
Department of Health

www.doh.dc.gov

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Description	FY 2013	FY 2014	FY 2015	% Change
	Actual	Approved	Proposed	from FY 2014
Operating Budget	\$276,545,368	\$264,982,670	\$272,700,826	2.9
FTEs	603.2	621.8	610.6	-1.8

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

Summary of Services

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

The agency's FY 2015 proposed budget is presented in the following tables:

FY 2015 Proposed Gross Funds Operating Budget, by Revenue Type

Table HC0-1 contains the proposed FY 2015 agency budget compared to the FY 2014 approved budget. It also provides FY 2012 and FY 2013 actual expenditures.

Table HC0-1
(dollars in thousands)

Appropriated Fund	Actual FY 2012	Actual FY 2013	Approved FY 2014	Proposed FY 2015	Change from FY 2014	Percent Change*
General Fund						
Local Funds	89,864	86,953	69,402	79,603	10,201	14.7
Special Purpose Revenue Funds	6,349	9,927	12,328	12,393	65	0.5
Total for General Fund	96,213	96,880	81,730	91,995	10,265	12.6
Federal Resources						
Federal Payments	5,000	1,069	5,000	5,000	0	0.0
Federal Grant Funds	143,120	132,745	132,717	126,219	-6,498	-4.9
Total for Federal Resources	148,120	133,814	137,717	131,219	-6,498	-4.7
Private Funds						
Private Grant Funds	83	200	0	0	0	N/A
Private Donations	39	84	0	0	0	N/A
Total for Private Funds	122	284	0	0	0	N/A
Intra-District Funds						
Intra-District Funds	23,642	45,567	45,536	49,487	3,951	8.7
Total for Intra-District Funds	23,642	45,567	45,536	49,487	3,951	8.7
Gross Funds	268,097	276,545	264,983	272,701	7,718	2.9

*Percent change is based on whole dollars.

Notes: If applicable, for a breakdown of each Grant (Federal and Private), Special Purpose Revenue type and Intra-District agreement, please refer to **Schedule 80 Agency Summary by Revenue Source** in the **FY 2015 Operating Appendices** located on the Office of the Chief Financial Officer's website.

FY 2015 Proposed Full-Time Equivalents, by Revenue Type

Table HC0-2 contains the proposed FY 2015 FTE level compared to the FY 2014 approved FTE level by revenue type. It also provides FY 2012 and FY 2013 actual data.

Table HC0-2

Appropriated Fund	Actual FY 2012	Actual FY 2013	Approved FY 2014	Proposed FY 2015	Change from FY 2014	Percent Change
<u>General Fund</u>						
Local Funds	179.3	166.7	161.9	171.1	9.2	5.7
Special Purpose Revenue Funds	77.4	72.8	88.0	86.3	-1.6	-1.9
Total for General Fund	256.7	239.6	249.8	257.4	7.6	3.0
<u>Federal Resources</u>						
Federal Grant Funds	381.5	358.3	368.2	342.8	-25.4	-6.9
Total for Federal Resources	381.5	358.3	368.2	342.8	-25.4	-6.9
<u>Private Funds</u>						
Private Grant Funds	0.0	0.1	0.0	0.0	0.0	N/A
Total for Private Funds	0.0	0.1	0.0	0.0	0.0	N/A
<u>Intra-District Funds</u>						
Intra-District Funds	3.8	5.2	3.8	10.4	6.6	176.0
Total for Intra-District Funds	3.8	5.2	3.8	10.4	6.6	176.0
Total Proposed FTEs	642.1	603.2	621.8	610.6	-11.2	-1.8

FY 2015 Proposed Operating Budget, by Comptroller Source Group

Table HC0-3 contains the proposed FY 2015 budget at the Comptroller Source Group (object class) level compared to the FY 2014 approved budget. It also provides FY 2012 and FY 2013 actual expenditures.

Table HC0-3
(dollars in thousands)

Comptroller Source Group	Actual FY 2012	Actual FY 2013	Approved FY 2014	Proposed FY 2015	Change from FY 2014	Percent Change*
11 - Regular Pay - Continuing Full Time	36,391	34,770	36,631	38,342	1,711	4.7
12 - Regular Pay - Other	9,569	8,886	8,983	8,751	-233	-2.6
13 - Additional Gross Pay	1,089	1,081	0	0	0	N/A
14 - Fringe Benefits - Current Personnel	9,367	9,307	10,131	10,567	436	4.3
15 - Overtime Pay	183	297	33	0	-33	-100.0
Subtotal Personal Services (PS)	56,599	54,341	55,779	57,660	1,882	3.4
20 - Supplies and Materials	40,273	53,741	57,146	59,960	2,814	4.9
30 - Energy, Comm. and Building Rentals	1,038	1,078	1,344	394	-950	-70.7
31 - Telephone, Telegraph, Telegram, Etc.	1,335	1,355	1,366	1,414	49	3.6
32 - Rentals - Land and Structures	11,947	12,491	12,464	11,062	-1,402	-11.2
33 - Janitorial Services	27	0	0	0	0	N/A
34 - Security Services	1,576	2,557	647	745	98	15.2
35 - Occupancy Fixed Costs	660	998	698	300	-398	-57.0
40 - Other Services and Charges	3,760	2,710	2,917	3,543	626	21.5
41 - Contractual Services - Other	53,727	55,037	57,837	66,325	8,488	14.7
50 - Subsidies and Transfers	95,237	91,713	74,119	70,996	-3,123	-4.2
70 - Equipment and Equipment Rental	1,917	525	667	301	-365	-54.8
91 - Expense Not Budgeted Others	1	0	0	0	0	N/A
Subtotal Nonpersonal Services (NPS)	211,498	222,204	209,204	215,040	5,836	2.8
Gross Funds	268,097	276,545	264,983	272,701	7,718	2.9

*Percent change is based on whole dollars.

