

Department of Health FY2021

Agency Department of Health

Agency Code HCO

Fiscal Year 2021

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 Department of Health (DC Health) 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.

2021 Accomplishments

Accomplishment	Impact on Agency	Impact on Residents
Publication of the COVID-19 Health and Healthcare Pandemic Recovery Report	This plan lays out 39 recommendations for system improvement across five sectors: Health Planning; Public Health and Healthcare Workforce; Health Information Technology; Health Care Facilities, and Community Health Services. The implementation of this plan will drive innovation and equity-focused policy and practice change over the next several years.	This plan is a summary and analysis of the lessons learned and opportunities for improvement identified during the COVID-19 response, and lays out concrete recommendations to drive better, and more equitable, population health outcomes for the residents of the District of Columbia.
COVID-19 vaccine rollout	This effort required and drove a number of systemic improvements in the DC Health Immunizations Program. These investments are being expanded to improved tracking and management of all vaccinations in the District.	As of this writing, over one million doses of COVID-19 vaccine have been delivered to residents of the District, and 72.1% of the population having received at least one dose. DC Health led a comprehensive rollout of the vaccine, considering a number of drivers of access and equity, including cost, geographic access, and outreach and messaging.
Launch of the Our Healthy DC interactive dashboard of population health data	Public health data are now updated online, and are driving greater collaboration across programs with improved visibility of high-level population metrics.	The new Our Healthy DC interactive dashboard affords greater visibility and public access to public health data in the District. It will drive greater transparency, and a more meaningful community dialogue around public health priorities.
Completed the Public Health Accreditation Board reaccreditation process	The reaccreditation site visit in August 2021 was the culmination of two years of preparation, and drove the Department to refine and document a wide array of processes. DC Health is confident it will be awarded another five years of accreditation when the final decision is received from the Public Health Accreditation Board in November 2021.	PHAB accreditation represents a national standard for public health services. Working with PHAB has driven a range of improvements in services as wide-ranging as disease surveillance, health promotion campaigns to the public, emergency preparedness, and health equity. The process has been greatly beneficial to the District.

2021 Key Performance Indicators

Measure	Frequency	FY 2019 Actual	FY 2020 Actual	FY 2021 Target	FY 2021 Quarter 1	FY 2021 Quarter 2	FY 2021 Quarter 3	FY 2021 Quarter 4	FY 2021 Actual	Was 2021 KPI Met?	Explanation For Unmet KPI
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)											
Percent of follow-up inspections of health care facilities with harm level deficiencies completed within 30 days	Quarterly	100%	100%	100%	100%	100%	100%	100%	100%	Met	
Percent of samples taken from rabies suspect animals submitted for testing within 48 hours	Quarterly	88.5%	100%	100%	100%	100%	100%	46%	64.5%	Unmet	Fifty-four samples of rabies were addressed outside of the forty-eight hour window in Q4 due to lack of staffing. However, HRLA met this requirement for 100% of rabies samples received in Q1, Q2, and Q3.
Percent of food establishment complaint inspections initiated within five (5) business days of receipt	Quarterly	98.3%	97.9%	95%	96.6%	100%	95.5%	96%	97.1%	Met	

Measure	Frequency	FY 2019 Actual	FY 2020 Actual	FY 2021 Target	FY 2021 Quarter 1	FY 2021 Quarter 2	FY 2021 Quarter 3	FY 2021 Quarter 4	FY 2021 Actual	Was 2021 KPI Met?	Explanation For Unmet KPI
Percent of Registered Controlled Substance Facilities inspected annually	Quarterly	98.8%	74.8%	100%	8.4%	24.1%	25.9%	37.8%	98.3%	Nearly Met	Pharmaceutical facility inspections were delayed during Q1 of FY21 due to the public health emergency resulting from COVID-19. Additionally, Pharmaceutical Control Division staff were assigned to support the COVID-19 vaccine planning team and non-resident pharmaceutical facility approvals. The team made significant strides to meet the performance indicators but fell short by four total facilities (2 percent).
Percent of residential healthcare providers scoring at or above the national average of 72 percent on the customer satisfaction survey	Quarterly	97.7%	100%	100%	100%	100%	100%	100%	100%	Met	
Percent of medical marijuana facilities (dispensaries and cultivation centers) receiving at least one quarterly inspection	Annually	100%	30%	95%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	No applicable incidents		
Percent of pharmaceutical facilities receiving at least one annual inspection	Annually	98.2%	67.6%	100%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	98.08%	Nearly Met	Pharmaceutical facility inspections were delayed during Q1 of FY21 due to the public health emergency resulting from COVID-19. Additionally, Pharmaceutical Control Division staff were assigned to support the COVID-19 vaccine planning team and non-resident pharmaceutical facility approvals. The team made significant strides to meet the performance indicators but fell short by five total facilities (2 percent).
Percent of rodent activity complaints inspected or baited, and closed in the 311 system within three (3) business days of receipt	Quarterly	97.9%	98.8%	100%	100%	99.6%	100%	100%	99.9%	Nearly Met	Six complaints were addressed outside of the three-day window in Q2 due to an IT issue that was identified and addressed. HRLA met the requirement for 100% of complaints received in Q1, Q3 and Q4.

Measure	Frequency	FY 2019 Actual	FY 2020 Actual	FY 2021 Target	FY 2021 Quarter 1	FY 2021 Quarter 2	FY 2021 Quarter 3	FY 2021 Quarter 4	FY 2021 Actual	Was 2021 KPI Met?	Explanation For Unmet KPI
Percent of confirmed foodborne illness cases by DC Health epidemiologists investigated within three (3) business days of notification to HRLA	Quarterly	96.9%	100%	95%	100%	No applicable incidents	50%	87.5%	85%	Unmet	A complaint assigned to one of Sanitarians was not completed within three business days. So moving forward, the Division of Food Supervisory Sanitarians will be reviewing all foodborne illnesses within two days business days to make sure that this metric is met in the future.
Percent of investigations initiated within 24 hours of receipt for complaints of abuse, neglect and mistreatment	Quarterly	100%	100%	100%	100%	100%	100%	76.9%	88.5%	Unmet	During Q3 and Q4, the Division of Health Care Facilities (HCFD) faced staffing challenges due to turnover in key positions, including the retirement of the primary investigator for these complaints. While there were a small number of investigations that were not initiated within the required 24-hour window, all complaints of abuse, neglect, and mistreatment are taken very seriously and thoroughly investigated.

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. (6 Measures)

Measure	Frequency	FY 2019 Actual	FY 2020 Actual	FY 2021 Target	FY 2021 Quarter 1	FY 2021 Quarter 2	FY 2021 Quarter 3	FY 2021 Quarter 4	FY 2021 Actual	Was 2021 KPI Met?	Explanation For Unmet KPI
Percent of Certificates of Need (CONs) reviewed on time within 90 days	Quarterly	100%	100%	100%	100%	41.7%	100%	100%	79.4%	Unmet	During the Home Health Certificate of Need ("CON") October 2020 Batch Review, there were two extensions that were granted by the State Health Planning and Development Agency that affected the seven Home Health Care Agency CON applications and resulted in an extended review period beyond 90 days. The first extension was requested by each applicant to provide additional information to supplement their CON application. The extension was granted at the Project Review Committee ("PRC") Meeting on December 10, 2020. At the subsequent PRC meeting on January 27, 2021, a second extension was requested by the PRC members in order to receive additional information from the SHPDA related to existing Home Health Care Agencies in the District. In total the CON applications were delayed approximately 60 days by request of the Applicants and the PRC Committee members. In accordance with DC Municipal Regulation 4202.10, the SHPDA issued decisions as expeditiously as possible to complete the record.
Number of CON Appeals	Quarterly	0	0	0	No data available	No data available	No data available	No data available	0	Met	
Percent of vital records walk-in requests processed within 30 minutes	Quarterly	47.3%	83.8%	92%	No data available	No data available	No data available	No data available	94.8%	Met	
Percentage of vaccine preventable disease cases with contact tracing initiated within 24 hours of receipt of line list of exposed contacts	Annually	New in 2021	New in 2021	New in 2021	Annual Measure	Annual Measure	Annual Measure	Annual Measure	100%	New in 2021	

