

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Executive Office of Mayor Muriel Bowser



Office of the City Administrator

January 15, 2021

Fiscal Year (FY) 2020 was an unprecedented year for all DC residents, businesses and the District Government. In March 2020—the second quarter of the fiscal year—Mayor Bowser declared a public health emergency and District government quickly pivoted to respond to the COVID-19 global health pandemic. To align with recommended social distancing and public safety guidelines, in just one day, over 60 percent of District government employees transitioned to a telework posture. In addition, many District agencies limited or temporarily ceased most in-person activities and services.

The global health emergency required the District to significantly reallocate financial and personnel resources to respond to the pandemic. With the change in operations and a substantial decrease in revenues, the District's response required all agencies to determine how to best provide services to District residents, visitors and employees, while maintaining the necessary protocols to help slow the spread of COVID-19.

As such, the global health pandemic greatly impacted some agencies' abilities to meet their FY20 key performance indicators (KPIs) and strategic initiatives established prior to its onset as agencies shifted resources to respond to COVID-19. Therefore, outcomes for KPIs and strategic initiatives reflect a shift in District priorities and efforts during this crisis. While we continue to believe strongly in performance tracking to improve District services, the data for FY20 is not fully indicative of agencies' performance and should be reviewed factoring in the unprecedented challenges encountered in FY 2020.

Sincerely,

A handwritten signature in black ink that reads 'Kevin Donahue'.

Kevin Donahue
Interim City Administrator



Department of Health FY2020

Agency Department of Health

Agency Code HCO

Fiscal Year 2020

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

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

2020 Accomplishments

Accomplishment	Impact on Agency	Impact on Residents
COVID-19 Testing Access	Expanded testing access was the product of a range of efforts in DC Health. It required public engagement, expanded use of technology, and interagency collaboration.	DC Health initially launched two public testing sites at United Medical Center and the University of the District of Columbia in April 2020. Testing sites were subsequently expanded District-wide, including at District fire stations through a collaboration with FEMS. In early FY 21, testing access was further expanded by offering home testing to close contacts identified through contact tracing.
Contact Trace Force (CTF)	CTF was a massive effort across DC Health. The investments in interagency collaboration and information technology are already being leveraged for benefit in other public health areas.	CTF is a force of hundreds of employees onboarded rapidly in the spring to respond to the COVID-19 pandemic. CTF reaches out by phone to everyone testing positive for COVID-19, educates them on isolation to protect others from being infected, and requests names and phone numbers of close contacts. CTF then reaches out to these close contacts to inform them of their possible COVID-19 exposure, and educate them on steps to quarantine. CTF monitors these individuals by phone and/or text message over their isolation/quarantine period. CTF also coordinates with the Department of Human Services to facilitate resource referrals for persons needing housing or food assistance to isolate/quarantine safely.
COVID-19 Analytics Reporting	COVID-19 has reinforced the agency's commitment to transparency and responsiveness.	DC Health prioritized thorough and transparent COVID-19 information to the public. In November 2020, Resolve to Save Lives included DC as one of the top four COVID-19 dashboards nationally. DC Health issues daily reports on a range of reopening metrics, and the impact of COVID-19 by age, gender, and race/ethnicity.

2020 Key Performance Indicators

Measure	Frequency	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Target	FY 2020 Quarter 1	FY 2020 Quarter 2	FY 2020 Quarter 3	FY 2020 Quarter 4	FY 2020 Actual	KPI Status	Explanation for Unmet FY 2020 Target
1 - Health Regulation and Licensing Administration (HRLA). Protect the health of those who reside and do business in the District of Columbia by fostering excellence in health professional practice and building quality and safety in health systems and facilities through an effective regulatory framework. (10 Measures)												
Percent of follow-up inspections of health care facilities with harm level deficiencies completed within 30 days	Quarterly	100%	100%	100%	100%	No applicable incidents	100%	No applicable incidents	No applicable incidents	100%	Met	
Percent of samples taken from rabies suspect animals submitted for testing within 48 hours	Quarterly	100%	100%	88.5%	100%	100%	100%	100%	100%	100%	Met	
Percent of food establishment complaint inspections initiated within five (5) business days of receipt	Quarterly	94.7%	97.3%	98.3%	95%	97.9%	97.8%	97.4%	98.4%	97.9%	Met	
Percent of Registered Controlled Substance Facilities inspected annually	Quarterly	100%	100%	98.8%	100	23.2%	29.6%	0.4%	22%	74.8%	Unmet	Due to the COVID-19 pandemic, inspections were limited. As a result, the majority of inspections completed in Q3 were based on complaints, thus limiting the number of inspections conducted. During this time, a virtual inspection process was developed for controlled substance audits. In Q4, we were able to begin conducting inspections in quantity, similar to pre-COVID-19. However, we could not meet our KPI goal because too few inspections were completed during Q3.
Percent of residential healthcare providers scoring at or above the national average of 72 percent on the customer satisfaction survey	Quarterly	New in 2019	New in 2019	97.7%	100%	100%	100%	No applicable incidents	100%	100%	Met	
Percent of medical marijuana facilities (dispensaries and cultivation centers) receiving at least one quarterly inspection	Annually	New in 2019	New in 2019	100%	95%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	30%	Unmet	During the public health emergency, Medical Marijuana staff were detailed to contact the tracing team.

Measure	Frequency	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Target	FY 2020 Quarter 1	FY 2020 Quarter 2	FY 2020 Quarter 3	FY 2020 Quarter 4	FY 2020 Actual	KPI Status	Explanation for Unmet FY 2020 Target
Percent of pharmaceutical facilities receiving at least one annual inspection	Annually	New in 2019	New in 2019	98.2%	100%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	67.63%	Unmet	Due to the COVID-19 pandemic, inspections were limited. As a result, the majority of inspections completed in Q3 were based on complaints, thus limiting the number of inspections conducted. During this time, a virtual inspection process was developed for controlled substance audits. In Q4, we were able to begin conducting inspections in quantity, similar to pre-COVID-19. However, we could not meet our KPI goal because too few inspections were completed during Q3.
Percent of rodent activity complaints inspected or baited, and closed in the 311 system within three (3) business days of receipt	Quarterly	New in 2019	New in 2019	97.9%	100%	95.7%	97.8%	99.5%	100%	98.8%	Nearly Met	A small number of cases were not addressed within the allotted window of time due to an IT issue that was subsequently remedied. Q3 and Q4 data reflect this improvement.
Percent of investigations initiated within 24 hours of receipt for complaints of abuse, neglect and mistreatment	Quarterly	New in 2019	New in 2019	100%	100%	100%	100%	100%	100%	100%	Met	
Percent of confirmed foodborne illness cases by DC Health epidemiologists investigated within three (3) business days of notification to HRLA	Quarterly	New in 2019	New in 2019	96.9%	95%	100%	100%	No applicable incidents	No applicable incidents	100%	Met	
3 - Center for Policy Planning and Evaluation (CPPE). Develop an integrated public health information system to support health policy decision, state health planning activities, performance analysis and direction setting for department programs. (3 Measures)												
Percent of Certificates of Need (CONs) reviewed on time within 90 days	Quarterly	100%	100%	100%	100%	100%	100%	No applicable incidents	100%	100%	Met	
Number of CON Appeals	Quarterly	0	0	0	0	0	0	0	0	0	Met	
Percent of vital records walk-in requests processed within 30 minutes	Quarterly	85.8%	60.6%	47.3%	92%	83.3%	84.3%	No applicable incidents	No applicable incidents	83.8%	Nearly Met	The data showing longer customer waiting times reflects two major factors: First, customer volumes increased significantly prior to COVID-19 due to the national REAL ID implementation deadline. Second, the tracking of customer waiting times has improved significantly over the course of several upgrades to the tracking software. The most recent reporting is more accurate, and is identifying customer delays that have possibly gone unidentified in the past. These data have given DCVRD critical insight into where to focus efforts to enhance the customer service experience. These efforts are ongoing, and the team remains fully committed to providing the best customer service experience to every visitor.
4 - Community Health Administration (CHA). Provide programs and services that promote coordination among the health care systems in the city and enhance access to effective prevention, primary and specialty medical care through collaborations with public and private organizations. (20 Measures)												
Percent of eligible children enrolled in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs who receive developmental and social-emotional screenings	Quarterly	52.8%	87.4%	85.8%	85%	90.6%	89.7%	87%	87%	88.6%	Met	
Percent of women enrolled in the MIECHV programs that are screened for depression	Quarterly	85.9%	86.3%	82.5%	85%	85.2%	87%	90.8%	92.4%	88.9%	Met	