Division Description

The Department of Health operates through the following 7 divisions:

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

This division contains the following 5 activities:

- **Public Health Emergency Preparedness** – provides the District’s response to the emergency medical needs of its visitors and residents. The responsibilities cover a wide range of activities, including the development and training of emergency response plans, coordination of medical response with federal regional and local partners across the healthcare system, and coordination of volunteers through the Medical Reserve Corps;
- **Public Health Emergency Operations and Program Support** – 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. In addition, the program acquires and distributes life-saving medications for the DOH programs that will allow as many District residents as possible access to medications. It also provides clinical support, formulary management, and quality assurance monitoring to address the needs of all DOH programs that utilize or distribute pharmaceuticals. The Bureau also maintains the Strategic National Stockpile (SNS) of drugs for the Washington, D.C. region in the event of a declared national emergency;
- **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 (STD), hepatitis, HIV/AIDS, and tuberculosis (TB)). HEPRA works with community and community organizations to withstand and bounce back from natural and man-made disasters. Resilient communities leverage community connections, relationships, and resources to ensure optimal health and security for individuals and families in both routine and emergency situations;
- **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 and certifies instructional programs and instructors. In addition, it provides inspection and certification of all ambulances operated in the District whether they are governmental, private, or volunteer; and
- **Office of the Senior Deputy Director** – provides overall direction, policy development and supervision for the four subordinate activities.

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

This division contains the following 10 activities:

- **HIV/AIDS Support Services** – provides overall management, planning, direction and support for the HIV/AIDS, STD, TB and adult hepatitis surveillance, prevention, treatment, care, and control programs. It also provides HIV/AIDS information to individuals and community organizations, coordinates HAHSTA participation in public events, prepares written and other resources for public distribution, and manages special projects;
- **HIV/AIDS Policy and Planning** – provides community capacity to more effectively respond to the HIV/AIDS and STD epidemics through the Effi Barry program, which provides training and technical assistance to small, Ward-based community organizations, a social marketing program aiming to promote health behavior to reduce risk of disease, and a free condom distribution program. It writes reports and creates other written materials for public distribution; and it provides HIV/AIDS, STD, TB, and hepatitis information to government agencies, community organizations, media, and individuals. It also coordinates participation in public events;
- **HIV Health and Support Services** – provides a comprehensive range of primary medical care and supportive services for persons living with HIV and AIDS;
- **HIV/AIDS Data and Research** – provides a comprehensive picture of the HIV/AIDS epidemic in the District of Columbia for purposes of ensuring that the needs of people infected with HIV, or at risk of infection, are met. It collaborates with health care providers and laboratories to collect and maintain comprehensive HIV/AIDS data in a confidential and secure manner; analyzes, interprets, and distributes epidemiologic information for use in developing public policy, planning, and evaluating prevention intervention and health care services; and supports funding requests;
- **Prevention and Intervention Services** – provides comprehensive HIV prevention programs and services through community organizations to the residents of the District of Columbia. Prevention programs include health education, HIV testing and counseling services, science-based prevention programs, and other support services, including condom distribution. In addition, the program monitors organizations to ensure that quality prevention services are being delivered through program evaluation and quality assurance activities as well as through the provision of capacity building, training, and technical assistance to 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 over 100 grants and sub-grants to more than 50 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 grantees and sub-grantees, and providing continued analysis of grant spending to program counterparts;
- **Sexually Transmitted Disease (STD) Control** – provides assistance to prevent and control sexually transmitted diseases in the District of Columbia through the provision of clinical services, partnerships with local community providers, and promotion of healthy sexual behavior. The program also conducts surveillance for statistical purposes to track diseases and partner notification;
- **Tuberculosis Control** – provides direct care services to District residents, including clinical follow-up for active and/or suspected tuberculosis cases, directly observed therapy, preventive therapy, chest x-rays, contact investigations, and case management; and
- **HIV/AIDS Housing and Supportive Services** – provides housing support, emergency shelter, and other related services to help persons living with HIV and AIDS and their families achieve independent living.

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

This division contains the following 4 activities:

- **Office of Health Professional License Administration** – licenses and regulates health care professionals across 22 boards. The program serves as the administrative unit of the boards for processing more than 70,000 health care professionals licenses while providing administrative support on disciplinary hearings, investigations, community outreach, and proposed legislation;
- **Office of Support Services** – directs, oversees, and establishes the division’s goals, initiatives, and performance measures;
- **Office of Food, Drug, Radiation and Community Hygiene Regulation** – provides varied inspection and regulatory services. The Food Safety and Hygiene Inspection Services regulates smoking bans in establishments and food services that are provided in boarding homes, commission merchants, dairies, delicatessens, bakeries, candy and ice cream manufacturers, grocery stores, retail markets, restaurants, wholesale markets, mobile vendors, and hotels. The Division of Community Hygiene provides abatement notices, inspection of premises, code enforcement, premises baited, catch basin larvicided, community education and outreach, investigation of bite cases, issuance of dog and cat licenses, vaccinations, animal adoptions, spay and neutering, dead animal pick-up, and dangerous dog control services in the District. The Division of Radiation seeks to eliminate radiation overexposure of persons from naturally-occurring and man-made radiation by the inspection of dental X-ray tubes, medical X-rays, and the regulation of health physicists, suppliers, and radioactive-material users in the District of Columbia; and
- **Office of Health Care Facilities Regulation** – regulates and licenses group homes, intermediate care facilities for the mentally challenged, assisted-living facilities, child placing agencies, home care agencies, community residence facilities, hospitals, nursing homes, home health agencies, end-stage dialysis renal disease facilities, laboratories, ambulatory surgical centers, maternity centers, tissue banks, community residence facilities, and assisted-living and child placement agencies.

