
Department of Health

www.doh.dc.gov

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Description	FY 2012 Actual	FY 2013 Approved	FY 2014 Proposed	% Change from FY 2013
Operating Budget	\$268,097,118	\$269,132,849	\$264,982,670	-1.5
FTEs	642.1	707.8	621.8	-12.1

The mission of the Department of Health (DOH) is to promote healthy lifestyles, prevent illness, protect the public from threats to their health, and provide equal access to quality healthcare services for all in the District of Columbia.

Summary of Services

The Department of Health provides programs and services with the ultimate goal of reducing the burden of disease. DOH does this through a number of mechanisms that center around prevention, promotion of health, and expanding access to health care. The department provides public health management and leadership through policy, planning, and evaluation; fiscal oversight; human resource management; grants and contracts management; information technology; government relations; risk management; communication and community relations; legal oversight; and facilities management. The DOH performance plan is based on three priority areas: (1) health and wellness promotion, (2) HIV/AIDS prevention and awareness, and (3) public health systems enhancement.

The agency's FY 2014 proposed budget is presented in the following tables:

FY 2014 Proposed Gross Funds Operating Budget, by Revenue Type

Table HC0-1 contains the proposed FY 2014 agency budget compared to the FY 2013 approved budget. It also provides FY 2011 and FY 2012 actual expenditures.

Table HC0-1
(dollars in thousands)

Appropriated Fund	Actual FY 2011	Actual FY 2012	Approved FY 2013	Proposed FY 2014	Change from FY 2013	Percent Change*
General Fund						
Local Funds	81,529	89,864	88,379	69,402	-18,977	-21.5
Special Purpose Revenue Funds	13,787	6,349	11,544	12,328	785	6.8
Total for General Fund	95,316	96,213	99,922	81,730	-18,192	-18.2
Federal Resources						
Federal Payments	0	5,000	4,738	5,000	262	5.5
Federal Grant Funds	127,286	143,120	136,056	132,717	-3,340	-2.5
Total for Federal Resources	127,286	148,120	140,795	137,717	-3,078	-2.2
Private Funds						
Private Grant Funds	735	83	311	0	-311	-100.0
Private Donations	0	39	0	0	0	N/A
Total for Private Funds	735	122	311	0	-311	-100.0
Intra-District Funds						
Intra-District Funds	24,755	23,642	28,105	45,536	17,431	62.0
Total for Intra-District Funds	24,755	23,642	28,105	45,536	17,431	62.0
Gross Funds	248,092	268,097	269,133	264,983	-4,150	-1.5

*Percent change is based on whole dollars.

Notes: If applicable, for a breakdown of each Grant (Federal and Private), Special Purpose Revenue type and Intra-District agreement, please refer to **Schedule 80 Agency Summary by Revenue Source** in the **FY 2014 Operating Appendices** located on the Office of the Chief Financial Officer's website.

FY 2014 Proposed Full-Time Equivalents, by Revenue Type

Table HC0-2 contains the proposed FY 2014 FTE level compared to the FY 2013 approved FTE level by revenue type. It also provides FY 2011 and FY 2012 actual data.

Table HC0-2

Appropriated Fund	Actual FY 2011	Actual FY 2012	Approved FY 2013	Proposed FY 2014	Change from FY 2013	Percent Change
<u>General Fund</u>						
Local Funds	124.0	179.3	168.8	161.9	-6.8	-4.1
Special Purpose Revenue Funds	119.4	77.4	90.6	88.0	-2.7	-3.0
Total for General Fund	243.4	256.7	259.4	249.8	-9.6	-3.7
<u>Federal Resources</u>						
Federal Grant Funds	495.6	381.5	440.4	368.2	-72.2	-16.4
Total for Federal Resources	495.6	381.5	440.4	368.2	-72.2	-16.4
<u>Private Funds</u>						
Private Grant Funds	0.0	0.0	2.5	0.0	-2.5	-100.0
Total for Private Funds	0.0	0.0	2.5	0.0	-2.5	-100.0
<u>Intra-District Funds</u>						
Intra-District Funds	4.4	3.8	5.5	3.8	-1.8	-31.8
Total for Intra-District Funds	4.4	3.8	5.5	3.8	-1.8	-31.8
Total Proposed FTEs	743.4	642.1	707.8	621.8	-86.0	-12.1

FY 2014 Proposed Operating Budget, by Comptroller Source Group

Table HC0-3 contains the proposed FY 2014 budget at the Comptroller Source Group (object class) level compared to the FY 2013 approved budget. It also provides FY 2011 and FY 2012 actual expenditures.

Table HC0-3
(dollars in thousands)

Comptroller Source Group	Actual FY 2011	Actual FY 2012	Approved FY 2013	Proposed FY 2014	Change from FY 2013	Percent Change*
11 - Regular Pay - Continuing Full Time	35,513	36,391	42,083	36,631	-5,453	-13.0
12 - Regular Pay - Other	9,373	9,569	8,895	8,983	89	1.0
13 - Additional Gross Pay	789	1,089	3	0	-3	-100.0
14 - Fringe Benefits - Current Personnel	9,637	9,367	10,861	10,131	-729	-6.7
15 - Overtime Pay	197	183	90	33	-57	-63.4
Subtotal Personal Services (PS)	55,509	56,599	61,932	55,779	-6,153	-9.9
20 - Supplies and Materials	34,600	40,273	40,337	57,146	16,809	41.7
30 - Energy, Comm. and Building Rentals	2,199	1,038	1,446	1,344	-102	-7.1
31 - Telephone, Telegraph, Telegram, Etc.	1,082	1,335	1,301	1,366	65	5.0
32 - Rentals - Land and Structures	11,013	11,947	12,715	12,464	-251	-2.0
33 - Janitorial Services	32	27	0	0	0	N/A
34 - Security Services	1,865	1,576	2,566	647	-1,919	-74.8
35 - Occupancy Fixed Costs	333	660	1,011	698	-313	-30.9
40 - Other Services and Charges	2,879	3,760	3,982	2,917	-1,065	-26.8
41 - Contractual Services - Other	39,946	53,727	53,369	57,837	4,467	8.4
50 - Subsidies and Transfers	96,100	95,237	89,935	74,119	-15,815	-17.6
70 - Equipment and Equipment Rental	1,030	1,917	540	667	127	24.0
91 - Expense Not Budgeted Others	1,503	1	0	0	0	N/A
Subtotal Nonpersonal Services (NPS)	192,583	211,498	207,201	209,204	2,003	1.0
Gross Funds	248,092	268,097	269,133	264,983	-4,150	-1.5

*Percent change is based on whole dollars.

Division Description

The Department of Health operates through the following 7 divisions:

Health Emergency Preparedness and Response Administration (HEPRA) – provides regulatory oversight of Emergency Medical Services; ensures that DOH and its partners are prepared to respond to citywide medical and public health emergencies, such as those resulting from terrorist attacks, large accidents, or natural events such as weather-related emergencies; conducts disease surveillance and outbreak investigation; and provides analytical and diagnostic laboratory services for programs within DOH and various free and non-profit clinics within the District.