Measure	Frequency	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Target	FY 2020 Quarter 1	FY 2020 Quarter 2	FY 2020 Quarter 3	FY 2020 Quarter 4	FY 2020 Actual	KPI Status	Explanation for Unmet FY 2020 Target
Percent of eligible perinatal program participants with a documented reproductive health plan	Quarterly	65.1%	80.4%	83.2%	90%	No applicable incidents	No applicable incidents	70.8%	62.2%	64.3%	Unmet	Due to a delay in funding, the DC Healthy Start Program was not operational during FY20 Qtr. 1 (Oct. 1, 2019- Dec. 31, 2019). The program's sub-grantees (Mary's Center and Community of Hope) were awarded Jan. 1, 2020 and focused on program start-up. The program did not begin enrolling participants until FY20 Qtr. 3. The program will review and continue to provide technical assistance to DC Healthy Start Sub-Grantees regarding the process for engaging participants in reproductive life planning to ensure the goal is met moving forward. The program looks forward to meeting the targeted goal in FY21.
Total breastfeeding initiation rates among WIC enrollees	Quarterly	60.4%	59.9%	62.2%	60%	65.7%	65.5%	69.6%	71.5%	68.5%	Met	
Breastfeeding initiation rates among African-American WIC enrollees	Quarterly	53.3%	52.3%	54.6%	53%	58.3%	59.1%	63.8%	66%	62.5%	Met	
Percent of infants who receive an initial hearing screen at birth	Annually	New in 2019	New in 2019	97.3%	85%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	97.55%	Met	
Percent of infants that receive a follow-up screening after failing initial hearing screening	Annually	New in 2019	New in 2019	61.4%	75%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	35.1%	Unmet	These numbers are based on the information provided in our OZ Newborn Hearing Screening Database we manage and populate along with the five District birthing hospitals, Children's National Medical Center, and other outpatient providers. Any data not reported in OZ gets labeled as a "missed screening" or "no screen outcome" and is not counted in these totals (even if the screening did occur, due to the information not provided). Also, due to the COVID-19 pandemic we expected this percentage to fall a bit from the last fiscal cycle due to various challenges that families have had attending OP follow-up screenings. Additionally, this data recorded is for DC born babies who live(d) in DC, which differs from the other newborn hearing screening measure that is based on all babies born in DC (due to state by state follow-up after birth screening). The data that has been updated and recorded here is just babies born in DC that live(d) in DC. Next the data from FY2019 is not recorded correctly. I added in the correct % for FY2019 and all the new data for FY2020 from our database. Please note that data will change over time due to follow-ups that are on-going currently and take place in the future.
Percent of Health Professional Loan Repayment Program (HPLRP) participants that are practicing in priority underserved areas	Quarterly	98%	91.7%	92.2%	90%	96.6%	96.4%	89.7%	83.9%	91.5%	Met	
Percent of Produce Plus Farmer's Market benefits redeemed	Quarterly	New in 2019	New in 2019	95.8%	93%	No applicable incidents	No applicable incidents	No applicable incidents	No data available	No data available		

Measure	Frequency	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Target	FY 2020 Quarter 1	FY 2020 Quarter 2	FY 2020 Quarter 3	FY 2020 Quarter 4	FY 2020 Actual	KPI Status	Explanation for Unmet FY 2020 Target
Proportion of adults with hypertension who have achieved blood pressure control (seen at Million-Hearts-participating facilities)	Annually	New in 2019	New in 2019	65.3%	70%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	54.29%	Unmet	FY2020 has seen more change than previous years. We have expanded our reporting base by adding two new healthcare systems to our data sharing grantee list (Unity Healthcare and Elaine Ellis) and since March, 2020, there has been a majority shift from in-person medical appointments to telehealth appointments. One of our larger data sharing grantees (DCPCA) was not able to provide data for telehealth appointments which severely reduced the number of appointments reported from March, 2020 onward. Until July, 2020, DCPCA reported data for 8 healthcare systems, it now reports for 4 healthcare systems (which still don't count telehealth appointments). The other 4 healthcare systems that formerly reported through DCPCA now report individually so we can capture telehealth appointments. Accurate reasoning for slipping blood pressure control (outside of what was already mentioned above) is not available at this time though COVID-19 related stressors are suspected.
Percent of sampled elementary aged students participating in Joyful Food Markets reporting food security	Quarterly	New in 2019	New in 2019	68.8%	70%	52.1%	No applicable incidents	21.2%	No data available	45.4%	Unmet	By the third quarter of FY2020, schools were closed and Martha's Table completely changed their model. They shifted to contact-less grocery distribution at 10 DCPS schools. Data collection became challenging in Q3 and Q4, as a result.
Percent of families with one or more completed referrals through Help Me Grow	Quarterly	New in 2019	New in 2019	40.7%	70%	60.9%	57.1%	57.1%	62.7%	59.8%	Unmet	Families expressed difficulty connecting to service and reservations about going to referral appointments due to COVID-19. Some families expressed opinion of using referral at a later date. Some families were lost to follow-up and linkage to service could not be determined. Most families (22%) enrolled close to the end of the reporting period and were still awaiting appointment date.
Percent of students in the School Health Services program with asthma with an asthma action plan on file	Quarterly	New in 2019	New in 2019	27.9%	40%	25.5%	25%	24.9%	24.9%	25.1%	Unmet	The percentage of students with asthma that have an action plan on file in the school health suite remains the same. This is due to minor increases in the number of students with asthma as well as those with an AAP. Additionally, due to COVID-19 and the implementation of virtual school, school nurses were not present in school buildings for Q4, therefore the numbers remain unchanged from Q3.

Measure	Frequency	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Target	FY 2020 Quarter 1	FY 2020 Quarter 2	FY 2020 Quarter 3	FY 2020 Quarter 4	FY 2020 Actual	KPI Status	Explanation for Unmet FY 2020 Target
Percent of kindergarten-enrolled children with up-to-date immunizations	Quarterly	New in 2020	New in 2020	New in 2020	80%	75.9%	81.7%	83.1%	77.3%	79.5%	New in 2020	As a result of the COVID-19 pandemic, and the stay-at-home order, many school-age children were unable to receive required vaccines for several months. The program initiated efforts to promote school vaccinations in the summer but with the number of doses administered decreased over a portion of the year, it was a steep climb to ensure all school-age children were vaccinated, especially when in-person school was not open at the beginning of the school year.
Percentage increase in primary care visits funded by Primary Care Office grants	Annually	New in 2020	New in 2020	New in 2020	5%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	5.13%	New in 2020	
Percent of Youth Advisory Council participants who report an increase in knowledge and skills gained from participation	Annually	New in 2020	New in 2020	New in 2020	40%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	20%	New in 2020	
Percent of providers reporting immunization data electronically into the immunization registry (DOCIS)	Annually	New in 2020	New in 2020	New in 2020	40%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	45.31%	New in 2020	
Percent of students referred by the SBOHP that were successfully linked to a dental home provider	Annually	New in 2020	New in 2020	New in 2020	New in 2020	Annual Measure	Annual Measure	Annual Measure	Annual Measure	7.12%	New in 2020	
Percent of WIC Benefits Redeemed	Annually	New in 2020	New in 2020	New in 2020	New in 2020	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data	New in 2020	
Percent of Senior FMNP Benefits Redeemed	Annually	New in 2020	New in 2020	New in 2020	New in 2020	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data	New in 2020	
5 - HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) Reduce HIV, STD, TB and hepatitis-related morbidity and mortality and ensure healthy outcomes for persons living with those diseases. Administer federal and local funding, provide grants to service providers, monitor and evaluate programs, ensure quality services, and track the cases and status of the epidemics in the District. (13 Measures)												
Proportion of TB patients completing treatment	Semi-Annually	100%	100%	100%	90%	Semi-Annual Measure	Semi-Annual Measure	Semi-Annual Measure	Semi-Annual Measure	96%	Met	
Number of individuals started on Pre-Exposure Prophylaxis (PrEP)	Quarterly	3465	3414	1690	3000	125	73	69	74	341	Unmet	The target was not met because of two factors. One, the second half of the year was impacted by COVID and so less prep appointments were made. Second, the program has matured with fewer new PrEP enrollees, and greater focus on retaining patients already using PrEP. The 2021 measure has been changed to reflect that issue.
Number of Naloxone kits distributed	Quarterly	New in 2019	New in 2019	41,258	30,000	4608	6924	8400	11,334	31,266	Met	
Percent of Ryan White clients living in the District that are prescribed Anti-Retroviral Therapy	Annually	83.6%	86.6%	93.1%	90%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	94.11%	Met	
Percent of diagnosed HIV positive individuals retained in care that are virally suppressed	Annually	82.3%	79.7%	87.5%	85%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	88.75%	Met	
Percent of individuals diagnosed with HIV identified as out-of-care that are re-engaged in care within 3 months of case contact	Annually	4.3%	14.1%	11.9%	10%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	16.67%	Met	
Percent of DOH-supported HIV tests conducted with focus populations	Quarterly	35.8%	49.1%	69.5%	15%	39.6%	63.9%	42.4%	57%	53.7%	Met	
Percent of clients with a positive Hepatitis C test enrolling in treatment	Annually	30%	30.4%	31.2%	40%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	No applicable incidents		

