DEPARTMENT OF HEALTH

FY 2022 PERFORMANCE AND ACCOUNTABILITY REPORT

JANUARY 15, 2023

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1 DEPARTMENT OF HEALTH

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.

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.

2 2022 ACCOMPLISHMENTS

Accomplishment	Impact on Agency	Impact on Residents
The DC Health Equity Summit, held on December 9, 2021, hosted by the DC Health Office of Health Equity in collaboration with the Commission on Health Equity and the Mayor's Office of Racial Equity.	The Summit was a milestone in the overarching goal of health equity in the District. The Summit brought together multi-sectoral coalitions to discuss the lessons learned from the pandemic experience and redouble efforts to create a just post-pandemic future.	The summit's theme was "Building the Roadmap to a Just Post-Pandemic Future" and featured partners from across DC government as well as the healthcare, non-profit, and business sectors. The Summit cemented new and existing partnerships to change the conversation around health outcomes from healthcare driven solutions to a shared roadmap to affect the social and structural determinants of health.
The ongoing COVID-19 response effort	The urgency of responding to COVID-19 continues to drive greater innovation and collaboration. This year's response efforts required new and existing coordination of efforts across epidemiology, immunization, emergency management, and public information capabilities. These capabilities have made DC Health more prepared for future public health challenges and threats.	DC Health managed the impact of the COVID-19 pandemic developments in FY 22, including the Omicron surge. The Department successfully rolled out COVID-19 vaccines for youth under five years old, and the bivalent COVID-19 booster.
Monkeypox outbreak response	As with COVID-19, the Monkeypox outbreak response highlights the vital importance of coordinating across core public health capabilities. The Monkeypox response benefitted from lessons learned and capacity building from COVID-19 in disease surveillance and investigation, immunization distribution, and data management across programs.	DC Health managed the response to the Monkeypox outbreak across multiple capabilities, conducting case investigations, contact tracing, and providing guidance to the public. Additionally, DC Health managed the rollout of Monkeypox vaccine to the most at-risk populations.

3   2022 OBJECTIVES

Strategic Objective	Number of Measures	Number of Operations
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	11
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.	0	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	11
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.	21	28
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.	12	18
Health Emergency Preparedness and Response Administration (HEPRA) Provide regulatory oversight of emergency medical services (EMS) and seek to ensure that DOH, its partners and the community are prepared for, can respond to, and recover from public health and health care system events and emergencies.	13	7
Create and maintain a highly efficient, transparent, and responsive District government.	19	0

4 2022 OPERATIONS

Operation Title	Operation Description	Type of Operation
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.		
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

Operation Title	Operation Description	Type of Operation
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
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
Division of Food	Food Safety Division inspects food establishments (e.g. restaurants, food trucks, etc.) to prevent the spread of food-borne illness.	Daily Service
Division of Community Hygiene	Community Hygiene Division inspects public pools, barbershops and beauty salons for cleanliness.	Daily Service

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.

Operation Title	Operation Description	Type of Operation
Multi Sector Collaboration	The Office of Health Equity (OHE) provides informed, data driven and evidence based leadership in convening and sustaining effective multi-sector collaborative partnerships essential to promote and achieve health equity. OHE uses a "health in all policies" (HiAP) approach to improving community health. OHE serves as a liaison and technical advisor to all DOH Administrations regarding health equity, as well as external DC government agencies and private partners.	Daily Service
Community Based Participatory Research & Policy Evaluation	OHE applies data driven and evidence based research methods, tools and practices, including Geographic Information Systems (GIS) and other innovative methodologies, to measure social determinant and population health outcomes. This includes current and projected opportunities for health, disparate outcomes and inequities by socio-economic and demographic subpopulation and geographic location. This core function includes support to design, development and implementation of Health Equity Programs and their evaluation, including community based participatory research, and publication of reports that inform the policy making process as well as building the evidence base.	Daily Service
Health Equity Practice & Program Implementation	Development and delivery of selected programs and initiatives with demonstrable strategic health equity nexus and operational potential, so as to contribute to, and inform, the essential paradigm shift in policy and practice to improve population health and promote more equitable opportunities for health, especially amongst vulnerable populations.	Daily Service

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.

Operation Title	Operation Description	Type of Operation
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

Operation Title	Operation Description	Type of Operation
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

Operation Title	Operation Description	Type of Operation
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

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.

Operation Title	Operation Description	Type of Operation
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

Operation Title	Operation Description	Type of Operation
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

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Operation Title	Operation Description	Type of Operation
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

Operation Title	Operation Description	Type of Operation
Chronic Disease Division	The Chronic Disease Division addresses population level chronic disease prevention and management through evidence-based behavioral, clinical, policy and environmental interventions, as well as through multi-sector collaboration.	Daily Service
Tobacco Control Program	This program aims to reduce disease, disability and death due to tobacco use by: educating and informing stakeholders and decision-makers about evidence-based policies and programs to prevent initiation of tobacco use; working with health systems to implement evidence-based practices to support tobacco cessation in the District of Columbia; implementing evidence-based, mass-reach health communication interventions to increase cessation and/or promote the Quitline; reducing exposure to secondhand smoke; and identifying and eliminating tobacco-related disparities among specific populations.	Daily Service
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	Program provides no-cost nutrition assessments, breastfeeding support and healthful foods to promote healthy pregnancies and growth in children during the first five years of life.	Daily Service
Farmers' Market Nutrition Program (FMNP)	This program provides oversight for farmers who participate in healthful food access programs that assist income stressed District residents purchase locally sourced fruits and vegetables. Residents receive health and wellness education along with the food benefit.	Daily Service
Preventive Health and Health Services Block Grant (PHHSBG)	The PHHSBG aligns with DC Healthy People 2020 to identify current and emerging public health needs and to support innovative programs and policies within the local context.	Daily Service
Senior Farmers' Market Nutrition Program (SFMNP)	Healthful food access programs that assists income stressed seniors in purchasing locally sourced fruits and vegetables. Seniors aged 60 years and older receive health and wellness education along with the food benefit, June through October.	Daily Service
Commodity Supplemental Food Program	This program provides a monthly food package, nutrition and wellness education, and opportunities for social engagement to seniors 60 years and older living in the District.	Daily Service

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.

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

Operation Title	Operation Description	Type of Operation
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, and narcan distribution and training. 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

Operation Title	Operation Description	Type of Operation
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
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

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Operation Title	Operation Description	Type of Operation
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

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.

