in 2019	Not Available	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data	No Target Set	
CONTRACTS AND PROCUREMENT - Percent of Small Business Enterprise (SBE) annual goal spent (Updated by OCA)	Annually	New in 2019	New in 2019	100%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data		
IT POLICY AND FOIA COMPLIANCE - Percent of "open" data sets identified by the annual Enterprise Dataset Inventory published on the Open Data Portal - (Updated by OCA)	Annually	New in 2019	New in 2019	Not Available	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Not Available	No Target Set	
IT POLICY AND FOIA COMPLIANCE - Percent of FOIA Requests Processed in more than 25 business days - statute requirements allow 15 business days and a 10 day extension - (Updated by OCA)	Annually	New in 2019	New in 2019	Not Available	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data	No Target Set	
Average days to hire new employees	Semi-Annually	New in 2019	New in 2019	90	Annual Measure	Annual Measure	Annual Measure	Annual Measure	112	Unmet	Correct annual average is 56 days. Target met.
HR MANAGEMENT - Average number of days to fill vacancy from post to offer acceptance (Updated by OCA)	Annually	New in 2019	New in 2019	New in 2019	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data	No Target Set	

\*Mayoral agencies include agencies under the Health and Human Services, Education, Public Safety and Justice, Operations and Infrastructure, Economic Development, and Internal Services clusters. It excludes all independent agencies and select EOM agencies.

\*The HR management, Financial Management, IT Policy and FOIA Compliance, and Contracts and Procurement measures were collected for all mayoral agencies in FY 2019. OCA calculates these measures based on summary-level data from various agencies, and cannot verify the accuracy of any calculations.

\*The 2019 DC Enterprise Data Inventory (EDI) contains datasets published on DC's Open Data Portal, which is current as of March 9, 2019, and any datasets published to the portal after the above date were not included in the measure's calculation.

\*Due to data lags, FY 2019 data for the following core business measures will be published in March 2020: Contracts and Procurement - Percent of Small Business Enterprise (SBE) annual goal spent; Financial Management - Percent of local budget de-obligated to the general fund at the end of year; Human Resource Management - Average number of days to fill vacancy from post to offer acceptance; Human Resource Management - Percent of eligible employee performance evaluations completed and finalized in PeopleSoft; and IT Policy and Freedom of Information Act (FOIA) Compliance - Percent of FOIA Requests Processed in more than 25 business days - statute requirements allow 15 business days and a 10 day extension.

## 2019 Workload Measures

Measure	FY 2017 Actual	FY 2018 Actual	FY 2019 Q1	FY 2019 Q2	FY 2019 Q3	FY 2019 Q4	FY 2019 Actual
<b>1 - Animal Services Program (ASP) (2 Measures)</b>							
Number of calls responded to by Animal Control Officers	13,972	15,511	Annual Measure	Annual Measure	Annual Measure	Annual Measure	17,725

Measure	FY 2017 Actual	FY 2018 Actual	FY 2019 Q1	FY 2019 Q2	FY 2019 Q3	FY 2019 Q4	FY 2019 Actual
Number of dog licenses processed	3089	3824	Annual Measure	Annual Measure	Annual Measure	Annual Measure	3948
<b>1 - Compliance, Quality Assurance and Investigation (2 Measures)</b>							
Number of Intermediate Care and Nursing Home-related incidents received	10,713	11,798	Annual Measure	Annual Measure	Annual Measure	Annual Measure	12,758
Number of investigations performed	1815	1621	Annual Measure	Annual Measure	Annual Measure	Annual Measure	1725
<b>1 - Criminal Background Check Program (2 Measures)</b>							
Number of Criminal Background Checks processed for health professionals	9118	9299	Annual Measure	Annual Measure	Annual Measure	Annual Measure	11,019
Number of Criminal Background Checks processed for non-health professionals	7277	8010	Annual Measure	Annual Measure	Annual Measure	Annual Measure	7659
<b>1 - Food Safety and Hygiene Inspection Services Division (FSHISD) (1 Measure)</b>							
Number of new and routine food establishments inspected	5072	4839	Annual Measure	Annual Measure	Annual Measure	Annual Measure	3076
<b>1 - Health Care Facilities Division (1 Measure)</b>							
Number of inspections completed by the Health Care Facilities Division	130	159	Annual Measure	Annual Measure	Annual Measure	Annual Measure	145
<b>1 - Health Professional Licensing (2 Measures)</b>							
Number of new health professional licenses issued	20,817	11,590	Annual Measure	Annual Measure	Annual Measure	Annual Measure	10,579
Number of walk-in customers to Processing Center	31,806	38,924	Annual Measure	Annual Measure	Annual Measure	Annual Measure	33,514
<b>1 - Intermediate Care Facilities Division (ICFD) (1 Measure)</b>							
Number of inspections completed by the Intermediate Care Facilities Division	200	268	Annual Measure	Annual Measure	Annual Measure	Annual Measure	345
<b>1 - Pharmaceutical Control Division (PCD) (2 Measures)</b>							
Number of pharmacies inspected	155	166	Annual Measure	Annual Measure	Annual Measure	Annual Measure	171
Number of Registered Controlled Substance Facilities inspected	233	234	Annual Measure	Annual Measure	Annual Measure	Annual Measure	248
<b>3 - Behavioral Risk Factor Surveillance System (BRFSS) (1 Measure)</b>							
Number of BRFSS surveys administered	3000	123	Annual Measure	Annual Measure	Annual Measure	Annual Measure	600
<b>3 - Certificate of Need (CON) Program (1 Measure)</b>							
Number of Certificate of Need application decisions	31	27	Annual Measure	Annual Measure	Annual Measure	Annual Measure	33
<b>3 - Vital Records (1 Measure)</b>							
Number of walk-in customers to the Vital Records Office	50,790	38,193	Annual Measure	Annual Measure	Annual Measure	Annual Measure	41,016
<b>4 - Adolescent Health Education and Training Program (1 Measure)</b>							
Number of reproductive health plans developed	New in 2019	New in 2019	Annual Measure	Annual Measure	Annual Measure	Annual Measure	1298
<b>4 - Cancer Programs Division (3 Measures)</b>							
Number of breast screening and diagnostic procedures performed	1269	900	Annual Measure	Annual Measure	Annual Measure	Annual Measure	940
Number of cervical screening and diagnostic procedures performed	163	35	Annual Measure	Annual Measure	Annual Measure	Annual Measure	8
Number of patients enrolled in Cancer Surviving and Thriving (CTS) courses	0	Waiting on Data	Annual Measure	Annual Measure	Annual Measure	Annual Measure	13
<b>4 - Chronic Disease Division (3 Measures)</b>							
Number of residents enrolled in chronic disease self-management trainings	5431	5500	Annual Measure	Annual Measure	Annual Measure	Annual Measure	5665

