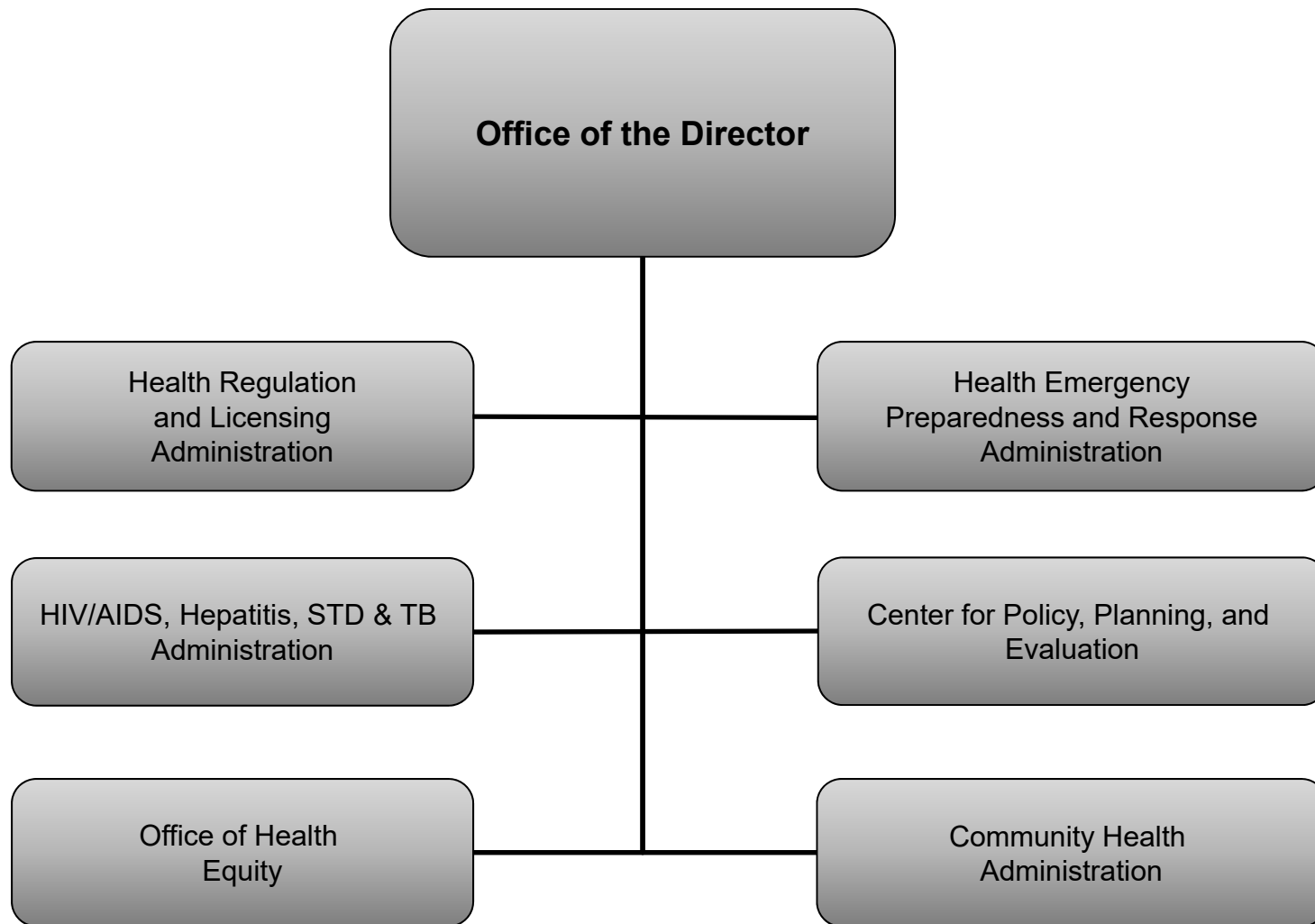




Department of Health

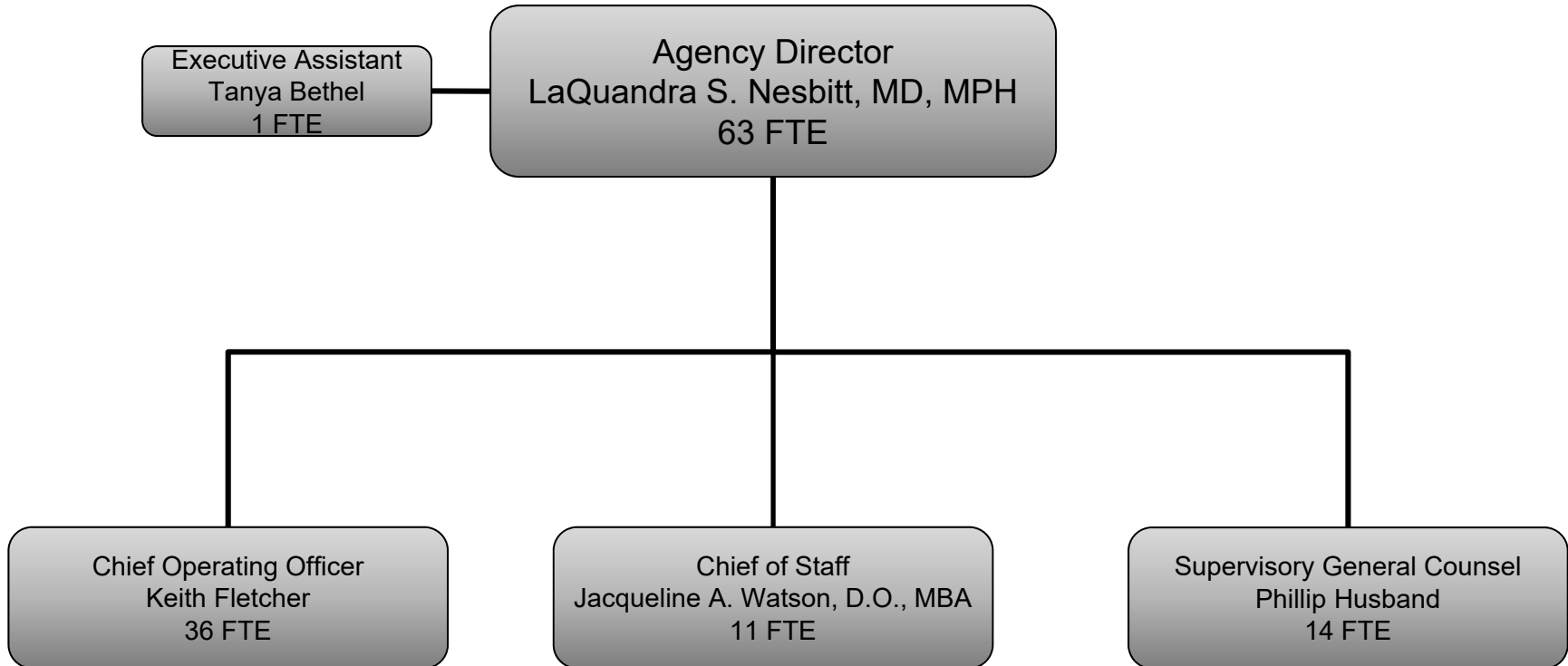
DC | **HEALTH**





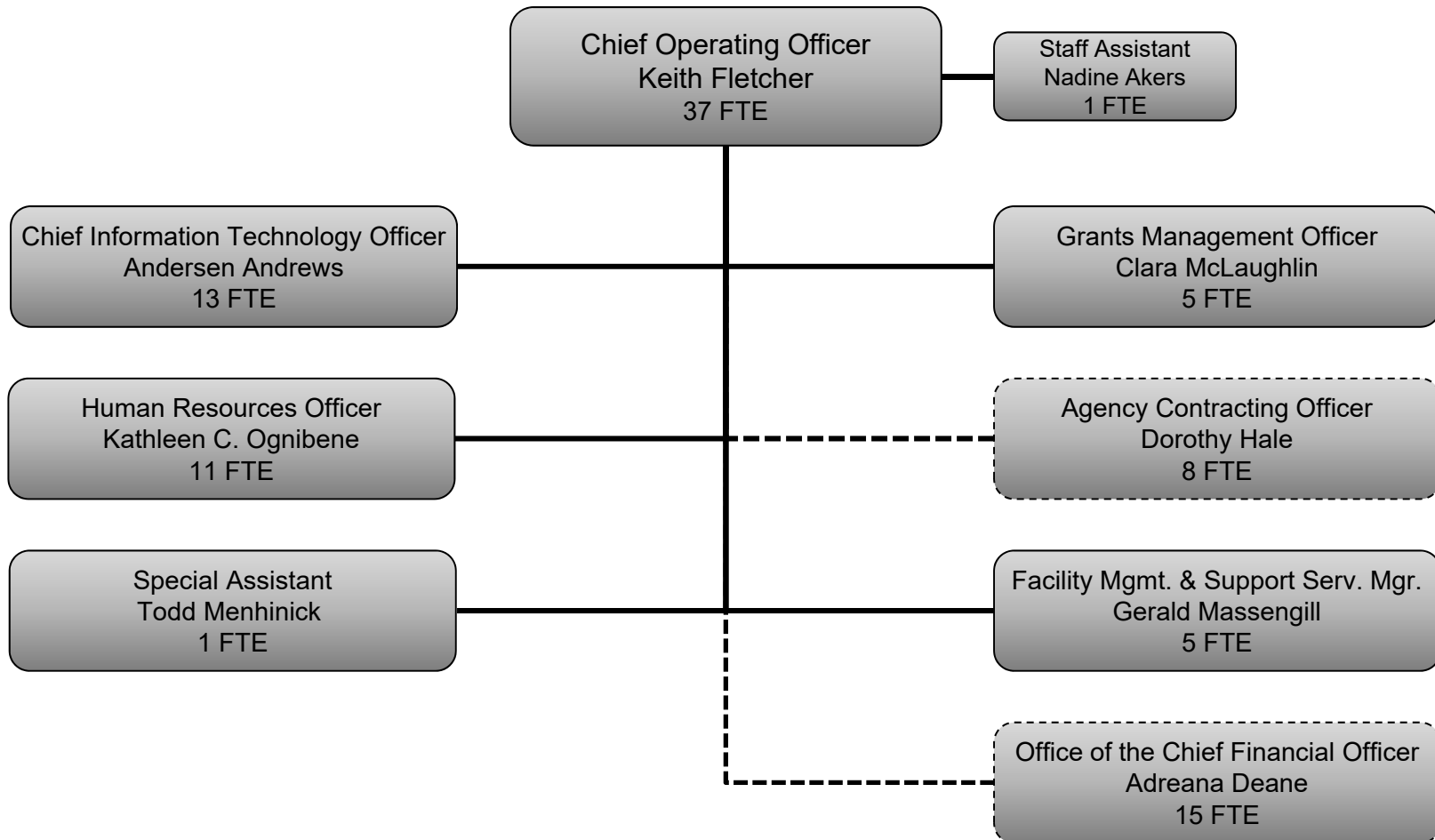
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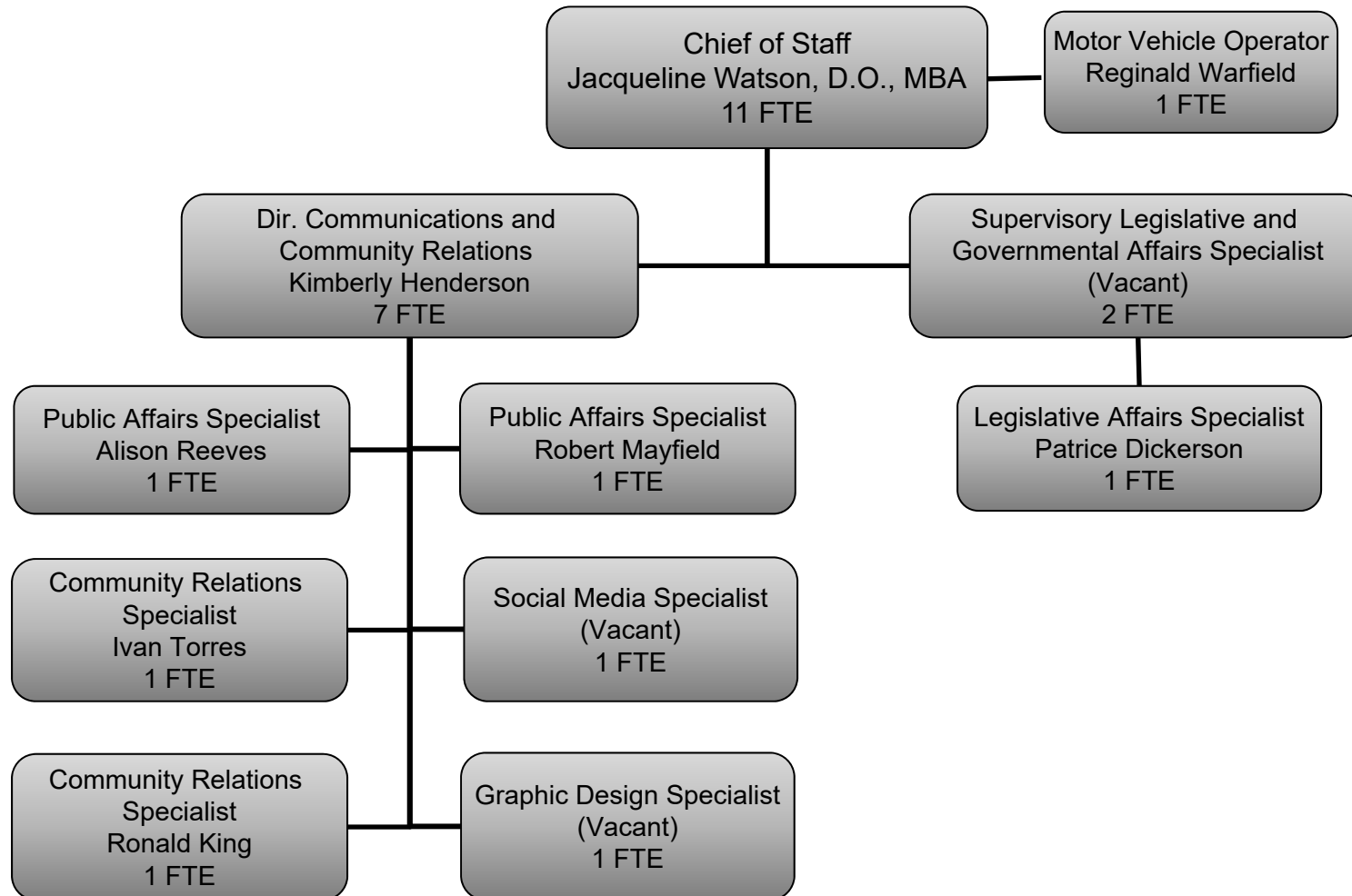
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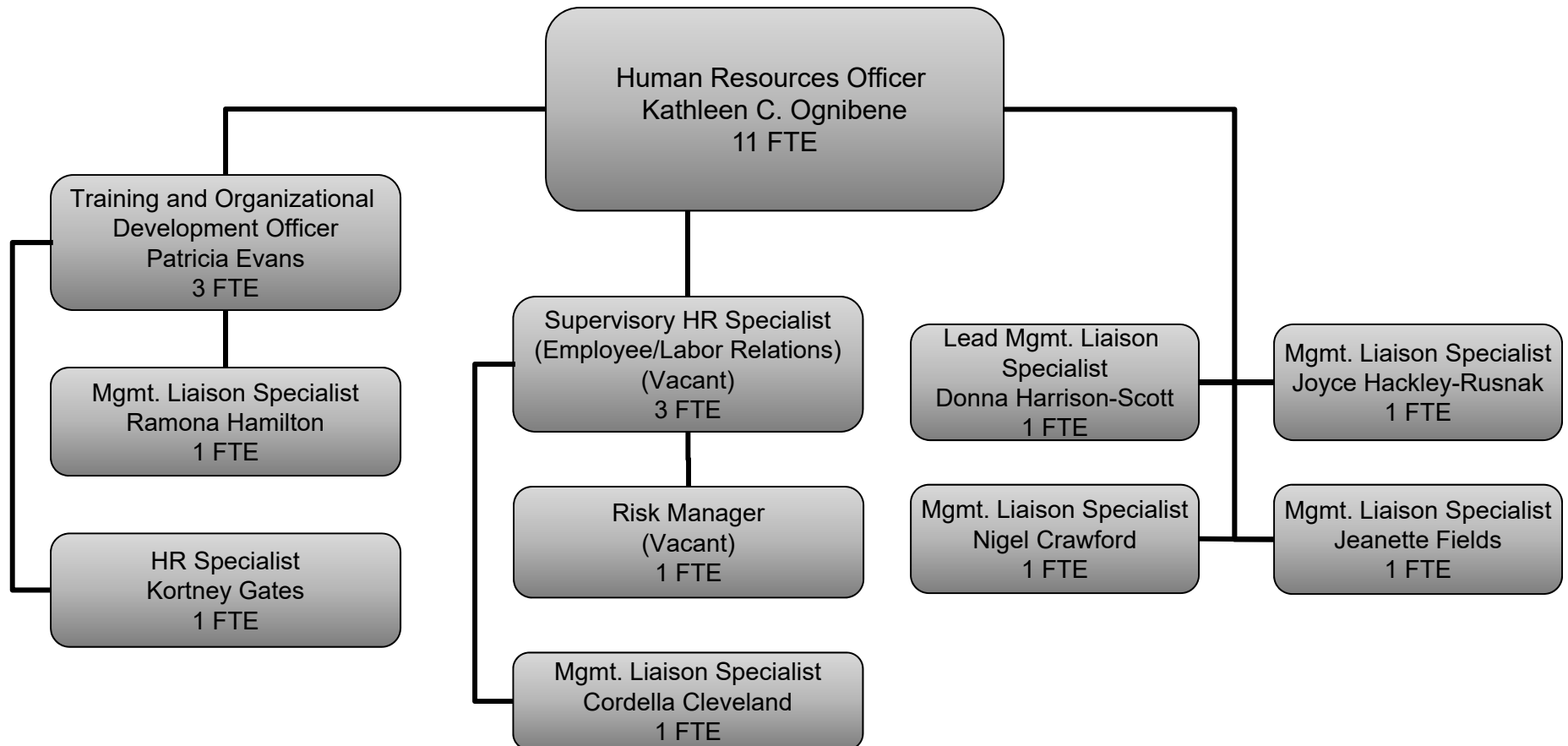
DC | **HEALTH**





**Office of the Director
Human Resources Division**

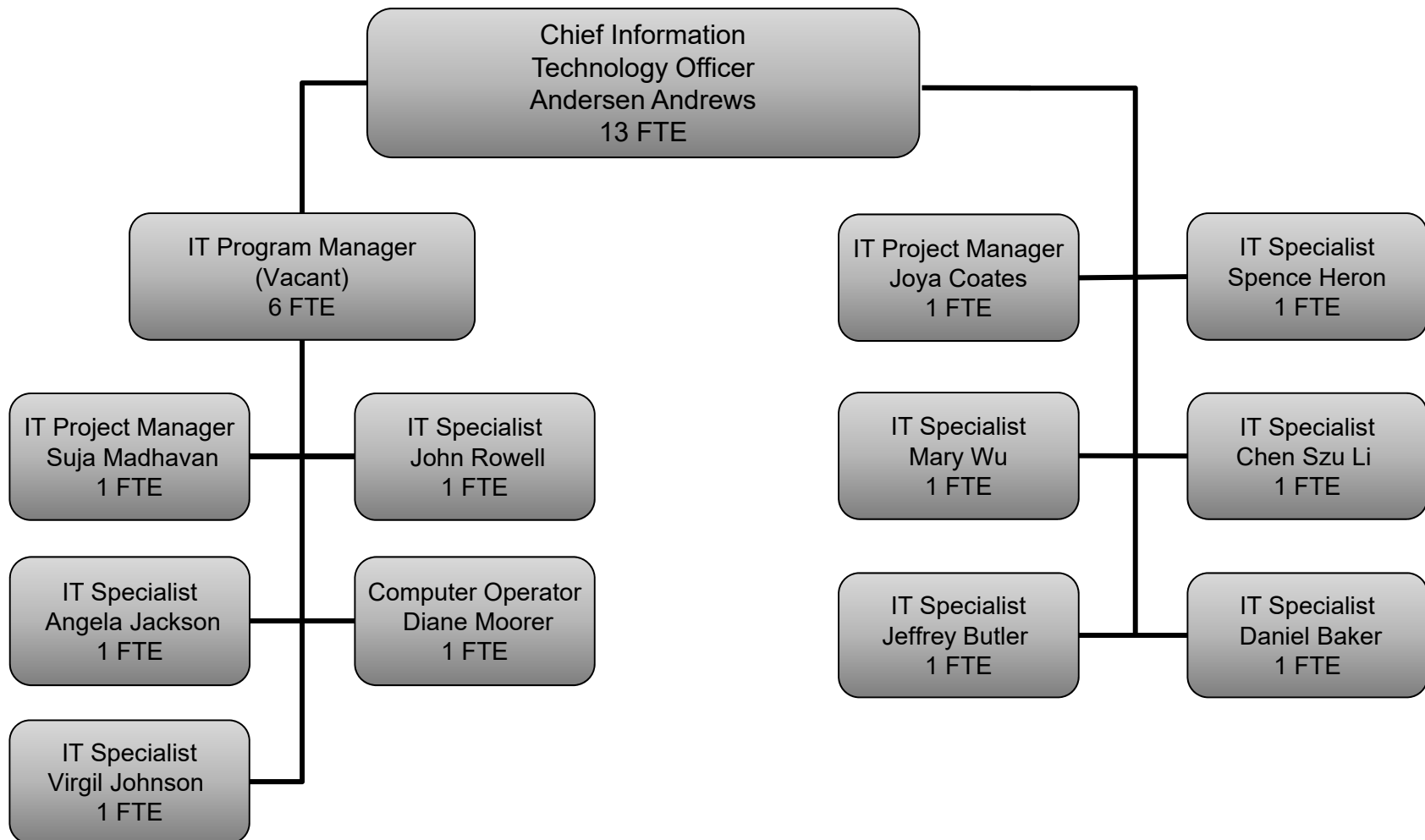
DC | **HEALTH**





Office of the Director
Information Technology Division

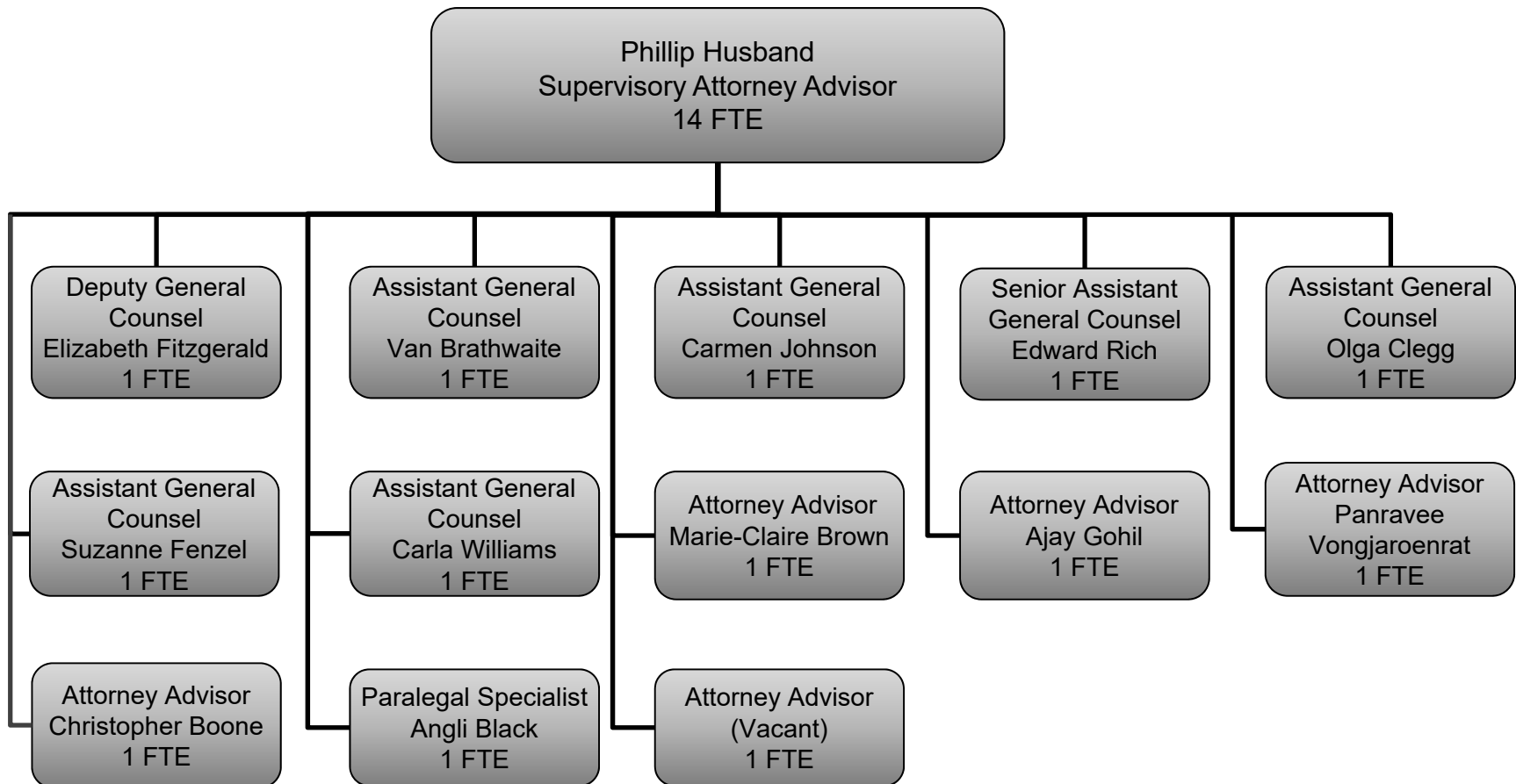
DC | **HEALTH**





Office of the Director
Office of the General Counsel

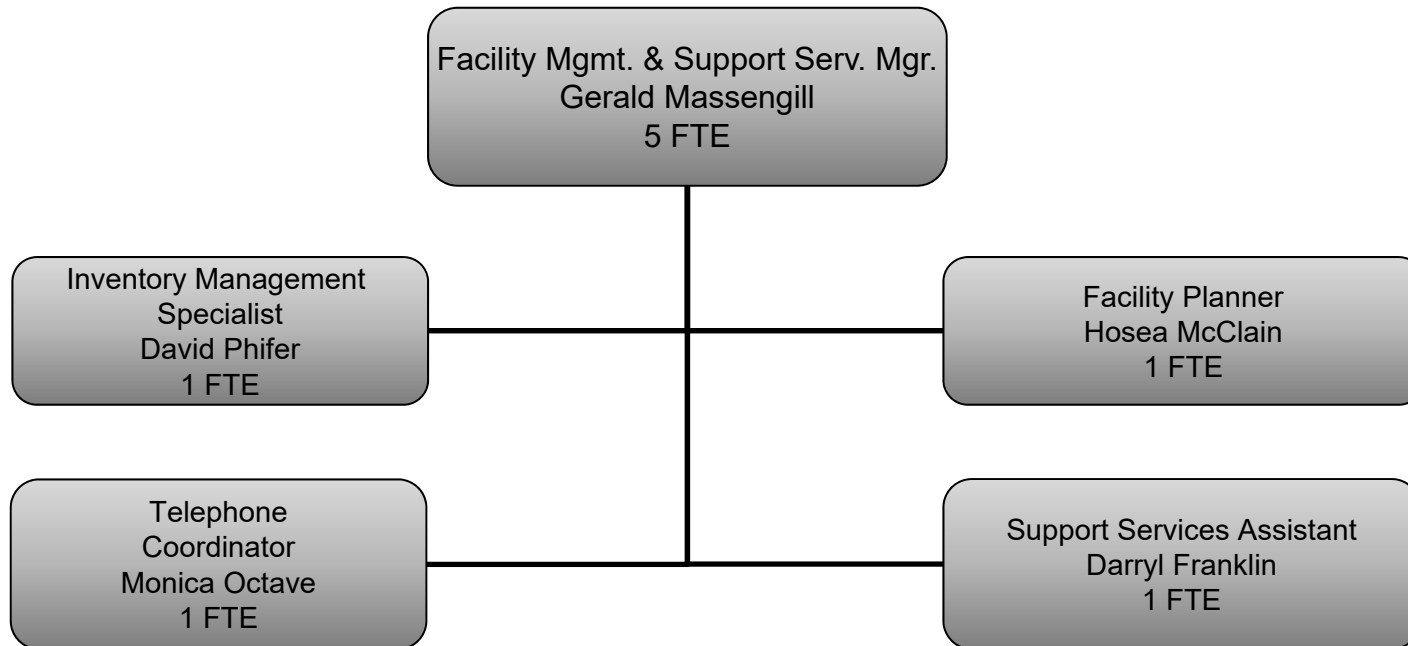
DC | **HEALTH**





**Office of the Director
Office of Facilities Management**

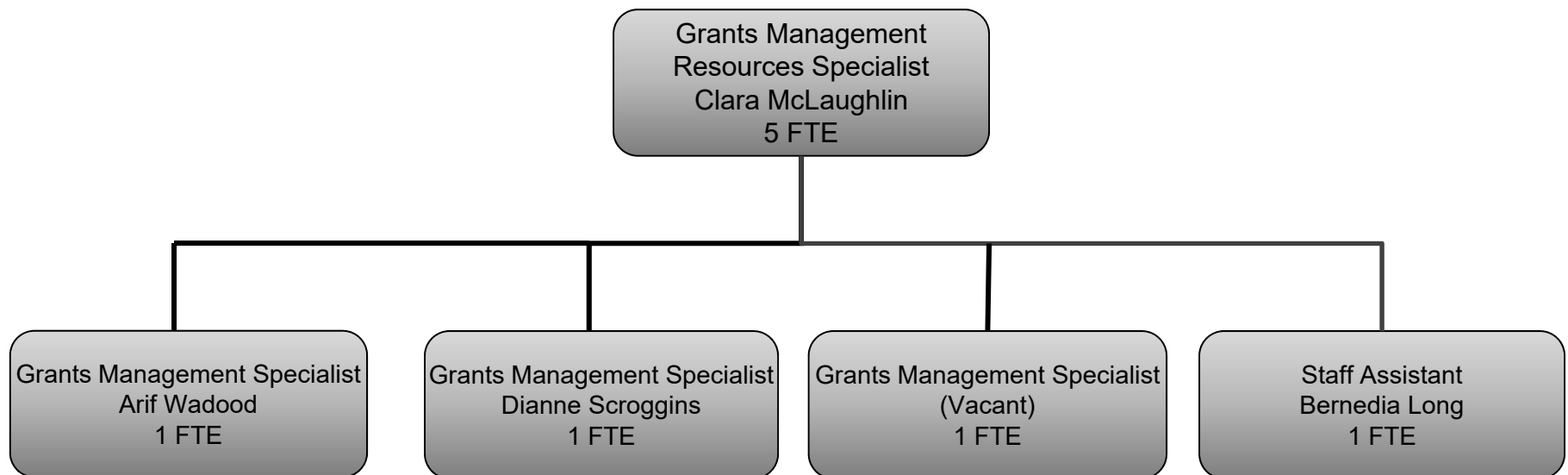
DC | **HEALTH**





Office of the Director
Office of Grants Management

DC | **HEALTH**



Administration	Strategic Initiative Title	Initiative Status Update	% Complete to date	Status of Impact	Explanation of Impact
CHA	Newborn Screening and Discharge Regulations	Comprehensive Newborn Screening and Discharge regulations were partially drafted by September 30, 2019. Work on the regulations is continuing.	50-74%	Incremental	Consolidation and standardization of newborn screening, testing, and discharge requirements will help ensure that all babies born in the District of Columbia receive immediate identification of and medical intervention for heritable disorders and conditions that can cause organ damage or result in death.
CHA	Preterm Birth Reduction Pilot	Howard University Hospital and Medstar Washington Hospital Center were awarded grants to implement a pilot project to reduce pre-term births. Plans to address screening and administration of 17P have been finalized for implementation. DC Health is working with these centers and the centers that refer to them (Community of Hope and Unity) to streamline the identification of women eligible for 17P and 17P administration. 3 of 4 sites have hired most of the staff required to execute grantee's scope of work and work plans.	Complete	Incremental	Streamlining the identification of women eligible to use 17P and the administration of 17P will assist with moving towards increasing the use of 17P and aspirin.
CHA	School and Community Based Teen Pregnancy Prevention	Partnerships with schools and community for implementation of education and skills building commenced as scheduled. DC Health grantee continue to implement evidence-based and evidence informed programs for adolescents. Planning for QI/QA initiative, implemented One Key Question (OKQ) in May 2019 with a small group of participants. The implementation of OKQ provides adolescents with a developed reproductive life plan.	Complete	Incremental	Implementing QI/QA efforts will standardize service and practice. Grantees will guide adolescents through the development of a reproductive life plan, that outlines the best intentions and actions for the adolescents.
CHA	School Health Services Program (SHSP)	The SHSP continues to collaborate with DCPS and PCSB to improve health suite approval processes and conditions in preparation for the start of the school year. SHSP visited over 20 schools in the health suite approval process. SHSP continues to provide guidance to education partners including immunization education and outreach.	Complete	Incremental	SHSP continues to collaborate with DC Action in evaluation activities. DC Action has finalized process review interviews and are finalizing summaries of qualitative and quantitative evaluation activities. SHSP continues to collaborate with CSS and external partners to provide resolutions to QI/QA findings.
CHA	Senior Dental Services Program (SDSP)	As of September 30, 2019, COH has expended the award amount of \$375,000. Continuation of SDSP for FY20 has been requested with an initial award amount \$500,000. Sole Source SDSP with Mary's Center did not get started until September and did not have enough performance data to be evaluated, thus the Sole Source SDSP will be discontinued in FY20.	Complete	Incremental	As of July 2019, the program has funded 308 preventive dental visits and 376 restorative and surgical dental service visits, serving a total of 197 unique senior dental patients, including 165 new patients. Forty-three percent of patients completed phase I treatment plans and 98% of patients were assessed for caries risk.
CPPE	Implement electronic mothers worksheet	The Vital Records Division completed an extensive workflow analysis project with several facilities this year to develop the requirements for the electronic mother's worksheet. This yielded invaluable feedback and buy-in from community partners. The initial development cycle will be complete in FY 2020.	75-99%	Incremental	This application would allow new parents to complete the required "Mothers Worksheet" via an electronic format, improving the impact on resources.
CPPE	Implement online processing option for walk-in birth and death certificates	The data from the Lean Six Sigma project showed that the delays are predominantly with amendment customers, who would not be specifically aided by this enhancement. The project has been re-scoped to amendment requests that require more staff time.	Complete	Incremental	The new project will focus on meeting the needs of customers seeking amendments, as this is the service with the greatest processing time. This will also benefit customers seeking certificates by freeing up capacity to serve them quickly.
CPPE	Social Determinant and Health Equity Data Indicators	In partnership with Center for Policy Planning and Evaluation (CPPE), the collaborative relationship built with the DC Hospital Association (DCHA) to develop and rollout the first joint Community Health Improvement Needs Assessment Survey of District Residents was successfully accomplished. This collaborative approach has contributed to a scale and reach never before attained. The first presentation of survey results to hospital and community partners is scheduled for Oct 21, 2019, and will inform updates to the DC Healthy People 2020.	Complete	Incremental	A third-round recruitment effort is now underway to hire a senior Public Health Analyst for OHE. While this extended challenge has delayed full integration of the baseline Health Equity Report (HER) 2018 data sets as envisioned, it has created space to focus on unanticipated opportunities that themselves will lay the ground work for deeper strategic working relationships with internal and external data partners, from DCHA to Children's Hospital, as earlier described. OHE anticipates being better prepared for leveraging partner and data resources in FY20.
HAHSTA	Continued naloxone education to community partners	HAHSTA provided seven community trainings during Q4 to 199 laypersons, healthcare providers, and social service workers on ways to recognize and respond to overdoses and on the proper administration of Narcan (the brand name of naloxone).	Complete	Incremental	Narcan kits are distributed to community partners and community partners are also provided funds to procure their own kits to decrease the number of opioid overdoses within the District of Columbia. HAHSTA will continue its efforts to fund peer educators and provide community trainings to providers to recognize and respond to overdoses and on the proper administration of Narcan.
HAHSTA	Pre-Exposure Prophylaxis (PrEP) to decrease the prevalence of HIV spreading to African-American women, young African-American men who have sex with men (MSM), and the transgender community.	The DC Health and Wellness Center focuses on prescribing PrEP to MSM and Transgender persons of color at low or no cost to them. The Wellness Center prescribes PrEP to 30-40 people each month, with approximately 80% being people of color, and provides additional resources such as connections to health insurance, mental health assistance, and housing. The continued sex-positive PrEP campaigns and outreach throughout the city will bring more high risk individuals to the clinic and help reduce new HIV infections among our focus population.	Complete	Incremental	As a result of the dissemination of PrEP information, District residents are able to make an informed choice as to the appropriateness of PrEP. The DC Health and Wellness Center screens all high-risk HIV negative patients for PrEP and makes appropriate referrals to the PrEP navigator. The PrEP navigator and provider staff work collaboratively to discuss and prescribe PrEP. As more people are put on PrEP, new infections will decrease among the focus population.
HEPRA	District of Columbia BioSurveillance Infectious Disease Plan	HEPRA continues to collaborate with internal (DC Health epidemiologists) and external stakeholders to finalize the District's Biosurveillance Infectious Disease Plan. HEPRA has successfully on boarded a team of contractors to begin the review of the plan, as well as facilitate discussion with relevant stakeholders for revision to the plan.	25-49%	Incremental	The District-wide planning document will ensure the inclusion of relevant departments and other agencies to increase the capability of the District to reduce the risks or increase the response rate of infectious diseases to the public.
HEPRA	District of Columbia Mass Casualty Incident (MCI) Plan	HEPRA has completed two cycles of internal and external stakeholder review on the 2016 Trauma Plan. On October 2, 2019 HEPRA met with the DC Hospital Association and Health and Medical Coalition leaders for a final review of plan. Once comments are collated, the final version of the plan is expected to be adopted by DC Health for 2020.	75-99%	Incremental	The District-wide planning document will increase collaboration and standardization for a response to a Mass Casualty Incident, which will decrease mortality and morbidity across the District.
HEPRA	Electronic Medical Orders for Scope of Treatment (MOST) Registry	A registry has been created using the secure RedCAP data system. It houses information about the MOST registrant and a copy of their most recent MOST form.	Complete	Incremental	The EMS division is working towards the development of an e-MOST registry based on the national POLST paradigm with DC Health IT, to provide a real-time and secure data base for documenting and easily accessing a patients' wishes for medical intervention.
HEPRA	Emergency Medical Services (EMS) Annual Report	Data for this report has been received and compiled. A final document has been prepared and is completing the requisite clearances to be published.	Complete	Incremental	The EMS Systems Report will provide an annual overview of the District of Columbia's EMS system to District agencies, regional agencies, and the community. This report will include an overview of aggregate EMS call information, education statistics, and inspection information for public EMS agencies, private EMS agencies, and EMS educational institutions.
HEPRA	Incident Management Team (IMT) Formation, Training, and Implementation	HEPRA has continued to offer Incident Command System trainings to all DC Health personnel and has incorporated these trainings into the Multi-Year Training and Exercise Plan (MYTEP) to ensure they continue throughout the next few years.	Complete	Incremental	Trained personnel will increase the Department of Health's ability to prepare for, respond to, and recover from an emergency incident in the District.

HEPRA	Medical Countermeasures (MCM) Open Points of Dispensing (PODs)	Upon further evaluation, there are at least two POD sites in each ward and there is no need for re-distribution. HEPRA will continue to add potential POD sites to the pool in addition to expanding the Closed POD Program to provide greater access to medical countermeasures in the District.	Complete	Incremental	Re-distribution of MCM PODs adequately across the District will ensure all populations, including those with access and functional needs or have limitations with transportation, can access a POD during a District-wide distribution of medications.
HRLA	Initial Online Application Process	HRLA met with the Chief Information Technology Officer and development team to provide feedback on the initial demonstration of the new Salesforce initial online application for professional licensees.	25-49%	Incremental	The online licensure program will enhance applicants experience and increase the response time for staff to review and issue licenses.
HRLA	Medical Marijuana Program Online Payment	Online payment is available for all patients.	Complete	Demonstrable	Online payment allows the Division of Medical Marijuana and Integrative Therapy to quickly process applications. It also allows patients who may have mobility issues to complete the application process without making a trip to DC Health.
HRLA	Rodent Prevention and Abatement	The drafted regulations have been finalized and enforcement of those new regulations will start January 2020	Complete	Demonstrable	The new regulations will allow staff to start enforcement on residential properties.
OHE	Continue to Further DC Government Cross- departmental Health in All Policies (HiAP) Collaborative practices and partnerships.	<p>The importance of HiAP is firmly underscored in the Comprehensive Plan Amendment (October 2019), with the commitment to include an equity crosswalk highlighting equity policies throughout the Plan. A commitment to "Advance the social and structural determinants of health" as prescribed by the DC HER 2018, is explicitly declared a District-wide strategic goal.</p> <p>OHE was notified of receipt of a two-year funding award from The Pew Charitable Trusts to support implementation of the HiAP informed initiative referenced above.</p>	Complete	Incremental	<p>Collaboration continues with the DC Office of Planning (OP) on the District-wide expansion of affordable housing, and implementing specific proposals in Sustainable DC 2.0. OP's Housing Equity Report made the case for equitable housing by referencing the DC HER 2018.</p> <p>These results demonstrate the impact of OHE's HiAP work to build commitment to collaborative actions for change as recommended by the DC HER 2018. Through multi-sector partnerships, we anticipate increasing opportunities for population health improvement.</p>
OHE	Implement OHE Community Engagement Agenda	OHE, in collaboration with the Mayor's Commission on Health Equity (CHE), have leveraged the process and insights gained from the 2019 schedule of Community Conversations across all eight wards, together with numerous discussion and presentations to strategic partners in the public, private, and non-profit sectors, to inform the development of an enhanced and sustainable community engagement program and process that is strategic in focus, and will leverage collective impact principles and practices.	Complete	Incremental	As a result of efforts to date, underscored by our commitment to put people at the center of our work while rolling out the DC HER 2018 and engaging with communities and multi-sector partners to develop equitable solutions, and by prioritizing community engagement and leveraging Community Based Participatory Research, OHE has been invited to speak at the upcoming Grant Makers in Health (GIH) Fall Forum on "Translating Evidence into Action: Data Driven Approaches to Achieving Health Equity" about "Using Data to Support Community Engagement."

Administration	Strategic Initiative Title	Initiative Description	Initiative Status Update	% Complete to date	Confidence in completion by end of fiscal year (9/30)?	Status of Impact	Explanation of Impact
CHA	Care Transformation	DC Health will work with three health centers to ensure adults at risk or diagnosed with chronic conditions (ex. diabetes, hypertension, and overweight/obesity) have access to high quality patient-centered care. The project will focus on women of reproductive age in support of our goal to improve preconception health. In partnership with DC Health, health centers serving primarily residents from Wards 5, 7, and 8, will implement quality improvement projects that will focus on team-based care coordination, patient experience and clinical-community linkages. The goal is to improve patient engagement with a medical home, increase primary care utilization, and strengthen clinical-community partnerships to improve clinical outcomes for DC residents. Success will be measured by the increase in the utilization of primary care by women of childbearing age who are at-risk or diagnosed with a chronic disease.	Initial reporting is due to be received in Q2. The program launch is on schedule, and ongoing evaluation and monitoring will begin in earnest next quarter.	0-24%	High	Incremental	Initial reporting is due to be received in Q2. The program launch is on schedule, and ongoing evaluation and monitoring will begin in earnest next quarter.
CHA	Local Home Visiting Program	DC Health will partner with two community-based organizations to expand in-home parenting supports using an evidence-based or promising practice home visiting model. The project goals are to increase protective factors and improve health outcomes for pregnant mothers and caregivers/families with children ages 0-3. Home visiting services will be provided to residents in Wards 7 and 8.	During the reporting period, a summary of key activities, work plan, and monthly reports were completed. Additionally, new partnerships were created. In Q1 FY20, the DC Health Point of Contact transitioned from the agency and a new POC was put in place. The new POC has been granted access to EGMS, in order to complete the requirements for the remaining quarters.	0-24%	High	Incremental	The project has not been fully implemented to evaluate the impact.
CHA	Preterm Birth Reduction Pilot	DC Health will work with providers and payors to ensure women at risk for preterm birth receive high quality care to reduce risk, including 17P and aspirin. Partnering with DC Health, birthing facilities will adapt strategies that have succeeded in other jurisdictions to increase use of 17P and aspirin to reduce preterm deliveries. Birthing facilities partnering with DC Health will focus on clinical quality improvement (QI) activities, starting with improving the identification and administration of 17P for eligible women. Current strategies include standardizing screening practices, streamlining early administration of 17P, monitoring women on 17P, and improving care coordination. Outcome measures include increased identification of women eligible for 17P, increased utilization of 17P, and decreased occurrence of preterm births among publicly-insured women. Future projects will aim to improve early and continuous engagement in prenatal care and use of aspirin to reduce preeclampsia.	Howard University Hospital, Medstar Washington Hospital Center, Unity and Community of Hope were awarded grants to implement a pilot project to reduce pre-term birth and all 4 sites have had their latest NOGAs processed in this quarter. Plans to address screening for eligibility and administration of 17P have been finalized for implementation.	0-24%	High	Incremental	Streamlining the identification of women eligible to use 17P and its administration will assist with increasing 17P administration/adherence rates and potentially help lower preterm birth rates over the long term.
CPPE	Code Enforcement Program	The Vital Records Division (VRD) is launching a Code Enforcement Program to provide oversight over entities submitting vital event data (e.g., hospitals and funeral homes). As vital event data is an integral part of understanding public health in the District, it is critical that these data are complete and accurate. This two-year project will create a mechanism for imposing penalties against organizations that do not comply with legal requirements. The planning phase will be complete in FY 20, and the program will formally launch in FY 21.	This initiative is in the design phase.	0-24%	High	Incremental	This project will allow DC Health to enforce vital records related code for medical facilities and funeral services establishments.
CPPE	Remote ordering portal for amendment services	The Vital Records Division (VRD) will create an online portal for customers to amend a birth or death certificate. Currently, these services can only be facilitated by a phone, email, or in-person request. This two-year project will significantly improve customer service for individuals seeking such amendments. In FY 20, VRD will complete the design phase of this new service.	This initiative is in the design phase.	25-49%	High	Incremental	This project will allow constituents to order certificate amendment services remotely.
HAHSTA	Rapid Peer Responder (RPR) Program	DC Health-HAHSTA is implementing a city-wide opioid overdose peer-led response team who will respond to overdoses in real time and subsequently link persons to Opiate Use Disorder/Substance Use Disorder (OUD/SUD) treatment and other social and supportive services. The team of eight RPRs will utilize a mobile scheduling platform to secure same day treatment appointments for those overdose survivors who are ready to enter treatment. RPRs will focus on linking the ~34% of District residents who overdose, but refuse Fire and Emergency Medical Services (FEMS) transport for further care.	Rapid Peer Responders (RPRs) have encountered 2,346 individuals between October 1st and December 31st through street outreach and utilizing the pulse point application. They have provided multiple services for these individuals including creating MAT appointments (n=7), transporting individuals to MAT appointments (n=4), distributing Narcan (n= 774 units), referrals to social services (n=46), and other health services (n=15).	0-24%	High	Incremental	Rapid Peer Responders (RPRs) provide an opportunity for those not presenting in regular service settings to have the support and empowerment to improve their overall health while addressing their opioid use disorder. RPRs use a harm-reduction approach, providing information for individuals to reduce risk of overdose and provide quick access to treatment when the individual feels ready. This intervention should reduce fatal overdoses for individuals who refuse transport to the emergency department.

HEPRA	Emergency Medical Services (EMS) Fees and Fines	HEPRA will review and propose new emergency medical services (EMS) regulations. This includes updating the fine schedule aimed at strengthening the DC Health enforcement of regulations over the DC Health certified EMS agencies, EMS educational institutions, and individual EMS providers.	DC Health EMS is working closely with DC Health's legal to update and implement changes to the DC Municipal regulations which govern EMS. Additional meetings will be held in the next quarter to get feed back from external partners.	0-24%	High	Incremental	HEPRA will review and propose new emergency medical services (EMS) regulations. This includes updating the fine schedule aimed at strengthening the DC Health enforcement of regulations over the DC Health certified EMS agencies, EMS educational institutions , and individual EMS providers.
HEPRA	Emergency Shelter Planning	HEPRA will support District of Columbia Emergency Shelter Operations through the development and implementation of health and medical plans and procedures in coordination with the Homeland Security and Emergency Management Agency (HSEMA) and Department of Human Services (DHS).	Contractor support to develop a Medical Sheltering Plan/Annex is identified. Individual currently focused first upon coordinating/drafting the Volunteer Management Plan/Annex - a key planning document that informs the Medical Sheltering Plan.	0-24%	High	Incremental	HEPRA will support District of Columbia Emergency Shelter Operations through the development and implementation of health and medical plans and procedures in coordination with HSEMA and DHS.
HEPRA	Implement a Receipt, Stage and Store Site	HEPRA will implement a Centers for Disease Control and Prevention (CDC) validated Receipt, Stage and Store (RSS) Site to distribute medical countermeasures during an emergency by developing comprehensive plans, policies, and procedures.	At onset of Q1/FY20, HEPRA had successfully closed its former RSS Site; took ownership of the new RSS Site; completed turn-in of expired supplies and equipment. In Q1, HEPRA submitted Scope-of-Work (SOW) to DGS for infrastructure work required to set Initial Operating Capability (IOC). Simultaneously, HEPRA developed its budget strategy to fund this required work. In the interim, DCNet visited the new RSS several times but was unable to activate the network. Additionally, the on-site water heater failed and was repaired. Replacement status is pending Bldg Owner's decision.	25-49%	High	Incremental	HEPRA will implement a CDC validated Receipt, Stage and Store (RSS) Site to distribute medical countermeasures during an emergency by developing comprehensive plans, policies, and procedures.
HEPRA	Medical Reserve Core Transition	HEPRA will transition the DC Medical Reserve Corps (MRC) to become organic to the newly formed DC Health MRC. HEPRA will develop a Volunteer Management Plan that will include activation procedures and medical protocols for volunteers. This transition will include the implementation of policies and procedures to deploy MRC volunteers in response to disasters and emergencies in the District.	After completing initial objectives to transition the legacy MRC into the DC Health MRC 2.0, HEPRA obtained contractor support in Q1 to launch development of two key deliverables: a DC Health MRC Volunteer Management Plan/Annex and supporting MRC Volunteer Handbook. In a related effort, internal planning was initiated to enable use of MRC volunteers in a medical treatment team role for planned special events, and shelter intake in order to support the DHS General Shelter mission. HEPRA's Chief Medical Officer and Legal Advisor joined this effort.	0-24%	High	Incremental	HEPRA will transition the DC Medical Reserve Corps (MRC) to become organic to the newly formed DC Health MRC. HEPRA will develop a Volunteer Management Plan that will include activation procedures and medical protocols for volunteers. This transition will include the implementation of policies and procedures to deploy MRC volunteers in response to disasters and emergencies in the District.
HRLA	ContraPest (Birth control) Implementation	The Rodent & Vector Control Division has expanded the ContraPest (birth control) to one alley in all 8 wards. The Rodent & Vector Control Division will complete data collection by the end of September. If the consumption of the ContraPest creates a reduction in rats then, The Rodent & Vector Control Division will determine if ContraPest should be a permanent tool for the Division to ensure commercial and residential areas remain healthy, livable and enjoyable.	The Rodent & Vector Control Division has extended the program to include residential alleys with severe rat problems.	75-99%	High	Demonstrable	Using ContraPest will ensure commercial and residential areas remain healthy, livable and enjoyable.
HRLA	Modernization and Improvement of Mobile Food Vending	DC Health's Food Safety and Hygiene Inspection Services Division will work collaboratively with the Vending and Special Events Division of the Department of Consumer and Regulatory Affairs (DCRA) to improve the District's mobile food vending program. In partnership with DCRA, DC Health seeks to develop a more modernized and efficient process for becoming a mobile food vendor in the District of Columbia. This initiative will streamline processes and aid in the coordination of inspection and enforcement of regulations for mobile food vendors, thereby increasing customer service to allow for a more expedient, efficient process.	Several conference calls were held, specifically to address a unique mobile food vending operation and a solution was made that will set precedence for future mobile units.	0-24%	High	Incremental	This case sets precedence for future cases, we are building a more cohesive, documented program with DCRA.
OHE	Host a Health Equity Summit	In FY20, OHE will build on and expand community engagement efforts, to include hosting the District's first Health Equity Summit.	The Commission on Health Equity will reconvene on January 22, 2020. Planning for the Health Equity Summit is on the agenda for that meeting, and planning activities will continue throughout Q2.	0-24%	High	Incremental	This project will continue to coordinate cross-sector and cross-agency efforts around the shared goals of improving the social and structural determinants of health, and addressing health inequities in the District.

OHE	Implement Health in All Policies (HiAP) Projects and Initiatives	<p>In FY 20, OHE will select key projects to work in collaboration with core sector partners. The first selected project, funded by Pew Charitable Trusts, is a two-year project entitled "Collaborative Approaches to Improving Health Outcomes for Housing-Insecure Pregnant Women and their Infants."</p>	<p>OHE launched a working collaboration with the District of Columbia Interagency Council on Homelessness (ICH) in October 2019 to use cross-sector, Health-in-All Policies approaches to improve maternal and child health outcomes. Partners include the Community Health Administration (CHA), DC Housing Authority (DCHA), and the DC Department of Human Services (DHS). Meetings occur at least twice per month. The first grantee deliverable – a Results-Based Accountability (RBA) Framework is in development. The first meeting of all 10 states participating in the national cohort also took place in October.</p>	0-24%	High	Incremental	<p>The goal at this early stage has been to establish a common vocabulary around maternal and infant health and housing insecurity, and assess each agency's current efforts. Moving forward, the collaboration will engage a broader set of District stakeholders and plan, implement, and evaluate specific activities towards the initiative's overarching goal to seek to make available up to 100 housing slots to housing-insecure pregnant women.</p>
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DEPARTMENT OF HEALTH
FY19 - FY20 BUDGET
FUND LEVEL

Approp Fund	GAAP Category Title	Comp Source Group	Comp Object	FY 2019 BUDGET	FY 2019 EXPENDITURE	FY 2019 VARIANCE	Variance Explanation	FY 2020 BUDGET	FY 2020 EXPENDITURE
0100	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	0111 - CONTINUING FULL TIME	14,151,284	15,069,357	(918,074)		15,205,117	3,689,148
			0011 - REGULAR PAY - CONT FULL TIME - Total	14,151,284	15,069,357	(918,074)		15,205,117	3,689,148
		0012 - REGULAR PAY - OTHER	0121 - TEMPORARY FULL-TIME	-	-	-		-	4,413
			0122 - CONTINUING PART-TIME	89,210	133,892	(44,682)		91,969	38,482
			0123 - TEMPORARY PART-TIME	-	2,840	(2,840)		-	6,599
			0125 - TERM FULL-TIME	541,845	567,723	(25,878)		692,871	66,348
			0127 - WORKER'S COMP INJURY EARNINGS	-	-	-		-	-
			0012 - REGULAR PAY - OTHER - Total	631,055	704,455	(73,400)		784,840	115,842
		0013 - ADDITIONAL GROSS PAY	0128 - ADDITIONAL INCOME ALLOWANCE	-	(55)	55		-	-
			0131 - SHIFT	-	43,476	(43,476)		-	953
			0132 - ADMINISTRATIVE PREMIUM	-	551	(551)		-	101
			0134 - TERMINAL LEAVE	-	35,590	(35,590)		-	23,627
			0135 - HOLIDAY PAY	-	4,632	(4,632)		-	419
			0136 - SUNDAY PAY	-	131	(131)		-	412
			0138 - BONUS PAY	-	24,606	(24,606)		-	-
			0139 - RETRO PAY	-	164,724	(164,724)		-	-
			0172 - EARLY OUT INCENTIVE PAY	-	75,000	(75,000)		-	-
			0174 - SEVERANCE PAY	-	21,012	(21,012)		-	-
			0013 - ADDITIONAL GROSS PAY - Total	-	369,668	(369,668)		-	25,512
		0014 - FRINGE BENEFITS - CURR PERSONNEL	0141 - GROUP LIFE INSURANCE	-	8,992	(8,992)		-	2,466
			0142 - HEALTH BENEFITS	-	1,245,578	(1,245,578)		-	331,214
			0147 - MISC FRINGE BENEFITS	3,224,092	479,405	2,744,687		3,703,554	24,971
			0148 - RETIREMENT CONTRIBUTION - FICA	-	693,470	(693,470)		-	177,831
			0152 - RETIREMENT CONTRIBUTION - CIVIL SERVICE	-	96,500	(96,500)		-	26,406
			0154 - OPTICAL PLAN	-	9,180	(9,180)		-	2,420
			0155 - DENTAL PLAN	-	28,661	(28,661)		-	7,573
			0157 - PREPAID LEGAL	-	13,548	(13,548)		-	4,039
			0158 - MEDICARE CONTRIBUTION	-	182,210	(182,210)		-	56,344
			0159 - RETIREMENT	-	560,070	(560,070)		-	151,837
			0160 - DC METRO BENEFITS	-	(72)	72		-	-

DEPARTMENT OF HEALTH
FY19 - FY20 BUDGET
FUND LEVEL

Approp Fund	GAAP Category Title	Comp Source Group	Comp Object	FY 2019 BUDGET	FY 2019 EXPENDITURE	FY 2019 VARIANCE	Variance Explanation	FY 2020 BUDGET	FY 2020 EXPENDITURE
			0161 - DC HEALTH BENEFIT FEES	-	45,542	(45,542)		-	14,763
			0014 - FRINGE BENEFITS - CURR PERSONNEL - Total	3,224,092	3,363,085	(138,992)		3,703,554	799,865
			0015 - OVERTIME PAY 0133 - OVERTIME PAY	-	83,075	(83,075)		-	23,951
			0015 - OVERTIME PAY - Total	-	83,075	(83,075)		-	23,951
			PERSONNEL SERVICES - Total	18,006,431	19,589,639	(1,583,208)		19,693,511	4,654,318
	NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	0201 - OFFICE SUPPLIES	350,433	393,113	(42,681)		89,834	26,058
			0203 - MEDICAL, SURGICAL AND LAB	184,499	126,750	57,749		1,230,000	15,606
			0204 - EDUCATIONAL	-	14	(14)		-	1
			0207 - CLOTHING AND UNIFORMS	7,000	14,430	(7,430)		7,000	-
			0210 - GENERAL	11,802	-	11,802		32,868	5,000
			0219 - IT SUPPLIES	65,700	20,677	45,023		57,000	9,666
			0299 - INT PENALTIES QUICK PAY CLS 20	-	802	(802)		-	-
			0020 - SUPPLIES AND MATERIALS - Total	619,434	555,786	63,647		1,416,703	56,331
		0030 - ENERGY, COMM. AND BLDG RENTALS	0301 - FUEL AUTOMOTIVE	24,584	20,385	4,199		24,584	24,584
			0304 - GAS	40,480	21,252	19,228		40,480	28,831
			0305 - ELECTRICITY	55,930	55,930	-		55,930	55,930
			0307 - WATER	71,931	71,931	-		71,931	71,931
			0330 - SUSTAINABLE ENERGY	5,788	1,552	4,236		5,788	46,060
			0030 - ENERGY, COMM. AND BLDG RENTALS - Total	198,713	171,049	27,664		198,713	227,336
		0031 - TELECOMMUNICATIONS	0308 - TELECOMMUNICATIONS	-	-	-		1,526,088	1,545,597
			0308 - TELEPHONE, TELETYPE, TELEGRAM, ETC	1,467,885	1,483,237	(15,352)		-	-
			0031 - TELECOMMUNICATIONS - Total	1,467,885	1,483,237	(15,352)		1,526,088	1,545,597
		0032 - RENTALS - LAND AND STRUCTURES	0309 - RENTALS - LAND AND STRUCTURES	9,676,655	10,767,290	(1,090,635)		9,707,976	9,586,406
			0032 - RENTALS - LAND AND STRUCTURES - Total	9,676,655	10,767,290	(1,090,635)		9,707,976	9,586,406
		0034 - SECURITY SERVICES	0440 - SECURITY SERVICES	448,522	406,959	41,563		448,522	397,480
			0034 - SECURITY SERVICES - Total	448,522	406,959	41,563		448,522	397,480
		0035 - OCCUPANCY FIXED COSTS	0310 - OCCUPANCY FIXED COSTS	402,305	398,195	4,110		402,305	378,884
			0035 - OCCUPANCY FIXED COSTS - Total	402,305	398,195	4,110		402,305	378,884
		0040 - OTHER SERVICES AND CHARGES	0401 - TRAVEL - LOCAL	11,407	1,990	9,417		11,401	1,532
			0402 - TRAVEL - OUT OF CITY	11,900	42,962	(31,062)		11,900	33,123
			0404 - MAINTENANCE AND REPAIRS - AUTO	148,405	177,367	(28,962)		173,000	210,925

DEPARTMENT OF HEALTH
FY19 - FY20 BUDGET
FUND LEVEL

Approp Fund	GAAP Category Title	Comp Source Group	Comp Object	FY 2019 BUDGET	FY 2019 EXPENDITURE	FY 2019 VARIANCE	Variance Explanation	FY 2020 BUDGET	FY 2020 EXPENDITURE
			0405 - MAINTENANCE AND REPAIRS - MACH	76,790	50,232	26,558		76,790	-
			0406 - MAINTENANCE AND REPAIRS - LAND, BUILDING	-	1,900	(1,900)		-	-
			0407 - MAINTENANCE AND REPAIRS - OTHER	3,600	1,730	1,870		3,600	2,600
			0408 - PROF SERVICE FEES AND CONTR	158,000	152,829	5,171		108,838	400
			0410 - OFFICE SUPPORT	117,947	124,782	(6,834)		127,515	83,616
			0411 - PRINTING, DUPLICATING, ETC	26,393	-	26,393		32,000	-
			0415 - JUDGEMENTS, INDEMNITIES	-	19,001	(19,001)		-	-
			0416 - POSTAGE	108	3,752	(3,644)		-	-
			0419 - TUITION FOR EMPLOYEE TRAINING	70,371	66,363	4,007		71,565	39,008
			0424 - CONFERENCE FEES LOC OUT OF CITY	3,000	10,319	(7,319)		3,000	325
			0425 - PAYMENT OF MEMBERSHIP DUES	56,530	28,812	27,718		57,930	4,500
			0494 - OCTO IT ASSESSMENT	370,643	277,774	92,868		421,454	421,454
			0499 - INT PENALTIES QUICK PAY CLS 40	-	13,400	(13,400)		-	1,523
			0040 - OTHER SERVICES AND CHARGES - Total	1,055,094	973,213	81,881		1,098,993	799,007
		0041 - CONTRACTUAL SERVICES - OTHER	0409 - CONTRACTUAL SERVICES - OTHER	28,222,084	27,870,477	351,607		12,847,843	2,475,178
			0417 - IT CONSULTANT CONTRACTS	213,738	1,403	212,335		314,960	-
			0041 - CONTRACTUAL SERVICES - OTHER - Total	28,435,822	27,871,880	563,942		13,162,802	2,475,178
		0050 - SUBSIDIES AND TRANSFERS	0501 - MAINTENANCE OF PERSONS	-	32,003	(32,003)		-	(11,745)
			0506 - GRANTS AND GRATUITIES	23,161,369	21,032,470	2,128,898		38,988,683	1,658,583
			0514 - TUITION AND FEE REIMBURSEMENT	657,580	686,225	(28,645)		1,726,973	20,039
			0599 - INT PENALTIES QUICK PAY CLS 50	-	2,482	(2,482)		-	126
			0050 - SUBSIDIES AND TRANSFERS - Total	23,818,949	21,753,180	2,065,769		40,715,655	1,667,003
		0070 - EQUIPMENT & EQUIPMENT RENTAL	0702 - PURCHASES - EQUIPMENT AND MACHINERY	46,799	96,787	(49,987)		-	-
			0703 - PURCHASES - AUTOMOTIVE EQUIPMENT	270,038	287,043	(17,005)		-	-
			0705 - RENTALS - AUTOMOTIVE EQUIPMENT	96,568	-	96,568		-	-

DEPARTMENT OF HEALTH
FY19 - FY20 BUDGET
FUND LEVEL

Approp Fund	GAAP Category Title	Comp Source Group	Comp Object	FY 2019 BUDGET	FY 2019 EXPENDITURE	FY 2019 VARIANCE	Variance Explanation	FY 2020 BUDGET	FY 2020 EXPENDITURE
			0710 - IT HARDWARE ACQUISITIONS	46,328	23,167	23,160		46,328	4,000
			0799 - INT PENALTIES QUICK PAY CLS 70	-	496	(496)		-	-
			0070 - EQUIPMENT & EQUIPMENT RENTAL - Total	459,733	407,494	52,240		46,328	4,000
			NON-PERSONNEL SERVICES - Total	66,583,111	64,788,283	1,794,829		68,724,085	17,137,223
0100 - Total				84,589,542	84,377,922	211,621	Contractor underspending for the School Health Nurse contract	88,417,596	21,791,541
0150	NON-PERSONNEL SERVICES	0041 - CONTRACTUAL SERVICES - OTHER	0409 - CONTRACTUAL SERVICES - OTHER	3,000,000	2,652,822	347,178		4,000,000	501,781
			0041 - CONTRACTUAL SERVICES - OTHER - Total	3,000,000	2,652,822	347,178		4,000,000	501,781
			NON-PERSONNEL SERVICES - Total	3,000,000	2,652,822	347,178		4,000,000	501,781
0150 - Total				3,000,000	2,652,822	347,178	Contractor underspending (HAHSTA)	4,000,000	501,781
0200	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	0111 - CONTINUING FULL TIME	18,903,353	17,909,863	993,490		22,771,990	5,214,057
			0011 - REGULAR PAY - CONT FULL TIME - Total	18,903,353	17,909,863	993,490		22,771,990	5,214,057
		0012 - REGULAR PAY - OTHER	0121 - TEMPORARY FULL-TIME	342,635	13,641	328,994		66,542	24,134
			0122 - CONTINUING PART-TIME	-	27,079	(27,079)		99,877	-
			0123 - TEMPORARY PART-TIME	326,387	142,833	183,553		218,140	47,464
			0124 - WHEN ACTUALLY EMPLOYED - WAE	-	529,125	(529,125)		-	109,331
			0125 - TERM FULL-TIME	6,538,797	6,772,111	(233,314)		7,751,470	2,017,878
			0126 - TERM PART-TIME	44,314	-	44,314		-	-
			0012 - REGULAR PAY - OTHER - Total	7,252,132	7,484,790	(232,658)		8,136,030	2,198,808
		0013 - ADDITIONAL GROSS PAY	0128 - ADDITIONAL INCOME ALLOWANCE	-	-	-		350,722	-
			0131 - SHIFT	-	(39,918)	39,918		-	-
			0132 - ADMINISTRATIVE PREMIUM	-	1,571	(1,571)		-	178
			0134 - TERMINAL LEAVE	-	109,627	(109,627)		-	25,265
			0135 - HOLIDAY PAY	-	3,825	(3,825)		-	1,500
			0136 - SUNDAY PAY	-	548	(548)		-	-
			0138 - BONUS PAY	-	-	-		-	-
			0139 - RETRO PAY	-	(30,000)	30,000		-	-
			0172 - EARLY OUT INCENTIVE PAY	-	70,000	(70,000)		-	-
			0174 - SEVERANCE PAY	-	29,578	(29,578)		-	(305)
			0013 - ADDITIONAL GROSS PAY - Total	-	145,232	(145,232)		350,722	26,638
		0014 - FRINGE BENEFITS - CURR PERSONNEL	0141 - GROUP LIFE INSURANCE	-	15,649	(15,649)		-	4,465
			0142 - HEALTH BENEFITS	-	2,529,711	(2,529,711)		-	698,437

DEPARTMENT OF HEALTH
FY19 - FY20 BUDGET
FUND LEVEL

Approp Fund	GAAP Category Title	Comp Source Group	Comp Object	FY 2019 BUDGET	FY 2019 EXPENDITURE	FY 2019 VARIANCE	Variance Explanation	FY 2020 BUDGET	FY 2020 EXPENDITURE
			0147 - MISC FRINGE BENEFITS	5,754,864	(47,188)	5,802,052		6,831,900	34,551
			0148 - RETIREMENT CONTRIBUTION - FICA	-	1,404,137	(1,404,137)		-	387,533
			0149 - RETIREMENT CONTRIBUTION - TEACHERS	-	-	-		-	-
			0152 - RETIREMENT CONTRIBUTION - CIVIL SERVICE	-	137,390	(137,390)		-	41,256
			0154 - OPTICAL PLAN	-	18,770	(18,770)		-	4,981
			0155 - DENTAL PLAN	-	58,471	(58,471)		-	15,603
			0157 - PREPAID LEGAL	-	32,331	(32,331)		-	10,140
			0158 - MEDICARE CONTRIBUTION	-	350,914	(350,914)		-	109,967
			0159 - RETIREMENT	-	1,011,483	(1,011,483)		-	280,698
			0160 - DC METRO BENEFITS	-	536	(536)		-	-
			0161 - DC HEALTH BENEFIT FEES	-	112,274	(112,274)		-	30,485
			0014 - FRINGE BENEFITS - CURR PERSONNEL - Total	5,754,864	5,624,478	130,386		6,831,900	1,618,116
			0015 - OVERTIME PAY	-	48,970	(48,970)		-	13,797
			0015 - OVERTIME PAY - Total	-	48,970	(48,970)		-	13,797
			PERSONNEL SERVICES - Total	31,910,349	31,213,333	697,016		38,090,641	9,071,416
	NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	0201 - OFFICE SUPPLIES	604,248	398,199	206,049		386,386	72,104
			0203 - MEDICAL, SURGICAL AND LAB	9,935,066	9,240,499	694,566		8,152,831	519,759
			0204 - EDUCATIONAL	-	1,788	(1,788)		-	-
			0207 - CLOTHING AND UNIFORMS	2,173	2,173	-		-	-
			0209 - FOOD PROVISIONS	49,597	46,074	3,523		39,200	7,602
			0210 - GENERAL	400	7,812	(7,412)		-	-
			0219 - IT SUPPLIES	-	1,080	(1,080)		-	1,080
			0020 - SUPPLIES AND MATERIALS - Total	10,591,484	9,697,626	893,858		8,578,417	600,545
		0031 - TELECOMMUNICATIONS	0308 - TELECOMMUNICATIONS	-	-	-		13,509	-
			0308 - TELEPHONE, TELETYPE, TELEGRAM, ETC	6,755	6,073	682		-	-
			0031 - TELECOMMUNICATIONS - Total	6,755	6,073	682		13,509	-
		0032 - RENTALS - LAND AND STRUCTURES	0309 - RENTALS - LAND AND STRUCTURES	1,487,391	1,487,391	-		3,020,357	2,481,722
			0032 - RENTALS - LAND AND STRUCTURES - Total	1,487,391	1,487,391	-		3,020,357	2,481,722
		0040 - OTHER SERVICES	0401 - TRAVEL - LOCAL	44,030	33,537	10,493		30,609	15,806

DEPARTMENT OF HEALTH
FY19 - FY20 BUDGET
FUND LEVEL

Approp Fund	GAAP Category Title	Comp Source Group	Comp Object	FY 2019 BUDGET	FY 2019 EXPENDITURE	FY 2019 VARIANCE	Variance Explanation	FY 2020 BUDGET	FY 2020 EXPENDITURE
		AND CHARGES	0402 - TRAVEL - OUT OF CITY	583,610	416,008	167,603		505,881	217,420
			0404 - MAINTENANCE AND REPAIRS - AUTO	36,219	28,011	8,208		133,852	4,075
			0405 - MAINTENANCE AND REPAIRS - MACH	-	(12,893)	12,893		10,000	-
			0407 - MAINTENANCE AND REPAIRS - OTHER	-	-	-		-	-
			0408 - PROF SERVICE FEES AND CONTR	1,534,686	1,393,759	140,927		764,086	74,327
			0410 - OFFICE SUPPORT	95,066	179,301	(84,234)		147,359	57,538
			0411 - PRINTING, DUPLICATING, ETC	86,187	65,428	20,759		85,628	13,700
			0416 - POSTAGE	15,400	-	15,400		17,004	-
			0418 - IT TRAINING AND EDUCATION	-	750	(750)		-	-
			0419 - TUITION FOR EMPLOYEE TRAINING	106,607	23,944	82,663		90,857	5,709
			0424 - CONFERENCE FEES LOC OUT OF CITY	19,158	25,907	(6,750)		27,500	17,010
			0425 - PAYMENT OF MEMBERSHIP DUES	29,775	17,772	12,003		45,773	14,497
			0442 - IT SOFTWARE MAINTENANCE	124,863	45,170	79,692		243,710	7,500
			0494 - OCTO IT ASSESSMENT	24,676	39,409	(14,733)		54,775	24,244
			0499 - INT PENALTIES QUICK PAY CLS 40	-	94	(94)		-	-
			0040 - OTHER SERVICES AND CHARGES - Total	2,700,277	2,256,199	444,078		2,157,034	451,826
		0041 - CONTRACTUAL SERVICES - OTHER	0409 - CONTRACTUAL SERVICES - OTHER	26,548,952	23,484,431	3,064,521		45,148,783	5,698,960
			0417 - IT CONSULTANT CONTRACTS	3,018	106,056	(103,038)		548,695	342,364
			0459 - CONTRACTUAL SERVICES - IT	-	-	-		-	10,000
			0041 - CONTRACTUAL SERVICES - OTHER - Total	26,551,970	23,590,487	2,961,483		45,697,478	6,051,324
		0050 - SUBSIDIES AND TRANSFERS	0501 - MAINTENANCE OF PERSONS	8,474,851	6,592,736	1,882,115		7,737,351	1,506,026
			0506 - GRANTS AND GRATUITIES	45,844,074	41,235,699	4,608,375		63,166,527	7,212,123
			0514 - TUITION AND FEE REIMBURSEMENT	-	-	-		-	-
			0522 - CENTRAL SERVICE INDIRECT COST	-	-	-		101,367	-
			0050 - SUBSIDIES AND TRANSFERS - Total	54,318,925	47,828,435	6,490,490		71,005,245	8,718,148
		0070 - EQUIPMENT & EQUIPMENT RENTAL	0701 - PURCHASES - FURNITURE AND	(2,523)	-	(2,523)		-	-

DEPARTMENT OF HEALTH**FY19 - FY20 BUDGET****FUND LEVEL**

Approp Fund	GAAP Category Title	Comp Source Group	Comp Object	FY 2019 BUDGET	FY 2019 EXPENDITURE	FY 2019 VARIANCE	Variance Explanation	FY 2020 BUDGET	FY 2020 EXPENDITURE
			0702 - PURCHASES - EQUIPMENT AND MACHINERY	10,477	119,220	(108,743)		3,045,514	4,805
			0704 - PURCHASES - OTHER EQUIPMENT	375,123	-	375,123		432,600	372,600
			0706 - RENTALS - MACHINERY AND EQUIPMENT	54,875	48,837	6,038		67,395	-
			0707 - RENTALS - OTHER	-	-	-		-	-
			0710 - IT HARDWARE ACQUISITIONS	95,117	62,001	33,117		35,000	-
			0711 - IT SOFTWARE ACQUISITIONS	53,777	61,914	(8,137)		15,540	-
			0070 - EQUIPMENT & EQUIPMENT RENTAL - Total	586,846	291,972	294,874		3,596,049	377,405
			NON-PERSONNEL SERVICES - Total	96,243,648	85,158,184	11,085,464		134,068,089	18,680,970

DEPARTMENT OF HEALTH**FY19 - FY20 BUDGET****FUND LEVEL**

Approp Fund	GAAP Category Title	Comp Source Group	Comp Object	FY 2019 BUDGET	FY 2019 EXPENDITURE	FY 2019 VARIANCE	Variance Explanation	FY 2020 BUDGET	FY 2020 EXPENDITURE
0200 - Total				128,153,997	116,371,517	11,782,481	(AMP \$0.07m) Central Assessment, (AFO \$0.7m) vacancy savings and employee training savings, (CHA \$4.7m) Variance is primarily due to: 1. Supplemental Nutrition Program (WIC) (91PSWC) grant lapse due to rebates received that reduced food cost (\$3.3m), 2. Increasing Colorectal Cancer Screening (81CCSP) grant sub grantee and contractor underspending (\$0.3m), 3. National Cancer Prevention and Control (81NCPC) grant vacancy savings and contractor underspending (\$0.3m), 4. Division of Home Visitation and Early (71DHVE) grant contractor underspending (\$0.2m), 5. Innovation Home Visitation (72INOV) grant contractor underspending (\$0.2m), 6.The District of Columbia Healthy Start 1 (81PSHP) grant sub grantee and contractor underspending (\$0.2m) 7. Support Oral Health Workforce (81SOHW) grant contractor underspending (\$0.1m), 8 Maternal and Child Health Services Block (82PSMB) grant sub grantee underspending (\$0.1m) and 9. Farmers Market Program Grant (91PSFM) unredeemed food vouchers (\$0.1m). (CPPE \$0.5m) 1. Budget authority should be reduced for the Domestic Ebola Supplemental grant (53CEBO) (\$0.42m). 2. ELC grant (81CNPF) has excess budget authority (\$0.045m), (HEPRA -\$0.1m) Additional expenditures reflected after EOY grant closeout for PHEP Cooperative Agreement (91PHEP). Grant crosses into FY20. (HAHSTA \$4.6m) Variance is primarily due to: 1. HIV Emergency Relief Projects (81HAER) grant lapse due to underspending by sub grantees and contractors, and underspending in supplies (\$3.6m), 2. Ryan White Care Act Title II (81HATT) grant lapse due to underspending by sub grantees and contractors and underspending in supplies (\$0.4m) and 3. Integrated Surveillance and Prevention (81HISP) grant lapse due to underspending by sub grantees and contractors (\$0.5m), and (HRLA \$1.8m) 1) Title 18/19 grants reimbursed based on actual expenditures (\$1.7m). Prescription Drug Monitoring grant (91SPDM) crosses fiscal years and the FY19 budget authority should be reduced .	172,158,730	27,752,386
0400	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	0111 - CONTINUING FULL TIME	-	-	-		-	-
		0011 - REGULAR PAY - CONT FULL TIME - Total		-	-	-		-	-
		0012 - REGULAR PAY - OTHER	0125 - TERM FULL-TIME	-	-	-		34,473	-
		0012 - REGULAR PAY - OTHER - Total		-	-	-		34,473	-
		0014 - FRINGE BENEFITS - CURR PERSONNEL	0147 - MISC FRINGE BENEFITS	-	-	-		7,688	-
		0014 - FRINGE BENEFITS - CURR PERSONNEL - Total		-	-	-		7,688	-
		PERSONNEL SERVICES - Total		-	-	-		42,161	-
	NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	0201 - OFFICE SUPPLIES	-	-	-		286	-

DEPARTMENT OF HEALTH
FY19 - FY20 BUDGET
FUND LEVEL

Approp Fund	GAAP Category Title	Comp Source Group	Comp Object	FY 2019 BUDGET	FY 2019 EXPENDITURE	FY 2019 VARIANCE	Variance Explanation	FY 2020 BUDGET	FY 2020 EXPENDITURE
	SERVICES	0020 - SUPPLIES AND MATERIALS - Total		-	-	-		286	-
		0040 - OTHER SERVICES AND CHARGES	0402 - TRAVEL - OUT OF CITY	6,457	4,132	2,325		6,912	(19)
			0411 - PRINTING, DUPLICATING, ETC	-	-	-		5,000	-
			0424 - CONFERENCE FEES LOC OUT OF CITY	675	-	675		-	-
		0040 - OTHER SERVICES AND CHARGES - Total		7,132	4,132	3,000		11,912	(19)
		0041 - CONTRACTUAL SERVICES - OTHER	0409 - CONTRACTUAL SERVICES - OTHER	-	-	-		150,509	-
		0041 - CONTRACTUAL SERVICES - OTHER - Total		-	-	-		150,509	-
		0070 - EQUIPMENT & EQUIPMENT RENTAL	0702 - PURCHASES - EQUIPMENT AND MACHINERY	1,995	-	1,995		-	-
		0070 - EQUIPMENT & EQUIPMENT RENTAL - Total		1,995	-	1,995		-	-
		NON-PERSONNEL SERVICES - Total		9,127	4,132	4,995		162,707	(19)
0400 - Total		9,127	4,132	4,995	Savings on Travel and Equipment		204,868	(19)	
0450	NON-PERSONNEL SERVICES	0040 - OTHER SERVICES AND CHARGES	0401 - TRAVEL - LOCAL	-	-	-		-	-
		0040 - OTHER SERVICES AND CHARGES - Total		-	-	-		-	-
		NON-PERSONNEL SERVICES - Total		-	-	-		-	-
0450 - Total		-	-	-		-	-		
0600	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	0111 - CONTINUING FULL TIME	11,196,203	9,681,096	1,515,108		11,249,585	2,854,928
		0011 - REGULAR PAY - CONT FULL TIME - Total		11,196,203	9,681,096	1,515,108		11,249,585	2,854,928
		0012 - REGULAR PAY - OTHER	0121 - TEMPORARY FULL-TIME	-	-	-		7,727	-
			0123 - TEMPORARY PART-TIME	146,022	43,704	102,318		122,267	16,240
			0125 - TERM FULL-TIME	1,545,590	954,935	590,655		1,608,389	205,071
		0012 - REGULAR PAY - OTHER - Total		1,691,612	998,639	692,973		1,738,383	221,311
		0013 - ADDITIONAL GROSS PAY	0128 - ADDITIONAL INCOME ALLOWANCE	-	-	-		45,202	-
			0132 - ADMINISTRATIVE PREMIUM	-	4,650	(4,650)		-	367
			0134 - TERMINAL LEAVE	-	79,198	(79,198)		-	32
			0135 - HOLIDAY PAY	-	(4,670)	4,670		-	1,590
			0136 - SUNDAY PAY	-	-	-		-	350
			0138 - BONUS PAY	-	5,431	(5,431)		-	-
			0172 - EARLY OUT INCENTIVE PAY	-	75,000	(75,000)		-	-
			0174 - SEVERANCE PAY	-	40,420	(40,420)		-	-
			0013 - ADDITIONAL GROSS PAY - Total		-	200,029	(200,029)		45,202
		0014 - FRINGE BENEFITS - CURR PERSONNEL	0141 - GROUP LIFE INSURANCE	-	6,460	(6,460)		-	1,745

DEPARTMENT OF HEALTH
FY19 - FY20 BUDGET
FUND LEVEL

Approp Fund	GAAP Category Title	Comp Source Group	Comp Object	FY 2019 BUDGET	FY 2019 EXPENDITURE	FY 2019 VARIANCE	Variance Explanation	FY 2020 BUDGET	FY 2020 EXPENDITURE
			0142 - HEALTH BENEFITS	-	1,129,752	(1,129,752)		-	309,226
			0147 - MISC FRINGE BENEFITS	2,810,564	59,809	2,750,755		2,938,547	49,245
			0148 - RETIREMENT CONTRIBUTION - FICA	-	566,218	(566,218)		-	152,095
			0152 - RETIREMENT CONTRIBUTION - CIVIL SERVICE	-	66,173	(66,173)		-	14,376
			0154 - OPTICAL PLAN	-	8,059	(8,059)		-	2,106
			0155 - DENTAL PLAN	-	25,717	(25,717)		-	6,810
			0157 - PREPAID LEGAL	-	15,271	(15,271)		-	4,585
			0158 - MEDICARE CONTRIBUTION	-	140,373	(140,373)		-	42,832
			0159 - RETIREMENT	-	450,988	(450,988)		-	126,826
			0160 - DC METRO BENEFITS	-	345	(345)		-	-
			0161 - DC HEALTH BENEFIT FEES	-	50,326	(50,326)		-	13,921
			0163 - CONTROL BOARD THRIFT INVT PLAN	-	-	-		-	-
			0014 - FRINGE BENEFITS - CURR PERSONNEL - Total	2,810,564	2,519,491	291,073		2,938,547	723,766
			0015 - OVERTIME PAY	-	21,630	(21,630)		-	1,675
			0015 - OVERTIME PAY - Total	-	21,630	(21,630)		-	1,675
			PERSONNEL SERVICES - Total	15,698,379	13,420,885	2,277,494		15,971,718	3,804,019
	NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	0201 - OFFICE SUPPLIES	130,725	79,401	51,324		71,594	16,422
			0207 - CLOTHING AND UNIFORMS	9,000	239	8,761		-	-
			0210 - GENERAL	5,000	-	5,000		2,500	1,078
			0218 - CLEANING SUPPLIES	3,617	-	3,617		-	-
			0219 - IT SUPPLIES	6,480	-	6,480		-	-
			0020 - SUPPLIES AND MATERIALS - Total	154,822	79,640	75,182		74,094	17,500
		0031 - TELECOMMUNICATIONS	0308 - TELEPHONE, TELETYPE, TELEGRAM, ETC	-	3,673	(3,673)		-	-
			0031 - TELECOMMUNICATIONS - Total	-	3,673	(3,673)		-	-
		0032 - RENTALS - LAND AND STRUCTURES	0309 - RENTALS - LAND AND STRUCTURES	873,631	873,631	-		736,318	736,318
			0032 - RENTALS - LAND AND STRUCTURES - Total	873,631	873,631	-		736,318	736,318
		0040 - OTHER SERVICES AND CHARGES	0401 - TRAVEL - LOCAL	17,000	17,985	(985)		12,000	64
			0402 - TRAVEL - OUT OF CITY	168,902	102,882	66,019		149,993	85,161
			0408 - PROF SERVICE FEES AND CONTR	977,497	716,979	260,519		603,982	51,158
			0410 - OFFICE SUPPORT	65,000	33,685	31,315		41,124	10,518

DEPARTMENT OF HEALTH
FY19 - FY20 BUDGET
FUND LEVEL

Approp Fund	GAAP Category Title	Comp Source Group	Comp Object	FY 2019 BUDGET	FY 2019 EXPENDITURE	FY 2019 VARIANCE	Variance Explanation	FY 2020 BUDGET	FY 2020 EXPENDITURE
			0411 - PRINTING, DUPLICATING, ETC	76,724	79,417	(2,693)		33,824	17,849
			0416 - POSTAGE	169,908	38,578	131,330		87,000	-
			0419 - TUITION FOR EMPLOYEE TRAINING	41,500	33,802	7,699		39,500	1,499
			0424 - CONFERENCE FEES LOC OUT OF CITY	40,775	29,004	11,771		48,400	45,188
			0425 - PAYMENT OF MEMBERSHIP DUES	44,500	17,087	27,413		43,000	16,331
			0494 - OCTO IT ASSESSMENT	199,022	194,910	4,112		196,881	187,196
			0040 - OTHER SERVICES AND CHARGES - Total	1,800,829	1,264,329	536,500		1,255,704	414,964
		0041 - CONTRACTUAL SERVICES - OTHER	0409 - CONTRACTUAL SERVICES - OTHER	7,873,012	4,179,549	3,693,464		7,194,046	62,540
			0417 - IT CONSULTANT CONTRACTS	217,000	-	217,000		-	-
			0041 - CONTRACTUAL SERVICES - OTHER - Total	8,090,012	4,179,549	3,910,464		7,194,046	62,540
		0070 - EQUIPMENT & EQUIPMENT RENTAL	0702 - PURCHASES - EQUIPMENT AND MACHINERY	62,908	127,301	(64,393)		79,631	7,000
			0706 - RENTALS - MACHINERY AND EQUIPMENT	-	-	-		-	-
			0710 - IT HARDWARE ACQUISITIONS	47,832	15,798	32,034		34,335	-
			0711 - IT SOFTWARE ACQUISITIONS	7,500	-	7,500		-	-
			0070 - EQUIPMENT & EQUIPMENT RENTAL - Total	118,240	143,098	(24,858)		113,966	7,000
			NON-PERSONNEL SERVICES - Total	11,037,534	6,543,920	4,493,614		9,374,128	1,238,322
0600 - Total				26,735,913	19,964,805	6,771,108	AMP: fund 0632 (\$0.1M) Vacancy Savings; AMP: fund 0643 (\$0.4M) Vacancy Savings; HEPPRA: fund 0656 (-\$0.05M) Expenditures match revenue that was collected in FY19 and posted in AY20. HAHSTA: fund 0676 (\$1.8M): Expenditures match the revenue that was collected for this non-lapsing fund; HRLA: fund 0632 (\$0.5M) Vacancy Savings and (\$1.5M) primarily due to contractor underspending; fund 0643 (\$0.9M) Vacancy Savings and (\$0.8M) due to contractor underspending and underspending in professional services; fund 0661 (\$0.05M) due to contractor underspending; CPPE: fund 0605 (\$0.2M) Vacancy Savings and (\$0.3M) primarily due to underspending in professional services; and fund 0606 (\$0.3M) due to Vacancy Savings.	25,345,845	5,042,341
0700	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	0111 - CONTINUING FULL TIME	59,848	21,376	38,473		215,412	9,532
			0011 - REGULAR PAY - CONT FULL TIME - Total	59,848	21,376	38,473		215,412	9,532

DEPARTMENT OF HEALTH
FY19 - FY20 BUDGET
FUND LEVEL

Approp Fund	GAAP Category Title	Comp Source Group	Comp Object	FY 2019 BUDGET	FY 2019 EXPENDITURE	FY 2019 VARIANCE	Variance Explanation	FY 2020 BUDGET	FY 2020 EXPENDITURE
		0012 - REGULAR PAY - OTHER	0123 - TEMPORARY PART-TIME	-	6,224	(6,224)		-	-
			0125 - TERM FULL-TIME	134,654	248,112	(113,459)		157,022	63,737
		0012 - REGULAR PAY - OTHER - Total		134,654	254,336	(119,682)		157,022	63,737
		0013 - ADDITIONAL GROSS PAY	0134 - TERMINAL LEAVE	-	595	(595)		-	-
			0135 - HOLIDAY PAY	7,407	7,627	(220)		-	-
			0136 - SUNDAY PAY	-	64	(64)		-	-
		0013 - ADDITIONAL GROSS PAY - Total		7,407	8,286	(880)		-	-
		0014 - FRINGE BENEFITS - CURR PERSONNEL	0141 - GROUP LIFE INSURANCE	-	118	(118)		-	43
			0142 - HEALTH BENEFITS	-	33,056	(33,056)		-	8,664
			0147 - MISC FRINGE BENEFITS	43,013	19,528	23,485		86,782	-
			0148 - RETIREMENT CONTRIBUTION - FICA	-	12,514	(12,514)		-	4,315
			0154 - OPTICAL PLAN	-	202	(202)		-	62
			0155 - DENTAL PLAN	-	631	(631)		-	185
			0157 - PREPAID LEGAL	-	556	(556)		-	207
			0158 - MEDICARE CONTRIBUTION	-	2,927	(2,927)		-	1,163
			0159 - RETIREMENT	-	8,275	(8,275)		-	2,489
			0161 - DC HEALTH BENEFIT FEES	-	1,654	(1,654)		-	439
		0014 - FRINGE BENEFITS - CURR PERSONNEL - Total		43,013	79,461	(36,448)		86,782	17,567
		0015 - OVERTIME PAY	0133 - OVERTIME PAY	24,630	25,049	(419)		78,013	(7)
		0015 - OVERTIME PAY - Total		24,630	25,049	(419)		78,013	(7)
		PERSONNEL SERVICES - Total		269,551	388,508	(118,957)		537,229	90,829
	NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	0201 - OFFICE SUPPLIES	2,893	2,893	-		6,987	4,000
			0203 - MEDICAL, SURGICAL AND LAB	-	-	-		93,917	-
			0210 - GENERAL	10,000	8,262	1,738		-	-
		0020 - SUPPLIES AND MATERIALS - Total		12,893	11,155	1,738		100,904	4,000
		0031 - TELECOMMUNICATIONS	0308 - TELEPHONE, TELETYPE, TELEGRAM, ETC	-	-	-		-	-
		0031 - TELECOMMUNICATIONS - Total		-	-	-		-	-
		0034 - SECURITY SERVICES	0440 - SECURITY SERVICES	-	20,000	(20,000)		-	-
		0034 - SECURITY SERVICES - Total		-	20,000	(20,000)		-	-
		0040 - OTHER SERVICES AND CHARGES	0401 - TRAVEL - LOCAL	2,000	727	1,273		5,000	5,000
			0402 - TRAVEL - OUT OF CITY	13,000	14,088	(1,088)		18,000	8,277
			0408 - PROF SERVICE FEES AND CONTR	20,500	23,500	(3,000)		25,000	-

DEPARTMENT OF HEALTH
FY19 - FY20 BUDGET
FUND LEVEL

Approp Fund	GAAP Category Title	Comp Source Group	Comp Object	FY 2019 BUDGET	FY 2019 EXPENDITURE	FY 2019 VARIANCE	Variance Explanation	FY 2020 BUDGET	FY 2020 EXPENDITURE
			0410 - OFFICE SUPPORT	10,439	10,019	420		6,000	6,000
			0411 - PRINTING, DUPLICATING, ETC	5,352	843	4,509		-	-
			0414 - ADVERTISING	-	-	-		10,000	-
			0419 - TUITION FOR EMPLOYEE TRAINING	11,000	5,023	5,978		5,813	-
			0425 - PAYMENT OF MEMBERSHIP DUES	2,000	3,500	(1,500)		-	-
			0040 - OTHER SERVICES AND CHARGES - Total	64,291	57,700	6,591		69,813	19,277
		0041 - CONTRACTUAL SERVICES - OTHER	0409 - CONTRACTUAL SERVICES - OTHER	2,086,039	2,121,864	(35,825)		424,900	-
			0417 - IT CONSULTANT CONTRACTS	80,825	-	80,825		80,825	-
			0041 - CONTRACTUAL SERVICES - OTHER - Total	2,166,864	2,121,864	45,000		505,725	-
		0050 - SUBSIDIES AND TRANSFERS	0506 - GRANTS AND GRATUITIES	2,856,683	2,763,665	93,018		1,570,113	395,344
			0050 - SUBSIDIES AND TRANSFERS - Total	2,856,683	2,763,665	93,018		1,570,113	395,344
		0070 - EQUIPMENT & EQUIPMENT RENTAL	0710 - IT HARDWARE ACQUISITIONS	-	7,390	(7,390)		-	-
			0711 - IT SOFTWARE ACQUISITIONS	-	-	-		-	-
			0070 - EQUIPMENT & EQUIPMENT RENTAL - Total	-	7,390	(7,390)		-	-
		NON-PERSONNEL SERVICES - Total		5,100,731	4,981,774	118,957		2,246,555	418,621
0700 - Total				5,370,282	5,370,282	-		2,783,784	509,450
Overall - Total				247,858,861	228,741,479	19,117,382		292,910,822	55,597,480

FY20 Oversight - AMP - Q5
DC Health Buyer

Program	Title	Seller Agency	FY19 Total	FY20 Total	Purpose of MOU
AMP	Auto Fuel	Office of Property Management	20,385	24,584	Fixed Costs
AMP	Natural Gas	Office of Property Management	21,252	28,831	Fixed Costs
AMP	Electricity	Office of Property Management	55,930	55,930	Fixed Costs
AMP	Water	Office of Property Management	71,931	71,931	Fixed Costs
AMP	Rent	Office of Property Management	13,128,312	12,804,446	Fixed Costs
AMP	Occupancy	Office of Property Management	398,195	378,884	Fixed Costs
AMP	Sustainable Energy	Office of Property Management	1,552	46,060	Fixed Costs
AMP	Security	Office of Property Management	426,959	397,480	Fixed Costs
AMP	Telecom	Office of Finance and Resource Management	431,911	415,308	Fixed Costs
AMP	Telecom	Office of Finance and Resource Management	359,909	415,308	Fixed Costs
HLRA	RTS	Office of Finance and Resource Management	7,346	-	Fixed Costs
CPPE	Armored Car Service	Office of the Chief Financial Officer	5,200	-	The purpose of this agreement is to cover armored car services to transport District funds from collection points to various financial institutions.
HLRA	Cashier Service	Office of the Chief Financial Officer	129,960	-	The purpose of this agreement is to provide the DOH with cashier services in the form of one full-time Customer Service Representative and one full-time Lead Customer Service Representative.
CHA	CSC Covansys services for WIC program	Office of the Chief Financial Officer	91,349	-	The purpose of this agreement is to provide DOH with banking services; to include issuance and rejection of check/voucher payments for programs administered through the DOH.
AFO	Single Audit	Office of the Chief Financial Officer	48,489	-	The purpose of this MOU is to procure audit services for DOH.
AMP	Suitability Compliance Services	D.C. Department of Human Resources	10,746	-	The purpose of this agreement is to provide screening services for potential employees for the DOH.
CPPE	Provide Capital City Fellows	D.C. Department of Human Resources	74,956	19,302	The purpose of this agreement is to provide a stipend to a Capital City Fellow assigned to the DOH.
CHA	Workforce Development Services	Department of Employment Services	235,695	-	The purpose of this agreement is to provide workforce development services health education sessions to the residents of the District.
HEPRA	PPE for Infectious Disease	Fire and Emergency Medical Services	159,299	-	The purpose of this agreement is to provide the DOH with Personal Protective Equipment and update all EMS go-bags preparing first responders with the capability to handle persons under investigation or confirmed case of Ebola Virus Disease. In addition provide and update EMS Bulletin on the response guidelines and operating procedures to handle such cases.

FY20 Oversight - AMP - Q5
DC Health Buyer

Program	Title	Seller Agency	FY19 Total	FY20 Total	Purpose of MOU
HLRA	Life Safety Code Inspection Services	Fire and Emergency Medical Services	45,794	-	The purpose of this agreement is for FEMSD to provide inspectors to serve as Life Safety Code inspections in Intermediate Care Facilities for individuals with intellectual disabilities as required by federal and District laws and regulations in other healthcare facilities, nursing homes, hospitals, correctional, hospices, ambulatory surgical centers, end stage renal disease centers and outpatient rehabilitation facilities.
CPPE & HEPRA	Epidemiology and Laboratory Capacity	Department of Forensic Sciences	2,168,176	-	The purpose of this agreement is to provide the DOH with emergency and non-emergency testing services upon request, participate in co-agency training exercises in the areas of emergency preparedness and response, attend meetings upon request, respond to email, phone, meeting and testing requests in a timely manner. Shall provide quarterly summary reports listing materials and their costs no less than 30 days after the end of each quarter for services performed for the DOH by DFS.
CPPE	Public Health Response Crisis Coag	Chief Medical Examiner	1,162,749	-	The purpose of this agreement is to purchase and maintain a database to provide DOH with overdose deaths involving opioids in the District.
CPPE	Case Management System-CPPE	Chief Medical Examiner	504	-	The purpose of this agreement is to transfer data from the OCME's Case Management System into DOH's Vital Records Electronic Death Registration System.
HEPRA	Forensics Investigations	Chief Medical Examiner	53,610	96,390	The purpose of this agreement is to assist with hospital preparedness for the Ebola Virus.
CPPE	OPIOD Surv. Sub-grant	Chief Medical Examiner	70,259	-	The purpose of this agreement is for OCME to create a system that will collaborate on prevention and intervention efforts to mitigate accidental overdoses in the District.
CPPE	DC Violent Death Surv. Sub-grant	Chief Medical Examiner	93,353	-	The purpose of this agreement is to provide DC Health with the cause of death in all violent deaths within the jurisdiction to build a comprehensive system to tract such deaths.
CHA	DC Early Intervention Program	Office of the State Superintendent of Education	390,228	441,438	The purpose for this agreement is to support cooperative relationships and coordination of services between DOH and OSSE to promote the integration of an early childhood system that facilitates easy access to support services for children from birth to age 3 and their families.
CHA	Youth Bullying Prevention Program	Office of Human Rights	95,000	-	The purpose of this agreement is to decrease incident of bullying an other forms of interpersonal violence in the District.
CHA & AMP	Sign Language Interpretation Services	Office of Disability Rights	1,510	-	The purpose of this agreement is to provide the DOH with sign language interpretation services for meetings, trainings and other interactions with District residents and consumers who are deaf and hard of hearing.

FY20 Oversight - AMP - Q5
DC Health Buyer

Program	Title	Seller Agency	FY19 Total	FY20 Total	Purpose of MOU
Various	Fleet Services	Department of Public Works	204,793	-	Fixed Costs
AMP	Delegated Procurement Authority	Office of Contracting and Procurement	137,626	235,483	The purpose for this agreement is to streamline processing operations by authorizing agencies to manage the purchase of goods and services that are needed to perform agency functions.
Various	Applications Sweep	Office of the Chief Technology Officer	28,224	-	Fixed Costs
Various	Business intel (CDW) Sweep	Office of the Chief Technology Officer	13,928	-	Fixed Costs
AMP	DC NET Sweep	Office of the Chief Technology Officer	689,372	710,982	Fixed Costs
Various	DC NET Sweep	Office of the Chief Technology Officer	4,445	-	Fixed Costs
Various	Government Cloud Services Sweep	Office of the Chief Technology Officer	212,762	-	Fixed Costs
Various	OCTO HELPS Sweep	Office of the Chief Technology Officer	156,554	-	Fixed Costs
Various	Citywide IT Operations Monitoring	Office of the Chief Technology Officer	42,623	-	Fixed Costs
Various	Enterprise (PASS) Sweep	Office of the Chief Technology Officer	37,721	-	Fixed Costs
Various	WEB Maintenance Sweep	Office of the Chief Technology Officer	20,283	-	Fixed Costs
AMP	Customer Operations	Office of Unified Communications	10,431	-	Fixed Costs
CHA	APPLICATIONS SWEEP	Office of the Chief Technology Officer	-	118,484	Fixed Costs
CHA	CLOUD INFORMATION SERVICES SWEEP	Office of the Chief Technology Officer	-	9,872	Fixed Costs
CPPE	CLOUD INFORMATION SERVICES SWEEP	Office of the Chief Technology Officer	-	8,797	Fixed Costs
CPPE	WEB SERVICES SWEEP	Office of the Chief Technology Officer	-	20,212	Fixed Costs
AMP & CPPE	CDW SWEEP	Office of the Chief Technology Officer	-	54,030	Fixed Costs
CPPE	CLOUD INFORMATION SERVICES SWEEP	Office of the Chief Technology Officer	-	12,081	Fixed Costs
CPPE	Epidemiology and Laboratory Capacity	Department of Forensic Sciences	-	584,404	The purpose of this agreement is to provide DFS funds to support DOH by providing testing services for ELC and Opioid, and procuring PPE for PHEP and EVD.

FY20 Oversight - AMP - Q5
DC Health Buyer

Program	Title	Seller Agency	FY19 Total	FY20 Total	Purpose of MOU
CPPE	Testing Opioid Samples	Department of Forensic Sciences	-	431,587	The purpose of this agreement is to provide DFS funds to support DOH by providing testing services for ELC and Opioid, and procuring PPE for PHEP and EVD.
CPPE	Case Management System-CPPE	Chief Medical Examiner	-	7,875	The purpose of this agreement is to transfer data from the OCME's Case Management System into DOH's Vital Records Electronic Death Registration System
CPPE	DC Violent Death Surv. Sub-grant	Chief Medical Examiner	-	8,814	The purpose of this agreement is to provide DC Health with the cause of death in all violent deaths within the jurisdiction to build a comprehensive system to track such deaths.
CPPE	DC Violent Death Surv. Sub-grant	Chief Medical Examiner	-	96,958	The purpose of this agreement is to provide DC Health with the cause of death in all violent deaths within the jurisdiction to build a comprehensive system to track such deaths.
HAHSTA	Executive Level Learning	D.C. Department of Human Resources	-	12,500	The purpose of this agreement is to provide and procure instructor-led training sessions, employee development opportunities, and resources related to the Executive Leadership Program for Senior-Level Employees and the records of participating employees to reflect the completed training.
HAHSTA	CLOUD INFORMATION SERVICES SWEEP	Office of the Chief Technology Officer	-	148,370	Fixed Costs
HEPRA	CLOUD INFORMATION SERVICES SWEEP	Office of the Chief Technology Officer	-	19,652	Fixed Costs
HEPRA	HPP EBOLA SUPPLEMENTAL	Department of Forensic Sciences	-	101,000	The purpose of this agreement is to provide DFS funds to support DOH by providing testing services for ELC and Opioid, and procuring PPE for PHEP and EVD.
HEPRA	Public health-Preparedness and Response	Department of Forensic Sciences	-	340,000	The purpose of this agreement is to provide the DOH with emergency and non-emergency testing services upon request, participate in co-agency training exercises in the areas of emergency preparedness and response, attend meetings upon request, respond to email, phone, meeting and testing requests in a timely manner. Shall provide quarterly summary reports listing materials and their costs no less than 30 days after the end of each quarter for services performed for the DOH by DFS.

FY20 Oversight - AMP - Q5
DC Health Buyer

Program	Title	Seller Agency	FY19 Total	FY20 Total	Purpose of MOU
HEPRA	Public health-Preparedness and Response	Department of Forensic Sciences	-	372,600	The purpose of this agreement is to provide the DOH with emergency and non-emergency testing services upon request, participate in co-agency training exercises in the areas of emergency preparedness and response, attend meetings upon request, respond to email, phone, meeting and testing requests in a timely manner. Shall provide quarterly summary reports listing materials and their costs no less than 30 days after the end of each quarter for services performed for the DOH by DFS.
HEPRA	CLOUD INFORMATION SERVICES SWEEP	Office of the Chief Technology Officer	-	15,572	Fixed Costs
HEPRA	CLOUD INFORMATION SERVICES SWEEP	Office of the Chief Technology Officer	-	8,672	Fixed Costs
HRLA	APPLICATIONS SWEEP	Office of the Chief Technology Officer	-	118,180	Fixed Costs
HRLA	CLOUD INFORMATION SERVICES SWEEP	Office of the Chief Technology Officer	-	3,218	Fixed Costs
HRLA	OCTO HELPS SWEEP	Office of the Chief Technology Officer	-	45,753	Fixed Costs
AMP & CHA	AGY RTS	Management	-	8,000	Fixed Costs
AMP	Fleet Services	Department of Public Works	-	215,000	Fixed Costs
CPPE	Case Management System Inter. Proj.	Office of the Chief Medical Examiner	-	153,600	The purpose of this agreement is to provide the DOH with upgrades to the Case Management System and Electronic Death Registration System.
AMP	PASS SWEEP	Office of the Chief Technology Officer	-	50,000	Fixed Costs
AMP	Suitability Compliance Services	D.C. Department of Human Resources	-	6,829	The purpose of this agreement is to provide screening services for potential employees for the DOH.
			21,319,319	19,114,418	

Government of The District of Columbia Department of General Services Department of Health 2020 Budget													
Program	BUILDING ADDRESS	BUILDING NAME	BUILDING USE	TOTAL RSF	AGENCY SF ALLOCATION	AGENCY SF ALLOCATION %	DISTRICT CONTROLLED	Terms of Lease	TOTAL ENERGY	TOTAL SECURITY	TOTAL OCCUPANCY	TOTAL RENT	Total
Various	3335 V Street, NE	DOH Warehouse	Food Warehouse Emergency	25,541	25,541	100.00%	No	Expiration Date: 09/30/2029	-	-	12,493.89	405,734.11	418,228.00
HEPRA	2 DC Village Ln SW/ (Postal Calls It 4 DC Village Ln)/Anacostia Fwy SW/WMATA	HEPRA Warehouse	STORAGE	38,518	8,743	22.70%	Yes	N/A	29,934.03	-	21,245.31	-	51,179.34
HAHSTA	64 New York Avenue, NE	HAHSTA The Wellness Center	Administration/Clinical Services	114,251	17,138	15.00%	No	Expiration Date: 01/10/2027	-	64,214.99	11,876.39	861,053.11	937,144.49
HRLA	1201 NEW YORK AVENUE NE	Washington Humane Society	DC Animal Shelter	12,984	12,984	100.00%	Yes	NA	104,273.86	855.05	31,550.85	-	136,679.76
Various	899 North Capitol Street, NE	Department of Health	OFFICE	150,718	150,718	100.00%	No	Expiration Date: 02/28/2021	-	436,724.21	104,447.57	9,564,382.45	10,105,554.23
Various	899 North Capitol Street, NE (f/k/a 825 North Capitol Street, NE), G-1 Level, 5th & 6th Floors	Department of Health	Office	18,123	18,123	100.00%	No	Expiration Date: 02/28/2021	-	-	12,559.24	827,432.2	839,991.46
Various	899 North Capitol Street, NE (f/k/a 825 North Capitol Street, NE), G-1 Level, 5th & 6th Floors	Department of Health	Office	36,319	30,610	84.28%	No	Expiration Date: 02/28/2021	-	-	21,212.49	2,010,993.98	2,032,206.47
													14,520,983.75

Admin	Vac Stat	Name	Title	Total
AMP	F	Akers- Mitchell,Nadine R	Staff Assistant	1.00
		Andrews,Andersen	Chief Information Technology O	1.00
		Bethel,Tanya Joy	Executive Assistant	1.00
		Black,Angli J	Paralegal Specialist	1.00
		Boone,Christopher J.	ATTORNEY ADVISOR	1.00
		Brathwaite, Van M	Assistant General Counsel	1.00
		Brown,Marie Claire	ATTORNEY ADVISOR	0.85
		Butler,Jeffrey	INFO TECH SPEC DATA MGMT	1.00
		Clegg,Olga	Assistant General Counsel	1.00
		Cleveland,Cordella	Management Liaison Specialist	1.00
		Coates,Joya L	IT Project Manager	1.00
		Crawford,Nigel C.	Human Resources Specialist	1.00
		Dickerson,Patrice M	Legislative Affairs Specialist	1.00
		Evans,Patricia	Training & Organizational Deve	1.00
		Fenzel,Suzanne M	Assistant General Counsel	1.00
		Fields,Jeanette	Management Liaison Specialist	1.00
		Fitzgerald,Elizabeth A.	Deputy General Counsel	1.00
		Fletcher,Keith	Chief Operating Officer	1.00
		Franklin,Darryl Stanley	Facilities Support Assistant	1.00
		Gates,Kortney D.	HR Spec (Human Resource Dev)	1.00
		Gohil,Ajay	ATTORNEY ADVISOR	1.00
		Hackley-Rusnak,Joyce A	Management Liaison Specialist	1.00
		Hamilton,Ramona D	Management Liaison Specialist	1.00
		Harrison,Donna	Lead Management Liaison Specia	1.00
		Henderson,Kimberly	Director of Communications and	1.00
		Heron,Spence	Information Technology Special	1.00
		Husband,Phillip L	SUPERVISORY ATTORNEY ADVISOR	1.00
		Jackson,Angela L	IT Specialist (System Analysis	1.00
		Johnson,Carmen R	Assistant General Counsel	1.00
		Johnson,Virgil	IT Specialist(Network Services	1.00
		King,Ronald	Community Relations Specialist	1.00
		Li,Cheng Szu hu	Information Technology Special	1.00
		Long,Bernedia Y.	Staff Assistant	1.00
		Madhavan,Suja	IT Project Manager	1.00
		Massengill,Gerald	Facility Management and Suppor	1.00
		Mcclain Jr.,Hosea	FACILITY PLANNER	1.00
		Mclaughlin,Clara A	GRANTS MGMT RES DEV OFFICER	1.00
		Menhinick,Todd P	Special Assistant	1.00
		Miller,Denijah Ladon	Student Intern	1.00
		Moorer,Diane	Computer Operator	1.00
		Nesbitt,LaQuandra	Director Department of Health	1.00
		Octave,Monica	Agency Telephone Coordinator	1.00
		Ognibene,Kathleen	Human Resources Officer III	1.00
		Ortiz Torres,Ivan	Community Relations Specialist	1.00
		Phifer,David L	Inventory Management Specialis	1.00
		Reeves,Alison D.	Public Affairs Specialist	1.00
		Rich,Edward J	Senior Assistant General Couns	1.00
		Rowell,John T	Information Technology Special	1.00
		Scroggins,Agnes Diane	Grants Management Specialist	1.00
		Vongjaroenrat,Panravee	ATTORNEY ADVISOR	1.00
		Wadood,Arif	Program Analyst	1.00
		Warfield,Reginald	Motor Vehicle Operator	1.00
		Watson,Jacqueline	Chief of Staff	1.00
		Williams,Carla M	Assistant General Counsel	1.00
		Wu,Xiuyun	IT Specialist (System Analysis	1.00
F Total				54.85
V		Grants Management Specialist		1.00
		Information Technology Special		1.00
		Graphic Designer		1.00
		IT Program Manager		1.00

Program Analyst	1.00
RISK MGR	1.00
Supervisory Legislative Affair	1.00
Supv HR Spec (Empl/Labor Rel)	1.00

V Total 8.00

AMP Sum 62.85

CHA	F	Ahmad,Nazneen Haq	PUBLIC HEALTH ANALYST	1.00
		Anderson,Brenda D	Grants Management Specialist	1.00
		Anderson,Devin Douglas	PUBLIC HLTH ADVISOR	1.00
		Animashaun,Moriam	Data Analyst	1.00
		Animashaun,Rafiu	PUBLIC HEALTH ANALYST	1.00
		Apiyo,Goodwill G	PUBLIC HEALTH ANALYST	1.00
		Armattoe,Justice	PUBLIC HEALTH ANALYST	1.00
		Arter,Jessica A.	NURSE CONSULTANT	1.00
		Baber Greenwood,Kimberly	NURSE CONSULTANT	1.00
		Baltimore,Lashawn N	Community Relations Specialist	1.00
		Banks,Danita T	Nutrition Program Specialist	1.00
		Beckwith,Sara M	Program Manager	1.00
		Bihm,Jasmine	Program Manager	1.00
		Boone,Brenda	Supervisory Grants Management	1.00
		Bowman,Memory Al-Tonyo De'Mon	PUBLIC HEALTH ANALYST	1.00
		Brandon,Sharon L	PGM SPEC	1.00
		Brooks,Bernice	Administrative Assistant	1.00
		Brown,DaWana	PROGRAM COORDINATOR	1.00
		Buadu,Marian J	Program Specialist	1.00
		Buford,Riana D.	PUBLIC HEALTH ANALYST	1.00
		Burris,Heather	Supervisory Program Coordinato	1.00
		Campbell,Jacquelyn R	NURSE SPEC	1.00
		Carole,Angela	Public Health Advisor	1.00
		Carrington,Whitney	PROGRAM COORDINATOR	1.00
		Carter,Jaida D	PUBLIC HEALTH ANALYST	1.00
		Chaplin,Deborah J	PUBLIC HLTH ADVISOR	1.00
		Cheseman,Bryan P	Deputy Director for Operations	1.00
		Chiles,Sharita E	PGM SPEC	1.00
		Chongwa,Victor C	Investigator	1.00
		Clinton,Lataarcha E	PUBLIC HEALTH TECNICIAN	1.00
		Coleman,Tesha Renae	PGM MGR	1.00
		Dade,Arnechia R	Data Analyst	1.00
		Dahlquist,Carrie	Program Manager	1.00
		Dail,Kristal S	Program Manager	1.00
		Davidson,Donna M	Program Manager	1.00
		Davis,Jasmine K.	Public Health Advisor	1.00
		Dickens,Arnese	Investigator	1.00
		Diggs Perdue,Robin J	BUREAU CHIEF	1.00
		Dill-Hudson,Alyzza A.	Program Analyst	1.00
		Dodd,Telisia D	Program Support Assistant	1.00
		DOE,KAFUI Y	Program Manager	1.00
		Douglas,Linda B	Grants Management Specialist	1.00
		Eisenberg,Joan	PUBLIC HEALTH ANALYST	1.00
		Elliott,Todd	PROGRAM COORDINATOR	1.00
		Eyoyibo,Ledwin	PUBLIC HEALTH ANALYST	1.00
		Freeman,Vinetta L.	Program Manager	1.00
		Gamble,Jean D	PGM SPEC	1.00
		Garibay,Lori B	Public Health Advisor	1.00
		Gonzales-Guzman,Elizabet M.	PROGRAM COORDINATOR	1.00
		Gowie,Danyelle N	PUBLIC HEALTH ANALYST	1.00
		Gray,Tiffany R	PUBLIC HLTH ADVISOR	1.00
		Greenaway,Patricia C	GRANTS MGMT SPEC	1.00
		Guillaume,Daphnee A	PUBLIC HEALTH ANALYST	1.00
		Handelsman,Lindsay	Public Health Advisor	1.00
		Harris,Kimberly M	Supervisory Public Health Advi	1.00

Hernandez, Marcella I.	Data Analyst	1.00
Hughes, Latrice D.	PUBLIC HEALTH ANALYST	1.00
Isaac, Earthamae	PUBLIC HLTH ADVISOR	1.00
Isom Jr., Roger Gerome	Program Specialist	1.00
Jobe, Ousman	Data Systems Coordinator	1.00
Jolly, Joann	PUBLIC HEALTH ANALYST	1.00
Jones, John J C	Administrative Specialist	1.00
Jones, Laverne H	Public Health Advisor	1.00
Khan, Nadia	PUBLIC HEALTH ANALYST	1.00
Kornak, Mary Frances	Data Analyst	1.00
Kuehn, Doris	Project Coordinator	1.00
Lane, Ashley V	Public Health Advisor	1.00
Lemus, Gabriela I.	Program Specialist	1.00
Leuchert, Maria	PUBLIC HEALTH ANALYST	1.00
Lockett, Lynnitia M	PUBLIC HEALTH TECNICIAN	1.00
Logan, Belinda	PGM SPEC	1.00
Logan, Kattera J.	MANAGEMENT ANALYST	1.00
Lupo, Jessie L	PUBLIC HEALTH NUTRITIONIST	1.00
Mayfield, Robert	Public Affairs Specialist	1.00
Mbafor, Jacob T	PUBLIC HEALTH ANALYST	1.00
McClaskey, Erica L.	Bureau Chief (Adolescent & Sch	1.00
Melton, Brenden	PROGRAM COORDINATOR	1.00
Morrison, Kim V	PROGRAM COORDINATOR	1.00
Newman, Stephanie	ADMIN SPEC	1.00
Noel-Thomas, Shalewa A	BUREAU CHIEF	1.00
Otgonsuren, Munkhzul	Statistician	1.00
Patel, Urvi Jasvant	PUBLIC HEALTH ANALYST	1.00
Peterson Kosecki, Amelia D	BUREAU CHIEF	1.00
Pierce, Geraldine E	PROGRAM COORDINATOR	1.00
Quan, Ian D.	Data Analyst	1.00
Quander, Kamil E	Public Health Advisor	1.00
Ratner, Lauren E	BUREAU CHIEF	1.00
Riverson, Senkuta	PUBLIC HEALTH ANALYST	1.00
Robinson, Jacqueline	PUBLIC HEALTH ANALYST	1.00
Robinson, Janet D	Grants Management Specialist	1.00
Robinson, Lashawn F	Program Specialist	1.00
Segal, Michael L	PROGRAM COORDINATOR	1.00
Sellers, Tecia I.	PUBLIC HEALTH ANALYST	1.00
Shah, Ankoor	Chief Medical Officer	1.00
Sheler, Donna	NURSE CONSULTANT	1.00
Song, Kay K	PUBLIC HEALTH ANALYST	1.00
Soubagleh, Saada A	Disease Investigator	1.00
Sowole-West, Omotunde	Program Manager	1.00
Tabron, Valencia E	Lead Data Analyst	1.00
Taing, Rosemary S	PUBLIC HEALTH ANALYST	1.00
Talwalkar, Anjali A	Medical Officer	1.00
Thompson, Junalisa M	GRANTS MGMT SPEC	1.00
Thurakal, Anita P	Program Manager	1.00
Tobo, Betelihem B.	PUBLIC HEALTH ANALYST	1.00
Toppin, Traci N	Data Analyst	1.00
Torres Franco, Karen	PUBLIC HEALTH ANALYST	1.00
Vann, Ashley C.	Data Analyst	1.00
Walker, Vivian F	Program Specialist	1.00
Washington Seward, Rose P	Program Specialist	1.00
Watson Bishop, Annis	Grants Management Specialist	1.00
Williams, Kelly A	Program Support Assistant	1.00
Williams, Sonya D	PUBLIC HEALTH ANALYST	1.00
Williams, Tiffanie	PUBLIC HLTH ADVISOR	1.00
Winston, Letitia D	Program Manager	1.00
Woods, Alfreda	Program Manager	1.00
Woody, Emily	PUBLIC HEALTH NUTRITIONIST	1.00

F Total		116.00
V (blank)	Data Systems Coordinator	1.00
	Epidemiologist	1.00
	Program Assistant (Bilingual)	1.00
	PROGRAM COORDINATOR	1.00
	Program Manager	3.00
	Program Specialist	2.00
	Public Health Advisor	5.00
	PUBLIC HEALTH ANALYST	7.00
	Public Health Analyst (Communi	1.00
	PUBLIC HEALTH NUTRITIONIST	1.00
	PUBLIC HLTH ADVISOR	1.00
	SUPVY PUBLIC HLTH NUTRITION	1.00
	WIC PGM MGR	1.00
V Total		26.00

CHA Sum				142.00
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CPPE	F	Abrams,Terra	Vital Records Officer Registra	1.00
		Alston,Martha	RECORDS MGMT ASST	1.00
		Ashman,Earl	Data Analyst	1.00
		Bianda,Nkembi Lydie	Epidemiologist	1.00
		Blake,Emily	Epidemiologist	1.00
		Brothers,Rudolph	Supervisory Operations Special	1.00
		Callaham,Ashley M	Data Analyst	1.00
		Camara,Djibril	Epidemiologist	0.58
		Clarke,Fern M	Senior Deputy Director	1.00
		Dassie,Kossia	Epidemiologist	1.00
		Davies Cole,John O	SUPVY EPIDEMIOLOGIST	1.00
		Fuller,Ronna	RECORDS MGMT ASST	1.00
		Garner,Tracy	Program Specialist	1.00
		Green,Sherica	Statistical Assistant	1.00
		Harris,Christine	RECORDS MGMT ASST	1.00
		Iyengar,Preetha	Supervisory Medical Officer	1.00
		Kvandal,Karie	Program Analyst	1.00
		Lewis,Tasha L	Epidemiologist	1.00
		Lloyd,Patricia C	Supervisory Statistician	1.00
		Luna-Lopez,Sylvia	Compliance Specialist	1.00
		Martin,Shirley Ann	Records & Information Manageme	1.00
		McBride,Beth J.	Vital Statistics Specialist	1.00
		McQueen IV,Thomas W	Health System Specialist	1.00
		Mitchener,Dana L	Staff Assistant	1.00
		Pardo,Larissa	STATISTICIAN HLTH	1.00
		Putzer,Emily	Program Manager	1.00
		Ravi-Caldwell,Nivedita	Epidemiologist	1.00
		Reuben,Jacqueline R.	Epidemiologist	1.00
		Roundtree,Monica	Vital Statistics Specialist	1.00
		Roy,Nikhil C	STATISTICIAN HLTH	1.00
		Shrestha,Deepika	Data Analyst	1.00
		Siaway,George	PUBLIC HEALTH ANALYST	1.00
		Smith,Rhonda M	Health Informatics Specialist	1.00
		Suggs,Janelle R	Supervisory Policy and Registr	1.00
		Tell,Jack C	Statistical Assistant	1.00
		Trappler,Regan M.	Nurse Specialist I	1.00
		Turner,Kimberley A	Program Manager	1.00
		Williams,Terrence	Deputy Director for Operations	1.00
		Wilson,Termetrice	RECORDS MGMT ASST	1.00
		Winter,Rebecca	STATISTICIAN HLTH	1.00
		Woods,Jill	Administrative Officer	1.00
		Zamore,Kenan Jedi	Epidemiologist	1.00

V	(blank)	Chief State Health Planning an	1.00
		Customer Service Representativ	1.00

Data Analyst	2.00
Epidemiologist	3.00
Lead Customer Service Represen	1.00
POLICY ANALYST	1.00
PROGRAM COORDINATOR	1.00
PUBLIC HEALTH ANALYST	1.00
Records and Information Manage	1.00
Registration and Policy Specia	1.00
Supervisory Epidemiologist	1.00
Supervisory Operations Special	1.00

