Department of Health FY2023

Agency Department of Health Agency Code HCO Fiscal Year 2023

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.

Strategic Objectives

Objective Number	Strategic Objective
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.
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	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.
4	Community Health Administration (CHA). The Community Health Administration promotes healthy behaviors, healthy environments, and access to quality health care services to improve health outcomes and reduce disparities in the leading causes of disease and death in the District.
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.
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	Create and maintain a highly efficient, transparent, and responsive District government.

Key Performance Indicators (KPIs)

Measure	Directionality	FY 2020 Actual	FY 2021 Actual	FY 2022 Target	FY2022 Actual	FY 2023 Target
1 - Health Regulation and Licensing Administration (HRLA). Protect by fostering excellence in health professional practice and building regulatory framework. (9 Measure records)						
Percent of Registered Controlled Substance Facilities inspected annually	Up is Better	74.8%	98.3%	100%	95.3%	100%
Percent of follow-up inspections of health care facilities with harm level deficiencies completed within 30 days	Up is Better	100%	100%	100%	100%	100%
Percent of samples taken from rabies suspect animals submitted for testing within 48 hours	Up is Better	100%	64.5%	100%	100%	100%
Percent of food establishment complaint inspections initiated within five (5) business days of receipt	Up is Better	97.9%	97.1%	95%	97.6%	95%
Percent of residential healthcare providers scoring at or above the national average of 72 percent on the customer satisfaction survey	Up is Better	100%	100%	100%	100%	100%
Percent of pharmaceutical facilities receiving at least one annual inspection	Up is Better	67.6%	98.1%	100%	95.8%	100%
Percent of rodent activity complaints inspected or baited, and closed in the 311 system within three (3) business days of receipt	Up is Better	98.8%	99.9%	100%	100%	100%
Percent of confirmed foodborne illness cases by DC Health epidemiologists investigated within three (3) business days of notification to HRLA	Up is Better	100%	85%	95%	94.4%	95%
Percent of investigations initiated within 24 hours of receipt for complaints of abuse, neglect and mistreatment	Up is Better	100%	88.5%	100%	87.5%	100%
3 - Center for Policy Planning and Evaluation (CPPE). Develop an in decision, state health planning activities, performance analysis and						
Average wait time for vital records walk-in issuance requests (in minutes)	Down is Better	New in 2021	8	30	16.9	30
Percent of Certificates of Need (CONs) reviewed within 90 days	Up is Better	100%	79.4%	100%	100%	100%
Percentage of vaccine preventable disease cases with contact tracing initiated within 24 hours of receipt of line list of exposed contacts	Up is Better	New in 2021	100%	90%	100%	90%
Percentage of foodborne disease cases with first interview attempt within 72 hours of receipt of the case report	Up is Better	New in 2021	96.6%	90%	100%	90%