Measure	FY 2017 Actual	FY 2018 Actual	FY 2019 Q1	FY 2019 Q2	FY 2019 Q3	FY 2019 Q4	FY 2019 Actual
Number of healthcare systems reporting clinical quality measures related to high blood pressure and/or diabetes	8	10	Annual Measure	Annual Measure	Annual Measure	Annual Measure	9
Number of residents at risk for diabetes participating in Diabetes Prevention Program	New in 2019	New in 2019	Annual Measure	Annual Measure	Annual Measure	Annual Measure	295
<b>4 - DC Healthy Start (1 Measure)</b>							
Number of participants receiving services through DC Healthy Start	1301	1851	Annual Measure	Annual Measure	Annual Measure	Annual Measure	1561
<b>4 - Farmers' Market Nutrition Program (FMNP) (2 Measures)</b>							
Number of District residents receiving supplemental groceries from Joyful Food Markets and Commodities and Supplemental Food Program (CSFP)	45,384	New in 2019	Annual Measure	Annual Measure	Annual Measure	Annual Measure	58,934
Number of District residents receiving meals from the Home Delivered Meals program	New in 2019	New in 2019	Annual Measure	Annual Measure	Annual Measure	Annual Measure	350
<b>4 - Health Professional Loan Repayment Program (HPLRP) (1 Measure)</b>							
Number of HPLRP providers	24	33	Annual Measure	Annual Measure	Annual Measure	Annual Measure	30
<b>4 - Help Me Grow (HMG) (1 Measure)</b>							
Number of resource referrals completed through Help Me Grow	367	246	Annual Measure	Annual Measure	Annual Measure	Annual Measure	156
<b>4 - Home Delivered Meals (1 Measure)</b>							
Number of District residents receiving farmer's market incentive benefits from DC Health-administered programs	25,653	21,188	Annual Measure	Annual Measure	Annual Measure	Annual Measure	21,533
<b>4 - Home Visiting Program (2 Measures)</b>							
Number of families participating in evidence-based home visiting programs	289	259	Annual Measure	Annual Measure	Annual Measure	Annual Measure	259
Number of resource referrals made through the evidence-based Home Visiting Program	516	466	Annual Measure	Annual Measure	Annual Measure	Annual Measure	491
<b>4 - Newborn Hearing Program (1 Measure)</b>							
Number of infants receiving a hearing screening in their first month of life	8069	13,061	Annual Measure	Annual Measure	Annual Measure	Annual Measure	13,042
<b>4 - Produce Plus Program (2 Measures)</b>							
Number of residents redeeming Produce Plus and FVRx checks	10,435	9109	Annual Measure	Annual Measure	Annual Measure	Annual Measure	8028
Number of Farmers Markets vendors accepting Produce Plus benefits	101	69	Annual Measure	Annual Measure	Annual Measure	Annual Measure	54
<b>4 - School Health Programs (2 Measures)</b>							
Number of students enrolled in a school based health center	1600	2742	Annual Measure	Annual Measure	Annual Measure	Annual Measure	2128
Number of students served by the School Health Services Program	New in 2019	New in 2019	Annual Measure	Annual Measure	Annual Measure	Annual Measure	79,709
<b>4 - School-Based Oral Health Program (1 Measure)</b>							
Number of children <18 years of age who receive a dental examination and a fluoride varnish treatment through the School-Based Preventative Oral Health Program (SBPOHP)	3746	3392	Annual Measure	Annual Measure	Annual Measure	Annual Measure	2515
<b>4 - Special Supplemental Nutrition Program for Women, Infants and Children (WIC) (1 Measure)</b>							
Number of Supplemental Nutrition Program for Women, Infants, Children (WIC) participants	24,525	20,542	Annual Measure	Annual Measure	Annual Measure	Annual Measure	11,802
<b>4 - Supplemental Nutrition Assistance Program, Education and Obesity Grant (SNAP-Ed) (1 Measure)</b>							
Total number of nutrition education and wellness contacts made to low income District residents participating in DOH Healthful Food Access programs	25,994	32,861	Annual Measure	Annual Measure	Annual Measure	Annual Measure	35,485
<b>4 - The Safe Sleep Program (2 Measures)</b>							
Number of parents/caregivers educated on infant safe sleep practices	875	528	Annual Measure	Annual Measure	Annual Measure	Annual Measure	1560
Number of portable cribs (Pack-n-Play) distributed	502	508	Annual Measure	Annual Measure	Annual Measure	Annual Measure	900