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

This division contains the following 3 activities:

- **Research, Evaluation, and Measurement** – plans and coordinates epidemiologic studies and outbreak investigations, defines the health status of residents, and assists with tracking of health events. This includes planning, development and coordination of appropriate methodologies to collect and process data as well as monitoring and evaluation of health and social issues. The division responds to internal and external inquiries about various health events, and provides reports on health risk behaviors to both internal and external entities;
- **State Center for Health Statistics** – collects, processes, analyzes, and disseminates birth and death record information and other vital statistics data and information. It is responsible for the statistical analyses of the data generated from birth, death, and other vital records information. In addition, it develops comprehensive statistical and epidemiologic reports on District residents’ health status; and
- **State Health Planning and Development** – develops the District’s State Health Plan and Annual Implementation, and reviews and approves Certificate of Need applications that allow health care providers to establish new services, make certain capital expenditures, or take other actions as specified in the law. The activity 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 6 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 Bureau 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;
- **Primary Care** – identifies health professional shortage and medically underserved areas for primary care, dental, and mental health care services, and administers programs to improve access to primary care services for District residents regardless of their ability to pay for services;
- **Support Services** – coordinates CHA’s efforts to help develop an integrated community-based health delivery system, ensures access to preventive and primary health care, and fosters citizen and community participation toward improving the health outcomes of women, infants, children (including children with special health care needs), and other family members in the District of Columbia;
- **Perinatal and Infant Health** – provides comprehensive services to improve perinatal outcomes for high-risk pregnant and parenting women, the health and development of their infants into early childhood, and health outcomes for children with special healthcare needs by facilitating access to coordinated primary and specialty health care and other services in partnership with their families and community organizations. The overarching goal is to reduce infant mortality and perinatal health disparities in the District of Columbia primarily through a home visiting approach;
- **Nutrition and Physical Fitness** – provides increased access to healthy food, promotes physical activity as a means to reduce morbidity, supports services that offer specialized nutrition intervention, and maintains an extensive referral network available to District families, infants, children, and seniors. The goal of activities performed within the Nutrition and Physical Fitness Bureau is to positively impact dietary habits, foster physical activity, and decrease overweight and obesity rates, thus improving health outcomes among the population; and
- **Children, Adolescent, and School Health** – provides improvement for the health and well-being of all District pre-school and school-age children and adolescents by enhancing access to preventive, dental, primary and specialty care services and contributing to the development of a coordinated, culturally competent, family-centered health care delivery system. The program seeks to promote age-appropriate immunizations and increase health education and outreach to District residents.

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

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

Division Structure Change

The Department of Health has no division structure changes in the FY 2015 proposed budget.

FY 2015 Proposed Operating Budget and FTEs, by Division and Activity

Table HC0-4 contains the proposed FY 2015 budget by division and activity compared to the FY 2014 approved budget. It also provides the FY 2013 actual data.

Table HC0-4

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2013	Approved FY 2014	Proposed FY 2015	Change from FY 2014	Actual FY 2013	Approved FY 2014	Proposed FY 2015	Change from FY 2014
(1000) Agency Management								
(1010) Personnel	730	802	845	44	5.9	8.0	7.5	-0.5
(1017) Labor Management	457	121	132	11	1.0	1.0	1.0	0.0
(1020) Contracting and Procurement	1,111	1,052	994	-58	9.1	10.5	9.0	-1.5
(1030) Property Management	19,056	17,462	14,807	-2,655	3.4	4.0	5.0	1.0
(1040) Information Technology	552	1,018	1,028	10	4.4	5.0	5.0	0.0
(1055) Risk Management	143	137	142	5	0.8	1.0	1.0	0.0
(1080) Communications	252	253	196	-57	3.6	3.0	2.0	-1.0
(1085) Customer Service	137	160	248	88	2.6	2.0	3.0	1.0
(1087) Language Access	0	102	100	-2	0.0	0.0	0.0	0.0
(1090) Performance Management	1,879	1,847	2,075	229	7.6	8.0	9.2	1.2
Subtotal (1000) Agency Management	24,318	22,954	20,568	-2,385	38.5	42.5	42.8	0.2
(100F) Agency Financial Operations								
(110F) Agency Fiscal Officer Operations	591	1,037	1,239	202	8.6	10.4	9.4	-1.0
(120F) Accounting Operations	1,046	1,421	1,329	-91	11.7	15.5	13.5	-2.0
(130F) ACFO	211	376	435	59	4.7	4.6	4.6	0.0
(140F) Agency Fiscal Officer	459	392	373	-19	4.4	5.0	4.0	-1.0
Subtotal (100F) Agency Financial Operations	2,307	3,225	3,376	151	29.5	35.5	31.5	-4.0
(2000) Addiction Prevention and Recovery Administration								
(2010) Office of Senior Deputy	536	0	0	0	3.8	0.0	0.0	0.0
(2020) Deputy Director for Operations	3,551	0	0	0	17.3	0.0	0.0	0.0
(2030) Deputy Director for Administration	1,157	0	0	0	12.1	0.0	0.0	0.0
(2040) Prevention Services	6,321	0	0	0	12.1	0.0	0.0	0.0
(2050) Performance Management	352	0	0	0	3.6	0.0	0.0	0.0
(2055) Deputy Director for Treatment	5,274	0	0	0	10.9	0.0	0.0	0.0
(2070) Implementation of Drug Treatment Choice	15,052	0	0	0	0.0	0.0	0.0	0.0
(2090) Certification and Regulation Services	0	0	0	0	0.0	0.0	0.0	0.0
(2300) Acute Detox and Residential Treatment	0	0	0	0	0.0	0.0	0.0	0.0
Subtotal (2000) Addiction Prevention and Recovery Administration	32,244	0	0	0	59.8	0.0	0.0	0.0