Measure	Frequency	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Target	FY 2020 Quarter 1	FY 2020 Quarter 2	FY 2020 Quarter 3	FY 2020 Quarter 4	FY 2020 Actual	KPI Status	Explanation for Unmet FY 2020 Target
Percent of people experiencing overdoses who were also linked to substance use treatment	Quarterly	New in 2019	New in 2019	27.6%	45%	7.8%	3.1%	4.4%	2.8%	4.5%	Unmet	The percentage of people experiencing overdoses who were then linked to SUD treatment has been impacted by several factors. First, one of the tools that the providers utilize to link individuals to care is peers, and providers have found it challenging to maintain a stable peer workforce. Second, since March 2020, many of these organizations changed their work processes because of the COVID-19 pandemic, often providing harm-reduction tools without engaging in long conversation as was recommended by the CDC. Finally, while most clients with OD history are offered the opportunity to access treatment, most actually turn down the service as their priorities lie elsewhere, including identifying housing, access to food, and clothing.
Percent of new HIV cases linked to care within 3 months of diagnosis	Annually	89.8%	85.6%	88.1%	90%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	95.59%	Met	
Proportion of gonorrhea cases with appropriate treatment confirmed among clients seen at the Health and Wellness Center	Quarterly	New in 2019	New in 2019	96.9%	90%	96.3%	99.1%	97.1%	97.5%	97.6%	Met	
Percent of individuals started on PrEP who are members of demographic groups most impacted by HIV (African American women, men who have sex with men, or transgender women of color)	Quarterly	New in 2019	New in 2019	96.3%	60%	100%	94.8%	97.1%	94.6%	97.1%	Met	
Percent of AIDS Drug Assistance Program (ADAP) beneficiaries who are currently virally suppressed	Quarterly	New in 2019	New in 2019	84.8%	85%	81.7%	91.7%	92.5%	92.9%	89.6%	Met	
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. (12 Measures)												
Percent of Management Supervisory Service (MSS), Excepted Service (ES), and Legal Services staff with the essential or emergency designation who complete the independent study portion of the Management ICS Training Series as outlined in DOH Standard Operating Procedure 1380	Quarterly	6.9%	10.6%	36.6%	60%	35%	35%	35%	35%	35%	Unmet	The Management ICS Training Series was disrupted by COVID-19 / the District's Emergency & Public Health Emergency declarations for COVID-19. Because of the activation, all COVID ICS training was suspended and DC Health staff members were re-assigned to Incident Management Team roles and responsibilities.
Percent of EMS Emergency Response vehicles with an initial passing inspection	Quarterly	New in 2019	New in 2019	92.3%	85%	92.8%	92.1%	100%	No applicable incidents	92.5%	Met	
Percent of Medical Reserve Corps (MRC) volunteers that acknowledge a notification to activate/drill message within 2 hours	Quarterly	89.5%	100%	100%	75%	No applicable incidents	32.3%	76.5%	13.4%	39.8%	Unmet	The goal was not met due to lack of qualified volunteers requested in certain categories and also due to COVID-response fatigue for their contribution in the first 3 months of the response. The vast majority of the total amount of registered MRC volunteers were those personnel who had yet to fully complete their online applications and completion of the required background check due to lack of all necessary information.
Percent of HEPRA personnel that complete the ICS Training Series including POD training and participation in at least one exercise, incident or Special Event	Quarterly	New in 2019	New in 2019	40.7%	100%	37.5%	37.5%	37.5%	37.5%	37.5%	Unmet	In general, ICS Series training was disrupted the District emergency / public health emergency declaration for COVID-19 response on 11 MAR 20. Instead, training personnel were unavailable in addition to HEPRA personnel being assigned in-the-field assignments to support COVID-19 operations.

Measure	Frequency	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Target	FY 2020 Quarter 1	FY 2020 Quarter 2	FY 2020 Quarter 3	FY 2020 Quarter 4	FY 2020 Actual	KPI Status	Explanation for Unmet FY 2020 Target
Percent of Open PODs that can open for set up within 2 hours of notification to activate	Quarterly	New in 2019	New in 2019	100%	100%	100%	100%	100%	100%	100%	Met	
Percent of Closed PODs that can open for set up within two hours of notification to activate	Quarterly	New in 2019	New in 2019	75%	100%	34%	25%	25%	25%	27.2%	Unmet	In general, ICS Series training was disrupted the District emergency / public health emergency declaration for COVID-19 response on 11 MAR 20. Instead, training personnel were unavailable in addition to HEPRA personnel being assigned in-the-field assignments to support COVID-19 operations.
Percent of EMS agency inspections with passing determinations	Quarterly	New in 2019	New in 2019	95.2%	75%	93.3%	93.3%	93.3%	No applicable incidents	93.3%	Met	
Percent of HECC IMT leadership staff (ie, the six ICS/IM lead roles) reporting for immediate duty within 60 minutes to an unannounced staff assembly for a real incident or drill	Quarterly	New in 2019	New in 2019	91.8%	100%	No applicable incidents	No applicable incidents	No applicable incidents	No applicable incidents	No applicable incidents		
Percent of District hospitals, skilled nursing facilities, and clinics that participate in at least two (2) HMC sponsored trainings and workshops annually	Quarterly	New in 2019	New in 2019	15.6%	50	6.7%	0%	14.4%	61.1%	82.2%	Met	The target was not met due to COVID-19 response, and the lack of availability of partners in Q2, Q3 and Q4.
Percent of District hospitals and skilled nursing facilities that reported requested Essential Elements of Information (EEI) to the HMC within the HMC specified timeframe	Quarterly	New in 2019	New in 2019	43.9%	50%	85.7%	85.7%	61.5%	100%	82.5%	Met	
Percent of closed POD partners meeting all program requirements	Quarterly	New in 2020	New in 2020	New in 2020	New in 2020	34%	39.6%	39.6%	33.3%	36.6%	New in 2020	
Percent of Health Alert Network (HAN) alert recipients who acknowledge receipt after the first alert attempt	Quarterly	New in 2020	New in 2020	New in 2020	New in 2020	No applicable incidents	No applicable incidents	No applicable incidents	56.4%	56.4%	New in 2020	

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

Percent of MSS employees who complete the required MSS training curriculum	Annually	41.2%	36.3%	80.3%	80%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	91.11%	Met	
Percent of lapsed dollar amounts on federal awards	Annually	5.8%	19.1%	9.2%	3%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	11.01%	Unmet	Lapse is primarily due to vacancy savings and no/slow spending of subawards, including subgrants and contracts. Individual lapse rates are being reviewed by Office of Grants Management, and details will be available to update. For some grants, the COVID-19 emergency response may have disrupted the capacity of subgrantees and contractors to spend-down in the last two quarters of FY 20.
Percent of eligible employee reviews completed on time	Annually	95%	96.5%	100%	90%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	100%	Met	
Percent of required attendees completing trainings mandated by EOM, DCHR, or the DOH Director	Annually	New in 2019	New in 2019	No Applicable Incidents	70%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	100%	Met	

Measure	Frequency	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Target	FY 2020 Quarter 1	FY 2020 Quarter 2	FY 2020 Quarter 3	FY 2020 Quarter 4	FY 2020 Actual	KPI Status	Explanation for Unmet FY 2020 Target
Percent of new subgrants with approved risk-based monitoring plans within 30 days of award	Quarterly	New in 2019	New in 2019	49.5%	75%	56%	12%	92.3%	95.2%	60.3%	Unmet	DC Health did not meet the target, although there was improvement from the prior fiscal year. The target improved in quarters three and four due to a concerted effort and push by the Office of Grants Management to direct project officers and grants management specialists on the need for the risk assessment and monitoring plans for grants issued continuation NOGAs in the end of Q3 and during Q4. To improve this KPI, Office of Grants Management leads are actively engaged with the District's Grants Management Advisory Council (EOM) for high-level technical assistance and policy development on risk-based monitoring, and with DC Human Resources on the development of a city-wide training curriculum related monitoring.
Percent of completed interim subgrant budget periods with performance ratings completed and submitted within 45 days	Quarterly	New in 2019	New in 2019	71.5%	60%	95.7%	0%	0%	0%	62.1%	Met	
Percent of targeted visits completed by monitors per the most recent version of the risk-based monitoring plan	Quarterly	New in 2019	New in 2019	72.2%	60%	33.6%	0%	0%	26.1%	11.2%	Unmet	The COVID-19 emergency had a direct impact on the number of site visits that would have been completed for Q3 and Q4. One federal grantor agency, HRSA, even waived the requirement for HIV Care Act subgrants to have a mandatory annual site visit. Office of Grants Management is developing protocol for virtual site visits (scheduling, agendas and reporting) and increased desk monitoring.
Average days to hire new employees	Semi-Annually	New in 2019	New in 2019	112	Waiting on Data	Semi-Annual Measure	Semi-Annual Measure	Semi-Annual Measure	Semi-Annual Measure	64	No Target Set	