Measure	FY 2017 Actual	FY 2018 Actual	FY 2019 Q1	FY 2019 Q2	FY 2019 Q3	FY 2019 Q4	FY 2019 Actual
<b>4 - Tobacco Control Program (2 Measures)</b>							
Number of calls to the DC Tobacco Quitline	4330	3197	Annual Measure	Annual Measure	Annual Measure	Annual Measure	3181
Number of pregnant smokers contacted for cessation services	New in 2019	New in 2019	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data
<b>5 - AIDS Drug Assistance (3 Measures)</b>							
Number of DC ADAP clients receiving pharmaceutical services through the pharmaceutical procurement and distribution program	568	797	Annual Measure	Annual Measure	Annual Measure	Annual Measure	827
Number of clients with DC ADAP and Alliance receiving pharmaceutical services through the pharmaceutical procurement and distribution program	568	567	Annual Measure	Annual Measure	Annual Measure	Annual Measure	517
Number of publicly-supported HIV medication prescriptions refilled	2596	9177	Annual Measure	Annual Measure	Annual Measure	Annual Measure	9060
<b>5 - Condom Distribution (3 Measures)</b>							
Number of condoms (female and male) distributed by DC Health Condom Program	5,212,700	4,115,000	Annual Measure	Annual Measure	Annual Measure	Annual Measure	4,551,300
Number of youth (15-19 years) screened for CT and GC through HAHSTA-supported programs	650	2288	Annual Measure	Annual Measure	Annual Measure	Annual Measure	1840
Number of clients with viral load served through treatment adherence activities	795	1895	Annual Measure	Annual Measure	Annual Measure	Annual Measure	762
<b>5 - DC Needle Exchange Program (DC NEX) (1 Measure)</b>							
Number of needles off the streets through DC NEX Program	784,495	410,212	Annual Measure	Annual Measure	Annual Measure	Annual Measure	470,040
<b>6 - Healthcare Coalition Development (4 Measures)</b>							
Number of Health Action Network (HAN) Alerts generated	21	36	Annual Measure	Annual Measure	Annual Measure	Annual Measure	18
Number of Radio Calls conducted	49	49	Annual Measure	Annual Measure	Annual Measure	Annual Measure	15
Number of Situation Reports (sitreps) distributed	52	32	Annual Measure	Annual Measure	Annual Measure	Annual Measure	0
Number of Health and Medical Coalition (HMC) Meetings held	11	14	Annual Measure	Annual Measure	Annual Measure	Annual Measure	35
<b>6 - Medical Materiel Management and Distribution (3 Measures)</b>							
Number of POD trainings held	19	3	Annual Measure	Annual Measure	Annual Measure	Annual Measure	5
Number of open Points of Dispensing (PODs)	64	16	Annual Measure	Annual Measure	Annual Measure	Annual Measure	16
Number of closed PODs	40	40	Annual Measure	Annual Measure	Annual Measure	Annual Measure	16
<b>6 - Special Events Permitting (3 Measures)</b>							
Number of special event health, medical and safety plans requiring DOH review	240	213	Annual Measure	Annual Measure	Annual Measure	Annual Measure	159
Number of HECC Activations	3	6	Annual Measure	Annual Measure	Annual Measure	Annual Measure	3
Number of MRC units activated	14	16	Annual Measure	Annual Measure	Annual Measure	Annual Measure	20
<b>6 - Training and Certification of EMS Providers and EMS Emergency Response Vehicles (2 Measures)</b>							
Number of new EMT certifications by DC DOH	329	502	Annual Measure	Annual Measure	Annual Measure	Annual Measure	559
Number of emergency vehicle inspections conducted	503	511	Annual Measure	Annual Measure	Annual Measure	Annual Measure	586

## 2019 Operations

Operations Header	Operations Title	Operations Description	Type of Operations

Operations Header	Operations Title	Operations Description	Type of Operations
<b>1 - Health Regulation and Licensing Administration (HRLA). Protect the health of those who reside and do business in the District of Columbia by fostering excellence in health professional practice and building quality and safety in health systems and facilities through an effective regulatory framework. (11 Activities)</b>			
HEALTH PROFESSIONAL LICENSE ADMIN	Health Professional Licensing	Receive, process, and review for compliance with District and Federal regulatory compliance license applications for over seventy different healthcare professions.	Daily Service
FOOD,DRUG,RADIATION & COMMUNITY HYGIENE	Food Safety and Hygiene Inspection Services Division (FSHSD)	Food Safety and Hygiene Inspection Services Division inspects food establishments (e.g. restaurants, food trucks, etc.) to prevent the spread of food-borne illness. They also inspect public pools, barbershops and beauty salons for cleanliness.	Daily Service
HEALTH CARE FACILITES REGULATION	Health Care Facilities Division	The Health Care Facilities Division inspects, monitors, and investigates: Ambulatory Surgical Centers, Certified Home Health Agencies, End-Stage Renal Disease Facilities, Hospices, Hospitals, Laboratories (Clinical Laboratory Improvement Amendments of 1988[CLIA]), Certificate of Waiver Programs (COW), Communicable Disease Laboratories, Tissue Banks, and Hospital Laboratories, Maternity Centers, Nursing Homes, Outpatient Physical Therapy or Speech Pathology Services, and Portable X-Ray Suppliers in the District of Columbia. The Division inspects these sites to determine compliance with local licensure health and safety regulations and federal standards for participation in Medicare and Medicaid programs under Titles XVIII and XIX of the Social Security Act. The Division also conducts Architectural Plans Review of health care facilities in the District of Columbia and inspects renovated projects and new construction. In addition, the Division inspects the DC Detention Facility aka (DC Jail) and the DC Youth Services Administration Detention Center – at New Beginnings Youth Development Center (located in Laurel, Maryland) and Mt. Olivet Road, NE (Washington, DC) in accordance with court mandates.	Daily Service
HEALTH PROFESSIONAL LICENSE ADMIN	Criminal Background Check Program	The Division is responsible for processing criminal background checks for health care professionals and prospective applicants of long term care facilities.	Daily Service
HEALTH PROFESSIONAL LICENSE ADMIN	Compliance, Quality Assurance and Investigation	The Office of Compliance, Quality Assurance and Investigation enforces the District and federal laws and regulations governing licensed health professionals (Health Professional Boards and Advisory Committees). In addition, to determine compliance with federal participation in Medicare and Medicaid programs regarding Nursing Homes and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/ID), the Office also conducts investigations, as necessary.	Daily Service
FOOD,DRUG,RADIATION & COMMUNITY HYGIENE	Rodent and Vector Control Division	The Rodent and Vector Control Division conducts field inspections, rodent baiting and community education activities to reduce the rat population in the District of Columbia.	Daily Service
FOOD,DRUG,RADIATION & COMMUNITY HYGIENE	Animal Services Program (ASP)	The Animal Services Program (ASP) is responsible for the prevention and spread of diseases transmitted by animals to people, follow-up on disease investigations, dog licensing, regulation and enforcement, field inspection and animal sheltering services in the District of Columbia. In addition, the ASP responds to any animal related complaint, and is responsible for zoonotic surveillance.	Daily Service
FOOD,DRUG,RADIATION & COMMUNITY HYGIENE	Pharmaceutical Control Division (PCD)	The Pharmaceutical Control Division (PCD) licenses, regulates and inspects community and hospital pharmacies and distributor manufactures. The PCD also licenses pharmaceutical detailers (e.g., pharmaceutical representatives) as well as registers, regulates and inspects controlled substance facilities in the District of Columbia.	Daily Service
FOOD,DRUG,RADIATION & COMMUNITY HYGIENE	Radiation Protection Division (RPD)	The Radiation Protection seeks to reduce and/or eliminate radiation overexposure of naturally occurring or man-made radiation in the District of Columbia.	Daily Service
HEALTH CARE FACILITES REGULATION	Intermediate Care Facilities Division (ICFD)	The Intermediate Care Facilities Division (ICFD) seeks to ensure applicable agencies substantially comply with District and/or Federal regulatory requirements for licensure and/or federal certification. ICFD has the regulatory oversight responsibility for the following seven (7) different programs: 1) Intermediate Care Facilities for Individuals with Intellectual Disabilities; 2) Group Homes for Individuals with Intellectual Disabilities; 3) Child Placing Agencies; 4) Home Care Agencies; 5) Assisted Living Residence; 6) Community Residence Facilities; and 7) Nurse Staffing Agencies. The oversight of these facilities is conducted at least annually and when necessary to ensure the health and safety of residents.	Daily Service
MEDICAL MARIJUANA	Medical Marijuana Program (MMP)	The Division of Medical Marijuana and Integrative Therapy (MMIT) licenses and regulates medical marijuana dispensaries and cultivation centers. The MMIT also approves patients and caregivers who apply to participate in the medical marijuana program. The Division also registers healthcare practitioners who elect to participate as recommenders for patients in need of medical marijuana as a treatment modality.	Daily Service
<b>2 - Office of Health Equity. Promote Health Equity. Collaborate with other government agencies and community partners to identify and address the social determinants of health which are the key drivers of inequities in health outcomes. (3 Activities)</b>			
HEALTH EQUITY PRACTICE AND PROGRAM IMPLEMENTATION	Multi Sector Collaboration	The Office of Health Equity (OHE) provides informed, data driven and evidence based leadership in convening and sustaining effective multi-sector collaborative partnerships essential to promote and achieve health equity. OHE uses a "health in all policies" (HiAP) approach to improving community health. OHE serves as a liaison and technical advisor to all DOH Administrations regarding health equity, as well as external DC government agencies and private partners.	Daily Service
HEALTH EQUITY PRACTICE AND PROGRAM IMPLEMENTATION	Community Based Participatory Research & Policy Evaluation	OHE applies data driven and evidence based research methods, tools and practices, including Geographic Information Systems (GIS) and other innovative methodologies, to measure social determinant and population health outcomes. This includes current and projected opportunities for health, disparate outcomes and inequities by socio-economic and demographic subpopulation and geographic location. This core function includes support to design, development and implementation of Health Equity Programs and their evaluation, including community based participatory research, and publication of reports that inform the policy making process as well as building the evidence base.	Daily Service
HEALTH EQUITY PRACTICE AND PROGRAM IMPLEMENTATION	Health Equity Practice & Program Implementation	Development and delivery of selected programs and initiatives with demonstrable strategic health equity nexus and operational potential, so as to contribute to, and inform, the essential paradigm shift in policy and practice to improve population health and promote more equitable opportunities for health, especially amongst vulnerable populations.	Daily Service



