Department of Health
DOH *(HC)*

MISSION

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 (DOH) 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. DOH's 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.

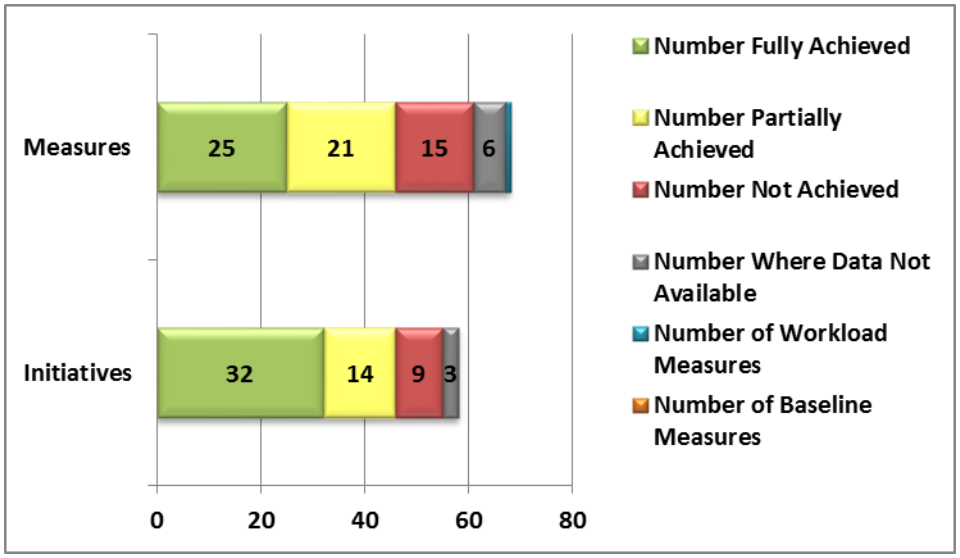
ACCOMPLISHMENTS

- ✓ APRA connected 7,729 clients to a community based provider for treatment services. APRA was able to increase access to services as a result of the many improvements to the Assessment and Referral Center (ARC) process and the DATA system, both of which have ensured that 100% of clients that come to the ARC receive a referral to a community based provider. Additionally, APRA has adult intake sites at the Psychiatric Institute of Washington, the Urgent Care Clinic at DC Superior Court and the Department of Mental Health's Comprehensive Psychiatric Emergency Program**. [Education Quality and Stability]**

- ✓ During FY 2011, 95% of vital records reports were completed within 72 hours. **[Fiscal Stability]**

- ✓ There are now 34 farmers markets accepting vouchers from the Women, Infant and Children (WIC) program. An increase in participating sites expands the access that WIC participants have to fresh fruits and vegetables. This increase is due directly to the WIC program's outreach efforts with local farmers. **[Education Quality and Fiscal Stability]**

OVERVIEW OF AGENCY PERFORMANCE



Performance Initiatives – Assessment Details

Performance Assessment Key:

Fully achieved | Partially achieved | Not achieved | Data not reported

Addiction Prevention and Recovery Administration (APRA)

OBJECTIVE 1: Implement an integrated prevention system to reduce priority risk factors and increase protective factors that reduce substance use by District children, youths, and families.

- **INITIATIVE 1.1: Fully implement the District of Columbia Substance Abuse Prevention Center Network throughout the District of Columbia.**
  APRA maintained 4 prevention centers within the District throughout the entirety of the fiscal year. Each Prevention Center provides services to two wards in the District.

- **INITIATIVE 1.2: Enhance the capacity to collect and utilize data for substance abuse prevention planning by January 2011.**
  In FY11 APRA utilized the Strategic Prevention Framework State Incentive Cooperative Grant (SPF-SIG) funds to leverage local funds to in support of an epidemiological study. With funding, APRA engaged Research Triangle Institute (RTI), a SAMHSA-approved vendor, to collect and analyze data in the following areas: consumption, consequences, and social indicator data. APRA is exploring a separate scope of work to focus on substance abuse treatment needs and those at risk for co-occuring mental and primary health problems, including HIV risk and incidence. The epidemiological data collection process is currently ongoing.

- **INITIATIVE 1.3: Establish a District of Columbia Substance Abuse Prevention Leadership Center by January 2011.**
  APRA conducted 13 community capacity-building trainings and technical assistance opportunities to increase knowledge, skills and implementation of evidence-based prevention programs.

OBJECTIVE 2: Maintain and support a comprehensive continuum of accessible substance abuse treatment services.

- **INITIATIVE 2.1: Increase access to the APRA adult continuum of substance abuse treatment services by June 2011.**
  APRA was able to meet this objective as a result of the many improvements to the Assessment and Referral Center (ARC) process and the DATA system, both of which have ensured that every client that comes to the ARC receives a referral to a community based provider. Additionally, APRA has adult intake sites at the Psychiatric Institute of Washington, the Urgent Care Clinic at DC Superior Court and the Department of Mental Health's Comprehensive Psychiatric Emergency Program.