V Total 15.00

CPPE Sum 56.58

HAHSTA	F	Alfonso,Maria A	Public Health Services Special	1.00
		Allen,Quinae R.	Investigator	1.00
		Allston,Adam A	Supervisory Public Health Anal	1.00
		Animashaun-Otuedon,Agnes Q	PHYSICIAN ASSISTANT	1.00
		Archibald,Stacie D	MANAGEMENT ANALYST	1.00
		Arriola,Ivonne	GRANTS MGMT SPEC	1.00
		Asbury-Milline,Volta E	Public Health Advisor	1.00
		Augustine,Andrea	PUBLIC HEALTH ANALYST	1.00
		Badiya,Olumide T.	Investigator	1.00
		Bailey,Patrice R	ADMIN SPEC	1.00
		Barnes,Clover L.	Bureau Chief Care Services Div	1.00
		Barry,Melody	Investigator	1.00
		Bell,Baron	Administrative Specialist	1.00
		Bernal,Minerva E	Investigator	1.00
		Beverley,Jason	Supervisory Nurse Practitioner	1.00
		Britanik,Justin T	Quality Assessment Specialist	1.00
		Brown,Monique M	Grants Management Specialist	1.00
		Chowdhury,Biva R	PUBLIC HEALTH ANALYST	1.00
		Clark,Lamont M.	PROGRAM COORDINATOR	1.00
		Coleman,Ashley M	PUBLIC HEALTH ANALYST	1.00
		Coleman,Jeffrey	PGM ASST	1.00
		Cooper,Stacey L	Supervisory Public Health Anal	1.00
		Cox,Derrick C.	CLERICAL ASSISTANT	0.50
		Dandy,Dawn M	PHYSICIAN ASSISTANT	1.00
		Das,Suparna	Statistician	1.00
		Davis,Shea M.	Public Health Services Special	1.00
		Delao Hernandez,Jose H.	Clinical Quality Improvement S	1.00
		Denson,Anitra P	PUBLIC HEALTH ANALYST	1.00
		DeSouza,Adrienne V	Public Health Advisor	1.00
		Deyo,Wanda D.	CLERICAL ASSISTANT	1.00
		Drezner,Katherine	Epidemiologist	1.00
		Driver,Robin M	Program Specialist	1.00
		Duncan,Janice	Investigator	1.00
		Earlington,Glasford D	Lead Investigator	1.00
		Eaton,Ivan P.	PUBLIC HEALTH ANALYST	1.00
		Edge,Mariel	Public Health Services Special	1.00
		Edmonds,Jason	ADMIN SPEC	1.00
		Elston,Apryl N.	Investigator	1.00
		Eyow,Hodan A	PUBLIC HEALTH ANALYST	1.00
		Ferguson,Charis	Administrative Specialist	1.00
		Ferrier,Tamika S.	Program Support Specialist	1.00
		Flemming,Toni Y	Supervisory Public Health Anal	1.00
		Fort'e,Ryan K.	Administrative Assistant	1.00
		Forte,Taylor A.	CLERICAL ASSISTANT	0.50
		Fortune,Ebony N	PUBLIC HEALTH ANALYST	1.00
		Fox,Anthony	Division Chief	1.00
		Frison,Lawrence	Deputy Director for Operations	1.00
		Gamble,Jonjelyn T	Supervisory Public Health Anal	1.00
		Gendi,Trymore	CLERICAL ASSISTANT	0.50

Grant,Sherita J.	Public Health Analyst (Housing	1.00
Gray,Diedre D	Public Health Advisor	1.00
Green Lewis,Cynthia E	PUBLIC HEALTH ANALYST	1.00
Green,Colleen	Administrative Specialist	1.00
Green,Kimberly L	Staff Assistant	1.00
Green,Monique L	Housing Program Specialist	1.00
Gurung,Damber K	PUBLIC HEALTH ANALYST	1.00
Hansen,Gail M	PUBLIC HEALTH ANALYST	1.00
Haskett,Corey R.	CLERICAL ASSISTANT	0.50
Hassam,Khalil	Clinical Quality Improvement S	1.00
Hawkes,Jordan A	CLERICAL ASSISTANT	0.50
Henderson,Deontrinese	INVEST	1.00
Hicks,Brenda J	PUBLIC HEALTH ANALYST	1.00
Hill,Mark v	Administrative Specialist	1.00
Holmes,Twana L	PGM COOR	1.00
Hubbard,Priscilla P	Staff Assistant	1.00
Israel,Dionnie	Investigator	1.00
Jackson,Janis H	PHARMACIST	1.00
Jefferson,Regina R	PUBLIC HEALTH ANALYST	1.00
Jennings,Juan A	Program Support Assistant	1.00
Johnson,Jennifer S	Program Support Assistant	1.00
Johnson,Princess L	PUBLIC HEALTH ANALYST	1.00
Jones,Giovanna M	Health Technician	1.00
Jones,Herman D	Investigator	1.00
Kharfen,Michael	Senior Deputy Director	1.00
Lago,Lena	Supervisory Public Health Anal	1.00
Lewis,Cassandra G	GRANT MGMT SPEC	1.00
Llanos Astete,Cecilia	Program Support Assistant	1.00
Lofinmakin,Sabaina O	Investigator	1.00
Love,Candice R	Program Support Assistant (OA)	1.00
Lum,Garret R	Deputy Chief of Strategic Info	1.00
Malcolm,Andrea M	Clinical Nurse	1.00
Martin,Malcolm J.	CLERICAL ASSISTANT	0.50
Martinez,Rosa	Program Specialist	1.00
Mays,Carlton R.	CLERICAL ASSISTANT	0.50
Mccarroll,Luckeya A	Public Health Advisor	1.00
McCoy,Rodney	CLERICAL ASSISTANT	0.50
Mcneil,Lisa	Program Support Assistant (OA)	1.00
Middleton,Kevette	CLERICAL ASSISTANT	0.50
Mishra,Tej N.	Data Analyst(Health Informatic	0.50
Mohram,Rony	GRANTS MGMT SPEC	1.00
Morse,Kaleef	Supervisory Public Health Anal	1.00
Naji-Allah,Danielle	Investigator	1.00
Neal,Ameirah L.	CLERICAL ASSISTANT	0.50
Nettles,Sabrina D	Investigator	1.00
Ogungbemi,Tom O	Clinical Quality Improvement S	1.00
Olejemeh,Christie	PUBLIC HEALTH ANALYST	1.00
Opoku,Jenevieve	Epidemiologist	1.00
Payton,Terrance	Public Health Services Special	1.00
Peden,Michael D	Program Analyst	1.00
Person,Robert E	Staff Assistant	1.00
Pettigrew,Kenneth	Supervisory Public Health Advi	1.00
Posadas Mejia,Amber	CLERICAL ASSISTANT	0.50
Powell,Terrell K	Program Specialist	1.00
Price,Trina M	Program Support Assistant (OA)	1.00
Prysock,Lavelle	Investigator	1.00
Queen,Kanetha D	Supervisory Public Health Anal	1.00
Ray,Dane	CLERICAL ASSISTANT	1.00
Reaves,Joseph B.	CLERICAL ASSISTANT	1.00
Reed,Kevin Brian	Data Analyst	1.00
Reed,Tayiana J	Supervisory Public Health Anal	1.00

Reese,Stephen	Public Health Services Special	1.00
Richardson,April N	GRANTS MGMT SPEC	1.00
Ridley Iv,Robert	PUBLIC HEALTH ANALYST	1.00
Rocha,Nestor	BUREAU CHIEF	1.00
Rosario,Amanuel Tekle	Medical Officer	0.50
Roye,Alberta D	Investigator	1.00
Saafir-Callaway,Brittani Dani	Supervisory Public Health Anal	1.00
Sanchez,Grimaldi-Francesca M.	CLERICAL ASSISTANT	1.00
Sawicki,Stephanie	Epidemiologist	1.00
Sheehy,Hannah R	PUBLIC HEALTH ANALYST(Policy)	1.00
Simms,Lyndell N.	CLERICAL ASSISTANT	0.50
Smith,Avemaria	Supervisory Public Health Anal	1.00
Smith,Demetrius T.	CLERICAL ASSISTANT	0.50
Stanley,Camilla	Public Health Advisor	1.00
Stewart,Malachi J	Investigator	1.00
Takai,Benjamin H	PUBLIC HEALTH ANALYST	1.00
Teale,Helen M	PGM ANALYST	1.00
Thomas,Chantil	Public Health Services Special	1.00
Thomas,Jessica	Investigator	1.00
Thompson,Gerald	PUBLIC HEALTH ANALYST	1.00
Thurman,Darrion	CLERICAL ASSISTANT	0.50
Tonge,Jhirbron	CLERICAL ASSISTANT	0.50
Troutman,Kenya	Public Health Advisor	1.00
Turner,Demetrius	CLERICAL ASSISTANT	1.00
Umana,Carlos G.	CLERICAL ASSISTANT	0.50
Uwimana,Francoise	Investigator	1.00
Vanderhorst,Ronnie	Public Health Advisor	1.00
Varga,Leah	PUBLIC HEALTH ANALYST	1.00
Venson,Dwight David	CLERICAL ASSISTANT	0.50
Visconti,Adam	Chief Medical Officer	1.00
Waddy,Theresa S	PUBLIC HEALTH ANALYST	1.00
Walcott,Donovan L	Administrative Specialist	1.00
Walker,Ericka	Program Support Assistant	1.00
Walker,Janice	Supervisory Grants Management	1.00
Walker,Kaniya L.	CLERICAL ASSISTANT	0.50
Walters,Trammell C	PUBLIC HEALTH ANALYST	1.00
Ward,Carroll L	Quality Assessment Specialist	1.00
Ward,Patrice I	Investigator	1.00
Warren,Travon S.	CLERICAL ASSISTANT	0.50
Washington,Elle Michelle	CLERICAL ASSISTANT	0.50
White,Tony M.	Investigator	1.00
Whittaker,Laura S	Clinical Quality Improvement S	1.00
Williams,Markia D.	CLERICAL ASSISTANT	0.50
Zephyrin-whealton,Tamikio	Health Technician	1.00
Zerga,Messay	PUBLIC HEALTH ANALYST	1.00

F Total 143.50

V (blank)	ADMIN SRVS MGR	1.00
	CLERICAL ASSISTANT	7.00
	Clinical Nurse	1.00
	Data Analyst	1.00
	PUBLIC HEALTH ANALYST	3.00
	Public Health Services Special	1.00
	Staff Assistant	1.00
	Supervisory Public Health Advi	1.00

V Total 16.00

HAHSTA Sum 159.50

HEPRA	F	Alabi,Victoria	Program Manager	1.00
		Amy,Brian W	Chief Medical Officer	1.00
		Anderson,Dorthea E.	Grants Management Specialist	1.00
		Ashley,Patrick Robert	Senior Deputy Director	1.00
		Attaway,Lavenia R	Program Specialist	1.00

Brown,James R iii	Inventory Management Specialis	1.00
Brown,Marie Claire	ATTORNEY ADVISOR	0.15
Dunkerson,Melissa	Deputy Director for Operations	1.00
Duray Jr.,Paul	Program Manager	1.00
Estrella Maldonado,Miguel	Public Health Advisor	1.00
Flores,Daniel R.	Motor Vehicle Operator	1.00
Gadsden,Tamar L	Emergency Medical Services Tra	1.00
Gordon,Leroy	Inventory Management Specialis	1.00
Herring,David	Compliance Specialist	1.00
Landers,Jordan M	Public Health Advisor	1.00
Lassiter,Ronald K	On-Site Special Operations Coo	1.00
Maradiaga,Agueda	Disease Investigator	1.00
McGee,Sasha	Epidemiologist	1.00
Pearson Harris,Cynthia	Community Relations Specialist	1.00
Pellum,Sharon R	On-Site Special Operations Coo	1.00
Ritch,Julia M.	PUBLIC HEALTH ANALYST	1.00
Shepherd,April	Grants Management Specialist	1.00
Thomas,Arlene C.	Program Specialist	1.00
Thomas,Statia	Administrative Specialist	1.00
Turcios-Amaya,Miguel	Grants Management Specialist	1.00
Williams,Aisha	Emergency Preparedness Plannin	1.00

F Total 25.15

V (blank)	Emergency Medical Services Com	1.00
	Program Manager	3.00
	Program Specialist	2.00
	Public Health Advisor	1.00
	Supervisory Public Health Advi	2.00

V Total 9.00

HEPRA Sum 34.15

HRLA	F	Abby,Fatima Hashi	Health Licensing Specialist	1.00
		Adams,Dawn E	Sanitarian	1.00
		Ahmad,Idris Y	Supervisory Code and Rodent In	1.00
		Akintoye,Josiah O	Sanitarian	1.00
		Allen,Brittany L.	Program Specialist	1.00
		Annor,Charles Emmanuel	Health Licensing Specialist	1.00
		Atwell,Tanee M	Health Licensing Specialist	1.00
		Azariah Armattoo,Mavis Lilian	Health Licensing Specialist	1.00
		Balma,Ashley L.	Health Licensing Specialist	1.00
		Barron,Karin S.	Health Licensing Specialist	1.00
		Bellamy,Reginal	PHARMACIST	1.00
		Bennett,Donna Jean	Staff Assistant	1.00
		Bigelow,DaNeka	Health Licensing Specialist	1.00
		Blunt,Germaine L.	Code & Rodent Inspector (Pest	1.00
		Borris-Hale,Cathy A	Nurse Specialist II	1.00
		Brannum,Alma L	Nurse Specialist I	1.00
		Braxton,Angela M	Health Licensing Specialist	1.00
		Brent,Breona T	SANITARIAN QMRP	1.00
		Broomfield,Doreen	PEST CONTROLLER	1.00
		Brown,Gerard L	Program Manager	1.00
		Bryson Walker,Ericka L	Supervisory Health Services Pr	1.00
		Bussue,Marva Casandra	PGM COOR	1.00
		Butler,Antoinette E	Health Licensing Specialist	1.00
		Cahill,Tracy	PUBLIC HEALTH ANALYST	1.00
		Camara,Djibril	Epidemiologist	0.42
		Carpenter,Lanita	Sanitarian	1.00
		Carter,Jeanine A	NURSE CONSULTANT	1.00
		Cave,Sharon A	Sanitarian	1.00
		Charles,Margaret E	Code & Rodent Inspector (Pest	1.00
		Cheek,Tracie L.	Health Licensing Specialist	1.00
		Cluff,Nichelle	Health Licensing Specialist	1.00
		Coleman,Jacqueline R	Supervisory Sanitarian	1.00

Cooper,Ivory G.	Sanitarian	1.00
Cornes,Gregory	Code & Rodent Inspector (Pest	1.00
Crawford,Bronya N	LICENSING SPEC	1.00
Cureton,Quincy L	Health Licensing Specialist	1.00
Currie,Victor C	Sanitarian	1.00
Dalier,Douglas	Sanitarian	1.00
DANIELS,STEPHON D.	Investigator	1.00
Davis,Lisa J	Staff Assistant	1.00
DelVento,Vito R	EXECUTIVE DIR	1.00
DeVore,Jay	Nurse Specialist I	1.00
Doleman Gorham,Lajuan A	Nurse Specialist I	1.00
Donatelli,Mark J	Investigator	1.00
Drozdowski,Joanne C	Investigator	1.00
Dugger,Gayle B	SANITARIAN QMRP	1.00
Edwards,Vanessa H	Nurse Specialist I	1.00
Espy,Robin E	Sanitarian	1.00
Fang,Neng Yu	Sanitarian (Bilingual)	1.00
Faucette,Erica J.	Licensing Assistant	1.00
Flippens,Bruce	Sanitarian	1.00
Follot,Roland R	SANITARIAN QMRP	1.00
Ford-Jackson,Shelly L	Supervisory Health Licensing S	1.00
Freeman,Tamara A	Supervisory Nurse Consultant	1.00
Fykes,Theodore J	Sanitarian	1.00
Garnett,Jer'Juana T.	Code & Rodent Inspector (Pest	1.00
Gaskin,LaTasha B	Health Licensing Specialist	1.00
Gateretse,Ross J	Sanitarian	1.00
Ghebrezghi,Alem G	Program Manager	1.00
Gibson,Arian	Program Manager	1.00
Gilliam,Countee S	Investigator	1.00
Goins II,Norris E	CODE ENFORCEMENT INSPECTOR	1.00
Greenaway,Luanne	PGM SPEC	1.00
Grover,Victoria	Supervisory Sanitarian	1.00
Hampton,Tonoah Papatanna	Executive Director, Board of N	1.00
Hardy Jr.,Willie A	Licensing Assistant	1.00
Harris,Mary	Health Licensing Specialist	1.00
HARRIS,NIA K K	Environmental Protection Speci	1.00
Hernandez,Jaime	SANITARIAN BIL	1.00
Howard Jr.,Leonard W	Investigator	1.00
Hubbard,Syreeta Corinne	Program Analyst	1.00
Jackson,Alice T	Sanitarian	1.00
Jacobs,Michael A	Code & Rodent Inspector (Pest	1.00
Jeffcoat,Trina L	Licensing Assistant	1.00
Jeffers,Karen I	SANITARIAN QMRP	1.00
Jeffries-Johnson,LaJuan J	Health Licensing Specialist	1.00
Jemaneh,Temesgen Abebe	Sanitarian	1.00
Jenkins,Bonita E	Nurse Specialist II	1.00
Johnson,Megan	SANITARIAN BIL	1.00
Jones-Scott,Fawn	Supervisory Sanitarian	1.00
Kingsberry,Cassandra J	Supervisory Nurse Consultant	1.00
Kofie,Nancy E.	Writer-Editor	1.00
Kosyak,Michael E	PHARMACIST	1.00
Kpue,Francis T	Program Support Assistant	1.00
Kulasinghe,Wasantha	Code & Rodent Inspector (Pest	1.00
Lamb,Sean	Program Analyst	1.00
Lewis,Margaret A	Nurse Specialist I	1.00
Lewis,Sabrina Rena	Health Licensing Specialist	1.00
Lewis,Sharon R	Senior Deputy Director	1.00
Lomax,Theodore F	Sanitarian	1.00
Longstreth,Veronica S.	Program Manager	1.00
Lucas,Denise Tyree	Sanitarian	1.00
Matthews,Jermaine A	Supervisory Code and Rodent In	1.00

McFarlane-Mills,Joy	SUPV BIOLOGIST	1.00
Mcgee,Cynthia C	Health Services Program Coordi	1.00
McKie,Jacqueline C	Administrative Specialist	1.00
McKoy,Constance B	Nurse Specialist I	1.00
McLennon-Sampong,Marcia Swans	Nurse Specialist I	1.00
Mebane,Sharon H	PGM MGR	1.00
Melson,Kimberly	Investigator	1.00
Meyers,Francis	EXECUTIVE SECRETARIAT OFFICER	1.00
Moore,Joyce	Sanitarian	1.00
MORAN,EMILIA M	Investigator	1.00
Moss,Deborah D	Investigator	1.00
Mudrick,Cathryn	PUBLIC HEALTH ANALYST	1.00
Nixon,Aisha K.	Executive Director	1.00
Odrick,Rebecca A	Investigator	1.00
Offor,Christian C	Nurse Specialist I	1.00
Ofosu- Mensah,Thelma G	Health Licensing Specialist	1.00
Okiemen,Jassmine	Inspection and Compliance Spec	1.00
Onumah,Kofi	PHARMACIST	1.00
Ortique,Justin	Supervisory Pharmacist	1.00
Overton,Mark E	Code & Rodent Inspector (Pest	1.00
Owens,Yeolman	Deputy Director for Operations	1.00
Parker,Michael A.	Code & Rodent Inspector (Pest	1.00
Parvin,Nasreen	Health Physicist	1.00
Pitman,Andre B	Code & Rodent Inspector (Pest	1.00
Pointer,Thomasine E	Health Licensing Specialist	1.00
Portsmouth,Gloria	Nurse Specialist I	1.00
Rawls,Rona R	Licensing Assistant	1.00
Redman,Curtis	Code & Rodent Inspector (Pest	1.00
Robinson,Lisa	HLTH LICENSING SPEC	1.00
Rogers,Naaman C.	Program Support Assistant	1.00
Sandy,Ruth	Code & Rodent Inspector (Pest	1.00
Scott,Melondy N.	Supervisory Health Licensing S	1.00
Scurlock,Gregory	compliance officer	1.00
Sklencar,Mary B	NURSE CONSULTANT	1.00
Spencer,Ralph H	SANITARIAN QMRP	1.00
Stokes,Antoinette	HLTH LICENSING SPEC	1.00
Stringfield,Caryn	Nurse Specialist I	1.00
Talley,Gregory B	SUPV HLTH PHYSICIST	1.00
Tate,Martin J.	HLTH SRVS PGM SPEC	1.00
Teekasingh,Donald C	Nurse Specialist I	1.00
Tekleselassie,Alemayehu	SANITARIAN BIL	1.00
Tesfaye,Kidest K	Investigator	1.00
Tesfaye,Semret	Inspection and Compliance Spec	1.00
Thompson,Lakisha	Health Licensing Specialist	1.00
Thompson,StacyLynn M	Complaint Coordinator	1.00
Torbit,Marcella J	SANITARIAN QMRP	1.00
Totty,Lawrence C	HLTH SRVS PGM SPEC	1.00
Tyer,Lakisha D.	Program Support Assistant	1.00
Tyson,Ronald L	SANITARIAN QMRP	1.00
Upshaw,Yaqin A.	Code & Rodent Inspector (Pest	1.00
Walker,David J	Health Licensing Specialist	1.00
Walker,Michael D.	SANITARIAN QMRP	1.00
Waters,Theresa LaJuan	Nurse Specialist I	1.00
Waugh,Kevin D	Resource Development Specialis	1.00
Wedge,Alonzo James	Code & Rodent Inspector (Pest	1.00
Wells,Tamika	Staff Assistant	1.00
West Morton,Sheila	Sanitarian	1.00
White,Shauna K	Program Manager	1.00
Willey,Laura	PGM MGR	1.00
Williams,Sharron	Licensing Assistant	1.00
Williams,Wanda Marie	PGM ASST	1.00

Wolff,Eddy	Sanitarian	1.00
Wright,Concheeta Ann	Nurse Specialist II	1.00
YASIN,JEMAL ADEM	Sanitarian	1.00
Zelaya,Johnny S.	Code & Rodent Inspector (Pest	1.00

F Total	157.42
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V	(blank)	Associate Director	3.00
		Code & Rodent Inspector (Pest	2.00
		Food Technologist	1.00
		Health Licensing Specialist	4.00
		Inspection and Compliance Spec	1.00
		Licensing Assistant	2.00
		Nurse Specialist I	5.00
		Sanitarian	6.00
		Student Intern	0.25
		Supervisory Nurse Consultant	1.00
		Supervisory Sanitarian	1.00
		SUPV HLTH SRVS PGM SPEC	1.00

V Total	27.25
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HRLA Sum	184.67
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OHE	F	Arno,C. Anneta	Administrator	1.00
		Fearer,Jaime S.	PUBLIC HEALTH ANALYST	1.00
		Johnson,Monique D	Administrative Specialist	1.00
		Simmons,Angela	Community Outreach Coordinator	1.00
		Vanderpuije,Makeda AA	PUBLIC HEALTH ANALYST	1.00

F Total	5.00
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OHE Sum	5.00
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Grand Total	649.75
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Name	Job Title	Effective Date	Pay Plan	Series	Grade	Salary	Explanation
Amha Selassie	Chief, State Hlth Planning & Development	1/3/2020	MS	301	15	\$150,443	Retirement Award Application
Angli Black	Paralegal Specialist	12/22/2019	CS	950	12	\$101,225	Quality Step Increase for performance
Adam Allston	Supervisory Public Health Analyst	5/26/2019	MS	685	14	\$113,309	Quality Salary Increase-5% salary increase
Ivan Eaton	Public Health Analyst	2/3/2019	CS	685	13	\$115,717	Quality Step Increase for performance
Ebony Fortune	Public Health Analyst	2/3/2019	CS	685	13	\$115,717	Quality Step Increase for performance
Ashley Coleman	Public Health Analyst	2/3/2019	CS	685	13	\$100,952	Quality Step Increase for performance
Alma White	Health Licensing Specialist	12/31/2019	CS	301	11	\$74,983	Retirement Award Application
Ronnie Taylor	Supervisory Sanitarian	8/2/2019	MS	006	13	\$96,471	Retirement Award Application
Edward Rich	Senior Assistant General Council	1/24/2020	LA	905	15	\$163,376	Bonus AFGE Local 1403 negotiated recognition for performance
Marie Claire-Brown	Attorney Advisor	1/24/2020	LA	905	15	\$177,661	Bonus AFGE Local 1403 negotiated recognition for performance
Carla M Williams	Assistant General Council	1/24/2020	LA	905	15	\$153,101	Bonus AFGE Local 1403 negotiated recognition for performance
Panravee Vongjaroenrat	Attorney Advisor	1/24/2020	LA	905	14	\$138,049	Bonus AFGE Local 1403 negotiated recognition for performance
Christopher Boone	Attorney Advisor	1/24/2020	LA	905	13	\$103,470	Bonus AFGE Local 1403 negotiated recognition for performance

Grant Name	DC Health Unit	Grant Number	Grant Phase	Grant Begin Date	Grant End Date	Total Grant Award Amount	Total Cumulative Obligations	Grant Lapse (Grant Award less Total Obligations)	Lapse%	Notes / Explanation
SENIOR FARMERS MARKET	CHA	91PSSM	19	10/01/18	09/30/19	\$ 142,219	\$ 134,879	\$ 7,340	5.16%	Unredeemed food vouchers
ELC GRANT NPPHF	CPPE	81CNPF	18	08/01/18	07/31/19	\$ 2,394,978	\$ 2,267,442	\$ 127,536	5.33%	Delay in procuring contractor. (Additional funding may be recovered or extended to bring the lapse amount down to \$63,613.37)
CANCER CHRONIC DISEASE PREVENTION	CHA	81CCDP	18	03/29/18	03/28/19	\$ 672,358	\$ 625,383	\$ 46,975	6.99%	Vacancy savings
DISTRICT OF COLUMBIA HEALTHY START 1	CHA	91PSHP	19	11/01/18	03/31/19	\$ 755,833	\$ 702,895	\$ 52,938	7.00%	Vacancy savings
Commodity Supplemental Food Program	CHA	91PSFP	19	10/01/18	09/30/19	\$ 425,844	\$ 393,852	\$ 31,992	7.51%	Vacancy savings
WIC BREASTFEEDING PEER COUNSELING FUNDS	CHA	72WBPC	17	10/01/16	09/30/19	\$ 197,151	\$ 175,879	\$ 21,272	10.79%	Expenses were to be charged additionally to 91PSWC. It was erroneously not charged to this grant.
PRESCRIPTION DRUG MONITORING	HRLA	81SPDM	18	09/01/18	08/31/19	\$ 776,599	\$ 691,638	\$ 84,961	10.94%	Vacancy savings; underspending by vendors/grantees
INNOVATION HOME VISITATION	CHA	72INOV	17	12/01/16	09/29/19	\$ 1,494,700	\$ 1,305,741	\$ 188,959	12.64%	Vacancy savings: grantee under spending. (Not enough home visitors)
DISTRICT OF COLUMBIA HEALTHY START 1	CHA	81PSHP	18	11/01/17	10/31/18	\$ 1,898,600	\$ 1,618,694	\$ 279,906	14.74%	Vacancy savings; grantee underspending (not able to hire staff)
NATIONAL CANCER PREVENTION AND CONTROL	CHA	81NCPC	18	06/30/18	06/29/19	\$ 1,459,134	\$ 1,195,867	\$ 263,267	18.04%	Unawarded contracts for Comp Cancer. WISH contractors did not screen as many women as expected.
UNIVERSAL NEWBORN HEARING SCREENING	CHA	81NHMC	18	04/01/18	03/31/19	\$ 250,000	\$ 179,569	\$ 70,431	28.17%	Contractor could not expend all funds due to lack of participants.
SUPPORT ORAL HEALTH WORKFORCE	CHA	81SOHW	18	09/01/18	08/31/19	\$ 253,212	\$ 179,871	\$ 73,341	28.96%	Subgrants to train dental staff were not issued
FARMERS MARKET PROGRAM	CHA	91PSFM	19	01/08/00	09/30/19	\$ 274,995	\$ 194,674	\$ 80,321	29.21%	Unredeemed food vouchers
INCREASING COLORECTAL CANCER SCREENING	CHA	81CCSP	18	06/28/18	06/29/19	\$ 743,251	\$ 423,431	\$ 319,820	43.03%	CPPE funding covered BRFSS colorectal questions. The strategic management contract was not awarded.
CLIA	HRLA	91SHLC	19	10/01/18	09/30/19	\$ 64,932	\$ 24,103	\$ 40,829	62.88%	Vacancy savings (due to extended medical leave)
FOOD SAFETY HYGIENE INSPECTION	HRLA	91FSHI	19	01/16/18	12/31/18	\$ 3,000	\$ -	\$ 3,000	100.00%	The check from the grantor was received after the end of the fiscal year.
IMPACT ACT 2018 HOSPICE SURVEY	HRLA	91PACT	19	10/01/18	09/30/19	\$ 5,074	\$ -	\$ 5,074	100.00%	DC Health didn't have any Impact surveys in the District of Columbia in FY19.
NATIONAL ASSOCIATION COUNT/CITY HEALTH	HRLA	81NACC	19	12/01/17	08/31/18	\$ 6,916	\$ -	\$ 6,916	100.00%	The check from the grantor was received after the end of the fiscal year.
INTEGRATED SURVEILLANCE AND PREVENTION	HAHSTA	81HISP	18	01/01/18	12/31/18	\$ 6,334,315	\$ 5,020,024	\$ 1,314,291	20.75%	* A carryover request was submitted to CDC and approved. Significant CDC delays in issuing the NOA, in addition to start-up budget authority delays for this new award. Component B of the award required even more start-up approval processes.

Grant Name	DC Health Unit	Grant Number	Grant Phase	Grant Begin Date	Grant End Date	Total Grant Award Amount	Total Cumulative Obligations	Grant Lapse (Grant Award less Total Obligations)	Lapse%	Notes / Explanation
HIV EMERGENCY RELIEF PROJECT GRANTS	HAHSTA	81HAER	18	03/01/18	02/28/19	\$ 33,127,090	\$ 29,445,049	\$ 3,682,041	11.11%	* Carry-over funds requested. NOA not yet received. The lapse occurred due to sub-recipient underspending related to hiring staff and changes in utilization based on other payer sources entering the environment.
Ensuring Quitline Services Capacity	CHA	71EQSC	17	08/01/17	04/28/20	\$ 137,500	\$ 98,285	\$ 39,215	28.52%	* Carryover requested and received via a no-cost extension. Reported as lapse, but the new budget period ends 4/28/2020.
VIOLENCE AGAINST WOMEN ACT	HAHSTA	73HVAW	17	10/01/16	09/30/19	\$ 1,297,520	\$ 556,498	\$ 741,022	57.11%	* A no-cost extension has since been granted (10/19/19) extending the award to 09/30/20. Reported as lapsed upon close-out.
FOOD STAMP NUTRITION EDUCATION PRGRM	CHA	81PSFS	18	10/01/17	09/30/19	\$ 1,517,984	\$ 1,503,039	\$ 14,945	0.98%	Vendor underspending
MATERNAL/CHILD HEALTH SVCS BLOCK GRANT	CHA	82PSMB	18	10/01/17	09/30/19	\$ 6,910,703	\$ 6,841,256	\$ 69,447	1.00%	grantee underspending
ELC Domestic Ebola Supplement	CPPE	53CEBO	15	03/31/15	03/30/18	\$ 1,530,496	\$ 1,490,862	\$ 39,634	2.59%	Equipment item for lab not delivered before grant ended. Equipment returned.
DC PUBLIC HEALTH PREVENTION	CHA	81DCPH	18	09/30/18	06/29/19	\$ 1,798,784	\$ 1,750,116	\$ 48,668	2.71%	Vacancy savings; underspending by vendors/grantees
RYAN WHITE CARE ACT TITLE II	HAHSTA	81HATT	18	04/01/18	03/31/19	\$ 14,659,103	\$ 14,232,938	\$ 426,165	2.91%	The lapse occurred due to sub-recipient underspending related to hiring staff, and changes in utilization based on other payer sources entering the environment. RW legislation mandates that RW funding is used as the payer of last resort thus other available funding must be expended before RW funds can be used.
SPEC. SUPP. NUT. PROGRAM (WIC)	CHA	91PSWC	19	10/01/18	09/30/19	\$ 11,332,312	\$ 10,977,099	\$ 355,213	3.13%	Rebates submitted by grocery stores
TUBERCULOSIS ELIMINATION AND LAB CO-OP	HAHSTA	81PHTL	18	01/01/18	12/31/18	\$ 289,163	\$ 288,350	\$ 813	0.28%	NA
GRANTS TO STATES FOR LOAN REPAYMENT	CHA	81HPLR	18	09/01/18	08/31/19	\$ 333,161	\$ 333,155	\$ 6	0%	NA
PREVENTIVE HEALTH BLOCK GRANT	CHA	82PHBG	18	10/01/17	09/30/19	\$ 1,316,691	\$ 1,304,759	\$ 11,932	1%	NA
PRIMARY CARE OFFICES	CHA	81SHPC	18	04/01/18	03/31/19	\$ 160,968	\$ 160,783	\$ 185	0%	NA
TITLE 18	HRLA	91SHIH	19	10/01/18	09/30/19	\$ 1,208,641	\$ 1,208,641	\$ -	0%	NA
TITLE 19	HRLA	91SHFS	19	10/01/18	09/30/19	\$ 2,352,493	\$ 2,352,493	\$ -	0.00%	NA
HOPWA	HAHSTA	63HOPA	16	10/01/15	04/06/19	\$ 11,165,299	\$ 11,165,299	\$ -	0%	NA
RAPE PREVENTION WARD 7 - 8	CHA	81CHRP	18	02/01/18	01/31/19	\$ 246,622	\$ 246,622	\$ -	0%	NA
OCCUPATIONAL INUJURIES PROGRAM	CPPE	91SHOI	19	10/01/18	09/30/19	\$ 89,500	\$ 89,500	\$ -	0%	NA
OPIOID SURVEILLANCE SYSTEM	CPPE	81OPID	18	09/01/18	08/31/19	\$ 339,295	\$ 376,678	\$ -	0%	NA
FOOD PROTECTION TASK FORCE	HRLA	81FPTF	18	08/01/17	07/31/18	\$ 10,000	\$ 10,000	\$ -	0%	NA
PREGNANCY RISK ASSESSMENT MONITORING SYS	CPPE	81PRMS	18	05/01/18	04/30/19	\$ 157,499	\$ 157,499	\$ -	0%	NA
VIOLENT DEATH TRACKING & SURVEILLANCE	CPPE	81VDTS	18	09/01/18	08/31/19	\$ 178,398	\$ 178,398	\$ -	0%	NA
ADULT VIRAL HEPATITIS	HAHSTA	81VVHA	18	11/01/17	10/31/18	\$ 174,389	\$ 174,389	\$ -	0%	NA
HIV BEHAVIORAL SERVICES	HAHSTA	81HASB	18	01/01/18	12/31/18	\$ 503,618	\$ 503,618	\$ -	0%	NA

Grant Name	DC Health Unit	Grant Number	Grant Phase	Grant Begin Date	Grant End Date	Total Grant Award Amount	Total Cumulative Obligations	Grant Lapse (Grant Award less Total Obligations)	Lapse%	Notes / Explanation
HOUSING OPPORTUNITIES FOR PERSON W/AIDS	HAHSTA	73HOPA	17	10/01/16	09/30/19	\$ 11,107,054	\$ 11,107,054	\$ -	0%	NA
INCREASE AND IMPROVE SYNDEMICS IN DC	HAHSTA	81PHTS	18	01/01/18	12/31/18	\$ 957,867	\$ 957,867	\$ -	0%	NA
IMMUNIZATION & VACCINES FOR CHILDREN	CHA	71PHIM	17	04/01/17	06/30/19	\$ 4,170,291	\$ 4,170,291	\$ -	0%	NA
BEHAVIORAL RISK FACTOR	CPPE	81BFRS	18	03/29/18	03/28/19	\$ 295,609	\$ 295,609	\$ -	0%	NA
TOTAL						\$125,521,161	\$117,110,089	\$8,448,456	6.73%	

DOH Unit	EGMS Grant ID	Grantee's Name	NOGA Purpose	Funding Source	FY 19 Status: NEW/ CONT	Project Period Start Date	Project Period End Date	Total Award Amount	Approved FY 19 Budget Authority	FY19 Expenditures	Performance Status	Number of People Targeted	Number of People Served	Corrective Actions/ TA Provided	Ward	Project Officer	Grant Monitor
CHA	CHA2017-000011	BETA OMEGA SOCIAL SERVICES INC	RPEP Education Expantion	Federal	CONT	03/01/17	01/31/20	\$ 233,000	\$ 35,000	\$ 16,348	Satisfactory	40	55	TA=Yes CA=No	4	Letitia Winston	Linda Douglas
CHA	CHA2019-000014-002	BREAD FOR THE CITY, INC.	Million Hearts Quality Improvement Program	Federal	NEW	04/01/19	09/30/19	\$ 50,000	\$ 50,000	\$ 47,418	Satisfactory	160		TA=Yes CA=No	6	Lindsay Handelsman	Janet Robinson
CHA	CHA2016-000025	BREATHE DC	Maternal and Child Health Services Block Grant	Federal	CONT	12/01/15	09/30/20	\$ 1,440,205	\$ 288,041	\$ -	Unsatisfactory (did not meet most targets)	225	130	TA	8	Nadia Khan	Annis Bishop-Watson
CHA	CHA2017-000027	BREATHE DC	Improving Pediatric Asthma Outcomes	Federal	CONT	08/01/17	09/30/20	\$ 231,250	\$ 91,250	\$ 91,250	Satisfactory	1000	250	TA=Yes CA=No	8	LaVerne Jones	Linda Douglas
CHA	CHA2016-000026	CHILDREN'S NATIONAL MEDICAL CENTER	Maternal and Child Health Services Block Grant	Federal	CONT	12/01/15	09/30/20	\$ 1,500,000	\$ 352,201	\$ -	Excellent	555	655	TA	NA	Nadia Khan	Annis Bishop-Watson
CHA	CHA2016-000058-016	CHILDREN'S NATIONAL MEDICAL CENTER	WIC Program	Federal	CONT	01/01/16	09/30/20	\$ 4,182,571	\$ 917,015	\$ 725,532	Satisfactory	3000	2726	YES	NA	Christi Dorsey	Tiffanie Williams
CHA	CHA2017-000024	CHILDREN'S NATIONAL MEDICAL CENTER	Improving Pediatric Asthma Outcomes	Federal	CONT	08/01/17	09/30/21	\$ 320,000	\$ 179,776	\$ 179,776	Excellent	15000	15000	T/A - Yes; CA-No	NA	Lindsay Handelsman	Linda Douglas
CHA	CHA2017-000006-003	COMMUNITY WELLNESS ALLIANCE LLC	Community Clinical Linkages for Diabetes	Federal	CONT	12/01/16	09/29/19	\$ 220,050	\$ 70,000	\$ 70,000	Satisfactory	N/A	N/A	TA=Yes, CA=No	1	Lindsay Handelsman	Linda Douglas
CHA	CHA2016-000038	DC BREASTFEEDING COALITION	Title V Maternal and Child Health Block Grant	Federal	CONT	12/01/15	09/30/20	\$ 1,499,985	\$ 505,947	\$ 374,734	Satisfactory	4000	2445	TA=Yes	1	Nadia Khan	Annis Bishop-Watson
CHA	CHA2017-000012	DIST OF COLUMBIA PRIMARY CARE ASSOCIATION	Health System QI	Federal	CONT	10/01/16	06/29/20	\$ 850,728	\$ 156,250	\$ 148,978	Satisfactory	N/A	10205	T/A - Yes; CA-No	2	Lindsay Handelsman	Linda Douglas
CHA	CHA2019-000024	District of Columbia Forensic Nurse Examiners	Sexual Assault Victim Services Infrastructure Development	Federal	NEW	06/01/19	09/30/20	\$ 100,000	\$ 92,700	\$ 8,445	Satisfactory	750 - Sexual assault victims 115 nurses trained	750 20	T/A - Yes; CA-No	5	LaVerne Jones	Annis Bishop-Watson
CHA	CHA2018-000002-006	Every Child By Two	DC Immunization Coalition Funding	Federal	CONT	01/01/18	06/30/20	\$ 166,293	\$ 95,785	\$ 29,716	Satisfactory	N/A	N/A	No	NA	Jacquelyn Campbell	Annis Bishop-Watson
CHA	CHA2019-000016-001	FAMILY AND MEDICAL COUNSELING SERVICE INC	Million Hearts Quality Improvement Program	Federal	NEW	04/01/19	09/30/19	\$ 25,000	\$ 37,500	\$ 37,500	Satisfactory	1000	715	TA=Yes, CA=No	8	Lindsay Handelsman	Annis Bishop-Watson

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CHA	CHA2019-000005-000	Flexcare Pharmacy LLC	Diabetes Prevention Program	Federal	NEW	04/01/19	06/29/19	\$ 25,000	\$ 24,846	\$ 24,846	Good	35	35	TA Provided	7	Joann Jolly	Linda Douglas
CHA	CHA2016-000063-012	Friends of the National Arboretum	SNAP-Ed Nutrition and Wellness Education Service	Federal	CONT	04/25/16	09/30/19	\$ 475,000	\$ 130,000	\$ 126,434	Satisfactory	3500	5458	TA=Yes	5	Nazneen Ahmad	Janet Robinson
CHA	CHA2016-000034	GEORGETOWN UNIVERSITY, THE	Home Visitation program	Federal	CONT	02/15/15	09/30/20	\$ 1,521,490	\$ 538,784	\$ 472,975	Satisfactory	NA	NA	No	2	Kim Morrison	Brenda Anderson
CHA	CHA2019-000011-001	HEALING OUR VILLAGE OF DC, INC.	Healing Our Village Diabetes Prevention Program	Federal	NEW	04/01/19	09/29/19	\$ 31,250	\$ 31,250	\$ 31,250	Good	60	100	TA Provided	NA	Joann Jolly	Linda Douglas
CHA	CHA2016-000041-013	Howard University	The Spec. Supp Nutrition Program for Women, Infant and Children	Federal	CONT	01/01/16	09/30/20	\$ 2,965,669	\$ 682,799	\$ 431,608	SATISFACTORY	2350	1901	YES	2	Christi Dorsey	Tiffanie Williams
CHA	CHA2016-000083-006	HOWARD UNIVERSITY, THE	DC3C: Hospital Evidenced Based Intervention	Federal	CONT	09/26/16	06/29/20	\$ 80,000	\$ 50,000	\$ -	Satisfactory	N/A	N/A	No	2	Tesha Coleman	Linda Douglas
CHA	CHA2016-000052	La Clinica del Pueblo	Maternal and Child Health Services Block Grant to States Program	Federal	CONT	12/01/15	09/30/20	\$ 1,500,000	\$ 324,419	\$ 274,881	Satisfactory	230	185	TA	1	Nadia Khan	Annis Bishop-Watson
CHA	CHA2019-000015-002	La Clinica del Pueblo	Million Hearts Quality Improvement Program	Federal	NEW	04/01/19	09/30/19	\$ 37,500	\$ 37,500	\$ 34,269	Satisfactory	N/A	N/A	TA=Yes, CA=No	1	Lindsay Handelsman	Annis Bishop-Watson
CHA	CHA2016-000048	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	Healthy Family America	Federal & Local	CONT	10/01/15	09/30/20	\$ 4,103,245	\$ 1,201,920	\$ 1,175,227	Unsatisfactory	180	157	CA=Yes TA=Yes	1	Kim Morrison	Brenda Anderson
CHA	CHA2016-000049	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	Parents as Teachers	Federal & Local	CONT	10/01/15	09/30/20	\$ 1,800,671	\$ 522,649	\$ 522,121	Unsatisfactory	120	98	CA=Yes TA=Yes	1	Kim Morrison	Brenda Anderson
CHA	CHA2016-000042-011	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	WIC Local Agencies	Federal	CONT	01/01/16	09/30/20	\$ 3,701,082	\$ 728,441	\$ 651,089	SATISFACTORY	3400	3320	YES	1	Christi Dorsey	Tiffanie Williams

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CHA	CHA2016-000075-010	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	Healthy Start Home Visitation Program	Federal	CONT	06/01/15	09/30/19	\$ 1,746,249	\$ 435,000	\$ 399,215	Satisfactory	400	54	No Corrective Actions, TA Provided	1	Kristal Dail	Brenda Anderson
CHA	CHA2016-000031-006	MedStar Washington Hospital Center	FY 2015 Million Hearts Strategy Grant Program	Federal	CONT	06/08/15	09/30/19	\$ 195,310	\$ 56,250	\$ 49,674	Excellent	N/A	N/A	TA=Yes, CA=No	5	Lindsay Handelsman	Linda Douglas
CHA	CHA2016-000039	NATIONAL ALLIANCE TO ADVANCE ADOLESCENT HEALTH (THE)	Maternal and Child Health Services Block Grant to State Program	Federal	CONT	12/01/15	09/30/20	\$ 1,467,840	\$ 300,000	\$ 299,994	Unsatisfactory (did not meet most targets)	250	125	TA	2	Nadia Khan	Annis Bishop-Watson
CHA	CHA2016-000043-013	UNITY HEALTH CARE, INC.	WIC Services	Federal	CONT	09/01/15	09/30/20	\$ 5,524,732	\$ 1,057,077	\$ 685,077	SATISFACTORY	4500	3897	YES	6	Christi Dorsey	Tiffanie Williams
CHA	CHA2019-000004-003	UNITY HEALTH CARE, INC.	Diabetes Prevention Program	Federal	NEW	03/01/19	09/29/19	\$ 39,628	\$ 39,628	\$ 39,628	Good	35	35	TA Provided	6	Joann Jolly	Lisa Thompson
CHA	CHA2016-000040	WILLIAM WENDT CENTER FOR LOSS & HEALING	Maternal and Child Health Services Block Grant to States Program	Federal	CONT	02/01/16	09/30/20	\$ 1,500,000	\$ 300,000	\$ 299,731	Excellent	315	832	TA=Yes	3	Nadia Khan	Annis Bishop-Watson
CHA	CHA2019-000010-002	YMCA of Metropolitan Washington	Diabetes Prevention Program	Federal	NEW	04/01/19	06/29/19	\$ 24,998	\$ 24,909	\$ 24,909	Good	75	75	TA Provided	2	Joann Jolly	Lisa Thompson
CHA	CHA2019-000012	American University	Multi-Component Obesity Prevention in Targeted Settings	Federal & Local	NEW	04/01/19	09/30/20	\$ 200,000	\$ 99,119	\$ 51,605	Good	N/A	N/A	TA Provided	NA	JoAnn Jolly	Lisa Thompson
CHA	CHA2018-000005-005	Capital Area Food Bank	Senior Nutrition	Federal & Local	CONT	10/01/17	09/30/22	\$ 4,123,425	\$ 819,105	\$ 818,105	Satisfactory	5411	6006	TA=Yes	5	Karen Franco	Lisa Thompson
CHA	CHA2017-000008-001	CHILDREN'S NATIONAL MEDICAL CENTER	Eliminating Perinatal Health Disparities	Federal & Local	CONT	10/01/16	09/30/19	\$ 1,006,139	\$ 356,723	\$ 301,561	Satisfactory	365	94	No Corrective Actions, TA Provided	NA	Kristal Dail	Brenda Anderson

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CHA	CHA2016-000073-010	Community of Hope	Healthy Start case management program	Federal & Local	CONT	08/24/15	09/30/19	\$ 1,272,201	\$ 336,212	\$ 336,203	Satisfactory	575	367	No Corrective Actions, TA Provided	8	Kristal Dail	Brenda Anderson
CHA	CHA2016-000082-007	DIST OF COLUMBIA PRIMARY CARE ASSOCIATION	DC3C: Primary Care Health Systems Intervention	Federal & Local	CONT	09/26/16	06/29/20	\$ 250,480	\$ 250,496	\$ -	Satisfactory	N/A	N/A	No	2	Tesha Coleman	Janet Robinson
CHA	CHA2019-000018	La Clinica del Pueblo	Multi-Component Obesity Prevention in Targeted Settings	Federal & Local	NEW	04/01/19	09/30/20	\$ 150,000	\$ 75,000	\$ 72,812	Good	5190	5190	TA Provided	1	JoAnn Jolly	Lisa Thompson
CHA	CHA2016-000006-008	Mary's Center for Maternal and Child Health, Inc.	Million Hearts Strategy Grant	Federal & Local	CONT	06/08/15	09/30/19	\$ 130,250	\$ 56,250	\$ 56,250	Excellent	25	38	TA=Yes, CA=No	1	Lindsay Handelsman	Linda Douglas
CHA	CHA2016-000044-010	Mary's Center for Maternal and Child Health, Inc.	SNAP-Ed Nutrition and Wellness Education Service	Federal & Local	CONT	01/01/16	09/30/19	\$ 450,805	\$ 125,000	\$ 115,328	Satisfactroy	3500	7378	TA=Yes	1	Danita Banks	Janet Robinson
CHA	CHA2019-000019	METRO HEALTH INC	Multi-Component Obesity Prevention in Targeted Settings	Federal & Local	NEW	04/01/19	09/30/20	\$ 180,000	\$ 90,000	\$ 90,000	Good	2500	1500	TA Provided	1	JoAnn Jolly	Lisa Thompson
CHA	CHA2019-000021	YMCA of Metropolitan Washington	Multi-Component Obesity Prevention in Targeted Settings	Federal & Local	NEW	04/01/19	09/30/20	\$ 190,000	\$ 94,920	\$ 74,372	Good	N/A	N/A	TA Provided	2	JoAnn Jolly	Lisa Thompson
CHA	CHA2018-000004-003	Arcadia Food, Inc.	Mobile Markets	Local	CONT	03/01/18	09/30/19	\$ 97,000	\$ 48,500	\$ 48,500	Satisfactory	200	1359	TA=Yes	NA	Michael Segal	Janet Robinson
CHA	CHA2017-000019	Big Brothers Big Sisters of the National Capital Area	Building Positive Futures+ Teen Pregnancy Prevention Program	Local	CONT	07/17/17	09/30/20	\$ 1,260,088	\$ 400,000	\$ -	Satisfactory	130	178	TA=Yes	NA	Tecia Sellers	Linda Douglas
CHA	CHA2017-000028	BREATHE DC	Smokefree Places	Local	CONT	10/01/17	09/30/20	\$ 150,000	\$ 75,000	\$ 74,953	Satisfactory	N/A	N/A	CA: No TA: No	8	Carrie Dahlquist	Annis Bishop-Watson
CHA	CHA2017-000033	BREATHE DC	Smokefree MultiUnit Housing Website	Local	CONT	10/01/17	09/30/20	\$ 60,000	\$ 30,000	\$ -	Satisfactory	N/A	N/A	CA: No TA: No	8	Carrie Dahlquist	Lisa Thompson
CHA	CHA2017-000026	CATHOLIC CHARITIES	Tobacco Prevention and Control Community Grants	Local	CONT	10/01/17	09/30/20	\$ 150,000	\$ 75,000	\$ 74,788	Excellent	600	544	CA: No TA: No	2	Carrie Dahlquist	Annis Bishop-Watson

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CHA	CHA2016-000086	CHILDREN'S NATIONAL MEDICAL CENTER	School Based Health Centers	Local	CONT	08/15/16	09/30/20	\$ 4,035,960	\$ 916,429	\$ 633,069	Satisfactory SBHCs have a target to enroll 75% of students. Enrollment is low, however, services are being provided as outlined in the grant agreement.	1502	864	TA=Yes	NA	Carolina Martinez	Patricia Greenaway
CHA	CHA2017-000029-005	CHILDREN'S NATIONAL MEDICAL CENTER	Teen Pregnancy Program	Local	CONT	07/17/17	09/30/20	\$ 948,574	\$ 299,753	\$ 257,459	Unsatisfactory *Programming was impacted failed partnerships, staffing transitions and technical issues with parental consent.	2000	445	TA=YES	NA	Tecia Sellers	Janet Robinson
CHA	CHA2017-000002	Children's School Services	School Health Services Program	Local	CONT	10/01/17	09/30/21	\$ 127,344,300	No Grant	\$ 19,662,320	Satisfactory	79709	79709	CA=Yes TA=Yes	5	Jessica Arter	Patricia Greenaway
CHA	CHA2019-000001	COMMUNITY OF HOPE, INC.	Senior Dental Services Program	Local	NEW	12/01/18	09/30/21	\$ 375,000	\$ 375,000	\$ 240,306	Satisfactory	85	197	TA=Yes CA=No	8	Hiroko Iida no longer with DOH	Lisa Thompson
CHA	CHA2019-000006-003	COMMUNITY OF HOPE, INC.	Care Transformation	Local	NEW	04/01/19	09/30/22	\$ 1,600,000	\$ 194,778	\$ 66,470	Satisfactory	1200	35	TA=Yes CA=No	8	Rosemary Taing	Janet Robinson
CHA	CHA2019-000020	COMMUNITY OF HOPE, INC.	Home Visiting Services	Local	NEW	04/01/19	09/30/22	\$ 1,214,000	\$ 103,828	\$ 47,608	Satisfactory	53	0	No	8	Vinetta Freeman	Brenda Anderson
CHA	CHA2019-000002-000	COMMUNITY WELLNESS ALLIANCE LLC	DC Tobacco Free Coalition	Local	NEW	10/01/18	09/30/19	\$ 49,950	\$ 49,950	\$ 49,950	Excellent		N/A	CA: No TA: No	1	Carrie Dahlquist	Annis Bishop-Watson

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CHA	CHA2017-000009	DC Central Kitchen	Healthy Food Access Initiatives	Local	Modifica tion	11/01/16	09/30/21	\$ 1,400,000	\$ 500,000	\$ 500,000	Satisfactory	6000	11125	TA=YES	6	Michael Segal	Annis Bishop-Watson
CHA	CHA2016-000069	DC Greens	Produce Plus	Local	CONT	01/18/16	09/30/20	\$ 3,750,000	\$ 1,452,937	\$ 1,400,388	Satisfactory	10355	8820	TA=YES	2	Michael Segal	Janet Robinson
CHA	CHA2019-000003-003	District of Columbia Hospital Association	DC Healthier Hospital Initiative	Local	NEW	10/01/18	01/31/20	\$ 49,999	\$ 49,999	\$ -	Good	42000	42000	TA=Yes	2	Joann Jolly	Lisa Thompson
CHA	CHA2016-000066	FLORENCE CRITTENTON SERVICES OF GREATER WASHINGTON	Teen Pregnancy Program	Local	CONT	03/14/16	09/30/20	\$ 3,240,000	\$ 775,000	\$ -	Satisfactory	225-250	236	TA=YES	NA	Tecia Sellers	Brenda Anderson
CHA	CHA2017-000010	FOOD & FRIENDS, INC.	Healthy Food Access Initiatives	Local	CONT	11/01/16	09/30/21	\$ 2,800,000	\$ 825,000	\$ 825,000	Satisfactory	310	395	TA=YES	5	Michael Segal	Annis Bishop-Watson
CHA	CHA2019-000013	GEORGETOWN UNIVERSITY, THE	Perinatal Health Needs Assessment	Local	NEW	03/01/19	09/30/20	\$ 300,000	\$ 100,000	\$ 47,932					2	Katterra Logan	Annis Bishop-Watson
CHA	CHA2019-000017	GEORGETOWN UNIVERSITY, THE	Home Visiting Services	Local	NEW	04/01/19	09/30/22	\$ 1,279,000	\$ 51,000	\$ 41,503	Satisfactory	70	15	No	3	Jasmine Davis	Brenda Anderson
CHA	CHA2017-000020	Healthy Babies Project Inc.	Teen Pregnancy Program	Local	CONT	07/17/17	09/30/20	\$ 1,149,897	\$ 270,000	\$ 253,134	Unsatisfactory *Programming was impacted by school calendars and failed partnerships.	500	161	TA=Yes	7	Tecia Sellers	Linda Douglas
CHA	CHA2019-000022	HOWARD UNIVERSITY, THE	Pre-term Birth Reduction Pilot	Local	NEW	05/01/19	09/30/20	\$ 800,000	\$ 1	\$ -	Unsatisfactory	2,000 pregnant women	0 people served	TA was provided to HUH, but their project director was unable to hire a program manager in FY19.	2	Katterra Logan	Annis Bishop-Watson

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CHA	CHA2016-000053	Martha's Table, Inc.	Healthful Food Access Initiatives	Local	CONT	03/07/16	09/30/21	\$ 5,200,000	\$ 1,499,513	\$ 1,499,297	Satisfactory	6500	6670	TA=Yes	1	Michael Segal	Janet Robinson
CHA	CHA2019-000023-000	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	Senior Dental Services Program	Local	NEW	06/01/19	09/30/19	\$ 49,999	\$ 49,999	\$ -	No Rating	N/A	N/A	TA=Yes CA=Unknown	1	Hiroko Iida no longer with DOH	Lisa Thompson
CHA	CHA2017-000031-003	MEDSTAR GEORGETOWN MEDICAL CENTER	ECIN Early Childhood Place Based Initiative	Local	CONT	10/01/17	09/30/21	\$ 1,400,583	\$ 707,590	\$ 703,660			250	No	3	Jasmine Davis	Brenda Anderson
CHA	CHA2016-000085	MedStar Health	School-based Health Center Operations	Local	CONT	08/15/16	09/30/20	\$ 2,699,887	\$ 650,000	\$ 243,750	Satisfactory SBHCs have a target to enroll 75% of students. Enrollment is low, however, services are being provided as outlined in the grant agreement.	1073	642	TA=Yes CA=No	NA	Carolina Martinez	Letitia Winston
CHA	CHA2019-000009	MedStar Research Health Institute	Pre-term Birth Reduction Pilot	Local	NEW	04/01/19	09/30/20	\$ 450,000	\$ 98,825	\$ 80,249	Satisfactory	500+ women who delivered preterm and 30 women estimated to participate in focus group	0 - MWHC hired a program manager and nurse navigator at the end of FY19 so results will be seen in FY20	We are providing support for their focus groups and obtaining DC Health's IRB approval	4	Kattera Logan	Annis Bishop-Watson
CHA	CHA2016-000062	NATIONAL CAPITAL POISON CENTER	Poison surveillance and treatment	Local	CONT	03/14/16	09/30/20	\$ 1,439,355	\$ 444,300	\$ 444,300	Satisfactory	9000	9100	T/A - Yes; CA-No	3	JoAnn Jolly	Linda Douglas
CHA	CHA2016-000068	SASHA BRUCE YOUTHWORX INC	Teen Pregnancy Program	Local	CONT	03/21/16	09/30/20	\$ 1,319,596	\$ 329,899	\$ 271,554	Satisfactory	300	355	TA=Yes	6	Tecia Sellers	Brenda Anderson

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CHA	CHA2017-000034	Smart from the Start, Inc	Early Childhood Place Based Initiative	Local	CONT	10/01/17	09/30/21	\$ 1,244,840	\$ 311,210	\$ 310,970					NA	Jasmine Davis	Lisa Thompson
CHA	CHA2017-000018	The Young Women's Project	Teen Pregnancy Program	Local	CONT	07/17/17	09/30/20	\$ 528,295	\$ 217,137	\$ 207,593	Satisfactory	75	162	TA=Yes; CA=Yes	7	Tecia Sellers	Janet Robinson
CHA	CHA2016-000087	UNITY HEALTH CARE, INC.	School-based Health Center Operations	Local	CONT	08/15/16	09/30/20	\$ 2,690,640	\$ 650,000	\$ 650,000	Satisfactory SBHCs have a target to enroll 75% of students. Enrollment is low, however, services are being provided as outlined in the grant agreement.	935	722	TA=Yes; CA=No	6	Carolina Martinez	Patricia Greenaway
CHA	CHA2019-000007-003	UNITY HEALTH CARE, INC.	Care Transformation	Local	NEW	04/01/19	09/30/22	\$ 2,100,000	\$ 415,761	\$ 257,133	Satisfactory	200	226	TA=YES CA=NO	6	Rosemary Taing	Janet Robinson
CHA	CHA2017-000021	Urban Institute	Teen Pregnancy Program	Local	CONT	07/17/17	09/30/20	\$ 488,041	\$ 220,014	\$ 85,591	Satisfactory	90	75	TA=Yes	2	Tecia Sellers	Linda Douglas
HAHSTA	HAHSTA2017-000024-003	AIDS HEALTHCARE FOUNDATION INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	02/28/21	\$ 334,150	\$ 69,580	\$ 69,580	Satisfactory	310	307	None	NA	Christie Olejemeh	April Richardson
HAHSTA	HAHSTA2019-000011-000	AIDS HEALTHCARE FOUNDATION INC	Ryan White Part A	Federal	NEW	03/01/19	02/29/20	\$ 386,943	\$ 225,717	\$ 223,608	Satisfactory	230	864	None	NA	Christie Olejemeh	April Richardson
HAHSTA	HAHSTA2019-000031-000	AIDS HEALTHCARE FOUNDATION INC	Regional Early Intervention Services	Federal	NEW	08/15/19	02/28/25	\$ 1,265,280	\$ 72,302	\$ 10,999	Satisfactory	868	693	TA	NA	Christie Olejemeh	April Richardson
	HAHSTA2019-000023	ANDROMEDA TRANSCULTURAL HEALTH	Opioid Treatment Expansion (SOR)	Federal	NEW	08/15/19	09/30/21	\$ 93,750	\$ 31,250	\$ 20,235	Satisfactory	35	35	None	4	Stephen Reese	Monique (Caison) Brown
HAHSTA	HAHSTA2017-000030-004	CHILDREN'S NATIONAL MEDICAL CENTER	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	02/28/21	\$ 2,191,095	\$ 374,089	\$ 328,631	Satisfactory	832	212	TA	NA	Trammell Walters	April Richardson
HAHSTA	HAHSTA2017-000046-004	Children's National Medical Center	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	03/31/21	\$ 840,000	\$ 120,000	\$ 106,207	Satisfactory	185	111	TA	NA	Trammell Walters	April Richardson

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HAHSTA	HAHSTA2019-000013-000	CHILDREN'S NATIONAL MEDICAL CENTER	Ryan White (Part A) HIV/AIDS Program	Federal	NEW	03/01/19	02/29/20	\$ 675,171	\$ 393,850	\$ 342,581	Satisfactory	125	115	None	NA	Trammell Walters	April Richardson
HAHSTA	HAHSTA2016-000096	COMMUNITY FAMILY LIFE SERVICE INC	FY2016 HIV Facility Based Housing with Supportive Services	Federal	CONT	10/01/15	12/31/19	\$ 954,968	\$ 213,742	\$ 213,741	Satisfactory	18	18	None	1	Monique Green	Monique (Caison) Brown
HAHSTA	HAHSTA2017-000025-004	COMMUNITY FAMILY LIFE SERVICE INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	03/01/17	03/31/21	\$ 682,500	\$ 1,077,500	\$ 103,334	Excellent	100	184	TA	1	Ashley Coleman	Monique (Caison) Brown
HAHSTA	HAHSTA2019-000033-000	COMMUNITY FAMILY LIFE SERVICE INC	Regional Early Intervention Services	Federal	NEW	08/15/19	02/28/25	\$ 1,500,000	\$ 85,714	\$ 31,148	Excellent	150	134	TA	1	Ashley Coleman	Monique (Caison) Brown
HAHSTA	HAHSTA2016-000060-007	Community Networks, Inc.		Federal	CONT	10/01/13	09/30/19	\$ 294,768	\$ 55,000	\$ 55,000	Satisfactory	27	39	None	NA	Sherita Grant	Rony Mohram
	HAHSTA2018-000001	COMMUNITY OF HOPE, INC.	FY 18 Opioid Treatment Expansion Initiative (SOR)	Federal	CONT	11/01/17	09/30/20	\$ 50,000	\$ 50,000	\$ 32,617	Unsatisfactory	45	4	TA	8	Ronnie Vanderhorst	Rony Mohram
HAHSTA	HAHSTA2019-000012-000	Contemporary Family Services, Inc.	Ryan White Part A & MAI	Federal	NEW	03/01/19	02/29/20	\$ 1,011,000	\$ 70,750	\$ 142,834	Unsatisfactory	0	0	CAP	NA	Christie Olejemeh	Rony Mohram
HAHSTA	HAHSTA2017-000017	DAMIEN MINISTRIES INC	IMPACT DMV	Federal	CONT	06/01/17	03/31/20	\$ 206,250	\$ 56,250	\$ 56,250	Unsatisfactory	150	127	TA	5	Diedre Gray	Cassandra Lewis-Battle
HAHSTA	HAHSTA2017-000042-002	DAMIEN MINISTRIES INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	03/31/21	\$ 420,000	\$ 60,000	\$ 57,380	Satisfactory	50	40	TA	5	Ashley Coleman	Cassandra Lewis-Battle
HAHSTA	HAHSTA2019-000042-000	DAMIEN MINISTRIES INC	Regional Early Intervention Services	Federal	NEW	09/01/19	02/28/25	\$ 1,250,000	\$ 35,714	\$ 24,046	Excellent	50	103	TA	5	Ashley Coleman	Cassandra Lewis-Battle
HAHSTA	HAHSTA2017-000003-002	District Alliance for Safe Housing, Inc	VAWA-HOPWA Demonstration Project - THAP	Federal	CONT	10/01/16	09/30/19	\$ 197,520	\$ 100,265	\$ 100,250	Satisfactory	13	13	None	5	Baron Bell	Monique (Caison) Brown
HAHSTA	HAHSTA2017-000029-005	FAMILY AND MEDICAL COUNSELING SERVICE INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	03/31/21	\$ 1,182,300	\$ 168,900	\$ 149,811	Unsatisfactory	2895	443	TA	8	Ashley Coleman	Monique (Caison) Brown
	HAHSTA2019-000015	FAMILY AND MEDICAL COUNSELING SERVICE INC	Opioid Treatment Expansion (SOR)	Federal	NEW	05/01/19	09/30/20	\$ 90,000	\$ 90,000	\$ 90,000	Satisfactory	45	25	None	8	Ronnie Vanderhorst	Monique (Caison) Brown
HAHSTA	HAHSTA2019-000039-000	FAMILY AND MEDICAL COUNSELING SERVICE INC	Regional Early Intervention Services	Federal	NEW	09/01/19	02/28/25	\$ 1,906,065	\$ 57,142	\$ 57,142	Unsatisfactory	300	0	TA	8	Ashley Coleman	Monique (Caison) Brown

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HAHSTA	HAHSTA2017-000023-004	FOOD & FRIENDS, INC.	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/16	02/28/21	\$ 187,930	\$ 32,086	\$ 29,369	Excellent	75	91	TA	5	Ashley Coleman	April Richardson
HAHSTA	HAHSTA2019-000028-000	Fredericksburg Area HIV/Aids Support Services	Regional Early Intervention Services	Federal	NEW	08/15/19	02/28/25	\$ 1,015,255	\$ 58,015	\$ 13,522	Satisfactory	350	72	None	NA	Ebony Fortune	Monique (Caison) Brown
HAHSTA	HAHSTA2016-000095-011	Gaudenzia, Inc.		Federal	CONT	04/01/16	12/31/19	\$ 1,316,070	\$ 527,079	\$ 493,719	Satisfactory	26	66	None	NA	Sherita Grant	Rony Mohram
HAHSTA	HAHSTA2019-000014-001	Greater Baden Medical Services, Inc.	Ryan White (Part A) HIV/AIDS Program	Federal	NEW	03/01/19	02/29/20	\$ 648,000	\$ 378,000	\$ 209,560	Excellent	555	544	TA	NA	Ivan Eaton	Rony Mohram
	HAHSTA2019-000017	HEALTH HIV	Opioid Use and Misuse Learning Institute (SOR)	Federal	NEW	06/01/19	09/30/20	\$ 493,969	\$ 493,969	\$ 493,696	Satisfactory	200	92	None	2	Stephen Reese	Carroll Ward
HAHSTA	HAHSTA2017-000010	Heart To Hand Inc.	IMPACT DMV	Federal	CONT	06/01/17	03/31/20	\$ 378,639	\$ 154,389	\$ 141,306	Satisfactory	175	186	None	NA	Diedre Gray	Carroll Ward
HAHSTA	HAHSTA2019-000010-003	Heart To Hand Inc.	Ryan White (Part A) HIV/AIDS Program	Federal	NEW	03/01/19	02/29/20	\$ 409,889	\$ 532,000	\$ 532,000	Satisfactory	650	595	None	NA	Trammell Walters	Carroll Ward
HAHSTA	HAHSTA2019-000038-000	Heart To Hand Inc.	Regional Early Intervention Services	Federal	NEW	09/01/19	02/28/25	\$ 989,000	\$ 100,000	\$ 5,445	Satisfactory	6	0	None	NA	Trammell Walters	Carroll Ward
HAHSTA	HAHSTA2017-000027-003	HELPING INDIVIDUAL PROSTITUTES SURVIVE	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	03/31/21	\$ 202,300	\$ 28,900	\$ 25,144	Satisfactory	252	374	None	6	Christie Olejemeh	Monique (Caison) Brown
HAHSTA	HAHSTA2016-000079-014	Homes for Hope	HIV Housing Assistance	Federal	CONT	10/01/15	12/31/19	\$ 1,646,964	\$ 444,465	\$ 444,465	Satisfactory	18	18	None	7	Monique Green	Monique (Caison) Brown
HAHSTA	HAHSTA2017-000036-005	HOMES FOR HOPE, INC.	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	03/31/21	\$ 420,000	\$ 60,000	\$ 58,299	Excellent	46	45	TA	7	Ivan Eaton	Monique (Caison) Brown
HAHSTA	HAHSTA2018-000004-011	HOUSING COUNSELING SERVICES INC	Emergency Financial Assistance	Federal	CONT	03/01/18	02/29/20	\$ 2,068,500	\$ 1,015,792	\$ 992,712	Excellent	400	1365	None	1	Ashley Coleman	Monique (Caison) Brown
HAHSTA	HAHSTA2019-000009-000	HOUSING COUNSELING SERVICES INC	Housing and Support Services	Federal	NEW	02/01/19	09/30/19	\$ 228,781	\$ 228,781	\$ 2,000	Satisfactory	5	1	None	1	Sherita Grant	Monique (Caison) Brown
HAHSTA	HAHSTA2016-000056-012	Housing Counseling Services, Inc	FY2014 HIV Housing Assistance Program	Federal	CONT	10/01/14	09/30/20	\$ 4,544,320	\$ 99,856	\$ 65,780	Satisfactory	85	72	None	1	Sherita Grant	Monique (Caison) Brown
HAHSTA	HAHSTA2017-000031-003	HOWARD UNIVERSITY, THE	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	02/28/21	\$ 1,025,000	\$ 175,000	\$ 137,548	Satisfactory	630	1131	None	2	Christie Olejemeh	Cassandra Lewis-Battle

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	HAHSTA2018-000002	HOWARD UNIVERSITY, THE	FY 18 Opioid Treatment Expansion Initiative (SOR)	Federal	CONT	11/01/17	09/30/20	\$ 437,600	\$ 437,600	\$ 314,239	Satisfactory	500	25	TA	2	Stephen Reese	Cassandra Lewis-Battle
HAHSTA	HAHSTA2017-000018	Inova Health Care Services	IMPACT DMV	Federal	CONT	06/01/17	03/31/20	\$ 216,162	\$ 81,889	\$ 69,737	Satisfactory	150	167	None	NA	Terrance Payton	Carroll Ward
HAHSTA	HAHSTA2019-000024-000	Inova Health Care Services	Regional Early Intervention Services	Federal	NEW	08/15/19	02/28/25	\$ 1,843,032	\$ 77,000	\$ 12,155	Satisfactory	100	75	None	NA	Trammell Walters	Carroll Ward
HAHSTA	HAHSTA2017-000041-005	Institute for Public Health Innovation	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	03/31/21	\$ 350,000	\$ 50,000	\$ 47,038	Satisfactory	60	43	None	2	Princess Johnson	Carroll Ward
HAHSTA	HAHSTA2017-000035-005	JOSEPH'S HOUSE INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	02/28/21	\$ 519,167	\$ 105,167	\$ 101,009	Excellent	12	19	TA	1	Ivan Eaton	Rony Mohram
HAHSTA	HAHSTA2017-000011	La Clinica del Pueblo	IMPACT DMV	Federal	CONT	06/01/17	03/31/20	\$ 160,889	\$ 108,389	\$ 105,284	Satisfactory	150	242	None	1	Terrance Payton	April Richardson
HAHSTA	HAHSTA2017-000034-008	La Clinica del Pueblo	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	02/28/21	\$ 1,600,026	\$ 273,175	\$ 236,108	Satisfactory	236	122	TA	1	Trammell Walters	April Richardson
HAHSTA	HAHSTA2017-000047-005	La Clinica del Pueblo	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	03/31/21	\$ 525,000	\$ 75,000	\$ 62,386	Satisfactory	180	112	TA	1	Trammell Walters	April Richardson
HAHSTA	HAHSTA2019-000034-000	La Clinica del Pueblo	Regional Early Intervention Services	Federal	NEW	08/15/19	02/28/25	\$ 1,250,000	\$ 71,429	\$ 39,693	Satisfactory	4	6	TA	1	Trammell Walters	April Richardson
HAHSTA	HAHSTA2019-000021-000	LATIN AMERICAN YOUTH CENTER, INC.	Promotor Pathway Program	Federal	NEW	08/01/19	12/31/19	\$ 49,000	\$ 19,600	\$ 5,132					1	Mariel Edge	Cassandra Lewis-Battle
HAHSTA	HAHSTA2019-000041-000	Mary Washington Healthcare	Regional Early Intervention Services	Federal	NEW	09/01/19	02/28/25	\$ 400,000	\$ 11,429	\$ 861	Satisfactory	11	1	TA	NA	Princess Johnson	Monique (Caison) Brown
HAHSTA	HAHSTA2017-000038-002	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	02/28/21	\$ 54,588	\$ 9,320	\$ 5,770	Satisfactory	15	7	None	1	Princess Johnson	Monique (Caison) Brown
	HAHSTA2019-000019	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	Marys Center SBIRT (SOR)	Federal	NEW	05/01/19	09/30/21	\$ 112,500	\$ 69,985	\$ 50,928	Unsatisfactory - Funds used for start-up	0	0	TA	1	Stephen Reese	Monique (Caison) Brown
HAHSTA	HAHSTA2017-000045-005	Mary's Center for Maternal and Child Health, Inc.	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	03/31/21	\$ 612,500	\$ 87,500	\$ 81,567	Satisfactory	10	1	None	1	Princess Johnson	Monique (Caison) Brown

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HAHSTA	HAHSTA2017-000033-003	MedStar Research Health Institute	MHRI/MWHC Ryan White Parts A and B application 2017	Federal	CONT	10/01/17	02/28/21	\$ 1,171,917	\$ 200,083	\$ 141,136	Unsatisfactory	370	233	TA	4	Princess Johnson	Cassandra Lewis-Battle
HAHSTA	HAHSTA2019-000004-000	MedStar Research Health Institute	Hepatitis Data to Cure	Federal	NEW	01/01/19	10/31/19	\$ 49,995	\$ 44,440	\$ 36,077	Satisfactory	487	434	None	4	Stacey Cooper	Cassandra Lewis-Battle
HAHSTA	HAHSTA2017-000016	METRO HEALTH INC	IMPACT DMV	Federal	CONT	06/01/17	03/31/20	\$ 137,500	\$ 37,500	\$ 31,920	Satisfactory	50	127	None	1	Terrance Payton	April Richardson
HAHSTA	HAHSTA2017-000026-006	METRO HEALTH INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	03/31/21	\$ 997,500	\$ 175,500	\$ 169,060	Satisfactory	420	434	None	1	Christie Olejemeh	April Richardson
HAHSTA	HAHSTA2019-000018-002	METRO HEALTH INC	Comprehensive Screening, Brief Intervention, and Referral Treatment (SBIRT) Electronic Health Record Integration and Delivery, and Technical Assistance	Federal	NEW	06/01/19	09/30/21	\$ 382,634	\$ 78,817	\$ 77,374	Unsatisfactory	115	5	TA	1	Stephen Reese	April Richardson
HAHSTA	HAHSTA2019-000026-001	METRO HEALTH INC	Regional Early Intervention Services	Federal	NEW	08/15/19	02/28/25	\$ 2,100,000	\$ 100,000	\$ 38,377	Satisfactory	750	186	TA	1	Christie Olejemeh	April Richardson
HAHSTA	HAHSTA2019-000040-000	Neighborhood Health	Regional Early Intervention Services	Federal	NEW	09/01/19	02/28/25	\$ 1,478,515	\$ 85,714	\$ 61,688	Satisfactory	650	7	None	NA	Ebony Fortune	Rony Mohram
HAHSTA	HAHSTA2016-000061-006	Northern Virginia Regional Commission		Federal	CONT	10/01/15	09/30/19	\$ 8,206,494	\$ 2,400,000	\$ 2,247,955	Satisfactory	1209	10166	None	NA	Sherita Grant	Rony Mohram
HAHSTA	HAHSTA2019-000027-000	NOT-FOR-PROFIT HOSPITAL CORP (United Medical Center)	Regional Early Intervention Services	Federal	NEW	08/15/19	02/28/25	\$ 1,000,000	\$ 57,143	\$ 13,977	Satisfactory	1800	30	TA	8	Christie Olejemeh	April Richardson
HAHSTA	HAHSTA2017-000012	NovaSalud, Inc.	IMPACT DMV	Federal	CONT	06/01/17	03/31/20	\$ 166,500	\$ 52,000	\$ 51,792	Satisfactory	100	475	None	NA	Diedre Gray	Carroll Ward
HAHSTA	HAHSTA2019-000045-000	NovaSalud, Inc.	Regional Early Intervention Services	Federal	NEW	09/01/19	02/28/25	\$ 1,250,000	\$ 71,429	\$ 21,202	Satisfactory	12	8	TA	NA	Princess Johnson	Carroll Ward
HAHSTA	HAHSTA2017-000043-003	PROVIDENCE HEALTH FOUNDATION INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	04/30/19	\$ 324,583	\$ 20,000	\$ 15,053	Satisfactory	5	2	None	5	Princess Johnson	Carroll Ward

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HAHSTA	HAHSTA2017-000013	SEXUAL MINORITY YOUTH ASSISTANCE LEAGUE (SMYAL), INC.	IMPACT DMV	Federal	CONT	06/01/17	03/31/20	\$ 230,500	\$ 75,000	\$ 75,000	Satisfactory	150	157	None	6	Diedre Gray	Carroll Ward
HAHSTA	HAHSTA2018-000003-014	SHENANDOAH VALLEY MEDICAL SYSTEM, INCORPORATED	Ryan White HIV AIDS Program	Federal	CONT	03/01/18	02/28/21	\$ 1,414,234	\$ 217,632	\$ 209,930	Satisfactory	365	152	None	NA	Ebony Fortune	Rony Mohram
HAHSTA	HAHSTA2019-000029-000	SLK Health Services Corporation	Regional Early Intervention Services	Federal	NEW	09/01/19	02/28/25	\$ 1,000,000	\$ 28,571	\$ 19,515	Satisfactory	200	280	TA	NA	Christie Olejemeh	Rony Mohram
HAHSTA	HAHSTA2017-000001-005	Southern Maryland Tri-County Community Action Committee, Inc.	Calvert County	Federal	CONT	10/01/16	09/30/19	\$ 570,000	\$ 190,000	\$ 105,789	Satisfactory	12	12	None	NA	Sherita Grant	Monique (Caison) Brown
HAHSTA	HAHSTA2019-000008-002	START at Westminster	Transgender Education Mentoring Prevention and Treatment (TEMPT	Federal	NEW	02/01/19	09/30/19	\$ 49,900	\$ 15,000	\$ 13,680	Unsatisfactory	20	15	TA	6	Diedre Gray	Cassandra Lewis-Battle
HAHSTA	HAHSTA2017-000044-006	The Howard University	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	03/31/21	\$ 1,369,550	\$ 195,650	\$ 195,650	Satisfactory	1076	1322	None	2	Christie Olejemeh	Cassandra Lewis-Battle
HAHSTA	HAHSTA2017-000028-002	United Medical Center	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	02/28/21	\$ 609,192	\$ 84,008	\$ 84,008	Satisfactory	190	382	None	8	Christie Olejemeh	April Richardson
HAHSTA	HAHSTA2017-000048-001	United Medical Center	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	03/31/21	\$ 150,000	\$ 37,000	\$ 35,946	Satisfactory	120	118	None	8	Christie Olejemeh	April Richardson
HAHSTA	HAHSTA2017-000040-004	UNITY HEALTH CARE, INC.	FY2017 Unity Health Care Ryan White HIV/AIDS Medical Case Management Program	Federal	CONT	10/01/17	03/31/21	\$ 1,225,000	\$ 175,000	\$ 175,000	Excellent	500	445	TA	2	Ivan Eaton	Monique (Caison) Brown
HAHSTA	HAHSTA2017-000014-003	University of Maryland	IMPACT DMV	Federal	CONT	06/01/17	09/30/19	\$ 144,000	\$ 44,000	\$ 32,040	Satisfactory	7 trainings	34	None	NA	Terrance Payton	Carroll Ward
HAHSTA	HAHSTA2017-000037	US HELPING US-PEOPLE INTO LIVING, INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	03/31/21	\$ 875,000	\$ 125,000	\$ 111,823	Satisfactory	120	103	CAP	1	Ivan Eaton	April Richardson
	HAHSTA2019-000020	US HELPING US-PEOPLE INTO LIVING, INC	UHU-SBIRT Implementation Project (SOR)	Federal	NEW	08/01/19	09/30/21	\$ 168,750	\$ 56,250	\$ 56,248	Unsatisfactory	100	1	TA	1	Stephen Reese	April Richardson

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HAHSTA	HAHSTA2019-000035-001	US HELPING US-PEOPLE INTO LIVING, INC	The Suburban Maryland Project (The Burb Project)	Federal	NEW	08/15/19	02/28/25	\$ 1,750,000	\$ 100,000	\$ 61,018	Satisfactory	1500	254	TA	1	Ivan Eaton	April Richardson
HAHSTA	HAHSTA2019-000037-000	Virginia Department of Health (DC Set aside)	VDH Congressional/DC Set Aside	Federal	NEW	08/15/19	07/31/20	\$ 150,000	\$ 150,000	\$ 13,841	N/A	N/A	N/A	N/A	NA	Ebony Fortune	Rony Mohram
HAHSTA	HAHSTA2019-000016-000	Washington Health Institute	Washington Health Institute	Federal	NEW	05/01/19	02/28/21	\$ 190,000	\$ 47,500	\$ 44,716	Satisfactory	50	86	None	5	Princess Johnson	Carroll Ward
HAHSTA	HAHSTA2019-000044-001	Washington Health Institute	Regional Early Intervention Services	Federal	NEW	09/01/19	02/28/25	\$ 1,250,000	\$ 71,429	\$ 20,159	Satisfactory	28	25	TA	5	Princess Johnson	Carroll Ward
HAHSTA	HAHSTA2017-000015	WHITMAN-WALKER CLINIC, INC.	IMPACT DMV	Federal	CONT	06/01/17	03/31/20	\$ 450,389	\$ 229,389	\$ 227,173	Satisfactory	175	6554	None	1	Terrance Payton	Rony Mohram
HAHSTA	HAHSTA2019-000022-000	WHITMAN-WALKER CLINIC, INC.	Syphilis Screening and Forecasting	Federal	NEW	08/12/19	12/31/19	\$ 45,000	\$ 18,000	\$ 18,000					1	Mariel Edge	Rony Mohram
HAHSTA	HAHSTA2019-000036-000	WHITMAN-WALKER CLINIC, INC.	Regional Early Intervention Services	Federal	NEW	08/15/19	02/28/25	\$ 3,750,000	\$ 214,286	\$ 70,501	Satisfactory	18	17	TA	1	Trammell Walters	Rony Mohram
HAHSTA	HAHSTA2017-000039-005	WHITMAN-WALKER CLINIC, INC. DBA Whitman-Walker Health	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	02/28/21	\$ 3,566,317	\$ 748,883	\$ 631,003	Satisfactory	874	805	TA	1	Trammell Walters	Rony Mohram
HAHSTA	HAHSTA2017-000032-008	WOMEN'S COLLECTIVE INC, THE	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	03/31/21	\$ 877,800	\$ 125,400	\$ 115,070	Excellent	290	477	TA	5	Ivan Eaton	April Richardson
HAHSTA	HAHSTA2019-000025-001	WOMEN'S COLLECTIVE INC, THE	Regional Early Intervention Services	Federal	NEW	08/15/19	02/28/25	\$ 1,500,000	\$ 71,429	\$ 23,005	Satisfactory	500	176	TA	5	Ivan Eaton	April Richardson
	HAHSTA2019-000002	BREAD FOR THE CITY, INC.	Special Initiatives: Needle Exchange and Transgender Health Initiative	Local	NEW	10/01/18	09/30/21	\$ 71,585	\$ 71,585	\$ 54,158	Satisfactory	38000	38976	None	6	Gerald Thompson	Cassandra Lewis-Battle
	HAHSTA2019-000007	DAMIEN MINISTRIES INC	Medical Nutrition Therapy Services for DC Food Bank Providers	Local	NEW	10/01/18	09/30/22	\$ 380,000	\$ 65,000	\$ 25,098	Excellent	150	172	TA	5	Ashley Coleman	Cassandra Lewis-Battle
	HAHSTA2019-000001	FAMILY AND MEDICAL COUNSELING SERVICE INC	Special Initiatives: Needle Exchange and Transgender Health Initiative	Local	NEW	10/01/18	09/30/21	\$ 605,000	\$ 605,000	\$ 594,074	Satisfactory	195000	156662	None	8	Gerald Thompson	Monique (Caison) Brown

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HAHSTA	HAHSTA2019-000005-003	FLORENCE CRITTENTON SERVICES OF GREATER WASHINGTON	Youth Activities	Local	NEW	01/01/19	09/30/19	\$ 88,863	\$ 88,863	\$ 88,862	Satisfactory	50	231	None	NA	Stacey Cooper	Carroll Ward
HAHSTA	HAHSTA2016-000002	FOOD & FRIENDS, INC.	Food Services for Persons Living with HIV/Aids in the District of Columbia	Local	CONT	10/01/15	09/30/20	\$ 1,528,384	\$ 150,000	\$ 15,000	Excellent	50	55	TA	5	Ashley Coleman	April Richardson
HAHSTA	HAHSTA2018-000003-013	HEALTH HIV	Effi Barry HIV Capacity Building Institute	Local	CONT	12/01/17	09/30/20	\$ 1,528,384	\$ 200,000	\$ 194,537	Satisfactory	500	391	TA	2	Gail Maureen Hansen	Carroll Ward
	HAHSTA2019-000003	HELPING INDIVIDUAL PROSTITUTES SURVIVE	Special Initiatives: Needle Exchange and Transgender Health Initiative	Local	NEW	10/01/18	09/30/21	\$ 714,000	\$ 714,000	\$ 567,516	Satisfactory	315000	278604	None	6	Gerald Thompson	Monique (Caison) Brown
HAHSTA	HAHSTA2016-000059	JOSEPH'S HOUSE INC		Local	CONT	10/01/13	12/31/19	\$ 1,033,354	\$ 300,000	\$ 300,000	Satisfactory	8	14	None	1	Monique Green	Rony Mohram
HAHSTA	HAHSTA2016-000101	JOSEPH'S HOUSE INC		Local	CONT	04/01/16	12/31/19	\$ 683,323	\$ 200,000	\$ 200,000	Satisfactory	5	8	None	1	Monique Green	Rony Mohram
HAHSTA	HAHSTA2016-000087	SAMARITAN MINISTRY OF GREATER WASHINGTON	Burial Assistance for District of Columbia Residents Who Succumb to AIDS	Local	CONT	01/01/16	09/30/20	\$ 225,000	\$ 80,000	\$ 67,184	Satisfactory	195000	156662	None	4	Trammell Walters	Carroll Ward
HAHSTA	HAHSTA2016-000031-009	Washington Regional Association of Grantmakers (WRAG)		Local	CONT	10/01/15	09/30/19	\$ 222,000	\$ 99,998	\$ 99,998	Satisfactory	40	27	None	2	Gail Maureen Hansen	Carroll Ward
HAHSTA		CHILDREN'S NATIONAL MEDICAL CENTER	Regional Early Intervention Services	Federal	NEW	08/15/19	02/28/25	\$ 3,366,804	\$ 100,000		Satisfactory	20	0	TA	NA	Trammell Walters	April Richardson
HAHSTA		METRO DC Community Center	Regional Early Intervention Services	Federal	NEW	08/15/19	02/28/25	\$ 700,000	\$ 74,373		Satisfactory	250	40	TA		Ashley Coleman	Rony Mohram
HAHSTA		UNITY HEALTH CARE, INC.	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	03/31/21	\$ 499,998	\$ 175,000	\$ 175,000	Excellent	500	445	TA	8	Ivan Eaton	Monique (Caison) Brown
HEPRA	HEPRA2016-000001	CHILDREN'S NATIONAL MEDICAL CENTER	Ebola Preparedness for Hospital Physical Infrastructure	Federal	CONT	05/01/16	04/30/20	\$ 869,795	\$ 817,419	\$ 150,765	Satisfactory	N/A	N/A	YES - TA	NA	Victoria Alabi	Julia Ritch
HEPRA	HEPRA2019-000006-000	DIST OF COLUMBIA PRIMARY CARE ASSOCIATION	DCPCA Hospital Preparedness Program	Federal	NEW	07/01/19	06/30/24	\$ 110,000	\$ 83,737	\$ 133,188	Satisfactory	N/A	N/A	YES - TA	2	Julia Ritch	Miguel Turcios-Amaya

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HEPRA	HEPRA2019-000004-000	District of Columbia Health Care Assn	DCHCA Hospital Preparedness Program	Federal	NEW	07/01/19	06/30/24	\$ 100,000	\$ 98,791	\$ 111,874	Unsatisfactory	N/A	N/A	YES - BOTH	NA	Julia Ritch	Miguel Turcios-Amaya
HEPRA	HEPRA2016-000005	George Washington University Hospital	Ebola Preparedness for Hospital Physical Infrastructure	Federal	CONT	05/01/16	04/30/20	\$ 869,796	\$ 768,222	\$ 101,574	Satisfactory	N/A	N/A	YES - TA		Victoria Alabi	Julia Ritch
HEPRA	HEPRA2016-000002	Howard University Hospital	Ebola Preparedness for Hospital Physical Infrastructure	Federal	CONT	05/01/16	04/30/20	\$ 154,184	\$ 111,176	\$ 7,164	Satisfactory	N/A	N/A	YES - BOTH	2	Victoria Alabi	Julia Ritch
HEPRA	HEPRA2016-000003	MedStar Washington Hospital Center	Ebola Preparedness for Hospital Physical Infrastructure	Federal	CONT	05/01/16	04/30/20	\$ 530,504	\$ 478,229	\$ 20,636	Satisfactory	N/A	N/A	YES - TA	5	Victoria Alabi	Julia Ritch
HEPRA	HEPRA2019-000005-000	Metropolitan Washington Council of Governments	MWCOG Ebola-HID Planning & Exercise Support	Federal	NEW	09/01/19	05/17/20	\$ 889,350	\$ 856,066	\$ 33,284	Satisfactory	N/A	N/A	YES - TA	NA	Julia Ritch	Miguel Turcios-Amaya
HEPRA	HEPRA2019-000003-000	District of Columbia Hospital Association	DCHA Hospital Preparedness Program	Federal & Local	NEW	07/01/19	06/30/24	\$ 555,720	\$ 163,314	\$ 314,226	Satisfactory	N/A	N/A	YES - TA	2	Julia Ritch	Miguel Turcios-Amaya
OD	OD/OGM2019-000003-000	Deeds of Kindness Outreach Services	DC Health Mini Grants 2019	Local	NEW	07/15/19	09/30/19	\$ 4,960	\$ 4,960	\$ 5,000	Satisfactory	250	300	TA	6	Clara McLaughlin	Clara McLaughlin
OD	OD/OGM2019-000004-000	The Community and Health Equity Project, Inc.	DC Health Mini Grants 2019	Local	NEW	07/15/19	09/30/19	\$ 4,840	\$ 4,950	\$ -	Unsatisfactory	100	NA	Grantee rescinded. No time to plan event	6	Arif Wadood (EGMS Admin)	Arif Wadood (EGMS Admin)
OD	OD/OGM2019-000002-001	The Dance Institute of Washington, Inc.	DC Health Mini Grants 2019: Dance Institute of Washington's Healthy Family Dance Day	Local	NEW	07/15/19	09/30/19	\$ 5,000	\$ 5,000	\$ 5,000	Excellent	75	200	TA (OCCR)	1	Clara McLaughlin	Clara McLaughlin

DOH Unit	EGMS GrantID	Grantee's Name	NOGA Purpose	Funding Source	FY20 Status:New/Cont	Project Period Start Date	Project Period End Date	Total Award Amount	Approved FY 20 Budget Authority	FY 20 Expenditures (to date)	Project Officer	Grant Monitor
CHA	CHA2016-000025-015	BREATHE DC	Maternal and Child Health Services Block Grant	Federal	CONT	12/01/15	09/30/20	\$ 1,440,205	\$ 288,041	\$ 56,700	Nadia Khan	Annis Bishop-Watson
CHA	CHA2017-000011-010	BETA OMEGA SOCIAL SERVICES INC	RPEP Education Expansion	Federal	CONT	03/01/17	01/31/24	\$ 233,000	\$ 18,652	\$ 13,972	Letitia Winston	Linda Douglas
CHA	CHA2020-000014-000	BREAD FOR THE CITY, INC.	Million Hearts Quality Improvement	Federal	NEW	12/01/19	06/29/23	\$ 45,000	\$ 35,000	\$ -	Riana Buford	Annis Bishop-Watson
CHA	CHA2017-000027-008	BREATHE DC	Improving Pediatric Asthma Outcomes	Federal	CONT	08/01/17	09/30/20	\$ 321,250	\$ 90,000	\$ -	LaVerne Jones	Linda Douglas
CHA	CHA2016-000026-001	CHILDREN'S NATIONAL MEDICAL CENTER	Maternal and Child Health Services Block Grant	Federal	CONT	12/01/15	09/30/20	\$ 1,500,000	\$ 352,201	\$ 47,865	Nadia Khan	Annis Bishop-Watson
CHA	CHA2016-000058-016	CHILDREN'S NATIONAL MEDICAL CENTER	WIC Local Agencies	Federal	CONT	01/01/16	09/30/20	\$ 4,182,571	\$ 750,049	\$ -	Emily Woody	Tiffanie Williams
CHA	CHA2017-000024-004	CHILDREN'S NATIONAL MEDICAL CENTER	Improving Pediatric Asthma Outcomes	Federal	CONT	08/01/17	09/30/21	\$ 480,000	\$ 160,000	\$ -	Angela Carole	Linda Douglas
CHA	CHA2019-000025-000	DC Coalition Against Domestic Violence	DC RPE Program	Federal	NEW	10/01/19	09/30/20	\$ 45,000	\$ 45,000	\$ 15,074	Letitia Winston	Linda Douglas
CHA	CHA2017-000012-007	DIST OF COLUMBIA PRIMARY CARE ASSOCIATION	Health System QI	Federal	CONT	10/01/16	06/29/20	\$ 850,728	\$ 93,750	\$ -	Riana Buford	Linda Douglas
CHA	CHA2019-000024-002	District of Columbia Forensic Nurse Examiners	Sexual Assault Victim Services Infrastructure Development	Federal	CONT	06/01/19	09/30/20	\$ 192,700	\$ 100,000	\$ 25,000	LaVerne Jones	Annis Bishop-Watson
CHA	CHA2020-000012-000	Elaine Ellis Center of Health	Million Hearts Quality Improvement	Federal	NEW	12/01/19	06/29/23	\$ 45,000	\$ 25,794	\$ -	Riana Buford	Linda Douglas
CHA	CHA2018-000002-006	Every Child By Two	DC Immunization Coalition Funding	Federal	CONT	01/01/18	06/30/20	\$ 166,293	\$ 95,785	\$ 29,716	Jacquelyn Campbell	Annis Bishop-Watson
CHA	CHA2020-000018-000	FAMILY AND MEDICAL COUNSELING SERVICE INC	Million Hearts Quality Improvement	Federal	NEW	12/01/19	06/29/23	\$ 45,000	\$ 35,000	\$ -	Riana Buford	Annis Bishop-Watson
CHA	CHA2020-000001-000	FRESHFARM Markets, Inc.	DC SNAP-Ed	Federal	NEW	10/01/19	09/30/24	\$ 625,000	\$ 124,487	\$ 6,107	Rebecca Bailey	Janet Robinson
CHA	CHA2020-000002-000	Friends of the National Arboretum	DC SNAP-Ed	Federal	NEW	10/01/19	09/30/24	\$ 625,000	\$ 124,960	\$ 19,589	Nazneen Ahmad	Janet Robinson
CHA	CHA2020-000015-000	GEORGETOWN UNIVERSITY, THE	Million Hearts Quality Improvement	Federal	NEW	12/01/19	06/29/23	\$ 45,000	\$ 35,000	\$ -	Riana Buford	Lisa Thompson
CHA	CHA2016-000041-013	HOWARD UNIVERSITY, THE	WIC and Breastfeeding Peer Counseling Services	Federal	CONT	01/01/16	09/30/20	\$ 2,965,669	\$ 582,114	\$ -	Christi Dorsey	Tiffanie Williams
CHA	CHA2016-000083-006	HOWARD UNIVERSITY, THE	DC3C: Hospital Evidenced Based Intervention	Federal	CONT	09/26/16	06/29/20	\$ 80,000	\$ 50,000	\$ -	Tesha Coleman	Linda Douglas

DOH Unit	EGMS GrantID	Grantee's Name	NOGA Purpose	Funding Source	FY20 Status:New/Cont	Project Period Start Date	Project Period End Date	Total Award Amount	Approved FY 20 Budget Authority	FY 20 Expenditures (to date)	Project Officer	Grant Monitor
CHA	CHA2016-000052-004	La Clinica del Pueblo	Maternal and Child Health Services Block Grant to States Program	Federal	CONT	12/01/15	09/30/20	\$ 1,500,000	\$ 300,000	\$ 62,498	Nadia Khan	Annis Bishop-Watson
CHA	CHA2020-000013-000	La Clinica del Pueblo	Quality Improvement for Latinos living with chronic disease	Federal	NEW	12/01/19	06/29/23	\$ 45,000			Riana Buford	Linda Douglas
CHA	CHA2016-000042-011	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	WIC and Breastfeeding Peer Counseling Services	Federal	CONT	01/01/16	09/30/20	\$ 3,701,082	\$ 728,441	\$ 187,632	Christi Dorsey	Tiffanie Williams
CHA	CHA2016-000048-012	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	HEALTHY FAMILIES AMERICA PROGRAM	Federal	CONT	10/01/15	09/30/20	\$ 4,103,245	\$ 605,527	\$ 101,433	Kim Morrison	Brenda Anderson
CHA	CHA2016-000049-013	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	PARENTS AS TEACHER PROGRAM	Federal	CONT	10/01/15	09/30/20	\$ 1,800,671	\$ 268,471	\$ 51,800	Kim Morrison	Brenda Anderson
CHA	CHA2020-000016-000	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	Million Hearts Quality Improvement	Federal	NEW	12/01/19	06/29/23	\$ 45,000	\$ 35,000	\$ -	Riana Buford	Lisa Thompson
CHA	CHA2016-000039-013	NATIONAL ALLIANCE TO ADVANCE ADOLESCENT HEALTH (THE)	Maternal and Child Health Services Block Grant to State Program	Federal	CONT	12/01/15	09/30/20	\$ 1,467,840	\$ 300,000	\$ 66,032	Nadia Khan	Annis Bishop-Watson
CHA	CHA2016-000043-013	UNITY HEALTH CARE, INC.	WIC and Breastfeeding Peer Counseling Services	Federal	CONT	09/01/15	09/30/20	\$ 5,524,732	\$ 1,057,077	\$ 51,175	Christi Dorsey	Tiffanie Williams
CHA	CHA2020-000017-000	UNITY HEALTH CARE, INC.	Million Hearts Quality Improvement	Federal	NEW	12/01/19	06/29/23	\$ 45,000	\$ 45,000	\$ -	Riana Buford	Lisa Thompson
CHA	CHA2016-000040-001	WILLIAM WENDT CENTER FOR LOSS & HEALING	Maternal and Child Health Services Block Grant to States Program	Federal	CONT	02/01/16	09/30/20	\$ 1,500,000	\$ 300,000	\$ 57,523	Nadia Khan	Annis Bishop-Watson
CHA	CHA2020-000003-000	YMCA of Metropolitan Washington	DC SNAP-Ed	Federal	NEW	10/01/19	09/30/24	\$ 625,000	\$ 124,996	\$ 17,717	Danita Banks	Janet Robinson
CHA	CHA2019-000012-001	American University	Multi-Component Obesity Prevention in Targeted Settings	Federal & Local	CONT	04/01/19	09/30/20	\$ 200,000	\$ 100,000	\$ 4,546	Angela Carole	Lisa Thompson
CHA	CHA2018-000005-005	CAPITAL AREA FOOD BANK	Senior Nutrition	Federal & Local	CONT	10/01/17	09/30/22	\$ 4,123,425	\$ 410,000	\$ -	Karen Franco	Lisa Thompson
CHA	CHA2020-000006-000	COMMUNITY OF HOPE, INC.	DC Healthy Start Program	Federal & Local	NEW	01/01/20	09/30/24	\$ 418,000	\$ 339,378	\$ -	Kristal Dail	Brenda Anderson
CHA	CHA2016-000038-011	DC BREASTFEEDING COALITION	Title V Maternal and Child Health Block Grant	Federal & Local	CONT	12/01/15	09/30/20	\$ 1,499,985	\$ 632,354	\$ -	Nadia Khan	Annis Bishop-Watson

DOH Unit	EGMS GrantID	Grantee's Name	NOGA Purpose	Funding Source	FY20 Status:New/Cont	Project Period Start Date	Project Period End Date	Total Award Amount	Approved FY 20 Budget Authority	FY 20 Expenditures (to date)	Project Officer	Grant Monitor
CHA	CHA2016-000082-007	DIST OF COLUMBIA PRIMARY CARE ASSOCIATION	DC3C: Primary Care Health Systems Intervention	Federal & Local	CONT	09/26/16	06/29/20	\$ 250,480	\$ 250,480	\$ -	Tesha Coleman	Janet Robinson
CHA	CHA2016-000034-012	GEORGETOWN UNIVERSITY, THE	Home Visiting Services	Federal & Local	CONT	02/15/15	09/30/20	\$ 1,521,490	\$ 150,196	\$ -	Kim Morrison	Brenda Anderson
CHA	CHA2019-000018-002	La Clinica del Pueblo	Multi-Component Obesity Prevention in Targeted Settings	Federal & Local	CONT	04/01/19	09/30/20	\$ 150,000	\$ 75,000	\$ 19,851	Joann Jolly	Lisa Thompson
CHA	CHA2020-000008-000	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	DC Healthy Start Program	Federal & Local	NEW	01/01/20	09/30/24	\$ 2,090,000	\$ 269,689	\$ -	Kristal Dail	Brenda Anderson
CHA	CHA2019-000019-004	METRO HEALTH INC	Multi-Component Obesity Prevention in Targeted Settings	Federal & Local	CONT	04/01/19	09/30/20	\$ 180,000	\$ 50,000	\$ 9,473	Joann Jolly	Lisa Thompson
CHA	CHA2019-000021-005	YMCA of Metropolitan Washington	Multi-Component Obesity Prevention in Targeted Settings	Federal & Local	CONT	04/01/19	09/30/20	\$ 225,000	\$ 124,996	\$ 17,717	Joann Jolly	Lisa Thompson
CHA	CHA2020-000007-000	Arcadia Food, Inc.	Mobile Markets	Local	NEW	02/01/20	09/30/20	\$ 48,500	\$ 48,500	\$ -	Michael Segal	Janet Robinson
CHA	CHA2017-000019-005	Big Brothers Big Sisters of the National Capital Area	Building Positive Futures+ Teen Pregnancy Prevention Program	Local	CONT	07/17/17	09/30/20	\$ 1,260,088	\$ 400,000	\$ 102,070	Tecia Sellers	Linda Douglas
CHA	CHA2017-000028-006	BREATHE DC	Smokefree Places	Local	CONT	10/01/17	09/30/20	\$ 150,000	\$ 75,000	\$ -	Carrie Dahlquist	Annis Bishop-Watson
CHA	CHA2017-000033-004	BREATHE DC	Smokefree MultiUnit Housing Website	Local	CONT	10/01/17	09/30/20	\$ 30,000	\$ 30,000	\$ -	Carrie Dahlquist	Lisa Thompson
CHA	CHA2017-000026-005	CATHOLIC CHARITIES	Tobacco Prevention and Control Community Grants	Local	CONT	10/01/17	09/30/20	\$ 75,000	\$ 75,000	\$ -	Carrie Dahlquist	Annis Bishop-Watson
CHA	CHA2016-000086-005	CHILDREN'S NATIONAL MEDICAL CENTER	School-based Health Center Operations (Ballou, Coolidge, Dunbar)	Local	CONT	08/15/16	09/30/20	\$ 4,035,960	\$ 916,288	\$ -	Letitia Winston	Patricia Greenaway
CHA	CHA2017-000029-005	CHILDREN'S NATIONAL MEDICAL CENTER	Teen Pregnancy Program	Local	CONT	07/17/17	09/30/20	\$ 948,574	\$ 298,303	\$ 61,100	Tecia Sellers	Janet Robinson
CHA	CHA2020-000009-000	CHILDREN'S NATIONAL MEDICAL CENTER	Healthy Steps Expansion Children's Health Center- Anacostia	Local	NEW	10/01/19	09/30/24	\$ 932,500	\$ 186,500	\$ -	Omotunde Sowole-West	Brenda Anderson
CHA	CHA2017-000002-004	Children's School Services	School Health Services Program	Local	CONT	10/01/17	09/30/21	\$ 127,344,300	\$ 23,600,000	\$ 3,224,142	Jessica Arter	Patricia Greenaway

DOH Unit	EGMS GrantID	Grantee's Name	NOGA Purpose	Funding Source	FY20 Status:New/Cont	Project Period Start Date	Project Period End Date	Total Award Amount	Approved FY 20 Budget Authority	FY 20 Expenditures (to date)	Project Officer	Grant Monitor
CHA	CHA2019-000001-004	COMMUNITY OF HOPE, INC.	Senior Dental Services Program	Local	CONT	12/01/18	09/30/21	\$ 875,000	\$ 500,000	\$ 228,599	Urvi Kalpesh Patel	Lisa Thompson
CHA	CHA2019-000006-003	COMMUNITY OF HOPE, INC.	Care Transformation	Local	CONT	04/01/19	09/30/22	\$ 1,600,000	\$ 530,880	\$ -	Rosemary Taing	Janet Robinson
CHA	CHA2019-000020-002	COMMUNITY OF HOPE, INC.	Home Visiting Services	Local	CONT	04/01/19	09/30/22	\$ 1,214,000	\$ 355,000	\$ 27,007	Omotunde Sowole-West	Brenda Anderson
CHA	CHA2020-000011-000	COMMUNITY WELLNESS ALLIANCE LLC	DC Tobacco Free Coalition	Local	NEW	12/02/19	09/30/20	\$ 49,500	\$ 49,500	\$ -	Carrie Dahlquist	Linda Douglas
CHA	CHA2017-000009-007	DC Central Kitchen	Healthy Food Access Initiatives	Local	CONT	11/01/16	09/30/21	\$ 2,250,000	\$ 500,000	\$ 101,490	Michael Segal	Annis Bishop-Watson
CHA	CHA2016-000069-020	DC Greens	Healthy Food Access - Produce Plus	Local	CONT	01/18/16	09/30/20	\$ 7,675,000	\$ 1,530,000	\$ 14,479	Karen Franco	Janet Robinson
CHA	CHA2020-000005-000	District of Columbia Hospital Association	DC Healthier Hospital Association	Local	NEW	11/01/19	09/30/20	\$ 49,999	\$ 49,999	\$ -	Joann Jolly	Lisa Thompson
CHA	CHA2016-000066-009	FLORENCE CRITTENTON SERVICES OF GREATER WASHINGTON	Teen Pregnancy Prevention	Local	CONT	03/14/16	09/30/20	\$ 3,240,000	\$ 815,000	\$ 191,013	Tecia Sellers	Brenda Anderson
CHA	CHA2017-000010-009	FOOD & FRIENDS, INC.	Healthy Food Access Initiatives	Local	CONT	11/01/16	09/30/21	\$ 3,807,000	\$ 825,000	\$ 203,485	Michael Segal	Annis Bishop-Watson
CHA	CHA2019-000013-001	GEORGETOWN UNIVERSITY, THE	Perinatal Health Needs Assessment	Local	CONT	03/01/19	09/30/20	\$ 300,000	\$ 150,000	\$ -	Katerra Logan	Annis Bishop-Watson
CHA	CHA2019-000017-001	GEORGETOWN UNIVERSITY, THE	Home Visiting Services	Local	CONT	04/01/19	09/30/22	\$ 1,279,000	\$ 357,789	\$ 55,177	Omotunde Sowole-West	Brenda Anderson
CHA	CHA2017-000020-002	Healthy Babies Project Inc.	Teen Pregnancy Program	Local	CONT	07/17/17	09/30/20	\$ 1,149,897	\$ 270,000	\$ 58,508	Tecia Sellers	Linda Douglas
CHA	CHA2019-000008-001	HOWARD UNIVERSITY, THE	Care Transformation	Local	CONT	04/01/19	09/30/22	\$ 798,643	\$ 350,247	\$ -	Rosemary Taing	Janet Robinson
CHA	CHA2019-000022-001	HOWARD UNIVERSITY, THE	Pre-term Birth Reduction Pilot	Local	CONT	05/01/19	09/30/20	\$ 800,000	\$ 399,753	\$ -	Katerra Logan	Annis Bishop-Watson
CHA	CHA2020-000004-000	Mamatoto Village Inc	Home Visiting Services	Local	NEW	10/01/19	09/30/24	\$ 2,000,000	\$ 391,082	\$ -	Omotunde Sowole-West	Brenda Anderson
CHA	CHA2016-000053-015	Martha's Table, Inc.	Healthful Food Access Initiatives - Joyful Markets	Local	CONT	03/07/16	09/30/21	\$ 7,750,000	\$ 1,504,271	\$ 125,775	Michael Segal	Janet Robinson

DOH Unit	EGMS GrantID	Grantee's Name	NOGA Purpose	Funding Source	FY20 Status:New/Cont	Project Period Start Date	Project Period End Date	Total Award Amount	Approved FY 20 Budget Authority	FY 20 Expenditures (to date)	Project Officer	Grant Monitor
CHA	CHA2016-000085-009	MedStar Health	School-based Health Center Operations (Anacostia & Roosevelt)	Local	CONT	08/15/16	09/30/20	\$ 2,699,887	\$ 650,000	\$ -	Letitia Winston	Patricia Greenaway
CHA	CHA2019-000009-001	MedStar Research Health Institute	Pre-term Birth Reduction Pilot	Local	CONT	04/01/19	09/30/20	\$ 470,672	\$ 375,000	\$ -	Katerra Logan	Annis Bishop-Watson
CHA	CHA2020-000010-000	MedStar Research Health Institute	ECIN Early Childhood Place Based Initiative	Local	NEW	10/01/19	09/30/21	\$ 1,070,756	\$ 535,378	\$ -	Erica McClaskey	Brenda Anderson
CHA	CHA2016-000062-007	NATIONAL CAPITAL POISON CENTER	Poison Control Services	Local	CONT	03/14/16	09/30/20	\$ 1,839,355	\$ 400,000	\$ 107,007	LaVerne Jones	Linda Douglas
CHA	CHA2016-000068-009	SASHA BRUCE YOUTHWORk INC	Teen Outreach Program (TOP)	Local	CONT	03/21/16	09/30/20	\$ 1,319,596	\$ 329,899	\$ 77,918	Tecia Sellers	Brenda Anderson
CHA	CHA2017-000034-005	Smart from the Start, Inc	Early Childhood Place Based Initiative	Local	CONT	10/01/17	09/30/21	\$ 1,244,840	\$ 311,210	\$ 76,081	Erica McClaskey	Lisa Thompson
CHA	CHA2017-000018-001	The Young Women's Project	Teen Pregnancy Program	Local	CONT	07/17/17	09/30/20	\$ 528,295	\$ 85,064	\$ 39,483	Tecia Sellers	Janet Robinson
CHA	CHA2016-000087-006	UNITY HEALTH CARE, INC.	School-based Health Center Operations (Cardozo & Woodson)	Local	CONT	08/15/16	09/30/20	\$ 2,690,640	\$ 650,000	\$ 162,500	Letitia Winston	Patricia Greenaway
CHA	CHA2019-000007-003	UNITY HEALTH CARE, INC.	Care Transformation	Local	CONT	04/01/19	09/30/22	\$ 2,100,000	\$ 750,000	\$ 228,457	Rosemary Taing	Janet Robinson
CHA	CHA2019-000026-000	UNITY HEALTH CARE, INC.	Community Dental Health Coordinator Program	Local	NEW	10/01/19	09/30/21	\$ 160,000	\$ 90,000	\$ 17,501	Urvi Kalpesh Patel	Lisa Thompson
CHA	CHA2017-000021-006	Urban Institute	Teen Pregnancy Program	Local	CONT	07/17/17	09/30/20	\$ 488,041	\$ 137,069	\$ -	Tecia Sellers	Linda Douglas
HAHSTA	HAHSTA2019-000032-000	Access to Wholistic and Productive Living, Inc	Regional Early Intervention Services	Federal	NEW	10/01/19	02/28/25	\$ 1,000,000	\$ 200,000	\$ 52,865	Christie Olejemeh	Rony Mohram
HAHSTA	HAHSTA2017-000024-003	AIDS HEALTHCARE FOUNDATION INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	02/28/21	\$ 334,150	\$ 39,928	\$ 32,393	Christie Olejemeh	April Richardson
HAHSTA	HAHSTA2019-000011-000	AIDS HEALTHCARE FOUNDATION INC	Ryan White Part A	Federal	CONT	03/01/19	02/29/20	\$ 386,943	\$ 161,227	\$ 86,722	Christie Olejemeh	April Richardson
HAHSTA	HAHSTA2019-000031-000	AIDS HEALTHCARE FOUNDATION INC	Regional Early Intervention Services	Federal	CONT	08/15/19	02/28/25	\$ 1,265,280	\$ 180,754	\$ 34,626	Christie Olejemeh	April Richardson
HAHSTA	HAHSTA2019-000023-001	ANDROMEDATRANSCULTURAL HEALTH	Opioid Treatment Expansion (SOR)	Federal	CONT	08/15/19	09/30/21	\$ 125,000	\$ 31,251	\$ 28,252	Stephen Reese	Monique Brown
HAHSTA	HAHSTA2018-000004-010	BREAD FOR THE CITY, INC.	FY 18 Opioid Treatment Expansion Initiative (SOR)	Federal	CONT	11/01/17	09/30/20	\$ 185,909	\$ 58,224	\$ 42,247	Stephen Reese	Cassandra Lewis-Battle

DOH Unit	EGMS GrantID	Grantee's Name	NOGA Purpose	Funding Source	FY20 Status:New/Cont	Project Period Start Date	Project Period End Date	Total Award Amount	Approved FY 20 Budget Authority	FY 20 Expenditures (to date)	Project Officer	Grant Monitor
HAHSTA	HAHSTA2017-000030-004	CHILDREN'S NATIONAL MEDICAL CENTER	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	02/28/21	\$ 2,191,095	\$ 267,207	\$ 163,940	Trammell Walters	April Richardson
HAHSTA	HAHSTA2017-000046-004	CHILDREN'S NATIONAL MEDICAL CENTER	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	03/31/21	\$ 840,000	\$ 120,000	\$ 54,140	Trammell Walters	April Richardson
HAHSTA	HAHSTA2019-000013-000	CHILDREN'S NATIONAL MEDICAL CENTER	Ryan White (Part A) HIV/AIDS Program	Federal	CONT	03/01/19	02/29/20	\$ 675,171	\$ 281,321	\$ 169,638	Trammell Walters	April Richardson
HAHSTA	HAHSTA2019-000030-000	CHILDREN'S NATIONAL MEDICAL CENTER	Regional Early Intervention Services	Federal	NEW	10/01/19	02/28/25	\$ 1,750,000	\$ 350,000	\$ 98,200	Trammell Walters	April Richardson
HAHSTA	HAHSTA2016-000096-009	COMMUNITY FAMILY LIFE SERVICE INC	FY2016 HIV Facility Based Housing with Supportive Services	Federal	CONT	10/01/15	12/31/19	\$ 954,968	\$ 48,000	\$ 34,906	Monique Green	Monique Brown
HAHSTA	HAHSTA2017-000025-004	COMMUNITY FAMILY LIFE SERVICE INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	03/01/17	03/31/21	\$ 682,500	\$ 87,500	\$ 49,859	Ashley Coleman	Monique Brown
HAHSTA	HAHSTA2019-000033-000	COMMUNITY FAMILY LIFE SERVICE INC	Regional Early Intervention Services	Federal	CONT	08/15/19	02/28/25	\$ 1,500,000	\$ 214,286	\$ 131,243	Ashley Coleman	Monique Brown
HAHSTA	HAHSTA2020-000007-000	COMMUNITY FAMILY LIFE SERVICE INC	Housing and Support Services	Federal	NEW	01/01/20	09/30/23	\$ 347,879	\$ 347,879	\$ -	Sherita Grant	Monique Brown
HAHSTA	HAHSTA2018-000001-007	COMMUNITY OF HOPE, INC.	FY 18 Opioid Treatment Expansion Initiative (SOR)	Federal	CONT	11/01/17	09/30/20	\$ 50,000	\$ 18,454	\$ 7,811	Gail Maureen Hansen	Rony Mohram
HAHSTA	HAHSTA2020-000002-000	COMMUNITY SERVICE NETWORK INC	Housing and Support Services	Federal	NEW	10/01/19	09/30/23	\$ 55,000	\$ 55,000	\$ 13,041	Sherita Grant	Rony Mohram
HAHSTA	HAHSTA2017-000017-011	DAMIEN MINISTRIES INC	IMPACT DMV	Federal	CONT	06/01/17	03/31/20	\$ 206,270	\$ 20,000	\$ 8,120	Diedre Gray	Cassandra Lewis-Battle
HAHSTA	HAHSTA2017-000042-002	DAMIEN MINISTRIES INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	03/31/21	\$ 420,000	\$60,000.00	\$ 32,138	Ashley Coleman	Cassandra Lewis-Battle
HAHSTA	HAHSTA2019-000042-000	DAMIEN MINISTRIES INC	Regional Early Intervention Services	Federal	CONT	09/01/19	02/28/25	\$ 1,250,000	\$ 214,286	\$ 107,920	Ashley Coleman	Cassandra Lewis-Battle
HAHSTA	HAHSTA2020-000005-001	District Alliance for Safe Housing, Inc	Housing and Support Services	Federal	NEW	10/01/19	09/30/20	\$ 110,000	\$ 92,435	\$ 26,853	Baron Bell	Monique Brown
HAHSTA	HAHSTA2017-000029-006	FAMILY AND MEDICAL COUNSELING SERVICE INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	03/31/21	\$ 1,182,300	\$ 168,900	\$ 53,514	Ashley Coleman	Monique Brown
HAHSTA	HAHSTA2019-000015-001	FAMILY AND MEDICAL COUNSELING SERVICE INC	Opioid Treatment Expansion (SOR)	Federal	CONT	05/01/19	09/30/20	\$ 150,000	\$ 50,731	\$ 24,950	Stephen Reese	Monique Brown
HAHSTA	HAHSTA2019-000039-001	FAMILY AND MEDICAL COUNSELING SERVICE INC	Regional Early Intervention Services	Federal	CONT	09/01/19	02/28/25	\$ 1,906,065	\$ 342,857	\$ 61,683	Ashley Coleman	Monique Brown
HAHSTA	HAHSTA2017-000023-005	FOOD & FRIENDS, INC.	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/16	02/28/21	\$ 187,930	\$ 22,918	\$ 13,149	Ashley Coleman	April Richardson
HAHSTA	HAHSTA2019-000028-000	Fredericksburg Area HIV/Aids Support Services	Regional Early Intervention Services	Federal	CONT	08/15/19	02/28/25	\$ 1,015,255	\$ 145,036	\$ 65,756	Ebony Fortune	Monique Brown

DOH Unit	EGMS GrantID	Grantee's Name	NOGA Purpose	Funding Source	FY20 Status:New/Cont	Project Period Start Date	Project Period End Date	Total Award Amount	Approved FY 20 Budget Authority	FY 20 Expenditures (to date)	Project Officer	Grant Monitor
HAHSTA	HAHSTA2016-000095-011	Gaudenzia, Inc.	Housing Services	Federal	CONT	04/01/16	12/31/19	\$ 1,316,070	\$ 135,000	\$ 87,535	Sherita Grant	Rony Mohram
HAHSTA	HAHSTA2019-000014-002	Greater Baden Medical Services, Inc.	Ryan White (Part A) HIV/AIDS Program	Federal	CONT	03/01/19	02/29/20	\$ 648,000	\$ 270,000	\$ 104,206	Ivan Eaton	Rony Mohram
HAHSTA	HAHSTA2018-000003-013	HEALTH HIV	Effi Barry HIV Capacity Building Institute	Federal	CONT	12/01/17	09/30/20	\$ 1,528,384	\$ 200,000	\$ 105,185	Gerald Thompson	Carroll Ward
HAHSTA	HAHSTA2019-000017-002	HEALTH HIV	Opioid Use and Misuse Learning Institute (SOR)	Federal	CONT	06/01/19	09/30/20	\$ 493,969	\$ 84,134	\$ 59,979	Gail Maureen Hansen	Carroll Ward
HAHSTA	HAHSTA2017-000010-009	Heart To Hand Inc.	IMPACT DMV	Federal	CONT	06/01/17	03/31/20	\$ 446,047	\$ 36,158	\$ 19,807	Diedre Gray	Carroll Ward
HAHSTA	HAHSTA2019-000010-004	Heart To Hand Inc.	Ryan White (Part A) HIV/AIDS Program	Federal	CONT	03/01/19	02/29/20	\$ 989,000	\$ 457,000	\$ 271,682	Trammell Walters	Carroll Ward
HAHSTA	HAHSTA2019-000038-001	Heart To Hand Inc.	Regional Early Intervention Services	Federal	CONT	09/01/19	02/28/25	\$ 1,750,000	\$ 100,000	\$ 5,445	Trammell Walters	Carroll Ward
HAHSTA	HAHSTA2017-000027-003	HELPING INDIVIDUAL PROSTITUTES SURVIVE	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	03/31/21	\$ 202,300	\$ 28,900	\$ 8,965	Christie Olejemeh	Monique Brown
HAHSTA	HAHSTA2016-000079-017	HOMES FOR HOPE, INC.	HIV Housing Assistance	Federal	CONT	10/01/15	12/31/19	\$ 1,754,964	\$ 108,000	\$ 67,812	Monique Green	Monique Brown
HAHSTA	HAHSTA2017-000036-005	HOMES FOR HOPE, INC.	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	03/31/21	\$ 420,000	\$ 49,000	\$ 30,307	Ivan Eaton	Monique Brown
HAHSTA	HAHSTA2020-000009-000	HOMES FOR HOPE, INC.	Housing and Support Services	Federal	NEW	01/15/20	09/30/23	\$ 234,000	\$ 94,444	\$ -	Sherita Grant	Monique Brown
HAHSTA	HAHSTA2020-000010-000	HOMES FOR HOPE, INC.	Housing and Support Services	Federal	NEW	01/15/20	09/30/23	\$ 292,000	\$ 94,444	\$ -	Sherita Grant	Monique Brown
HAHSTA	HAHSTA2016-000056-012	HOUSING COUNSELING SERVICES INC	FY2014 HIV Housing Assistance Program	Federal	CONT	10/01/14	09/30/20	\$ 4,544,320	\$ 2,109,430	\$ 509,072	Sherita Grant	Monique Brown
HAHSTA	HAHSTA2018-000004-011	HOUSING COUNSELING SERVICES INC	Emergency Financial Assistance	Federal	CONT	03/01/18	02/29/20	\$ 2,068,500	\$ 1,052,708	\$ 380,681	Ashley Coleman	Monique Brown
HAHSTA	HAHSTA2020-000008-000	HOUSING COUNSELING SERVICES INC	Housing and Support Services	Federal	NEW	01/01/20	09/30/23	\$ 500,000	\$ 500,000	\$ -	Sherita Grant	Monique Brown
HAHSTA	HAHSTA2017-000031-003	HOWARD UNIVERSITY, THE	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	02/28/21	\$ 1,025,000	\$ 142,917	\$ 21,972	Christie Olejemeh	Cassandra Lewis-Battle
HAHSTA	HAHSTA2017-000044-006	HOWARD UNIVERSITY, THE	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	03/31/21	\$ 1,369,550	\$ 195,650	\$ 45,327	Christie Olejemeh	Cassandra Lewis-Battle
HAHSTA	HAHSTA2018-000002-012	HOWARD UNIVERSITY, THE	FY 18 Opioid Treatment Expansion Initiative (SOR)	Federal	CONT	11/01/17	09/30/20	\$ 364,000	\$ 65,013	\$ -	Stephen Reese	Cassandra Lewis-Battle
HAHSTA	HAHSTA2017-000018-011	Inova Health Care Services	IMPACT DMV	Federal	CONT	06/01/17	03/31/20	\$ 256,162	\$ 40,000	\$ 7,874	Terrance Payton	Carroll Ward