Operations Header	Operations Title	Operations Description	Type of Operations
<b>3 - Center for Policy Planning and Evaluation (CPPE). Develop an integrated public health information system to support health policy decision, state health planning activities, performance analysis and direction setting for department programs. (3 Activities)</b>			
STATE HEALTH PLANNING AND DEVELOPMENT	Certificate of Need (CON) Program	CPPE works with healthcare providers to administer the Certificate of Need program to ensure that the healthcare services and facilities established in the District are of high quality and meet the needs of residents.	Daily Service
STATE CENTER HEALTH STATISTICS	Behavioral Risk Factor Surveillance System (BRFSS)	CPPE/BRFSS conducts an estimated 333 health surveys monthly to District residents aged 18 years of age and older in all eight wards of the city.	Daily Service
STATE CENTER HEALTH STATISTICS	Vital Records	Vital Records is responsible for collecting, preserving and administering the District's system of birth, death and domestic partnership records.	Daily Service
<b>4 - Community Health Administration (CHA). Provide programs and services that promote coordination among the health care systems in the city and enhance access to effective prevention, primary and specialty medical care through collaborations with public and private organizations. (24 Activities)</b>			
CANCER AND CHRONIC DISEASE PREVENTION	Cancer Programs Division	The Cancer Programs Division encompasses three programs (Project WISH, Comprehensive Cancer Control, Cancer Management, Leadership and Coordination, and Colorectal Screening) engaged in reducing the District's cancer burden.	Daily Service
CANCER AND CHRONIC DISEASE PREVENTION	DC Cancer Registry (DCCR)	DCCR is a population-based registry that maintains data on all cancer patients diagnosed and/or treated within the District. All cancer cases are required by DC Law to be reported to DCCR within six months of first contact with a cancer patient.	Daily Service
CANCER AND CHRONIC DISEASE PREVENTION	Chronic Disease Division	The Chronic Disease Division addresses population level chronic disease prevention and management through evidence-based behavioral, clinical, policy and environmental interventions, as well as through multi-sector collaboration.	Daily Service
CANCER AND CHRONIC DISEASE PREVENTION	Tobacco Control Program	This program aims to reduce disease, disability and death due to tobacco use by: educating and informing stakeholders and decision-makers about evidence-based policies and programs to prevent initiation of tobacco use; working with health systems to implement evidence-based practices to support tobacco cessation in the District of Columbia; implementing evidence-based, mass-reach health communication interventions to increase cessation and/or promote the Quitline; reducing exposure to secondhand smoke; and identifying and eliminating tobacco-related disparities among specific populations.	Daily Service
CHILDREN, ADOLESCENT AND SCHOOL HEALTH	Adolescent Health Education and Training Program	This program focuses on building the capacity of youth-serving organizations, District of Columbia Public Schools, and District of Columbia Public Charter Schools through training and technical assistance services on adolescent health topics.	Daily Service
CHILDREN, ADOLESCENT AND SCHOOL HEALTH	Home Visiting Program	This program is designed to promote maternal, infant and early childhood health as well as the development of strong parent-child relationships. The program's key outcomes include improved maternal and child health; prevention of child injuries, child abuse or maltreatment; improvement in school readiness and achievement; reduction in crime or domestic violence; and improvements in family economic self-sufficiency.	Daily Service
CHILDREN, ADOLESCENT AND SCHOOL HEALTH	Help Me Grow (HMG)	HMG builds collaboration across sectors, including child health care, early care and education, and family support. Through comprehensive physician and community outreach and centralized information and referral centers, families are linked with needed programs and services.	Daily Service
CHILDREN, ADOLESCENT AND SCHOOL HEALTH	School-Based Oral Health Program	This program aids DC Public and Public Charter students in maintaining educational readiness by providing preventive oral health services in schools and linkage to dental homes.	Daily Service
NUTRITION AND PHYSICAL FITNESS	Home Delivered Meals	This program administers a home delivered meals program through a local grant award to Food and Friends.	Daily Service
NUTRITION AND PHYSICAL FITNESS	Pop-Up Markets in Elementary Schools	This program administers a school based pop-up market program through a local grant award to Martha's Table.	Daily Service
NUTRITION AND PHYSICAL FITNESS	Supplemental Nutrition Assistance Program, Education and Obesity Grant (SNAP-Ed)	This program provides oversight to two grantees who provide health and wellness education and SNAP referrals to eligible District residents.	Daily Service
NUTRITION AND PHYSICAL FITNESS	Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	This program provides oversight to WIC Local Agencies that provide no-cost nutrition assessments, breastfeeding support and healthful foods that have been prescribed to promote healthy pregnancies and growth during the first five years of life.	Daily Service
NUTRITION AND PHYSICAL FITNESS	Farmers' Market Nutrition Program (FMNP)	This program provides oversight for farmers who participate in healthful food access programs that assist income stressed District residents purchase locally sourced fruits and vegetables. Residents receive health and wellness education along with the food benefit.	Daily Service
NUTRITION AND PHYSICAL FITNESS	Newborn Hearing Program	This program provides a comprehensive, coordinated system for universal newborn hearing screening and intervention. The program works to ensure all newborns are screened for hearing loss prior to hospital discharge and infants needing additional evaluation are linked with specialized services and a medical home.	Daily Service