- **INITIATIVE 2.2: Expand Medicaid reimbursement for substance abuse treatment services by September 2011.**
  APRA did collaborate with the Department of Health Care Finance to draft and submit an amendment to the District of Columbia Medicaid state plan. At this time, approval from the

Centers for Medicaid and Medicare Services (CMS) is pending.

- **INITIATIVE 2.3: Enhance the co-occurring capacity of the adolescent continuum of substance abuse treatment services by August 2011.**
  In FY11, APRA mandated that all adolescent providers use Chestnut's Global Appraisal of Individual Needs (GAIN) which is a nationally recognized, evidence based assessment tool specifically geared to collect co-occurring information for youth. This tool has enhanced the provider's ability to diagnosis, treat and place youth in the proper level of care.

OBJECTIVE 3: Promote long-term recovery from substance use disorder through maintenance of a comprehensive continuum of accessible recovery support services.

- **INITIATIVE 3.1: Promote access to effective substance abuse recovery support services by January 2011.**
  In November of FY2011, APRA was awarded a four year, $13.1 million dollar Access to Recovery Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). This grant provides recovery evaluation, care coordination, coaching and mentoring, education and transportation to clients in need of recovery support services.

Center for Policy, Planning, and Evaluation (CPPE)

OBJECTIVE 1: Promote the availability of accessible, high quality and affordable healthcare service.

- **INITIATIVE 1.1: Revise DCMR Title 22 Chapters 40-46 to streamline the review of Certificate of Need (CON) applications and reduce the timeframe for issuing a decision.**
  At this time, draft regulations have been prepared for DCMR Title 22 Chapters 40 – 46 and are pending review from the Office of the Attorney General.

OBJECTIVE 2: Monitor compliance of health care facilities with the requirements that govern the provision of uncompensated care to needy residents.

- **INITIATIVE 1.2: Evaluate financial data from private hospitals, nursing homes, primary care clinics, and home health care agencies and hospices to ensure compliance with legal requirements.**
  100% of hospitals have submitted their financial data and demonstrated compliance with the District's uncompensated care legal requirements. Financial data is being collected from the remaining facilities and are due at different times based upon the financial calendar that each facility uses for reporting.

OBJECTIVE 3: Collect and analyze health care data to be in compliance with DC law.

- **INITIATIVE 3.1: D.C. Official Code § 44-405 requires the SHPDA to develop and maintain a health planning data system.**
  The SHPDA has developed a system for routinely analyzing hospital discharge data and is developing a data collection tool to populate a health planning data system with additional health care utilization data.

OBJECTIVE 4: Provide vital statistics in a timely manner for monitoring the health of District residents.

- **INITIATIVE 4.1: Improve the timeliness of the publication and the posting to the website of 10 comprehensive statistical reports by September 30, 2011.**

CPPE did track this initiative in FY2011 but was unable to post publications in a timely manner due to changes to the DOH website. At this time, DOH is working to migrate to the new citizen centric website design, but the migration was delayed due to web architecture platform changes for the DC Government by OCTO.

- **INITIATIVE 4.2: Improve response time for requests for vital statistics data.**
  95% of vital records reports were completed within 72 hours.

OBJECTIVE 5: Design epidemiologic studies and reports to address issues and disparities in the District of Columbia.

- **INITIATIVE 5.1: Increase access to data on District health status and risk behaviors.**
  The Center for Policy, Planning and Evaluation produced 12 reports which included: 8 separate reports on the status of obesity and various risk factors for each District Ward, a report on Asian and Pacific Islanders in DC, the 2009 BRFSS Annual Report, a report of a study on pneumococcal & Influenza Vaccine Coverage in DC and a report on the Burden and Effect of Socioeconomic Conditions on Co-morbid Diabetes and Hypertension in DC.

OBJECTIVE 6: Enhance project/program monitoring and evaluation within the Department of Health.

- **INITIATIVE 6.1: Improve program monitoring activities among public health programs.**
  This activity did not begin in FY2011. Currently, the DOH is finalizing key results frameworks for each program and developing a monitoring system for improvements.

OBJECTIVE 7: Conduct the Behavioral Risk Factor Surveillance System Survey (BRFSS)

- **INITIATIVE 7.1: Complete 4,150 interviews for the survey year implementing a landline and cell phone questionnaire.**
  In FY2011, CPPE completed 4,597 surveys for the BRFSS, implementing use of both landlines and cell phone surveys.

Community Health Administration (CHA)

OBJECTIVE 1: To support the promotion of chronic disease prevention, health and wellness initiatives and community programs that serve priority populations in the District.

- **INITIATIVE 1.1: By September 30, 2011, BCCD will assess 30 District businesses for worksite wellness program readiness using a web-based survey instrument.**
  This objective was not fulfilled in FY2011. However, CHA has developed a web-based worksite wellness survey instrument. This tool will not only provide a policy inventory but will also provide survey participants with "best practices" and evidence-based worksite wellness resources. FY2012 funding is available and it is expected that resources will be available to conduct this activity.