DOH Unit	EGMS GrantID	Grantee's Name	NOGA Purpose	Funding Source	FY20 Status:New/Cont	Project Period Start Date	Project Period End Date	Total Award Amount	Approved FY 20 Budget Authority	FY 20 Expenditures (to date)	Project Officer	Grant Monitor
HAHSTA	HAHSTA2019-000024-000	Inova Health Care Services	Regional Early Intervention Services	Federal	CONT	08/15/19	02/28/25	\$ 1,843,032	\$ 219,409	\$ 26,823	Trammell Walters	Carroll Ward
HAHSTA	HAHSTA2017-000041-005	Institute for Public Health Innovation	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	03/31/21	\$ 350,000	\$ 50,000	\$ 25,357	Princess Johnson	Carroll Ward
HAHSTA	HAHSTA2017-000035-005	JOSEPH'S HOUSE INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	02/28/21	\$ 519,167	\$ 105,167	\$ 31,608	Ivan Eaton	Rony Mohram
HAHSTA	HAHSTA2017-000011-017	La Clinica del Pueblo	IMPACT DMV	Federal	CONT	06/01/17	03/31/20	\$ 195,889	\$ 35,000	\$ 11,931	Terrance Payton	April Richardson
HAHSTA	HAHSTA2017-000034-009	La Clinica del Pueblo	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	02/28/21	\$ 1,600,026	\$ 195,125	\$ 117,286	Trammell Walters	April Richardson
HAHSTA	HAHSTA2017-000047-006	La Clinica del Pueblo	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	03/31/21	\$ 525,000	\$ 75,000	\$ 31,094	Trammell Walters	April Richardson
HAHSTA	HAHSTA2019-000034-001	La Clinica del Pueblo	Regional Early Intervention Services	Federal	CONT	08/15/19	02/28/25	\$ 1,250,000	\$ 178,571	\$ 90,927	Trammell Walters	April Richardson
HAHSTA	HAHSTA2019-000021-001	LATIN AMERICAN YOUTH CENTER, INC.	Promotor Pathway Program	Federal	CONT	08/01/19	12/31/19	\$ 49,000	\$ 43,868	\$ 26,691	Mariel Edge	Cassandra Lewis-Battle
HAHSTA	HAHSTA2019-000041-001	Mary Washington Healthcare	Regional Early Intervention Services	Federal	CONT	09/01/19	02/28/25	\$ 400,000	\$ 68,571	\$ 6,490	Princess Johnson	Monique Brown
HAHSTA	HAHSTA2017-000038-002	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	02/28/21	\$ 54,588	\$ 6,657	\$ 2,779	Princess Johnson	Monique Brown
HAHSTA	HAHSTA2017-000045-005	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	03/31/21	\$ 612,500	\$ 87,500	\$ 50,435	Princess Johnson	Monique Brown
HAHSTA	HAHSTA2018-000006-005	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	FY 18 Opioid Treatment Expansion Initiative (SOR)	Federal	CONT	11/01/17	09/30/20	\$ 229,800	\$ 78,234	\$ 54,059	Stephen Reese	Monique Brown
HAHSTA	HAHSTA2019-000019-001	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	Marys Center SBIRT (SOR)	Federal	CONT	05/01/19	09/30/21	\$ 294,985	\$ 26,860	\$ 8,953	Stephen Reese	Monique Brown
HAHSTA	HAHSTA2017-000033-003	MedStar Research Health Institute	MHRI/MWHC Ryan White Parts A and B application 2017	Federal	CONT	10/01/17	02/28/21	\$ 1,171,917	\$ 142,917	\$ 32,579	Princess Johnson	Cassandra Lewis-Battle
HAHSTA	HAHSTA2019-000004-000	MedStar Research Health Institute	Hepatitis Data to Cure	Federal	CONT	01/01/19	10/31/19	\$ 49,995	\$ 13,918	\$ 13,237	Stacey Cooper	Cassandra Lewis-Battle
HAHSTA	HAHSTA2019-000043-000	METRO DC COMMUNITY CENTER INC, THE	Regional Early Intervention Services	Federal	NEW	10/01/19	02/28/25	\$ 1,301,535	\$ 260,307	\$ 43,086	Ashley Coleman	Rony Mohram
HAHSTA	HAHSTA2017-000016-008	METRO HEALTH INC	IMPACT DMV	Federal	CONT	06/01/17	03/31/20	\$ 152,500	\$ 15,000	\$ 6,107	Kenneth J. Pettigrew	April Richardson
HAHSTA	HAHSTA2017-000026-006	METRO HEALTH INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	03/31/21	\$ 997,500	\$ 112,500	\$ 67,337	Christie Olejemeh	April Richardson

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HAHSTA	HAHSTA2019-000018-002	METRO HEALTH INC	Comprehensive Screening, Brief Intervention, and Referral Treatment (SBIRT) Electronic Health Record Integration and Delivery, and Technical Assistance (SOR)	Federal	CONT	06/01/19	09/30/21	\$ 112,500	\$ 19,693	\$ 19,666	Stephen Reese	April Richardson
HAHSTA	HAHSTA2019-000026-001	METRO HEALTH INC	Regional Early Intervention Services	Federal	CONT	08/15/19	02/28/25	\$ 2,100,000	\$ 250,000	\$ 111,199	Christie Olejemeh	April Richardson
HAHSTA	HAHSTA2019-000040-000	Neighborhood Health	Regional Early Intervention Services	Federal	CONT	09/01/19	02/28/25	\$ 1,478,515	\$ 214,286	\$ 37,092	Ebony Fortune	Rony Mohram
HAHSTA	HAHSTA2020-000001-000	Neighborhood Health	VA MAI Youth Reach	Federal	NEW	10/01/19	02/28/22	\$ 765,316	\$ 165,316	\$ 43,632	Ebony Fortune	Rony Mohram
HAHSTA	HAHSTA2020-000004-000	NORTHERN VIRGINIA REGIONAL COMMISSION	Housing and Support Services (NVRC)	Federal	NEW	10/01/19	09/30/22	\$ 2,400,000	\$ 2,400,000	\$ 571,582	Sherita Grant	Rony Mohram
HAHSTA	HAHSTA2017-000028-002	NOT-FOR-PROFIT HOSPITAL CORP (United Medical Center)	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	02/28/21	\$ 609,192	\$ 94,291	\$ 36,247	Christie Olejemeh	April Richardson
HAHSTA	HAHSTA2017-000048-001	NOT-FOR-PROFIT HOSPITAL CORP (United Medical Center)	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	03/31/21	\$ 150,000	\$ 63,000	\$ 17,835	Christie Olejemeh	April Richardson
HAHSTA	HAHSTA2019-000027-000	NOT-FOR-PROFIT HOSPITAL CORP (United Medical Center)	Regional Early Intervention Services	Federal	CONT	08/15/19	02/28/25	\$ 1,000,000	\$142,857.00	\$ 28,175	Christie Olejemeh	April Richardson
HAHSTA	HAHSTA2017-000012-013	NovaSalud, Inc.	IMPACT DMV	Federal	CONT	06/01/17	03/31/20	\$ 181,500	\$ 15,000	\$ 8,849	Diedre Gray	Carroll Ward
HAHSTA	HAHSTA2019-000045-001	NovaSalud, Inc.	Regional Early Intervention Services	Federal	CONT	09/01/19	02/28/25	\$ 1,250,000	\$ 178,571	\$ 76,198	Princess Johnson	Carroll Ward
HAHSTA	HAHSTA2017-000013-009	SEXUAL MINORITY YOUTH ASSISTANCE LEAGUE (SMYAL), INC.	IMPACT DMV	Federal	CONT	06/01/17	03/31/20	\$ 267,500	\$ 37,000	\$ 18,500	Diedre Gray	Carroll Ward
HAHSTA	HAHSTA2018-000003-014	SHENANDOAH VALLEY MEDICAL SYSTEM, INCORPORATED	Ryan White HIV AIDS Program	Federal	CONT	03/01/18	02/28/21	\$ 1,414,234	\$ 155,452	\$ 78,751	Ebony Fortune	Rony Mohram
HAHSTA	HAHSTA2019-000029-000	SLK Health Services Corporation	Regional Early Intervention Services	Federal	CONT	09/01/19	02/28/25	\$ 1,000,000	\$ 171,429	\$ 82,479	Christie Olejemeh	Rony Mohram
HAHSTA	HAHSTA2020-000003-000	Southern Maryland Tri-County Community Action Committee, Inc.	Housing and Support Services (SM)	Federal	NEW	10/01/19	09/30/22	\$ 190,000	\$ 190,000	\$ 31,711	Sherita Grant	Monique Brown
HAHSTA	HAHSTA2017-000040-004	UNITY HEALTH CARE, INC.	FY2017 Unity Health Care Ryan White HIV/AIDS Medical Case Management Program	Federal	CONT	10/01/17	03/31/21	\$ 1,225,000	\$ 172,000	\$ 87,740	Ivan Eaton	Monique Brown
HAHSTA	HAHSTA2018-000007-008	UNITY HEALTH CARE, INC.	FY 18 Opioid Treatment Expansion Initiative (SOR)	Federal	CONT	11/01/17	09/30/20	\$ 214,800	\$ 49,318	\$ 47,983	Stephen Reese	Monique Brown
HAHSTA	HAHSTA2017-000014-006	University of Maryland	IMPACT DMV	Federal	CONT	06/01/17	03/31/20	\$ 144,000	\$ 10,000	\$ -	Terrance Payton	Carroll Ward

DOH Unit	EGMS GrantID	Grantee's Name	NOGA Purpose	Funding Source	FY20 Status:New/Cont	Project Period Start Date	Project Period End Date	Total Award Amount	Approved FY 20 Budget Authority	FY 20 Expenditures (to date)	Project Officer	Grant Monitor
HAHSTA	HAHSTA2017-000037-006	US HELPING US-PEOPLE INTO LIVING, INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	03/31/21	\$ 875,000	\$ 125,000	\$ 60,768	Ivan Eaton	April Richardson
HAHSTA	HAHSTA2019-000020-001	US HELPING US-PEOPLE INTO LIVING, INC	UHU-SBIRT Implementation Project (SOR)	Federal	CONT	08/01/19	09/30/21	\$ 168,750	\$ 28,125	\$ 28,124	Stephen Reese	April Richardson
HAHSTA	HAHSTA2019-000035-001	US HELPING US-PEOPLE INTO LIVING, INC	The Suburban Maryland Project (The Burb Project)	Federal	CONT	08/15/19	02/28/25	\$ 1,750,000	\$ 250,000	\$ 149,763	Ivan Eaton	April Richardson
HAHSTA	HAHSTA2019-000016-000	Washington Health Institute	Washington Health Institute	Federal	CONT	05/01/19	02/28/21	\$ 190,000	\$ 39,583	\$ 20,629	Princess Johnson	Carroll Ward
HAHSTA	HAHSTA2019-000044-001	Washington Health Institute	Regional Early Intervention Services	Federal	CONT	09/01/19	02/28/25	\$ 1,250,000	\$ 214,286	\$ 89,303	Princess Johnson	Carroll Ward
HAHSTA	HAHSTA2017-000015-011	WHITMAN-WALKER CLINIC, INC.	IMPACT DMV	Federal	CONT	06/01/17	03/31/20	\$ 490,389	\$ 40,000	\$ 23,561	Terrance Payton	Rony Mohram
HAHSTA	HAHSTA2017-000039-005	WHITMAN-WALKER CLINIC, INC.	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	02/28/21	\$ 3,566,317	\$ 349,917	\$ 75,086	Trammell Walters	Rony Mohram
HAHSTA	HAHSTA2018-000005-008	WHITMAN-WALKER CLINIC, INC.	FY 18 Opioid Treatment Expansion Initiative (SOR)	Federal	CONT	11/01/17	09/30/20	\$ 324,800	\$ 101,027	\$ 94,041	Stephen Reese	Rony Mohram
HAHSTA	HAHSTA2019-000022-000	WHITMAN-WALKER CLINIC, INC.	Syphilis Screening and Forecasting	Federal	CONT	08/12/19	12/31/19	\$ 45,000	\$ 27,000	\$ 27,000	Mariel Edge	Rony Mohram
HAHSTA	HAHSTA2019-000036-000	WHITMAN-WALKER CLINIC, INC.	Regional Early Intervention Services	Federal	CONT	08/15/19	02/28/25	\$ 3,750,000	\$ 535,714	\$ 362,012	Trammell Walters	Rony Mohram
HAHSTA	HAHSTA2017-000032-009	WOMEN'S COLLECTIVE INC, THE	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	CONT	10/01/17	03/31/21	\$ 877,800	\$ 125,400	\$ 63,281	Ivan Eaton	April Richardson
HAHSTA	HAHSTA2019-000025-002	WOMEN'S COLLECTIVE INC, THE	Regional Early Intervention Services	Federal	CONT	08/15/19	02/28/25	\$ 1,500,000	\$ 178,571	\$ 82,106	Ivan Eaton	April Richardson
HAHSTA	HAHSTA2019-000002-002	BREAD FOR THE CITY, INC.	Special Initiatives: Needle Exchange and Transgender Health Initiative	Local	CONT	10/01/18	09/30/21	\$ 71,585	\$ 71,585	\$ 15,192	Stephen Reese	Cassandra Lewis-Battle
HAHSTA	HAHSTA2019-000007-001	DAMIEN MINISTRIES INC	Medical Nutrition Therapy Services for DC Food Bank Providers	Local	CONT	10/01/18	09/30/22	\$ 380,000	\$ 16,250	\$ 14,858	Ashley Coleman	Cassandra Lewis-Battle
HAHSTA	HAHSTA2019-000001-005	FAMILY AND MEDICAL COUNSELING SERVICE INC	Special Initiatives: Needle Exchange and Transgender Health Initiative	Local	CONT	10/01/18	09/30/21	\$ 637,000	\$ 88,937	\$ 88,936	Stephen Reese	Monique Brown
HAHSTA	HAHSTA2019-000006-001	FAMILY AND MEDICAL COUNSELING SERVICE INC	Medical Nutrition Therapy Services for DC Food Bank Providers	Local	CONT	02/01/19	09/30/22	\$ 400,000	\$ 17,500	\$ 14,082	Ashley Coleman	Monique Brown
HAHSTA	HAHSTA2016-000002-002	FOOD & FRIENDS, INC.	Food Services for Persons Living with HIV/Aids in the District of Columbia	Local	Continuation	10/01/15	09/30/20	\$ 600,000	\$ 42,000	\$ 38,528	Ashley Coleman	April Richardson

DOH Unit	EGMS GrantID	Grantee's Name	NOGA Purpose	Funding Source	FY20 Status:New/Cont	Project Period Start Date	Project Period End Date	Total Award Amount	Approved FY 20 Budget Authority	FY 20 Expenditures (to date)	Project Officer	Grant Monitor
HAHSTA	HAHSTA2019-000003-006	HELPING INDIVIDUAL PROSTITUTES SURVIVE	Special Initiatives: Needle Exchange and Transgender Health Initiative	Local	CONT	10/01/18	09/30/21	\$ 714,000	\$ 714,000	\$ 72,631	Stephen Reese	Monique Brown
HAHSTA	HAHSTA2016-000059-002	JOSEPH'S HOUSE INC	Housing Services	Local	CONT	10/01/13	12/31/19	\$ 1,033,354	\$ 69,000	\$ 69,000	Sherita Grant	Rony Mohram
HAHSTA	HAHSTA2016-000101-019	JOSEPH'S HOUSE INC	Housing Services	Local	CONT	04/01/16	12/31/19	\$ 683,323	\$ 33,000	\$ 33,000	Monique Green	Rony Mohram
HAHSTA	HAHSTA2016-000087-009	SAMARITAN MINISTRY OF GREATER WASHINGTON	Burial Assistance for District of Columbia Residents Who Succumb to AIDS	Local	CONT	01/01/16	09/30/20	\$ 305,000	\$ 16,250	\$ 10,170	Trammell Walters	Carroll Ward
HAHSTA	HAHSTA2020-000006-000	The Young Women's Project	Sexual Health Peer Education	Local	NEW	12/15/19	09/30/24	\$ 856,000	\$ 214,000	\$ -	Marisel Edge	Cassandra Lewis-Battle
HEPRA	HEPRA2016-000001-004	CHILDREN'S NATIONAL MEDICAL CENTER	Ebola Preparedness for Hospital Physical Infrastructure/ Training	Federal	CONT	05/01/16	04/30/20	\$ 869,796	\$ 200,000	\$ -	Julia Ritch	Miguel Turcios-Amaya
HEPRA	HEPRA2016-000002-002	HOWARD UNIVERSITY, THE	Ebola Preparedness for Hospital Physical Infrastructure/ Training	Federal	CONT	05/01/16	04/30/20	\$ 154,204	\$ 111,176	\$ -	Julia Ritch	Miguel Turcios-Amaya
HEPRA	HEPRA2016-000003-002	MedStar Washington Hospital Center	Ebola Preparedness for Hospital Physical Infrastructure/ Training	Federal	CONT	05/01/16	04/30/20	\$ 530,504	\$ 478,229	\$ 35,121	Julia Ritch	Miguel Turcios-Amaya
HEPRA	HEPRA2016-000005-002	District Hospital Partners LP		Federal	CONT	05/01/16	04/30/20	\$ 869,796	\$ 768,222	\$ -	Julia Ritch	Miguel Turcios-Amaya
HEPRA	HEPRA2019-000003-000	District of Columbia Hospital Association	DCHA Hospital Preparedness Program	Federal & Local	CONT	07/01/19	06/30/24	\$ 277,860	\$ 163,314	\$ -	Julia Ritch	Miguel Turcios-Amaya
HEPRA	HEPRA2019-000004-000	District of Columbia Health Care Assn	DCHCA Hospital Preparedness Program	Federal	CONT	07/01/19	06/30/24	\$ 100,000	\$ 98,791	\$ -	Julia Ritch	Miguel Turcios-Amaya
HEPRA	HEPRA2019-000005-000	Metropolitan Washington Council of Governments	MWCOG Ebola-HID Planning & Exercise Support	Federal	CONT	09/01/19	05/17/20	\$ 889,350	\$ 856,066	\$ 316,021	Julia Ritch	Miguel Turcios-Amaya
HEPRA	HEPRA2019-000006-000	DIST OF COLUMBIA PRIMARY CARE ASSOCIATION	DCPCA Hospital Preparedness Program	Federal	CONT	07/01/19	06/30/24	\$ 110,000	\$ 83,737	\$ -	Julia Ritch	Miguel Turcios-Amaya

Question 15 - FY20 Contracts										
Contract Number	Name of the Vendor	Purpose of Contract	DOH Contract Administrator	Procurement Method	Original Contract Value	Modification Contract Value (if applicable)	Expenditure/Actual Spent	Contract Period	Corrective Action (if applicable)	Funding Source
CW35535 / RM-14-RFP-094-BY4-SDS	ALERE WELLBEING, INC.	Operate DC Tobacco Quiline	Bryan Cheseaman	Sole Source Extension	\$ 505,969.10	N/A	\$ 144,795.50	7/31/19 - 1/31/20	N/A	Local
CW62601	ABK Ventures Inc. dba Canary Health	Utilization of evidence-based chronic disease self-management programs.	LaVerne Jones	Sole Source	\$ 125,000.00	N/A	\$ 50,000.00	8/24/19 - 8/23/20	N/A	Federal
CW39553	BEST COPY & PRINTING INC. (BCPI)	Mass Printing Services	Andersen Andrews	Invitation for Bid	\$ 100,000.00	N/A	\$ -	9/24/19 - 9/23/20	N/A	Revenue
CW40596	CANON SOLUTIONS AMERICA, INC.	Copiers	Andersen Andrews	GSA Schedule	\$ 382,383.00	N/A	\$ 33,240.50	12/1/19 - 5/31/20	N/A	Federal/Local
CW39863	CONSILIENCE SOFTWARE, INC.	To provide maintenance support services for the Consilience Software Maven Tier 3 software.	Andersen Andrews	Exempt from Competition	\$ 187,776.98	N/A	\$ 187,776.98	10/1/19 - 9/30/20	N/A	Federal
CW51929	DATAWATCH SYSTEMS	Building Security Access - Card Readers and Cameras	Andersen Andrews	Sole Source	\$ 108,855.44	N/A	\$ -	7/7/19 - 7/9/20	N/A	Revenue/Local
CW39046 - not on FY19	GEORGE WASHINGTON UNIVERSITY	To provide technical assistance on health policy relating to implementation of new HAHSTA business and clinical quality processes.	Michael Kharfen	Invitation for Bid	\$ 199,800.00	\$ 199,800.00	\$ 49,860.75	9/16/19 - 9/15/20	N/A	Federal
CW31954	GEORGE WASHINGTON UNIVERSITY	Pharmaceutical Marketing Report	Shauna White	Sole Source Extension	\$ -	N/A	\$ -	10/1/19 - 11/30/19	NA	Revenue
CW38058	INNOVATIVE ARCHITECTS LLC	Hosted Platform for Criminal Background Checks for Lone	Andersen Andrews	Exempt from Competition	\$ 205,000.00	N/A	\$ -	7/1/19 - 6/30/20	N/A	Revenue
CW77952	INNOVATION HORIZONS	Virtual Center for Pharmaceutical Education - (DCRs) Educational Activities for Healthcare Professionals	Shauna White	Request for Proposals	\$ 102,571.00	N/A	\$ -	12/6/19 - 12/5/20	N/A	Federal
CW32376	REINGOLD, INC.	Capacity Building Logistics Program	Michael Kharfen	Request for Proposals	\$ 343,096.00	N/A	\$ -	10/1/19 - 9/30/20	N/A	Federal
CW58647	MARYLAND/DC HANDS AND VOICES, INC.	Coordination and Facilitation for Families of Children with Hearing Loss	Jaida Carter	Exempt from Competition	\$ 62,500.00	N/A	\$ -	5/7/19 - 5/2/20	N/A	Federal/Local
CW60511	McCALLIE ASSOCIATES, INC. DBA OSBOW DATA MANAGEMENT SYSTEMS, LLC	To provide a system to support data captured and reported for the Districts breast and cervical cancer early detection program.	Andersen Andrews	Exempt from Competition	\$ 15,770.00	N/A	\$ -	6/6/19 - 6/5/20	N/A	N/A
CW56663	Plexis Healthcare Systems	To provide Third Party Administrator and claims management services.	Michael Kharfen	Request for Proposals	\$ 1,100,604.00	\$ 90,000.00	\$ 366,868.00	10/1/19 - 9/30/20	N/A	Federal
CW34533	SOUND THINKING, LLC	HAHSTA Planning Council and Planning Group Technical Experts	Michael Kharfen	Invitation for Bid	\$ 240,000.00	N/A	\$ -	4/23/19 - 4/22/20	N/A	Federal
CW61684	UNIVERSITY OF PITTSBURG	Public Health Emergency Law Manual and Training	Marie-Claire Brown	Sole Source	\$ -	N/A	\$ -	10/3/19 - 5/17/20	N/A	N/A
CW75880	GEORGE WASHINGTON UNIVERSITY	Academic Partnership for TB Surveillance and NHBS Systems	Michael Kharfen	Sole Source	\$ 995,506.00	N/A	\$ 128,432.50	10/3/19 - 10/2/20	N/A	Federal
CW67628	PESTMASTERS SERVICES	Contract Pest and Bait Stations for Rodent Control	Gerard Brown	Invitation for Bid	NTE \$100,000.00	N/A	\$ -	1/22/20 - 1/21/21	N/A	N/A
CW76533	CAPITAL CONSULTING LLC DBA THARSEA IT	Oracle Cloud Services	Andersen Andrews	Sole Source	\$ 30,000.00	N/A	\$ 30,000.00	11/15/19 - 2/4/20	N/A	Federal
CW76533	CAPITAL CONSULTING LLC DBA THARSEA IT	Oracle Cloud Services	Andersen Andrews	Sole Source	\$ 155,000.00	N/A	\$ -	2/5/20 - 2/4/21	N/A	N/A
CW47164	REINGOLD LINK, LLC	Social Marketing Campaign Education and Communication	Michael Kharfen	Request for Proposals	\$ 313,395.00	N/A	\$ 87,160.00	9/27/19 - 9/26/20	N/A	Federal
CW69728	ISI Research and Training Ist.	Health System Plan	Terrence Williams	Sole Source	\$ 180,053.00	N/A	\$ -	11/13/19 - 11/12/20	N/A	Local
CW57331	Metrc (formerly Franwell, Inc	Marijuana Electronic Monitoring System	Andersen Andrews	Request for Quotes	\$ 45,000.00	N/A	\$ -	12/21/19 - 12/20/20	N/A	Local
CW41121	SECURETECH 360 LLC	DOH - Managed Care Maintenance and Warranty Support	Andersen Andrews	Exempt from Competition	\$ 454,014.00	\$ 367,874.00	\$ 264,158.00	1/7/20 - 1/6/21	N/A	Local and Federal
CW37941	PUBLIC PERFORMANCE MANAGEMENT LLC (PPM)	Technical Support for IT Initiatives	Andersen Andrews	Invitation for Bid	NTE \$950,000.00	N/A	\$ 29,100.00	7/15/19 - 7/14/20	N/A	Federal
CW60210	Clinical Pharmacy Associates	Treatment Adherence and Quality Assurance for ADAP-Rx Quality.	Tayiana Reed	Request for Proposals	\$ 570,306.00	N/A	\$ 139,780.00	4/6/19 - 4/5/20	N/A	Federal
CW45231	DIGITAL INNOVATIONS, INC.	Trauma Registry Annual Maintenance & System Upgrade	Miguel Turcios-Amaya	Exempt from Competition	\$ 79,200.00	N/A	\$ 79,200.00	9/2/19 - 9/1/20	N/A	
CW47164	REINGOLD LINK, LLC	Social Marketing Campaign Education and Communication	Michael Kharfen	Request for Proposals	\$ 313,395.00	N/A	\$ 87,160.00	9/27/19 - 9/26/20	N/A	Federal
CW51211	Rutgers University	Pregnancy Risk Assessment Monitoring System (PRAMS)	Fern Johnson-Clarke	Request for Proposals	\$ 90,365.00	N/A	\$ 15,060.00	5/11/19 - 5/10/20	N/A	Federal
CW31836	METROPOLITAN RADIOLOGY MGMT	Radiological Services for HAHSTA Clinic	Kanetha Queen	Exempt from Competition	\$ 120,000.00	N/A	\$ 30,000.00	10/17/19 - 10/16/20	N/A	Federal
CW57604/CW72702	SYNERGETIC INFORMATION SYSTEMS	Operational and Maintenance Support for WIC CARES System. Labor type contract for IT support. WIC Enhancement Support	Andersen Andrews	Exempt from Competition	NTE \$950,000.00	N/A	\$ 196,305.00	10/1/19 - 9/30/20	N/A	Local and Federal
CW50545	APRISS, INC.	Prescription Drug Monitoring Program (PDMP)	Shauna White	Exempt from Competition	\$ 811,716.00	N/A	\$ -	8/1/19 - 7/31/20	N/A	Revenue
CW54787	Pacify Inc.	WIC Health Mobile Breast Feeding App Services	Tiffanie Williams	Exempt from Competition	\$ 211,729.00	N/A	\$ -	9/27/18 - 9/26/19	N/A	Federal
CW64144	SHASHA BRUCE	IGBTQ Youth Program	Marie Edge	Request for Proposals	\$ 50,000.00	N/A	\$ -	9/19/18 - 9/17/19	N/A	Federal
CW69673	Great American Corp	Catering Services	Lamont Clark	Invitation for Bid	NTE \$100,000.00	N/A	\$ -	4/22/19 - 4/21/20	N/A	Federal

CW65748	AUNT BERTHA CORPORATION	Search and Referral Software Platform to expand HAHSTA's referral online guide for residents and Community Based Organizations	Ashley Coleman	Sole Source	\$ 60,000.00	N/A	\$ 42,000.00	1/4/20 - 1/3/21	N/A	Federal
CW71036	Valley Pet Memorial Services	Dead Animal Removal and Cremation Services	Vito DelVento	Sole Source	NTE \$100,000.00	N/A	\$ 8,700.00	7/16/19 - 7/15/20	N/A	Revenue
CW69941	IHRC	Epidemiology-Disease Surveillance and Investigation	Terrence Williams	Exempt from Competition	\$ 146,096.00	N/A	\$ -		N/A	
CW73392	Washington Health Institute	On-Site Physician Services - HAHSTA Clinic	Adam Visconti	Invitation for Bid	\$ 97,200.00	N/A	\$ -	8/15/19 - 8/4/20	N/A	Federal
CW78226	Electronic Services, Delivery & Support, Inc. (ESDS)	Project Management Services for DC eWIC	Amelia Peterson-Kosecki	Request for Proposals	\$ 240,000.00	N/A	\$ -	12/16/19 - 12/15/20	N/A	Federal
CW49420	Premier Office Suppliers	DC Health Polo Shirts	Patricia Evans	Invitation for Bid	\$ 100,000.00	N/A	\$ -	8/7/19 - 8/6/20	N/A	Federal/Revenue/Local
CW58412	TRUAX PATIENTS SERVICES	Narcan Spray Kits	Jonelynn Gamble	Invitation for Bid	\$ 1,372,500.00	N/A	\$ 112,500.00	2/5/2020 - 2/4/2020	N/A	Local
CW63466	DC Action for Children Today	Comprehensive Evaluation for School Health Services	Bryan Cheseman	Request for Proposals	\$ 181,722.90	N/A	\$ -	8/28/2019 - 8/27/2020	N/A	Local
CW60907	STRATEGIC MANAGEMENT SOLUTIONS, INC.	Self-Management Resource Center Trainings	Robin Diggs	Request for Proposals	\$ 150,000.00	N/A	\$ -	5/10/2019 - 5/9/2020	N/A	Local
CW64376	OCTANE, LLC	Social Marketing/Public Education Program -Federal Payment	Michael Kharfen	Request for Proposals	\$ 864,670.40	N/A	\$ -	9/27/2019 - 9/26/2020	N/A	Federal
CW74997	Fieldprint	Criminal Background Checks/Fingerprinting Services	Yoolman Owens	Cooperative Agreement	NTE \$950,000.00	N/A	\$ 54,371.00	10/18/19 - 10/17/20	N/A	Revenue
CW54071	LEXISNEXIS VITAL CHEK	Vital Records Kiosks	Terrence Williams	Invitation for Bid	\$ 142,500.00	N/A	\$ -	8/17/2019 - 8/16/2020	N/A	Local
TRD	State of MD DHMH	Laboratory Testing Services	Michael Kharfen	Cooperative Agreement	\$ 100,000.00	N/A	\$ 3,840.00	3/4/19 - 3/3/20	N/A	Federal
CW40399	MOTR SERVICES INC.	Medical / Nursing Staffing	Kanetha Queen	Invitation for Bid	\$ 950,000.00	N/A	\$ 98,682.86	11/6/2019 - 11/5/2010	N/A	Local
CW40992	ROSS PROFESSIONAL SERVICES	DOH FY16 Temporary Staffing Services and support augmentation	Contract Administrator vary per Purchase Order	Invitation for Bid	\$ 950,000.00	N/A	\$ 7,259.43	12/23/2019 - 12/22/2020	N/A	Local
CW40996	VTECH SOLUTIONS	DOH FY16 Temporary Staffing Services and support augmentation	Contract Administrator vary per Purchase Order	Invitation for Bid	\$ 950,000.00	N/A	\$ -	12/07/2019 - 12/06/2020	N/A	Local and Federal
CW41000	WALTON & GREEN CONSULTANTS	DOH FY16 Temporary Staffing Services and support augmentation	Contract Administrator vary per Purchase Order	Invitation for Bid	\$ 950,000.00	N/A	\$ 88,965.58	12/23/2019 - 12/22/2020	N/A	Local and Federal
CW40998	MIDTOWN PERSONNEL, INC.	DOH Temporary Staffing Services and support augmentation	Contract Administrator vary per Purchase Order	Invitation for Bid	\$ 950,000.00	N/A	\$ 179,463.06	12/23/2019 - 12/22/2020	N/A	Local and Federal
CW40988	MB STAFFING SERVICES, LLC	DOH FY16 Temporary Staffing Services and support augmentation	Contract Administrator vary per Purchase Order	Invitation for Bid	\$ 950,000.00	N/A	\$ 151,441.05	12/29/2019 - 12/28/2020	N/A	Local and Federal
CW69667	Kansas State University Research Foundation	Evaluation and Reporting System Software License	Sara Beckwith	Exempt from Competition	\$ 15,000.00	N/A	\$ -	4/3/2019 - 4/4/2020	N/A	Federal
CW47741	AMERISOURCE BERGEN DRUG CORPORATION	Pharmaceuticals for ADAP	Tayiana Reed	Request for Proposals	\$ 15,000,000.00	N/A	\$ 444,261.00	12/2/19 - 12/1/20	N/A	Federal
CW47996	QUANTUM MARK, LLC	CPPE - Death Reporting Consultant	Terra Abrams	Sole Source	\$ 233,125.00	N/A	\$ 167,131.55	12/13/19-12/12/20	N/A	Local
CW33916	BIOLYTICAL LABORATORIES, INC.	INSTI HIV Test Kits	Jonelynn Gamble	Sole Source GSA	NTE \$249,999.00	N/A	\$ 286,944.81	12/29/18 - 12/28/19	N/A	Federal
CW54348	Healthmaster Holdings, LLC	Health office software	Bryan Cheseman	Exempt from Competition	\$ 201,250.00	N/A	\$ -	7/1/19-6/30/20	N/A	Local
CW78413	NCS PEARSON dha PEARSON VUE	HRLA - Competency testing for Nurse Aides, Home Health Aides, and Medication Aide.	Frank Meyers	Sole Source	No Cost Contract	N/A	N/A	8/22/18 - 3/31/20	N/A	N/A
CW68015	Stockbridge Consulting LLC	IBM SPSS Software and maintenance	Andersen Andrews	Request for Task Order Bid	\$ 97,139.55	N/A	\$ -	2/4/19 - 2/3/20	N/A	Board of Medicine
CW71404	Grubbs	Pharmaceutical Services	Kanetha Queen	Invitation for Bid	\$ 9,899.00	N/A	\$ 7,020.00	6/3/19 - 6/2/20	N/A	Local
CW34022	ORASURE TECHNOLOGIES	OraSure HIV Test Kits and Controls	Jonelynn Gamble	GSA Schedule	\$ 598,503.00	N/A	\$ 119,257.50	12/30/18 - 12/29/19	N/A	Federal
CW41788	ANSELL HEALTHCARE LLC	Purchase of Male Condoms	Marisel Cedeño-Edge	Invitation for Bid	NTE\$500,000.00	NTE\$500,000.00	\$ 200,000.00	1/14/20-1/13/21	N/A	Federal
CW42034	MSC of FORT SMITH, INC.	CONDOM LUBRICANTS	Marisel Cedeño-Edge	Invitation for Bid	NTE\$500,000.00	NTE\$500,000.00	\$ -	1/14/20-1/13/21	N/A	Federal
CW35717 / DCHC-2015-A-0002	REI SYSTEMS	OD / HAHSTA - Grants Management System GS-35F-0623N.	Andersen Andrews	GSA Schedule	\$ 252,000.00	N/A	\$ -	2/20/19-2/19/20	N/A	Local
CW42468	INCAPSULATE, LLC	CHA - Gold or Platinum Tier Salesforce Consulting Partner to provide (a) SLA support, and (b) Enhancement Support of DOH's Healthy Start Salesforce Government Cloud, and Vlocity CM solutions	Byran Cheseman/Andersen Andrews	Request for Task Order (RFTOP)	NTE\$950,000.00	NTE\$950,000.00	\$ 44,156.00	3/9/19-3/8/20	N/A	Local
CW38394	STRATEGIC SOLUTIONS GROUP, LLC	HAHSTA - DCPHIS Support Services. Project Management/ Business Analyst. Developer. System Analyst	Andersen Andrews	RFP	NTE\$260,000.00	NTE\$260,000.00	\$ 36,505.00	7/29/19-7/28/20	N/A	Local
CW46185	RAMSELL CORPORATION	HAHSTA - Pharmacy Benefit Management System	Tayiana Reed	RFP	\$ 6,000,000.00	N/A	\$ 1,500,562.76	8/1/19 - 7/30/2020	N/A	Federal
CW57576	Humane Rescue Alliance(The Washington Humane Society)	Animal Control and Annual Prevention Services	Vito DelVento	RFP	\$ 4,957,107.20	N/A	\$ 226,350.85	11/18/19-11/17/20	N/A	Local
CW66513	INCAPSULATE, LLC	Salesforce 311 Rodent Control Application	Andersen Andrews	Exempt from Competition	\$ 110,000.00	\$ 50,000.00	\$ 160,000.00	12/14/18-12/13/19	N/A	Local

CW61050	AXIELL-ALM	Vital Statistics Information Management System.	Terra Abrams / Andersen Andrews	Exempt from Competition	NTE\$975,000.00	NTE\$975,000.00	\$ 135,000.00	5/18/18-5/17/20	N/A	Local
CW68585	COMPASS SOLUTIONS	Salesforce and IT Support Resources	Andersen Andrews	RFP	NTE\$950,000.00	NTE\$950,000.00	\$ -	10/1/19-9/30/20	N/A	Local and Federal
CW68564	EDUCOLOGY	Salesforce and IT Support Resources	Andersen Andrews	RFP	NTE\$950,000.00	NTE\$950,000.00	\$ 55,242.00	10/1/19-9/30/20	N/A	Local and Federal
CW68518	ACCURATE CONCEPTION	Salesforce and IT Support Resources	Andersen Andrews	RFP	NTE\$950,000.00	NTE\$950,000.00	\$ -	10/1/19-9/30/20	N/A	Local and Federal
CW68560	THIHA	Salesforce and IT Support Resources	Andersen Andrews	RFP	NTE\$950,000.00	NTE\$950,000.00	\$ -	10/1/19-9/30/20	N/A	Local and Federal
CW68582	CODICE	Salesforce and IT Support Resources	Andersen Andrews	RFP	NTE\$950,000.00	NTE\$950,000.00	\$ -	10/1/19-9/30/20	N/A	Local and Federal
CW68582	TRIAGE GROUP	Salesforce and IT Support Resources	Andersen Andrews	RFP	NTE\$950,000.00	NTE\$950,000.00	\$ -	10/1/19-9/30/20	N/A	Local and Federal
CW68580	SYNERGETICS	Salesforce and IT Support Resources	Andersen Andrews	RFP	NTE\$950,000.00	NTE\$950,000.00	\$ 55,280.96	10/1/19-9/30/20	N/A	Local and Federal
CW68566	SYLVER RAIN CORP	Salesforce and IT Support Resources	Andersen Andrews	RFP	NTE\$950,000.00	NTE\$950,000.00	\$ -	10/1/19-9/30/20	N/A	Local and Federal
CW68521	INCAPSULATE, LLC	Salesforce and IT Support Resources	Andersen Andrews	RFP	NTE\$950,000.00	NTE\$950,000.00	\$ -	10/1/19-9/30/20	N/A	Local and Federal
CW68568	TDC	Salesforce and IT Support Resources	Andersen Andrews	RFP	NTE\$950,000.00	NTE\$950,000.00	\$ -	10/1/19-9/30/20	N/A	Local and Federal

Department of Health (DOH) – AGENCY MANAGEMENT PROGRAM (AMP) Oversight Question #16 FY19- Human Care Agreements

HCA Vendor Name	Services Provided	Funding Source	HCA Amount	Actual Expenditures	Status of Performance	DOH Employee Responsible for Monitoring the HCA	HCA Number
AIDS Healthcare Foundation dba AHF Pharmacy	340B Drug Assistance Program	Federal	NTE \$950,000	\$ 23,087.62	Satisfactory	Dr. Tayiana Reed	CW57851
Pharm Pro dba Morgan Pharmacy	340B Drug Assistance Program	Federal	NTE \$950,000	\$ 178,313.80	Satisfactory	Dr. Tayiana Reed	CW57809
Seat Pleasant Pharmacy	340B Drug Assistance Program	Federal	NTE \$950,000	\$ 48,883.28	Satisfactory	Dr. Tayiana Reed	CW57816
Super Pharmacy LLC	340B Drug Assistance Program	Federal	NTE \$950,000	\$ 179,845.00	Satisfactory	Dr. Tayiana Reed	CW57811
Fort Lincoln Pharmacy LLC	340B Drug Assistance Program	Federal	NTE \$950,000	\$ 1,000.01	Satisfactory	Dr. Tayiana Reed	CW57807
Prime Inc. dba Sterling Pharmacy	340B Drug Assistance Program	Federal	NTE \$950,000	\$ 2,931.40	Satisfactory	Dr. Tayiana Reed	CW57801
Whitman Walker Clinic, Inc	340B Drug Assistance Program	Federal	NTE \$950,000	\$ 25,893.14	Satisfactory	Dr. Tayiana Reed	CW57813
Unity Upper Cardoza Pharmacy/Maxor	340B Drug Assistance Program	Federal	NTE \$950,000	\$ 824,000.00	Satisfactory	Dr. Tayiana Reed	CW57881
Unity Parkside/Maxor	340B Drug Assistance Program	Federal	NTE \$950,000	\$ 339,152.89	Satisfactory	Dr. Tayiana Reed	CW58007
Sierra Int'l Columbia Heights Pharmacy	340B Drug Assistance Program	Federal	NTE \$950,000	\$ 409,796.00	Satisfactory	Dr. Tayiana Reed	CW57886
Cathedral Pharmacy	340B Drug Assistance Program	Federal	NTE \$950,000	\$ 6,939.64	Satisfactory	Dr. Tayiana Reed	CW57845
Peoples Drug, LLC dba Alpha Peoples Pharmacy	340B Drug Assistance Program	Federal	NTE \$950,000	\$ 161,355.00	Satisfactory	Dr. Tayiana Reed	CW57843
Grubbs Pharmacy of NW	340B Drug Assistance Program	Federal	NTE \$950,000	\$ 3,123.53	Satisfactory	Dr. Tayiana Reed	CW57891
Grubbs Pharmacy SE	340B Drug Assistance Program	Federal	NTE \$950,000	\$ 1,600.02	Satisfactory	Dr. Tayiana Reed	CW57803
Grubbs Pharmacy of DC	340B Drug Assistance Program	Federal	NTE \$950,000	\$ 8,376.91	Satisfactory	Dr. Tayiana Reed	CW57924
Kalorama Pharmacy	340B Drug Assistance Program	Federal	NTE \$950,000	\$ 141,067.00	Satisfactory	Dr. Tayiana Reed	CW57860
Mary's Center Pharmacy/Maxor	340B Drug Assistance Program	Federal	NTE \$950,000	\$ 265,066.00	Satisfactory	Dr. Tayiana Reed	CW57847
Aids Healthcare Foundation	Outpatient Ambulatory Health	Federal	NTE \$950,000	\$ 315,550.00	Satisfactory	Mark Hill	CW56347
Aids Healthcare Foundation	Non-Medical Case Management	Federal	NTE \$950,000	\$ 17,500.00	Satisfactory	Mark Hill	CW58202
Andromedia Transcultural	Outpatient Substance Abuse	Federal	NTE \$950,000	\$ 5,350.00	Satisfactory	Mark Hill	CW56258
Andromedia Transcultural	Non-Medical Case Management	Federal	NTE \$950,000	\$ 33,625.00	Satisfactory	Mark Hill	CW57363
Andromedia Transcultural	Outpatient Substance Abuse	Federal	NTE \$950,000	\$ 2,685.00	Satisfactory	Mark Hill	CW57361
Andromedia Transcultural	Housing Case Management and Referral	Federal	NTE \$950,000	\$ -	Satisfactory	Mark Hill	CW58016
Casa Ruby	Housing Case Management and Referral	Federal	NTE \$950,000	\$ 10,000.00	Satisfactory	Mark Hill	CW56639
Casa Ruby	Non-Medical Case Management	Federal	NTE \$950,000	\$ 12,525.00	Satisfactory	Mark Hill	CW56665
Children's National Med. Ctr.	Non-Medical Case Management	Federal	NTE \$950,000	\$ -	Satisfactory	Mark Hill	CW56310
Children's National Med. Ctr.	Outpatient Substance Abuse	Federal	NTE \$950,000	\$ -	Satisfactory	Mark Hill	CW56312
Children's National Med. Ctr.	Outpatient Ambulatory Health	Federal	NTE \$950,000	\$ 12,324.00	Satisfactory	Mark Hill	CW58216
Community Family Life Services	Housing Case Management and Referral	Federal	NTE \$950,000	\$ 109,565.00	Satisfactory	Mark Hill	CW56237
Damien Ministries	Food Bank	Federal	NTE \$950,000	\$ 150,000.00	Satisfactory	Mark Hill	CW56466
Damien Ministries	Non-Medical Case Management	Federal	NTE \$950,000	\$ 53,425.00	Satisfactory	Mark Hill	CW58060
FAHASS	Non-Medical Case Management	Federal	NTE \$950,000	\$ 25,600.00	Satisfactory	Mark Hill	CW56667
FAHASS	Outpatient Substance Abuse	Federal	NTE \$950,000	\$ 23,575.00	Satisfactory	Mark Hill	CW56669
Family and Medical Counseling	Outpatient Substance Abuse	Federal	NTE \$950,000	\$ -	Satisfactory	Mark Hill	CW56251
Family and Medical Counseling	Food Bank	Federal	NTE \$950,000	\$ 173,124.00	Satisfactory	Mark Hill	CW56249
Family and Medical Counseling Services	Non-Medical Case Management	Federal	NTE \$950,000	\$ 19,850.00	Satisfactory	Mark Hill	CW56254
Family and Medical Counseling Services	Outpatient Ambulatory Health	Federal	NTE \$950,000	\$ 7,469.90	Satisfactory	Mark Hill	CW56247
Food and Friends	Food Bank	Federal	\$ 2,500,000.00	\$ 1,319,740.00	Satisfactory	Mark Hill	CW56028
Heart to Hand	Outpatient Substance Abuse	Federal	NTE \$950,000	\$ -	Satisfactory	Mark Hill	CW56464
Heart to Hand	Non-Medical Case Management	Federal	NTE \$950,000	\$ 97,325.00	Satisfactory	Mark Hill	CW56462
HIPS	Housing Case Management and Referral	Federal	NTE \$950,000	\$ 250.00	Satisfactory	Mark Hill	CW56298
HIPS	Non-Medical Case Management	Federal	NTE \$950,000	\$ 32,650.00	Satisfactory	Mark Hill	CW56304
Housing Counseling Services	Non-Medical Case Management	Federal	NTE \$950,000	\$ -	Satisfactory	Mark Hill	CW56468
Howard University	Non-Medical Case Management	Federal	NTE \$950,000	\$ 138,500.00	Satisfactory	Mark Hill	CW56350
Howard University	Dental Services	Federal	NTE \$950,000	\$ 6,164.00	Satisfactory	Mark Hill	CW57867
Howard University	Outpatient Substance Abuse	Federal	NTE \$950,000	\$ 325.00	Satisfactory	Mark Hill	CW57367
Howard University	Outpatient Ambulatory Health	Federal	NTE \$950,000	\$ 23,855.00	Satisfactory	Mark Hill	CW57365
Joseph's House	Non-Medical Case Management	Federal	NTE \$950,000	\$ 123,700.00	Satisfactory	Mark Hill	CW56281
La Clinica Del Pueblo	Non-Medical Case Management	Federal	NTE \$950,000	\$ 19,050.00	Satisfactory	Mark Hill	CW56288
La Clinica Del Pueblo	Outpatient Mental Health	Federal	NTE \$950,000	\$ 15,100.00	Satisfactory	Mark Hill	CW56291
La Clinica Del Pueblo	Outpatient Substance Abuse	Federal	NTE \$950,000	\$ 21,639.00	Satisfactory	Mark Hill	CW56286
Mary Washington Healthcare	Outpatient Substance Abuse	Federal	NTE \$950,000	\$ 861.00	Satisfactory	Mark Hill	CW55228
Mary's Center for Mat.	Dental Services	Federal	NTE \$950,000	\$ -	Satisfactory	Mark Hill	CW57865
Mary's Center for Mat.	Outpatient Ambulatory Health	Federal	NTE \$950,000	\$ -	Satisfactory	Mark Hill	CW55967
Mary's Center for Mat.	Outpatient Substance Abuse	Federal	NTE \$950,000	\$ -	Satisfactory	Mark Hill	CW58062
Metro Health	Outpatient Substance Abuse	Federal	NTE \$950,000	\$ -	Satisfactory	Mark Hill	CW56241

Metro Health	Food Bank	Federal	NTE \$950,000	\$ 313,632.00	Satisfactory	Mark Hill	CW56256
Metro Health	Outpatient Ambulatory Health	Federal	NTE \$950,000	\$ 781.85	Satisfactory	Mark Hill	CW58076
Montgomery County	Outpatient Ambulatory Health	Federal	NTE \$950,000	\$ 141,405.00	Satisfactory	Mark Hill	CW58011
Montgomery County	Dental Services	Federal	NTE \$950,000	\$ 43,418.00	Satisfactory	Mark Hill	CW58004
Montgomery County	Outpatient Substance Abuse	Federal	NTE \$950,000	\$ 74,020.00	Satisfactory	Mark Hill	CW58006
Neighborhood Health	Outpatient Ambulatory Health	Federal	NTE \$950,000	\$ 91,459.58	Satisfactory	Mark Hill	CW55390
Neighborhood Health	Dental Services	Federal	NTE \$950,000	\$ 61,777.00	Satisfactory	Mark Hill	CW55376
Neighborhood Health	Non-Medical Case Management	Federal	NTE \$950,000	\$ 55,300.00	Satisfactory	Mark Hill	CW55380
Terrific Inc	Non-Medical Case Management	Federal	NTE \$950,000	\$ 50,925.00	Satisfactory	Mark Hill	CW55371
Terrific Inc	Housing Case Management and Referral	Federal	NTE \$950,000	\$ 7,300.00	Satisfactory	Mark Hill	CW55374
The Women's Collectiave	Non-Medical Case Management	Federal	NTE \$950,000	\$ 35,398.00	Satisfactory	Mark Hill	CW57377
Unity Health	Non-Medical Case Management	Federal	NTE \$950,000	\$ 22,675.00	Satisfactory	Mark Hill	CW55392
Unity Health	Outpatient Ambulatory Health	Federal	NTE \$950,000	\$ 40,470.00	Satisfactory	Mark Hill	CW55275
US Helping US	Outpatient Substance Abuse	Federal	NTE \$950,000	\$ -	Satisfactory	Mark Hill	CW56233
US Helping US	Non-Medical Case Management	Federal	NTE \$950,000	\$ 15,900.00	Satisfactory	Mark Hill	CW56235
US Helping US	Housing Case Management and Referral	Federal	NTE \$950,000	\$ 11,300.00	Satisfactory	Mark Hill	CW58016
VHO	Non-Medical Case Management	Federal	NTE \$950,000	\$ -	Satisfactory	Mark Hill	CW56661
Whitman Walker	Dental Services	Federal	NTE \$950,000	\$ 131,711.00	Satisfactory	Mark Hill	CW57863
Whitman Walker	Outpatient Ambulatory Health	Federal	NTE \$950,000	\$ 61,265.00	Satisfactory	Mark Hill	CW56635
Whitman Walker	Non-Medical Case Management	Federal	NTE \$950,000	\$ 321,025.00	Satisfactory	Mark Hill	CW56637
Whitman Walker	Outpatient Substance Abuse	Federal	NTE \$950,000	\$ 47,910.00	Satisfactory	Mark Hill	CW58067
United Medical Center	Non-Medical Case Management Services	Federal	NTE \$950,000	\$ 25,030.00	Satisfactory	Mark Hill	CW67434
Prince George's County Health Department	Non-Medical Case Management Services	Federal	NTE \$950,000	\$ 22,000.00	Satisfactory	Mark Hill	CW67436
Prince George's County Health Department	Outpatient Ambulatory Health Services	Federal	NTE \$950,000	\$ 100,094.85	Satisfactory	Mark Hill	CW67438
Prince George's County Health Department	Outpatient Substance Abuse	Federal	NTE \$950,000	\$ 40,872.00	Satisfactory	Mark Hill	CW59005
Greater Baden Medical Services, Inc	Non-Medical Case Management Services	Federal	NTE \$950,000	\$ 36,225.00	Satisfactory	Mark Hill	CW67462
Greater Baden Medical Services, Inc	Outpatient Ambulatory Health Services	Federal	NTE \$950,000	\$ 60,955.00	Satisfactory	Mark Hill	CW67489
Greater Baden Medical Services, Inc	Dental Services	Federal	NTE \$950,000	\$ 17,850.00	Satisfactory	Mark Hill	CW67492
Greater Baden Medical Services, Inc	Outpatient Substance Abuse	Federal	NTE \$950,000	\$ 5,875.00	Satisfactory	Mark Hill	CW67487
Restoratrion Community Alliance	Non-Medical Case Management Services	Federal	NTE \$950,000	\$ 34,625.00	Satisfactory	Mark Hill	CW67703
Community Family Life Services	HIV Testing and Prevention Services	Federal	NTE \$950,000.00	\$ 45,933.44	Satisfactory	Nestor Rocha	CW64079
Family and Medical Counseling Services	HIV Testing and Prevention Services	Federal	NTE \$950,000.00	\$ 17,530.00	Satisfactory	Nestor Rocha	CW64127
One Tent Health	HIV Testing and Prevention Services	Federal	NTE \$950,000.00	\$ -	Satisfactory	Nestor Rocha	CW64027
Metro Health	HIV Testing and Prevention Services	Federal	NTE \$950,000.00	\$ -	Satisfactory	Nestor Rocha	CW64030
Damien Ministries	HIV Testing and Prevention Services	Federal	NTE \$950,000.00	\$ -	Satisfactory	Nestor Rocha	CW64032
Casa Ruby	HIV Testing and Prevention Services	Federal	NTE \$950,000.00	\$ -	Satisfactory	Nestor Rocha	CW64067
The Women's Collectiave	HIV Testing and Prevention Services	Federal	NTE \$950,000.00	\$ -	Satisfactory	Nestor Rocha	CW64069
Children's National Med. Ctr.	HIV Testing and Prevention Services	Federal	NTE \$950,000.00	\$ -	Satisfactory	Nestor Rocha	CW64073
Grassroot Project (AUJ)	HIV Testing and Prevention Services	Federal	NTE \$950,000.00	\$ -	Satisfactory	Nestor Rocha	CW64075
Mary's Center	HIV Testing and Prevention Services	Federal	NTE \$950,000.00	\$ -	Satisfactory	Nestor Rocha	CW64125
La Clinica Del Pueblo	HIV Testing and Prevention Services	Federal	NTE \$950,000.00	\$ 196,477.09	Satisfactory	Nestor Rocha	CW64139
HIPS	HIV Testing and Prevention Services	Federal	NTE \$950,000.00	\$ 14,536.45	Satisfactory	Nestor Rocha	CW64129
LAYC	HIV Testing and Prevention Services	Federal	NTE \$950,000.00	\$ 34,930.00	Satisfactory	Nestor Rocha	CW64166
Howard University	HIV Testing and Prevention Services	Federal	NTE \$950,000.00	\$ 105,140.00	Satisfactory	Nestor Rocha	CW64121
Bread for the City	HIV Testing and Prevention Services	Federal	NTE \$950,000.00	\$ -	Satisfactory	Nestor Rocha	CW64077
HBI-DC	HIV Testing and Prevention Services	Federal	NTE \$950,000.00	\$ 21,675.00	Satisfactory	Nestor Rocha	CW64123
Sasha Bruce	HIV Testing and Prevention Services	Federal	NTE \$950,000.00	\$ -	Satisfactory	Nestor Rocha	CW64168
Unity Health Care	HIV Testing and Prevention Services	Federal	NTE \$950,000.00	\$ -	Satisfactory	Nestor Rocha	CW64171
United Medical Center	HIV Testing and Prevention Services	Federal	NTE \$950,000.00	\$ 14,315.00	Satisfactory	Nestor Rocha	CW64227
US Helping US	HIV Testing and Prevention Services	Federal	NTE \$950,000.00	\$ 102,167.06	Satisfactory	Nestor Rocha	CW64175
Whitman Walker	HIV Testing and Prevention Services	Federal	\$2,500,000.00	\$ 574,191.68	Satisfactory	Nestor Rocha	CW64136

Government of the District of Columbia

Schedule of Findings and Questioned Costs Year Ended September 30, 2018

Finding Number: 2018-XXX
Prior Year Finding Number: 2017-020
Compliance Requirement: Activities Allowed or Unallowed and Allowable Costs/Cost Principles

Program:

U.S. Department of Health and Human Services

Government Department/Agency:

Department of Health (DOH)

HIV Emergency Relief Project Grants

CFDA #: 93.914

Award #: 2 H89HA00012-28-00, H89HA00012-27-00

Award Year: 03/01/2018 - 02/28/2019, 03/01/2017 - 02/28/2018

Criteria - The Uniform Guidance in 2 CFR Section 200.303 requires that non-Federal entities receiving Federal awards (i.e., auditee management) establish and maintain internal control designed to reasonably ensure compliance with Federal statutes, regulations, and the terms and conditions of the Federal award.

Per 2 CFR Section 200.430 Compensation - Personal Services:

“Costs of compensation are allowable to the extent that they satisfy the specific requirements of this part, and that the total compensation for individual employees:

- (1) Is reasonable for the services rendered and conforms to the establish written policy of the non-Federal entity consistently applied to both Federal and non-Federal activities;
- (2) Follows an appointment made in accordance with a non-Federal entity’s laws and/or rules or written policies and meets the requirements of Federal statute, where applicable; and
- (3) Is determined and supported as provided in paragraph (i) of this section, Standards for Documentation of Personnel Expenses, when applicable.”

2 CFR Section 200.430(i):

“*Standards for Documentation of Personnel Expenses* (1) Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed. These records must:

- (i) Be supported by a system of internal control which provides reasonable assurance that the charges are accurate, allowable, and properly allocated;
- (ii) Be incorporated into the official records of the non-Federal entity;
- (iii) Reasonably reflect the total activity for which the employee is compensated by the non-Federal entity, not exceeding 100% of compensated activities;
- (iv) Encompass both federally assisted and all other activities compensated by the non-Federal entity on an integrated basis, but may include the use of subsidiary records as defined in the non-Federal entity’s written policy;
- (v) Comply with the established accounting policies and practices of the non-Federal entity;
- (vi) [Reserved]

Government of the District of Columbia

Schedule of Findings and Questioned Costs Year Ended September 30, 2018

- (vii) Support the distribution of the employee's salary or wages among specific activities or cost objectives if the employee works on more than one Federal award; a Federal award and non-Federal award; an indirect cost activity and a direct cost activity; two or more indirect activities which are allocated using different allocation bases; or an unallowable activity and a direct or indirect cost activity.
- (viii) Budget estimates (i.e., estimates determined before the services are performed) alone do not qualify as support for charges to Federal awards."

Condition - We noted that DOH continued to allocate payroll expenditures to the HIV Emergency Relief Project Grant (HIVER) program during fiscal year 2018 based on budgeted percentages. These percentages were entered into the PeopleSoft Human Resources/Payroll System (PeopleSoft) at the beginning of the fiscal year and were based on management's estimate of the respective employee's level of effort for each program. PeopleSoft calculated the payroll costs every payroll cycle for each employee and program based on the predetermined percentage, and reported it through the Labor Distribution Report (485 Report). However, management did not perform a periodic comparison of actual costs to the budgeted costs and make any necessary adjustment as required by 2 CFR Section 200.430. Specifically, 30 out of 60 sampled payroll items tested for the HIVER grant were recorded based on estimated hours and not actual hours.

Questioned Costs - Not determinable.

Context - This is a condition identified per review of DOH's compliance with specified requirements using a statistically valid sample. Payroll costs including fringe benefits, for HIVER program in fiscal year 2018 were \$2,784,646.

Effect - DOH was unable to demonstrate that the payroll expenditures charged to the HIVER grant accurately reflected the time incurred on the program and were properly supported in accordance with 2 CFR Part 200 time and effort reporting requirements.

Cause - DOH did not have policies and procedures in place to review the estimated amounts of payroll expenditures charged to the HIVER program to the actual expenditures incurred. Per corrective action plans and status updates submitted by DOH to BDO in FY 18, DOH has a plan still in progress to develop a program manager-level certification of employee time and effort reflected in bi-weekly payroll records (485 Reports). It has not been completed by the end of fiscal year 2018.

Recommendation - We recommend that DOH fully implement its current corrective action plan to deploy policies and procedures to periodically compare employees' estimated hours per the 485 Report to the actual hours incurred, and make any necessary adjustments as required by 2 CFR 200.430.

Related Noncompliance - Material noncompliance.

Views of Responsible Officials -

The Department of Health (DC Health) concurs with the finding and explanation. The current corrective action plan (CAP) is progressing and will be fully implemented by July 31, 2019.

A corrective action plan (CAP) has been underway with several milestones reached prior to determination of this FY18 finding. Consistent with the CAP, DC Health contracted a study of best options for time and effort reporting and certification, with consideration of specific needs of the DC Health operations, program structures and the portfolio of awards. Some reporting and

Government of the District of Columbia

Schedule of Findings and Questioned Costs Year Ended September 30, 2018

certification methods (e.g. Personnel Activity Reports and use of combo codes in PeopleSoft) were deemed not optimum given staff size, and the number and complexity of federal awards managed by DC Health personnel. Also considered was the number of routine program changes that align with time and effort reporting (e.g. budget revisions, staff reassignments, temporary delegations, etc.) and multiple budget periods managed simultaneously.

As of this response, a final Standard Operating Procedure (SOP) for Time and Effort Certification is under review by senior DOH management. The SOP directs program and fiscal managers to conduct at a minimum, a monthly review and written certification of employee time worked, aligned with cost objectives and fund source reflected in bi-weekly payroll records (i.e. 485 Reports). Requirements for reconciliation and redirection of staff time assigned to cost objectives are addressed in the SOP.

Agency Contact and Title: Clara Ann McLaughlin, Chief
Office of Grants Management

Planned Corrective Actions - Corrective actions include: (1) Finalization of a Time Reporting SOP for monthly management certification of time distribution reports; (2) SOP distribution and training for managers, and (3) Submission of a request for approval on this method to the cognizant federal agency.

Estimated Completion Date - July 31, 2019

Jason Aldridge, BDO Partner


Keith Fletcher, Chief Operating Officer
DOH DC HEALTH

Hang Hoang, BDO Manager

Government of the District of Columbia

Schedule of Findings and Questioned Costs Year Ended September 30, 2018

Finding Number: 2018-XXX
Prior Year Finding Number: 2017-021
Compliance Requirement: Activities Allowed or Unallowed and Allowable Costs/Cost Principles

Program:

U.S. Department of Health and Human Services

Government Department/Agency:

Department of Health (DOH)

HIV Care Formula Grants

CFDA #: 93.917

Award #: 2 X07HA00045-28-00, 2 X07HA00045-27-00

Award Year: 04/01/2018 - 03/31/2019, 04/01/2017 - 03/31/2018

Criteria - The Uniform Guidance in 2 CFR Section 200.303 requires that non-Federal entities receiving Federal awards (i.e., auditee management) establish and maintain internal control designed to reasonably ensure compliance with Federal statutes, regulations, and the terms and conditions of the Federal award.

Per 2 CFR Section 200.430 Compensation - Personal Services:

“Costs of compensation are allowable to the extent that they satisfy the specific requirements of this part, and that the total compensation for individual employees:

- (1) Is reasonable for the services rendered and conforms to the establish written policy of the non-Federal entity consistently applied to both Federal and non-Federal activities;
- (2) Follows an appointment made in accordance with a non-Federal entity’s laws and/or rules or written policies and meets the requirements of Federal statute, where applicable; and
- (3) Is determined and supported as provided in paragraph (i) of this section, Standards for Documentation of Personnel Expenses, when applicable.”

2 CFR Section 200.430(i):

“*Standards for Documentation of Personnel Expenses* (1) Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed. These records must:

- (i) Be supported by a system of internal control which provides reasonable assurance that the charges are accurate, allowable, and properly allocated;
- (ii) Be incorporated into the official records of the non-Federal entity;
- (iii) Reasonably reflect the total activity for which the employee is compensated by the non-Federal entity, not exceeding 100% of compensated activities;
- (iv) Encompass both federally assisted and all other activities compensated by the non-Federal entity on an integrated basis, but may include the use of subsidiary records as defined in the non-Federal entity’s written policy;
- (v) Comply with the established accounting policies and practices of the non-Federal entity;
- (vi) [Reserved]

Government of the District of Columbia

Schedule of Findings and Questioned Costs Year Ended September 30, 2018

- (vii) Support the distribution of the employee's salary or wages among specific activities or cost objectives if the employee works on more than one Federal award; a Federal award and non-Federal award; an indirect cost activity and a direct cost activity; two or more indirect activities which are allocated using different allocation bases; or an unallowable activity and a direct or indirect cost activity.
- (viii) Budget estimates (i.e., estimates determined before the services are performed) alone do not qualify as support for charges to Federal awards."

Condition - We noted that DOH continued to allocate payroll expenditures to the HIV Care Formula Grant (HIV Care) program during fiscal year 2018 based on budgeted percentages. These percentages were entered into the PeopleSoft Human Resources/Payroll System (PeopleSoft) at the beginning of the fiscal year and were based on management's estimate of the respective employee's level of effort for each program. PeopleSoft calculated the payroll costs every payroll cycle for each employee and program based on the predetermined percentage, and reported it through the Labor Distribution Report (485 Report). However, management did not perform a periodic comparison of actual costs to the budgeted costs and make any necessary adjustment as required by 2 CFR 200.430. Specifically, 31 out of 60 sampled payroll items tested for the HIV Care grant were recorded based on estimated hours and not actual hours.

Questioned Costs - Not determinable.

Context - This is a condition identified per review of DOH's compliance with specified requirements using a statistically valid sample. Payroll costs including fringe benefits, for HIV Care program in fiscal year 2018 were \$1,689,491.

Effect - DOH was unable to demonstrate that the payroll expenditures charged to the HIV Care grant accurately reflected the time incurred on the program and were properly supported in accordance with 2 CFR Part 200 time and effort reporting requirements.

Cause - DOH did not have policies and procedures in place to review the estimated amounts of payroll expenditures charged to the HIV Care program to the actual expenditures incurred. Per corrective action plans and status updates submitted by DOH to BDO in FY 18, DOH has a plan still in progress to develop a program manager-level certification of employee time and effort reflected in bi-weekly payroll records (485 Reports). It has not been completed by the end of fiscal year 2018.

Recommendation - We recommend that DOH fully implement its current corrective action plan to deploy policies and procedures to periodically compare employees' estimated hours per the 485 Report to the actual hours incurred, and make any necessary adjustments as required by 2 CFR 200.430.

Related Noncompliance - Material noncompliance.

Views of Responsible Officials -

The Department of Health (DC Health) concurs with the finding and explanation. The current corrective action plan (CAP) is progressing and will be fully implemented by July 31, 2019.

A corrective action plan (CAP) has been underway with several milestones reached prior to determination of this FY18 finding. Consistent with the CAP, DC Health contracted a study of best options for time and effort reporting and certification, with consideration of specific needs of the DC Health operations, program structures and the portfolio of awards. Some reporting and

Government of the District of Columbia

Schedule of Findings and Questioned Costs Year Ended September 30, 2018

certification methods (e.g. Personnel Activity Reports and use of combo codes in PeopleSoft) were deemed not optimum given staff size, and the number and complexity of federal awards managed by DC Health personnel. Also considered was the number of routine program changes that align with time and effort reporting (e.g. budget revisions, staff reassignments, temporary delegations, etc.) and multiple budget periods managed simultaneously.

As of this response, a final Standard Operating Procedure (SOP) for Time and Effort Certification is under review by senior DOH management. The SOP directs program and fiscal managers to conduct at a minimum, a monthly review and written certification of employee time worked, aligned with cost objectives and fund source reflected in bi-weekly payroll records (i.e. 485 Reports). Requirements for reconciliation and redirection of staff time assigned to cost objectives are addressed in the SOP.

Agency Contact and Title: Clara Ann McLaughlin, Chief
Office of Grants Management

Planned Corrective Actions - Corrective actions include: (1) Finalization of a Time Reporting SOP for monthly management certification of time distribution reports; (2) SOP distribution and training for managers, and (3) Submission of a request for approval on this method to the cognizant federal agency.

Estimated Completion Date - July 31, 2019

Jason Aldridge, BDO Partner



Keith Fletcher, Chief Operating Officer
DOH DC HEALTH

Hang Hoang, BDO Manager

Appendix A

Government of the District of Columbia Summary Schedule of Prior Audit Findings

Finding Number	Program Name & CFDA #	Type of Finding	Current Status
2017-020 <i>Prior Year Finding: 2016-024</i> DOH	US Dept. of HHS HIV Emergency Relief Projects Grants 93.914	Activities Allowed or Unallowed and Allowable Costs/Cost Principles	<p>Status: Finding repeated in the current year (2018-017).</p> <p>Reason for Recurrence: The FY 2018 finding was issued while the corrective action plan for the prior year's (FY 2017) finding is still being implemented. The prior year's (FY 2017) CAP already accounted for crossing fiscal years in order to cover a range of review/study, stakeholder engagement, development, implementation activities guided by technical assistance from a contractor/subject matter expert procured specifically for this purpose.</p> <p>DC Health has developed with a contractor (ICS, LLC) final Standard Operating Procedure (SOP) for Time and Effort Certification which is under review by senior DOH Management.</p> <p>FY 2018/2019 Corrective Action Plan: Corrective actions include: (1) Finalization of a Time Reporting SOP for monthly review and quarterly certification of time distribution reports; (2) SOP distribution and training for managers, and</p>

Finding Number	Program Name & CFDA #	Type of Finding	Current Status
			<p>(3) Submission of a request for approval on this method to the cognizant federal agency.</p> <p>Partially Corrected: Start date: Previously started January 2017 Estimated completion date: August 31, 2019</p>
2017-021 <i>Prior Year Finding: N/A</i> DOH	US Dept. of HHS HIV Care Formula Grants 93.917	Activities Allowed or Unallowed and Allowable Costs/Cost Principles	<p>Status: Finding repeated in the current year (2018-017).</p> <p>Reason for Recurrence: The FY 2018 finding was issued while the corrective action plan for the prior year's (FY 2017) finding is still being implemented. The prior year's (FY 2017) CAP already accounted for crossing fiscal years in order to cover a range of review/study, stakeholder engagement, development, implementation activities guided by technical assistance from a contractor/subject matter expert procured specifically for this purpose.</p> <p>DC Health has developed with a contractor (ICS, LLC) final Standard Operating Procedure (SOP) for Time and Effort Certification which is under review by senior DOH Management.</p> <p>FY 2018/2019 Corrective Action Plan: Corrective actions include: (4) Finalization of a Time Reporting SOP for monthly review and quarterly certification of time distribution reports; (5) SOP distribution and training for managers, and</p>

Finding Number	Program Name & CFDA #	Type of Finding	Current Status
			<p>(6) Submission of a request for approval on this method to the cognizant federal agency.</p> <p>Partially Corrected: Start date: Previously started January 2017 Estimated completion date: August 31, 2019</p>

**District of Columbia Department of Health
Follow-Up on FY 2018 Single Audit Findings
Status on Agency's Implementation of "Corrective Actions"**

Agency/ Finding Number	Program/ CFDA Number	Type of Non- Compliance and Questioned Cost (if any)	Audit Findings	Recommendation(s)	Name of Contact, Title, Phone # of: Responsible Official for Corrective Actions	FY 2018 Agency Response; and <u>FY 2019 Corrective Actions Planned or Taken by Responsible Officials</u>	<u>Implementation Status (Attach Supporting Doc:</u> 1) Completed; 2) In Progress, 3) Other
DOH 2018- 015 Pages 74 - 75 Prior Year Finding Number 2017- 020	HIV Emergency Relief Project Grants 93.914	Activities Allowed or Unallowed, Allowable Costs/Cost Principles Questioned Costs: Not Determinable	BDO noted that DOH continued to allocate payroll expenditures to the HIV Emergency Relief Project Grant (HIVER) program during fiscal year 2018 based on budgeted percentages. These percentages were entered into the PeopleSoft Human Resources/Payroll System (PeopleSoft) at the beginning of the fiscal year and were based on management's estimate of the respective employee's level of effort for each program. PeopleSoft calculated the payroll costs every payroll cycle for each employee and program based on the predetermined percentage and reported it through the Labor Distribution Report (485 Report). However, management did not perform a periodic comparison of	BDO recommend that DOH fully implement its current corrective action plan to deploy policies and procedures to periodically compare employees' estimated hours per the 485 Report to the actual hours incurred and make any necessary adjustments as required by 2 CFR 200.430.	Agency: DOH 1. Name: Keith Fletcher Title: Chief Operating Officer Tel: 202-442-5955 2. Name: Clara McLaughlin Title: Chief, Office of Grants Management Tel: 202-442-9237	The Department of Health (DC Health) concurs with the finding and explanation. The current corrective action plan (CAP) is progressing and will be fully implemented by July 31, 2019. A corrective action plan (CAP) has been underway with several milestones reached prior to determination of this FY18 finding. Consistent with the CAP, DC Health contracted a study of best options for time and effort reporting and certification, with consideration of specific needs of the DC Health operations, program structures and the portfolio of awards. Some reporting and certification methods (e.g. Personnel Activity Reports and use of combo codes in PeopleSoft) were deemed not optimum given staff size, and the number and complexity of federal awards managed by DC Health personnel. Also considered was the number	In progress

**District of Columbia Department of Health
Follow-Up on FY 2018 Single Audit Findings
Status on Agency's Implementation of "Corrective Actions"**

Agency/ Finding Number	Program/ CFDA Number	Type of Non- Compliance and Questioned Cost (if any)	Audit Findings	Recommendation(s)	Name of Contact, Title, Phone # of: Responsible Official for Corrective Actions	FY 2018 Agency Response; and <u>FY 2019 Corrective Actions Planned or Taken by Responsible Officials</u>	<u>Implementation Status (Attach Supporting Doc:</u> 1) Completed; 2) In Progress, 3) Other
			actual costs to the budgeted costs and make any necessary adjustment as required by 2 CFR Section 200.430. Specifically, 30 out of 60 sampled payroll items tested for the HIVER grant were recorded based on estimated hours and not actual hours.			<p>of routine program changes that align with time and effort reporting (e.g. budget revisions, staff reassignments, temporary delegations, etc.) and multiple budget periods managed simultaneously.</p> <p>As of this response, a final Standard Operating Procedure (SOP) for Time and Effort Certification is under review by senior DOH management. The SOP directs program and fiscal managers to conduct at a minimum, a monthly review and written certification of employee time worked, aligned with cost objectives and fund source reflected in bi-weekly payroll records (i.e. 485 Reports). Requirements for reconciliation and redirection of staff time assigned to cost objectives are addressed in the SOP.</p> <p>Corrective actions include: (1) Finalization of a Time Reporting SOP for monthly management</p>	

**District of Columbia Department of Health
Follow-Up on FY 2018 Single Audit Findings
Status on Agency's Implementation of "Corrective Actions"**

Agency/ Finding Number	Program/ CFDA Number	Type of Non- Compliance and Questioned Cost (if any)	Audit Findings	Recommendation(s)	Name of Contact, Title, Phone # of: Responsible Official for Corrective Actions	FY 2018 Agency Response; and <u>FY 2019 Corrective Actions Planned or Taken by Responsible Officials</u>	<u>Implementation Status (Attach Supporting Doc:</u> 1) Completed; 2) In Progress, 3) Other
						<p>certification of time distribution reports; (2) SOP distribution and training for managers, and (3) Submission of a request for approval on this method to the cognizant federal agency.</p> <p><u>FY 2019 Corrective Actions Planned or Taken by Responsible Officials</u></p> <p>DC Health will implement and agency-wide operating procedure for certifying time and effort based on actual assignment of time to activities. Estimated date of completion: 09.30.19</p> <p>Targeted Milestones: 1. The "DC Health Personnel Time & Effort Certification SOP" will complete final review by DC Health Senior Management (incl: COO, AFO, HR, Senior Deputy Directors, QA Manager, Program Managers and General Counsel). Final SOP to be executed by 09.16.19; (See Figure #1). . 2. Currently drafted forms and formats for activity and expenditure reports, certifications, attestations will</p>	

**District of Columbia Department of Health
Follow-Up on FY 2018 Single Audit Findings
Status on Agency's Implementation of "Corrective Actions"**

Agency/ Finding Number	Program/ CFDA Number	Type of Non- Compliance and Questioned Cost (if any)	Audit Findings	Recommendation(s)	Name of Contact, Title, Phone # of: Responsible Official for Corrective Actions	FY 2018 Agency Response; and <u>FY 2019 Corrective Actions Planned or Taken by Responsible Officials</u>	<u>Implementation Status (Attach Supporting Doc:</u> 1) Completed; 2) In Progress, 3) Other
						<p>be developed from manual modalities to electronic/enterprise platforms. To be developed between OGM, OCFO & CITO This includes configuration and auto-scheduling/distribution of time reports and cert forms to managers. Work plan by 09.30.19 for implementation in FY 20.</p> <p>2. Draft Internal Control Narrative is under review by DOH Senior Management (See Figure #2). Final to be completed by <u>09.30.19</u>.</p> <p>3. First supervisor orientation & pilot of Cert Form & Process by <u>09.30.19</u>. Data run and certification will be requested by OGM for time reported last QTR of FY19.</p>	
DOH 2018- 016 Pages 76 - 77 Prior Year Finding Number	HIV Care Formula Grants 93.917	Activities Allowed or Unallowed, Allowable Costs/Cost Principles Questioned Costs: Not Determinable	BDO noted that DOH continued to allocate payroll expenditures to the HIV Care Formula Grant (HIV Care) program during fiscal year 2018 based on budgeted percentages. These percentages were entered into the	BDO recommend that DOH fully implement its current corrective action plan to deploy policies and procedures to periodically compare employees' estimated hours per the 485 Report to the actual hours incurred and make any	Agency: DOH 1. Name: Keith Fletcher Title: Chief Operating Officer Tel:	The Department of Health (DC Health) concurs with the finding and explanation. The current corrective action plan (CAP) is progressing and will be fully implemented by July 31, 2019.	In Progress

**District of Columbia Department of Health
Follow-Up on FY 2018 Single Audit Findings
Status on Agency's Implementation of "Corrective Actions"**

Agency/ Finding Number	Program/ CFDA Number	Type of Non- Compliance and Questioned Cost (if any)	Audit Findings	Recommendation(s)	Name of Contact, Title, Phone # of: Responsible Official for Corrective Actions	FY 2018 Agency Response; and <u>FY 2019 Corrective Actions Planned or Taken by Responsible Officials</u>	<u>Implementation Status (Attach Supporting Doc:</u> 1) Completed; 2) In Progress, 3) Other
2017-021			PeopleSoft Human Resources/Payroll System (PeopleSoft) at the beginning of the fiscal year and were based on management's estimate of the respective employee's level of effort for each program. PeopleSoft calculated the payroll costs every payroll cycle for each employee and program based on the predetermined percentage, and reported it through the Labor Distribution Report (485 Report). However, DOH management did not perform a periodic comparison of actual costs to the budgeted costs and make any necessary adjustment as required by 2 CFR 200.430. Specifically, 31 out of 60 sampled payroll items tested for the HIV Care grant were recorded based on	necessary adjustments as required by 2 CFR 200.430.	202-442-5955 2. Name: Clara McLaughlin Title: Chief, Office of Grants Management Tel: 202-442-9237	A corrective action plan (CAP) has been underway with several milestones reached prior to determination of this FY18 finding. Consistent with the CAP, DC Health contracted a study of best options for time and effort reporting and certification, with consideration of specific needs of the DC Health operations, program structures and the portfolio of awards. Some reporting and certification methods (e.g. Personnel Activity Reports and use of combo codes in PeopleSoft) were deemed not optimum given staff size, and the number and complexity of federal awards managed by DC Health personnel. Also considered was the number of routine program changes that align with time and effort reporting (e.g. budget revisions, staff reassignments, temporary delegations, etc.) and multiple budget periods managed simultaneously.	

**District of Columbia Department of Health
Follow-Up on FY 2018 Single Audit Findings
Status on Agency's Implementation of "Corrective Actions"**

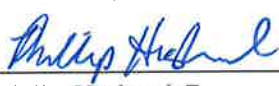
Agency/ Finding Number	Program/ CFDA Number	Type of Non- Compliance and Questioned Cost (if any)	Audit Findings	Recommendation(s)	Name of Contact, Title, Phone # of: Responsible Official for Corrective Actions	FY 2018 Agency Response; and <u>FY 2019 Corrective Actions Planned or Taken by Responsible Officials</u>	<u>Implementation Status (Attach Supporting Doc:</u> 1) Completed; 2) In Progress, 3) Other
			estimated hours and not actual hours.			<p>As of this response, a final Standard Operating Procedure (SOP) for Time and Effort Certification is under review by senior DOH management. The SOP directs program and fiscal managers to conduct at a minimum, a monthly review and written certification of employee time worked, aligned with cost objectives and fund source reflected in bi-weekly payroll records (i.e. 485 Reports). Requirements for reconciliation and redirection of staff time assigned to cost objectives are addressed in the SOP.</p> <p>Corrective actions include: (1) Finalization of a Time Reporting SOP for monthly management certification of time distribution reports; (2) SOP distribution and training for managers, and (3) Submission of a request for approval on this method to the cognizant federal agency.</p>	

**District of Columbia Department of Health
Follow-Up on FY 2018 Single Audit Findings
Status on Agency's Implementation of "Corrective Actions"**

Agency/ Finding Number	Program/ CFDA Number	Type of Non- Compliance and Questioned Cost (if any)	Audit Findings	Recommendation(s)	Name of Contact, Title, Phone # of: Responsible Official for Corrective Actions	FY 2018 Agency Response; and <u>FY 2019 Corrective Actions Planned or Taken by Responsible Officials</u>	<u>Implementation Status (Attach Supporting Doc:</u> 1) Completed; 2) In Progress, 3) Other
						<p><u>FY 2019 Corrective Actions Planned or Taken by Responsible Officials</u></p> <p>DC Health will implement and agency-wide operating procedure for certifying time and effort based on actual assignment of time to activities. Estimated date of completion: 09.30.19</p> <p>Targeted Milestones: 1. The "DC Health Personnel Time & Effort Certification SOP" will complete final review by DC Health Senior Management (incl: COO, AFO, HR, Senior Deputy Directors, QA Manager, Program Managers and General Counsel). Final SOP to be executed by 09.16.19; (See Figure #1). .</p> <p>2. Currently drafted forms and formats for activity and expenditure reports, certifications, attestations will be developed from manual modalities to electronic/enterprise platforms. To be developed between OGM, OCFO & CITO This includes configuration and auto-scheduling/distribution of time reports and cert forms to managers. Work plan by</p>	

**District of Columbia Department of Health
Follow-Up on FY 2018 Single Audit Findings
Status on Agency's Implementation of "Corrective Actions"**

Agency/ Finding Number	Program/ CFDA Number	Type of Non- Compliance and Questioned Cost (if any)	Audit Findings	Recommendation(s)	Name of Contact, Title, Phone # of: Responsible Official for Corrective Actions	FY 2018 Agency Response; and <u>FY 2019 Corrective Actions Planned or Taken by Responsible Officials</u>	<u>Implementation Status (Attach Supporting Doc:</u> 1) Completed; 2) In Progress, 3) Other
						<p>09.30.19 for implementation in FY 20.</p> <p>2. Draft Internal Control Narrative is under review by DOH Senior Management (See Figure #2). Final to be completed by <u>09.30.19</u>.</p> <p>3. First supervisor orientation & pilot of Cert Form & Process by <u>09.30.19</u>. Data run and certification will be requested by OGM for time reported last QTR of FY19.</p>	

District of Columbia Department of Health <h2>Time and Effort Certification</h2>		PROCEDURE 430.000 Implementing Office: Office of the Director/Office of Grants Management Training Required: Yes Originally Issued: OCT 03 2019 Revised/Reviewed:
Approved by:  LaQuandra S. Nesbitt MD, MPH; Agency Director	Review by Legal Counsel:  Phillip Husband, Esq.; General Counsel	Effective Date: OCT 03 2019 Valid Through Date: OCT 03 2022

I. Authority	Reorganization Plan No. 4 of 1996; Mayor's Order 1997-42; 2 CFR 200.430.
II. Reason for the Policy	<p>DC Health is the recipient of a significant number of federal grants that fund a broad range of program activities. Employee salaries are routinely paid by more than one funding source.</p> <p>Per the associated federal regulation (2 CFR 200.430(i)(1), "Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed. These records must:</p> <ul style="list-style-type: none"> (i) Be supported by a system of internal control which provides reasonable assurance that the charges are accurate, allowable and properly allocated; (ii) Be incorporated into the official records of the non-Federal entity; (iii) Reasonably reflect the total activity for which the employee is compensated by the non-Federal entity, not exceeding 100% of compensated activities [text omitted]; (iv) Encompass both federally assisted and all other activities compensated by the non-Federal entity on an integrated basis, but may include the use of subsidiary records as defined in the non-Federal entity's written policy; (v) Comply with the established accounting policies and practices of the non-Federal entity [text omitted]; and (vii) Support the distribution of the employee's salary or wages among specific activities or cost objectives if the employee works on more than one Federal award; a Federal award and non-Federal award; an indirect cost activity and a direct cost

	<p>activity; two or more indirect activities which are allocated using different allocation bases; or an unallowable activity and a direct or indirect cost activity.”</p> <p>A protocol is required to ensure a system of internal control which provides reasonable assurance that the charges are accurate, allowable and properly allocated.</p>
III. Applicability	<p>This policy is applicable to any DC Health personnel with salary and benefits that are charged:</p> <ol style="list-style-type: none"> 1. To a single federal award; 2. To multiple federal awards; 3. To any combination of a federal award and a non-federal fund source (including funds obtained from indirect cost allocations); or 4. To local funds where any portion is used as match for a federal award. <p>These individuals are referred to herein as “DC Health employees” or “employees.”</p> <p>In addition, this SOP shall also apply to any DC Health manager who supervises any employees meeting the above criteria. These managers are referred to collectively herein as “supervisors.”</p>
IV. Policy Statement	<p>Establishing and monitoring the funding source(s) used to pay employee salaries is part of the portfolio of the Deputy Director for Operations (DDO) within each administration. This includes communicating with supervisors regularly to ensure they are apprised of how all of their supervisees’ salaries are funded.</p> <p>DC Health supervisors shall ensure that applicable staff are directed to conduct allowable activities that reflect the requirements (time and objectives) of each funding source. On a quarterly basis, and at the conclusion of a project period for a federal grant, supervisors shall attest in writing that, to the best of their knowledge, the charges are accurate, allowable and properly allocated. The attestation must account for 100% of employees’ compensated time. This will be done on the Time and Effort Attestation Form.</p>

The DC Health Office of Grants Management (OGM) is responsible for collecting and archiving all Time and Effort Attestation Forms, as well as managing notifications to administrations about any late, incomplete, or otherwise problematic Time and Effort Attestation Forms. OGM shall also serve as the primary liaison to auditors, and other oversight authorities, seeking information about time and effort certification. OGM shall be responsible for creating forms and formats in conjunction with the Office of the Chief Financial Officer (OCFO) and the DC Health Office of Information Technology (DC Health IT) to ensure the most efficient and reliable tool for reporting, certification and storage of records. The OGM Chief is the accountable manager over all tasks assigned to OGM.

A Time and Effort Certification shall be executed for all applicable employees at the end of each quarter of the fiscal year. A Time and Effort Certification shall also be executed at the end of a grant project period for all employees whose salaries are funded wholly, or in part, on that grant.

At the beginning of a Time and Effort Certification process, each DDO will receive a document combining data from the 485 report and Position Funding Report (485/PFR) from OCFO. The 485/PFR includes personnel services expenditure detail for each selected employee by full-time equivalent percentage (FTE%) and funding code(s) for each supervisor and distribute copies of the report, and Time and Effort Attestation Forms, to each supervisor in their administration.

Each supervisor shall determine whether the personnel services expenditure details on that report accurately reflect the work performed by each employee.

If this condition is met, the supervisor will so attest using the Time and Effort Attestation Form. A suitable means of verifying work performance per level of effort and cost objective may include, but not be limited to:

1. Documenting communications between supervisor and supervisee on tasks targeted and performed;
2. Establishing an administration or program-specific protocol for at least monthly self-reporting of employee time on

	<p>tasks and changes in effort, as reported by time period, cost objective/fund source;</p> <p>If this condition is not met, s/he will confer with the DDO to determine the appropriate adjustment. The adjustment may be either of the following:</p> <ol style="list-style-type: none"> 1. Reallocate the employee's assignments and duties to align with the approved budgeted cost objective and fund source; 2. Reallocate the employee's personnel services expenditures for that time period to the fund source that aligns with the work performed; <p>The adjustment must produce the result of the charges to federal awards, and all other funding sources, for salaries and wages accurately reflecting the work performed. After the adjustment has been determined, the supervisor will sign the Time and Effort Attestation Form and return to the DDO. The Supervisor will complete a Time and Effort Attestation Form for all eligible employees within fourteen (14) calendar days of receiving the 485/PFR.</p> <p>For adjustments that include reallocating the employee's personnel services expenditures, the DDO shall submit a request for a journal entry (JE) with the signed Time and Effort Attestation Form to the Agency Fiscal Officer (AFO).</p> <p>Time and Effort Certifications will be a standing agenda item for each administration's monthly budget meetings. At a minimum, this discussion will include:</p> <ol style="list-style-type: none"> 1. A list of all JEs submitted to OCFO in response to Time and Effort Certifications since the previous meeting; 2. A discussion of any emergent issues that may necessitate the reallocating of employee personnel expenditures; 3. A list of project periods ending in the next month; 4. A list of any missing Time and Effort Attestation Forms. <p>Each DDO, or designee, is responsible for submitting all signed Time and Effort Attestation Forms to OGM. OGM shall retain all documents in a central repository for a period consistent with the DC Health Records Retention Schedule, and that of the Office of Management and Budget, for federal awards.</p>
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	<p>The OGM Chief shall provide copies of signed Time and Effort Attestation Forms to an auditor upon request. The OGM Chief shall organize responses to any follow-up requests to an auditor, or any other oversight authority, pursuant to Time and Effort Certification process, internal controls, and reports.</p> <p>Any employee in violation of any part of this SOP may be subject to commensurate disciplinary action.</p>
V. Definitions & Acronyms	<p>485/PFR- A document created by OCFO combining personnel services expenditures information from the 485 Report, and the official supervisor field from the Position Funding Report.</p> <p>485 Report- A document OCFO generates from the electronic accounting system that details the personnel services expenditures for each selected employee.</p> <p>AFO- Agency Fiscal Officer</p> <p>Cost Objective- A work objective or a particular fund source, i.e., a specific grant or other source of funding. A single cost objective would define an activity funded by one source; a multiple cost objective would define an activity covered by a combination of fund sources.</p> <p>DC Health IT- DC Health Office of Information Technology</p> <p>DDO- Deputy Director for Operations</p> <p>FTE%- Full time equivalent percentage. The ratio of the total number of paid hours during a period (part time, full time, contracted) by the number of working hours in that period.</p> <p>JE- Journal Entry. An accounting record that notes the details of a transaction, i.e., the transfer of salaries from one cost objective to another, for record keeping and auditing purposes. Journal entries include the names of accounts affected, the date of the transaction, a description of the transaction, signatures of authorizing parties, and other details critical to proper accounting procedures.</p> <p>OCFO- District of Columbia Office of the Chief Financial Officer</p>

	<p>OGM- DC Health Office of Grants Management</p> <p>PFR- Position Funding Report. A document that includes each employee's official supervisor.</p> <p>Supervisor- A DC Health manager who performs the following duties for any employee(s) covered under this SOP:</p> <ol style="list-style-type: none"> 1. Approves the employee's time and attendance in the electronic personnel management system; 2. Drafts the employee's Performance Plan, and conducts the employee's Annual Employee Performance Review; 3. Issues the employee work assignments; 4. Monitors and redirects supervisees on tasks and assignments, as aligned with position descriptions, assignments and performance plans.
VI. Procedures	<p>Procedure: Time and Effort Certification</p> <ol style="list-style-type: none"> 1. The DDO, or designee, will distribute the 485/PFR (received from OCFO) to all supervisors whose supervisees appear in that report. 2. For each employee he/she supervises, and appears in the 485/PFR, the supervisor will determine if the charges to federal awards for salaries and wages accurately reflect the work performed for the period of the Time and Effort Certification. 3. The supervisor will sign a Time and Effort Attestation Form for each employee whose funding and work performed satisfactorily align within fourteen (14) calendar days of receiving the 485/PFR. 4. The supervisor and DDO will confer to determine the appropriate adjustment for any employees whose funding and work performed do not satisfactorily align. This will be complete within fourteen (14) days of receiving the 485/PFR. 5. The supervisor will reallocate the employee's work duties, if applicable.

	<ol style="list-style-type: none"> 6. The DDO, or designee, will reallocate the employee's personnel services expenditures, if applicable. 7. The supervisor will sign the Time and Effort Attestation Form to document that the employee's funding and work performed satisfactorily align. 8. The DDO will submit a JE to the AFO with the signed Time and Effort Attestation Form appended. 9. The DDO will submit all signed Time and Effort Attestation Forms to the OGM Chief, or designee. 10. The OGM Chief, or designee, will archive all signed Time and Effort Attestation Forms.
VII. Contacts	<p>Deputy Director for Operations</p> <p>Chief of the DC Health Office of Grants Management</p>
VIII. Related Documents, Forms and Tools	<p>Time and Effort Attestation Form</p>

**DC HEALTH EMERGENCY PREPAREDNESS
AND RESPONSE ADMINISTRATION**

**PROGRAM-SPECIFIC AUDIT – HOSPITAL PREPAREDNESS PROGRAM (HPP)
PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP)
ALIGNED COOPERATIVE AGREEMENTS**

FOR THE YEAR ENDED SEPTEMBER 30, 2018

***F.S. Taylor & Associates, P.C.
Certified Public Accountants
1420 N Street, N.W., Suite 100
Washington, D.C. 20005
(202) 898-0008***

**DC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE ADMINISTRATION
PROGRAM-SPECIFIC AUDIT – HOSPITAL PREAREDNESS PROGRAM (HPP)
PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) ALIGNED COOPERATIVE AGREEMENTS
FOR THE YEAR ENDED SEPTEMBER 30, 2018**

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F.S. TAYLOR & ASSOCIATES, P.C.

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INDEPENDENT AUDITOR'S REPORT

Government of the District of Columbia Department of Health
Washington, DC

Report on the Schedule of Expenditures of Federal Awards

We have audited the accompanying schedule of expenditures of federal awards for the Hospital Preparedness Program Public Health Emergency Preparedness Aligned Cooperative Agreements (HPP/PHEP Agreements) of the District of Columbia Health Emergency Preparedness and Response Administration (DC HEPPRA) for the year ended September 30, 2018, and the related notes to the schedule of expenditures of federal awards.

Management's Responsibility for the Schedule of Expenditures of Federal Awards

Management is responsible for the preparation and fair presentation of this financial statement in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of a financial statement that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on this financial statement based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Guidance Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether the financial statement is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statement. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statement, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statement in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statement.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statement referred to above presents fairly, in all material respects, the expenditures of federal awards for the HPP/PHEP Agreements of DC HEPR for the year ended September 30, 2018, in accordance with accounting principles generally accepted in the United States of America.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated November 6, 2019 on our consideration of DC HEPR's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering DC HEPR's internal control over financial reporting and compliance.

F. S. Taylor & Associates, P.C.

November 6, 2019
Washington, DC

DC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE ADMINISTRATION
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED SEPTEMBER 30, 2018

Federal or Pass-Through Grantor/Program Title	Pass-Through/ Identifying Number	Federal CFDA Number	Federal Expenditures	Funds Passed Through to Sub-Recipients
<i>U.S. Department of Health and Human Services (HHS)</i>				
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements	6NU90TP21888-01	93.074	\$ 5,977,586	\$ 252,498
Total federal expenditures			<u>\$ 5,977,586</u>	<u>\$ 252,498</u>

SEE ACCOMPANYING NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

**DC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE ADMINISTRATION
NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED SEPTEMBER 30, 2018**

NOTE 1 – SCOPE OF AUDIT PURSUANT TO OMB UNIFORM GUIDANCE

The Uniform Guidance audit was performed for the year ended September 30, 2018. All federal awards received by DC HEPRA directly or indirectly have been included in the Schedule of Federal Awards and are within the scope of the audit pursuant to OMB Uniform Guidance.

NOTE 2 – BASIS OF ACCOUNTING

The accompanying Schedule of Expenditures of Federal Awards is prepared on the accrual basis of accounting. Allowability is determined according to the principles contained in Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Under those cost principles, certain types of expenditures are not allowable or are limited as to reimbursement.

NOTE 3 – INDIRECT COST ALLOCATION

Indirect costs are those related to the HPP/PHEP Agreements but cannot be directly traced to it in an economically feasible way. These costs have been allocated to the HPP/PHEP Agreements on the basis of a provisionally established rate of the total direct costs base, which consists of total direct salaries and wages as well as fringe benefits. For purposes of the allocation, fringe benefits included retirement, life insurance, and health insurance. Vacation, holiday, sick leave pay, and other paid absences are included in salaries and wages. For the year ended September 30, 2018, the provisional rate was 50%, and \$1,301,239 of indirect costs were charged to the HPP/PHEP Agreements.

During the course of the year, DC HEPRA recovers fringe benefits and indirect costs associated with the HPP/PHEP Agreements pursuant to the provisional rate, which it negotiates annually with the District of Columbia Department of Health's (DOH) cognizant agency, the U.S. Department of Health and Human Services (HHS). The rate noted above was based on budgeted data for the year. At year end, DOH secures approval of a final rate that is not subject to adjustment, whereby unrecovered costs based on the differential between final and provisional rates are absorbed by DOH, while costs recovered in excess of historical costs are not subject to reimbursement. DOH employs these costs as a baseline for computing fringe benefits and general and administrative rates for the immediately succeeding year.

**DC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE ADMINISTRATION
NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED SEPTEMBER 30, 2018**

NOTE 4 – CONTINGENCIES

Funding under the HPP/PHEP Agreements require the fulfillment of certain conditions set forth in the underlying agreements. Failure to fulfill or comply with the conditions could result in the return of funds to HHS and the termination of the agreements. Although this is a possibility, DC HEPRA's management considers the possibility remote since, by accepting the funds, they have accommodated the objectives of DC HEPRA to the provisions of the agreements. Amounts received under the agreements are subject to audit and adjustments by HHS. Any disallowed costs, including amounts already collected, may constitute a liability for DC HEPRA. The amount of expenditures, if any, which may be disallowed by HHS, are recorded at the time that such amounts can be reasonably determined, normally upon notification by HHS. As of September 30, 2018, no such costs were identified.

NOTE 5 – SUBSEQUENT EVENTS

In preparing these financial statements, management of DC HEPRA has evaluated events and transactions that occurred after September 30, 2018, for the potential recognition or disclosure in the financial statements. These events and transactions were evaluated through November 6, 2019, the date the financial statements were available to be issued. Management did not identify any such events or transactions that would require disclosure.

**DC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE ADMINISTRATION
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED SEPTEMBER 30, 2018**

A. Summary of Auditors' Results

Financial Statements

Type of auditors' report issued: Unmodified

Internal control over financial reporting:

- Material weakness(s) identified? No
- Significant deficiency(s) identified that are not considered to be material weakness(es)? No

Noncompliance material to financial statements noted? No

Federal Awards

Internal control over major programs:

- Material weakness(es) identified? No
- Significant deficiencies identified that are not considered to be material weakness(es)? No

Type of auditors' report issued on compliance for major programs: Unmodified

Any audit findings disclosed that are required to be reported in accordance with 2 CFR section 200.516(a) No

Identification of Major Programs

CFDA Number	Name of Federal Program
93.074	HPP/PHEP Cooperative Agreements

Dollar threshold used to determine Type A programs: \$750,000

Auditee Qualified as low-risk auditee? No

B. Findings – Financial Statements Audit

None

**DC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE ADMINISTRATION
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED SEPTEMBER 30, 2018**

C. Findings and Questioned Costs – Program-Specific Audit

No findings were noted during for the year ended September 30, 2018.

**DC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE ADMINISTRATION
SCHEDULE OF PRIOR-YEAR FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED SEPTEMBER 30, 2017**

The program was not subject to audit during the year ended September 30, 2017. Therefore, no prior-year findings were noted.

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INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR A FEDERAL PROGRAM AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE

Government of the District of Columbia
Department of Health
Washington, DC

Report on Compliance for the HPP/PHEP Cooperative Agreements

We have audited the District of Columbia Health Emergency Preparedness and Response Administration's (DC HEPPRA) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on its Hospital Preparedness Program Public Health Emergency Preparedness Aligned Cooperative Agreements (HPP/PHEP Agreements) for the year ended September 30, 2018.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of federal awards applicable to the HPP/PHEP Agreements.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for DC HEPPRA's HPP/PHEP Agreements based on our audit of the types of compliance requirements referred to above.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on the HPP/PHEP Agreements occurred. An audit includes examining, on a test basis, evidence about DC HEPPRA's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for DC HEPPRA's HPP/PHEP Agreements. However, our audit does not provide a legal determination of DC HEPPRA's compliance.

Opinion on Compliance for the HPP/PHEP Cooperative Agreements

In our opinion, DC HEPRA complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on its HPP/PHEP Agreements for the year ended September 30, 2018.

Report on Internal Control Over Compliance

Management of DC HEPRA is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered DC HEPRA's internal control over compliance with the types of requirements that could have a direct and material effect on its HPP/PHEP Agreements to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for its HPP/PHEP Agreements and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of DC HEPRA's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

J. S. Taylor & Associates, P.C.

November 6, 2019
Washington, DC

F.S. TAYLOR & ASSOCIATES, P.C.

CERTIFIED PUBLIC ACCOUNTANTS & MANAGEMENT CONSULTANTS

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INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

Government of the District of Columbia
Department of Health
Washington, DC

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statement of the District of Columbia Health Emergency Preparedness and Response Administration (DC HEPRA), which comprise the schedule of expenditures of federal awards for the year ended September 30, 2018, and the related notes to the schedule of expenditures of federal awards, and have issued our report thereon dated November 6, 2019.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered DC HEPRA's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of DC HEPRA's internal control. Accordingly, we do not express an opinion on the effectiveness of the DC HEPRA's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented or detected and corrected on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be deficiencies, significant deficiencies, or material weaknesses. Given these limitations, during our audit we did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether DC HEPRA's financial statement is free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

F. S. Taylor & Associates, P.C.

November 6, 2019
Washington, DC

11/25/2019

FS Taylor & Associates, P.C.
1420 N St. NW, Suite 100
Washington, DC 20005

This representation letter is provided in connection with your audit of the schedule of expenditures for the federal awards (schedule) received by the Government of the District of Columbia, DC Health's Health Emergency Preparedness and Response Administration (HEPRA): Hospital Preparedness Program and the Public Health Emergency Preparedness Aligned Cooperative (HPP/PHEP) Agreements for the year ended September 30, 2018, and the related notes. This serves for expressing an opinion as to whether the schedule is presented fairly, in all material respects, and in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement. An omission or misstatement that is monetarily small in amount could be considered material as a result of qualitative factors.

We confirm, to the best of our knowledge and belief, as of November 6, 2019, the following representations made to you during your audit.

Schedule of Expenditures of Federal Awards

- 1) We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated September 25, 2019, including our responsibility for the preparation and fair presentation of the schedule in accordance with U.S. GAAP.
- 2) The schedule referred to above is fairly presented in conformity with U.S. GAAP.
- 3) We acknowledge our responsibility for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of schedules that are free from material misstatement, whether due to fraud or error.
- 4) We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
- 5) Significant assumptions we used in making accounting estimates, including those measured at fair value, are reasonable.
- 6) Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with U.S. GAAP.
- 7) Adjustments or disclosures have been made for all events, including instances of noncompliance, subsequent to the date of the financial statements that would require adjustment to or disclosure in the schedule or in the schedule of findings and questioned costs.

- 8) The effects of all known actual or possible litigation, claims, and assessments have been accounted for and disclosed in accordance with U.S. GAAP.
- 9) Guarantees, whether written or oral, under which the organization is contingently liable, if any, have been properly recorded or disclosed.

Information Provided

- 10) We have provided you with:
 - a) Access to all information, of which we are aware, that is relevant to the preparation and fair presentation of the schedule, such as records, documentation, and other matters and all audit or relevant monitoring reports, if any, received from funding sources.
 - b) Additional information that you have requested from us for the purpose of the audit.
 - c) Unrestricted access to persons within the organization from whom you determined it necessary to obtain audit evidence.
 - d) Minutes of the meetings of any oversight committee or other body charged with governance or summaries of actions of recent meetings for which minutes have not yet been prepared.
- 11) All material transactions have been recorded in the accounting records and are reflected in the schedule.
- 12) We have disclosed to you the results of our assessment of the risk that the schedule may be materially misstated as a result of fraud.
- 13) We have no knowledge of any fraud or suspected fraud that affects the organization and involves:
 - a) Management,
 - b) Employees who have significant roles in internal control, or
 - c) Others where the fraud could have a material effect on the schedule.
- 14) We have no knowledge of any allegations of fraud or suspected fraud affecting the organization's schedule communicated by employees, former employees, regulators, or others.
- 15) We have no knowledge of instances of noncompliance or suspected noncompliance with provisions of laws, regulations, contracts, or grant agreements, or abuse, whose effects should be considered when preparing the schedule.
- 16) We have disclosed to you all known actual or possible litigation, claims, and assessments whose effects should be considered when preparing the schedule.
- 17) We have disclosed to you the identity of the organization's related parties and all the related party relationships and transactions of which we are aware.
- 18) We have made available to you all financial records and related data relative to the program and all audit or relevant monitoring reports, if any, received from funding sources.
- 19) There have been no communications from regulatory agencies concerning noncompliance with, or deficiencies in, financial reporting practices relative to the program.
- 20) We have identified to you any financial audits, attestation engagements, and other studies related to the audit objectives and whether related recommendations have been implemented.

- 21) We have a process to track the status of audit findings and recommendations.
- 22) We have provided our views on reported findings, conclusions, and recommendations, as well as our planned corrective actions, for the report.
- 23) The organization has no plans or intentions that may materially affect the carrying value or classification of assets, liabilities, or equity.
- 24) We are responsible for compliance with the laws, regulations, and provisions of contracts and grant agreements applicable to us.
- 25) We have identified and disclosed to you all instances, which have occurred or are likely to have occurred, of fraud and noncompliance with provisions of laws and regulations that we believe have a material effect on the financial statements or other financial data significant to the audit objectives, and any other instances that warrant the attention of those charged with governance.
- 26) We have identified and disclosed to you all instances, which have occurred or are likely to have occurred, of noncompliance with provisions of contracts and grant agreements that we believe have a material effect on the determination of financial statement amounts or other financial data significant to the audit objectives.
- 27) We have identified and disclosed to you all instances, which have occurred or are likely to have occurred, of abuse that could be quantitatively or qualitatively material to the financial statements or other financial data significant to the audit objectives.
- 28) There are no violations or possible violations of laws, regulations, and provisions of contracts and grant agreements whose effects should be considered for disclosure in the schedule, or as a basis for recording a loss contingency, or for reporting on noncompliance.
- 29) The organization has satisfactory title to all owned assets, and there are no liens or encumbrances on such assets nor has any asset been pledged as collateral.
- 30) With respect to the HPP/PHEP Agreements:
 - a) We are responsible for understanding and complying with and have complied with the requirements of Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), including requirements relating to preparation of the schedule of expenditures of federal awards.
 - b) We have identified and disclosed to you all of our government programs and related activities subject to the Uniform Guidance, and have identified and included in the schedule, expenditures made during the audit period for all awards provided by federal agencies in the form of grants, federal cost-reimbursement contracts, loans, loan guarantees, property (including donated surplus property), cooperative agreements, interest subsidies, insurance, food commodities, direct appropriations, and other assistance.
 - c) We acknowledge our responsibility for presenting the schedule of expenditures of federal awards in accordance with the requirements of the Uniform Guidance, and we believe the schedule, including its form and content, is fairly presented in accordance with the Uniform Guidance. The methods of measurement and presentation of the schedule have not changed from those used in the prior period and we have disclosed to you any significant assumptions and interpretations underlying the measurement and presentation of the schedule.

- d) We are responsible for understanding and complying with, and have complied with, the requirements of laws, regulations, and the provisions of contracts and grant agreements related to the program and have identified and disclosed to you the requirements of laws, regulations, and the provisions of contracts and grant agreements that are considered to have a direct and material effect on the program.
- e) We are responsible for establishing and maintaining, and have established and maintained, effective internal control over compliance for the program that provides reasonable assurance that we are managing the program in compliance with laws, regulations, and the provisions of contracts and grant agreements that could have a material effect on the program. We believe the internal control system is adequate and is functioning as intended.
- f) We have made available to you all contracts and grant agreements (including amendments, if any) and any other correspondence with federal agencies or pass-through entities relevant to the program and related activities.
- g) We have complied with the direct and material compliance requirements (except for noncompliance disclosed to you), including when applicable, those set forth in the *OMB Compliance Supplement*, relating to the program and have identified and disclosed to you all amounts questioned and all known noncompliance with the direct and material compliance requirements of the program.
- h) We have disclosed any communications from grantors and pass-through entities concerning possible noncompliance with the direct and material compliance requirements, including communications received from the end of the period covered by the compliance audit to the date of the auditor's report.
- i) We have disclosed to you the findings received and related corrective actions taken for previous audits, attestation engagements, and internal or external monitoring that directly relate to the objectives of the audit, including findings received and corrective actions taken from the end of the period covered by the audit to the date of the auditor's report.
- j) Amounts claimed or used for matching were determined in accordance with relevant guidelines in Uniform Guidance (2 CFR part 200, subpart E).
- k) We have disclosed to you our interpretation of compliance requirements that may have varying interpretations.
- l) We have made available to you all documentation related to compliance with the direct material compliance requirements, including information related to the program financial reports and claims for advances and reimbursements.
- m) We have disclosed to you the nature of any subsequent events that provide additional evidence about conditions that existed at the end of the reporting period affecting noncompliance during the reporting period.
- n) There are no such known instances of noncompliance with direct and material compliance requirements that occurred subsequent to the period covered by the auditor's report.
- o) No changes have been made in internal control over compliance or other factors that might significantly affect internal control, including any corrective action we have taken regarding significant deficiencies or material weaknesses in internal control over compliance, subsequent to the date as of which compliance was audited.

- p) The program financial reports and claims for advances and reimbursements are supported by the books and records from which the schedule of expenditures of federal awards has been prepared.
- q) The copies of program financial reports provided you are true copies of the reports submitted, or electronically transmitted, to the respective federal agency or pass-through entity, as applicable.
- r) We have monitored subrecipients to determine that they have expended pass-through assistance in accordance with applicable laws and regulations and have met the requirements of the Uniform Guidance.
- s) We have taken appropriate action, including issuing management decisions, on a timely basis after receipt of subrecipients' auditor's reports that identified noncompliance with laws, regulations, or the provisions of contracts or grant agreements and have ensured that subrecipients have taken the appropriate and timely corrective action on findings.
- t) We have considered the results of subrecipient audits and have made any necessary adjustments to our books and records.
- u) We have charged costs to federal awards in accordance with applicable cost principles.
- v) We are responsible for and have accurately prepared the summary schedule of prior audit findings to include all findings required to be included by the Uniform Guidance and we have provided you with all information on the status of the follow-up on prior audit findings by federal awarding agencies and pass-through entities, including all management decisions.
- w) We are responsible for and have accurately prepared the auditee section of the Data Collection Form as required by the Uniform Guidance.
- x) We are responsible for preparing and implementing a corrective action plan for each audit finding.

Signature: _____

Patrick Ashley

Senior Deputy Director

Health Emergency Preparedness and Response Administration

District of Columbia Department of Health (DC Health)

Signature: _____

Adreana Deane

Agency Fiscal Officer

Office of the Chief Financial Officer (OCFO)

Department of Health & Office of Human Rights

D.C. Department of Health Has Systems to Monitor Nursing Homes But Some Risks Remain

September 30, 2019

A report by the Office of the District of Columbia Auditor



Executive Summary

Why ODCA Did This Audit

ODCA audited oversight of nursing homes because nursing home residents are a vulnerable population. We selected the audit at our discretion, based on the authority at D.C. Code § 1-204.55.

What ODCA Found

We found that HRLA had systems in place to monitor each aspect of the oversight process included in the audit scope. At the same time, we found that HRLA can improve those processes and thereby reduce risks to nursing home residents. Some nursing homes repeated the same problems with resident care that HRLA previously had identified and required them to correct, and nursing homes' statements about how they would correct a problem did not always address the cause of the problem. Some complaints were not investigated as soon as they should have been, and HRLA does not have adequate procedures in place to ensure it does not overlook complaints submitted about nursing homes. HRLA sometimes accepts illegible documentation to monitor daily nursing home staffing and does not review copies of notices provided in advance to residents who must be moved to ensure the notices have been reviewed and signed by the resident or a resident's representative. Furthermore, HRLA inspections of some nursing homes are done on a regular schedule, and that predictability could well be affecting the assessment of actual conditions at nursing homes.

What ODCA Recommends

- HRLA should train staff with responsibility for reviewing Plans of Correction on how to determine if a Plan of Correction identifies the underlying cause of the problem, and the importance of doing so.
- HRLA should ensure that the repeated problems ODCA identified at Washington Center, Deanwood, and Bridgepoint Capitol Hill are resolved.
- HRLA should monitor nursing homes for repeats of high-risk problems.
- HRLA should revise its policies and procedures to ensure that complaints are reviewed and investigated in a timely manner.
- HRLA should require nursing homes to keep legible records of staffing for HRLA's review.
- Before a non-emergency resident move, HRLA should obtain the notice of discharge or transfer that the resident or the resident's representative has signed.
- HRLA should design and implement procedures to track complaints starting at initial submission to ensure that all submitted complaints are recorded and acted on as appropriate.
- HRLA should create a process to vary the time of year that nursing home inspections occur.
- HRLA should add a review step to the process for finalizing some reports.

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Background

On September 30, 2017, DC Health's Health Regulation and Licensing Administration (HRLA) received a complaint about a 69-year-old nursing home resident who had been experiencing extensive bouts of vomiting and diarrhea and was at risk of dehydration. HRLA investigated 17 days later but the individual had already been discharged. ODCA's expert reviewer contends this complaint should have been given the highest priority, requiring immediate investigation. The priority assigned and the delay in assigning could have caused further harm to the resident and prevented HRLA from assessing what might have been a pattern of poor care affecting other residents. Given HRLA's mission to protect one of the District's most vulnerable populations, it is essential that HRLA investigates serious complaints quickly, while evidence is available and before there is an opportunity for the situation to worsen and potential harm to continue.

There are 18 skilled nursing facilities and nursing facilities (nursing homes) in the District of Columbia, with the capacity to serve up to 2,598 residents.¹ It is HRLA's responsibility to oversee the nursing homes that provide care to these residents. The agency's mission is to "protect the health of the residents of the District of Columbia...by...building quality and safety in...facilities through an effective regulatory framework."² Nursing home residents include senior citizens and people with disabilities and illnesses. The Office of the D.C. Auditor (ODCA) audited HRLA to determine if its regulatory framework is effective in protecting the health of D.C. nursing home residents.

Nursing homes provide nursing care, rehabilitative services, and other health-related care and services above the level of room and board. They receive payment through Medicare or Medicaid, or both, and must comply with federal law to maintain certification as Medicare and Medicaid providers. Medicare, the federal health insurance program for individuals over 65 and some younger persons with disabilities, pays in certain instances for care in a skilled nursing facility. Medicaid, the federal/state health care program for those without private resources, pays for care in a nursing facility.

HRLA regulates District health professionals and facilities, including nursing homes. It monitors nursing homes for compliance with D.C. regulations and federal regulations by agreement with the U.S. Health and Human Services Centers for Medicare and Medicaid Services (CMS).

HRLA surveyors, most of whom are registered nurses, function as inspectors and provide oversight of nursing homes through annual inspections,³ investigations of complaints HRLA receives, and by reviewing other information, including notices from nursing homes that must be issued to residents when they move within or out of the nursing home. Nursing homes that violate D.C. or federal regulations may face D.C. fines, federal fines, or both or may lose the certification required to receive federal funding. HRLA

1 The term "nursing home" is used throughout the report to refer to skilled nursing facilities and nursing facilities, and does not include facilities which offer similar care and accept only private payment.

2 HRLA's mission is available on the DC Health website: <https://dchealth.dc.gov/page/health-regulation-and-licensing-administration>.

3 HRLA and federal requirements use the term "survey" for the annual on-site inspections of nursing homes. For clarity and uniformity, this audit report uses the term "inspection" throughout.

documents noncompliance with requirements observed on site at nursing homes in reports, some of which are available on the DC Health website,⁴ and on the federally-maintained Nursing Home Compare website.⁵

Some nursing home residents are so limited in their ability to care for themselves that they need nursing home staff to not only provide for their medical needs, but their personal hygiene needs as well. When nursing home staff make mistakes, fail to care for their residents, or allow a dangerous condition to exist in a way that does not comply with federal requirements, these are called deficiencies. Deficiencies, depending on their seriousness and rate of reoccurrence, can cause a resident discomfort, create a danger to one or more residents, or even be life-threatening to one or more residents. The purpose of nursing home oversight, according to the federal standards, is to promote continuous compliance with the program participation requirements, and nursing homes are expected to quickly address any noncompliance HRLA identifies in order to return to compliance.

HRLA inspects each nursing home annually, in a visit which is meant to be a surprise to staff and management. When noncompliance with federal or state requirements is uncovered during an annual inspection or a complaint investigation visit, the nursing home must correct it and submit its plan to do so to HRLA. HRLA also monitors nursing homes in response to complaints it receives through various methods, and is required to prioritize, investigate, and report on each complaint.

Another important determinant of the quality of care is staffing, which HRLA monitors annually. Nursing homes are required to alert residents in advance of discharge or any other planned moves within or out of the nursing home and must forward to HRLA the notice they provide residents, for ongoing monitoring. Any noncompliance HRLA notes through any of these monitoring steps must result in a corrective action plan, and HRLA must approve a nursing home's plan to correct noncompliance which is designed to prevent any recurrence of a problem with resident care.

4 Results of annual inspections for D.C. nursing homes can be found at <https://dchealth.dc.gov/service/nursing-homes-survey-reports>.

5 The federal reports from the most recent annual inspection and some complaint investigations are available under the Health Inspections tab for each D.C. nursing home at <https://www.medicare.gov/nursinghomecompare/results.html#state=DC>

Objectives, Scope and Methodology

Objectives

ODCA's objectives were to determine whether:

- Certification inspections were completed, and complaint investigations were initiated within the appropriate timelines in fiscal years (FYs) 2016-2018.
- HRLA cited nursing homes that were noncompliant with federal standards, D.C. Municipal Regulations, or D.C. Code for staffing levels, discharges, or transfers in FY 2018.
- Classification and enforcement of infractions and deficiencies identified in complaint investigations and certification and licensure inspections in FYs 2016-2018 comply with D.C. laws and regulations and with federal standards.

Scope

The audit scope was FY 2016 through FY 2018.⁶ We found that HRLA does not consistently record complaints when it receives them, so the audit would not have included any complaints HRLA received but did not record. ODCA was not able to review notices related to all FY 2018 discharges and transfers because HRLA does not always verify that nursing homes provide a notice for all discharges and transfers.

Methodology

To complete this audit, ODCA interviewed HRLA staff, conducted process walk-throughs, reviewed documentation and information available to the public on the DC Health website, and contracted with a specialist to determine the accuracy of samples of HRLA's complaint priority assessments, federal deficiencies and D.C. infractions, and to evaluate the acceptability of samples of nursing homes' Plans of Correction. ODCA also reviewed samples of complaints, staffing records, and resident discharge and transfer notices, and looked more closely at six of the 18 nursing homes for repeats of the same problem. For more details on methodology and the credentials of the specialist, please see **Appendix B: Methodology**.

ODCA conducted this performance audit in accordance with generally accepted government auditing standards (GAGAS). Those standards require that ODCA plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for the findings and conclusions based on the audit objectives. ODCA believes that the evidence obtained provides a reasonable basis for the findings and conclusions based on the audit objectives.

⁶ ODCA's work focused on the D.C. nursing homes that were in operation in FY 2018, which are listed in Appendix A.

Audit Results

Overall, we found that HRLA had systems in place to monitor each aspect of the oversight process included in the audit scope. At the same time, we found that HRLA can improve those processes and thereby reduce risks to nursing home residents. In some cases, the risks that currently exist can be quite high, such as at nursing homes that have not effectively corrected problems to avoid recurrence (see Finding 1). Nursing home residents are an especially vulnerable population and risks identified here could seriously impact people's lives.

Finding Some nursing homes repeated deficiencies that should have been corrected following citation. A contributing factor could have been HRLA accepting Plans of Correction that were, themselves, deficient in identifying underlying causes.

When HRLA's inspectors visit nursing homes for regular inspections or for complaint investigations, they may discover that the nursing home is not complying with D.C. or federal requirements meant to protect residents. In most circumstances, the nursing homes must fix the problems HRLA identified, and may also be fined or otherwise penalized.

Federal and District policies are clear that the system of oversight should prevent a cycle in which nursing homes that are cited for noncompliance do not follow the proper steps toward corrective action and then repeat the same noncompliance. D.C. regulations for nursing homes provide higher fines for subsequent offenses than the initial one. Federal requirements require nursing homes to describe how they will fix the immediate problem identified by the inspector, but also how they will ensure that the problem is addressed systemically and will not recur. This description is called a Plan of Correction and must be reviewed and accepted by HRLA.

The Five Whys

ODCA's specialist, Carol Benner, related an anecdote about a nursing home that used "The Five Whys," a root cause analysis technique, and a van to turn around declining quality of care: "Rather than a simple 'blame and train the staff,' the nursing home determined that the deterioration in care was due to increased staff turnover, that was due to low morale, that was due to staff being written-up, that was due to staff being chronically late, that was due to no bus line to the facility. This all occurred after the nursing home relocated to a rural setting." The simple solution, based on the identification of the root cause, was to send a van to a nearby bus stop at the change of shift. Misdirected efforts in "firing or reeducating staff would not have fixed the problem," Ms. Benner noted, adding that "if we are ever to get to the point of sustained compliance, surveyors must take a more active role" in making sure "the correct solution matches the cause of the deficiency."

In eight of 42 instances HRLA accepted Plans of Correction submitted by nursing homes that were not adequate to avoid recurrence of a problem.

In a review of the 42 Plans of Correction, ODCA identified eight plans that did not outline how to systematically correct the problem and prevent recurrence (see Figure 1 on the following page). HRLA nevertheless accepted these Plans of Correction, indicating that it found them to be sufficient for correcting the problem.

The sample of Plans of Correction reviewed were not likely to lead to sustained compliance once implemented based on one of two reasons. Some did not identify the underlying cause of the problem. For example, one Plan of Correction does not identify the reason that there is no record of the assessment of a resident who became unresponsive and died. For other Plans of Correction, the nursing home or HRLA had identified the cause of the problem, but the nursing home Plan of Correction did not incorporate changes that would address the cause to ensure that the problem would not recur. For example, medication was administered improperly to a resident through a gastronomy tube because the employee who administered it was inexperienced. The Plan of Correction included a training on administering medicine through a gastronomy tube for all staff, rather than focusing on training or supervision of inexperienced staff to make sure they did not make mistakes administering medication.