Measure	Directionality	FY 2020 Actual	FY 2021 Actual	FY 2022 Target	FY2022 Actual	FY 2023 Target
4 - Community Health Administration (CHA). The Community Healt access to quality health care services to improve health outcomes a District. (17 Measure records)						
ercent of WIC households that redeem their benefits	Up is Better	New in 2021	New in 2022	New in 2022	New in 2023	90%
ercent of Health Professional Loan Repayment Program (HPLRP) articipants that are practicing in priority underserved areas	Up is Better	91.5%	91.7%	90%	92.7%	90%
ercent of sites reporting immunization data electronically into the numization registry (DOCIIS)	Up is Better	45.3%	95.5%	45%	80.7%	96%
ercent of eligible children enrolled in the Maternal, Infant, and Early hildhood Home Visiting (MIECHV) programs who receive evelopmental and social-emotional screenings	Up is Better	88.6%	86.1%	85%	81.8%	85%
ercent of women enrolled in the Maternal Infant and Early Childhood ome Visiting (MIECHV) programs that are screened for depression	Up is Better	92.4%	93.8%	85%	86.8%	90%
ercent of kindergarten-enrolled children with up-to-date immunizations	Up is Better	77.3%	77.4%	85%	73.8%	85%
ercent of Oral Health Program participants referred to a dental home	Up is Better	7.1%	Not Available	50%	53.1%	50%
ercent of infants who receive an initial hearing screen at birth	Up is Better	97.5%	97.5%	95%	Not Available	95%
roportion of adults with hypertension who have achieved blood ressure control (seen at Million-Hearts-participating facilities)	Up is Better	70%	49%	70%	60%	70%
ercent of students in the School Health Services program with asthma ith an asthma action plan on file	Up is Better	24.9%	4.3%	48%	17.7%	48%
ercent of infants that receive a repeat screening after failing an intial earing screening	Up is Better	35.1%	46.7%	75%	Not Available	75%
ercent of families with one or more completed referrals through Help le Grow within three months of referral	Up is Better	59.8%	70.7%	70%	76.5%	70%
ercent change in preventive care visits among health care workforce upported by Primary Care Office	Up is Better	New in 2023	New in 2023	New in 2023	New in 2023	New in 2023
ercent of adults with diabetes with poor $HbAlc\ control\ (AlC>9\%)$ at lillion-Hearts participating facilities	Down is Better	New in 2023	New in 2023	New in 2023	New in 2023	New in 2023
ercent of adults with high blood cholesterol in Million-Hearts articipating facilities who are on statin therapy	Up is Better	New in 2023	New in 2023	New in 2023	New in 2023	New in 2023
ercent of WIC enrollees breastfeeding at six months	Up is Better	New in 2023	New in 2023	New in 2023	New in 2023	New in 2023
ercent of Black/African American WIC enrollees breastfeeding at six onths	Up is Better	New in 2023	New in 2023	New in 2023	New in 2023	New in 2023
5 - HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) Redu healthy outcomes for persons living with those diseases. Administ and evaluate programs, ensure quality services, and track the case	er federal and loca	l funding, p	orovide gra	nts to servi	ce providers,	monitor
ercent of Ryan White clients living in the District that are prescribed nti-Retroviral Therapy	Up is Better	94.1%	92.2%	90%	95.1%	90%
ercent of diagnosed HIV positive individuals retained in care that are rally suppressed	Up is Better	88.7%	87.3%	85%	81.3%	85%
ercent of DC Health-supported HIV tests conducted with focus opulations (Black Women, men of color who have sex with men, ansgender Women of Color, and youth 13-24 years old).	Up is Better	53.7%	64.3%	15%	64%	15%
ercentage of individuals diagnosed with HIV confirmed to be out-of- are that are re-engaged within 90 days of successful case contact	Up is Better	16.7%	7.1%	10%	100%	10%
or patients with newly diagnosed TB disease for whom 12 months or ss of treatment is indicated, the percentage who complete treatment ithin 12 months	Up is Better	96%	88.9%	90%	90%	90%
ercentage of new HIV cases linked to care within 30 days of diagnosis	Up is Better	New in 2021	87.7%	90%	75.4%	90%
ercentage of new HIV cases achieving viral suppression within 90 days f diagnosis	Up is Better	New in 2021	57.5%	90%	55.6%	90%
ercentage of gonorrhea cases with appropriate treatment confirmed mong clients seen at the Health and Wellness Center with at least 15 ays elapsed from diagnosis date	Up is Better	97.6%	98.7%	90%	98.9%	90%

Measure	Directionality	FY 2020 Actual	FY 2021 Actual	FY 2022 Target	FY2022 Actual	FY 2023 Targe
Percent of AIDS Drug Assistance Program (ADAP) beneficiaries who are currently virally suppressed	Up is Better	89.6%	94.4%	85%	94%	85%
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)	Up is Better	97.1%	88.5%	65%	83.8%	65%
Percent of DC Health-supported diagnostic HIV tests conducted with focus populations (Black Women, men of color who have sex with men, Transgender Women of Color, and youth 13-24 years old)	Up is Better	New in 2023	New in 2023	New in 2023	New in 2023	New in 2023
6 - Health Emergency Preparedness and Response Administration (EMS) and seek to ensure that DOH, its partners and the community health care system events and emergencies. (13 Measure records)						
Percent of Management Supervisory Service (MSS), Excepted Service (ES), and Legal Services staff with the essential or emergency designation who complete ICS-100, ICS-200, ICS-700, ICS-800, and any other HEPRA prescribed training, as outlined in DOH Standard Operating Procedure 1380	Up is Better	35%	35.6%	60%	45.2%	60%
Percent of DC HMC Core Membership meeting attended by representation from each of the 4 required Core HCC Members as defined by HHS ASPR	Up is Better	New in 2021	Not Available	75%	100%	75%
Percent of Open Points of Distribution (PODs) that can open for set up within 2 hours of notification to activate	Up is Better	100%	100%	100%	100%	100%
Percent of Closed Points of Distribution (PODs) that can open for set up within two hours of notification to activate	Up is Better	27.2%	42.6%	100%	42.6%	100%
Percent of EMS agency inspections with passing determinations	Up is Better	93.3%	Not Available	75%	100%	80%
Percent of EMS Emergency Response vehicles with an initial passing inspection	Up is Better	92.5%	97.9%	85%	87.3%	90%
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	Up is Better	Not Available	Not Available	100%	Not Available	100%
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	Up is Better	82.5%	96.2%	50%	94.2%	75%
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	Up is Better	37.5%	31.9%	100%	70%	100%
Percent of District hospitals, skilled nursing facililites, and clinics that participate in at least two (2) HMC sponsored trainings and workshops annually	Up is Better	82.2%	18.9%	50%	20%	50%
Percent of closed points of distribution (POD) partners meeting all program requirements	Up is Better	36.6%	42.6%	100%	42%	100%
Percent of Health Alert Network (HAN) alert recipients who acknowledge receipt after the first alert attempt	Up is Better	56.4%	31.9%	90%	Not Available	90%
Percent of Medical Reserve Corps (MRC) volunteers that acknowledge a notification to activate/drill message within 2 hours	Up is Better	39.8%	20.8%	75%	25.3%	75%
7 - Create and maintain a highly efficient, transparent, and respons	ive District govern	nment. (8 N	leasure rec	ords)		
Percent of MSS employees who complete the required MSS training curriculum	Up is Better	91.1%	89%	80%	56.9%	80%
Percent of lapsed dollar amounts on federal awards	Down is Better	11%	16.9%	3%	22.4%	3%
Percent of eligible employee reviews completed on time	Up is Better	100%	91.2%	100%	96.9%	100%
Percent of required attendees completing trainings mandated by EOM, DCHR, or the DOH Director	Up is Better	100%	81.1%	70%	95.1%	70%
Percent of new subgrants with approved risk-based monitoring plans within 30 days of award	Up is Better	60.3%	80.3%	75%	71.2%	75%
Percent of completed interim subgrant budget periods with performance ratings completed and submitted within 45 days	Up is Better	62.1%	70.6%	60%	67.3%	60%
Percent of targeted visits completed by monitors per the most recent version of the risk-based monitoring plan	Up is Better	11.2%	65%	60%	45.5%	60%
Average days to hire new employees	Down is Better	64	82	90	54.5	90