- **INIATIVE 1.2: By September 30, 2011, the BCCD will support training and technical assistance that will establish at least three effective, affordable and sustainable prevention interventions for people with pre-diabetes in the District.**
  In FY2011, there were 48 partnerships that were supported with Technical Assistance and that participated in partnership advancement, initiatives and events.

OBJECTIVE 2: To reduce the District's cancer burden by effectively managing data surveillance through the Central Cancer Registry, providing high quality screenings and treatment, and delivering health

education programs and navigation services.

- **INITIATIVE 2.1: By September 30, 2011, BCCD will fund 1,300 cancer screenings for qualifying uninsured and underinsured District residents through provider contracts.**
  There were 971 cancer screenings in FY2011 provided to qualifying uninsured and underinsured District residents through provider contracts. In FY11, Project Wish suspended patient enrollment and screenings for six months to undertake major process improvement activities. As a result, personnel and infrastructure changes impacted performance and as a result, the program did not reach its FY11 targets. The process improvements put in place will support the program in reaching its FY12 targets.

OBJECTIVE 3: Reduce infant mortality and improve birth outcomes in the District.

- **INITIATIVE 3.1: Increase the number of participants in the DC Healthy Start (DCHS) program and the average number of visits per month by September 30, 2011.**
  In FY11, 822 individuals were enrolled in DCHS. Of these, 319 clients remained in case management. The remaining 503 clients were discharged because of one of the following: they were no longer District residents, they could not be located after multiple attempts or they no longer wanted DCHS services. The program succeeded in providing each prenatal participant at a minimum with 2 visits per month and postpartum clients at a minimum with 1 visit per month.

- **INITIATIVE 3.2: Increase the number of women who enroll in the Healthy Start program during the prenatal period and deliver normal birth weight infants by September 2011.**
  The Healthy Start project was unsuccessful in obtaining this goal. The project works to identify pregnant women in the first trimester and provide the much needed support, education, and follow-up that improves birth outcomes. DC Healthy Start had a decrease in its ability to provide free pregnancy test at its outreach sites due to changes in management and policies and procedures. The project is working with these partners to develop solutions or identify new outreach sites.

- **INITIATIVE 3.3: By September 30, 2011, increase the number of cribs and pack-n-plays distributed annually through the Safe Crib program.**
  During FY 2011, the Safe Cribs program surpassed its goal of 900 cribs and pack-n-plays distributed by distributing 993.

OBJECTIVE 4: To recruit and retain health care practitioners to provide services to the District's underserved and increase the number and types of health care facilities serving the underserved.

- **INITIATIVE 4.1: Conduct a minimum of 4 outreach activities to recruit providers to practice in the District by the end of FY11.**
  CHA conducted four (4) outreach/recruitment visits in FY11 to recruit providers to practice in the District.

- **INITIATIVE 4.2: Increase from 8 to 10 the number of health professional shortage area (HPSA) designations by the end of FY11.**
  The applications to designate new health professional shortage areas were submitted to HRSA prior to the end of the Fiscal Year. However, federal designation status has not been received.

OBJECTIVE 5: Expand the District's medication distribution capabilities

Each of the initiatives associated with this objective are in the early stages of implementation and

require an extensive amount of preparation to make the projects operational. During FY11, space for the medication distribution facility was acquired and CHA is currently working with Department of Real Estate Services (DRES) to cost-out the space for renovation and develop a timeline for the conversion of the space

- **INITIATIVE 5.1: Establish a Mail Order Pharmacy Service**
  Please read response provided to Objective 5.

- **INITIATIVE 5.2: Establish a Medication Therapy Management Service**
  Please read response provided to Objective 5.

OBJECTIVE 6: Reverse the trend in obesity by increasing breastfeeding rates, empowering residents to make healthier food choices and promoting physical activity.

- **INITIATIVE 6.1: Partner with key stakeholders and market managers to expand access to fresh fruits and vegetables.**
  The WIC/Farmers Market program, through its outreach efforts directly with local farmers, was able to increase the number of farmer's market sites that accept WIC. There are now 34 markets participating in the program.

- **INITIATIVE 6.2: Increase breastfeeding preparation and initiation among pregnant women.**
  46% of postpartum WIC mothers initiated breastfeeding.

- **INITIATIVE 6.3: Expand community-based nutrition education activities by hosting community education sessions.**
  The SNAP-ED program did not directly host nutrition education activities; however the program did create partnerships with community organizations and other public health programs to provide these activities. Activities were hosted through the Healthy Start program and at community health fairs.

OBJECTIVE 7: Enhance efficiency and effectiveness of child health efforts in the District to improve child health outcomes

- **INITIATIVE 7.1: Improve immunization compliance for children.**
  Children's Immunization coverage rates continue to improve. 89% of children in DCPS and Charter schools and 94% of children in licensed child development centers had update to date immunizations.

