

# Department of Health FY2016

**Agency** Department of Health

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

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

## 2016 Objectives

### FY16 Objectives

Objective Number	Objective Description
<b>Agency Management (5 Objectives)</b>	
1	Ensure the development and retention of a competent workforce.
2	Use information systems that support the health department's mission and workforce by providing infrastructure for data collection/analysis, program management, and communication.
3	Enhance both the efficiency and effectiveness of DOH grant-making and monitoring processes for sub-grant awards through the successful implementation of the DOH Electronic Grants Management System (EGMS)
4	Increase the effectiveness of DOH federal award management in order to reduce the risk of adverse findings and results
5	Align DOH with the District-wide strategy of having Health in All Policies (HiAP).
<b>Center for Policy, Planning and Evaluation (2 Objectives)</b>	
1	Promote the availability of accessible, high quality and affordable health care services
2	Process vital records in a timely manner to ensure quality customer service.
<b>Community Health Administration (8 Objectives)</b>	
1	Maintain the delivery of safety-net services provided to low-income residents through Project WISH in efforts to reduce breast and cervical cancer mortality rates in the District of Columbia.
2	Expand nutrition education and increase access to healthy foods as part of efforts to lower the District's obesity rate
3	Improve the identification and treatment of infants at risk for developmental delays through referral and parent education.
4	Reduce Infant Mortality in the District of Columbia
5	Improve immunization rates among children enrolled in District of Columbia Public Schools (DCPS), and District of Columbia Public Charter Schools.
6	Increase the overall well-being of woman and children participants in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program.
7	Promote the availability of accessible, high quality and affordable health care

8	Improve breastfeeding initiation rates among low-income women
<b>Health Emergency Preparedness and Response Administration (3 Objectives)</b>	
1	Improve and sustain public health emergency preparedness and response activities within the District.
2	The DOH Emergency Healthcare Coalition will strengthen the ability of the healthcare system to prepare, to respond and recover from incidents that have a public health and medical impact.
3	Assure the provision of medical countermeasures dispensing during emergencies, as well as routine pharmaceutical services, in support of treatment or prophylaxis to the identified population in accordance with public health guidelines and/or recommendations.
<b>Health Regulation and Licensing Administration (6 Objectives)</b>	
1	Build quality, safety and compliance in health-systems and facilities by reducing harm-level deficiencies through annual licensure and federal certification inspections of health care facilities.
2	Build quality, safety and compliance in intermediate care facilities through annual licensure, federal certification inspections and through abating or removing immediate jeopardies within 24 hours.
3	To protect the public health and safety of residents and visitors in the District through the prevention of food-borne outbreaks and to protect the food supply through inspections.
4	Build quality and safety in pharmaceutical and controlled substance facilities and advance population health by conducting annual licensure inspections and develop a compliance plan for pharmacist-patient counseling
5	Conduct timely animal surveillance and disease control to protect residents and visitors.
6	Protect the health and safety of the residents and visitors of the District of Columbia by reducing rodent harborage and mitigating determinants of rodent activity.
<b>HIV/AIDS, Hepatitis, STD and TB Administration (2 Objectives)</b>	
1	Reduce transmission/prevent new infections of HIV, STD, TB, and Hepatitis through early diagnosis and treatment, harm reduction, behavior change and biomedical interventions.
2	Improve care and treatment outcomes, as well as quality of life, for persons living with HIV, STDs, TB and hepatitis through increased access to, retention in, and quality of care and support services.

## 2016 Key Performance Indicators

Measure	Division	Frequency of Reporting	FY 2013	FY 2014	FY 2015	FY 2015 Target	FY 2016 Target
<b>1 - Build quality, safety and compliance in health-systems and facilities by reducing harm-level deficiencies through annual licensure and federal certification inspections of health care facilities. (2 Measures)</b>							
Percent of follow-up inspections of health care facilities with harm level deficiencies completed within 30 days		Quarterly					100
Number of inspections completed by the HCFD		Quarterly	168	106	153	112	100

<b>1 - Ensure the development and retention of a competent workforce. (6 Measures)</b>							
Percent of eligible employee reviews completed on time.		Annually			37.91	90	90
Percent of eligible employees with on-time Employee Performance Plans		Quarterly					90
Percent of employees who are in compliance with the mandatory ethics training requirements		Annually					90
Percent of MSS employees who complete the required MSS training curriculum		Annually					75
Number of public health competency development activities offered		Quarterly					10
Percent of DOH employees participating in a public health development activity		Quarterly					50
<b>1 - Improve and sustain public health emergency preparedness and response activities within the District. (6 Measures)</b>							
Percent of DOH staff that completed ICS 100 and 200 training		Quarterly					75
Percent of DOH staff that completed ICS 300 and 400 training		Quarterly					50
Percent of DOH staff that completed ICS 700 and 800 training		Quarterly					75
Number of emergency preparedness training exercises with DOH participation		Quarterly					4

Number of individuals completing community resilience training		Quarterly						100
Percent of health and medical plan applications with initial review completed within 72 hours		Quarterly						90

**1 - Maintain the delivery of safety-net services provided to low-income residents through Project WISH in efforts to reduce breast and cervical cancer mortality rates in the District of Columbia. (2 Measures)**

Number of breast cancer screening and diagnostic services performed		Quarterly	660	937	1,475	832	832
Number of cervical screenings and diagnostic services performed		Quarterly	0	425	259	325	325