Operation Title	Operation Description	Type of Operation
Medical Materiel Management and Distribution	HEPRA ensures the secure distribution and integrity of the stockpile from receipt to recovery of the materiel through planning, real time inventory tracking, and partner collaboration.	Daily Service
Incident Command System (ICS) and National Incident Management System (NIMS) Training	HEPRA ensures that all DOH staff with a designated role within the Health Emergency Coordination Center (HECC) and/or the Emergency Support Function (ESF) #8 response are prepared for and can respond to events and emergencies utilizing the concepts of the NIMS of FEMA Incident Command System (ICS) trainings and participation in planned exercises, as directed by Homeland Security Presidential Directive #5.	Daily Service

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Operation Title	Operation Description	Type of Operation
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 evoloing health needs arising from emergencies.	Daily Service

5 2022 STRATEGIC INITIATIVES

In FY 2022, Department of Health had 22 Strategic Initiatives and completed 45.45%.

Title	Description	Completion to Date	Update	Explanation for Incomplete 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.	75-99%	The SHPDA has made progress in the automation process. The SHPDA launched its automated system in August. Proposed providers are able to create a new user profile, upload a letter of determination and create a letter of intent. Users are able to complete the CON application and upload documents into the system.	The SHPDA has completed the initial phase of the automated project and is able to accept information and documents through the new automated system. The SHPDA continues to develop the system to allow for online completion of the CON application and to reduce the number of documents that are uploaded.

| 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 fs 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 fs 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. | 75-99% | COE sponsored an educational lecture on Centering Pregnancy. There were 8 participants in attendance.
Behavioral Health: Hosted a qualitative training day which was well received. The presenter discussed qualitative research methods, challenges, and benefits of using qualitative research approaches. -1 addiction medicine fellow continued to receive training -1 new addiction medicine fellow recruited. Dr. Buckley started on July 1st. -16 addiction medicine consults were provided
Trauma and Violence Prevention: The team submitted a third manuscript for publication. Summitted to the Annals of Internal Medicine, the article is titled "Mental health symptoms are comparable in hospitalized acute illness and traumatic injury patients: A prospective longitudinal observational study."
Oral Health: The Oral Health COE continued to offer urgent care services for District residents. In addition, the team continues to excel in training students to deliver urgent dental care for underserved patients.
Sickle Cell Disease: Submitted concepts for SCD educational modules to DCRx. This is the first step in the process to create and disseminate provider education in DC in collaboration with DCRx. -3 new patients enrolled in the community-based SUD peer recovery pilot program -6 medical students and 3 medical residents trained in Open Access ambulatory substance use disorder (SUD) and co-occurring SUD and psychiatric disorder clinics -Onsite peer recovery guide continues to provide education and information on SUD and treatment and recovery services at DC Dream Center. | Although Howard COEs experienced some challenges they were very close to meeting the completion of this strategic initiative this year. The leadership structure is nearing completion within the next few months. However, challenges with establishing a concrete direction for all centers delayed implementation of a finalized strategic plan. This should be complete in Q1 of next fiscal year. |

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.	0-24%	The DC Health/BRFSS program did not receive the $50,000 to administer the focus group component of the research project.	DC Health/CPPE/BRFSS did not receive the $50,000 to conduct the focus group activities.
Framework of a customer friendly application and licensing system to support the Food and Hygiene Divisions	The Health Regulation and Licensing Administration (HRLA) will develop the framework for a new IT system that will allow customers to submit and pay for applications online. Additionally the customer will receive electronic approval and/or license/certification. This will allow the Division of Food and Hygiene to quickly and efficiently communicate with customers. It will also be more convenient for customers, as they will no longer be required to submit in person or by mail.	75-99%	The Office of Food, Drug, Radiation, and Community Hygiene and Accenture representatives continually strive to create a better user experience. Through customer feedback, we have identified bugs in the system, updated formats, and clarified instruction language to increase the user's rate of success with using the system. Although not in production, the products module is mainly ready to go live once a few system items are fixed. The products module will allow the generation of documentation provided due to particular application submissions. The completed products module will enable us to utilize Salesforce exclusively for the application review and issuance of approval documentation instead of the two separate systems currently being used.	We are continuing to work toward integrating both our application and inspection portals into the Salesforce system.

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.	Complete	Mary's Center (MC) Nurse Family Partnership (NFP) First Time Mother's Program (FTM) Nurse Home Visitors continues to recruit and enroll participants. The program had a total of 57 pregnant women in which 16 clients were supported by DC Health Funding. A total of 47 participants gave birth. The The program hired an Engagement Program Manager to recruit participants, support ongoing and new partnerships with other community organizations, and engage with community members. The NFP Anniversary event took place, yet funding dedicated to the event was reallocated to support ongoing programming.
Integrated services: polysubstance use and primary care	DC Health – HAHSTA is expanding drug user health activities through a program to respond to concurrent polysubstance use. Funds, distributed to select Medication Assisted Treatment (MAT) community providers, to support implementation of evidence-based/informed interventions into primary care. HAHSTA will continue to provide technical assistance and capacity building to the centers, as well as create a forum for organizations to share best practices and lessons learned. Training and technical assistance for FY22 will focus on integrating advanced screening practices and enhanced patient health literacy and ability to address SUD via increased access to technology and training on its use to support health.	Complete	Although this initiative ended on 09/30/2022, all four of our providers have reported that they incorporated polysubstance screening within the regular workflow. Additionally, they have all planned to sustain this efforts moving forward.

Dementia Training for Direct Care Workers	The Health Regulation and Licensing Administration (HRLA) will identify and designate standardized dementia training, including online training for direct care workers.	50-74%	DC Health Staff have met with OGC regarding drafting of regulations and a fee schedule for non-compliance. This is important for enforcement related to those who are already employed in these facilities. A provider meeting will be held no later than 11/23/22 to outline the enforcement and remedies for providers. This will also be a moment for DC Health to present the approved training courses and process for submission of other training options.	DC Health has made progress in the implementation. The implementation will require more collaboration between other departments within DC Health, specific to the education approval. Also, because this bill passed prior to the COVID-19 pandemic, it has been determined that portions of the bill (i.e. requirement for a notarized certificate) may no longer be a pragmatic requirement.
Build and Launch a Health Opportunity Index (HOI) for the District	Phase one of this initiative is planned for FY 22. Phase one will include developing the infrastructure plan, and completing the data sharing agreements necessary to obtain all of the necessary source data. Phase two will culminate in the publication of the inaugural DC Health Opportunity Index.	Complete	The Health Opportunity Index (HOI) is a multivariate tool to measure and understand the combined effect of social determinants of health (SDoH) on health outcomes. To date, a total of 10 indices have been completed – of the anticipated 13. Beyond completion of the remaining indices, immediate next steps will include their integration, and proof of concept demonstrations.	

