
Department of Health

www.doh.dc.gov

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Description	FY 2010 Actual	FY 2011 Approved	FY 2012 Proposed	% Change from FY 2011
Operating Budget	\$260,903,144	\$271,695,846	\$259,211,399	-4.6
FTEs	798.4	774.6	735.6	-5.0

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 tech-

nology; 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 2012 proposed budget is presented in the following tables:

FY 2012 Proposed Gross Funds Operating Budget, by Revenue Type

Table HC0-1 contains the proposed FY 2012 agency budget compared to the FY 2011 approved budget. It also provides FY 2009 and FY 2010 actual expenditures.

Table HC0-1
(dollars in thousands)

Appropriated Fund	Actual FY 2009	Actual FY 2010	Approved FY 2011	Proposed FY 2012	Change from FY 2011	Percent Change*
General Fund						
Local Funds	107,239	82,496	72,223	90,672	18,449	25.5
Special Purpose Revenue Funds	11,806	13,800	14,879	7,761	-7,118	-47.8
Total for General Fund	119,045	96,296	87,102	98,433	11,331	13.0
Federal Resources						
Federal Payments	0	0	0	5,000	5,000	N/A
Federal Grant Funds	133,256	140,065	149,223	136,706	-12,518	-8.4
Federal Medicaid Payments	-29,275	0	0	0	0	N/A
Total for Federal Resources	103,981	140,065	149,223	141,706	-7,518	-5.0
Private Funds						
Private Grant Fund	632	458	319	214	-105	-32.8
Total for Private Funds	632	458	319	214	-105	-32.8
Intra-District Funds						
Intra-District Funds	24,576	24,085	35,052	18,858	-16,194	-46.2
Total for Intra-District Funds	24,576	24,085	35,052	18,858	-16,194	-46.2
Gross Funds	248,234	260,903	271,696	259,211	-12,484	-4.6

*Percent change is based on whole dollars.

Note: 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 2012 Operating Appendices located on the Office of the Chief Financial Officer's website.

FY 2012 Proposed Full-Time Equivalents, by Revenue Type

Table HC0-2 contains the proposed FY 2012 FTE level compared to the FY 2011 approved FTE level by revenue type. It also provides FY 2009 and FY 2010 actual data.

Table HC0-2

Appropriated Fund	Actual FY 2009	Actual FY 2010	Approved FY 2011	Proposed FY 2012	Change from FY 2011	Percent Change
<u>General Fund</u>						
Local Funds	185.8	152.2	129.5	180.8	51.2	39.5
Special Purpose Revenue Funds	105.8	106.2	132.8	77.8	-55.0	-41.4
Total for General Fund	291.5	258.3	262.4	258.6	-3.8	-1.4
<u>Federal Resources</u>						
Federal Grant Funds	449.4	535.6	507.4	472.0	-35.4	-7.0
Federal Medicaid Payments	0.3	0.0	0.0	0.0	0.0	N/A
Total for Federal Resources	449.7	535.6	507.4	472.0	-35.4	-7.0
<u>Intra-District Funds</u>						
Intra-District Funds	6.3	4.4	4.8	5.0	0.2	5.3
Total for Intra-District Funds	6.3	4.4	4.8	5.0	0.2	5.3
Total Proposed FTEs	747.6	798.4	774.6	735.6	-39.0	-5.0

FY 2012 Proposed Operating Budget, by Comptroller Source Group

Table HC0-3 contains the proposed FY 2012 budget at the Comptroller Source Group (object class) level compared to the FY 2011 approved budget. It also provides FY 2009 and FY 2010 actual expenditures.

Table HC0-3

(dollars in thousands)

Comptroller Source Group	Actual FY 2009	Actual FY 2010	Approved FY 2011	Proposed FY 2012	Change from FY 2011	Percent Change*
11 - Regular Pay - Cont Full Time	40,524	36,438	43,906	43,544	-362	-0.8
12 - Regular Pay - Other	10,829	9,221	9,803	8,918	-885	-9.0
13 - Additional Gross Pay	4,620	825	0	3	3	N/A
14 - Fringe Benefits - Curr Personnel	10,024	9,254	9,516	10,324	807	8.5
15 - Overtime Pay	1,054	577	98	90	-8	-7.8
Subtotal Personal Services (PS)	67,051	56,316	63,323	62,879	-444	-0.7
20 - Supplies and Materials	32,409	33,424	34,961	31,080	-3,882	-11.1
30 - Energy, Comm. and Bldg Rentals	972	393	1,395	1,681	287	20.5
31 - Telephone, Telegraph, Telegram, Etc	1,045	1,243	1,441	1,189	-252	-17.5
32 - Rentals - Land and Structures	13,934	12,470	12,794	13,212	418	3.3
33 - Janitorial Services	195	22	32	58	25	77.7
34 - Security Services	2,683	2,974	1,874	1,543	-332	-17.7
35 - Occupancy Fixed Costs	1,164	347	432	1,377	945	218.7
40 - Other Services and Charges	3,873	3,472	3,756	4,957	1,201	32.0
41 - Contractual Services - Other	50,328	47,171	61,538	56,877	-4,661	-7.6
50 - Subsidies and Transfers	74,681	101,405	89,594	83,850	-5,744	-6.4
70 - Equipment and Equipment Rental	695	1,861	555	508	-47	-8.4
91 - Expense Not Budgeted Others	-796	-194	0	0	0	N/A
Subtotal Nonpersonal Services (NPS)	181,183	204,587	208,373	196,332	-12,041	-5.8
Gross Funds	248,234	260,903	271,696	259,211	-12,484	-4.6

*Percent change is based on whole dollars.

Division Description

The Department of Health operates through the following 8 divisions:

Addiction Prevention and Recovery Administration (APRA) – promotes access to substance abuse prevention, treatment and recovery support services. Prevention services include raising public awareness about the consequences of substance abuse and providing evidence-based program resources to community and faith-based organizations to promote wellness and reduce substance use and abuse. Treatment services include assessment and referrals for appropriate levels of care. Treatment services also include maintenance of a comprehensive continuum of substance abuse treatment services including outpatient, intensive outpatient, residential, detoxification and stabilization, and medication assisted therapy. Recovery support services include wrap-around services to ensure a full continuum of care, such as mentoring services, education skills building and job readiness training. APRA ensures the quality of these services through its regulation and certification authority as the Single State Agency for substance abuse.