Operations Title	Operations Description	Type of Operations
by fostering e	ulation and Licensing Administration (HRLA). Protect the health of those who reside and do business in the Distric xcellence in health professional practice and building quality and safety in health systems and facilities through a mework. (11 Activity records)	
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
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 compliant, 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
ntermediate 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
Division of Good	Food Safety Division inspects food establishments (e.g. restaurants, food trucks, etc.) to prevent the spread of foodborne illness.	Daily Service
Division of Community lygiene	Community Hygiene Division inspects public pools, barbershops and beauty salons for cleanliness.	Daily Service
	ealth Equity (OHE). Promote Health Equity. Collaborate with other government agencies and community partner he social determinants of health which are the key drivers of inequities in health outcomes. (3 Activity records)	s to identify
Collaborative Practice & Policy Change	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 promoting and achieving health equity. OHE uses a "health in all policies" (HiAP) approach, providing technical assistance on health equity internally and to a range of public, private, and non-profit partners. These partnerships serve to change the conversation and center the health impact of policy and infrastructure outside the traditional public health discourse such as housing, education, and transportation. OHE aims to convene partnerships whose breadth of authority and resources can realize population health improvements the healthcare sector and public health could never achieve alone.	Daily Service
Data Development, Management & Evaluation	OHE applies data driven and evidence-based research methods, tools and practices, including Geographic Information Systems (GIS) and other preeminent methodologies, to measure social determinant and population health outcomes. This includes Key Drivers of Opportunities for Health, disparate outcomes and inequities by socio-economic and demographic subpopulation and geographic location. This core function includes equity data development and modernization; support to design, develop, implement and evaluate Health Equity Programs; publication of reports that inform policy and practice change; as well as build the evidence base.	Daily Service
lealth Equity Capacity Suilding	Development, delivery and support of selected programs and initiatives with demonstrable strategic health equity nexus and operational potential. The goal is to contribute to, and inform, the essential paradigm shift in policy and practice needed to improve population health and promote more equitable opportunities for health, especially amongst historically marginalized populations.	Daily Service
	Policy Planning and Evaluation (CPPE). Develop an integrated public health information system to support health he health planning activities, performance analysis and direction setting for department programs. (11 Activity rec	

Operations Title	Operations Description	Type of Operations
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
Pregnancy Risk Assessment Monitoring System (PRAMS)	The Pregnancy Risk Assessment Monitoring System (PRAMS) is a surveillance project of the Centers for Disease Control and Prevention (CDC) and District of Columbia Department of Health. PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. About 100 surveys/questionnaires are mailed monthly to DC resident women who deliver their babies in the District.	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, an provides expertise and information on disease management.	Daily Service
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
access to qual	y Health Administration (CHA). The Community Health Administration promotes healthy behaviors, healthy envi ity health care services to improve health outcomes and reduce disparities in the leading causes of disease and d activity records)	
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

Operations Title	Operations Description	Type of Operations
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
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