Launch a Health Literacy Plan for the District	Pursuant to the two-year Advancing Health Literacy Grant from the Office of Minority Health, OHE will develop a Health Literacy Plan for the District. In FY 22, OHE will develop its health literacy strategy, and begin implementation. Phase two consists of completing the implementation of the Health Literacy Plan and ensuring sustainability.	Complete	The DC Health Literacy Project has continued to make steady progress. This includes the addition of a seasoned Health Literacy Program Manager, with strong knowledge of the DC Community, together with demonstrated applied implementation practice capabilities. Immediate impacts have included leveraging community engaged collaborative learning opportunities with development and field testing of an evaluation tool related to the first iteration of a Health Literacy Journal. The second CBO Partner "Fall Meet & Greet" was planned and was successfully hosted (October 3, 2022) by a participating CBO at their place of business in the community. The team has worked on development and selection of validated personal health literacy measures, which have been submitted for proposed inclusion in the 2023 DC BRFSS; and could also support a subset of Health People 2030 Health Literacy targets.
Psychology Interjuris-dictional Compact Act	The Health Regulation and Licensing Administration (HRLA) will develop an enhancement to the existing IT framework to implement licensure pursuant to the Psychology Compact.	25-49%	DC Health is continuing to work with the Association of State and Provincial Psychology Boards (ASPPB), board attorney and IT department to determine the best way to implement the compact. In addition, we are continuing to address getting staff adequately trained on, and understanding, the compact.
Primary Care Retention and Specialty Care Incentive	Based on the recommendations from the Mayor's Commission on Healthcare Systems and Transformation, there is a need to retain primary care and specialty workforce in Health Professional Shortage Areas (HPSA) utilizing mechanisms to enhance the current HPLRP program. This initiative will pilot methods to incentivize recruitment of specialty care physicians and retainment of primary care providers.	Complete	The Program worked to support the passing of emergency legislation that allowed the acceptance of part time, specialist, and for-profit providers into the program. The Program has already enrolled one part time healthcare provider.

National Emergency Department Overcrowding Score Implementation	HEPRA will implement the National Emergency Department Overcrowding Score (NEDOCS) across District hospitals that contain an Emergency Department. Implementation of NEDOCS within the District will enhance the situational awareness capacities of the District healthcare system, providing those responding and transporting patients a view into the emergency department crowding to support increased improve turnaround time for EMS responses, as well asand manage surges management across the healthcare system.	Complete	DC Health continues to work in collaboration with DC Hospital Association through existing partnership to engage hospital stakeholders to maintain the NEDOCS project and plans for implementation in the District. The NEDOCS team continues to regularly meet with the DC Hospital Association, the District hospitals, and the Emergency Department Leaders for action steps for additional and future utilization of this system.
District of Columbia Mass Casualty Incident (MCI) Plan	HEPRA will complete a draft update to the District's Mass Trauma Plan with the inclusion of the newly developed Mass Casualty Incidents (MCI) Grids to strengthen and support the District's response to MCIs during FY22. The District Trauma Plan will guide the District's response to mass casualty incidents that overwhelm the healthcare system, impacting the delivery of care and allocation of resources. The MCI grids will enable District hospital emergency departments to quickly assess the numbers and triage level of patients they may receive during an MCI. The updated draft to the plan will allow facilities to quickly gain situational awareness of an incident as well as allow facilities and the healthcare system to exercise emergency plans with realistic and measurable patient numbers to improve response.	Complete	A new draft of the District Trauma Plan has been disseminated to stakeholders and the Trauma Subcommittee. This draft was utilized during the June DC HMC Full Scale exercise. As with all plans, this plan is a living document that will be further updated based on lessons learned from the Full Scale Exercise After Action Reporting and shared with the Trauma Subcommittee for review to discuss the next revision. Currently, HEPRA is collecting feedback from the full scale exercise and the Trauma Subcommittee.
Collaborative Actions for Change	OHE will leverage the insights of the Health Equity Summit 2021 and develop a multi-sectoral health equity agenda.	Complete	The DC Health Equity 2021 Summit Summary report has been completed and published, including six (6) recommendations, with supporting context and framing for implementation. It emphasizes the importance of multi-sectoral collaboration – public, private, and non-profit – in leveraging a whole-of-community approach going forward.

Perinatal Care Integration/Coordina	This project seeks to pilot mechanisms to share social determinants of health information at healthcare visits and better connect prenatal care to labor and birthing options, with a specific emphasis on Wards 7 and 8.	50-74%	A total of 637 prenatal patients of the 1,00 women target that resided in either Wards 5, 7 or 8 gained access to services provided by Mahmee's clinical team in FY22. Mahmee deployed automated patient engagement strategies to provide ongoing support and education to women from conception through the first six weeks postpartum. Providers, community based organizations, and labor and delivery facilities gained access to Mahmee's provider platform, which allows them to assign screenings, chart appointments, document interactions, create care plans, and communicate with their patients and with colleagues in affiliated practices and organizations. Mahmee tracked and analyzed key health data and escalated clinical concerns to the appropriate members of the patient's care team. A total of 184 providers out of the target of 250 were onboarded in FY22. Although progress towards the annual targets were made, grantee was unable to meet any of the established targets in FY22. Only 26 women out of the 147 patients enrolled in Mahmee completed SDoH screening.	The grant project period came to an end this fiscal year and will not be renewed for the subsequent fiscal year. Newly awarded Preterm Birth Reduction Initiative grantees have been given the opportunity to receive additional funding to utilize a perinatal connectivity platform, using their preferred vendor, as part of their projects. The Preterm Birth Reduction grantees will be evaluated based on the outcomes of funded workplan activities.

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.	Complete	DC Health continued to provide technical assistance to Capital Area Food Bank. To date, CAFB has exceeded targets for number of meals distributed (over 179,400) and has exceeded the household reach goal, distributing food to over 4,000 families. To reach these goals, CAFB worked with 16 community partners.
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 22, 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.	50-74%	We have continued to use this algorithm to detect and report on outbreaks of COVID-19 in the community. We are working on utilizing this process for other notifiable diseases.

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. In FY 22, 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.	75-99%	For this quarter, one major change aside from the technical issues we experienced with AIMS, DC Health no longer shares or receive out of jurisdiction COVID-19 close contacts nationally or within the DMV area states using AIMS. DC Health continues to send out-of-jurisdiction (non -DC) case reports to State and Territorial health departments daily via secure encrypted email and we are now looking for the enhanced Disease Surveillance System app functionality to allow us to completely digitize the OOJ case reporting as soon as the testing is done and technical bugs are resolved. Meantime, our DC Health team has continued to work with our DMV partners and with MITRE/CDC group on a pilot project to expand this close contact exposure notification platform to other states to include non-COVID disease exposure like Monkeypox using a standard close contact exposure notification template created by the MWCOG workgroup and agreed upon by the participating state HDs.	
Emergency Medical Services (EMS) Fees, Fines, and Regula-tions	HEPRA will revise emergency medical services (EMS) regulations in order to strengthen, improve, and modernize the EMS system in Washington, DC. This includes updating the fine schedule aimed at strengthening DC Health enforcement of regulations over the DC Health certified EMS agencies, EMS educational institutions , and individual EMS providers .	75-99%	Draft returned from leadership for additional edits. Edits forthcoming, anticipate Q1 FY23 to move beyond administration.	A modernized fine structure will further encourage compliance with EMS Regulation. This strategic priority will be added to FY23.