**1 - Promote the availability of accessible, high quality and affordable health care services (2 Measures)**

Percent of Certificates of Need (CONs) reviewed on time within 90 days		Quarterly					100
Number of CON Appeals		Quarterly					0

**1 - Reduce transmission/prevent new infections of HIV, STD, TB, and Hepatitis through early diagnosis and treatment, harm reduction, behavior change and biomedical interventions. (7 Measures)**

Number of DOH supported HIV tests reported		Quarterly	158,195	102,005	101,566	125,000	125000
Number of DOH supported HIV tests among focus populations		Quarterly					15000
Number of needles off the streets through DC NEX Program		Quarterly	647,838	696,807	757,134	550,000	600000
Number of condoms (female and male) distributed by DC DOH Condom Program		Quarterly	6,941,760	5,294,850	6,133,400	6,000,000	6600000

Number of youth (15-19 years) screened for STDs through youth outreach programs		Quarterly	4,449	3,825	1,770	7,500	4500
Percent of clients linked to care within 3 months of diagnosis		Quarterly	83.82	85.98	86.34	85	87
Number of publicly supported hepatitis C tests		Quarterly					14500
<b>2 - Build quality, safety and compliance in intermediate care facilities through annual licensure, federal certification inspections and through abating or removing immediate jeopardies within 24 hours. (1 Measure)</b>							
Percent of intermediate care facilities identified with immediate jeopardies investigated within 24 hours		Quarterly					100
<b>2 - Expand nutrition education and increase access to healthy foods as part of efforts to lower the District's obesity rate (2 Measures)</b>							
Total number of nutrition education contacts made to low-income District residents participating in DOH Healthy Food Access Program		Quarterly					42000
Number of District residents receiving farmer's market incentive benefits from DOH-administered programs		Quarterly					8600
<b>2 - Improve care and treatment outcomes, as well as quality of life, for persons living with HIV, STDs, TB and hepatitis through increased access to, retention in, and quality of care and support services. (4 Measures)</b>							
Proportion of Ryan White clients with viral suppression		Quarterly					83
Number of publicly-supported HIV medication prescriptions refilled		Quarterly					85386
Proportion of TB patients completing treatment		Annually					85

Proportion of gonorrhea cases with appropriate treatment confirmed		Quarterly						50
<b>2 - Process vital records in a timely manner to ensure quality customer service. (1 Measure)</b>								
Percent of vital records walk-in requests processed within 30 minutes		Quarterly	95	89.21	96.79		95	95
<b>2 - The DOH Emergency Healthcare Coalition will strengthen the ability of the healthcare system to prepare, to respond and recover from incidents that have a public health and medical impact. (1 Measure)</b>								
Percent of unannounced ambulance inspections resulting in a pass rating		Quarterly						95
<b>2 - Use information systems that support the health department's mission and workforce by providing infrastructure for data collection/analysis, program management, and communication. (1 Measure)</b>								
Number of documents converted to the electronic file management system		Quarterly			240,070	81,600		98000
<b>3 - Assure the provision of medical countermeasures dispensing during emergencies, as well as routine pharmaceutical services, in support of treatment or prophylaxis to the identified population in accordance with public health guidelines and/or recommendations. (3 Measures)</b>								
Percent of prescription claims processed and replenished annually within five (5) business days		Quarterly						100
Number of total CPODs locations		Annually						8
Number of POD trainings held		Quarterly						6
<b>3 - Enhance both the efficiency and effectiveness of DOH grant-making and monitoring processes for sub-grant awards through the successful implementation of the DOH Electronic Grants Management System (EGMS) (3 Measures)</b>								
Percent of all sub-grantees receiving DOH funding registered in EGMS		Quarterly						100

Percent of sub-grantee organizations that have submitted all required documents into EGMS accounts		Annually						90
Percent of DOH grants management (program/fiscal) personnel completing EGMS training		Quarterly						90
<b>3 - Improve the identification and treatment of infants at risk for developmental delays through referral and parent education. (2 Measures)</b>								
Percent of parents receiving educational counseling for newborn hearing loss		Quarterly	96.3	93.96	95.05		94	95
Percent of infants that receive documented follow-up after the first review		Quarterly	67	71.31	59.27		75	80
<b>3 - To protect the public health and safety of residents and visitors in the District through the prevention of food-borne outbreaks and to protect the food supply through inspections. (2 Measures)</b>								
Percent of food establishment complaints inspected within 5 days		Quarterly						100
Percent of food-borne outbreak notifications in which suspected products were embargoed or collected and submitted for testing		Quarterly						100
<b>4 - Build quality and safety in pharmaceutical and controlled substance facilities and advance population health by conducting annual licensure inspections and develop a compliance plan for pharmacist-patient counseling (2 Measures)</b>								
Percent of inspections of pharmacy facilities where pharmacists are in compliance with patient counseling requirements		Quarterly						95