Operations Title	Operations Description	Type of Operation
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
healthy outco	Hepatitis, STD and TB Administration (HAHSTA) Reduce HIV, STD, TB and hepatitis-related morbidity and mortalit omes for persons living with those diseases. Administer federal and local funding, provide grants to service provid programs, ensure quality services, and track the cases and status of the epidemics in the District. (18 Activity rec	ders, monito
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
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
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
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
Harm Reduction	The District of Columbia supports harm reduction services through syringe exchange services. HAHSTA partners with a network of community-based organizations, governmental and non-governmental agencies who serve people who inject drugs (PWIDs).	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
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
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 determinates 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 though 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

Operations Title	Operations Description	Type of Operations
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
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
(EMS) and see	ergency Preparedness and Response Administration (HEPRA) Provide regulatory oversight of emergency medica ok to ensure that DOH, its partners and the community are prepared for, can respond to, and recover from public l stem events and emergencies. (7 Activity records)	
Medical Materiel Management and Distribution	HEPRA ensures the secure distribution and integrity of the stockpile from receipt to recovery of the material 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
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 evolvoing health needs arising from emergencies.	Daily Service

Measure	FY 2020 Actual	FY 2021 Actual	FY2022 Actual
1 - Animal Services Program (ASP) (2 Measure records)			
Number of dog licenses processed	1026	2560	2855
Number of calls responded to by Animal Control Officers	18,145	18,689	1881
1 - Compliance, Quality Assurance and Investigation (2 Measure records)			
Number of investigations performed	1310	355	105
Number of Intermediate Care and Nursing Home-related incidents received	273	194	534
1 - Criminal Background Check Program (2 Measure records)			
Number of Criminal Background Checks processed for non-health professionals	4956	5449	5338
Number of Criminal Background Checks processed for health professionals	13,240	14,476	15,375
1 - Division of Food (1 Measure)			
Number of new and routine food establishments inspected	5016	3418	2720
1 - Health Care Facilities Division (1 Measure)			
Number of inspections completed by the Health Care Facilities Division	203	126	103
1 - Health Professional Licensing (2 Measure records)			
Number of walk-in customers to Processing Center	10,898	3060	12,939
Number of new health professional licenses issued	10,762	13,549	14,062
1 - Intermediate Care Facilities Division (ICFD) (1 Measure)	10// 02	10,010	. 1,7552
Number of inspections completed by the Intermediate Care Facilities Division	244	237	188
1 - Pharmaceutical Control Division (PCD) (2 Measure records)	244	237	100
	107	004	001
Number of Registered Controlled Substance Facilities inspected	187	234 167	221 161
Number of pharmacies inspected	103	167	101
3 - Behavioral Risk Factor Surveillance System (BRFSS) (1 Measure)			
Number of Behavioral Risk Factor Surveillance System (BRFSS) surveys administered	1436	2043	2694
3 - Certificate of Need (CON) Program (1 Measure)			
Number of Certificate of Need application decisions	18	34	36
3 - Vital Records (1 Measure)			
Number of walk-in customers to the Vital Records Office	20,608	10,721	31,139
4 - Cancer Programs Division (2 Measure records)			
Number of women provided with navigation services for breast cancer screening, diagnosis and treatment through Project WISH	61	110	105
Number of people provided with navigation services for colorectal cancer screening, diagnosis and treatment through DC3C	Not Available	100	325
4 - Chronic Disease Division (1 Measure)			
Number of residents enrolled in evidence based chronic disease self-management or lifestyle change programs	New in 2023	New in 2023	New in 2023
4 - Evidence-Based Home Visiting Program (2 Measure records)			
Number of resource referrals made through the evidence-based Home Visiting Program	539	705	564
Number of families participating in evidence-based home visiting programs	309	360	344
4 - Farmers' Market Nutrition Program (FMNP) (5 Measure records)			
Number of District residents receiving meals from the Home Delivered Meals program	407	Not Available	2440
Number of stores participating in Healthy Corner Store Program	New in 2023	New in 2023	New in 2023
Number of SNAP Match stores	New in 2023	New in 2023	New in 2023