Electronic Medical Orders for Scope of Treatment	The MOST 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 FY22, DC Health HEPRA will coordinate with both the Department of Healthcare Finance (DHCF) and the Chesapeake Regional Information System for Our Patients (CRISP), the Health Information Exchange for the DC region, to ensure that eMOST offers optimal access and value to both patients and healthcare providers.	75-99%	DC Health and DHCF, as part of the Advanced Directive Initiative, awarded CRISP DC to launch a cloud-based eMOST and advance care planning platform (ADVault) to allow providers to streamline processes to capture, store, share, and access eMOST and advance care directives to ensure patients' wishes are documented and accessible by care teams at no cost. In collaboration of sister agencies and other stakeholders, DC MOST, National POLST and Psychiatric Advance Directive forms are currently digitized in the ADVualt platform. the first phase completed, DC Health , DHCF and CRISP are currently in progress of conducting outreach and onboarding which include demos and webinars of this solution to healthcare providers, facilities and the public during FY23 and FY24.	DC Heath, DHCF and CRISP are currently in progress of conducting outreach and onboarding which include training, demos, and webinars of this solution. This will continue through FY23 and FY24 to fully implement.
Emergency Medical Services (EMS) and Trauma Data Accessibility	HEPRA will implement new emergency medical services (EMS) and trauma data dashboards. These dashboards will be based on data contained in the DC NEMSIS 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 show system utilization and demand.	50-74%	Draft dashboards are under development. The project is underway with vendor.	This strategic priority will be added to FY23.

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.	Complete	The District of Columbia Vital Records Division (DCVRD) completed its submission for accreditation during Q3. PHAB is reviewing the documents submitted and awaits guidance on next steps.

6 2022 KEY PERFORMANCE INDICATORS AND WORKLOAD MEASURES

Key Performance Indicators

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.

Measure	Directionality	FY 2020	FY 2021	FY 2022 Target	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022	Was 2022 KPI Met?	Explanation of Unmet KPI
Percent of follow-up inspections of health care facilities with harm level deficiencies completed within 30 days	Up is Better	100%	100%	100%	No applicable incidents	No applicable incidents	100%	100%	100%	Met	
Percent of samples taken from rabies suspect animals submitted for testing within 48 hours	Up is Better	100%	64.5%	100%	100%	100%	100%	100%	100%	Met	
Percent of food establishment complaint inspections initiated within five (5) business days of receipt	Up is Better	97.9%	97.1%	95%	95.9%	98.3%	97.8%	98.1%	97.6%	Met	
Percent of Registered Controlled Substance Facilities inspected annually	Up is Better	74.8%	98.3%	100%	30.8%	29.1%	30.8%	15.5%	95.3%	Nearly Met	The Pharmacy Control Division experienced a shortage of staff. Several vacancies and employees on leave resulted in falling short of our goal of 100%
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%	100%	100%	100%	Met	
Percent of medical marijuana facilities (dispensaries and cultivation centers) receiving at least one quarterly inspection	Up is Better	30%	No Applicable Incidents	95%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	No applicable incidents		
Percent of pharmaceutical facilities receiving at least one annual inspection	Up is Better	67.6%	98.1%	100%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	95.82%	Nearly Met	The Pharmacy Control Division experienced a shortage of staff. Several vacancies and employees on leave resulted in falling short of our goal of 100%

Key Performance Indicators *(continued)*

Measure	Directionality	FY 2020	FY 2021	FY 2022 Target	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022	Was 2022 KPI Met?	Explanation of Unmet KPI
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%	100%	100%	100%	Met	
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%	50%	100%	100%	100%	94.4%	Nearly Met	Target was not met due to one case in Q1. The Sanitarian attempted (unsuccessfully) to gain access within the three-day timeframe, however was unable to because the facility was closed.
Percent of investigations initiated within 24 hours of receipt for complaints of abuse, neglect and mistreatment	Up is Better	100%	88.5%	100%	100%	100%	100%	77.8%	87.5%	Unmet	Follow-up on two of the complaints were outside of the 24-hour window, however surveys are scheduled for both facilities.

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.

Measure	Directionality	FY 2020	FY 2021	FY 2022 Target	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022	Was 2022 KPI Met?	Explanation of Unmet KPI
Percent of Certificates of Need (CONs) reviewed within 90 days	Up is Better	100%	79.4%	100%	100%	100%	100%	100%	100%	Met	
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%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	100%	Met	
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%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	100%	Met	
Average wait time for vital records walk-in issuance requests	Down is Better	New in 2021	8	30	15.8	23.8	13.1	14.8	16.9	Met	

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.

Key Performance Indicators *(continued)*

Measure	Directionality	FY 2020	FY 2021	FY 2022 Target	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022	Was 2022 KPI Met?	Explanation of Unmet KPI
Percent of eligible children enrolled in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs who receive developmental and social-emotional screenings	Up is Better	88.6%	86.1%	85%	83.3%	81%	78.7%	81.8%	81.8%	Nearly Met	Target was not met mainly because of challenges in reaching families. Some families had not completed any home visits, when screenings are usually administered, by the end of the reporting period. Some children were on creative outreach (an enrollment status in which families enrolled in the program are not able to be reached by the home visitors and the program is making every effort to try and re-engage them into the program). Home visiting programs nationwide usually experience very high attrition rates. Characteristically, several families withdrew from the program before their screening windows were open (i.e. before the child attained the age at which they could be screened). Some children had also just been born and had not reached the age at which they could be screened. A program also noted language as a barrier. They missed to screen a child because they needed to acquire screening materials in the language spoken by the family.