This division contains the following 7 activities:

- **Office of the Senior Deputy Director** – provides overall direction, policy development and supervision for the other activities in APRA;
- **Office of the Deputy Director for Operations** – ensures the financial stability, fiscal integrity, and program accountability of APRA. The office manages APRA's operating budget, financial operations, and facilities and is responsible for overseeing grant compliance and monitoring contracts;
- **Office of the Deputy Director for Administration** – manages the administrative functions of APRA, including human resources, as well as coordinates and ensures adherence to privacy and risk management requirements for the agency and substance abuse treatment provider network. In addition, the office oversees, coordinates, and ensures high quality prevention and performance-related activities, including regulation of substance abuse treatment services in the District of Columbia;

- **Office of Prevention Services** – works to prevent the onset of, and reduce the progression of, substance abuse risk among youth through a comprehensive public health and risk reduction prevention strategy that addresses the interrelated and root causes of tobacco, alcohol, marijuana, and other drug use. In addition, the office monitors and ensures that federal funds are addressing national outcome measures, high performance standards, and statutory requirements;
- **Office of Performance Management** – is responsible for evaluating, monitoring and managing the performance of all APRA programs, services, providers and staff. In addition, the office oversees the quality assurance and certification process for all substance abuse treatment facilities and programs in the District of Columbia. The Quality Assurance division conducts surveys of, and works with, substance abuse treatment providers to promote the highest quality standards for delivering services related to best practice models for substance abuse treatment. The Certification and Regulation division certifies substance abuse treatment facilities and programs to ensure compliance with District and federal laws and regulations. Only APRA-certified substance abuse treatment facilities and programs may lawfully provide treatment services in the District of Columbia;
- **Office of the Deputy Director for Treatment** – ensures the effective delivery of substance abuse treatment services to APRA direct service treatment programs and programs that APRA contracts with or regulates. The office ensures that the highest quality treatment services are provided through policy development, analysis, and research; and
- **Implementation of Drug Treatment Choice** – provides subsidies and transfers for treatment services only.

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 emer-

gencies; 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 6 activities:

- **Office of the Senior Deputy Director** – provides overall direction, policy development and supervision for the five subordinate 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 Laboratory** – provides analytical and diagnostic support services for programs within DOH and the community, including free and nonprofit clinics and other entities within the District of Columbia. The laboratory conducts a wide range of clinical tests and limited environmental testing, supports biological and chemical emergency response testing, and monitors the Federal BioWatch program;
- **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); and
- **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.

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, and 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

develops and reviews policy; prepares testimony, reports, and other written materials for public distribution; and 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 sub-grantees;
- **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 sub-grants 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 sub-grantees, and providing continued analysis of grant spending to program counterparts;

- **Sexually Transmitted Disease 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 of Columbia 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, premises abated, 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 for 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** – provides for collecting, processing, analyzing, and disseminating 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** – provides for the development of the District's State Health Plan and Annual Implementation and for reviewing and approving 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 pro-

gram 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, DC 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** – provides coordination of 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 health-care 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, decrease overweight and obesity rates and thus improve 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 division-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 program is standard for all agencies using division-based budgeting.

Division Structure Change

The Department of Health has no division structure changes in the FY 2012 Proposed Budget.

FY 2012 Proposed Operating Budget and FTEs, by Division and Activity

Table HC0-4 contains the proposed FY 2012 budget by division and activity compared to the FY 2011 approved budget. It also provides the FY 2010 actual data.

Table HC0-4

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2010	Approved FY 2011	Proposed FY 2012	Change from FY 2011	Actual FY 2010	Approved FY 2011	Proposed FY 2012	Change from FY 2011
(1000) Agency Management Support								
(1010) Personnel	1,534	740	931	190	6.8	8.0	8.0	0.0
(1017) Labor Management	109	105	115	10	1.0	1.0	1.0	0.0
(1020) Contracting and Procurement	799	803	1,289	486	6.2	7.0	9.0	2.0
(1030) Property Management	15,592	18,205	20,090	1,886	3.9	3.0	4.0	1.0
(1040) Information Technology	747	1,148	656	-493	5.7	5.0	5.0	0.0
(1055) Risk Management	123	125	127	2	1.0	1.0	1.0	0.0
(1060) Legal	42	0	0	0	1.0	0.0	0.0	0.0
(1080) Communications	232	455	252	-203	2.0	5.0	3.0	-2.0
(1085) Customer Service	225	314	266	-48	3.8	4.0	3.0	-1.0
(1087) Language Access	0	162	60	-102	0.0	0.0	0.0	0.0
(1090) Performance Management	1,642	4,554	1,918	-2,636	9.6	9.0	6.2	-2.8
Subtotal (1000) Agency Management Support	21,044	26,612	25,705	-907	40.8	43.0	40.2	-2.8
(100F) Agency Financial Operations								
(110F) Agency Fiscal Officer Operations	1,334	967	1,019	52	8.9	10.0	10.4	0.4
(120F) Accounting Operations	990	1,164	1,209	45	14.9	14.0	14.0	0.0
(130F) ACFO	387	545	457	-88	6.4	6.5	5.1	-1.4
(140F) Agency Fiscal Officer	370	418	439	21	4.9	5.0	5.0	0.0
Subtotal (100F) Agency Financial Operations	3,081	3,094	3,124	30	35.1	35.5	34.5	-1.0
(2000) Addiction Prevention and Recovery Administration								
(2010) Office of Senior Deputy	0	473	472	-2	0.0	4.0	4.0	0.0
(2020) Deputy Director for Operations	0	3,289	3,176	-113	0.0	22.0	21.0	-1.0
(2030) Deputy Director for Administration	0	455	1,341	886	0.0	5.0	12.0	7.0
(2040) Prevention Services	0	5,690	5,390	-300	0.0	12.0	12.0	0.0
(2050) Performance Management	0	1,754	407	-1,348	0.0	18.0	4.0	-14.0
(2055) Deputy Director for Treatment	0	6,875	8,807	1,932	0.0	3.0	12.0	9.0
(2070) Implementation of Drug Treatment Choice	13,775	15,178	14,828	-350	0.0	0.0	0.0	0.0
(2080) Quality Improvement	852	0	0	0	9.6	0.0	0.0	0.0
(2090) Certification and Regulation Services	733	0	0	0	8.5	0.0	0.0	0.0
(2100) Apra Support Services	3,273	0	0	0	18.4	0.0	0.0	0.0
(2200) Intake Assessment and Referral	963	0	0	0	19.3	0.0	0.0	0.0
(2300) Acute Detox and Residential Treatment	3,083	0	0	0	8.8	0.0	0.0	0.0
(2400) Prevention and Youth Treatment Services	3,198	0	0	0	14.7	0.0	0.0	0.0
(2510) Adult Treatment Service	7,787	2	0	-2	29.6	0.0	0.0	0.0
(2600) Women's Services	358	0	0	0	7.7	0.0	0.0	0.0
(2700) Special Populations	1,431	0	0	0	4.0	0.0	0.0	0.0
Subtotal (2000) Addiction Prevention and Recovery Admin.	35,453	33,717	34,420	704	120.5	64.0	65.0	1.0