Measure	Frequency	FY 2019 Actual	FY 2020 Actual	FY 2021 Target	FY 2021 Quarter 1	FY 2021 Quarter 2	FY 2021 Quarter 3	FY 2021 Quarter 4	FY 2021 Actual	Was 2021 KPI Met?	Explanation For Unmet KPI
Percentage of foodborne disease cases with first interview attempt within 72 hours of receipt of the case report	Annually	New in 2021	New in 2021	New in 2021	Annual Measure	Annual Measure	Annual Measure	Annual Measure	96.55%	New in 2021	
Average wait time for vital records walk-in issuance requests	Quarterly	New in 2021	New in 2021	New in 2021	5.2	4.4	3.2	18.1	8	New in 2021	
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. (20 Measures)											
Percent of eligible children enrolled in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs who receive developmental and social-emotional screenings	Quarterly	85.8%	88.6%	85%	84.9%	84.7%	89.9%	89.8%	86.1%	Met	
Percent of women enrolled in the MIECHV programs that are screened for depression	Quarterly	82.5%	88.9%	85%	87.1%	89.6%	95.5%	97.1%	93.8%	Met	
Percent of eligible perinatal program participants with a documented reproductive health plan	Quarterly	83.2%	64.3%	90%	34.2%	68.5%	83%	98.4%	98.4%	Met	Target was met for this measure. It is measured cumulatively. The year-end aggregate is 98.4%.
Total breastfeeding initiation rates among WIC enrollees	Quarterly	62.2%	68.5%	60%	71.1%	70.7%	72.1%	72.3%	71.5%	Met	
Breastfeeding initiation rates among African-American WIC enrollees	Quarterly	54.6%	62.5%	53%	65%	63.5%	66.8%	65.4%	65.1%	Met	
Percent of Health Professional Loan Repayment Program (HPLRP) participants that are practicing in priority underserved areas	Quarterly	92.2%	91.5%	90%	77.4%	81.3%	86.1%	91.7%	91.7%	Met	Correct aggregate is 33/36 (91.7%). Target met.
Percent of infants who receive an initial hearing screen at birth	Annually	97.3%	97.5%	85%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	97.45%	Met	
Percent of infants that receive a repeat screening after failing an initial hearing screening	Annually	61.4%	35.1%	75%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	46.72%	Unmet	The methodology for this indicator is being re-assessed to ensure that it captures the multiple screening requirements and reporting timeframes. The data presented may not appropriately reflect repeat screenings that have taken place due to a lag in data reporting.

Measure	Frequency	FY 2019 Actual	FY 2020 Actual	FY 2021 Target	FY 2021 Quarter 1	FY 2021 Quarter 2	FY 2021 Quarter 3	FY 2021 Quarter 4	FY 2021 Actual	Was 2021 KPI Met?	Explanation For Unmet KPI
Percent of Farmer's Market incentive benefits redeemed	Quarterly	95.8%	Not Available	93%	No applicable incidents	No applicable incidents	No data available	74.6%	74.6%	Unmet	Due to COVID-19, the program model was adjusted to enable participants to receive free produce at assigned markets as opposed to the traditional check redemption process.
Proportion of adults with hypertension who have achieved blood pressure control (seen at Million-Hearts-participating facilities)	Quarterly	65.3%	70%	70%	34.3%	50.8%	57.4%	58.4%	49%	Unmet	Quarterly blood pressure control in FY2021 has been steadily increasing but the results in Q1 were surprisingly low (34.3%) which has significantly impacted our annual result. In Q3, we started collecting telehealth visits in an attempt to capture a "more complete" picture of blood pressure control as in-person visits have been lower than normal during the COVID-19 pandemic. Accurate reasoning for slipping blood pressure control (outside of what was already mentioned above) remains unavailable at this time though COVID-19 related stressors are suspected.
Percent of families with one or more completed referrals through Help Me Grow within three months of referral	Annually	40.7%	59.8%	70%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	70.67%	Met	
Percent of students in the School Health Services program with asthma with an asthma action plan on file	Quarterly	27.9%	25.1%	40%	7.9%	3.3%	7.9%	4.3%	5.9%	Unmet	The target percentage of students with asthma that have an action plan on file in the school health suite was not met this fiscal year. This may be attributed to the current impact of COVID-19 and the general decreases seen in submitted student health forms. Additionally, many school nurses were not inside of school health suites as the majority of schools remained in a virtual or hybrid learning posture during FY 21.

Measure	Frequency	FY 2019 Actual	FY 2020 Actual	FY 2021 Target	FY 2021 Quarter 1	FY 2021 Quarter 2	FY 2021 Quarter 3	FY 2021 Quarter 4	FY 2021 Actual	Was 2021 KPI Met?	Explanation For Unmet KPI
Percent of kindergarten-enrolled children with up-to-date immunizations	Quarterly	New in 2020	79.5%	80%	19.6%	83.1%	86.1%	77.4%	77.4%	Nearly Met	As can be noted, compliance was very low in Q1 of FY21-- this was likely a result of the COVID-19 pandemic (decreased care utilization, no in-person school, thus families may have felt it less imperative that their child be up to date on immunizations). However, as school began shifting to in-person attendance and in preparation for full re-opening this year, immunization compliance among Kindergarten students increased. Goal was exceeded for Q2 and Q3. Q4 includes the start of the school year, an increased demand for well child visits (including immunizations), and shifts in student enrollment and challenges around record-matching. Thus, we expect a dip in compliance for Q4. Our team is working to expand our capacity and efforts to engage providers delivering immunizations (including VFC providers), school partners, and community members in order to support immunization compliance for school age children.
Percentage increase in preventive care visits among health centers supported by Primary Care Office grants	Annually	New in 2020	5.1%	5%	No data available	No data available	Annual Measure	Annual Measure	0%	Unmet	As a result of the COVID-19 pandemic, health centers increased virtual care options and the capacity for in-person primary care services decreased. This also resulted in an overall decrease in utilization of preventive care services.
Percent of Youth Advisory Council participants who report an increase in knowledge and skills gained from participation	Quarterly	New in 2020	20%	40%	86.6%	74.1%	86.6%	82.1%	82.1%	Met	

Measure	Frequency	FY 2019 Actual	FY 2020 Actual	FY 2021 Target	FY 2021 Quarter 1	FY 2021 Quarter 2	FY 2021 Quarter 3	FY 2021 Quarter 4	FY 2021 Actual	Was 2021 KPI Met?	Explanation For Unmet KPI
Percent of providers reporting immunization data electronically into the immunization registry (DOCIS)	Quarterly	New in 2020	45.3%	40%	95.2%	95.2%	94.4%	95.5%	95.5%	Met	
Percent of participants enrolled in school-based food markets reporting food security	Annually	68.8%	45.4%	70%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	47.69%	Unmet	Due to COVID-19 and resulting school closures and hybrid schedules, the program model shifted to support markets in various locations across the city and had less emphasis conducting survey assessments among students.
Percent of Oral Health Program participants linked to a dental home	Annually	New in 2020	7.1%	50%	No data available	Annual Measure	Annual Measure	Annual Measure	No applicable incidents		
Percent of WIC FMNP Benefits Redeemed	Annually	New in 2020	Waiting on Data	47%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	21.01%	Unmet	Due to COVID-19, participants faced additional barriers to visit farmers markets and redeem FMNP benefits. Many participants cited lack of childcare and transportation as barriers. Additional food assistance opportunities for participants may have impacted redemption.
Percent of Senior FMNP Benefits Redeemed	Annually	New in 2020	Waiting on Data	47%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	62.68%	Met	
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)											
For patients with newly diagnosed TB disease for whom 12 months or less of treatment is indicated, the proportion who complete treatment within 12 months	Semi-Annually	100%	96%	90%	Semi-Annual Measure	92.9	Semi-Annual Measure	84.6	88.9%	Nearly Met	The two individuals that have not yet completed are both are still in treatment and expected to complete. One had a treatment delay due to substance use, the other due to adverse effect of medication.
Percent of Ryan White clients living in the District that are prescribed Anti-Retroviral Therapy	Annually	93.1%	94.1%	90%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	92.23%	Met	
Percent of diagnosed HIV positive individuals retained in care that are virally suppressed	Annually	87.5%	88.7%	85%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	87.26%	Met	