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Table HC0-4 (Continued)

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2013	Approved FY 2014	Proposed FY 2015	Change from FY 2014	Actual FY 2013	Approved FY 2014	Proposed FY 2015	Change from FY 2014
(2500) Health Emerg Preparedness and Response Administration								
(2540) Public Health Emergency Preparedness	1,531	946	984	38	10.5	1.8	1.3	-0.4
(2548) Public Health Laboratory	65	0	0	0	1.6	0.0	0.0	0.0
(2550) Public Health Emerg. Ops. and Program Support	7	3	48,882	48,880	5.9	0.0	11.0	11.0
(2560) Epidem Disease Surveillance and Investigation	403	226	449	223	6.9	0.0	4.2	4.2
(2570) Emergency Medical Services. Regulation	409	499	577	78	3.0	3.9	5.0	1.1
(2580) Senior Deputy Director	8,022	4,412	4,162	-250	3.4	24.4	19.8	-4.6
Subtotal (2500) Health Emerg Preparedness and Response Administration	10,437	6,086	55,054	48,968	31.3	30.0	41.3	11.3
(3000) HIV/AIDS Hepatitis STD and TB Administration								
(3010) HIV/AIDS Support Services	1,906	1,685	2,546	861	11.0	13.4	24.3	10.9
(3015) HIV/AIDS Policy and Planning	2,427	2,218	2,303	84	6.8	8.2	9.5	1.3
(3020) HIV Health and Support Services	37,739	38,954	39,315	361	11.7	14.5	13.6	-0.8
(3030) HIV/AIDS Data and Research	2,880	2,984	2,894	-90	16.2	19.4	17.3	-2.1
(3040) Prevention and Intervention Services	8,489	13,505	12,251	-1,254	18.6	22.2	22.2	-0.1
(3052) Communicable Disease	0	0	0	0	0.0	0.0	0.0	0.0
(3060) Drug Assistance Program (ADAP)	8,663	11,050	11,131	82	4.8	6.4	6.8	0.4
(3070) Grants and Contracts Management	863	918	913	-4	7.4	8.6	8.0	-0.6
(3080) STD Control	2,538	2,471	1,606	-865	21.6	21.7	11.8	-9.8
(3085) Tuberculosis Control	1,371	1,226	1,146	-79	8.0	8.0	8.0	0.0
(3090) HIV/AIDS Housing and Supportive Services	13,242	15,030	14,272	-758	2.4	3.2	3.2	0.0
Subtotal (3000) HIV/AIDS Hepatitis STD and TB Administration	80,118	90,041	88,377	-1,663	108.3	125.6	124.8	-0.8
(4500) Health Care Regulation and Licensing Administration								
(4200) Health Professional License Administration	7,631	9,568	8,948	-620	59.2	73.9	70.2	-3.6
(4510) HERLA Support Services	133	163	225	62	0.3	2.0	3.0	1.0
(4515) Food, Drug, Radiation and Community Hygiene	7,216	8,915	9,112	197	47.7	54.9	55.3	0.4
(4530) Health Care Facilities Regulation	4,704	5,432	5,812	380	42.5	47.5	47.5	0.0
Subtotal (4500) Health Care Regulation and Licensing Administration	19,685	24,078	24,097	19	149.6	178.2	176.0	-2.2
(8200) Center for Policy, Planning and Evaluation								
(8250) Research Evaluation and Measurement	522	931	522	-409	0.8	1.0	1.0	0.0
(8260) State Center Health Statistics	4,066	2,895	3,577	682	33.7	32.3	35.3	3.0
(8270) State Health Planning and Development	590	1,018	1,046	27	6.2	7.7	7.7	0.0
Subtotal (8200) Center for Policy, Planning and Evaluation	5,178	4,845	5,144	300	40.7	41.0	44.0	3.0

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Table HC0-4 (Continued)

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2013	Approved FY 2014	Proposed FY 2015	Change from FY 2014	Actual FY 2013	Approved FY 2014	Proposed FY 2015	Change from FY 2014
(8500) Community Health Administration								
(8502) Cancer and Chronic Disease Prevention	4,147	5,632	6,100	468	24.3	26.0	16.8	-9.2
(8503) Pharmaceutical Procurement and Distribution	43,653	45,925	0	-45,925	7.0	9.0	0.0	-9.0
(8504) Primary Care	4,427	4,402	4,405	3	3.6	4.0	5.0	1.0
(8510) Support Services	5,118	6,710	6,527	-183	21.7	24.0	24.0	0.0
(8511) Perinatal and Infant Health	5,310	4,275	4,123	-151	41.7	45.8	47.8	1.9
(8513) Nutrition and Physical Fitness	15,871	17,919	18,047	128	19.5	23.0	22.8	-0.2
(8514) Children, Adolescent and School Health	23,733	28,891	36,882	7,990	27.7	37.2	34.0	-3.2
Subtotal (8500) Community Health Administration	102,259	113,754	76,083	-37,671	145.5	169.0	150.3	-18.7
Total Proposed Operating Budget	276,545	264,983	272,701	7,718	603.2	621.8	610.6	-11.2

(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 2015 Operating Appendices** located on the Office of the Chief Financial Officer's website.