2020 Workload Measures

Measure	FY 2018 Actual	FY 2019 Actual	FY 2020 Quarter 1	FY 2020 Quarter 2	FY 2020 Quarter 3	FY 2020 Quarter 4	FY 2020 PAR
1 - Animal Services Program (ASP) (2 Measures)							
Number of calls responded to by Animal Control Officers	15,511	17,725	Annual Measure	Annual Measure	Annual Measure	Annual Measure	18,145
Number of dog licenses processed	3824	3948	Annual Measure	Annual Measure	Annual Measure	Annual Measure	1026
1 - Compliance, Quality Assurance and Investigation (2 Measures)							
Number of Intermediate Care and Nursing Home-related incidents received	11,798	12,758	Annual Measure	Annual Measure	Annual Measure	Annual Measure	273
Number of investigations performed	1621	1725	Annual Measure	Annual Measure	Annual Measure	Annual Measure	1310
1 - Criminal Background Check Program (2 Measures)							
Number of Criminal Background Checks processed for health professionals	9299	11,019	Annual Measure	Annual Measure	Annual Measure	Annual Measure	13,240
Number of Criminal Background Checks processed for non-health professionals	8010	7659	Annual Measure	Annual Measure	Annual Measure	Annual Measure	4956
1 - Food Safety and Hygiene Inspection Services Division (FSHISD) (1 Measure)							
Number of new and routine food establishments inspected	4839	3076	Annual Measure	Annual Measure	Annual Measure	Annual Measure	5016
1 - Health Care Facilities Division (1 Measure)							
Number of inspections completed by the Health Care Facilities Division	159	145	Annual Measure	Annual Measure	Annual Measure	Annual Measure	203
1 - Health Professional Licensing (2 Measures)							
Number of new health professional licenses issued	11,590	10,579	Annual Measure	Annual Measure	Annual Measure	Annual Measure	10,762

Measure	FY 2018 Actual	FY 2019 Actual	FY 2020 Quarter 1	FY 2020 Quarter 2	FY 2020 Quarter 3	FY 2020 Quarter 4	FY 2020 PAR
Number of walk-in customers to Processing Center	38,924	33,514	Annual Measure	Annual Measure	Annual Measure	Annual Measure	10,898
1 - Intermediate Care Facilities Division (ICFD) (1 Measure)							
Number of inspections completed by the Intermediate Care Facilities Division	268	345	Annual Measure	Annual Measure	Annual Measure	Annual Measure	244
1 - Pharmaceutical Control Division (PCD) (2 Measures)							
Number of pharmacies inspected	166	171	Annual Measure	Annual Measure	Annual Measure	Annual Measure	163
Number of Registered Controlled Substance Facilities inspected	234	248	Annual Measure	Annual Measure	Annual Measure	Annual Measure	187
3 - Behavioral Risk Factor Surveillance System (BRFSS) (1 Measure)							
Number of BRFSS surveys administered	123	600	Annual Measure	Annual Measure	Annual Measure	Annual Measure	1436
3 - Certificate of Need (CON) Program (1 Measure)							
Number of Certificate of Need application decisions	27	33	Annual Measure	Annual Measure	Annual Measure	Annual Measure	18
3 - Vital Records (1 Measure)							
Number of walk-in customers to the Vital Records Office	38,193	41,016	Annual Measure	Annual Measure	Annual Measure	Annual Measure	20,608
4 - Adolescent Health Education and Training Program (1 Measure)							
Number of reproductive health plans developed	New in 2019	1298	Annual Measure	Annual Measure	Annual Measure	Annual Measure	46
4 - Cancer Programs Division (5 Measures)							
Number of persons identified as cancer survivors and care givers who have attended a disease management course	New in 2020	New in 2020	Annual Measure	Annual Measure	Annual Measure	Annual Measure	28
Number of breast screening and diagnostic procedures performed	900	940	Annual Measure	Annual Measure	Annual Measure	Annual Measure	963
Number of cervical screening and diagnostic procedures performed	35	8	Annual Measure	Annual Measure	Annual Measure	Annual Measure	1
Number of women provided with navigation services for breast cancer screening, diagnosis and treatment	New in 2020	New in 2020	Annual Measure	Annual Measure	Annual Measure	Annual Measure	61
Number of people provided with navigation services for colorectal cancer screening, diagnosis and treatment	New in 2020	New in 2020	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data
4 - Chronic Disease Division (3 Measures)							
Number of healthcare systems reporting clinical quality measures related to high blood pressure and/or diabetes	10	9	Annual Measure	Annual Measure	Annual Measure	Annual Measure	11
Number of residents enrolled in chronic disease self-management trainings	5500	5665	Annual Measure	Annual Measure	Annual Measure	Annual Measure	143
Number of residents at risk for diabetes participating in Diabetes Prevention Program	New in 2019	295	Annual Measure	Annual Measure	Annual Measure	Annual Measure	539
4 - Evidence-Based Home Visiting Program (2 Measures)							
Number of families participating in evidence-based home visiting programs	259	259	Annual Measure	Annual Measure	Annual Measure	Annual Measure	309
Number of resource referrals made through the evidence-based Home Visiting Program	466	491	Annual Measure	Annual Measure	Annual Measure	Annual Measure	539
4 - Farmers' Market Nutrition Program (FMNP) (3 Measures)							
Number of District residents receiving meals from the Home Delivered Meals program	New in 2019	350	Annual Measure	Annual Measure	Annual Measure	Annual Measure	407
Number of District residents receiving supplemental groceries from Commodities and Supplemental Food Program (CSFP)	New in 2020	New in 2020	Annual Measure	Annual Measure	Annual Measure	Annual Measure	5407
Number of District residents receiving supplemental groceries from Joyful Food Markets	New in 2020	New in 2020	Annual Measure	Annual Measure	Annual Measure	Annual Measure	7566
4 - Health Professional Loan Repayment Program (HPLRP) (1 Measure)							
Number of certified HPLRP sites	33	30	Annual Measure	Annual Measure	Annual Measure	Annual Measure	54
4 - Help Me Grow (HMG) (2 Measures)							
Number of completed resource referrals provided through the Help Me Grow Program	246	156	Annual Measure	Annual Measure	Annual Measure	Annual Measure	183
Number of families/providers calls/referrals to Help Me Grow	New in 2020	New in 2020	Annual Measure	Annual Measure	Annual Measure	Annual Measure	192
4 - Home Delivered Meals (1 Measure)							
Number of District residents receiving farmer's market incentive benefits from DC Health-administered programs	21,188	21,533	Annual Measure	Annual Measure	Annual Measure	Annual Measure	22,796
4 - Immunization Program (1 Measure)							