(Continued on next page)

Table HCO-4 (Continued)

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2010	Approved FY 2011	Proposed FY 2012	Change from FY 2011	Actual FY 2010	Approved FY 2011	Proposed FY 2012	Change from FY 2011
(2500) Health Emergency Preparedness and Response Administration								
(2060) Office Emergency Health and Medical Services	7,878	0	0	0	36.2	0.0	0.0	0.0
(2540) Public Health Emergency Preparedness	0	2,601	2,691	90	0.0	11.5	11.0	-0.5
(2548) Public Health Laboratory	3,199	4,595	2,706	-1,889	24.2	25.0	24.2	-0.8
(2550) Public Health Emerg. Ops and Pgm. Support	0	501	462	-39	0.0	6.0	6.0	0.0
(2560) Epidemic Disease Surveillance and Investigation	0	824	712	-112	0.0	7.1	8.0	0.9
(2570) Emergency Medical Services Regulation	0	481	376	-105	0.0	5.1	3.1	-2.0
(2580) Senior Deputy Director	0	1,436	811	-625	0.0	3.8	5.0	1.2
Subtotal (2500) Health Emerg. Prepared and Response Admin.	11,077	10,438	7,759	-2,679	60.4	58.5	57.3	-1.2
(3000) HIV/AIDS Hepatitis STD and TB Administration								
(3010) HIV/AIDS Support Services	5,890	3,285	3,106	-179	22.5	26.3	24.1	-2.2
(3015) HIV/AIDS Policy and Planning	2,270	2,375	2,040	-336	0.0	2.0	2.0	0.0
(3020) HIV Health and Support Services	34,538	35,011	27,597	-7,414	15.8	17.0	15.9	-1.1
(3030) HIV/AIDS Data and Research	2,879	3,391	3,215	-176	20.9	25.0	21.2	-3.8
(3040) Prevention and Intervention Services	9,534	9,544	13,524	3,980	25.8	24.3	21.8	-2.5
(3052) Communicable Disease	4,075	0	0	0	47.0	0.0	0.0	0.0
(3060) Drug Assistance Program (ADAP)	13,594	11,925	12,032	108	9.5	8.0	9.4	1.3
(3070) Grants and Contracts Management	673	1,153	987	-166	15.3	12.0	10.5	-1.5
(3080) STD Control	0	3,149	3,058	-90	0.0	34.0	32.2	-1.8
(3085) Tuberculosis Control	0	1,771	2,195	424	0.0	12.8	10.5	-2.2
(3090) HIV/AIDS Housing and Supportive Services	12,224	12,631	12,762	131	1.9	1.0	3.0	2.0
Subtotal (3000) HIV/AIDS Hepatitis STD and TB Administration	85,677	84,234	80,517	-3,717	158.7	162.3	150.6	-11.8
(4500) Health Care Regulation and Licensing Administration								
(4070) Community Hygiene	6,429	0	0	0	43.8	0.0	0.0	0.0
(4080) Radiation Program	194	0	0	0	3.4	0.0	0.0	0.0
(4090) Health Regulation Administration	4,322	0	0	0	60.3	0.0	0.0	0.0
(4200) Health Professional License Admin	6,805	6,617	7,249	632	37.1	60.7	58.4	-2.2
(4510) HCRLA Support Services	497	449	865	416	3.4	3.8	5.6	1.8
(4515) Food, Drug, Radiation and Community Hygiene	0	6,727	6,398	-329	0.0	49.2	45.5	-3.7
(4530) Health Care Facilities Regulation	0	5,321	5,094	-228	0.0	44.5	44.7	0.2
Subtotal (4500) Health Care Regulation and Licensing Admin.	18,246	19,115	19,606	491	148.1	158.2	154.3	-4.0
(5000) Primary Care and Prevention Administration								
(5030) Cancer Health Care	9,857	0	0	0	0.0	0.0	0.0	0.0
(5100) PCPA Support Services	126	0	0	0	0.0	0.0	0.0	0.0
Subtotal (5000) Primary Care and Prevention Administration	9,982	0	0	0	0.0	0.0	0.0	0.0
(8100) Ctr for Policy Planning and Evaluation								
(8060) State Center Health Statistics	3,123	0	0	0	33.1	0.0	0.0	0.0
(8070) State Health Planning and Development	975	0	0	0	4.3	0.0	0.0	0.0
(8080) Epidemiology and Health Risk Assessment	416	0	0	0	1.8	0.0	0.0	0.0
Subtotal (8100) Ctr for Policy Planning and Evaluation	4,514	0	0	0	39.3	0.0	0.0	0.0
(8200) Center for Policy, Planning and Evaluation								
(8250) Research Evaluation and Measurement	0	298	384	86	0.0	1.0	1.0	0.0
(8260) State Center Health Statistics	0	3,321	2,906	-415	0.0	35.0	34.3	-0.7
(8270) State Health Planning and Development	0	876	807	-68	0.0	6.0	6.7	0.7
Subtotal (8200) Center for Policy, Planning and Evaluation	0	4,495	4,097	-397	0.0	42.0	42.0	0.0

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Table HCO-4 (Continued)