Measure	Frequency	FY 2019 Actual	FY 2020 Actual	FY 2021 Target	FY 2021 Quarter 1	FY 2021 Quarter 2	FY 2021 Quarter 3	FY 2021 Quarter 4	FY 2021 Actual	Was 2021 KPI Met?	Explanation For Unmet KPI
Percentage of individuals diagnosed with HIV confirmed to be out-of-care that are re-engaged within 90 days of successful case contact	Annually	11.9%	16.7%	10%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	7.14%	Unmet	Routine D2C activities were suspended for the majority of the fiscal year due to COVID response and detailing of key staff to the COVID response. These numbers are expected to improve next year now that we are back at full capacity and have resumed contact with providers and home visits.
Percent of DOH-supported HIV tests conducted with focus populations	Quarterly	69.5%	53.7%	15%	64.8%	64.5%	59.1%	67.2%	64.3%	Met	
Percent of clients with a positive Hepatitis C test enrolling in treatment	Annually	31.2%	No Applicable Incidents	40%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	No data available		
Percent of new HIV cases linked to care within 3 months of diagnosis	Annually	88.1%	95.6%	90%	No data available	No data available	No data available	No data available	No data available		
Proportion of gonorrhea cases with appropriate treatment confirmed among clients seen at the Health and Wellness Center with at least 15 days elapsed from diagnosis date	Quarterly	96.9%	97.6%	90%	99.2%	98.6%	97.8%	99.2%	98.7%	Met	
Percentage of individuals prescribed PrEP at the DC Health & Wellness Center who are members of the demographic groups disproportionately impacted by HIV (e.g., Black Women, men who have sex with men, Transgender Women of Color)	Quarterly	96.3%	97.1%	65%	91.4%	90%	88.1%	85.2%	88.5%	Met	
Percent of AIDS Drug Assistance Program (ADAP) beneficiaries who are currently virally suppressed	Quarterly	84.8%	89.6%	85%	93.5%	94.5%	93.9%	95.6%	94.4%	Met	
Percent of successful opioid overdose reversals	Quarterly	New in 2021	New in 2021	New in 2021	76.2%	100%	100%	97.4%	84.8%	New in 2021	
Percentage of new HIV cases linked to care within 30 days of diagnosis	Annually	New in 2021	New in 2021	New in 2021	Annual Measure	Annual Measure	Annual Measure	Annual Measure	87.71%	New in 2021	
Percentage of new HIV cases achieving viral suppression within 90 days of diagnosis	Annually	New in 2021	New in 2021	New in 2021	Annual Measure	Annual Measure	Annual Measure	Annual Measure	57.54%	New in 2021	
<p>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. (13 Measures)</p>											

Measure	Frequency	FY 2019 Actual	FY 2020 Actual	FY 2021 Target	FY 2021 Quarter 1	FY 2021 Quarter 2	FY 2021 Quarter 3	FY 2021 Quarter 4	FY 2021 Actual	Was 2021 KPI Met?	Explanation For Unmet KPI
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	36.6%	35%	60%	35.6%	35.6%	35.6%	35.6%	35.6%	Unmet	All of our efforts and time have continued to be geared towards vaccine and testing operations to date. The training position within HEPRA was also vacant throughout quarter 4. We anticipate posting the training position in quarter 1 of the new fiscal year so that we can have a dedicated team member to focus on training needs and so that we can better address key performance indicators in quarter 1.
Percent of HEPRA personnel completing the prescribed ICS Training Series, including POD training and participation in at least one exercise, special event or real incident	Quarterly	40.7%	37.5%	100%	33.3%	30%	34.8%	29.6%	31.9%	Unmet	All of our efforts and time have continued to be geared towards vaccine and testing operations to date. The training position within HEPRA was also vacant throughout quarter 4. We anticipate posting the training position in quarter 1 of the new fiscal year so that we can have a dedicated team member to focus on training needs and so that we can better address key performance indicators in quarter 1.
Percent of Open PODs that can open for set up within 2 hours of notification to activate	Quarterly	100%	100%	100%	100%	100%	100%	100%	100%	Met	
Percent of Closed PODs that can open for set up within two hours of notification to activate	Quarterly	75%	27.2%	100%	25%	40.4%	40.8%	42.6%	42.6%	Unmet	HEPRA has continued to grow the number of closed POD partners meeting all program requirements. Interest in the program remains strong across healthcare, government and utility providers however technical assistance available to new partners has been limited due to COVID-19 response operations. HEPRA continues ongoing dialogue with new partners and will continue to onboard organizations able to meet program requirements.

Measure	Frequency	FY 2019 Actual	FY 2020 Actual	FY 2021 Target	FY 2021 Quarter 1	FY 2021 Quarter 2	FY 2021 Quarter 3	FY 2021 Quarter 4	FY 2021 Actual	Was 2021 KPI Met?	Explanation For Unmet KPI
Percent of EMS agency inspections with passing determinations	Quarterly	95.2%	93.3%	75%	No applicable incidents	No applicable incidents	No applicable incidents	No applicable incidents	No applicable incidents		
Percent of EMS Emergency Response vehicles with an initial passing inspection	Quarterly	92.3%	92.5%	85%	100%	98.3%	95.4%	98.6%	97.9%	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	91.8%	No Applicable Incidents	100%	No applicable incidents	No applicable incidents	No applicable incidents	No applicable incidents	No applicable incidents		
Percent of District hospitals, skilled nursing facilities, and clinics that participate in at least two (2) HMC sponsored trainings and workshops annually	Quarterly	15.6%	82.2%	50%	0%	0%	0%	18.9%	18.9%	Unmet	The response to the novel Coronavirus (COVID-19) pandemic continues to impact operations of District hospitals, skilled nursing facilities and clinics. Due to competing priorities, logistical/staffing constraints, continuity of operations procedures at healthcare facilities this target was not met.
Percent of District hospitals that reported requested Essential Elements of Information (EEI) to the HMC within the timeframe as stated in the HMC Response Plan	Quarterly	43.9%	82.5%	50%	100%	100%	100%	84.6%	96.2%	Met	
Percent of closed POD partners meeting all program requirements	Semi-Annually	New in 2020	36.6%	100%	No data available	34	Semi-Annual Measure	42.6	38.3%	Unmet	Program partners who have completed all program requirements are able to open within 2-hours of notice to activate as demonstrated by plans, points of contact and other operational information submitted. HEPRA continues ongoing dialogue with new partners and will continue to onboard organizations able to meet program requirements, including the 2 hour activation requirement.

Measure	Frequency	FY 2019 Actual	FY 2020 Actual	FY 2021 Target	FY 2021 Quarter 1	FY 2021 Quarter 2	FY 2021 Quarter 3	FY 2021 Quarter 4	FY 2021 Actual	Was 2021 KPI Met?	Explanation For Unmet KPI
Percent of Medical Reserve Corps (MRC) volunteers that acknowledge a notification to activate/drill message within 2 hours	Quarterly	100%	39.8%	75%	31.9%	11.7%	54.6%	10%	20.8%	Unmet	Historically volunteer numbers vary greatly. Over the past 4 quarters the number of MRC volunteers has fluctuated due to the COVID-19 pandemic. During the height of the pandemic, thousands of volunteers were recruited to assist DC Health/HEPRA with COVID-19 testing and vaccine operations. After the initial 18 months, volunteer numbers dropped off significantly therefore dropping the number of volunteers that were responding to notification requests. The numbers increased once again but the low number of responses remained the same.
Percent of Health Alert Network (HAN) alert recipients who acknowledge receipt after the first alert attempt	Quarterly	New in 2020	56.4%	90%	31.9%	No applicable incidents	No applicable incidents	No applicable incidents	31.9%	Unmet	Use of the Health Alert Network was re-evaluated after Q1 in light of the ongoing health emergency activation, and no additional alerts were issued for the remainder of the fiscal year. In FY 22, HEPRA will develop a revised and clarified policy for the use of HAN alerts moving forward, in particular, once the public health emergency concludes.
Percent of District hospitals, skilled nursing facilities and clinics that complete the HMC Membership requirements as outlined in the HMC Preparedness Plan	Annually	New in 2021	New in 2021	New in 2021	Annual Measure	Annual Measure	Annual Measure	Annual Measure	No applicable incidents	New in 2021	