Figure 1: Eight of the Plans of Correction Accepted by HRLA

Deficiency		Cause for Deficiency and Plan	Plan is Missing:
1	United Medical staff failed to accurately assess an unresponsive resident's condition. The resident subsequently died.	Cause: Missing. Plan: Trained staff on completing and documenting certain assessments & terminated involved nurse.	An explanation of why assessments were not documented accurately, and a strategy to address the reason.
2	United Medical did not have calibrated glucometers available for immediate use to test the glucose levels of a resident who became unresponsive and subsequently died.	Cause: Glucometers usually were not calibrated at that time of day. Plan: Ensure one glucometer is always calibrated. Statement that two employees were disciplined.	The connection between disciplining two employees and cause for uncalibrated glucometer.

Deficiency	Cause for Deficiency and Plan	Plan is Missing:
3 Inexperienced United Medical staff failed to check a gastronomy tube placement before administering medications to a resident and administered eye medications incorrectly.	Cause: Inexperienced employee. Plan: Trained all staff on eye drops and gastronomy tubes.	A plan to train new, inexperienced staff and supervise them until they administer medications appropriately.
4 Transitions Healthcare did not consistently notify the physician of worsening pressure ulcers on a resident with cognitive impairment over a one-month period. Resident was transferred to hospital to rule out sepsis.	Cause: Missing. Why was a physician not notified? Plan: Trained staff to notify physician.	An explanation of why the physician was not notified and a strategy to address it.
5 Deanwood failed to provide incontinence care for approximately five hours to a resident. The diaper and pad beneath it were soaked through.	Cause: Unclear. Why were staff not available to provide incontinence care? Plan: Staff will be trained on timely incontinence care.	An explanation of why no one was available to provide incontinence care.
6 Bridgepoint National's only freezer was not operational.	Cause: Many factors, including that the first freezer repair vendor called did not perform repairs immediately.	Steps to find a reliable repair service for the freezer.
7 Bridgepoint National did not ensure that frozen foods were stored frozen solid to prevent a foodborne illness outbreak in a highly susceptible population.	Plan: Trained staff on how to accurately complete a freezer temperature log.	
8 Ingleside did not follow proper procedures for the relocation of eight residents between floors.	Cause: Not specified Plan: Trained staff on proper procedures for relocations.	A commitment to prepare a Relocation Plan for unexpected moves within or outside facility.

Source: ODCA analysis of Statements of Deficiencies and Plans of Correction

Three of six nursing homes reviewed in an ODCA sample repeated deficient practices in especially high-risk areas of resident care that HRLA had identified in a previous visit. The circumstances were especially concerning at two of those nursing homes.

ODCA did an in-depth review of problems identified in six of the 18 nursing homes and found a recurrence of serious problems. ODCA found that there were repeats of especially high-risk problems⁷ during FYs 2016-2018 in three of the sampled facilities: Bridgepoint Capitol Hill, Deanwood, and Washington Center (see Figure 2). Degrees of risk and levels and extent of harm are covered in federal guidance provided by CMS to HRLA and other state oversight bodies. Thomas Circle, Ingleside, and United Medical also were checked for repeats of the same seven problems, but none were found in these three.

The correction process for these problems failed in some way. A problem may have repeated because the nursing home submitted, and HRLA accepted, an inadequate Plan of Correction. It also is possible that a nursing home designed an adequate Plan of Correction but did not implement it. Three of the six nursing homes had the same problem more than once during FYs 2016-2018; two of those had two separate problems multiple times.

"I want to pee. I don't want to wet myself."

A Washington Center resident left in a room with no nursing home staff. The resident required the assistance of two persons for all daily living activities. Washington Center had been cited at least twice before for lack of supervision.

7 High-risk problems are those with a possibility for being serious, as demonstrated by CMS's including them in the definition of substandard quality of care, and a realization of that possibility, as evidenced by HRLA's citing them at least once at any facility during FYs 2016-2018 in a situation involving harm or immediate jeopardy to a resident or residents.

Figure 2: Repeated Deficiencies in Three D.C. Nursing Homes

Nursing Home	Deficiency	Inspection Date	Details
Washington Center	Supervision	7/15/2016	A wandering resident who was unsupervised entered another resident's room, leading to an altercation in which the resident of the room fell and sustained a hematoma to his/her head, and had to be sent to the emergency room for treatment.
		12/22/2016	A resident who used a wheelchair apparently entered the stairwell without the staff noticing and was found later by staff on the third step of the stairway with his/her wheelchair on top of him/her.
		9/1/2017	HRLA employees directly observed the nursing home leaving eight residents unsupervised for approximately 12 minutes during an inspection. All the unsupervised residents required at least extensive assistance from staff for their daily needs, and three have a history of falls.
	Oral Care	7/15/2016	A resident diagnosed with dementia and totally dependent on staff help for personal hygiene was not receiving consistent oral care, and had food particles in his/her teeth.
		9/1/2017	A resident with one arm paralyzed and the other amputated specifically told the surveyor he would like his teeth brushed. He had an electric toothbrush in the bathroom, but the staff were not using it.
Deanwood	Respiratory Care	2/8/2016	A resident with Chronic Obstructive Pulmonary Disease was supposed to have staff assess his/her breath sounds every shift, based on the physician's order, and staff had not been doing the assessments for almost a month.
		1/17/2017	Deanwood had not contacted the physician for clarification of orders that said to monitor a resident's oxygen levels and notify the physician if oxygen levels were above 90 percent and below 89 percent.
Bridgepoint Capitol Hill	Electrical Hazards	5/30/2017	A missing electrical switch cover.
		6/26/2018	Uncovered electrical outlets with exposed wiring.
	Nail Care	5/30/2017	A resident had a new certified nursing assistant (CNA) assigned to his/her care, and the CNA apparently had not cleaned the resident's fingernails.
		6/26/2018	A resident with impairment of both upper extremities had long nails.

Source: ODCA analysis of Statements of Deficiencies

National analysis has found that larger nursing homes are associated with lower quality ratings⁸ and performance.⁹ The two nursing homes in the sample of 6 with fewer than 70 beds did not have repeats of the high-risk problems ODCA reviewed. Both small nursing homes also are within continuing care retirement communities, which also is correlated with higher quality ratings nationally.¹⁰

If the repeated high-risk problems ODCA found had either placed a resident or residents in immediate jeopardy, resulted in harm to more than a very limited number of residents, or were pervasive and caused a potential for harm (which was not immediate jeopardy but was more than minimal),¹¹ HRLA would have been required to track the repeats, but none of the problems had these characteristics.

Inadequate Plans of Correction could lead to recurrence of the problem, which, in fact, ODCA observed for separate problems. The repeated problems were especially high risk—problems that are categorized in the definition of Substandard Quality of Care if the harm that results or the number of residents affected is great enough. Repeats of any problem, but particularly these high-risk ones, place nursing home residents at risk of accidents and insufficient care that could lead to injury, illness, or death.

The specific risks that may be unresolved in ODCA's sample include:

- Inadequate supervision.
- An environment with hazards that could lead to accidents.
- Lack of attention to physician orders related to respiratory care.
- Failure to provide necessary oral and nail care services to dependent residents.

In addition to these risks to residents, repeated citations constitute a pattern of noncompliance with the requirements to participate in Medicare and Medicaid at Bridgepoint Capitol Hill, Deanwood, and Washington Center.

A Washington Center resident with one paralyzed arm and one arm amputated above the elbow told the surveyor, *"I am going to see my doctor [on Thursday] and I would like to have my teeth brushed before I go."* Staff were not brushing his teeth daily. HRLA cited the nursing home a little over a year before for failing to provide oral care to another resident.

8 Kaiser Family Foundation (KFF). (2015). Reading the Stars: Nursing Home Quality Star Ratings, Nationally and by State. Retrieved from <https://www.kff.org/report-section/reading-the-stars-nursing-home-quality-star-ratings-nationally-and-by-state-issue-brief>

9 U.S. Government Accountability Office (GAO). (2009). Nursing Homes: CMS's Special Focus Facility Methodology Should Better Target the Most Poorly Performing Homes, Which Tended to Be Chain Affiliated and For-Profit (Page 29). Retrieved from <https://www.gao.gov/new.items/d09689.pdf>

10 KFF.

11 These levels of harm and extent are part of the definition of Substandard Quality of Care, repeats of which trigger HRLA to impose specific consequences on the nursing home. U.S. Centers for Medicare and Medicaid Services (CMS). State Operations Manual (Chapter 7). Retrieved from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS1201984.html>. See also the Repeated deficiencies section of Appendix B.

Recommendations

1. HRLA should train staff with responsibility for reviewing Plans of Correction on how to determine if a Plan of Correction identifies the underlying cause of the problem, and the importance of doing so. HRLA also may want to consider offering a similar training to nursing homes so nursing home staff can determine underlying causes, and the importance of including and addressing them in the Plan of Correction.
2. HRLA should obtain credible evidence that problems no longer exist in the following areas: inadequate supervision and failure to provide oral care at Washington Center; failure to comply with physician's orders related to respiratory status at Deanwood; and exposed wiring and failure to provide nail care at Bridgepoint Capitol Hill. If these problems persist or evidence is not available that the identified problems have been rectified, HRLA should use existing enforcement mechanisms such as fines to obtain such evidence or incentivize compliance.
3. HRLA should conduct an assessment and determine which practices that are noncompliant with federal or D.C. regulations have the potential for the highest risks to resident well-being, and design and implement procedures to monitor all nursing homes for repeated instances of those problems and incentivize returning to and maintaining compliance.

Finding **HRLA investigated some complaints late because it did not always prioritize complaints accurately and in a timely manner.**

Several related metrics provide insight into the effectiveness of the complaint process: time from receipt to assessment, accuracy of priority assessment, and time from assessment to investigation.

- **Time from receipt to assessment.** When a complaint alleges that a nursing home is not in compliance with federal or state requirements, qualified HRLA staff must assess the complaint to evaluate the nature of the problem, and to establish the timeframe for initiation of an on-site investigation. The date of assessment may be later than the day HRLA receives the complaint so that HRLA may have time to gather additional information before determining the complaint's priority. During the audit scope, federal requirements limited the interval from receipt to assessment to two working days except when extenuating circumstances kept HRLA from collecting relevant information needed to assign a priority.
- **Accuracy of priority assessment.** Federal requirements outline four levels of complaint priority and a corresponding required timeframe for initiation of an investigation (See Figure 3).¹²
- **Time from assessment to investigation.** The highest priority complaints, in which the resident may be in immediate jeopardy, must be investigated within two working days from the day HRLA receives them; the second-highest must be investigated within 10 working days of the date HRLA assessed the complaint to determine its priority.

12 U.S. Centers for Medicare and Medicaid Services (CMS). State Operations Manual (Sections 5070–5075.9). Retrieved from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS1201984.html>

As shown in the example that opens this report, if HRLA takes more than two days to review a complaint to determine its priority, HRLA cannot meet the federal requirement to investigate quickly a complaint relating to a resident who is in immediate jeopardy, because the time limit for initiating the investigation has elapsed already.

Figure 3: Priority Levels and Investigation Time Frames for Nursing Home Complaints

Priority	On-Site Investigations Must Be	
Immediate Jeopardy (IJ) Has caused or is likely to cause serious injury, harm, impairment, or death to a resident	Initiated within	2 working days from receipt of complaint
Non-IJ High May have caused harm that negatively impacts a resident's mental, physical and/or psychological status and is of such a consequence to the resident's well-being that a rapid response by HRLA is indicated	Initiated within	10 working days after priority assessment
Non-IJ Medium Caused or may cause harm that is of limited consequence and does not significantly impair the resident's mental, physical and/or psychological status or function	Scheduled	(No concrete time frame is required)
Non-IJ Low May have caused physical, mental and/or psychological discomfort that does not constitute injury or damage	Conducted	During the next on-site inspection

Source: CMS State Operations Manual Section 5075

For a sample of 20 of the 54 complaints HRLA recorded in FY 2018, ODCA found that HRLA investigated every one within the time requirements for the priority level HRLA had assigned. However, ODCA identified weakness in the accuracy of complaint priority and the time from complaint assessment to investigation.

Using the same federal prioritization criteria HRLA is required to use, ODCA independently determined that HRLA's priority rating was too low for 12 of the sample of 20 complaints HRLA recorded in FY 2018 (See Figure 4). Because complaint priority determines when HRLA must initiate investigation, an accurate priority rating is key to regulating nursing homes and ensuring resident safety.

Figure 4: ODCA and HRLA Prioritization of Nursing Home Complaints

FY 2018 Complaints		ODCA	HRLA
HRLA should have prioritized higher	2	Immediate Jeopardy (IJ)	Non-IJ Medium
	10	Non-IJ High	Non-IJ Medium or Low
No material differences	8	Non-IJ Medium or Low	(Same priority or higher)

Source: ODCA analysis of complainant statements and HRLA priority ratings

Some complaints were not prioritized as soon after receipt as required. HRLA had taken more than two working days to prioritize seven of these 20 complaints. For two of the other 13 complaints, there was no record of the date of receipt, so ODCA could not determine the interval from receipt to initial review. HRLA was unable to provide documentation to support why some priority assessments were made several days after receipt.¹³ After the priority assessment, HRLA waited too long to investigate five of the 12 complaints it had not prioritized high enough. An interval from priority assessment to the beginning of the investigation caused by an inaccurate priority assessment is important because it could lead to overall delay, potentially leaving nursing home residents at risk for infection, illness, or other harm.

Overall, combining the effect of the delay in prioritizing complaints and the inaccurate priority rating, three of the 20 complaints were investigated later than they should have been. The other complaints for which one or more aspects of the process had been late nevertheless were not investigated late.

Figure 5: Three Complaints HRLA Investigated Late in FY 2018

ODCA Priority	Complaint	Working Days from Receipt to Investigation		HRLA Priority Led to Delay Because It Was:
		Required	Actual	
IJ	Resident at risk of dehydration from vomiting and diarrhea	2	11	Low (Non-IJ-medium) and late
Non-IJ High	Resident fell and injured his knee, and subsequently developed a large bedsore. Family not properly notified of either condition.*	12	At least 26	Low (Non-IJ Low) and possibly also late
Non-IJ High	Unsanitary conditions in the kitchen	12	At least 13	Low (Non-IJ medium) and possibly also late

*The affected resident was subsequently admitted to the hospital and later died, but the significant quality of care issues could have affected other residents.

Source: ODCA analysis of complainant statements and complaint investigation log

¹³ HRLA stated that the recorded date for complaint review may have been later than the actual review, but did not provide any documentation to support this assertion.

Federal requirements state that HRLA is “expected to have written policies and procedures to ensure that the appropriate response is taken for each complaint,” including “response timelines and a process to document actions taken by the SA [State Agency] in response to complaints.”¹⁴ Appropriate internal controls require that management periodically review policies, procedures, and related control activities for continued relevance and effectiveness in achieving the entity’s objectives and addressing related risks.¹⁵

Weaknesses in the policy and procedure manual may have contributed to inaccurate prioritization of complaints. HRLA’s Policies and Procedures for Handling Complaints document, which was revised in May 2018, according to HRLA, includes factors to consider when determining the priority of a complaint, such as the immediacy of the problem and the number of persons affected, but there is no guidance on what specific priority should be selected based on the factors. Federal requirements are clearly stated in the CMS State Operations Manual¹⁶. While HRLA acknowledges that it is governed by those requirements, they are not referenced or paraphrased in the HRLA policies and procedures document. Examples of situations that should be prioritized as immediate jeopardy and guidance on how to make decisions, such as what level of risk or how many residents affected constitute a given level of priority, would improve the procedures. Incomplete procedures and guidance for assigning complaint priorities likely contributed to HRLA assigning complaint priorities that were not high enough.

Other weaknesses in the policy and procedure manual may have contributed to the lateness of priority assessments. HRLA’s policies and procedures document does not contain enough detail to ensure that HRLA prioritizes complaints in a timely manner. The policies and procedures do not specify a timeframe within which staff must review a received complaint to determine priority. There is no procedure that specifies the frequency at which points of submission, such as the online portal and the fax machine, or the point of receipt for mail delivered by the U.S. Postal Service, should be monitored. The Compliance Officer stated that he checks the online portal each Monday, Wednesday, and Friday, but this is not reflected in the document.

In the absence of strong internal controls to ensure that all complaint allegations are prioritized accurately and in a timely manner, it is possible that the condition or circumstance in question may escalate and become more serious before HRLA investigates it. For complaints directly related to the health, safety, or quality of care of nursing home residents, conditions could worsen, leading to additional health complications up to and including death of a resident or residents.

Recommendation

4. HRLA should design, implement, and train staff in: (a) policies that establish timeframe requirements from initial complaint receipt to priority assessment, regardless of receipt method; (b) procedures for

14 CMS. (Section 5010).

15 GAO. *Standards for Internal Control in the Federal Government* (Paragraph 12.05). Retrieved from <https://www.gao.gov/products/GAO-14-704G>

16 CMS. (Section 5075)

monitoring each point of complaint receipt; and (c) formal procedures for making priority assessments; that will ensure that all complaints are prioritized appropriately and in a timely manner so that they are investigated timely.

Finding The documentation that HRLA retained from nursing homes was not sufficient for HRLA to determine if nursing homes had enough staff to provide care.¹⁷

District nursing homes must be adequately staffed to ensure that residents receive proper care, including:

- Treatment, medication, and nutritional supplements as prescribed.
- Assistance with personal grooming so that the resident is comfortable and clean.
- Prompt responses to all calls for help.

Specifically, D.C. Code requires nursing homes to provide at least 4.1 hours of direct nursing care per resident each day. Of these hours, 0.6 hours must be provided by a registered nurse (RN) or an advanced practice registered nurse (APRN).¹⁸ HRLA provided the District’s nursing homes with a memorandum instructing them on how these measures should be calculated. In reviewing the instructions, ODCA noted that they are based on an assumption that each staff person always works his or her full eight-hour shift.

We reviewed the original data HRLA had obtained from a sample of five nursing homes for one date each. Based on this sample, ODCA was unable to recalculate staffing ratios for two of five sampled nursing homes for the date selected:

- The Serenity Rehabilitation staff schedule ODCA reviewed has pre-printed spaces by shift and role, such as RNA or CNA (which stand for registered nursing assistant and certified nursing assistant respectively), and another space that is likely for staff names. The handwritten text in these spaces was often crossed out or illegible, making it impossible for ODCA to tally staff attendance. The sheet contains numerous notes outside the blanks, written at an angle, in red or black ink. Many of the notes appear to be short strings of letters, but they often are also illegible. Some of the notes are next to the crossed-out text filling some of the pre-printed blanks. It is not clear if the note text is another staff person’s name or a note about the absence of the originally scheduled individual whose name is written in the given space. Some of the notes also appear to be numbers, and it is not clear what their significance is.
- For Transitions Healthcare, ODCA could not obtain the original staff schedule and nursing home census used by HRLA for recalculation because HRLA did not retain the original source documents it used for the calculation.

For the other three sampled nursing homes, ODCA confirmed HRLA’s determination that Lisner and Bridgepoint Capitol Hill complied with staffing ratio requirements to provide 4.1 hours of direct care per resident, including 0.6 hours of care from an RN or APRN. ODCA also confirmed HRLA’s determination

¹⁷ D.C. Code § 44-504 (h-1)(1)(B)(ii)

¹⁸ D.C. Code § 44-504 (h-1)(1)(B)(ii)

that Carroll Manor’s staffing did not comply with either requirement on the date sampled.

Staff schedules and census data were not collected using standardized forms and processes. For example, the schedule for one date for Bridgepoint Capitol Hill has printed grids for each shift and floor, with individual lines labeled with role (such as RN). Staff names are printed on each labeled line. There are handwritten notes near many of the shift grids; some of these are legible and appear to be staff names. Some printed and handwritten names have a line through them and a handwritten note on the same line, some of which seem to indicate a reason for absence, such as “VAC” for vacation. In contrast, the Lisner schedule reviewed was computer-generated except for one unclear handwritten note at the bottom. Staff names are recorded by shift and role and none are crossed out or annotated.

Recent changes have strengthened the staffing review process slightly. An HRLA supervisor told us that beginning in July 2018, inspectors requested staff schedules for randomly selected time periods in the past year, in addition to reviewing staffing documentation for the period just before the interview. Reviewing random dates is an effective way to monitor compliance throughout the period under review. Inspections that are a surprise to the nursing home because of randomization would do even more to promote effective monitoring.

The source documents HRLA used to assess compliance with staffing levels at some nursing homes were not legible enough to be reliable. Effective internal controls require that an organization’s management obtain relevant data from reliable sources, which are “reasonably free from error and bias and faithfully represent what they purport to represent.”¹⁹

Nursing home staffing has an important impact on the quality of care for residents. Without HRLA’s proper oversight of staffing levels, nursing homes could be understaffed without detection, which could interfere with residents receiving the appropriate assistance with personal grooming, medical treatments as prescribed, and prompt responses to requests for help.

Recommendations

5. HRLA should assess the sufficiency of existing regulations to require nursing homes to record actual staffing legibly in a standardized form every day and strengthen these requirements or seek additional authorities as appropriate. The form should capture a listing of individuals who worked during each shift, their titles or roles and their professional qualifications (e.g. RN, CNA), the number of hours they worked, and the resident census for the nursing home. It should not contain notes about staffing changes.
6. For any dates for which HRLA reviews staffing ratios at a nursing home, HRLA should cross-reference the number of hours a sample of employees worked with official payroll time and attendance cards to ensure accuracy and retain both the documentation and the inspector’s calculations to enable managerial review (regardless of whether the nursing home is found in or out of compliance).

19 U.S. Government Accountability Office (GAO). (2014). *Standards for Internal Control in the Federal Government* (Paragraph 13.04).

Finding HRLA obtained information in a timely manner to monitor resident discharges and transfers from nursing homes, but the information was incomplete. HRLA did not always review evidence, such as signature, that the resident or his or her representative received all required information sufficiently in advance of non-emergency moves.

To protect the rights of nursing home residents and give them sufficient time to plan for a move, District nursing homes must provide their residents with written and oral notice whenever they are to be discharged from the nursing home or transferred to another facility. A move from home to a health care facility or from one health care facility to another can be stressful for older adults. This stress can threaten the wellbeing and even survival of residents, particularly those in fragile health.²⁰

HRLA's oversight is important to ensure that the resident receives the information he or she needs, and the move is conducted properly. A resident who will be moving from a nursing home, or their representative, may need to make sure the resident will have somewhere to go, and that he or she will have help with health care needs. The resident or resident's representative needs time to make these arrangements, and time to appeal the planned move if it will be harmful to the resident. A resident who is transferred to a hospital for treatment may need to return to a nursing home afterward to receive specialized care.

Written notices are how HRLA ensures that nursing homes conduct moves properly and provide the information to residents that D.C. Code requires. Nursing homes are required to send HRLA a copy of the written notice. HRLA had a record of 8,950 written notices (more than 4,000 per year) of moves outside and within nursing homes it had received from January 1, 2017, to October 29, 2018.²¹

Both federal law²² and D.C. Code require nursing homes to provide a resident notice before moving him or her outside the facility. D.C. Code²³ requires that D.C. nursing homes:

- Provide the written notice to the resident at least 21 days before the proposed discharge or transfer. There are exceptions to this requirement:
 - The resident may waive the right to a 21-day notice period. In some cases, a resident is provided with notice of less than 21 days, which includes a move date. The resident can accept by agreeing to a waiver of the notice period. Consent to abbreviated notice is only valid if knowingly and voluntarily given at the time the move is proposed.
 - In the case of an emergency. If a move on an emergency basis is necessary, the attending physician must write and sign orders for it, or the Long-Term Care Ombudsman must document the need for it in the resident's clinical record.

20 See Melrose, Sherri. (2013). Relocation Stress: How Staff Can Help. *Canadian Nursing Home*, 24(1), 16-19 and Morse, Donna. (2000). Relocation Stress Syndrome is Real. *The American Journal of Nursing*, 100(8), 24AAAA-24BBBB, 24DDDD.

21 All moves included relocations within the nursing home, which ODCA excluded from its analysis because the risk to resident health and safety is higher with moves to places outside of the nursing home.

22 42 CFR § 483.15 (c)

23 See generally D.C. Code § 44-1003.02

- Complete the written notice in a form specified by HRLA. The form includes the information required by law, found in Figure 6.

Nursing homes submit written notices to HRLA using an electronic process that HRLA designed to expedite its receipt of the notices so that it can take timely action if needed. HRLA has instructed nursing homes to complete an online form to comply with written notice requirements. Also, some written notices are transmitted by fax. The online form has fillable fields for nursing homes to supply information about the move. When a nursing home submits the notice electronically, the established procedure requires that it also print a hard copy to provide to the resident or resident's representative for signature to indicate receipt, if possible. Signed copies of the notice or alternative evidence of receipt are required to be retained in the resident's clinical record.

ODCA found that HRLA's current process is open to risks. Some information is prepopulated in the online form the nursing homes complete. ODCA's review of the electronic copies of the notices that HRLA receives indicates that the prepopulated information does not transmit to HRLA (see Figure 6). Most importantly, all written notices in a sample of 45 were missing evidence of receipt, such as a dated resident or resident's representative signature, so HRLA could not confirm that the written notice had, in fact, been provided to the resident in a timely manner.

Some of the sample of 45 also were missing additional information (see Figure 6).

Figure 6: Information Included in 45 HRLA Discharge/Transfer Notices

Statutory Notice Requirement ²⁴		Information Transmitted to HRLA for Review
Evidence that resident/representative received notice	0	Evidence of receipt, such as signature
Reason for the move	39	
Date of proposed move	43	
Name, address, and telephone number of the person supervising the move	45	
The location to which the resident will be transferred	43	
The resident's right to appeal the proposed move	0*	
Name, address, and telephone number of the Long-Term Care Ombudsman	0*	
Hearing request form and a postage-paid envelope preaddressed to the appropriate District of Columbia official or agency	0	Evidence they had been provided

Source: Discharge, transfer or relocation form on HRLA website, and ODCA analysis of written notices of resident discharges and

24 D.C. Code § 44-1003.02 (d).

transfers

* Some information is already populated in the online form the nursing homes complete. ODCA's review of the electronic copies of the notices that HRLA receives indicates that the already populated information does not transmit to HRLA.

HRLA contacts the nursing home by email or telephone to obtain any information that is missing from the written notice, such as the reason or destination for the move. HRLA explained to us that if the written notice raises specific concerns, HRLA will investigate it at the nursing home as an incident.

The lack of residents' signatures also carries additional risk for residents discharged with abbreviated notice after completion of rehabilitation. A signature would double as evidence of consent on a written notice with an abbreviated notice period. All eleven of the discharge notices for residents who had completed rehabilitation in our sample provided less than 21 days of notice, and some included language indicating that the resident had waived the right to the full notice period. They did not include signatures or other evidence of consent, so neither ODCA nor HRLA could confirm the resident's voluntary consent to an abbreviated notice period.

Figure 7: Written Notices of Nursing Home Transfers and Discharges

Total	45
Transfers	28
Emergency	23
Other/unclear	5
Discharges	17
Completed rehabilitation	11
Other/unclear	6

Source: ODCA analysis of written notices of resident discharges and transfers

There are some valid reasons for the current process. Before HRLA instituted it, nursing homes often submitted the written notices after a substantial delay. Therefore, HRLA sought to address the delay by instructing nursing homes to transmit the electronic copy to HRLA as soon as possible, rather than waiting for the resident or resident's representative to sign the hard copy. The more rapid electronic system allows HRLA to review some information for an emergency transfer soon after it occurs, and take timely action if needed.

HRLA needs relevant, timely information from reliable sources to ensure that nursing homes are providing appropriate notice to residents.²⁵ The system for submitting the written notices electronically improves the timeliness with which HRLA receives the information. However, to achieve the objectives outlined in

²⁵ GAO. *Standards for Internal Control in the Federal Government* (Paragraph 13.04).

D.C. Code,²⁶ HRLA also needs to ensure that nursing homes have provided their residents with advance notice of a pending move (unless an emergency move was necessary), or the resident consented to an abbreviated notice period.

Additionally, HRLA needs to ensure that the notice provided to the resident or resident's representative contained all information required by law, including the details of the move, appeal rights, and contact information for District officials who are able to help the resident if he or she wishes to appeal the move. A more complicated process than the current one would be required to ensure that each of the resident safeguards noted above is achieved.

The gaps in the current process create risks illustrated in the following hypothetical examples:

- A resident who is moved without sufficient time to establish needed care may not be safe. She could be hurt, her health could decline, or in an extreme case she could die.
- A resident who has made the nursing home his home for many years may experience homelessness after discharge, which would make scheduling health supports, like a home health aide, extremely challenging and risk his health and safety.
- A resident who recently transitioned home but without the necessary supports may activate emergency medical services to meet routine health care needs, which would be expensive for the District and possibly put an unnecessary strain on emergency resources.
- A D.C. resident unable to return to a D.C. nursing home after emergency transfer to a hospital for treatment, and unable to find another nursing home which will accept her, may have to choose a nursing home outside the District. Family and friends may not be able to visit her as frequently.

Particularly for a resident in fragile health, moving without enough time to learn about the destination and the care that will be received at the new destination may be frightening.

Recommendation

7. In non-emergency situations, HRLA should ensure that before the resident is discharged or transferred, it obtains the copy of the written notice of the move that the resident or the resident's representative signed and dated. It is not necessary to obtain the signed copy before an emergency move as described by D.C. Code §44-1003.02(b). HRLA should use the signed copy of the notice to confirm that the resident or his or her representative was in fact given advance written notice of the discharge or transfer (or that he or she consented to abbreviated notice) and that all required information was provided in the written notice.

Finding **HRLA provides a variety of complaint submission methods but was unable to demonstrate that complaints from all intake methods had been captured and investigated in a timely manner.**

²⁶ D.C. Code § 44-1003.02.

HRLA managers have a responsibility to ensure that each complaint is captured, recorded, and investigated so that all allegations and concerns are addressed. The resident, a family member or even an anonymous witness can file a complaint about the health care or treatment a resident received or did not receive. Complaints can be filed by mail, telephone, fax, online, or in person. The primary goal of investigating complaints is to provide a system that will assist in promoting and protecting the health, safety, and welfare of nursing home residents. According to federal requirements, complaint process objectives include:

- Protective oversight.
- Prevention of harm.
- Promotion of efficiency and quality within the health care delivery system.²⁷

The general public can obtain information on how to submit a complaint by visiting the DC Health website.²⁸ After clicking on the link labeled File a Complaint Against a Health Professional or Facility, the user is presented with the following five options for submitting complaints:

- Online webform submitted via the DC Health website.
- Paper form which can be downloaded, printed, and then filled out manually and mailed to HRLA.
- Complaint intake hotline (202) 442-5833 (indicated on the online webform).
- Fax (202) 442-4924 (indicated on the first page of the paper form).
- Fax (202) 724-8677 (indicated on the last page of the paper form).

After speaking with HRLA employees in the Office of Compliance, and reviewing a sample of actual complaints, the following additional methods were discovered by which complaints could be, and actually were, submitted:

- Telephone line other than the designated complaint intake hotline, for example the Compliance Officer's direct line.
- Email directly to the following HRLA employees:
 - Compliance Officer.
 - Program Manager, Health Care Facilities Division.
 - Complaint Intake Coordinator, Office of Compliance.
 - Supervisory Nurse Consultant, Health Care Facilities Division.

While ODCA commends HRLA for providing the public with multiple methods for submitting complaints, it is problematic that HRLA does not have a process in place for ensuring that each complaint has been logged and addressed. For example, one could obtain a log of all incoming telephone calls and compare it to a listing of all investigations that were conducted to verify that each complaint was addressed. However, this raises another concern with the various methods HRLA uses to accept complaints, which is that they are not limited to complaints about nursing homes exclusively, making a reconciliation very difficult.

²⁷ CMS. (5000.1).

²⁸ <https://dchealth.dc.gov/node/145702>

Procedures, roles, and responsibilities for complaint intake have not been clearly defined or documented. For example:

- Of the complaints ODCA reviewed, 80 percent had been submitted directly to individual staff email addresses at HRLA.
- The Compliance Officer monitored the online portal for complaints, but responsibility for review in the Compliance Officer's absence was not clearly defined, raising the risk of complaints lingering unaddressed.
- HRLA's complaint intake process did not include a method for reconciling each intake method with the list of prioritized complaints to ensure that all complaints were captured.

In the absence of a process for reconciling each complaint intake method with the actual investigations HRLA conducts, HRLA cannot ensure that all complaints have been addressed. When complaints are not investigated, nursing home residents may suffer harm. Appropriate internal controls that would support more efficient and effective operations require that management clearly define roles and responsibilities and ensure that all transactions are completed in an accurate and timely manner. Further, management should use comparisons and reconciliations to monitor the effectiveness of its internal controls on an ongoing basis.²⁹

Recommendation

8. HRLA should design, implement, and train staff in policies and procedures for all complaint intake methods, including individual staff email addresses, to:
 - a. Immediately record the date each complaint is received, along with an indication of the intake method (e.g., email, fax, telephone).
 - b. Reconcile records of all complaints from each complaint intake method made as recommended in (a), above, with a listing of all complaints that received a priority rating to ensure that all complaints are prioritized for investigation.

Finding **HRLA completed each annual inspection within required timeframes but did not always vary the timing of inspections to ensure that they were unpredictable to the nursing homes.**

HRLA is responsible for conducting inspections of nursing homes to ensure that they are in compliance with federal standards. Federal requirements define these inspections as periodic and compliance-focused, for the purpose of gathering information about the quality of service provided to a nursing home's residents.

Federal requirements for how inspections are to be conducted include:

- HRLA must keep inspection timing unpredictable so that inspectors will observe the nursing home's usual conditions and practices. Specifically, the federal requirements, which refer to annual

²⁹ GAO. *Standards for Internal Control in the Federal Government* (Paragraphs 3.06, 10.03 and 16.05).

inspections as surveys, state that “Facilities, within a geographical area, should not be surveyed in the same order as was conducted in the previous standard survey” and that “the month in which a survey begins should not, if possible, coincide with the month in which the previous standard survey was conducted.” D.C. is one geographic area.

- HRLA also must complete an inspection of each nursing home within 15 months of the previous inspection.
- HRLA must ensure that the average length of time since the previous inspection, state-wide, does not exceed 12 months.³⁰

ODCA’s review of HRLA’s inspections conducted in FYs 2016-2018 for each of the District’s 18 nursing homes found that, in some cases, the timing of the inspection appears to have been predictable. For most nursing homes, inspections for FYs 2016-2018 were clustered in the same three-month period each year (78 percent; see Figure 8, below). At three nursing homes, inspections were in the exact same month two years in a row, and HRLA inspected one nursing home in the exact same month (September) in all three years included in the review. Figure 8 shows the month each inspection was completed, making patterns clear.

³⁰ CMS. (7205.2 and 7207.2).

Figure 8: Timing of Nursing Home Inspections During FYs 2016-2018

Nursing Home Inspections
(FY 2016–FY 2018)

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

● FY 2016 ● FY 2017 ○ FY 2018

Inspection in the same month all three years

Carroll Manor ● ○ ●

Two consecutive inspections in the same month

Thomas Circle ● ○ ●

Inspire Rehabilitation ○ ● ●

Knollwood ● ● ○

All three inspections within the same period of three months

Bridgepoint Capitol Hill ● ● ○

Bridgepoint National Harbor ● ○ ●

Forest Hills ● ○ ●

Jeanne Jugan ● ○ ●

Lisner ○ ● ●

Serenity Rehabilitation ● ○ ●

Sibley ● ● ○

Unique Rehabilitation ● ● ○

United Medical ● ○ ●

Washington Center ● ● ○

No pattern observed

Deanwood ● ● ○

Ingleside ○ ● ●

Stoddard Baptist ● ○ ●

Transitions Healthcare ○ ● ●

Source: ODCA analysis of HRLA nursing home inspection log

Within the audit scope, HRLA had completed inspections within required timeframes for each of the District's nursing homes. The interval between inspections did not exceed 15 months for any nursing home as required by federal requirements.³¹ In addition, the state-wide average number of months between inspections was in compliance with the federal standard of 12 months in FY 2017 and FY 2018.³²

HRLA is aware of the need to vary inspection timing, and has taken steps to do so, although they are not

31 CMS. (Chapter 7).

32 CMS. (7205.2).

sufficient. In an interview about inspection scheduling, the HRLA Supervisory Nurse Consultant, who has responsibility for scheduling inspections, appeared to be aware of the need to vary inspection timing, stating that she intentionally shuffled the dates for inspections. She had observed patterns in inspection dates chosen before she assumed responsibility for scheduling and had heard comments from facility staff which led her to believe that the inspections may have been anticipated. She explained that several factors are taken into consideration when scheduling the date for an inspection, including the date of the last inspection for the nursing home, staff schedules, and holidays. Based on the timing of inspections over the past three years, consideration of the factors she shared in the interview does not seem to have been sufficient to vary the timing of inspections.

In many cases, it appears as though nursing homes could predict when their inspection would be conducted. It is possible that those nursing homes escaped a thorough review, by temporarily improving their operations (e.g., cleaning more thoroughly, increasing staff), in anticipation of an inspection. In those instances, HRLA may have observed and documented nursing home operations that were not representative of actual day-to-day conditions at the nursing home.

Recommendation

9. HRLA should use a procedure or automated tool to schedule its inspections, ensuring they are performed in a different sequence each year, and considering the order and timing of prior inspections.

Finding The infractions and level of harm that HRLA identified at nursing homes seemed reasonable in most cases. Adding a review step for complaint investigation reports would have helped eliminate errors.

HRLA may find noncompliance with D.C. Municipal Regulations (DCMR)³³, federal requirements³⁴, or both during inspections and investigations at nursing homes.

Figure 9: How D.C. and Federal Requirements Are Enforced for Nursing Homes

DCMR Infractions	Federal Deficiencies
Noncompliance with DCMR	Noncompliance with federal requirements
Fine amount based on class and repeats	Fine amount based on extent and harm
Reported in State Form Statement of Deficiencies	Reported in Statement of Deficiencies

33 District nursing homes must adhere to the provisions outlined in D.C. Municipal Regulations (DCMR). See DCMR Title 22, Chapter 32 (§§ 22–B3200–B3265). 16 DCMR § 3607 outlines the schedule of fines for nursing home infractions.

34 Federal requirements for nursing homes participating in Medicare and Medicaid are consolidated at 42 CFR Part 483 Subpart B – Requirements for Long Term Care Facilities §§ 483.1 – 483.95.

Infractions under DCMR are grouped into classes, which determine the fine that HRLA can assess. Nursing home infractions carry fines of up to \$2,000 for the first offense and subsequent offenses for the same infraction carry increased fines.³⁵ A measure of extent and harm of each deficiency in complying with federal regulations determines what federal penalties CMS can impose. During the scope of the audit, federal requirements associated greater extent and harm with stiffer penalties, including higher fines. Infractions and deficiencies are each documented and submitted to nursing homes for their response on separate Statements of Deficiencies. The Statement of Deficiencies with infractions is called the State Form and, in the District, includes violations of the DCMR.

ODCA agreed with the category HRLA selected for most infractions (23 out of 25) and HRLA's determination of the potential for harm for most deficiencies (42 out of 45) in samples from FY 2018. Material disagreements were usually slight and arose over areas legitimately open to interpretation, such as which parts of the problem were included in the deficiency, or the seriousness of a problem. For example, when Deanwood failed to provide incontinence care to a resident for approximately five hours, HRLA did not find any harm to the resident's skin integrity, or expression of emotional distress. Therefore, HRLA had concluded that the failure did not constitute neglect because it did not cause harm, while ODCA disagreed and thought it constituted neglect because harm could have occurred.

There was, however, one instance in which disagreement was not slight, and in which HRLA confirmed an error. A resident at Unique Rehabilitation had fallen, but was uninjured, and the nursing home was not required to notify the resident's representative and did not do so. In the State Form, HRLA identified the episode as noncompliance with the provision requiring an administrator to be on site 40 hours a week, a provision not related to resident falls. When ODCA asked about the infraction, HRLA acknowledged that an incorrect provision was selected, and that the correct one would have been the requirement for the resident's representative to be notified of an injury. ODCA believes no infraction was warranted because the investigation had not determined that the resident was injured.

A review of the State Form for complaints might have corrected the error ODCA found. The incorrect infraction for an administrator's absence was assigned following the investigation of a complaint.³⁶ An investigation into the allegations included in a complaint requires an in-depth review of many different types of documents and processes. The State Form, the final product resulting from such a complex process, could benefit from a review to correct errors. Effective internal controls require that "management performs ongoing monitoring...[which] includes regular management and supervisory activities, comparisons, reconciliations, and other routine actions."³⁷ A flow chart for HRLA's complaint process does not contain review steps for the State Form. A supervisory review of the State Form likely would have corrected the incorrect infraction and may also have identified that no citation was warranted at all as the resident was unhurt.

35 Infractions that result in demonstrable harm to a resident are subject to a fine of up to \$10,000 for each offense. See D.C. Code § 44-509(f)(1).

36 The disagreement over whether failure to provide incontinence care to a resident in a timely manner constituted neglect was also related to the results of a complaint investigation.

37 GAO. *Standards for Internal Control in the Federal Government* (Paragraph 16.05).

If HRLA cites the wrong infraction, the fine assessed against the nursing home may be either higher or lower than warranted for the current complaint investigation, as well as for subsequent offenses for the same infraction. The citation of infractions impacts the D.C. fines assessed against nursing homes. In addition to fine variation based on class of infraction, repeat offenses lead to higher fines. Therefore, it is important that the correct infractions are cited so that fines can be assessed correctly, because fines help incentivize nursing home compliance with regulations that protect resident health and safety.

Recommendation

- 10.** The process for identifying and reporting DCMR infractions and the level of harm for federal deficiencies is generally effective, but to avoid errors, HRLA should design and implement procedures to ensure a supervisor reviews and approves State Forms before they are issued in complaint investigations. The procedure should designate a responsible party for each step. This will help HRLA ensure that the correct conclusion has been drawn from the evidence and that the State Form is free of errors.

Auditor's Concern

Complaint investigation may be an area to consider having as a rotating assignment to protect against any risk of bias developing based on longevity and familiarity.

As noted above, the monitoring of nursing homes by HRLA includes annual inspections and investigations based on specific complaints. During this audit, it came to ODCA's attention that almost all complaint investigations were carried out by a single individual over the last nine years. Complaint investigation is an especially important aspect of nursing home oversight, as the most serious risks to nursing home residents may come to HRLA's attention through complaints from family members or others.

Research in multiple contexts has found that inspectors are less effective when they have inspected the same manufacturing plant before,³⁸ and that financial audit quality decreases the longer an individual auditor or audit firm performs the audit of a given entity.³⁹ Even unintentionally, individuals are at risk of losing impartiality and skepticism toward the institutions they oversee over time, and the current system of assignments may expose HRLA to an elevated risk of bribery, influence, and other types of occupational fraud. We suggest that HRLA consider redesigning the complaint investigation system to rotate complaint investigation duties among the other surveyors responsible for the annual inspections and other monitoring duties.

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- 38 In medical device manufacturing plants, inspectors who had visited the same plant before failed to detect more quality defects that led to product recalls. The risk of recall for a device increased 21% the second time the investigator visited a specific plant, and 57% the third time, compared to the first visit by a given inspector. See Ball, George; Siemsen, Enno & Shah, Rachna. (2017). Do Plant Inspections Predict Future Quality? The Role of Investigator Experience. *Manufacturing & Service Operations Management*, 19(4), 534-550. DOI: 10.1287/msom.2017.0661. See also Short, Jodi; Toffel, Michael & Hugill, Andrea. (2016). Monitoring Global Supply Chains. *Strategic Management Journal*, 37, 1878-1897. DOI: 10.1002/smj.2417
- 39 Singer, Zvi & Zhang, Jing. (2018). Auditor Tenure and the Timeliness of Misstatement Discovery. *The Accounting Review*, 93(2), 315-338. DOI: 10.2308/accr-51871 and Carey, Peter & Simnett, Roger. (2006). Audit Partner Tenure and Audit Quality. *The Accounting Review*, 81(3), 653-676. DOI: 10.2308/accr.2006.81.3.653.

Conclusion

The Health Regulation and Licensing Administration's (HRLA's) oversight of nursing homes is important for two reasons. Because of their advanced age and/or health issues, nursing home residents are some of D.C.'s most vulnerable residents. In addition, nursing homes are paid with public dollars for providing quality care that meets the participation requirements of Medicare or Medicaid and HRLA is responsible for ensuring that nursing homes comply with federal care requirements. The goal of HRLA's oversight of nursing homes is to protect the health and safety of these residents, and to ensure nursing homes are providing the services for which they are paid.

In this audit, ODCA found that some nursing homes repeated the same problems with resident care that HRLA previously had identified and required them to correct, and that nursing homes' statements about how they would correct a problem did not always address the cause of the problem. ODCA also found that some complaints were not investigated as soon as they should have been, and there is a risk that HRLA could fail to investigate a concern reported in a complaint. ODCA also found that HRLA does not have enough or reliable information to monitor nursing home staffing and the moving of residents. Furthermore, HRLA inspections of some nursing homes are done on a regular schedule, and that predictability could well be affecting the assessment of actual conditions at nursing homes. Finally, ODCA found that HRLA usually correctly assesses noncompliance it identifies at nursing homes, but the review process for these deficiencies and infractions could be improved.

We commend HRLA for its responsiveness and cooperation with our many requests for information for this audit. We are grateful for the time HRLA staff spent responding to our questions and for the courtesies they extended to the audit team during our work.

We anticipate that the implementation of our recommendations to monitor and require correction of repeated problems, train HRLA staff, obtain better information for monitoring, develop policies and procedures for complaint intake and timely investigation, adjust the inspection scheduling process to address the risk of predictable inspections, and add procedures to review the processes for finalizing some reports will improve the quality of care provided at nursing homes, and with it, the safety of D.C.'s nursing home residents.

Agency Comments

On August 23, 2019, we sent a draft copy of this report to the Department of Health (DOH) for review and written comment. DOH submitted a written response on September 18, 2019 and submitted a revised response on September 24, 2019. The comments DOH submitted on September 24, 2019 are included here in their entirety, followed by ODCA's response.

Office of the Director

September 24, 2019

Kathleen Patterson
District of Columbia Auditor
Office of the District of Columbia Auditor
717 14th Street, NW, Suite 900
Washington, D.C. 20005

Subject: *D.C. Department of Health Has Systems to Monitor Nursing Homes But Some Risks Remain*

Dear Ms. Patterson:

Thank you for providing us with the opportunity to review the draft report entitled *D.C. Department of Health Has Systems to Monitor Nursing Homes But Some Risks Remain* (Report). We are pleased the Report recognizes the efforts of DC Health's Health Regulation and Licensing Administration (HRLA) to fulfill our mission to protect the health of the residents of the District of Columbia by fostering excellence in health professional practice and building quality and safety in facilities through an effective regulatory framework.

As referenced in your report, nursing homes provide nursing care, rehabilitative services, and other health-related care and services above the level of room and board. HRLA regulates District health professionals and facilities, including nursing homes. It monitors nursing homes for compliance with D.C. regulations and federal regulations by agreement with the U.S. Health and Human Services Centers for Medicare and Medicaid Services (CMS).

The report highlights many aspects of the work of the Office of Compliance, Quality Assurance and Investigations Division and the Health Care Facilities Division of HRLA and we welcome the opportunity to provide responses to the report and its recommendations. The following reflects the responses of HRLA.

Sincerely,



LaQuandra S. Nesbitt, MD, MPH
Director

DC Health Response to the DC Auditor's Draft Report

Health Regulation and Licensing Administration (HRLA) reviewed the "Background" statement in the Auditor's Report dated August 23, 2019. The following facts need to be considered. The event occurred on Friday, September 20, 2017. However, the family didn't file the complaint until Saturday, September 30, 2017, at 9:49, 10 days after the occurrence. The complaint had a received start date of October 6, 2017 and a received end date October 10, 2017. The complaint was assigned and triaged, Non IJ Medium, the onsite visit was scheduled October 17, 2017. The onsite investigation was scheduled and conducted 10 business days after the received end date in accordance with the Non IJ High triage category. It was noted during the onsite visit, the resident had been discharged home on Sunday, October 8, 2017.

The onsite investigation was conducted on Thursday, October 17, 2017, as a closed record (10 business days [October 9, 2017 was a holiday] after triage). The investigation determined that the facility immediately initiated medical interventions. The resident did not require hospitalization nor were there other residents with the same symptoms at that time. Therefore, there was no harm to residents.

Finding #1 Recommendation 1

1. HRLA should train staff with responsibility for reviewing Plans of Correction on how to determine if a Plan of Correction (POC) identifies the underlying cause of the problem and the importance of doing so. HRLA also may want to consider offering a similar training to nursing homes so nursing home staff can determine underlying causes and the importance of including and addressing them in the Plan of Correction.

Response: DC Health Partially Agrees:

The Department of Health (DC Health) agrees in part with the recommendation. According to the CMS training Module #3 Survey Process Plan of Correction¹ for nursing home surveyors, there is no requirement for the provider to indicate cause as a component for the corrective action plan.

Click on the link below:

https://surveyortraining.cms.hhs.gov/data/160/9c7fe690-a38a-48d2-95e7-f438d545e72a/M3_090.htm

Licensure and federal regulations have specific deficiency citation tags that are wide-ranging with multiple aspects for citation. One citation can be cited for failed practices in a multitude of situations. For example, the same citation tag was identified for the following three different types of instances: supervision was cited for a single wandering resident, a resident who fell down the stairs and for no supervision in the day room with 8-12

¹ https://surveyortraining.cms.hhs.gov/data/160/9c7fe690-a38a-48d2-95e7-f438d545e72a/M3_090.htm

residents. The POC would be different for each of these situations. DC Health returns POCs that do not address the deficient practice identified in the Statement of Deficiency, submitted to the facility, and request a revised POC until approval is met with the requirements as outlined in the Centers for Medicare and Medicaid Services (CMS) State Operations Manual (SOM) Chapter 7 Survey and Enforcement Process for Skilled Nursing and Nursing Facilities §7317.

7317 - Acceptable Plan of Correction (Rev. 185, Issued: 11-16-18, Effective: 11-16-18, Implementation: 11-16-18) except in cases of past noncompliance, facilities having deficiencies (other than those at scope and severity level A) must submit an acceptable plan of correction. An acceptable plan of correction must:

- Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;
- Address how the facility will identify other residents having the potential to be affected by the same deficient practice;
- Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;
- Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; and
- Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State. If the plan of correction is unacceptable for any reason, the State will notify the facility in writing. If the plan of correction is acceptable, the State will notify the facility by phone, e-mail, etc. Facilities should be cautioned that they are ultimately accountable for their own compliance, and that responsibility is not alleviated in cases where notification about the acceptability of their plan of correction is not made in a timely manner. The plan of correction serves as the facility's allegation of compliance and, without it, CMS and/or the State have no basis on which to verify compliance.²

DC Health surveyors will take a refresher online webinar on POCs as it pertains to the required components for provider's responses through the CMS website. An educational session will be held with the Nursing Home Administrators and Directors of Nursing at one of their monthly meetings through the DC Health Care Association (DCHCA). This session will address what is included in a plan of correction. DC Health will request to be placed on the meeting agenda as soon as possible. The goal is to have this educational session prior to December 31, 2019.

DC Health will ensure the following for POCs received:

- (1) The plan of correction will include resident(s) who have suffered negative outcomes as a result of the deficient practice.
- (2) Specify the action the entity will take to alter the process or system failure to prevent the deficient practice from occurring or recurring related to other resident(s).

² <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107c07.pdf>

(3) Ensure the deficient practice will not occur or reoccur and initiate processes to ensure that corrective actions are successful.

(4) Identify how the interventions will be monitored.

(5) Include a date by which the entity asserts the likelihood of compliance.

Finding #1 Recommendation 2

2. HLRA should obtain credible evidence that problems no longer exist in the following areas: inadequate supervision and failure to provide oral care at Washington Center; failure to comply with physician's orders related to respiratory status at Deanwood; and exposed wiring and failure to provide nail care at Bridgepoint Capitol Hill. If these problems persist or evidence is not available that the identified problems have been rectified, HRLA should use existing enforcement mechanisms such as fines to obtain such evidence or incentivize compliance.

Response: DC Health Disagrees

DC Health disagrees with this recommendation.

When a provider submits a plan of correction, DC Health staff reviews the plan for how the failed practice is corrected as follows: how corrective actions are addressed for those residents or environmental areas that were affected by the deficient practice; how the potential for other residents and environmental areas are prevented from the same failed practice; what new systems have been implemented including changes in policies/procedures as well as training and competency have been conducted; and the quality improvement practices that have been enacted with time frames. In addition, the provider submits supporting documents aligning with their POC. DC Health staff approves the provider's POC once all of these components are met; hence an allegation of compliance.

Evidence of compliance is reviewed at each survey (re-certification, complaint and follow up inspections as required) for the prior deficiencies cited. If there are repeat deficiencies, civil money penalties are considered immediately as one of the enforcement remedies.

Finding #1 Recommendation 3

3. HRLA should conduct an assessment and determine which practices that are noncompliant with federal or D.C. regulations have the potential for the highest risks to resident well-being, and design and implement procedures to monitor all nursing homes for repeated instances of those problems and incentivize returning to and maintaining compliance.

Response: DC Health Agrees

DC Health agrees and currently conducts multiple unannounced onsite visits to facilities identified with high/potential risks of harm for the health and safety of residents.

DC Health's Office of Compliance, Quality Assurance and Investigations Division and the Health Care Facilities Division will review POCs from complaint investigations and annual surveys collaboratively starting October 1, 2019.

The fee schedule for Notices of Infractions (Civil Money penalties) will be reviewed with all surveyors and implemented for repeated deficient practices by October 31, 2019.

Finding #2 Recommendation 4

4. HRLA should design, implement, and train staff in: (a) policies that establish timeframe requirements from initial complaint receipt to priority assessment, regardless of receipt method; (b) procedures for monitoring each point of complaint receipt; and (c) formal procedures for making priority assessments; that will ensure that all complaints are prioritized appropriately and in a timely manner so that they are investigated timely.

Response: DC Health Agrees

DC Health agrees with this recommendation. In-house training will be conducted on the federal ASPEN/ACTS for timely entries for all complaints. The ACTS intake sheet will be included with all complaint reports given to the supervisor. All complaints will be reviewed within 2 business days of receipt and triaged in accordance with CMS, SOM Chapter 5 § 5075.9 - *Maximum Time Frames Related to the Federal Onsite Investigation of Complaints/Incidents*.³ The compliance unit supervisor and nurse consultant will meet every other day to review and triage all complaints within the next 30 days. CMS guidelines for triage will be followed.

Finding #3 Recommendation 5

5. HRLA should assess the sufficiency of existing regulations to require nursing homes to record actual staffing legibly in a standardized form every day and strengthen these requirements or seek additional authorities as appropriate. The form should capture a listing of individuals who worked during each shift, their titles or roles and their professional qualifications (e.g. RN, CNA), the number of hours they worked, and the resident census for the nursing home. It should not contain notes about staffing changes.

Response: DC Health Disagrees

DC Health disagrees with this recommendation. Surveyors review working documents to assess the correct number of staff for each day. Surveyors ask for an actual working schedule, not a projected schedule. Although working copies may be difficult to read, they represent the actual staffing on each unit for the day. Surveyors interview responsible

³ <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107c05.pdf>

facility staff during review of staffing work sheets. There are instances when surveyors will verify staffing with actual time card validation as indicated.

Each nursing home has its own system of staffing and recording staff present for the day. There is no regulation to require a facility to implement a standardized form.

Finding #3 Recommendation 6

6. For any dates for which HRLA reviews staffing ratios at a nursing home, HRLA should cross-reference the number of hours a sample of employees worked with official payroll time and attendance cards to ensure accuracy and retain both the documentation and the inspector's calculations to enable managerial review (regardless of whether the nursing home is found in or out of compliance).

Response: DC Health Disagrees

DC Health disagrees with this recommendation. Each annual survey requires a review of staffing for a minimum of a two (2) week period, including holidays, weekends, and randomly chosen dates. If staffing meets the licensure requirements, as stipulated in 22-C DCMR Chapter 32 § 3211 NURSING PERSONNEL AND REQUIRED STAFFING LEVELS,⁴ no further action is required.

Finding #4 Recommendation 7

7. In non-emergency situations, HRLA should ensure that before the resident is discharged or transferred, it obtains the copy of the written notice of the move that the resident or the resident's representative signed and dated. It is not necessary to obtain the signed copy before an emergency move as described by D.C. Code §44-1003.02(b). HRLA should use the signed copy of the notice to confirm that the resident or his or her representative was in fact given advance written notice of the discharge or transfer (or that he or she consented to abbreviated notice) and that all required information was provided in the written notice.

Response: DC Health Disagrees

DC Health disagrees with this recommendation. Implementing this recommendation will cause a substantial delay.

The accurate completion of the DC 6-108s will be discussed at a District of Columbia Health Care Association (DCHCA) Nursing Home Administrators and Directors of Nursing's monthly meeting. Facilities will be asked to send signed copies of the form to DC Health. Also, procedures for recording telephone consent from the Responsible Party by two (2) nurse witnesses for relocations, transfers, and discharges will be developed and discussed with the Nursing Home Administrators and Directors of Nursing at one of their monthly meetings through the DC Health Care Association (DCHCA). They will be

⁴ https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/Nursing_Facility_Regulations_Health_Care_Facilities_Improvement_2012.pdf

instructed to complete the 6-108 form, with signature or telephone consent, and fax or scan and email to DC Health.

Finding #5 Recommendation 8

8. HRLA should design, implement, and train staff in policies and procedures for all complaint intake methods, including individual staff email addresses, to:
- a. Immediately record the date each complaint is received, along with an indication of the intake method (e.g., email, fax, telephone).
 - b. Reconcile records of all complaints from each complaint intake method made as recommended in (a), above, with a listing of all complaints that received a priority rating to ensure that all complaints are prioritized for investigation.

Response: DC Health Agrees

DC Health agrees with this recommendation. Presently, policies and procedures pertaining to complaint intake from all Divisions within Health Regulation and Licensing Administration are included in a working group to coordinate with the Office of Compliance, Quality Assurance and Investigations Division. Specifically, for nursing homes complaints, staff will document the date received on each intake. Method of receipt can be as follows: fax, email, complaint online system, telephone, postal mail and/or walk in complainants. There will be an assigned staff member to check incoming fax documents.

Findings # 6 Recommendation 9

9. HRLA should use a procedure or automated tool to schedule its inspections, ensuring they are performed in a different sequence each year, and considering the order and timing of prior inspections.

Response: DC Health Agrees

DC Health agrees with this recommendation. Eleven (11) nursing home surveys have been conducted in different months, since the Office of the DC Auditor's review for the sequence of surveys during FY 16, FY 17 and FY18. The Supervisory Nurse Consultant and Program Manager will continue to schedule surveys to ensure they are staggered. A projected FY 2020 nursing home survey schedule has been develop to prevent predicable time frames for inspections.

Finding # 7 Recommendation 10

10. The process for identifying and reporting DCMR infractions and the level of harm for federal deficiencies is generally effective, but to avoid errors, HRLA should design and implement procedures to ensure a supervisor reviews and approves State Forms before they are issued in complaint investigations. The procedure should designate a responsible party for each step. This will help HRLA ensure that the correct conclusion has been drawn from the evidence and that the State Form is free of errors.

Response: DC Health Agrees

DC Health agrees with this recommendation. The error was acknowledged. A citation tag was mistakenly selected however the deficient practice was correct and the provider responded with a POC. Subsequent to the finding, a corrected statement of deficiency was submitted to the provider with the corrected citation tag.

The error did not cause any harm or potential harm to the residents. Nor was there a delay in the implementation of the plan of correction. The deficient practice was appropriately responded to by the facility. The nurse consultant and Supervisor review the statement of deficiency (2567) before the document is sent to the facility for accuracy. This is currently in effect.

Other

DC Health desires to clarify the nursing home infraction fine schedule. See below the regulatory reference for Notices of Infractions for nursing homes.

The Health–Care and Community Residence Facility, Hospice and Home Care Licensure Act of 1983, D.C. Law 5-48

D.C. Official 44-509(f)(1) provides: Any person who commits a violation of any provision of this subchapter, or any rules or regulations promulgated pursuant to this subchapter, that results in demonstrable harm to a patient, resident, or client of a facility or agency, shall be subject to a fine for each offense not to exceed \$10,000. For each violation, each day of violation shall constitute a separate offense, and the penalties prescribed shall apply to each separate offense. The total fine for a series of related offenses shall not exceed \$100,000.⁵

⁵ <https://code.dccouncil.us/dc/council/code/sections/44-509.html>

ODCA Response to Agency Comments

We are pleased with the Department of Health's (DOH's) careful analysis of our findings and response to the recommendations. We are gratified that DOH agrees with and plans to take steps to implement most of our recommendations, including some with which it does not completely agree. In particular, we are encouraged that DOH will take steps to reduce risks in the complaint intake process by creating systems to ensure that complaints are reviewed in a timely manner and tracked to ensure none are missed, as its complaint investigation function is so critical to the health and safety of nursing home residents.

We appreciate DOH's response detailing the process to ensure correction of deficiencies, and how the sorts of problems that we found repeated at a few nursing homes would be addressed. As no system is perfect, we hope that DOH will still consider verifying resolution or taking action to address the most concerning repeats we identified at Washington Center, Deanwood, and Bridgepoint Capitol Hill.

With regard to our recommendation to provide training on identifying root cause, we appreciate DOH's commitment to conduct additional training, including identifying how the corrective action will ensure that the deficient practice will not recur. We emphasize again, though, the importance of identifying the root cause of a deficiency regardless of the extent to which such identification is required by federal regulation. In this context the District governs as a state and we are not aware of any prohibition against a state having a more rigorous set of requirements for correcting deficiencies than what is found in federal guidance.

As a result of DOH's comments about the nursing home infraction fine schedule, we added information in the report body about the maximum amount a nursing home may be fined for an infraction that causes demonstrable harm to a resident. We acknowledge that the complaint received September 30, 2017 was about an event that occurred 10 days earlier. HRLA resubmitted and we reassessed documentation about the complaint which was consistent with our description at the beginning of the report, and we therefore made no changes to the report.

Summary of Report Recommendations

Most of the recommendations in this report can be implemented without any additional costs to the Department of Health, and help to advance the mission of the Health Regulation and Licensing Administration (HRLA), as seen below.

Recommendation	Is There a Cost to the Agency/ Entity to Implement?	Potential to Generate Revenue or Savings to the District?	Specific Agency/ Entity or District-Wide Goal Advanced by Recommendation
1. HRLA should train staff with responsibility for reviewing Plans of Correction on how to determine if a Plan of Correction identifies the underlying cause of the problem, and the importance of doing so. HRLA also may want to consider offering a similar training to nursing homes so nursing home staff can determine underlying causes, and the importance of including and addressing them in the Plan of Correction.	No	No	Plans of Correction that address the cause of a problem will be an important tool for HRLA to use to ensure that nursing homes correct problems and provide safe and quality care to residents on a continuous basis, which is HRLA's mission to promote.
2. HRLA should obtain credible evidence that problems no longer exist in the following areas: inadequate supervision and failure to provide oral care at Washington Center; failure to comply with physician's orders related to respiratory status at Deanwood; and exposed wiring and failure to provide nail care at Bridgepoint Capitol Hill. If these problems persist or evidence is not available that the identified problems have been rectified, HRLA should use existing enforcement mechanisms such as fines to obtain such evidence or incentivize compliance.	No	Yes	Ensuring the compliance of these nursing homes or using enforcement to return them to compliance will promote HRLA's mission of quality and safety in nursing homes. It is possible that fines will be necessary to enforce compliance, generating revenue.

Recommendation	Is There a Cost to the Agency/ Entity to Implement?	Potential to Generate Revenue or Savings to the District?	Specific Agency/ Entity or District-Wide Goal Advanced by Recommendation
3. HRLA should conduct an assessment and determine which practices that are noncompliant with federal or D.C. regulations have the potential for the highest risks to resident well-being, and design and implement procedures to monitor all nursing homes for repeated instances of those problems and incentivize returning to and maintaining compliance.	No	Yes	More stringent enforcement for nursing homes that repeat high-risk problems will promote HRLA's mission to protect the health of D.C. nursing home residents through an effective, risk-driven, regulatory framework. It is possible that the measure may also generate revenue in the form of fines from noncompliant nursing homes.
4. HRLA should design, implement, and train staff in: (a) policies that establish timeframe requirements from initial complaint receipt to priority assessment, regardless of receipt method; (b) procedures for monitoring each point of complaint receipt; and (c) formal procedures for making priority assessments; that will ensure that all complaints are prioritized appropriately and in a timely manner so that they are investigated timely.	No	Yes	In addition to advancing HRLA's mission of promoting the health and safety of D.C. nursing home residents, more timely complaint investigation could mean better evidence would be available to support infractions and deficiencies, possibly increasing revenue in the form of fines.

Recommendation	Is There a Cost to the Agency/ Entity to Implement?	Potential to Generate Revenue or Savings to the District?	Specific Agency/ Entity or District-Wide Goal Advanced by Recommendation
<p>5. HRLA should assess the sufficiency of existing regulations to require nursing homes to record actual staffing legibly in a standardized form every day and strengthen these requirements or seek additional authorities as appropriate. The form should capture a listing of individuals who worked during each shift, their titles or roles and their professional qualifications (e.g. RN, CNA), the number of hours they worked, and the resident census for the nursing home. It should not contain notes about staffing changes.</p>	No	Yes	<p>As the D.C. Code acknowledges, staffing is an important determinant of quality of resident care. Improved monitoring will promote HRLA's mission to protect the health of D.C. residents in nursing homes. It also may identify additional instances of noncompliance with staffing requirements, and generate revenue in the form of fines.</p>
<p>6. For any dates for which HRLA reviews staffing ratios at a nursing home, HRLA should cross-reference the number of hours a sample of employees worked with official payroll time and attendance cards to ensure accuracy and retain both documentation and the inspector's calculations to enable managerial review (regardless of whether the nursing home is found in or out of compliance).</p>	No	No	<p>As the D.C. Code acknowledges, staffing is an important determinant of quality of resident care. Improved monitoring will promote HRLA's mission protecting the health of D.C. residents in nursing homes. It also may identify additional instances of noncompliance with staffing requirements, and generate revenue in the form of fines.</p>

Recommendation	Is There a Cost to the Agency/ Entity to Implement?	Potential to Generate Revenue or Savings to the District?	Specific Agency/ Entity or District-Wide Goal Advanced by Recommendation
<p>7. In non-emergency situations, HRLA should ensure that before the resident is discharged or transferred, it obtains the copy of the written notice of the move that the resident or the resident's representative signed and dated. It is not necessary to obtain the signed copy before an emergency move as described by D.C. Code §44-1003.02(b). HRLA should use the signed copy of the notice to confirm that the resident or his or her representative was in fact given advance written notice of the discharge or transfer (or that he or she consented to abbreviated notice) and that all required information was provided in the written notice.</p>	No	No	Effective oversight of discharges and transfers will promote quality and safety in nursing homes.
<p>8. HRLA should design, implement, and train staff in policies and procedures for all complaint intake methods, including individual staff email addresses, to:</p> <ul style="list-style-type: none"> a. Immediately record the date each complaint is received, along with an indication of the intake method (e.g., email, fax, telephone). b. Reconcile records of all complaints from each complaint intake method made as recommended in (a), above, with a listing of all complaints that received a priority rating to ensure that all complaints are prioritized for investigation. 	No	No	Implementation of this recommendation would ensure that no complaints are lost during intake, which promotes HRLA's mission to use an effective regulatory framework to build quality and safety in D.C. nursing homes.

Recommendation	Is There a Cost to the Agency/ Entity to Implement?	Potential to Generate Revenue or Savings to the District?	Specific Agency/ Entity or District-Wide Goal Advanced by Recommendation
9. HRLA should use a procedure or automated tool to schedule its inspections, ensuring they are performed in a different sequence each year, and considering the order and timing of prior inspections.	No	Yes	In addition to improving adherence to the agreement with U.S. Centers for Medicare and Medicaid Services, unexpected inspections may identify previously hidden deficiencies and infractions. Over the long term, the practice will encourage nursing homes to provide on a continuous basis the quality service which is HRLA's mission to promote.
10. The process for identifying and reporting DCMR infractions and the level of harm for federal deficiencies is generally effective, but to avoid errors, HRLA should design and implement procedures to ensure a supervisor reviews and approves State Forms before they are issued in complaint investigations. The procedure should designate a responsible party for each step. This will help HRLA ensure that the correct conclusion has been drawn from the evidence and that the State Form is free of errors.	No	No	Implementing the recommendations to review all State Forms before issuance to nursing homes will promote HRLA's mission to use an effective regulatory framework, which avoids errors, to build the safety and quality of nursing home facilities.

Appendices

Appendix A

D.C. Nursing Homes in Operation in FY 2018

Appendix A: D.C. Nursing Homes in Operation in FY 2018

Nursing Home Name In Report	Working Name ⁴⁰	Ward	Beds
Bridgepoint Capitol Hill	Bridgepoint Sub-Acute and Rehab Capitol Hill	6	117
Bridgepoint National Harbor	Bridgepoint Subacute and Rehab National Harbor	8	62
Carroll Manor	Carroll Manor Nursing and Rehab	5	252
Deanwood	Deanwood Rehabilitation and Wellness Center	7	296
Forest Hills	Forest Hills of DC	3	50
Ingleside	Ingleside at Rock Creek	3	60
Inspire Rehabilitation	Inspire Rehabilitation and Health Center LLC	2	180
Jeanne Jugan	Jeanne Jugan Residence	5	40
Knollwood	Knollwood HSC	6	77
Lisner	Lisner-Louise-Dickson-Hurt Home	3	60
Serenity Rehabilitation	Serenity Rehabilitation and Health Center LLC	8	183
Sibley	Sibley Mem Hosp Renaissance	3	45
Stoddard Baptist	Stoddard Baptist Nursing Home	1	164
Thomas Circle	Health & Rehabilitation Center at Thomas Circle	2	53
Transitions Healthcare	Transitions Healthcare Capitol City	8	350
Unique Rehabilitation	Unique Rehabilitation and Health Center LLC	2	230
United Medical	United Medical Nursing Home	8	120
Washington Center	Washington Ctr for Aging Svcs.	5	259

Source: HRLA facility directory and HRLA FY 2017 performance hearing responses

The Washington Home, which closed December 15, 2016, was not included in the audit.

⁴⁰ Ownership information for each nursing home is publicly available on the Nursing Home Compare website, <https://www.medicare.gov/nursinghomecompare/search.html>, by searching for nursing homes in D.C. and clicking on the name of an individual nursing home. CMS also posts some Statements of Deficiencies to Nursing Home Compare and calculates a general quality rating for each nursing home.

Appendix B

Methodology

Appendix B: Methodology

ODCA used samples for some work to allow for in-depth analysis. The size of the samples, the complete population from which they are drawn, and how they were selected are given in Figure 10.

Figure 10: Nursing Home Sample and Population Sizes and Sampling Methodology

Item	Sample	Population	Sampling Method
Complaints from FY 2018	20	54	Random.
Nursing home records about staffing from one day during FYs 2017–2018	5	18 nursing homes 730 days	Random. Nursing homes produce a staffing record each day. ODCA selected one day from each of 5 nursing homes.
Discharge and transfer notices	45	8,950 discharge, transfer, and relocation notices	Random.
Nursing Homes	6	18	Judgmental, with a goal of a non-profit group and a for-profit group that are similar otherwise
Federal provisions	7	N/A	Judgmental, based on risk to resident
Deficiencies, FY 2018	45: 30 from inspections, 15 from complaint investigations	305	Stratified random. Within each scope and severity level, a sample was randomly selected proportionate to the number of deficiencies with that scope and severity level in the population. When available, half of each sample came from complaint investigations.
Plans of Correction (Plans), FY 2018	45, of which 3 were not applicable		From sampled deficiencies (see above). 42 required a Plan, 3 did not.
Infractions, FY 2018	25	165	From sampled deficiencies (see above).

Specialist Review

ODCA contracted with a specialist, Carol Benner, Sc.M., for portions of the analysis. Ms. Benner was the Director of the Maryland Office of Health Care Quality for 16 years, where she implemented the 1987 Nursing Home Reform Act. The specialist reviewed complaint priority assessments, independently assigned a scope and severity rating for a sample of deficiencies, evaluated the acceptability of Plans of Correction, and reviewed the provision selected for D.C. infractions.

Annual inspections

ODCA compiled dates of completion (“Exit dates”) for annual inspections for all 18 nursing homes during FYs 2016-2018 and compared them to federal requirements for frequency and unpredictability.⁴¹

Complaints

For a sample of 20 of the 54 complaints HRLA recorded in FY 2018, ODCA reviewed the complaint record to determine the amount of time that elapsed between:

- 1) When a complaint was received and when the priority assessment was made, and
- 2) When the priority assessment was made and when HRLA staff initiated the on-site investigation.

ODCA then compared the results to federal requirements for timely investigation.⁴² The specialist determined the accuracy of a sample of complaint priority assessments using federal requirements. ODCA reviewed internal controls for processes and practices for all complaint intake methods available, to determine if HRLA was able to account for each complaint and ensure it had been investigated.

Staffing

ODCA reviewed a small sample of staffing sheets that HRLA had obtained from nursing homes during annual on-site inspections, and recalculated staffing ratios for all direct care and for direct care provided by an RN or APRN.

⁴¹ CMS. (7205.2 and 7207.2).

⁴² CMS. (5075.9).

Figure 11: Nursing Homes and Dates Reviewed for Staffing Ratios

Nursing Home	Date of Staffing Record
Lisner	June 9, 2018
Transitions Healthcare	November 19, 2018
Carroll Manor	August 19, 2018
Serenity Rehabilitation	July 8, 2018
Bridgepoint Capitol Hill	May 30, 2017

Discharges and transfers

ODCA selected a sample of 45 written notices made up of 17 discharges and 28 transfers sent to HRLA in FY 2018. ODCA excluded relocations within the same nursing home because moves out of the nursing home constitute a higher risk to resident well-being. ODCA reviewed the discharge and transfer notices to determine if the residents had been informed of their rights and the details of the upcoming moves in compliance with D.C. Code.⁴³ ODCA also reviewed HRLA's internal controls for the oversight of discharge and transfer notices.

Deficiencies (related to federal requirements)

For a sample of 45 deficiencies that HRLA identified during FY 2018, the specialist reviewed the Statement of Deficiencies for each, and independently assigned a scope and severity rating to each deficiency. ODCA reviewed the scope and severity ratings assigned by HRLA and the specialist for each sampled deficiency to determine if HRLA had failed to detect harm.

Infractions (against D.C. regulations)

For a sample of 25 infractions HRLA identified at nursing homes in FY 2018, the specialist reviewed the infraction descriptions in the Statement of Deficiencies State Forms, and evaluated the appropriateness of the D.C. Municipal Regulations (DCMR) provision HRLA selected.

Repeated deficiencies

ODCA selected a limited number of nursing homes and problems for an in-depth review of deficient practices from FY 2016 to FY 2018 to determine if nursing homes repeatedly failed in the same way to provide adequate resident care during FYs 2016-2018.

⁴³ D.C. Code §44–1003.02 (a) and (d).

The citation of these high-risk deficiencies is warranted when the nursing home fails to meet one of the following requirements:

1. The nursing home must ensure that residents is free from misappropriation of their property and from exploitation (Referenced as “F602”).
2. The nursing home must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being (F675).
3. A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene (F677).
4. The nursing home must ensure that residents receive treatment and care in accordance with professional standards of practice (F684).
5. The nursing home must ensure that residents receive care to prevent or heal pressure ulcers (F686).
6. The nursing home must ensure that the resident environment remains free from accident hazards and that each resident receives adequate supervision to prevent accidents (F689).
7. Each resident’s drug regimen must be free from unnecessary drugs (F757).⁴⁴

ODCA examined two groups of nursing homes: three for profit and three nonprofit, making sure the two groups were similar in terms of Ward, size, and relationship to a larger facility (see Figure 12).

Figure 12: Nursing Homes Examined for Repeated Deficient Practices

Nursing Homes	Facility Setting	Ward	Size (Beds)	Years in Operation⁴⁵
For Profit				
Thomas Circle	CCRC ⁴⁶	2	Small (27)	30
Bridgepoint Capitol Hill	Within Hospital	6	Medium (117)	26
Deanwood	Other	7	Large (296)	34
Nonprofit				
Ingleside	CCRC ⁴⁷	3	Small (60)	25
United Medical	Within Hospital	8	Medium (120)	9
Washington Center	Other	5	Large (259)	36

Plans of Correction

The specialist reviewed the Plans of Correction from each of the sampled deficiencies (from FY 2018) that required a Plan of Correction. The resulting sample size was 42, as 3 of the 45 deficiencies did not require a Plan of Correction.

⁴⁴ CMS. (Appendix PP).

⁴⁵ Years in operation through 2018.

⁴⁶ CCRC is a Continuing Care Retirement Community

⁴⁷ CCRC is a Continuing Care Retirement Community

About ODCA

The mission of the Office of the District of Columbia Auditor (ODCA) is to support the Council of the District of Columbia by making sound recommendations that improve the effectiveness, efficiency, and accountability of the District government.

To fulfill our mission, we conduct performance audits, non-audit reviews, and revenue certifications. The residents of the District of Columbia are one of our primary customers and we strive to keep the residents of the District of Columbia informed on how their government is operating and how their tax money is being spent.

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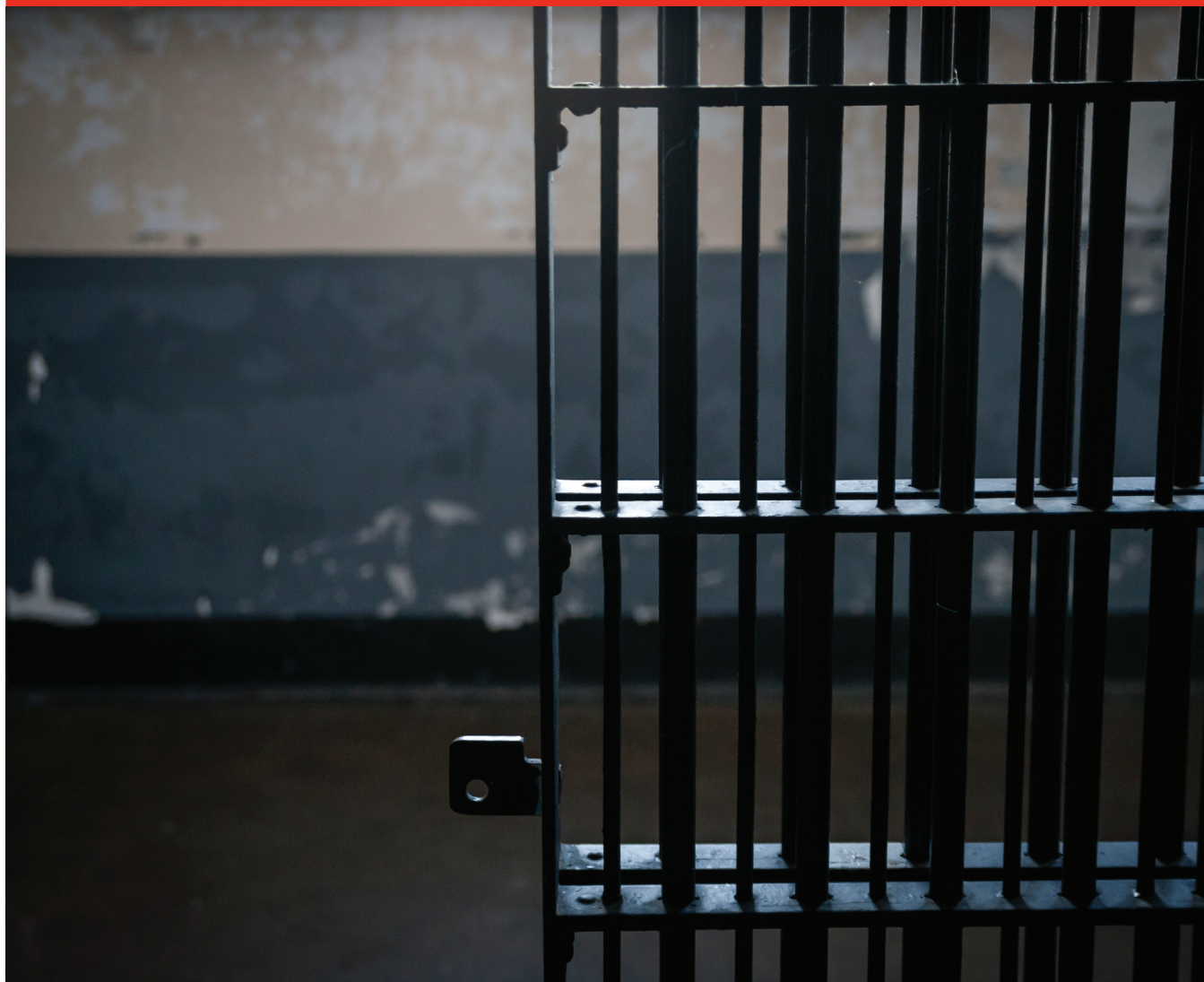


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Poor Conditions Persist at Aging D.C. Jail; New Facility Needed to Mitigate Risks

February 28, 2019

A report by the Office of the District of Columbia Auditor



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Executive Summary



What ODCA Found

The Department of Corrections (DOC) operates two correctional facilities in Southeast D.C. The Central Detention Facility (CDF), which opened in 1976 and is referred to as the D.C. Jail, houses male inmates. The Correctional Treatment Facility (CTF) houses female inmates and serves as the medical facility for all inmates.

ODCA conducted site observations at the D.C. Jail and CTF, examined Department of Health (DOH) inspection reports of the D.C. Jail, reviewed DOC's mental health services and reviewed budget requests and documents. Findings include the following:

- DOC was repeatedly cited by DOH for violations of industry standards related to environmental conditions, including water penetration through the walls from a leaking roof, mold growth on walls, damaged shower stalls and temperatures outside of allowable standards.
- Aramark, DOC's food service provider, was cited by DOH for repeated violations of District regulations related to public health and food service such as unsanitary conditions in food preparation areas.
- During our scope, FY 2014 through FY 2018, DOH conducted the required three inspections per year in only two years. DOH acknowledged this, noted three inspections were completed in 2017 and 2018, and stated that "The issues contributing to fewer inspections in prior years have been resolved."
- The Mayor and Council did not appropriate the full amounts in capital funding DOC requested to make necessary facility improvements. For example, in agency submissions for FY 2014 through FY 2018, DOC sought 1-year capital allocations totaling \$62.4 million, or an average of \$12.5 million each year. The Mayor and Council approved a total of \$15.7 million, or an average in one-year allocations of \$3.1 million.

Why ODCA Did This Audit

1. To assist DOC in conjunction with any pending construction of a new correctional facility by identifying areas for improvement in facilities, programs, and policies that can be incorporated over time: and
2. To assess the adequacy of DOC's existing policies and facilities to provide high quality mental health treatment programs consistent with best practices identified by the American Correctional Association and the National Commission on Correctional Health Care.

What ODCA Recommends

- DOC should take all steps necessary, including requesting additional funding if necessary, to achieve and maintain full compliance with all ACA and APHA requirements.
- The District should move forward with a new D.C. Jail.
- DOH should continue to comply with D.C. Code 7-731(a-1)(1) and conduct three inspections per year of the D.C. Jail to help ensure that environmental conditions meet required standards.
- DOC should conduct regular documented monitoring of Aramark's compliance with all requirements of its contract and District food safety laws and regulations and sanction the contractor appropriately if necessary.
- The Mayor and Council should provide a capital budget for DOC that considers the risk of failure to address health and safety hazards identified by the DOH including the risk to the safety of inmates and staff and the risk of additional litigation.

For more information: 202-727-3660.

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Background

The mission of the Department of Corrections (DOC) is to provide a safe, secure, orderly, and humane environment for the confinement of pretrial detainees and sentenced inmates, while affording those in custody meaningful rehabilitative opportunities for successful community reintegration.

DOC has five strategic objectives:

- Upgrade its workforce to better serve the District's public safety needs.
- Foster an environment that promotes safety for inmates, staff, visitors and the community at large.
- Improve inmate education, job skill levels, and facilitate successful community reintegration.
- Maintain and improve inmate physical and mental health to support successful community re-entry.
- Create and maintain a highly efficient, transparent and responsive District government.

DOC had an approved Fiscal Year (FY) 2017 operating budget of \$146,923,266 and 1,162 full-time employees. DOC operates two correctional facilities on its campus in Southeast D.C. that house inmates: The Central Detention Facility (CDF) commonly referred to as the D.C. Jail, and the Correctional Treatment Facility (CTF) which serves as the medical facility for all inmates. DOC also has had contracts with three private and independently operated halfway houses: Extended House, Fairview, and Hope Village. The U.S. District Court for the District of Columbia and the Superior Court of D.C. may place eligible pretrial offenders and sentenced misdemeanants in halfway houses as an alternative to incarceration. The scope of this report focuses primarily on the D.C. Jail and CTF operations.

The D.C. Jail and the CTF

The D.C. Jail, which opened in 1976, is in Southeast D.C., and houses only male inmates. Women are housed at the neighboring CTF. As of June 2018, the average daily population at the D.C. Jail was 1,346. Most inmates housed at the D.C. Jail are awaiting adjudication of cases or are serving a sentence for misdemeanor offenses. Some sentenced felons are housed in the D.C. Jail prior to being transferred to the Federal Bureau of Prisons.¹ According to DOC, it offers many programs to inmates, including HIV/AIDS prevention; education and intervention services; individual and group counseling services, literacy education and religious services.

As of June 2018, the nearby CTF, which opened in 1992, had an average daily population of 692. In addition to female inmates, the CTF houses minimum to medium custody male inmates and inmates requiring medical accommodation in the disabled and infirmary units. Prior to October 1, 2018 and the passage of D.C. Law 21-238, the Comprehensive Youth Justice Amendment Act of 2016, the CTF housed a small number of juveniles charged as adults in a separate unit who are now housed at the Department of Youth Rehabilitation Services. Between 1997 and 2017 control of the CTF was managed by a private corrections company, Corrections Corporation of America (CCA), as part of a sale-leaseback proposed and approved when the District was in severe financial distress. The District received an infusion of cash from CCA, then paid the corporation back until February 2017 when control of the property reverted to the District. Medical services for inmates housed at both the CTF and the D.C. Jail are provided at the CTF through a contract between the DOC and Unity Health Care, Inc. According to the contract, Unity Healthcare Care, Inc. is to provide a comprehensive medical, mental health, pharmacy, and dental health services program for D.C. inmates.

1. The National Capital Revitalization and Self-Government Improvement Act of 1997, Pub.L. 105-33, enacted by Congress, paved the way for major changes to the District's criminal justice system. One major change was the closure of Lorton Correctional Complex, which housed inmates convicted of D.C. Code felonies. These inmates were transferred to the federal Bureau of Prisons.

The figures below provide a demographic breakdown at the D.C. Jail and CTF, based upon the average daily population of 1,346 at the D.C. Jail and 692 at the CTF.²

Figure 1: Inmate Population by Gender

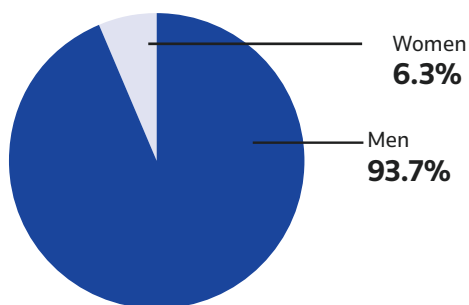


Figure 2: Inmate Population by Race³

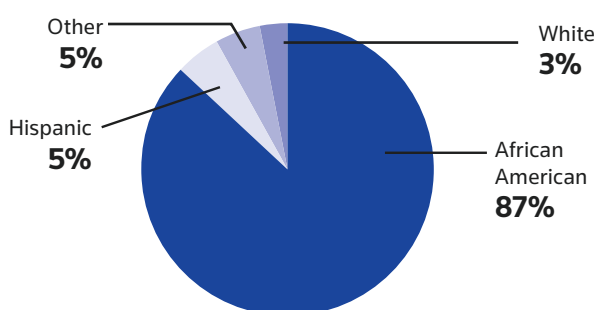


Figure 3: Inmate Population by Religious Affiliation⁴

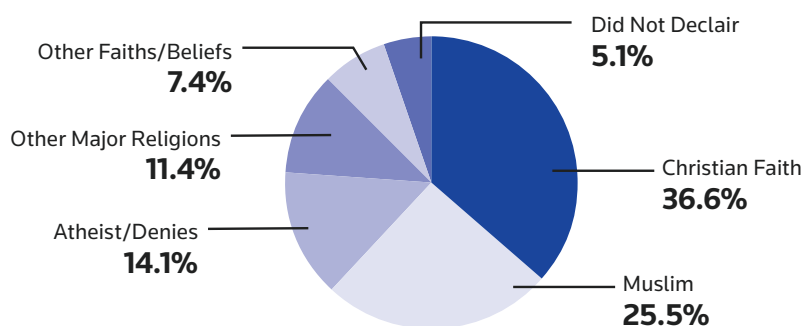
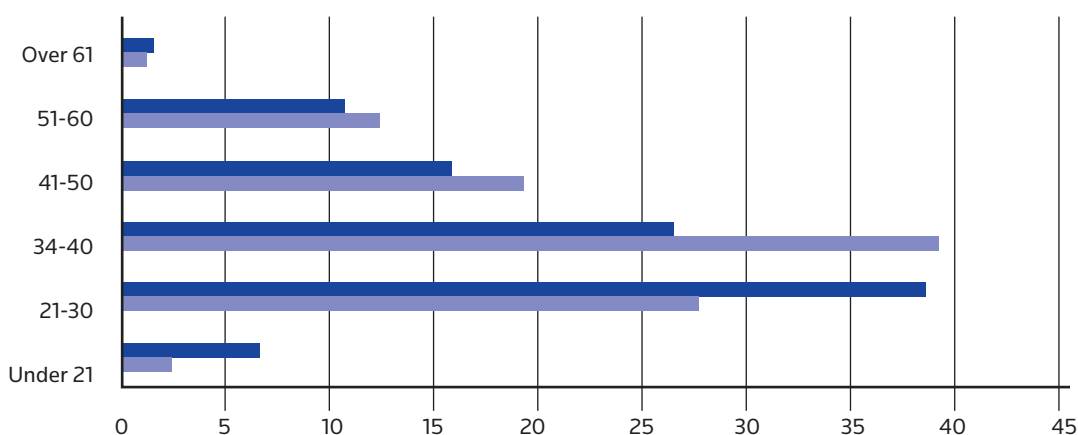


Figure 4: Age Distribution of Inmates



2. Source: DC Department of Corrections Facts and Figures, June 2018

3. Per the DOC June 2018 report, "the category other includes Native American and those who have declared their race as Other or not declared a race. Blacks are overrepresented compared to the population which is 47.7% Black. Whites, Hispanics and Asians are under- represented compared to the DC population which is 44.6% White, 10.9% Hispanic, 4.1% Asian and 0.8% Other."

4. Per the DOC June 2018 report, "all data is self-reported by inmates in DOC custody between October 1, 2016, and June 30, 2018. The category "Other Major Religions" includes other faiths such as Jewish, Buddhist, Hindu and Rastafarian which occur infrequently among inmates."

A troubled past

For 30 years the D.C. Jail had a history of severe overcrowding, unsafe facilities, and unsanitary conditions. Two lawsuits were filed in 1971 and 1975, *Campbell v. McGruder and Inmates of D.C. Jail v. Jackson*, respectively, both of which alleged unconstitutional conditions at the D.C. Jail and are the oldest District prison reform cases. These cases were consolidated in a class action lawsuit⁵ and challenged the totality of the conditions at the D.C. Jail. Ultimately, the U.S. District Court found that conditions violated the Eighth Amendment prohibition against cruel and unusual punishment. After years of District noncompliance with Court orders with regard to medical and mental health care services, the Court appointed a Receiver for medical care at the D.C. Jail in 1995. This receivership was terminated on September 18, 2000.

The U.S. District Court terminated the underlying cases in March 2003, after 32 years of court oversight of the D.C. Jail. The termination came in the wake of the Prison Litigation Reform Act⁶ approved by Congress in 1996 which placed restrictions on the ability of prisoners to file lawsuits based on the conditions of confinement. The District government's final documents filed in the cases included this paragraph from the *District of Columbia's Reply to Plaintiffs Opposition to Defendants' Motion to Terminate* in 2003:

Inmates at the D.C. Jail are not systematically subjected to inhumane conditions of confinement, and defendants are not deliberately indifferent to their health and safety, both of which are required to find a constitutional violation. To the contrary, defendants have committed approximately \$30 million toward a capitol [sic] improvement program at the Jail, which is designed to remedy historic deficiencies and refurbish the HVAC, cold and hot water, plumbing and electrical systems. Moreover, in collaboration with plaintiffs and the Special Officer, defendants have developed and are implementing an environmental program designed to protect the health and safety of inmates and staff at the Jail, including a computerized inspection system to report, monitor, track and abate maintenance problems.

The federal law's higher bar and the commitment by the District to spend significant capital funds to improve conditions at the D.C. Jail were likely factors in the Court's decision to terminate the judicial oversight. According to a DOC press release at the time, "a number of significant improvements, initiated as a part of a six-year, \$30 million capital improvement plan, were major contributing factors to finally ending court intervention in the daily operations of the facility."

Nevertheless, at the same time, a continuation of overcrowding at the D.C. Jail prompted significant local legislative reforms known as the Jail Improvement Amendment Act of 2003.⁷ The Committee Report states that the Act was needed to improve "what are currently unsafe, unhealthy, overcrowded and inhumane conditions at the District of Columbia Central Detention Facility ("Jail") through inspections, monitoring, and reporting; initiate immediate changes in operating protocols including a classification system and housing plan; institute a population ceiling at the Jail; and the requirement that the facility obtain accreditation by a national professional correctional organization. These specific improvements are designed to result in a safer institution."⁸

A decade later, a rash of suicides led to the formation of a suicide prevention task force within the D.C. Jail in 2013. An October 14, 2013 Suicide Prevention Task Force Report identified the following four areas for improvement with respect to suicide prevention at DOC: (1) increasing the ability to identify high-risk inmates, (2) creating more suicide-

5. See *Campbell v. McGruder* (Case No. CA 1462-71) and *Inmates of D.C. Jail v. Jackson* Case No. 1:75-cv-01688-WBB), U.S. District Court for the District of Columbia.

6. See Pub.L. No. 104-134, 110 Stat. 1321, 42 U.S.C. § 1997e.

7. See B15-31 (Law 15-62), Effective January 30, 2004.

8. See Committee on the Judiciary, Committee Report, Bill 15-31, "District of Columbia Jail Improvement Act of 2003", May 22, 2003

resistant jail practices, (3) improving housing unit determination processes, and (4) strengthening DOC's culture of suicide prevention and on Aug. 9, 2017, DOC promulgated a new Suicide Prevention and Intervention Policy.⁹

In 2015 a report by the Washington Lawyers Committee for Civil Rights and Urban Affairs described conditions within the D.C. Jail and the CTF: "The D.C. Jail's physical condition is alarming. Inspection reports by the D.C. Department of Health (DOH) have identified numerous violations of established correctional and public health standards, as well as structural and mechanical problems that are serious to extremely serious."¹⁰

Plans for a new D.C. Jail

Planning for the construction of a new jail has been discussed by prior mayoral administrations prompting numerous media articles. In a memorandum dated December 21, 2010, DOC requested \$420 million in capital funding allotments for the six-year period of 2012 through 2017 for a project entitled, "New facility- per DC General and Mass Ave Proposed Master Plan." The project description/scope/justification stated that:

"The purpose of this project is to perform capital improvements and facility condition assessment to ensure DOC facilities remain in good condition, to support the cost-effective delivery of programs and services. Among the capital improvements required are roof replacements, window renovation/replacements, interior renovations, electrical, HVAC (heating and air-conditioning system) replacements. In addition, this project can be used for priority building improvement projects that arise that may not have been planned for as part of the condition assessment. Even with excellent planning there is often a need to address critical infrastructure needs."

Under former Mayor Vincent Gray, the District's Public Safety Master Plan (completed in 2015) recommended that the city build a criminal justice center at Blue Plains or Hill East.¹¹ The Bowser Administration's Office of Public-Private Partnerships' (OP3) has had a new corrections center under consideration. According to the post on the OP3 website, last updated October 2, 2017:

"The Department of Corrections will seek the design, build, finance, and maintenance (DBFM) of a new corrections center that consolidates existing Correctional Treatment Facility (CTF) and Central Detention Facility (CDF) located at 1901 D Street, SE. The new facility must be able to accommodate the current inmate population, with the flexibility to efficiently adjust for future populations during the lifetime of the facility. This secure environment must include various support services and inmate treatment-related programs and activities (e.g., counseling, substance abuse treatment, education, job training, recreation, religion, work assignments, health and dental care, food service and laundry, among others). The new facility could be located on the existing site or another property owned by the District government or a third party, but continuous availability during the transition between facilities is critical. The DOC's administrative offices, which are currently housed in the Reeves Center located at 2000 14th Street, NW, could also be consolidated into the new facility for more efficient operations to house approximately 80 staff in 20,000 square feet. Additionally, the District is considering the potential to house more inmates currently housed in out-of-state facilities managed by the Federal Bureau of Prisons."¹² The website also indicates that the DOC and the Department of General Services (DGS) will be the agencies involved and community engagement will be conducted, and feedback will be incorporated into the project requirements before OP3 begins procurement.

9. See District of Columbia Department of Corrections Policy and Procedure, Subject: Suicide Prevention and Intervention, Number: 6080.2G (effective date August 9, 2017). Policy Number 6080.2G which was reviewed August 9, 2018 supersedes Policy Number 6080. 2F (effective date March 10, 2010).

10. See Washington Lawyers' Committee for Civil Rights & Urban Affairs report, "D.C. Prisoners: Conditions of Confinement in the District of Columbia", June 11, 2015

11. <http://www.dlrgroup.com/work/district-of-columbia-public-safety-facilities-master-plan/>

12. Office of Public-Private Partnerships' website <https://op3.dc.gov/node/1195540>

In an August 14, 2018, interview, Deputy Mayor for Public Safety and Justice Kevin Donahue said the planning for a new jail was placed on “pause,” and indicated that \$100,000 has been budgeted to conduct a study within fiscal year 2019 that looks at the needs for a new facility, including how many people it will be designed to house, programming space, and so on. He acknowledged the earliest that construction could start would be 2025, and it could take four to five years to finish. In October 2018 the Office of Victim Services and Justice Grants issued a Request for Applications, for a grant award of up to \$150,000 to engage an organization to build stakeholder engagement and solicit feedback related to the design and construction of a new correctional facility in the District of Columbia.

Objectives, Scope, and Methodology

Objectives

Because of the ongoing challenges at DOC facilities and consistent with its mission to improve the effectiveness, efficiency, and accountability of the District government, the Office of the D.C. Auditor (ODCA) initiated this discretionary audit of conditions of confinement at the D.C. Jail. The audit focused on environmental conditions, incident reporting and tracking, and compliance with American Correctional Association, American Public Health Association, and National Commission on Correctional Health Care standards. The audit also reviewed the adequacy of jail inspections conducted by the Department of Health, and issues relating to planning for a new jail.

Specifically, the objectives of the audit were to:

- Assist DOC in conjunction with any pending construction of a new correctional facility by identifying areas for improvement in facilities, programs, and policies that can be incorporated over time.
- Assess the adequacy of DOC's existing policies and facilities to provide high quality mental health treatment programs consistent with best practices identified by the American Correctional Association and the National Commission on Correctional Health Care.

Scope

The scope of this report focused on Fiscal Years 2014 through 2018, but we also reviewed data as far back as Fiscal Year 2007 for historical purposes and context.

Methodology

To complete this review, we conducted site observations at the D.C. Jail and CTF and interviewed relevant employees. We reviewed D.C. Code provisions as well as standards established by the American Correctional Association, American Public Health Association, and National Commission on Correctional Health Care. We examined Department of Health (DOH) inspection reports of the D.C. Jail for calendar years 2007 through the present, as well as related documentation, including DOC's official responses to these inspections. Regarding incidents at the D.C. Jail, we reviewed DOC's incident tracking system and related incidents within the scope of our review. Lastly, ODCA reviewed DOC's mental health services, provided by Unity Health Care Corrections, for compliance with requirements issued by the American Correctional Association and the National Commission on Correctional Health Care (NCCHC).

This report was drafted, reviewed, and approved in accordance with the standards outlined in ODCA's Policy and Procedure Manual.

Audit Results

DOH has cited DOC for repeated and uncorrected violations of industry standards related to environmental conditions, including room temperatures, sanitary conditions, pests, broken fixtures, and inadequate lighting, among other issues. DOH also has cited both DOC and the food service provider Aramark¹³ for repeated violations of District regulations related to public health and food service.

As the federal court terminated its oversight of the D.C. Jail, which had included regular inspections, The Council of the District of Columbia (The Council) enacted the District of Columbia Jail Improvement Amendment Act of 2003¹⁴ and required DOH to conduct inspections three times per year. For its inspections, the department's Health Regulation and Licensing Administration Health Care Facilities Division uses a standardized form at the D.C. Jail to document compliance with environmental standards as defined by the American Public Health Association (APHA) and the American Correctional Association (ACA). In each inspection, DOH examined 39 APHA standards and 24 ACA standards.

In March 2018, DOH found that DOC was out of compliance with 7 of 24 ACA standards (29%) and 6 of 39 APHA standards (15%). The DOH inspections found that DOC was not in compliance with standards designed to ensure that:

- Indoor heating, ventilation and air conditioning control systems were maintained within acceptable ranges.¹⁵
- Cellblocks and common areas were maintained in a clean and sanitary manner and in good repair.
- Clothing or bedding in disrepair is replaced or repaired, and that clothing bedding, mattresses, and pillows must be cleaned and sanitized before being reissued to a new user.
- Light levels in inmate cells/rooms were adequate in personal grooming areas and writing surfaces and that lighting throughout the facility was sufficient for the tasks performed.
- Inmates had access to operable showers with temperature controlled hot and cold running water.

Unfortunately, these issues are not new. In the health inspections between 2014 and March of 2018, DOH repeatedly cited DOC for the same or very similar issues of noncompliance in the reports. Some examples of repeated deficiencies cited include a leaking roof and subsequent water penetration through walls; unhealthy levels of dust; unsanitary conditions in food preparation areas; broken plumbing fixtures, especially inmate showers; large numbers of broken fluorescent lights in cells; and temperatures outside of allowable standard of at least 68 degrees Fahrenheit during the coldest months. Evidence suggests an increase in citations as the facility ages. For example, DOH cited DOC for 222 blown fluorescent tubes in inmate cells in March of 2018, an increase from just 28 cited in May of 2016.

13. DOC contracts with Aramark Correctional Services LLC to provide to operate and manage DOC's inmate food service programs at the Jail and CTF. Aramark is also to provide meals for purchase by staff in the Officer's Dining Room (ODR) at the Jail.

14. B15-31; Law 15-62.Effective January 30, 2004.

15. ACA standards require that: (1) the ventilation system supplies at least 15 cubic feet per minute of circulated air per occupant with a minimum of five cubic feet per minute of outside air. Toilet rooms and cells with toilets have no less than four air changes per hour unless state or local codes require a qualified independent source and are checked less than once per accreditation cycle. (2) Temperature and humidity are mechanically raised or lowered to acceptable comfort levels. (3) In hot and dry climates, exterior window shields, shutters, or awnings must be provided to exclude solar radiation. (4) in hot humid climates when the facility does not have mechanical chilled-air systems, adequate windows and wall openings should be provided and the location must provide cross-ventilation. Gyms and swimming pools require special temperature, humidity, and ventilation control. (5) The building design, insulation, and exterior surface and color minimize heat absorption. (6) Clothes, towels, sheets, draperies, posters, and other objects should not interfere with airflow in or out of living areas. (7) The control system should maintain an indoor air temperature of at least 68 degrees Fahrenheit during the coldest months.

ODCA accompanied a DOH health inspector during the September 2017 inspection of the D.C. Jail which encompassed five days. That on-site inspection revealed several significant deficiencies, including food preparation and handling issues, cleanliness issues in the cell blocks, including the shower areas, and safety issues. At an elevator bank, the inspector pointed out that wires and conduits that penetrated through the walls and ceilings had not been properly sealed with caulk. According to the inspector, if there was a fire, smoke could move through the walls and affect other areas of the building.

DOH citations that have reoccurred:

- Leaking damage or inoperable plumbing fixtures from 2014 through 2018
- Leaking roof from 2014 through 2018
- Peeling paint on metal desks, door frames, tables and bed frames from 2014 through 2018
- Water penetration through walls from 2014 through 2018
- Damaged janitor's closets from 2014 through 2016
- Damaged Formica tables from 2014 through 2018
- Damaged showers stalls from 2014 through 2018
- Bent seats/no seats from 2014 through 2018

In addition to the review of ACA and APHA standards, ODCA also examined DOH's inspections of DOC's culinary operations. DOC contracts with Aramark Correctional Services LLC to operate and manage DOC's inmate food service programs at the D.C. Jail and the CTF. Aramark is also the vendor selected to provide meals for purchase by staff in the Officer's Dining Room at the D.C. Jail.

ODCA found that DOH has cited both DOC and Aramark, for violations of Title 25-A of the District of Columbia Municipal Regulations (DCMR), which governs food operations. Specifically, DOC and Aramark have, according to several reports:

- Failed to keep food and non-food contact surfaces clean and sanitized.
- Received, stored, held, and/or served food at improper temperatures.
- Failed to keep kitchen equipment in good repair.
- Failed to control pests in the culinary area.

Notwithstanding these citations by DOH, the D.C. Jail has been accredited by the ACA since 2009¹⁶. To maintain its accreditation, DOC adheres to the ACA's "Expected Practices." For specific standards, DOC must meet 100% compliance and for other standards, DOC must meet 90% compliance to maintain accreditation. Reaccreditation occurs every three years with the D.C. Jail's last accreditation in 2015 and paperwork filed for accreditation in 2018.¹⁷ As part of its 2015 accreditation, ACA told DOC that it had found the condition of the D.C. Jail to be in notably good repair *for its age* (emphasis added.)

Although DOC has received ACA accreditation for the jail, some issues raised by DOH continue to reoccur without being successfully addressed. DOC has not consistently taken the steps necessary to correct the all of the issues identified by DOH's health inspectors.

In some cases, DOC does not respond to citations as needing corrective action. In some cases, DOC states that for ACA accreditation purposes, compliance is not possible due to the age of the structure and the limited resources DOC has on hand. In those instances when DOC agrees there is a problem, but the agency cannot correct the citation and

16. The Jail Improvement Amendment Act of 2003 required DOC to obtain ACA accreditation within four years of enactment. See B15-31; Law 15-62 §5(e). Effective January 30, 2004.

17. According to the 2015 ACA Accreditation report, dated January 25, 2016 the CTF has not yet been accredited since the facility has been under the management of DOC. The report indicates that the CTF initial accreditation will occur in 2018.

issues the same response, sometimes word for word, in its corrective action plans each time the violation is cited. Although DOC officials indicated that they have sufficient budget to meet their maintenance improvement needs, DOH's repeated findings of faulty or broken equipment and a decaying physical plant strongly suggest that additional investment may be needed.

Ensuring that DOC substantially complies with standards and regulations is necessary for the health of inmates and correctional officers. While there has been talk of a new jail, no real planning is in evidence and it is likely that a new facility will not be built for many years. It seems likely that the jail will serve as the principal incarceration facility in the District for years to come. The record of DOH's repeated findings over the last 11 years presents a liability risk to DOC and the District by presenting an opportunity for further lawsuits alleging a violation of inmate constitutional rights.

Recommendations:

1. DOC should take all steps necessary, including requesting additional funding if necessary, to achieve and maintain full compliance with all ACA and APHA requirements.
2. DOC should conduct regular documented monitoring of Aramark's compliance with all requirements of its contract and District food safety laws and regulations and sanction the contractor appropriately if necessary.
3. The District should move forward with a new D.C. Jail.
4. When considering a new correctional facility, DOC should analyze DOH violations to ensure that the design of the new facility minimizes the challenges of complying with standards and regulations that DOH frequently cited as having been violated.

In past budget cycles DOC has requested but successive mayors have not proposed nor has the Council appropriated capital funding for DOC to fully address the agency's capital budget needs as indicated in the repeated DOH findings on conditions of confinement, putting at risk the health and safety of inmates and staff, adding to the risk of litigation, and leading to incorrect information in the District's CIP.

In the 2003 *District of Columbia Reply to Plaintiffs' Opposition to Defendants' Motion to Terminate* in the pending cases¹⁸, the District government stated its commitment to approximately \$30 million toward capital improvements "designed to remedy historic deficiencies and refurbish the HVAC, cold and hot water, plumbing and electrical systems." In the intervening years the department has expended a total of \$74.5 million in capital improvements (FY2004 through FY2018) of which \$10.3 million has been spent on AMO-CR104C-HVAC. The description of the "AMO-CR104-HVAC Replacement for CDF" project, in DOC capital budget request documents is as follows.

"The heating, ventilation and air-conditioning system at the Central Detention Facility has been in disrepair for years. Additionally, the water supply to the facility has been extremely problematic. The main booster pumps are at the end of their useful life and no filters, softeners or strainers are installed on the system. All work that was part of the original contract has been completed. However, for the system to perform in accordance with the design parameters and deliver the requisite amount of air in the cellblocks, additional fine tuning is necessary; four large rooftop duct fittings need to be replaced, transitions from the large rooftop units need to be modified and final air and water balancing needs to be done for the system to work properly. Chiller, steam station and associated piping overhaul is also included."¹⁹

DOC has submitted capital budget requests that reflect the need to fund critical capital projects. It is clear from DOC budget requests over the last five completed budget cycles that the agency has sought significant capital funding

18. See *Campbell v. McGruder* (Case No. CA 1462-71) and *Inmates of D.C. Jail v. Jackson* Case No. 1:75-cv-01688-WBB), U.S. District Court for the District of Columbia.

19. DOC's FY 2015-20 Enhancements Budget Submission dated November 13, 2013.

that is has not received in the annual budget process. In agency submissions for FY2014 through FY2018, DOC sought 1-year capital allocations totaling \$62.4 million, or an average of \$12.5 million each year. The Mayor and Council approved a total of \$15.7 million, or an average in one-year allocations of \$3.1 million. In the CIP six-year funding requests for those five budget cycles, DOC sought a total of \$329.4 million or an average of \$65.9 million over the six-year cycle, but the CIP as proposed only allocated \$31.3 million, or an average for the six-year cycle of just \$6.3 million.

To be sure, in the District of Columbia the CIP budget is an imprecise spending plan at best. The ODCA audit reports on school modernization have made clear that simply being included in a capital budget plan does not indicate accuracy in the amount that will eventually be spent. But it is also the case in all the school spending audits to date, the capital expenditures have consistently gone over the original budget and not under. In allocating well under what was requested in order to maintain DOC facilities. the executive and legislative branches of the District government have risked a failure to meet real needs as reflected in the DOH inspection reports.

The DOH inspection reports have repeatedly found deficiencies within several areas of the D.C. Jail's infrastructure, including leaks in the roof and water penetration throughout the walls, HVAC issues (temperatures too hot or too cold), and nonfunctioning equipment, including showers, toilets, lights, etc.

DOC has recognized these issues and submitted capital budget requests since 2010 that include projects that would specifically address some of DOH's concerns. For instance, DOC identified the need for general renovations to the D.C. Jail, justifying the project by saying "the CDF is almost a 40 years (sic) old structure continuously used 24/7, 365 days a year that faces extreme wear and tear. Upkeep and maintenance of the CDF is critical to the mission of the agency because it is required to safely house over 2,000 inmates and provide operational support, while complying with applicable standards and regulations." DOC has similarly stated the need for significant projects related to HVAC replacement and roof refurbishment.

In an interview in August 2018 Deputy Mayor for Public Safety and Justice Kevin Donahue sought to minimize the obvious discrepancies between what DOC requested and what the Mayor and Council approved in DOC's capital budget. He explained that agency leaders are encouraged to "blue sky" their requests as if funding were no object, and that capital allocations are then pared down in an interative process. He said that the yearly allocations are more serious endeavors than the 6-year requests and reflect more closely what an agency actually needs.

Figure 5 below presents the capital budget request (in millions) since 2014 and the approved budgets.

Figure 5: DOC Capital Budget Requests (In Millions)

Fiscal Year	Years Covered	DOC Year 1 Request	Year 1 Approved Per Budget Book	DOC 6-Year Total Request	6-Year Approved Per Budget Book
2014	2014-2019	\$15.3	\$11.2	\$62.7	\$14.5
2015	2015-2020	\$5.9	\$1.5	\$39.6	\$4.5
2016	2016-2021	\$4.8	\$1.0	\$26.7	\$2.3
2017	2017-2022	\$16.4	\$0	\$78.8	\$5.0
2018	2018-2023	\$20.0	\$2.0	\$121.6	\$5.0
Totals		\$62.4	\$15.7	\$329.4	\$31.3

In DOC's FY 2018 capital budget request, the agency sought \$21,974,188 for general renovations to the D.C. Jail, \$12,000,000 for HVAC replacement, and \$1,000,000 for roof refurbishment over the six-year period from FY 2018 through FY 2023. A significant portion of DOC's requested capital funding that year came in the final three years of the capital plan (FY 2021-2023), in which DOC requested a total of \$70,574,188 across all projects (including those above). In the final year (FY 2023) alone, DOC requested \$44,750,000 in capital funds, anticipating a need to replace boiler units at the CTF and the D.C. Jail.

The FY 2018 and FY 2019 CIPs proposed by the Mayor did not include any capital funding for DOC beyond fiscal year 2020. The FY 2018 capital plan provided DOC with \$2 million in FY 2018, \$2 million in FY 2019, and \$1 million in FY 2020, but nothing in FYs 2021 through FY 2023.

In addition to the risk of harm and legal liability, the lack of support for recognized maintenance and repair needs expressed by the agency may be failing to meet CIP regulations. The purposes of the District's CIP are as follows (emphasis added):

"The CIP is used as the basis for formulating the District's annual capital budget. The Council and Congress adopt the budget as part of the District's overall six-year CIP. Inclusion of a project in a congressionally adopted capital budget and the approval of requisite financing gives the District the authority to spend funds for each project. **The remaining five years of the program show the official plan for making improvements to District-owned facilities in future years.**"²⁰

"The text of the CIP is an important planning and management resource...The CIP is flexible, allowing project expenditure plans to be amended from one year to the next in order to reflect actual expenditures and revised expenditure plans. However, consistent with rigorous strategic planning, substantial changes in the program are discouraged."²¹ The CIP is updated each year by adding a planning year and reflecting any necessary changes in projected expenditure schedules, proposed projects and District priorities.

"Under the program, projects should complement the planning of other District agencies and **must constitute a coordinated, long-term program to improve and effectively use the capital facilities and agency infrastructure.**"²²

There are several effects that result from not accurately portraying DOC's capital needs in the six-year CIP:

- The plan distorts the true capital needs of the District, and other projects may need to be cut down the line to make room for emergency capital needs. Using DOC as an example, in this case, the agency will need some level of capital funding in FY 2021 through FY 2024.
- The public is not informed regarding the true level of capital investment needed at DOC to correct the deficiencies found by DOH and to adequately maintain the existing equipment and facilities at a suitable level.

While officials within the Executive Office of the Mayor (EOM) are aware of DOC's capital needs, the administration, like its immediate predecessors, has not made accurate projections for the agency's expected need for continued capital funding in future years in the CIP. EOM officials acknowledged that they expect the D.C. Jail will need significant capital investments in future years and that there is a need for better long-term planning. EOM officials further explained that the CIP is supposed to be a six-year plan, but in reality, is being used—as evidenced by DOC in this case—to make short term decisions about where money needs to be spent. EOM officials expressed concern that if DOC does have additional immediate needs in the near future capital funding will have to be pulled from other sources to address the need because EOM already allocated capital funding for the next six years.

20. See FY 2019 Proposed Budget and Financial Plan, Congressional Submission, Volume 5- FY2019 to FY2024, page 5-2.

21. See FY 2019 Proposed Budget and Financial Plan, Congressional Submission, Volume 5- FY2019 to FY2024, page 5-15.

22. See FY 2019 Proposed Budget and Financial Plan, Congressional Submission, Volume 5- FY2019 to FY2024, page 5-23.

Recommendations:

5. The Mayor and Council should provide a capital budget for DOC that considers the risk of failure to address health and safety hazards identified by the DOH including the risk to the safety of inmates and staff and the risk of additional litigation.
6. EOM should, working with the other members of the District's Capital Budget Team, develop policies and procedures for the capital budgeting process that ensure the plan accurately reflects the known capital needs of agencies, including DOC, over the entire six-year capital budgeting period.

The Department of Health did not regularly conduct three inspections of the D.C. Jail each year as required by the D.C. Code.

D.C. Code states that, "[t]he Department of Health shall conduct a minimum of 3 inspections per year of the environmental conditions at the Central Detention Facility. For the purposes of this subsection, the term "environmental conditions" shall include temperature control, ventilation, and sanitation." The Code requires that the Department of Health submit the report of each inspection to the Council and the Mayor within 30 days of the inspection.²³

In a review of health inspections of the D.C. Jail between 2014 and 2018 we found that DOH conducted the required three inspections in only two of the five years. DOH acknowledges that it had not conducted the required inspections in prior years and by email July 12, 2018, indicated that the three inspections were conducted in 2017, and would be in 2018. "The issues contributing to fewer inspections in prior years have been resolved," DOH said. The agency recounted the email text in responding to our draft report and stated that the requirement was met in 2017 and 2018. Figure 6 on the following page presents an analysis of the number of inspections conducted per year. Health inspections conducted by DOH between 2007 and 2013 are included for historical purposes.

Figure 6: DOH Inspections of the D.C. Jail

Calendar Year	Number of DOH Inspections	Compliance with Required # of Inspections
2007	3	Yes
2008	2	No
2009	2	No
2010	3	Yes
2011	1	No
2012	3	Yes
2013	2	No
2014	2	No
2015	2	No
2016	2	No
2017	3	Yes
2018	3	Yes

Source: Department of Health Inspection Reports

23. See § 7-731 (a-1).

DOH officials cited several reasons why the agency did not conduct the correct number of inspections required under D.C. Code in previous years:

- DOH was tasked with conducting the inspections but was not provided adequate funding to cover the costs of the inspections.
- During some years, a contractor was conducting inspections and there were contracting delays.
- DOH waited for the Department of Corrections to respond to the prior inspection before scheduling the next inspection.
- DOH must coordinate the inspections with the Department of Corrections as the surveyor must be accompanied on the inspections of the correctional facility.

The inspections are designed to ensure the health and well-being of correctional officers and inmates. If the inspections are not occurring as regularly scheduled, there is a potential risk to the health and safety of officers and inmates.

Recommendation:

7. DOH should continue to comply with D.C. Code 7-731(a-1)(1) and conduct three inspections per year of the D.C. Jail to help ensure that environmental conditions meet required standards.

DOC's health services contractor, Unity Health Care Corrections, complies with basic industry accreditation requirements for mental health screenings and suicide prevention, but DOC and Unity should update and clarify some internal written policies and procedures to ensure screenings remain consistent with accreditation requirements.

In reviewing Unity and DOC health care policies, ODCA examined accreditation requirements of the American Correctional Association (ACA) and the National Commission on Correctional Health Care (NCCHC).

Both ACA and NCCHC require that the **mental health** intake screenings contain certain components, including information on whether an inmate has ever had a history of seizures or head trauma, as well as information on an inmate's orientation to time and space and overall appearance.

ODCA's review of DOC's Office of Health Administration (OHSA) shows that DOC is capturing all medical information required by ACA and NCCHC. However, OHSA is relying on requirements and information contained within its initial medical assessment to fulfill ACA and NCCHC requirements that are supposed to be part of the initial mental health assessment.

ODCA reviewed three policies and practices, specifically:

- Intake mental health screening
- Comprehensive mental health screening
- Suicide prevention

While ODCA observed that the procedures followed by DOC and Unity covered all the elements required by ACA and NCCHC, both DOC and Unity's mental health policies do not explicitly contain some of the ACA and NCCHC requirements with respect to intake mental health screenings of inmates. For instance, both ACA and NCCHC require that the **mental health** intake screenings contain components, including information on whether an inmate has ever had a history of seizures or head trauma, as well as information on an inmate's orientation to time and space. These

items are not contained within DOC's mental health screening requirements because they are practiced as part of DOC's intake **medical** screenings, conducted and recorded at intake immediately before the mental health screening and thus not repeated.

ODCA also reviewed accreditation documents provided by DOC demonstrating that NCCHC considered the components of the intake medical screenings to fulfill some of the mental health screening components during the most recent accreditation process. This demonstrates that DOC is not at risk of losing its accreditation simply because its mental health exam policies do not repeat those items.

DOC and Unity have not specifically written their policies and procedures to match them against ACA and NCCHC requirements. Unity's contract requires that Unity comply with ACA and NCCHC requirements but does not state how the contractor should do so (for instance, by maintaining policies and procedures that are consistent with those requirements).

Because DOC and Unity's policies for intake mental health examinations do not explicitly address all aspects of the ACA and NCCHC requirements, there is a risk that if the current intake medical exam process changes, DOC may no longer be in compliance with these ACA and NCCHC requirements in performing its intake mental health screenings.

Recommendation:

8. DOC should update their mental health intake screening policies and procedures to ensure they fully meet ACA and NCCHC accreditation requirements without having to rely on questions and procedures administered as part of the intake medical exam, ensure that the agency's health services contractor's (currently Unity) policies and procedures mirror those of DOC and are in full compliance with ACA and NCCHC accreditation requirements and see that OHSA's and contractors written policies remain consistent with the standards.

DOC's Office of Health Administration regular audits of Unity represent good internal control and monitoring practices that reduce the likelihood of noncompliance and the risk of negative outcomes.

OHSA is a division within the DOC and is overseen by DOC's Deputy Director of Administration. Its primary responsibility is to oversee the effective implementation of the Agency's medical service contract with its current vendor, Unity Health Care, Incorporated (Unity). Since 2006, Unity has provided medical, dental, and mental health services to DOC's male, female, and juvenile population. In addition to assuring compliance with the contract, OHSA oversees the vendor's compliance with NCCHC and ACA standards to help assure re-accreditation every three years.

As previously stated, the CTF was not inspected as part of the 2015 ACA accreditation.²⁴ We understand from DOC's comments on our draft report that the ACA accreditation received in January 2019 included the CTF. We found, that OHSA had in place a system of audits to monitor Unity's performance in quality measures established by NCCHC, the ACA, Unity's contract, and District and federal laws and regulations. OHSA is scheduled to conduct 162 audits annually across 64 performance measures. Most of these audits are conducted two to three times per year, and DOC has developed a risk assessment process to determine how frequently audits should occur.

The audits themselves typically consist of reviewing a sample of electronic medical records of patients who have used specific programs and determining whether the records contain the required information or whether the patient has received the service indicated. DOC's OHSA compares the performance on these audits with the established performance benchmarks and issues corrective action plans if compliance is not met. OHSA then conducts a re-audit 60 days later to determine whether the Corrective Action Plan has been met.

24. According to the 2015 ACA Accreditation report, dated January 25, 2016 the CTF has not yet been accredited since the facility has been under the management of DOC. The report indicates that the CTF initial accreditation will occur in 2018.

OHSA's performance was measured against the United States Government Accountability Office (GAO) Standards for Internal Control in the Federal Government which state: "Management establishes activities to monitor performance measures and indicators. These may include comparisons and assessments relating to different sets of data to one another so that analyses of the relationships can be made, and appropriate actions taken. Management designs controls aimed at validating the propriety and integrity of both entity and individual performance measures and indicators."²⁵

Additionally, GAO's principles for monitoring state, in part: "Corrective actions are a necessary complement to control activities to achieve objectives. Management should establish and operate monitoring activities to monitor the internal control system and evaluate the results. Management should remediate identified internal control deficiencies on a timely basis."²⁶

Moreover, ODCA reviewed DOC's auditing practices in the context of DOC's policies, which state: "DOC will audit Contractors [sic] provision of quality health care consistent with ACA, NCCHC, Federal and District regulatory standards, as noted in the 'DOC Performance Improvement Tool. DOC may utilize this tool to conduct independent and/or joint audits with Contractor."²⁷

In summary, the practices employed by OHSA provide reasonable assurance that Unity is complying with established performance benchmarks and that OHSA is taking appropriate steps to address issues requiring corrective action. It is important to note that the scope of ODCA's assessment was narrow. ODCA did not assess whether mental health services provided to inmates are adequate. ODCA assessed DOC's compliance with the ACA and NCCHC requirements related to three items—the intake mental health assessment, the comprehensive mental health assessment, and suicide prevention policies. ODCA concluded that DOC's audits of Unity reduce the risk that the contractor will not comply with contractual or accreditation requirements. OHSA should continue its monitoring of Unity's service performance, including annual evaluations of risk to determine audit frequency as well as issuing and following up on corrective action plans when necessary to ensure services provided to inmates meet all established benchmarks.