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2010	Approved FY 2011	Proposed FY 2012	Change from FY 2011	Actual FY 2010	Approved FY 2011	Proposed FY 2012	Change from FY 2011
(8500) Community Health Administration								
(8502) Cancer and Chronic Disease Prevention	6,131	3,919	3,697	-222	25.4	33.5	28.8	-4.7
(8503) Pharmaceutical Procurement and Distribution	20,226	21,012	17,900	-3,112	7.0	8.0	8.0	0.0
(8504) Primary Care	5,450	4,374	4,178	-196	3.8	3.0	3.3	0.3
(8510) Support Services	5,323	9,062	7,401	-1,660	42.5	41.5	36.0	-5.5
(8511) Perinatal and Infant Health	6,081	6,919	6,426	-494	56.2	56.0	52.8	-3.2
(8512) Special Health Care Needs	147	1	0	-1	0.0	0.0	0.0	0.0
(8513) Nutrition and Physical Fitness	18,518	20,967	20,575	-393	27.4	34.0	31.0	-3.0
(8514) Children, Adolescent and School Health	9,953	23,737	23,807	70	32.2	35.0	32.0	-3.0
(8515) Environmental Hazards and Injury Prevention	0	0	0	0	1.0	0.0	0.0	0.0
Subtotal (8500) Community Health Administration	71,829	89,992	83,984	-6,009	195.5	211.0	191.8	-19.2
Total Proposed Operating Budget	260,903	271,696	259,211	-12,484	798.4	774.6	735.6	-39.0

(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 2012 Operating Appendices** located on the Office of the Chief Financial Officer's website.

FY 2012 Proposed Budget Changes

The budget proposal for the Department of Health (DOH) preserves the funding for the agency's core function of reducing the burden of disease in the District of Columbia. The DOH budget in FY 2012 will continue to confront the public health challenges that face the District through prudent management of local resources and maximization of leveraging of federal funds. The agency will continue to strengthen its strategy of prevention of disease, promotion of health, and expansion of District residents' access to health care.

Intra-Agency Adjustments: In the FY 2012 proposal, DOH has carried out several intra-agency adjustments made in Local funds that align the budget with operational needs. These are budget-neutral changes that involve reallocation of funds across various programs. The Local budget proposal for Addiction Prevention and Recovery Administration (APRA) is being reduced by \$97,847 for miscellaneous contracts. Adjustments in the Agency Management Program (AMP) includes reductions of \$104,464 for equipment purchase, \$100,000 for IT hardware/software maintenance, \$75,000 to training costs shifted to Federal grants, and \$113,473 to align the fleet budget with the Department of Public Works' estimates.

DOH's Local funding for sub-grants through the Community Health Administration (CHA) is being reduced by \$115,781 in FY 2012. Further adjustments in the Local budget proposal have been carried out in the Health Care Regulation and Licensing Administration (HCRLA), and the Health Emergency Preparedness Response Administration (HEPRA). A reduction of \$8,000 in HCRLA is due to adjustments for the Animal Shelter contract and a reduction of \$70,799 in HEPRA realigns resources to programmatic needs.

A reduction of \$53,088 in Local funds in the HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA) accounts for the elimination of costs for the U-Store, copier maintenance, outreach materials and the office water contract. Other Local funds adjustments in HAHSTA include reductions of \$11,900 due to cost decrease for the Midtown Personnel Contract, and \$10,000 for printing services.

Multiple adjustments across various programs in the Local budget includes reductions of \$585,690 for

shifting of fixed costs to Special Purpose Revenue (SPR) and Federal Grants funds, \$198,394 for efficiencies in management of purchases of office supplies, IT Supplies, and medical supplies, \$63,454 for professional service contracts, \$56,525 for maintenance and repairs, \$30,068 for adjustment of costs related to out-of-city travel and postage, and \$2,523 for alignment of IT costs with OCTO estimates.

The various reductions in programmatic areas described above provide offsets for increases that reallocate resources within Local funds in DOH. An increase of \$7,396 in the Agency Financial Operations program is related to cost increases in Single Audit cost. In the Agency Management program, the budget is being increased by \$543,834 due to the OCP and HR assessments. Cost increases for CHA's Immunization Registry Contract increases the budget by \$53,000, and HEPRA's DC Hospital Association sub-grants accounts for an increase of \$75,000. Adjustments in HAHSTA are responsible for increases of \$28,434 for the CTR sub-grant, and \$37,734 for the MD Laboratory contract.

Further adjustments across multiple programs in Local funds reflect increases of \$702,847, including an increase of 1.2 FTEs, for salary steps and \$264,230 for fringe benefits. The Local funds budget proposal also includes increases of \$14,800 for membership dues and \$37,330 for office support.

Shift: In the FY 2012 budget policy proposal to convert certain Special Purpose Revenue fund accounts into Local funds, DOH reclassifies a total of \$7,449,060 from SPR to Local funds. Of this amount, \$4,162,567 is primarily associated with revenues for the Vital Records Revenue and Food Handlers Certification. A total of 48.1 FTEs previously supported by these SPR funds are now transferred into Local funds. The remaining \$3,286,493, which is primarily related to revenues from the Board of Medicine and Pharmacy Protection, will be designated one-time allocation in Local funds.

Cost Savings/Decreases: A number of cost-saving measures are applied to the Local funds budget mostly in AMP and APRA. Adjustments in AMP include reductions of \$150,000 in Local funds due to a shift of costs related to janitorial services and Human Resources (HR) assessments to Indirect Cost Recovery (IDCR), and transferring the Office of Contracting and Procurement (OCP) assessments to

SPR funds. Secondly, in Local funds there will be a \$75,000 reduction in utilities, \$100,000 reduction in security services, \$75,000 in occupancy, and \$20,000 in other services and charges. Cost saving in AMP's Local funding will also reduce fixed costs by \$500,000. In APRA, the budget is being reduced by \$750,000 due to DOH's decision to restrict subsidy costs to treatment services only.

In SPR funds, various adjustments impact AMP, APRA, and Center for Policy, Planning and Evaluation (CPPE). Fixed costs are being reduced by \$509,988, and allocations for sub-grants are also being reduced by \$194,000. Other adjustments in SPR include a reduction of \$1,055,340 that aligns the budget with revenue estimates and available fund balance. Multiple adjustments in Federal Grants funds include reductions of \$1,486,132 and 35.4 FTEs in personal services and \$511,811 for office and medical supplies. Other adjustments in Federal Grants funds include reductions of \$9,119,352 due to the expiration of various stimulus grants, and \$4,787,480 due to expiration of stimulus grants primarily in HAHS-TA. The proposal for Private Grants is being reduced by \$104,660 to align the budget with CHA's projections of grant awards in FY 2012.