7 - Create and maintain a highly efficient, transparent, and responsive District government. (8 Measures)

Percent of MSS employees who complete the required MSS training curriculum	Annually	80.3%	91.1%	80%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	88.98%	Met	
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Measure	Frequency	FY 2019 Actual	FY 2020 Actual	FY 2021 Target	FY 2021 Quarter 1	FY 2021 Quarter 2	FY 2021 Quarter 3	FY 2021 Quarter 4	FY 2021 Actual	Was 2021 KPI Met?	Explanation For Unmet KPI
Percent of lapsed dollar amounts on federal awards	Annually	9.2%	11%	3%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	16.87%	Unmet	This is a projected lapse rate based on data available through 12/6/21. There were significant service disruptions due to COVID-19 emergency for part of FY 21, but with some programs getting back-on-track (i.e. spending, hiring and delivering services). Contributing to lapse were: PS savings due to vacancies and challenges with hiring, subgrantee and contractual underspending, and delays in obtaining contracts.
Percent of eligible employee reviews completed on time	Annually	100%	100%	100%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	91.18%	Nearly Met	The improvements DC Health has seen on this metric in recent years, improving from 38% timely completion in FY 15 to 100% timely completion in FY 19 and FY 20, was achieved through DC Health HR providing extensive hands-on technical assistance with managers and daily monitoring of evaluation completion during the window for completing timely evaluations. Working in a largely telework posture made these efforts somewhat more difficult, and a small reduction in timely evaluations was the result. DC Health HR is already engaging managers to ensure that FY 21 performance evaluations are completed on-time, though a significant turnover in MSS staff creates an additional challenge this year.
Percent of required attendees completing trainings mandated by EOM, DCHR, or the DOH Director	Annually	No Applicable Incidents	100%	70%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	81.14%	Met	

Measure	Frequency	FY 2019 Actual	FY 2020 Actual	FY 2021 Target	FY 2021 Quarter 1	FY 2021 Quarter 2	FY 2021 Quarter 3	FY 2021 Quarter 4	FY 2021 Actual	Was 2021 KPI Met?	Explanation For Unmet KPI
Percent of new subgrants with approved risk-based monitoring plans within 30 days of award	Quarterly	49.5%	60.3%	75%	87.8%	95.5%	82.4%	21.7%	80.3%	Met	
Percent of completed interim subgrant budget periods with performance ratings completed and submitted within 45 days	Quarterly	71.5%	62.1%	60%	48.2%	98.1%	95%	95.8%	70.6%	Met	
Average days to hire new employees	Semi-Annually	112	64	90	Semi-Annual Measure	85	Semi-Annual Measure	79	82	Met	Target was met in both the Q1-2 split and Q3-4 split.
Percent of targeted visits completed by monitors per the most recent version of the risk-based monitoring plan	Quarterly	72.2%	11.2%	60%	No applicable incidents	No applicable incidents	No applicable incidents	65%	65%	Met	

2021 Workload Measures

Measure	FY 2019 Actual	FY 2020 Actual	FY 2021 Quarter 1	FY 2021 Quarter 2	FY 2021 Quarter 3	FY 2021 Quarter 4	FY 2021 Actual
1 - Animal Services Program (ASP) (2 Measures)							
Number of calls responded to by Animal Control Officers	17,725	18,145	Annual Measure	Annual Measure	Annual Measure	Annual Measure	18,689
Number of dog licenses processed	3948	1026	Annual Measure	Annual Measure	Annual Measure	Annual Measure	2560
1 - Compliance, Quality Assurance and Investigation (2 Measures)							
Number of Intermediate Care and Nursing Home-related incidents received	12,758	273	Annual Measure	Annual Measure	Annual Measure	Annual Measure	194
Number of investigations performed	1725	1310	Annual Measure	Annual Measure	Annual Measure	Annual Measure	355
1 - Criminal Background Check Program (2 Measures)							
Number of Criminal Background Checks processed for health professionals	11,019	13,240	Annual Measure	Annual Measure	Annual Measure	Annual Measure	14,476
Number of Criminal Background Checks processed for non-health professionals	7659	4956	Annual Measure	Annual Measure	Annual Measure	Annual Measure	5449
1 - Food Safety and Hygiene Inspection Services Division (FSHISD) (1 Measure)							
Number of new and routine food establishments inspected	3076	5016	Annual Measure	Annual Measure	Annual Measure	Annual Measure	3418
1 - Health Care Facilities Division (1 Measure)							
Number of inspections completed by the Health Care Facilities Division	145	203	Annual Measure	Annual Measure	Annual Measure	Annual Measure	126
1 - Health Professional Licensing (2 Measures)							
Number of new health professional licenses issued	10,579	10,762	Annual Measure	Annual Measure	Annual Measure	Annual Measure	13,549
Number of walk-in customers to Processing Center	33,514	10,898	Annual Measure	Annual Measure	Annual Measure	Annual Measure	3060
1 - Intermediate Care Facilities Division (ICFD) (1 Measure)							
Number of inspections completed by the Intermediate Care Facilities Division	345	244	Annual Measure	Annual Measure	Annual Measure	Annual Measure	237
1 - Pharmaceutical Control Division (PCD) (2 Measures)							
Number of pharmacies inspected	171	163	Annual Measure	Annual Measure	Annual Measure	Annual Measure	167

Measure	FY 2019 Actual	FY 2020 Actual	FY 2021 Quarter 1	FY 2021 Quarter 2	FY 2021 Quarter 3	FY 2021 Quarter 4	FY 2021 Actual
Number of Registered Controlled Substance Facilities inspected	248	187	Annual Measure	Annual Measure	Annual Measure	Annual Measure	234
3 - Behavioral Risk Factor Surveillance System (BRFSS) (1 Measure)							
Number of BRFSS surveys administered	600	1436	Annual Measure	Annual Measure	Annual Measure	Annual Measure	2043
3 - Certificate of Need (CON) Program (1 Measure)							
Number of Certificate of Need application decisions	33	18	Annual Measure	Annual Measure	Annual Measure	Annual Measure	34
3 - Vital Records (1 Measure)							
Number of walk-in customers to the Vital Records Office	41,016	20,608	Annual Measure	Annual Measure	Annual Measure	Annual Measure	10,721
4 - Cancer Programs Division (5 Measures)							
Number of breast screening and diagnostic procedures performed	940	963	Annual Measure	Annual Measure	Annual Measure	Annual Measure	868
Number of cervical screening and diagnostic procedures performed	8	1	Annual Measure	Annual Measure	Annual Measure	Annual Measure	0
Number of women provided with navigation services for breast cancer screening, diagnosis and treatment	New in 2020	61	Annual Measure	Annual Measure	Annual Measure	Annual Measure	110
Number of people provided with navigation services for colorectal cancer screening, diagnosis and treatment	New in 2020	Waiting on Data	Annual Measure	Annual Measure	Annual Measure	Annual Measure	100
Number of persons identified as cancer survivors and care givers who have attended a disease management course	New in 2020	28	Annual Measure	Annual Measure	Annual Measure	Annual Measure	1
4 - Chronic Disease Division (3 Measures)							
Number of healthcare systems reporting clinical quality measures related to high blood pressure and diabetes	9	Waiting on Data	Annual Measure	Annual Measure	Annual Measure	Annual Measure	11
Number of residents enrolled in chronic disease self-management trainings	5665	Waiting on Data	Annual Measure	Annual Measure	Annual Measure	Annual Measure	142
Number of residents at risk for diabetes participating in the Diabetes Prevention Program	295	Waiting on Data	Annual Measure	Annual Measure	Annual Measure	Annual Measure	678
4 - Evidence-Based Home Visiting Program (2 Measures)							
Number of families participating in evidence-based home visiting programs	259	309	Annual Measure	Annual Measure	Annual Measure	Annual Measure	360
Number of resource referrals made through the evidence-based Home Visiting Program	491	539	Annual Measure	Annual Measure	Annual Measure	Annual Measure	705
4 - Farmers' Market Nutrition Program (FMNP) (3 Measures)							
Number of District residents receiving meals from the Home Delivered Meals program	350	407	Annual Measure	Annual Measure	Annual Measure	Annual Measure	389
Number of District seniors receiving supplemental groceries from and Commodities and Supplemental Food Program (CSFP)	New in 2020	5407	Annual Measure	Annual Measure	Annual Measure	Annual Measure	5411
Number of District residents receiving supplemental groceries from School-Based Food Markets	New in 2020	7566	Annual Measure	Annual Measure	Annual Measure	Annual Measure	7020
4 - Health Professional Loan Repayment Program (HPLRP) (1 Measure)							
Number of certified HPLRP sites	30	Waiting on Data	Annual Measure	Annual Measure	Annual Measure	Annual Measure	55
4 - Help Me Grow (HMG) (2 Measures)							
Number of completed resource referrals provided through the Help Me Grow Program	156	183	Annual Measure	Annual Measure	Annual Measure	Annual Measure	254
Number of families/providers calls/referrals to Help Me Grow	New in 2020	192	No data available	No data available	Annual Measure	Annual Measure	213
4 - Home Delivered Meals (1 Measure)							
Number of District residents receiving farmer's market incentive benefits from DC Health-administered programs	21,533	22,796	Annual Measure	Annual Measure	Annual Measure	Annual Measure	20,711
4 - Immunization Program (1 Measure)							
Number of site visits to provide technical assistance to Vaccines for Children (VFC) providers	New in 2020	46	No data available	No data available	Annual Measure	Annual Measure	68