Percent of Registered Controlled Substance Facilities inspected		Annually						100
<b>4 - Increase the effectiveness of DOH federal award management in order to reduce the risk of adverse findings and results (1 Measure)</b>								
Percent of lapsed dollar amounts on federal awards		Annually						3
<b>4 - Reduce Infant Mortality in the District of Columbia (2 Measures)</b>								
Percent of Healthy Start participants who have a documented reproductive plan		Quarterly						90
Number of parents/caregivers educated on infant safe sleep practices and provided a Pack-'n-Play portable crib		Quarterly						1000
<b>5 - Conduct timely animal surveillance and disease control to protect residents and visitors. (1 Measure)</b>								
Percent of samples taken from rabies suspect animals submitted for testing within 48 hours		Quarterly						100
<b>5 - Improve immunization rates among children enrolled in District of Columbia Public Schools (DCPS), and District of Columbia Public Charter Schools. (1 Measure)</b>								
Percent of children with up-to-date immunizations		Annually	87.2	83.13	87.42	92		92
<b>6 - Increase the overall well-being of woman and children participants in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. (2 Measures)</b>								
Percent of children enrolled in the Maternal, Infant, and Early Childhood Visiting (MIECHV) programs who receive developmental and socio-emotional screenings		Quarterly						95



Percent of women enrolled in the MIECHV programs that are screened for depression		Quarterly					95
<b>6 - Protect the health and safety of the residents and visitors of the District of Columbia by reducing rodent harborage and mitigating determinants of rodent activity. (1 Measure)</b>							
Percent of rodent activity complaints inspected or baited in 48 hours		Quarterly					100
<b>7 - Promote the availability of accessible, high quality and affordable health care (2 Measures)</b>							
Percent of HPLRP participants that are practicing in priority underserved areas		Quarterly					40
Percent increase in visits for primary medical, dental, and behavioral health services funded by the Diffusion of Care grants		Annually					5
<b>8 - Improve breastfeeding initiation rates among low-income women (2 Measures)</b>							
Total breastfeeding initiation rates among low-income WIC enrollees		Quarterly					55
Breastfeeding initiation rates among low-income African-American WIC enrollees		Quarterly					46

2016 Workload Measures

Measure	Frequency of Reporting	FY 2013	FY 2014	FY 2015
<b>Workload Measure (16 Measures)</b>				
Number of federal grants managed by the Department (Agency Management)	Annually	92	57	79
Number of subgrant awards issued by the Department (Agency Management)	Annually	224	230	207
Number of Supplemental Nutrition Program for Women, Infants, Children (WIC) participants (CHA)	Annually	15,603	14,804	14,412
Number of Farmers Markets vendors accepting Produce Plus benefits (Sustainable DC FD2.3) (CHA)	Annually	47	52	75

Number of stores participating in the Healthy Corner Store Initiative (Sustainable DC FD2.1) (CHA)	Annually	30	30	15
Number of Certificate of Need application decisions (CPPE)	Annually	37	20	33
Number of walk-in customers to the Vital Records Office (CPPE)	Annually	24,372	31,550	13,380
Number of BRFSS surveys administered (CPPE)	Annually	4,870	5,244	2,842
Number of DC ADAP clients receiving pharmaceutical services through the pharmaceutical procurement and distribution program (HAHSTA)	Annually			
Number of clients with DC ADAP and Alliance receiving pharmaceutical services through the pharmaceutical procurement and distribution program (HAHSTA)	Annually			
Number of new EMT certifications by DC DOH (HEPRA)	Annually	1,312	1,367	1,346
Number of special event health, medical and safety plans requiring DOH review (HEPRA)	Annually			
Number of background checks conducted (HRLA)	Annually	28,585	22,640	3,797
Number of Intermediate Care and Nursing Home-related incidents received (HRLA)	Annually			
Number of new health professional licenses issued (HRLA)	Annually	13,043	11,259	4,246
Number of calls responded to by Animal Control Officers (HRLA)	Annually	10,694	9,373	11,137

## 2016 Initiatives

Objective Number	Objective Title	Initiative Number	Initiative Title	Initiative Description
<b>Agency Management - 1 (3 Initiatives)</b>				
1		1.1	Improve on-time completion of Performance Evaluations and Development Plans.	Employee performance management consists of employee performance plans and employee evaluations. Performance plans allow the supervisor to convey their performance expectations for the employee and serve as a baseline for assessing job performance and growth. Employees have input into developing the performance objectives for the rating year. Timely performance plans and on-time evaluations increase employee satisfaction and morale. By the final published due date set by DCHR, the Department will demonstrate an increase in the percentage of completed performance plans and evaluations for eligible employees.
1		1.2	Ensure compliance with mandatory training requirements.	Training requirements laid out by both DCHR and internal DOH policy, contribute to overall organizational health. Ethics training ensures that all employees are empowered to carry out their duties with the high measure of integrity expected of them. The curriculum of trainings, mandated for all MSS employees to complete within their first two years of MSS service, empowers managers to oversee their departments more efficiently and effectively.

1		1.3	Integrate public health competencies into workforce development activities.	The Council on Linkages Core Competencies for Public Health Professionals provides a relevant competency framework for developing employee skills in key Public Health topics. The Core Competencies for Public Health Professionals are a set of skills desirable for the broad practice of public health. They reflect the characteristics that staff of public health organizations should possess as they work to protect and promote the health of a community.
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**Agency Management - 2 (1 Initiative)**

2		2.1	Improve accessibility of documents to staff in order to better serve the public.	DOH has implemented an Electronic File Management System in which paper documents can be scanned and stored in an electronic format. DOH plans to increase the number of documents stored in the system to 89,000 in FY 16. Electronic storage of documents will increase both internal and external responsiveness, as well as, reduce on-site physical footprint.
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**Agency Management - 3 (2 Initiatives)**