This division contains the following 5 activities:

- **Public Health Emergency Preparedness** – provides the District’s response to the emergency medical needs of its visitors and residents. The responsibilities cover a wide range of activities, including the development and training of emergency response plans, coordination of medical response with Federal regional and local partners across the healthcare system, and coordination of volunteers through the Medical Reserve Corps;
- **Public Health Emergency Operations** – supports government and private partners with the development of their health and safety plans, emergency operation plans, and training exercises. The program also provides a public health command and control element that coordinates all DOH assets and operations during incidents, special events, and national special security events;
- **Epidemiology Disease Surveillance and Investigation** – provides surveillance, investigation, and control of reportable diseases, disease outbreaks, and other public health threats within the District of Columbia (excluding sexually transmitted diseases, hepatitis, HIV/AIDS, and tuberculosis);
- **Emergency Medical Services Regulation** – provides oversight and regulation of Emergency Medical Services (EMS), including certification and regulation of District of Columbia EMS providers, ambulance agencies, and EMS educational institutions. The program monitors training standards, certifies instructional programs, and instructors. In addition, it provides inspection and certification of all ambulances operated in the District whether they are governmental, private, or volunteer; and
- **Office of the Senior Deputy Director** – provides overall direction, policy development and supervision for the five subordinate activities.

HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA) – partners with health and community-based organizations to provide HIV/AIDS, hepatitis, STD, and TB prevention and care services. Services include prevention tools and interventions, medical care and supportive services, housing services for persons living with HIV/AIDS, HIV counseling and testing, and data and information on disease-specific programs and services. Furthermore, the administration provides information on the impact of these diseases on the community as well as education, referrals, and intervention services. The AIDS Drug Assistance Program (ADAP) provides drugs at no cost to eligible District residents who are HIV-positive or have AIDS. HAHSTA administers the District’s budget for HIV/AIDS, hepatitis, STD, and TB programs; provides grants to service providers; provides direct services for TB and STDs; monitors programs; and tracks the rates of HIV, hepatitis, STDs, and TB in the District of Columbia.

This division contains the following 10 activities:

- **HIV/AIDS Support Services** – provides overall management, planning, direction and support for the HIV/AIDS, STD, TB and adult hepatitis surveillance, prevention, treatment, care, and control programs. It also provides HIV/AIDS information to individuals and community organizations, coordinates HAHSTA participation in public events, prepares written and other resources for public distribution, and manages special projects;
- **HIV/AIDS Policy and Planning** – provides community capacity to more effectively respond to the HIV/AIDS and STD epidemics through the Effi Barry Program, which provides training and technical assistance to small, Ward-based community organizations, a social marketing program aiming to promote health behavior to reduce risk of disease, and a free condom distribution program. It writes reports and creates other written mate-

- rials for public distribution; and it provides HIV/AIDS, STD, TB, and hepatitis information to government agencies, community organizations, media, and individuals. It also coordinates participation in public events;
- **HIV Health and Support Services** – provides a comprehensive range of primary medical care and supportive services for persons living with HIV and AIDS;
 - **HIV/AIDS Data and Research** – provides a comprehensive picture of the HIV/AIDS epidemic in the District of Columbia for purposes of ensuring that the needs of people infected with HIV, or at risk of infection, are met. It collaborates with health care providers and laboratories to collect and maintain comprehensive HIV/AIDS data in a confidential and secure manner; analyzes, interprets, and distributes epidemiologic information for use in developing public policy, planning, and evaluating prevention intervention and health care services; and supports funding requests;
 - **Prevention and Intervention Services** – provides comprehensive HIV prevention programs and services through community organizations to the residents of the District of Columbia. Prevention programs include health education, HIV testing and counseling services, science-based prevention programs, and other support services, including condom distribution. In addition, the program monitors organizations to ensure that quality prevention services are being delivered through program evaluation and quality assurance activities as well as through the provision of capacity building, training, and technical assistance to subgrantees;
 - **AIDS Drug Assistance Program (ADAP)** – provides assistance with deductibles, co-payments, and health insurance/Medicare Part D premiums. DC ADAP also provides an entry point for other District health programs available to people living with HIV/AIDS;
 - **Grants and Contracts Management** – provides fiscal and administrative monitoring of District and federally appropriated funds in the form of 139 grants and subgrants to 53 providers. Fiscal monitoring includes ensuring that grant funds are expended in accordance with federal and local grant regulations, conducting site visits, providing technical assistance to our grantees and subgrantees, and providing continued analysis of grant spending to program counterparts;
 - **Sexually Transmitted Disease (STD) Control** – provides assistance to prevent and control sexually transmitted diseases in the District of Columbia through the provision of clinical services, partnerships with local community providers, and promotion of healthy sexual behavior. The program also conducts surveillance for statistical purposes to track diseases and partner notification;
 - **Tuberculosis Control** – provides direct care services to District residents, including clinical follow-up for active and/or suspected tuberculosis cases, directly observed therapy, preventive therapy, chest x-rays, contact investigations, and case management; and
 - **HIV/AIDS Housing and Supportive Services** – provides housing support, emergency shelter, and other related services to help persons living with HIV and AIDS and their families achieve independent living.

Health Care Regulation and Licensing Administration (HCRLA) – is comprised of the Office of Food, Drug, Radiation and Community Hygiene Regulation; Office of Health Care Facilities Regulation; HCRLA Support Services; and Health Professional License Administration.

This division contains the following 4 activities:

- **Health Professional License Administration** – licenses and regulates health care professionals across 18 boards. The program serves as the administrative unit of the boards for processing 50,000 health care professionals licenses while providing administrative support on disciplinary hearings, investigations, community outreach, and proposed legislation;
- **HCRLA Support Services** – directs, oversees, and establishes the division’s goals, initiatives, and performance measures;
- **Office of Food, Drug, Radiation and Community Hygiene Regulation** – provides varied inspection and regulatory services. The Food Safety and Hygiene Inspection Services regulates smoking bans in establishments and food services that are provided in boarding homes, commission merchants, dairies, delicatessens, bakeries, candy and ice cream manufacturers, grocery stores, retail markets, restaurants, wholesale markets, mobile

vendors, and hotels. The Division of Community Hygiene provides abatement notices, inspection of premises, code enforcement, premises baited, catch basin larvicided, community education and outreach, investigation of bite cases, issuance of dog and cat licenses, vaccinations, animal adoptions, spay and neutering, dead animal pick-up, and dangerous dog control services in the District. The Division of Radiation seeks to eliminate radiation overexposure of persons from naturally-occurring and man-made radiation by the inspection of dental X-ray tubes, medical X-rays, and the regulation of health physicists, suppliers, and radioactive-material users in the District of Columbia; and

- **Office of Health Care Facilities Regulation** – regulates and licenses group homes, intermediate care facilities for the mentally challenged, assisted living facilities, child placing agencies, home care agencies, community residence facilities, hospitals, nursing homes, home health agencies, end stage dialysis renal disease facilities, laboratories, ambulatory surgical centers, maternity centers, tissue banks, community residence facilities, and assisted living and child placement agencies.