DOH's intra-District funds budget is impacted by several adjustments for reductions in various program areas and elimination of several projects. APRA is being reduced by \$750,000 due to elimination of a funding transfer from the Child and Family Services Agency (CFSA) for the Family Treatment Court Program. Similarly, adjustments in CHA's budget have been carried out due to the elimination of various intra-District projects. A reduction of \$12,501,458 is due to discontinuation of CHA's Memorandum of Understanding (MOU) with the Department of Health Care Finance (DHCF) for the School Health Nursing Program. CHA's other MOUs with DHCF that are being eliminated are responsible for reductions of \$3,129,309 for pharmaceutical purchases and formulary services to various programs, \$400,000 for the immunization registry, and \$9,704 for the D.C. Linkage and Tracking. Finally, a decrease of \$56,000 is due to the discontinuation of CHA's intra-District project with the District of Columbia Public Schools (DCPS) for the school immunization initiative.

Cost Increases/Enhancements: As part of the FY 2012 budget request, the Local funds budget in HCRLA will be increased by \$170,000 and 2.0 FTEs. In addition, CHA will receive an additional \$12,500,000 in Local funds to fund DOH's School Nurse program. DOH provided offsets for a number of cost related increases in Local funds. On the other hand, the agency's use of non-Local funds to enhance services is reflected in increased funding in FY 2012. An increase of \$932,800 in SPR funds supports cost related increases in personal services, however, SPR-funded FTEs are being reduced by 0.8. Other adjustments in the SPR budget proposal include increases of \$20,924 for office and medical supplies, \$144,169 for membership dues, and travel and employee tuition, \$443,747 for cost-related increases in various contracts, and \$14,616 for IT hardware purchases.

The budget proposal for Federal Grants funds is adjusted for increases of \$2,436,956 that support fixed costs, and \$878,528 for various professional contracts, software maintenance, travel and tuition. An increase of \$72,340 is for cost-related increases in IT hardware purchases.

Adjustments in the intra-District funds budget proposal include increases related to DOH's projects with the Department of General Services (DGS), the Office of the Attorney General, (OAG), the Department of Human Services (DHS), and DHCF. The budget is being increased by \$145,320 due to CHA's project with DHCF for janitorial costs for the ACC Clinics. Similarly, an increase of \$5,596 is related to CHA's project with DHCF for the 1115 Waiver. An increase of \$15,874 is due to HCRLA's project with DGS for the Rodent and Vector Control Program, and an increase of \$40,000 is accounted for by CHA's project with DHS for Refugee Services. Lastly, there is an increase of \$400,000 as a result of an MOU with Child and Family Services Agency for APRA.

The proposed budget includes a federal payment of \$5,000,000 for HIV/AIDS prevention.

Transfer In: DOH will receive an increase of \$271,000 in SPR funds in HCRLA as a result of a transfer from the Alcohol Beverage Regulation Administration to fund the Medical Marijuana program.

FY 2011 Approved Budget to FY 2012 Proposed Budget, by Revenue Type

Table HCO-5 itemizes the changes by revenue type between the FY 2011 approved budget and the FY 2012 proposed budget.

Table HCO-5

(dollars in thousands)

	PROGRAM	BUDGET	FTE
LOCAL FUNDS: FY 2011 Approved Budget and FTE		72,223	129.5
Cost Decrease: Decrease in equipment purchase	Agency Management Support	-104	0.0
Cost Decrease: Decrease in IT hardware/software maintenance	Agency Management Support	-100	0.0
Cost Increase: Cost increase in OCP and HR Assessments	Agency Management Support	544	0.0
Shift: Shift employee training cost to Federal Grant	Agency Management Support	-75	0.0
Shift: Shift of Temp Service Contract to Federal Grant	Agency Management Support	-68	0.0
Cost Increase: Increase in Single Audit cost	Agency Financial Operations	7	0.0
Cost Decrease: Decrease in contracts	Addiction Prevention and Recovery Administration	-98	0.0
Adjust: Align funds to program needs	Health Emergency Preparedness and Response Administration	-71	0.0
Cost Increase: Increase for DC Hospital Association in sub-grants	Health Emergency Preparedness and Response Administration	75	0.0
Cost Decrease: Cost decrease of Midtown Personnel contract	HIV/AIDS Hepatitis STD and TB Administration	-12	0.0
Cost Decrease: Decrease costs for printing services	HIV/AIDS Hepatitis STD and TB Administration	-10	0.0
Cost Increase: Cost increase of MD Lab contract	HIV/AIDS Hepatitis STD and TB Administration	38	0.0
Cost Increase: Increase in CTR sub-grant	HIV/AIDS Hepatitis STD and TB Administration	28	0.0
Eliminate: Eliminate U-Store, copier maintenance, outreach material and office water contract	HIV/AIDS Hepatitis STD and TB Administration	-53	0.0
Shift: Shift in Animal Shelter contract	Health Care Regulation and Licensing Administration	-8	0.0
Cost Decrease: Decrease in sub-grants	Community Health Administration	-116	0.0
Cost Increase: Increase for Immunization Registry contract	Community Health Administration	53	0.0
Cost Decrease: Adjust costs for out-of-city travel and postage	Multiple Programs	-30	0.0
Cost Increase: Cost increase in fringe benefits	Multiple Programs	264	0.0
Cost Increase: Cost increase in membership dues	Multiple Programs	15	0.0
Cost Increase: Cost increase in office support	Multiple Programs	37	0.0
Shift: Shift fixed cost to O-type and Federal Grant	Multiple Programs	-586	0.0
Cost Decrease: Align fleet assessment with DPW	Agency Management Support	-113	0.0
Cost Decrease: Adjusts costs for professional service contracts	Multiple Programs	-63	0.0
Cost Decrease: Align IT costs with OCTO estimates	Multiple Programs	-3	0.0
Cost Decrease: Decrease in Maintenance and Repairs	Multiple Programs	-57	0.0
Cost Decrease: Manage purchase of office supplies, IT supplies, and medical supplies	Multiple Programs	-198	0.0
Cost Increase: Cost increase in personal services cost due to step increases	Multiple Programs	703	1.2