Key Performance Indicators (*continued*)

Measure	Directionality	FY 2020	FY 2021	FY 2022 Target	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022	Was 2022 KPI Met?	Explanation of Unmet KPI
Percent of women enrolled in the MIECHV programs that are screened for depression	Up is Better	92.4%	93.8%	85%	91.4%	87.3%	85.5%	86.8%	86.8%	Met	
Percent of eligible perinatal program participants with a documented reproductive health plan	Up is Better	62.2%	98.4%	90%	98.9%	87.6%	77.2%	79.6%	82.6%	Nearly Met	Healthy Start sites experienced severe staff shortages which slowed down or halted enrollment of new participants. Both sites are also navigating the nuance of virtual and in-person services to engage the target population.
Total breastfeeding initiation rates among WIC enrollees	Up is Better	68.5%	71.5%	65%	71.9%	68.3%	63.6%	62.1%	66.7%	Met	
Breastfeeding initiation rates among African-American WIC enrollees	Up is Better	62.5%	65.1%	58%	64.7%	60%	53%	53.7%	58.6%	Met	
Percent of Health Professional Loan Repayment Program (HPLRP) participants that are practicing in priority underserved areas	Up is Better	91.5%	91.7%	90%	91.7%	91.7%	60%	92.7%	92.7%	Met	
Percent of kindergarten-enrolled children with up-to-date immunizations	Up is Better	77.3%	77.4%	85%	80.7%	81%	80.3%	73.8%	73.8%	Unmet	Target not met due to changing compliance definition to meet school-required vaccines by school-entry which had not been enforced in prior years.
Percent of Youth Advisory Council participants who report an increase in knowledge and skills gained from participation	Up is Better	20%	82.1%	60%	No applicable incidents	No applicable incidents	83.6%	No applicable incidents	83.6%	Met	
Percent of providers reporting immunization data electronically into the immunization registry (DOCIIS)	Up is Better	45.3%	95.5%	45%	97%	97.1%	98.1%	80.7%	80.7%	Met	

Key Performance Indicators *(continued)*

Measure	Directionality	FY 2020	FY 2021	FY 2022 Target	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022	Was 2022 KPI Met?	Explanation of Unmet KPI
Percent of Senior FMNP Benefits Redeemed	Up is Better	Not Available	Not Available	95%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	63.97%	Unmet	Current numbers are an estimate based upon preliminary data and may be revised upward with final reporting.
Percent of Oral Health Program participants linked to a dental home	Up is Better	7.1%	No Applicable Incidents	50%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	53.13%	Met	
Percent of WIC FMNP Benefits Redeemed	Up is Better	Not Available	Not Available	50%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	25.73%	Unmet	These numbers are an estimate based upon preliminary data and may be revised upward after final reporting.
Percentage increase in preventive care visits among health centers supported by the Primary Care Office	Up is Better	5.1%	0%	5%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	No applicable incidents		
Percent of infants who receive an initial hearing screen at birth	Up is Better	97.5%	97.5%	95%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data		
Proportion of adults with hypertension who have achieved blood pressure control (seen at Million-Hearts-participating facilities)	Up is Better	70%	49%	70%	57.9%	56.8%	63.3%	63.5%	60%	Unmet	Staffing shortages at FQHCs, exacerbated by COVID-19, have impacted this measure.
Percent of students in the School Health Services program with asthma with an asthma action plan on file	Up is Better	24.9%	4.3%	48%	12.5%	15.5%	18.6%	17.7%	17.7%	Unmet	The target of 48% of asthmatic students with an asthma action plan on file in the health suite was not met. The SHSP continues to face a decrease in the total number of returned health forms to the school building.
Percent of infants that receive a repeat screening after failing an intial hearing screening	Up is Better	35.1%	46.7%	75%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data		
Percent of Farmer's Market incentive benefits redeemed	Up is Better	Not Available	74.6%	93%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	93.59%	Met	

Measure	Directionality	FY 2020	FY 2021	FY 2022 Target	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022	Was 2022 KPI Met?	Explanation of Unmet KPI
Percent of participants enrolled in School-Based Food Markets reporting increase in food security	Up is Better	45.4%	47.7%	70%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	48.31%	Unmet	Due to COVID-19, modified school schedules and closures affected distribution
Percent of families with one or more completed referrals through Help Me Grow within three months of referral	Up is Better	59.8%	70.7%	70%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	76.47%	Met	
Percent of WIC participants that redeem their checks	Up is Better	New in 2022	New in 2022	New in 2022	Annual Measure	Annual Measure	Annual Measure	Annual Measure	63.92%	-	
Number of approved farmers that accept WIC/Senior FMNP benefits	Up is Better	New in 2022	New in 2022	New in 2022	Annual Measure	Annual Measure	Annual Measure	Annual Measure	56	-	

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.

Measure	Directionality	FY 2020	FY 2021	FY 2022 Target	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022	Was 2022 KPI Met?	Explanation of Unmet KPI
Percent of Ryan White clients living in the District that are prescribed Anti-Retroviral Therapy	Up is Better	94.1%	92.2%	90%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	95.07%	Met	
Percent of diagnosed HIV positive individuals retained in care that are virally suppressed	Up is Better	88.7%	87.3%	85%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	81.3%	Nearly Met	Lingering pandemic issues may impact number of people living with HIV (PLWH) going in for lab work.
Percent of DOH-supported HIV tests conducted with focus populations	Up is Better	53.7%	64.3%	15%	81.2%	73.7%	74.1%	40.1%	64%	Met	
Percentage of individuals diagnosed with HIV confirmed to be out-of-care that are re-engaged within 90 days of successful case contact	Up is Better	16.7%	7.1%	10%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	100%	Met	
For patients with newly diagnosed TB disease for whom 12 months or less of treatment is indicated, the proportion who complete treatment within 12 months	Up is Better	96%	88.9%	90%	Semi-Annual Measure	Semi-Annual Measure	Semi-Annual Measure	Semi-Annual Measure	90%	Met	

Key Performance Indicators *(continued)*

Measure	Directionality	FY 2020	FY 2021	FY 2022 Target	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022	Was 2022 KPI Met?	Explanation of Unmet KPI
Percent of successful opioid overdose reversals	Up is Better	New in 2021	84.8%	80%	No applicable incidents	No applicable incidents	No applicable incidents	No applicable incidents	No applicable incidents		The Narcan program was transferred to the Department of Behavioral Health at the end of 2021.
Percentage of new HIV cases linked to care within 30 days of diagnosis	Up is Better	New in 2021	87.7%	90%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	75.44%	Unmet	Lingering pandemic issues may impact investigation timing.
Percentage of new HIV cases achieving viral suppression within 90 days of diagnosis	Up is Better	New in 2021	57.5%	90%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	55.56%	Unmet	Lingering pandemic issues may impact number of people living with HIV (PLWH) going in for labs.
Proportion of gonorrhea cases with appropriate treatment confirmed among clients seen at the Health and Wellness Center with at least 15 days elapsed from diagnosis date	Up is Better	97.6%	98.7%	90%	98.1%	99.1%	100%	98.4%	98.9%	Met	
Percent of AIDS Drug Assistance Program (ADAP) beneficiaries who are currently virally suppressed	Up is Better	89.6%	94.4%	85%	94.3%	94.7%	93.8%	93.9%	94%	Met	
Percentage of individuals prescribed PrEP at the DC Health & Wellness Center who are members of the demographic groups disproportionately impacted by HIV (e.g., Black Women, men who have sex with men, Transgender Women of Color)	Up is Better	97.1%	88.5%	65%	77.6%	73.2%	91.8%	90%	83.8%	Met	

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.