25. United States Government Accountability Office, Standards for Internal Control in the Federal Government, September 2014, Page 47.

26. United States Government Accountability Office, Standards for Internal Control in the Federal Government, September 2014, Page 64.

27. See Contract CW37196, dated October 1, 2015, section C.5.30.10

Auditor's Concerns

D.C. Code does not require the agency to inspect the Correctional Treatment Facility.

Currently the Department of Health does not conduct inspections at the Correctional Treatment Facility because the D.C. Code does not require such inspections. Regular inspections should be conducted to ensure the health and well-being of correctional officers and inmates. If inspections are not occurring there is a potential risk to the health and safety of officers and inmates.

Although ODCA could not conclusively determine why the law does not require CTF inspections by DOH, one potential reason is that prior to January 30, 2017, the treatment facility was managed by a private, for profit company—the Corrections Corporation of America and the CTF was not a part of the federal court oversight. During receivership, the U.S. District Court required inspections and the provision in the Jail Improvement Amendment Act of 2003 may have been written to ensure the monitoring requirements during court oversight were maintained.

Recommendation:

9. DOC and the Council should review this inspection requirement and make necessary adjustments to the Code in the best interest of inmates housed at the CTF.

Video Visitation Policy

In 2012, DOC began video visitation at the D.C. Jail after in-person visitation was terminated. Currently, this is the primary way inmates communicate with their visitors. In-person visitations for inmates, however, were reinstated in 2015 at the CTF and the D.C. Jail for those with good behavior. DOC officials stated that video visitation has resulted in more communication between inmates and their families and fewer cancellations of visits.

However, as a new technology, the long-term effects of video visitation are not well understood. There is some research that suggests it may lead to a breakdown in an inmate's communication with family and a higher likelihood of recidivism down the line.²⁸ Other research suggests this is not the case.

Recommendation:

10. DOC should closely study the effects of its video visitation systems and consider including sufficient space in the plans for the new jail for both in-person and video visitations for

28. See: Prison Visitation Policies: A Fifty State Survey, Chesa Boudin, Trevor Stutz, and Aaron Litman. Yale Law & Policy Review, Volume 321, Issue 1, Article 5. <https://digitalcommons.law.yale.edu/cgi/viewcontent.cgi?referer=&httpsredir=1&article=1654&context=ylpr>

Conclusion

The D.C. Jail is an aging and deteriorating 40-year-old facility that must be operational 24 hours per day, 7 days per week. While age is a contributing factor, the conditions within the D.C. Jail could worsen if DOC is not able to address health and environmental citations issued by DOH. We found that DOC made requests for capital funds over and above what was provided by the Mayor and Council to address facility improvements. The Mayor and the DC Council must work in concert to appropriate sufficient capital for DOC to make necessary repairs to the facility. Not doing so would put the health and safety of inmates and DOC staff at risk and increase the risk of lawsuits against the District.

One of the goals of this audit was to identify areas for improvement in facilities and policies that could assist with planning for the construction of a new jail. By reviewing DOH's inspection reports, ODCA found that DOC was repeatedly cited by DOH for violations of industry standards related to environmental conditions. Some of the citations that were repeated throughout the scope of this audit included water penetration through the walls due to a leaking roof, mold growth on walls, damaged shower stalls, temperatures outside of allowable standards and other issues clearly associated with an aging facility. Aramark, DOC's food service provider, was cited by DOH for repeated violations of District regulations related to public health and food service such as unsanitary conditions in food preparation areas.

The persistence and seriousness of facility citations clearly point to the need for a new jail. According to Kevin Donahue, the Deputy Mayor for Public Safety and Justice, the earliest construction of a new facility could begin in 2025 and would likely take four to five years to complete the project. Further delay heightens the risks associated with the age and deterioration of the facility.

We are pleased to note that DOC accepted four of the six recommendations directed to them in our report.

Agency Comments

On December 21, 2018, we sent a draft copy of this report to the Department of Corrections (DOC) and the Department of Health (DOH) for review and written comment. DOC responded with comments on January 30, 2019, and DOH responded with comments on January 18, 2019. The comments are appended in full to this report.

GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS



Office of the Director

D.C. DEPARTMENT OF CORRECTIONS' RESPONSE TO THE AUDIT OF D.C. JAIL CONDITIONS BY THE OFFICE OF THE D.C. AUDITOR

I. The District's Demonstrated Performance in Achieving Established Standards Regarding Conditions of Confinement at the D.C. Jail

The Office of the D.C. Auditor (ODCA) goes back decades to set the stage of the Audit of the D.C. Jail, but does not acknowledge or recognize that a long look-back in fact demonstrates the progress the D.C. government has made and the full and repeated recognition it has received as being compliant with national correctional standards. While the District of Columbia Jail was under Court supervision and receivership in the distant past, after years of demonstrated dedication to systemic reform by District officials, that *court oversight was terminated 16 years ago in 2003*. The United States District Court determined that the conditions of confinement met constitutional standards and no longer required judicial intervention and oversight, a status that continues to date.

In 2003, the D.C. Council passed the Jail Improvement Amendment Act of 2003 (Law 15-62), which required inspections, monitoring, and reporting. It further required that the Department of Corrections (DOC) initiate immediate changes in operating protocols including a classification system and housing plan; institute a population ceiling at the Jail; and required that the facility obtain accreditation by a national professional correctional organization in order to provide a safer institution. DOC complied with the requirements with changes in classification and housing protocols. It implemented and has adhered to population levels below the cap of 2,164 promulgated by DOC in DCMR 28-532. This cap was based on the rated capacity of the facility as determined by independent expert consultants Pulitzer/Bogard Associates. Consistent with D.C. Code § 24-211.02(b)(2), DOC submits Quarterly Jail Improvement Act reports to the D.C. Council, as required by the Act, relating to living conditions in the Central Detention Facility (CDF), including inmate grievances, in a Crystal report (a Windows-based tool that allows aggregate reporting of data from diverse sources). In addition, DOC produces and submits to the D.C. Council a monthly report on the Priority One environmental problems and the time to repair, a monthly report of the Environmental Safety Office, a monthly report on temperature control and ventilation, and a monthly report on the jail population that includes the number of people waiting for transfer to the Federal Bureau of Prisons and the average number of days that inmates waited for transfer.

The Act also required DOC to achieve American Correctional Association (ACA) accreditation, which, through hard work, commitment, and the dedication of staff and resources, we did. In addition, DOC

also achieved National Conference on Correctional Health Care (NCCHC) accreditation. ACA and NCCHC accreditations are considered the gold standards in correctional operational and medical/mental health care respectively. In order to be accredited by ACA, the D.C. Jail has to be one hundred percent compliant with all “mandatory standards,” and ninety percent compliant with all “non-mandatory standards.” In order to achieve and maintain NCCHC accreditation, the D.C. Jail has to be one hundred percent compliant with all “essential” NCCHC standards and eighty-five percent compliant with all “important” NCCHC standards. The D.C. Jail achieved initial ACA accreditation in August 2009, reaccreditation in January 2015 and was reaccredited again on January 12, 2019. D.C. Jail Medical and Mental Health Services were initially accredited by NCCHC in October 2001, and most recently in April 2018. Moreover, the D.C. Jail was originally certified as in compliance with the Prison Rape Elimination Act (PREA) on December 9, 2014, and most recently on November 24, 2017. The Correctional Treatment Facility (CTF) was accredited by ACA while under the management operation of Corrections Corporation of America (CCA) from 1997 until 2016 and reaccredited under DOC management on January 12, 2019. CTF Medical and Mental Health Services were accredited by the National Commission on Correctional Health Care (NCCHC), the initial accreditation in October 2004, and most recently in April 2018. The CTF is certified as compliant with the Prison Rape Elimination Act as of July 29, 2016.

The Department of Health (DC Health) conducts inspections of the D.C. Jail, as referenced throughout the Auditor’s report, using the Department’s Health Regulation and Licensing Administration Health Care Facilities Division (HCFD) standardized form to document compliance with environmental standards as defined by the American Public Health Association (APHA) and the American Correctional Association (ACA). In conducting this inspection, DC Health applies the APHA standards for correctional facilities, although D.C. Official Code § 7-731 (a-1) does not set out what standard(s) should be applied when conducting the inspections. Because the APHA is not an accrediting agency, it is APHA’s policy that correctional facilities should achieve accreditation with NCCHC as it is the gold standard in correctional health. According to the APHA, the NCCHC has established standards that align with APHA recommendations; therefore, achieving NCCHC accreditation is achieving substantial compliance with APHA standards. As mentioned above, the D.C. Jail was accredited by NCCHC in October 2001 and reaccredited in April 2018. Therefore, the Jail is in compliance with APHA Standards per the APHA.

For more than a decade, the DOC was well below the national average for suicides in correctional facilities. However, there was a sudden occurrence of a cluster of suicides in 2013, prompting the District to immediately bring in expert consultant Lindsay M. Hayes and establish a Suicide Prevention Task Force resulting in: (1) increasing the ability to identify high-risk inmates, (2) creating more suicide-resistant jail practices, (3) improving housing unit determination processes, and (4) strengthening DOC’s culture of suicide prevention as reflected in the agency’s implemented DOC Policy 6080.2G, Suicide Prevention and Intervention.¹) In addition to the Task Force, the DOC regularly trains our staff in the identification of behaviors that may indicate a risk of suicide, and the appropriate protocols for suicide prevention and intervention. This response to a cluster of suicides further demonstrates the agency’s commitment and ability to identify and improve protections, services, and supports for inmate safety and well-being.

II. Official Action to Ensure that the Maintenance and Repair of the D.C. Jail Meet Industry and Constitutional Standards for Conditions of Confinement

The mission of the D.C. Department of Corrections (DOC) is to provide a safe, secure, orderly, and humane environment for the confinement of pretrial detainees and sentenced inmates, while affording

¹ <https://doc.dc.gov/publication/suicide-prevention-and-intervention>

those in custody meaningful rehabilitative opportunities for successful community reintegration. This mission is articulated repeatedly to staff, and is carried out through the implementation of numerous programs.²) In addition to providing an environment that promotes safety for inmates, staff, visitors and the community at large, the DOC facilities are a place where we provide programs and services to improve inmate education and job skill levels, and facilitate successful community reintegration. DOC also provides inmate physical and mental health treatment through Unity Healthcare, a premiere and respected community healthcare provider, that includes daily access to sick call, 24/7 urgent care, in-house and outside specialty care, full pharmaceutical services and hospital services, dental care, and HIV/AIDS prevention education. Mental health care includes psychiatric and psychological care, clinical social workers, group therapy and individual counseling, substance abuse programs, an Intensive Mental Health Unit, and a Step Down Mental Health Unit. DOC provides education programs which include adult basic education, GED, college courses, and vocational programs, as well as job readiness services. The Department also provides religious programs and accommodations for inmate religious beliefs including services, religious diets, clothing and other items for the practice of faith consistent with the safety and security of the facility. Inmates have recreation, out of cell activity, television, library cart reading materials, commissary, social visitation, 24/7 legal visitation, telephone services (social and legal calls), mail services (regular and legal), case management services, law library services, grooming services, and inmates may grieve any concerns or complaints through the Inmate Grievance Procedures (medical and regular). Demonstrating our commitment to reintegrating the Jail's population with the larger community, the DOC's investment in college programming and facilitation of voting by inmates are recognized nationally as path-breaking and progressive.

All of these services are provided in facilities where there was an average daily population of 1173 to 1373 from 2015 to 2018. An average of twelve thousand (12,000) inmates come through the D.C Jail annually, resulting in the need for a robust preventative maintenance plan for the physical plant and a priority triaging system for maintenance repairs. The population activity volume, high turnover, and 24/7 occupation of the D.C. Jail translates to a facility whose physical plant is under constant usage and strain as reflected in the reoccurrence of faulty plumbing fixtures and other maintenance and repairs which, once fixed, reoccur elsewhere in the facility. The D.C. Jail has a large and complex plumbing system that supports all aspects of the building, including the common areas of the housing units, such as showers, as well as individually supporting 1380 cells, each with its own sink and toilet. This extensive footage of plumbing and large number of fixtures is reflected in the proportionate ratio of plumbing repairs cited in DC Health inspections and the fact that similar problems reoccur in different cells after repair. As such, the number of plumbing fixtures needing repair does not reflect a failure to repair them in a timely manner, but rather that another need occurred in another cell in the facility, requiring constant maintenance and upkeep and reoccurring maintenance citations.

Notably, if the plumbing in a cell is not operable, or if the roof leaks into a cell, the cell is not occupied by an inmate until fixed; therefore, inmates are not subjected to any deprivations or harm while fixtures are inoperable or there is a leak.

At the D.C. Jail, most of the 18 housing units have 8 showers, totaling 132 showers, similarly reflecting a proportional number of needed shower repairs at any given time. Therefore, on each unit, if a shower fixture requires repair, inmates have up to 7 other showers to use, thus meeting their needs. Shower repairs are immediately prioritized by maintenance staff and repairs are targeted for completion within 24-hours (actual completion time of course depends upon the complexity of the repair). There are some

² <https://doc.dc.gov/page/doc-program-statements>

shower areas that suffer from a number of structural and mechanical deficiencies, such as original plumbing systems that are experiencing end-of-life failures.

The current HVAC system has significant design problems that inhibit proper airflow and temperature controls. In light of the HVAC issues experienced in the summer of 2016, DOC, in conjunction with the D.C. Department of General Services (DGS), completed a needs assessment and feasibility study to replace and/or upgrade the existing HVAC equipment and associated mechanical systems. As a result, prior to the summer of 2017, the DOC installed two new water chillers and replaced the rooftop large air supply ducts. DOC was able to begin the process of moving the system from a manual control to real-time digitized control. DOC, in conjunction with DGS, continues to work towards HVAC improvements to increase the flow of air throughout the facility. Moreover, DOC monitors indoor temperatures daily, and when temperatures are approaching an unacceptable range, DOC maintenance staff adjusts the temperature. Per the ACA Expected Practice ALDF-1A-20, the temperature at DOC facilities is raised or lowered to acceptable comfort levels, thus the average daily temperature in the Jail is within normal ranges.

Per ACA Expected Practice 4-ALDF-4A-02, the food preparation area includes space and equipment for food preparation based on population size, type of food preparation, and methods of meal service. There are sanitary, temperature-controlled areas for food storage. Weekly meetings and daily inspections are conducted to ensure that cleanliness and sanitation are maintained in the kitchen. Culinary staff has an assigned environmental officer and environmental details on each shift. Some inmates even participate in culinary training leading to nationally-recognized certification and job-readiness upon their release.

Consistent with ACA Mandatory Expected Practice 4-ALDF-4A-11, there is documentation by an independent source, D.C. Health, that food service facilities and equipment meet established governmental health and safety codes. When there are any deficiencies, corrective action is taken immediately. DC Health utilizes the food section of the HCFD inspection report to inspect the culinary area and officers' dining room. All broken equipment is repaired within 48 hours. The only exception is when equipment parts are unavailable and the maintenance vendor must rely on the manufacturer to supply new parts.

DOC has a vermin and pest control plan that includes monthly inspections by a qualified person and utilizes the food section of the HCFD inspection report as a measure to inspect the culinary area and officers' dining room. DOC has an environmental detail dedicated exclusively to the culinary team on each shift, daily. This team maintains cleanliness and sanitation. As an added level of protection, DOC has had a contract with a pest control company for several years. In the past, when a pest control company has been unable to obtain satisfactory results, the agency has terminated that contract and instituted a new one with a different company with favorable results.

In 2017, in response to issues cited in the DC Health report related to food service, the DOC undertook a several weeks' long renovation of the food service area that included the replacement of major equipment and the implementation of a new pest control vendor, which has yielded positive results.

In 2018, the DOC completed installation of new roofing. Even with a new roof, however, leaks can and do occur, including those from sources other than the roof. In 2019, the DOC is working with DGS to continue structural repairs to address water penetration into the facility by way of the façade and windows. Interior roof leaks are repaired in a timely manner, but have reoccurred in different areas of the facility due to the age of the building, despite ongoing diligent maintenance. In general,

superannuated buildings spring more roof leaks than new buildings; however, repairs are made quickly, and any effects of water on the building structure and the environment, such as the infrequent occurrence of mold, are identified and abated immediately.

III. Certified Accredited Medical and Mental Health Care Meet Correctional Standards of Excellence

DOC Medical and Mental Health Services are both ACA and NCCHC accredited. Both accrediting agencies require that the mental health intake screenings contain certain components, including information on whether an inmate has ever had a history of seizures or head trauma, as well as information on an inmate's orientation to time and space and overall appearance. The information is collected by the medical intake process immediately prior to the mental health intake process and is recorded in the patient chart for medical and mental health's reference and use. Because of this, the same information is not solicited in the mental health intake questions that immediately follow medical intake's requests and documentation. While the Audit speculates that problems could arise in the hypothetical situation wherein the medical intake screening changes, such a scenario is purely speculative and unlikely to occur given DOC's close oversight of healthcare services, as noted by the Auditor, and due to the fact that the practice has been reviewed and meets NCCHC and ACA standards. Noteworthy is that DOC automatically screens all inmates at intake for voluntary HIV testing, serving as one of the largest screeners in the District, and provides HIV/AIDs medical treatment as well as HIV/AIDs counseling and education.

IV. Budgeting for a New Jail

The Mayor, Deputy Mayor for Public Safety and Justice, Director of DOC and the D.C. Council all have acknowledged that a new correctional facility is desirable. As the DC Auditor's report noted, the District is looking at all options of how to fund a new DC Jail, including the possibility of a Public Private Partnership (P3). As part of the FY 2019 budget development process, it was determined that a P3 project was not the most prudent course of action. The Administration instead chose to fund a study that will document the needs for a new facility, including: how many people it will be designed to house, programming space, and other building and capacity considerations. In addition, in October 2018, the Office of Victim Services and Justice Grants (OVSJG) issued a Request for Applications, for a grant award of up to \$150,000 to engage an organization to build stakeholder engagement and solicit feedback related to the design and construction of a new correctional facility in the District of Columbia.

At the same time, the Mayor made it a funding priority to invest in improving and upgrading current systems at the DC Jail - both as part of regular maintenance and in response to more acute facility needs - while the administration waits for the results of the study in order to develop a proper budget estimate for the Capital Improvement Plan (CIP). In the CIP submitted in FY 2019, the Mayor's budget included \$13.5 million for improvements in the current fiscal year and \$6 million for additional improvements in FY 2020. The FY 2019 – FY 2020 funds are for general renovations, power system upgrades, exterior structural finishing, and HVAC replacement work at the CDF.

The administration is committed to funding maintenance needs at the DC Jail while the study is occurring and the requirements for a new correctional facility are developed with community, returning citizens and criminal justice reform experts' input. As a result, the maintenance needs for DOC will be discussed and considered for additional funds in FY 2020 and beyond, as is done for all municipal facilities as part of the annual budget process. From 2000 – 2020, DOC has been awarded a total of \$127.3 million for facility improvements in both the DOC and DGS budgets.

The desire to build a new jail has been reflected by DOC in their initial budget submission. Agencies are encouraged to submit any and all ideas, regardless of fiscal constraints, so the administration has a full view of all ideas to improve programs and services. Agencies are given preliminary numbers, and then they make clear what is absolutely necessary to fulfill their statutory duties and meet priority goals. They then engage in further rounds of discussion with the Office of Budget and Performance Management and other senior officials who must balance the needs and new requests across government against available resources. As the Deputy Mayor explained in his interview with the Auditor, requests from agencies can sometimes be two to three times the amounts that they would ultimately receive. If all of these requests were fulfilled, the District would not be able to submit a balanced budget and financial plan, as required by law.

The Mayor transmits her budget to the D.C. Council, which in turn decides which programs and projects to fund, having the benefit of oversight hearings, budget hearings with Directors, Deputy Mayors, and the City Administrator, numerous reports, as well as all the community input they receive as candidates and legislators. Together, the Council and Mayor determined that funding for maintenance, rather than a new facility, was preferable at this time and legally sound. In no respect should an initial, internal, “blue sky” request for deliberative consideration be equated with a final determination that a new facility is immediately necessary to protect the health of inmates or respect their legal rights.

V. District Responses to ODCA Recommendations

Recommendations:

1. DOC should take all steps necessary, including requesting additional funding if necessary, to achieve and maintain full compliance with all ACA and APHA requirements.
Response: DOC accepts this recommendation and will continue to take the steps necessary to remain in compliance with ACA and NCCHC accreditation requirements.
2. DOC should conduct regular documented monitoring of Aramark’s compliance with all requirements of its contract and District food safety laws and regulations and sanction the contractor appropriately if necessary.
Response: DOC accepts this recommendation and will continue to ensure the food vendor’s daily compliance with the contract and District food safety laws and regulations.
3. When considering a new correctional facility, DOC should analyze DOH violations to ensure that the design of the new facility minimizes the challenges of complying with standards and regulations that DOH frequently cites as having been violated.
Response: DOC accepts this recommendation and will analyze past DC Health citations for consideration in the design of a new facility.
4. The Mayor and Council should provide a capital budget for DOC that considers the risk of failure to address health and safety hazards identified by the DOH including the risk to the safety of inmates and staff and the risk of additional litigation.
Response: The Mayor and Council always consider risks when building both capital and operating budgets, and will continue to do so.

5. EOM should, working with other members of the District's Capital Budget Team, develop policies and procedures for the capital budgeting process that ensure the plan accurately reflects the known capital needs of agencies, including DOC, over the entire six-year capital budgeting period.

Response: The capital budget is projected as accurately as possible over the six year capital budget period, based on available information and against available resources. Each year, the capital budget is revisited to ensure that new information about the condition of our assets can be assessed and considered. Funding is then allocated based on available resources, existing commitments and the time it takes to repair and/or construct new assets.

6. DOH should comply with D.C. Code §7-731(a-1)(1) and conduct three inspections per year of the D.C. Jail to help ensure that environmental conditions meet required standards.

Response: DOC accepts this recommendation and will continue to comply with DC Health inspections as requested and scheduled by the agency.

7. DOC should update their mental health intake screening policies and procedures to ensure they fully meet ACA and NCCHC accreditation requirements without having to rely on questions and procedures administered as part of the intake medical exam, ensure that the agency's health services contractor's (currently Unity) policies and procedures mirror those of DOC and are in full compliance with ACA and NCCHC accreditation requirements and see that OHSA's and contractors' written policies remain consistent with the standards.

Response: DOC accepts this recommendation, and we have conferred with Unity Healthcare regarding it. We are currently in the process of updating those respective policies and procedures to reflect the noted revisions. DOC expects to have these updates formally completed by April 1, 2019.

8. DOC and the Council should review this inspection requirement and make necessary adjustments to the Code in the best interest of inmates housed at the CTF.

Response: DOC recognizes this recommendation and defers this to the Council's legislative powers.

9. DOC should closely study the effects of its video visitation systems and consider including sufficient space in the plans for the new jail for both in-person and video visitations for all inmates, depending on which form of visitation families prefer.

Response: DOC has taken this recommendation under advisement.

January 30, 2019

January 18, 2019

Via email: Kathy.Patterson@dc.gov

Kathy Patterson
District of Columbia Auditor
Office of the District of Columbia Auditor
717 14th Street, NW, Suite 900
Washington, DC 20005

Re: Department of Health's Comments on Draft Report entitled "District Fails to Address Poor Conditions at the D.C. Jail"

Dear Ms. Patterson:

Thank you for providing the opportunity to the District of Columbia Department of Health (DC Health) to comment on the draft report prepared by the Office of the District of Columbia Auditor (ODCA) concerning the D.C. Jail.

On behalf of DC Health and Director Nesbitt, I respectfully request that the draft report be modified at pages 18-19 to fairly and accurately report the DC Health's current compliance with its obligations pursuant to D.C. Code § 7-731(a-1)(1).

Missing Paragraphs from DC Health's Response

Two paragraphs of text from my July 12, 2018 email to Matthew Separa (ODCA's Program Analyst) should be reflected in your final report.¹

In the middle of page 19 of the draft report, ODCA included one paragraph of text from my email but did not include the paragraph immediately above the included paragraph or the paragraph immediately below the included paragraph. The absence of the two paragraphs materially misrepresents the current facts. In the first missing paragraph, I stated:

I start by noting that DC Health is currently in compliance. DC Health did inspect three times in calendar year 2017. This indicates that the issues contributing to fewer inspections in prior years have been resolved. For calendar year 2018, one inspection has been completed, another inspection

¹ For your convenience, I have included a copy of the DC Health email to Mr. Separa dated July 12, 2018 as an attachment to this letter.

is in progress now, and a third inspection will soon be scheduled. This further indicates the issues have been resolved. Working collaboratively with the Department of Corrections, DC Health is committed to making sure the inspections for environmental conditions occurs three times a year.

The second missing paragraph stated:

To comply with the statutory mandate, DC Health made a number of changes including:

1. DC Health absorbed the costs of the inspections into its operating budget.
2. DC Health hired the person conducting the inspections as a while actually employed (WAE) employee so that contracting delays are avoided and the person can start the inspections on time.
3. DC Health no longer waits for the Department of Corrections to respond to the prior inspection before scheduling the next inspection.
4. DC Health actively coordinates with the Department of Corrections to assure inspections occur three times per year.

Without the missing paragraphs, the draft report reports misrepresents that DC Health is continuing to violate the statutory mandate. However, DC Health did take action in calendar year 2017 to comply with the statutory mandate. Because of that action, DC Health is now compliant with the statutory mandate as evidenced by:

1. DC Health completed three inspections in calendar year 2017 as indicated in Figure 6 on page 19 in the draft report.
2. DC Health also completed three inspections in calendar year 2018 on March 19, 2018 to April 2, 2018, July 2, 2018 to July 17, 2018, and October 22, 2018 to November 2, 2018.

Recommendation 6

ODCA's Recommendation No. 6 on page 19 of the draft report implies that DC Health still needs to take action in calendar year 2019 to start its compliance. However, as explained above, DC Health already took action in calendar year 2017; moreover, DC Health demonstrated compliance in calendar years 2017 and 2018.

As such, Recommendation 6 should be amended to reflect that DC Health is currently in compliance and is expected to stay in compliance.

I am available to discuss. Please contact me at Phillip.Husband@dc.gov or (202) 442-5970 for any follow-up on these comments.

Sincerely,



Phillip L. Husband
General Counsel

Attachment

cc: Lawrence Perry
Betsy Cavendish
LaQuandra S. Nesbitt
Sharon Lewis

Husband, Phillip (DOH)

From: Husband, Phillip (DOH)
Sent: Thursday, July 12, 2018 5:03 PM
To: Separa, Matthew (ODCA)
Cc: Nesbitt, LaQuandra S. (DOH); Cavendish, Betsy (EOM)
Subject: Compliance with Section 2 of the District of Columbia Jail Improvement Amendment Act of 2003, effective January 30, 2004 (D.C. Law 15-62, D.C. Official Code § 7-731(a-1))

Tracking:	Recipient	Delivery	Read
	Separa, Matthew (ODCA)	Delivered: 7/12/2018 5:03 PM	Read: 7/12/2018 5:02 PM
	Nesbitt, LaQuandra S. (DOH)	Delivered: 7/12/2018 5:03 PM	Read: 7/12/2018 5:49 PM
	Cavendish, Betsy (EOM)	Delivered: 7/12/2018 5:03 PM	
	Lewis, Sharon (DOH)		
	sharon.lewis@dc.gov	Delivered: 7/12/2018 5:03 PM	

Mr. Separa,

You asked that the Department of Health (DC Health) provide information on why it did not conduct the required number of inspections each year in seven of the ten years between 2007 and 2016.

I start by noting that DC Health is currently in compliance. DC Health did inspect three times in calendar year 2017. This indicates that the issues contributing to fewer inspections in prior years have been resolved. For calendar year 2018, one inspection has been completed, another inspection is in progress now, and a third inspection will soon be scheduled. This further indicates the issues have been resolved. Working collaboratively with the Department of Corrections, DC Health is committed to making sure the inspections for environmental conditions occurs three times a year.

DC Health recognizes that it was not fully complying with section 2 of the District of Columbia Jail Improvement Amendment Act of 2003, effective January 30, 2004 (D.C. Law 15-62, D.C. Official Code § 7-731(a-1)) for several reasons:

1. DC Health was tasked with conducting the inspections but was not provided additional funding to cover the costs of the inspections.
2. The person who conducted the inspections was previously engaged as a contractor where contracting delays occurred.
3. DC Health waited for the Department of Corrections to respond to the prior inspection before scheduling the next inspection.
4. DC Health must coordinate the inspections with the Department of Corrections as the surveyor must be accompanied on the inspections of the correctional facility.

To comply with the statutory mandate, DC Health made a number of changes including:

1. DC Health absorbed the costs of the inspections into its operating budget.
2. DC Health hired the person conducting the inspections as a while actually employed (WAE) employee so that contracting delays are avoided and the person can start the inspections on time.
3. DC Health no longer waits for the Department of Corrections to respond to the prior inspection before scheduling the next inspection.

4. DC Health actively coordinates with the Department of Corrections to assure inspections occur three times per year.

I remain available to discuss.

Phillip L. Husband

General Counsel

Office of the General Counsel (OGC)

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ODCA's Response to Agency Comments

We thank the Department of Corrections, the Department of Health, the Executive Office of the Mayor and the Office of the Chief Financial Officer for their cooperation and assistance during our audit. We are pleased that DOC and DOH concurred with most of our recommendations. We will follow-up with the agencies on the implementation status of these recommendations as part of our annual recommendation compliance monitoring process.

Based on the items discussed during the exit conference and comments received from the agencies, we made changes to the report where applicable. Most important, we made explicit our recommendation that the District should move forward with building a new jail to address the risks identified in the audit. With regard to the Department of Health, we revised our description of the inspection reports completed during the scope of the audit to acknowledge the completion of the three required inspections in 2018.

At the request of the Department of Corrections we added information from an interview with Deputy Mayor Kevin Donahue pertaining to the initial capital funding requests made as a part of annual budget deliberations.

We also note the extensive description provided in the DOC comments on the improvements made in the operations of the D.C. Jail in the years following the enactment of the Jail Improvement Act of 2003. Although the government's compliance with the terms of the legislation are in many respects outside the scope of this audit, we acknowledge that there have been improvements in the conditions of confinement from the severe overcrowding of the facility that occurred prior to the enactment of the law.

Summary of Report Recommendations

Most of the recommendations in this report can be implemented without any additional costs to the agencies, have the potential to generate revenue and/or cost savings to the District, and/or help to advance or support the mission and/or the strategic objectives of the Department of Corrections (DOC), the Department of Health (DOH), as well as the Mayor and the Council.

Recommendation	Is There a Cost to the Agency to Implement?	Potential to Generate Revenue or Savings for the District?	Specific Agency or District-Wide Goal Advanced by Recommendation
1. DOC should take all steps necessary, including requesting additional funding if necessary, to achieve and maintain full compliance with all ACA and APHA requirements.	Yes	No	DOC's Mission Statement: The mission of the Department of Corrections (DOC) is to provide a safe, secure, orderly, and humane environment for the confinement of pretrial detainees and sentenced inmates, while affording those in custody meaningful rehabilitative opportunities for successful community re-integration. DOC's Strategic Objective #2: Foster Environment That Promotes Safety for Inmates, Staff, Visitors and the Community at Large.
2. DOC should conduct regular documented monitoring of Aramark's compliance with all requirements of its contract and District food safety laws and regulations and sanction the contractor appropriately if necessary.	Yes, if this requires an additional FTE.	No	DOC's Mission Statement: The mission of the Department of Corrections (DOC) is to provide a safe, secure, orderly, and humane environment for the confinement of pretrial detainees and sentenced inmates, while affording those in custody meaningful rehabilitative opportunities for successful community re-integration. DOC's Strategic Objective #2: Foster Environment That Promotes Safety for Inmates, Staff, Visitors and the Community at Large.
3. The District should move forward with a new D.C. Jail.	Yes	Yes	DOC's Mission Statement: The mission of the Department of Corrections (DOC) is to provide a safe, secure, orderly, and humane environment for the confinement of pretrial detainees and sentenced inmates, while affording those in custody meaningful rehabilitative opportunities for successful community re-integration. DOC's Strategic Objective #2: Foster Environment That Promotes Safety for Inmates, Staff, Visitors and the Community at Large.

Recommendation	Is There a Cost to the Agency to Implement?	Potential to Generate Revenue or Savings for the District?	Specific Agency or District-Wide Goal Advanced by Recommendation
4. When considering a new correctional facility, DOC should analyze DOH violations to ensure that the design of the new facility minimizes the challenges of complying with standards and regulations that DOH frequently cites as having been violated.	Yes	Yes – reducing health violations reduces the chance of a lawsuit and a potential settlement.	DOC's Mission Statement: The mission of the Department of Corrections (DOC) is to provide a safe, secure, orderly, and humane environment for the confinement of pretrial detainees and sentenced inmates, while affording those in custody meaningful rehabilitative opportunities for successful community re-integration. DOC's Strategic Objective #2: Foster Environment That Promotes Safety for Inmates, Staff, Visitors and the Community at Large.
5. The Mayor and Council should provide a capital budget for DOC that considers the risk of failure to address health and safety hazards identified by the DOH including the risk to the safety of inmates and staff and the risk of additional litigation.	Yes	Yes – reducing risks reduces the chances of a lawsuit and a potential settlement.	N/A
6. EOM should, working with the other members of the District's Capital Budget Team, develop policies and procedures for the capital budgeting process that ensure the plan accurately reflects the known capital needs of agencies, including DOC, over the entire six-year capital budgeting period.	No	No	N/A
7. DOH should continue to comply with D.C. Code 7-731(a-1)(1) and conduct three inspections per year of the D.C. Jail to help ensure that environmental conditions meet required standards.	No	No	DOH's mission to promote health, wellness and equity, across the District, and protect the safety of residents, visitors and those doing business in our nation's Capital. DOH's responsibilities include identifying health risks; educating the public; preventing and controlling diseases, injuries and exposure to environmental hazards; promoting effective community collaborations; and optimizing equitable access to community resources. ²⁹

29. Information about the Department of Health and a list of their responsibilities can be found here: <https://dchealth.dc.gov/page/about-dc-health>

Recommendation	Is There a Cost to the Agency to Implement?	Potential to Generate Revenue or Savings for the District?	Specific Agency or District-Wide Goal Advanced by Recommendation
8. DOC should update their mental health intake screening policies and procedures to ensure they fully meet ACA and NCCHC accreditation requirements without having to rely on questions and procedures administered as part of the intake medical exam, ensure that the agency's health services contractor's (currently Unity) policies and procedures mirror those of DOC and are in full compliance with ACA and NCCHC accreditation requirements and see that OHSA's and contractors written policies remain consistent with the standards.	No	No	DOC's Mission Statement: The mission of the Department of Corrections (DOC) is to provide a safe, secure, orderly, and humane environment for the confinement of pretrial detainees and sentenced inmates, while affording those in custody meaningful rehabilitative opportunities for successful community re-integration. DOC's Strategic Objective #2: Foster Environment That Promotes Safety for Inmates, Staff, Visitors and the Community at Large.
9. DOC and the Council should review this inspection requirement and make necessary adjustments to the Code in the best interest of inmates housed at the CTF.	No	No	DOC's Mission Statement: The mission of the Department of Corrections (DOC) is to provide a safe, secure, orderly, and humane environment for the confinement of pretrial detainees and sentenced inmates, while affording those in custody meaningful rehabilitative opportunities for successful community re-integration. DOC's Strategic Objective #2: Foster Environment That Promotes Safety for Inmates, Staff, Visitors and the Community at Large.
10. DOC should closely study the effects of its video visitation systems and consider including sufficient space in the plans for the new jail for both in-person and video visitations for all inmates, depending on which form of visitation families prefer.	Yes	No	DOC's Mission Statement: The mission of the Department of Corrections (DOC) is to provide a safe, secure, orderly, and humane environment for the confinement of pretrial detainees and sentenced inmates, while affording those in custody meaningful rehabilitative opportunities for successful community re-integration. DOC's Strategic Objective #2: Foster Environment That Promotes Safety for Inmates, Staff, Visitors and the Community at Large.

About ODCA

The mission of the Office of the District of Columbia Auditor (ODCA) is to support the Council of the District of Columbia by making sound recommendations that improve the effectiveness, efficiency, and accountability of the District government.

To fulfill our mission, we conduct performance audits, non-audit reviews, and revenue certifications. The residents of the District of Columbia are one of our primary customers and we strive to keep the residents of the District of Columbia informed on how their government is operating and how their tax money is being spent.

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District of Columbia Public Schools Weekly Health Suite Staffing Coverage As of January 22, 2020			
Ward 1			
School	School Nurse Coverage	Allied Health Coverage	Total Health Suite
Bancroft Elementary	40	0	40
Benjamin Banneker HS	32	0	32
Bruce-Monroe ES	32	8	40
Cardozo HS (co-located)	24	16	40
Cardozo SHS (co-located)	24	16	40
Cleveland ES	40	0	40
Columbia Heights EC- Bell HS	32	0	32
Columbia Heights EC- Lincoln MS	40	0	40
H.D. Cooke ES	24	16	40
Marie Reed ES	24	16	40
Oyster Adams Bilingual-Adams Campus	40	0	40
Tubman ES	40	0	40
Washington Metropolitan HS	24	16	40

District of Columbia Public Schools Weekly Health Suite Staffing Coverage As of January 22, 2020			
Ward 2			
School	School Nurse Coverage	Allied Health Coverage	Total Health Suite
Ellington School for the Arts	40	0	40
Garrison ES	24	16	40
Hardy MS	40	0	40
Hyde-Addison ES	32	8	40
Ross ES	24	8	32
School w/out Walls Francis Stevens EC	40	0	40
School w/out Walls HS	40	0	40
Thomson ES	24	16	40

District of Columbia Public Schools Weekly Health Suite Staffing Coverage As of January 22, 2020			
Ward 3			
School	School Nurse Coverage	Allied Health Coverage	Total Health Suite
Deal MS	40	0	40
Eaton ES	40	0	40
Hearst ES	40	0	40
Janney ES	40	0	40
Key ES	40	0	40
Mann ES	40	0	40
Murch ES	40	0	40
Oyster-Adams Bilingual- Oyster Campus	40	0	40
Stoddert ES	40	0	40
Wilson HS	40	0	40

District of Columbia Public Schools Weekly Health Suite Staffing Coverage As of January 22, 2020			
Ward 4			
School	School Nurse Coverage	Allied Health Coverage	Total Health Suite
Barnard ES	40	0	40
Brightwood EC	32	8	40
Coolidge SHS	24	16	40
Dorothy Height ES	40	0	40
Lafayette ES	40	0	40
LaSalle-Backus EC	40	0	40
MacFarland MS	40	0	40
Powell ES	40	0	40
Raymond EC	40	0	40
Roosevelt SHS	40	0	40
Shepherd ES	40	0	40
Takoma EC	40	0	40
Truesdell EC	40	0	40
West EC	40	0	40

Whittier EC	40	0	40
Ida B. Wells	24	16	40

District of Columbia Public Schools Weekly Health Suite Staffing Coverage As of January 22, 2020			
Ward 5			
School	School Nurse Coverage	Allied Health Coverage	Total Health Suite
Brookland MS	40	0	40
Browne EC	40	0	40
Burroughs ES	40	0	40
Bunker Hill ES	24	16	40
Dunbar HS	40	0	40
Luke C. Moore Academy	24	0	24
Langdon ES	24	16	40
Langley EC	24	16	40
MC Kinley Tech HS	32	0	32
MC Kinley Tech MS	40	0	40
Noyes ES	40	0	40
Phelps HS	24	16	40
Wheatley EC	24	8	32

District of Columbia Public Schools Weekly Health Suite Staffing Coverage As of January 22, 2020			
Ward 6			
School	School Nurse Coverage	Allied Health Coverage	Total Health Suite
Amidon-Bowen ES	40	0	40
Brent ES	40	0	40
Capitol Hill Montessori	40	0	40
Eastern SHS	24	16	40
Elliot-Hine	32	8	40

JO Wilson ES	40	0	40
Ludlow Taylor ES	40	0	40
Maury ES	40	0	40
Miner ES	40	0	40
Payne ES	32	8	40
Peabody ES	40	0	40
School w/in a School	40	0	40
Seaton ES	40	0	40
Stuart-Hobson MS	40	0	40
Tyler ES	40	0	40
Van Ness Early Center	40	0	40
Walker-Jones EC	40	0	40
Watkins Elementary	40	0	40
Jefferson Academy	24	0	24

District of Columbia Public Schools Weekly Health Suite Staffing Coverage As of January 22, 2020			
Ward 7			
School	School Nurse Coverage	Allied Health Coverage	Total Health Suite
Aiton ES	32	0	32
Beers ES	40	0	40
Burrville ES	32	8	40
CW Harris ES	40	0	40
Drew ES	40	0	40
Houston ES	32	0	32
JC Nalle ES	40	0	40
Kelly Miner MS	24	16	40
Kimball ES	40	0	40
Plummer ES	32	0	32
Randle Highlands ES	40	0	40
River Terrace Special EC	80	0	80
Ron Brown College Preparatory HS	24	16	40
Smothers ES	32	8	40
Sousa MS	24	16	40
Thomas ES	40	0	40

Woodson SHS	40	0	40
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District of Columbia Public Schools Weekly Health Suite Staffing Coverage As of January 22, 2020			
Ward 8			
School	School Nurse Coverage	Allied Health Coverage	Total Health Suite
Anacostia SHS	24	16	40
Ballou SHS	24	0	24
Boone ES	40	0	40
Garfield ES	24	0	24
Hart MS	40	0	40
Hendley ES	24	8	32
Johnson MS	32	8	40
Ketcham ES	40	0	40
Kramer MS	24	16	40
Leckie ES	40	0	40
ML King ES	40	0	40
Malcom X ES	32	8	40
Moten ES	40	0	40
Patterson ES	40	0	40
Savoy ES	24	16	40
Simon ES	40	0	40
Stanton ES	40	0	40
Turner ES	40	0	40
Excel Academy @ Birney	24	16	40

District of Columbia Public Charter Schools Weekly Health Suite Staffing Coverage As of January 22, 2020			
Ward 1			
School	School Nurse Coverage	Allied Health Coverage	Total Health Suite Coverage
DC International PCS	40	0	40
DC Bilingual PCS	32	8	40
EL Haynes MS PCS- Georgia Ave	40	0	40
Meridian PCS	40	0	40

Next Steps PCS ¹	0	32	32
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District of Columbia Public Charter Schools Weekly Health Suite Staffing Coverage As of January 22, 2020			
Ward 4			
School	School Nurse Coverage	Allied Health Coverage	Total Health Suite Coverage
Bridges PCS	40	0	40
Capital City PCS- Lower	24	16	40
Capital City PCS- Middle	24	16	40
Capital City PCS- Upper	24	16	40
Center City PCS- Petworth	24	16	40
EL Haynes ES PCS- Kansas Ave	40	0	40
EL Haynes HS PCS- Kansas Ave	40	0	40
Hope Community PCS- Lamond Campus	24	16	40
Latin American Bilingual PCS- Perry St.	40	0	40
Latin American Bilingual PCS- Walter Reed	24	16	40
Latin American Bilingual PCS- Missouri Avenue	40	0	40
Paul PCS High School	40	0	40
Paul PCS Middle School	40	0	40
Washington Latin PCS Middle School	40	0	40
Washington Latin PCS Upper School	40	0	40

District of Columbia Public Charter Schools Weekly Health Suite Staffing Coverage As of January 22, 2020			
Ward 5			
School	School Nurse Coverage	Allied Health Coverage	Total Health Suite Coverage
Children's Guild PCS	40	0	40
Creative Minds PCS	40	0	40
DC Preparatory PCS- Lower School	32	8	40

¹ Next Steps PCS currently enrolls only adult learners. Due to the student population and low utilization of this health suite (0 visits during SY 19-20), this school receives 32 hours of allied health coverage only.

DC Preparatory PCS- MS	40	0	40
Elsie Whitlow Stokes PCS	24	16	40
Friendship Armstrong PCS	40	0	40
Friendship Woodridge PCS Middle	40	0	40
Friendship Woodridge PCS Elementary	40	0	40
Hope Community Tolson	24	16	40
Inspired Teaching PCS	32	8	40
KIPP DC PCS- College Prep	32	8	40
KIPP DC PCS- Webb Campus- Connect	32	8	40
KIPP DC PCS- Webb Campus- Northeast	32	8	40
KIPP DC PCS- Webb Campus- Spring	40	0	40
Lee Montessori PCS	24	16	40
Mundo Verde Bilingual PCS	32	8	40
Perry Street Prep PCS	24	16	40
Shining Stars Montessori Academy	32	0	32
Two Rivers PCS	40	0	40
Washington Leadership Academy PCS	24	16	40
Washington Yu Ying PCS	40	0	40

District of Columbia Public Charter Schools Weekly Health Suite Staffing Coverage As of January 25, 2019			
Ward 6			
School	School Nurse Coverage	Allied Health Coverage	Total Health Suite Coverage
Center City PCS- Capitol Hill	40	0	40
Washington Global PCS	24	16	40
KIPP DC PCS Shaw- Grow	40	0	40
KIPP DC PCS Shaw- Lead	40	0	40
KIPP DC PCS Shaw- WILL	40	0	40
Friendship Chamberlain PCS- Elementary	40	0	40
Friendship Chamberlain PCS- Middle	40	0	40
Kingsman Academy PCS	24	16	40

District of Columbia Public Charter Schools Weekly Health Suite Staffing Coverage As of January 22, 2020			
Ward 7			
School	School Nurse Coverage	Allied Health Coverage	Total Health Suite Coverage
Friendship Collegiate PCS	40	0	40
KIPP DC PCS Smilow- Valor	40	0	40
KIPP DC PCS Smilow – Arts & Tech	40	0	40
KIPP DC PCS Smilow- Quest	40	0	40
Maya Angelou PCS	24	16	40
E.W. Stokes PCS East End	24	16	40
Friendship Blow Pierce PCS- Elementary	40	0	40
Friendship Blow Pierce PCS- Middle	40	0	40
DC Scholars PCS	40	0	40
DC Prep PCS Benning Campus-Middle	40	0	40
DC Prep PCS Benning Campus-Elementary	40	0	40
KIPP DC PCS Benning Campus- LEAP	40	0	40
KIPP DC PCS- Benning Campus-Promise	40	0	40
KIPP DC PCS- Benning Campus-Key	40	0	40
Apple Tree PCS- Oklahoma	24	8	32
Rocketship Legacy PCS	24	8	32
Statesman Academy	40	0	40

District of Columbia Public Charter Schools Weekly Health Suite Staffing Coverage As of January 22, 2020			
Ward 8			
School	School Nurse Coverage	Allied Health Coverage	Total Health Suite Coverage
DC Prep Anacostia PCS	32	8	40
Eagle Academy PCS- Congress Heights	40	0	40
Early Childhood Academy PCS	24	16	40
Friendship Southeast PCS	40	0	40
Friendship Tech PCS- MS	40	0	40
Friendship Tech PCS- HS	40	0	40
Thurgood Marshall Academy PCS	24	8	32
Rocketship Rise PCS	40	0	40
Apple Tree PCS- Douglass Knoll	24	16	40
Achievement Prep Academy PCS-Lower	24	0	24
Achievement Prep Academy PCS- Upper	24	0	24
Ingenuity Prep PCS	40	0	40
KIPP DC PCS- Douglass AIM	40	0	40
KIPP DC Douglas - Discover	40	0	40
KIPP DC Douglas - Heights	40	0	40

FY19 Health Suite Utilization (SY 18-19)
As of January 24, 2020

					Medications		Number of Students with the Following Procedure Need		
Ward	School Name	# of Student Encounters	Acute Care	ER Visits	Students with Prescriptions	Med Admin	Tube Feeding	Cath	Trach Care
Ward 1	Bancroft Elementary School	5,610	2,658	1	60	1,820	0	0	0
Ward 1	Benjamin Banneker High School	374	164	0	21	0	0	0	0
Ward 1	Bruce-Monroe Elementary School @ Park View	2,957	2,023	2	37	59	0	0	0
Ward 1	Cardozo Education Campus	3,505	1,290	6	23	792	0	0	3
Ward 1	Cleveland Elementary School	3,315	1,485	2	30	1,557	0	0	1
Ward 1	Columbia Heights Education Center	3,979	2,050	7	49	578	0	0	0
Ward 1	Creative Minds International PCS	1,898	289	1	21	1,044	1	0	1
Ward 1	E.L. Haynes PCS - Georgia Avenue	2,127	953	1	28	631	0	0	0
Ward 1	H.D. Cooke Elementary School	1,379	319	0	29	732	0	0	0
Ward 1	Marie Reed Elementary School	2,699	872	3	35	1,512	0	0	0
Ward 1	Meridian PCS	3,911	1,675	2	57	1,364	0	0	0
Ward 1	Next Steps Academy PCS	35	23	0	1	0	0	0	0
Ward 1	Oyster Adams Bilingual	1,433	545	1	14	368	0	0	1
Ward 1	Tubman Elementary School	5,919	2,230	5	67	3,330	0	0	0
Ward 1	Washington Metropolitan High School	966	512	7	7	163	0	0	0
Ward 2	Ellington School of the Arts	2,271	1,117	2	25	810	0	0	0
Ward 2	Garrison Elementary School	2,135	679	0	20	1,049	0	0	0
Ward 2	Hardy Middle School	4,191	1,380	5	31	2,429	0	0	0
Ward 2	Hyde-Addison Elementary School	2,373	1,245	0	14	494	0	0	0
Ward 2	Ross Elementary School	1,408	719	0	9	269	0	0	0
Ward 2	School Without Walls @ Francis-Stevens EC	3,993	2,109	0	57	1,411	0	0	0
Ward 2	School Without Walls High School	2,256	1,110	0	16	414	0	0	0
Ward 2	Thomson Elementary School	1,758	1,244	1	17	178	0	0	0
Ward 3	Deal Middle School	7,353	1,763	4	95	3,376	0	0	1
Ward 3	Eaton Elementary School	2,246	1,118	5	31	685	0	0	0
Ward 3	Hearst Elementary School	2,372	826	2	29	1,091	0	0	0
Ward 3	Janney Elementary School	3,343	1,709	3	49	511	0	0	0
Ward 3	Key Elementary School	2,268	1,120	4	20	276	0	0	0
Ward 3	Mann Elementary School	2,179	1,094	0	19	390	0	0	0
Ward 3	Murch Elementary School	2,841	1,312	4	40	81	0	0	0
Ward 3	Oyster-Adams Bilingual EC	3,212	1,903	3	22	282	0	0	0
Ward 3	Stoddert Elementary School	2,824	1,350	6	42	611	0	0	0
Ward 3	Wilson High School	3,922	1,225	11	47	1,263	0	0	0
Ward 4	Barnard Elementary School	4,044	1,018	7	38	1,707	0	0	0
Ward 4	Bridges PCS	4,893	1,004	1	56	3,370	0	0	0
Ward 4	Brightwood Education Campus	3,981	1,242	1	41	1,010	0	0	0

Ward 4	Capital City PCS - High School	821	348	6	8	8	0	0	0
Ward 4	Capital City PCS - Lower School	1,861	755	0	21	479	0	0	0
Ward 4	Capital City PCS - Middle School	2,479	665	0	21	832	0	0	0
Ward 4	Center City PCS - Petworth Campus	1,675	946	0	24	139	0	0	0
Ward 4	Coolidge High School	1,649	576	5	5	439	0	0	0
Ward 4	DC International PCS	3,479	1,573	6	34	853	0	0	0
Ward 4	Dorothy I. Heights Elementary School	3,427	1,000	7	37	1,457	0	0	0
Ward 4	E.L. Haynes PCS - Kansas Avenue (Elementary School)	5,267	1,719	0	39	2,272	0	0	1
Ward 4	E.L. Haynes PCS - Kansas Avenue (High School)	1,944	450	1	11	490	0	0	0
Ward 4	Hope Community PCS - Lamond	1,397	541	2	10	406	0	0	0
Ward 4	Lafayette Elementary School	3,878	1,208	6	57	1,582	0	0	0
Ward 4	LaSalle-Backus Education Campus	3,017	1,457	5	18	1,016	0	0	0
Ward 4	Latin American Montessori Bilingual PCS	3,732	2,129	0	48	495	0	0	0
Ward 4	MacFarland MS	3,051	892	6	25	924	1	0	1
Ward 4	Paul PCS - International High School	1,420	558	5	20	168	0	0	0
Ward 4	Paul PCS - Middle School	1,320	776	1	18	289	0	0	0
Ward 4	Powell Elementary School	4,214	1,833	0	45	1,148	0	0	0
Ward 4	Raymond Elementary School	3,520	1,478	1	24	950	0	0	0
Ward 4	Roosevelt High School	3,505	893	3	26	1,222	0	0	0
Ward 4	Shepherd Elementary School	3,380	2,076	4	37	633	0	0	0
Ward 4	Takoma Education Center	3,786	1,058	1	34	1,751	0	0	1
Ward 4	Truesdell Education Campus	3,524	1,087	3	19	1,385	0	0	0
Ward 4	Washington Latin PCS - Middle School	1,372	788	2	20	378	0	0	0
Ward 4	Washington Latin PCS - Upper School	496	297	1	4	46	0	0	0
Ward 4	West Education Campus	1,730	657	1	23	633	0	0	0
Ward 4	Whittier Education Campus	1,615	692	0	18	355	0	0	0
Ward 5	Brookland Middle School	2,273	947	1	32	755	0	0	0
Ward 5	Browne Education Campus	3,964	1,030	6	40	1,642	1	0	0
Ward 5	Bunker Hill Elementary School	2,276	990	4	18	1,203	0	0	0
Ward 5	Burroughs Education Center	1,555	1,159	0	21	55	0	0	0
Ward 5	City Arts & Prep PCS	2,130	448	2	24	1,037	0	0	0
Ward 5	DC Bilingual PCS	2,686	1,490	4	26	230	0	0	0
Ward 5	DC Prep PCS - Edgewood Elementary	3,508	1,900	0	50	993	0	0	0
Ward 5	DC Prep PCS - Edgewood Middle	2,168	996	0	17	966	0	0	0
Ward 5	Dunbar High School	1,817	941	13	72	322	0	0	1
Ward 5	ELSIE WHITLOW STOKES COMMUNITY FREEDOM PCS - BROOKLAND	1,859	1,210	0	15	6	0	0	0
Ward 5	Friendship PCS - Armstrong	3,653	2,082	0	51	1,211	0	0	0
Ward 5	Friendship PCS - Woodridge Elementary	1,195	463	0	15	602	0	0	0
Ward 5	Friendship PCS - Woodridge Middle	1,254	518	2	13	504	0	0	0
Ward 5	Inspired Teaching Demonstration PCS	1,863	856	1	33	622	0	0	0
Ward 5	KIPP DC - Connect Academy PCS	1,561	366	1	13	779	0	0	0
Ward 5	KIPP DC - Northeast Academy PCS	2,716	494	1	16	1,802	0	0	0

Ward 5	KIPP DC - Spring Academy PCS	2,222	576	0	16	1,278	0	0	0
Ward 5	Langdon Education Campus	3,123	1,613	0	31	903	0	0	0
Ward 5	Langley Education Campus	2,988	590	0	26	2,116	0	0	0
Ward 5	Lee Montessori PCS	705	422	1	13	198	0	0	0
Ward 5	Luke C. Moore High School	701	526	2	5	4	0	0	0
Ward 5	McKinley Technology High School	1,519	920	11	33	1	0	0	0
Ward 5	Mckinley Technology Middle School	3,171	1,167	9	26	855	0	0	1
Ward 5	Mundo Verde PCS	2,796	1,408	3	42	699	0	0	0
Ward 5	Noyes Education Campus	2,770	613	2	26	1,339	0	1	1
Ward 5	Perry Street Preparatory PCS	1,679	586	0	18	979	0	0	0
Ward 5	Phelps High School	2,026	848	6	28	529	0	0	0
Ward 5	Shining Stars Montessori Academy PCS	1,729	1,113	0	18	232	0	0	0
Ward 5	The Children's Guild PCS	4,885	1,121	9	40	3,476	0	0	0
Ward 5	Two Rivers PCS - Young Campus	5,180	1,259	6	51	2,329	3	0	0
Ward 5	Washington Leadership Academy PCS	355	156	0	5	132	0	0	0
Ward 5	Washington Yu Ying PCS	4,524	2,219	2	57	1,678	0	0	0
Ward 5	Wheatley Elementary School	1,681	977	1	21	253	0	0	0
Ward 6	Amidon-Bowen Elementary School	2,810	1,081	3	36	1,666	0	0	0
Ward 6	Brent Elementary School	3,383	2,413	0	37	312	0	0	0
Ward 6	Capitol Hill Montessori @ Logan	1,970	1,131	1	28	544	0	0	0
Ward 6	Center City PCS - Capitol Hill Campus	3,108	898	1	23	1,524	0	0	0
Ward 6	Cesar Chavez PCS for Public Policy - Capitol Hill	624	439	3	7	132	0	0	0
Ward 6	Eastern High School	2,876	1,247	5	10	1,094	0	0	0
Ward 6	Eliot-Hine Middle School	1,612	777	1	11	402	0	0	0
Ward 6	Friendship PCS - Chamberlain Elementary	2,642	443	0	30	1,549	0	0	0
Ward 6	Friendship PCS - Chamberlain Middle	1,930	611	2	31	973	0	0	0
Ward 6	HOPE COMMUNITY PCS - TOLSON	1,647	813	1	19	183	0	0	0
Ward 6	J. O. Wilson Elementary School	3,003	1,532	2	24	1,249	0	0	0
Ward 6	Jefferson Academy	2,245	1,329	4	14	264	0	0	0
Ward 6	Kingsman Academy PCS	843	493	0	10	169	0	0	0
Ward 6	KIPP DC - Grow Academy PCS	605	152	2	17	236	0	0	0
Ward 6	KIPP DC - Lead Academy PCS	3,417	814	4	31	1,455	0	0	0
Ward 6	KIPP DC - WILL Academy PCS	1,375	393	6	20	666	0	0	0
Ward 6	Ludlow-Taylor Elementary School	2,608	1,392	2	46	622	0	0	0
Ward 6	Maury Elementary School	2,104	893	0	30	830	0	0	0
Ward 6	Miner Elementary School	3,656	1,320	0	30	1,622	1	0	0
Ward 6	Payne Elementary School	2,623	1,295	0	29	350	0	0	1

Ward 6	Peabody Elementary School	1,057	409	0	17	222	0	0	0
Ward 6	School Within a School	3,448	721	4	26	1,705	0	0	0
Ward 6	Seaton Elementary School	4,255	1,752	2	33	2,106	0	0	0
Ward 6	Stuart-Hobson Middle School	1,686	1,038	0	18	223	0	0	0
Ward 6	Tyler Elementary School	3,296	1,937	6	41	888	0	0	0
Ward 6	Van Ness Elementary School	934	662	1	23	117	0	0	0
Ward 6	Walker-Jones Education Campus	4,330	2,291	5	27	1,504	1	0	0
Ward 6	Washington Global PCS	1,980	1,145	0	30	559	0	0	0
Ward 6	Watkins Elementary School	3,427	1,085	0	29	1,650	0	0	0
Ward 7	Aiton Elementary School	2,514	826	1	22	1,309	0	0	0
Ward 7	AppleTree Early Learning PCS - Oklahoma Ave	726	281	0	5	178	0	0	0
Ward 7	Beers Elementary School	2,266	1,108	0	22	436	0	0	0
Ward 7	Burrville Elementary School	3,963	1,219	6	17	2,232	0	0	0
Ward 7	C.W. Harris Elementary School	2,128	789	2	18	834	1	0	0
Ward 7	DC Prep PCS - Benning Elementary	4,072	1,450	0	36	1,684	0	0	0
Ward 7	DC Prep PCS - Benning Middle	2,571	962	0	19	1,225	0	0	0
Ward 7	DC Scholars PCS	2,090	1,371	2	28	109	0	0	0
Ward 7	Drew Elementary School	2,374	897	0	24	974	0	0	0
Ward 7	ELSIE WHITLOW STOKES COMMUNITY FREEDOM PCS - EAST END	9	4	0	0	0	0	0	0
Ward 7	Friendship PCS - Blow-Pierce Elementary	1,752	763	1	22	451	0	0	0
Ward 7	Friendship PCS - Blow-Pierce Middle	870	504	1	11	59	0	0	0
Ward 7	Friendship PCS - Collegiate Academy	2,031	693	7	37	554	0	0	0
Ward 7	Houston Elementary School	2,451	1,134	6	20	937	0	0	0
Ward 7	Integrated Design Electronics Academy PCS	1,733	1,149	1	8	181	0	0	0
Ward 7	Kelly Miller Middle School	1,800	792	8	18	330	0	0	0
Ward 7	Kimball Elementary School	3,894	1,698	7	29	1,873	0	0	0
Ward 7	KIPP DC - Arts & Technology Academy PCS	232	97	1	15	62	0	0	0
Ward 7	KIPP DC - KEY Academy PCS	2,007	523	0	20	1,340	0	0	0
Ward 7	KIPP DC - LEAP Academy PCS	941	74	0	10	451	0	0	0
Ward 7	KIPP DC - Promise Academy PCS	3,501	1,024	2	38	1,624	0	0	0
Ward 7	KIPP DC - Quest Academy PCS	2,530	819	2	28	1,664	0	0	1
Ward 7	KIPP DC - Valor Academy PCS	2,068	451	4	17	1,473	0	0	0
Ward 7	Maya Angelou PCS - Evans High School	456	409	1	1	0	0	0	0
Ward 7	Nalle Elementary School	2,997	1,025	11	16	1,066	1	0	0
Ward 7	Plummer Elementary School	3,444	1,416	3	20	1,299	1	0	0
Ward 7	Randle Highlands Elementary School	3,169	1,492	0	28	1,054	0	0	0
Ward 7	River Terrace Special Education Center	2,915	1,248	5	29	1,297	0	0	0
Ward 7	Ron Brown College Prep HS	1,412	937	1	11	156	0	0	0
Ward 7	Smothers Elementary School	3,112	886	5	12	1,685	0	0	0
Ward 7	Sousa Middle School	1,630	757	0	10	292	0	0	0

Ward 7	STATESMAN COLLEGE PREPARATORY ACADEMY FOR BOYS PCS	59	26	0	0	0	0	0	0
Ward 7	Thomas Elementary School	2,745	730	2	25	1,779	1	0	0
Ward 7	Woodson SHS	1,621	643	8	6	251	0	0	1
Ward 8	Achievement Preparatory Academy PCS - Middle	2,595	745	0	13	1,229	0	0	0
Ward 8	Achievement Preparatory Academy PCS - Elementary	1,362	576	3	27	675	0	0	0
Ward 8	Anacostia High School	2,263	965	0	26	537	0	0	0
Ward 8	AppleTree Early Learning PCS - Southeast	317	118	1	4	128	0	0	0
Ward 8	Ballou High School	1,803	924	4	46	555	0	0	0
Ward 8	BOONE ELEMENTARY SCHOOL	3,127	1,218	1	23	1,233	0	0	0
Ward 8	DC Prep PCS - Anacostia Elementary	4,010	974	1	33	2,288	0	0	0
Ward 8	Democracy Prep PCS	2,717	1,258	6	29	1,299	0	0	0
Ward 8	Eagle Academy PCS - Congress Heights	3,412	778	1	32	1,907	0	0	1
Ward 8	Early Childhood Academy PCS	1,140	412	0	14	738	0	0	0
Ward 8	EXCEL ACADEMY	2,630	1,643	3	41	105	0	0	0
Ward 8	Friendship PCS - Southeast Elementary Academy	3,688	1,179	4	25	1,709	0	0	0
Ward 8	Friendship Tech Prep Academy MS PCS	841	372	1	5	277	0	0	0
Ward 8	Friendship Tech Prep Academy SHS PCS	1,888	934	1	14	678	0	0	0
Ward 8	Garfield Elementary School	2,401	537	0	28	1,661	0	0	0
Ward 8	Hart Middle School	1,849	747	2	14	493	0	0	0
Ward 8	Hendley Elementary School	3,869	1,255	0	32	2,310	0	0	0
Ward 8	Ingenuity Prep PCS	5,449	1,135	0	51	4,110	0	0	0
Ward 8	Johnson Middle School	2,213	1,247	3	9	807	0	0	0
Ward 8	Ketcham Elementary School	2,753	959	2	22	1,411	0	0	0
Ward 8	King Elementary School	3,671	1,344	1	27	2,119	0	0	0
Ward 8	KIPP DC - AIM Academy PCS	3,304	1,602	4	42	1,204	0	0	0
Ward 8	KIPP DC - Discover Academy PCS	2,308	331	3	16	1,364	0	0	0
Ward 8	KIPP DC - Hamilton College Preparatory PCS	3,912	1,081	0	16	1,920	0	0	0
Ward 8	KIPP DC - Heights Academy PCS	4,120	1,613	8	38	1,388	0	0	0
Ward 8	Kramer Middle School	1,725	1,054	7	8	227	0	0	0
Ward 8	Leckie Elementary School	7,159	3,941	3	32	1,991	1	0	0
Ward 8	Malcolm X Elementary School	2,114	796	1	22	713	0	0	0
Ward 8	Moten Elementary School	1,214	770	2	18	181	0	0	0
Ward 8	National Collegiate Preparatory PCS HS	273	236	1	3	0	0	0	0
Ward 8	Patterson Elementary School	6,110	1,424	4	46	3,848	1	0	0
Ward 8	ROCKETSHIP LEGACY PREP PCS	2,425	689	2	29	976	0	0	0
Ward 8	ROCKETSHIP RISE PCS	5,216	2,027	5	50	2,002	1	0	0
Ward 8	Savoy Elementary School	2,423	1,130	2	14	737	0	0	0
Ward 8	Simon Elementary School	2,994	1,335	3	25	1,202	0	0	0

Ward 8	Stanton Elementary School	4,167	779	1	32	2,538	0	0	0
Ward 8	Thurgood Marshall Academy PCS	2,609	1,264	3	29	615	0	0	0
Ward 8	Turner Elementary School	4,801	2,350	12	47	1,592	0	0	0
	TOTAL	504,510	202,276	487	5,086	188,179	15	1	17

FY20 YTD Health Suite Utilization (data as of January 22, 2020)

					Medications		Number of Students with the Following Procedure Need		
Ward	School Name	# of Student Encounters	Acute Care Mgmt	ER Visits	Students with Prescriptions	Meds Admin	Tube Feeding	Cath	Trach Care
Ward 1	Bancroft Elementary School	3,342	1,457	0	37	727	0	0	0
Ward 1	Benjamin Banneker High School	434	222	1	14	0	0	0	0
Ward 1	Bruce-Monroe Elementary School @ Park View	1,878	820	0	15	37	0	0	0
Ward 1	Cardozo Education Campus	2,250	494	3	14	587	0	2	0
Ward 1	Cleveland Elementary School	1,938	335	0	21	630	0	1	0
Ward 1	Columbia Heights Education Center	3,037	1,391	6	50	322	0	0	0
Ward 1	E.L. Haynes PCS - Georgia Avenue	1,225	485	2	18	403	0	0	0
Ward 1	H.D. Cooke Elementary School	1,582	361	0	22	330	0	0	0
Ward 1	Marie Reed Elementary School	1,896	539	0	32	881	0	0	0
Ward 1	Meridian PCS	1,767	786	3	39	391	0	0	0
Ward 1	Next Steps Academy PCS	5	4	0	0	0	0	0	0
Ward 1	Tubman Elementary School	2,773	777	4	23	704	0	0	0
Ward 1	Washington Metropolitan High School	576	378	0	10	85	0	0	0
Ward 2	Ellington School of the Arts	981	606	1	10	134	0	0	0
Ward 2	Garrison Elementary School	1,573	410	1	20	531	0	0	0
Ward 2	Hardy Middle School	1,841	758	5	23	618	0	0	0
Ward 2	Hyde-Addison Elementary School	1,612	771	1	14	269	0	0	0
Ward 2	Ross Elementary School	835	399	0	8	114	0	0	0
Ward 2	School Without Walls @ Francis-Stevens EC	3,136	1,569	0	31	492	0	0	0
Ward 2	School Without Walls High School	1,335	521	0	11	285	0	0	0
Ward 2	Thomson Elementary School	1,375	879	2	14	18	0	0	0
Ward 3	Deal Middle School	3,322	1,287	1	67	835	0	1	0
Ward 3	Eaton Elementary School	1,300	753	2	25	341	0	0	0
Ward 3	Hearst Elementary School	1,413	474	2	25	526	0	0	0
Ward 3	Janney Elementary School	3,435	867	1	44	463	0	0	0
Ward 3	Key Elementary School	1,363	812	3	16	54	0	0	0
Ward 3	Mann Elementary School	1,821	793	0	22	200	0	0	0
Ward 3	Murch Elementary School	2,069	940	2	27	182	0	0	0
Ward 3	Oyster Adams Bilingual	1,185	374	0	18	232	0	1	0
Ward 3	Oyster-Adams Bilingual EC	2,023	1,138	2	15	231	0	0	0
Ward 3	Stoddert Elementary School	1,933	709	5	27	502	0	0	0
Ward 3	Wilson High School	2,655	1,140	5	47	378	0	0	0

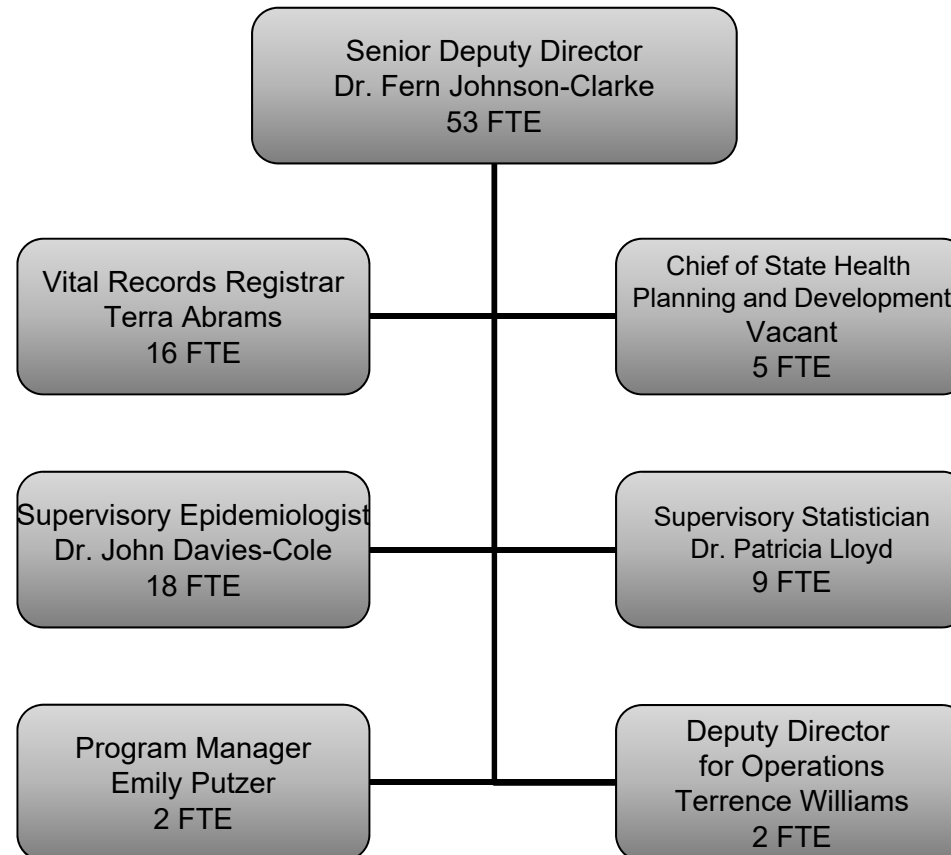
Ward 4	Barnard Elementary School	3,358	1,259	5	28	937	0	1	0
Ward 4	Bridges PCS	2,827	529	0	43	1,472	1	0	0
Ward 4	Brightwood Education Campus	3,531	907	0	30	583	0	0	0
Ward 4	Capital City PCS - High School	355	196	4	6	42	0	0	0
Ward 4	Capital City PCS - Lower School	1,246	473	0	17	235	0	0	0
Ward 4	Capital City PCS - Middle School	1,106	380	0	11	246	0	0	0
Ward 4	Center City PCS - Petworth Campus	961	569	0	11	12	0	0	0
Ward 4	Coolidge High School	1,210	352	1	11	284	0	0	0
Ward 4	DC International PCS	1,401	835	5	27	276	0	0	0
Ward 4	Dorothy I. Heights Elementary School	2,266	697	4	40	480	0	0	0
Ward 4	E.L. Haynes PCS - Kansas Avenue (Elementary School)	2,717	1,041	1	39	1,035	0	1	0
Ward 4	E.L. Haynes PCS - Kansas Avenue (High School)	1,111	355	2	7	253	0	0	0
Ward 4	Friendship PCS - Ideal Academy	0	0	0	0	0	0	0	0
Ward 4	Hope Community PCS - Lamond	942	323	1	17	232	0	0	0
Ward 4	Ida B. Wells Middle School	487	306	0	7	123	0	0	0
Ward 4	Lafayette Elementary School	3,193	1,200	0	56	867	0	1	0
Ward 4	LaSalle-Backus Education Campus	1,997	784	2	24	578	0	0	0
Ward 4	Latin American Montessori Bilingual PCS	2,398	1,233	0	38	293	0	1	0
Ward 4	MacFarland MS	2,026	724	0	18	339	1	1	0
Ward 4	Paul PCS - International High School	427	286	3	1	1	0	0	0
Ward 4	Paul PCS - Middle School	1,013	411	0	10	261	0	0	0
Ward 4	Powell Elementary School	2,325	902	2	19	310	0	0	0
Ward 4	Raymond Elementary School	2,275	692	1	16	300	0	0	0
Ward 4	Roosevelt High School	2,181	555	3	19	476	0	1	0
Ward 4	Shepherd Elementary School	1,918	869	1	28	356	0	0	0
Ward 4	Takoma Education Center	2,325	770	3	22	688	0	1	0
Ward 4	Truesdell Education Campus	2,829	647	3	26	622	0	0	0
Ward 4	Washington Latin PCS - Middle School	812	405	0	27	200	0	0	0
Ward 4	Washington Latin PCS - Upper School	372	210	1	8	67	0	0	0
Ward 4	West Education Campus	1,299	560	0	11	175	0	0	0
Ward 4	Whittier Education Campus	1,486	405	0	16	167	0	0	0
Ward 5	Brookland Middle School	1,334	527	2	16	393	1	0	0
Ward 5	Browne Education Campus	2,628	841	4	28	608	1	0	0
Ward 5	Bunker Hill Elementary School	1,188	390	4	10	302	0	0	0
Ward 5	Burroughs Education Center	1,287	470	1	17	122	0	0	0
Ward 5	Creative Minds International PCS	747	158	0	10	190	1	2	0
Ward 5	DC Bilingual PCS	1,784	761	1	19	105	0	0	0
Ward 5	DC Prep PCS - Edgewood Elementary	2,154	863	1	35	535	0	0	0
Ward 5	DC Prep PCS - Edgewood Middle	1,610	796	0	22	402	0	0	0

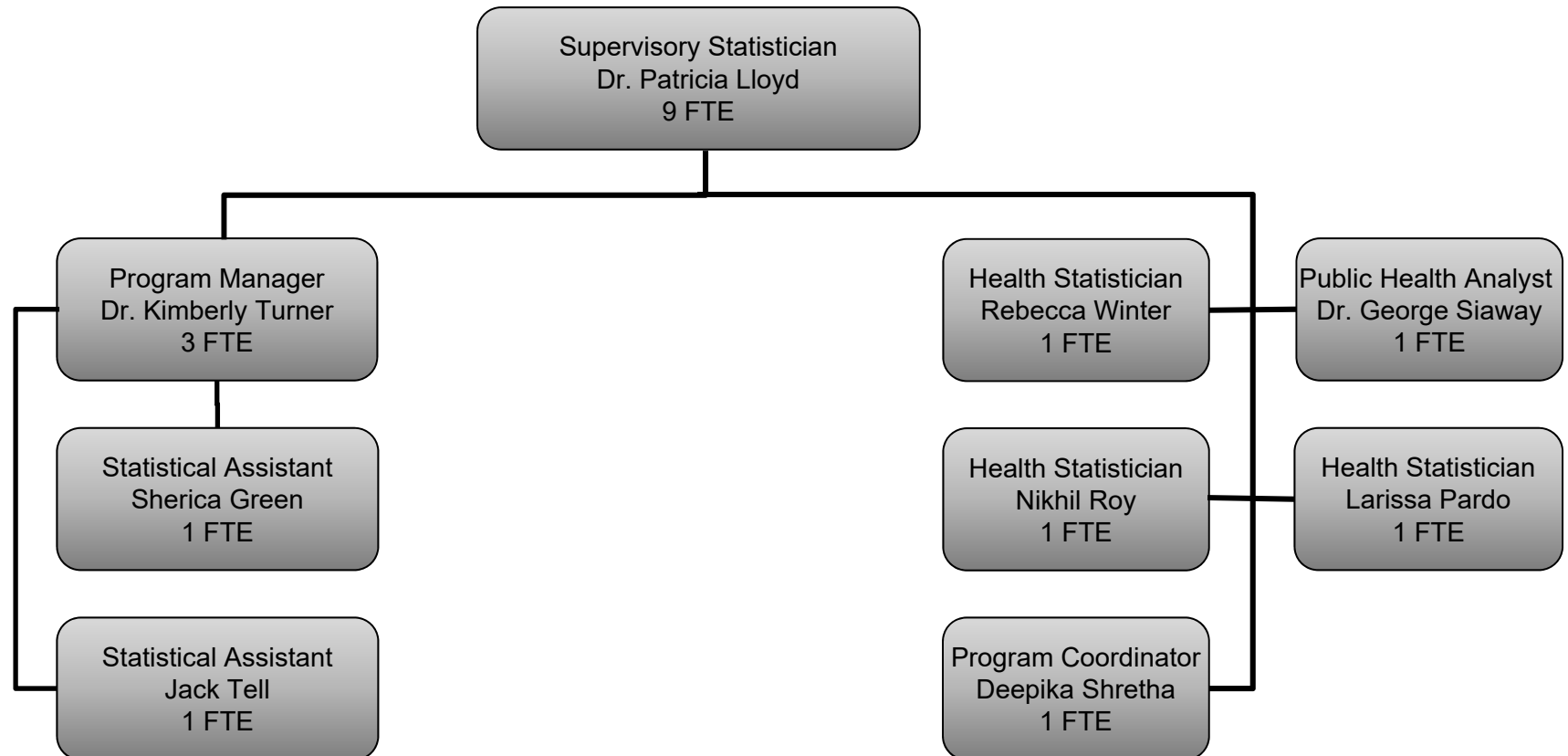
Ward 5	Dunbar High School	1,052	468	9	27	269	0	0	0
Ward 5	Elsie Whitlow Stokes Community Freedom PCS - Brookland	1,391	897	0	17	19	0	0	0
Ward 5	Friendship PCS - Armstrong	2,714	1,132	0	32	880	0	0	0
Ward 5	Friendship PCS - Woodridge Elementary	1,328	257	0	6	292	0	0	0
Ward 5	Friendship PCS - Woodridge Middle	529	240	0	7	32	0	0	0
Ward 5	Inspired Teaching Demonstration PCS	1,297	623	2	32	402	0	0	0
Ward 5	KIPP DC - Connect Academy PCS	579	204	0	7	199	0	0	0
Ward 5	KIPP DC - Hamilton College Preparatory PCS	2,121	777	1	15	920	0	0	0
Ward 5	KIPP DC - Northeast Academy PCS	806	399	1	6	316	1	0	0
Ward 5	KIPP DC - Spring Academy PCS	1,043	266	0	11	611	0	0	0
Ward 5	Langdon Education Campus	1,846	652	1	29	448	0	0	0
Ward 5	Langley Education Campus	2,178	432	1	22	839	0	0	0
Ward 5	Lee Montessori PCS	1,021	349	0	19	100	0	0	0
Ward 5	Luke C. Moore High School	486	339	0	2	0	0	0	0
Ward 5	McKinley Technology High School	843	370	2	24	5	0	0	0
Ward 5	McKinley Technology Middle School	1,458	779	3	21	270	0	0	0
Ward 5	Mundo Verde PCS	1,341	719	0	39	159	0	0	0
Ward 5	Noyes Education Campus	1,482	430	0	16	498	1	1	0
Ward 5	Perry Street Preparatory PCS	1,194	481	1	11	518	0	0	0
Ward 5	Phelps High School	679	300	1	7	133	0	0	0
Ward 5	Shining Stars Montessori Academy PCS	877	407	3	13	35	0	0	0
Ward 5	The Children's Guild PCS	2,878	689	3	33	1,612	0	0	0
Ward 5	Two Rivers PCS - Young Campus	2,619	600	2	38	814	2	0	0
Ward 5	Washington Leadership Academy PCS	431	202	2	4	62	0	0	0
Ward 5	Washington Yu Ying PCS	2,659	1,326	1	45	602	0	0	0
Ward 5	Wheatley Elementary School	1,389	680	2	18	250	0	0	0
Ward 6	Amidon-Bowen Elementary School	1,098	461	1	28	398	1	0	0
Ward 6	Brent Elementary School	1,967	1,247	0	36	137	0	0	0
Ward 6	Capitol Hill Montessori @ Logan	1,060	638	1	17	205	0	0	0
Ward 6	Center City PCS - Capitol Hill Campus	2,166	560	0	22	947	0	0	0
Ward 6	Eastern High School	1,662	590	3	9	496	0	0	0
Ward 6	Eliot-Hine Middle School	1,400	523	5	12	556	0	0	0
Ward 6	Friendship PCS - Chamberlain Elementary	1,303	269	0	21	615	0	0	0
Ward 6	Friendship PCS - Chamberlain Middle	1,126	216	0	15	651	0	0	0
Ward 6	Hope Community PCS - Tolson	2,233	761	0	31	1,023	0	0	0
Ward 6	J. O. Wilson Elementary School	1,203	272	2	21	415	1	0	0
Ward 6	Jefferson Academy	1,244	475	5	9	271	0	0	0

Ward 6	Kingsman Academy PCS	427	218	3	3	100	0	0	0
Ward 6	KIPP DC - Grow Academy PCS	597	53	0	13	173	0	0	0
Ward 6	KIPP DC - Lead Academy PCS	1,818	293	2	28	862	0	0	0
Ward 6	KIPP DC - WILL Academy PCS	758	186	4	15	111	0	0	0
Ward 6	Ludlow-Taylor Elementary School	1,509	327	0	31	183	1	0	0
Ward 6	Maury Elementary School	1,548	509	1	29	308	0	0	0
Ward 6	Miner Elementary School	2,450	844	1	34	682	1	0	0
Ward 6	Payne Elementary School	1,589	768	2	29	278	0	1	0
Ward 6	Peabody Elementary School	792	280	1	10	89	0	0	0
Ward 6	School Within a School	2,255	306	0	25	1,005	1	1	0
Ward 6	Seaton Elementary School	3,331	1,330	0	35	1,046	0	0	0
Ward 6	Stuart-Hobson Middle School	1,138	600	2	24	344	0	0	0
Ward 6	Tyler Elementary School	2,315	813	1	28	632	0	0	0
Ward 6	Van Ness Elementary School	1,442	834	1	27	234	0	0	0
Ward 6	Walker-Jones Education Campus	2,410	1,152	7	25	798	0	0	0
Ward 6	Washington Global PCS	990	429	1	14	349	0	0	0
Ward 6	Watkins Elementary School	1,913	381	0	25	591	0	0	0
Ward 7	Aiton Elementary School	1,296	351	1	23	588	0	0	0
Ward 7	AppleTree Early Learning PCS - Oklahoma Ave	596	251	0	2	7	0	0	0
Ward 7	Bard High School Early College DC	1	1	0	0	0	0	0	0
Ward 7	Beers Elementary School	1,134	569	2	18	211	0	0	0
Ward 7	Burrville Elementary School	2,284	789	5	16	978	0	0	0
Ward 7	C.W. Harris Elementary School	1,584	452	3	18	367	1	0	0
Ward 7	DC Prep PCS - Benning Elementary	2,917	966	0	35	953	0	0	0
Ward 7	DC Prep PCS - Benning Middle	1,543	636	0	17	513	0	0	0
Ward 7	DC Scholars PCS	1,209	709	2	25	224	0	0	0
Ward 7	Drew Elementary School	1,532	593	1	17	416	0	0	0
Ward 7	Elsie Whitlow Stokes Community Freedom PCS - East End	24	15	0	1	8	0	0	0
Ward 7	Friendship PCS - Blow-Pierce Elementary	1,491	496	0	12	294	0	0	0
Ward 7	Friendship PCS - Blow-Pierce Middle	763	287	0	11	84	0	0	0
Ward 7	Friendship PCS - Collegiate Academy	1,312	500	3	29	219	0	0	0
Ward 7	Houston Elementary School	1,284	380	2	11	445	0	0	0
Ward 7	Integrated Design Electronics Academy PCS	1,355	837	0	9	88	0	0	0
Ward 7	Kelly Miller Middle School	1,372	823	3	18	291	0	0	0
Ward 7	Kimball Elementary School	2,631	1,219	2	38	823	0	0	0
Ward 7	KIPP DC - Arts & Technology Academy PCS	278	128	2	8	113	0	0	0
Ward 7	KIPP DC - KEY Academy PCS	690	209	1	11	450	0	0	0

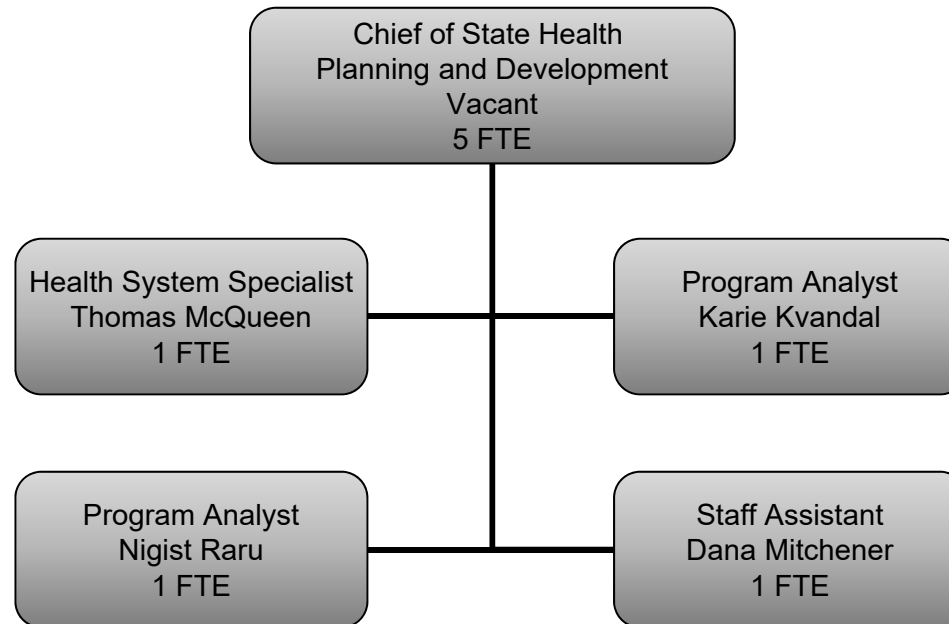
Ward 7	KIPP DC - LEAP Academy PCS	239	75	1	5	75	0	0	0
Ward 7	KIPP DC - Promise Academy PCS	1,241	520	1	24	573	0	0	0
Ward 7	KIPP DC - Quest Academy PCS	1,016	469	3	22	415	0	0	0
Ward 7	KIPP DC - Valor Academy PCS	860	283	1	15	406	0	0	0
Ward 7	Maya Angelou PCS - Evans High School	327	196	1	2	33	0	0	0
Ward 7	Nalle Elementary School	1,717	665	2	11	299	0	0	0
Ward 7	Plummer Elementary School	1,638	611	1	12	394	0	0	0
Ward 7	Randle Highlands Elementary School	1,830	780	0	14	395	0	0	0
Ward 7	River Terrace Special Education Center	1,544	627	1	35	703	1	0	1
Ward 7	Ron Brown College Prep HS	940	456	1	11	260	0	0	0
Ward 7	Smothers Elementary School	1,681	615	0	12	754	0	0	0
Ward 7	Sousa Middle School	1,022	566	0	6	181	0	0	0
Ward 7	Statesman College Preparatory Academy for Boys PCS	513	185	0	12	304	0	0	0
Ward 7	Thomas Elementary School	1,864	425	0	26	730	1	0	0
Ward 7	Woodson SHS	1,454	639	1	6	198	0	1	0
Ward 8	Achievement Preparatory Academy PCS - Middle	0	0	0	0	0	0	0	0
Ward 8	Achievement Preparatory Academy PCS - Elementary	817	396	1	15	143	0	0	0
Ward 8	Anacostia High School	1,079	579	0	26	126	0	0	0
Ward 8	AppleTree Early Learning PCS - Southeast	55	15	0	0	16	0	0	0
Ward 8	Ballou High School	1,013	401	0	2	194	0	0	0
Ward 8	Boone Elementary School	1,857	735	2	28	762	0	0	0
Ward 8	DC Prep PCS - Anacostia Elementary	2,870	784	0	28	1,049	0	0	0
Ward 8	Eagle Academy PCS - Congress Heights	2,007	576	0	25	894	1	0	0
Ward 8	Early Childhood Academy PCS	473	166	0	16	263	0	0	0
Ward 8	Excel Academy	2,529	880	2	28	554	0	0	0
Ward 8	Friendship PCS - Southeast Elementary Academy	2,105	528	0	26	753	0	0	0
Ward 8	Friendship Tech Prep Academy MS PCS	458	183	1	1	170	0	0	0
Ward 8	Friendship Tech Prep Academy SHS PCS	982	483	1	2	252	0	0	0
Ward 8	Garfield Elementary School	1,341	408	1	28	616	0	0	0
Ward 8	Hart Middle School	827	486	0	8	102	0	0	0
Ward 8	Hendley Elementary School	1,874	790	0	18	536	0	0	0
Ward 8	Ingenuity Prep PCS	4,251	882	0	68	2,949	0	0	0
Ward 8	Johnson Middle School	1,201	659	3	8	262	0	0	0

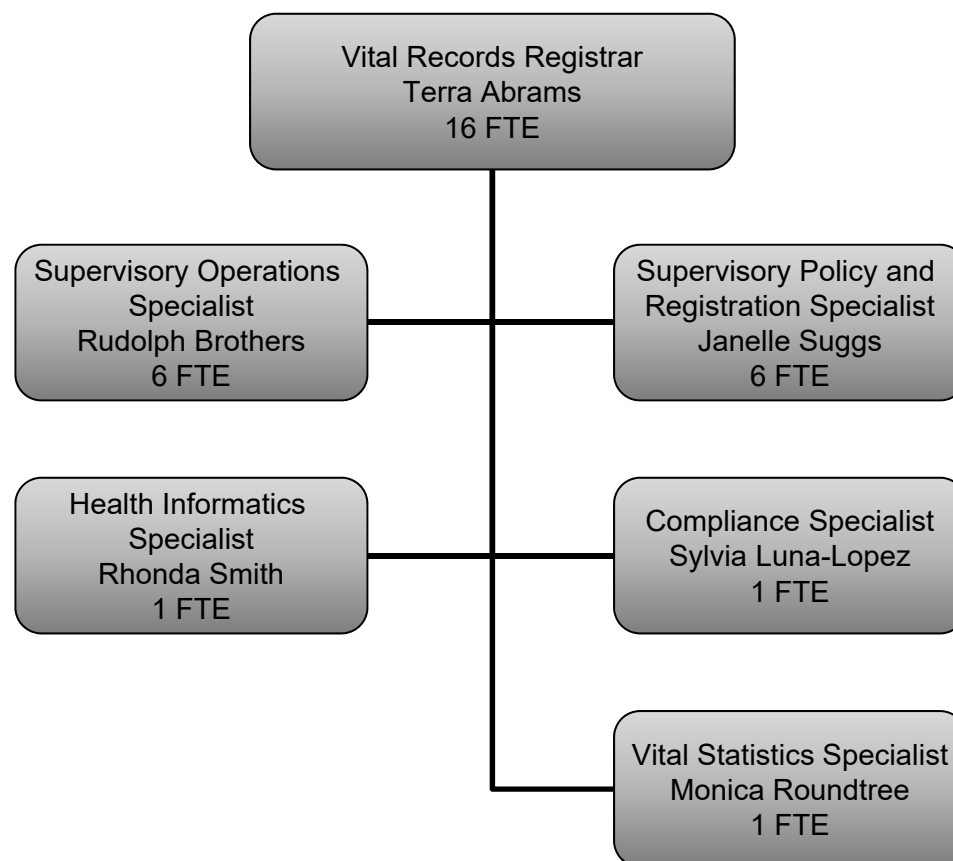
Ward 8	Ketcham Elementary School	1,956	580	0	14	733	0	0	0
Ward 8	King Elementary School	2,751	870	0	30	1,517	0	0	0
Ward 8	KIPP DC - AIM Academy PCS	1,533	754	3	29	703	0	0	0
Ward 8	KIPP DC - Discover Academy PCS	1,043	229	1	18	610	0	1	0
Ward 8	KIPP DC - Heights Academy PCS	3,305	704	2	45	2,251	0	0	0
Ward 8	KIPP DC - Somerset College Preparatory PCS	1	1	0	0	0	0	0	0
Ward 8	Kramer Middle School	1,276	444	1	5	306	0	0	0
Ward 8	Leckie Elementary School	5,543	2,579	4	24	1,159	1	0	0
Ward 8	Malcolm X Elementary School	1,289	584	0	17	331	0	0	0
Ward 8	Moten Elementary School	1,276	763	2	10	277	0	0	0
Ward 8	National Collegiate Preparatory PCS HS	119	78	2	0	0	0	0	0
Ward 8	Patterson Elementary School	2,330	747	1	16	876	1	0	0
Ward 8	Rocketship Legacy Prep PCS	1,152	403	0	18	706	0	0	0
Ward 8	Rocketship Rise PCS	2,997	1,179	2	54	1,205	1	0	0
Ward 8	Savoy Elementary School	1,777	582	0	20	812	0	0	0
Ward 8	Simon Elementary School	1,823	728	1	17	701	0	0	0
Ward 8	Stanton Elementary School	2,308	538	1	40	1,473	0	0	0
Ward 8	Thurgood Marshall Academy PCS	1,358	643	0	20	134	0	0	0
Ward 8	Turner Elementary School	2,705	1,312	6	29	1,046	1	0	0
	TOTAL	308,484	116,275	262	3,931	87,126	22	19	1



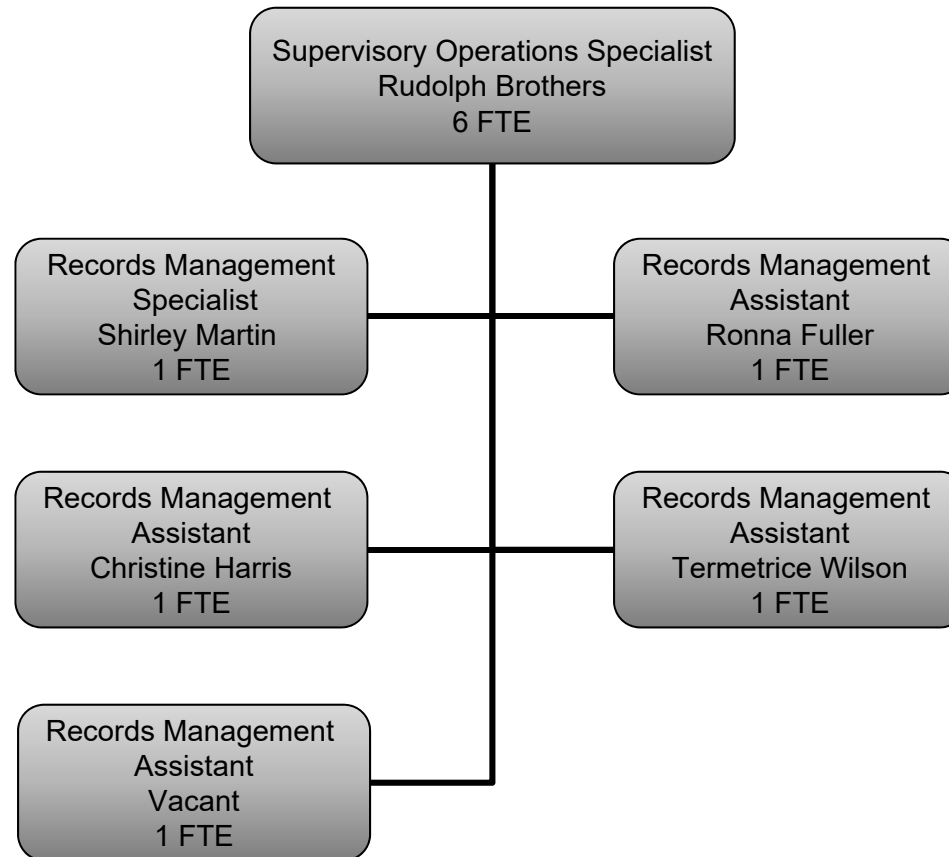


**Center for Policy Planning and Evaluation
State Health Planning
and Development Agency (SHPDA)**

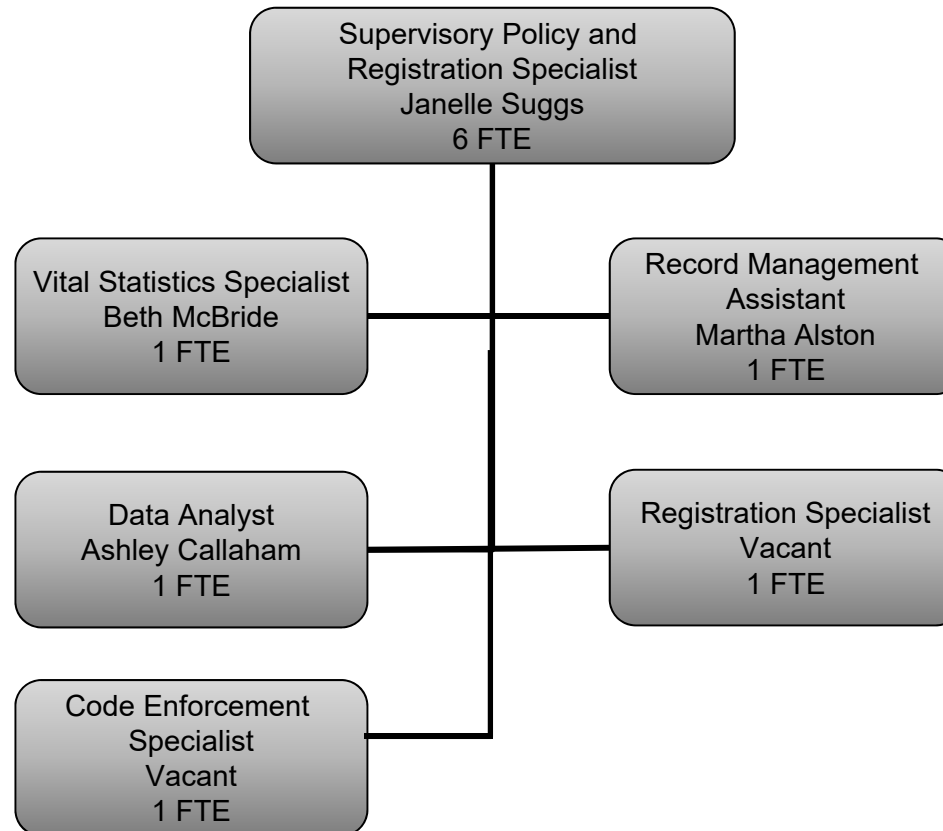


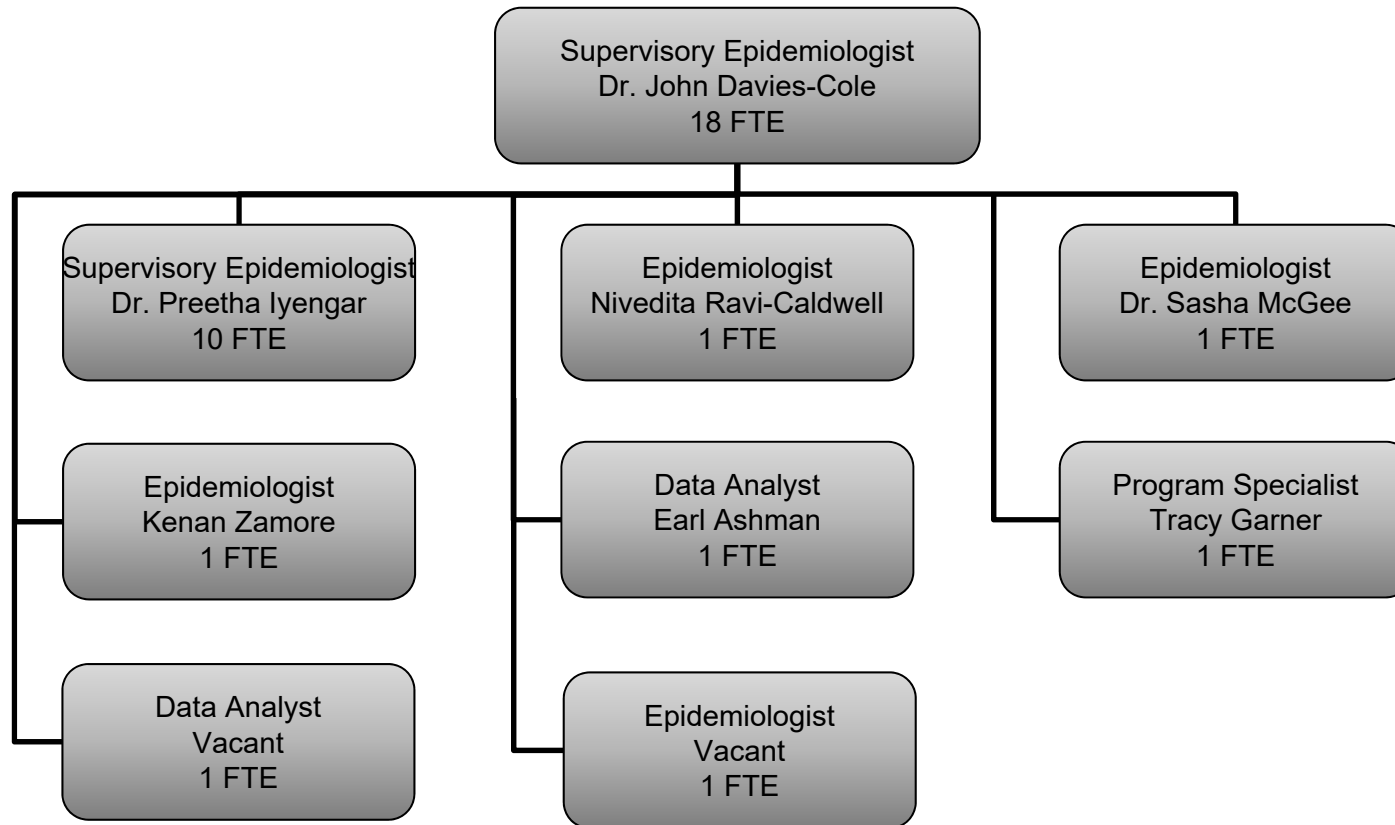


**Center for Policy Planning and Evaluation
Vital Records Division
Customer Service and Customer Operations Unit (CSCO)**

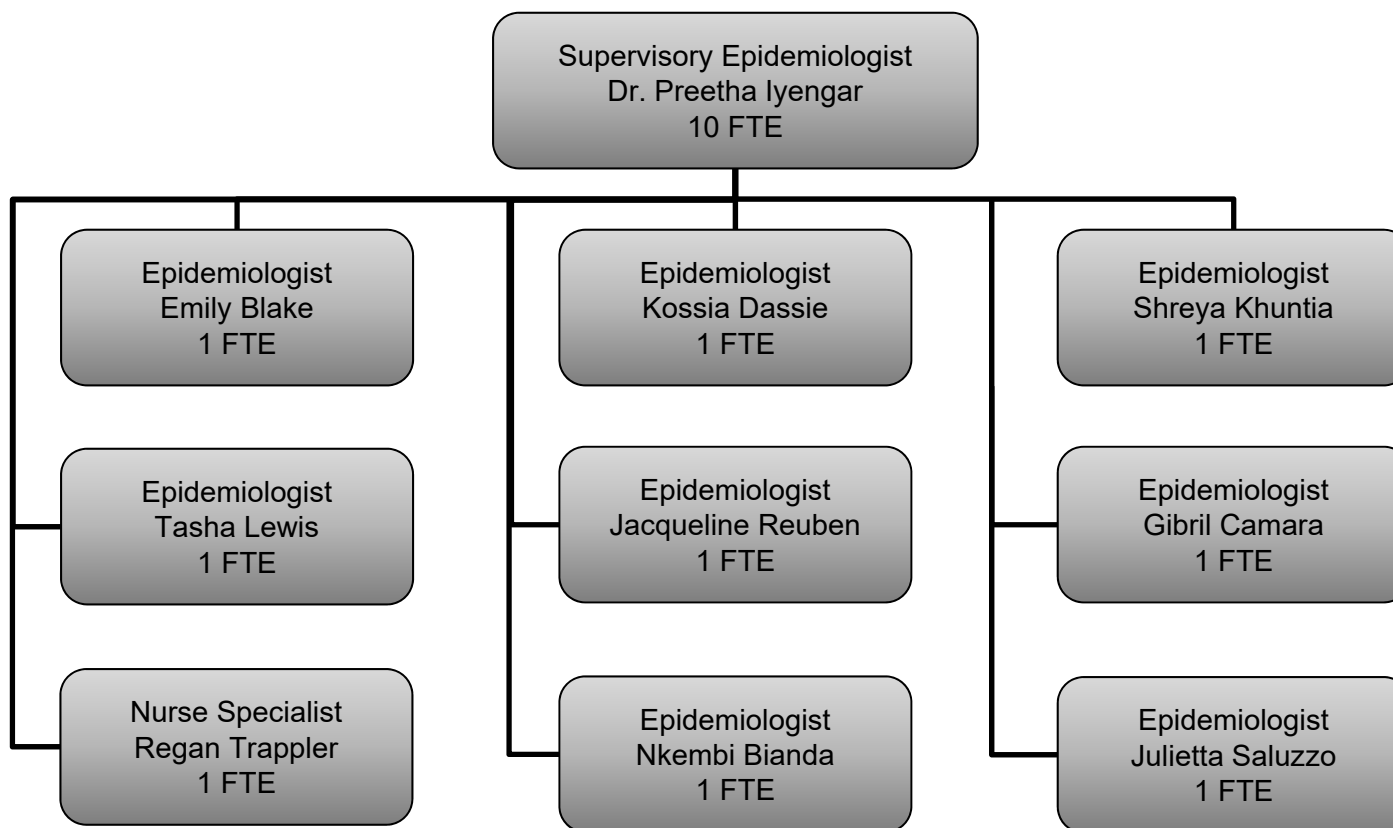


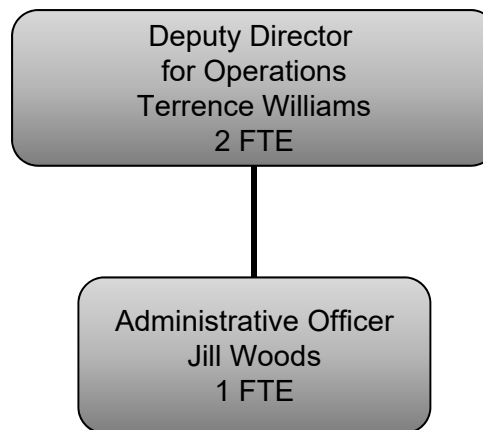
**Center for Policy Planning and Evaluation
Vital Records Division
Registration and Policy Unit (RPU)**

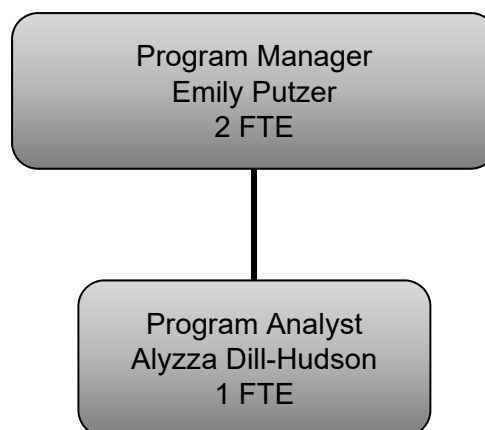




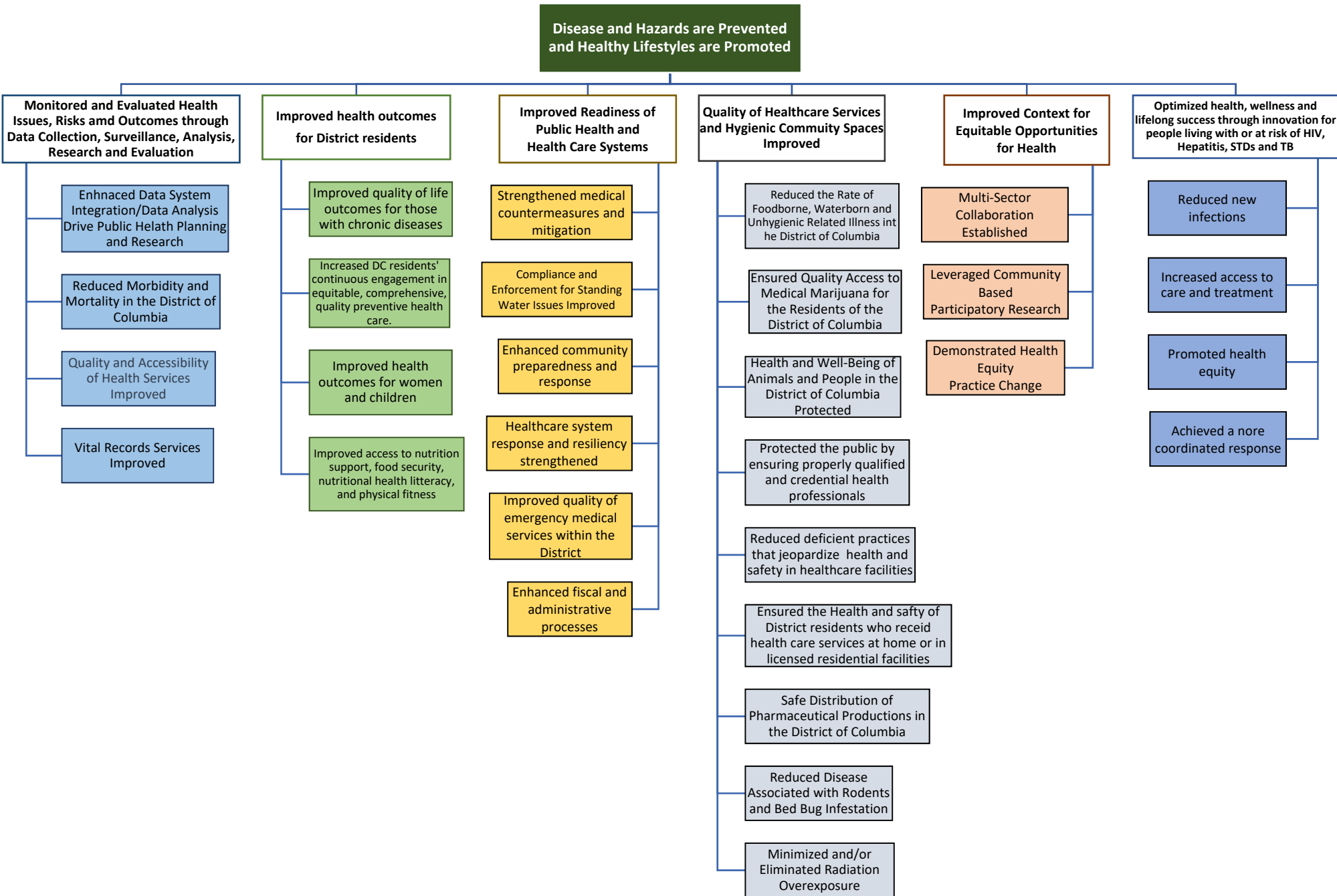
DC | **HEALTH** Center for Policy Planning and Evaluation
Research Evaluation and
Measurement Division



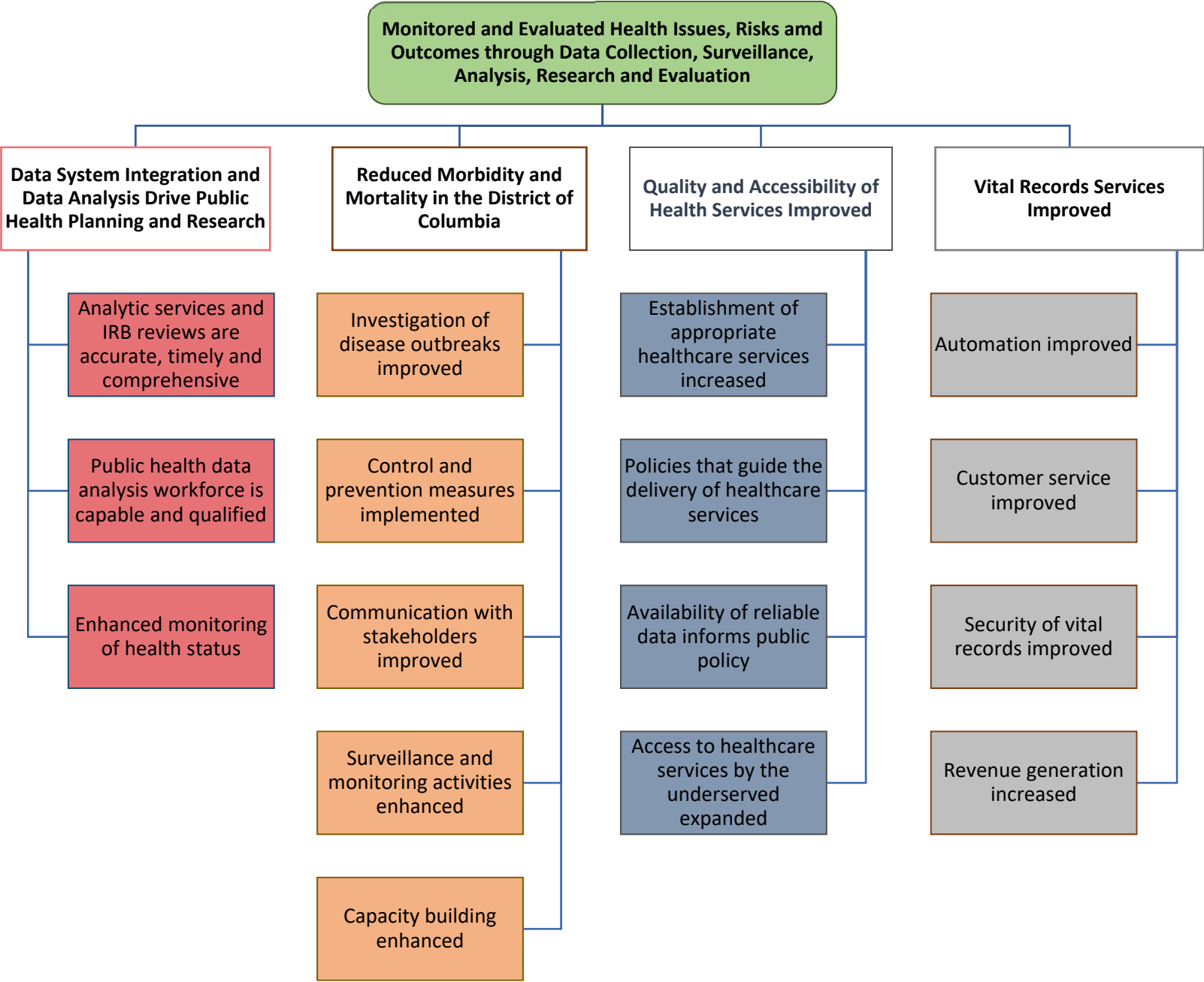




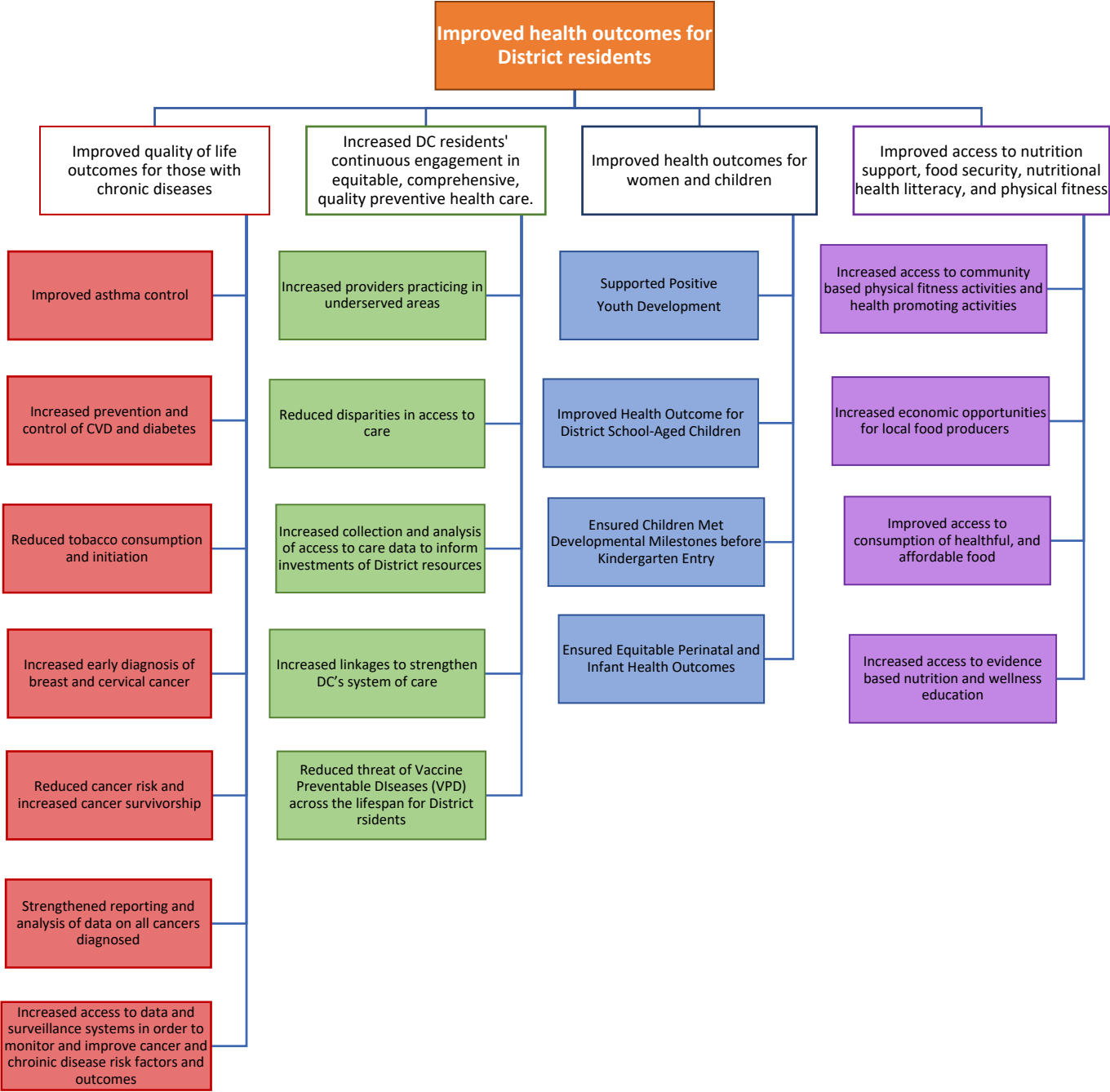
DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH (DC HEALTH) – RESULTS FRAMEWORK



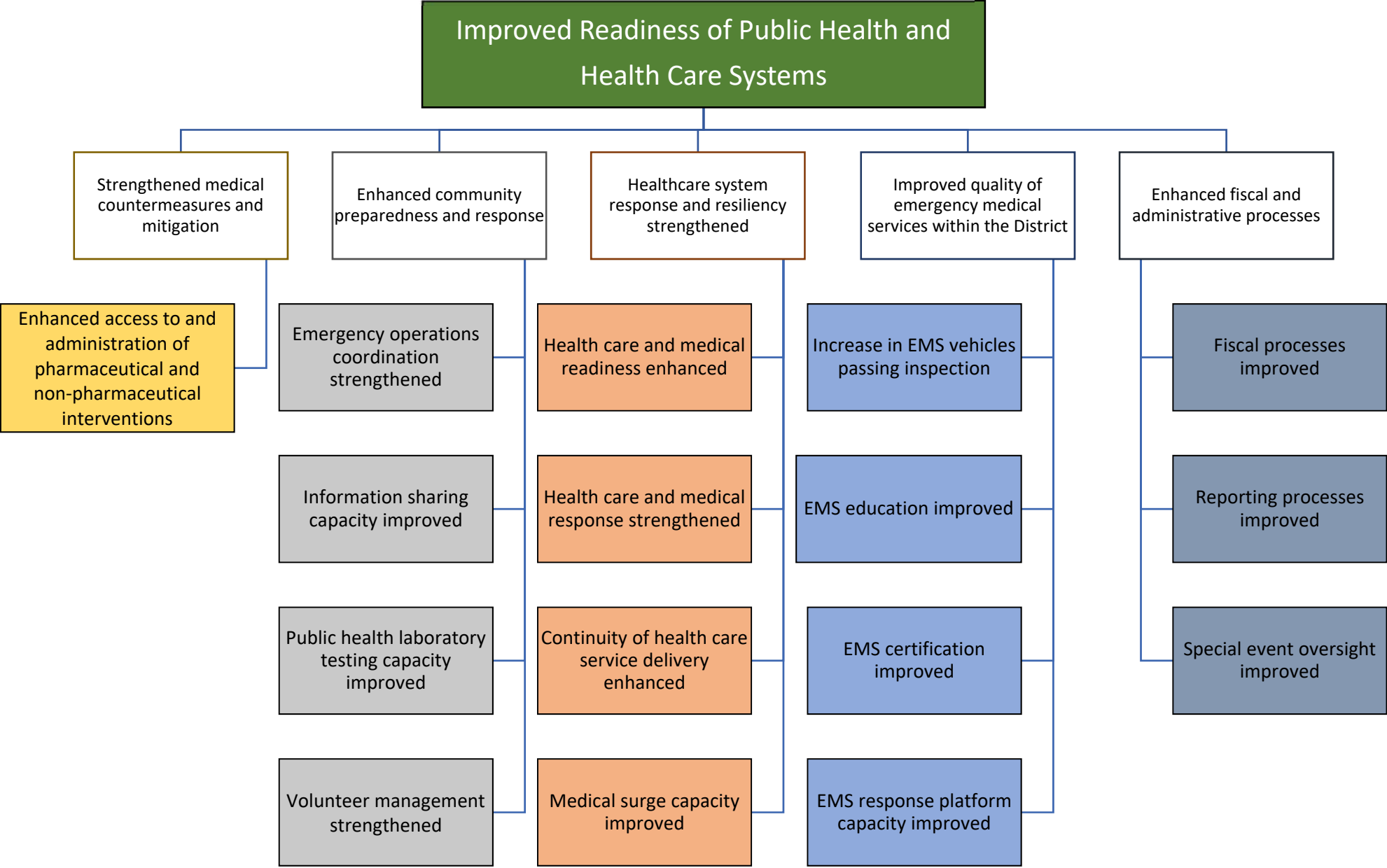
CENTER FOR POLICY, PLANNING AND EVALUATION



COMMUNITY HEALTH ADMINISTRATION

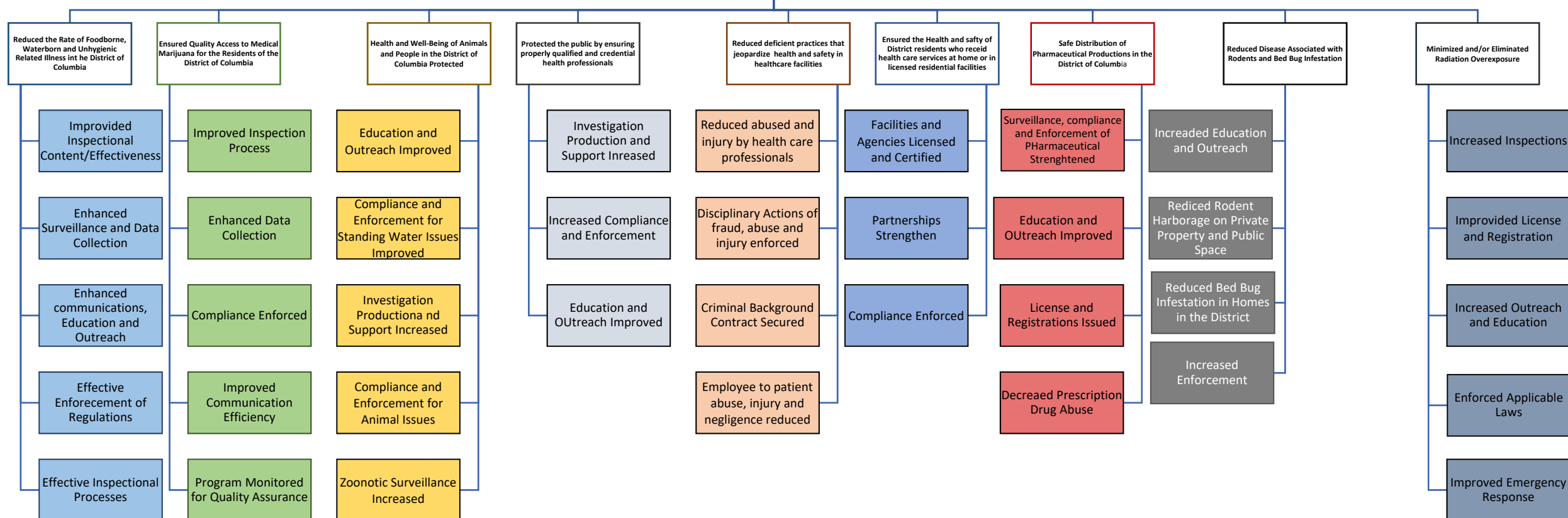


HEALTH EMERGENCY PREPAREDNESS RESPONSE ADMINISTRATION

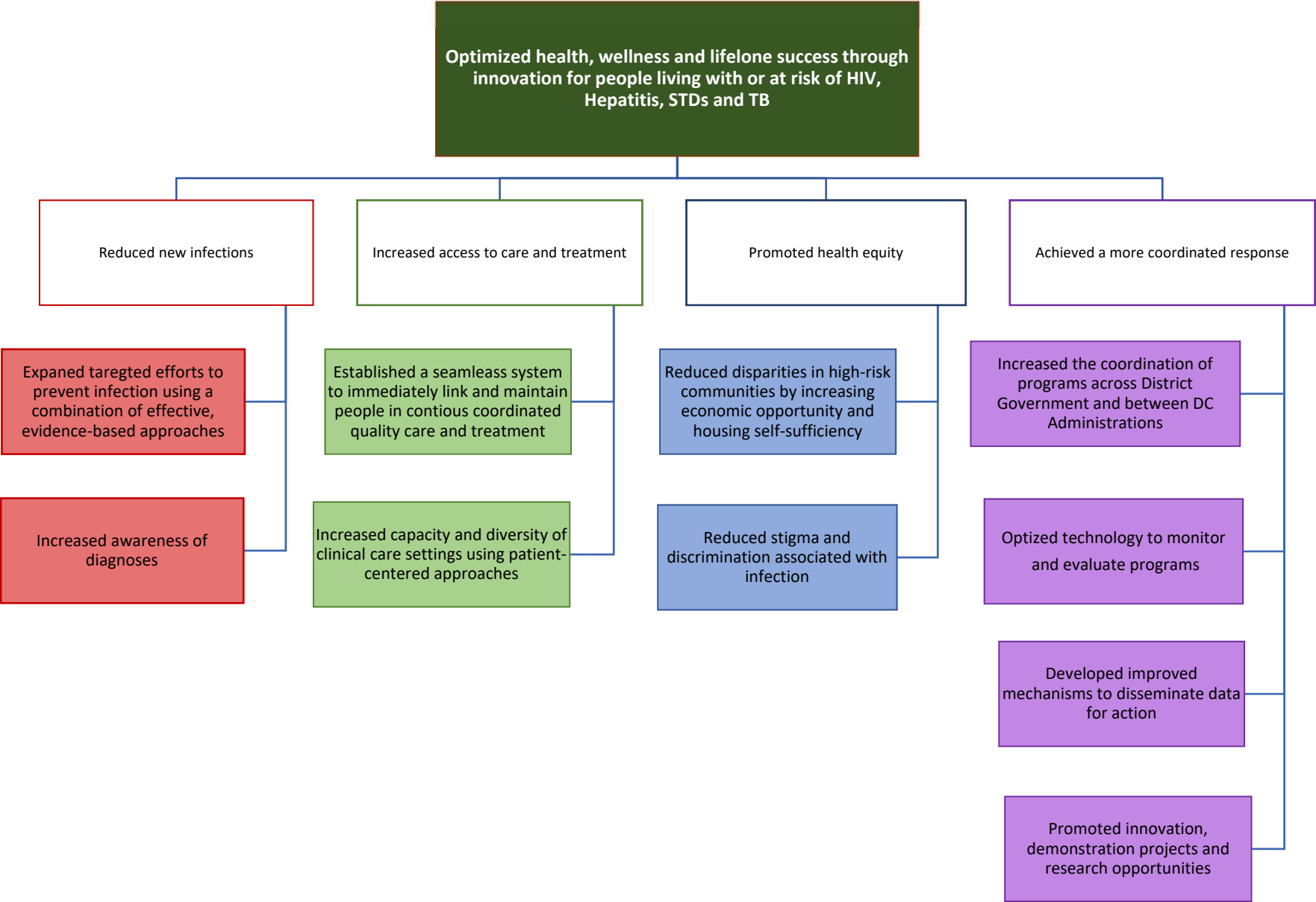


HEALTH REGULATION AND LICENSING ADMINISTRATION

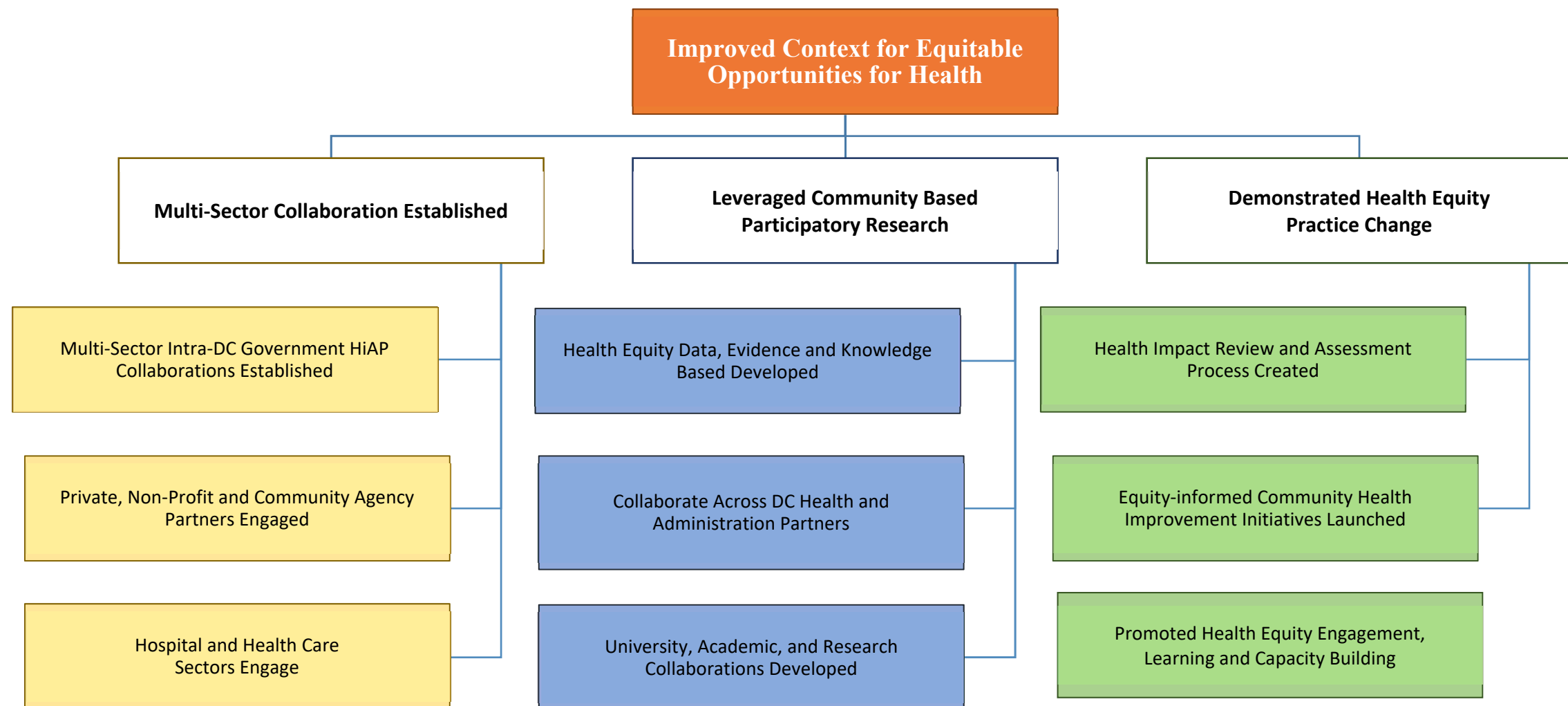
Quality of Healthcare Services and Hygienic Community Spaces Improved



HIV/AIDS HEPATITIS STD AND TUBERCULOSIS ADMINISTRATION



OFFICE OF HEALTH EQUITY



Summary of Uncompensated Care Data as Reported by District of Columbia Hospitals to the State Health Planning and Development Agency (SHPDA) for 2018

Hospital	Uncomp. Care Obligation	Provided to All Persons			Provided To District Residents			Charity Care by Patient Residence				Bad Debt by Patient Residence			
		Charity Care	Bad Debt	Total	Charity Care	Bad Debt	Total	DC	MD	VA	Other Jurisdictions	DC	MD	VA	Other Jurisdictions
WHC	\$18,363,765	\$21,488,773	\$17,176,534	\$38,665,307	\$3,416,343	\$8,965,409	\$12,381,752	\$3,416,343	\$3,510,636	\$738,407	\$13,823,387	\$8,965,409	\$6,441,805	\$910,674	\$858,645
CNMC	\$15,555,483	\$6,262,818	\$11,564,913	\$17,827,731	\$1,011,922	\$3,673,765	\$4,685,687	\$1,011,922	\$4,170,412	\$879,094	\$201,389	\$3,673,765	\$6,053,397	\$1,395,971	\$441,780
GT	\$15,059,792	\$14,262,212	\$5,447,785	\$19,709,997	\$9,382,426	\$1,398,223	\$10,780,649	\$9,382,426	\$3,634,722	\$521,381	\$723,683	\$1,398,223	\$2,305,180	\$1,161,394	\$582,987
SIB**	\$7,656,326	\$3,178,905	\$3,178,905	\$6,357,810	\$678,648	\$2,157,007	\$2,835,655	\$678,648	\$1,821,326	\$607,619	\$71,312	\$2,157,007	\$1,656,070	\$589,032	\$452,763
GW**	\$9,191,339	\$1,034,068	\$5,322,480	\$6,356,548	\$488,127	\$2,416,502	\$2,904,629	\$488,127	\$222,441	\$213,664	\$109,836	\$2,416,502	\$1,337,335	\$1,002,005	\$566,639
UMC	\$1,922,994	\$553,475	\$2,794,229	\$3,347,704	\$266,444	\$1,619,686	\$1,886,130	\$266,444	\$265,191		\$21,839	\$1,619,686	\$973,425	\$110,536	\$90,582
NRH	\$2,810,475	\$155,599	\$2,805,094	\$2,960,693	\$12,978	\$491,444	\$504,422	\$12,978	\$79,344	\$63,240	\$37	\$491,444	\$1,754,639	\$204,624	\$354,387
CAP HILL**	\$374,096	\$0	\$135,493	\$135,493	\$0	\$135,493	\$135,493	\$0	\$0	\$0	\$0	\$135,493	\$0	\$0	\$0
HSC	\$532,127	\$6,575,287	\$6,345	\$6,581,632	\$0	\$4,275	\$4,275	\$0	\$0	\$0	\$0	\$4,275	\$538	\$1,531	\$0
HADLEY**	\$351,215	\$0	\$69,630	\$69,630	\$0	\$69,630	\$69,630	\$0	\$0	\$0	\$0	\$69,630	\$0	\$0	\$0
HOW	\$3,362,496	\$3,914,082	\$13,585,052	\$17,499,134	\$3,791,199	\$8,722,870	\$12,514,069	\$3,791,199	\$80,914	\$23,409	\$18,559	\$8,722,870	\$2,893,272	\$1,104,151	\$864,759
Total	\$75,180,107	\$57,425,219	\$62,086,460	\$119,511,679	\$19,048,087	\$29,654,304	\$48,702,391	\$19,048,087	\$13,784,986	\$3,046,814	\$14,970,042	\$29,654,304	\$23,415,661	\$6,479,918	\$4,212,542

*Uncompensated Care is the combination of charity care and bad debt. Charity care is defined as medical care which is provided to persons who do not have the ability to pay for care. Bad Debt is defined as medical care which is provided to persons who had the apparent ability to pay for that care, but who fail to pay.