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Table HCO-5 (Continued)

(dollars in thousands)

	PROGRAM	BUDGET	FTE
FY 2012 Initial Adjusted Budget		72,223	130.8
Cost Decrease: Decrease in fixed costs - occupancy	Agency Management Support	-75	0.0
Cost Decrease: Decrease in fixed costs - security services	Agency Management Support	-100	0.0
Cost Decrease: Decrease in other services and charges	Agency Management Support	-20	0.0
Cost Decrease: Decrease in fixed costs - utilities	Agency Management Support	-75	0.0
Cost Decrease: Reduce Janitorial Services and shift the HR assessment to IDCR	Agency Management Support	-150	0.0
Cost Decrease: Reduce fixed costs and transfer to SPR funds	Agency Management Support	-500	0.0
Cost Decrease: Reduces Subsidies and Transfers to provide treatment services only	Addiction Prevention and Recovery Administration	-750	0.0
Cost Increase: 2.0 FTEs in Health Care Regulation Administration	Health Care Regulation and Licensing Administration	170	2.0
Cost Increase: Fund School Nurse program	Community Health Administration	12,500	0.0
Shift: Convert Special Purpose Revenue (SPR) funds to Local funds	Multiple Programs	4,163	48.1
Shift: Convert SPR funds to Local funds and designate as one-time costs	Multiple Programs	3,286	0.0
LOCAL FUNDS: FY 2012 Proposed Budget and FTE		90,672	180.8
FEDERAL PAYMENTS: FY 2011 Approved Budget and FTE		0	0.0
Cost Increase: Cost increase for HIV/AIDS prevention	HIV/AIDS Hepatitis STD and TB Administration	5,000	0.0
FEDERAL PAYMENTS: FY 2012 Proposed Budget and FTE		5,000	0.0
FEDERAL GRANT FUNDS: FY 2011 Approved Budget and FTE		149,223	507.4
Cost Decrease: Cost decrease in office and medical supplies	Multiple Programs	-512	0.0
Cost Increase: Cost increase for fixed cost	Multiple Programs	2,437	0.0
Cost Increase: Cost increase in IT hardware purchases	Multiple Programs	72	0.0
Cost Increase: Cost increase in various professional contracts, software maintenance, travel and tuition	Multiple Programs	879	0.0
Cost Decrease: Cost decrease in personal services	Multiple Programs	-1,486	-35.4
Cost Decrease: Cost decrease in various stimulus grants and reductions per grant awards	Multiple Programs	-9,119	0.0
Cost Decrease: Cost decrease in various stimulus grants and reductions per grant awards including HAHSTA	Multiple Programs	-4,787	0.0
FEDERAL GRANT FUNDS: FY 2012 Proposed Budget and FTE		136,706	472.0
PRIVATE GRANT FUNDS: FY 2011 Approved Budget and FTE		319	0.0
Cost Decrease: Reduction in grant funds	Community Health Administration	-105	0.0
PRIVATE GRANT FUNDS: FY 2012 Proposed Budget and FTE		214	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2011 Approved Budget and FTE		14,879	132.8
Cost Decrease: Cost decrease in sub grants	Addiction Prevention and Recovery Admin	-194	0.0
Adjust: Reduce SPR funds to align budget with revenue estimates and fund balance	Multiple Programs	-1,055	-5.7
Cost Decrease: Cost decrease in fixed cost	Multiple Programs	-510	0.0
Cost Increase: Cost increase in IT hardware purchases	Multiple Programs	15	0.0

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Table HCO-5 (Continued)

(dollars in thousands)

	PROGRAM	BUDGET	FTE
SPECIAL PURPOSE REVENUE FUNDS (Continued)			
Cost Increase: Cost increase in memberships, travel and employee tuition	Multiple Programs	144	0.0
Cost Increase: Cost Increase in office and medical supplies	Multiple Programs	21	0.0
Cost Increase: Cost increase in personal services	Multiple Programs	933	-0.8
Cost Increase: Cost Increase in various contracts	Multiple Programs	444	0.0
FY 2012 Initial Adjusted Budget		14,676	126.3
Transfer In: Transfer in from Alcohol Beverage Regulation Administration to fund Medical Marijuana Program	Health Care Regulation and Licensing Admin	271	0.0
Shift: Convert Special Purpose Revenue (SPR) funds to Local funds	Multiple Programs	-3,951	-48.5
Shift: Convert SPR funds to Local funds and designate as one-time costs	Multiple Programs	-3,235	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2012 Proposed Budget and FTE		7,761	77.8
INTRA-DISTRICT FUNDS: FY 2011 Approved Budget and FTE		35,052	4.8
Cost Increase: Cost increase from Department of Health Care Finance for janitorial cost for ACC Clinics	Agency Management Support	145	0.0
Eliminate: Eliminate one time-time transfer in from Child and Family Services Agency for Family Treatment Court Program	Addiction Prevention and Recovery Admin	-750	0.0
Cost Decrease: Decrease for Summer Meal Program	Health Care Regulation and Licensing Admin	-3	0.0
Cost Decrease: Decrease in funds from Department of Health Care Finance for D.C. Linkage and Tracking	Community Health Administration	-10	-0.3
Cost Decrease: Decrease in funds from Department of Health Care Finance for pharmaceutical purchases and formulary services to various programs	Community Health Administration	-3,129	0.0
Cost Increase: Cost increase from Department of health Care Finance for 1115 Waiver	Community Health Administration	6	0.0
Cost Increase: Increase from Department of Human Services for Refugee Services	Community Health Administration	40	0.5
Eliminate: Eliminate one-time transfer from Department of Health Care Finance for the immunization registry	Community Health Administration	-400	0.0
Eliminate: Eliminate one-time transfer in from DC Public Schools for school immunization initiative	Community Health Administration	-56	0.0
Eliminate: Eliminate one-time transfer in from Department of Health Care Finance for School Health Nursing Program	Community Health Administration	-12,501	0.0
FY 2012 Initial Adjusted Budget		18,394	5.0
Cost Increase: Intra-District with Child and Family Services Agency	Addiction Prevention and Recovery Admin	400	0.0
Cost Increase: Department of General Services for Rodent and Vector Control Program	Health Care Regulation and Licensing Admin	16	0.0
Cost Increase: Cost increase from the Office of the Attorney General	Ctr for Policy, Planning and Evaluation	48	0.0
INTRA-DISTRICT FUNDS: FY 2012 Proposed Budget and FTE		18,858	5.0
Gross for HCO - Department of Health		259,211	735.6

(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 2012:

1. 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.