Measure	FY 2019 Actual	FY 2020 Actual	FY 2021 Quarter 1	FY 2021 Quarter 2	FY 2021 Quarter 3	FY 2021 Quarter 4	FY 2021 Actual
4 - Newborn Screening Program (1 Measure)							
Number of infants receiving a hearing screening in their first month of life	13,042	12,510	Annual Measure	Annual Measure	Annual Measure	Annual Measure	11,577
4 - Perinatal Health Program (1 Measure)							
Number of participants receiving services though DC Healthy Start	1561	107	Annual Measure	Annual Measure	Annual Measure	Annual Measure	460
4 - Primary Care Office (PCO) Grant Programs (1 Measure)							
Number of health care professionals participating in workforce development activities supported by Primary Care Office	New in 2020	Waiting on Data	No data available	No data available	Annual Measure	Annual Measure	0
4 - Produce Plus Program (2 Measures)							
Number of Farmers Markets vendors accepting Produce Plus benefits	54	53	Annual Measure	Annual Measure	Annual Measure	Annual Measure	57
Number of residents redeeming Produce Plus and Produce Prescription at Farmers' Market checks	8028	4000	Annual Measure	Annual Measure	Annual Measure	Annual Measure	3719
4 - School Health Programs (2 Measures)							
Number of students enrolled in a school based health center	2128	2095	Annual Measure	Annual Measure	Annual Measure	Annual Measure	1760
Number of students served by the School Health Services Program	79,709	81,422	Annual Measure	Annual Measure	Annual Measure	Annual Measure	82,199
4 - School-Based Oral Health Program (1 Measure)							
Number of Oral Health Program participants who received a dental screening	2515	Waiting on Data	Annual Measure	Annual Measure	Annual Measure	Annual Measure	540
4 - Special Supplemental Nutrition Program for Women, Infants and Children (WIC) (1 Measure)							
Number of Supplemental Nutrition Program for Women, Infants, Children (WIC) participants	11,802	21,764	Annual Measure	Annual Measure	Annual Measure	Annual Measure	21,781
4 - The Safe Sleep Program (2 Measures)							
Number of parents/caregivers educated on infant safe sleep practices	1560	1039	Annual Measure	Annual Measure	Annual Measure	Annual Measure	743
Number of portable cribs distributed	900	947	Annual Measure	Annual Measure	Annual Measure	Annual Measure	723
4 - Tobacco Control Program (1 Measure)							
Number of calls to the DC Tobacco Quitline	3181	3121	Annual Measure	Annual Measure	Annual Measure	Annual Measure	3640
5 - AIDS Drug Assistance (3 Measures)							
Number of DC ADAP clients served	827	362	Annual Measure	Annual Measure	Annual Measure	Annual Measure	733
Number of clients with DC ADAP and Alliance receiving pharmaceutical services through the pharmaceutical procurement and distribution program	517	413	Annual Measure	Annual Measure	Annual Measure	Annual Measure	No data available
Number of publicly-supported HIV medication prescriptions refilled	9060	2024	Annual Measure	Annual Measure	Annual Measure	Annual Measure	No data available
5 - Condom Distribution (3 Measures)							
Number of clients with viral load served through treatment adherence activities	762	581	Annual Measure	Annual Measure	Annual Measure	Annual Measure	No data available
Number of condoms (female and male) distributed by DC Health Condom Program	4,551,300	4,043,000	Annual Measure	Annual Measure	Annual Measure	Annual Measure	2,439,900
Number of youth (15-19 years) screened for CT and GC through HAHSTA-supported programs	1840	1038	Annual Measure	Annual Measure	Annual Measure	Annual Measure	653
5 - DC Needle Exchange Program (DC NEX) (1 Measure)							
Number of needles off the streets through DC NEX Program	470,040	522,653	Annual Measure	Annual Measure	Annual Measure	Annual Measure	584,372
6 - Healthcare Coalition Development (5 Measures)							
Number of Health Action Network (HAN) Alerts generated	18	723	Annual Measure	Annual Measure	Annual Measure	Annual Measure	0

Measure	FY 2019 Actual	FY 2020 Actual	FY 2021 Quarter 1	FY 2021 Quarter 2	FY 2021 Quarter 3	FY 2021 Quarter 4	FY 2021 Actual
Number of Radio Drills conducted	15	8	Annual Measure	Annual Measure	Annual Measure	Annual Measure	39
Number of Health and Medical Coalition (HMC) Meetings held	35	33	Annual Measure	Annual Measure	Annual Measure	Annual Measure	81
Number of HMC facilities participating in exercises and special events involving HMC Coordination	New in 2020	115	Annual Measure	Annual Measure	Annual Measure	Annual Measure	115
Number of HMC-sponsored trainings and workshops	New in 2020	10	Annual Measure	Annual Measure	Annual Measure	Annual Measure	5
6 - Medical Materiel Management and Distribution (2 Measures)							
Number of emergency preparedness-related trainings and exercises coordinated by HEPRA	New in 2020	13	0	0	0	0	0
Number of DC Health personnel trained for POD operations	New in 2020	264	Annual Measure	Annual Measure	Annual Measure	Annual Measure	40
6 - Special Events Permitting (5 Measures)							
Number of special event health, medical and safety plans for DCRA permit applications requiring DC Health review	159	40	Annual Measure	Annual Measure	Annual Measure	Annual Measure	12
Number of HECC Activations	3	2	Annual Measure	Annual Measure	Annual Measure	Annual Measure	2
Number of MRC activations	New in 2020	3	Annual Measure	Annual Measure	Annual Measure	Annual Measure	85
Total number of MRC volunteer hours	New in 2020	35,344	Annual Measure	Annual Measure	Annual Measure	Annual Measure	40,850
Number of MRC personnel activated in response to an incident or planned event	New in 2020	723	Annual Measure	Annual Measure	Annual Measure	Annual Measure	2650
6 - Training and Certification of EMS Providers and EMS Emergency Response Vehicles (2 Measures)							
Number of new EMT certifications by DC Health	559	220	Annual Measure	Annual Measure	Annual Measure	Annual Measure	347
Number of emergency vehicle inspections conducted	586	214	Annual Measure	Annual Measure	Annual Measure	Annual Measure	683