Center for Policy, Planning, and Evaluation (CPPE) – is responsible for developing an integrated public health information system to support health policy decisions, state health planning activities, performance analysis, and direction setting for department programs; health policy, health planning and development; health research and analysis; vital records; and planning, directing, coordinating, administering, and supervising a comprehensive Epidemiology and Health Risk Assessment program, which involves federal, state, county, and municipal functions.

This division contains the following 3 activities:

- **Research, Evaluation, and Measurement** – supervises a national state-based telephone survey conducted in cooperation with the Centers for Disease Control (CDC). This is a statistically sound survey accurately portraying the health status of District residents, used to assist policy makers in planning and developing programs to address the health needs of District residents;
- **State Center for Health Statistics** – collects, processes, analyzes, and disseminates birth and death record information and other vital statistics data and information. It is responsible for the statistical analyses of the data generated from birth, death, and other vital records information. In addition, it develops comprehensive statistical and epidemiologic reports on District residents' health status; and
- **State Health Planning and Development** – develops the District's State Health Plan and Annual Implementation, and reviews and approves Certificate of Need applications that allow health care providers to establish new services, make certain capital expenditures, or take other actions as specified in the law. The program is also responsible for monitoring free care requirements of hospitals and other health care providers.

Community Health Administration (CHA) – provides programs designed to improve health outcomes for all residents of the District of Columbia, with an emphasis on women, infants, children (including children with special health care needs), and other vulnerable groups such as those with a disproportionate burden of chronic disease and disability. The administration provides programs and services that promote coordination among the health care systems and enhance access to effective prevention, primary and specialty medical care in the District. CHA collaborates with public and private organizations to provide support services to ameliorate the social determinants of health status for these groups.

This division contains the following 7 activities:

- **Cancer and Chronic Disease Prevention** – provides cancer control and prevention initiatives to reduce the rates of cancer-related mortality among District residents by focusing on treatable or preventable cancers such as breast and cervical, lung, prostate, and colorectal malignancies. The program defines and seeks to reduce the burden of diabetes mellitus and cardiovascular disease on residents of the District of Columbia, and builds partnerships that help strengthen and increase the scope of the infrastructure for care, interventions, and population-based strategies to promote health within the District. Furthermore, the program promotes smoking cessation programs in the District and implements a citywide asthma plan that includes data

collection, public education, and access to appropriate care for asthma and related allergies, in addition to developing and implementing policy changes and delivery systems, including preventive measures for asthma control;

- **Pharmaceutical Procurement and Distribution** – acquires and distributes life-saving medications for the DOH programs that will allow as many District residents as possible access to medications. It also provides clinical support formulary management and quality assurance monitoring to address the needs of all DOH programs that utilize or distribute pharmaceuticals. The Bureau also maintains the Strategic National Stockpile (SNS) of drugs for the Washington, D.C. region in the event of a declared national emergency;
- **Primary Care** – identifies health professional shortage areas for primary care, dental, and mental health care services, and supports population-based programs to improve access to primary care services for District residents regardless of their ability to pay for services;
- **Support Services** – coordinates CHA's efforts to help develop an integrated community-based health delivery system, ensures access to preventive and primary health care, and fosters citizen and community participation toward improving the health outcomes of women, infants, children (including children with special health care needs), and other family members in the District of Columbia;
- **Perinatal and Infant Health** – provides improved perinatal outcomes for high-risk pregnant and parenting women, the health and development of their infants into early childhood, as well as the health outcomes for children with special healthcare needs by facilitating access to coordinated primary and specialty health care and other services in partnership with their families and community organizations. The overarching goal is to reduce infant mortality and perinatal health disparities in the District of Columbia primarily through a home visiting approach;
- **Nutrition and Physical Fitness** – provides food, health, and nutrition assessments and intervention, education, and referral services to District families, infants, children, and seniors to affect dietary habits, foster physical activity, and decrease overweight and obesity rates, thus improving health outcomes among the population; and
- **Children, Adolescent and School Health** – provides improvement for the health and well-being of all District pre-school and school-age children and adolescents by enhancing access to preventive, dental, primary and specialty care services and contributing to the development of a coordinated, culturally competent, family centered health care delivery system. The program seeks to improve age-appropriate immunizations and increase health education and outreach to District residents.

Agency Management – provides for administrative support and the required tools to achieve operational and programmatic results. This division is standard for all agencies using performance-based budgeting.

Agency Financial Operations – provides comprehensive and efficient financial management services to, and on behalf of, District agencies so that the financial integrity of the District of Columbia is maintained. This division is standard for all agencies using performance-based budgeting.

Division Structure Change

For FY 2014, the agency added a new division and/or consolidated some divisions and/ or activities. The proposed division structure changes are provided in the Agency Realignment appendix to the proposed budget, which is located at www.cfo.dc.gov on the Annual Operating Budget and Capital Plan page.

FY 2014 Proposed Operating Budget and FTEs, by Division and Activity

Table HC0-4 contains the proposed FY 2014 budget by division and activity compared to the FY 2013 approved budget. It also provides the FY 2012 actual data.

Table HC0-4

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2012	Approved FY 2013	Proposed FY 2014	Change from FY 2013	Actual FY 2012	Approved FY 2013	Proposed FY 2014	Change from FY 2013
(1000) Agency Management Support								
(1010) Personnel	951	722	802	80	6.6	7.0	8.0	1.0
(1017) Labor Management	761	120	121	1	1.0	1.0	1.0	0.0
(1020) Contracting and Procurement	1,150	1,325	1,052	-273	7.5	11.0	10.5	-0.5
(1030) Property Management	17,723	20,109	17,462	-2,647	3.4	4.0	4.0	0.0
(1040) Information Technology	740	611	1,018	407	4.4	5.0	5.0	0.0
(1055) Risk Management	125	129	137	8	0.8	1.0	1.0	0.0
(1080) Communications	172	318	253	-65	2.6	4.0	3.0	-1.0
(1085) Customer Service	141	234	160	-73	2.6	3.0	2.0	-1.0
(1087) Language Access	0	162	102	-60	0.0	0.0	0.0	0.0
(1090) Performance Management	2,856	1,696	1,847	151	5.8	8.8	8.0	-0.8
Subtotal (1000) Agency Management Support	24,619	25,425	22,954	-2,471	34.8	44.8	42.5	-2.2
(100F) Agency Financial Operations								
(110F) Agency Fiscal Officer Operations	561	1,032	1,037	5	8.6	10.4	10.4	0.0
(120F) Accounting Operations	1,055	1,264	1,421	156	11.7	14.0	15.5	1.5
(130F) ACFO	296	452	376	-76	4.2	5.6	4.6	-1.0
(140F) Agency Fiscal Officer	413	451	392	-59	4.4	5.0	5.0	0.0
Subtotal (100F) Agency Financial Operations	2,326	3,199	3,225	26	28.9	35.0	35.5	0.5
(2000) Addiction Prevention and Recovery Administration								
(2010) Office of Senior Deputy	374	530	0	-530	3.8	4.0	0.0	-4.0
(2020) Deputy Director for Operations	2,751	3,751	0	-3,751	18.4	20.0	0.0	-20.0
(2030) Deputy Director for Administration	1,282	1,295	0	-1,295	11.5	13.0	0.0	-13.0
(2040) Prevention Services	4,172	4,939	0	-4,939	10.4	14.0	0.0	-14.0
(2050) Performance Management	394	396	0	-396	3.6	4.0	0.0	-4.0
(2055) Deputy Director for Treatment	8,915	9,060	0	-9,060	10.1	13.0	0.0	-13.0
(2070) Implementation of Drug Treatment Choice	13,966	15,053	0	-15,053	0.0	0.0	0.0	0.0
No Activity Assigned	0	1	0	-1	0.0	0.0	0.0	0.0
Subtotal (2000) Addiction Prevention and Recovery Admin.	31,854	35,024	0	-35,024	57.9	68.0	0.0	-68.0