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

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

Addiction Prevention and Recovery Administration (APRA)

Measure	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2011 Projection	FY 2012 Projection	FY 2013 Projection
Number of Prevention Centers serving all 8 Wards of the District	0	4	4	4	4	4
Number of APRA-supported community capacity-building training and technical assistance opportunities provided to increase knowledge, skills and implementation of evidence-based prevention programs	2	10	25	15	15	15
Percentage of clients presenting at the Assessment and Referral Center that complete the assessment and referral process within 2 hours	Not Available	95%	45.71%	100%	100%	100%
Percentage of clients that are screened for mental health disorders during the assessment and referral process	Not Available	100%	100%	100%	100%	100%
Percentage of clients assessed and referred for service that are admitted to a community-based provider	Not Available	85%	Not Available	85%	85%	85%
Percentage of clients that complete the detoxification and stabilization program within 3-5 days	Baseline	95%	98.51%	95%	95%	95%
Percentage of clients referred to outpatient or intensive outpatient services that complete 2 treatment sessions within the first 2 weeks of treatment	Not Available	80%	Not Available	85%	90%	95%
Percentage of clients referred to residential treatment services that remain in active treatment for at least 30 days	Not Available	85%	50.91%	90%	95%	95%
Percentage of District residents age 12 or older reporting cocaine use ¹	Not Available	Not Available	Not Available	Not Available	4.2%	4.2%

2. Center for Policy, Planning, and Evaluation

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

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

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

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

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

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

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

Center for Policy, Planning, and Evaluation

Measure	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2011 Projection	FY 2012 Projection	FY 2013 Projection
Number of certificate of need application decisions	27	22	21	23	23	23
Length of time from submission of complete application to SHPDA decision	60-90 days	60-90 days	60-90 days	60-90 days	60-90 days	60-90 days
Percentage of hospitals (13) submitting reports on uncompensated care	100%	100%	100%	100%	100%	100%
Length of time from fiscal year to published uncompensated care report	Not Available	12 months	12 months	12 months	12 months	12 months
Percentage of hospitals (13) submitting data on health care facilities	100%	Not Available	100%	100%	100%	100%
Percentage of vital records requests completed in 72 hours	80%	98%	95%	98%	98%	98%
Number of epidemiology studies/reports produced	Not Available	3	Not Available	5	6	7
Percentage of program results indicating improved performance	Not Available	Not Available	Not Available	50%	60%	70%
Number of BRFSS surveys completed ²	4,150	4,150	4,252	4,150	4,150	4,150

SHPDA: State Health Planning and Development Agency

3. 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.

Objective 2: To reduce the District's cancer burden by effectively manage data surveillance through the Central Cancer Registry, providing high quality screenings and treatment, and delivering health education programs and navigation services.

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

Objective 4: To recruit and retain health care practitioners to provide services to the District's under-

served and increase the number and types of health care facilities serving the underserved.

Objective 5: Expand the District's medication distribution capabilities

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

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

Community Health Administration (CHA)

Measure	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2011 Projection	FY 2012 Projection	FY 2013 Projection
Number of businesses assessed	Not Available	10	10	30	50	75
Number of colonoscopies performed	Not Available	25	52	400	500	650
Number of mammograms and/or clinical breast exams	594	600	307	600	650	700
Number of pelvic/cervical exams and PAP test	234	300	80	300	350	400
Number of women participating in Healthy Start ³	620	370	348	395	420	450
Number of men enrolled in Healthy Start	140	150	163	155	160	165
Average number of prenatal home visits provided to Healthy Start participants per month	1.6	2	1.4	2	2	2
Percentage of Healthy Start participants who enter the program during the prenatal period and deliver LBW babies	14.8%	10%	14.8%	5%	3%	2%
Number of HPSAs ⁴	8	8	8	10	11	11
ADAP clients enrolled in MOP	Not Available	Not Available	Not Available	Baseline	50%	70%
Alliance clients enrolled in MOP	Not Available	Not Available	Not Available	Baseline	50%	70%
Number of clients receiving MTM services	Not Available	Not Available	Not Available	Baseline	50%	70%
Number of farmers' market sites accepting WIC	24	34	34	36	38	40
Farmers' market check redemption rate among WIC participants	68% (9,256/13,644)	70%	Not Available	72%	75%	80%
Farmers' market check redemption rate among CSFP participants	81% (5,267/6,535)	83%	Not Available	85%	87%	90%

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Community Health Administration (CHA) (Continued)

Measure	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2011 Projection	FY 2012 Projection	FY 2013 Projection
Percent of postpartum WIC mothers who initiate breastfeeding ⁵	51%	45%	47%	45%	46%	47%
Percentage of residents attending SNAP-ED sessions who are not eligible for SNAP	Not Available	Baseline	Not Available	20%	30%	40%
Percentage of children with up-to-date immunizations in Public Schools	98.21%	98%	88.29%	98%	98%	98%
Percentage of children with up-to-date immunizations in Charter schools	95.55%	98%	77.97%	98%	98%	98%
Percentage of children with up-to-date immunizations in Licensed Child Development Centers	91.02%	98%	87.46%	98%	98%	98%
Percentage of students enrolled in schools with school nursing services that are overweight or obese (per BMI)	Not Available	Not Available	Not Available	Baseline	TBD	TBD

ADAP: AIDS Drug Assistance Program

BMI: Body Mass Index

CSFP: Commodity Supplemental Food Program

HPSA: Health Professional Shortage Area

LBW: Low Birth Weight

MOP: Mail Order Pharmacy

MTM: Medication Therapy Management

SNAP-ED: Supplemental Nutrient Assistance Program – Education

WIC: Women, Infants, Children

4. 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.

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.

Objective 3: Increase the District's Capacity to Respond to HIV, STD, TB and Hepatitis effectively.