2021 Operations

Operations Title	Operations Description	Type of Operations
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. (13 Activities)		
Food Safety and Hygiene Inspection Services Division (FSHISD)	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
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
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
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 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 Licensing	Receive, process, and review for compliance with District and Federal regulatory compliance license applications for over seventy different healthcare professions.	Daily Service

Operations Title	Operations Description	Type of Operations
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
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
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
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 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
Division of Food	Food Safety Division inspects food establishments (e.g. restaurants, food trucks, etc.) to prevent the spread of food-borne illness.	Daily Service
Division of Community Hygiene	Community Hygiene Division inspects public pools, barbershops and beauty salons for cleanliness.	Daily Service
2 - Office of Health Equity (OHE). 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)		
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
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 & 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
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. (10 Activities)		
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
Vital Records	Vital Records is responsible for collecting, preserving and administering the District's system of birth, death and domestic partnership records.	Daily Service
Behavioral Risk Factor Surveillance System (BRFSS)	CPPE/BRFSS conducts an estimated 250 health surveys monthly to District residents aged 18 years of age and older in all eight wards of the city.	Daily Service
Data Management and Analysis Division (DMAD)	The Data Management and Analysis Division is responsible for the collection, analysis, and maintenance of statistical data for human service delivery program components of the Department of Health.	Daily Service
Institutional Review Board	DMAD has oversight of the Institutional Review Board for Public Health, which is an administrative body established to protect the rights and welfare of human research subject recruited to participate in research activities or data collected on human subjects in the DC Department of Health.	Daily Service
Occupational Safety and Health Statistics Program (OSHS)	Occupational Safety and Health Statistics Program (OSHS), DC Department of Health collaborates with the US Department of Labor, Bureau of Labor Statistics to serve as the premier source of information on the safety and health of the District of Columbia workers.	Daily Service
Healthy People	Healthy People serves as the city's shared agenda and Community Health Improvement Plan, which collaboratively sets goals and objectives and monitors progress toward 2020 targets for important population health outcomes. There are continuous opportunities for residents and partners to get involved in the process and the development of the DC Healthy People 2030 goals and objectives by joining Our Healthy DC at OurHealthyDC.org, an online tool where you can help guide the conversation.	Daily Service
Research, Measurement and Evaluation (REM)/Division of Epidemiology--Disease Surveillance and Investigation	The Disease Surveillance and Investigation Unit is responsible for the surveillance, investigation and control of reportable diseases within the District of Columbia, with the exception of sexually transmitted illnesses, hepatitis, HIV/AIDS, and Tuberculosis. The program collects, analyzes, interprets, disseminates data, and provides expertise and information on disease management.	Daily Service

Operations Title	Operations Description	Type of Operations
National Violent Death Reporting System (NVDRS)	CPPE administers the National Violent Death Reporting System (NVDRS) for the District of Columbia. NVDRS is a surveillance system initiated by the Centers for Disease Control for collecting data regarding violent deaths in the United States. The initiative involves collaboration between state agencies and local police, coroners, and medical examiners, with the goal of creating a more complete and up-to-date database of violent deaths and their circumstances in the United States. NVDRS is the only state-based surveillance (reporting) system that pools more than 600 unique data elements from multiple sources into a usable, anonymous database.	Daily Service
Firearm Injury Surveillance through Emergency Rooms (FASTER)	CPPE administers the Firearm Injury Surveillance through Emergency Rooms (FASTER) program in the District of Columbia. The goal of this CDC program is to improve the timeliness of surveillance of ED visits for nonfatal firearm injuries. Collaboration includes sharing data in order to improve syndrome definitions, data collection methods, analysis of surveillance data, and presentation and dissemination of findings. Additionally, this collaboration will result in tools and methods that can be used by state and local health departments across the nation to rapidly track and respond to firearm injuries.	Daily Service
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. (28 Activities)		
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
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
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
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
Evidence-Based 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
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
Newborn Screening 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
Sexual Violence Prevention Program	Implement and evaluate sexual violence prevention programs, practices, and policies within the District of Columbia. This includes increasing the use of partnerships to implement relationships/community-level strategies and improve coordination of sexual violence prevention efforts.	Daily Service
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
Perinatal Health Program	This program seeks to improve women's health, promote clinical quality and patient safety, and achieve collective impact.	Daily Service
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
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
Teen Pregnancy Prevention (TPP)	This program is designed to prevent teen pregnancy and improve adolescent health outcomes, as well as to achieve the purposes of the Temporary Assistance for Needy Families program. Grantees implement evidence-based or evidence-informed teen pregnancy prevention initiatives.	Daily Service
Youth Advisory Council	Program promotes positive youth development, working with young leaders to enhance critical thinking skills and apply skills to planning and implementing projects to improve their community.	Daily Service
Cancer Programs Division	The Cancer Programs Division encompasses three programs (Project WISH, Comprehensive Cancer Control, and Colorectal Screening) engaged in reducing the District's cancer burden.	Daily Service
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
Home Delivered Meals	This program involves the administration of a home delivered meals program to homebound residents of all ages living with a chronic disease. Services include: meals tailored to meet dietary and cultural needs and medical nutrition therapy and referrals.	Daily Service
Pop-Up Markets in Elementary Schools	Program administers pop-up food markets in all elementary schools in Wards 7 and 8. Families participate in choice pantry style market, food demonstrations and nutrition education and are eligible for 23 pounds of food per student enrolled in the participating school. Program addresses food access, food literacy and community engagement.	Daily Service

Operations Title	Operations Description	Type of Operations
Supplemental Nutrition Assistance Program, Education and Obesity Grant (SNAP-Ed)	Program provides health and wellness education; policy, systems, and environmental change strategies; and SNAP referrals to eligible District residents. Eligibility for program services includes SNAP certification and participating in activities where at least 50 percent of the audience is SNAP eligible.	Daily Service
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
Produce Plus Program	Program increases resident access to affordable, nutritious, locally sourced produce. The program offers vouchers to eligible low-income residents. Vouchers can be used to purchase fresh produce at any of the authorized farmers' markets between June and October.	Daily Service
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
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
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	Program provides no-cost nutrition assessments, breastfeeding support and healthful foods to promote healthy pregnancies and growth in children during the first five years of life.	Daily Service
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
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
Senior Farmers' Market Nutrition Program (SFMNP)	Healthful food access programs that assists income stressed seniors in purchasing locally sourced fruits and vegetables. Seniors aged 60 years and older receive health and wellness education along with the food benefit, June through October.	Daily Service
Commodity Supplemental Food Program	This program provides a monthly food package, nutrition and wellness education, and opportunities for social engagement to seniors 60 years and older living in the District.	Daily Service
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. (22 Activities)		
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
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
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
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
Narcan Distribution	Naloxone is an opioid antagonist that was developed in the 1960s. It binds 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
HIV Testing	The District of Columbia makes HIV testing widely available in clinical and non-clinical settings through both point of care and conventional test. DC Health funded partners are encouraged to offer testing to focus populations to increase awareness of HIV status.	Daily Service
Hepatitis	The District of Columbia collaborates with a range of community-based organizations, as well as governmental and non-governmental stakeholders to increase hepatitis awareness through screening, vaccinations and access to treatment options.	Daily Service
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HIV Program Monitoring	The Ryan White HIV/AIDS Program provides fiscal and programmatic compliance monitoring and oversight to sub-recipient organizations that are funded to deliver primary medical care, treatment, and essential support services to people with HIV and their families in the Washington Eligible Metropolitan Area.	Daily Service