** Hospital did not fully meet its obligation (obligation amount is greater than the total provided to all persons).

The attached is the 2018 Uncompensated Care Data Report. The information includes dollar value for uncompensated care, as self-reported by DC hospitals. The information has not been verified by the SHPDA.

Four hospitals, Sibley Memorial Hospital, George Washington University Hospital, BridgePoint Hospital Capitol Hill, and BridgePoint Hospital National Harbor have not met the required level of uncompensated care.

No reason was provided by these hospitals to show why they were unable to meet the requirements.

Two hospitals, Psychiatric Institute of Washington and Providence Hospital, were non-compliant with the SHPDA uncompensated care requirements and have not provided uncompensated care data.

DISTRICT OF COLUMBIA
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
899 NORTH CAPITOL STREET, N.E.
SIXTH FLOOR
WASHINGTON, D.C. 20002
(202) 442-5875

CERTIFICATE OF NEED
2019 FISCAL YEAR STATUS REPORT
DECISIONS ON CERTIFICATE OF NEED APPLICATIONS

CON #	DATE OF APPLICATION SUBMISSION	NAME	PROJECT DESCRIPTION	DECISION DATE	STATUS
17-5-7	6/8/18	Children's Hospital	Relocation of Outpatient Neuroscience Center to 6833 4 th Street, N.W.	10/25/18	Approved
18-4-8	5/18/18	Children's National Health System	Renovation of Buildings at the Walter Reed Army Medical Center Campus and to Relocate Pediatric and Adolescent Outpatient Primary Care Services, Genetics Services, the Rare Disease Institute and Research Programs and Services from the Main Hospital to the Campus	10/25/18	Approved
18-3-2	8/5/18	Capital Caring	Establishment of a 14-Bed Inpatient Acute Care Hospice Service at Sibley Memorial Hospital	11/30/18	Approved
18-4-10	6/24/18	Children's Hospital	Conversion of Seven Pediatric Beds to Seven Neonatal Intensive Care Beds	11/30/18	Approved
18-5-5	5/10/18	MedStar Health, Inc.	Renovation of Oncology Services Center at MedStar Washington Hospital Center	11/30/18	Approved
18-6-4	12/6/18	LHCG CXXXXV, LLC	Acquisition of Visiting Nurses Association of MD, LLC d/b/a VNA of DC	02/06/19	Approved
17-7-3	5/11/18	MBI Health Services, LLC	Establishment of Primary Care Services at 4130 Hunt Place, N.E.	02/07/19	Denied
17-7-4	4/27/18	MBI Health Services, LLC	Establishment of an Urgent Care Facility at 4130 Hunt Place, N.E.	02/07/19	Approved
18-7-1	8/30/18	Renal Treatment Centers, D.C., Inc. d/b/a Renal Treatment Centers Grant Park	Addition of Three New Dialysis Stations at the Deanwood Rehabilitation and Wellness Center	02/11/19	Approved
18-1-4	9/28/18	Children's Hospital	Relocation of Primary Care Services from the Main Hospital to 641 S Street, N.W.	03/01/19	Approved
18-3-1	9/20/18	Hamsa Home Health, LLC	Establishment of Adult Home Health Care Services	03/01/19	Denied

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CERTIFICATE OF NEED
2019 FISCAL YEAR STATUS REPORT
DECISIONS ON CERTIFICATE OF NEED APPLICATIONS

CON #	DATE OF APPLICATION SUBMISSION	NAME	PROJECT DESCRIPTION	DECISION DATE	STATUS
18-4-12	9/6/18	Family and Healthcare Solutions, Inc.	Establishment of Adult Home Health Care Services	03/01/19	Denied
18-5-3	5/9/18	Hill Health Services	Establishment of Adult Home Health Care Services	03/01/19	Denied
18-5-10	11/8/18	MedStar Health	Renovation of the Emergency Department at MedStar Washington Hospital Center	03/01/19	Approved
18-5-11	12/8/18	Providence Health Services, Inc.	Establishment of Primary Care Services	03/20/19	Approved
18-5-18		Washington Health Institute	Establishment of Primary Care Services	03/20/19	Approved
19-3-1	2/13/19	Care Advantage-Capital City, LLC	Acquisition of Capital Healthcare Associates, Inc. d/b/a Capital City Nurses Health Care Services	04/12/19	Approved
19-6-2	2/15/19	Providence Health Services, Inc.	Acquisition of Perry Family Health Center	04/15/19	Approved
18-5-9	12/17/19	Children's Hospital	Renovation and Expansion of Emergency Medicine and Trauma Center	05/20/19	Approved
19-5-2	3/8/19	Providence Hospital d/b/a Providence Health System	Establishment of Urgent Care Services	05/20/19	Approved
18-3-4	1/7/19	Children's Hospital	Addition of Specialty Care Services at Friendship Heights Regional Outpatient Center	05/22/19	Approved
18-8-1	7/20/18	Vesper Medical Transport of Washington DC	Establishment of Non-Emergency Ambulance Service	05/22/19	Denied
18-8-8	2/1/19	Breast Care for Washington	Establishment of Mobile Mammography Services	05/22/19	Approved
19-5-7	4/26/19	Carroll Manor	Acquisition of Carroll Manor Nursing and Rehabilitation Center	06/25/19	Approved
18-5-19	3/5/19	Bio-Medical Applications of the District of Columbia d/b/a MBA Columbia Heights	Establishment of Home Hemodialysis Training Program	06/26/19	Approved

DISTRICT OF COLUMBIA
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
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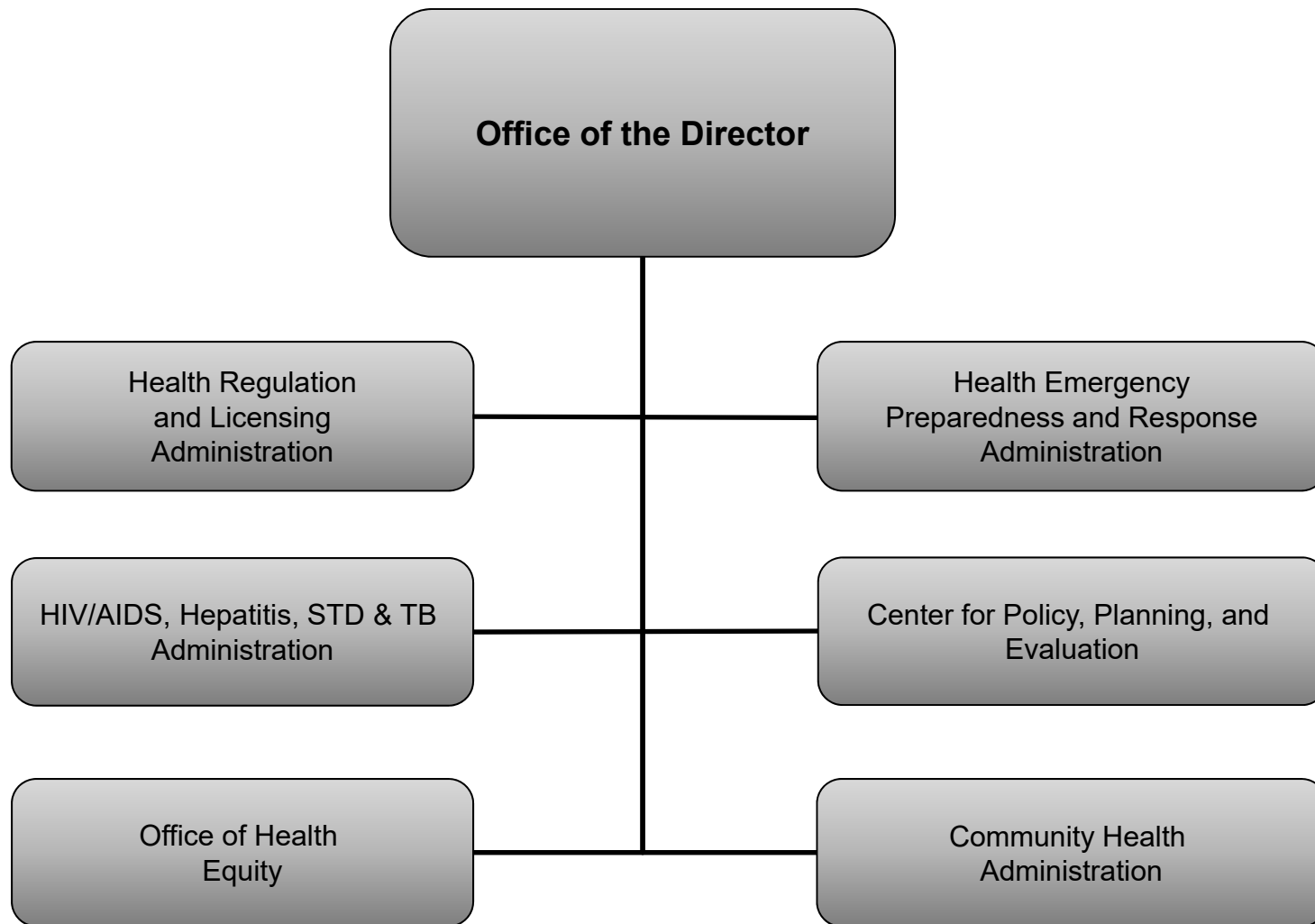
CERTIFICATE OF NEED
2019 FISCAL YEAR STATUS REPORT
DECISIONS ON CERTIFICATE OF NEED APPLICATIONS

CON #	DATE OF APPLICATION SUBMISSION	NAME	PROJECT DESCRIPTION	DECISION DATE	STATUS
19-8-1	4/9/19	MedStar Health, Inc.	Establishment of Primary Care Services	06/26/19	Approved
19-2-1		Wah Luck Adult Day Care Center	Establishment of Adult Day Care Services	08/20/19	Approved
19-5-6	6/3/19	Children's Hospital	Replacement of a Steam Line	08/20/19	Approved
19-5-10	6/27/19	Children's National Medical Center	Proposed Affiliation Between Children's National Medical Center and the HSC Foundation	08/26/19	Approved
19-8-2	5/13/19	Federal City Recovery Services	Establishment of a 15-Bed Adult Residential Substance Abuse Treatment Facility at 3704 First Street, S.E.	09/20/19	Approved
19-8-3	5/13/19	Federal City Recovery Services	Establishment of a 15-Bed Adult Residential Substance Abuse Treatment Facility at 2820 Pomeroy Road, S.E.	09/20/19	Approved
19-8-4	5/13/19	Federal City Recovery Services	Establishment of a 30-Bed Adolescent Residential Substance Abuse Treatment Facility at 200 Atlantic Street, S.E.	09/20/19	Approved



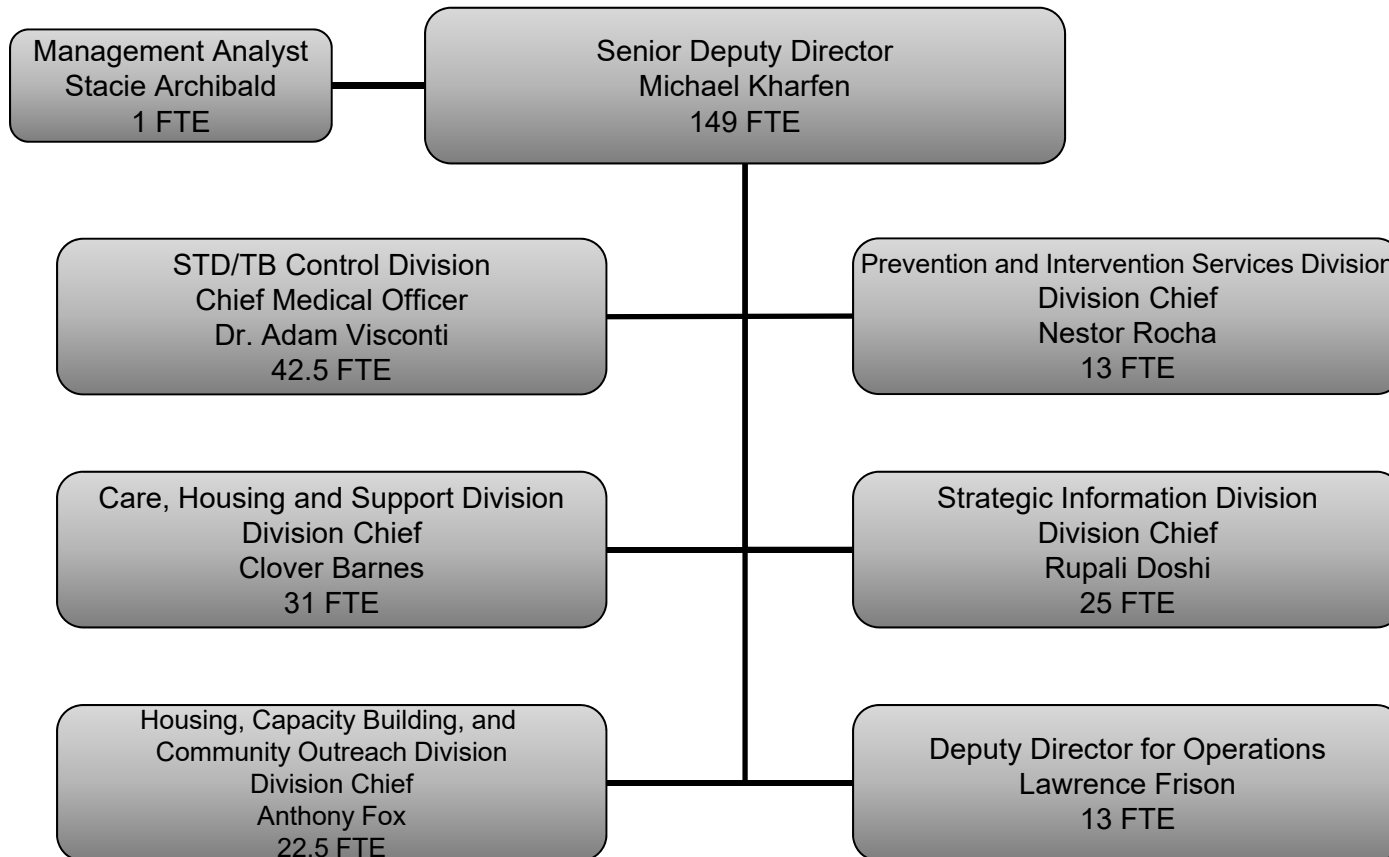
Department of Health

DC | **HEALTH**





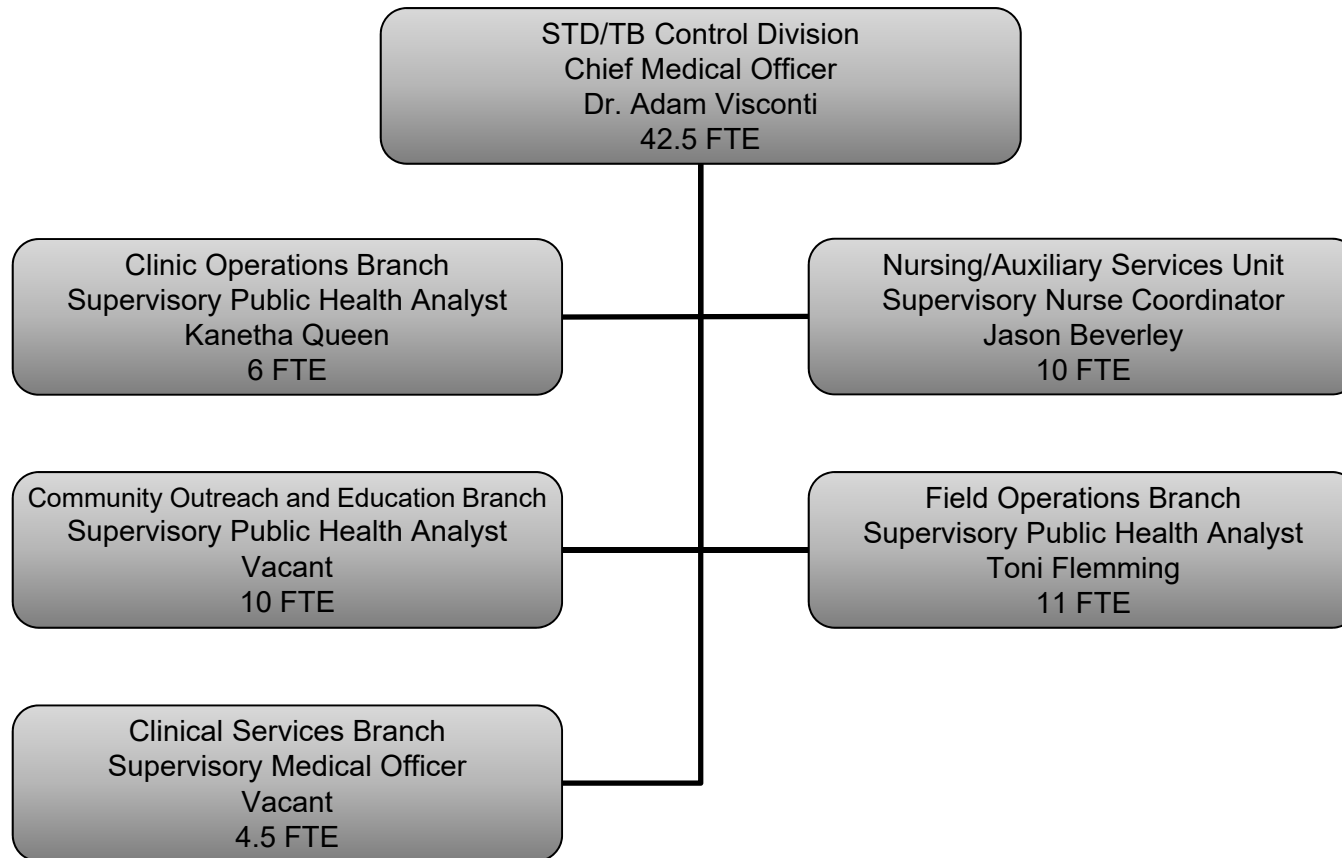
HIV/AIDS Hepatitis STD and TB Administration (HAHSTA)





STD/TB Control Division

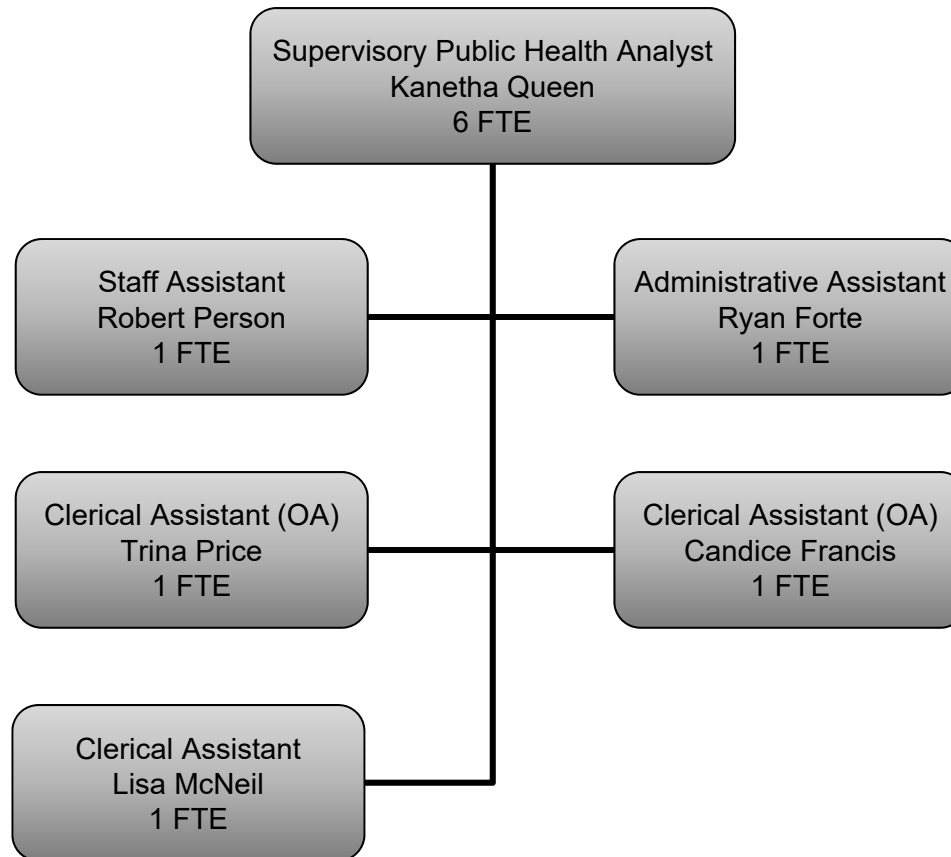
DC | **HEALTH**





**STD/TB Control Division
Clinic Operations Branch**

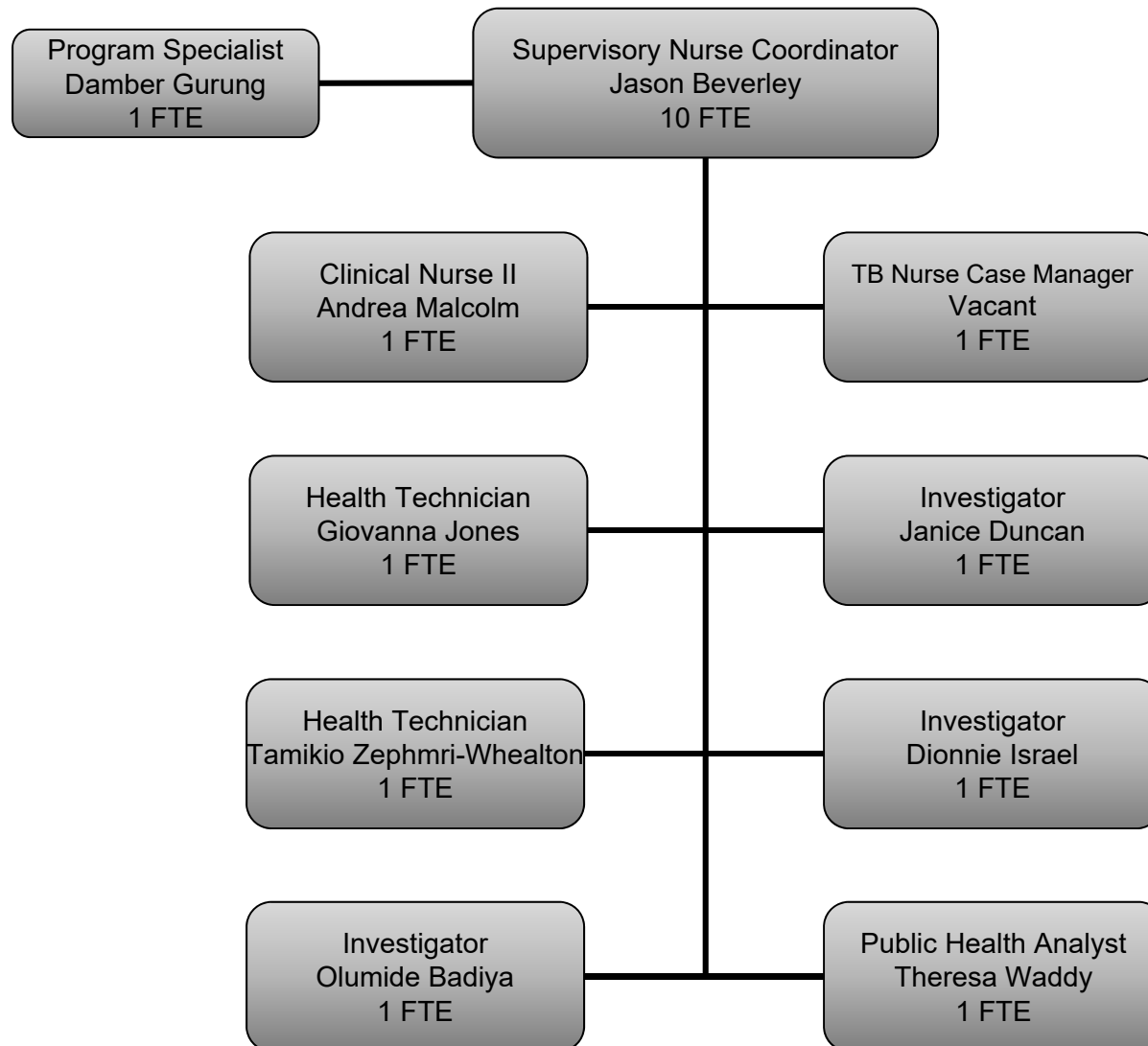
DC | **HEALTH**





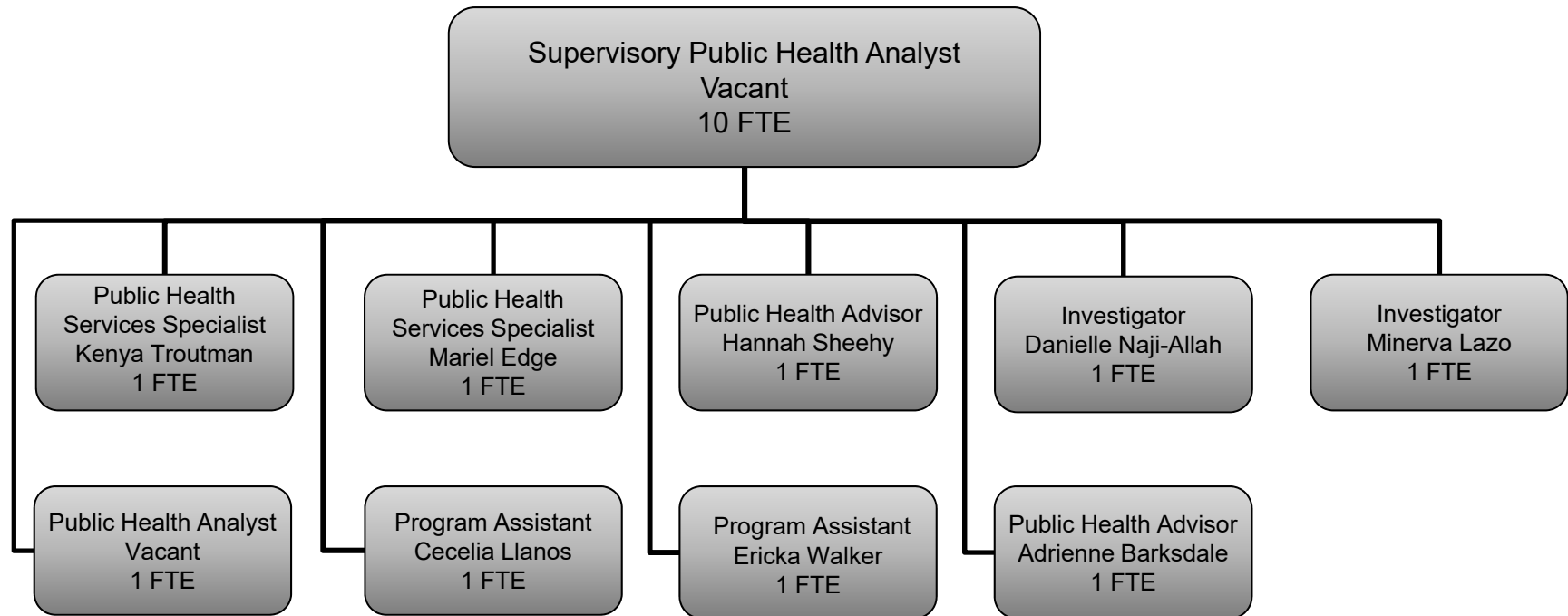
**STD/TB Control Division
Nursing/Auxiliary Services Branch**

DC | **HEALTH**





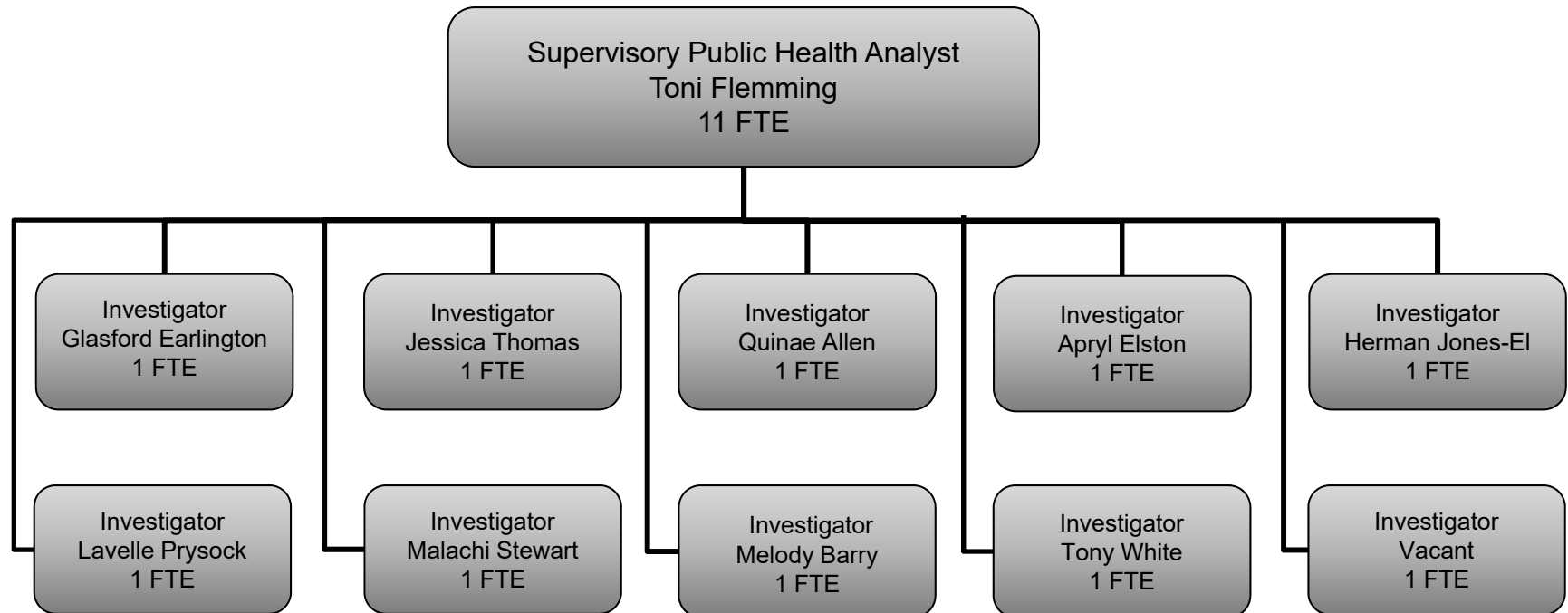
STD/TB Control Division
Community Outreach and Education Branch





**STD/TB Control Division
Field Operations Branch**

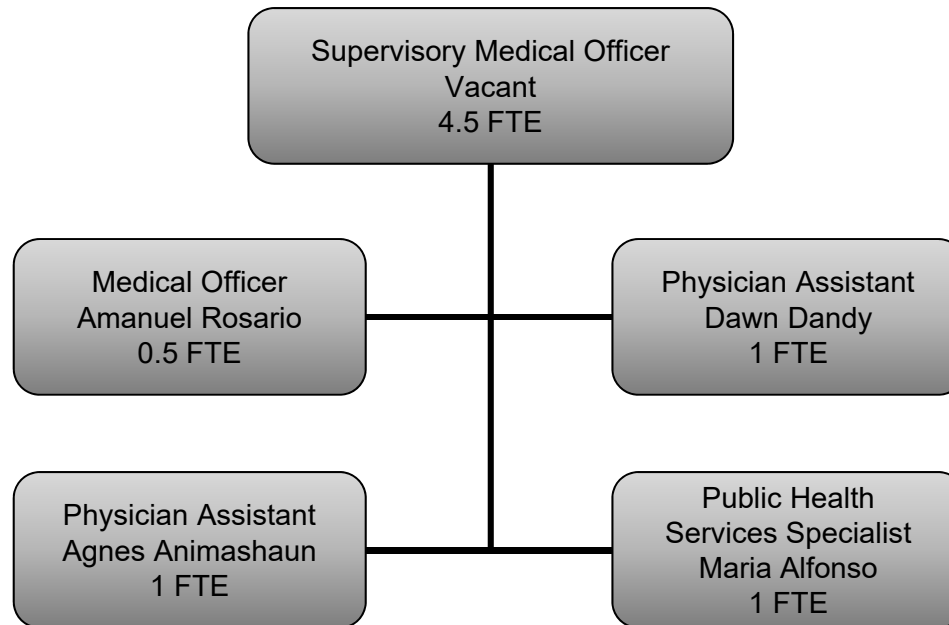
DC | **HEALTH**





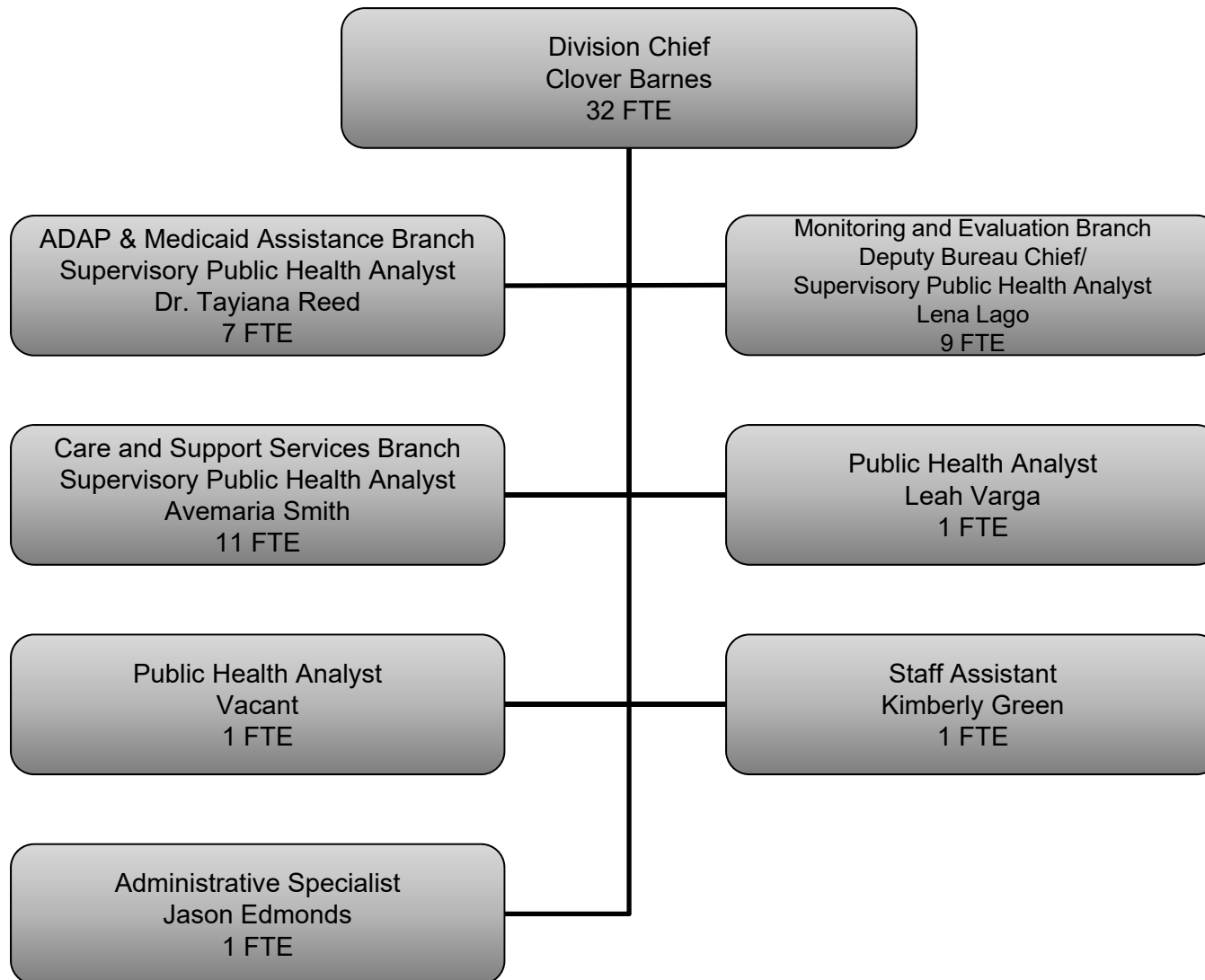
**STD/TB Control Division
Clinical Services Branch**

DC | **HEALTH**



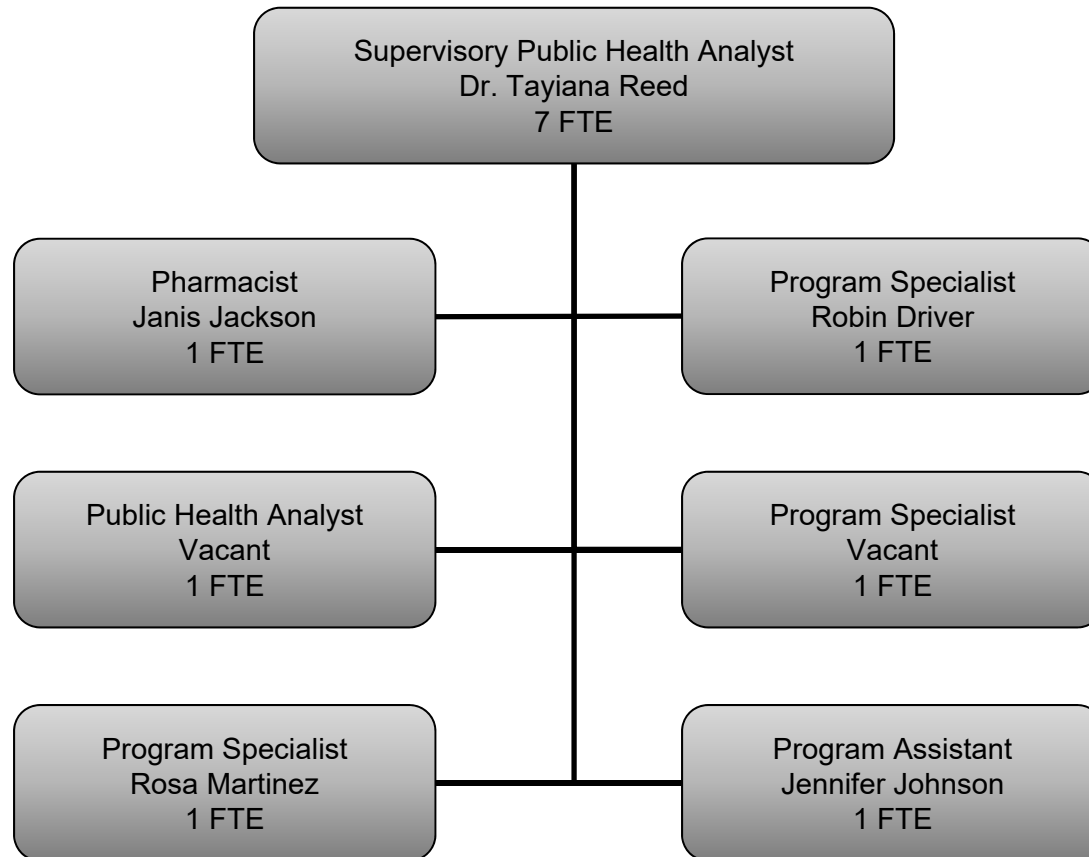


Care, Housing and Support Division





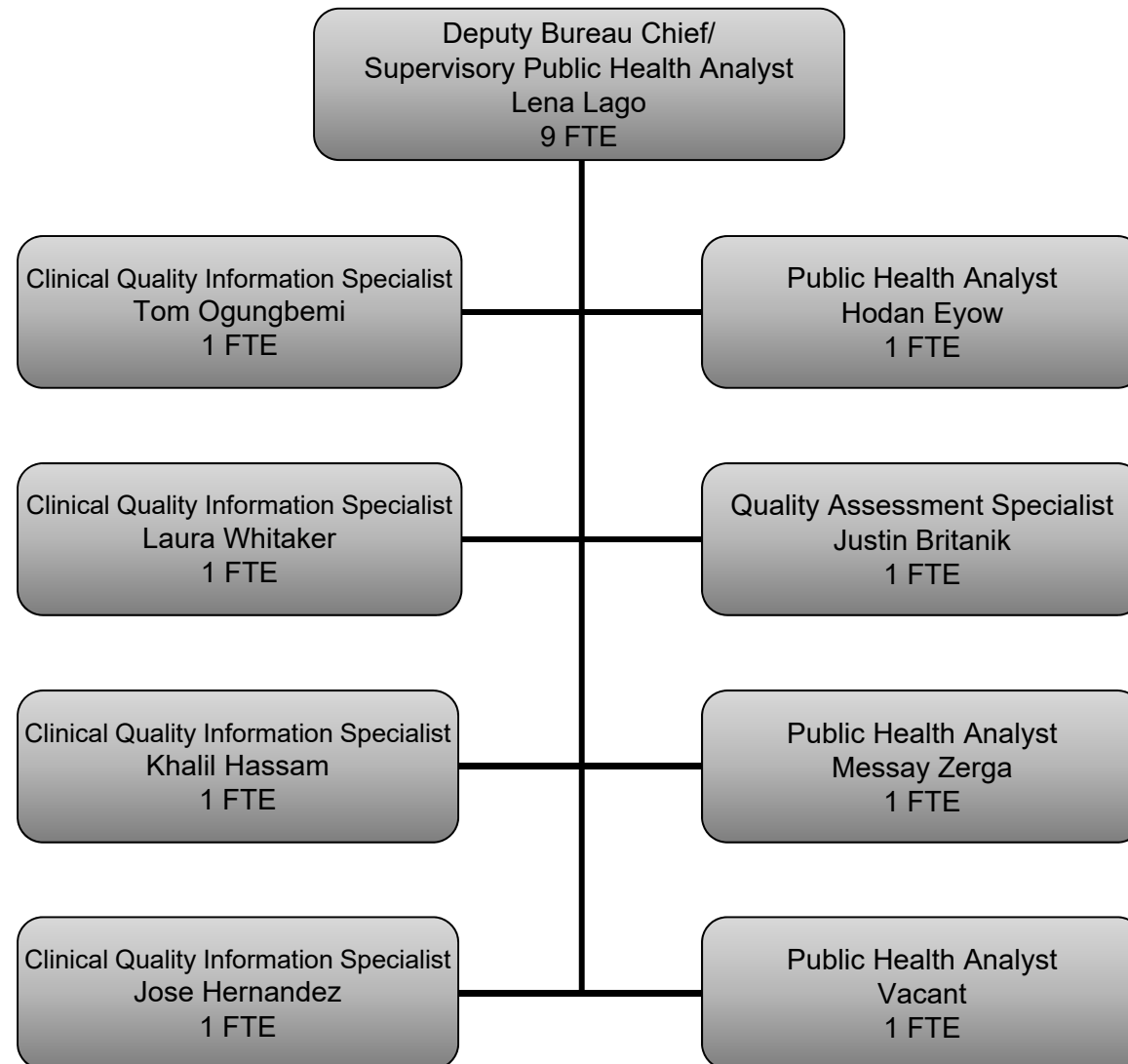
**Care, Housing and Support Division
ADAP & Medicaid Assistance Branch**





Care, Housing and Support Division Monitoring and Evaluation Branch

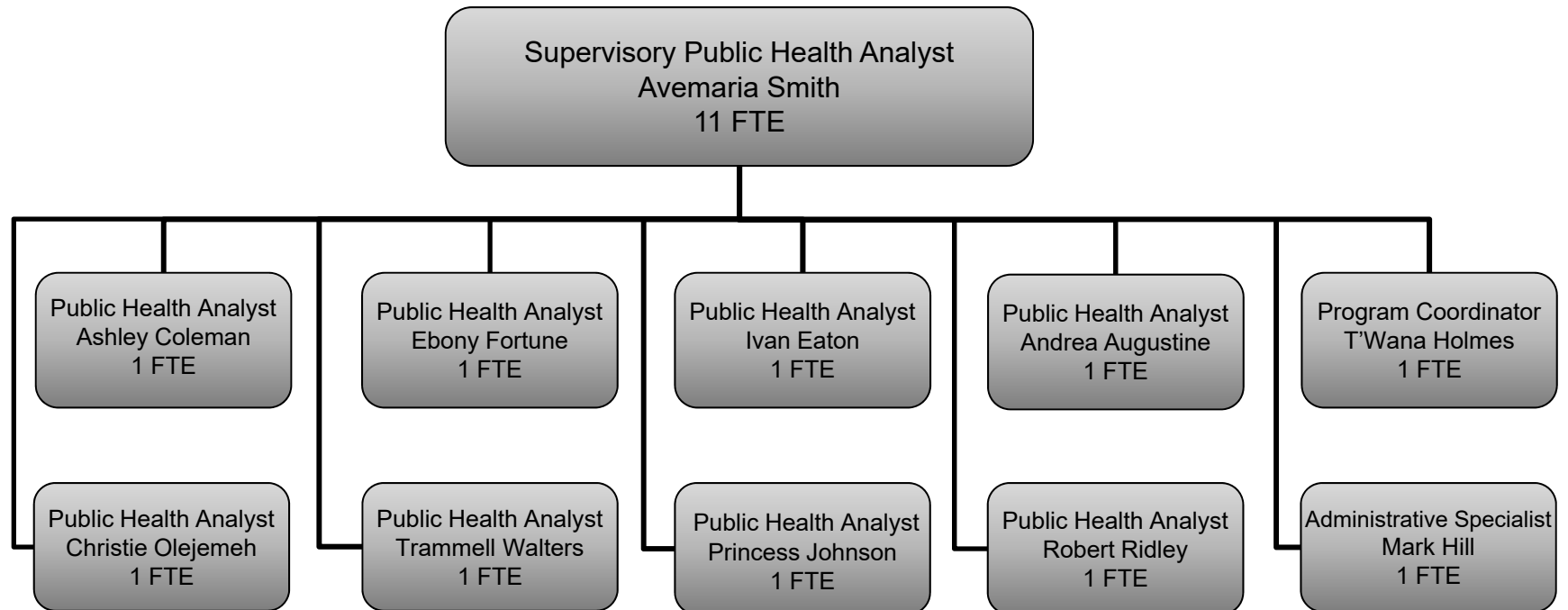
DC | **HEALTH**





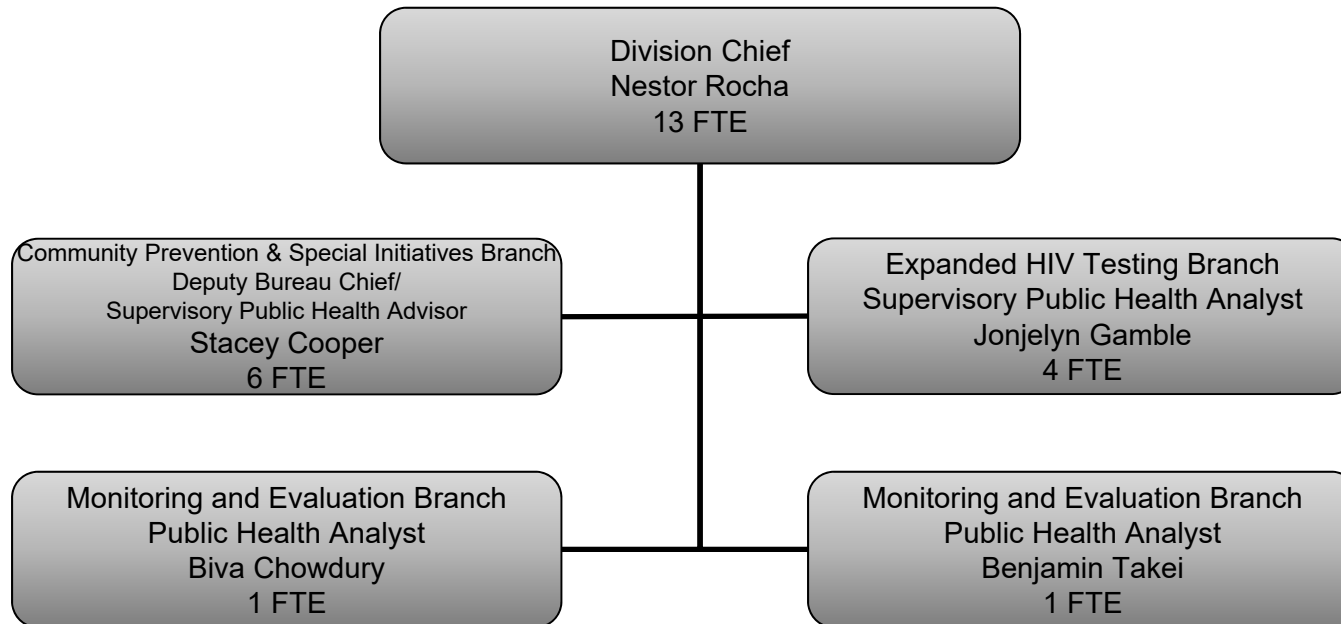
**Care, Housing and Support Division
Care and Support Services Branch**

DC | **HEALTH**



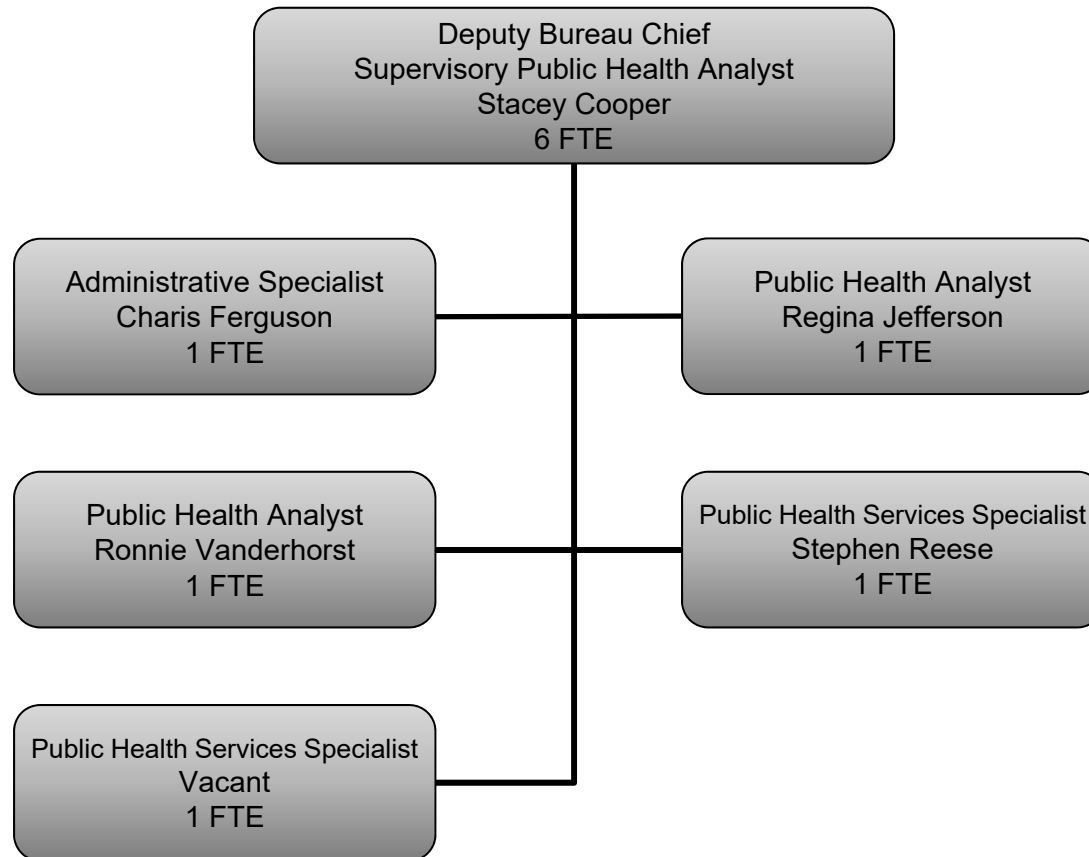


Prevention and Intervention Services Division



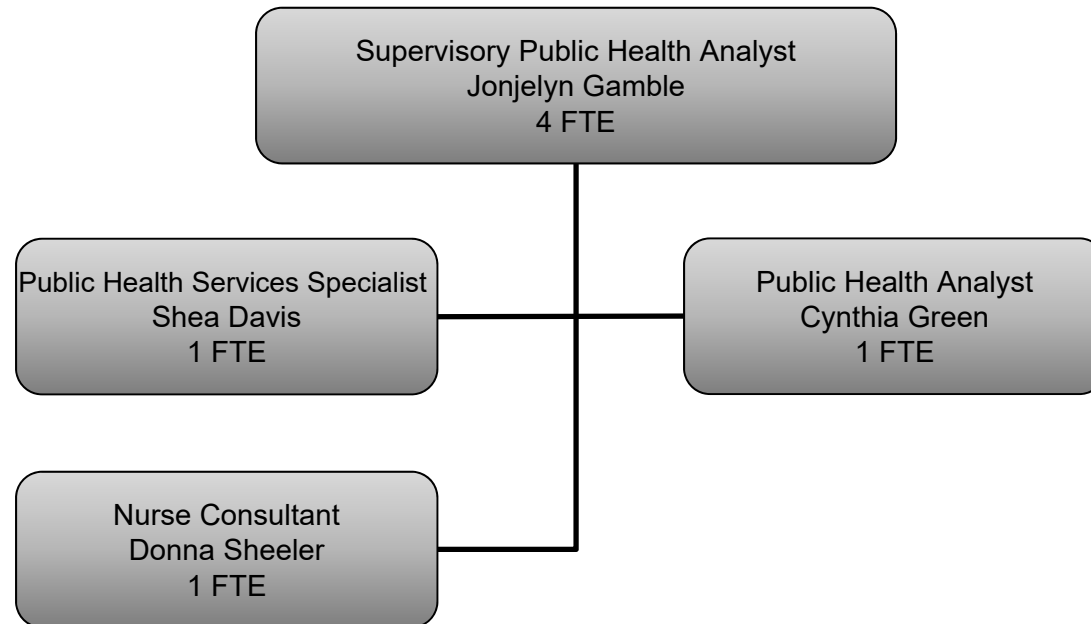


**Prevention and Intervention Services Division
Community Prevention and Special Initiatives Branch**





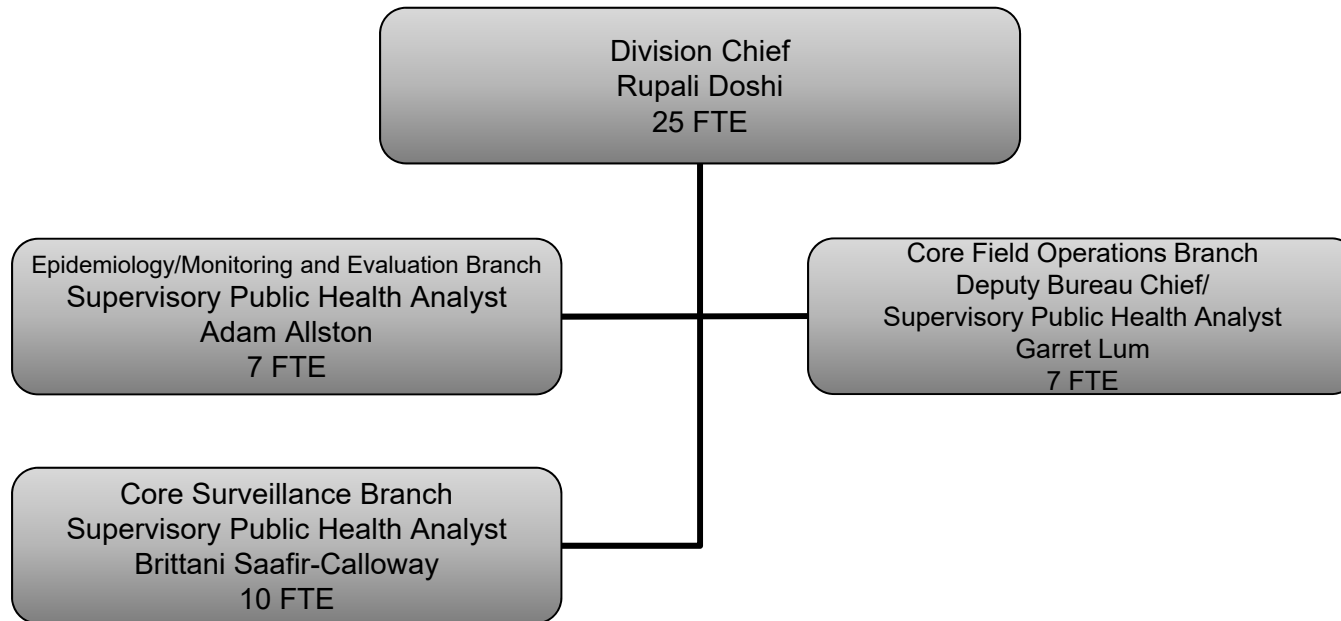
**Prevention and Intervention Services Division
Expanded HIV Testing Branch**





Strategic Information Division

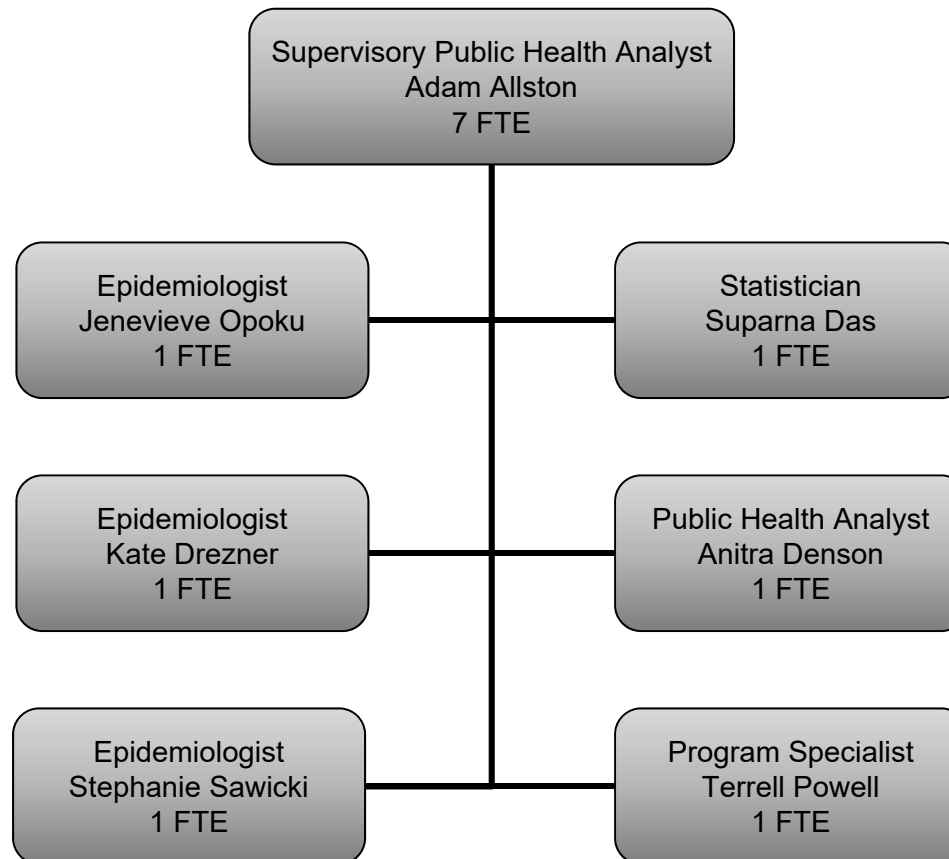
DC | **HEALTH**





Strategic Information Division
Epidemiology/Monitoring and Evaluation Branch

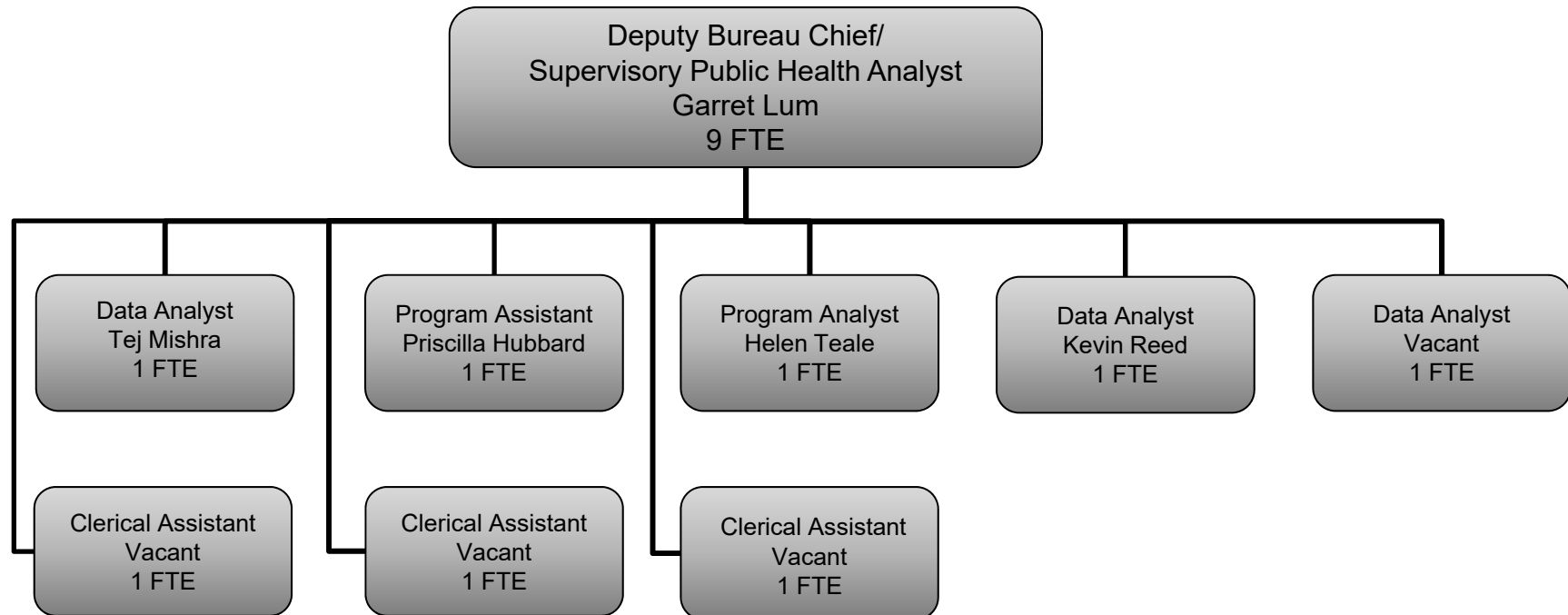
DC | **HEALTH**





**Strategic Information Division
Core Field Operations Branch**

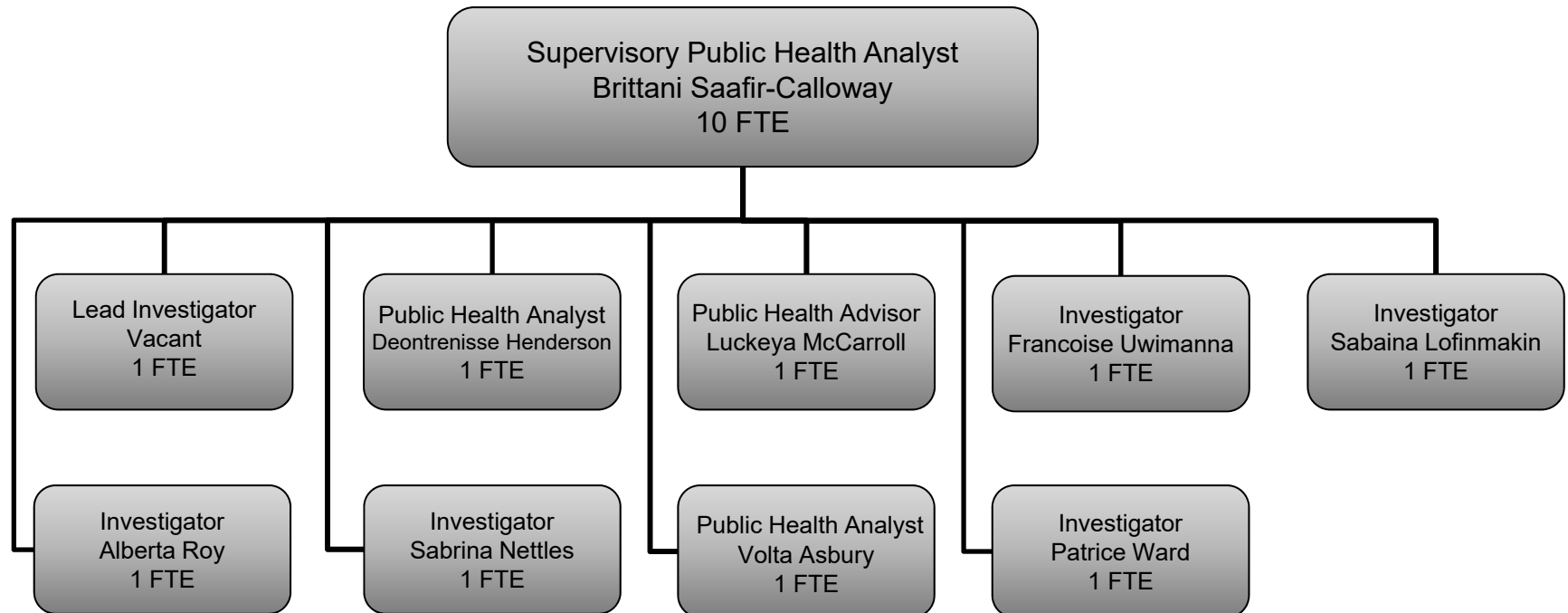
DC | **HEALTH**





**Strategic Information Division
Core Surveillance Branch**

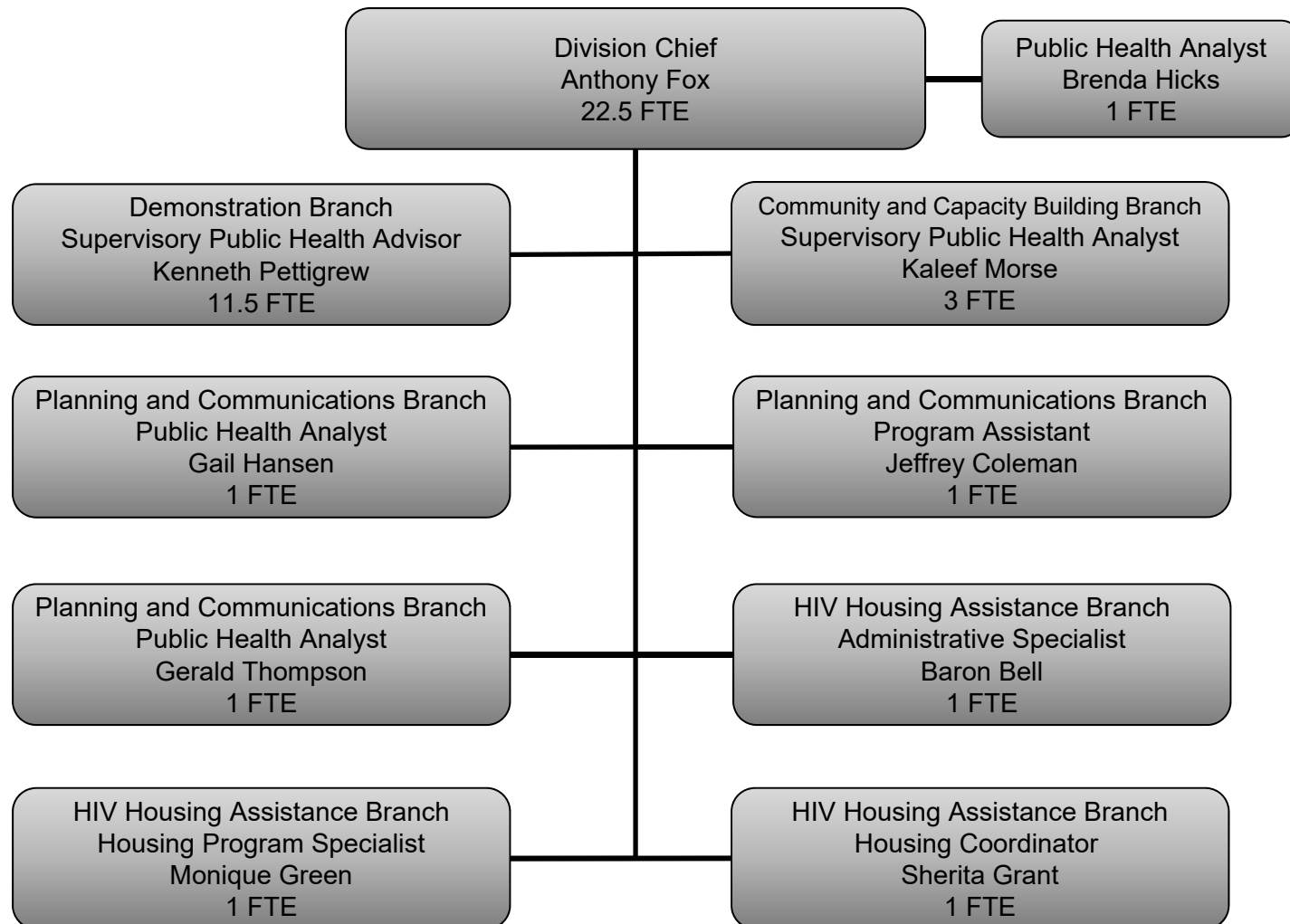
DC | **HEALTH**





Housing, Capacity Building, and Community Outreach Division

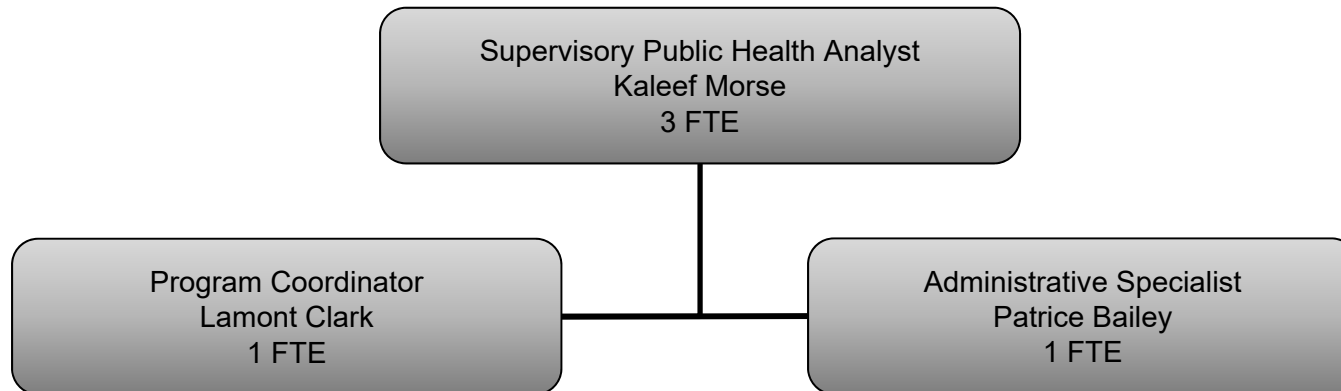
DC | **HEALTH**





**Housing, Capacity Building,
and Community Outreach Division
Community and Capacity Building Branch**

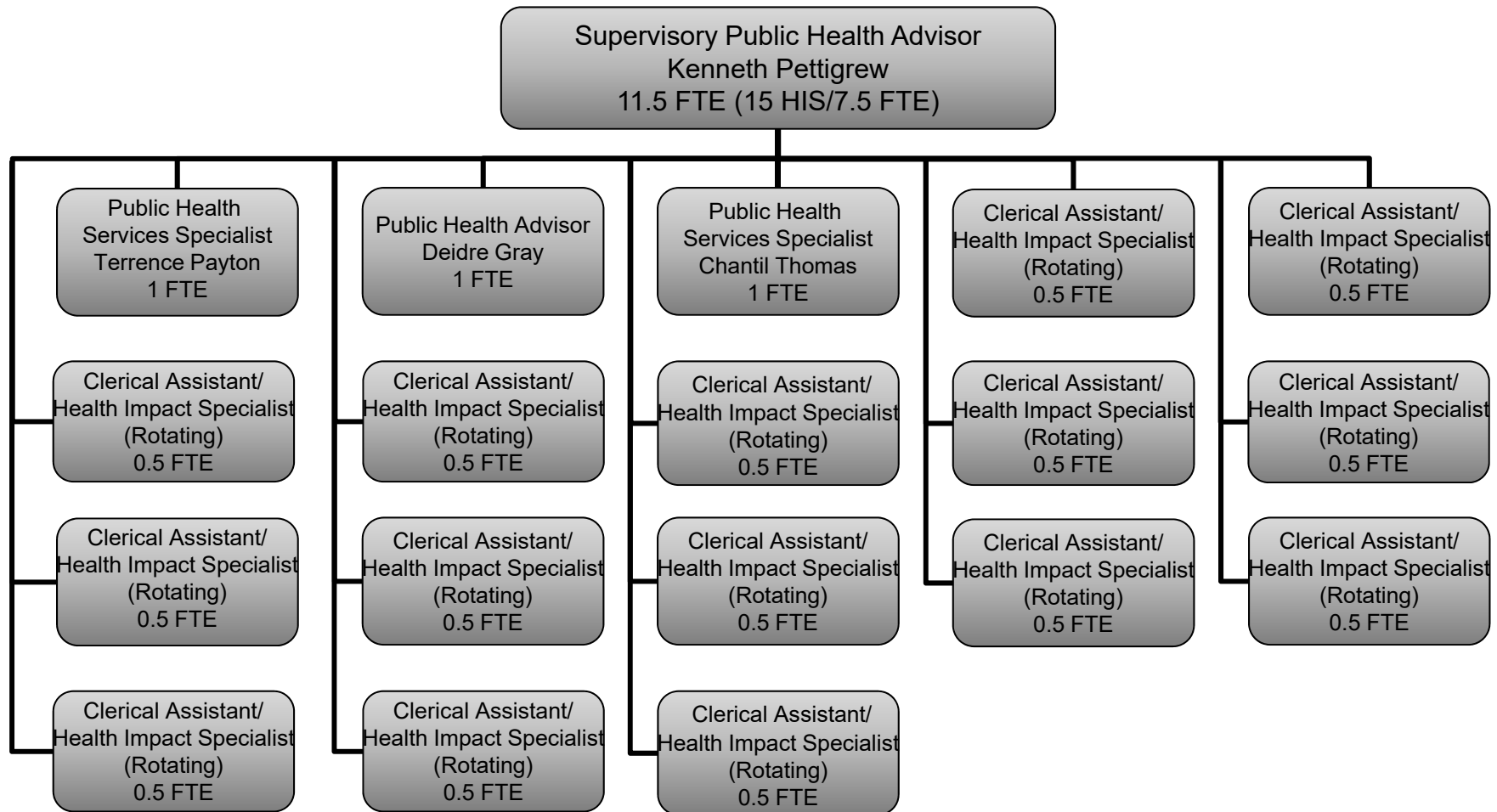
DC | **HEALTH**





**Housing, Capacity Building,
and Community Outreach Division
Demonstration Branch**

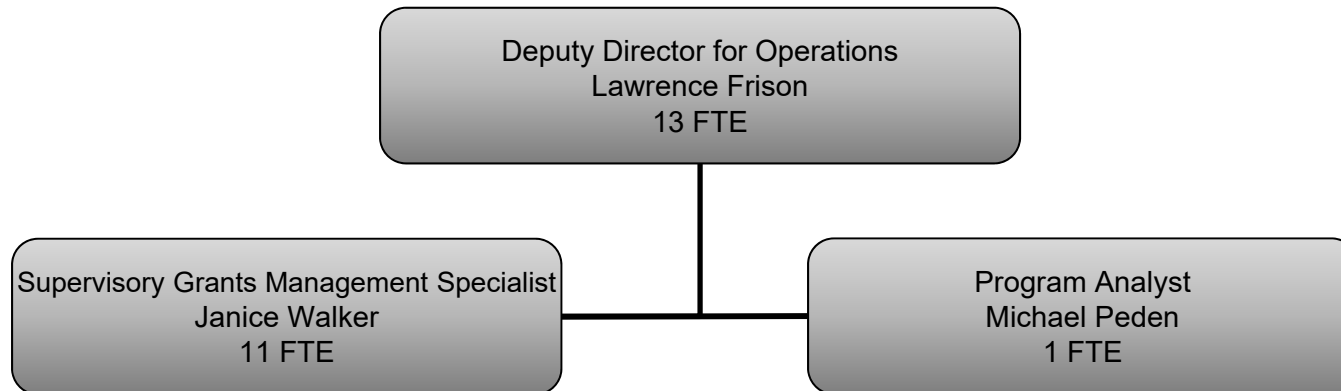
DC | **HEALTH**





Financial Management and Administrative Services Division

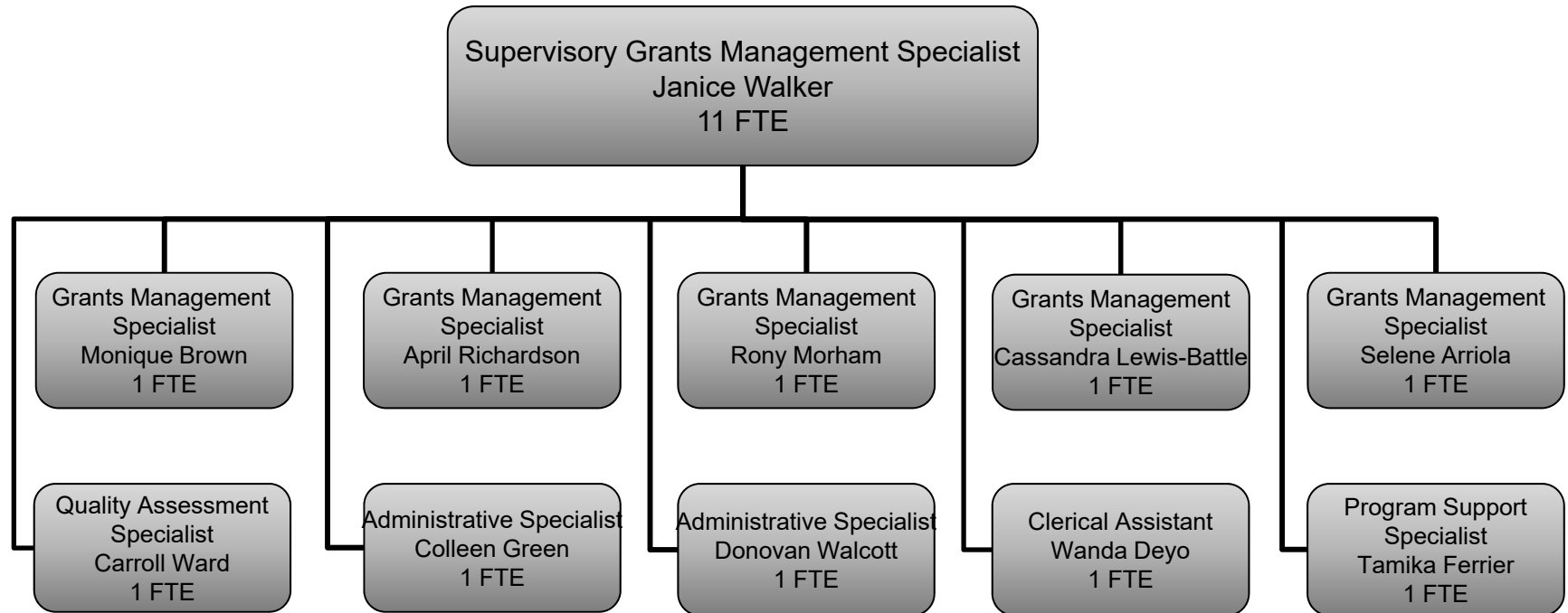
DC | **HEALTH**



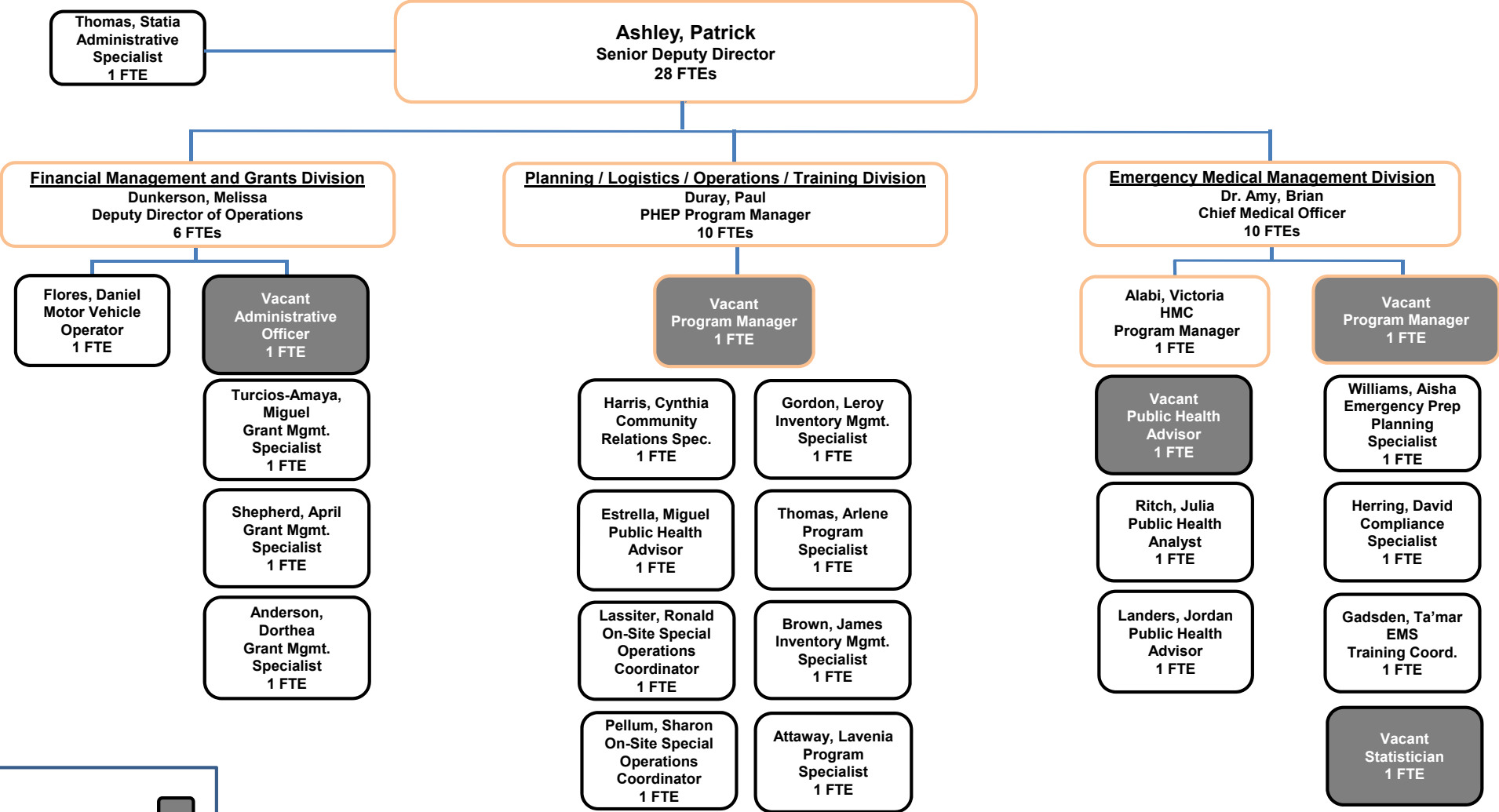


Financial Management and Administrative Services Division

DC | **HEALTH**



Attachment to HEPRA Q-65: Health Emergency Preparedness and Response Administration (HEPRA) Organization Chart



KEY

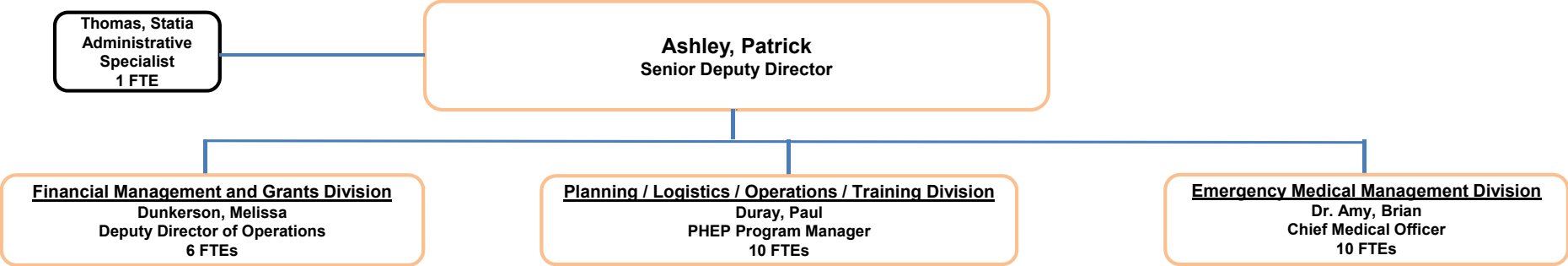
Vacant



Supervisory



Attachment to HEPRA Q-87: Health Emergency Preparedness and Response Administration (HEPRA) Organization Chart



KEY

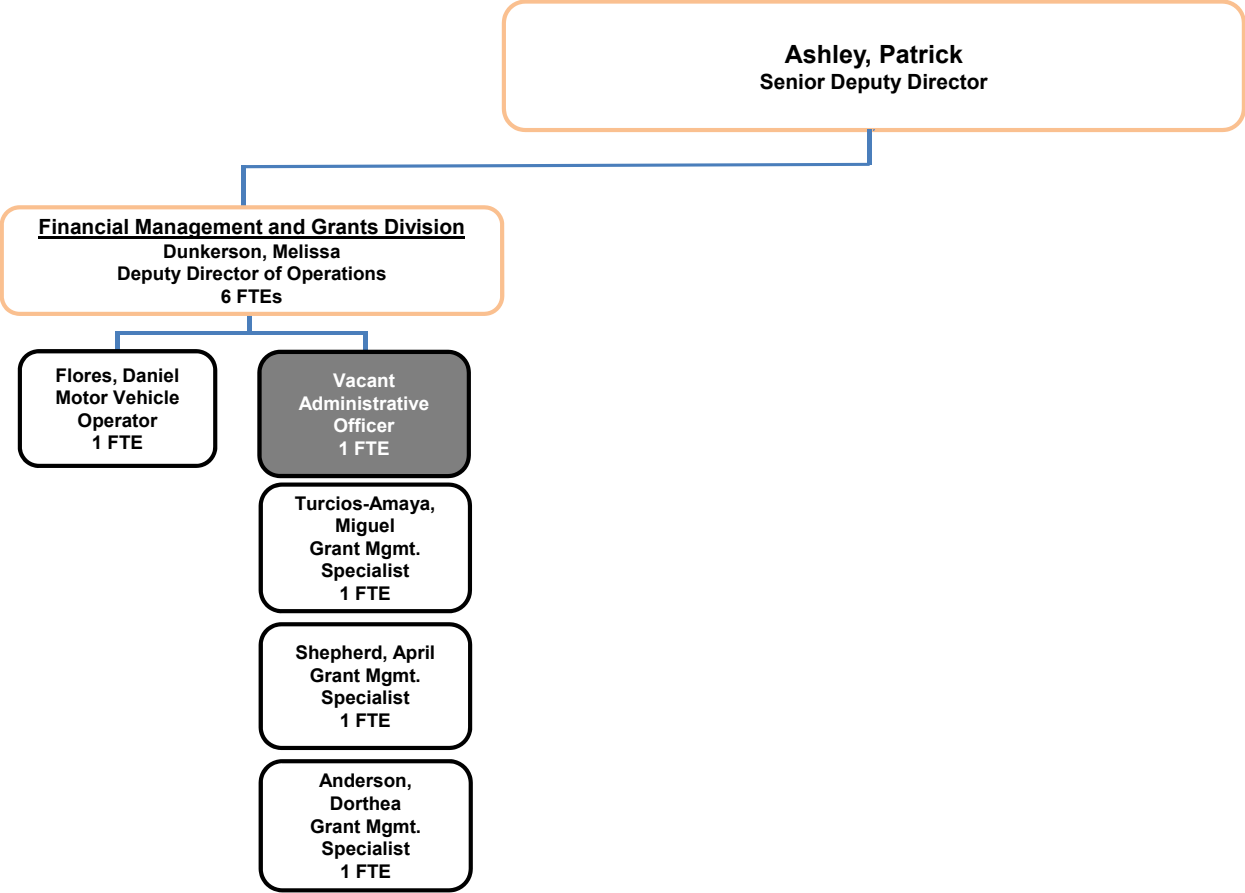
Vacant



Supervisory



Attachment to HEPRA Q-87: Health Emergency Preparedness and Response Administration (HEPRA) Organization Chart



KEY

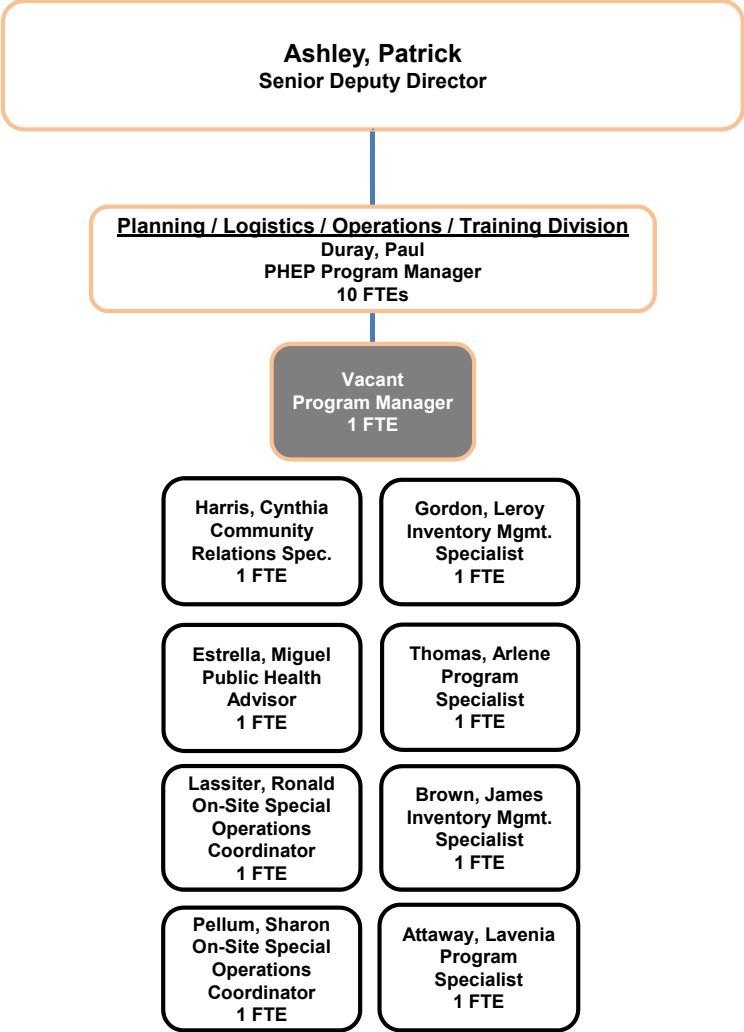
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Attachment to HEPRA Q-87: Health Emergency Preparedness and Response Administration (HEPRA) Organization Chart



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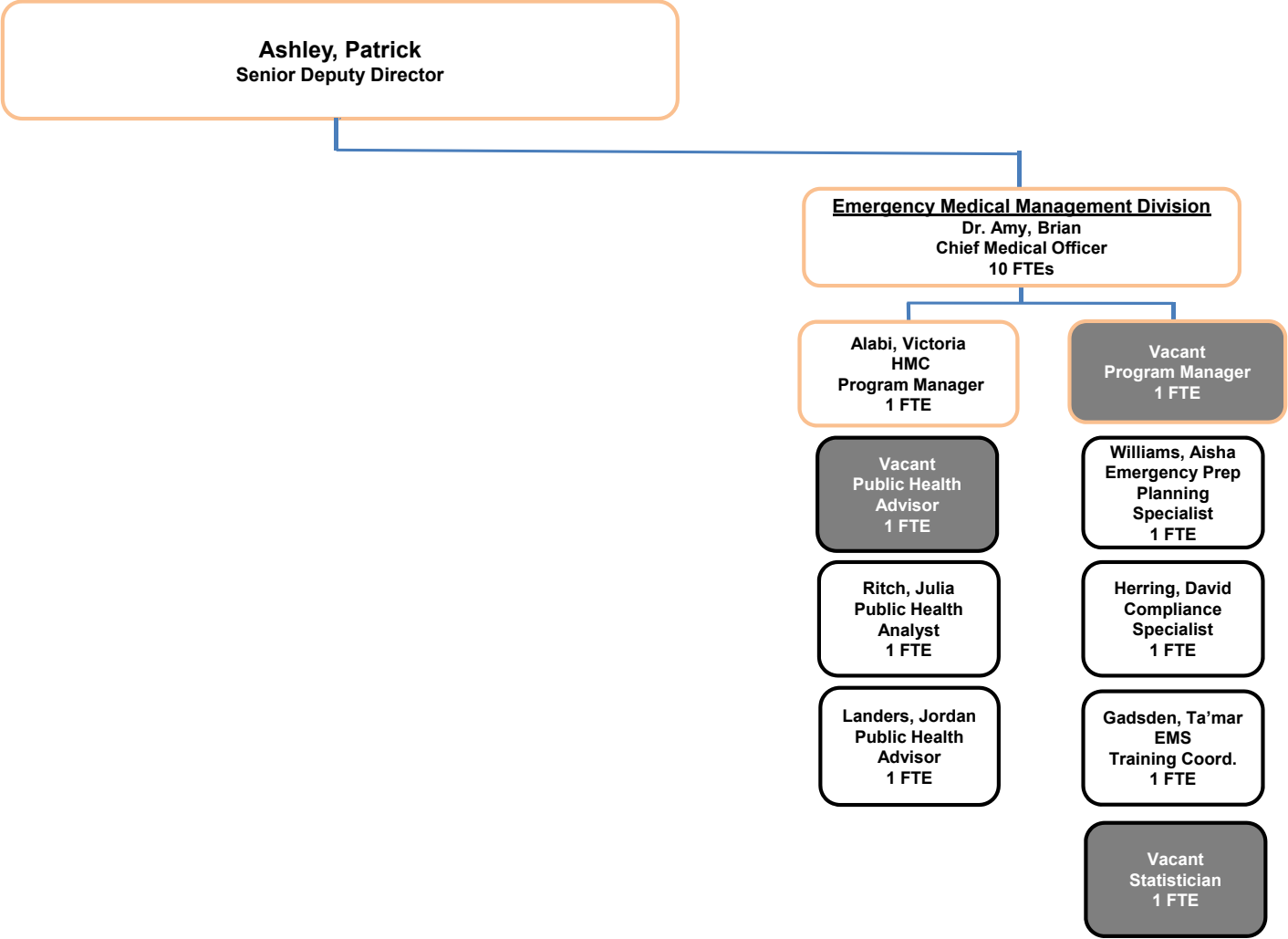
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Attachment to HEPRA Q-87: Health Emergency Preparedness and Response Administration (HEPRA) Organization Chart



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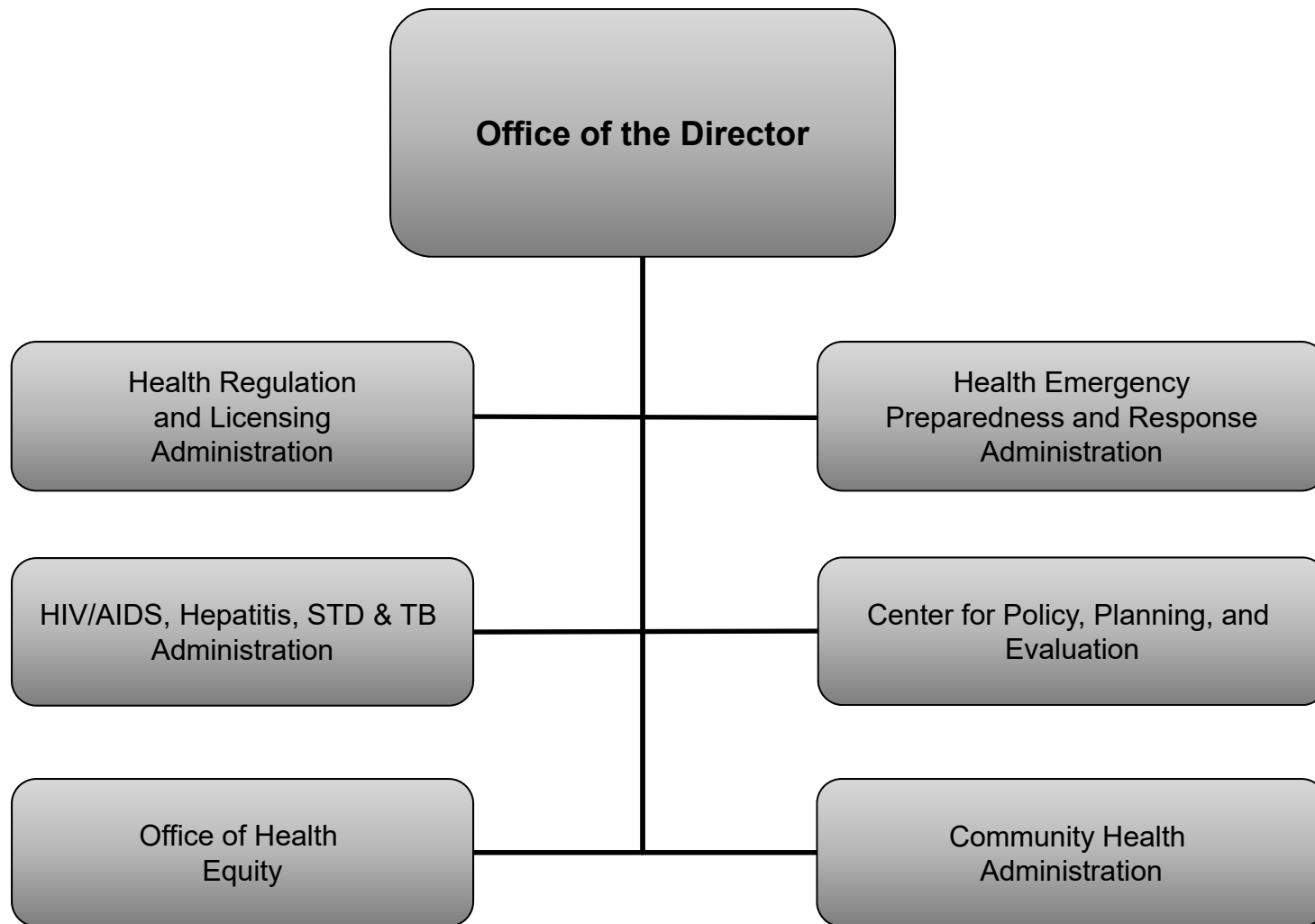
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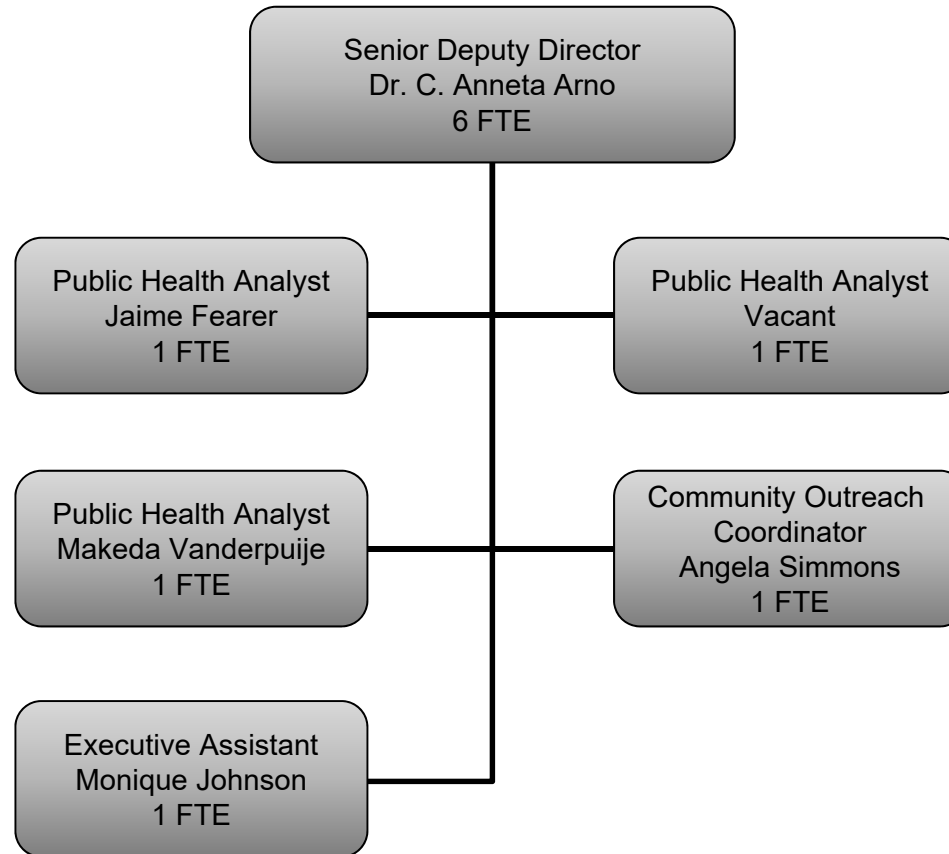
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Q1: Please provide a current organizational chart for AMP. Please provide information to the activity level. In addition, please identify the number of full time equivalents at each organizational level and the employee responsible for the management of each program and activity. If applicable, please provide a narrative explanation of any organizational changes made during FY19 or to date in FY20.

Response:

See attachment labeled "FY19 Oversight Q1."

Q2: Did the Department of Health meet the objectives set forth in the performance plan for FY19? Please provide a narrative description of what actions DC Health undertook to meet the key performance indicators and any reasons why such indicators were not met.

Response:

DC Health collected 59 Key Performance Indicators (KPIs) in FY19. The FY19 target was met for 34 KPIs (58 percent), nearly met for eight KPIs (14 percent), and unmet for 16 KPIs (27 percent). One KPI was not reported due to there being no applicable cases during FY19 to count. DC Health submitted 21 Strategic Initiatives in the FY19 Performance Plan, and 16 of those were completed by September 30, 2019. The remaining five were partially completed, with work continuing into FY 20. See attachment labeled “FY19 Oversight Q2” for end-of-year reporting on all 21 Strategic Initiatives.

Administration	Measure	FY 2019 Target	FY 2019 Actual	Was FY 2019 Target Met?	Explanation of Barriers to Meeting KPI Target
CPPE	Percent of Certificates of Need (CONs) reviewed on time within 90 days	100%	100%	Yes	
CPPE	Number of CON Appeals	0	0	Yes	
CPPE	Percent of vital records walk-in requests processed within 30 minutes	92%	47.3%	No	The data showing longer customer waiting times reflects two major factors: First, customer volumes have increased significantly due to the national REAL ID implementation deadline. Second, the tracking of customer waiting times has improved significantly over the course of several upgrades to the tracking software. The most recent reporting is more accurate, and is identifying customer delays that have possibly gone unidentified in the past. These data have given

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					DCVRD critical insight into where to focus efforts to enhance the customer service experience, and was an important resource as DCVRD applied Lean Six Sigma techniques to improve customer flow between March and May 2018. These efforts are ongoing, and the team remains fully committed to providing the best customer service experience to every visitor. Recently, for example, DCVRD launched a "wait time widget" on the DC Health website to allow customers to view current wait times and plan their visit accordingly.
CHA	Percent of eligible children enrolled in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs who receive developmental and social-emotional screenings	85%	87.6%	Yes	
CHA	Percent of women enrolled in the MIECHV programs that are screened for depression	85%	82.5%	Nearly Met	The program fell slightly short of meeting its screening goals due to the following: 1) high staff (home visitors) turnover rates; 2) competing priorities of home visitors (e.g. managing caseloads, timeliness of screening, and reporting); 3) some participants enrolled near the end of the reporting date; and 4) home visitors were unable to re-engage enrolled

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					families who stopped participating. DC Health continues to work with grantees to develop and implement strategies to improve performance under this KPI.
CHA	Percent of eligible perinatal program participants with a documented reproductive health plan	90%	87.7%	Nearly Met	Throughout FY19, the program faced challenges with timely and accurate data entry. The program required the sub-grantee sites to develop data entry processes to improve data entry timeliness and accuracy. DC Healthy Start will continue to provide technical assistance to sub-grantee sites to ensure the goal is met moving forward.
CHA	Percent of school age children with up-to-date immunizations	92%	75.1%	No	Most challenges to improving immunization coverage can be attributed to missed opportunities at the point of care; children not receiving preventive health services in general (especially middle and high school aged children); missing documentation/lack of complete health information exchange between providers; and possibly parental refusal for certain vaccines or hesitancy to comply with the recommended schedule. The Immunization Program continues to use data and evidence-based approaches to improve vaccine coverage rates. This includes targeting vaccines that are key drivers of low rates and expanding messaging to schools and providers on those vaccines. This quarter the Program collaborated with the School Health Services Program to draft and send communications and resource materials in a "Back To

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					School” information packet. The packet included best practices for and tools for nurses and Immunization Points of Contact to improve vaccine compliance for their schools. There is a policy-driven approach that has been shown to improve immunization compliance across multiple jurisdictions in the nation – that is enforcing immunization requirements to enroll and attend school. As schools enforce the immunization attendance policy in academic year 2020-2021, we expect this percentage to increase significantly.
CHA	Total breastfeeding initiation rates among WIC enrollees	57%	62.2%	Yes	
CHA	Breastfeeding initiation rates among African-American WIC enrollees	47%	54.6%	Yes	
CHA	Percent of Health Professional Loan Repayment Program (HPLRP) participants that are practicing in priority underserved areas	90%	92.2%	Yes	
CHA	Percent of infants who receive an initial hearing screen at birth	85%	97.3%	Yes	

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CHA	Percent of infants that receive a follow-up after failing initial hearing screening	75%	61.4%	No	At many hospitals, outpatient follow-up screenings for missed or abnormal hearing exams are coordinated and scheduled by hospital screening staff. DC Health and hospital staff follow up with families of infants needing additional screening to communicate the importance of additional screening, and timely diagnosis and treatment if a hearing disorder is present. In some instances, inaccurate or out-of-date telephone numbers and/or addresses are provided by families. To decrease the percent of infants who are lost to follow-up, DC Health will employ the following strategies: 1) continue to educate the public on the importance of newborn hearing screening and what to expect during the screening process; 2) standardize a discharge process across all birthing hospitals and centers that include appropriate contact information, infant primary care appointment, and follow-up actions for a failed hearing test; 3) work with hospital staff to improve validation of contact information for the parents/caregivers following birth; and 4) utilize programs such as Help Me Grow DC and community experts such as Gallaudet University to promote awareness and linkage to services.
CHA	Percent of Produce Plus Farmer's Market	93%	95.8%	Yes	

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	benefits redeemed				
CHA	Percent of elementary aged students participating in Joyful Food Markets reporting improved food security	60%	68.8%	Yes	
CHA	Percent of children ages 0 to 3 served by a VFC (Vaccines for Children) medical home with up-to-date immunizations	55%	No Applicable Incidents		This measure is intended to reflect progress on development and implementation of health information technology rather than immunization coverage. It is unable to be assessed at present due to a delay in the creation of the "Medical Home" feature in the immunization information system (DOCIS.) We expect the "Medical Home" feature to be active in the 3rd quarter of FY20.
CHA	Proportion of adults with hypertension who have achieved blood pressure control (seen at Million-Hearts-participating facilities)	70%	65.3%	Nearly Met	DC Health leads the DC Million Hearts Learning Collaborative, convening clinical, community and public health organizations on a monthly basis to support QI interventions and the adoption of clinical best practices for hypertension management. Currently, only data from the DC Primary Care Association is integrated. DC Health is working with MedStar to overcome Electronic health records reporting barriers. Once that data is integrated, a more accurate picture of this effort will emerge. Nevertheless, through continuous quality improvement activities led by DC Health, focused on under-

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					performing sites, we expect this measure to improve.
CHA	Percent of families with one or more completed referrals through Help Me Grow	70%	48.9%	No	<p>Help Me Grow continues to provide support for District children, and their families, at risk for developmental and/or behavioral health issues. A centralized telephone access point for connection of children and their families to services is an essential component of the program.</p> <p>Three main challenges were identified resulting in this program not achieving its target:</p> <ol style="list-style-type: none"> 1. The referred community based-organization or other service was unable to accept the family due to capacity concerns and waiting lists. 2. Families decided not to pursue the referral that was identified. 3. Families starting referrals near the end of the fiscal year and completing it at the beginning of the next fiscal year. <p>For #1, DC Health is identifying ways to support community-based organizations to improve capacity as well as identifying new organizations that can help meet families' needs. For #2, DC Health is working to understand the root reasons why families choose not to pursue referrals to ensure all barriers are addressed. And #3 is purely a data metric definition issue and</p>

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					does not translate into the performance of the program.
CHA	Percent of students in the School Health Services program with asthma with an asthma action plan on file	35%	27.9%	No	DC Health has worked with Children's School Services (CSS) to review the current asthma care coordination process and to increase the number of completed asthma action plans. CSS established a new position, clinical coordinator, to improve asthma care coordination processes through collaboration with a student's case management team, case reviews, and extra support to nurses to improve care coordination. DC Health believes this new position will be the link between providers and school systems to ensure more students' asthma action plans are on file.
HAHSTA	Percent of new HIV cases linked to care within 3 months of diagnosis	90%	88.1%	Nearly Met	Target of 90% was not met however at 88.14% it is within range. HAHSTA will continue its efforts in linking District residents living with HIV to treatment. Reported numbers will most likely change as additional laboratory reports for the fiscal year are processed.
HAHSTA	Proportion of TB patients completing treatment	90%	100%	Yes	
HAHSTA	Number of individuals started on Pre-Exposure Prophylaxis (PrEP)	1000	1690	Yes	
HAHSTA	Percent of Ryan White clients living in the	90%	93.1%	Yes	

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	District that are prescribed Anti-Retroviral Therapy				
HAHSTA	Percent of diagnosed HIV positive individuals retained in care that are virally suppressed	85%	87.5%	Yes	
HAHSTA	Percent of individuals diagnosed with HIV identified as out-of-care that are re-engaged in care within 3 months of case contact	10%	11.9%	Yes	
HAHSTA	Percent of DOH-supported HIV tests conducted with focus populations	12%	69.5%	Yes	
HAHSTA	Percent of clients with a positive Hepatitis C test enrolling in treatment	40%	31.2%	No	Many clients receiving positive hepatitis C (HCV) results are already aware of their status and therefore already receiving treatment. HAHSTA will continue its efforts in linking District residents with a positive HCV result to care.
HAHSTA	Number of Naloxone kits distributed	1000	41,258	Yes	
HAHSTA	Percent of people experiencing overdoses who were also linked to substance use treatment	45%	27.6%	No	DC Health did not meet this goal due to challenges in collecting client level data once naloxone kits have been distributed. Kits are distributed to individuals in the community who often don't report back status of the intervention. As of Q4, peer responders are deployed to

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					assist with follow up once notified by care providers that an overdose has happened.
HAHSTA	Proportion of gonorrhea cases with appropriate treatment confirmed among clients seen at the Health and Wellness Center	35%	96.9%	Yes	
HAHSTA	Percent of individuals started on PrEP who are members of demographic groups most impacted by HIV (African American women, men who have sex with men, or transgender women of color)	60%	96.3%	Yes	
HAHSTA	Percent of AIDS Drug Assistance Program (ADAP) beneficiaries who are currently virally suppressed	85%	84.8%	Nearly Met	HAHSTA's percentage of viral suppression for FY2019 is 84.82%, slightly below our target of 85%. Through measuring the data, we've determined that statistical health disparities exist among young adult people living with HIV who access ADAP. The program is addressing these disparities by participating in a national Project ECHO learning collaborative working to end disparities and conducting Drug Utilization Review and Claims Review to assess Antiretroviral Medication Adherence among young adults in care. HAHSTA is

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					confident that these efforts will help us achieve the goal in the near future.
HEPRA	Percent of Medical Reserve Corps (MRC) units that can respond within 2 hours of notification to activate	75%	100%	Yes	
HEPRA	Percent of Management Supervisory Service (MSS), Excepted Service (ES), and Legal Services staff with the essential or emergency designation who complete the independent study portion of the Management ICS Training Series as outlined in DOH Standard Operating Procedure 1380	60%	36.6%	No	Although HEPRA did not meet the target, the percentage of staff trained has increased over the past three years. We have gone from 7% to 37% since the baseline year. In the coming year, this procedure will be revised to increase the efficiency for staff completion of the required training, ultimately increasing the number of staff trained.
HEPRA	Percent of HEPRA personnel that complete the ICS Training Series including POD training and participation in at least one exercise, incident or Special Event	100%	40.7%	No	The intermediate and advanced ICS courses (ICS 300 & 400) are only offered twice a year with limited seats available that quickly fill-up. DC Health HEPRA is working with DC HSEMA to increase offerings of these classes in the future.