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Table HC0-4 (Continued)

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2012	Approved FY 2013	Proposed FY 2014	Change from FY 2013	Actual FY 2012	Approved FY 2013	Proposed FY 2014	Change from FY 2013
(2500) Health Emergency Preparedness and Response Admin.								
(2540) Public Health Emergency Preparedness	1,806	3,180	946	-2,234	8.9	12.9	1.8	-11.2
(2548) Public Health Laboratory	2,449	436	0	-436	21.2	2.0	0.0	-2.0
(2550) Public Health Emergency Operations and Program Support	456	506	3	-503	5.0	7.0	0.0	-7.0
(2560) Epidem Disease Surveillance and Investigation	453	871	226	-644	6.5	8.5	0.0	-8.5
(2570) Emergency Medical Services Regulation	305	305	499	194	3.0	3.0	3.9	0.9
(2580) Senior Deputy Director	1,348	1,315	4,412	3,097	4.1	4.1	24.4	20.2
Subtotal (2500) Health Emergency Preparedness and Response Administration	6,818	6,612	6,086	-526	48.7	37.5	30.0	-7.5
(3000) HIV/AIDS Hepatitis STD and TB Admin.								
(3010) HIV/AIDS Support Services	2,269	1,709	1,685	-24	20.4	12.6	13.4	0.9
(3015) HIV/AIDS Policy and Planning	1,169	2,417	2,218	-199	1.8	7.8	8.2	0.4
(3020) HIV Health and Support Services	38,469	31,703	38,954	7,251	13.2	13.9	14.5	0.6
(3030) HIV/AIDS Data and Research	4,928	3,504	2,984	-520	17.9	21.3	19.4	-1.9
(3040) Prevention and Intervention Services	13,672	14,015	13,505	-510	17.6	22.8	22.2	-0.5
(3060) Drug Assistance Program (ADAP)	14,595	10,835	11,050	215	7.6	5.9	6.4	0.5
(3070) Grants and Contracts Management	594	917	918	0	8.4	9.0	8.6	-0.4
(3080) STD Control	2,507	2,726	2,471	-255	27.0	25.5	21.7	-3.8
(3085) Tuberculosis Control	1,587	1,632	1,226	-406	9.0	9.5	8.0	-1.5
(3090) HIV/AIDS Housing and Supportive Services	13,230	15,567	15,030	-537	2.4	3.0	3.2	0.2
Subtotal (3000) HIV/AIDS Hepatitis STD and TB Admin.	93,019	85,025	90,041	5,015	125.3	131.2	125.6	-5.7
(4000) Environmental Health Administration								
(4030) EHA Support Services	55	0	0	0	0.0	0.0	0.0	0.0
Subtotal (4000) Environmental Health Administration	55	0	0	0	0.0	0.0	0.0	0.0
(4500) Health Care Regulation and Licensing Administration								
(4080) Radiation Program	3	0	0	0	0.0	0.0	0.0	0.0
(4090) Health Regulation Administration	2	0	0	0	0.0	0.0	0.0	0.0
(4200) Health Professional License Administration	7,287	9,050	9,568	518	58.1	73.6	73.9	0.3
(4510) HCRLA Support Services	190	110	163	53	5.6	0.3	2.0	1.7
(4515) Food, Drug, Radiation and Community Hygiene	6,702	6,834	8,915	2,081	45.2	48.5	54.9	6.4
(4530) Health Care Facilities Regulation	4,577	5,673	5,432	-240	40.4	49.4	47.5	-1.9
Subtotal (4500) Health Care Regulation and Licensing Administration	18,761	21,667	24,078	2,411	149.2	171.8	178.2	6.4
(6500) Health Care Safety Net Administration								
(6510) Health Care Safety Net Administration Oversight	0	0	0	0	0.0	0.0	0.0	0.0
Subtotal (6500) Health Care Safety Net Administration	0	0	0	0	0.0	0.0	0.0	0.0
(8100) Center for Policy Planning and Evaluation								
(8060) State Center Health Statistics	0	0	0	0	0.0	0.0	0.0	0.0
Subtotal (8100) Center for Policy Planning and Evaluation	0	0	0	0	0.0	0.0	0.0	0.0
(8200) Center for Policy, Planning and Evaluation								
(8250) Research Evaluation and Measurement	511	397	931	534	0.8	1.0	1.0	0.0
(8260) State Center Health Statistics	2,754	2,955	2,895	-60	33.6	34.5	32.3	-2.2
(8270) State Health Planning and Development	614	920	1,018	98	6.7	7.7	7.7	0.0
Subtotal (8200) Center for Policy, Planning and Evaluation	3,878	4,272	4,845	572	41.1	43.2	41.0	-2.2

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Table HC0-4 (Continued)

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2012	Approved FY 2013	Proposed FY 2014	Change from FY 2013	Actual FY 2012	Approved FY 2013	Proposed FY 2014	Change from FY 2013
(8500) Community Health Administration								
(8502) Cancer and Chronic Disease Prevention	3,809	3,965	5,632	1,667	23.9	28.8	26.0	-2.8
(8503) Pharmaceutical Procurement and Distribution	23,332	27,484	45,925	18,440	6.5	8.0	9.0	1.0
(8504) Primary Care	5,070	4,234	4,402	168	2.6	4.3	4.0	-0.3
(8510) Support Services	8,353	5,837	6,710	873	29.6	26.0	24.0	-2.0
(8511) Perinatal and Infant Health	5,501	5,521	4,275	-1,247	42.6	51.2	45.8	-5.4
(8513) Nutrition and Physical Fitness	16,945	17,375	17,919	544	25.1	24.0	23.0	-1.0
(8514) Children, Adolescent and School Health	23,756	22,661	28,891	6,230	25.9	34.0	37.2	3.2
No Activity Assigned	0	830	0	-830	0.0	0.0	0.0	0.0
Subtotal (8500) Community Health Administration	86,767	87,908	113,754	25,846	156.3	176.3	169.0	-7.3
Total Proposed Operating Budget	268,097	269,133	264,983	-4,150	642.1	707.8	621.8	-86.0

(Change is calculated by whole numbers and numbers may not add up due to rounding)

Note: For more detailed information regarding the proposed funding for the activities within this agency's divisions, please see **Schedule 30-PBB Program Summary by Activity** in the **FY 2014 Operating Appendices** located on the Office of the Chief Financial Officer's website.