- **INITIATIVE 7.2: Improve quality of and access to child health data.**
  In FY11, the DOH worked to ensure that schools utilize the same documentation system. At the end of SY 2010-2011, all DCPS (121) and six PCS were using the Health Office system. This allowed for expanded reporting, and the ability to have more accurate data relative to service provision and nursing documentation. During the summer months, DOH worked with the DCPS Board to obtain an MOU to allow the sharing of student data with the Health Office system.

HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA)

OBJECTIVE 1: Reduce transmission/prevent new infections of HIV, STD, TB, and Hepatitis through early diagnosis and treatment, harm reduction, and behavior change interventions.

- **INITIATIVE 1.1: Increase efforts to identify individuals newly infected with HIV or STDs.**
  There were 1,205 new cases reported in FY2011. There were 720 new cases diagnosed in FY2011.

- **INITIATIVE 1.2: Elimination of Mother-to-Child Transmission of HIV.**
  The Peri-natal Coordinator continues to work closely with hospitals in the DC area to ensure that they observe current best practice around prevention of HIV transmission from mother to child. The number of peri-natal infections for this year was zero.

- **INITIATIVE 1.3: Reduce the Prevalence of STDs and HIV in Youth.**
  HAHSTA has been able, for 3 years now, to sustain the reach of its school based screening program to all public high schools, and some receptive charter schools. HAHSTA works with many partners to conduct this program (i.e. DCPS, Unity Healthcare) and assures that it maintains high quality standards. Also, HAHSTA partners with the Department of Employment Services (DOES) and community based organizations to screen as many youth as possible through the DOES summer youth program.

- **INITIATIVE 1.4: Implement Newly Developed Protocols for Hepatitis.**
  HAHSTA's partnership with the National Institutes of Health (NIH) continued in FY2011 as efforts remained ongoing to improve and expand sub-specialty treatment options at community based organizations in DC. Due to budget constraints, HAHSTA was unable to finalize the linage protocol, however components of a formal protocol for linking persons to hepatitis vaccination, screening and treatment services have been completed and/or are in progress. Development of an updated resource list has been completed and is ready for dissemination to community service providers; Development of a provider handbook has been completed and is in the process of final review before printing and dissemination; and HAHSTA is currently in the process of developing a web based training module that can be accessed by community providers. It is expected the all components of the Hepatitis linkage protocol will be completed and disseminated during the last quarter of FY12.

OBJECTIVE 2: Improve care and treatment outcomes, as well as quality of life, for HIV-infected individuals through increased access to, retention in, and quality of care and support services.

- **INITIATIVE 2.1: Increase the Number of People in quality HIV medical care.**
  HAHSTA will work to increase the utilization of HIV care services by DC residents and ensure the availability of critical and effective support services to maximize retention in care and health outcomes. HAHSTA will accomplish this by focusing on the four R's: recruitment, recapture, retention and results. This will be measured through increased linkage rates from testing positive to initiating HIV care, by the number of people retained in care annually, and by proportion of people living with HIV who are on treatment and virally suppressed.

- **INITIATIVE 2.2: Expand Housing Options for persons living with HIV/AIDS.**
  The tenant-based assistance program provides housing to low- income HIV-positive clients throughout the District. This program has a low transition rate due to the limited ability of public, section 8, or other permanent housing options to absorb clients. HAHSTA's housing program continues to support clients while they remain on permanent housing programs' waiting lists. The low transition rate demonstrates a vast unmet need for permanent housing.

OBJECTIVE 3: Increase the District's Capacity to Respond to HIV, STD, TB and Hepatitis Effectively

- **INITIATIVE 3.1: Strengthen Community-level Capacity for HIV Care and Prevention Activities.**

In FY11, all 10 Effi Barry program participants did increase their capacity from their initial organizational assessment to the year-end assessment. In particular, all of the four Year 2 participants advanced from medium to high capacity. Overall, the participants did not achieve the projected target, but did achieve the program goals of increasing capacity.

- **INITIATIVE 3.2: Increase Capacity for Data Collection and Use for Program Planning and Improvement.**
  HAHSTA has put a focus on increasing quality and use of data over the past few years. It has added additional data management staff and managers and is in the process of building a new integrated data management system. The new system will be implemented during FY 2012 and trainings will happen with all of the providers this summer. Training will also happen internally to ensure use of data for planning and program improvement.

Health Emergency Preparedness and Response Administration (HEPRA)

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

- **INITIATIVE 1.1: Develop and implement an unannounced ambulance inspection program.**
  In the District of Columbia there are currently 146 Basic Life Support and Advanced Life Support ambulances. HEPRA inspects all ambulances that operate within the District annually as part of the certification process. Two of the three required annual inspections per ambulance are unannounced inspections to ensure that the ambulances are in continual readiness for services. HEPRA staff observed that ninety- one (91%) of ambulances passed the unannounced inspections, which exceeds the FY11 target.

- **INITIATIVE 1.2: Monitor the quality of the District's EMS training and education.**
  HEPRA oversees the licensing of the EMTs in the District. Two years ago, because of legislative changes, HEPRA required that EMTs pass the National Registry Exam as a component of the EMT licensing requirements. When EMTs take the National Registry Exam, the first time pass rate can provide insight into the success of the Districts training programs, by comparing local pass rates to national averages. The District first time pass rate (77%) is on par with the National first time pass rate (78%).