FY 2015 Proposed Budget Changes

The Department of Health's (DOH) proposed FY 2015 gross budget is \$272,700,826, which represents a 2.9 percent increase over its FY 2014 approved gross budget of \$264,982,670. The budget is comprised of \$79,602,645 in Local funds, \$5,000,000 in Federal Payments, \$126,218,633 in Federal Grant funds, \$12,392,763 in Special Purpose Revenue funds, and \$49,486,785 in Intra-District funds.

Current Services Funding Level

The Current Services Funding Level (CSFL) is a Local funds ONLY representation of the true cost of operating District agencies, before consideration of policy decisions. The CSFL reflects changes from the FY 2014 approved budget across multiple divisions, and it estimates how much it would cost an agency to continue its current programs and operations into the following fiscal year. The FY 2015 CSFL adjustments to the FY 2014 Local funds budget are described in table 5 of this agency's budget chapter. Please see the CSFL Development section within Volume 1: Executive Summary for more information regarding the methodology used and components that comprise the CSFL.

DOH's FY 2015 CSFL budget is \$68,534,742, which represents a \$867,319, or 1.2 percent, decrease from the FY 2014 approved Local funds budget of \$69,402,061.

CSFL Assumptions

The FY 2015 CSFL calculated for DOH included adjustment entries that are not described in detail on table 5. These adjustments include a reduction of \$1,552,000 to account for the removal of one-time funding appropriated in FY 2014 for various programs and services within DOH that include the Farmer's Market Incentive program, the School Pantry Pilot program, support for rehabilitative wildlife services, chronic illness prevention, health development, and teen pregnancy programs in the District's public and charter schools, as well as support for preventive measures in mother-to-child (vertical) HIV transmission.

Additionally, adjustments were made for increases of \$1,010,841 in personal services to account for Fringe Benefit costs based on trend and comparative analyses and the impact of cost-of-living adjustments implemented in FY 2013, and \$945,729 in nonpersonal services based on the Consumer Price Index factor of 2.4 percent. DOH's CSFL funding for the removal of one-time salary lapse includes an increase of \$781,604 to reflect a one-time adjustment to personal services in FY 2014. Additionally, adjustments were made for decreases of \$2,053,492 for the Fixed Costs Inflation factor based on estimates provided by the Department of General Services (DGS).

Agency Budget Submission

Increase: The FY 2015 proposed budget includes a net increase to Local funds in the amount of \$734,039 and 8.4 Full-Time Equivalent (FTEs) to support salary increases, projected Fringe Benefits costs, and additional personnel. The net increase in FTEs is a result of increases of 4.9 in the HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA), 2.6 in the Community Health Administration (CHA), and 1.1 in the Health Emergency Preparedness and Response Administration (HEPRA), partially offset by a decrease of 0.2 FTE in the Center for Policy, Planning, and Evaluation (CPPE). The budget also includes an increase of \$322,152 in Fixed Costs, primarily due to the reallocation of these costs from grant funding to Local funds in FY 2015.

Federal Grant funds were increased by \$537,188 in Other Services and Charges to support professional services and office support across various administrations. The Special Purpose Revenue funds budget reflects an increase of \$380,734 in personal services to support salary increases, projected Fringe Benefits costs, and an additional 1.6 FTEs.

The Intra-District funds budget reflects an overall increase of \$3,146,710 in nonpersonal services due to increases in the Memoranda of Understanding (MOU) with three District agencies: \$2,995,877 with the Department of Health Care Finance (DHCF) for pharmaceutical procurement, \$460,917 with the District of Columbia Public Schools (DCPS) to purchase supplies for the Health Nursing program, and \$127,000 with the Fire and Emergency Medical Services (FEMS) Department to support the purchase of controlled substance medications, which are partially offset by a decrease of \$437,084 for the MOU with the Department of Corrections (DOC) to provide funding for medication acquisition, formulary management, clinical, and drug information services in support of the activities of the DOC Health Center. Additionally, in Intra-District funds, the budget reflects a net increase of \$804,194 in personal services to fund an additional 6.6 FTEs, which will support MOUs with two agencies: \$57,084 and 0.6 FTE for DOC to purchase pharmaceuticals for inmates and \$747,110 and 6.1 FTEs for DHCF for pharmaceutical procurement and formulary services and to support the staff within the Bureau.

Decrease: The FY 2015 proposed budget includes decreases to Local funds of \$414,485 in nonpersonal services to align the budget with actual contractual costs, primarily for IT consultant services, office support, and other contractual services. A net decrease of \$641,706 includes reductions of \$564,033 in Subsidies and Transfers, due to a decline in funds allocated to support sub-grant awards from the Community Health Administration (CHA) and HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA) divisions, and \$77,673 in Equipment and Equipment Rental in the Health Care Regulation and Licensing Administration (HCRLA) division.