FY 2014 Proposed Budget Changes

The Department of Health's (DOH) proposed FY 2014 gross budget is \$264,982,670, which represents a 1.5 percent decrease from its FY 2013 approved gross budget of \$269,132,849. The budget is comprised of \$69,402,061 in Local funds, \$5,000,000 in Federal Payments, \$132,716,533 in Federal Grant funds, \$12,328,196 in Special Purpose Revenue funds, and \$45,535,881 in Intra-District funds.

Current Services Funding Level

The Current Services Funding Level (CSFL) is a Local funds ONLY representation of the true cost of operating District agencies, before consideration of policy decisions. The CSFL reflects changes from the FY 2013 approved budget across multiple programs, and it estimates how much it would cost an agency to continue its current programs and operations into the following fiscal year. The initial adjustments in the budget proposal represent changes that should be compared to the FY 2014 CSFL budget and not necessarily changes made to the FY 2013 Local funds budget. The FY 2014 CSFL adjustments to the FY 2013 Local funds budget are described in table 5 of this agency's budget chapter. Please see the CSFL Development section within Volume 1: Executive Summary for more information regarding the methodology used and components that comprise the CSFL.

DOH's FY 2014 CSFL budget is \$89,056,577, which represents a \$677,989, or 0.8 percent, increase over the FY 2013 approved Local funds budget of \$88,378,588.

Major CSFL Cost Drivers

The FY 2014 CSFL calculated for DOH included an adjustment entry that is not described in detail on table 5. This adjustment was made for a increases of \$120,711 in personal services to account for the Fringe Benefit growth rate adjustment of 4.2 percent year-over-year growth and \$784,904 in nonpersonal services based on the Consumer Price Index factor of 2.4 percent; and a decrease of \$227,626 in nonpersonal services to account for the Fixed Cost Inflation factor, based on estimates provided by the Department of General Services (DGS). During the development of the CSFL, some adjustments such as these were categorized as "other adjustments".

Agency Budget Submission

Increase: The proposed budget includes increases in Local funds of \$1,410,237 and 12.2 FTEs to support step increases, projected Fringe Benefits costs, and additional personnel. Federal Payments reflects an adjustment of \$261,530 to align with the FY 2014 President's Budget. Federal Grant funds reflect increases of \$7,175,462 in Subsidies and Transfers, \$5,043,451 in Contractual Services, \$1,172,550 in Fixed Costs to support increases in the Agency Management program, and \$123,647 in Equipment and Equipment Rental. The Special Purpose Revenue (SPR) funds budget includes increases of \$456,437 and 0.3 FTE to align the budget with the revenue projection from the Board of Medicine and \$98,111 in the Center for Policy, Planning and Evaluation division to align the budget with revenue projections for the State Health Planning and Development Agency (SHPDA) Admission Fees fund. Intra-District funds include increases of \$18,663,425 from the Department of Health Care Finance (DHCF) to purchase pharmaceuticals for Medicaid and \$366,638 to support additional nonpersonal services, primarily for the Pharmaceutical Bureau division.

Decrease: The proposed budget includes reductions in Local funds of \$1,354,793 to align the budget with projected Fixed Costs estimates and \$55,444 from nonpersonal services to support personal services increases. In anticipation of the impending federal sequestration, Federal Grant funds were reduced by \$1,053,481 and 23.2 FTEs, the net effect to personal services due to a reduction in staff. Additionally, Federal Grant funds include decreases of \$735,554 in Contractual Services – Other and \$438,119 in Supplies and Materials. Private Grant funds include a reduction of \$310,726 and 2.5 FTEs in the HIV/AIDS, Hepatitis, Tuberculosis Administration division due to lack of funding for the Fred Hutchinson Cancer Grant in FY 2014. Special Purpose Revenue (SPR) includes decreases of \$3,274 and 3.0 FTEs to align the budget with revenue projections for the Pharmacy fund, \$520 for the Emergency Medical Services Fees fund, and \$247 for the Radiation Protection fund. Intra-District funds were reduced to align the budget for several Memoranda of Understanding (MOU) including \$750,000 with the Department of Corrections (DOC) to purchase pharmaceuticals for inmates, \$145,320 with DHCF for janitorial services, and \$111,151 and 1.0 FTE for the Refugee Program MOU with the Department of Human Services (DHS). The Health Care Regulation and Licensing Administration division has two MOUs that will not continue in FY 2014 due to services no longer needed, one for \$71,268 with DGS for the Rodent Abatement program, and one for \$21,268 with the Office of the State Superintendent of Education (OSSE) for the Summer Meals program. Lastly, a reduction of \$198 and 0.8 FTE was made to align the budget for the DHCF MOU, in support of programs that have helped with the decline of infant mortality rates, specifically, the DC Linkage and Tracking Program within DOH.

Mayor's Proposed Budget

Cost-of-Living Adjustment: This agency received a proposed cost-of-living adjustment (COLA) in both Local and non-Local funds. This adjustment includes \$1,240,070 in Federal Grant funds and \$284,458 in Special Purpose Revenue funds, and Intra-District funds may be impacted. For more information about the Local funds portion of the COLA, please see the Workforce Investments chapter contained Volume 3 (Agency Budget Chapters – Part II) of the FY 2014 Proposed Budget and Financial Plan.

Increase: The proposed budget includes increases to Local funds of \$2,250,000 to support the partnership with the District of Columbia Public Schools (DCPS) to sustain operations for four school-based health centers (SBHC) throughout the District; \$800,000 to fund 7.0 new FTEs and various fixed costs in the Food Safety and Hygiene Inspection Services Division (FSHISD) within DOH's Health Regulation and Licensing Administration (HRLA) division; and \$675,000 to fund food delivery services for homebound or shelter-bound District residents with cancer, diabetes, hypertension, cardiovascular, and other chronic diseases.

Decrease: Federal Grant funds were reduced by \$956,879 and Special Purpose Revenue funds were reduced by \$50,461 to partially offset the proposed cost-of-living adjustment. The remaining balances will be offset by additional budget authority in the respective fund, at the beginning of FY 2014. Intra-District funds were reduced by \$215,400 due to a revision in the MOU with the Department of Human Services.