3		3.1	DOH shall provide training for all external users operating in various roles and functions within EGMS.	The purpose of EGMS is to make available a uniform system for managing tasks of the entire life-cycle of a DOH-issued award (e.g. from solicitation to grant issuance to close-out). Users will be supported by uniform controls, a central database, defined user accounts, and dashboards for managing tasks and retrieving tools. These tools support greater transparency and accountability in grants management activities and prevent unwanted outcomes in the future such as applications rejected for procedural reasons, delays by vendors in submitting required documentation, and lapses in vendor payments. As such, DOH has set a target of 100% of all sub-grantees receiving DOH funding to be registered in EGMS in FY 2016. Additionally, as it is also essential to track the sub-grantees who are actively executing grant transactions in the system in addition to being merely registered, DOH has set a target of 90% of registered sub-grantees who submit all required business documents.
3		3.2	DOH shall provide training for all internal users operating in various roles and functions within EGMS.	DOH issues an average of 250 sub-grant awards annually – either as new or continuation awards for services provided by community-based organizations, hospitals and universities. There are multiple tasks for creating solicitations, managing competitive application processes, issuing awards and modifications and ensuring that sound monitoring and performance management controls are in place. Awards are co-monitored by personnel who have fiscal, administrative, programmatic, and evaluation responsibilities. For EGMS to achieve maximum utility, it is critical to ensure that assigned personnel are utilizing EGMS to the maximum capacity. To that extent, DOH has set an FY 16 target of at least 90% of existing personnel to receive EGMS training.

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<b>Agency Management - 4 (1 Initiative)</b>				
4	See below	4.1	DOH shall ensure that all federal grants are appropriately spent down by the close-out date.	Funding from federal awards is a critical resource in offering the broad range of services DOH makes available to District residents and visitors. Maintaining the highest standard of management of these funds is key to ensuring that the District continues to receive these funds in the future and ensuring those funds contribute, to the greatest degree possible, to improved health outcomes. To this end, DOH has set an FY 16 target of no greater than a 3.0% lapse rate on federal grants that have closed within the fiscal year reported.

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<b>Agency Management - 5 (2 Initiatives)</b>				
5	See below	5.1	Expand the newly-created Office of Health Equity.	Despite the many health resources available in the District, health outcomes continue to reflect significant health inequities among residents. The Office of Health Equity will collaborate with other government agencies and community partners to identify and address the social determinants of health which are the key drivers of inequities in health outcomes.
5	See below	5.2	Fully implement the FitDC Initiative.	Chronic diseases are among the leading causes of death and drivers of health care expenditures in the District. FitDC, a joint venture of EOM, DPR, and DOH, is a comprehensive, District-wide effort to promote healthy eating and healthy living, and reduce the incidence of chronic disease.

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<b>Center for Policy, Planning and Evaluation - 1 (1 Initiative)</b>				
1		1.1	To increase residents' access to needed health care services.	The State Health Planning and Development Agency (SHPDA) reviews Certificate of Need (CON) applications to ensure that the services and facilities established in the District are of high quality and meet the needs of residents. Once a CON is approved, the health care provider will then begin the licensure and construction process, if applicable, to establish services. The SHPDA anticipates reviewing 90% of CON applications within 90 days and having 0 CON applications appealed in FY 16.

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<b>Center for Policy, Planning and Evaluation - 2 (2 Initiatives)</b>				
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2		2.1	Improve the timeliness of issuing vital records (birth and death certificates) in order to reduce wait times and increase customer satisfaction.	In FY 16, CPPE will maintain that at least 95 percent of vital records are processed within 30 minutes by continuing to increase the number of historic records scanned and entered into the electronic registration system. Vital Records Division has made significant headway as birth records dating back to the 1935 have undergone a Quality Assurance process and these records have been moved to the electronic registration system. Death records have been scanned dating back to 1965 and moved to the electronic registration system. As these records are entered in the electronic registration system, processing time to issue a vital record will be significantly reduced. District Priority Area: Sustainable Neighborhoods.
2		2.2	Analyze customer data to improve service delivery.	In FY15, the Vital Records Division updated its QMatic customer flow system, which provides more functionality that will allow us to improve our capability analyze data from the QMatic customer flow system. The ability to evaluate and identify those customer requests requiring more than 30 minutes to process will support recommendations for improved processing of the identified 'time consuming' requests. Some recommendations have been implemented and we will continue to implement new recommendations in FY16.

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**Community Health Administration - 1 (1 Initiative)**

1		1.1	Project WISH will provide breast and cervical cancer screenings (mammography and Pap testing) as well as clinical breast and pelvic exams to eligible women.	Project WISH provides a set of comprehensive services to District of Columbia women including free clinical breast exams and mammograms, pelvic exams, Pap tests, HPV tests and other diagnostic services. To qualify for services, eligible women must be low-income, uninsured or underinsured, between 40-64 years of age, and residents of the District of Columbia.
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**Community Health Administration - 2 (2 Initiatives)**