Operations Header	Operations Title	Operations Description	Type of Operations
PERINATAL & INFANT HEALTH	The Safe Sleep Program	This program provides safe sleep education for parents/caregivers, child serving community partners, and health providers. The program distributes portable cribs to families in need of a safe sleep environment for their newborn infant.	Daily Service
PRIMARY CARE	Health Professional Loan Repayment Program (HPLRP)	This program aims to recruit and retain health professionals in the District have underserved areas. The HPLRP, funded with both local and Federal dollars, provides loan repayment awards to eligible primary medical, dental, and mental health, health professionals in exchange for two to four years of service at approved sites.	Daily Service
CHILDREN, ADOLESCENT AND SCHOOL HEALTH	Sexual Violence Prevention Program	This program provides single and multiple sexual assault prevention sessions to elementary, middle, and high school students using evidence-based curricula.	Daily Service
CHILDREN, ADOLESCENT AND SCHOOL HEALTH	School Health Programs	These programs consist of both school health services and the School Based Health Centers (SBHC). The School Health Services Program provides comprehensive school health services in District of Columbia public and public charter schools. Located within the school building, SBHCs are designed to bring the medical provider's office to the school. Each SBHC is designed to complement and enhance the health care system in the District by collaborating with each student's medical home/primary care provider or serving as the student's medical home/primary care provider.	Daily Service
NUTRITION AND PHYSICAL FITNESS	Produce Plus Program	This program administers the Produce Plus farmers' market incentive program and the Fruit and Vegetable Prescription (FVRx) initiative through a local grant award to DC Greens.	Daily Service
PERINATAL & INFANT HEALTH	DC Healthy Start	This program seeks to eliminate disparities in perinatal health, including prematurity and infant mortality by improving women's health, promoting quality services, strengthening family resilience, and achieving collective impact. The program works with community providers to provide medical and case management services for women and families at high risk for poor perinatal health outcomes.	Daily Service
PRIMARY CARE	Primary Care Office (PCO) Grant Programs	These programs provide funding to increase access to equitable, comprehensive, quality health care services provided through a medical or dental home.	Daily Service
CHILDREN, ADOLESCENT AND SCHOOL HEALTH	Early Childhood Place-Based Initiative	This program partners with community organizations to implement place-based strategies to improve early childhood health and education outcomes.	Daily Service
CHILDREN, ADOLESCENT AND SCHOOL HEALTH	Immunization Program	This program seeks to reduce the spread of vaccine preventable diseases among residents, visitors, and those working or doing business in the District.	Daily Service
CANCER AND CHRONIC DISEASE PREVENTION	Preventive Health and Health Services Block Grant (PHHSBG)	The PHHSBG aligns with DC Healthy People 2020 to identify current and emerging public health needs and to support innovative programs and policies within the local context.	Daily Service
<b>5 - HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) Reduce HIV, STD, TB and hepatitis-related morbidity and mortality and ensure healthy outcomes for persons living with those diseases. Administer federal and local funding, provide grants to service providers, monitor and evaluate programs, ensure quality services, and track the cases and status of the epidemics in the District. (5 Activities)</b>			
DRUG ASSISTANCE PROGRAM (ADAP)	AIDS Drug Assistance	The AIDS Drug Assistance Program (ADAP) provides medication for the treatment of HIV disease. Through screening of clients to determine eligibility, enrollment and medication management the District of Columbia will continue providing this critical service.	Daily Service
PREVENTION AND INTERVENTION SERVICES	Condom Distribution	The District of Columbia Condom Program distributes both male and female condoms to District residents. The program utilizes an online platform to distribute condoms to individuals and District providers of health and support services.	Daily Service
PREVENTION AND INTERVENTION SERVICES	DC Needle Exchange Program (DC NEX)	The District of Columbia Needle Exchange Program (DC NEX) supports harm reduction through the distribution of clean needles in exchange for used ones. The program partners with 3 District community based providers to implement these interventions and link clients to primary medical services.	Daily Service
PREVENTION AND INTERVENTION SERVICES	Pre-Exposure Prophylaxis (PrEP)	HAHSTA makes PrEP widely available in the District, and does targeted outreach to target populations to receive screening, education, and referral to PrEP enrollment.	Daily Service
PREVENTION AND INTERVENTION SERVICES	Narcan Distribution	Naloxone is an opioid antagonist that was developed in the 1960s. It bonds to the opioid receptors in the brain without activating them, cutting off the effects of opiate drugs. Commonly known by the trade name Narcan, naloxone is carried by first responders, EMTs, and paramedics. It can be administered, in different formulations, intramuscularly, intravenously, or subcutaneously with a syringe or via an intranasal atomizer. DOH provides funding to community partners to provide stipends to peers for outreach, education and the distribution of kits.	Daily Service
<b>6 - Health Emergency Preparedness and Response Administration (HEPRA) Provide regulatory oversight of emergency medical services (EMS) and seek to ensure that DOH, its partners and the community are prepared for, can respond to, and recover from public health and health care system events and emergencies. (7 Activities)</b>			
PUBLIC HEALTH EMERGENCY PREPAREDNESS	Incident Command System (ICS) and National Incident Management System (NIMS) Training	HEPRA ensures that all DOH staff with a designated role within the Health Emergency Coordination Center (HECC) and/or the Emergency Support Function (ESF) #8 response are prepared for and can respond to events and emergencies utilizing the concepts of the NIMS of FEMA Incident Command System (ICS) trainings and participation in planned exercises, as directed by Homeland Security Presidential Directive #5.	Daily Service