OBJECTIVE 2: Improve the efficiency of the DOH response and recovery to public health and medical crisis.

- **INITIATIVE 2.1: Develop and provide emergency preparedness training to health care facility staff.**
  HEPRA, in collaboration with the District of Columbia Emergency Healthcare Coalition (EHC), worked with the District of Columbia Health Care Association (DCHCA) and the District of Columbia Primary Care Association (DCPCA) to develop and implement emergency preparedness training in the District's long term care facilities and community health centers. The Coalition developed templates for facility Emergency Operations Plans (EOP) and Evacuation Plans such that each facility could use the template and tailor the plans to fit the needs of the facility. A table top and a full scale evacuation exercise were executed. In FY12, several hospitals, community clinics and healthcare providers are expected to participate in the MSA- wide (parts of MD, VA and WV) full scale dispensing exercise on March 27 and 28, 2012.

OBJECTIVE 3: Improve the ability of the public health laboratory to provide quality healthcare support and emergency preparedness services within the District of Columbia.

- **INITIATIVE 3.1**: **Improve participation in Public Health Lab (PHL) information system for**

submitting patient specimens.

The PHL continues to develop its Laboratory Information System and Electronic Laboratory Record. The percentage of PHL clients submitting request forms electronically to PHL was 97% of all clinics, which exceeds targets.

OBJECTIVE 4: Improve all-hazards preparedness and response in the District of Columbia's healthcare facilities.

- **INITIATIVE 4.1**: **Improve utilization of and responsiveness to notification systems among District healthcare partners to improve emergency preparedness capabilities.**

  HEPRA requests that Community Based Health Centers review and update as necessary their individual Emergency Operations Plan and Evacuation Plan to ensure the centers ability to perform necessary life saving actions in the event of an emergency. HEPRA staff observed that 100% of community health care centers reviewed and updated their evacuation plans, which exceeds targets.

Health Regulation and Licensing Administration (HRLA)

OBJECTIVE 1: Conduct annual licensure inspections of health care facilities as required by Centers for Medicare and Medicaid Services (CMS) and District Laws.

- **INITIATIVE 1: Improving Quality Indicator Survey by June 2011.**

  The HCFD has fully implemented that Quality Indicator Survey (QIS) process for nursing homes during Fiscal Year 2011. Representatives of the Centers for Medicare and Medicaid Services conducted training on February 22, 2011. Two (2) teams were trained and successfully completed all aspects of the program to become registered QIS surveyors. Additionally, the HCFD designated two (2) certified nurse surveyors to receive additional instruction to be trained as QIS Trainers under the supervision of the CMS representative. A third team was trained in August 2011, by the HCFD QIS trainers during their preceptor program.

- **INITIATIVE 2: Trend Common Health Care Deficiencies by September 2011.**

  HRLA implemented the new federally mandated Quality Indicator Survey (QIS) in August 2011. During the month of September, staff conducted licensure surveys of facilities and identified common deficiencies requiring action and will work with facilities in FY2012 to make necessary improvements.

- **INITIATIVE 3: Revise Home Care Regulations by July 2011.**

  The Department is reviewing comments from the Department of Disability Services and is discussing the regulation with the Department of Healthcare Finance.

- **INITIATIVE 4: Revise Group Home Regulations by July 2011.**

  The Department of Disability Services is preparing additions to the regulations after they have completed their draft, the Department of Health will meet and discuss the issues.

OBJECTIVE 2: Update Health Occupational Revisions Act (HORA) to reflect "best practices" for health care professionals.

- **INITIATIVE 1: Promote "best practices" for medical professionals licensed by the Boards of Allied and Behavioral Health by April 2011.**

  The best practice of replacing all paper and pencil exams has been met. All Allied and Behavioral Health Jurisprudence examinations have been computerized. Additionally, the Boards of

Psychology, Professional Counseling and Nursing Home Administration have completed the revisions to their Jurisprudence examinations to update the exam content and administration to meet national standards.

- **INITIATIVE 2: Establish Impaired Practitioners' Program by August 2011.**
  This initiative is ongoing. We continue to research existing programs to gather information and identify best practices so that we can design an effective program. It is now expected the program will be designed in FY12 and implemented in FY2013.

OBJECTIVE 3: **Maintain safety of food supply, pharmacies and public facilities such as swimming pools, spas, barber/beauty parlors.**

- **INITIATIVE 1: Notify public of food establishment inspections by October 2010.**
  Staff shortage and a new system to learn presented challenges. At this time, all reports have been posted and a new review plan has been implemented to ensure that reports post within 5 days.

- **INITIATIVE 2: Automate pharmacy licensure renewal process by March 2011.**
  Due to staffing issues this project was not completed and FY2011. However, it is anticipated to be complete by the end of June, 2012.