Measure	FY 2020 Actual	FY 2021 Actual	FY2022 Actual
Number of District residents receiving supplemental groceries from School-Based Nutrition Markets	7566	7020	8959
Number of District seniors receiving supplemental groceries from and Commodities and Supplemental Food Program (CSFP)	5407	5411	5411
4 - Home Delivered Meals (1 Measure)			
Number of District residents redeeming Produce Plus benefits	22,796	20,711	23,014
4 - Newborn Screening Program (1 Measure)			
Number of infants receiving a hearing screening in their first month of life	12,510	11,577	Not Availabl
4 - Perinatal Health Program (1 Measure)			
Number of participants receiving services though DC Healthy Start	107	460	634
4 - Pop-Up Markets in Elementary Schools (2 Measure records)			
Number of markets held through the Joyful Food Markets Program	New in 2023	New in 2023	New in 2023
Number of grocery bags distributed through the Joyful Food Markets Program	New in 2023	New in 2023	New in 2023
4 - Produce Plus Program (2 Measure records)			1
Number of produce boxes distributed through the partnership with the Capital Area Food Bank	New in 2023	New in 2023	New in 2023
Number of households reached through the partnership with the Capital Area Food Bank	New in 2023	New in 2023	New in 2023
4 - School Health Programs (2 Measure records)			
Number of individuals who receive services in a school based health center	New in 2023	New in 2023	New in 2023
Number of students served by the School Health Services Program	81,422	82,199	82,886
4 - School-Based Oral Health Program (1 Measure)			
Number of Oral Health Program participants who received a dental screening	Not Available	540	898
4 - Special Supplemental Nutrition Program for Women, Infants and Children (WIC) (1 Measur	re)		
Number of Special Supplemental Nutrition Program for Women, Infants, Children (WIC) enrollees	21,764	21,781	Not Availabl
4 - The Safe Sleep Program (1 Measure)	21,701	21,701	110t7 Wallast
Number of parents/caregivers educated on infant safe sleep practices	1039	743	1128
	1039	743	1120
4 - Tobacco Control Program (1 Measure)			
N. J. C. H. J. DOTL. C. W.	2101	25.40	70105
	3121	3640	3105
Number of calls to the DC Tobacco Quitline 5 - AIDS Drug Assistance (6 Measure records)		3640	
5 - AIDS Drug Assistance (6 Measure records) Number of DC ADAP prescriptions	2024	Not Available	8096
5 - AIDS Drug Assistance (6 Measure records) Number of DC ADAP prescriptions Number of harm reduction clients linked to substance use disorder treatment	2024 Not Available	Not Available Not Available	8096 145
5 - AIDS Drug Assistance (6 Measure records) Number of DC ADAP prescriptions Number of harm reduction clients linked to substance use disorder treatment Number of reported HIV cases investigated	2024 Not Available Not Available	Not Available Not Available Not Available	8096 145 611
5 - AIDS Drug Assistance (6 Measure records) Number of DC ADAP prescriptions Number of harm reduction clients linked to substance use disorder treatment Number of reported HIV cases investigated Number of HIV, STD, and hepatitis laboratory reports processed	2024 Not Available Not Available Not Available	Not Available Not Available Not Available Not Available	8096 145 611 108,486
5 - AIDS Drug Assistance (6 Measure records) Number of DC ADAP prescriptions Number of harm reduction clients linked to substance use disorder treatment Number of reported HIV cases investigated Number of HIV, STD, and hepatitis laboratory reports processed The number of charts annually reviewed	2024 Not Available Not Available Not Available Not Available	Not Available Not Available Not Available Not Available Not Available	8096 145 611 108,486 2766
5 - AIDS Drug Assistance (6 Measure records) Number of DC ADAP prescriptions Number of harm reduction clients linked to substance use disorder treatment Number of reported HIV cases investigated Number of HIV, STD, and hepatitis laboratory reports processed The number of charts annually reviewed Number of DC ADAP clients served	2024 Not Available Not Available Not Available	Not Available Not Available Not Available Not Available	8096 145 611 108,486
5 - AIDS Drug Assistance (6 Measure records) Number of DC ADAP prescriptions Number of harm reduction clients linked to substance use disorder treatment Number of reported HIV cases investigated Number of HIV, STD, and hepatitis laboratory reports processed The number of charts annually reviewed Number of DC ADAP clients served 5 - Condom Distribution (2 Measure records)	2024 Not Available Not Available Not Available Not Available 362	Not Available Not Available Not Available Not Available Not Available 733	8096 145 611 108,486 2766 738
5 - AIDS Drug Assistance (6 Measure records) Number of DC ADAP prescriptions Number of harm reduction clients linked to substance use disorder treatment Number of reported HIV cases investigated Number of HIV, STD, and hepatitis laboratory reports processed The number of charts annually reviewed Number of DC ADAP clients served 5 - Condom Distribution (2 Measure records) Number of youth (15-19 years) screened for chlamydia and gonorrhea (CT and GC) through HAHSTA-	2024 Not Available Not Available Not Available Not Available	Not Available Not Available Not Available Not Available Not Available	8096 145 611 108,486 2766
5 - AIDS Drug Assistance (6 Measure records) Number of DC ADAP prescriptions Number of harm reduction clients linked to substance use disorder treatment Number of reported HIV cases investigated Number of HIV, STD, and hepatitis laboratory reports processed The number of charts annually reviewed Number of DC ADAP clients served 5 - Condom Distribution (2 Measure records) Number of youth (15-19 years) screened for chlamydia and gonorrhea (CT and GC) through HAHSTA-supported programs	2024 Not Available Not Available Not Available Not Available 362	Not Available Not Available Not Available Not Available Not Available 733	8096 145 611 108,486 2766 738
5 - AIDS Drug Assistance (6 Measure records) Number of DC ADAP prescriptions Number of harm reduction clients linked to substance use disorder treatment Number of reported HIV cases investigated Number of HIV, STD, and hepatitis laboratory reports processed The number of charts annually reviewed Number of DC ADAP clients served	2024 Not Available Not Available Not Available 362	Not Available Not Available Not Available Not Available Not Available 733	8096 145 611 108,486 2766 738
5 - AIDS Drug Assistance (6 Measure records) Number of DC ADAP prescriptions Number of harm reduction clients linked to substance use disorder treatment Number of reported HIV cases investigated Number of HIV, STD, and hepatitis laboratory reports processed The number of charts annually reviewed Number of DC ADAP clients served 5 - Condom Distribution (2 Measure records) Number of youth (15-19 years) screened for chlamydia and gonorrhea (CT and GC) through HAHSTA-supported programs Number of condoms (female and male) distributed by DC Health Condom Program	2024 Not Available Not Available Not Available 362	Not Available Not Available Not Available Not Available Not Available 733	8096 145 611 108,486 2766 738
5 - AIDS Drug Assistance (6 Measure records) Number of DC ADAP prescriptions Number of harm reduction clients linked to substance use disorder treatment Number of reported HIV cases investigated Number of HIV, STD, and hepatitis laboratory reports processed The number of charts annually reviewed Number of DC ADAP clients served 5 - Condom Distribution (2 Measure records) Number of youth (15-19 years) screened for chlamydia and gonorrhea (CT and GC) through HAHSTA-supported programs Number of condoms (female and male) distributed by DC Health Condom Program 5 - HIV Testing (1 Measure)	2024 Not Available Not Available Not Available Not Available 362 1038 4,043,000	Not Available Not Available Not Available Not Available Not Available 733 653 2,439,900	8096 145 611 108,486 2766 738 561 3,151,000