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HEPRA	Percent of Open PODs that can open for set up within 2 hours of notification to activate	100%	100%	Yes	
HEPRA	Percent of Closed PODs that can open for set up within two hours of notification to activate	100%	75%	No	While this measure continues to see improvement, we are still working with our Closed POD partners to ensure their operational readiness.
HEPRA	Percent of EMS agency inspections with passing determinations	75%	92.5%	Yes	
HEPRA	Percent of HECC IMT leadership staff (i.e., the six ICS/IM lead roles) reporting for immediate duty within 60 minutes to an unannounced staff assembly for a real incident or drill	100%	91.8%	Nearly Met	A response rate of 92% in our baseline year shows that a majority of IMT Leadership staff are trained and ready to respond when activated. HEPRA will continue to finalize communication methods as we work towards 100% in the coming years.
HEPRA	Percent of District hospitals, skilled nursing facilities, and clinics that participate in at least two (2) HMC sponsored trainings and workshops annually	50%	15.6%	No	This is our baseline year and the Health and Medical Coalition (HMC) program plans to expand membership throughout the coming years and increase facility engagement. The HMC will work with our member organizations to develop training, exercise, and planning tools.
HEPRA	Percent of District hospitals	50%	57.1% ¹	Yes	

¹ This number was originally reported as 43.9%. This is the revised figure.

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	and skilled nursing facilities that reported requested Essential Elements of Information (EEI) to the HMC within the HMC specified timeframe				
HEPRA	Percent of EMS Emergency Response vehicles with an initial passing inspection	85%	92.3%	Yes	
HRLA	Percent of follow-up inspections of health care facilities with harm level deficiencies completed within 30 days	100%	100%	Yes	
HRLA	Percent of food establishment complaint inspections initiated within five (5) business days of receipt	95%	98.3%	Yes	
HRLA	Percent of Registered Controlled Substance Facilities inspected annually	90%	98.8%	Yes	
HRLA	Percent of samples taken from rabies suspect animals submitted for	100%	88.5%	No	Due to staffing/contract challenges in quarters two and three, we were not able to meet this within specified time frame

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	testing within 48 hours				of 48 hours. All rabies suspected animals were tested.
HRLA	Percent of investigations initiated within 24 hours of receipt for complaints of abuse, neglect and mistreatment.	100%	100%	Yes	
HRLA	Percent of residential healthcare providers scoring at or above the national average of 72 percent on the customer satisfaction survey	100%	97.7%	Nearly Met	The customer satisfaction survey is designed to measure the surveyors' performance conducting the licensure process. The components of the survey include: licensure process, communication, professionalism, and consistency. Night-eight percent (98%) of Providers scored above the national average, indicating that they were satisfied with the survey process and the surveyors' performance. Only one (1) provider who scored below the National average, disagreed with a deficiency that resulted in an enforcement action.
HRLA	Percent of medical marijuana facilities (dispensaries and cultivation centers) receiving at least one quarterly inspection	95%	100%	Yes	
HRLA	Percent of pharmaceutical facilities receiving at least	90%	98.2%	Yes	

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	one annual inspection				
HRLA	Percent of rodent activity complaints inspected or baited, and closed in the 311 system within three (3) business days of receipt	100%	97.9%	Nearly Met	The target goal of 100% was not met (97.9%). All Rodent and Vector Control Division staff did not have login credentials for the District's 311 system. Resultantly, there were some complaints investigated outside of the three-day threshold. DC Health is in the process of launching a DC Health 311 App, providing a direct connection to 311 for rodent complaints, which will improve the response time.
HRLA	Percent of clinical samples reported to Epidemiology that were confirmed positive for an illness that may have resulted from food or water contamination, investigated within 3 business days of notification to HRLA	95%	96.9%	Yes	
OD	Percent of eligible employee reviews completed on time	90%	100%	Yes	
OD	Percent of MSS employees who complete the required MSS training curriculum	80%	80.3%	Yes	

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OD	Percent of required attendees completing trainings mandated by EOM, DCHR, or the DC Health Director	70%	89.1%	Yes	
OD	Average days to hire new employees	90	70	Yes	
OD	Percent of new subgrants with approved risk-based monitoring plans within 30 days of award	75%	49.5%	No	Targets were not met due to a several contributing factors: (1) Risk assessments that are needed to direct the monitoring plans were not done within the required timeframe by assigned grants personnel; (2) there was incomplete initial direction from the Office of Grants Management (OGM) to grants staff on how to locate and complete the risk assessment task in the Enterprise Grants Management System, and (3) a faulty design element in the EGMS "Monitoring Plan" module was discovered, whereby the monitoring plan's dashboard is incomplete (e.g., risk rating does not show, and the approval flow doesn't appear). OGM has developed specific directions, timelines, technical assistance and "Quick Help Guides" on this. The Monitoring Plan Module will be revised in FY 20.
OD	Percent of completed interim subgrant budget periods with performance	60%	71.5%	Yes	

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	ratings completed and submitted within 45 days				
OD	Percent of targeted visits completed by monitors per the most recent version of the risk-based monitoring plan	60%	72.2%	Yes	
OD	Percent of lapsed dollar amounts on federal awards	3%	6.7%	No	DC Health initially reported 9.2% lapse based upon the available data in October, 2019. This is the revised figure, calculated after all spending was fully reconciled for FY 19.

Q3: What are the objectives set forth for the Department of Health as a whole in the performance plan for FY20? Please provide a narrative description of the progress DC Health has made to meet the objectives of the FY20 performance plan.

Response:

DC Health is collecting 66 Key Performance Indicators in FY20. First quarter reporting appears below the desired goal for all metrics. DC Health submitted 14 Strategic Initiatives in FY20. See attachment labeled “FY19 Oversight Q3” for all first quarter reporting.

Admin	Measure	Collection Schedule	FY 2020 Target	FY 2020 Quarter 1
CPPE	Percent of Certificates of Need (CONs) reviewed on time within 90 days	Quarterly	100%	100%
CPPE	Number of CON Appeals	Quarterly	0	0
CPPE	Percent of vital records walk-in requests processed within 30 minutes	Quarterly	92%	83.3%
CHA	Percent of eligible children enrolled in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs who receive developmental and social-emotional screenings	Quarterly	85%	90.6%
CHA	Percent of women enrolled in the MIECHV programs that are screened for depression	Quarterly	85%	85.2%
CHA	Percent of eligible perinatal program participants with a documented reproductive health plan	Quarterly	90%	No Applicable Incidents ¹
CHA	Total breastfeeding initiation rates among WIC enrollees	Quarterly	60%	65.7%
CHA	Breastfeeding initiation rates among African-American WIC enrollees	Quarterly	53%	58.3%
CHA	Percent of infants who receive an initial hearing screen at birth	Annual	85%	Annual Measure

¹ DC Healthy Start (DCHS) staff will utilize One Key Question (OKQ) to ensure Healthy Start program participants have a documented reproductive life plan. OKQ encourages all health providers who support women to routinely ask: “Would you like to become pregnant in the next year,” after which, providers then work with women to help prepare for pregnancy or develop a plan to prevent pregnancy. Healthy Start staff will be provided with a DCHS database training to increase and standardize data reporting. The program will implement protocols to ensure data timeliness and accuracy, including protocols for data quality assurance. DCHS was unable to launch its new model in Q1 due to grantee capacity. DC Health worked with the DCHS partners to resume services in Q2.

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CHA	Percent of infants that receive a follow-up screening after failing initial hearing screening	Annual	75%	Annual Measure
CHA	Percent of Health Professional Loan Repayment Program (HPLRP) participants that are practicing in priority underserved areas	Quarterly	90%	96.6%
CHA	Percent of Produce Plus Farmer's Market benefits redeemed	Quarterly	93%	No Applicable Incidents
CHA	Proportion of adults with hypertension who have achieved blood pressure control (seen at Million-Hearts-participating facilities)	Quarterly	70%	61.6%
CHA	Percent of sampled elementary aged students participating in Joyful Food Markets reporting food security	Quarterly	70%	52.1%
CHA	Percent of families with one or more completed referrals through Help Me Grow	Quarterly	70%	60.9%
CHA	Percent of students in the School Health Services program with asthma with an asthma action plan on file	Quarterly	40%	25.5%
CHA	Percent of kindergarten-enrolled children with up-to-date immunizations	Quarterly	80%	75.9%
CHA	Percentage increase in primary care visits funded by Primary Care Office grants	Annual	5%	Annual Measure
CHA	Percent of Youth Advisory Council participants who report an increase in knowledge and skills gained from participation	Annual	40%	Annual Measure
CHA	Percent of providers reporting immunization data electronically into the immunization registry (DOCIIS)	Quarterly	40%	44%
CHA	Percent of students referred by the SBOHP that were successfully linked to a dental home provider	Annual	New in 2020	Annual Measure
CHA	Percent of WIC Benefits Redeemed	Annual	New in 2020	Annual Measure
CHA	Percent of Senior FMNP Benefits Redeemed	Annual	New in 2020	Annual Measure
HAHSTA	Proportion of TB patients completing treatment	Semi-Annual	90%	Semi-Annual Measure
HAHSTA	Number of individuals started on Pre-Exposure Prophylaxis (PrEP)	Quarterly	3000	125
HAHSTA	Number of naloxone kits distributed	Quarterly	30,000	4608

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HAHSTA	Percent of Ryan White clients living in the District that are prescribed Anti-Retroviral Therapy	Annual	90%	Annual Measure
HAHSTA	Percent of diagnosed HIV positive individuals retained in care that are virally suppressed	Annual	85%	Annual Measure
HAHSTA	Percent of individuals diagnosed with HIV identified as out-of-care that are re-engaged in care within 3 months of case contact	Annual	10%	Annual Measure
HAHSTA	Percent of DOH-supported HIV tests conducted with focus populations	Quarterly	15%	39.6%
HAHSTA	Percent of clients with a positive Hepatitis C test enrolling in treatment	Annual	40%	Annual Measure
HAHSTA	Percent of people experiencing overdoses who were also linked to substance use treatment	Quarterly	45%	7.1%
HAHSTA	Percent of new HIV cases linked to care within 3 months of diagnosis	Annual	90%	Annual Measure
HAHSTA	Proportion of gonorrhea cases with appropriate treatment confirmed among clients seen at the Health and Wellness Center	Quarterly	90%	96.3%
HAHSTA	Percent of individuals started on PrEP who are members of demographic groups most impacted by HIV (African American women, men who have sex with men, or transgender women of color)	Quarterly	60%	100%
HAHSTA	Percent of AIDS Drug Assistance Program (ADAP) beneficiaries who are currently virally suppressed	Quarterly	85%	81.7%
HEPRA	Percent of Management Supervisory Service (MSS), Excepted Service (ES), and Legal Services staff with the essential or emergency designation who complete the independent study portion of the Management ICS Training Series as outlined in DOH Standard Operating Procedure 1380	Quarterly	60%	35%
HEPRA	Percent of EMS Emergency Response vehicles with an initial passing inspection	Quarterly	85%	92.8%
HEPRA	Percent of Medical Reserve Corps (MRC) volunteers that acknowledge a notification to activate/drill message within 2 hours	Quarterly	75%	No Applicable Incidents
HEPRA	Percent of HEPRA personnel that complete the ICS Training Series including POD training and participation in at least one exercise, incident or Special Event	Quarterly	100%	37.5%

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HEPRA	Percent of Open PODs that can open for set up within 2 hours of notification to activate	Quarterly	100%	100%
HEPRA	Percent of Closed PODs that can open for set up within two hours of notification to activate	Quarterly	100%	34%
HEPRA	Percent of EMS agency inspections with passing determinations	Quarterly	75%	93.3%
HEPRA	Percent of HECC IMT leadership staff (i.e. the six ICS/IM lead roles) reporting for immediate duty within 60 minutes to an unannounced staff assembly for a real incident or drill	Quarterly	100%	No Applicable Incidents
HEPRA	Percent of District hospitals, skilled nursing facilities, and clinics that participate in at least two (2) HMC sponsored trainings and workshops annually	Quarterly	50%	6.7%
HEPRA	Percent of District hospitals and skilled nursing facilities that reported requested Essential Elements of Information (EEI) to the HMC within the HMC specified timeframe	Quarterly	50%	85.7%
HEPRA	Percent of closed POD partners meeting all program requirements	Quarterly	New in 2020	34%
HEPRA	Percent of Health Alert Network (HAN) alert recipients who acknowledge receipt after the first alert attempt	Quarterly	New in 2020	No Applicable Incidents
HRLA	Percent of follow-up inspections of health care facilities with harm level deficiencies completed within 30 days	Quarterly	100%	No Applicable Incidents
HRLA	Percent of samples taken from rabies suspect animals submitted for testing within 48 hours	Quarterly	100%	100%
HRLA	Percent of food establishment complaint inspections initiated within five (5) business days of receipt	Quarterly	95%	97.9%
HRLA	Percent of Registered Controlled Substance Facilities inspected annually	Quarterly	100%	23.2%
HRLA	Percent of residential healthcare providers scoring at or above the national average of 72 percent on the customer satisfaction survey	Quarterly	100%	100%
HRLA	Percent of medical marijuana facilities (dispensaries and cultivation centers) receiving at least one quarterly inspection	Annual	95%	Annual Measure
HRLA	Percent of pharmaceutical facilities receiving at least one annual inspection	Annual	100%	Annual Measure
HRLA	Percent of rodent activity complaints inspected or baited, and closed in the 311 system within three (3) business days of receipt	Quarterly	100%	95.7%

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HRLA	Percent of investigations initiated within 24 hours of receipt for complaints of abuse, neglect, and mistreatment	Quarterly	100%	100%
HRLA	Percent of confirmed foodborne illness cases by DC Health epidemiologists investigated within three (3) business days of notification to HRLA	Quarterly	95%	100%
OD	Percent of eligible employee reviews completed on time	Annual	90%	100%
OD	Percent of MSS employees who complete the required MSS training curriculum	Annual	80%	Annual Measure
OD	Percent of required attendees completing trainings mandated by EOM, DCHR, or the DOH Director	Annual	70%	Annual Measure
OD	Average days to hire new employees	Semi-Annual	90	Semi-Annual Measure
OD	Percent of new subgrants with approved risk-based monitoring plans within 30 days of award	Quarterly	75%	56%
OD	Percent of completed interim subgrant budget periods with performance ratings completed and submitted within 45 days	Quarterly	60%	95.7%
OD	Percent of targeted visits completed by monitors per the most recent version of the risk-based monitoring plan	Quarterly	60%	33.6%
OD	Percent of lapsed dollar amounts on federal awards	Annual	3%	Annual Measure

- Q4: Please provide the following budget information for DOH, including the amount budgeted and actually spent, for FY19 and to date in FY20. In addition, please describe any variance of greater than 5% between the amount budgeted and actually spent for FY19 and to date FY20:**
- **At the agency level, please provide the information broken out by source of funds and by Comptroller Source Group and Comptroller Object.**
 - **At the activity level, please provide the information broken out by source of funds and by Comptroller Source Group.**

Response:

See attachments labeled “FY19 Oversight Q4 1 and 2.”

Q5: Please provide a complete accounting of all intra-district transfers received by or transferred from DOH during FY19 and to date in FY20. For each, please provide a narrative description as to the purpose of the transfer and which programs, activities, and services within DOH the transfer affected.

Response:

See attachment labeled “FY19 Oversight Q5.”

Q6. Please provide the DOH capital budgets for FY19 and FY20, including amount budgeted and actual dollars spent. In addition, please provide an update on all capital projects undertaken in FY19 and FY20. Did any of the capital projects undertaken in FY19 or FY20 have an impact on the operating budget of DOH? If so, please provide an accounting of such impact.

Response:

DC Health does not have any capital projects.

Q7: Please identify potential areas where spending pressures may exist in FY20. Please provide a detailed narrative of the spending pressure, including any steps that are being taken to minimize the impact on the FY20 budget.

Response:

DC Health is not projecting a spending pressure for FY2020.

Q8: Please provide a current list of all properties supported by the DOH budget. Please indicate whether the property is owned by the District or leased and which DOH program utilizes the space. If the property is leased, please provide the terms of the lease. For all properties please provide an accounting of annual costs (i.e. rent, security, janitorial services).

Response:

See attachment labeled "FY19 Oversight Q8."

Q9: Please provide a list of all FY20 full-time equivalent positions for DOH, broken down by program and activity. In addition, for each position please note whether the position is filled (and if filled, the name of the employee) or whether it is vacant.

Response:

See attachment labeled “FY19 Oversight Q9.”

Q10: What was the local vacancy rate for DOH for FY19 and to date in FY20? How long was the average time to fill vacant positions?

Response:

Local Vacancy Rate for FY2019	
Filled	160.5
Vacant	12
Total	172.5
Vacancy Rate	6.96%

Local Vacancy Rate for FY2020	
Filled	173.5
Vacant	26
Total	199.5
Vacancy Rate	13.03%

The average time-to-fill for all positions for DC Health for FY2019 was 56 days. Time-to-fill is recognized by the DC Human Resources Department as the period between the opening of a vacancy requisition and the acceptance of a written offer by the selected candidate.

Q11: How many employee performance evaluations were completed in FY19 and how was performance measured against position descriptions? To date in FY20? What steps are taken to correct poor performance and how long does an employee have to correct his/her performance?

Response:

There were 454 employee performance evaluations completed in FY2019. This represents 100 percent of the total employees who should have received evaluations. All 454 employees, excluding student interns, attorneys, and newly hired employees, were expected to have a FY 2019 plan and an annual evaluation completed.

To date in FY2020, 99 percent of employee have performance plans completed. This is comparable to last year when the agency completed 100 percent of its required performance plans. Three newly-hired employees were due for their plans in the first 30 days of hire. The final report did not reflect the completed plans at the time. Direct reminders to managers reinforced the importance of this activity.

In an effort to increase the percentage of employees with completed evaluations, the Department is requiring for the third year that one of the SMART goals added to all managers' performance plans for FY2020 is the completion of a performance plan and evaluation for each employee under their supervision. Additionally, the Department will monitor completed plans within the system and follow changes in supervision that may interrupt the evaluation process.

Employee evaluations are conducted in accordance with the District's Performance Management Program. The evaluation format includes sections on competencies, SMART goals, and individual development. The competencies are pre-defined but managers and staff co-develop the SMART goals together. The employee position description is taken under consideration when developing individual performance goals as well as other items such as the performance goals of the agency, and the work requirements of grantors.

Employees who perform poorly, or are in need of improvement, may be placed on a Performance Improvement Plan (PIP). A PIP may be issued for a 30, 60, or 90 day period. Employees who do not successfully fulfill the PIP requirements may be reassigned, reduced in grade, or removed from employment.

Q12: A list of employees receiving bonuses, special pay, additional compensation, or hiring incentives in FY19 and to date in FY20, and the amount.

Response:

See attachment labeled “FY19 Oversight Q12.”

Q13: Please provide a complete accounting of all grant lapses in FY19, including a detailed statement on why the lapse occurred and explanation of any variance exceeding 5% taken by DOH. Please also indicate if the funds can still be used and/or whether they carried over into FY20.

Response:

See attachment labeled “FY19 Oversight Q13” for a detailed lapse report. The overall lapse rate for FY 19 is 6.73%. With the approval of the carryover requests and extensions, the revised grant lapse rate is 2.13%.

Q14: Please provide the following information for all grants/sub-grants awarded by DOH during FY19 and to date in FY20, broken down by DOH program and activity:

- **Grant Number/Title;**
- **Approved Budget Authority;**
- **Expenditures (including encumbrances and pre-encumbrances);**
- **Purpose of the grant;**
- **Grant deliverables;**
- **Grant outcomes, including grantee/subgrantee performance;**
- **Any corrective actions taken or technical assistance provided;**
- **DOH employee/s responsible for overseeing the grant; and**
- **Source of funds.**

Response:

See attachments labeled “FY19 Oversight Q14 1 and 2.”

Q15: Please provide the following information for all contracts, including modifications, active for DOH during FY19 and to date in FY20, broken down by DOH program and activity:

- **Vendor name;**
- **Services provided;**
- **Funding source;**
- **HCA amount;**
- **Task order amount;**
- **Actual expenditures;**
- **Status of performance; and**
- **DOH employee serving as Contract Administrator**

Response:

Please see the attachment labeled “FY19 Oversight Q15” for a listing of all contracts, including modifications, issued during FY19 and FY20, to date, broken down by DC Health program and activity.

Q16: Please provide the following information for all human care agreements and task orders issues during FY19 and to date in FY20, broken down by DC Health program and activity:

- **Vendor name;**
- **Services provided;**
- **Funding source;**
- **HCA amount;**
- **Task order amount;**
- **Actual expenditures;**
- **Status of performance; and**
- **DOH employee serving as Contract Administrator**

Response:

Please see attachment labeled “FY19 Oversight Q16” for a listing of all human care agreements and task orders issued during FY19 and FY20, to date, broken down by DC Health program and activity.

Q17: Please provide copies of any investigations, reviews or program/fiscal audits completed on programs and activities within DOH during FY19 and to date in FY20. This includes any reports of the DC Auditor or the Office of the Inspector General. In addition, please provide a narrative explanation of steps taken to address any issues raised by the program/fiscal audits.

Response:

See attachments labeled “FY19 Oversight Q17 1–9.”

Q18: Please provide an update on the progress of all outcomes from the Live. Long. DC. plan that are under the responsibility of the Department of Health.

Response:

In response to the emerging heroin epidemic, DC Health formed the Opioid Overdose Taskforce in 2015. The Taskforce is comprised of treatment, public health, and law enforcement representatives with a common interest in reducing morbidity and mortality from opioid and heroin abuse. It has so far facilitated the rapid exchange of data related to the epidemic, increased collaboration among agencies, and supported several successful interventions by providing the Department of Behavioral Health (DBH) with targeted data to inform its prevention efforts. DC Health has built on many existing collaborations and partnerships with stakeholders in other District agencies, including the Metropolitan Police Department, Office of the Attorney General, the Baltimore/Washington High Intensity Drug Trafficking Areas (HIDTA) Center, the Office of the Chief Medical Examiner (OCME), the Prescription Drug Monitoring Program, Fire and Emergency Medical Services (FEMS), and the DC Health Office of Vital Records to aid in the surveillance of opioid abuse and its sequelae with the goal to ultimately reduce the opioid abuse epidemic in Washington, DC.

To build on this enhanced data exchange and create a strategic plan to address the opioid epidemic, the District has convened a group of diverse stakeholders since October 2017, including more than 100 individuals from over 40 stakeholder groups, to collectively understand the city's opioid crisis and establish a coordinated multi-stakeholder approach to comprehensively address the epidemic. By sharing data, discussing initiatives and best practices, and identifying common approaches, these stakeholders have supported the development and implementation of "LIVE.LONG.DC.", Washington DC's Strategic Plan to Reduce Opioid Use, Misuse, and Related Deaths.

DC Health is uniquely positioned to house and guide the work to eliminate health disparities related to opioid use, with a robust syringe services program, surveillance/epidemiology division, Prescription Drug Monitoring Program, Rapid Peer Responder (RPR) team, and well-established community partnerships with specific goals focused on harm reduction, and opioid overdose surveillance. DC Health has awarded funds to capacity building and subject matter expert partners to offer training and technical support to enhance clinical and programmatic competency related to opioid use disorder and treatment. In particular, DC Health has facilitated training for clinicians to obtain waivers to provide buprenorphine-based Medication-Assisted Treatment (MAT). As part of this effort, DC Health supports eight community health centers and a hospital to engage more than 500 individuals in MAT services.

DC Health has a long record of community engagement through working groups, advisory boards, and public private partnerships. DC Health's unique role as the state public health agency within a single urban jurisdiction makes for consistent and strong collaboration with community partners in reducing opioid-related fatalities.

Below are strategy updates of DC Health's initiatives as outlined in the LIVE.LONG.DC. Plan:

GOAL 1: Reduce legislative and regulatory barriers to create a comprehensive surveillance and response infrastructure that supports sustainable solutions to emerging trends in substance use disorder, opioid-related overdoses, and opioid-related fatalities.

Strategy 1.1: Establish an Opioid Fatality Review Board to review all opioid related deaths that occur in Washington, DC. (Supporting Agency)

Strategy 1.4: Strengthen the infrastructure for data and surveillance to understand the scope of opioid-related overdoses (fatal and nonfatal) and the demographics of population with opioid use disorder. (Lead Agency)

Surveillance data is the primary data source for tracking long term trends for population-based interventions within DC's opioid strategy. Specifically, FEMS data on naloxone administration provides the most up-to-date and upstream information on geographic overdose patterns and refusals of care and transportation. These data can be used for identifying specific areas and communities for harm reduction interventions, pre-positioning resources, and eventually, direct individual intervention for refusals of care or transportation. Emergency department surveillance data provides time trend information, and unlike FEMS data contains information on race, age, and gender. These data sets inform the DC Opioid Strategic Planning Working Group, which supports the development and implementation of LIVE.LONG.DC. DC Health supports this interconnected surveillance through hot spot mapping and the Overdose Detection Mapping Application Program (ODMAP), which provides external harm reduction partners access to this data, including regular prompts when there is a spike in overdoses.

DC Health has also worked to increase capacity at OCME by enhancing testing for the presence of opiates and opiate-related compounds from biological samples from suspected opioid-related deaths. DC Health also works with the Department of Forensic Sciences (DFS) to test the syringes left at a decedent's home. Together, this testing provides a basis for the classification of opioid-related deaths, and provides data for the substances and classification of drugs related to mortality. DC Health has provided both supplies and infrastructure to expedite testing, causing a dramatic reduction in testing turnaround time.

GOAL 2: Educate District residents and key stakeholders on the risks of opioid use disorders and effective prevention and treatment options.

Strategy 2.1: Train youth and adult peer educators, in conjunction with people in recovery, to conduct education and outreach activities in schools and other community settings. (Supporting Agency)

Strategy 2.4: Create multiple social marketing campaigns, including anti-stigma campaigns, using a variety of media with clear messages to multiple target audiences (i.e., youth and young adults, current users) to increase awareness about opioid use, treatment, and recovery. (Supporting Agency)

Strategy 2.5: Increase the targeted advertisement of treatment and recovery programs throughout Washington, DC. (Supporting Agency)

Strategy 2.6: Education and promote the Good Samaritan Law (laws offering legal protection to people who give reasonable assistance to those who are, or who they believe to be, injured, ill, in peril, or otherwise incapacitated) for community and law enforcement. (Lead Agency)

DC Health conducted 17 trainings to 723 individuals on naloxone administration, overdose prevention, and the Good Samaritan Law. In addition, DC Health funded HIPS to conduct community conversations on opioid use, which included education on the Good Samaritan Law.

The first half of phase two of DC Health's Prescription Opioid Campaign ran May 20 to September 8, 2019 on Metro buses, trains, 14 Metro stations, and 10 bike share stations around the city, the locations of which were identified through opioid surveillance data. The campaign used a mobile geotagging application to engage users of social media and mobile devices at 288 locations in the District. There were 1,250,239 impressions and 6,421 click-throughs to the campaign website. The second half of phase two of the campaign ran July 10 to August 31, 2019 with an additional 14 metro stations and 10 bike share stations. Phase three of the campaign ran from November 11, 2019 to February 2, 2020 on Metro buses, trains, and multiple Metro stations. Using the same geotagging technology, there were 2,250,547 impressions with 5,414 click-throughs.

GOAL 3: Engage health professionals and organizations in the prevention and early intervention of substance use disorder among District residents.

Strategy 3.1: Expand the use of Screening, Brief Intervention, Referral, and Treatment (SBIRT) programs among social service agencies who conduct intake assessments. (Lead Agency)

Strategy 3.3: Mandate that all licensed providers in Washington, DC who are permitted to prescribe and/or dispense controlled substances be required to register with the Prescription Drug Monitoring Program (PDMP) and PDMP integration into health management system. (Lead Agency)

Strategy 3.4: Encourage the use of physician-pharmacist collaborative practice agreements to provide appropriate pain management to patients with chronic pain as well as palliative care patients, and to integrate pharmacists into methadone and buprenorphine/naloxone (Suboxone) treatment programs. (Lead Agency)

Strategy 3.5: Develop a comprehensive workforce development strategy to strengthen the behavioral health workforce's ability to provide services in multiple care settings including peer support specialists/recovery coaches, holistic pain management providers, and those trained to treat patients with co-occurring mental health diagnoses and substance use disorder. (Supporting Agency)

Strategy 3.6: Encourage provider continuing education on evidence-based guidelines for the appropriate prescribing and monitoring of opioids and other evidence-based/best practices such as warm hand-offs, 12-step model programs, Acceptance and Commitment Therapy and SBIRT. (Lead Agency)

Strategy 3.7: Encourage provider continuing education on evidence-based guidelines for the appropriate prescribing of MAT, with a target audience of addiction treatment providers and primary care providers who are most likely to encounter patients who are seeking this therapy. (Lead Agency)

Strategy 3.8: Encourage provider continuing education on increasing prescription of naloxone for persons identified with opioid use disorder (OUD) or those at risk. (Lead Agency)

Prescription Drug Monitoring Program (PDMP)

Currently, there are 16,763 Health Care Professionals registered with the PDMP. New providers are sent a notice to register when their health care professional license is issued. Effective July 31, 2019, all licensed providers in Washington, DC who are permitted to prescribe and/or dispense controlled substances and covered substances are required to register with the PDMP, and 100 percent of prescribers are enrolled.

Prescriber reports are sent proactively to health care practitioners that have prescribed a controlled substance prescription in the last six months. The last batch of prescriber reports was sent to 4,413 prescribers. Prescriber reports provide detailed information to prescribers on their prescribing habits, comparing them to prescribers within the same specialty. The reports include a comparison of opioids which includes average daily Morphine Milligram Equivalent (MME). The report also includes a summary of the prescribing of stimulants, sedatives, and MAT. Additionally, the report quantifies the number of at-risk patients as well as summarizing prescribers overall PDMP usage. The first prescriber reports were sent in April 2018 to providers. The most recent prescriber reports were updated based on user feedback, and dates were rolled out in February 2019. DC Health hosted webinars in December to educate prescribers on these changes prior to the release.

In December 2018, the PDMP started integrating directly into Electronic Health Records (EHRs), Pharmacy Management Systems (PMS), and Health Information Exchanges (HIEs). Direct integration has shown to increase PDMP utilization. To date, DC Health has integrated the PDMP into numerous physicians' offices EHRs, the largest being the Athena Health EHR utilized by 53 practices. DC Health aims to complete an integration with DC Chesapeake Regional Information System (CRISP), the HIE in the District of Columbia, which has enrolled more than 300 clinical practices in the District. Over 50 percent of DC pharmacies have had DC PDMP integrated into their PMS. This enables pharmacists to check the DC PDMP before dispensing patient medications.

Provider Education

The DC Center for Rational Prescribing developed a presentation that provided clinical education based on CDC prescribing guidelines, DATA waivers, the DC PDMP, and CDC best practice. There were 12 sessions held beginning in October 2019 at locations that included Grubbs Pharmacy, United Medical Center, and DC Health. A total of 92 health care practitioners participated in the live trainings, which included small group discussions that enabled individuals to learn from shared experiences. The individuals who participated included physicians, physician assistants, pharmacists, dentists, nurse practitioners, and veterinarians.

Some planned activities for the upcoming months include developing a provider pocket tool kit, as well as a clinician learning collaborative that offers free phone consultation for opioid prescribing and MAT clinical questions. These resources and referral information will be developed and rolled out in the late spring to early summer.

In October 2019, DC Health launched the [Opioid Learning Institute](#), a dedicated web site to provide on-line trainings for residents and clinical and non-clinical providers, including continuing education credits. Funded by DC Health and developed by HealthHIV, the platform is a comprehensive educational initiative with a mission to educate Washington, DC prescribers and other health care professionals. The free online and self-paced continuing education curriculum covers topics related to opioid prescribing practices, the prevention and treatment of opioid use disorder, harm reduction approaches, and other relevant topics around opioids. E-learning modules include:

- Opioid Overdose Prevention & Naloxone Education;
- Acupuncture, Massage, and Self-Care;
- After the Waiver: Translating Training Into Practice, Advanced Topics in Buprenorphine;
- Cognitive Behavioral Therapy (CBT) & Mind-Body Techniques in Addressing Pain;
- Development and Implementation of Evidence-Based Opioid Prescribing Guidelines for Surgical Patients;
- Epidemiology of OUD: The US and the District;
- Harm Reduction Approaches for Providers Addressing Opioid Use;
- Implementing the 2016 CDC Guidelines for Prescribing Opioids for Chronic Pain;
- Nutrition for Pain Management;
- Patient-Provider Relationship in Addressing Addiction;
- Treating Acute Pain to Improve Outcomes and Reduce Opioids; and
- Treating Opioid Use Disorder: Primer for Clinicians.

DC Health awarded funding to Howard University Hospital, Mary's Center, Whitman-Walker Health, and Unity Health Care to utilize the Project ECHO (Extension for Community Healthcare Outcomes) Model. Project ECHO offers clinicians opioid-use case reviews, consultations, and lectures for enhanced practice. In FY19, 198 clinicians utilized the services.

DC Health awarded funds to Mary's Center, Metro Health, and Us Helping Us to integrate a comprehensive SBIRT process into the clinical practice and EHRs to identify persons with substance use disorder (SUD). A total of 11 providers have been trained on SBIRT and motivational interviewing techniques.

GOAL 4: Support the awareness and availability of, and access to, harm reduction services in the District of Columbia consistent with evolving best and promising practices.

Strategy 4.1: Increase access to harm reduction education to families and communities, including naloxone distribution for those most affected. (Lead Agency)

Strategy 4.2: Make naloxone available in public spaces where automated external defibrillators (AEDs) are available in partnership with a community-wide training initiative. (Lead Agency)

Strategy 4.3: Consider safe injection sites with the following issues to be addressed: medical supervision, the definition of a site, location of a site, requirements for other services, and understanding with local law enforcement. (Lead Agency)

Strategy 4.4: Continue the needle exchange program in combination with other harm reduction services (such as naloxone distribution) and continuous assessment for site selection including the development of community pharmacy-based needle exchange and safe disposal sites. (Lead Agency)

Strategy 4.6: Use peers with lived experience to engage individuals with SUD in harm reduction programs and services. (Lead Agency)

In FY19, DC Health expended approximately \$5,506,000 to purchase 80,706 naloxone kits for distribution in the community. 43,034 naloxone kits were provided through community trainings and events, outreach, and partnerships with community agencies and the Metropolitan Police Department. In FY19, there were a total of 15 participating partners, 11 of which joined in FY19, who distributed 6,023 kits. Partners reported 1,118 overdoses (including MPD) where naloxone was administered and approximately 86 percent of which were successfully reversed. DC Health has seen an increase in demand for naloxone kits to date in FY20 from community and governmental partners. Since the start of FY20, 11 additional community partners have been added. In FY20 to date, all partners have distributed 4,737 naloxone kits. Agencies report a total of 354 overdoses where naloxone was administered with 300 successful reversals (85 percent) for the first quarter of FY20.

DC Health hosts bi-monthly naloxone trainings. In FY19, DC Health provided 17 naloxone administration and overdose prevention trainings to 723 individuals. In the first quarter of FY20, DC Health provided 11 naloxone administration trainings to 325 individuals. Additionally, DC Health is developing a Train-the-Trainer model for naloxone administration and overdose prevention, which is expected to roll out on May 20, 2020. The Train-the-Trainer component will ensure that naloxone training is standardized across the District and also allow for expanded access to naloxone.

DC Health initiated a pilot program in FY19 to expand the current pharmacy standing order program for DC residents to get naloxone free of charge at 17 pharmacies, at least one in every ward in the District. Additionally, if an opioid prescription is filled at one of the participating locations, the individual will also receive a naloxone kit. Pharmacy staff distributes information on how to administer the naloxone nasal spray and information on addiction treatment and recovery to patients.

In June 2019, DC Health launched the Rapid Peer Responder (RPR) Program. The goal of the program is to enhance the system of care for both survivors of opioid overdoses and those who are at an increased risk of overdose in the District. DC Health hires the peers as temp employees for an approximate six-month term and provides subject matter and career advancement training. Peers have lived substance use experiences and pre-identified employment deficiencies and, are themselves actively engaged in harm reduction and recovery support services. RPRs connect with individuals who have recently had an overdose or those at an increased risk of overdose through a three-pronged approach of field-based screening and referral, naloxone provision, and post-overdose outreach and follow-up. In FY19, the RPRs engaged 3,638 individuals.

Since 2008, DC Health has managed a citywide needle exchange program, which has exchanged more than 500,000 syringes each year for approximately 10,000 program participants. Since the inception of the program, the city experienced a 95% decrease in the incidence of new HIV diagnoses attributed to injection drug use, for which DC Health credits its needle exchange program partners.

GOAL 5: Ensure equitable and timely access to high-quality substance use disorder treatment and recovery support services.

Strategy 5.1: Conduct a comprehensive assessment of the availability of treatment services slots/beds per American Society of Addiction Medicine (ASAM) criteria for patients by age, gender, and payer in Washington, DC for adequacy, and develop a plan for building capacity as may be required. In addition, assess the efficiency and effectiveness of the District's referral system and develop protocols (including training) that are patient-centered and practical for both the referring and receiving facility. (Supporting Agency)

Strategy 5.2: Evaluate the effectiveness of programs providing MAT to identify opportunities for enhancing treatment and recovery. (Supporting Agency)

Strategy 5.4: Develop and implement a model for initiating MAT in emergency departments (ED), ensuring a direct path to ongoing care (via a warm handoff from peer recovery coaches) that is patient-centered, sustainable, and takes into consideration the demographics of the implementing health system. (Supporting Agency)

Strategy 5.5: Incorporate emphasis on physical health (including intensive health screenings) and mental well-being in substance use disorder treatment and programming. (Supporting Agency)

Strategy 5.7: Improve the quality and quantity of support services (e.g., education, employment, community re-entry, recovery coaching, transportation, dependent care, and housing) that are available to individuals in recovery. (Supporting Agency)

In FY19, DC Health continued support for the expansion and accessibility of buprenorphine-based MAT for opioid use disorder. DC Health provided funding to six Federally Qualified Health Centers (FQHCs), one community-based organization, and one hospital. The FQHCs are Bread for the City, Whitman-Walker Health, Mary Center, Community of Hope, Family and Medical

Counseling Service, Inc., and Unity Health Care' the community-based organization is Andromeda Transcultural Health; and Howard University Hospital (HUH) is the one hospital. The initiative was designed to increase the number of medical providers who successfully apply for a waiver to become prescribers of Suboxone and who subsequently provide MAT. More than 520 individuals started on MAT. DC Health funded HUH to increase the number of medical providers who successfully apply for a DATA-waiver to prescribe Suboxone and who subsequently provide MAT. In FY19, 77 clinicians were trained and 64 obtained the waiver.

In order to increase the number of uninsured and underinsured District residents accessing MAT, DC Health launched the Buprenorphine Drug Assistance Plan (BupDAP) on November 1, 2019. DC Health leveraged its AIDS Drug Assistance Program (ADAP) platform to provide buprenorphine medicine coverage to individuals with limited or no health insurance. 127 participants have since enrolled. Community partners, case managers, clinicians, and patients can enroll at www.dchealth.dc.gov/bup-dap.

Q19: Please provide a current organizational chart for CHA. Please provide information to the activity level. In addition, please identify the number of full-time equivalents at each organizational level and the employee responsible for the management of each program and activity. If applicable, please provide a narrative explanation of any organizational changes made during FY19 or to date in FY20.

Response:

See attachment labeled "FY19 Oversight Q19."

Q20: Please provide an update on efforts undertaken by the Nutrition and Physical Fitness Bureau during FY19 and to date in FY20.

The Nutrition and Physical Fitness Bureau (NPFB), located within the Community Health Administration at DC Health promotes health and reduces obesity among District residents by encouraging behavior change through direct nutrition and physical activity education and by facilitating policy, systems, and environmental changes that make healthy choices the easy choice in every community. Program strategies aim to decrease obesity and chronic disease through improved nutritional and physical activity status by improving 1) food security, 2) nutritional status of pregnant women, new mothers, infants, and young children, 3) nutrition literacy for populations with low socioeconomic status, and 4) physical activity levels in youth, young adults and adults.

In FY19, NPFB served residents at risk for food insecurity and obesity, as well as those residing in low resource areas through delivery of five federally funded nutrition programs and six locally funded projects. Residents participating in these nutrition programs were provided free nutrition assessments and clinic-based interventions (including counseling) tailored to meet specific health needs; breastfeeding promotion and support; referrals to health and social services, increased access to healthier foods, and opportunities to be more physically active.

Key FY19 accomplishments for the bureau include standardizing data collection efforts to assess participant food security. Locally funded healthful food access programs expanded use of the Hunger Vital Sign™ (HVS) questions (two questions that measure families' concerns about access to food) into their survey process. Results are used in the District and across the country to gauge risk for food insecurity. Another accomplishment includes the launch of an expanded Produce Rx into a year round program in cooperation with AmeriHealth Caritas and Giant Foods. DC Health also provided matching support to the Healthy Corner Stores Partnership with DC Central Kitchen as it introduced a federally funded incentive program for SNAP users to obtain produce in 20 corner stores. Recognition for these efforts included an international award from the Milan Urban Food Policy Pact and finalist recognition by the Cafritz Foundation.

Below is a description of specific activities related to each program or project during FY19 and to date in FY20.

Federally Funded Nutrition Programs

The Nutrition and Physical Fitness Bureau continued providing oversight to five federally funded nutrition programs: 1) Commodity Supplemental Food Program (CSFP), 2) Senior Farmers' Market Nutrition Program (SFMNP), 3) Supplemental Nutrition Assistance Program: Nutrition Education and Obesity Prevention Grant Program, (SNAP-Ed), 4) Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and 5) WIC Farmers' Market Nutrition Program (FMNP).

The **Commodity Supplemental Food Program (CSFP)** and the **Senior Farmers' Market Nutrition Program (SFMNP)** provide nutritious foods to 5,411 income eligible DC residents age 60 years and older at more than 70 sites. CSFP works to improve the health of low-income elderly persons (at or below 130% of the federal poverty level) by supplementing their diets with USDA commodities. DC Health and its grantee partner, the Capital Area Food Bank, were able to maintain active caseload participation at 97% (n=5,254) during 2019. Participation during the first quarter of FY20 is at 98%. During FY19, CSFP distributed a total of 62,455 food boxes (1,787,721 pounds of food distributed). **SFMNP** expands the awareness and use of farmers' markets by providing CSFP participants with benefits to spend on fresh fruits, vegetables, herbs, and honey at participating farmers' markets from June 1 through October 31. In the 2019 season, 5,356 seniors received \$40 each in SFMNP benefits to spend at the market through the season. Participants redeemed 100% of the SFMNP federal food funds. In 2020, the benefit amount will increase to \$50 per participant.

SNAP-Ed

The Supplemental Nutrition Assistance Program: Nutrition Education and Obesity Prevention Grant Program, (SNAP-Ed) aims to help ameliorate and prevent chronic diseases that are linked to poor diets and lack of activity, including heart disease, diabetes, obesity and cancer. SNAP-Ed programming aligns with local initiatives including DC Healthy People 2020, Sustainable DC, Age-Friendly DC, the Mayor's Council on Physical Fitness, Health and Nutrition, and FitDC. The DC SNAP-Ed Program aims to improve health equity across the District using data-driven approaches to program development, implementation and monitoring.

DC Health serves as the State Implementing Agency of the DC SNAP-Ed Program and collaborates with the DC Department of Human Services' Supplemental Nutrition Assistance Program. Along with the collective work of three community partners (University of the District of Columbia, Mary's Center and Washington Youth Garden), DC SNAP-Ed reached 39,479 District residents in FY19 using evidence-based, behavior focused curricula and strategies supporting policy, systems, and environmental change to promote health and prevent disease for residents across the life cycle.

In FY20, DC SNAP-Ed engaged two new grantees, YMCA and FRESHFARM. FRESHFARM expands DC SNAP-Ed's partnership with DC Public Schools through their FoodPrints education model, combining nutrition education and hands-on cooking experiences in classrooms, school gardens, and school cafeterias. YMCA will increase SNAP-Ed's reach among low-income adult and senior residents through multiple projects, including their Fit & Well Seniors program in partnership with DC Department of Aging and Community Living and DC Department of Parks and Recreation as well as ongoing culinary instruction at their on-site YMCA teaching kitchen.

Key accomplishments for FY19 and FY20 include:

1. In FY19, DC SNAP-Ed fully implemented PEARS, a web-based data-management and evaluation system. PEARS allows DC SNAP-Ed to collect, evaluate, manage and report SNAP-Ed program data for a wide range of stakeholders. It will also improve data

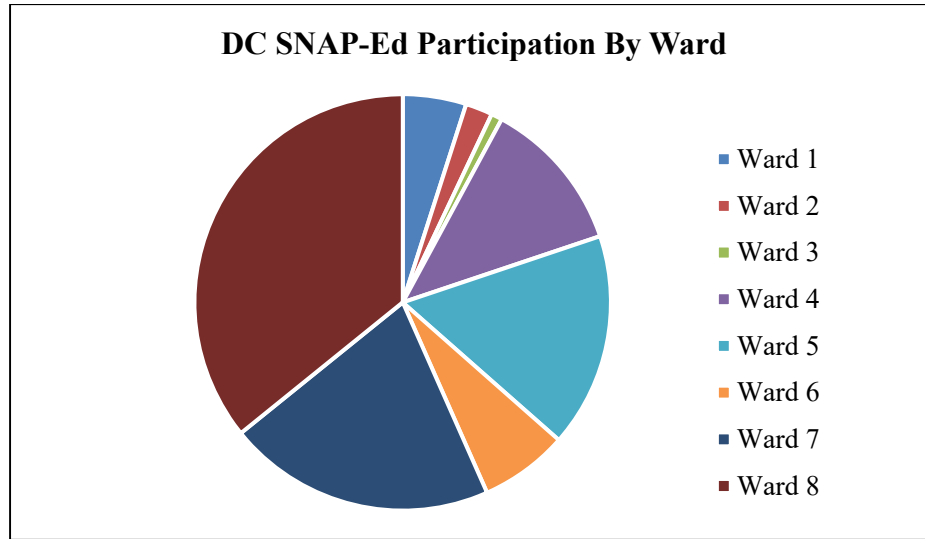
integrity, streamline data collection across DC SNAP-Ed's four grantees, and support current efforts to track and assess the impact of the statewide SNAP-Ed Program.

2. In FY20, DC SNAP-Ed began a three-year clinical-community linkage initiative in partnership with the Cancer and Chronic Disease Bureau (CCDB). Over the next three years, grantees will establish partnerships with federally qualified health centers and hospitals to refer patients with high cholesterol and hypertension into SNAP-Ed programming. Grantees and health care partners will utilize CCDB's online Workshop Wizard platform to track referrals into SNAP-Ed classes.
3. In FY19, DC SNAP-Ed enhanced partnerships and programming targeting residents age 50 years and older. DC SNAP-Ed provided training and technical assistance with the Department of Aging and Community Living along with the Capital Area Food Bank to reach an additional 5,200 seniors. Also, DC SNAP-Ed lends its expertise as co-chair of the Age-Friendly DC nutrition sub-committee within Domain 8 Community Support and Health Services. This multi-sector partnership composed of ten District agencies and community organizations is working together to increase access to affordable, healthful foods and nutrition and food education opportunities among residents age 50+. FY20 efforts are focused on implementing a statewide senior nutrition needs assessment.
4. Supporting OSSE's Whole School, Whole Child, Whole Community model, Washington Youth Garden (WYG), a DC SNAP-Ed grantee, piloted school garden markets at Center City Trinidad School and the KIPP Webb Campus in FY19. The markets provided an opportunity for families to purchase produce at below-market cost and participate in family-focused nutrition education. The school garden markets reached more than 600 students and family members and sold over 400 pounds of produce.

FY2019 and FY2018 Program Data

DC SNAP-Ed Participation by Ward*		
Ward	FY2018	FY2019
1	1,652	1,947
2	2,897	828
3	865	339
4	2,554	4,721
5	6,319	6,576
6	1,165	2,708
7	6,485	8,222
8	7,044	14,138
Total	28,981	39,479

*FY19 focus on targeting geographic locations with higher poverty and higher SNAP participation, thus explaining the decrease in Ward 2 participation and increase in Ward 8 participation.



FY2018 and FY2019 DC SNAP-Ed Participation by Age and Gender						
	Female		Male		Total	
	FY2018	FY2019	FY2018	FY2019	FY2018	FY2019
Less than 5 years	1,507	9,535	1,493	9,349	3,000	18,884*
5-17 years	4,612	3,734	4,233	4,088	8,845	7,822
18-59 years	6,182	5,875	2,569	1,510	8,751	7,388
60 years and older	6,128	3,864	2,257	1,518	8,835	5,385
Total	18,429	23,008	10,552	16,465	28,981	39,479

*Increase due to UDC's (SNAP-Ed grantee) implementation of a train-the-trainer model at child care centers

SNAP-Ed Participation by Reported Race and Ethnicity*			
		FY18 SNAP-Ed Participants	FY19 SNAP-Ed Participants
Ethnicity	Hispanic/Latino	2,506	4,076
	Non-Hispanic/Latino	26,448	29,203
Race	American Indian or Alaska Native	133	3
	Asian	1,151	1,533
	Black or African American	24,240	32,431
	Native Hawaiian or other Pacific Islander	84	99
	White	3,295	3,397

*Some SNAP-Ed participants did not self-report ethnicity and/or race.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) serves low-income (at or below 185% of the Federal Poverty Level), nutritionally at risk pregnant and postpartum women, infants, and children up to five years old. While enrollment continues to trend downward in the District and nationally, DC WIC enrolled more than 14,000 District residents in FY19. During FY2019, DC WIC continued to work towards implementation of an Electronic Benefits Transfer (EBT) solution for WIC benefits distribution (eWIC).

Key WIC accomplishments for FY2019 include:

1. DC WIC continues to partner with four Local Agency (LA) providers; Children's National Health System, Mary's Center, Unity Health Care, and Howard University Hospital, to offer place based services in a clinical setting.
2. In FY19, DC WIC continued to strengthen vendor efforts and contributed to accomplishing the goals of the WIC Expansion Act. B22-0666. DC WIC implemented new vendor policies and procedures targeting small foot print vendors (SFPV) interested in becoming authorized to accept WIC Program benefits. These policies decreased minimum square footage and minimum stocking requirements. To date, four SFPV applications have been approved - (1) Grubbs Pharmacy in Ward 8 SE, 2) Good Food Markets in Ward 5 NE, 3) Bestway in Silver Spring, Maryland and 4) Bestway in Hyattsville, Maryland. In the first quarter of FY20, five additional small store vendors are under review. Four stores are located in Ward 8 and one in Ward 5.
3. DC WIC exceeded its FY19 breastfeeding initiation targets. The overall target was 57% and the actual was 62%. The rate for breastfeeding initiation among African American mothers reached 55%, exceeding the target set at of 47%.
4. In FY19, DC WIC leveraged funds from the Title V Program (\$75,000) to fund a Community Lactation Consultant (LC) in Wards 7 and 8 where the breastfeeding rate is 19% below the state WIC average. The new Community Lactation Consultant supports the four breastfeeding peer counselors currently providing services in these two wards. With this additional support, the average breastfeeding initiation rates in Wards 7 and 8 have increased by 4% (43% to 47%).
5. In an effort to recruit new participants and better engage current participants DC WIC has strengthened relationships with community and clinical partners. These efforts include:
 - providing WIC outreach materials to 20 of the 39 (51%) health care facilities with practicing OBGYNs, Family Physicians, Nurse Practitioners and Certified Nurse Midwives in all Wards;
 - establishing/maintaining partnerships with six childcare centers targeting PreK-3 and 4 year olds including EduCare DC, Apple Tree, Rosemount, Briya, CentroNia and KIPP; and
 - collaborating with DC Health programs such as Safe Sleep, Healthy Start, and Help Me Grow.

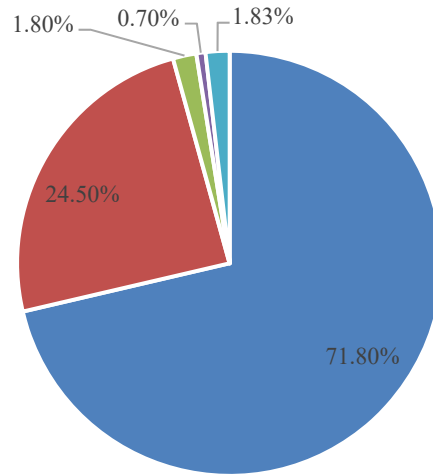
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6. In FY19, to expand access to WIC benefits for eligible participants, DC WIC has made additional efforts to serve working and military families. WIC sites throughout the city provide Saturday appointments in addition to providing evening hours to accommodate working families in need of services. Howard University Hospital's WIC program opened a WIC "stand alone" location on Joint Base Anacostia-Bolling (JBAB) to service military families. Since the opening of this location in June 2019, there has been a 23% increase in enrollment at this site.

The DC WIC Farmers' Market Nutrition Program (FMNP) benefits are offered seasonally to women, infants, and children to increase consumption of fresh unprocessed fruits, vegetables and herbs from local farmers. During the FY19 season, 64 farmers accepted DC FMNP benefits at 86 markets in the District and Maryland. In FY19, 66.3% of FMNP benefits were redeemed by WIC participants (slightly up from the FY18 redemption rate of 61.8%), and the program reached 11,946 women and children in the District, including 2,000 infants and 6,000 children.

DC WIC Enrollment By Category			
	WIC Average Monthly Enrollment FY 2019	WIC Average Monthly Enrollment FY 2020 Q1	Change in Average Monthly Enrollment
Pregnant	1,236	1,190	-46
Breastfeeding	1,656	1,752	96
Postpartum Non- Breastfeeding	1,022	913	-109
Infants	4,205	4,000	-205
Children age 1 to 5 years	7,292	6,995	-297
Total	15,411	14,850	-581

Percentage of WIC Enrollment by Race and Ethnicity FY19



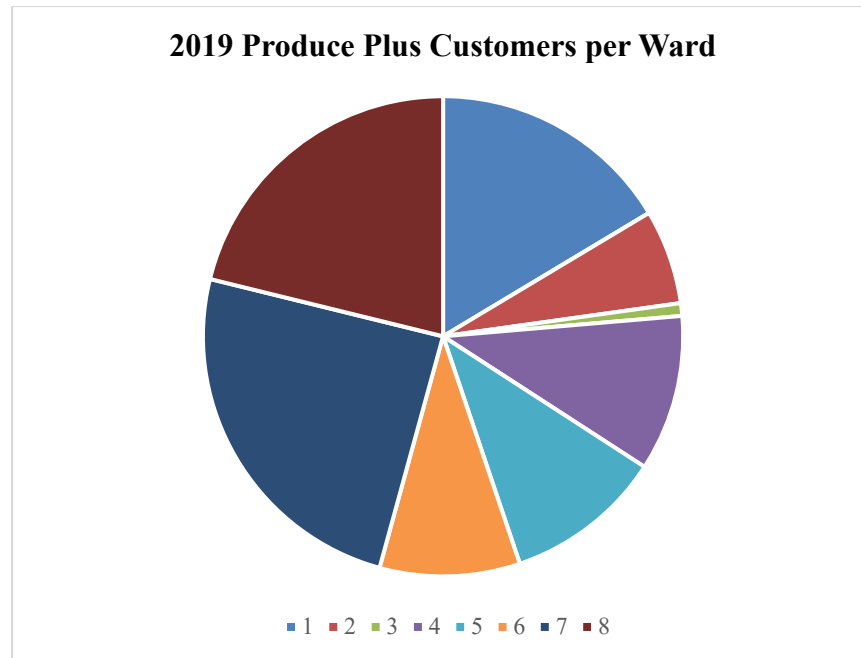
■ African and African American ■ Hispanic ■ White/Non-Hispanic ■ Asian ■ Other

Locally Funded Healthful Food Access Initiatives

Key accomplishments for FY19 include:

Produce Plus (Grantee: DC Greens) provides farmers' market checks to participants in federal safety net assistance programs to purchase locally sourced produce. In FY19, 9,002 District residents used program benefits (\$10 up to two times per week) between June 1st and September 29th at 101 farmers' markets, including 23 in Wards 7 and Ward 8 (six more than in 2018). There were 16 more participating markets in 2019 than in 2018. The overall FY19 redemption rate was 94.9%. Nationally, Produce Plus continues to be the only incentive program of its kind to include Medicaid and SSI participants. Typically, programs of this type only include TANF, SNAP, and WIC.

Ward	FY2018 Customers		FY2019 Customers		FY2018 Spent	FY2018 Redemption	FY2019 Spent	FY 2019 Redemption
1	1734	19.18%	1,409	16.40%	\$193,210	96.87%	\$161,120	97.55%
2	382	4.23%	548	6.38%	\$39,720	97.46%	\$48,685	98.28%
3	50	0.55%	73	0.85%	\$0		\$0	0.00%
4	489	5.41%	903	10.52%	\$41,335	96.66%	\$43,690	96.65%
5	819	9.06%	916	10.67%	\$92,995	95.72%	\$116,790	95.84%
6	1399	15.47%	811	9.45%	\$161,405	95.18%	\$151,735	95.42%
7	2335	25.83%	2,110	24.58%	\$186,910	93.10%	\$192,940	93.01%
8	1832	20.26%	1,817	21.16%	\$116,595	92.01%	\$126,345	91.06%



Produce Prescription Program (PRx), (Grantee: DC Greens) supports health care providers to issue prescriptions for fresh produce to patients diagnosed with pre-diabetes, diabetes or hypertension. PRx began in 2016, providing prescriptions redeemable seasonally at farmers' markets for fresh produce. In FY19, a PRx pilot was initiated enabling patients from health care partners to redeem benefits year round at the Giant Food supermarket in Ward 8. Much of the year was spent establishing clinic workflows to facilitate use of the program and increase provider and patient participation. An initial group of 234 patients from Community of Hope, Children's National at THEARC, Whitman-Walker, and Unity Anacostia participated in the pilot. Currently, more than 300 patients are enrolled from Community of Hope-Conway, Whitman Walker-Max Robinson, Unity-Anacostia, Unity-Minnesota Ave, and Unity-Southwest. In addition to evaluating participant health outcomes, DC Greens' evaluation partner is close to finalizing a data sharing agreement with AmeriHealth Caritas DC to assess insurance claims data of participants.

Home Delivered Meals (Grantee: Food and Friends) delivered more than 100,000 nutritious, medically tailored meals to more than 300 chronically ill District residents in FY19 (unchanged from FY2018 reflecting consistent funding level). Food and Friends provides meals, groceries, nutrition counseling, and health care referrals to people living with life-challenging illnesses, including cancer, end stage renal disease, diabetes, and cardiovascular disease. The program continues to improve data collection and analysis to better identify the residents most in need and to better assess program impact on improving nutritional status and quality of life for chronically ill residents and their caregivers. All recipients are offered support in applying for SNAP and other federal assistance programs.

Home Delivered Meals			
	FY2018	FY2019	Q1 FY2020
Patients	266	296	164
Caregivers	100	99	53
Total	366	395	217
Meals Serviced	132,192	132,098	21,556

FY2019 Home Delivered Meals Participant Demographics	
Primary Diagnosis	
Cancer Patients	57%
Diabetes	28%
Other illnesses	15%
Age	
Adults (≥18 y/o)	96%
Minors (<18 y/o)	4%
Status	
Primary Clients (Patients)	75%
Child Dependents and Caregivers	25%

Joyful Food Markets (Grantee: Martha's Table in partnership with Capital Area Food Bank) are operated in 53 elementary schools exclusively in Wards 7 and 8, with 100% of students at 51 schools receiving free or reduced price school lunch. Once a month, pop-up markets filled with tables of fresh produce and healthy non-perishable food offer up to 23 pounds of food per enrolled student along with food demonstrations, and nutrition education. They also receive referrals if needed to federal assistance programs and community-based organizations. In FY19, approximately 6,000 students and their family members participate in Joyful Food Markets each month. There were more than 350 food distributions, providing 750,000 pounds of food to students and their families. The program operates during the summer months at select schools and other community sites.

Healthy Corners Stores Partnership (HCSP), (Grantee: DC Central Kitchen (DCK)) aims to expand access to healthful foods and wellness education by working together with small foot print retailers in low resource areas of the District. The program allows store owners to order and stock fresh produce in smaller quantities than typically available through commercial distributors. DCK provides retailers, primarily in Wards 5, 7, and 8, with technical assistance, marketing materials, and refrigeration equipment. In FY19 there were 59 Healthy Corners Stores total (17 in Ward 5, 14 in Ward 7, and 16 in Ward 8). The establishment of this healthy corner store network and the role of DCK as a trusted provider of technical assistance has

proven valuable during the implementation of the WIC Expansion Act of 2018. Grubb's Pharmacy in Ward 8 and Good Food Market in Ward 5, both HCSP stores, have successfully applied and become small footprint WIC vendors.

DCCK launched a "5 for 5" matching program using a combination of USDA Food Insecurity Nutrition Incentive Grant (FINI) funds for the actual food benefits and DC Health support for administrative and related expenses. This program operates in 20 Healthy Corners stores providing a match of SNAP dollars spent for use in purchasing produce. In addition to supporting these SNAP recipients directly, the spike in produce sales helps assure healthful food access for all neighborhood customers in the form of a well-stocked produce section. "5 for 5" is the first dedicated corner store FINI project in the nation. Recent findings from the USDA indicate that matching programs promote changes in user's diets and provide economic benefits to host communities.

Healthy Corner Stores Sales			
	FY 2018	FY 2019	Q1 FY 20
Number of Stores*	64	59	50
Sales Units	241,635	412,212	85,912
Sales \$	\$87,276	\$228,314	\$54,020
Ave. Sales Units	3,776	6,987	1,718
Ave Sales \$	\$1,364	\$3,870	1080.40

*Note the decrease from 2018 to 2019 was due to in large part to more rigorous standards in the program requirements.

Mobile Markets initiative (Grantee: Arcadia Center for Food and Sustainable Agriculture) continued to operate in FY19. Arcadia delivered fresh produce weekly to 10 locations in Wards 5, 7, and 8 throughout the market season. Arcadia, spends considerable time during the planning season to meet with community organizations and select annual mobile market sites. Sites include recreation centers, senior centers, community centers, elementary schools, and federally qualified health centers. These sites are permanent during the farmers' market season (May to November) and host markets on a regular weekly schedule. Mobile Markets distributed over \$13,000 in fresh food to DC residents, ensuring that locally sourced fruits and vegetables were readily available at more than 180 market stops during the season.

Q21: Please provide an updated list of all certified providers for each nutritional program broken down by ward.

Response:

There are currently a total of 15 Special Supplemental Nutrition Program for Women, Infants, Children (WIC Program) sites covering Wards 1, 4, 5, 7 and 8. The DC WIC Program is the only state in the Mid-Atlantic region that hires registered dietitians exclusively to provide nutrition services. To show their continued support for military families who are WIC eligible, Howard University Hospital WIC (HUHWIC) celebrated the opening of a permanent WIC site on the Joint Base Anacostia-Bolling Air Force Base (JBAB) during FY19. The HUHWIC received special funding from United State Department of Agriculture (USDA) to open the site.

WARD -1	
Children's National Health Systems 111 Michigan Ave., NW 20010 202-476-5594 Mon - Fri 8:30am - 4:30pm Wed 8:00am - 7:00pm	Children's National Health Systems at Adams Morgan/Dorchester 1630 Euclid St., NW 20009 202-476-5479 Mon -Tues, Fri 8:30am - 8:30pm
Howard University Hospital 2041 Georgia Ave., NW 20060 rm.1 K03 202-865-4942 Mon - Fri 9:00am - 4:30pm 4 th Sat 9am – 1:00 pm by appt. only	Unity Health Care at Upper Cardozo 3020 14 th St., NW 20009 202-299-1554 Mon – Fri 8:30am - 5:00pm 1 st Sat 8:00am – 12:00pm
Mary's Center at Ontario Road 2333 Ontario Road, NW 20009 202-232-6679 Mon - Fri. 8:30am – 5:00pm Sat - 9:00am – 1:00pm by appt. only	
WARD – 4	
Mary's Center at Georgia Avenue 3912 Georgia Ave., NW 20060 202-545-8042 Mon - Fri 8:30am -5:00pm 2 nd Sat 9:00am – 1:00pm by appt. only	
WARD – 5	
Mary's Center at Brentwood 1060 Brentwood Road, NE 20018 202-269-0487 or 202-232-6679 8:30am - 5:00pm Tues & Thurs	Mary's Center at Fort Totten 100 Gallatin Street, NE 20018 Phone: 202-232-6679 or 6721 Mon, Thurs, Fri 8:00am - 5:00pm
WARD – 7	
Howard University Hospital at Minnesota 3924 Minnesota Ave., NE 20019 202-627-7851 Mon – Fri 9:00am - 4:30pm 2 nd Sat 9:00am – 1:00pm by appt. only	Unity Heath Care at Parkside Health Center 765 Kenilworth Terrace, NE 20019 202-388-8177 Mon – Fri 8:15am - 4:45pm
Unity Health Care at East of the River 123 45 th St. N.E. 20019 202-388-7752 Mon – Fri 8:15am – 4:45pm	
WARD – 8	

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Unity Health Care at Anacostia 1500 Galen Street, SE 20020 202-610-5491 Mon – Fri 8:15am – 4:45pm	Children’s National Health Systems at the Big Chair 2101 MLK Jr., Ave., SE 20020 202-476-6994 Tues, Fri. 8:00am – 4:30pm Mon 8:00am – 7:00pm
Howard University Hospital at Joint Base Anacostia Bolling BAFB 13 Brookley Ave., SE 20032 202-627-7851 or 202-865-4942 Tues - Thurs 9:00am – 3:00pm	Children’s National Health Systems at THE ARC 1901 Mississippi Avenue, SE 20020 202-436-3062 8:00am - 4:30pm Fridays only

Q22: Please provide an update on the D.C. Healthy Start Program and the target and actual numbers served per Ward.

Response:

The District of Columbia Department of Health (DC Health) aims to improve perinatal health outcomes and help all District residents attain their highest level of health. In response to emerging best practices to address perinatal and infant mortality disparities, DC Health continues to restructure programs to align with these nationally recognized strategies. Based on recommendations provided by the Secretary's Advisory Committee on Infant Mortality and the Health Resources and Services Administration (HRSA) Maternal Child Health Bureau, DC Health's citywide strategy reflects the core principles identified to decrease perinatal health disparities and improve maternal and child health. These principles include using a life course perspective, addressing social determinants of health, implementing systems level interventions, and building collective impact.

The DC Healthy Start program's (DCHS) overarching goal is to improve health outcomes before, during, and after pregnancy, and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes. To achieve this, DCHS leverages patient-centered medical homes in areas with disparate perinatal health outcomes to implement the enhanced case management program. Community health centers serve as medical homes for program participants, while also providing comprehensive case management through DCHS. In fiscal year 2019, Mary's Center, Community of Hope, and Children's National Medical Center-Generations program implemented the full range of Healthy Start services for women and their families which includes risk assessments with referrals and linkages, and health education and promotion. DC Health provide overall grant oversight, technical assistance and capacity-building.

Families enrolled in Healthy Start worked with a community health worker (who is also a case manager) to complete psychosocial risk assessments. Based on results of these assessments, participants are linked with services, such as housing, financial planning, and insurance, to help improve their health and overall wellbeing. Families enrolled in Healthy Start participate in a collaborative process that emphasizes care coordination and planning to achieve optimal health outcomes.

In FY19 DCHS served a total of 526 participants comprised of: 110 pregnant women; 48 infants (0-11 months); 101 children (12-24 months) and 257 women in either preconception, postpartum or interconception stages. Approximately 86% of participants are African-American and 84% reside in Wards 5, 7 and 8 (Table).

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Table: FY 19 DC Healthy Start Participants by Ward

All Ages	Unrec- orded	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8	Total
Infants < 1 Year	0	12	6	2	18	14	0	18	50	120
Children 1-12 Years	0	1	0	0	7	8	1	4	17	38
Children 12-18 Years	0	1	1	0	4	1	0	4	16	27
Young Adults 18-24 Years	0	4	1	1	6	9	2	17	60	100
Adults	2	5	0	1	9	26	0	30	168	241
Total	2	23	8	4	44	58	3	73	311	526

DCHS uses evidence-based curricula to provide health education and promotion. Topics include reproductive life planning, breastfeeding, smoking cessation, parenting, life skills, and stress management. Being based within medical homes, participants receive support to ensure engagement with a primary care provider and preventive care. In FY19, 91% of HS program participants were enrolled in a health insurance plan. DCHS also works with clinicians at the health centers to ensure best practices are utilized, such as BMI assessments (with weight counseling as indicated) and chronic disease screenings.

Understanding that a person's health is influenced by factors prior to conception, DCHS emphasizes engagement with women in the preconception and interconception phases. The program has implemented One Key Question® for all reproductive age women, as well as male participants, to ensure participants have reproductive life plans. DC Healthy Start community health workers periodically review program participant's reproductive life plans to ensure they have adequate support and resources to achieve the goals they set in their plans. In FY19, approximately 89% of women program participants have reported that they have a reproductive life plan in place.

DCHS is funded by the Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau, Division of Healthy Start and Perinatal Services under the Funding Opportunity Announcement for the Healthy Start Initiative. In November 2018, DC Health submitted a new application for the Healthy Start Initiative. The period of performance under this funding opportunity is 2019-2024. DC Health was awarded the new Healthy Start grant in March 2019. Under the new funding opportunity, DC Health will implement a comprehensive approach that builds on existing partnerships and programs while adding complementary, evidence-based innovations. The new approach continues to emphasize core priorities for HRSA and DC Health: improving women's health before, during and after pregnancy; improving family health and wellness; promoting systems change; and assuring impact and effectiveness. In order to work toward more equitable birth outcomes and target women who are at high risk for adverse perinatal outcomes, DCHS will focus on increasing social supports in the perinatal period through the use

of group prenatal care and community-based doula models. These models will continue to support the utilization of preventive health services, helping women to access and navigate perinatal health care. In FY19, DC Health conducted a competitive award process to sub-grant two community-based organizations to implement Healthy Start services for the 2019-2024 project period. Mary's Center and Community of Hope were awarded as the sub-grant recipients of the 2019-2024 Healthy Start grant and began providing Healthy Start services in FY20.

DC Health received HRSA funding to serve all District women who are at risk for poor perinatal outcomes and their families, regardless of place of residency. However, given the disparate perinatal health outcomes by Wards, outreach efforts focus on families in Wards 5, 7 and 8. HRSA has set a goal for DCHS to serve a total of 700 participants per year for the new project period, of which 300 are prenatal women, 300 are infants/children up to 18 months, preconception women and interconception women combined and 100 are fathers/male partners affiliated with the women/infants/children participating in services.

For the new 2019-2024 Healthy Start project period, Mary's Center and Community of Hope will integrate additional strategies to increase social support for Healthy Start prenatal participants. Mary's Center will encourage, facilitate and incentivize Healthy Start participants to attend prenatal care through Centering Pregnancy, an evidence-based group prenatal care program. Group prenatal care models are designed to provide social support among women with similar due dates in a group setting, while providing time for medical and health education discussions with health providers in addition to risk screenings and assessments. To provide additional support to pregnant women, Community of Hope will provide doula services to high risk prenatal participants, which will continue through the birth and into the post-partum period. Doula support during pregnancy and childbirth has been associated with improved birth outcomes such as lower rates of preterm birth and higher rates of breastfeeding initiation, particularly among minorities and women of lower socioeconomic status.

As fathers play an important role in childbearing and influencing child and family health outcomes and well-being, DCHS aims to strengthen paternal involvement in pregnancy and parenting. In FY20, DCHS continues to emphasize engaging fathers to support the objective of improving family health and wellness. In addition to the work of the DCHS medical home partners, DC Health staff implemented several activities and strategies to engage fathers in healthy family development. DCHS engages fathers through collaborative efforts with two DC Department of Employment Services programs: Project Empowerment (work readiness program for residents with multiple barriers to employment) and the DC Jail Work Readiness Program (a rigorous pre-release work readiness and life skills training to inmates at the DC Jail pending release to the District within 6 to 10 weeks). Both programs offer health education workshops that include information and resources to support utilization of preventive health care services, nutrition and mental health, including coping with stress and maintaining healthy relationships. The DC Jail program also includes Inside Out Dad, an evidence-based parenting program from the National Fatherhood Initiative. This program aims to help incarcerated fathers develop the skills and knowledge needed

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to become involved, responsible and committed in the lives of their children. DCHS recruits DOES participants for DCHS services. DCHS will continue to partner with local social service partners to engage fathers in healthy family development.

Q23: Please describe DC Health funding for home visiting. Include the amount of federal and local funding for home visiting, changes in local funding for home visiting in recent years, and how this funding is used. Please describe all differences, if any, in programs funded directly by local dollars and ones funded through federal funding streams. Please also explain what steps DC Health has taken to work with home visiting providers to address family recruitment and retention challenges raised by the agency, including an update on the staff recruitment and retention plans developed in FY17.

Response:

In FY19, DC Health funded home visiting through federal and local funding.

Funding Sources	FY19 Award/Allocation
Federal Maternal Infant and Early Childhood Home Visiting Formula and Innovation Grant Funding	\$2,198,971.33 (\$1,629,009.00 + \$569,962.33)
Local District Home Visiting Funding (\$1.9 local home visiting and additional ~710,000 from Birth to Three)	\$ 2,610,566.00 (\$1,900,000.00 + \$710,566.00)

Federal Maternal Infant and Early Childhood Home Visiting Grant Funding

In FY19, The Department of Health (DC Health) was awarded two Maternal Infant and Early Childhood Home Visiting (MIECHV) grants, which are funded by the Health Resource Services Administration (HRSA) - Formula Grant and Innovations Grant. The goal of the MIECHV Formula grant is to support prenatal women and parents with children ages zero to five years to develop the skills they need to raise children who are physically, socially and emotionally healthy and ready to learn. Since 2012, DC Health has used the MIECHV Formula funds to support evidence-based home visiting programs designed to achieve this goal. The Innovation Award closed 9/30/2019 and a final report was submitted to HRSA 12/20/2019. Currently, in FY20, DC Health has one MIECHV formula grant in use (X10MC32183, \$1,878,267.00), and one MIECHV formula grant which will be spent starting FY21 (X10MC33572, \$1,678,267.00). The MIECHV award currently in use includes an extra \$200,000.00 designated for the federal mandated MIECHV 2020 Needs Assessment update. The Federal MIECHV budget for DC Health is further detailed in the response to Question 44. DC Health's federally-funded MIECHV program currently funds Mary's Center to implement two evidence-based home visiting models. The Healthy Families America (HFA) model, designed to serve 120 families, and the Parents as Teachers (PAT) model, designed to serve 120 families, focusing their efforts in Wards 5, 7 and 8. During FY19, the programs began to more precisely target the highest at-risk communities at the neighborhood

cluster level. The table below provides an overview of each evidence-based home visiting model and the eligibility criteria for the program:

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	PAT- Parents As Teachers ¹	HFA- Healthy Families America ²
Target Population	<ul style="list-style-type: none"> • single parenthood • low income • childhood history of abuse and adverse child experiences; and • current or previous issues related to substance abuse, mental health issues, and/or domestic violence 	<ul style="list-style-type: none"> • children with special needs, • families at risk for child abuse, • income-based criteria, • teen parents, • first-time parents, • immigrant families, • low literacy families, or • parents with mental health or
Program Model Components	<ul style="list-style-type: none"> • one-on-one personal (or home) visits, • group connections (or meetings), • screenings and referrals, • health and developmental screenings for children, and • a resource network for families 	<ul style="list-style-type: none"> • screenings and assessments to determine families most likely to benefit from services <p>referrals to services, and home visiting services</p>
Program Model Intensity and Length	<ul style="list-style-type: none"> • 12 home visits annually (at minimum). Families with two or more high-needs characteristics 24 visits annually • approximately 60-minute home visits • at least 12 group connections (or meetings) annually 	<ul style="list-style-type: none"> • minimum one-hour home visit • one home visit per week for the first six months • After the first six months, visit frequency is determined by local programs and is based on families' needs.
Supervision	Max of 10-12 full-time parent educators assigned to each supervisor	Max of 5-6 full-time family support workers assigned to each supervisor

Outcomes	Increase in early detection of developmental delays and health issues Increase in parental knowledge about child development Increase children's school readiness and school success Reduction in child abuse and neglect Increase in referrals to support services Increase in healthy pregnancies and improved birth outcomes (when services are delivered prenatally) Increase in healthy pregnancies and improved birth outcomes (when services are delivered prenatally)	Increase utilization of prenatal care Reduce child maltreatment Improve parent-child interactions and school readiness Promote family self-sufficiency and decrease dependency on welfare and other social services Promote positive parenting Increase access to primary care medical services Ensure healthy child development
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¹ Parents as Teachers: Research and Program Quality Manual. http://www.parentsteachers.org/images/stories/documents/Research_Quality_Booklet.pdf

² Healthy Families America Best Practice Standards www.hfapims.org/downloads/hfa_best_practice_2018_2021.docx

Local Home Visiting Funds

The federally funded MIECHV program continues to have capacity to accept new families. Local investments have allowed DC Health to support innovative family and parent support programming to improve perinatal health outcomes and support early childhood development. Local home visiting funds supported gap-filling in FY19 for MIECHV (~\$689,000), two new locally funded home visiting programs (~\$368,595) and Healthy Start (~\$634,790); early childhood place based-initiatives (~\$1,018,799); and family strengthening for DC work readiness program participants (~\$43,467).

Table 1: FY19 Funding for Evidence-Based and Promising Practice Home Visiting Programs By Funding Source

Program	FY18 funding	FY19 funding	Funding Source	Purpose
MIECHV @ Mary's Center- HFA	\$621,721.94	\$688,264.35	Federal	Implement Evidence-Based Home Visiting
	\$397,327.21	\$538,223.30	Local	
MIECHV @ Mary's Center - PAT	\$323,605.20	\$432,219.33	Federal	Implement Evidence-Based Home Visiting
	\$38,841.00	\$90,429.96	Local	
	\$524,747.00	\$321,631.85	Federal	

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MIECHV Evaluation @	\$32,000.00	--	Local	Evaluation/Professional
*Community of Hope Home Visiting - Parents As Teachers (PAT)	--	\$163,022.00	Local	Implement Evidence-Based Home Visiting
*Georgetown University Center of Child and Human Development Home Visiting - Parent Support Program (PSP)	--	\$205,573.00	Local	Implement a Home Visiting Promising Practice

**New home visiting programs funded in FY19*

Table 2: FY19 Local Funding for Additional Family Strengthening/Parent Support Related Programs By Funded Amount

Family Strengthening/Parent Support Program	FY18 Local	FY19 Local
Healthy Start CNMC-Generations	\$250,065.00	\$249,349.44
Healthy Start Community of Hope	--	\$198,690.26
Healthy Start Mary's Center	--	\$186,750.74
Place-Based SMART from the Start	\$311,210.00	\$311,210.00
Place-Based Early Childhood Innovation Network	\$350,145.65	\$350,113.31
Healthy Steps	-	\$400,000
DOES- Greater Access Program	\$495,719.97	43,467.44

DC Health FY19 local funding for evidence-based home visitation

In FY19, allocated local funding for MIECHV programs and systems totaled \$689,867.60. This supplemented the MIECHV federal funding for programs which totaled \$1,442,115.53. The federal funding in FY19 included both the MIECHV Formula Grant and the Innovation Award. Two evidence-based home visiting (EBHV) programs were funded: Healthy Families America (HFA) and Parents as Teachers (PAT). These funds also supported evaluation and professional development activities for the DC MIECHV program. These funds (federal and local) supported direct services for 253 households with a total of 325 children. The increase in local funds from FY18 to FY19 supported both programs in maintaining direct supervision and quality assurance

and improvement requirements given the increase in federally negotiated indirect cost rates (IDCR) and personnel fringe rates applied per the updated OMB circular (federal register).

Funding for the MIECHV Competitive grant ended at the close of FY16, eliminating slots for 60 families enrolled in Healthy Families America. Those slots were maintained using the local home visiting funding. Additionally, due to federal funding restrictions, there are specific infrastructure expenditures that are not allowed but are necessary for the implementation of the program. As such, local funding is used to fill this gap for all of the awardees. Local funds also allow more flexibility to serve families in higher-risk neighborhood clusters outside the Wards and neighborhood clusters identified through the federally-set MIECHV criteria.

DC Health FY19 Local Funding for Additional Family/Parent Support Programs

In FY19, local funds were used to support innovative family and parent support programs such as the DC Healthy Start programs at Mary's Center, Children's National Medical Center, and Community of Hope; Place-Based programs at Smart from the Start and the ECIN at Medstar Georgetown; new local home visiting programs at Community of Hope and Georgetown University Center for Child and Human Development, and the DOES Greater Access Program (GAP) partnership.

DC Healthy Start (DCHS) is funded by the Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau, Division of Healthy Start Perinatal Services. DCHS aims to improve perinatal health outcomes and access to quality care and services for women, infants, children and their families. The 2014-2019 Healthy Start project period ended on March 31, 2019. Local funds were used to sustain Healthy Start services at DC Healthy Start Sub-Grantee sites: Mary's Center, Community of Hope and Children's National Medical Center, allowing for the program to close-out the previous grant cycle and transition into the new grant period, which commenced in January 2020. Participants were able to continue to receive Healthy Start case management and care coordination services which included providing risk assessments, health education and promotion, assisting participants in navigating the health care system and linkages to community resources based on social needs. Clients that wished to be transitioned to comparable case management services were transitioned to perinatal and infant health support services through their Managed Care Organization or other programs such as the Maternal Infant and Early Childhood Home Visiting program.

Place-based initiatives intend to achieve improved health, education, and economic outcomes through effective and sustainable neighborhood transformation. Since 2017, DC Health has provided funding and partnership for place-based initiatives in five District communities. Through place based initiatives, DC Health aims to ensure that all neighborhoods become places that enable children and families to succeed and thrive. They are also an innovative way to reach and serve multiple generations within families in the District, particularly families who do not want a home visit. Additional information is provided under Q49, but current projects include:

- **Smart from the Start (Smart)** is a family support and community engagement

organization promoting the healthy development of children located in the Woodland Terrace community (Ward 8). Smart engages, educates, and empowers parents to step confidently into their role as their child's first teacher and to achieve goals to increase their self-sufficiency. Smart's multi-disciplinary team works with the DC Housing Authority and with families to create home and community environments conducive to healthy child development while addressing the social determinants of health that impact the overall wellness of families and communities. Woodland Terrace families participate in individual and group programming that addresses trauma and stress, financial literacy classes, job training programs, and mental health counseling while also learning to address their children's health and development.

- The **Early Childhood Innovation Network (ECIN)** place-based project provides a holistic health strategy in Historic Anacostia, Barry Farm, Sheridan, and the Buena Vista communities (Ward 8) through the development and implementation of a Neighborhood Family Champion (NFC) model. ECIN partners with Far Southeast Family Strengthening Collaboration, Parent Watch, Total Family Care Coalition and Health Alliance Network to recruit and train NFCs, to reach families where they live. NFCs serve as social capital builders, making important contacts and connecting with families with children ages zero through five. The NFCs will utilize the ECIN mobile app to connect families to physical and mental health supports that reduce the duration and severity of maternal depression, food insecurity, and other family stressors that perpetuate poor health outcomes.

DC Health supported the implementation of HealthySteps at the Children's Health Center at Anacostia in FY19. HealthySteps is an evidence-based, interdisciplinary pediatric primary care program that aims to provide infants and toddlers with social-emotional and developmental support by strengthening family engagement with the Medical Home. Please see Q49 for additional information.

Since 2015, DC Health has collaborated with the Department of Employment Services (DOES) Project Empowerment (PE) program, a work readiness program for District residents facing multiple barriers to employment. DOES and DC Health recognize that a clear correlation exists between employment, economic self-sufficiency, a stable home life, and the overall improvement of health for PE participants and their families. The collaboration has evolved, and DC Health continues to fund additional psychosocial supports for PE participants to set them up for success in work environments.

In FY19, DC Health received additional local funding (~\$710,000) to support the provision of home visiting services and home visit system activities through the Birth to Three for All DC Act of 2018. DC Health issued a competitive request for applications to expand in-home parenting education using evidence-based home visiting models or evidence-informed promising practice home visiting programs to support improving health outcomes for pregnant mothers and caregivers with children ages zero through three years old. Under this award, community based organizations will: embed comprehensive family support services in communities identified as having the greatest need for these services; improve outcomes for families who reside in the identified

communities; and work effectively and collaboratively to ensure that all families have access to high quality programs to support their child's development. One award was made to Community of Hope to implement the evidence-based home visiting model Parents As Teachers (PAT). A second award was made to the Georgetown University Center for Child and Human Development to implement a promising practice: Parenting Support Program (PSP). PSP is a home visiting approach for individuals with intellectual disabilities with children under the age of 3. Hiring, trainings and professional development, and other start-up activities were the focus of these new programs in FY19.

DC MIECHV Family Recruitment and Retention Strategies

Evidence-based home visitation programs continue to face challenges with family recruitment and retention both nationally and here in the District. Much attention is paid to this because all of the evidence-based home visiting models expect services to continue for a minimum of two years in order to achieve impact. Nationally, the average length of participation is eight months. Families do not achieve the full potential of positive outcomes resulting from evidence-based home visiting programs if they do not experience the entire duration of the program. DC Health has employed several strategies and national best practices to address these challenges in partnership with the Local Implementing Agency, the Georgetown University Center for Child and Human Development (GUCCHD), HRSA, and national program model offices. These include technical assistance, assessments of family and home visitor experience, and trainings and professional development. Although challenges remain, these efforts continue to yield improvements in both recruitment and retention. Ninety-one percent (91%) of families who enrolled at least 6 months prior to the end of the fiscal year were still enrolled at their 6-month enrollment anniversary, as compared to 83% in 2018, and 55% from the 6-month enrollment analysis completed in 2016. Seventy percent (70%) of families enrolled at least six months prior to the end of the fiscal year were still enrolled at their 12-month enrollment anniversary, as compared to 40% in 2016. If considering just those families who were enrolled for at least 12 months prior to the end of the fiscal year, the number retained for at least 12-months increases to 87%.

DC Health has provided technical assistance and support to home visiting programs on participant recruitment and retention quality improvement activities. DC Health supported home visiting providers in developing the FY19 family recruitment/retention plan. Both the HFA and PAT programs developed family recruitment and retention plans. HFA's goals and strategies included

- Goal 1. Recruit 180 families from target neighborhood clusters with targeted recruitment activities being performed to recruit families from these vulnerable neighborhoods.
- Strategy 1: Develop and Maintain relationships with Medicaid Managed Care Organizations, community health centers, and hospitals as referral sources.
- Strategy 2: Develop and maintain relationships with local agencies
- Strategy 3: Develop program marketing materials to promote home visiting residents of

the District.

- Strategy 4: Establish a team of Peer Ambassadors to represent home visiting.

Strategy 5: Enroll families who are eligible for HFA home visiting services

- Goal 2: Program will remain at 90% capacity or higher
- Strategy 1: The LIA will work to engage families in home visiting at the time of initial enrollment using tools developed during CQI activities and parameters established by the Healthy Families model of home visiting.
- Strategy 2: The LIA will work to maintain family engagement during their enrollment in the program using tools developed during CQI activities and parameters established by the Healthy Families model of home visiting.

PAT's goals and strategies included:

- Goal 1: Leverage Group Connection events as recruiting tools
- Strategy 1: Increase number of unenrolled families invited who live in the targeted designated areas to local group connection events.
- Strategy 2: Host at least 3 Group Connection Events in "targeted" designated areas.

Strategy 3: Invite guest presenters to speak or provide resources to families at group connection events

- Goal 2: Update and redesign program marketing materials
- Strategy 1: Establish consistent and responsive messaging about home visiting services.
- Strategy 2: Establish program "ambassador" program to increase peer-to-peer support and visibility through the District.

Strategy 3: Create an outreach/enrollment packet to provide additional information to interested families supplemental to their enrollment.

- Goal 3: Establish new and strengthen existing partnerships with referral agencies.
- Strategy 1: Plan and host regular partner meetings to update referral agencies on home visiting activities
- Strategy 2: Establish "floating desks" at partner agencies to increase FSW visibility and recruitment.
- Strategy 3: Reach out to 3-existing or new potential partner organizations.

In 2019, DC Health's Public Health Analyst provided technical assistance to the MIECHV programs on running continuous quality improvement cycles to support program improvement in the area of recruitment and retention. Additionally, DC Health participates in monthly monitoring calls with HRSA project officers during which the topics of recruitment and retention and strategies to address challenges are discussed extensively since it continues to be a national challenge.

DC Health also partnered with GUCCHD to evaluate the relationship between staff transition and participant attrition, the results of which highlighted that the relationship between staff transition and participant attrition were weaker than originally theorized. Findings show that some families withdrew because their expectations of the program differed from the program's focus or

intended outcomes. DC Health and GUCCHD plan to explore issues of family preference, needs and model best fit in the next research evaluation and upcoming needs assessment. Based on GUCCHD's evaluation finding, the LIA has been working on innovative ways to ensure that the families' expectations of the program match with the program in which they enroll. One of these strategies has been to improve relationships with referral agencies. The LIA also implemented a checklist to support the initial visit and expectation setting. Along with providing support related to participant recruitment and retention, DC Health has also supported the LIA to address challenges around staff recruitment and retention. During monthly monitoring calls with HRSA project officers, DC Health discusses strategies related to staff growth and tuition reimbursement incentives for those staff choosing to leave for various reasons including: maintaining certification or those leaving to return for graduate school. Home visitor staff retention continues to be a challenge from year to year. Home visitor staff is inclusive of family support workers (FSWs) also known as home visitors, parent resource workers (PRWs) under the HFA model, model supervisors/managers, and a quality specialist. In FY 2018, 10 out of 16 (63%) home visitor staff resigned from their positions for the following provided reasons:

FY 2018 Reasons for Resigning from Position	Staff Count
1. Life changes (moved out of state)	3
2. Promotions to other positions within home visiting	2
3. Promotions to other positions the LIA's other program services	2
4. Continuing education / certification or licensed professions/careers	2

Home visitor staff retention for FY 2019 is improved from FY 2018. In FY 2019, 3 out of 19 (16%) of home visitor staff resigned from their positions for the following reasons:

FY 2019 Reasons for Resigning from Position	Staff Count
1. Continuing education / certification or licensed professions/careers a. Full-Time Nursing Program b. Full-Time Nurse Midwife Program	2
2. Personal reasons – undisclosed	1

This is an improvement over the 63% of staff attrition identified in FY 2018 (Figure 11). The goal for this fiscal year was to decrease the staff attrition rate for non-income related reasons to below 50% for those who are still within 2 years of employment. The LIA submitted a Staff Recruitment and Retention Plan which aligned with the LIA's organization's efforts. The following objectives were included in the LIA's plan:

- Actively recruit for MIECHV program vacancies at a variety of locations.
- Candidate will be screened to ensure good fit prior to interview
- At minimum 5 candidates will be identified per vacancy for in person interviews
- Staff will be provided with training and recognition to be effective in their roles
- Professional development and growth in positions is offered to staff

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- Staff will be provided with opportunities to give feedback to Mary's Center related to staff satisfaction.
 - Distributed bi-annually at minimum.
 - HR to meet with program leadership to review feedback from surveys and develop plans of action to address feedback ideas.
 - Opportunities for feedback through one-on-one meeting with HR Employee Relations staff at Mary's Center as needed to review any challenges and provide ideas for opportunities for growth.

Additionally, under the Innovation award, DC Health has also supported the LIA in their Implementation of the FAN, an evidence based intervention designed to reduce stress and burnout of home visitor through the development and practice of mindful self-regulation techniques.

DC MIECHV program has increased accessibility to on-line professional development resources for the LIA through the following: subscription renewal to IHI On-Line Quality Improvement courses, subscription to Ounce of Prevention Achieve on Demand Home Visiting Professional On-Line training courses, and open on-line access to wrap around webinars through the Georgetown University Center for Child and Human Development DC Home Visiting On-line Modules. The Institute for the Advancement of Family Support Professionals Modules and Course Compass (www.institutefsp.org) was also shared with the LIA as an additional resource for their home visiting staff.

Q24: Please provide an update and examples of the department's community engagement strategies for its maternal and infant health programs.

While DC Health has many historic and ongoing partnerships with community based organizations and community members to support improved maternal and child health outcomes, the department highlights more recent strategic partnerships.

Symposium on Maternal Clinical Quality Improvement

As a follow up to the Maternal and Infant Health Summit, DC Health hosted a symposium to discuss maternal health and clinical quality improvement across the District. The Symposium brought together a diverse group of stakeholders across multiple sectors, including DC government agencies (DC Health Center for Policy, Planning and Evaluation, Department of Health Care Finance, Department of Behavioral Health); health plans (CareFirst BlueCross BlueShield, Trusted Health Plan, AmeriHealth Caritas DC, UnitedHealthcare); health care and medicine (Howard University Hospital, MedStar Washington Hospital Center); and subject matter experts in the field of maternal health, including March of Dimes, NOVA Birth Partners, ACOG, and Thrive by Five DC. The goal of this Symposium was to foster productive conversations on practical next steps for improving the quality of maternal care for all DC mothers. The symposium included an introductory overview of severe maternal morbidity, along with a discussion led by the Department of Health Care Finance on perinatal quality in managed care and Medicaid performance measures. DC Health provided an overview on developing and sustaining Perinatal Quality Collaboratives (PQCs), which was followed by a representative from the Massachusetts state PQC discussing the successes, challenges, and lessons learned from implementation in Massachusetts. The Symposium concluded with a discussion of state-level maternal mortality supports through the Alliance for Innovation on Maternal Health (AIM), a national maternal safety and quality improvement initiative.

To build off the newly established Maternal Mortality Review Committee and the interest of stakeholders at the Symposium, DC Health has also released a request for applications to support the establishment of a Perinatal Quality Collaborative (PQC) to further address system gaps in quality care and implement system coordination plans of other working groups. A District of Columbia PQC will bring together a team of perinatal health professionals and stakeholders to improve health outcomes for women and infants through continuous quality improvement via the implementation of patient safety bundles and evidence-based best practices within all health systems serving pregnant women in the District.

Calling All Sectors: State Agencies Joined Together for Health

Supported by the Pew Charitable Trusts, the Calling All Sectors initiative aims to foster cross-sectoral approaches to implement evidence-based practices and strategies that have the potential to improve maternal and infant health, with the hope that cross-sectoral work becomes part of the lasting working culture. As part of the initiative, DC Health is engaging with the Interagency

Council on Homelessness (ICH), the DC Housing Authority, DC Department of Human Services and other partners within the District of Columbia, together with other non-governmental community partners. The overarching goal of the District pilot initiative is to make available up to 100 housing slots to housing-insecure pregnant women. DC Health, in collaboration with agency and community partners, will work to better understand the impact of housing insecurity as a contributing factor in perinatal and infant health outcomes in the District of Columbia. Partners will also look to better coordinate systems that work with pregnant and parenting individuals, particularly young pregnant and parenting families, who are seeking housing services in the District.

Perinatal Health Studies

DC Health has expanded efforts to improve our understanding of factors influencing poor birth outcomes in the District. This includes the establishment of the Pregnancy Risk Assessment Monitoring System (PRAMS) in 2015, in collaboration with the Centers for Disease Control (CDC). PRAMS collects state-specific, population-based data on maternal attitudes before, during, and shortly after pregnancy. While this data is valuable in informing strategies to improve perinatal health, it is limited to survey responses. In FY19, DC Health is partnered with Georgetown University's Center for Child and Human Development (GUCCHD) to study factors influencing the District's disparate perinatal health outcomes. This project examines the access and use of prenatal care by residents in the District of Columbia, and specifically looks to explore racial disparities, perceptions of quality and utilization. Building off the strong quantitative health data already collected by DC Health (PRAMS, Vital Records), the project will be a qualitative study to provide a more in-depth understanding of why residents choose to seek care when and where they do. Exploring perceptions of care requires diverse perspectives and strategic recruitment of study participants. This includes representing perspectives of health care providers, women who did not seek prenatal care early in pregnancy, women of reproductive age not regularly engaged in primary care and community-based organizations serving residents in communities at risk for adverse perinatal health outcomes.

Maternal and Child Health (MCH) Advisory Council

The District of Columbia Maternal and Child Health (MCH) Advisory Council's purpose is to advise the Community Health Administration on ways to improve the health of families in the District of Columbia (DC), focusing on the MCH population. The Advisory Council brings together several organizations or groups in DC with a broad range of expertise, including many who have been working for years to address and improve health outcomes in DC and other states. Council membership includes representatives from government agencies (Department of Behavioral Health, Department of Healthcare Finance, DC Health Center for Policy, Planning and Evaluation); the medical community (community based pediatrician, community-based primary care physician, and a non-physician clinician working with children and youth with special healthcare needs (CYSHCN)); MCH subject matter experts on early childhood health, CYSHCN,

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maternal and women's health, adolescent health; and community members (two parents and two youth). The Council:

- Serves as the conduit for the exchange of information about families, women, infants, children, and adolescents.
- Advises on progress in addressing specific MCH population needs.
- Facilitates private and public sector support for improving MCH health outcomes in DC.
- Helps focus efforts among partners and recommends collaborative initiatives.
- Reviews existing and proposed CHA MCH projects.

Q25: For all public and public charter schools, please provide an update on current nurse staffing coverage. Please provide a breakdown by school and Ward. Indicate whether or not the nurse is full or part time. What is the nurse to student ratio at each public and public charter school, and data about each school's other factors such as student acuity status, student care needs, and each of the specific social determinants of health that DC Health uses in its needs based algorithm? During FY19 and FY20 to date, what activities were implemented to enhance public and public charter school nursing services?

Response:

A breakdown of current nursing coverage can be found in the attachment for Question 25. SHSP has provided services to three new schools this school year, bringing the total number of schools served to 196 (115 DCPS + 81 PCSB.) There are a total of five additional DC Public Charter schools and one additional DC Public School that have requested services; they are currently in the health suite approval process.

As of January 24, 2020, 89% of participating schools have 40 hours per week of **total health suite coverage**, 97% of schools have at least 32 hours per week of coverage, and 100% of participating schools have at least 24 hours per week of total health suite coverage. Sixty-three percent (63%) of schools have 40 hours of **nurse-only coverage**, 27% of schools have 40 hours of a combination of nurse + allied health coverage, 4% of schools have 32 hours of nurse-only coverage, and 6% of schools have 24 hours of nurse-only coverage.

Nationally, we are experiencing a nursing shortage. According to the Bureau of Labor Statistics, the United States needs over 200,000 new nurses annually through 2026 in order to keep up with open vacancies and retirees. The District of Columbia is experiencing the same shortage that the nation is facing. In order to ensure that our school health suites are staffed 40 hours per week, DC Health is supportive of Children's School Services efforts to increase recruitment, including referral bonuses, hiring open houses and competitive salaries.

In order to meet the health needs of the students, the SHSP program utilizes a total of 154.3 nurses and 25 allied health professionals. Allied health professionals are members of the school health team and work onsite in school health suites in collaboration with the school nurse.

School staffing during FY19 and thus far in FY20 can be adjusted when there are staff vacancies based on an algorithm informed by school health data collected from the parent/guardian. The algorithm is used to prioritize staff placement on occasions when program staff capacity cannot meet 40 hours a week of coverage at every school (i.e., absences, position vacancies, etc.). The number of hours per week that a nurse or allied health professional is on-site can change to reflect the current and changing clinical needs identified (i.e., students with new diagnoses/medications/treatments, previously diagnosed students who transfer from one school to another, and new enrollees with diagnoses/medications/treatments that require the provision of

services at a level above what was previously identified). Several factors are considered when the program is faced with staff vacancies, and nurses need to be deployed according to student need:

- a) The number of students with special health care needs or chronic conditions. This can include insulin need, diastat need, tube feeding requirement, tracheostomy care, oxygen therapy, and/or catheterization.
- b) The number of students with scheduled medications or treatments
- c) The number of students with as-needed medications
- d) School at-risk profiles
- e) Health suite utilization

During FY19 and to date in FY20, DC Health has implemented several activities to enhance the School Health Services Program (SHSP). These include but are not limited to:

- ongoing program-wide standardization of specific services provided (asthma care coordination, seizures and diabetes care, health suite approval processes, emergency response trainings, family engagement on missing or out-of-date health forms, securing required medication in schools from providers and families, addressing missing health plans, etc.)
- updating health forms for school enrollment packets and other school health plans (such as Universal Health Certificate, Oral Health Assessment, Medication and Treatment Authorization Form, Immunization Requirements for School Year 2019-20, emergency response protocols/plans, supplies checklist, asthma action plans, anaphylaxis action plan, etc.),
- coordinating with DBH, DCPS, and PCSB to streamline administrative functions related to behavioral health services, Individualized Education Program (IEP), 504 plans, and dedicated aide referrals/assignments,
- providing additional and accelerated hybrid (in-person and online) Administration of Medication trainings (including refreshers) during the summer months of the school year to meet the influx of new school staff that wanted to be trained. A total of 463 school staff members are active and have completed the necessary AOM training requirements,
- supporting the development of additional immunization resources for schools for coordination and compliance efforts,
- supporting OSSE in updating documents and aligning administrative efforts to implement amended requirements of the Access to Emergency Epinephrine in Clarification Emergency Amendment Act of 2017,
- supporting the development of a standardized process for outside providers who want to provide optional health services on school grounds, and
- strengthening the program's QI/QA efforts through the analysis of parents and school staff feedback surveys and program-wide evaluation efforts.

Q26: For all public and public charter schools, please provide an update on current nurse staffing coverage.

- a. Please provide a breakdown by school and Ward. Indicate whether or not the nurse is full or part time.**
- b. How many schools have nurses 5 days a week? 4 days a week? 3 days a week? 2 days a week? 1 day a week?**
- c. Are there back-up nurses available if nurses are out?**
- d. Last year's oversight response stated that nurse-to-student ratios are a workload measure DC Health no longer uses. Please describe the method by which DC Health determines how to staff schools with nurses (e.g. needs assessment, factors included in needs assessment)**
- e. During FY19 and FY20 to date, what activities were implemented to enhance public and public charter school nursing services?**

Response:

One of the goals for the School Health Services Program (SHSP) is to ensure that SHSP provides quality care to every child served. SHSP strives to provide all schools with 40 hours of coverage. Due to the national and local shortage of nurses, however, the program employs a variety of strategies to provide coverage to meet the needs of the students while aggressively recruiting nursing personnel. Currently, hours range from 24 hours to 40 hours, with the exception of one special needs school requiring 80 hours (see attached coverage tables for breakdown by school).

A breakdown of current nursing coverage can be found in the table for Question 37a. SHSP has provided services to three new schools this school year, bringing the total number of schools served to 196 (115 DCPS + 81 PCSB.) There are a total of five additional DC Public Charter schools and one additional DC Public School that have requested services; they are currently in the health suite approval process.

As of January 24, 2020, 89% of participating schools have 40 hours per week of **total health suite coverage**, 97% of schools have at least 32 hours per week of coverage, and 100% of participating schools have at least 24 hours per week of total health suite coverage. Sixty-three percent (63%) of schools have 40 hours of **nurse-only coverage**, 27% of schools have 40 hours of a combination of nurse + allied health coverage, 4% of schools have 32 hours of nurse-only coverage, and 6% of schools have 24 hours of nurse-only coverage.

The SHSP program utilizes a total of 154.3 nurses and 25 allied health professionals. Allied health professionals are members of the school health team and work onsite in school health suites in collaboration with the school nurse. Allied health professionals receive centralized orientation and on-site health suite coaching with health services personnel. During this

onboarding process, these providers receive an overview of the school health services program, expectations of their role in the school setting, and information regarding administrative/health related policies and procedures. Allied health professionals are provided training regarding emergency management, laws relevant to school health, medication administration, diabetes management, health screenings, immunization registry, and First Aid. Verification of competency is required prior to placement.

In addition to staff in the health suite, SHSP provides telephone coverage to every school that participates in SHSP. Telephone coverage nurses are available for school staff to address needs while health suite staff are assisting other students. In the event that staffing coverage changes arise, SHSP works to replace the staff in the health suite based on the needs of the school. This may involve the use of a health technician, assigning staffing agency health technicians and nurses, or PRN (as needed) nurses and health technicians. If other SHSP staff are not available to cover the health suite, SHSP provides telephone coverage and utilizes Administration of Medicine (AOM) staff for medication administration. Upon developing the alternate staffing plan, SHSP staff notifies the school administration for coordination.

School staffing during FY19 and thus far in FY20 can be adjusted when there are staff vacancies based on an algorithm informed by school health data collected from the parent/guardian. The algorithm is used to prioritize staff placement on occasions when program staff capacity cannot meet 40 hours of coverage at every school (i.e., absences, position vacancies, etc.). The number of hours per week that a nurse or allied health professional is on-site can change almost daily to reflect the current and changing clinical needs identified (i.e., students with new diagnoses/medications/treatments, previously diagnosed students who transfer from one school to another, and new enrollees with diagnoses/medications/treatments that require the provision of services at a level above what was previously identified). Several factors are considered when the program is faced with staff vacancies and nurses need to be deployed according to student need:

- a) The number of students with special health care needs or chronic conditions. This can include insulin need, diastat need, tube feeding requirement, tracheostomy care, oxygen therapy, and/or catheterization.
- b) The number of students with scheduled medications or treatments
- c) The number of students with as-needed medications
- d) School at-risk profiles
- e) Health suite utilization

During FY19 and to date in FY20, DC Health has implemented several activities to enhance the School Health Services Program (SHSP). These include but are not limited to:

- ongoing program-wide standardization of specific services provided (asthma care coordination, seizures and diabetes care, health suite approval processes, emergency response trainings, family engagement on missing or out-of-date health forms, securing

required medication in schools from providers and families, addressing missing health plans, etc.)

- updating health forms for school enrollment packets and other school health plans (such as Universal Health Certificate, Oral Health Assessment, Medication and Treatment Authorization Form, Immunization Requirements for School Year 2019-20, emergency response protocols/plans, supplies checklist, asthma action plans, anaphylaxis action plan, etc.),
- coordinating with DBH, DCPS, and PCSB to streamline administrative functions related to behavioral health services, Individualized Education Program (IEP), 504 plans, and dedicated aide referrals/assignments,
- providing additional and accelerated hybrid (in-person and online) Administration of Medication trainings (including refreshers) during the summer months of the school year to meet the influx of new school staff that wanted to be trained. A total of 463 school staff members are active and have completed the necessary AOM training requirements,
- supporting the development of additional immunization resources for schools for coordination and compliance efforts,
- supporting OSSE in updating documents and aligning administrative efforts to implement amended requirements of the Access to Emergency Epinephrine in Clarification Emergency Amendment Act of 2017,
- supporting the development of a standardized process for outside providers who want to provide optional health services on school grounds, and
- strengthening the program's QI/QA efforts through the analysis of parents and school staff feedback surveys and program-wide evaluation efforts.

Q27: Provide any updates to CHA's coordination of school health activities across District agencies in FY19 and FY20 to date. Please include the following agencies:

- a. The Office of the State Superintendent of Education;**
- b. District of Columbia Public Schools**
- c. DC Public Charter Schools;**
- d. Public Charter School Board;**
- e. DC Department of Behavioral Health;**
- f. DC Department of Health Care Finance;**
- g. Office of the Deputy Mayor for Education; and**
- h. Office of the Deputy Mayor for Health and Human Services.**

Response:

In FY2019, and to date in FY 2020, several CHA Bureaus have collaborated with District and partner agencies including the Office of the Deputy Mayor for Health and Human Services (DMHHS); the Office of the Deputy Mayor for Education (DME); the Office of the State Superintendent of Education (OSSE); the District of Columbia Public Schools (DCPS); the Public Charter School Board (PCSB); the Department of Behavioral Health (DBH) and the Department of Health Care Finance (DHCF) on initiatives to coordinate and improve school health services for District students.

The Family Health Bureau within CHA is responsible for the oversight of school health services within DC Health, which included school nurse and allied health services for 115 DCPS schools and 81 public charter schools; and, primary health services through school-based health centers for seven (7) DCPS high schools in FY19. The Health Care Access Bureau supports initiatives to improve access to quality comprehensive primary care services for DC residents. The Bureau is organized into three key programmatic units: Immunization Program, Oral Health Program, and Health Systems and Innovation. The Immunization and Oral Health Programs carry out the majority of the Bureau's work with schools.

All CHA Bureaus (Cancer and Chronic Disease Prevention; Family Health; Health Care Access; and Nutrition and Physical Fitness) coordinate and collaborate with several District agencies on an array of school health activities which promote optimal outcomes for children, adolescents, and young adults. Outlined below are a few projects that occurred during FY19 and are ongoing to date.

- The School Health Requirements Inter-Agency Coordinating Committee (SHRIC) brings together representatives of DCPS, OSSE, DCPCS, DHCF, KIPP DC (new), and DC Health quarterly to work on aligning and improving compliance with school health requirements. DC Health has two separate formal sharing data agreements with its SHRIC partners. The first is between DHCF and DCPS (which is being renewed in FY20) and the second with OSSE, DHCF, and KIPP DC. The data sharing agreements allows SHRIC to better monitor and improve the use of preventive health services by

children insured by Medicaid. In FY19 and FY20, SHRIC worked together to develop guidelines (attached) for outside providers to undergo a coordinated process to provide optional health services on school grounds within the District of Columbia. This process was created to ensure that any outside provider that offers health services to students on school grounds will

- Use consistent, reliable, and sustainable practices;
 - Utilize the District's investments and expansion of health insurance coverage through Medicaid;
 - Reduce duplication of services and administrative burden across participating local education agencies;
 - Use data-driven approaches to address an underlying public health need through a health equity lens; and
 - Be held accountable for following-up and linking participants to permanent and continued care.
- The School Health Services and School Based Health Center Programs (SHSP and SBHC, respectively) continue to collaborate with DBH to align risk assessments of schools and students, to reduce duplication and fragmentation of services, to promote coordination with medical homes and to ensure gaps in services are identified. DC Health also works closely with DBH, DCPS, PCSB, and other community partners to ensure adequate support is available to transition and integrate frontline staff into the expansion of the School Behavioral Health Program. This includes identifying opportunities to restructure, streamline, and standardize processes within traditional programs and services that often operate in silos. Additionally, DC Health continues to serve on the Coordinating Council on School Behavioral Health which includes representatives of the DC Council, DMHHS, DME, DBH, OSSE, DCPS, PCSB.
- DC Health has created the Sexual Violence Prevention Community of Practice (SVP CoP) through its Rape Prevention Education (RPE) Program. Funded by the Centers for Disease Control and Prevention (CDC), DC Health gathered traditional and non-traditional partners, District agencies, and other organizations that focus on strengthening the layers of contributing factors of safety, education, peer associations, relationships, employment, and mental health for District residents into a centralized space:
 - To convene for capacity building, training, and cross-partner learning that will promote and sustain collaboration as partners' knowledge, skills, and common understanding grow;
 - To create an infrastructure for continuously gathering and sharing actionable data and coordination across partners;
 - To facilitate data-driven conversations that will inform a community response to the need of increased connectedness and awareness of violence prevention strategies; and
 - To develop collaborative action that translates philosophy into concrete policies, practices and achievements that work across systems. This includes providing

implementation support on the District's Student Safety Omnibus Amendment Act of 2018 and the Sexual Assault Victims' Rights Amendment Act of 2019.

- The Immunization Program works with a spectrum of partners such as DME, OSSE, DCPS, PCSB, Immunize DC (DC's immunization coalition), SHRIC, private and parochial schools to provide immunization surveillance for school-aged children and assist education partners in improving compliance. In FY19 and FY20, DC Health created and distributed several immunization resources for all schools and licensed childhood development centers (LCDCs) to assist with coordination and compliance efforts. DC Health was able to provide direct technical assistance to school and LCDC staff in implementing best practices and coordinated the health component of EdFest in December 2018 and 2019, which provided education and vaccination information to over 300 participants at each event. EdFest provides a vehicle to create linkages to medical homes to ensure children have a regular place of care for all preventive health care. In May 2019, the Director of DC Health, Dr. LaQuandra S. Nesbitt, sent letters and information packets about measles risk to school-based administrators in order to assist them in coordinating measles prevention efforts with their school's Health Team amidst national outbreaks. Engagement also included communication and resources for parents and a measles webpage which included information for parents on where to go to obtain vaccines.
- DC Health partnered with DCPS and PCSB to recruit 16 high school students (ages 14-21) who live in the District of Columbia to participate in its Youth Advisory Council (YAC). YAC is designed to promote health, build leadership skills among DC youth, and empower the next generation of DC leaders and public health professionals. YAC members are trained on current and emerging public health topics and assist in guiding program and policy decisions within the Maternal and Child Health Advisory Council and DC Health's Community Health Administration.
- Beginning in FY20, DC Health's School-Based Health Center Program was accepted into the School Health Services National Quality Initiative Collaborative Improvement and Innovation Network (NQI CoIIN) for School-Based Health Centers. NQI CoIIN is a 12-month program that focuses on making measurable improvements to students' health and mental health (including social, emotional, behavioral health, and substance use). CoIIN brings together multidisciplinary teams of federal, state, and local public and private leaders in partnership with recognized subject matter experts to address a specific, complex challenge. DHCF, DCPS, and the three SBHCs operators are members of DC Health's team.
- DC Health worked with the Executive Office of the Mayor and Lab @ DC to review and revise District of Columbia's school health forms (Universal Health Certificate, Oral Health Assessment, Medication and Treatment Authorization Form, and Immunization Requirements for School Year 2019-20) along with other education partners and health professionals. While the ultimate goal is to transition these forms into electronic

documents that can be extracted directly from electronic health records, this revision aimed to improve forms in the interim. In addition, DC Health is finalizing the revision of its Anaphylaxis and Asthma Action Plan templates and has received feedback from various stakeholders and families.

- DC Health collaborates with DCPS and charter schools on health programming for public school students, including implementation of the School Based Oral Health Program (SBOHP). SBOHP provides dental examinations, cleanings, fluoride treatments, the application of sealants, and oral health education to nearly 2024 students. A key objective of this program is to identify children that have not had a dental visit in the past year and provide them with an initial entry point into ongoing comprehensive dental care through a dental home.
- In addition to efforts mentioned above, DC Health collaborates with DHCF to improve utilization of comprehensive child preventive health services (Early and Periodic Screening, Diagnostic and Treatment), including vaccinations and oral health services. In particular, the Oral Health Program is working with DHCF to launch a MCO Notification function that will activate the MCOs' care coordination services when the SBOHP vendors identify a child with follow-up dental needs.

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Q28: Please provide the following utilization data for all nursing suites, broken down by school and Ward:

- a. Number of student encounters in FY19 and FY20 to date;**
- b. Number of services provided broken down by type; and**
- c. Total expenditures in FY19 and FY20 to date, broken down by health care services, fixed costs, and personnel.**

The total number of student encounters and total number of services provided by service type for FY 19 and to date in FY20 can be found in the attached document.

In FY19 the total expenditures for school health services was \$23,600,000 and is broken down as follows:

Staff Salaries	\$16,833,756
Fringe Benefits	\$2,861,739
Total Personnel Costs	\$19,695, 495
Consultants	\$721,744
Other Expenses	\$626,506
Supplies	\$200,530
Total Non-Personnel Costs	\$2,781,793.74
Total Direct Costs	\$21,454,545
Indirect Costs	\$2,145,455
Total FY19 Expenditures	\$23,600,000

Year-to-Date total expenditures (10/1/2019 through 12/31/2019) are \$3,224,141.57 and broken down as follows:

Staff Salaries	\$2,466,130.32
Fringe Benefits	\$419,241.97
Total Personnel Costs	\$2,885,372.29
Consultants	-
Travel Expense	\$66.98
Occupancy	-
Other Expense	\$24,904.62
Supplies	\$10013.74
Total Non-Personnel Costs	\$35,590.31
Total Direct Costs	\$ 2,931,043.32
Indirect Cost	\$293098.25
Total YTD FY20 Expenditures	\$3,224,141.57

- Q29: Please provide an update on the existing school-based health centers in FY19 and FY20 to date, including the following:**
- a. A detailed description of services provided at each center;**
 - b. The number of students who utilized each service, broken down by school**
 - c. The overall number of individual students who used a school-based health center, and broken down by health center**
 - d. The number of health care staff, broken down by profession and by school**
 - e. The amount of funding allocated to each health center**
 - f. Total amount of funding allocated to school-based health centers, broken down by source**
 - g. Number of youth who received the following services, broken down by school**
 - i. sexual health services**
 - ii. confidential reproductive health services**
 - iii. mental health services**
 - iv. mental health screenings**
 - v. mental health assessments**
 - vi. crisis intervention counseling**
 - vii. mental health referrals**

Response:

The overall goal of the DC Health School-Based Health Center (SBHC) Program is to improve the physical, social, emotional, and behavioral health of students, as well as minimize the effects of poverty and other adverse childhood experiences, enabling students to thrive in the classroom and beyond. We promote an adolescent-friendly approach due to evidence supporting the need for care to be accessible, equitable, acceptable, appropriate, comprehensive, effective, and efficient.

In FY19, DC Health continued provision of a comprehensive, integrated and collaborative model to provide equitable health services in our School-Based Health Centers. All SBHC sites deliver the same minimum services with allowance for each to be responsive to the individual school's needs. The standardization of grantee deliverables and grantee reporting structure facilitates enhanced evaluation and allows us to better inform practice. The DC SBHC Program design is also informed by best practices in school health, as promoted by the Whole School, Whole Community, Whole Child model and SBHC core competencies developed by the School Based Health Alliance.

The School-Based Health Alliance, a national school health organization, developed seven core competencies that shape the structure of our SBHCs and represent the expertise, knowledge, policies and attributes every SBHC should possess as they pursue student health. They are:

- Access** - The SBHC assures students' access to health care and support services to help them thrive
- Student Focus** - The SBHC team and services are organized explicitly around relevant health issues that affect student well-being and academic success
- School Integration** - The SBHC, although governed and administered separately from the

school, integrates into the education and environment to support the school's mission of student success

Accountability - The SBHC routinely evaluates its performance against accepted standards of quality to achieve optimal outcomes for students

School Wellness - The SBHC promotes a culture of health across the entire school community

Systems Coordination - The SBHC coordinates across relevant systems of care that share in the well-being of its patients

Sustainability - The SBHC employs sound management practices to ensure a sustainable business

Following the WSCC model, DC Health is responding to the call for greater alignment, integration, and collaboration between education and health sectors to optimize each child's cognitive, physical, social, and emotional development. This approach contextualizes a child's wellness within the larger community and emphasizes the role that the social and emotional climate, the physical environment, community involvement and family engagement play in a student's success. This cross-sector approach holds the potential for greater efficiency, reduced resource consumption, and improved outcomes for both sectors, while meeting the needs to support the full potential of each child.

DC Health oversees the seven (7) SBHCs across the District of Columbia in partnership with community medical providers and DC Public Schools. Each SBHC is open (i.e., providing services to students), at a minimum, every weekday from 8:00 a.m. to 4:30 p.m. when school is in session, with availability during lunch periods.

DC Health provides grant funding to three community-based medical providers for the provision of the following standard set of services at all seven school-based health centers:

Primary Care

Preventive medical care is available to students five days per week to include well child exams, immunizations and sports physicals. SBHC providers utilize a comprehensive risk assessment to identify attitudes, behaviors and environments that may affect an adolescent's academic success. Students can access assistance from the SBHC for chronic diseases, substance use and acute care. For patients that do not elect the SBHC as their medical home, SBHC providers coordinate and communicate care with their primary care physician.

Sexual Health Services

SBHCs provide reproductive planning using One Key Question[®], reproductive health care, including counseling for and provision of contraceptives. All centers offer long-acting reversible contraceptives (subdermal implants and IUDs). Service offerings also include STI screening, counseling and treatment. Prenatal care is available at least once weekly at all centers.

Oral Health Services

Preventive services including examinations, cleanings, sealants, topical fluoride treatments, education and counseling and basic operative services including fillings, scaling, deep cleanings; pulpectomies, acute care and consultation are available one full day per week.

Behavioral Health Care

A mental health clinician provides behavioral health services on-site one full day per week, at minimum, and conducts and/or ensures appropriate assessments, early intervention, treatment, counseling, and other psychiatric referrals are completed. In collaboration with DC Health, DCPS and the Department of Behavioral Health (DBH), SBHC providers establish appropriate referral mechanisms to ensure student connections to behavioral health services within school and/or in the community.

Linkages and Referrals

Students needing specialty health care, emergency care services and social services not offered by the SBHC are referred to appropriate school and community resources.

In FY19, all SBHC grantees participated in training and continuous quality improvement initiatives to enhance the quality and standard of services provided to students. In partnership with Power to Decide, SBHC providers continue to implement One Key Question®, an initiative designed to routinely ask women about their reproductive health needs, using one essential question: “Would you like to become pregnant in the next year?” From that question evolves appropriate guidance and conversation about reproductive health, family planning and prenatal care. SBHC grantees participated in the inaugural focus group for One Key Question® enhancements. SBHCs continued to provide youth friendly approaches to care and improve adolescent quality measures. The implementation of adolescent-friendly approaches continues in FY20 and have become a part of the fabric of the SBHC.

While SBHCs provide comprehensive student access to services, they continue to face enrollment challenges. In FY19, DC Health continued its partnership with SBHC operators and DCPS to incentivize consent return. SBHC operators continue to conduct multiple in-person and virtual recruitment activities such as school-wide and targeted outreach and enrollment drives.

School-Based Health Center Utilization

Service	FY 19 Utilization (SY18-19)	FY 20 Utilization (as of December 2019)
Total Visits	5,875	2,019

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Total number of students who visited SBHC	1,657	966
Well Child Visits	517	231
Mental/Behavioral Health Visits ¹	3,008	1,164
Sexual Health/Confidential Reproductive Health Visits ²	1,533	581
◆ Pregnancy/prenatal care	21	17
● One Key Question® ³	1,580	482
Immunizations administered	698	350
Oral Health Visits	308	108
Asthma Care Visits	141	57

Unique Student Visits by School

School/SBHC	SY 18-19 Visits	SY19-20 Visits (as of December 2019)
School Health Center at Anacostia	167	105
School Health Center at Ballou	288	105
School Health Center at Cardozo	269	206
School Health Center at Coolidge	188	121
School Health Center at Dunbar	292	141
School Health Center at Roosevelt	212	135
School Health Center at Woodson	219	153

¹ Mental/Behavioral Health visits refers to the number of mental health screenings performed, mental health assessments administered, mental health referrals, crisis intervention counseling encounters, and social service appointments.

² Sexual health services refers to STI/STD screenings and treatment, LARC placement (Long Acting Reversible Contraception) and reproductive health counseling. Confidential reproductive health services refers to family planning services, # of new pregnancies reported, # of students receiving prenatal care and referrals, and # of students referred to New Heights.

³ One Key Question® refers to the number of patients asked “Would you like to become pregnant in the next year?”