Operations Header	Operations Title	Operations Description	Type of Operations
PUBLIC HEALTH EMERGENCY PREPAREDNESS	Special Events Permitting	As a member of the Mayor's Special Event Task Group, HEPRA provides customer assistance to Event Organizers by reviewing/approving the Health, Medical and Safety Plan component of their DCRA Special Event Permit Application. Through this coordination, HEPRA ensures each Event Organizer has obtained the required health and medical support required for their size and type of event, in accordance with the District EMS Act of 2008; DCMR, Title 29, Chapter 5 (Emergency Medical Services) and DOH policies.	Daily Service
PUBLIC HEALTH EMERGENCY PREPAREDNESS	Healthcare Coalition Development	HEPRA co-leads the DC Health and Medical Coalition (HMC) by providing coordination, oversight, policy guidance and leadership through meeting participation, planning support and communications to promote, attain and sustain Health and medical emergency preparedness services during routine and emergency operations. HEPRA conducts exercises, training and drills, to test and improve the healthcare system's resiliency. HEPRA also compiles and distributes situation reports (SITREPs), and radio drills to ensure timely and adequate communication and response, and monitors healthcare facility status.	Daily Service
PUBLIC HEALTH EMERGENCY PREPAREDNESS	Medical Materiel Management and Distribution	HEPRA ensures the secure distribution and integrity of the stockpile from receipt to recovery of the materiel through planning, real time inventory tracking, and partner collaboration.	Daily Service
EMERG. MED. SVS. REGULATION	Training and Certification of EMS Providers and EMS Emergency Response Vehicles	HEPRA regulates training and certification for EMS Providers (paramedics and EMTs) emergency medical service (EMS) and certifies/inspects EMS and emergency response vehicles (including ambulances, medical equipment aboard air ambulances and FEMS' rescue boats) operating in the District to ensure optimal healthcare response in accordance with the District EMS Act of 2008 and DCMR, Title 29, Chapter 5 (Emergency Medical Services).	Daily Service
PUBLIC HEALTH EMERGENCY PREPAREDNESS	Medical Reserve Corps (MRC)	The DC Medical Reserve Corps (MRC) is a team of medical and non-medical volunteers who are called upon to assist the Department of Health, Health Emergency Preparedness and Response Administration (HEPRA) in preparing for and responding to special events and public health and all-hazard emergencies.	Daily Service
PUBLIC HEALTH EMERGENCY PREPAREDNESS	Emergency Operations Coordination	HEPRA directs and coordinates the implementation of other public health preparedness capabilities critical to public health emergency preparedness and response; and make informed, timely and effective decisions that direct resources and personnel to address ongoing and evolving health needs arising from emergencies.	Daily Service

## 2019 Strategic Initiatives

Strategic Initiative Title	Strategic Initiative Description	Completion to Date	Status Update	Explanation for Incomplete Initiative
<b>Adolescent Health Education and Training Program (1 Strategic Initiative)</b>				
School and Community Based Teen Pregnancy Prevention	DC Health will work with Florence Crittenton Services of Greater Washington (Crittenton) to implement evidence-informed programs specifically for adolescents in communities disproportionately impacted by teen pregnancy. The programming will include a focus on social and emotional health, social support, and skill-building to attain higher levels of education which will positively impact health in the long-term. This program will also support community mobilization and stakeholder engagement, proven components of an effective community-wide strategy to prevent teen pregnancy.	Complete	Partnerships with schools and community for implementation of education and skills building commenced as scheduled. DC Health grantee continue to implement evidence-based and evidence informed programs for adolescents. Planning for QI/QA initiative, implemented One Key Question in May 2019 with a small group of participants. The implementation of OKQ provides adolescents with a developed reproductive life plan.	
<b>DC Healthy Start (2 Strategic initiatives)</b>				
Preterm Birth Reduction Pilot	DC Health will work with health providers and payors to ensure women who are at risk for a preterm birth are offered high quality care, including the use of 17P and aspirin. In partnership with DC Health, birthing facilities will adapt successful strategies that have been implemented in other states and jurisdictions to increase the use of 17P and aspirin to reduce the occurrence of preterm deliveries. The purpose of this program is to demonstrate improved outcomes in infant mortality and morbidities associated with preterm birth.	Complete	Howard University Hospital and Medstar Washington Hospital Center were awarded grants to implement a pilot project to reduce preterm birth. Plans to address screening and administration of 17P have been finalized for implementation. DC Health is working with these centers and the centers that refer to them (Community of Hope and Unity) to streamline the identification of women eligible for 17P and 17P administration. 3 of 4 sites have hired most of the staff required to execute grantee's scope of work and work plans.	