Measure	FY 2020 Actual	FY 2021 Actual	FY2022 Actual				
6 - Healthcare Coalition Development (5 Measure records)							
Number of HMC-sponsored events, trainings, and workshops	New in 2023	New in 2023	New in 2023				
Number of Health and Medical Coalition (HMC) Meetings held	33	81	69				
Number of Radio Drills conducted	8	39	35				
Number of HMC facilities participating in exercises and special events involving HMC Coordination	115	115	115				
Number of Health Action Network (HAN) Alerts generated	723	0	0				
6 - Medical Materiel Management and Distribution (2 Measure records)							
Number of DC Health personnel trained for point of distribution (POD) operations	264	40	16				
Number of emergency preparedness-related trainings and exercises coordinated by HEPRA	13	0	3				
6 - Special Events Permitting (5 Measure records)							
Number of Medical Reserve Corps (MRC) activations	3	85	42				
Total number of (Medical Reserve Corps (MRC) volunteer hours	35,344	40,850	247				
Number of Medical Reserve Corps (MRC) personnel activated in response to an incident or planned event	723	2650	62				
Number of Health Emergency Command Center (HECC) Activations	2	2	0				
Number of special event health, medical and safety plans for DCRA permit applications requiring DC Health review	40	12	103				
6 - Training and Certification of EMS Providers and EMS Emergency Response Vehicles (2 Meas	sure records)						
Number of emergency vehicle inspections conducted	214	683	474				
Number of new EMT certifications by DC Health	220	347	539				

Strategic Initiatives

Strategic Initiative Title	Strategic Initiative Description	Proposed Completion Date
Animal Servi	ces Program (ASP) (1 Strategic Initiative)	
Animal Shelter Operation Funding	DC Health HRLA will provide funding to support the best practices for animal care and control in the animal sheltering environment. The additional funding will bridge the gap to provide for fully funding the costs of operations and extended animal services. The public will have improved access to the existing animal shelter facility and enhanced interaction with the animals residing in the shelter.	09-30-2023
Behavioral R	isk Factor Surveillance System (BRFSS) (1 Strategic Initiative)	
Study on LGBTQ Health	The District of Columbia Department of Health (DC Health), Center for Policy, Planning and Evaluation (CPPE) will seek a qualified vendor who has extensive experience conducting focus groups for special populations such as the Lesbian, Gay, Bisexual, and Transgender (LGBT) communities. The focus groups will focus on 1) identifying healthcare access and other health-related concerns of the LGBT community; 2) develop a plan for achieving defined goals; 3) review existing plans and update and implement where necessary; and 4) assess findings to address gaps and identify priority areas that will guide future work.	09-30-2023
Certificate of	Need (CON) Program (1 Strategic Initiative)	
Automation of the State Health Planning and Development Agency Certificate of Need Process	The State Health Planning and Development Agency (SHPDA) is working with a third-party vendor to automate the SHPDA Application Processing System (SHPDA-APS) to systematize the SHPDA Certificate of Need process. The SHPDA is on schedule to launch a beta test of the SHPDA-APS to allow proposed providers to establish a User Profile and enter an online CON application consistent with the SHPDA process. The User Profile will allow the system to link related entities and allow the SHPDA to have a clear view of the CONs held by a single entity and/or a family of entities. The online application processing will increase standardization and tracking of the CON applications. The automated processing will also make data available to the SHPDA on a Health Care Facility level which will be used to further analyze the health systems in the District.	09-30-2023
Chronic Dise	ase Division (2 Strategic Initiative records)	
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. This will contribute to racial equity in two ways: 1) by improving the quality of services for health problems that have a disproportionate impact on racial minorities and 2) by supporting and strengthening the network of health care providers who are themselves members of racial minorities. In FY 22, DC Health will work with stakeholders to create an administrative leadership structure and strategic plan for the COEs.	09-30-2023