Operations Title	Operations Description	Type of Operations
Quality Improvement	The Quality Management Program supports a network of high quality, equitable care for consumers of HIV services in DC and the metro area through data driven decision making addressing social determinants of health through process improvement and evidence based clinical interventions.	Daily Service
Case Investigation	The Strategic Information Division investigates newly reported HIV and STD cases through contact with diagnosing providers and facilities; abstraction of physical and electronic medical records; and routine interstate case review processes. Information ascertained through case investigations facilitates the initiation of services provided by Disease Intervention Specialist (DIS) and provides the foundation for analytic activities.	Daily Service
Data Collection, Processing, Management, & Reporting	The Strategic Information Division promotes provider and laboratory compliance with local HIV, STD, Hepatitis, & TB infection reporting regulations through targeted community outreach, educational, and technical assistance activities. Provides oversight in the development and modification of data collection and management software applications utilized for disease surveillance activities. Aids in the implementation and expansion of electronic laboratory reporting. Inputs information from provider case report forms and laboratory records into data management systems through both manual and electronic processes. Monitors the timeliness, completeness, and quality of surveillance data. Ensures the timely reporting of local surveillance data to federal partners.	Daily Service
Data to Action	The Strategic Information Division utilizes disease surveillance data to identify individuals living with HIV in the District that have evidence of potential gaps in the receipt of appropriate care and treatment and/or individuals that are part of growing molecular HIV clusters. Identified individuals are targeted for outreach, prevention, and reengagement services through primary health care providers and disease intervention specialist (DIS).	Daily Service
Data Analysis & Dissemination	The Strategic Information Division conducts routine analysis of disease surveillance data to monitor population-level patterns and trends in the occurrence, treatment, and outcomes of the infections addressed by the administration. Information ascertained from such analyses is presented in the Annual Surveillance and Epidemiology Report; as well as targeted fact facts, infographics, presentations, and manuscripts. Presented information is utilized to inform local disease control and prevention programmatic and policy initiatives.	Daily Service
Grants Management	Provides fiscal and administrative monitoring of District and federally appropriated funds. The Grants Management team provides fiscal monitoring of over 130 grants and sub-grants to more than 50 providers, ensuring that grant funds are expended in accordance with federal and local grant regulations, conducting site visits, providing technical assistance to grantees and sub-grantees, and providing continued analysis of grant spending to program counterparts.	Daily Service
Capacity Building	Ensure that the community and our partnering organizations have access to relevant trainings and technical assistance through the Effi Barry Training Institute and other community initiatives.	Daily Service
Housing	Understanding the complex nature of the Washington Regional Metropolitan Statistical Area, this division addresses the housing needs of those residents in the region who are who are living with HIV through our Housing Opportunities for Persons living With HIV/AIDS.	Daily Service
Community Partnerships	Ensure that all voices of the community are heard in the development of programs and initiatives. We convene several community advisory boards such as the Washington DC Regional Planning Commission on Health and HIV, the Places of Worship Advisory Board, and the IMPACT DMV Regional Coalition, these are important mechanisms to ensure community input. Additionally, CBHCP is committed to building stronger relationships and partnerships that foster innovative programming that supports creative and innovative approaches to public health.	Daily Service
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
Youth STI Screening	The District's STD and TB Control Division provides traditional STD screening and treatment per CDC guidelines via the school-based screening and sexual health program.	Daily Service
Health and Wellness Center	The District's Health and Wellness Center provide core services include traditional TB and STD screening and treatment per CDC guidelines, PEP and PrEP for HIV prevention, rapid initiation of ART and linkage to care services for individuals who test positive for HIV, treatment and linkage for hepatitis C, mental health counseling, and disease intervention for treatment verification and partner investigations for select communicable diseases.	Daily Service
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)		
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
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
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
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
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
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

Operations Title	Operations Description	Type of Operations
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

2021 Strategic Initiatives

Strategic Initiative Title	Strategic Initiative Description	Completion to Date	Status Update	Explanation for Incomplete Initiative
Chronic Disease Division (1 Strategic Initiative)				
Howard Centers of Excellence	DC Health will support the establishment or expansion of five DC Health-approved centers of excellence (COEs): sickle cell disease, women's health, substance use and co-occurring disorders, trauma care and violence prevention, and oral health. The funding will be used to support both operations and infrastructure investments necessary to support and launch the COEs through FY25. Overall, this funding creates a sustainable, nationally recognized Centers for Excellence (COE) within the District of Columbia's sole HBCU – Howard University. In FY 21, DC Health will work with stakeholders to create an administrative leadership structure and strategic plan for the COEs.	50-74%	The new anticipated open date for the administrative office for CoE at HU has been delayed to October 2021 as they are still awaiting other materials including door handles, light fixtures and anything with a microchip. In early September Howard University's campus experienced a ransomware attack which all employees were denied access to computers and files needed to continue operations with project implementation. Dr. Shalewa Noel-Thomas was selected as the new Executive Director and on-boarded late September. They are still recruiting for other positions including a Project Manager that will support the Executive Director. With the onboarding of new leadership they are anticipating developing a 6 year strategic plan soon. They are expected to report on other grant deliverables such as work plan and budget within the next quarter as the ransomware challenge dissolves.	The Howard team experienced significant delays through the year. While they have made significant strides in building capacity they have had challenges in developing strategic plan this year. This initiative however will continue through next year.
Food Safety and Hygiene Inspection Services Division (FSHISD) (1 Strategic Initiative)				
Framework of a customer friendly application and licensing system to support the Food and Hygiene Divisions	The Health Regulation and Licensing Administration (HRLA) will develop the framework for a new IT system that will allow customers to submit and pay for applications online. Additionally the customer will receive electronic approval and/or license/certification. This will allow the Division of Food and Hygiene to quickly and efficiently communicate with customers. It will also be more convenient for customers, as they will no longer be required to submit in person or by mail.	50-74%	Staff continue to work with the IT team on the development of the online licensure system. User Acceptance Testing (UAT) representatives from the Division of Food and the Division of Community Hygiene continue to provide IT staff feedback. However, there have been custom development challenges with online payments, with the Chargent application software and functionality.	This project was delayed by custom development challenges with the online payment, the Chargent application software and functionality.
Health Equity Practice & Program Implementation (2 Strategic initiatives)				
Launch Internal DC Health Dialogue on Anti-Racism	The Office of Health Equity will convene internal sessions to explore racism as a public health issue. The objective of these sessions is to align culture and practice around addressing racism to improve public health outcomes in the District.	Complete	The kick-off year of this new initiative has continued to progress and evolve organically, as internal processes and collaborative opportunities have emerged. Training for a number of workgroup members as referenced above, is scheduled for November 9 & 10, 2021. Work towards development of a pilot that builds an equity review process into subgrant solutions has continued, as has sustained commitment to expand and deepen racial equity work in practical ways—not only with the appointment of OHE Director to the Office of Racial Equity's Advisory Committee; but more specifically as demonstrated by the upcoming collaboration with the ORE, in hosting the Health Equity Summit 2021, as detailed below.	
Host DC Health Equity Summit 2021	Convene the Health Equity Summit initially planned for FY 20 and postponed due to COVID-19. The summit is tentatively titled "Equity & COVID-19: Impacts, Insights & Solutions."	Complete	The focus and refinement of the 'Impact of COVID' frame of the summit has been sharpened, both within the context of the recently released, DC Health "COVID-19 Pandemic Health & Health Care Recovery Report (May 2021); as well as by our growing collaboration with the new Office of Racial Equity (ORE), that includes alignment around community-engaged post-pandemic agenda setting. As a result, we will be partnering with ORE in delivery of the Health Equity Summit, 2021. Progress to date includes a mutually agreed upon target date shifted to later in the calendar year; a detailed scope of work; and vendor engagement to support virtual event delivery, which is on track for early December 2021.	
Health Professional Loan Repayment Program (HPLRP) (1 Strategic Initiative)				