The agency's Federal Grants budget includes a reduction of \$819,678 in the Agency Management Support division due to revised Fixed Cost estimates from DGS. Additionally, the Federal Grant funds budget was decreased by \$885,969 and 25.4 FTEs in personal services due to the loss of several one-time grants and the lowering of current funding levels. The nonpersonal services budget was decreased by \$5,329,441, which includes \$3,386,929 in Subsidies and Transfers, \$1,378,126 in Contractual Services, \$253,996 in Equipment and Equipment Rental, and \$310,390 in Supplies and Materials. The affected grants include the Community Level Transformation and the Creating a System of Care to Promote the Wellness of Young Children Grants within CHA, the Criminal Background Check grant within HCRLA, and the HIV Prevention Projects, Housing Opportunities for Persons with AIDS, HIV Surveillance, and TB grants within HAHSTA.

Special Purpose Revenue funds in the HCRLA division includes reductions of \$19,225 mainly due to a decrease in Equipment and Equipment Rental needs, and \$297,141 and 3.3 FTEs in Regular Pay – Other due to decreased revenue projections.

Mayor’s Proposed Budget

Enhance: The proposed budget includes an increase of \$8,471,000 to fund various programs and services within the CHA division. This includes increases of \$5,000,000 to support the School Health Nursing program, \$2,500,000 for home visitation funding to backfill lost federal funds, \$596,000 and 0.8 FTE of continued support to reduce the infant mortality rate, and \$375,000 to sustain existing school-based health centers.

Reduce: The Local funds budget includes a reduction of \$700,000 to reflect a one-time adjustment of personal services costs in FY 2015, based on projected salary lapse savings.

District’s Proposed Budget

Enhance: The proposed budget includes one-time increases to Local funds totaling \$2,980,000. This includes a one-time increase of \$2,000,000 to support tobacco cessation efforts in the District and another one-time increase of \$980,000 to support the following initiatives within the CHA division: \$480,000 will fund a competitive grant that will establish a comprehensive concussion protocol for children; \$200,000 will support DOH’s efforts to prevent and address the impact of chronic illness; \$150,000 will support a grant for clinical nutrition home delivery services for individuals living with cancer and other life-threatening diseases; \$100,000 will support teen peer educators who provide sexual and reproductive health education to their peers; and \$50,000 will support DOH initiatives that encourage corner store owners to incorporate produce in their offerings and provide nutritional information. In addition to the one-time funding, Local funds were increased by \$516,903, on a recurring basis, to support DOH’s efforts for chronic illness prevention.

Reduce: The proposed budget includes a reduction to Local funds in the amount of \$200,000. This cost savings is realized due to the transition of the model for implementing ambulatory care services internally within DOH.

Reallocate: In FY 2015, the Department of Health’s Local funds includes the reallocation, within the Community Health Division, of \$2 million that was previously allocated for the \$5 million enhancement to the school nursing contract. These funds will be redirected and used for a new grant program to support the prevention of teen pregnancy. This reallocation is pursuant to the "Teen Pregnancy Prevention Fund Establishment Act of 2014" included in the Fiscal Year 2015 Budget Support Act of 2014.

FY 2014 Approved Budget to FY 2015 Proposed Budget, by Revenue Type

Table HC0-5 itemizes the changes by revenue type between the FY 2014 approved budget and the FY 2015 proposed budget.

Table HC0-5

(dollars in thousands)

DESCRIPTION	DIVISION	BUDGET	FTE
LOCAL FUNDS: FY 2014 Approved Budget and FTE		69,402	161.9
Removal of One-Time Funding	Multiple Programs	-1,552	0.0
Other CSFL Adjustments	Multiple Programs	685	0.0
LOCAL FUNDS: FY 2015 Current Services Funding Level Budget (CSFL)		68,535	161.9
Increase: To adjust personal services	Multiple Programs	734	8.4
Increase: To align Fixed Costs with proposed estimates	Agency Management	322	0.0
Decrease: To align resources with operational goals	Multiple Programs	-414	0.0
Decrease: To streamline operational efficiency	Multiple Programs	-642	0.0
LOCAL FUNDS: FY 2015 Agency Budget Submission		68,535	170.4
Enhance: To support the School Health Nursing program (\$5 M); Home Visitation (\$2.5 M); Infant Mortality Reduction Initiative (\$596,000); and School-based health centers (\$375,000)	Community Health Administration	8,471	0.8
Reduce: Personal services to reflect one-time salary lapse savings	Multiple Programs	-700	0.0
LOCAL FUNDS: FY 2015 Mayor's Proposed Budget		76,306	171.1
Enhance: To support tobacco cessation efforts (one-time)	Community Health Administration	2,000	0.0
Enhance: To support nutrition, health education, safety, and chronic illness prevention initiatives (one-time)	Community Health Administration	980	0.0
Enhance: To fund chronic disease prevention efforts	Community Health Administration	517	0.0
Reduce: To reflect savings from the internal ambulatory care services	Community Health Administration	-200	0.0
LOCAL FUNDS: FY 2015 District's Proposed Budget		79,603	171.1
FEDERAL PAYMENTS: FY 2014 Approved Budget and FTE		5,000	0.0
No Change		0	0.0
FEDERAL PAYMENTS: FY 2015 Agency Budget Submission		5,000	0.0
No Change		0	0.0
FEDERAL PAYMENTS: FY 2015 Mayor's Proposed Budget		5,000	0.0
No Change		0	0.0
FEDERAL PAYMENTS: FY 2015 District's Proposed Budget		5,000	0.0
FEDERAL GRANT FUNDS: FY 2014 Approved Budget and FTE		132,717	368.2
Increase: To align resources with operational goals	Multiple Programs	537	0.0
Decrease: To align Fixed Costs with proposed estimates	Agency Management	-820	0.0
Decrease: To align budget with projected grant awards	Multiple Programs	-886	-25.4
Decrease: To align funding with nonpersonal services costs	Multiple Programs	-5,329	0.0
FEDERAL GRANT FUNDS: FY 2015 Agency Budget Submission		126,219	342.8
No Change		0	0.0
FEDERAL GRANT FUNDS: FY 2015 Mayor's Proposed Budget		126,219	342.8
No Change		0	0.0
FEDERAL GRANT FUNDS: FY 2015 District's Proposed Budget		126,219	342.8