HIV/AIDS, Hepatitis, STD, and TB Administration

Measure	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2011 Projection	FY 2012 Projection	FY 2013 Projection
Number of new HIV (HIV/AIDS) cases diagnosed within the fiscal year ⁶	714	1,500	694	1,500	1,500	1,300
Number of publicly supported HIV tests performed	90,151	125,000	110,358	150,000	150,000	150,000
Number of needles off the streets through D.C. NEX Program	279,707	300,000	305,385	350,000	400,000	425,000
Number of condoms (female and male) distributed by D.C. DOH Condom Program	3,219,446	3,000,000	4,000,000	4,500,000	4,500,000	5,000,000
Number of peri-natal HIV infections ⁷	1	0	0	0	0	0
Number of youth (15-19 years) screened for STDs through youth outreach programs	5,265	10,000	4,974	12,000	12,000	12,000
Number of persons enrolled in ADAP	Not Available	2,650	3,439	3,350	2,000	2,000
Percent of HIV positive persons with viral load suppression (below 400)	Not Available	TBD	Not Available	TBD	TBD	TBD
Total number transitioning from HIV Housing Programs	11	Not Available	0	20	30	40
Percentage of Effi Barry participants scoring in the high capacity group after at least one year of training	Not Available	65	Not Available	75	75	80

5. Health Emergency Preparedness and Response Administration (HEPRA)

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

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

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

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

Health Emergency Preparedness and Response Administration (HEPRA)

Measure	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2011 Projection	FY 2012 Projection	FY 2013 Projection
Percentage of District ambulances that pass an unannounced inspection for compliance	Not Available	Not Available	83%	50%	75%	90%
Percentage of D.C. EMTs that pass National Registry Exam on 1st attempt ⁸	64%	80%	76%	85%	90%	95%
Percentage of Community-Based Health Centers that bi-annually update their EOPS and evacuation plans	Not Available	75%	67%	83%	91%	100%
Percentage of clinics submitting request forms electronically to PHL	60%	80%	97%	85%	90%	93%
Percentage of clinics reporting above average satisfaction with PHL services	70%	80%	67%	85%	90%	93%
Percentage of staff recalls which have at least a 70 percentage response rate within one hour.	Not Available	25%	25%	>75%	>75%	>75%

EMT: Emergency Medical Technician

EOPS: Emergency Operations Plan

PHL: Public Health Laboratory

6. 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.

Objective 2: Update Health Occupational Revisions Act (HORA) to reflect “best practices” for health care professionals.

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

Health Regulation and Licensing Administration (HRLA)

Measure	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2011 Projection	FY 2012 Projection	FY 2012 Projection
Percentage of complaints closed for nursing homes, ICF/MR and CRFs within 45 days	Not Available	Not Available	100%	100%	100%	100%
Percentage of adverse events reported by nursing homes and hospitals	Not Available	Not Available	80%	90%	100%	100%
Percentage of food facility inspected annually	Not Available	Not Available	Not Available	93%	95%	96%
Percentage of food samples tested from food facilities throughout the District	Not Available	Not Available	Not Available	10%	12%	14%
Percentage of food inspections completed and posted within designated timeline of five days	Not Available	Not Available	Not Available	85%	88%	90%

ICF/MR: Intermediate Care Facility for the Mentally Retarded

CRF: Children's Residential Facility

7. Office of the Director (OD)

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

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

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

Office of the Director

Measure	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2011 Projection	FY 2012 Projection	FY 2012 Projection
Percentage of Employee Reviews completed on time ⁹	65%	Not Available	86%	90%	95%	100%
Number of single audit findings that indicate non-compliance or a reportable condition	2	Not Available	7	<02	< 02	<02
Percentage lapse of total dollar amount of federal grant budget	4%	3.70%	1%	<3%	< 3%	< 3%
Percentage of grants management specialists receiving skills-based grants management training	Not Available	64%	78.57%	95%	90%	95%
Percentage of total carryover funds requested	2%	<5%	5.70%	<5%	<5%	<5%
Percentage of DOH grantees who received a satisfactory performance rating	Not Available	Not Available	92.24%	85%	90%	95%
Number of visitors to the DOH website	Not Available	Not Available	1,187,244	724,500	760,725	785,500
Office of Unified Communication's Customer Service Rating	63%	85%	76%	85%	90%	95%
Percentage of subgrantee's budget spent on programmatic costs ¹⁰	Not Available	Not Available	Not Available	65%	65%	65%
Percentage of scheduled monitoring reports as defined in agency monitoring plan completed for each grant award ¹¹	Not Available	Not Available	Not Available	100%	100%	100%

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Performance Plan Endnotes:

1. Industry Standard: The National Survey on Drug Use and Health is conducted every 4-5 years. Nationally, it has reflected stable trends between 2002 and 2008 (4.2 percent).
2. Industry Standard: The Centers for Disease Control and Prevention requires a minimum of 4,000 surveys to be completed annually for the BRFSS. DOH's goal is to achieve 6,000.
3. In FY 2002, this number includes participants in the Healthy Babies program. In subsequent years, this number represents DOH Healthy Start program participants only.
4. Industry Standard: The RAND report compares the District to six benchmark cities (Atlanta, Baltimore, Cleveland, Detroit, Philadelphia and Richmond) with four to nineteen HPSAs, and a mean of one HPSA per 65,000 residents.
5. Breastfeeding data is currently only available for WIC participants.
6. Industry Standard: The Centers for Disease Control and Prevention reports 2005 data for Baltimore (1,001.3), Chicago (351.4), Detroit (291.1), Philadelphia (645.4), New York City (725.9) and Washington, DC (1,386.0). Due to increased testing, DOH expects that the number of newly diagnosed HIV cases will increase for several years.
7. Industry Standard: NYC's Department of Health and Mental Hygiene December 2008 Pediatric and Adolescent HIV Report reports six peri-natal infections in 2007.
8. Industry Standard: The 2010 YTD National Registry of EMTs' reports the average as 68%.
9. Industry Standard: The International City/County Management Association for Performance Management's Center for Performance Management's median for "Percentage of Employee Reviews Completed on Time" is 85 percent in 2008.
10. The Wise Giving Alliance of the Better Business Bureau identifies 65 percent to be an industry standard for this measure <http://www.bbb.org/us/Charity-Standards/>. This metric measures all subgrantees' programmatic costs as a percentage of their overall costs.
11. Pursuant to section 11.4 of the Grants Manual and Source Book, all District agencies must complete monitoring reports. All District agencies should be in compliance with this standard. The standard is 100 percent.