Key Performance Indicators *(continued)*

Measure	Directionality	FY 2020	FY 2021	FY 2022 Target	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022	Was 2022 KPI Met?	Explanation of Unmet KPI
Percent of Management Supervisory Service (MSS), Excepted Service (ES), and Legal Services staff with the essential or emergency designation who complete the independent study portion of the Management ICS Training Series as outlined in DOH Standard Operating Procedure 1380	Up is Better	35%	35.6%	60%	Waiting on Data	Waiting on Data	11.1%	45.2%	45.2%	Unmet	It was challenging to hold staff accountable for requirements because SOP 1380 expired expired prior to this collection period. There was a gap in tracking and enforcing training requirements because of the HEPRA Training Coordinator and DC Health HR Training and Exercise Officer vacancies. Going into FY23, we anticipate this percentage to increase with filling staff vacancies, increased collaboration with DC Health HR, and improved tracking mechanisms.
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%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	25.25%	Unmet	Due to the constraints of the acknowledgement time, it is difficult to get a higher response rate as many volunteers are working, in school or performing other tasks and are unable to respond within the two hour parameter.
Percent of District hospitals, skilled nursing facilities and clinics that complete the HMC Membership requirements as outlined in the HMC Preparedness Plan	Up is Better	New in 2021	No Applicable Incidents	75%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	100%	Met	

Measure	Directionality	FY 2020	FY 2021	FY 2022 Target	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022	Was 2022 KPI Met?	Explanation of Unmet KPI
Percent of Open PODs that can open for set up within 2 hours of notification to activate	Up is Better	100%	100%	100%	100%	100%	100%	100%	100%	Met	
Percent of Closed PODs that can open for set up within two hours of notification to activate	Up is Better	27.2%	42.6%	100%	Semi-Annual Measure	Semi-Annual Measure	Semi-Annual Measure	Semi-Annual Measure	42.6%	Unmet	Many partner organizations delayed additional Closed POD planning efforts during FY22 due to COVID response planning priorities. PHP program staff are actively re-engaging participants and providing technical support to organizations currently developing their Closed POD plans.
Percent of EMS agency inspections with passing determinations	Up is Better	93.3%	No Applicable Incidents	75%	100%	No applicable incidents	No applicable incidents	No applicable incidents	100%	Met	
Percent of EMS Emergency Response vehicles with an initial passing inspection	Up is Better	92.5%	97.9%	85%	90.3%	87.4%	93.2%	80%	87.3%	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	Up is Better	No Applicable Incidents	No Applicable Incidents	100%	No applicable incidents	No applicable incidents	No applicable incidents	No applicable incidents	No applicable incidents		
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%	100%	92.3%	100%	84.6%	94.2%	Met	

Key Performance Indicators *(continued)*

Measure	Directionality	FY 2020	FY 2021	FY 2022 Target	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022	Was 2022 KPI Met?	Explanation of Unmet KPI
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%	69%	69%	69%	70%	70%	Unmet	POD training, a component of this KPI, was not offered this fiscal year, due to the HEPRA Training Coordinator vacancy; this impacted new HEPRA staff the most.

Key Performance Indicators *(continued)*

Measure	Directionality	FY 2020	FY 2021	FY 2022 Target	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022	Was 2022 KPI Met?	Explanation of Unmet KPI
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%	3.3%	0%	16.7%	0%	20%	Unmet	DC HMC members participated in city-led exercises during FY22 to provide feedback on healthcare-related response in relation to District response for collaborative exchanges with DC agencies & across the DC HMC stakeholders. Stakeholders provided feedback on District response addressing concerns, gaps, & feedback on healthcare related preparedness, response, and recovery. Participation in these events was not included in this data counting as they were not DC HMC led projects. DC HMC stakeholders also participated in a federally-led NDMS exercise in September 2022. Additionally, DC HMC stakeholders attendance of trainings and workshops may have been limited due to events not taking place in person due to COVID-19 risk mitigation and response as well as stakeholder availability based on COVID and Monkeypox response as well as other real-world events affecting the healthcare system. Additional trainings & exercises are planned for FY23.

Key Performance Indicators *(continued)*

Measure	Directionality	FY 2020	FY 2021	FY 2022 Target	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022	Was 2022 KPI Met?	Explanation of Unmet KPI
Percent of closed POD partners meeting all program requirements	Up is Better	36.6%	42.6%	100%	40.4%	42.6%	42.6%	42.6%	42%	Unmet	Only 43% of Closed POD program participants have completed the full planning and training components of the program. Many partner organizations delayed additional Closed POD planning efforts during FY22 due to COVID response planning priorities. PHP program staff are actively re-engaging participants and providing technical support to organizations currently developing their Closed POD plans.
Percent of Health Alert Network (HAN) alert recipients who acknowledge receipt after the first alert attempt	Up is Better	56.4%	31.9%	90%	No applicable incidents	No applicable incidents	No applicable incidents	No applicable incidents	No applicable incidents		HAN alerts were not issued during FY22.
Create and maintain a highly efficient, transparent, and responsive District government.											
Percent of MSS employees who complete the required MSS training curriculum	Up is Better	91.1%	89%	80%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	56.88%	Unmet	A significant number of managers currently on staff have been hired within the two-year window allotted to complete the MSS Trainings.

Key Performance Indicators *(continued)*

Measure	Directionality	FY 2020	FY 2021	FY 2022 Target	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022	Was 2022 KPI Met?	Explanation of Unmet KPI
Percent of lapsed dollar amounts on federal awards	Down is Better	11%	16.9%	3%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	22.36%	Unmet	Numerous personnel turnover and vacancies for both core funding and supplemental components of federal funding resulted in vacancy savings and unobligated funds. Additionally, no/slow spending by subrecipients of those same grants is also documented; however, this data is preliminary and reflect federal grant awards still under liquidation and consideration for carryover approval, no-cost extensions, or off-sets on the next budget period's funding. This result must be updated in December 2022 in order to be useful for planning.
Percent of eligible employee reviews completed on time	Up is Better	100%	91.2%	100%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	96.93%	Nearly Met	There were 13 eligible employees whose status was still listed as in progress when the deadline passed. All of those employees has evaluation content in their personnel record.
Percent of required attendees completing trainings mandated by EOM, DCHR, or the DOH Director	Up is Better	100%	81.1%	70%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	95.12%	Met	