(Continued on next page)

Table HC0-5 (Continued)
(dollars in thousands)

DESCRIPTION	DIVISION	BUDGET	FTE
SPECIAL PURPOSE REVENUE FUNDS: FY 2014 Approved Budget and FTE		12,328	88.0
Increase: To adjust personal services	Multiple Programs	381	1.6
Decrease: To align funding with nonpersonal services costs	Multiple Programs	-19	0.0
Decrease: To align budget with projected revenues	Health Care Regulation and Licensing Administration	-297	-3.3
SPECIAL PURPOSE REVENUE FUNDS: FY 2015 Agency Budget Submission		12,393	86.3
No Change		0	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2015 Mayor's Proposed Budget		12,393	86.3
No Change		0	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2015 District's Proposed Budget		12,393	86.3
INTRA-DISTRICT FUNDS: FY 2014 Approved Budget and FTE		45,536	3.8
Increase: To align funding with nonpersonal services costs	Multiple Programs	3,147	0.0
Increase: To adjust personal services	Multiple Programs	804	6.6
INTRA-DISTRICT FUNDS: FY 2015 Agency Budget Submission		49,487	10.4
No Change		0	0.0
INTRA-DISTRICT FUNDS: FY 2015 Mayor's Proposed Budget		49,487	10.4
No Change		0	0.0
INTRA-DISTRICT FUNDS: FY 2015 District's Proposed Budget		49,487	10.4
Gross for HC0 - Department of Health		272,701	610.6

(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 2015:

Center for Policy, Planning and Evaluation

Objective 1: Promote the availability of accessible, high quality and affordable health care services, especially in underserved areas (One City Action Plan Action 3.2.1).

Objective 2: Process vital records in a timely manner to ensure quality customer service.

Objective 3: Conduct the Behavioral Risk Factor Surveillance System Survey (BRFSS).

KEY PERFORMANCE INDICATORS

Center for Policy, Planning and Evaluation

Measure	FY 2012 Actual	FY 2013 Target	FY 2013 Actual	FY 2014 Projection	FY 2015 Projection	FY 2016 Projection
Number of Certificates of Need (CONs) reviewed (One City Action Plan Action 3.2.1)	33	25	31	30	30	30
Percent of HPLRP participants that are practicing primary care (One City Action Plan Action 3.2.1)	42.8%	60%	61%	60%	60%	60%
Percent of TSF-funded health center and hospital projects operational and serving the public	42.8%	60%	61%	60%	60%	60%
Percent of vital records processed within 30 minutes	95%	95%	95%	95%	95%	95%
Number of BRFSS surveys completed ¹	3,967	4,800	2,537	5,000	5,000	6,000

Community Health Administration (CHA)

Objective 1: Maintain the delivery of safety-net services provided to low-income, uninsured residents through Project WISH in efforts to reduce breast and cervical cancer mortality rates in the District of Columbia.

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

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

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

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

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

KEY PERFORMANCE INDICATORS

Community Health Administration (CHA)

Measure	FY 2012 Actual	FY 2013 Target	FY 2013 Actual	FY 2014 Projection	FY 2015 Projection	FY 2016 Projection
Number of women receiving breast exams and mammograms	1,771	640	660	680	700	720
Number of women receiving pelvic and cervical exams and/or PAP-tests	602	275	285	295	305	315
Number of SNAP-Ed participants receiving education ² [One City Action Plan Actions 3.4.1 and 3.4.2 and Sustainable DC Plan Action FD2.3]	8,348	10,000	8,552	45,000	45,650	46,332
Number of residents participating in a Live Well DC event (Sustainable DC Plan Action HW1.2)	Not Applicable	2,000	1,859	3,000	3,500	4,000
Percent of parents receiving educational counseling for newborn hearing loss	85.3%	85%	89%	90%	92%	94%
Percent of infants that receive documented follow-up care after the first referral	55%	60%	67%	65%	70%	75%
Number of home visits provided to pregnant women and newborns to reduce infant mortality [One City Action Plan Action 3.2.2]	4,740	2,500	2,469	2,500	2,500	2,500
Percent of children with up-to-date immunizations ³	90.8%	92%	88.4%	90%	91%	92%
Number of families in the DC Home Visiting program, early childhood visits	120	60	180	360	480	180

Health Emergency Preparedness and Response Administration (HEPRA)

Objective 1: Improve Administrative Services with Customer and Stakeholder Feedback/Satisfaction Surveys.

Objective 2: Improve and sustain public health emergency preparedness and response efforts within HEPRA.