Transfer Out: The proposed budget includes the transfer of the Addiction Prevention Recovery Administration (APRA) division, currently within DOH, to the newly established Department of Behavioral Health (DBH). The cumulative total of the transfer is \$39,430,865 and 75.0 FTEs, which is comprised of \$24,235,299 and 26.0 FTEs in Local funds, \$14,910,966 and 49.0 FTEs in Federal Grants, and \$284,600 in Intra-District funds.

Technical Adjustment: The proposed budget includes an increase to Local funds of \$935,386 to fund the increased cost of the animal shelter contract within HRLA.

District's Proposed Budget

Increase: The proposed Local funds budget includes several increases and reallocations that will fund various programs and services, affecting three divisions within DOH. Local funds reflect increases in the amounts of \$100,000 to finance the Farmer's Market Incentive program, a one-time increase of \$52,000 to support the School Pantry Pilot program, and a \$50,000 increase in the Health Care Regulation and Licensing Administration (HCRLA) division to support rehabilitative wildlife services.

Decrease: The Local funds budget includes a reduction of \$781,604 to reflect a one-time adjustment of personal services savings in FY 2014, based on projected salary lapse savings.

Transfer In: The budget includes a one-time Local funds transfer from the Department of Health Care Finance (DHCF) in the amount of \$500,000 for the Community Health Administration division (CHA), to support chronic illness prevention across the District.

Shift: The budget includes the reallocation of \$750,000 within CHA to reflect one-time funding for the following services: \$350,000 to support chronic illness prevention, \$300,000 to support healthy development and teen pregnancy programs in public and charter schools, and \$100,000 to supplement the farmer's market incentive program.

Additionally, the budget for CHA reflects a shift of \$250,000 in one-time funding as follows: \$200,000 to HCRLA to support rehabilitative wildlife services and \$50,000 to the HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA) division, which supports preventive measures in mother-to-child (vertical) HIV transmission.

FY 2013 Approved Budget to FY 2014 Proposed Budget, by Revenue Type

Table HC0-5 itemizes the changes by revenue type between the FY 2013 approved budget and the FY 2014 proposed budget.

Table HC0-5

(dollars in thousands)

	DIVISION	BUDGET	FTE
LOCAL FUNDS: FY 2013 Approved Budget and FTE		88,379	168.8
Other CSFL Adjustments	Multiple Programs	678	0.0
LOCAL FUNDS: FY 2014 Current Services Funding Level Budget (CSFL)		89,057	168.8
Increase: To support additional funding needed for personal services including step increases, projected Fringe Benefits, and additional personnel costs	Multiple Programs	1,410	12.2
Decrease: To align the budget with Fixed Costs estimates	Multiple Programs	-1,355	0.0
Decrease: To reflect a shift from nonpersonal services to personal services to cover additional costs	Multiple Programs	-55	0.0
LOCAL FUNDS: FY 2014 Agency Budget Submission		89,057	181.0
Increase: To reflect funding for SHBC throughout the District	Community Health Administration	2,250	0.0
Increase: To support additional funding needed for personal services for FSHISD	Health Care Regulation and Licensing Administration	800	7.0
Increase: Competitive grant for food delivery services for the chronically ill	Community Health Administration	675	0.0
Transfer Out: The Department of Health transferred the Addiction, Prevention, Recovery Administration (APRA) division to the Department of Behavioral Health	Addiction Prevention and Recovery Administration	-24,235	-26.0
Technical Adjustment: To support increased annual cost of the animal shelter contract	Health Care Regulation and Licensing Administration	935	0.0
LOCAL FUNDS: FY 2014 Mayor's Proposed Budget		69,482	162.0
Increase: To reflect additional funding that will support DOH's farmer's market incentive program	Community Health Administration	100	0.0
Increase: One-time funding to support the school pantry pilot program	Community Health Administration	52	0.0
Increase: To reflect additional funding for rehabilitative wildlife services	Health Care Regulation and Licensing Administration	50	0.0
Decrease: Personal Services to reflect one-time salary lapse savings	Multiple Programs	-782	0.0
Transfer In: One-time funding from the Department of Health Care Finance to support chronic illness prevention	Community Health Administration	500	0.0
Shift: Recurring funding from within CHA's activity structure is converted to one-time funding	Community Health Administration	750	0.0
Shift: Recurring funding from CHA to HCRLA to support rehabilitative wildlife services (convert to one-time)	Health Care Regulation and Licensing Administration	200	0.0
Shift: Funding shifted from the Community Health Administration Division to the HIV/AIDS Hepatitis and Tuberculosis Administration Division (one-time)	HIV/AIDS Hepatitis STD and TB Administration	50	0.0
Shift: Recurring funding from within CHA's activity structure (one-time)	Community Health Administration	-750	0.0
Shift: Recurring funding from CHA to HCRLA to support rehabilitative wildlife services (convert to one-time)	Community Health Administration	-200	0.0
Shift: Funding shifted from the Community Health Administration to the HIV/AIDS Hepatitis and Tuberculosis Administration Division (one-time)	Community Health Administration	-50	0.0
LOCAL FUNDS: FY 2014 District's Proposed Budget		69,402	161.9

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Table HCO-5 (Continued)

(dollars in thousands)

	DIVISION	BUDGET	FTE
FEDERAL PAYMENTS: FY 2013 Approved Budget and FTE		4,738	0.0
Increase: An adjustment to align with the FY 2014 President's Budget	HIV/AIDS Hepatitis STD and TB Administration	262	0.0
FEDERAL PAYMENTS: FY 2014 Agency Budget Submission		5,000	0.0
No Changes		0	0.0
FEDERAL PAYMENTS: FY 2014 Mayor's Proposed Budget		5,000	0.0
No Changes		0	0.0
FEDERAL PAYMENTS: FY 2014 District's Proposed Budget		5,000	0.0
FEDERAL GRANT FUNDS: FY 2013 Approved Budget and FTE		136,056	440.4
Increase: To cover additional funding needed for Subsidies and Transfers	Multiple Programs	7,175	0.0
Increase: Net change in nonpersonal services primarily driven by an increase in Contractual Services - Other	Multiple Programs	5,043	0.0
Increase: To align the budget with Fixed Costs estimates from DGS and OCTO	Agency Management Support	1,173	0.0
Increase: To cover additional funding needed for Equipment and Equipment Rental	Multiple Programs	124	0.0
Decrease: To reflect the net change in personal services due to reduction in staff	Multiple Programs	-1,053	-23.2
Decrease: To reflect reduced funding needs in Other Services and Charges	Multiple Programs	-736	0.0
Decrease: To reduce funding needed for Supplies and Materials	Multiple Programs	-438	0.0
FEDERAL GRANT FUNDS: FY 2014 Agency Budget Submission		147,344	417.2
Cost-of-Living Adjustment: FY 2014 proposed adjustment	Multiple Programs	1,240	0.0
Decrease: To partially offset the proposed cost-of-living adjustment	Multiple Programs	-957	0.0
Transfer Out: The Department of Health transferred the Addiction, Prevention, Recovery Administration (APRA) division to the Department of Behavioral Health	Addiction Prevention and Recovery Administration	-14,911	-49.0
FEDERAL GRANT FUNDS: FY 2014 Mayor's Proposed Budget		132,717	368.2
No Changes		0	0.0
FEDERAL GRANT FUNDS: FY 2014 District's Proposed Budget		132,717	368.2
PRIVATE GRANT FUNDS: FY 2013 Approved Budget and FTE		311	2.5
Decrease: To reflect grant funding not received	HIV/AIDS Hepatitis STD and TB Administration	-311	-2.5
PRIVATE GRANT FUNDS: FY 2014 Agency Budget Submission		0	0.0
No Changes		0	0.0
PRIVATE GRANT FUNDS: FY 2014 Mayor's Proposed Budget		0	0.0
No Changes		0	0.0
PRIVATE GRANT FUNDS: FY 2014 District's Proposed Budget		0	0.0