Measure	FY 2018 Actual	FY 2019 Actual	FY 2020 Quarter 1	FY 2020 Quarter 2	FY 2020 Quarter 3	FY 2020 Quarter 4	FY 2020 PAR
Number of site visits to provide technical assistance to Vaccines for Children (VFC) providers	New in 2020	New in 2020	Annual Measure	Annual Measure	Annual Measure	Annual Measure	46
4 - Newborn Screening Program (1 Measure)							
Number of infants receiving a hearing screening in their first month of life	13,061	13,042	Annual Measure	Annual Measure	Annual Measure	Annual Measure	12,510
4 - Perinatal Health Program (1 Measure)							
Number of participants receiving services though DC Healthy Start	1851	1561	Annual Measure	Annual Measure	Annual Measure	Annual Measure	107
4 - Primary Care Office (PCO) Grant Programs (1 Measure)							
Number of primary care providers participating in workforce development activities	New in 2020	New in 2020	Annual Measure	Annual Measure	Annual Measure	Annual Measure	7
4 - Produce Plus Program (2 Measures)							
Number of residents redeeming Produce Plus and Produce Prescription at Farmers' Market checks	9109	8028	Annual Measure	Annual Measure	Annual Measure	Annual Measure	4000
Number of Farmers Markets vendors accepting Produce Plus benefits	69	54	Annual Measure	Annual Measure	Annual Measure	Annual Measure	53
4 - School Health Programs (2 Measures)							
Number of students enrolled in a school based health center	2742	2128	Annual Measure	Annual Measure	Annual Measure	Annual Measure	2095
Number of students served by the School Health Services Program	New in 2019	79,709	Annual Measure	Annual Measure	Annual Measure	Annual Measure	81,422
4 - School-Based Oral Health Program (1 Measure)							
Number of children <18 years of age who receive a dental screening and a fluoride varnish treatment through the School-Based Preventative Oral Health Program (SBPOHP)	3392	2515	Annual Measure	Annual Measure	Annual Measure	Annual Measure	2179
4 - Special Supplemental Nutrition Program for Women, Infants and Children (WIC) (1 Measure)							
Number of Supplemental Nutrition Program for Women, Infants, Children (WIC) participants	20,542	11,802	Annual Measure	Annual Measure	Annual Measure	Annual Measure	21,764
4 - Supplemental Nutrition Assistance Program, Education and Obesity Grant (SNAP-Ed) (1 Measure)							
Total number of nutrition education and wellness contacts made to low income District residents participating in DOH Healthful Food Access programs	32,861	35,485	Annual Measure	Annual Measure	Annual Measure	Annual Measure	16,500
4 - The Safe Sleep Program (2 Measures)							
Number of parents/caregivers educated on infant safe sleep practices	528	1560	Annual Measure	Annual Measure	Annual Measure	Annual Measure	1039
Number of portable cribs (Pack-n-Play) distributed	508	900	Annual Measure	Annual Measure	Annual Measure	Annual Measure	947
4 - Tobacco Control Program (1 Measure)							
Number of calls to the DC Tobacco Quitline	3197	3181	Annual Measure	Annual Measure	Annual Measure	Annual Measure	3121
5 - AIDS Drug Assistance (3 Measures)							
Number of DC ADAP clients receiving pharmaceutical services through the pharmaceutical procurement and distribution program	797	827	Annual Measure	Annual Measure	Annual Measure	Annual Measure	362
Number of clients with DC ADAP and Alliance receiving pharmaceutical services through the pharmaceutical procurement and distribution program	567	517	Annual Measure	Annual Measure	Annual Measure	Annual Measure	413
Number of publicly-supported HIV medication prescriptions refilled	9177	9060	Annual Measure	Annual Measure	Annual Measure	Annual Measure	2024
5 - Condom Distribution (3 Measures)							
Number of clients with viral load served through treatment adherence activities	1895	762	Annual Measure	Annual Measure	Annual Measure	Annual Measure	581
Number of condoms (female and male) distributed by DC Health Condom Program	4,115,000	4,551,300	Annual Measure	Annual Measure	Annual Measure	Annual Measure	4,043,000
Number of youth (15-19 years) screened for CT and GC through HAHSTA-supported programs	2288	1840	Annual Measure	Annual Measure	Annual Measure	Annual Measure	1038
5 - DC Needle Exchange Program (DC NEX) (1 Measure)							
Number of needles off the streets through DC NEX Program	410,212	470,040	Annual Measure	Annual Measure	Annual Measure	Annual Measure	522,653
6 - Healthcare Coalition Development (5 Measures)							
Number of Health Action Network (HAN) Alerts generated	36	18	Annual Measure	Annual Measure	Annual Measure	Annual Measure	723
Number of Radio Calls conducted	49	15	Annual Measure	Annual Measure	Annual Measure	Annual Measure	8
Number of Health and Medical Coalition (HMC) Meetings held	14	35	Annual Measure	Annual Measure	Annual Measure	Annual Measure	33
Number of HMC facilities participating in exercises and special events involving HMC Coordination	New in 2020	New in 2020	Annual Measure	Annual Measure	Annual Measure	Annual Measure	115

Measure	FY 2018 Actual	FY 2019 Actual	FY 2020 Quarter 1	FY 2020 Quarter 2	FY 2020 Quarter 3	FY 2020 Quarter 4	FY 2020 PAR
Number of HMC-sponsored trainings and workshops	New in 2020	New in 2020	Annual Measure	Annual Measure	Annual Measure	Annual Measure	10
6 - Medical Materiel Management and Distribution (2 Measures)							
Number of DC Health personnel trained for POD operations	New in 2020	New in 2020	Annual Measure	Annual Measure	Annual Measure	Annual Measure	264
Number of emergency preparedness-related trainings and exercises coordinated by HEPPA	New in 2020	New in 2020	Annual Measure	Annual Measure	Annual Measure	Annual Measure	13
6 - Special Events Permitting (5 Measures)							
Number of special event health, medical and safety plans requiring DOH review	213	159	Annual Measure	Annual Measure	Annual Measure	Annual Measure	40
Number of HECC Activations	6	3	Annual Measure	Annual Measure	Annual Measure	Annual Measure	2
Number of MRC personnel activated in response to an incident or planned event	New in 2020	New in 2020	Annual Measure	Annual Measure	Annual Measure	Annual Measure	723
Number of MRC activations	New in 2020	New in 2020	Annual Measure	Annual Measure	Annual Measure	Annual Measure	3
Total number of MRC volunteer hours	New in 2020	New in 2020	Annual Measure	Annual Measure	Annual Measure	Annual Measure	35,344
6 - Training and Certification of EMS Providers and EMS Emergency Response Vehicles (2 Measures)							
Number of new EMT certifications by DC DOH	502	559	Annual Measure	Annual Measure	Annual Measure	Annual Measure	220
Number of emergency vehicle inspections conducted	511	586	Annual Measure	Annual Measure	Annual Measure	Annual Measure	214

2020 Operations

Operations Header	Operations Title	Operations Description	Type of Operations
1 - Health Regulation and Licensing Administration (HRLA). Protect the health of those who reside and do business in the District of Columbia by fostering excellence in health professional practice and building quality and safety in health systems and facilities through an effective regulatory framework. (11 Activities)			
FOOD, DRUG, RADIATION & COMMUNITY HYGIENE	Food Safety and Hygiene Inspection Services Division (FSHISD)	Food Safety and Hygiene Inspection Services Division inspects food establishments (e.g. restaurants, food trucks, etc.) to prevent the spread of food-borne illness. They also inspect public pools, barbershops and beauty salons for cleanliness.	Daily Service
HEALTH PROFESSIONAL LICENSE ADMIN	Criminal Background Check Program	The Division is responsible for processing criminal background checks for health care professionals and prospective applicants of long term care facilities.	Daily Service
FOOD, DRUG, RADIATION & COMMUNITY HYGIENE	Rodent and Vector Control Division	The Rodent and Vector Control Division conducts field inspections, rodent baiting and community education activities to reduce the rat population in the District of Columbia.	Daily Service
FOOD, DRUG, RADIATION & COMMUNITY HYGIENE	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 REGULATION	Health Care Facilities Division	The Health Care Facilities Division inspects, monitors, and investigates: Ambulatory Surgical Centers, Certified Home Health Agencies, End-Stage Renal Disease Facilities, Hospices, Hospitals, Laboratories (Clinical Laboratory Improvement Amendments of 1988 [CLIA]), Certificate of Waiver Programs (COW), Communicable Disease Laboratories, Tissue Banks, and Hospital Laboratories, Maternity Centers, Nursing Homes, Outpatient Physical Therapy or Speech Pathology Services, and Portable X-Ray Suppliers in the District of Columbia. The Division inspects these sites to determine compliance with local licensure health and safety regulations and federal standards for participation in Medicare and Medicaid programs under Titles XVIII and XIX of the Social Security Act. The Division also conducts Architectural Plans Review of health care facilities in the District of Columbia and inspects renovated projects and new construction. In addition, the Division inspects the DC Detention Facility aka (DC Jail) and the DC Youth Services Administration Detention Center – at New Beginnings Youth Development Center (located in Laurel, Maryland) and Mt. Olivet Road, NE (Washington, DC) in accordance with court mandates.	Daily Service
HEALTH PROFESSIONAL LICENSE ADMIN	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
HEALTH PROFESSIONAL LICENSE ADMIN	Compliance, Quality Assurance and Investigation	The Office of Compliance, Quality Assurance and Investigation enforces the District and federal laws and regulations governing licensed health professionals (Health Professional Boards and Advisory Committees). In addition, to determine compliance with federal participation in Medicare and Medicaid programs regarding Nursing Homes and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/ID), the Office also conducts investigations, as necessary.	Daily Service
FOOD, DRUG, RADIATION & COMMUNITY HYGIENE	Animal Services Program (ASP)	The Animal Services Program (ASP) is responsible for the prevention and spread of diseases transmitted by animals to people, follow-up on disease investigations, dog licensing, regulation and enforcement, field inspection and animal sheltering services in the District of Columbia. In addition, the ASP responds to any animal related complaint, and is responsible for zoonotic surveillance.	Daily Service
FOOD, DRUG, RADIATION & COMMUNITY HYGIENE	Pharmaceutical Control Division (PCD)	The Pharmaceutical Control Division (PCD) licenses, regulates and inspects community and hospital pharmacies and distributor manufacturers. 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
HEALTH CARE FACILITIES REGULATION	Intermediate Care Facilities Division (ICFD)	The Intermediate Care Facilities Division (ICFD) seeks to ensure applicable agencies substantially comply with District and/or Federal regulatory requirements for licensure and/or federal certification. ICFD has the regulatory oversight responsibility for the following seven (7) different programs: 1) Intermediate Care Facilities for Individuals with Intellectual Disabilities; 2) Group Homes for Individuals with Intellectual Disabilities; 3) Child Placing Agencies; 4) Home Care Agencies; 5) Assisted Living Residence; 6) Community Residence Facilities; and 7) Nurse Staffing Agencies. The oversight of these facilities is conducted at least annually and when necessary to ensure the health and safety of residents.	Daily Service
MEDICAL MARIJUANA	Medical Marijuana Program (MMP)	The Division of Medical Marijuana and Integrative Therapy (MMIT) licenses and regulates medical marijuana dispensaries and cultivation centers. The MMIT also approves patients and caregivers who apply to participate in the medical marijuana program. The Division also registers healthcare practitioners who elect to participate as recommenders for patients in need of medical marijuana as a treatment modality.	Daily Service
2 - Office of Health Equity. Promote Health Equity. Collaborate with other government agencies and community partners to identify and address the social determinants of health which are the key drivers of inequities in health outcomes. (3 Activities)			