Strategic Initiative Title	Strategic Initiative Description	Proposed Completion Date
Brain Health Initiative	In FY23, Cancer and Chronic Disease Prevention Bureau's Brain Health Initiative plans to launch a mass media campaign aiming to encourage DC residents to talk more openly about dementia. Campaign materials will include posters, social media cards, webinars, and training opportunities. The activities will not only highlight the importance of talking about dementia but also provide educational awareness on the signs/symptoms that can be an indication of dementia and ways to reduce risk factors for the disease.	09-30-2023
Collaborative	e Practice & Policy Change (1 Strategic Initiative)	
Collaborative Actions for Change	OHE will lead implementation of the Multi-Sectoral Health Equity Agenda, starting with the 6 Recommendations identified in the Health Equity Summit 2021 – Summary Report: Sustain Whole-of-Community Response; Promote Culture of Wellness & DC HOPE (health, opportunity, prosperity, equity); Repair the Past to Transform the Future; Prioritize Community-Engaged Practices; Leverage Policy & Practice Change Momentum, and Anchor Collaborative Action.	09-30-2023
Community I	Partnerships (1 Strategic Initiative)	
Grants for community organizations for HIV/AIDS prevention	The Prevention Bureau will release a funding announcement to support prevention and drug user health programs using a syndemics approach. Activities will include HIV, hepatitis, and STI testing, PrEP/PEP education and linkages, wellness, and Syringe Services Programs (SSP). An RFA will be released in FY22 for start up on 1/1/23.	09-30-2023
Data Develo	pment, Management & Evaluation (1 Strategic Initiative)	
Build and Launch a Health Opportunity Index (HOI) for the District	OHE will continue the work successfully started in FY22, through Phase Two, that will culminate in publication of the inaugural DC Health Opportunity Index.	09-30-2023
Evidence-Ba	sed Home Visiting Program (1 Strategic Initiative)	
First Time Mothers	This project seeks to implement an evidence-based home visiting service exclusively eligible for first-time mothers in the District of Columbia. The target population are pregnant women in their first or second trimester preparing to give birth to their first child.	09-30-2023
Health Care I	Facilities Division (1 Strategic Initiative)	
Framework of an enhanced and expedited complaint investigation process for health care facilities.	The Health Regulation and Licensing Administration (HRLA) will hire and onboard one (1) Nurse Specialist 1 to handle compliance at health care facilities. The additional employee will assist in the completion of annual licensure and recertification surveys, as well as investigations of complaints and facility-reported incidents. Additionally, the enhancement will aid in more timely onsite initiation of investigations, especially those that allege abuse and/or actual harm to patients and residents of healthcare facilities in the District of Columbia.	09-30-2023
Health Equity	y Capacity Building (1 Strategic Initiative)	
Launch a Health Literacy Plan for the District	OHE will continue the work successfully launched in FY22, through Phase Two, will include implementation of plan deliverables, and strategies to assure sustainability through the updated Healthy DC 2030.	09-30-2023
Health Profe	ssional Licensing (1 Strategic Initiative)	
Framework of an enhanced and expedited application process.	The Health Regulation and Licensing Administration (HRLA) will hire and onboard ten (10) Licensing Specialists that will assist in handling the licensure process for a number of health professionals. The additional staff will assist in processing of a number applications of new professions. Additionally, the enhancement will aid and facilitate a more efficient and expedited license process which will improve the healthcare workforce in the District of Columbia.	09-30-2023
Health Profe	ssional Loan Repayment Program (HPLRP) (1 Strategic 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 continue the pilot methods to incentivize recruitment of specialty care physicians and retainment of primary care providers.	09-30-2023
Housing (1 S	trategic Initiative)	
oseph's House	The Housing Opportunities for People with AIDS (HOPWA) Program will provide facility based housing support services to individuals living with HIV/AIDS. Activities will include assessment, case management and assistance with transitional and/or permanent stability housing with the goal of eliminating barriers to health care and treatment.	12-31-2023