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Table HCO-5 (Continued)

(dollars in thousands)

	DIVISION	BUDGET	FTE
SPECIAL PURPOSE REVENUE FUNDS: FY 2013 Approved Budget and FTE		11,544	90.6
Increase: To align the budget with revenue projections for the Board of Medicine fund	Health Care Regulation and Licensing Administration	456	0.3
Increase: To align the budget with revenue projections for the State Health Planning and Development Agency (SHPDA) Admission Fees fund	Center for Policy Planning and Evaluation	98	0.0
Decrease: To adjust the budget to reflect revenue estimates for the Pharmacy Fund	Health Care Regulation and Licensing Administration	-3	-3.0
Decrease: To align the budget with revenue projections for the Emergency Medical Services Fees fund	Health Emergency Preparedness and Response Administration	-1	0.0
Decrease: To align the budget with revenue projections for the Radiation Protection fund (less than \$500)	Health Care Regulation and Licensing Administration	0	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2014 Agency Budget Submission		12,094	88.0
Cost-of-Living Adjustment: FY 2014 proposed adjustment	Multiple Programs	284	0.0
Decrease: To partially offset the proposed cost-of-living adjustment	Multiple Programs	-50	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2014 Mayor's Proposed Budget		12,328	88.0
No Changes		0	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2014 District's Proposed Budget		12,328	88.0
INTRA-DISTRICT FUNDS: FY 2013 Approved Budget and FTE		28,105	5.5
Increase: To align the budget with revenue from the MOU with DHCF for pharmaceutical procurement	Community Health Administration	18,663	0.0
Increase: To support increased costs for the Pharmaceutical Bureau division	Community Health Administration	367	0.0
Decrease: To align the budget with the MOU with DOC for pharmaceuticals	Community Health Administration	-750	0.0
Decrease: To discontinue the MOU with the DHCF for janitorial services	Community Health Administration	-145	0.0
Decrease: To discontinue the MOU with DHS for the Refugee program	Community Health Administration	-111	-1.0
Decrease: To discontinue the MOU with DGS for the Rodent Abatement program	Health Care Regulation and Licensing Administration	-71	0.0
Decrease: To discontinue the MOU with OSSE for the Summer Meals program	Health Care Regulation and Licensing Administration	-21	0.0
Decrease: To align the budget with revenue for the MOU with DHCF in support of the DC Linkage and Tracking program (less than \$500)	Community Health Administration	0	-0.8
INTRA-DISTRICT FUNDS: FY 2014 Agency Budget Submission		46,036	3.8

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Table HCO-5 (Continued)

(dollars in thousands)

	DIVISION	BUDGET	FTE
INTRA-DISTRICT FUNDS (continued)			
Decrease: To reflect a revision in the amount of the MOU with DHS	Addiction Prevention and Recovery Administration	-215	0.0
Transfer Out: The Department of Health transferred the MOU with DHS associated with the Addiction, Prevention, Recovery Administration (APRA) division to the Department of Behavioral Health	Addiction Prevention and Recovery Administration	-285	0.0
INTRA-DISTRICT FUNDS: FY 2014 Mayor's Proposed Budget		45,536	3.8
No Changes		0	0.0
INTRA-DISTRICT FUNDS: FY 2014 District's Proposed Budget		45,536	3.8
Gross for HCO - Department of Health		264,983	621.8

(Change is calculated by whole numbers and numbers may not add up due to rounding)

Agency Performance Plan

The agency's performance plan has the following objectives for FY 2014:

Center for Policy, Planning and Evaluation**Objective 1:** Promote the availability of accessible, high quality and affordable health care services, especially in underserved areas (One City Action Plan Action 3.2.1).**Objective 2:** Process vital records in a timely manner to ensure quality customer service.**Objective 3:** Conduct the Behavioral Risk Factor Surveillance System Survey (BRFSS).**KEY PERFORMANCE INDICATORS****Center for Policy, Planning and Evaluation**

Measure	FY 2011 Actual	FY 2012 Target	FY 2012 Actual	FY 2013 Projection	FY 2014 Projection	FY 2015 Projection
Number of CONs reviewed [One City Action Plan Action 3.2.1] ¹	37	25	26	25	30	37
Percentage of vital records processed within 30 minutes	95%	95%	90%	95%	96%	97%
Number of BRFSS surveys completed ²	4,597	4,800	3,967	4,800	4,000	4,000

Community Health Administration (CHA)

Objective 1: Improve the delivery of services provided by Project WISH to reduce breast and cervical cancer mortality rates in the District of Columbia.

Objective 2: Expand nutrition education and increase access to healthy foods as part of efforts to lower the District's obesity rate (One City Action Plan Actions 3.4.1, 3.4.2 and Indicator 3H).

Objective 3: Improve the identification and treatment of infants at risk for developmental delays through referral and parent education.

Objective 4: Increase the number of home visitations for pregnant women and newborn infants for an evidenced reduction in the infant mortality rate (One City Action Plan Action 3.2.2 and Indicator 3F).

Objective 5: Improve immunization rates among children enrolled in District of Columbia Public Schools and District of Columbia Public Charter Schools.

Objective 6: Increase the number of young children in the District who are ready for school.

KEY PERFORMANCE INDICATORS

Community Health Administration

Measure	FY 2011 Actual	FY 2012 Target	FY 2012 Actual	FY 2013 Projection	FY 2014 Projection	FY 2015 Projection
Number of women receiving screenings and mammograms	312	321	627	640	665	675
Number of women receiving screenings and PAP-tests	141	108	253	275	300	325
Number SNAP-Ed participants receiving education ⁴ [One City Action Plan Actions 3.4.1 and 3.4.2] ¹	9,958	10,245	8,348	10,000	10,500	11,000
Percentage of parents receiving educational counseling for newborn hearing loss	Not Available	75%	84%	85%	88%	90%
Number of home visitations provided to pregnant women and newborns to reduce infant mortality [One City Action Plan Action 3.2.2] ¹	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Percentage of children with up-to-date immunizations ⁴	93%	95%	92%	92%	93%	94%
Number of families in the DC Home Visiting program, early childhood visits	181	120	50	60	70	90

Health Emergency Preparedness and Response Administration (HEPRA)

Objective 1: Improve the quality of Emergency Medical Services (EMS) in the District of Columbia.