Office of the Director (OD)

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

- **INITIATIVE 1.1: Improve DOH's employee performance management system.**
  There have been a total of 245 evaluations conducted and/or approved. There were 345 employees with an approved performance plan in place and therefore eligible to receive evaluations. In all 632 employees should have had a plan and evaluation completed.

OBJECTIVE 2: Ensure standardized and effective administrative and business practices across the Department.

- **INITIATIVE 2.1: Implement standardized policies and procedures for Departmental administrative and operational processes.**
  This activity was not undertaken in FY2011.

- **INITIATIVE 2.2: Increase monitoring, compliance and performance for all local grants issued by DOH.**
  In FY 11, DOH Office of Grants Management implemented a requirement of the District (per the DC City-Wide Grants Manual) that all agency-issued grant awards receive a performance rating. DOH implemented this in two phases: (1) requirement established with technical assistance provided by OGM and 2) developed a mandatory KPI Reporting Schedule and Form for reporting.

- **INITIATIVE 2.3: Improve the efficiency of grants management by implementing a risk-based monitoring system for all sub grants.**
  The Department implemented uniform requirements to develop monitoring plans based on risk-assessments, and to report quarterly by DOH Administrations to the DOH Office of Grants Management on the number of site visits planned, completed and documented.

- **INITIATIVE 2.3: Develop and implement a Department-wide online storage and retrieval system.** DOH IT completed the procurement and implementation of an agency enterprise File Management System in FY11. DOH is currently using the system to electronically store new files received since the implementation of the File Management System.

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

- **INITIATIVE 3.1: Enhance DOH website through its re-design, migration, and re-launch**
  At this time, DOH is working to migrate to the new citizen centric website design, but the migration was delayed due to web architecture platform change in for the DC Government by OCTO.

- **INITIATIVE 3.2: Improve DOH customer service ratings.**
  The Office of Unified Communications has not released a final FY2011 report. According to the reports for 2011, quarters 1 and 2, DOH has a 100% rating.

Key Performance Indicators – Details

Performance Assessment Key:

Fully achieved | Partially achieved | Not achieved | Data not reported | Workload measure

		Measure Name	FY2010 YE Actual	FY2011 YE Target	FY2011 YE Revised Target	FY2011 YE Actual	FY2011 YE Rating	Budget Program
Agency Management								
	1.1	Percent of Employee Reviews Completed on Time	79%	90%		38.77%	43.07%	AGENCY MANAGEMENT SUPPORT
	1.2	Number of single audit findings that indicate non-compliance or a reportable condition	11	2		0[i]	0%	AGENCY MANAGEMENT SUPPORT
	2.1	Percent lapse of total dollar amount of federal grant budget	3.7%	3&		1.17%	255.39%	AGENCY MANAGEMENT SUPPORT
	2.2	Percent of grants management specialists receiving skills-based grants management training	84.6%	95%		72.73%	76.56%	AGENCY MANAGEMENT SUPPORT
	2.3	Percent of total carryover funds requested	10.28%	5%		5.19%	96.37%	AGENCY MANAGEMENT SUPPORT
	2.4	Percent of DOH grantees who received a satisfactory performance	0	85%		93.77%	110.32%	AGENCY MANAGEMENT SUPPORT

		rating						
		Measure Name	**FY2010 YE Actual**	**FY2011 YE Target**	**FY2011 YE Revised Target**	**FY2011 YE Actual**	**FY2011 YE Rating**	**Budget Program**
●	2.5	% of subgrantee's budget spent on programmatic costs	0	65%		75.77%	87.79%	AGENCY MANAGEMENT SUPPORT
●	2.6	% of scheduled monitoring reports as defined in agency monitoring plan completed for each grant award	0	100%		98.87%	101.14%	AGENCY MANAGEMENT SUPPORT
●	3.1	# of visitors to the DOH website	690,000	724,500		632,441	87.29%	AGENCY MANAGEMENT SUPPORT
●	3.2	Office of Unified Communications Customer Service Rating	73	85		100%	117.65%	AGENCY MANAGEMENT SUPPORT
Addiction Prevention and Recovery-								
●	1.1	# of Prevention Centers serving all 8 Wards of the District	4	4		16	400%	ADDICTION PREVENTION & RECOVERY ADMIN
●	1.2	# of APRA-supported community capacity-building training and technical assistance opportunities provided to increase knowledge, skills and implementation of evidence-based prevention program	19	15		13	86.67%	ADDICTION PREVENTION & RECOVERY ADMIN

		Measure Name	FY2010 YE Actual	FY2011 YE Target	FY2011 YE Revised Target	FY2011 YE Actual	FY2011 YE Rating	Budget Program
●	2.1	% of clients presenting at the Assessment and Referral Center that complete the assessment and referral process within 2 hours	95%	100%		60.21%	60.21%	ADDICTION PREVENTION & RECOVERY ADMIN
●	2.2	% of clients that are screened for mental health disorders during the assessment and referral process.	100%	100%		100%	100%	ADDICTION PREVENTION & RECOVERY ADMIN
●	2.3	% of clients assessed and referred for service that are admitted to a community-based provider	0	100%		100.84%	100%	ADDICTION PREVENTION & RECOVERY ADMIN
●	2.4	% of clients that complete the detoxification and stabilization program within 3-5 days	93.3%	95%		82.08%	86.40%	ADDICTION PREVENTION & RECOVERY ADMIN
●	2.5	% of clients referred to outpatient or intensive outpatient services that complete 2 treatment sessions within the first 2 weeks of treatment	0	85%		55.86%	65.72%	ADDICTION PREVENTION & RECOVERY ADMIN