Operations Header	Operations Title	Operations Description	Type of Operations
HEALTH EQUITY PRACTICE AND PROGRAM IMPLEMENTATION	Multi Sector Collaboration	The Office of Health Equity (OHE) provides informed, data driven and evidence based leadership in convening and sustaining effective multi-sector collaborative partnerships essential to promote and achieve health equity. OHE uses a "health in all policies" (HiAP) approach to improving community health. OHE serves as a liaison and technical advisor to all DOH Administrations regarding health equity, as well as external DC government agencies and private partners.	Daily Service
HEALTH EQUITY PRACTICE AND PROGRAM IMPLEMENTATION	Community Based Participatory Research & Policy Evaluation	OHE applies data driven and evidence based research methods, tools and practices, including Geographic Information Systems (GIS) and other innovative methodologies, to measure social determinant and population health outcomes. This includes current and projected opportunities for health, disparate outcomes and inequities by socio-economic and demographic subpopulation and geographic location. This core function includes support to design, development and implementation of Health Equity Programs and their evaluation, including community based participatory research, and publication of reports that inform the policy making process as well as building the evidence base.	Daily Service
HEALTH EQUITY PRACTICE AND PROGRAM IMPLEMENTATION	Health Equity Practice & Program Implementation	Development and delivery of selected programs and initiatives with demonstrable strategic health equity nexus and operational potential, so as to contribute to, and inform, the essential paradigm shift in policy and practice to improve population health and promote more equitable opportunities for health, especially amongst vulnerable populations.	Daily Service
3 - Center for Policy Planning and Evaluation (CPPE). Develop an integrated public health information system to support health policy decision, state health planning activities, performance analysis and direction setting for department programs. (3 Activities)			
STATE HEALTH PLANNING AND DEVELOPMENT	Certificate of Need (CON) Program	CPPE works with healthcare providers to administer the Certificate of Need program to ensure that the healthcare services and facilities established in the District are of high quality and meet the needs of residents.	Daily Service
STATE CENTER HEALTH STATISTICS	Vital Records	Vital Records is responsible for collecting, preserving and administering the District's system of birth, death and domestic partnership records.	Daily Service
STATE CENTER HEALTH STATISTICS	Behavioral Risk Factor Surveillance System (BRFSS)	CPPE/BRFSS conducts an estimated 333 health surveys monthly to District residents aged 18 years of age and older in all eight wards of the city.	Daily Service
4 - Community Health Administration (CHA). Provide programs and services that promote coordination among the health care systems in the city and enhance access to effective prevention, primary and specialty medical care through collaborations with public and private organizations. (28 Activities)			
CANCER AND CHRONIC DISEASE PREVENTION	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
CANCER AND CHRONIC DISEASE PREVENTION	DC Cancer Registry (DCCR)	DCCR is a population-based registry that maintains data on all cancer patients diagnosed and/or treated within the District. All cancer cases are required by DC Law to be reported to DCCR within six months of first contact with a cancer patient.	Daily Service
FAMILY HEALTH BUREAU	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
FAMILY HEALTH BUREAU	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
NUTRITION AND PHYSICAL FITNESS	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
NUTRITION AND PHYSICAL FITNESS	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
NUTRITION AND PHYSICAL FITNESS	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
FAMILY HEALTH BUREAU	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
PERINATAL & INFANT HEALTH	The Safe Sleep Program	This program provides safe sleep education for parents/caregivers, child serving community partners, and health providers. The program distributes portable cribs to families in need of a safe sleep environment for their newborn infant.	Daily Service
HEALTH CARE ACCESS	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
FAMILY HEALTH BUREAU	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
FAMILY HEALTH BUREAU	School Health Programs	These programs consist of both school health services and the School Based Health Centers (SBHC). The School Health Services Program provides comprehensive school health services in District of Columbia public and public charter schools. Located within the school building, SBHCs are designed to bring the medical provider's office to the school. Each SBHC is designed to complement and enhance the health care system in the District by collaborating with each student's medical home/primary care provider or serving as the student's medical home/primary care provider.	Daily Service
NUTRITION AND PHYSICAL FITNESS	Produce Plus Program	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
FAMILY HEALTH BUREAU	Perinatal Health Program	This program seeks to improve women's health, promote clinical quality and patient safety, and achieve collective impact.	Daily Service
CANCER AND CHRONIC DISEASE PREVENTION	Chronic Disease Division	The Chronic Disease Division addresses population level chronic disease prevention and management through evidence-based behavioral, clinical, policy and environmental interventions, as well as through multi-sector collaboration.	Daily Service
CANCER AND CHRONIC DISEASE PREVENTION	Tobacco Control Program	This program aims to reduce disease, disability and death due to tobacco use by: educating and informing stakeholders and decision-makers about evidence-based policies and programs to prevent initiation of tobacco use; working with health systems to implement evidence-based practices to support tobacco cessation in the District of Columbia; implementing evidence-based, mass-reach health communication interventions to increase cessation and/or promote the Quitline; reducing exposure to secondhand smoke; and identifying and eliminating tobacco-related disparities among specific populations.	Daily Service
FAMILY HEALTH BUREAU	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

Operations Header	Operations Title	Operations Description	Type of Operations
HEALTH CARE ACCESS	School-Based Oral Health Program	This program aids DC Public and Public Charter students in maintaining educational readiness by providing preventive oral health services in schools and linkage to dental homes.	Daily Service
NUTRITION AND PHYSICAL FITNESS	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
NUTRITION AND PHYSICAL FITNESS	Farmers' Market Nutrition Program (FMNP)	This program provides oversight for farmers who participate in healthful food access programs that assist income stressed District residents purchase locally sourced fruits and vegetables. Residents receive health and wellness education along with the food benefit.	Daily Service
HEALTH CARE ACCESS	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
FAMILY HEALTH BUREAU	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
HEALTH CARE ACCESS	Immunization Program	This program seeks to reduce the spread of vaccine preventable diseases among residents, visitors, and those working or doing business in the District.	Daily Service
CANCER AND CHRONIC DISEASE PREVENTION	Preventive Health and Health Services Block Grant (PHHSBG)	The PHHSBG aligns with DC Healthy People 2020 to identify current and emerging public health needs and to support innovative programs and policies within the local context.	Daily Service
FAMILY HEALTH BUREAU	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
FAMILY HEALTH BUREAU	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
NUTRITION AND PHYSICAL FITNESS	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
NUTRITION AND PHYSICAL FITNESS	Commodity Supplemental Food Program	This program provides a monthly food package, nutrition and wellness education, and opportunities for social engagement to seniors 60 years and older living in the District.	Daily Service
5 - HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) Reduce HIV, STD, TB and hepatitis-related morbidity and mortality and ensure healthy outcomes for persons living with those diseases. Administer federal and local funding, provide grants to service providers, monitor and evaluate programs, ensure quality services, and track the cases and status of the epidemics in the District. (5 Activities)			
DRUG ASSISTANCE PROGRAM (ADAP)	AIDS Drug Assistance	The AIDS Drug Assistance Program (ADAP) provides medication for the treatment of HIV disease. Through screening of clients to determine eligibility, enrollment and medication management the District of Columbia will continue providing this critical service.	Daily Service
PREVENTION AND INTERVENTION SERVICES	Condom Distribution	The District of Columbia Condom Program distributes both male and female condoms to District residents. The program utilizes an online platform to distribute condoms to individuals and District providers of health and support services.	Daily Service
PREVENTION AND INTERVENTION SERVICES	DC Needle Exchange Program (DC NEX)	The District of Columbia Needle Exchange Program (DC NEX) supports harm reduction through the distribution of clean needles in exchange for used ones. The program partners with 3 District community based providers to implement these interventions and link clients to primary medical services.	Daily Service
PREVENTION AND INTERVENTION SERVICES	Pre-Exposure Prophylaxis (PrEP)	HAHSTA makes PrEP widely available in the District, and does targeted outreach to target populations to receive screening, education, and referral to PrEP enrollment.	Daily Service
PREVENTION AND INTERVENTION SERVICES	Narcan Distribution	Naloxone is an opioid antagonist that was developed in the 1960s. It binds to the opioid receptors in the brain without activating them, cutting off the effects of opiate drugs. Commonly known by the trade name Narcan, naloxone is carried by first responders, EMTs, and paramedics. It can be administered, in different formulations, intramuscularly, intravenously, or subcutaneously with a syringe or via an intranasal atomizer. DOH provides funding to community partners to provide stipends to peers for outreach, education and the distribution of kits.	Daily Service
6 - Health Emergency Preparedness and Response Administration (HEPRA) Provide regulatory oversight of emergency medical services (EMS) and seek to ensure that DOH, its partners and the community are prepared for, can respond to, and recover from public health and health care system events and emergencies. (7 Activities)			
PUBLIC HEALTH EMERGENCY PREPAREDNESS	Medical Materiel Management and Distribution	HEPRA ensures the secure distribution and integrity of the stockpile from receipt to recovery of the materiel through planning, real time inventory tracking, and partner collaboration.	Daily Service
PUBLIC HEALTH EMERGENCY PREPAREDNESS	Incident Command System (ICS) and National Incident Management System (NIMS) Training	HEPRA ensures that all DOH staff with a designated role within the Health Emergency Coordination Center (HECC) and/or the Emergency Support Function (ESF) #8 response are prepared for and can respond to events and emergencies utilizing the concepts of the NIMS of FEMA Incident Command System (ICS) trainings and participation in planned exercises, as directed by Homeland Security Presidential Directive #5.	Daily Service
PUBLIC HEALTH EMERGENCY PREPAREDNESS	Special Events Permitting	As a member of the Mayor's Special Event Task Group, HEPRA provides customer assistance to Event Organizers by reviewing/approving the Health, Medical and Safety Plan component of their DCRA Special Event Permit Application. Through this coordination, HEPRA ensures each Event Organizer has obtained the required health and medical support required for their size and type of event, in accordance with the District EMS Act of 2008; DCMR, Title 29, Chapter 5 (Emergency Medical Services) and DOH policies.	Daily Service
PUBLIC HEALTH EMERGENCY PREPAREDNESS	Healthcare Coalition Development	HEPRA co-leads the DC Health and Medical Coalition (HMC) by providing coordination, oversight, policy guidance and leadership through meeting participation, planning support and communications to promote, attain and sustain Health and medical emergency preparedness services during routine and emergency operations. HEPRA conducts exercises, training and drills, to test and improve the healthcare system's resiliency. HEPRA also compiles and distributes situation reports (SITREPs), and radio drills to ensure timely and adequate communication and response, and monitors healthcare facility status.	Daily Service