Objective 2: Improve Administrative Services with Customer & Stakeholder Feedback/Satisfaction Surveys.

Objective 3: Improve and sustain public health emergency preparedness and response efforts within HEPRA.

KEY PERFORMANCE INDICATORS

Health Emergency Preparedness and Response Administration

Measure	FY 2011 Actual	FY 2012 Target	FY 2012 Actual	FY 2013 Projection	FY 2014 Projection	FY 2015 Projection
Number of unannounced ambulance inspections	143	292	298	300	300	300
Number of survey reports that are sent out to stakeholders and customers	16	50	479	500	500	500
Percentage of applicable staff trained on NIMS ⁵ IS 100, 200, 700 and 800	77%	75%	27%	90%	90%	95%

HIV/AIDS, Hepatitis, STD, and TB Administration

Objective 1: Reduce transmission/prevent new infections of HIV, STD, TB, and Hepatitis through early diagnosis and treatment, harm reduction, and behavior change interventions (One City Action Plan Action 3.2.3).

Objective 2: Improve care and treatment outcomes, as well as quality of life, for HIV/AIDS-infected individuals through increased access to, retention in, and quality of care and support services, as part of the District's adoption of the National HIV/AIDS Strategy, with targets to be accomplished by 2015 (One City Action Plan Action 3.2.3).

KEY PERFORMANCE INDICATORS

HIV/AIDS, Hepatitis, STD, and TB Administration

Measure	FY 2011 Actual	FY 2012 Target	FY 2012 Actual	FY 2013 Projection	FY 2014 Projection	FY 2015 Projection
Number of new HIV/AIDS cases reported within the fiscal year [One City Action Plan Action 3.2.3] ¹	1,205	1,300	617	1,300	1,300	1,200
Number of publicly supported HIV tests reported [One City Action Plan Action 3.2.3] ¹	122,356	125,000	52,546	125,000	125,000	125,000
Number of needles off the streets through DC NEX Program [One City Action Plan Action 3.2.3] ¹	341,879	400,000	233,814	400,000	425,000	430,000
Number of condoms (female and male) distributed by DC DOH Condom Program [One City Action Plan Action 3.2.3] ¹	5,186,340	4,500,000	2,718,750	4,500,000	5,000,000	5,000,000
Number of youth (15-19 years) screened for STDs through youth outreach programs	4,274	5,000	2,720	7,500	7,500	8,000
Percentage of clients linked to care within 3 months of diagnosis [One City Action Plan Action 3.2.3] ¹	Not Available	70%	28%	50%	60%	70%

Health Regulation and Licensing Administration

Objective 1: Conduct and complete complaint based investigations of licensed healthcare providers to ensure the health, safety, and welfare of residents.

Objective 2: Conduct annual licensure and federal certification inspections of health care facilities that HCFD regulates.

Objective 3: Conduct annual licensure for all facilities under the purview of ICFD and federal certification inspections of ICF/MRs, as well as conduct monitoring inspections of community residential facilities, home care agencies, and child placing agencies.

Objective 4: To protect the public health and safety of residents and visitors in the District through the prevention of food-borne outbreaks and to protect the food supply through inspections.

Objective 5: To ensure that 100 percent of x-ray machines are safe for use and are free of defects that may cause harm to the public.

Objective 6: Conduct timely animal surveillance and disease control to protect residents and visitors.

Objective 7: Protect the health and safety of residents and visitors through the reduction of rodent activity.

KEY PERFORMANCE INDICATORS

Health Regulation and Licensing Administration

Measure	FY 2011 Actual	FY 2012 Target	FY 2012 Actual	FY 2013 Projection	FY 2014 Projection	FY 2015 Projection
Number of assigned investigations completed within 45 days of initiation	139	150	76	110	121	132
Number of inspections completed by the HCFD	144	109	108	110	110	110
Number of inspections completed by the ICFD	249	192	165	192	190	190
Number of inspections of food establishments generated by complaints/food borne illness reports	586	400	445	500	500	500
Number of food establishment closures	134	100	60	100	100	100
Number of x-ray tubes inspected for compliance with radiation protection standards	804	820	796	820	840	840
Percentage of rabies-suspect animals submitted for testing within 48 hours of notification of exposure ⁶	Not Available	Not Available	Not Available	100%	100%	100%
Number of premises inspected for rodent activity	6,231	9,000	6,271	6,500	6,850	7,000

Office of the Director (OD)

Objective 1: Ensure the development and retention of a competent workforce.

Objective 2: Develop and implement a Department-wide electronic storage and retrieval system.

Objective 3: Effectively communicate with stakeholders and the community about public health assets and challenges.

KEY PERFORMANCE INDICATORS

Office of the Director (OD)

Measure	FY 2011 Actual	FY 2012 Target	FY 2012 Actual	FY 2013 Projection	FY 2014 Projection	FY 2015 Projection
Percentage of Employee Reviews Completed on time	64%	100%	Not Available	100%	100%	100%
Percentage of DOH paper files converted to electronic file system	Not Available	50%	0.2%	50%	75%	100%
Number of visitors to the DOH website	632,411	650,000	1,050,207	1,000,000	1,100,000	1,250,000

Performance Plan Endnotes:

¹ <http://mayor.dc.gov/page/one-city-action-plan>

² This measure is based upon the industry standard. CDC requires that each state participating in the BRFSS to have a sample size of no less than 4,000.

³ Participation numbers include those served by CHA and its partners - UDC and Capital Area Food Bank. In 2011, funding was cut from \$2.5 million to \$1.5 million, and USDA ceased providing the 50 percent cash match for nutrition education provided. The One City Action Plan called for a baseline of 25,000 with a 3 percent growth.

⁴ This measure is based upon the industry standard. The U.S. Department of Health and Human Services established through Healthy People 2020 that 95 percent of children enrolled in kindergarten should have their required shots. Data indicates that this 95 percent is achieved nationally. For adolescents, the target drops to 80 percent as data indicates that only about 45 percent of adolescents received required vaccinations.

⁵ The measure on NIMS training is being used as an industry benchmark. In January of 2012, the U.S. Department of Health and Human Services (DHHS) Office of the Assistant Secretary for Preparedness and Response released the Healthcare Preparedness Capabilities. It is an industry standard that staff be trained on NIMS.

⁶ The FY 2011 and FY 2012 data for this measure is not available. FY 2013 marks the first time that data is being reported for this measure.