Strategic Initiative Title	Strategic Initiative Description	Completion to Date	Status Update	Explanation for Incomplete Initiative
Primary Care Retention and Specialty Care Incentive	Based on the recommendations from the Mayor's Commission on Healthcare Systems and Transformation, there is a need to retain primary care and specialty workforce in Health Professional Shortage Areas (HPSA) utilizing mechanisms to enhance the current HPLRP program. This initiative will pilot methods to incentivize recruitment of specialty care physicians and retention of primary care providers.	0-24%	BSA submitted: The language proposes modifications to HPLRP to authorize loan repayments to specialists addressing leading causes of death in DC, create a part-time service obligation, and expand practice locations. Awaiting legislative approval.	CHA will continue to work toward approval of this legislative modification in FY22. We have an RFA prepared, pending said approval, to immediately begin recruiting additional providers into the HPLRP.
Immunization Program (1 Strategic Initiative)				
New Immunization Information System	DC Health aims to launch a new District of Columbia Immunization Information System (DOCIIS). DOCIIS 2.0 will continue to be the system of record for vaccinations for anyone immunized in DC, including a potential future COVID-19 vaccine. This system should be bidirectional and allow for improved vaccine management, data quality, and disease surveillance.	75-99%	The new IIS was successfully launched for COVID-19 providers. The launch of the new registry has allowed the program to have a robust management of providers' vaccine inventory and ordering through its VOMS system. The program was also developing new data quality and reporting guidance for providers administering immunization in the District. The team has not moved to the development of in-house reporting that allow tracking of our operational activities. Launching this initiative promoted confidence in our weekly reported data on COVID-19 immunizations on to DC Government leadership and our District residents.	Data migration is still ongoing as there have been gaps in sources and the vendor's capacity to complete this work. The completion aim of this activity will be rolled over to FY22.
Multi Sector Collaboration (1 Strategic Initiative)				
Implement Health in All Policies (HiAP) Projects and Initiatives	The Office of Health Equity will expand HiAP practice in FY 21 through three projects: (1) PEW Charitable Trust "DC Calling All Sectors Initiative (CASI)" year two activities; (2) Complete a Health Impact Assessment pilot in collaboration with the Office of Planning; (3) Expand Applied Health Equity Practice Change Collaborations .	Complete	UPDATE 1: The close of DC CASI's second grant year has been marked by a track record of successful collaboration across District government partners and with community-based partner Community of Hope. Year two accomplishments include a well-received joint informational session at the Mayor's Maternal and Infant Health Summit, fruitful engagement of more than 30 housing support system providers via an assessment survey and focus groups planned for early FY22, substantial contributions to policy change discussions poised to expand support for residents at the intersection of housing insecurity and pregnancy, and the expectation of continued success through to May 30, 2022 – the new grant closing date obtained through a no-cost-extension from the PEW charitable trusts. UPDATE 2: Collaborative efforts with Office of Planning (OP) partners around the Congress Heights Small Area Plan (CHSAP) have been successfully implemented this fiscal year, as three community workshops to inform draft recommendations and feedback have been completed. The CHSAP draft recommendations are to be framed by the overarching themes of Social Equity and Community Resilience, and cover 6 topic areas: Housing Opportunities and Affordability; Schools, Libraries, and Public Facilities; Real Estate, Business Opportunity, and Economic Development; Historic and Cultural Preservation; Parks, Streets, and Open Space; Transportation and Access Social Equity and Community Resilience serves as an overarching frame for the 6 topic areas. OHE anticipates completing a draft of the Health Equity Impact Review (HIR) by November, and this document will serve as a complement to the CHSAP draft, which will be available for public review/comment in draft form by the end of calendar year 2021. UPDATE 3: This year's collaborative work with partners at DOEE has included multiple administrations and projects, spanning from Kingman Island community engagement, to the launch of an inaugural Health Equity Journal Club cohort, through to the imbedding of equity considerations into Air Quality issues and processes. FY21 activities have strengthened this partnership, which is expected to extend through FY22 and beyond.	
Narcans Distribution (1 Strategic Initiative)				
Integrated services: polysubstance use and primary care	DC Health – HAHSTA is expanding drug user health activities through a new program to respond to concurrent polysubstance use. Funds will be distributed to select federally qualified health centers (FQHCs) to support implementation of evidence-based/informed interventions into primary care. HAHSTA will provide technical assistance and capacity building to the centers, as well as create a forum for organizations to share best practices and lessons learned.	Complete	HAHSTA has funded four community partners. The community partners are building capacity or adapting current systems of care for stimulant and/or polysubstance use via group and individualized Training and Technical Assistance from the National Council on Mental Wellbeing (NCMW).	
Perinatal Health Program (1 Strategic Initiative)				

Strategic Initiative Title	Strategic Initiative Description	Completion to Date	Status Update	Explanation for Incomplete Initiative
Perinatal Care Integration/Coordination	This project seeks to pilot mechanisms to share social determinants of health information at healthcare visits and better connect prenatal care to labor and birthing options, with a specific emphasis on Wards 7 and 8.	25-49%	The Perinatal Health Coordinated Care Integration Program grantee, Mahmee, facilitated the adoption and utilization of its comprehensive perinatal care delivery platform by perinatal providers, birthing facilities, and community-based organizations in DC. Mahmee successfully scheduled and delivered introductory training, onboarding technical assistance, workflow development meetings, and SDoH program reviews for providers and staff at Howard University Hospital (HUH), Howard Faculty Practice Plan (FPP), and Unity Health Care. Mahmee expanded their marketing campaign to include developing a landing page, increase social media messaging, partnering with Wolomi, utilizing Metrobus/rail advertisements and print advertisements. In total, over 80 assets were utilized to promote the program. Mahmee also delivered training on the use of SDoH screening tools to staff at birthing facilities and has shifted its strategy in delivering the SDoH screening tool from manual assignment to automated delivery to all patients. Because of this adaptation, there is no longer a need to schedule and deliver trainings for staff at community-based organizations on how to accept referrals for services. Mahmee has successfully increased the number of community-based organizations in DC using Mahmee from 0 to 6. They are: Wolomi, Mamatoto, DC WIC, DC Healthy Start, DC Help Me Grow, DC Breastfeeding Coalition. To encourage peer-to-peer support groups, Mahmee has connected with three community-based programs. Mahmee partnered with Wolomi to host support groups lead by the founder of Wolomi, for women who identify as Black. Other organizations that Mahmee has contacted to partner with include DC Healthy Start, DC WIC, and DC Breastfeeding Coalition. Mahmee has successfully begun to enroll mothers into the program, and will continue to recruit and support mothers using the platform while building partnerships in the District to support the initiative.	Mahmee has experienced delays, but has focused on partnership building and increasing awareness of their services. Efforts will continue into FY22.
Pre-Exposure Prophylaxis (PrEP) (1 Strategic Initiative)				
Bridging access: Post-Exposure Prophylaxis (PEP) for HIV	DC Health – HAHSTA is implementing a citywide non-occupational HIV post-exposure prophylaxis program. This program will link persons with possible HIV exposure to medication in order to prevent HIV infection. The program will also serve to link individuals with continued risk to pre-exposure prophylaxis, where appropriate. Prescription and weekend/evening coverage will be coordinated through DC Health’s Health and Wellness Center.	Complete	Six-month evaluation completed	
Vital Records (1 Strategic Initiative)				
Public Health Accreditation Board (PHAB) - Vital Records Office Accreditation	For the past few years, PHAB has been working to develop accreditation standards and measures for Vital Records/Health Statistics (VRHS) Units in the 57 jurisdictional areas identified by the National Center for Health Statistics (NCHS) within the National Vital Statistics Collaborative Program (VSCP). This includes the 50 states, the District of Columbia, New York City, American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and Virgin Islands. PHAB has partnered with the National Association for Public Health Statistics and Information Systems (NAPHSIS), CDC’s Center for State, Tribal, Local, and Territorial Support (CSTLTS), NCHS, and several states to develop the standards and measures and complete both an alpha and a beta test to ascertain their applicability in the field. On November 28, 2018, the PHAB Board of Directors approved the final standards and measures and process guide for this new accreditation program.	0-24%	The District of Columbia Vital Records Division (DCVRD), like all health department across the nation, has had to make major adjustments to manage operations during the COVID-19 pandemic. This has affected projects and shifted work priorities. Hence, DCVRD has requested an extension of this deadline with PHAB.	Preparation for PHAB accreditation continues in earnest, with the documentation necessary to support numerous standards in measure at various stages of development. DCVRD is on-track to be prepared for the new submission date in FY 22.