		Measure Name	FY2010 YE Actual	FY2011 YE Target	FY2011 YE Revised Target	FY2011 YE Actual	FY2011 YE Rating	Budget Program
●	3.1	% of clients referred to residential treatment services that remain in active treatment for at least 30 days.	0	90%		42.69%	47.43%	ADDICTION PREVENTION & RECOVERY ADMIN
●	3.2	# of District residents age 12 or older reporting cocaine use	0	0		617	0%	ADDICTION PREVENTION & RECOVERY ADMIN
Center for Policy, Planning and Evaluation								
●	1.1	number of certificate of need application decisions	7	23		37	160.87%	CTR FOR POLICY PLANNING & EVALUATION
●	1.2	Length of time from submission of complete application to SHPDA decision	90	60		60	100%	CTR FOR POLICY PLANNING & EVALUATION
●	2.1	Percentage of uncompensated care reports submitted: Hospitals	0	100%		100%	100%	CTR FOR POLICY PLANNING & EVALUATION
●	3.1	Length of time from fiscal year to published uncompensated care report	0	12		135	1,125%	CTR FOR POLICY PLANNING & EVALUATION
●	4.1	# of Vital Records walk-in customers processed within 30 minutes	28,128	27,750		37,001	133.34%	CTR FOR POLICY PLANNING & EVALUATION
●	5.1	Number of epi studies/reports produced	0	5		12	240%	CTR FOR POLICY PLANNING & EVALUATION
●	6.1	% of program results indicating improved performance	0	50%				CTR FOR POLICY PLANNING & EVALUATION

		Measure Name	FY2010 YE Actual	FY2011 YE Target	FY2011 YE Revised Target	FY2011 YE Actual	FY2011 YE Rating	Budget Program
	7.1	# of BRFSS surveys completed	4,150	4,150		4,597	110.77%	CTR FOR POLICY PLANNING & EVALUATION
Community Health Administration								
	1.1	Number of businesses assessed	6	30		0		COMMUNITY HEALTH ADMINISTRATION
	2.1	Number of colonoscopies	0	400		460	115%	COMMUNITY HEALTH ADMINISTRATION
	2.2	Number of mammograms and/or clinical breast exams	307	600		370	61.67%	COMMUNITY HEALTH ADMINISTRATION
	2.3	Number of pelvic/cervical exams and PAP test	80	300		141	47%	COMMUNITY HEALTH ADMINISTRATION
	3.1	Number of women participating in Healthy Start4	324	395		319	80.76%	COMMUNITY HEALTH ADMINISTRATION
	3.2	Number of men enrolled in Healthy Start	117	155		162	104.52%	COMMUNITY HEALTH ADMINISTRATION
	3.3	Average number of prenatal home visits provided to Healthy Start participants per month	1	2		1.87	93.50%	COMMUNITY HEALTH ADMINISTRATION
	3.4	Percentage of Healthy Start participants who enter the program during the prenatal period and deliver LBW babies	0	5		13.66%	36.61%	COMMUNITY HEALTH ADMINISTRATION
	4.1	Number of HPSAs	8	10		8	80%	COMMUNITY HEALTH ADMINISTRATION
	5.1	ADAP clients enrolled in MOP	0	0				COMMUNITY HEALTH ADMINISTRATION

		Measure Name	FY2010 YE Actual	FY2011 YE Target	FY2011 YE Revised Target	FY2011 YE Actual	FY2011 YE Rating	Budget Program
●	5.2	Alliance clients enrolled in MOP	0	0				COMMUNITY HEALTH ADMINISTRATION
●	5.3	Number of clients receiving MTM services	0	0				COMMUNITY HEALTH ADMINISTRATION
●	6.1	Number of farmers market sites accepting WIC	34	36		34	94.44%	COMMUNITY HEALTH ADMINISTRATION
●	6.2	Farmers market check redemption rate among WIC participants	0	72		77.31%	107.38%	COMMUNITY HEALTH ADMINISTRATION
●	6.3	Farmers market check redemption rate among CSFP participants	0	85		76.66%	90.19%	COMMUNITY HEALTH ADMINISTRATION
●	6.4	Percent of postpartum WIC mothers who initiate breastfeeding	47	45		47.12%	104.71%	COMMUNITY HEALTH ADMINISTRATION
●	6.5	Percentage of residents attending SNAP-ED sessions who are not eligible for SNAP	0	20		20%	99.98%	COMMUNITY HEALTH ADMINISTRATION
●	6.6	Percentage of students enrolled in schools with school nursing services that are overweight or obese (per BMI)	0	16		34.39%	46.52%	COMMUNITY HEALTH ADMINISTRATION
●	7.1	Percent of children with up-to-date immunizations in: Public Schools	88.29	98%		89.82%	91.66%	COMMUNITY HEALTH ADMINISTRATION
●	7.2	Percent of children with up-to-date immunizations in: Charter schools	77.97	98%		81.21%	82.82%	COMMUNITY HEALTH ADMINISTRATION