Key Performance Indicators *(continued)*

Measure	Directionality	FY 2020	FY 2021	FY 2022 Target	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022	Was 2022 KPI Met?	Explanation of Unmet KPI
Percent of new subgrants with approved risk-based monitoring plans within 30 days of award	Up is Better	60.3%	80.3%	75%	59%	87%	78.6%	73.1%	71.2%	Nearly Met	DC Health is one percent below the target for the submission of risk assessments to support monitoring plans. The result reflects on-time assessments and does not reflect those submitted late. The Q1 submissions may have been delayed by other on-time start-up deliverables for new and continuation FY22 subgrants.
Percent of completed interim subgrant budget periods with performance ratings completed and submitted within 45 days	Up is Better	62.1%	70.6%	60%	40.6%	97.6%	100%	100%	67.3%	Met	
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%	No applicable incidents	9.7%	42.1%	62.3%	45.5%	Unmet	Site planning and delivery (on-site and virtual) were severely disrupted by COVID-19 restrictions, staff limitations and occasional shut downs. DC Health notes that there was a gradual increase of scheduled visits actually completed as the fiscal year progressed, indicating an upward trend and reprioritization of this grant monitoring task.
Average days to hire new employees	Down is Better	64	82	90	Semi-Annual Measure	Semi-Annual Measure	Semi-Annual Measure	Semi-Annual Measure	54.5	Met	

Workload Measures

Measure	FY 2020	FY 2021	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022
Animal Services Program (ASP)							
Number of calls responded to by Animal Control Officers	18,145	18,689	Annual Measure	Annual Measure	Annual Measure	Annual Measure	1881
Number of dog licenses processed	1026	2560	Annual Measure	Annual Measure	Annual Measure	Annual Measure	2855
Compliance, Quality Assurance and Investigation							
Number of Intermediate Care and Nursing Home-related incidents received	273	194	Annual Measure	Annual Measure	Annual Measure	Annual Measure	534
Number of investigations performed	1310	355	Annual Measure	Annual Measure	Annual Measure	Annual Measure	105
Criminal Background Check Program							
Number of Criminal Background Checks processed for health professionals	13,240	14,476	Annual Measure	Annual Measure	Annual Measure	Annual Measure	15,375
Number of Criminal Background Checks processed for non-health professionals	4956	5449	Annual Measure	Annual Measure	Annual Measure	Annual Measure	5338
Division of Food							
Number of new and routine food establishments inspected	5016	3418	Annual Measure	Annual Measure	Annual Measure	Annual Measure	2720
Health Care Facilities Division							
Number of inspections completed by the Health Care Facilities Division	203	126	Annual Measure	Annual Measure	Annual Measure	Annual Measure	103
Health Professional Licensing							
Number of new health professional licenses issued	10,762	13,549	Annual Measure	Annual Measure	Annual Measure	Annual Measure	14,062
Number of walk-in customers to Processing Center	10,898	3060	Annual Measure	Annual Measure	Annual Measure	Annual Measure	12,939
Intermediate Care Facilities Division (ICFD)							
Number of inspections completed by the Intermediate Care Facilities Division	244	237	Annual Measure	Annual Measure	Annual Measure	Annual Measure	188
Pharmaceutical Control Division (PCD)							
Number of pharmacies inspected	163	167	Annual Measure	Annual Measure	Annual Measure	Annual Measure	161
Number of Registered Controlled Substance Facilities inspected	187	234	Annual Measure	Annual Measure	Annual Measure	Annual Measure	221
Behavioral Risk Factor Surveillance System (BRFSS)							
Number of BRFSS surveys administered	1436	2043	Annual Measures	Annual Measure	Annual Measure	Annual Measure	2694
Certificate of Need (CON) Program							
Number of Certificate of Need application decisions	18	34	Annual Measure	Annual Measure	Annual Measure	Annual Measure	36

Workload Measures *(continued)*

Measure	FY 2020	FY 2021	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022
Vital Records							
Number of walk-in customers to the Vital Records Office	20,608	10,721	Annual Measure	Annual Measure	Annual Measure	Annual Measure	31,139
Cancer Programs Division							
Number of breast screening and diagnostic procedures performed	963	868	Annual Measure	Annual Measure	Annual Measure	Annual Measure	720
Number of cervical screening and diagnostic procedures performed	1	0	Annual Measure	Annual Measure	Annual Measure	Annual Measure	1
Number of women provided with navigation services for breast cancer screening, diagnosis and treatment	61	110	Annual Measure	Annual Measure	Annual Measure	Annual Measure	105
Number of people provided with navigation services for colorectal cancer screening, diagnosis and treatment	Not Available	100	Annual Measure	Annual Measure	Annual Measure	Annual Measure	325
Number of persons identified as cancer survivors and care givers who have attended a disease management course	28	1	Annual Measure	Annual Measure	Annual Measure	Annual Measure	8
Chronic Disease Division							
Number of residents enrolled in chronic disease self-management trainings	Not Available	142	Annual Measure	Annual Measure	Annual Measure	Annual Measure	88
Number of healthcare systems reporting clinical quality measures related to high blood pressure and diabetes	Not Available	11	Annual Measure	Annual Measure	Annual Measure	Annual Measure	13
Number of residents at risk for diabetes participating in the Diabetes Prevention Program	Not Available	678	Annual Measure	Annual Measure	Annual Measure	Annual Measure	810
Number of residents with diabetes participating in a diabetes self-management education program	New in 2021	Not Available	Annual Measure	Annual Measure	Annual Measure	Annual Measure	8442
Evidence-Based Home Visiting Program							
Number of families participating in evidence-based home visiting programs	309	360	Annual Measure	Annual Measure	Annual Measure	Annual Measure	344
Number of resource referrals made through the evidence-based Home Visiting Program	539	705	Annual Measure	Annual Measure	Annual Measure	Annual Measure	564
Farmers' Market Nutrition Program (FMNP)							
Number of District residents receiving meals from the Home Delivered Meals program	407	Not Available	Annual Measure	Annual Measure	Annual Measure	Annual Measure	2440