Strategic Initiative Title	Strategic Initiative Description	Completion to Date	Status Update	Explanation for Incomplete Initiative
Newborn Screening and Discharge Regulations	By September 2019, DC Health with draft regulations establishing newborn screening and discharge standards for birthing facilities. Implementation of the standards will be contingent upon passage of the BABIES Bill.	50-74%	Comprehensive Newborn Screening and Discharge regulations were partially drafted by September 30, 2019. Work on the regulations is continuing.	Regulations were not fully complete by September 30. The process is continuing into the new fiscal year.
<b>Emergency Operations Coordination (2 Strategic initiatives)</b>				
District of Columbia BioSurveillance Infectious Disease Plan	This new District-wide planning document will consolidate District agencies' planning efforts into one District-level document. Once drafted and approved, will be reviewed annually to determine level of revision necessary based upon current dynamics across the globe regarding infectious diseases.	25-49%	HEPRA continues to collaborate with internal (DC Health epidemiologists) and external stakeholders to finalize the District's Biosurveillance Infectious Disease Plan. HEPRA has successfully on boarded a team of contractors to begin the review of the plan, as well as facilitate discussion with relevant stakeholders for revision to the plan.	HEPRA has onboarded a contractor to support the development of this plan. They will have a completed product by the end of the contract, April 2020.
District of Columbia Mass Casualty Incident (MCI) Plan	This new planning effort to consolidate District agencies' planning efforts into one District-level document. Once drafted and approved, will be reviewed annually to determine level of revision necessary.	75-99%	HEPRA has completed two cycles of internal and external stakeholder review on the 2016 Trauma Plan. On October 2, 2019 HEPRA met with the DC Hospital Association and Health and Medical Coalition leaders for a final review of plan. Once comments are collated, the final version of the plan is expected to be adopted by DC Health for 2020.	The Trauma Plan will be finalized in 2020 after comments have been reviewed and collated.
<b>Health Equity Practice &amp; Program Implementation (3 Strategic initiatives)</b>				
Continue to Further DC Government Cross-departmental Health in All Policies (HiAP) Collaborative practices and partnerships.	OHE will develop and lead a collaborative strategy to operationalize a "Collaborative Actions For Change" agenda, as recommended by DC Health Equity Report (HER) 2018. This requires infrastructure for a HiAP program of work, informed by the reports baseline data and stakeholder input. HER 2018 identifies nine Key Drivers of Opportunities for Health and Equity: Education, Employment, Income, Housing, Transportation, Food Environment, Medical Care, Outdoor Environment, and Community Safety. The role these non-health sectors play aligns with DC Healthy People 2020's framework on the Social Determinants of Health. DC HER 2018 puts 'meat on the bone' of the DC HP2020 recommendation to increase multi-sector public, private, and non-profit partnerships to further population health improvement, through a coordinated focus on the social determinants of health and health equity. The Baseline assessment in DC HER 2018 will be supplemented by a series of Community Conversations in fall 2018.	Complete	The importance of HiAP is firmly underscored in the Comprehensive Plan Amendment (October 2019), with the commitment to include an equity crosswalk highlighting equity policies throughout the Plan. A commitment to "Advance the social and structural determinants of health" as prescribed by the DC HER 2018, is explicitly declared a District-wide strategic goal.  OHE was notified of receipt of a two-year funding award from the PEW Charitable trust to support implementation of the HiAP informed initiative referenced above.	
Social Determinant and Health Equity Data Indicators	In 2019, OHE will lead development of a strategy to implement the Goal related to establishment of equity goals and measures for the District, as recommended by DC Health Equity Report (HER) 2018.	Complete	In partnership with Center for Policy Planning and Evaluation (CPPE), the collaborative relationship built with the DC Hospital Association (DCHA) to develop and rollout the first joint Community Health Improvement Needs Assessment Survey of District Residents was successfully accomplished. This collaborative approach has contributed to a scale and reach never before attained. The first presentation of survey results to hospital and community partners is scheduled for Oct 21, 2019, and will inform updates to the DC Healthy People 2020.	

Strategic Initiative Title	Strategic Initiative Description	Completion to Date	Status Update	Explanation for Incomplete Initiative
Implement OHE Community Engagement Agenda	In 2019, OHE will leverage the process and insights gained from the 2018 HER Community Conversations to devise a sustained engagement program and process.	Complete	OHE, in collaboration with the Mayor's Commission on Health Equity (CHE), have leveraged the process and insights gained from the 2019 schedule of Community Conversations across all eight wards, together with numerous discussion and presentations to strategic partners in the public, private and non-profit sectors, to inform the development of an enhanced and sustainable community engagement program and process that is strategic in focus, and will leverage collective impact principles and practices.	
<b>Health Professional Licensing (1 Strategic Initiative)</b>				
Initial Online Application Process	The Health Regulation and Licensing Administration (HRLA) will continue the process of creating an online application for first-time health professionals seeking licensure in the District of Columbia. This initiative will improve customer application experience and improve overall efficiency of application life-cycle (from application submission to license issuance).	25-49%	HRLA met with the CITO and development team to provide feedback on the initial demonstration of the new Salesforce initial online application for professional licensees.	The development of the online application for professional licensee continues to be a priority for HRLA. The CITO has identified a dedicated team to aggressively complete the online module.
<b>Incident Command System (ICS) and National Incident Management System (NIMS) Training (1 Strategic Initiative)</b>				
Incident Management Team (IMT) Formation, Training, and Implementation	This agency requirements, enacted in 2017, will cross-train DC Health personnel in all administrations in incident management so additional personnel can be enlisted to assist in response and recovery from an emergency.	Complete	Upon further evaluation, there are at least two POD sites in each ward and there is no need for re-distribution. HEPRa will continue to add potential POD sites to the pool in addition to expanding the Closed POD Program to provide greater access to medical countermeasures in the District.	
<b>Medical Marijuana Program (MMP) (1 Strategic Initiative)</b>				
Medical Marijuana Program Online Payment	The Medical Marijuana and Integrative Therapy (MMIT) Division will pursue and implement online payment by December 2018. This will improve the customer service experience for the increasing patient population.	Complete	Online payment is available for all patients.	
<b>Medical Materiel Management and Distribution (1 Strategic Initiative)</b>				
Medical Countermeasures (MCM) Open Points of Dispensing (PODs)	Re-distribution of MCM PODs adequately across the District will ensure all populations, including those with access and functional needs or have limitations with transportation, can access a POD during a District-wide distribution of medications.	Complete	Upon further evaluation, there are at least two POD sites in each ward and there is no need for re-distribution. HEPRa will continue to add potential POD sites to the pool in addition to expanding the Closed POD Program to provide greater access to medical countermeasures in the District.	
<b>Narcans Distribution (1 Strategic Initiative)</b>				
Continued Naloxone education to community partners	In FY19, DC Health will provide continued training and education to six community partners for Naloxone outreach. DC Health will provide community partners with funding to purchase Naloxone to distribute to people who inject drugs. Naloxone is an opioid antagonist that reverses overdoses.	Complete	HAHSTA provided seven community trainings during Q4 to 199 laypersons, healthcare providers, and social service workers on ways to recognize and respond to overdoses and on the proper administration of Narcan.	
<b>Pre-Exposure Prophylaxis (PrEP) (1 Strategic Initiative)</b>				