Operations Header	Operations Title	Operations Description	Type of Operations
EMERG. MED. SVS. REGULATION	Training and Certification of EMS Providers and EMS Emergency Response Vehicles	HEPRA regulates training and certification for EMS Providers (paramedics and EMTs) emergency medical service (EMS) and certifies/inspects EMS and emergency response vehicles (including ambulances, medical equipment aboard air ambulances and FEMS' rescue boats) operating in the District to ensure optimal healthcare response in accordance with the District EMS Act of 2008 and DCMR, Title 29, Chapter 5 (Emergency Medical Services).	Daily Service
PUBLIC HEALTH EMERGENCY PREPAREDNESS	Medical Reserve Corps (MRC)	The DC Medical Reserve Corps (MRC) is a team of medical and non-medical volunteers who are called upon to assist the Department of Health, Health Emergency Preparedness and Response Administration (HEPRA) in preparing for and responding to special events and public health and all-hazard emergencies.	Daily Service
PUBLIC HEALTH EMERGENCY PREPAREDNESS	Emergency Operations Coordination	HEPRA directs and coordinates the implementation of other public health preparedness capabilities critical to public health emergency preparedness and response; and make informed, timely and effective decisions that direct resources and personnel to address ongoing and evolving health needs arising from emergencies.	Daily Service

2020 Strategic Initiatives

Strategic Initiative Title	Strategic Initiative Description	Completion to Date	Status Update	Explanation for Incomplete Initiative
Chronic Disease Division (1 Strategic Initiative)				
Care Transformation	DC Health will work with three health centers to ensure adults at risk or diagnosed with chronic conditions (ex. diabetes, hypertension, and overweight/obesity) have access to high quality patient-centered care. The project will focus on women of reproductive age in support of our goal to improve preconception health. In partnership with DC Health, health centers serving primarily residents from Wards 5, 7, and 8, will implement quality improvement projects that will focus on team-based care coordination, patient experience and clinical-community linkages. The goal is to improve patient engagement with a medical home, increase primary care utilization, and strengthen clinical-community partnerships to improve clinical outcomes for DC residents. Success will be measured by the increase in the utilization of primary care by women of childbearing age who are at-risk or diagnosed with a chronic disease.	Complete	Grantees continue to provide quality primary care engagement to the target population and prioritize residents' immediate needs in the face of COVID-19. A transformation to telehealth in a short period of time played a role in altering the original work plans for CaT. DC Health continued to support the grantees by relaxing the original work plan goals to prioritize the emergency response and primary care delivery adjustments. Contact Tracing Priming grants were awarded to Community of Hope (COH) and Unity to support health centers prime testing clients on what to expect if they test positive for COVID and ways to prevent the spread.	
Emergency Operations Coordination (1 Strategic Initiative)				
Emergency Shelter Planning	HEPRA will support District of Columbia Emergency Shelter Operations through the development and implementation of health and medical plans and procedures in coordination with the Homeland Security and Emergency Management Agency (HSEMA) and Department of Human Services (DHS).	50-74%	Continued COVID-19 logistics management support to the warehouse, testing sites and (now deactivated) serology sites eliminated activities not related to COVID-19 response. All team members are 100 percent engaged in COVID-19 tactical response tasks.	The DC Health Volunteer Management Plan (draft) - a key component in the development of the Medical Sheltering Plan/Annex - was developed for review. Due to COVID-19 operations, the plan awaits staffing for review/approval. HEPRA's leadership and activities within the ongoing COVID-19 response - combined with personnel impacts - effectively disrupted completion of this initiative.
Evidence-Based Home Visiting Program (1 Strategic Initiative)				
Local Home Visiting Program	DC Health will partner with two community-based organizations to expand in-home parenting supports using an evidence-based or promising practice home visiting model. The project goals are to increase protective factors and improve health outcomes for pregnant mothers and caregivers/families with children ages 0-3. Home visiting services will be provided to residents in Wards 7 and 8.	75-99%	DC Health partnered with two community-based organizations - Georgetown University Parent Support Program (GUCCHD) and Community of Hope (COH) to expand in-home and virtual home visiting supports. The former was implemented using a Parents as Teachers (PAT) promising practices home visiting model while the latter was modeled after an evidence-based PAT home visiting approach. 27 households were enrolled in COH home visiting program while 14 were enrolled in GUCCHD home visiting program in FY20 Q4. 98% of caregivers enrolled in the programs were female. 17 % were enrolled prenatally. 89% of COH households and 64% of GUCCHD households were residents of District Wards 5, 7, and 8 (Wards with the heaviest burden of unmet needs based on risk).	The project is at initial status of implementation and its impact not evaluated yet.
Food Safety and Hygiene Inspection Services Division (FSHISD) (1 Strategic Initiative)				
Modernization and Improvement of Mobile Food Vending	DC Health's Food Safety and Hygiene Inspection Services Division will work collaboratively with the Vending and Special Events Division of the Department of Consumer and Regulatory Affairs (DCRA) to improve the District's mobile food vending program. In partnership with DCRA, DC Health seeks to develop a more modernized and efficient process for becoming a mobile food vendor in the District of Columbia. This initiative will streamline processes and aid in the coordination of inspection and enforcement of regulations for mobile food vendors, thereby increasing customer service to allow for a more expedient, efficient process.	0-24%	During the public health emergency, the Food Division continued to worked closely with DCRA on Mobile Food Vending inspections for social distancing and proper infection control measures.	Due to the public health emergency the focus of the Mobile Food Vending program changed from food safety and licensing to social distancing and COVID response activities.
Medical Materiel Management and Distribution (1 Strategic Initiative)				