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2		2.1	<p>Increase the total number of nutrition education contacts made to low income District residents participating in DOH Healthy Food Access programs by leveraging partnerships with community providers that offer nutrition and wellness education</p>	<p>In FY 16, CHA seeks to increase the overall number of nutrition education contacts made to residents participating in Healthy Food Access programs including SNAP-Ed, Freggie Bucks, Healthy Corner Stores, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the Food and Friends (home meals delivery services) with a special emphasis on the early childhood and senior populations. Both of these groups present with similar vulnerability and there is an opportunity to positively impact their knowledge and behaviors. The education sessions focus on encouraging low-income participants (the majority of whom are potentially SNAP-eligible) to purchase foods that promote a healthier diet by emphasizing nutrition messages that promote eating nutritious foods including fruits and vegetables and engaging in daily physical activity</p>
2		2.2	<p>Expand healthy food access to low income District residents by increasing opportunities to secure locally sourced fresh produce.</p>	<p>This District of Columbia Department of Health administers several programs that provide residents with the opportunity to purchase healthy food including locally sourced fresh produce. Programs such as the Farmers' Market Nutrition Program (FMNP), Produce Plus Program (PPP), Freggie Bucks, and the Fruit and Vegetable Prescription Program (FVRx) offer food benefits that can be redeemed at farmers' markets and healthy corner stores.</p>

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**Community Health Administration - 3 (1 Initiative)**

3		3.1	<p>Enhance data systems in order to improve monitoring of at-risk infants and increase the percentage of parents of infants with abnormal hearing screening results that are educated on the importance of follow-up care and the percentage of infants that receive follow-up care.</p>	<p>In FY 16, the CHA will enhance the DC Hears database in sync with the State Vital Records data system managed by CPPE. The ultimate objective of the program is to increase the percentage of infants with abnormal hearing screening results that receive follow-up care. Approximately three babies per 1,000 births are born with a hearing loss, making it the most common birth defect in the District. If not identified early, it can lead to a delay in language, cognitive, and social development.</p>
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**Community Health Administration - 4 (2 Initiatives)**

4		4.1	<p>Improve the preconception health and well-being of women of child bearing age through promotion of preventive health care and reproductive health plans.</p>	<p>In FY 16, DC Healthy Start (DCHS) will focus efforts on ensuring reproductive age women have health insurance, periodic well women visits and a reproductive health plan. The reproductive health care plan will assist women in addressing their reproductive health care needs, support her goals, and promote planned pregnancies. These efforts support improving the health of women before, during, and after pregnancy, resulting in improved birth outcomes and decreased infant mortality.</p>
4		4.2	<p>Expand participation in Safe Sleep workshops through community outreach and engagement with partners in clinical and community-based settings.</p>	<p>In FY16, the Community Health Administration (CHA)/Perinatal and Infant Health Bureau (PIHB) Safe Sleep Program aims to decrease the number of preventable deaths related to Sudden Infant Death Syndrome (SIDS)/Sudden and Unexplained Infant Death (SUID) by educating parents and caregivers on the importance of a safe sleep environment for infants. The program provides and partners with community organizations to conduct Safe Sleep workshops to District residents and caregivers about the dangers of co-sleeping and placing an infant on his/her back to sleep. In addition to the SIDS education/information, participants of the workshops are eligible to receive a safety approved Pak-n-Play (portable crib). SIDS /SUID are major factors of infant mortality in the District of Columbia. Increasing awareness will assist parent(s)/caregivers in ensuring that infants are placed in a safe sleep environment at all times.</p>

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**Community Health Administration - 5 (1 Initiative)**

5		5.1	<p>Maintain at least 90% of children with up-to-date immunizations in DCPS and District of Columbia Public Charter Schools.</p>	<p>CHA will work collaboratively with the Office of the State Superintendent of Education (OSSE) DCPS and the Public Charter School Board to monitor and regulate rates of immunization compliance. In addition, during FY16, CHA will work to enhance the accuracy and interoperability of the Immunization Registry. The Immunization Program will support primary care providers in efforts to encourage parents and caregivers to immunize children and schedule annual well child visits. DOH has launched a public awareness campaign on the HPV vaccination which will continue through 2016. These activities, along with training and education, will continue to reinforce residents and providers about the importance of immunizations for children. In addition, encouraging adherence to immunization schedules remain a fundamental priority for the WIC Program. Efforts to promote age appropriate immunizations for children, aged birth to five years, will continue at WIC sites throughout the District.</p>
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**Community Health Administration - 6 (2 Initiatives)**

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6		6.1	Establish and track implementation of protocol to do developmental and social-emotional screenings of children under the age of 6 within 5 weeks of enrollment using a standardized tool in order to increase or maintain the percentage of children screened.	Children grow and develop at different rates; however, there are developmental milestones that are predictable for children as they reach certain ages. It is critical that a child's development is monitored to ensure early identification of developmental delays.
6		6.2	Establish and track implementation of protocol to do depression screening of women within 5 weeks of enrollment using a standardized depression scale in order to increase or maintain the percentage of women screened.	The home visiting program is designed to promote maternal, infant and early childhood health as well as the development of strong parent-child relationships. Maternal depression is a significant risk factor affecting the well-being and school readiness of young children. It is important to screen and address maternal depression to ensure that children are healthy and ready to learn. Depressed mothers have been found to be disengaged from their children, and have negative and/or less positive interactions with their children. Additionally, children of depressed mothers are highly likely to be exposed to poor parenting practices, neglect, and abuse.