		Measure Name	FY2010 YE Actual	FY2011 YE Target	FY2011 YE Revised Target	FY2011 YE Actual	FY2011 YE Rating	Budget Program
	7.3	Percent of children with up-to-date immunizations in: Licensed Child Development Centers	87.46	98		94.25%	96.17%	COMMUNITY HEALTH ADMINISTRATION
HIV/AIDS, Hepatitis, STD and TB Administrator								
	1.1	# of new HIV (HIV/AIDS) cases diagnosed within the fiscal year7	193	1500		720	208.33%	HIV/AIDS HEPATITIS STD & TB ADMIN
	1.2	#of publicly supported HIV tests performed	4,4014	150,000		122,356	81.57%	HIV/AIDS HEPATITIS STD & TB ADMIN
	1.3	# of needles off the streets through DC NEX Program	158,803	300,000		341,879	113.96%	HIV/AIDS HEPATITIS STD & TB ADMIN
	1.4	# of condoms (female and male) distributed by DC DOH Condom Program	2,179,374	3,000,000		5,186,340	172.88%	HIV/AIDS HEPATITIS STD & TB ADMIN
	1.5	# of peri-natal HIV infections	0	0		0		HIV/AIDS HEPATITIS STD & TB ADMIN
	1.6	# of youth (15-19 years) screened for STDs through youth outreach programs	3,050	10,000		4,274	42.74%	HIV/AIDS HEPATITIS STD & TB ADMIN
	2.1	Number of persons enrolled in ADAP	2,832	2,650		6,768	39.15%	HIV/AIDS HEPATITIS STD & TB ADMIN
	2.2	Percent of HIV positive persons with viral load suppression (below 400)	0	0				HIV/AIDS HEPATITIS STD & TB ADMIN
	3.1	Total number transitioning from HIV Housing Programs	0	0		3	0%	HIV/AIDS HEPATITIS STD & TB ADMIN

		Measure Name	FY2010 YE Actual	FY2011 YE Target	FY2011 YE Revised Target	FY2011 YE Actual	FY2011 YE Rating	Budget Program
●	3.2	% of Effi Barry participants scoring in the high capacity group after at least one year of training	0	65%		50%	76.92%	HIV/AIDS HEPATITIS STD & TB ADMIN
Health Emergency Preparedness and Response								
●	1.1	% of District ambulances that pass an unannounced inspection for compliance	0	80%		88.60%	110.75%	HLTH EMERG PREPAREDNESS & RESPONSE ADMIN
●	1.2	% of DC EMTs that pass National Registry Exam on 1st attempt	80%	85%		78.77%	92.67%	HLTH EMERG PREPAREDNESS & RESPONSE ADMIN
●	2.1	% of Community Based Health Centers that bi-annually update their EOPS and evacuation plans	75%	83%		100%	120.48%	HLTH EMERG PREPAREDNESS & RESPONSE ADMIN
●	3.1	% of clinics submitting request forms electronically to PHL	80%	85%		96.97%	114.08%	HLTH EMERG PREPAREDNESS & RESPONSE ADMIN
●	3.2	% of clinics reporting above average satisfaction with PHL services	80%	85%		75%	88.24%	HLTH EMERG PREPAREDNESS & RESPONSE ADMIN
●	4.1	% of staff recalls which have at least a 70% response rate within one hour.	25%	75%		100%	133.33%	HLTH EMERG PREPAREDNESS & RESPONSE ADMIN

		Measure Name	FY2010 YE Actual	FY2011 YE Target	FY2011 YE Revised Target	FY2011 YE Actual	FY2011 YE Rating	Budget Program
Health Regulation and Licensing Administration								
●	1.1	% of complaints close for nursing homes, ICF/MR and CRFs within 45 days	100%	100%		100%	100%	HEALTH CARE REGULATION & LICENSING ADMIN
●	1.2	% of adverse events reported by nursing homes & hospitals	0	90		100%	90%	HEALTH CARE REGULATION & LICENSING ADMIN
●	3.1	% of food facility inspected annually	100%	93		51.99%	55.90%	HEALTH CARE REGULATION & LICENSING ADMIN
●	3.2	% of food samples tested from food facilities throughout the District	0%	10				HEALTH CARE REGULATION & LICENSING ADMIN
●	3.3	% of food inspections completed and posted within designated timeline of five days	0	85		44.86%	52.78%	HEALTH CARE REGULATION & LICENSING ADMIN

[1] The FY2011 Audit won't be completed until June 2012.