Strategic Initiative Title	Strategic Initiative Description	Completion to Date	Status Update	Explanation for Incomplete Initiative
Pre-Exposure Prophylaxis (PrEP) to decrease the prevalence of HIV spreading to African-American women, young African-American men who have sex with men, and the transgender community.	In FY19, HAHSTA will continue to focus efforts towards making PrEP more available to African-American men ages 20-35, women ages 20-35, and the transgender community to decrease the acquisition of HIV. Activities include targeted outreach to 600 individuals, including: HIV screening, education, and referral to PrEP enrollment.	Complete	The DC Health and Wellness Center focuses on prescribing PrEP to MSM and Transgender persons of color at low or no cost to them. The Wellness Center prescribes PrEP to 30-40 people each month, with approximately 80% being people of color) and provides additional resources such as connections to health insurance, mental health assistance, and housing. The continued sex-positive PrEP campaigns and outreach throughout the city will bring more high risk individuals to the clinic and help reduce new HIV infections among our focus population.	
<b>Rodent and Vector Control Division (1 Strategic Initiative)</b>				
Rodent Prevention and Abatement	The Health Regulation and Licensing Administration (HRLA) will enhance collaboration with the Department of Public Works to maintain a sustainable and responsive rodent prevention and abatement program to ensure commercial and residential areas remain healthy, livable enjoyable. By March 2019, HRLA will also collaborate with The Lab @ DC to assist with their Rodent Abatement Predictive Analysis initiative.	Complete	The drafted regulations have been finalized and enforcement of those new regulations will start January 2020	
<b>School Health Programs (1 Strategic Initiative)</b>				
School Health Services Program	DC Health will expand and monitor the School Health Services Program (SHSP) in public and public charter schools to better focus on child health and educational outcomes and to leverage the existing health care delivery system and other community assets. The SHSP will enhance efforts to expand beyond school nursing services to provide clinical health services, care coordination, and quality assurance to ensure students are healthy and ready to learn. DC Health has sufficient funding in FY19 to provide 40 hours of health suite coverage at District public and public charter schools. Staffing levels are of course dependent upon on recruitment, retention and retirement fluctuations.	Complete	The SHSP continues to collaborate with DCPS and PCSB to improve health suite approval processes and conditions in preparation for the start of the school year. SHSP visited over 20 schools in the health suite approval process. SHSP continues to provide guidance to education partners including immunization education and outreach.	
<b>School-Based Oral Health Program (1 Strategic Initiative)</b>				
Senior Dental Services Program (SDSP)	DC Health will promote the oral health and welfare of District seniors aged 65 years and older through the Senior Dental Services Program (SDSP) by facilitating access to quality dental services for those who cannot afford dental care. SDSP grantees will provide comprehensive dental care for seniors, with a focus on those who are uninsured or under-insured and have not been engaged in care. The program will also support the grantee's outreach, oral health education, care coordination and navigation efforts to promote utilization of dental services.	Complete	As of September 30, 2019, COH has expended the award amount of \$375,000. Continuation of SDSP for FY20 has been requested with an initial award amount \$500,000. Sole Source SDSP with Mary's Center did not get started until September and did not have enough performance data to be evaluated, thus the Sole Source SDSP will be discontinued in FY20.	
<b>Training and Certification of EMS Providers and EMS Emergency Response Vehicles (2 Strategic initiatives)</b>				
Emergency Medical Services (EMS) Annual Report	The EMS Systems Report will provide an annual overview of the District of Columbia's EMS system to District agencies, regional agencies, and the community. This report will include an overview of aggregate EMS call information, education statistics, and inspection information for the District EMS agency, private EMS agencies, and EMS educational institutions.	Complete	Data for this report has been received and compiled. A final document has been prepared and is completing the requisite clearances to be published.	
Electronic Medical Orders for Scope of Treatment (MOST) Registry	The EMS division is working towards the development of an e-MOST registry based on the national POLST paradigm with DC Health IT, to provide a real-time and secure data base for documenting and easily accessing a patients' wishes for medical intervention.	Complete	A registry has been created using the secure RedCAP data system. It houses information about the MOST registrant and a copy of their most recent MOST form.	
<b>Vital Records (2 Strategic initiatives)</b>				
Implement online processing option for walk-in birth and death certificates	The two-year project to establish this option will allow for customer engagement prior to arriving in the DC Vital Records fulfillment center (FY 19 is year two of this initiative).	Complete	The data from the Lean Six Sigma project showed that the delays are predominantly with amendment customers, who would not be specifically aided by this enhancement. The project has been re-scoped to amendment requests that require more staff time.	

Strategic Initiative Title	Strategic Initiative Description	Completion to Date	Status Update	Explanation for Incomplete Initiative
Implement electronic mothers worksheet	This three-year project will streamline demographic data collection and minimize processing errors in birth records. FY 19 is year two of this initiative.	75-99%	The Vital Records Division completed an extensive workflow analysis project with several facilities this year to develop the requirements for the electronic mother's worksheet. This yielded invaluable feedback and buy-in from community partners. The initial development cycle will be complete in FY 2020.	This project is on schedule to be completed in FY 2020.