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**Community Health Administration - 7 (2 Initiatives)**

7		7.1	Increase the percent of health professionals practicing in priority underserved areas.	The District's Health Professional Shortage Area (HPSA) designations identify geographic areas with shortages of health care providers in any of three disciplines: primary medical, primary dental, and primary mental health care. Degrees of shortage are reflected in each HPSA's score – from 1-25 with 25 indicating the highest degree of shortage. While the District's Health Professional Loan Repayment Program (HPLRP) has always used HPSA designations as a basis for eligibility, given the current competitiveness of the Program, the Bureau proposes to also use the HPSA scores to establish "priority areas" for new HPLRP awards, so that the Department is targeting its loan repayment dollars to areas and neighborhoods with the greatest need. Priority areas will be defined as those with HPSA scores of 16 or higher.
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7		7.2	<p>Increase the provision of primary medical, dental, and behavioral health services in priority underserved areas through interventions at health care settings that facilitate access to preventive care.</p>	<p>In FY15, the District Government launched the Diffusion of Care grants to provide funding for primary care providers to expand services in priority underserved areas. DOH granted a total of \$2.25 million per year to four grantees to implement services ranging from primary medical care to behavioral health to ophthalmology. These services not only demonstrate DOH's commitment to increasing the availability of services but also to ensuring comprehensive care through the co-location of multiple disciplines within primary care settings.</p>
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<b>Community Health Administration - 8 (2 Initiatives)</b>				
8		8.1	<p>Increase breastfeeding peer counselor visits in clinical settings throughout the District to increase breastfeeding initiation rates among women participating in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).</p>	<p>Improving the health of women, infants and children is one of the primary goals of the WIC Program. Breastfeeding is a key strategy to accomplish this goal. There are many known health benefits, both short and long term, for the infant and mother, and DC WIC oversees implementation of the nationally recognized Loving Support curriculum in its programming. Breastfeeding initiation rates continue to rise in the United States. According to the CDC Breastfeeding Report Card for the United States 2014, the national rate is 79 % but the District's rate is 77.6 %. Most notably, the breastfeeding rate for low-income women participating in the WIC Program in the District was 51.53% in FY2014, up from 49.2% in 2013, but well below the Healthy People 2020 target of 82%.</p>

8		8.2	Initiate breastfeeding promotion campaign that targets the African-American community, including fathers, to increase breastfeeding initiation rates among African American women participating in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).	Breastfeeding rates for African American women in the District and across the country are significantly lower than other demographics. A look at the rates in a select group of WIC sites shows the breastfeeding rate for African American women to be 34%. The breastfeeding rate in sites serving predominantly Latino women is 80%, according to data taken from the WIC management information system as of April 10, 2015. Infant mortality in the District is higher in the African American population than for whites and Latinos. In an effort to promote health equity among all residents, the DC WIC Program is initiating a breastfeeding promotion campaign that targets the African American community, including fathers.
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TOT

**Health Emergency Preparedness and Response Administration - 1 (2 Initiatives)**

1		1.1	Ensure 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, as directed by Homeland Security Presidential Directive #5.	The use of a standardized approach to incident response and recovery is essential for effective and efficient inter-agency collaboration and good public health. Currently, a select group of DOH staff have been well trained on emergency preparedness and response activities. Beginning in FY 2015 and continuing through out FY 2016, DOH will be expanding its training and response activities to include a much greater percentage of staff. Activities include completion of FEMA Incident Command System (ICS) trainings and participation in planned exercises. ICS 100 and 200 trainings introduce the basics of the ICS, whereas ICS 700 and 800 trainings introduce the National Response Framework and Incident Management System. ICS 300 and 400 provided more advanced content.
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1		1.2	HEPRA reviews the Health, Medical and Safety Plan components of applications, requesting a special event permit to utilize DC public space, processed through the Mayor's Special Events Task Force.	Special Event Health, Medical and Safety Plans require event organizers to document which necessary health, medical and safety procedures and resources are appropriate for their event. HEPRA reviews the plans to ensure that it meets health and medical standards for the size and type of event as defined by the policy.
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TOT

**Health Emergency Preparedness and Response Administration - 2 (2 Initiatives)**

2		2.1	Inspect emergency medical vehicles (ambulances) in accordance with District regulations.	HEPRA staff conduct inspections for EMS response vehicles prior to placement in service and on a routine basis, per EMS Act of 2009 and DCMR, Title 29, Chapter 5, Emergency Medical Services. In DC, there are a total of 182 certified EMS response vehicles including ambulances, engine companies and medical transport helicopters.
2		2.2	Integrate existing information systems used for resource management and situational awareness into one platform.	DOH will complete an assessment of the existing information systems used to monitor patients and healthcare accessibility during emergencies and large scale events to determine the best approach for integration and creation of a user-friendly platform. The end result should provide more timely receipt of accurate, valid data and a faster turn-around in providing response when needed.

TOT

**Health Emergency Preparedness and Response Administration - 3 (2 Initiatives)**

3		3.1	DC DOH Pharmaceutical Warehouse personnel will process and replenish medication orders within five (5) business days of request.	HEPRA provides a mechanism for the direct delivery of selected prescription medications in a cost effective, clinically proficient manner to eligible District residents enrolled in District programs. Medication counseling services are also available for those who need assistance.
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3		3.2	HEPRA will partner with retail pharmacies to support the Strategic National Stockpile program during a public health emergency.	Retail pharmacies provide already established facilities, procedures and resources that can be leveraged during/after a large scale emergency to dispense medical countermeasures (vaccines, antiviral drugs, antibiotics, antitoxin, etc.). In FY 16, HEPRA will work with retail pharmacies to expand its Closed Points of Dispensing (CPODs) program and increase its ability to deliver life-saving medications when needed.
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TOT