Workload Measures *(continued)*

Measure	FY 2020	FY 2021	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022
Number of District seniors receiving supplemental groceries from and Commodities and Supplemental Food Program (CSFP)	5407	5411	Annual Measure	Annual Measure	Annual Measure	Annual Measure	5411
Number of District residents receiving supplemental groceries from School-Based Food Markets	7566	7020	Annual Measure	Annual Measure	Annual Measure	Annual Measure	8959
Health Professional Loan Repayment Program (HPLRP)							
Number of certified HPLRP sites	Not Available	55	Annual Measure	Annual Measure	Annual Measure	Annual Measure	55
Help Me Grow (HMG)							
Number of completed resource referrals provided through the Help Me Grow Program	183	254	Annual Measure	Annual Measure	Annual Measure	Annual Measure	278
Number of families/providers calls/referrals to Help Me Grow	192	213	Annual Measure	Annual Measure	Annual Measure	Annual Measure	409
Home Delivered Meals							
Number of District residents receiving farmer's market incentive benefits from DC Health-administered programs	22,796	20,711	Annual Measure	Annual Measure	Annual Measure	Annual Measure	23,014
Immunization Program							
Number of site visits to provide technical assistance to Vaccines for Children (VFC) providers	46	68	Annual Measure	Annual Measure	Annual Measure	Annual Measure	31
Newborn Screening Program							
Number of infants receiving a hearing screening in their first month of life	12,510	11,577	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data
Perinatal Health Program							
Number of participants receiving services though DC Healthy Start	107	460	Annual Measure	Annual Measure	Annual Measure	Annual Measure	634
Primary Care Office (PCO) Grant Programs							
Number of health care professionals participating in workforce development activities supported by Primary Care Office	Not Available	0	Annual Measure	Annual Measure	Annual Measure	Annual Measure	0
Produce Plus Program							
Number of residents redeeming Farmers Market Program incentives	4000	3719	Annual Measure	Annual Measure	Annual Measure	Annual Measure	6020

Workload Measures *(continued)*

Measure	FY 2020	FY 2021	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022
School-Based Oral Health Program							
Number of Oral Health Program participants who received a dental screening	Not Available	540	Annual Measure	Annual Measure	Annual Measure	Annual Measure	898
School Health Programs							
Number of students enrolled in a school based health center	2095	1760	Annual Measure	Annual Measure	Annual Measure	Annual Measure	1456
Number of students served by the School Health Services Program	81,422	82,199	Annual Measure	Annual Measure	Annual Measure	Annual Measure	82,886
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)							
Number of Supplemental Nutrition Program for Women, Infants, Children (WIC) participants	21,764	21,781	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data
The Safe Sleep Program							
Number of parents/caregivers educated on infant safe sleep practices	1039	743	Annual Measure	Annual Measure	Annual Measure	Annual Measure	1128
Number of portable cribs distributed	947	723	Annual Measure	Annual Measure	Annual Measure	Annual Measure	1066
Number of partners and childcare providers that are educated by DC Health Safe Sleep programs on infant safe sleep practices.	New in 2021	Not Available	Annual Measure	Annual Measure	Annual Measure	Annual Measure	197
Tobacco Control Program							
Number of calls to the DC Tobacco Quitline	3121	3640	Annual Measure	Annual Measure	Annual Measure	Annual Measure	3105
AIDS Drug Assistance							
Number of DC ADAP prescriptions	2024	Not Available	Annual Measure	Annual Measure	Annual Measure	Annual Measure	8096
Number of DC ADAP clients served	362	733	Annual Measure	Annual Measure	Annual Measure	Annual Measure	738
Number of harm reduction clients linked to substance use disorder treatment	New in 2022	New in 2022	Annual Measure	Annual Measure	Annual Measure	Annual Measure	145
Number of reported HIV cases investigated	New in 2022	New in 2022	Annual Measure	Annual Measure	Annual Measure	Annual Measure	611
Number of HIV, STD, and hepatitis laboratory reports processed	New in 2022	New in 2022	Annual Measure	Annual Measure	Annual Measure	Annual Measure	108,486
The number of charts annually reviewed	New in 2022	New in 2022	Annual Measure	Annual Measure	Annual Measure	Annual Measure	2766
Condom Distribution							
Number of condoms (female and male) distributed by DC Health Condom Program	4,043,000	2,439,900	Annual Measure	Annual Measure	Annual Measure	Annual Measure	3,151,000

Workload Measures *(continued)*

Measure	FY 2020	FY 2021	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022
Number of youth (15-19 years) screened for CT and GC through HAHSTA-supported programs	1038	653	Annual Measure	Annual Measure	Annual Measure	Annual Measure	561
Harm Reduction							
Number of Narcan kits distributed by DC Health	New in 2022	New in 2022	Annual Measure	Annual Measure	Annual Measure	Annual Measure	3485
HIV Testing							
Number of needles off the streets through DC NEX Program	522,653	584,372	Annual Measure	Annual Measure	Annual Measure	Annual Measure	463,768
Pre-Exposure Prophylaxis (PrEP)							
Number of patient encounters (physically or virtually) at the DC Health and Wellness Center.	New in 2022	New in 2022	Annual Measure	Annual Measure	Annual Measure	Annual Measure	6461
Healthcare Coalition Development							
Number of Health Action Network (HAN) Alerts generated	723	0	Annual Measure	Annual Measure	Annual Measure	Annual Measure	0
Number of Health and Medical Coalition (HMC) Meetings held	33	81	Annual Measure	Annual Measure	Annual Measure	Annual Measure	69
Number of Radio Drills conducted	8	39	Annual Measure	Annual Measure	Annual Measure	Annual Measure	35
Number of HMC facilities participating in exercises and special events involving HMC Coordination	115	115	Annual Measure	Annual Measure	Annual Measure	Annual Measure	115
Number of HMC-sponsored trainings and workshops	10	5	Annual Measure	Annual Measure	Annual Measure	Annual Measure	4
Medical Materiel Management and Distribution							
Number of DC Health personnel trained for POD operations	264	40	Annual Measure	Annual Measure	Annual Measure	Annual Measure	16
Number of emergency preparedness-related trainings and exercises coordinated by HEPRA	13	0	Annual Measure	Annual Measure	Annual Measure	Annual Measure	3
Special Events Permitting							
Number of HECC Activations	2	2	Annual Measure	Annual Measure	Annual Measure	Annual Measure	0
Number of MRC activations	3	85	Annual Measure	Annual Measure	Annual Measure	Annual Measure	42
Total number of MRC volunteer hours	35,344	40,850	Annual Measure	Annual Measure	Annual Measure	Annual Measure	247
Number of MRC personnel activated in response to an incident or planned event	723	2650	Annual Measure	Annual Measure	Annual Measure	Annual Measure	62

Measure	FY 2020	FY 2021	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022
Number of special event health, medical and safety plans for DCRA permit applications requiring DC Health review	40	12	Annual Measure	Annual Measure	Annual Measure	Annual Measure	103
Training and Certification of EMS Providers and EMS Emergency Response Vehicles							
Number of emergency vehicle inspections conducted	214	683	Annual Measure	Annual Measure	Annual Measure	Annual Measure	474
Number of new EMT certifications by DC Health	220	347	Annual Measure	Annual Measure	Annual Measure	Annual Measure	539