Strategic Initiative Title	Strategic Initiative Description	Proposed Completion Date
Incident Management Digitization Initiative	HEPRA will implement and utilize a web-based software system, referred to as VEOCI, to support emergency response operations, including maintaining situational awareness of field activities, supporting operational needs coordination, procurement and cost recovery tracking and data reporting. This initiative enables coordinated information sharing in real time across DC Health stakeholders and allows future Health Emergency Operations Center (EOC) activations to be effectively managed virtually when needed.	09-30-2023
Produce Plus	Program (2 Strategic Initiative records)	
Capital Food Bank	DC Health will support food system resiliency as the District continues post-pandemic recovery. DC Health will provide enhancement funding and technical assistance to Capital Area Food Bank to implement a multi-pronged approach to increase food distribution to residents experiencing food insecurity, build out protocols for organizational emergency preparedness that can be shared across the region, and facilitate capacity-building of their network partners through provision of food storage equipment, supplies, transportation vouchers, etc. This will contribute to racial equity by addressing the problem of food insecurity, which disproportionately impacts persons of color in the District.	09-30-2023
Improvements to food access services	This project will support improved food environments and increased food across a variety of settings in the District. DC Health will provide enhancement funding and technical assistance to FRESHFARM, DC Central Kitchen, Martha's Table, and Food and Friends to meet residents with low socio-economic status where they are and increase utilization of food access benefits at farmers markets, corner stores, schools, and residences. This project will contribute to racial equity by addressing the problem of food insecurity, which disproportionately impacts persons of color in the District.	09-30-2023
Research, Morecords)	easurement and Evaluation (REM)/Division of EpidemiologyDisease Surveillance and Investigation (2 Strategic I	nitiative
Enhanced Outbreak Detection	The Division of Epidemiology piloted an algorithm that uses contact tracing data to identify locations of possible COVID-19 outbreaks. The technology continues to be refined and, in FY 23, the Division will extend its use to other diseases apart from COVID-19. This will assist in identifying exposure sources for foodborne diseases and enhance outbreak mitigation efforts.	09-30-2023
Automated Interstate Sharing of Disease Surveillance Case Reports	Currently, non-DC case reports received in the Salesforce Disease Surveillance System must be manually saved by an investigator and faxed/sent via email. There are systems such as the American Public Health Laboratory AIMS platform that can be used to facilitate efficient sharing of these data with other jurisdictions, however AIMS platform is not being utilized at DC Health to send to or receive case-reports from other states or jurisdictions. In FY 23, DC Health will enhance the Disease Surveillance System to allow investigators to flag out of jurisdiction case reports, which can then be batched and securely shared, saving time for the epidemiology team and improving timeliness of data sharing.	09-30-2023
School Healt	h Programs (1 Strategic Initiative)	
Hiring additional school nurses	DC Health will support Children's School Services (CSS) in their efforts to hire and retain additional school nurses to ensure compliance with D.C. Law 22-61 Public School Health Services Amendment Act of 2017.	09-30-2023
School-Base	d Oral Health Program (1 Strategic Initiative)	
Free Dental Services for Seniors	Free covered dental health care services to seniors 65+ who have incomes at or below \$139,900. Provided through grants from DC Health to private practice providers.	09-30-2023
Training and	Certification of EMS Providers and EMS Emergency Response Vehicles (3 Strategic Initiative records)	
eMOST Maintenance	The eMOST program empowers terminally-ill patients with the right to make decisions on their end-of-life care options, in consultation with their DC-licensed authorized healthcare provider. In FY23, DC Health HEPRA will continue to coordinate with the Department of Healthcare Finance (DHCF), the Chesapeake Regional Information System for Our Patients (CRISP), and the Health Information Exchange for the DC region, to ensure that patients have access to complete, save, and share end-of-life care directives with healthcare providers electronically.	09-30-2023
Data Repository	HEPRA will maintain an upgraded cloud-based registry and repository solution for Emergency Medical Services (EMS) and Trauma data from EMS agencies and healthcare providers within the District. These dashboards will be based on data contained in the DC EMS Data Repository and the DC Trauma Registry. The dashboards will provide data transparency and enable decision-makers, medical professionals, and members of the public to access emergency medical care statistics that demonstrate system utilization and demand.	09-30-2023
Emergency Medical Services (EMS) Regulations	HEPRA will continue to revise and improve emergency medical services (EMS) regulations in order to strengthen, improve, and modernize the EMS system in Washington, DC. This includes updating manuals and SOPs aimed at strengthening DC Health enforcement of regulations over the DC Health certified EMS agencies, EMS educational institutions, individual EMS providers, and specialty care centers.	09-30-2023
Vital Records	s (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.	09-30-2023