**Health Regulation and Licensing Administration - 1 (2 Initiatives)**

1		1.1	Ensure that 100% of all follow-up inspections of health care facilities with harm level deficiencies are completed within 30 days of the provider's alleged compliance.	The facilities licensed and/or certified and inspected by the Health Care Facilities Division (HCFD) include: ambulatory surgical centers, end stage renal dialysis facilities, home health agencies, hospice facilities, hospitals, maternity centers, nursing homes, communicable disease labs, tissue banks, CLIA Laboratories, and Certificate of Wavier (COW) Laboratories. In FY2016, HCFD will complete 100% of all follow-up inspections of health care facilities with harm level deficiencies within 30 days of the provider's alleged compliance.
1		1.2	Conduct on-site surveys annually to evaluate quality of care, sanitation, and life safety of health care facilities that are licensed and/or certified.	The types of facilities inspected by the Health Care Facilities Division (HCFD) include: ambulatory surgical centers, end stage renal disease facilities, home health agencies, hospice facilities, hospitals, maternity centers, nursing homes, communicable disease labs, tissue banks, CLIA Laboratories, and Certificate of Wavier (COW) Laboratories. In FY2016, HCFD will complete 100 inspections to identify deficiencies that may affect state licensure and/or eligibility for federal compliance under the Medicare and Medicaid programs.

TOT

**Health Regulation and Licensing Administration - 2 (1 Initiative)**

2		2.1	Ensure that 100% of all Immediate Jeopardies (IJ) to health and safety that are identified at any intermediate care facility are investigated within 24 hours and abated or removed within 24 hours.	Facilities that are under the purview of the Intermediate Care Facility Division (ICFD) include intermediate care facilities for individuals with intellectual disabilities (ICF/IID) as well as community residential facilities, assisted living residences, child placing agencies, home care agencies, and nurse staffing agencies. In FY16 ICFD will complete 235 inspections and as appropriate, identify deficiencies within these facilities that may affect state licensure and/or eligibility for federal compliance under the Medicare and Medicaid programs. Additionally, ICFD will refer quality of care issues to the appropriate professional boards and commissions and will ensure that 100% of all immediate jeopardies to health and safety that are identified at any intermediate care facility are investigated within 24 hours and abated or removed within the 24 hour timeframe.
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TOT

**Health Regulation and Licensing Administration - 3 (2 Initiatives)**

3		3.1	Ensure that 100% of complaints are acknowledged within 48 hours of receipt and initiate an investigation of the food establishment within 5 days of receipt of complaint.	As a consequence of routine inspections and complaints due to food code violations and/or food borne illnesses that culminated in summary suspension/closures, HRLA/Food Safety Hygiene Inspection Service Division will work with establishments to improve their observance of the specific food code regulations which promote clean and healthy eating environments. Additionally, during FY2016 the Food Safety Division will look at the closures resulting from food establishments' failure to minimize the presence of insects, rodents and other pests on the premises and the reduction of Demonstration of Knowledge (DoK)/Certified Food Protection Manager (CFPM) violations. Establishment's knowledgeable of and executing Active Managerial Controls (AMC) in place will help promote this achievement.
3		3.2	Ensure that 100% of food-borne outbreak investigations are initiated within 24 hours of notification. Suspect products shall be embargoed and/or sampled and submitted to the public health lab for testing, as necessary. Coordination with the FDA Regional Rapid Response Team will also occur.	As a consequence of routine inspections and complaints due to food code violations and/or food borne illnesses that culminated in summary suspension/closures, HRLA/Food Safety Hygiene Inspection Service Division will work to swiftly respond to food-borne outbreaks to mitigate the potential of human exposure.

TOT

**Health Regulation and Licensing Administration - 4 (2 Initiatives)**

4		4.1	Conduct inspections in 95% of all pharmacy facilities and develop a compliance plan for pharmacist-patient counseling	Conduct inspections in at least 95% of all registered community and hospital pharmacies located in the District to ensure compliance with District and federal pharmacy or other applicable and relevant laws. Elements of the inspection include physical standards, equipment and security requirements, sanitation requirements, packaging, handling and drug labeling requirements, recordkeeping requirements, misbranding and adulterated drug violations, controlled substance management, record-keeping and distribution requirements, among other activities. In FY16, the Pharmaceutical Control Division, in consultation with the Board of Pharmacy will develop a compliance plan for proper patient counseling and drug utilization review in order to improve patient drug adherence, medication therapy management or other clinical activities performed by pharmacists in order to advance population health.
4		4.2	Inspection of Registered Controlled Substance Facilities	Conduct inventory and security inspections for 100% of facilities with controlled substance registrations (pharmacies, veterinary clinics, substance abuse treatment centers, etc.) to prevent diversion of controlled substances and initiate investigations of controlled substance facilities out of compliance. Prescription drug abuse and diversion continue to be a pervasive issue nationally and in the District. In order to reduce drug abuse and diversion threats, in FY16, the Pharmaceutical Control Division (PCD) will assure that 100% of all registered controlled drug substance facilities will receive an inventory and security inspection. During course of an inspection, for controlled substance facilities found to be out-of-compliance, PCD will initiate an investigation or require a Corrective Action Plan within 48 hours of discovery. PCD will bring the facility into compliance within 10 days of completing the investigation or issuance of Corrective Action Plan.