Objective 3: Expand the District's medication distribution capabilities by establishing two new programs that serve to increase ease of access to pharmaceuticals and improve knowledge and counseling for those who have multiple chronic illnesses.

KEY PERFORMANCE INDICATORS

Health Emergency Preparedness and Response Administration (HEPRA)

Measure	FY 2012 Actual	FY 2013 Target	FY 2013 Actual	FY 2014 Projection	FY 2015 Projection	FY 2016 Projection
Number of survey reports that are sent out to stakeholders and customers	479	500	416	500	500	500
Percent of applicable staff trained on NIMS IS 100, 200, 700 and 800 ⁴	100%	90%	100%	100%	100%	100%
Number of pharmacy providers in the DC Specialty Care Pharmacy Network	Not Applicable	25	25	28	30	30
Number of District agencies receiving procurement/distribution services via the DOH Pharmaceutical Warehouse	Not Applicable	9	9	10	12	12

HIV/AIDS, Hepatitis, STD, and TB Administration

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

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

KEY PERFORMANCE INDICATORS

HIV/AIDS, Hepatitis, STD, and TB Administration

Measure	FY 2012 Actual	FY 2013 Target	FY 2013 Actual	FY 2014 Projection	FY 2015 Projection	FY 2016 Projection
Number of new HIV/AIDS cases reported within the fiscal year [One City Action Plan Action 3.2.3]	721	1,300	330	700	650	600
Number of publicly supported HIV tests reported [One City Action Plan Action 3.2.3]	138,317	125,000	82,477	125,000	125,000	125,000
Number of needles off the streets through DC NEX Program [One City Action Plan Action 3.2.3]	549,464	400,000	473,806	500,000	550,000	550,000
Number of condoms (female and male) distributed by DC DOH Condom Program [One City Action Plan Action 3.2.3]	5,747,000	4,500,000	4,909,820	5,000,000	5,000,000	6,000,000
Number of youth (15-19 years) screened for STDs through youth outreach programs	5,870	7,500	3,096	7,500	7,500	7,500
Percent of clients linked to care within months of diagnosis [One City Action Plan Action 3.2.3]	84%	50%	81%	85%	85%	90%

Health Regulation and Licensing Administration

Objective 1: Conduct annual licensure and federal certification inspections of health care facilities that HCFD regulates.

Objective 2: Conduct annual licensure for all facilities under the purview of ICFD and federal certification inspections of ICF/MRs, as well as conduct monitoring inspections of community residential facilities, home care agencies, and child placing agencies.

Objective 3: Protect the public health and safety of residents and visitors in the District through the prevention of food-borne outbreaks and protect the food supply through inspections.

Objective 4: To ensure that 100 percent of x-ray machines are safe for use and are free of defects that may cause harm to the public.

Objective 5: Conduct timely animal surveillance and disease control to protect residents and visitors.

Objective 6: Protect the health and safety of residents and visitors through the reduction of rodent activity.

KEY PERFORMANCE INDICATORS

Health Regulation and Licensing Administration

Measure	FY 2012 Actual	FY 2013 Target	FY 2013 Actual	FY 2014 Projection	FY 2015 Projection	FY 2016 Projection
Number of inspections completed by the HCFD	147	110	118	111	122	122
Number of inspections completed by the ICFD	211	192	158	220	225	230
Number of inspections of food establishments generated by complaints/food borne illness reports	703	500	505	500	500	500
Number of food establishment closures	91	100	93	100	100	100
Number of x-ray tubes inspected for compliance with radiation protection standards.	840	820	790	850	875	900
Number of rabies-suspect animals submitted for testing within the required timeframe for notification	320	261	261	300	325	350
Number of premises inspected for rodent activity	46,951	50,000	44,135	50,000	55,000	58,000

Office of the Director (OD)

Objective 1: Train DOH employees on quality improvement (QI) tools and principles.

Objective 2: Achieve national public health accreditation.

KEY PERFORMANCE INDICATORS

Office of the Director

Measure	FY 2012 Actual	FY 2013 Target	FY 2013 Actual	FY 2014 Projection	FY 2015 Projection	FY 2016 Projection
Percent of managers trained on QI	Not Applicable	10%	20%	90%	100%	100%
Percent of non-managers trained on QI	Not Applicable	10%	15%	50%	60%	75%
Percent of PHAB examples collected	Not Applicable	100%	60%	100%	Not Applicable	Not Applicable

Performance Plan Endnotes:

¹This measure is based upon the industry standard. CDC requires that each state participating in the BRFSS to have a sample size of no less than 4,000.

²Participation numbers include those served by CHA and its partners - UDC and Capital Area Food Bank. In 2011, funding was cut from \$2.5 million to \$1.5 million, and USDA ceased providing the 50 percent cash match for nutrition education provided. The One City Action Plan called for a baseline of 25,000 with a 3 percent growth.

³This measure is based upon the industry standard. The U.S. Department of Health and Human Services established through Healthy People 2020 that 95 percent of children enrolled in kindergarten should have their required shots. Data indicates that this 95 percent is achieved nationally. For adolescents, the target drops to 80 percent as data indicates that only about 45 percent of adolescents received required vaccinations.

⁴The measure on NIMS training is being used as an industry benchmark. In January of 2012, the U.S. Department of Health and Human Services (DHHS) Office of the Assistant Secretary for Preparedness and Response released the Healthcare Preparedness Capabilities. It is an industry standard that staff be trained on NIMS.