Strategic Initiative Title	Strategic Initiative Description	Completion to Date	Status Update	Explanation for Incomplete Initiative
Implement a Receipt, Stage and Store Site	HEPRA will implement a Centers for Disease Control and Prevention (CDC) validated Receipt, Stage and Store (RSS) Site to distribute medical countermeasures during an emergency by developing comprehensive plans, policies, and procedures.	Complete	Upon initiation of COVID-19 response in Q2/FY20, HEPRA implemented a variety of RSS site improvements throughout the quarter to attain proficiency and efficiency in receiving, inventorying and issuing supplies derived from US DHHS and DHS-FEMA-managed supply shipments. These improvements included: installation of IT infrastructure and hardware; procurement and fielding of the BarCloud inventory management system; installation and activation of the DataWatch system for access and security; construction of storage shelving units; implementation of shelving storage numbering system; installation of safety bollards and protective shelving bumpers; acquisition of additional material handling equipment (e.g., pallet jacks, CNG-powered forklifts); and temporary staffing augmentation for receive/store/delivery activities from both District and DC National Guard organizations. A roof leak was also identified and corrected during this quarter. An unintended consequence of selecting the new inventory management system was its eventual selection by the District for fielding at other District warehouse, thereby uniting the warehouses' collective data and providing leaders real-time situational awareness over the District's inventories.	
Medical Reserve Corps (MRC) (1 Strategic Initiative)				
Medical Reserve Core Transition	HEPRA will transition the DC Medical Reserve Corps (MRC) to become organic to the newly formed DC Health MRC. HEPRA will develop a Volunteer Management Plan that will include activation procedures and medical protocols for volunteers. This transition will include the implementation of policies and procedures to deploy MRC volunteers in response to disasters and emergencies in the District.	50-74%	The MRC Coordinator returned to telework duty on July 6, 2020. The activation and notification of volunteers continues with weekly via electronic and telephonic outreach efforts to gather volunteer support for the three COVID-19 testing sites (UDC-Backus Campus, F Street and Anacostia). Two Just-in-Time trainings for donning/doffing of PPE was offered to the volunteers. On September 11, 4,271 potential volunteers were notified to complete their application. The transition to the new volunteer registration management system (VRMS) was completed. The VRMS now has 706 vetted volunteers.	The DC Health Volunteer Management Plan (draft) was developed for review. Due to COVID-19 operations, the plan awaits staffing for review/approval. There is an ongoing process to update the DC MRC orientation so that it is available online.
Multi Sector Collaboration (2 Strategic initiatives)				
Host a Health Equity Summit	In FY20, OHE will build on and expand community engagement efforts, to include hosting the District's first Health Equity Summit.	Complete	In July 2020, the CHE reflected on the differential impact of COVID-19 on District residents with alarming results, especially for African Americans, Hispanic and other minorities. A Health Equity Summit was considered and weighed against the benefits of collaborating with the National Maternal & Infant Health Summit. OHE will collaborate with Thrive by Five and hold a standalone Health Equity Summit in FY21, adding COVID-19 and equity themes. OHE, in collaboration with the CHE, led a session at the Maternal & Infant Health Summit on the importance of DC Health's multi-sectoral nine key driver framework for woman, infants, and families.	
Implement Health in All Policies (HiAP) Projects and Initiatives	In FY 20, OHE will select key projects to work in collaboration with core sector partners. The first selected project, funded by Pew Charitable Trusts, is a two-year project entitled "Collaborative Approaches to Improving Health Outcomes for Housing-Insecure Pregnant Women and their Infants."	Complete	Community of Hope (COH) was added to the DC CASI Core Team to incorporate the community-based organization perspective, delve further into the resident perspective, and develop a community-based participatory research agenda. The review of CASI year one accomplishments included all collaborating agencies and affirmed progress on key issues such as housing insecurity and pregnancy. Tangible and future improvements in data tracking, and a more robust research agenda around root causes and drivers, were noted. Our HiAP approach focuses on connecting the housing, health, and human services sectors as a conduit to improve opportunities for health.	
Narcotics Distribution (1 Strategic Initiative)				
Rapid Peer Responder (RPR) Program	DC Health-HAHSTA is implementing a city-wide opioid overdose peer-led response team who will respond to overdoses in real time and subsequently link persons to Opiate Use Disorder/Substance Use Disorder (OUD/SUD) treatment and other social and supportive services. The team of eight RPRs will utilize a mobile scheduling platform to secure same day treatment appointments for those overdose survivors who are ready to enter treatment. RPRs will focus on linking the ~34% of District residents who overdose, but refuse Fire and Emergency Medical Services (FEMS) transport for further care.	Complete	Rapid Peer Responders (RPRs) restarted in the community on July 6th, 2020. The RPRs have encountered 2,989 individuals between July 1st and September 30th through street outreach and utilizing the pulse point application. They have provided multiple services for these individuals including linking individuals to treatment (n=2), other social support services (n=11), and distributing Narcan (n= 2,688 units).	
Perinatal Health Program (1 Strategic Initiative)				
Preterm Birth Reduction Pilot	DC Health will work with providers and payors to ensure women at risk for preterm birth receive high quality care to reduce risk, including 17P and aspirin. Partnering with DC Health, birthing facilities will adapt strategies that have succeeded in other jurisdictions to increase use of 17P and aspirin to reduce preterm deliveries. Birthing facilities partnering with DC Health will focus on clinical quality improvement (QI) activities, starting with improving the identification and administration of 17P for eligible women. Current strategies include standardizing screening practices, streamlining early administration of 17P, monitoring women on 17P, and improving care coordination. Outcome measures include increased identification of women eligible for 17P, increased utilization of 17P, and occurrence of preterm births among publicly-insured women. Future projects will aim to improve early and continuous engagement in prenatal care and use of aspirin to reduce preeclampsia.	50-74%	This quarter, partners continued to grapple with issues that have arisen due to the pandemic. Washington Hospital Center continued to move forward with conducting focus groups to assess patient needs with relation to 17P and also initiated an inpatient education initiative for mothers who deliver preterm, to inform them about 17P, should they become pregnant again and have created materials to help their nurse navigator educate on the floors and create branding around the initiative. Due to staff shortages on the floors and create branding around the initiative. Due to staff shortages due to childcare, CoH lost their perinatal navigator who was providing more direct patient support related to 17P, but other staff from the Perinatal Care Coordination team have stepped in to take up some of her duties. Prior to the Navigator's departure, a PDSA cycle on pain management had shown adherence to 17P being complicated by patient's experiences of pain, so a flyers on how best to deal with pain associated with 17P was developed to distribute to clients. Unity has continued to provide 17P support as well as Centering services in a remote format through the pandemic and Howard University has worked through their hiring freeze to identify a Project Director who is to join the first quarter of the new financial year.	Staffing shortages and a move to remote work created operational delays.
Rodent and Vector Control Division (1 Strategic Initiative)				
ContraPest (Birth control) Implementation	The Rodent & Vector Control Division has expanded the ContraPest (birth control) to one alley in all 8 wards. The Rodent & Vector Control Division will complete data collection by the end of September. If the consumption of the ContraPest creates a reduction in rats then, The Rodent & Vector Control Division will determine if ContraPest should be a permanent tool for the Division to ensure commercial and residential areas remain healthy, livable and enjoyable.	Complete	The Rodent & Vector Control Division continues to abate residential alleys with severe rat problems.	
Training and Certification of EMS Providers and EMS Emergency Response Vehicles (1 Strategic Initiative)				

Strategic Initiative Title	Strategic Initiative Description	Completion to Date	Status Update	Explanation for Incomplete Initiative
Emergency Medical Services (EMS) Fees and Fines	HEPRA will review and propose new emergency medical services (EMS) regulations. This includes updating the fine schedule aimed at strengthening the DC Health enforcement of regulations over the DC Health certified EMS agencies, EMS educational institutions, and individual EMS providers.	75-99%	The DC Health EMS Program has submitted proposed regulations for internal approvals.	Multi-year project is near completion and is in the process of internal approvals prior to being pushed to review process.
Vital Records (2 Strategic initiatives)				
Remote ordering portal for amendment services	The Vital Records Division (VRD) will create an online portal for customers to amend a birth or death certificate. Currently, these services can only be facilitated by a phone, email, or in-person request. This two-year project will significantly improve customer service for individuals seeking such amendments. In FY 20, VRD will complete the design phase of this new service.	75-99%	This initiative required rescoping to adjust to the demand for remote ordering during the COVID-19 response. Additional requirements will be developed in FY 21.	Project on hold as resources were directed to COVID-19 operations support. This included shifting staff functions to manage increased remote order volume, reengineer processes that required public counter interactions, and reprioritize technology projects that featured automation and digitization with minimal funding impact.
Code Enforcement Program	The Vital Records Division (VRD) is launching a Code Enforcement Program to provide oversight over entities submitting vital event data (e.g. hospitals and funeral homes). As vital event data is an integral part of understanding public health in the District, it is critical that these data are complete and accurate. This two-year project will create a mechanism for imposing penalties against organizations that do not comply with legal requirements. The planning phase will be complete in FY 20, and the program will formally launch in FY 21.	25-49%	This initiative is in the design phase.	This project is on hold as resources were directed to COVID-19 operations support. This included shifting staff functions to manage increased remote order volume, reengineering processes that required public counter interactions, and reprioritizing technology projects that featured automation and digitization with minimal funding impact.