TOT

**Health Regulation and Licensing Administration - 5 (1 Initiative)**

5		5.1	<p>Ensure that 100% of samples taken from rabies-suspect animals are submitted for testing within 48 hours upon humane euthanasia of the suspected animal. Ensure that 100% of rabies positive results are communicated to exposed individual(s) within 24 hours of receiving results from the testing laboratory.</p>	<p>In FY2016 the Animal Safety Division will continue to ensure that 100% of samples taken from rabies-suspect animals are submitted for testing within 48 hours upon humane euthanasia of the suspected animal. Additionally, the program will develop a communication plan to notify exposed individual(s) within 24 hours of receiving results from the testing laboratory. Accurate data reporting is expected to improve the percentage of rabies-suspect animals that are tested within required timeframe.</p>
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TOT

**Health Regulation and Licensing Administration - 6 (1 Initiative)**

6		6.1	<p>Inspect or bait for rodent activity within 48 hours of receiving a complaint.</p>	<p>The Rodent and Vector Control Division (RCVD) will inspect or bait a premises within 48 hours of receiving a complaint for rodents. RVCD pest controllers will inspect premises if rodent activity is observed and the property will be baited. The property will be scheduled for follow-up inspection in 30 days. If no activity is observed when a re-inspection is conducted the matter will be closed.</p>
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TOT

**HIV/AIDS, Hepatitis, STD and TB Administration - 1 (2 Initiatives)**

1		1.1	<p>Increase identification of individuals newly diagnosed with HIV, STDs, hepatitis and TB</p>	<p>HAHSTA promotes, educates providers and engages community partners to implement routine, opt-out testing of HIV, STDs, hepatitis and TB for population-based and frequency recommendations to accomplish early diagnosis and linkage to care and treatment. HAHSTA will continue its partnership with medical providers and community-based organizations for clinical and non-clinical, including social network-based, settings. HAHSTA will focus on several priorities in screening strategies: focus on persons not tested for HIV within previous 24 months, repeat STD infections, prior STD diagnoses for HIV testing, hepatitis C testing among high-risk populations, approaches to identify acute HIV infection and protocols for immediate treatment, and enhanced TB screening for risk populations and identification of Latent TB Infection (LTBI).</p>
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1		1.2	Reduce the Incidence of HIV, STDs, and hepatitis among focus populations.	<p>The District maintains generalized epidemics across population groups. However, there are focus populations based on current available epidemiological data. HAHSTA continues to enhance its surveillance and epidemiology capacity to obtain data among all potential focus populations. For HIV, African-American men who have sex with men and African-American heterosexual women have the highest new case rates at 25% and 18%, respectively. For STDs, young people ages 15-24 report 67% of new chlamydia and gonorrhea cases. For hepatitis, 90% of new cases of hepatitis C are among persons ages 40 and older and HAHSTA reported more than 400 new diagnoses of hepatitis A and B in 2012. HAHSTA also will identify concentrations of new cases by census tract. Activities to achieve this goal include: increasing access to Pre-Exposure Prophylaxis (PrEP) programs, increasing condom distribution, increasing trained youth peer educators, expanding social marketing programs, increasing STD and HIV testing in schools, increasing access to hepatitis C treatment, increasing adult hepatitis A/B vaccinations, building capacity among medical providers for PrEP, hepatitis C screening and treatment. Enhance the timeliness of disease interruption strategies, including initiating early partner services, to reduce new transmissions from new diagnoses.</p>
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TOT

**HIV/AIDS, Hepatitis, STD and TB Administration - 2 (3 Initiatives)**

2		2.1	Increase the rates of treatment adherence and viral load suppression for persons living with HIV/AIDS.	<p>HAHSTA will continue to increase the utilization of HIV care services by DC residents and ensure the availability of critical and effective support services to maximize retention in care and health outcomes. HAHSTA will continue its collaboration with the Department of Health Care Finance on optimizing Medicaid coverage for care and appropriate support services for persons living with HIV and HAHSTA funds for ensuring improved health outcomes. HAHSTA will develop through a public-private partnership a new Retention in Care model project with more accessible services to persons living with HIV, including non-standard clinic hours, non-clinical sites and in-home services. HAHSTA will enhance its collaboration with the Department of Behavioral Health on improving care coordination for persons with HIV and co-occurring mental health and substance use conditions. HAHSTA will develop a new clinical care quality approach to ensure compliance with HIV care standards. HAHSTA will develop new medication management strategies to ensure routine prescription refills and use.</p>
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2		2.2	Increase the rates of treatment and cure of STDs, TB and hepatitis.	HAHSTA will continue to increase the utilization of treatment for STDs, TB and hepatitis by DC residents and ensure the availability of critical and effective support services to maximize cure rates and health outcomes. HAHSTA will continue its collaboration medical providers on recommendations for treatment, including changes in medication regimens and treatment durations. HAHSTA will seek to expand STD treatment options, including with non-clinical youth-focused community partners. HAHSTA will collaborate with the Department of Health Care Finance on optimizing Medicaid coverage for STD, TB and hepatitis treatment. HAHSTA will enhance its efforts on treatment verification.
2		2.3	Establish the DOH Health and Wellness Center.	HAHSTA will implement the redesign of the STD and TB clinical program to expand health and wellness services, including increased women's and men's health programs. HAHSTA will install an Electronic Medical Record (EMR) system, which will enhance clinical quality. The EMR system will also have capacity for third party billing of public (Medicaid and Medicare) and private health insurance. The Center will also expand hours for young adults and other focus populations. HAHSTA will initiate PrEP and PEP HIV prevention services. HAHSTA also plans to provide hepatitis C treatment. HAHSTA will relocate the two clinics into a new shared site.
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<b>TOT</b>				