FY 19 SBHC Service Utilization by School

School/SBHC	Sexual Health Services	Confidential Reproductive Health Services¹	Mental/Behavioral Health Services²	Mental Health Screenings	Crisis Intervention Counseling	Mental Health Referrals
School Health Center at Anacostia	330	3	186	71	1	9
School Health Center at Ballou	214	2	70	31	32	4
School Health Center at Cardozo	236	1	1439 ³	621	4	42
School Health Center at Coolidge	109	1	53	35	14	0
School Health Center at Dunbar	213	4	142	88	58	3
School Health Center at Roosevelt	212	15	210	130	5	13
School Health Center at Woodson	219	2	908	490	0	14

¹ Confidential reproductive health services refers to family planning services, # of new pregnancies reported, # of students receiving prenatal care and referrals, and # of students referred to New Heights.

² Mental/Behavioral Health visits refers to the number of mental health screenings performed, mental health assessments administered, mental health referrals, crisis intervention counseling encounters, and social service appointments.

³ The number of Mental/Behavioral Health visits is greater at this SBHC due to the specific needs of the student population and the presence of a mental health clinician onsite 5 days a week.

FY 20 YTD SBHC Service Utilization by School (as of December 2019)

School/SBHC	Sexual Health Services	Confidential Reproductive Health Services¹	Mental/Behavioral Health Services²	Mental Health Screenings	Crisis Intervention Counseling	Mental Health Referrals
School Health Center at Anacostia	110	0	37	13	0	5
School Health Center at Ballou	73	1	34	17	8	1
School Health Center at Cardozo	104	2	579 ³	389	0	3
School Health Center at Coolidge	48	0	45	36	4	0
School Health Center at Dunbar	72	0	62	28	14	2
School Health Center at Roosevelt	94	2	75	67	2	20
School Health Center at Woodson	80	1	332	196	0	6

¹ Confidential reproductive health services refers to family planning services, # of new pregnancies reported, # of students receiving prenatal care and referrals, and # of students referred to New Heights.

² Mental/Behavioral Health visits refers to the number of mental health screenings performed, mental health assessments administered, mental health referrals, crisis intervention counseling encounters, and social service appointments.

³ The number of Mental/Behavioral Health visits is greater at this SBHC due to the specific needs of the student population and the presence of a mental health clinician onsite 5 days a week.

SBHC Provider Breakdown

Across seven school-based health centers, current health care staff is as follows:

Profession	Number	Frequency
Pediatric Physician	4	1/2 - 5 days per week
Nurse Practitioner	9	2-5 days per week
Mental Health Clinician (Licensed Social Worker)	4	1-5 days per week
Dentist	4	1 day per week
Dental Hygienist	3	1 day per week
Medical Assistant/Patient Care Tech	7	5 days per week
Patient Services Coordinator	7	5 days per week
Certified Midwife	1	1/2 days per week or more, as needed for patient appointments
OBGYN	0	1 day per month
Licensed Practical Nurse	2	5 days per week
Nurse Manager	1	1 day per week
Health Educator	0	1 day per week at 3 schools
Psychiatrist	1	1 day per month at 2 schools
Lawyer	2	1 day every other week at 2 schools

School-Based Health Center Funding

School-Based Health Centers, operated by 3 local health systems-hospital and federally qualified health centers, are solely funded by local public investment. Through a competitive grant process, SBHC Operators are awarded up to \$325,000 per center per year for the operation of 7 SBHCs.

FY 19 School-Based Health Center Funding Allocation

School/SBHC	Operator	FY19 Funding Allocation	FY19 Funding Source
School Health Center at Anacostia	MedStar Health	\$325,000.00	Local Funds
School Health Center at Ballou	Children's National Medical Center	\$305,408.59	Local Funds
School Health Center at Cardozo	Unity Health Care, Inc.	\$325,000.00	Local Funds
School Health Center at Coolidge	Children's National Medical Center	\$305,474.65	Local Funds
School Health Center at Dunbar	Children's National Medical Center	\$305,545.47	Local Funds
School Health Center at Roosevelt	MedStar Health	\$325,000.00	Local Funds
School Health Center at Woodson	Unity Health Care, Inc.	\$325,000.00	Local Funds

Q30: Please provide an update on the Health Professional Loan Repayment Program (HPLRP).

At a minimum, please provide:

- **Service location and terms of current participants;**
- **Available funding;**
- **FY19 and FY20 expenditures;**
- **List of acceptable service locations in the District; and**
- **Any changes to the program.**

Service Locations and terms of current participants:

- **FY19 Sites and Participants:**
 - Total Number of Active Participants: 33
 - Two-Year Terms: 21 participants
 - Three-Year Terms: 5 participants
 - Four-Year Terms: 7 participants
 - Total Number of Sites with Active Participants: 21

Table 1 - HPLRP Service Locations and Terms of Participants

Term	Related Active Site - Site Name	Ward
2 Years	Children's Health Center - Anacostia	8
2 Years	Children's Health Center at Adams Morgan	1
2 Years	Children's Health Center at CHC (Sheikh Zayed Campus)	5
4 Years	Children's Health Center at CHC (Sheikh Zayed Campus)	5
4 Years	Children's Health Center at Shaw	1
2 Years	Children's Health Project of DC (The ARC)	8
4 Years	Children's Health Project of DC (The ARC)	8
2 Years	Children's Health Project of DC (The ARC)	8
2 Years	Community of Hope - Conway Health and Resource Center	8
3 Years	Community of Hope - Conway Health and Resource Center	8
4 Years	Community of Hope -Conway Health and Resource Center	8
2 Years	Mary's Center - Georgia Ave	4
2 Years	Mary's Center - Georgia Ave	4

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2 Years	Mary's Center - Ontario Rd	1
4 Years	Mary's Center - Ontario Rd	1
2 Years	Mary's Center - Ontario Rd	1
3 Years	Max Robinson Medical Center	8
2 Years	Medstar Georgetown University Hospital School Based Health Center Anacostia High School	8
4 Years	Providence Health System- Family Medicine & Peds	5
2 Years	S.O.M.E	5
3 Years	Unity Health Care - Anacostia Health Center	8
2 Years	Unity Health Care - Central Detention Facility	7
3 Years	Unity Health Care - Correctional Treatment Facility	7
2 Years	Unity Health Care - East of the River Health Center	7
2 Years	Unity Health Care - H.D. Woodson Health Center	7
2 Years	Unity Health Care - Parkside	7
2 Years	Unity Health Care - Southwest Health Center	6
2 Years	Unity Health Care - Upper Cardozo Health Center	1
2 Years	Whitman Walker - 1525 14th Street NW	2
2 Years	Whitman Walker - 1525 14th Street NW	2
3 Years	Whitman Walker - 1525 14th Street NW	2
2 Years	Whitman Walker - 1525 14th Street NW	2
4 Years	Whitman Walker - 1525 14th Street NW	2

Available Funding and Expenditures

FY19:

Available Funding: \$2,061,633.72

- Federal: \$333,161
- Payments from prior breach of contract: \$1,499.98

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- Local Appropriations: \$226,123
- Revolving Health Professional Recruitment Fund: \$1,500,849.74

Total Expenditures: \$764,612.71

FY20:

Available Funding: \$2,373,984.74

- Federal: \$567,312
- Local Appropriations: \$226,123
- Revolving Health Professional Recruitment Fund: \$1,580,549.74

Projected Expenditures: \$1,056,586.36 (including 13 new awardees)

Table 2 - HPLRP Acceptable Service Locations – 51 total

Organization Name	Site Name	Site Address	Site Ward
Bread for the City	Bread for the City	1525 7th Street NW	Ward 2
	Bread for the City- SE	1640 Good Hope Road SE	Ward 8
Children's National Hospital	Children's Health Center - Anacostia	2101 Martin Luther King Jr.	Ward 8
	Children's Health Center at Adams Morgan	1630 Euclid Street NW	Ward 1
	Children's Health Center at CHC (Sheikh Zayed Campus)	111 Michigan Ave. NW	Ward 5
	Children's Health Center at Shaw	2220 11th Street NW	Ward 1
	Children's Health Project of DC (The ARC)	1801 Mississippi Avenue SE	Ward 8
	Goldberg Adolescent Health Center at Sheikh Zayed Campus	111 Michigan Avenue NW	Ward 5

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Community of Hope	Conway Health and Resource Center	4 Atlantic St. SW	Ward 8
	Family Health and Birth Center	801 17th Street NE	Ward 5
	Marie Reed	2155 Champlain Street NW	Ward 1
Department of Behavioral Health	St. Elizabeth's Hospital	1100 Alabama Avenue SE	Ward 8
Family and Medical Counseling Services, Inc.	Family and Medical Counseling Services, Inc.	2041 Martin Luther King	Ward 8
Howard University	HUH Family Health Center	2139 Georgia Ave. NW 4th Floor	Ward 1
La Clinica del Pueblo	La Clinica Del Pueblo	2831 15th Street NW	Ward 1
Mary's Center for Maternal & Child Care, Inc.	Mary's Center - Gallatin Street	100 Gallatin Street NE	Ward 5
	Mary's Center - Georgia Ave	3912 Georgia Ave NW	Ward 4
	Mary's Center - Ontario Rd	2333 Ontario Rd NW	Ward 1
Medstar Georgetown University Hospital	MGUH School Based Health Center Anacostia High School	1601 16th Street SE	Ward 8
Pathways to Housing	Pathways to Housing	101 Q Street NE	Ward 5
Providence Health System (PHS)	Perry Family Health Center	128 M Street NW - Suite 050	Ward 6
	PHS- Center for Geriatric Medicine	1160 Varnum Street NE - DePaul Bldg. Suite 021	Ward 5
	PHS- Family Medicine & Peds	1160 Varnum Street - DePaul Bldg. Suite 110	Ward 5

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	PHS- Internal Medicine	1160 Varnum Street - DePaul Bldg. Suite 312	Ward 5
	PHS-Internal Medicine 317	1150 Varnum Street NE Suite 317	Ward 5
So Others May Eat	S.O.M.E	4430 Benning Road NE	Ward 5
Unity Health Care	801 East Building Health Center	2700 Martin Luther King Jr. Ave. SE #801 East Building	Ward 8
	Anacostia Health Center	1500 Galen Street SE	Ward 8
	Brentwood Health Center	1251-B Saratoga Avenue NE	Ward 5
Unity Health Care (continued)	Cardozo Student Health Center	1200 Clifton Street NW	Ward 1
	CCNV SHELTER	425 Second Street NW	Ward 6
	Central Detention Facility	1901 D Street SE	Ward 7
	Central Union Mission	635 I Street NE	Ward 2
	Christ House Health Center	1717 Columbia Road NW	Ward 1
	Columbia Road Health Center	1660 Columbia Road NW	Ward 1
	Correctional Treatment Facility	1901 E Street SE	Ward 7
	East of the River Health Center	123 45th Street NE	Ward 7
	Friendship Health Center	4713 Wisconsin Avenue NW	Ward 3

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	H.D. Woodson Health Center	540 55th Street NE	Ward 7
	Harbor Light Health Center	2100 New York Ave. NE	Ward 5
	Minnesota Avenue Center	3924 Minnesota Avenue NE	Ward 7
	N Street Village Health Center	1333 N Street NW	Ward 6
	New York Avenue Health Center	1355 New York Avenue NE	Ward 5
	Parkside	765 Kenilworth Terrace NE	Ward 7
	Patricia Handy Place Health Center	810 5th Street NW	Ward 6
	Southwest Health Center	555 L St. SE	Ward 6
Unity Health Care (continued)	Stanton Road Health Center	3240 Stanton Road SE	Ward 8
	Unity Health Care, Inc./ Medical Outreach Van	1717 Columbia Road NW	Ward 2
	Upper Cardozo Health Center	3020 14th Street NW	Ward 1
Whitman Walker	Whitman Walker	1525 14th Street NW	Ward 2
	Max Robinson Medical Center	2301 MLK Jr Ave SE	Ward 8

Program Changes

FY20 Program Marketing and Application Process

In FY20, all of the program's eligibility criteria, applicant scoring system, marketing activities, and application procedures are being reviewed and modified if necessary and as allowable under law. The enhancements are expected to remove any unnecessary barriers for eligible applicants and expand the reach of the program.

FY20 Loan Repayment Amounts:

The Department increases the repayment amounts annually to help the HPLRP maintain a competitive advantage relative to other states in recruiting providers. Increases are calculated based on changes in the Consumer Price Index. In FY20, physicians and dentists shall be eligible

to have 100% of their total debt, not to exceed \$154,437.78 and other health professionals shall be eligible to have 100% of their total debt, not to exceed \$84,938.65, repaid by the Program over 4 years of service.

The Program will repay:

- a) Physicians and dentist's loan amounts according to the following schedule:
 - 1) For the 1st year of service, 18% of total debt, not to exceed **\$27,798.80**;
 - 2) For the 2nd year of service, 26% of total debt, not to exceed **\$40,153.82**;
 - 3) For the 3rd year of service, 28% of total debt, not to exceed **\$43,242.58**; and
 - 4) For the 4th year of service, 28% of total debt, not to exceed **\$43,242.58**

- b) Other health professionals loan amounts according to the following schedule:
 - 1) For the 1st year of service, 18% of total debt, not to exceed **\$15,288.96**
 - 2) For the 2nd year of service, 26% of total debt, not to exceed **\$22,084.05**;
 - 3) For the 3rd year of service, 28% of total debt, not to exceed **\$23,782.82**; and
 - 4) For the 4th year of service, 28% of total debt, not to exceed **\$23,782.82**

The Notice of Payment Adjustment published at 66 DC Register 016722 on December 27, 2019

FY19 Loan Repayment Amounts (for reference):

The Program will repay:

- a) Physicians and dentists in 2019 shall be eligible to have 100% of their total debt, not to exceed **\$151,841.29** repaid by the Program over 4 years of contracted service. For each year of participation, the Program will repay loan amounts according to the following schedule:
 - 1) For the 1st year of service, 18% of total debt, not to exceed **\$27,331.43**
 - 2) For the 2nd year of service, 26% of total debt, not to exceed **\$39,478.74**;
 - 3) For the 3rd year of service, 28% of total debt, not to exceed **\$42,515.56**; and
 - 4) For the 4th year of service, 28% of total debt, not to exceed **\$42,515.56**

- b) All other health professionals shall be eligible to have 100% of their total debt, not to exceed **\$83, 510.61** prepaid by the Program over 4 years of originally contracted service. For each year of participation, the Program will repay loan amounts according to the following schedule:
 - 1) For the 1st year of service, 18% of total debt, not to exceed **\$15,031.91**
 - 2) For the 2nd year of service, 26% of total debt, not to exceed **\$21,712.76**;
 - 3) For the 3rd year of service, 28% of total debt, not to exceed **\$23,382.97**; and
 - 4) For the 4th year of service, 28% of total debt, not to exceed **\$23,382.97**

Additional Program Statistics:

Current Participant Profile:

Total participants: 33

Type	# Participants	Wards of Practice	Health Disciplines	# Participants
MDs	15	Ward 1 (3), Ward 4 (1), Ward 5 (3), Ward 6 (1), Ward 7 (3), Ward 8 (4)	Primary Care	22
DDS	7	Ward 1 (1), Ward 2 (1), Ward 4 (1), Ward 8 (4)	Dental Health	7
PA	3	Ward 1 (2), Ward 7 (1)	Mental Health	4
NP	3	Ward 2 (1), Ward 8 (2)		
R.N.	1	Ward 7 (1)		
LCSW	2	Ward 2 (1), Ward 5 (1)		
LPC	2	Ward 2 (2)		

Acceptance Rates:

FY16 (two cycles): 8/33 = 24%

FY17 (one cycle): 6/11 = 55%

FY18 (two cycles): 10/19 = 53%

FY19 (two cycles): 12/15 = 80%

Q31: Please provide an update on the Immunization Program, including the most recent data regarding immunization rates. Include a breakdown of vaccination type and number by public, private, charter, and parochial schools.

DC Health's Immunization Program continues to gather, validate, and track immunization data through its immunization registry, the District of Columbia Immunization Information System (DOCIIS). DOCIIS supports the Department's priorities of aligning public health with clinical medicine and allows DC Health to perform an essential public health function of immunization surveillance. The Program uses DOCIIS to monitor immunization coverage and compliance throughout the year and provides technical assistance to health providers, schools and licensed child development centers to improve coverage. DOCIIS allows users to identify patients'/students' immunization coverage status, including overdue and coming due vaccines, directly and in real-time.

Immunization Compliance Rate By School Type As of 01/27/20				
School Type	Number of Schools	Immunization Compliance Rate	Overdue	Student Enrollment
DCPS	114	75.06%	12,710	50,958
Charter	124	77.44%	9,535	42,260
Private	52	74.79%	2,327	9,229
Parochial	20	55.53%	2,556	5,748

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Vaccine-Level Compliance for DCPS (as of 01/27/20)					
Vaccine	Overdue		Compliant (not overdue)		Total Enrolled
	#	% of Total	#	% of Total	
DTaP	2236	4.39%	48722	95.61%	50958
Human Papillomavirus	5895	11.57%	45063	88.43%	50958
Hepatitis A	4840	9.50%	46118	90.50%	50958
Hepatitis B	5268	10.34%	45690	89.66%	50958
Hib	929	1.82%	50029	98.18%	50958
IPV	5564	10.92%	45394	89.08%	50958
MMR	4708	9.24%	46250	90.76%	50958
Meningococcal	2169	4.26%	48789	95.74%	50958
Pneumo Conj 13	941	1.85%	50017	98.15%	50958
Td	2184	4.29%	48774	95.71%	50958
TdaP	2566	5.04%	48392	94.96%	50958
Varicella	5090	9.99%	45868	90.01%	50958

Vaccine-Level Compliance for Charter Schools (as of 01/27/20)					
Vaccine	Overdue		Compliant (not overdue)		Total Enrolled
	#	% of Total	#	% of Total	
DTaP	2066	4.89%	40194	95.11%	42260
Human Papillomavirus	4734	11.20%	37526	88.80%	42260
Hepatitis A	3288	7.78%	38972	92.22%	42260
Hepatitis B	3810	9.02%	38450	90.98%	42260
Hib	1200	2.84%	41060	97.16%	42260
IPV	3378	7.99%	38882	92.01%	42260
MMR	3541	8.38%	38719	91.62%	42260
Meningococcal	1469	3.48%	40791	96.52%	42260
Pneumo Conj 13	1180	2.79%	41080	97.21%	42260
Td	1290	3.05%	40970	96.95%	42260
TdaP	2072	4.90%	40188	95.10%	42260

Vaccine-Level Compliance for Private Schools (as of 01/27/20)					
Vaccine	Overdue		Compliant (not overdue)		Total Enrolled
	#	% of Total	#	% of Total	
DTaP	124	1.34%	9105	98.66%	9229
Human Papillomavirus	1487	16.11%	7742	83.89%	9229
Hepatitis A	573	6.21%	8656	93.79%	9229
Hepatitis B	749	8.12%	8480	91.88%	9229
Hib	46	0.50%	9183	99.50%	9229
IPV	780	8.45%	8449	91.55%	9229
MMR	696	7.54%	8533	92.46%	9229
Meningococcal	518	5.61%	8711	94.39%	9229
Pneumo Conj 13	46	0.50%	9183	99.50%	9229
Td	206	2.23%	9023	97.77%	9229
TdaP	597	6.47%	8632	93.53%	9229
Varicella	798	8.65%	8431	91.35%	9229

Vaccine-Level Compliance for Parochial Schools (as of 01/27/20)					
Vaccine	Overdue		Compliant (not overdue)		Total Enrolled
	#	% of Total	#	% of Total	
DTaP	84	1.46%	5664	98.54%	5748
Human Papillomavirus	2062	35.87%	3686	64.13%	5748
Hepatitis A	591	10.28%	5157	89.72%	5748
Hepatitis B	1169	20.34%	4579	79.66%	5748
Hib	36	0.63%	5712	99.37%	5748
IPV	1192	20.74%	4556	79.26%	5748
MMR	1167	20.30%	4581	79.70%	5748
Meningococcal	1146	19.94%	4602	80.06%	5748
Pneumo Conj 13	35	0.61%	5713	99.39%	5748
Td	130	2.26%	5618	97.74%	5748
TdaP	1155	20.09%	4593	79.91%	5748
Varicella	1225	21.31%	4523	78.69%	5748

Q32: Please describe DC Health's Perinatal Health Framework and how home visiting fits into this framework.

The Department of Health utilizes a multi-pronged comprehensive approach to improve perinatal health outcomes, including prematurity, low birth weight and infant mortality, in the District. Our approach is grounded in these basic principles:

1. Addressing Social Determinants of Health
2. Using a Life Course Perspective
3. Implementing Systems Level Interventions
4. Building Collective Impact

DC Health's framework to improve perinatal health outcomes is based on the overarching goal to ensure every community understands its health risks and role in improving perinatal health outcomes. DC Health has identified seven core priorities that drive our programmatic efforts:

1. Every teenage girl and woman in DC is in control of her reproductive health.
2. Every pregnant woman receives patient-centered, high quality prenatal care beginning in the 1st trimester.
3. Every healthcare provider has the tools and resources they need to manage complex social needs of women and infants.
4. Every maternal and infant care facility and provider has the tools and resources to practice evidence based health care and to document QI/QA activities.
5. Every newborn receives high-quality neonatal care in the hospital and outpatient setting
6. Every parent has the life skills needed to nurture and provide for their family.
7. Every infant, mom, and dad has a safe and healthy environment to thrive and receive the support they need to promote early childhood development and learning.

These seven priorities fall within four overall strategic areas for DC Health's approach to eliminating preventable infant deaths: improving preconception health; assuring high-quality healthcare; strengthening families as they prepare and care for children; and, promoting safe and healthy environments.

Under the area of strengthening families, DC Health recognizes that engaging and empowering families is essential to improving the health and vitality of infants. Efforts to ensure parents and caregivers have access to information and resources to aid in their infant's care and development is a key component of our strategy to improve outcomes for District babies. DC Health administers several perinatal and family support programs through federal and local funds, including evidence-based home visiting programs.

The DC Maternal, Infant and Early Childhood Home Visitation (MIECHV) program provides

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District families with prenatal, newborn and infant care education; connections with preventive health and prenatal services, including lactation support; support for child development; and parenting education. MIECHV uses evidenced-based home visiting models to give high-risk pregnant women and families necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn. Since implementation in 2013, MIECHV has focused efforts in areas of the District where poor health and birth outcomes are disproportionately high (Wards 5, 7, and 8), and has served more than 900 families.

Two evidence-based MIECHV programs are currently implemented in the District, Healthy Families America and Parents as Teachers. These programs are best suited for the needs of our higher-risk communities, with eligibility criteria that include non-first-time-mothers as well as younger target ages of children who are not yet eligible for the District's universal pre-kindergarten education program.

Family strengthening programs that support the critical perinatal and early childhood periods include both home-based and non-home-based modes of service delivery. Other examples include place-based initiatives, Healthy Start, fatherhood programs, and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC.)

Q33: Please provide an update on CHA's Maternal Infant & Early Childhood Home Visiting (MIECHV) Program. Include:

h. The amount of money the Department of Health received from the federal government for the MIECHV program in FY19 and how much it will receive in FY20.

i. Findings from implementation of MIECHV in FY19.

Federal MIECHV Funding

The table below illustrates the federal funding awarded to DC Health for the Maternal Infant Early Childhood Home Visiting (MIECHV) Program since FY17.

MIECHV Formula Grant	FY 17 Funding \$1,629,009 Million			
		FY 18 Funding \$1,878,267 Million		
			FY 19 Funding \$1,678,267 Million	
	FY 18	FY 19	FY 20	FY 21
Spending per FY	\$1,421,702.95	\$1,629,009.00	\$1,878,267.00	\$1,678,267.00

In September 2017, the Health Resources and Services Administration (HRSA) awarded DC Health \$1,629,009.00 for the MIECHV program under Formula funding. The funding for this grant covered the program period, 09/30/2017 through 9/29/2019, but was used exclusively during FY19 (10/2018 – 9/2019). In September 2018, the Health Resources and Services Administration (HRSA) awarded DC Health \$1,878,267 for the MIECHV program under Formula funding. The funding for this grant covers program funding over two years, 09/30/2018 through 9/29/2020. This amount includes an additional \$200,000.00 specified for the MIECHV 2020 Needs Assessment as required by the Social Security Act, Title V, Section 511(c) (42 U.S.C. §711(c)), as amended by the Bipartisan Budget Act of 2018 (P.L. 115-123). This award is currently funding DC MIECHV program implementation from 10/2019-9/2020.

The current available federal funding for the program in FY20 is \$1,878,267.00. The FY20 budget allocations are as follows:

Budget Categories	Amount Allocated	Percentage of Total Funding
DC Health Personnel	\$228,764.27	12%
Mary's Center - Home Visiting Services: <i>Parents As Teachers (PAT)</i> <i>Healthy Families America</i>	\$1,133,262.67	60%

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(In FY20) Georgetown External Evaluation/ Needs Assessments and CQI ¹	\$300,826.70	20%
(In FY19) Georgetown Needs Assessment	\$67,000.00	
Other Direct Costs	\$8,000.00	0.4%
Fees - Required ²	\$10,000.00	0.5%
Travel and Training	\$6,000.00	0.3%
Supplies	\$10,000.00	0.5%
Indirect	\$114,382.14	6%

In September 2019, HRSA awarded DC Health \$1,678,267 in MIECHV Formula funding covering the program period of 09/30/2019 through 9/29/2021. These funds will be used to implement DC MIECHV programs in FY21 (10/2020 – 9/2021).

At this time, HRSA has not notified grantees that there will be any additional funding opportunities in FY20. Since the current awards cover FY20 and FY21, DC Health does not anticipate additional funding needs in FY20 for direct home visiting services.

¹ HRSA requires that all grantees implement ongoing CQI activities with all of the home visiting programs.

² As required in the federal Notice of Award the grantee must attend at least two federal home visiting conferences annually. Additionally, the National HFA model requires that all MIECHV states utilizing their model pay an annual assessment and maintenance fee.

FY19 MIECHV Implementation

In FY 19, the MIECHV federal formula funding supported two evidence-based home visiting (EBHV) programs: Healthy Families America (HFA) and Parents as Teachers (PAT). Formula funding staffs HFA and PAT with home visitors, parent resource workers, supervisors, and managers.

Home Visiting Staff	HFA		PAT	
	FY18	FY19	FY18	FY19
Home Visitors <i>(Family Support Workers / Parent Educators)</i>	6	8	4	6
Parent Resource Workers	2	2	0	0
Supervisors	2	2	0	0
Managers	1	1	1	1

In FY19, 14 home visitor slots were funded through MIECHV federal funds, and this is maintained through FY20 as well.

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	HFA			PAT		
Home Visitor Demographic Information	FY18	FY19	FY20	FY18	FY19	FY20
Residency						
Washington DC	4	5	3	2	2	3
Maryland	2	3	5	1	2	3
Virginia	0	0	0	1	1	0
Highest Education Level						
High School Diploma/GED	1	1	1	0	0	0
Associates	0	0	0	1	1	2
Bachelors	5	7	7	3	4	4
Ethnicity						
Hispanic or Latino	3	3	3	1	1	2
Not Hispanic or Latino	3	5	5	3	4	4
Race						
African-American	3	5	5	3	4	4
White	3	3	3	1	1	2

In FY19, MIECHV federal funds served a total of 190 caregivers (189 women and 1 man), a total of 248 children (110 girls and 138 boys), and provided 2876 completed home visits. These numbers, as well as the ones presented in the table below, represent a reporting of an unduplicated cumulative count of MIECHV participants meeting HRSA's requirement of participants that received at least one home visit during the reporting period. **Data from the locally-funded HFA and CBCAP slots are not included below.**

Population Demographics for Families Served	FY18	FY19
Marital Status	# of Families	# of Families
Never Married	126	131
Married	28	30
Not Married, Living w/ Partner	22	20
Separated/Divorced/Widowed	9	7
Unknown/Did Not Report	5	2
Highest Education Level	% of Families	% of Families
High School Diploma/GED	45%	37.9%
Less Than High School Diploma	35%	44.2%
Training Certification or College Degree	13%	9.5%
Some College or Training	2%	1.1%
Other		7.4%
Employment	% of Families	% of Families
Unemployed	75%	72.6%
Part-Time	12.4%	11.6%
Full-Time	10%	13.2%
Unknown/ Did not Report	2.6%	2.6%
Housing Status	% of Families	% of Families
Rent or shares home or apt.	53%	57.4%
Homeless	16%	15.8%
Lives w/Parent or Family Member	13%	13.1%
Other Arrangement	8%	5.8%
Lives in Public Housing	7%	5.3%

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Owens or shares home, condo, or apartment	3%	2.6%
Age Range	# of Families	# of Families
<=17	1	6
18-19	1	8
20-21	10	11
22-24	23	25
25-29	59	58
30-34	48	42
35-44	43	37
45-54	4	2
55-64	2	1
Primary Language Spoken at Home	% of Families	% of Families
English	75.1%	74.6%
Spanish	23.5%	23%
Other	0.7%	2.4%
Unknown	0.7%	0%
Ethnicity	% of Families	% of Families
Hispanic or Latino	29%	25%
Not Hispanic or Latino	71%	75%
Race	# of Families	% of Families
Black/African American	129	68.4%
More than one race	34	15.7%
White	23	11.1%
Native Hawaiian/Other Pacific Islander	2	1.1%
Unknown/Did not Report	4	1.0%
Asia	1	1.6%
American Indian/Alaska Native	1	1.1%
Household Income in Relation to FPL	# of Families	% of Families
50% & under	101	43.2%
51%-100%	59	34.2%
101%-133%	21	13.7%
134%-200%	4	5.8%
201%-300%	2	2.1%
>300%	1	0%
Unknown/Did not Report	2	1.1%

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DC Health reports annually to HRSA on service utilization. The following priority population characteristics were reported for FY19:

Households	Yes	No
Low income households	148	42
Household contains an enrollee who is pregnant and under age 21	8	182
Household has a history of substance abuse or needs substance abuse treatment	36	154
Household has a history of child abuse or neglect or has had interactions with child welfare services	39	151
Someone in the household uses tobacco products in the home	28	162
Someone in the household has attained low student achievement or has a child with low student achievement	161	29
Household has a child with developmental delays or disabilities	34	156
Household includes individuals who are serving or formerly served in the US armed forces	21	169

DC Health also reports annually on six federally mandated MIECHV benchmark areas. In FY19 the MIECHV home visiting programs reported the following:

Benchmark Area	Performance Measure Highlights
Maternal & Newborn Health	<ul style="list-style-type: none"> 84.6% of infants (among mothers who enrolled prenatally) were breastfed at 6 months of age, a 13-point increase from FY18 figures. 50% of mothers (among mothers who enrolled prenatally or within 30 days after delivery) received a postpartum visit
Child Injuries, Child Abuse, Neglect, or Maltreatment	<ul style="list-style-type: none"> The rate of injury-related visits to the Emergency Department among children since enrollment was 0.04. 63.3% of infants enrolled in home visiting were always placed safely to sleep on the back, without bed-sharing or soft bedding.
School Readiness & Achievement	<ul style="list-style-type: none"> During 100% of all home visits, caregivers were asked if they had any concerns regarding their child's development, behavior, or learning. 67% of children received a timely screen (per AAP schedule) for developmental delays using a validated tool (ASQ).
Domestic Violence	<ul style="list-style-type: none"> 52.9% of caregivers received a screening for intimate partner violence (IPV) within six months of enrollment using a validated tool (ABI)
Family Economic Self Sufficiency	<ul style="list-style-type: none"> 90.1% of caregivers had continuous health insurance coverage for at least six consecutive months.
Referrals for Community Resources	<ul style="list-style-type: none"> 75% of caregivers referred to services for a positive screen for depression received one or more service contacts.

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An improvement was recorded in 10 of 19 performance measures in FY19 when compared to FY18. Performance measures that the program improved on included reducing preterm birth, child maltreatment, and behavioral concerns; while increasing breastfeeding, well child visits, tobacco cessation referrals, parent-child interactions, early language and literacy activities, primary care education, and completed developmental referrals.

Q34: What systems do you use to capture data for your home visiting programs? What methods have you used to ensure that the data system supports the MIECHV model's compliance with the national requirements?

Response:

Data for home visiting programs are collected through a secure web-based application referred to as the DC Health Data Collection and Reporting System (DCRS 2.0). The system was developed using business process flows with Local Implementing Agency (LIA) input. Its development considered requirements of national models as well as the Health Resources & Services Administration (HRSA), the federal agency which funds MIECHV. The data system development process has been iterative with 3 enhancements and ad hoc changes based on feedback provided by the LIA. Providers use issue trackers to provide feedback on the system's performance. In compliance with national requirements, program participants' information is secured through customized role-based permission in the data system that determines each user's access level to the data. We have taken advantage of the data system's ability to host built-in reports to develop automated reports, for each of the 19 federally mandated and reportable performance measures. These developed reports take unique federal requirements for each of the measures into consideration. Continuous Quality Improvement dashboards that are embedded in DCRS 2.0 are used to monitor various indices and improve the program. State-level data staff attend frequent webinars and monitoring calls, hosted by HRSA, through which they keep abreast with proposed changes in national requirements and make updates to DCRS reports accordingly. The LIA staff are provided with training on DCRS 2.0 and also on how to collect program participants' data before they on-board. Refresher data training aligning with any federal updates are also provided to continuing LIA staff. In summary, MIECHV model's compliance with national requirements are ensured through data quality assurance and data quality improvement best practices aimed at ensuring completeness and timeliness of collected data.

Q35: How does DOH identify families served by more than one early or perinatal health program? If families participate in more than one program, how does DC Health use data to reduce family burden and better support them to meet their goals?

DC Health perinatal health programs such as WIC, Healthy Start and MIECHV purposely cross-promote. In FY19, the DC MIECHV program brought maternal and child health programs (WIC, Immunizations, Oral Health, Help Me Grow DC) together with DC Neighborhood Collaboratives (Far Southeast Family Strengthening Collaborative, Georgia Avenue Family Support Collaborative and the Edgewood Brookland Family Support Collaborative). During this Maternal and Child Health roundtable discussion, the above teams collaboratively discussed case studies and co-created plans of action for the case families included. The DC MIECHV program also provided opportunities for the MIECHV home visiting program staff to receive training and support from the Department of Human Services TANF and Housing Programs.

Both DC MIECHV and Healthy Start can identify and cross check families enrolled through DC Health data systems. DC MIECHV home visitors also capture whether or not families enrolled in home visiting receive WIC benefits in the same data system. The supplemental supports that home visiting families receive from the perinatal health programs have been requested and welcomed by families. To date, these programs complement and provide wrap around supports which have not been shown to add additional burden to the goals of home visiting families, but rather supports their ability to accomplish the goals they identify through home visiting.

Individualized referrals are provided to help connect WIC participants to perinatal health programs. Streamlining of this process has been achieved through standardized procedures to document the different services that program participants utilize, such as WIC, MIECHV and TANF. Services that the participant is already connected to are documented to avoid repetition, reducing the burden on participants and improving program efficiency.

Additionally, Help Me Grow (HMG) DC continues to work with internal and external stakeholders in the District to coordinate the various perinatal and early childhood programs. HMG DC serves as a call center and the “go-to” place for District residents, child health providers and other professionals seeking information, support and referrals for pregnant women and children from birth to age five. The plan is that HMG DC will become the single point of contact in the District through the toll-free phone number 1-800-MOM BABY (1-800-666-2229) through which screening and referrals will occur. The centralized intake (c-intake) system through HMG DC will allow trained Care Coordinators to refer a family to the most appropriate service based on the needs of the family, the availability and requirements of the service, and family preference.

Q36: What systems are in place for DC Health to coordinate with the other government agencies that implement home visiting services/submit referrals for home visiting to ensure families receive appropriate and coordinated services? What systems will be implemented in the coming year?

DC Health partners closely with the Child and Family Services Administration (CFSA). Due to changes with the Community-Based Child Abuse Prevention (CBCAP) funding in FY19, DC Health and CFSA met monthly to develop an MOU outlining: responsibilities, referral forms, process flows, key contacts, and critical data elements. The MOU formalized the partnership between the DC MIECHV program and the CFSA Office of Youth Empowerment to offer home visiting to young teen parents in foster care. In FY20, this MOU was expanded to include the DC Family First target population, including: (1) families referred to/receiving in-home services, and (2) families referred to the Family Strengthening Collaboratives. An additional 40 families will be served through this expansion.

Currently, social workers located at CFSA or co-located at the Family Strengthening Collaboratives continue to refer families to Mary's Center perinatal and parenting programs (MIECHV and Healthy Start). Families at greatest risk for poor birth and early childhood outcomes are prioritized for the MIECHV program. MIECHV referrals from CFSA are documented in the program's Recruitment Portal. DC MIECHV home visitors also coordinate referrals and linkages to other service agencies to ensure families receive the appropriate services, following up on these referrals and tracking them through the DC Health MIECHV data system.

Early in FY19, DC Health and the Department of Human Services partnered to provide an overview and training on the services/benefits available and how to connect families to those services/benefits from the Homeless and Homeless Prevention Services program and TANF program. Help Me Grow, Healthy Start, and MIECHV teams also participated in these sessions. DC Health also participates in the DC Home Visiting Council, a coalition of home visiting providers, local government agency representatives, early childhood advocates, managed care organizations and other partners. Members work to strengthen the understanding, implementation and sustainability of home visiting as a strategy to support positive child and family outcomes in the District.

DC Health's Help Me Grow (HMG) program continues to work with multiple District partners through the Home Visiting Council to create a c-intake system which will work with all programs and providers in the District. The goal is to reduce redundancy of recruitment efforts among the programs and to work together to ensure families receive appropriate coordinated services through a centralized system. Additionally, the District's c-intake system will allow for families to be matched with the best fit home visiting program, which will potentially result in higher family retention in home visiting programs. HMG DC will become the single point of contact through which screening and referrals will occur in the District.

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The c-intake system through HMG DC will allow trained Care Coordinators to refer a family to the most appropriate service based on the needs of the family, the availability and requirements of the service, and family preference.

Q37: What efforts and progress has DC Health made to develop a c-intake system for home visiting? What is the expected completion date of this system?

The District of Columbia continues to work to develop a c-intake process that will allow families to be matched with the best fit home visiting program that would potentially result in higher family retention in home visiting programs. The goal is that this c-intake system will align with the existing Help Me Grow (HMG) DC centralized access point, which is a call center that serves as the “go-to” place for District residents, child health providers and other professionals seeking information, support and referrals for pregnant women and children from birth to age five. This c-intake system will serve as a one-stop point for families where basic screening will help HMG Care Coordinators identify family needs, and make referrals that are the best fit for District residents.

The goal is that HMG DC Care Coordinators will work with families and the referred program to ensure continuity of communication when linking a family to a home visiting program. At this point, the HMG Care Coordinator will close out direct contact with the family. Communication between the HMG Care Coordinator and the program may continue, however, to ensure that the family is accessing the home visiting services and that the fit is indeed an appropriate one.

In FY18, the District of Columbia Department of Health (DC Health) created a three phase timeline in order to implement a c-intake system pilot beginning in FY20. These phases include:

1. Phase I: C-Intake Research
2. **Phase II: C-Intake Build-Out**
3. Phase III: C-Intake Implementation

Currently, DC Health is in Phase II of the development of the c-intake system. In FY18, DC Health researched and identified several jurisdictions nationwide who have c-intake systems in place. These jurisdictions include New York, Georgia, Florida, Arkansas, New Jersey, and Berrien County Michigan. Many of these jurisdictions were listed in the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Issue Brief on Centralized Intake Systems. After identifying the aforementioned jurisdictions, interview questions were created (see below) and phone interviews were conducted in order to obtain similar c-intake practices nationwide.

1. How long has your jurisdiction (i.e. county, city, town, etc.) participated in home visiting?
2. What is the target population for your home visiting program in your jurisdiction?
3. What important data was used to determine your jurisdiction’s home visiting program allocations?

4. What are the evidence-based model(s) your jurisdiction currently uses (i.e., Healthy Families America, Parents as Teachers, Nurse-Family Partnership, etc.)?
5. What is your jurisdiction's inclusion criteria when determining a home visiting program (i.e. certain number of EBIs, etc.)?
6. Does your jurisdiction use a decision tree and/or bi-directional referral process? If so, can you share the document?
7. What are some of the successes since the inception of the home visiting initiative in your jurisdiction?
8. Was a logic model completed (during the planning phase) when designing and implementing your jurisdiction's home visiting program?
9. How is the success tracked and monitored for the home visiting initiative in your jurisdiction?
10. What were the major policies put in place to support your jurisdiction's home visiting program?

During the research phase, it was determined that there was not a clear definition for home visiting in the District of Columbia. A definition is critical to building the decision tree necessary for an effective c-intake system that refers families to the most appropriate program based on the family's needs (Phase II.) DC Health worked closely with the Home Visiting Council's C-Intake subcommittee to create and define home visiting for the District of Columbia. It was finally determined by the c-intake subcommittee that home visiting should not only be defined but should meet certain criteria. This definition was finalized and voted on by the overall home visiting council.

Defining Home Visiting for DC

Home visiting is a service delivery strategy that serves as a prevention and early intervention tool for expecting parents and families of young children from pre-birth until kindergarten entry. In these voluntary programs, trained home visitors and participants regularly meet in the home or another comfortable setting designated by the family. A key characteristic of these programs is that each implements a model for addressing specific maternal, family, and child outcomes through education, counseling, support, and other services. Home visitors also provide families with connections to community-based services and resources that are responsive to their goals.

Home visiting programs must meet all of the following criteria:

- Visits are home-based, meaning that more than half of the visits should be at home or in another setting designated by the family, according to model design.
- Home visits occur according to a program model and curriculum, with flexibility to address the goals and needs of participants.
- The age range of children in participant families falls in the prenatal period up to approximately kindergarten entry, although not all programs serve the entire age range.
- Participation is voluntary.
- Models must target improvement in one or more of the following areas:

- Child and family safety
- Pregnancy outcomes
- Timing of subsequent births
- Maternal or child health
- Parenting skills and practices
- School readiness
- Social, emotional, and cognitive development of children
- Parental education, employment and other parental factors linked to child development

It was determined that there are other in-home visits and services that are conducted in the District of Columbia that may not fit the aforementioned criteria. Providers may employ a variety of in-home strategies to support client wellness and autonomy. However, home visiting programs are distinct from other in-home visits and services in that they must meet ALL of the above criteria. In-home services that do not fit this description include:

- Programs with one, few or infrequent home visits
- Home visits based on professional judgment or medical referrals that are infrequent and supplemental to a treatment plan
- Programs in which home visiting is supplemental to other services, such as child protective services or P-12 education (public school teacher visits)
- Programs that target populations or outcomes other than those designated above
- Involuntary home visits, such as those that are court-ordered or punitive

In FY20, DC Health and the home visiting council's c-intake subcommittee will continue efforts on creating a c-intake system that will best fit the needs of District residents. As program information is gathered, DC will formulate and test a decision tree within Help Me Grow (HMG) to match programs to family needs and preferences. This will then be embedded into HMG's data system and will enable HMG's 1-800-MOM-BABY line to serve as a centralized access point.

Q38: Please describe DC Health’s place-based initiatives and findings from their implementation in FY19.

In 2017, DC Health selected Smart from the Start and Early Childhood Innovation Network (ECIN) implement a place-based intervention that improves health and developmental outcomes for children aged 0-5. The implementation year provided the opportunity for subawardees to refine their program designs through conducting community asset mapping, conducting a Needs Assessment and receiving technical assistance from DC Health. FY19 provided the opportunity for the subawardees to begin the reporting and evaluation processes that were put in place with the technical assistance provided by DC Health. Team members of the Early Childhood Innovation Network (ECIN) developed the intervention model, Resilient Communities-District of Columbia (RC-DC). The RC-DC program model is designed to improve behavioral and mental health of under resourced families with children aged 0-5. The primary strategy for achieving these goals is to recruit a team of individuals, referred to as Neighborhood Family Champions (NFCs), who operate out of a community-based location to deliver a neighborhood-based model of peer support to families with young children.

At the end of the first quarter of Year 3, both subawardees continue to implement their projects. NFC is fully staffed and has engaged families in Ward 8. The program is evaluating the use of a mobile-friendly website for families to be incorporated into the workflow process, and has developed initial methodology and completed the first round of data collection for a time study. Smart from the Start is continuing to engage families through programming on topics including Prenatal Education, Parenting Education, and Addressing the Stress (small therapy groups facilitated by mental health specialists). They have expanded their “place” beyond Woodland Terrace to include the geographic area within approximately 1.5-2 miles of the Woodland Terrace community, including the Langston Terrace and Frederick Douglas communities.

RCDC - Key Highlights from FY19 include:

- The project team completed qualitative and quantitative data collection and analysis for the Ward 8 Community Needs Assessment.
- The NFCs initiated and foregrounded working relationships with 11 child care facilities in Ward 8 (Big Mama’s, Sunshine Early Learning Center, Dawn to Dusk, Jewels New Beginnings Learning Center, Kids are Us, Kindercare Achievement Prep, Love n Care Education Center, Rehoboth Daycare, Tuckers Daycare Center, The Learning Curve CDC).
- Finalized the internal data-tracking system for monitoring program implementation and evaluation, Efforts to Outcomes
- The team developed an initial version of the RC-DC mobile adaptive website. Throughout the year, the team updated all resources on the RC-DC website and made several design changes.
- The NFCs had contact with 1404 families in the community via different types of outreach (i.e. events, workshops, flyer/name card distribution at neighborhood bus stops and the

neighborhood grocery store, and one-on-one contacts).

- The NFCs successfully screened families in the context of ten community-based workshops conducted; thus reaching our goal.
- NFCs provided community-based peer support to 21 caregivers living in the target area.

Smart from the Start- Key Highlights from FY19 include:

- 315 families are enrolled in the program as of December 2019. Enrollment means they have engaged in programing around Prenatal Education, Parenting Education, Address the Stress, Workforce Development, and various workshops and community events in Woodland Terrace.
- Hosted an Annual Community Baby Shower for 19 families and enrolled 10 new families
- Families have been actively participating in Address the Stress group, family and individual counseling, trauma-informed programming and workshops
- Adult Education Classes are offered to the families and Woodland community
- Smart from the Start was awarded Mayor Bowser's Initiative Families First DC grant
- 23 out of 25 Workforce Development Cohort 1 and 2 participants (fathers) had job offers at the end of their 14-week sessions
- ASQ scores showed that our children test over the 80th percentile
- Developed relationships and partnerships with community organizations (Martha's Table, Community of Hope, WIC (The Special Supplemental Nutrition Program for Women, Infants, and Children), Jumpstart, Children of Mine, Collaborative Solutions for Communities, Help Me Grow and House of Ruth
- Continue to extend a comprehensive list of services available to residents in Ward 8 and then called each organization to verify that the organizations are still in service
- Partnered with various organizations (National Black Child Development Institute and House of Ruth) to provide families resources about domestic violence and parenting enrichment
- Partnered with organizations; Mary's Center, Collaborative Solutions, Jumpstart, Mamatoto Village to provide pre- and post-natal care and resources for school-aged children with our first annual Community Care Event

In 2018, DC Health provide additional funding to ECIN to support the expansion of the HealthySteps DC model by enabling ECIN to hire one additional HealthySteps Specialist and Family Services Associate and thus improve services for families at Children's Health Centers – Anacostia, located in Ward 8 of Washington, DC. HealthySteps is an evidence-based national model that integrates a child development specialist into primary care. HealthySteps DC has enhanced the national model by including dedicated case management and care coordination for families through the support of DC residents with lived experience of navigating systems – known as the Family Services Coordinator (FSC), or Family Services Associate (FSA).

HealthySteps - Key Highlights from FY 19 include:

- 250 new Healthy Steps patients were seen at CHC-Anacostia in FY 2019 for a total of 836

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patients enrolled in Healthy Steps DC at CHC-Anacostia. Of the enrollees, 98% are African American [none are Hispanic and all primarily English speaking], 69% Medicaid insured, and approximately two-thirds live in Ward 8.

- HealthySteps Team worked with the primary care team to support child development screenings with the ASQ-3 and ASQ-SE according to established screening schedule
- HealthySteps Team worked with the primary care team to support postpartum screenings with the EPDS according to established screening schedule
- HealthySteps Team provided care coordination and service coordination for families (e.g., child or parent) referred to community services (e. g., to early intervention, community-based behavioral health agencies)
- HealthySteps Team provided consultation and anticipatory guidance to parents regarding child development
- HealthySteps Team provided brief parent mental health intervention and/or community-based referrals to parents with in need of support
- HealthySteps Team began recruitment for additional team members (i.e., Family Services Coordinator and HealthySteps Specialist) to expand HealthySteps services

Q39: Please provide a current organizational chart for CPPE. Please provide information to the activity level. In addition, please identify the number of full time equivalents at each organizational level and the employee responsible for the management of each program and activity. If applicable, please provide a narrative explanation of any organizational changes made during FY19 or to date in FY20.

Response:

See attachment labeled "FY19 Oversight Q39."

Q40: Please provide links to all reports completed by CPPE during FY19 and to date in FY20.

Response:

Epidemiology Reports

Weekly Influenza Surveillance Reports: <https://dchealth.dc.gov/node/114982>

Vaccine Preventable Diseases Dashboard: <https://dchealth.dc.gov/node/1438201>

Opioid Dashboard: <https://dchealth.dc.gov/page/opioid-dashboard>

Behavioral Risk Factor Surveillance System Annual Reports:

- 2017: <https://dchealth.dc.gov/node/1419011>
- 2016: <https://dchealth.dc.gov/node/1405966>

Healthy People Report

DC Community Health Needs Assessment: <https://ourhealthyc.org/dc-chna>

Q41: Please provide an updated results framework for each administration.

Response:

See attachment labeled “FY19 Oversight Q41.”

Q42: Please give an update on the number of gender marker change requests.

Response:

FY 2019

Modification type	Total requests
Gender Designation	70

FYTD 2020 (as of 01/22/2020)

Modification type	Total requests
Gender Designation	12

Q43: How many individuals requested vital records in FY19 and to date in FY20? Please provide a breakdown by type of record requested, request method (i.e. telephone, website) and length of time to complete the request..

Response:

FY 2019

Source	Service Type	Total orders	Avg days to shipped
Web	Birth certificate	21,703	6.5
Web	Death certificate	543	6.5
Funeral Home Portal	Death certificate	3,834	1.4
Mail	Birth certificate	4,613	10.2
Mail	Death certificate	600	10.2
Phone	Birth certificate	5,604	6.6
Phone	Death certificate	228	6.6

Source	Service Type	Total orders	Avg Processing Time (min)
Counter	Birth certificate	39,469	37.9
Counter	Death certificate	2,191	35.2
Counter	Funeral Home Order	625	31.9
Counter	Certificate Modifications	3,284	39.5
Counter	Funeral Home Portal - Will Call	1,140	5.8

FYTD 2020 (as of 01/22/2020)

Source	Service Type	Total orders	Avg days to shipped
Web	Birth certificate	6,320	8.4
Web	Death certificate	133	8.4
Funeral Home Portal	Death certificate	1,283	1.52
Mail	Birth certificate	1,568	13.7
Mail	Death certificate	144	13.7
Phone	Birth certificate	1,830	9.5
Phone	Death certificate	57	9.5

Source	Service Type	Total orders	Avg Processing Time (min)
Counter	Birth certificate	9,313	18.3
Counter	Death certificate	594	19.6
Counter	Funeral Home Order*		
Counter	Certificate Modifications	897	39.1

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Counter	Funeral Home Portal - Will Call	448	4.8
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*As of January 2, 2019, DC Health no longer provides a designated service window for walk-up funeral home orders. Funeral home representatives may use the online Funeral Home Portal and request to have death certificates shipped or retrieve them at our will call window. Alternatively, funeral home representatives may order death certificates at the DC Health Vital Records Division general public walk-up service counter.

Q44: Please provide a report on the levels of uncompensated care provided by certificate of need (CON) holders during FY19 and to date in FY20, including:

- **Dollar value of uncompensated care each CON holder was required to provide;**
- **Dollar value of uncompensated care each CON holder actually provided, with the dollar value of charity care and bad debt reported separately;**
- **The dollar value of services and care provided to District residents; and**
- **The reason provided by a CON holder, if the holder failed to provide the required level of uncompensated care.**

Response:

The attached information is the 2018 Uncompensated Care Data Report for hospitals in the District of Columbia. Currently, the SHPDA does not collect uncompensated care data for other CON holders. Additionally, the data collection is retrospective: the SHPDA will request 2019 uncompensated care data from DC Hospitals beginning June 2020.

The information includes dollar value for uncompensated care, as self-reported by DC hospitals. The information has not been verified by the SHPDA. Four hospitals, Sibley Memorial Hospital, George Washington University Hospital, BridgePoint Hospital Capitol Hill, and BridgePoint Hospital National Harbor, have not met the required level of uncompensated care. No reason was provided by these hospitals to show why they were unable to meet the requirements. Two hospitals, Psychiatric Institute of Washington and Providence Hospital, were non-compliant with the SHPDA uncompensated care requirements have not yet provided 2018 uncompensated care data. The SHPDA is following up with these hospitals.

See attachment labeled "FY19 Oversight Q44."

- Q45: How many letters of intent to file CON applications were filed during FY19 and to date in FY20? How many actual CON applications were submitted in FY19 and to date in FY20? For each CON application, please provide the following:**
- **Date of submission;**
 - **Brief description of proposed project; and**
 - **Status of application (Reviewed? Approved? Denied? Reconsidered? Appealed?).**

Response:

The SHPDA received **57 Letters of Intent** in FY 2019 and **14 Letters of Intent** to date in FY 2020. Some letters of intent received in FY 2019 will become applications that will be reviewed in FY 2020. The SHPDA rendered a decision on 33 CON applications in FY 2019 and 4 CON applications to date in FY 20.

See attachment labeled “FY19 Oversight Q45.”

Q46: What actions did DC Health take during FY19 and to date in FY20 to monitor disease, food contamination, and biohazard outbreaks in light of the Ebola outbreak of 2014? Please provide a list of all foodborne outbreaks and other epidemiological investigations conducted by DC Health in FY19 and to date in FY20.

Response:

DC Health routinely investigated cases and conducted interviews to gather exposure information and clinical information. As a result of our routine investigations, we were able to identify clusters and outbreaks quickly. We also encouraged providers and schools to report suspected clusters and outbreaks for further investigation. Also, we often developed health notices to guide health care providers in reporting, collecting, and testing samples for trending communicable diseases to facilitate disease surveillance and investigation.

List of foodborne outbreaks and important epidemiological investigations

FY19

Foodborne Outbreaks

- Investigation and contact tracing of an Hepatitis A case at daycare center.
- Investigation of Salmonella outbreak in a DC Church associated with national outbreak.
- Investigation of a gastroenteritis cluster at long-term care facility.
- Investigation of gastroenteritis cluster at long-term care facility.
- Investigation of a gastroenteritis cluster at a DC banquet event.
- Investigation of two gastroenteritis illness clusters associated with a catered office lunch.
- Investigation of suspected norovirus cluster among students visiting DC.
- Investigation of a confirmed Norovirus cluster at a DC healthcare facility.
- Investigation of a gastroenteritis illness cluster at a learning language school in DC.
- Investigation of a gastroenteritis illness cluster among a Tour Group visiting DC.
- Investigation of a gastroenteritis illness cluster in DC Hotel.
- Participated in public health response to confirmed case of hepatitis A in a homeless shelter.
- Performed contact tracing a DC resident who had contact with a confirmed case of S. Typhi.

Other Disease Outbreaks

- Investigation of Legionnaires' disease at group home.
- Investigation of Legionnaires' disease at a long term care facility.
- Investigation of environmental Legionella at long-term care facility.
- Investigation of a Legionella cluster at DC Homeless Shelter.

- Investigation of a Varicella Incident at a long-term care facility.
- Investigation of an influenza outbreak at DC day care center.
- Investigation of an influenza cluster at a DC school.
- Investigation of chemical exposure and illness in a worker at a DC site.
- Investigation a gastroenteritis illness cluster in a DC Family.
- Investigation of a Legionella case at DC shelter.
- Investigation of two gastroenteritis illness clusters associated with DC restaurants.
- Investigation of a Legionella case from another state with stay in DC hospital.
- Investigation of a Hepatitis B Dialysis Case.
- Investigation of cases of Cyclosporiasis associated with national outbreak Investigation.
- Investigation of a C-difficile case report from Hospital.
- Investigation of zoster virus exposure in DC hospital step down nursery.
- Investigation of a gastroenteritis illness cluster in a DC family associated with catered food from a DC in restaurant.
- Participated in investigation of CR-Acinetobacter outbreak in neighboring state.

FY20

Foodborne Outbreaks

- Investigation of a suspected Norovirus cluster in DC restaurant.
- Investigation of a gastroenteritis illness cluster in school.

Other Disease Outbreaks

- Investigation of Legionella and Pseudomonas in water at Saint Elizabeth's Hospital.
- Investigation of Vaping Associated Lung Injury (EVALI) cases.
- Investigation of a Legionella case in a DC Hospital.
- Investigation of a C.difficile investigation at a DC hospital.
- Investigation of suspected Creutzfeldt Jakob disease (CJD).
- Investigation of a DC resident measles case with travel.
- Investigation of a Legionella case at Shelter.
- Investigation of a MERS CoV PUI investigation.
- Investigation of a NICU-MRSA_cluster at hospital.

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Q47: Please provide a current organizational chart for HAHSTA. Please provide information to the activity level. In addition, please identify the number of full time equivalents at each organizational level and the employee responsible for the management of each program and activity. If applicable, please provide a narrative explanation of any organizational changes made during FY19 or to date in FY20.

Response:

See attachment labeled “FY19 Oversight Q47.”

There were no organizational changes in FY19 or to date in FY20.

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Q48: What was the total amount of Ryan White CARE Act funding awarded to the District in FY19 and FY20? Of that amount, please indicate how much was distributed to each jurisdiction within the Eligible Metropolitan Area (EMA).

Response:

The District of Columbia administers the Ryan White CARE Program Part A, which encompasses the District, Suburban Maryland, Northern Virginia, and two counties in West Virginia. The Part B program covers the District only. The Part A grant period runs March 1 to February 28 and Part B April 1 to March 31. In FY19, the District redesigned the administration of the Part A program in collaboration with the Maryland and Virginia health departments. In an innovative design, the three jurisdictions agreed to a regional allocation approach coordinating funds among the Part A and the state Part B programs. With the consultation and concurrence with the US Health Resources and Services Administration, DC discontinued the use of the administrative agents for Northern Virginia and Suburban Maryland. These changes are reflected in the Part Grant Year (GY) 29 allocations.

Ryan White Part A GY 29

	Services	Administration	Quality Management	Total
Washington, DC	\$21,504,764	\$2,964,301	\$1,564,650	\$26,033,715
West Virginia	\$347,050	N/A	N/A	\$347,050
Northern Virginia	\$1,305,539	N/A	N/A	\$1,305,539
Suburban Maryland	\$3,441,707	\$165,000	N/A	\$3,606,707
TOTAL	\$26,599,060	\$3,129,301	\$1,564,650	\$31,293,011

Ryan White Part B GY29

Program	Amount
AIDS Drug Assistance Program (ADAP)	\$10,408,704
Minority AIDS Initiative (MAI)	\$214,134
Formula - Services	\$3,527,427
TOTAL	\$14,150,265

Ryan White Part A GY 28

	Services	Administration	Quality Management	Total
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Washington, DC	\$19,610,402	\$2,381,550	\$1,090,211	\$23,429,213
West Virginia	\$347,050	N/A	N/A	\$347,050
Northern Virginia	\$2,300,677	\$395,883	\$210,852	\$2,907,412
Suburban Maryland	\$4,999,938	\$485,867	\$245,885	\$5,731,690
TOTAL	\$27,258,067	\$3,263,300	\$1,546,948	\$32,068,315

Ryan White Part B GY28

Program	Amount
ADAP	\$6,300,455
MAI	\$211,744
Formula - Services	\$3,718,903
TOTAL	\$10,231,102

Q49: Please indicate what service categories (i.e. primary care, case management, and treatment adherence) were funded with Ryan White Title A and B resources in FY19 and to date in FY20. For each service category, please provide the following information broken out by funding resource:

- **The name of all programs funded under each service category;**
- **A description of the specific services provided by each program;**
- **How much was budgeted for the program in FY19 and FY20;**
- **The funding source of each program (Local, federal, or other);**
- **How much the program cost in FY19 and to date in FY20;**
- **How many people did the program/funding serve in FY19 and to date in FY20;**
- **How many locally-funded FTEs provided oversight of this program; and**
- **How many non-locally funded FTEs provided oversight of this program.**

Response:

Ryan White Programs and Service Categories¹

Service	Sub-Grantee	Part A Grant Year 28	Part A Grant Year 29	Part B Grant Year 28/29
Outpatient/Ambulatory Health Services	AIDS Healthcare Foundation	X	X	
Outpatient/Ambulatory Health Services	Andromeda Transcultural Health Center	X	X	
Outpatient/Ambulatory Health Services	Children's National Medical Center	X	X	
Outpatient/Ambulatory Health Services	Contemporary Family Services	X		
Outpatient/Ambulatory Health Services	District of Columbia – DC Health and Wellness Center	X	X	
Outpatient/Ambulatory Health Services	Family and Medical Counseling Services	X	X	
Outpatient/Ambulatory Health Services	Greater Baden Medical Services		X	
Outpatient/Ambulatory Health Services	Heart to Hand		X	
Outpatient/Ambulatory Health Services	(The) Howard University	X	X	
Outpatient/Ambulatory Health Services	Inova Health (Juniper) Services	X	X	
Outpatient/Ambulatory Health Services	La Clinica del Pueblo	X	X	
Outpatient/Ambulatory Health Services	Mary's Center	X	X	

¹ All Ryan White Part A and Part B funding is federal

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Service	Sub-Grantee	Part A Grant Year 28	Part A Grant Year 29	Part B Grant Year 28/29
Outpatient/Ambulatory Health Services	Mary Washington Health Care	X	X	
Outpatient/Ambulatory Health Services	Metro Health	X	X	
Outpatient/Ambulatory Health Services	Montgomery County Health Dept.	X	X	
Outpatient/Ambulatory Health Services	Neighborhood Health	X	X	
Outpatient/Ambulatory Health Services	Unity Health Care	X	X	
Outpatient/Ambulatory Health Services	Whitman-Walker Health	X	X	
Outpatient/Ambulatory Health Services – MAI	Children’s National Medical Center	X	X	
Outpatient/Ambulatory Health Services - MAI	Family and Medical Counseling Services	X	X	
Outpatient/Ambulatory Health Services - MAI	Whitman-Walker Health	X	X	
Outpatient/Ambulatory Health Services - MAI	La Clinica del Pueblo	X	X	
Oral Health Care	Greater Baden Medical Services		X	
Oral Health Care	Howard University CIDMAR	X	X	
Oral Health Care	Mary’s Center	X	X	
Oral Health Care	Montgomery County Health Dept.	X	X	
Oral Health Care	Neighborhood Health	X	X	
Oral Health Care	Prince George’s County Health Dept.	X	X	
Oral Health Care	Unity Health Care	X	X	
Oral Health Care	Whitman-Walker Health	X	X	
Early Intervention Services	AIDS Healthcare Foundation	X	X	
Early Intervention Services	Children’s National Medical Center	X	X	
Early Intervention Services	Community Family Life Services		X	
Early Intervention Services	Contemporary Family Services	X		
Early Intervention Services	Damien Ministries		X	
Early Intervention Services	District of Columbia - DC Health & Wellness Center	X	X	
Early Intervention Services	Metro DC Center		X	
Early Intervention Services	FAHASS	X	X	
Early Intervention Services	Family & Medical Counseling Service		X	X
Early Intervention Services	Heart to Hand	X	X	

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Service	Sub-Grantee	Part A Grant Year 28	Part A Grant Year 29	Part B Grant Year 28/29
Early Intervention Services	HIPS			X
Early Intervention Services	(The) Howard University		X	X
Early Intervention Services	Inova Health (Juniper) Services		X	
Early Intervention Services	La Clinica del Pueblo		X	
Early Intervention Services	Mary's Center		X	
Early Intervention Services	Mary Washington Health Care		X	
Early Intervention Services	MedStar	X	X	
Early Intervention Services	Metro Health		X	X
Early Intervention Services	Montgomery County Health Dept.	X	X	
Early Intervention Services	Neighborhood Health		X	
Early Intervention Services	NovaSalud		X	
Early Intervention Services	SLK		X	
Early Intervention Services	Prince George's County Health Dept.	X	X	
Early Intervention Services	The Women's Collective		X	X
Early Intervention Services	Us Helping Us		X	X
Early Intervention Service	United Medical Center		X	
Early Intervention Services	Washington Health Institute		X	
Early Intervention Services	Whitman-Walker Health	X	X	
Health Insurance Premium Payment	AIDS Healthcare Foundation	X	X	
Health Insurance Premium Payment	Charles County Health Dept	X		
Health Insurance Premium Payment	FAHASS	X		
Health Insurance Premium Payment	Frederick County Health Dept.	X		
Health Insurance Premium Payment	Greater Baden Medical Services	X	X	
Health Insurance Premium Payment	Heart to Hand	X	X	
Health Insurance Premium Payment	Inova Health Services	X		
Health Insurance Premium Payment	Mary Washington Health Care	X	X	
Health Insurance Premium Payment	Shenandoah Valley Medical System	X	X	
Health Insurance Premium Payment	Virginia Health Options	X		
Home & Community Based Health	Joseph's House	X	X	
Home & Community Based Health	MedStar	X	X	
Mental Health Services	Andromeda Transcultural Health Center	X	X	
Mental Health Services	Children's National Medical Center	X	X	

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Service	Sub-Grantee	Part A Grant Year 28	Part A Grant Year 29	Part B Grant Year 28/29
Mental Health Services	Contemporary Family Services	X		
Mental Health Services	District of Columbia – DC Health and Wellness Center	X	X	
Mental Health Services	Fredericksburg Area HIV/AIDS Support Services (FAHASS)	X	X	
Mental Health Services	Family and Medical Counseling Services	X	X	
Mental Health Services	Heart to Hand	X	X	
Mental Health Services	Howard University CIDMAR	X	X	
Mental Health Services	Mary’s Center	X	X	
Mental Health Services	Metro Health	X	X	
Mental Health Services	Neighborhood Health	X	X	
Mental Health Services	Prince George’s County Health Dept.	X	X	
Mental Health Services	The Women’s Collective	X	X	
Mental Health Services	United Medical Center	X	X	
Mental Health Services	Us Helping Us	X	X	
Mental Health Services	Whitman-Walker Health	X	X	
Mental Health Services – MAI	Children’s National Medical Center	X	X	
Mental Health Services – MAI	(The) Howard University	X	X	
Mental Health Services – MAI	La Clinica del Pueblo	X	X	
Mental Health Services – MAI	Whitman-Walker Health	X	X	
Medical Nutrition Therapy	Contemporary Family Services	X		
Medical Nutrition Therapy	Food and Friends	X	X	
Medical Nutrition Therapy	Frederick County Health Dept	X		
Medical Nutrition Therapy	Greater Baden Medical Services	X	X	
Medical Nutrition Therapy	Montgomery County Health Dept	X		
Medical Nutrition Therapy	Prince George’s County Health Dept.	X	X	
Medical Case Management	AIDS Healthcare Foundation	X	X	
Medical Case Management	Charles County Health Dept.	X		
Medical Case Management	Children's National Medical Center			X
Medical Case Management	Community Family Life			X
Medical Case Management	Contemporary Family Services	X		
Medical Case Management	Damien Ministries			X

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Service	Sub-Grantee	Part A Grant Year 28	Part A Grant Year 29	Part B Grant Year 28/29
Medical Case Management	Family and Medical Counseling Services			X
Medical Case Management	FAHASS	X		
Medical Case Management	Frederick County Health Dept.	X		
Medical Case Management	Greater Baden Medical Services	X	X	
Medical Case Management	Heart to Hand	X	X	
Medical Case Management	Homes for Hope			X
Medical Case Management	(The) Howard University			X
Medical Case Management	Inova Health Services	X	X	
Medical Case Management	La Clinica del Pueblo	X	X	
Medical Case Management	Mary's Center			X
Medical Case Management	MedStar	X	X	
Medical Case Management	Metro Health			X
Medical Case Management	Montgomery County Health Dept.	X	X	
Medical Case Management	Neighborhood Health	X	X	
Medical Case Management	PG County Health Dept.	X	X	
Medical Case Management	Providence	X	X	
Medical Case Management	Shenandoah Valley Medical Systems	X	X	
Medical Case Management	The Women's Collective			X
Medical Case Management	United Medical Center	X	X	
Medical Case Management	Unity Health Care			X
Medical Case Management	Us Helping Us			X
Medical Case Management	Washington Health Institute		X	
Medical Case Management	Whitman-Walker Health	X	X	
Medical Case Management – MAI	Children's National Medical Center	X	X	
Medical Case Management – MAI	(The) Howard University	X	X	
Medical Case Management – MAI	La Clinica del Pueblo	X	X	
Medical Case Management – MAI	Whitman-Walker Health	X	X	
Non-Medical Case Management	AIDS Healthcare Foundation	X	X	
Non-Medical Case Management	Andromeda Transcultural Health	X	X	
Non-Medical Case Management	Casa Ruby	X	X	
Non-Medical Case Management	Children's National Medical Center	X	X	
Non-Medical Case Management	Damien Ministries	X	X	

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Service	Sub-Grantee	Part A Grant Year 28	Part A Grant Year 29	Part B Grant Year 28/29
Non-Medical Case Management	District of Columbia – DC Health and Wellness Center	X	X	
Non-Medical Case Management	FAHASS	X	X	
Non-Medical Case Management	Family Medical & Counseling Service	X	X	
Non-Medical Case Management	Greater Baden Medical Systems		X	
Non-Medical Case Management	Heart to Hand	X	X	
Non-Medical Case Management	Housing Counseling Service	X	X	
Non-Medical Case Management	HIPS	X	X	
Non-Medical Case Management	(The) Howard University	X	X	
Non-Medical Case Management	Joseph’s House	X	X	
Non-Medical Case Management	La Clinica del Pueblo	X	X	
Non-Medical Case Management	Metro Health	X	X	
Non-Medical Case Management	Prince George’s County Health Dept		X	
Non-Medical Case Management	Neighborhood Health	X	X	
Non-Medical Case Management	Restoration Community Alliance		X	
Non-Medical Case Management	Terrific, Inc.	X	X	
Non-Medical Case Management	The Women’s Collective	X	X	
Non-Medical Case Management	Us Helping Us	X	X	
Non-Medical Case Management	United Medical Center		X	
Non-Medical Case Management	Unity Health Care	X	X	
Non-Medical Case Management	Virginia Health Options	X	X	
Non-Medical Case Management	Whitman-Walker Health	X	X	
Substance Use Services – Outpatient	Andromeda Transcultural Health Center	X	X	
Substance Use Services – Outpatient	Children's National Medical Center	X	X	
Substance Use Services – Outpatient	Family and Medical Counseling Services	X	X	
Substance Use Services – Outpatient	FAHASS	X	X	
Substance Use Services – Outpatient	Greater Baden Medical Services		X	
Substance Use Services – Outpatient	Heart to Hand	X	X	
Substance Abuse Services – Outpatient	Howard University CIDMAR	X	X	
Substance Use Services – Outpatient	Inova Health Services	X	X	
Substance Use Services – Outpatient	La Clinica del Pueblo	X	X	
Substance Use Services – Outpatient	Mary’s Center	X	X	
Substance Use Services – Outpatient	Metro Health	X	X	

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Service	Sub-Grantee	Part A Grant Year 28	Part A Grant Year 29	Part B Grant Year 28/29
Substance Use Services – Outpatient	Montgomery County Health Dept.	X	X	
Substance Use Services – Outpatient	Prince George’s County Health Dept.	X	X	
Substance Use Services – Outpatient	Neighborhood Health	X	X	
Substance Use Services – Outpatient	Us Helping Us	X	X	
Substance Use Services – Outpatient	Whitman-Walker Health	X	X	
Substance Use Services – Outpatient - MAI	Children’s National Medical Center	X	X	
Substance Use Services – Outpatient - MAI	(The) Howard University	X	X	
Substance Use Services – Outpatient – MAI	La Clinica del Pueblo	X	X	
Substance Use Services – Outpatient – MAI	Whitman-Walker Health	X	X	
Emergency Financial Assistance	AIDS Healthcare Foundation	X	X	
Emergency Financial Assistance	Contemporary Family Services	X		
Emergency Financial Assistance	FAHASS	X		
Emergency Financial Assistance	Frederick County Health Dept.	X		
Emergency Financial Assistance	Greater Baden Medical Services	X	X	
Emergency Financial Assistance	Heart to Hand	X	X	
Emergency Financial Assistance	Housing Counseling Services		X	
Emergency Financial Assistance	Inova Health Services	X		
Emergency Financial Assistance	Neighborhood Health	X	X	
Emergency Financial Assistance	Montgomery County Health Dept.	X		
Emergency Financial Assistance	Neighborhood Health	X		
Emergency Financial Assistance	Northern Virginia Family Services	X	X	
Emergency Financial Assistance	Prince George’s County Health Dept.	X	X	
Emergency Financial Assistance	Shenandoah Valley Medical System	X	X	
Emergency Financial Assistance	Virginia Health Options	X	X	
Food Bank, Home Delivered Meals	Damien Ministries	X	X	
Food Bank, Home Delivered Meals	Family and Medical Counseling Services	X	X	
Food Bank, Home Delivered Meals	Food and Friends	X	X	
Food Bank, Home Delivered Meals	Metro Health	X	X	
Health Education/Risk Reduction	Community Family Life Services			X
Health Education/Risk Reduction	(The) Howard University			X

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Service	Sub-Grantee	Part A Grant Year 28	Part A Grant Year 29	Part B Grant Year 28/29
Health Education/Risk Reduction	La Clinica del Pueblo			X
Health Education/Risk Reduction	United Medical Center			X
Housing & Referral Services	Casa Ruby	X	X	
Housing & Referral Services	Community Family Life Services	X	X	
Housing & Referral Services	HIPS	X	X	
Housing & Referral Services	Metro Health	X	X	
Housing & Referral Services	Terrific, Inc.	X	X	
Housing & Referral Services	Us Helping Us	X	X	
Other Professional Services	Whitman-Walker Health	X	X	
Other Professional Services	Legal Services of Virginia	X		
Linguistic Services	La Clinica del Pueblo	X	X	
Linguistic Services	Mary's Center	X	X	
Medical Transportation Services	AIDS Healthcare Foundation	X	X	
Medical Transportation Services	Children's National Medical Center	X	X	
Medical Transportation Services	Family & Medical Counseling Services			X
Medical Transportation Services	FAHASS	X		
Medical Transportation Services	Greater Baden Medical Services	X	X	
Medical Transportation Services	Heart to Hand	X	X	
Medical Transportation Services	HIPS			X
Medical Transportation Services	Inova Health Services	X		
Medical Transportation Services	(The) Howard University			X
Medical Transportation Services	La Clinica del Pueblo	X	X	
Medical Transportation Services	Prince George's County Health Dept.	X	X	
Medical Transportation Services	Mary's Center	X	X	
Medical Transportation Services	Mary Washington Health Care	X		
Medical Transportation Services	Montgomery County Health Dept.	X	X	
Medical Transportation Services	Neighborhood Health	X		
Medical Transportation Services	Shenandoah Valley Medical System	X	X	
Medical Transportation Services	The Women's Collective			X
Medical Transportation Services	United Medical Center	X	X	
Medical Transportation Services	Whitman-Walker	X	X	
Medical Transportation Services	La Clinica del Pueblo			X
Outreach Services	Contemporary Family Services	X		
Outreach Services	Heart to Hand	X	X	
Outreach Services	Inova Health Services	X		

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Service	Sub-Grantee	Part A Grant Year 28	Part A Grant Year 29	Part B Grant Year 28/29
Outreach Services	Greater Baden Medical Services	X	X	
Outreach Services	FAHASS	X		
Outreach Services	NovaSalud	X		
Outreach Services	Shenandoah Valley Medical Systems	X	X	
Outreach Services	District of Columbia – Health Impact Specialists	X	X	
Outreach Services – MAI	Institute for Public Health Innovation			X
Outreach Services – MAI	La Clinica del Pueblo			X
Psychosocial Support Services	Contemporary Family Services	X		
Psychosocial Support Services	Children's National Medical Center	X	X	
Psychosocial Support Services	Charles County Health Dept	X		
Psychosocial Support Services	Frederick County Health Dept	X		
Psychosocial Support Services	Greater Baden Medical Services	X	X	
Psychosocial Support Services	Heart to Hand	X	X	
Psychosocial Support Services	(The) Howard University			X
Psychosocial Support Services	Inova Health Services	X		
Psychosocial Support Services	Metro Health			X
Psychosocial Support Services	Prince George's County Health Dept	X		
Psychosocial Support Services	The Women's Collective			X
Psychosocial Support Services	Us Helping Us			X
Psychosocial Support Services	Whitman-Walker Health	X	X	
Psychosocial Support Services – MAI	Children's National Medical Center	X	X	
Psychosocial Support Services – MAI	(The) Howard University	X	X	
Psychosocial Support Services – MAI	La Clinica del Pueblo	X	X	
Psychosocial Support Services – MAI	Whitman-Walker Health	X	X	

Ryan White Program Financials by Service Category:

The Part A financial table below includes all budgeted costs for the entire Eligible Metropolitan Area (EMA), which includes portions of Maryland, Virginia, and West Virginia. The Part B financial table below represents all budgeted costs for the District of Columbia exclusively.

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Ryan White Services Categories	Part A Grant Year 29
Outpatient Ambulatory Health Services	\$1,452,053
Outpatient Ambulatory Health Services - MAI	\$759,993
Oral Health Care	\$968,035
Early Intervention Services	\$7,572,230
Early Intervention Services – MAI	\$422,924
Health Insurance Premium Payment	\$184,000
Home & Community Based Health	\$528,876
Mental Health Services	\$484,018
Mental Health Services – MAI	\$242,331
Medical Nutrition Therapy	\$437,502
Medical Case Management	\$4,117,974
Medical Case Management MAI	\$553,960
Substance Use Services – Outpatient	\$242,009
Substance Use Services – Outpatient – MAI	\$145,598
Emergency Financial Assistance	\$1,313,867
Food Bank, Home Delivered Meals	\$2,178,079
Housing	\$740,878
Other Professional Services	\$226,661
Linguistic Services	\$151,108
Linguistic Services	\$10,879
Medical Transportation Services	\$314,341
Non-Medical Case Management	\$2,420,088
Outreach Services	\$287,500
Psychosocial Support Services	\$581,661
Psychosocial Support Services – MAI	\$262,495
Direct Services MAI Total	\$2,398,180
Direct Services Subtotal	\$24,200,880
Part A - Direct Services Total	\$26,599,060

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Ryan White Services Categories	Part B Grant Year 29
Early Intervention Services	\$382,727
Medical Case Management	\$2,062,953
Health Education/Risk Reduction	\$227,274
Medical Transportation Services	\$10,636
Outreach Services – MAI	\$181,818
Psychosocial Support Services	\$177,274
Direct Services MAI Total	\$181,818
Direct Services Subtotal	\$3,042,682
Part B – Direct Services Total	\$3,224,500

Service Utilization*

PROVIDER NAME	RW PROGRAM	GY28		GY29	
		CLIENTS SERVED	UNITS DELIVERED	CLIENTS SERVED	UNITS DELIVERED
AIDS Healthcare Foundation	A	677	5,110	336	1,454
Andromeda Transcultural	A	95	1,123	91	1,212
Casa Ruby	A	81	673	39	844
Casa Ruby	PART A MAI	-	-	-	-
Children's National Medical Center	A	110	1,158	68	1,392
Children's National Medical Center	MAI	205	8,844	180	12,099
Community Family Life Services	B	60	263	60	626
Community Family Life Services	A	46	409	130	2496
Damien Ministries	A	240	38,018	327	45,632
Damien Ministries	B	38	473	34	485
Family and Medical Counseling Services	A	259	37,617	236	42,501
Family and Medical Counseling Services	B	257	1,845	263	2,522
Food and Friends	A	473	146,532	305	135,799
Helping Individual Prostitutes Survive	A	105	762	90	537

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Helping Individual Prostitutes Survive	B	73	289	71	204
Homes for Hope	B	57	4,088	62	3,896
Howard University Hospital - CIDMAR	A	202	1,284	228	1,901
Howard University Hospital - CIDMAR	B	182	1,176	169	1,336
Howard University Hospital - CIDMAR	MAI A	50	149	-	-
Institute for Public Health Innovation	MAI B	56	129	-	-
Joseph's House	A	21	3,072	29	4,066
La Clinica del Pueblo	A	229	950	141	984
La Clinica del Pueblo	B	43	106	39	173
La Clinica del Pueblo	MAI B	88	155	56	83
Metro DC Community Center Inc	A	-	-	43	231
Metro Health, Inc.	A	310	24,825	282	73,393
Metro Health, Inc.	B	57	342	78	669
Providence Health Foundation	A	45	1,970	-	-
Restoration Community Alliance	A	-	-	9	505
SLK Health Services	A	-	-	14	24
Terrific Inc	A	59	1,234	43	1,315
The Women's Collective	A	149	2427	255	3802
The Women's Collective	B	133	1,312	150	1,266
United Medical Center	A	66	357	85	504
United Medical Center	B	66	72	61	649
Unity Health Care	A	218	550	468	924
Unity Health Care	B	152	410	286	649
Us Helping Us	A	158	1,323	114	666
Us Helping Us	B	106	348	64	264
Whitman Walker Health	A	1,575	9,317	1,578	9,214
Whitman Walker Health	MAI	556	2,765	42	121
GRAND TOTAL		7,297	301,477	6,526	354,438

*Source: CAREWare Data Reporting System for RW Services Monthly Financial Report

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There is one locally funded FTE (the Division Chief) that provides oversight of the program.
There are 29 federally funded FTE that provide oversight of the program.

Q50: Please provide the names of all programs supported by the Ryan White CARE Act Minority AIDS Initiative during FY19 and to date in FY20. Please provide a narrative update on the performance of each program.

Response:

The following programs are supported by Ryan White CARE Program Minority AIDS Initiative funding in Grant Year 29. Part A Minority AIDS Initiative (MAI) funds are used for a cluster of services focused for youth and young adults of color. Part B MAI funds are targeted to help people of color and transgender clients engage and enroll in the AIDS Drug Assistance Program (ADAP).

Youth Reach – Part A MAI Program

The Eligible Metropolitan Area (EMA) MAI Youth Reach program is a comprehensive set of services that was created as a directive of the Washington Metropolitan Regional Planning Commission on Health and HIV. Youth Reach is a targeted initiative geared towards serving youth and young adults of color ages 13 to 30 years old in the following sub populations: African-American women; African-American, Hispanic, and Latino men who have sex with men, African-American heterosexual men; and African-American, Hispanic, and Latina transgender women.

The goal of the program is to provide a seamless transition for youth and young adults of color from prevention and testing programs into care, and offer a one-stop shop with experienced, diverse, youth-serving staff. Staff working under the program provides mental health and substance use disorder care, early intervention services, medical case management, and outpatient ambulatory health services. There are six service categories that comprise the program: (1) Outpatient Ambulatory Health Services (OAHS), (2) Early Intervention Services (EIS), (3) Medical Case Management (MCM), (4) Outpatient Substance Use Services, (5) Mental Health, and (6) Psychosocial Services.

The partners funded to provide Youth Reach programming are Children's National Medical Center, Howard University, Whitman-Walker Health, and La Clinica del Pueblo.

Children's National Medical Center – Children's National Medical Center (CNMC) is funded to provide OAHS, MCM, mental health, substance use outpatient services, psychosocial support, and EIS to youth and young adults ages 12 to 24 years old:

- OAHS are provided through two clinics: (1) a Special Immunology Services Clinic, which provides specialty medical services to children and adolescents who were perinatally transmitted with HIV; and (2) a Burgess Clinic, which is incorporated in the Adolescent Health Center and provides primary and specialty medical care to young people ages 12 to 24 years old with HIV. OAHS include 24-hour triage and on-call services provided by both nursing and physicians. To date, there have been 149 youth served.

- MCM provides face-to-face and telephone contacts with youth to assess immediate needs, complete comprehensive assessments, and work with their families to complete goals identified in Client/Family Care Plans. Other various supportive services are provided, including scheduling medical and other appointments, inquiring about adherence with medical regimens, following up with referrals, and assisting with the transition to adult medicine. To date, there have been 142 youth served.
- The mental health service category provides youth and their families with the following: individual and family psychotherapy; parent training; psychiatric evaluation and medication management; psychological/neurodevelopmental testing/evaluation; mental health screening; pill swallowing evaluations and training; and crisis evaluations. The mental health program makes referrals for outpatient substance use services, which offers substance use screenings and consultations in clinic. Once substance use problems are identified, referrals are made for individual psychotherapy or more intensive substance use disorder treatment, if needed. To date there have been 157 and 34 youth served under these the mental health and substance use service areas, respectively.
- EIS helps identify youth who are newly diagnosed with HIV. This provision of services includes laboratory testing, referrals and linkage to care, outreach services, and efforts to re-engage patients lost to follow up back into care. Once in care, psychosocial support services offered to patients include an initial psychosocial assessment upon entry into care and linkage to counseling. Additionally, individual and family centered support groups are offered to assist in the engagement and re-engagement of youth into care. To date, there have been 28 and 104 youth served under psychosocial support and family-centered support groups, respectively.

Howard University Hospital (HUH) – HUH provides the six required services under the Youth Reach program directly: mental health, EIS, MCM, outpatient substance use services, and psychosocial services. Howard provides linkage and retention activities for newly diagnosed youth and young adults, as well as known HIV-positive individuals that have recently re-engaged in care. This program works closely with the established HIV testing and counseling services located at the main HUH site and Howard University (HU) student health services.

The focus of the HU Youth Reach program is treatment, retention in care, and enhanced preventative supportive care for the youth population. The latter provision includes adequate health education and risk reduction messages/advice that targets sexual health practices, life-style issues (tobacco use, alcohol, violence, and obesity), mental health (depression), and health seeking behaviors. During each visit, the medical providers ensure that clients understand the consequences of not adhering to appropriate behaviors and responsibilities. Issues arising from physician-client encounters that require support services and further counseling usually trigger appropriate referrals to other components of the Youth Reach program.

Under OAHS, the program works to achieve viral suppression, retention in care, and medication adherence. This service area forms the core of the care provision to the clients and includes all component needs for the client. In addition to the treatment and management of the youth's HIV,

OAHS providers include the following additional support services: psychosocial support, medication adherence, EIS, and screening for mental health and substance use counseling.

The youth clients linked to the Center for Infectious Disease Management and Research (CIDMAR) receive clinician-initiated education and risk reduction counseling on varying topics including sexual health practices, substance use, violence, coping skills, and prevention strategies for general health maintenance. In addition, to ensure all youth clients have access to care coordination services, there is ongoing evaluation of their needs and assistance with adherence to their anti-retroviral medication under the MCM services.

The Youth Reach program is working with the HU Psychiatric Department to ensure clients gain access to screening for and treatment of mental health and SUDs that could impede management of their HIV, as well as reduce risks and harm among the clients. The HU program has engaged the services of a licensed behavioral health provider for this service area. The screener incorporates Patient Health Questionnaire-2 and 9 screening tools in the electronic health records to aid clinicians' assessment for depression of all clients attending an appointment visit. An existing practice policy ensures that clients needing specialized management or emergency counseling are promptly referred to the HU Mental Health Clinic or the HUH Department of Psychiatry.

In FY19, two new providers joined the team of experts—an infectious disease physician and a psychiatrist; the clinic hours have been increased to four and half days; and the discharge clinic was added on Friday mornings, specifically to see individuals newly diagnosed and newly discharged from hospital admission. As of October 30, 2019, the HUH Youth Reach program has served a total of 140 young persons, 42 of whom were ages 18 to 24 years old and 98 of whom were ages 25 to 30 years old.

Whitman-Walker Health – Under EIS, Whitman-Walker uses community health workers in its Retention and Engagement Department to serve youth with high risks for HIV, offer education and prevention, encourage linkages into care for those in need, and retain youth at risk for falling out of care. Once in care, an open access model is used for scheduling patients to assure accessibility to OAHS. Care coordination is provided in a welcoming environment to ensure the engagement of youth in their medical services, such as showing up for their appointments and medical adherence, particularly when transitioning to adult care. To date, there have been 17 youth served under both EIS and OAHS.

Whitman-Walker mental health services assess youth for behavioral health problems, make direct referrals for psychiatric assessment and medication management when needed, refer youth for individual and or group psychotherapy, and make external referrals when services are not suitable for complex mental health issues. It is through psychiatric assessments and medication management that youth are identified for outpatient substance use services. The provision of outpatient SUD services includes medication assisted treatment (MAT) using Suboxone. Treatment also involves outpatient group therapy for youth in the MAT program, and for those who struggle with co-occurring substance use and mental health issues. Collectively, the mental

health and substance use service areas support individual psychotherapy; specifically focused on managing substance use disorders from an abstinence and harm reduction approach. To date, there have been 29 clients served under these service areas.

La Clinica del Pueblo –The EIS program engages and links young Latino men who have sex with men and young transgender Latino clients who are living with HIV, but are unaware of their status to care. This program also aims to engage and link individuals in these populations who are aware of their HIV infection but have never been engaged in care; are aware but have refused referral to care; or who have dropped out of care. Once in care, young people receive OAHS using Public Health Services guidelines to promote high quality care.

MCM services are also provided to assist in the effective coordination of primary medical care and support services aimed at improving health outcomes. This includes comprehensive assessments and reassessments, care planning, coordination of medical and social needs, treatment adherence counseling, and linkage to services. To date, 11 clients have been served under EIS and OAHS, and more than eight clients have been served under MCM.

Psychosocial support groups are also offered. The groups discuss topics like how to strengthen support networks, fear associated with the uncertainty of immigration laws, and stigma. In addition to these groups, La Clinica provides mental health and substance use assessments, including screening for additional psychiatric needs, and referrals for substance use service needs beyond the treatment this agency is able to provide.

Part B MAI Program

HAHSTA also funds outreach services under its Part B MAI funding. There are two providers of this service: La Clinica del Pueblo and the Institute for Public Health Innovation (IPHI). Collectively, the outreach programs provide supportive services that help maintain the enrollment of clients in ADAP and insurance. The program tracks clients due for ADAP recertification and conducts outreach activities to ensure that they recertify on time, set up alerts ahead of the expiration of current enrollment, and help patients with insurance re-enrollment appointments. The maintenance of enrollment in ADAP and other insurance services benefits adherence of anti-retroviral therapy. Examples of supportive services include on-site assistance with enrolling and renewing in the DC Alliance program and commercial insurance; obtaining insurance premium and/or copay assistance; and renewing enrollment in other third payor programs like Medicare and Medicaid.

The program offers walk-in hours for clients, which allows them to easily access staff as needed and receive responses to a variety of needs beyond insurance and ADAP enrollment. Staff work with outside partners to ensure clients receive other critical services like food and housing. Community health workers are among the staff who conduct outreach efforts and have the capacity to support clients in various locations throughout the District. To date, La Clinica del Pueblo has served 112 clients and IPHI has served 57 clients.

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Q51: How many HAHSTA grantees or sub-grantees received awards in FY19 and to date in FY20 to support HIV testing and prevention services (including Pre-Exposure Prophylaxis or PrEP)? Please provide a breakdown by services provided and community or ward. Please list community providers by ward. In addition, please provide FY19 and to date in FY20 counseling, testing and referral data, broken out by gender and age.

Response:

HAHSTA Grantees FY19 – FY20, to Date:

HCA Vendor Oct 1, 2018-Dec 31, 2019	Focus Population	Services Provided	Ward(s)
Bread for the City	Low income, Asian, black, and White, Heterosexual Men and Women	Category A: HIV Testing & Linkage to Care	All
Casa Ruby	African American, Latinx, Heterosexual, Homeless, Youth, LGBTQIA	Category A: HIV Testing & Linkage to Care Category B1: Recruitment & Outreach	2 & 7
Children's National Medical Center	Youth 13-24	Category A: HIV Testing & Linkage to Care Category B1: Recruitment & Outreach	5
Community Family Life Services	African American women incarcerated, people inject drugs	Category A: HIV Testing & Linkage to Care	All
Damien Ministries	Homeless MSM, Youth 13-18, 65+	Category A: HIV Testing & Linkage to Care Category B1: Recruitment & Outreach	5
Family Medical Counseling Services	African American Heterosexual Men and Women, Men who have sex with men, Persons who inject drugs, Transgender Women of Color, and High-Risk HIV Negative Individuals	Category A: HIV Testing & Linkage to Care Category B1: Recruitment & Outreach Category B2: Community Wellness Category B3: PrEP/nPEP	7 & 8
Hepatitis B Initiative	Asian, Pacific Islanders, and African immigrants	Category A: HIV Testing & Linkage to Care Category B1: Recruitment & Outreach Category B2: Community Wellness	2, 4, 5, 6

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HIPS	African American, Latinx, Persons who inject drugs, Transgender Women of Color	Category A: HIV Testing & Linkage to Care Category B1: Recruitment & Outreach Category B2: Community Wellness Category B3: PrEP/nPEP	6
Howard University	African American, MSM Students, Heterosexual, LGBTQ, and IDU	Category A: HIV Testing & Linkage to Care Category B1: Recruitment & Outreach	1
La Clinica Del Pueblo	High Risk Heterosexual, Men and Women, Latino MSM, and Transgender Women	Category A: HIV Testing & Linkage to Care Category B1: Recruitment & Outreach Category B2: Community Wellness Category B3: PrEP/nPEP	4-5
Latin American Youth Center	Latino and Latina Youth	Category A: HIV Testing & Linkage to Care Category B2: Community Wellness	4-5

FY19 Counseling, Testing, and Referral Data, by Gender and Age:

Age Range	Additional (specify)	Declined to Answer	Female	Male	Not Asked	Transgender - FTM	Transgender - MTF	Transgender - Unspecified	Total
(No Data)	0	1,070	384	186	0	0	1	0	1,640
Age 00 to 04	1	4	159	104	0	0	5	0	273
Age 05 to 12	0	0	4	0	0	0	0	0	4
Age 13 to 19	5	23	891	723	0	11	7	1	1,661
Age 20 to 29	19	47	3,155	4,974	0	34	62	0	8,291
Age 30 to 39	8	18	1,437	3,329	0	12	39	0	4,843
Age 40 to 49	0	5	820	1,704	0	5	8	0	2,542
Age 50 to 59	0	6	857	1,599	0	3	6	0	2,371
Age 60 and over	0	4	548	977	0	0	3	0	1,532
Total	33	1,177	8,255	13,596	0	65	131	1	23,157

Please note FY20 data is not yet available.

Q52: Please provide an update on efforts to continue routine HIV testing. How many tests were administered in emergency rooms, clinical settings, and non-clinical/community outreach during FY19 and to date in FY20?

Response:

Routine HIV screening in all medical settings continues to serve as a core component of HAHSTA's prevention strategy. HAHSTA maintains its policy direction that HIV testing should be included among standard health screenings. In April 2013, the U.S. Preventive Services Task Force increased its recommendation for HIV screening to Grade A. Grade A is a universal application of the health screening practice, which is used by insurance plans for reimbursement. With that increase in the grade rating, there is no longer a barrier to routine HIV screening covered by insurance in most medical settings.

During FY19, HAHSTA's prevention team continued a unit, cost-based model to support the provision of all HIV prevention services, including HIV testing. HAHSTA reimburses providers for HIV tests as a payer of last resort. This approach prioritizes HAHSTA funding availability to support HIV testing in non-clinical settings or in exceptional cases where insurance is not feasible.

HAHSTA has worked extensively with hospitals in the past on insurance reimbursement for emergency department HIV screening. HAHSTA engaged the U.S. Centers for Disease Control and Prevention capacity building branch to facilitate technical assistance to providers on reimbursement options. Hospitals informed HAHSTA that due to contractual agreements with insurance carriers, there can be limitations for reimbursement of HIV screening in emergency departments.

HAHSTA has also collaborated with the hospitals on strategies to ensure that HIV testing is added to panels ordered in the emergency department. It has also obtained agreements with the hospitals to include HIV tests on lab panels for admitted patients. As a result, HIV screening is not only provided routinely but almost 100 percent of those tests are lab based, ensuring that these screenings are conducted with fourth generation HIV screening, which can detect early acquisition of HIV.

HAHSTA reports 15,936 publicly supported HIV tests in emergency departments and other clinical settings in the District during FY19. HAHSTA obtains data from the DHCF on Medicaid and DC Alliance supported HIV testing. For FY19, Medicaid covered 12,399 tests, which brings the total of publicly supported tests to 28,335. To date in FY20, HAHSTA has supported 1,765 tests in emergency department and clinical settings. DC Medicaid data is pending and was not available at this time of this response.

Q53: How has HAHSTA used the latest annual HIV, Hepatitis, STD, and TB epidemiology and surveillance report to make policy and programmatic decisions during FY19 and to date in FY20?

Response:

The most recent annual epidemiology and surveillance report was released by HAHSTA in August 2019. The current report includes epidemiologic summaries for several key demographic groups, including men who have sex with men, women, transgender individuals, Latinos, youth, adults aged 55 years and older, foreign-born individuals, and people who inject drugs. The report also documents a modest decline in the number of newly diagnosed HIV cases from the previous year, as well as improved rates of HIV care linkage, retention, and time to viral suppression. Slight declines in the number of newly diagnosed chlamydia, gonorrhea, and primary and secondary syphilis cases were also observed between 2017 and 2018 after several years of consistent increases. While these recent trends are encouraging, challenges remain related to persistent health disparities associated with race/ethnicity, gender, sexual preference, and geography. The annual epidemiology and surveillance report continues to provide the foundation for understanding community needs related to the prevention, care, and treatment of HIV, hepatitis B and C, sexually transmitted diseases (STDs), and tuberculosis (TB) in the District.

Building on the primary and secondary prevention strategies that have historically contributed to declines in new HIV cases, HAHSTA is increasingly focused on developing and implementing targeted strategies designed to increase the reach of programmatic activities within populations disproportionately impacted by HIV. Focused on men who have sex with men and transgender persons of color, the regional IMPACT DMV project managed by HAHSTA is designed to enhance the awareness, accessibility, and utilization of HIV-related prevention and treatment services through a coordinated system of participating community-based organizations and provider institutions in the metropolitan area. Incorporating recognition of cultural, psychosocial, and economic factors influencing health and well-being, this program integrates a comprehensive package of support services to enhance client engagement and retention.

Distinct geographic patterns in HIV continue to be documented in the annual epidemiology and surveillance report. In conjunction with the results of analyses designed to identify spatial clustering, choropleth maps included in the annual report have been utilized to inform the implementation of targeted HIV and STD testing efforts within District wards characterized by high rates, specifically regarding the placement of mobile testing units. HAHSTA has also engaged in ongoing efforts to evaluate the allocation of public health resources across the District utilizing surveillance and programmatic data. The results of such analyses have aided in assessing gaps in the geographic distribution of HIV prevention, care, and treatment services in the District, which potentially contribute to health disparities.

The information presented in the epidemiologic report continues to provide the foundation for the development and evaluation of all HAHSTA related strategic planning documents. Initially released in 2016, HAHSTA is currently working on updating the 90/90/90/50 Plan for Ending

the HIV Epidemic in the District. An integral component to current efforts is extensive community engagement focused on key populations identified through the annual report, including Black gay/bisexual men, Black women, youth, Latinos, and transgender individuals. These community engagement activities are designed to elicit diverse perspectives on the challenges and opportunities associated with promoting optimal health and wellness within target populations. Such information will be utilized to inform the development of culturally responsive strategies for promoting HIV awareness, testing, risk reduction, and treatment.

HAHSTA continues to expand efforts targeted towards addressing the needs of those impacted by chronic hepatitis C (HCV). As outlined in the annual report, approximately 75 percent of individuals with a positive HCV RNA test do not have laboratory evidence of being cured despite the availability of effective treatment. Based, in part, on a pilot project with a local health organization over the past year, HAHSTA is currently working on implementing expanded outreach and navigation services designed to improve HCV treatment engagement.

In addition to being utilized to document the need for resources in federal applications for funding for HIV, hepatitis B and C, STDs, and TB, the epidemiologic report informed the allocation of local funding across community organizations and providers. The Washington DC Regional Planning Commission on Health and HIV routinely conducts in-depth reviews of the annual epidemiologic report in establishing priority activities and populations.

The annual epidemiologic report also serves as a vital resource for external community partners, stakeholders, and representatives engaged in public health program and policy development and advocacy efforts within the District. The report provides a means of identifying local gaps in meeting the needs of communities impacted, as well a tool for evaluating the effectiveness of current prevention, care, and treatment efforts. In order to promote the utilization of the annual epidemiologic report by local organizations, HAHSTA routinely responds to requests for customized data reports, presentations, and assistance in interpreting data trends and patterns. In an effort to make data more accessible to external stakeholders, HAHSTA is currently planning the development of a comprehensive data dashboard integrating population health and program implementation metrics aligned with the 90/90/90/50 Plan for Ending the HIV Epidemic in the District.

Q54: Please describe major activities undertaken in FY19 and to date in FY20 to address hepatitis including the number of Hepatitis A and B vaccinations provided and efforts to raise the awareness of Hepatitis A, B, and C.

Response:

With the number of hepatitis cases in the District estimated to be higher than the number of HIV cases, HAHSTA continues to place a high priority on promoting hepatitis awareness, primarily through screening, vaccinations, and access to new treatment opportunities. HAHSTA's strategy focuses on high prevalence populations: persons born between 1945 and 1965 ("Baby Boomers"), persons with a history of injection drug use, men who have sex with men, and non-US born populations with endemic hepatitis.

HAHSTA supports hepatitis education, screening, and linkages to treatment under its Community Wellness programming component. The Community Wellness model was designed to provide a holistic health and wellness system that strengthens and supports District residents in healthy decision making, ensuring equitable access to screening, care, and treatment, behavioral health, economic opportunity, peer supports, and other supportive services. This activity provides the community access to HIV, hepatitis B (HBV), hepatitis C (HCV), and STD screenings. Selected providers have the capacity to either deliver and/or provide direct linkages to these services.

One of HAHSTA's primary partners is the Hepatitis B Initiative of Washington, DC (HBI-DC). HBI-DC focuses on HBV, HCV, and/or HIV linkages to screenings, vaccination, and education through: (1) collaborative partnerships, (2) culturally and linguistically appropriate HBV and HCV outreach and education, (3) screenings, (4) vaccinations, (5) linkages to care, and (6) patient navigation services for impacted communities. HBI-DC partners with community-based partners, faith-based entities, and local clinics.

HAHSTA continues to support three needle exchange (NEX) providers with DC local funds. The NEX providers linked 1,605 individuals for HCV screening during the fiscal year. Additionally, HAHSTA continues to support a separate wellness center for the transgender population at HIPS. This program "Transgender Wellness Services" is funded to offer harm reduction services, such as needle exchange and linkages to HCV screening. The provider linked 1,222 individuals to HCV screening and/or education in FY19.

HAHSTA received its third year of funding from the CDC through PS17-1702: "Improving Hepatitis B and C Care Cascades: Focus on Increased Testing and Diagnosis." The purpose of this project is to advance the testing, treatment, and cure of HBV and HCV. HAHSTA funded MedStar Washington Hospital Center to analyze HCV testing data from its electronic health record system (EHR) on Washington, DC-based patients seen in primary care practices. MedStar conducts chart reviews to obtain data on each phase of the HCV care continuum. Linkage to care efforts are conducted for patients from both the birth cohort and non-birth cohort who have

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tested positive for HCV, but have not progressed through the care continuum. The program was fully operational in the first quarter of FY19.

Listed below are the findings from FY19:

Stages of Care Continuum	Birth Cohort (382)
Hepatitis C Antibody Reactive	434
RNA Test Completed	426
RNA Positive	258
Genotype Tested	185
RNA + Referral	162
Treatment Recommendation	78
Treatment started	43
Cured	36

Additionally, in FY19, HAHSTA received one-year supplemental funding under CDC RFA-PS17-1702 to support HBV and HCV screening among people who inject drugs. HAHSTA's goal is to improve the outreach, coordination, and monitoring of ongoing efforts to implement hepatitis-related prevention, care, and treatment needs of focus populations with a particular focus on persons who inject drugs. HAHSTA is implementing a two-pronged strategy:

- **Strategy 1 - Hepatitis Testing and Diagnosis:** Increasing the awareness of people who inject drugs of their HBV and HCV status through the continued integration of hepatitis-related educational and testing services at syringe service programs, as well as organizations funded to provide medically assisted treatment for opioid use disorder.
- **Strategy 2 - Linkage to Hepatitis Treatment:** In order to ensure that people who inject drugs and are diagnosed with viral hepatitis are linked with appropriate care and treatment services, HAHSTA is focusing on:
 1. The implementation of disease surveillance and investigation processes for the identification and follow-up of individuals that have been diagnosed with viral hepatitis but have failed to receive appropriate treatment and/or achieve sustained virologic response; and
 2. The development of a Peer Health Team to serve as patient navigators for people living with HCV and/or HBV.

Below is the breakdown of the types of hepatitis immunizations:

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**Adult Viral Vaccine Doses Administration Report
FY2008- FY2019**

FY 2008-2019 Fiscal Year (FY)	Hepatitis A	Hepatitis B	Twinrix (Hepatitis A&B)	Total
FY 2008	1,220	2,769	2,972	6,961
FY 2009	1,083	2,705	2,369	6,157
FY 2010	1,324	3,211	3,795	8,330
FY 2011	1,785	4,158	2,324	8,267
FY 2012	899	1,843	1,791	4,533
FY 2013	1,083	2,998	856	4,937
FY 2014	1,873	2,702	470	5,045
FY 2015	2,084	4,408	275	6,767
FY 2016	2,481	6,009	279	8,769
FY 2017	1,821	4,835	283	6,939
FY 2018	2,344	5,222	647	8,213

(Source: District of Columbia Immunization Information System from (FY2008-FY2018))

Please note FY19 data is not yet available.

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Q55: Please provide an update on the needle exchange program including the following:

- **Number of clients served**
- **Number of needles exchanged**
- **Number of HIV tests administered**
- **Service days and locations**
- **Number of vans used**

HAHSTA currently supports three syringe service providers that serve approximately 8,000 individuals. HAHSTA funds the providers with a combination of federal and local funds:

Provider	Funding amount
Family and Medical Counseling Service	\$637,000
Bread for the City	\$71,585
HIPS	\$714,000

Provider	Number of needles exchanged	Number of clients served	Number of HIV tests	Service days and location	Number of vans used
Family and Medical Counseling Service, Inc.	158,847	2,193	696	Monday: Potomac Gardens (9:30-11:30 a.m.), Southern Avenue & Chesapeake Street, SE (1:30 p.m.-3:30 p.m.), Tuesday: Division Avenue (9:30 a.m.-11:00 a.m.), Half & O Street, SW. (11:20 a.m.-12:00 p.m.), Martin Luther King, Jr., Avenue & Morton Street, SE (1:30 p.m. – 3:30 p.m.), Wednesday: 14 th and U Street, SE (9:00 a.m. -10:15 a.m.), Montello and Simms Street, SE (10:30 a.m. –	1

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				11:40 a.m.), North Capitol Street & Florida Avenue, NE, (1:30 p.m. - 3:30 p.m.), Thursday: Georgia Avenue and Morton Street, NW (9:30 a.m. - 11:30 a.m.), and 19 th and Benning Road, NE (1:30 p.m. to 3:30 p.m.)	
Bread for the City	38,976	608	1,031	1525 7 th Street NW Washington DC M-F	0 (This is a fixed site)
HIPS	*280,215	5,112	2	Service Times Monday – Wednesday: 10:30am-5:30pm Thursday: 10:30 am-5:30 pm and 11pm-7am Friday: 1pm-5:30pm and 11pm-7am Saturday: 11pm-7am Service Locations Monday: SE/SW Tuesday: NE Wednesday: NW Thursday: All quadrants	1

*These numbers include the Transgender Health Initiative program

Q56: Please provide an update on the progress toward the goals in the 90/90/90/50 Plan to end the HIV epidemic in DC.

Response:

The 90/90/90/50 Plan to End the HIV Epidemic in the District by 2020 set goals to have 90% of persons with HIV to know their status, 90% of persons diagnosed with HIV to be on treatment, 90% of persons on treatment to achieve viral load suppression, and a 50% reduction in new diagnoses. To track progress of the plan, DC Appleseed agreed to prepare an annual report. The first was released on December 1, 2017 and the second was released on December 3, 2018. As of 2019, the goal status is as follows:

Goal	2015	2016	2017	2018
Goal 1: 90% of persons knowing their status	86%	86%	89%	N/A
Goal 2: 90% of persons with HIV on treatment	73%	76%	77%	77%
Goal 3: 90% of persons on treatment at viral load suppression	78%	82%	84%	85%
Goal 4: 50% reduction in new HIV diagnoses	400	378	373	*341

*Note: Adjusted number.

In 2019, the federal government announced the Ending the HIV Epidemic: A Plan for America. The initiative has goals of reducing new HIV infections by 75% in five years and 90% in 10 years. There are four domains: diagnose, treat, prevent, and respond. The initiative identified 57 jurisdictions where 50% of all new HIV infections occur as the phase one localities: 48 counties, two cities (Washington, DC and San Juan), and seven rural states. The CDC released a new funding opportunity PS19-1906, Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the United States, which HAHSTA successfully applied and received funding to update the 90/90/90/50 plan. HAHSTA is currently undertaking an extensive community engagement process to obtain insight and recommendations on strategies to accelerate the District reaching the federal goals. The new plan will be released in July 2020.

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Q57: What was the amount of funds the District received for the Housing Opportunities for People With AIDS program in FY19? How were the funds allocated and number of households served under the service categories? How does this compare to FY17 and FY18? Please describe other housing program initiatives for people living with HIV.

Response:

HAHSTA is the grantee for the U.S. Department of Housing and Urban Development's (HUD) Housing Opportunities for People with AIDS (HOPWA) program. The District administers the funding for DC, Northern Virginia, suburban Maryland, and one county in West Virginia, as follows:

<i>Jurisdictions</i>	<i>FY18 – Funded Amount</i>	<i>FY19 – Funded Amount</i>	<i>FY20 – Funded Amount</i>
Northern Virginia	\$2,381,738	\$2,400,000	\$2,400,000
West Virginia	\$55,000	\$55,000	\$55,000
Suburban Maryland	\$2,200,000	\$2,200,000	\$2,200,000
Washington, DC	\$6,240,018	\$6,229,394	\$6,181,502
Administrative Cost (3%)	\$336,395	\$336,631	\$335,150

DC - FY18 HUD – FY17

	Total Households Served	DC	Maryland	Virginia	West Virginia
Total Households Served	9,654	1,649	167	7,796	42
Tenant Based Rental Assistance	559	312	130	114	3
Transitional/Short Term Facility	52	52	0	0	0
Permanent Facility	0	0	0	0	0
Short Term Rent, Mortgage, Utility	176	87	37	45	7
Capital Development	6	6	0	0	0
Stewardship Units	0	0	0	0	0
Permanent Housing Placement	46	16	0	30	
Housing Information	8,593	1,126		7,452	15
Supportive Services With Housing	207	50	0	140	17
Supportive Services Only	15	0	0	15	0

DC - FY19 HUD – FY18

	Total Households Served	DC	Maryland	Virginia	West Virginia
Total Households Served	10,739	2,176	147	8,382	34
Tenant Based Rental Assistance	509	276	119	113	1
Transitional/Short Term Facility	130	130	0	0	0

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Permanent Facility	2	0	0	2	0
Short Term Rent, Mortgage, Utility	151	77	26	42	6
Capital Development	0	0	0	0	0
Stewardship Units	6	6	0	0	0
Permanent Housing Placement	36	3	2	29	2
Housing Information	9,183	1,192	0	7,980	11
Supportive Services With Housing	690	492	0	184	14
Supportive Services Only	32	0	0	32	0

DC – FY20 HUD – FY19

	Total Households Served	DC	Maryland	Virginia	West Virginia
Total Households Served	12,881	2,472	204	10,166	39
Tenant Based Rental Assistance	481	262	111	106	2
Transitional/Short Term Facility	102	102	0	0	0
Permanent Facility	2	0	0	2	0
Short Term Rent, Mortgage, Utility	139	50	27	54	8
Capital Development	0	0	0	0	0
Stewardship Units	11	11	0	0	0
Permanent Housing Placement	42	2	0	38	2
Housing Information	11,401	1,651	0	9,736	14
Supportive Services With Housing	678	394	66	205	13
Supportive Services Only	25	0	0	25	0

Q58: Please provide an update on prevention and service delivery programs implemented during FY17 and to date in FY18 that target special populations including:

- **LGBQ populations;**
- **Transgender populations;**
- **African-American women;**
- **Latino populations**

Response:

In FY19, HAHSTA aimed to increase the number of persons being tested for HIV, hepatitis, and other sexually transmitted infections (STIs) and enrolling them in prevention services. HAHSTA was able to support providers with funds to conduct outreach and recruitment and community wellness activities. One of the most critical outreach and recruitment activities is the identification and involvement of appropriate partners and sources within the community that can assist in reaching focus populations. Community wellness activities were intended to offer direct linkage and/or provision of HIV, hepatitis B (HBV), hepatitis C (HCV), and STD screenings.

The following table reports additional services and prevention programs HAHSTA supports for focus populations:

Population	Services/Programs/Interventions
Lesbian, Gay, Bisexual, Queer	Counseling, Testing, Referral (CTR) Condom Distribution Pre-Exposure Prophylaxis (PrEP) Support and Education STI screening Outreach and Recruitment Community Wellness
Transgender	Counseling, Testing, Referral (CTR) Drop-In Center and Needle Exchange
African American Women	Counseling, Testing, Referral (CTR) Condom Distribution Pre-Exposure Prophylaxis (PrEP) Support and Education STI screening Outreach and Recruitment Community Wellness Faith-Based Approaches
Latino	Counseling, Testing, Referral (CTR) Condom Distribution Pre-Exposure Prophylaxis (PrEP) Support and Education Outreach and Recruitment Community Wellness

Lesbian, Gay, Bisexual, Queer/Questioning

HAHSTA supports a range of prevention interventions for the LGBTQ population, including testing, outreach and recruitment, community wellness, behavioral and biomedical interventions. DC's PrEP model includes a combination of innovative approaches that enhances the robust health insurance coverage for District residents. The overall goal of the PrEP program is to further advance DC's effectiveness in reducing the number of new HIV diagnosed every year among District residents.

HAHSTA has set PrEP as a top priority HIV prevention intervention. PrEP is a scientifically proven intervention that effectively prevents HIV transmission. In FY19, DC Health supported eight providers for PrEP services. The program's focus is to: (1) support an increase in the awareness of PrEP as a potential prevention strategy for persons who are HIV negative, (2) educate possible participants in the requirements of the prevention option, (3) inform medical providers on options for their patients, and (4) provide support in the form of risk reduction counseling, medical appointments for relevant health screenings, and access to appropriate resources for successful participation in the program. The providers focused on gay/bisexual men, African American women, transgender persons, and Latino/a/x population.

Transgender

HAHSTA recognizes the critical needs for transgender persons. Similar factors related to discrimination of gender identity, trauma, socio-economic status, and inequities impact the lives of transgender persons. HAHSTA is applying a health equity framework to the Transgender Health Program, which aims to promote health, wellness, and individual success. HAHSTA recognizes that to achieve improved health outcomes for transgender persons, the program requires a comprehensive approach with pathways for economic independence, self-advocacy, housing stability, life skills management, and other supports. HAHSTA funds HIPS to implement a comprehensive program to address the transgender community's needs. The core components are: (1) pathways to success, (2) safe and confidential space, (3) peer model, (4) health services, and (5) capacity building.

In FY 19, HIPS linked 6,395 unique individuals to drop-in center services (i.e., locker facilities, showers, restrooms, clothing bank, computers, food, and social engagement activities), linked 1,161 individuals to STI screening, and linked 201 individuals to primary medical care.

African American Women

In FY19, HAHSTA continued to support programs focused on serving African American women, such as funding The Women's Collective (TWC) and Community Family Life Services (CFLS). TWC is a community health and human service agency that provides direct services and advocates for the health and human rights of girls and women. It provides HIV counseling and testing, as well as linkages to PrEP. During FY19, TWC tested 712 African American women. CFLS provides services to formerly incarcerated women with the tools and support they need to

reconnect with their families and live life to their full potential. In FY19, CFLS screened 421 women within correctional institutions that house women. Overall, in FY19, 8,878 African American women were tested for HIV across all funded programs.

In FY20, DC Health hosted a series of community engagement sessions with African American women. The purpose of the focus groups is to address and discuss African American women residing in the District of Columbia. The outcomes of the session will be used to develop programming for the population.

Latino/a/x

HAHSTA has long standing partnerships with several community partners that serve the LatinX community. Prevention services offered to the community include HIV screening, PrEP and PrEP-related support services, Post Exposure Prophylaxis (PEP), and outreach and education. During FY19, HAHSTA prevention partners conducted 3,462 HIV screenings, 2,362 PrEP assessments, and 111 PEP related assessments totaling nearly 5,000 encounters cumulatively.

In FY19, HAHSTA established an internal LatinX workgroup in order to engage the community directly and gather useful information that can help support future programs and social marketing campaigns that can effectively reach the community. Although there are well established providers serving the LatinX community, it has become apparent that there is more to do in order to enhance their quality of life. While “familismo” (a strong identification with close and extended family) is strongly associated with Latinos, those impacted by HIV, or facing other issues tied to sexual identity, feel disconnected from family and support. Participants in focus groups expressed the need to create other forms of support around them while they long for the opportunity to be embraced by their own relatives. As a result, they seek out more supportive services in addition to medical care and case management. Focus group participants helped HAHSTA shape new social marketing campaigns by providing revealing feedback regarding their understanding and perspectives tied to sexual health and wellbeing. These campaigns, *Bienestar* and *Sexo es*, have been created using their feedback as a guide to create a carefully planned roll out of information and education for the Latino Community of DC.

IMPACT DMV Demonstration Project

In FY19, HAHSTA continued its IMPACT DMV project of prevention/care programs for men who have sex with men and transgender persons of color. The goal of the project is to create a system of care for the focus populations to access and navigate systems to improve their overall health outcomes. HAHSTA funded nine organizations to continue this work. Of the nine providers, eight were responsible for direct services and one was responsible for capacity building. At the end of FY19, individuals who had been enrolled and participating in the project totaled 8,859. Of those now enrolled and participating, 98% had at least one service visit. Of the participants, 6,097 were screened for HIV, 5,174 screened for PrEP appropriateness, and over 6,633 screened for STDs. Participants were screened for social support services including mental health, substance use, employment, and transportation needs. The project encourages providers

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to use the whole health model to address the complex needs of men who have sex with men and transgender persons of color. To further consider needs of the community, HAHSTA created two new community engagement opportunities. HAHSTA created a young African-American gay/bisexual men's work group to develop meaningful and effective strategies and messaging. The work group developed some initial messaging and have begun to obtain feedback from community members. HAHSTA initiated a discussion forum for transgender individuals focusing on social factors, including violence, and social needs. The group of community leaders and stakeholders are identifying training and capacity building needs for the community. In FY20, the IMPACT DMV project continues to support nine providers, focusing on HIV prevention and care services for men who have sex with men and transgender persons of color. To date, funded providers have enrolled 9,374 participants into the project, all of which had at least one service visit and 79% of which had two or more service visits. Of those participants, 6,490 were screened for HIV, 5,568 screened for PrEP appropriateness, and 7,042 screened for STIs. Additionally, enrolled participants were screened for other social support needs including mental health, substance use, employment, and transportation needs. HAHSTA continues to hire community members as Health Impact Specialists. In FY20, HAHSTA hired eight individuals.

Q59: Please provide an update on the DC Health and Wellness Center operated by HAHSTA for STD, sexual health, and TB services. Specifically, please include:

- **The number of individuals seen FY19;**
- **The number of individuals who tested positive for each STI;**
- **The number of individuals who received follow-up and were connected with care following a positive test result;**
- **The educational, outreach, and other services provided by the clinic;**
- **The number of individuals who received TB health services.**

Response:

In FY19, the DC Health and Wellness Center (DCHWC) provided services to 4,493 unique individuals for 6,622 total sexual health visits. This also includes 891 visits for Pre-Exposure Prophylaxis (PrEP), 223 new PrEP visits, and 58 new Post Exposure Prophylaxis (PEP) visits. DCHWC provided 616 total prescriptions for PrEP. Given the efficacy of PrEP, HAHSTA estimates that the program averted at least six new HIV infections through PrEP alone.

Below are the number of individuals who tested positive for each STI:

- Syphilis: 167 individuals with new infections; 156 completed treatment (93 percent)
- Gonorrhea (all sites): 322 individuals; 312 treated (97 percent)
- Chlamydia (all sites): 439 individuals; 421 treated (96 percent)

Below are the number of individuals who received follow-up and were connected with care following a positive test result:

- HIV:
 - 53 individuals tested positive; 20 of them were new positives; 2 were acute HIV cases
 - 100% of the new positive cases were linked to care
 - DCHWC started 11 new positives on rapid ART
 - Of the 33 previous positives, 15 had fallen out of care and they were all re-linked to care (7 of these patients re-started ART immediately at DCHWC)
- Hep C:
 - 65 individuals tested antibody-positive; 26 confirmed RNA (true positives)
 - 3 of the true positives were already in care
 - Of the remaining 23 true positives, 21 were linked to care; 1 refused and 1 was lost-to-follow-up

Educational, outreach, and other services provided by DCHWC

- Responded to a case of hepatitis A, with DC Health colleagues, provided post-exposure prophylaxis to nearly 200 individuals
- Launched a new DCHWC web site

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- Hosted a Hepatitis C training and certifying almost 20 primary care providers to cure Hepatitis C
- Hosting trainings in naloxone, PrEP and PEP, and latent tuberculosis diagnosis
- Provided 15 trainings in sexual health and tuberculosis diagnosis at community sites, including universities, community clinics, and student health centers
- Held an open house for STD awareness month
- Hosted a training for the National Network of STD Clinical Prevention Training Centers
- Launched a new teen pregnancy prevention initiative, with 17 youths enrolled in the new Personal Responsibility Educational Program to date
- Provided training to 36 medical residents in sexual health and tuberculosis diagnosis
- Participated in research investigating barriers to PrEP uptake in women, PrEP retention, test of reinfection visits, and took part in a national survey for STD services

In addition, online reviews of DCHWC have steadily improved, with a current Google rating that is more than 4 stars.

The number of individuals who received TB health services was 1,183 individuals with 2,910 total visits.

Q60: Please provide an update on HAHSTA’s condom distribution programs, including number of condoms (male and female) distributed in FY19 and to date in FY20. In addition, please indicate all distribution sites and partners. Please describe how the Department of Health evaluates the efficacy of the condom distribution program.

Response:

Community and venue-based condom distribution continues to provide access to condoms, dental dams, and lubricant for District residents at a diverse set of locations, including health and social service organizations, District government agencies, and businesses (e.g., lounges, bars, barber shops, and pharmacies). Partner locations are able to order condoms for pick up or direct delivery on a one-time, monthly, or quarterly basis through an online ordering process. In addition to venue-based distribution, District residents are also able to order and have condom orders shipped to their homes.

HAHSTA’s condom distribution program offers internal (female) condoms, dental dams, silicone lubricant, and a wide array of external (male) condoms. Because DC youth are disproportionately burdened by STDs with rates that exceed the national average by three to four times and have a distinct preference for Magnum (Trojan brand) condoms, HAHSTA distributes Magnum condoms exclusively to high schools, youth-serving organizations, and community partners with outreach efforts which include youth. This includes all DCPS senior high and STAY schools as well as the public charter schools that participate in the Wrap MC in-school condom distribution and school-based screening programs.

HAHSTA assesses the efficacy of the program through multiple analyses. HAHSTA measures distribution and community partner numbers and trends as a process indication of the program performance.

HAHSTA assesses condom utilization through population-based study sources: the National HIV Behavioral Surveillance System (NHBS), the Behavioral Risk Factor Surveillance System (BRFSS), and the Youth Risk Behavioral Surveillance System (YRBS). HAHSTA has added local questions to the core questions to measure condom use frequency and female condom use. A site visit tool has been developed to aid in the evaluation of condom distribution sites. Data collected will include types of condoms and safe sex products distributed, order frequency, location and method of display, distribution times, etc. Site visits are scheduled to begin during FY20 and will enable HAHSTA to provide technical assistance to sites with challenges related to distribution. In FY20, HAHSTA will also develop a new condom social marketing campaign to promote availability and use.

Condom Distribution	FY19	FY20 YTD
Number male condoms distributed	4,536,000	1,105,000
Number female condoms distributed	36,000	TBD

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Condom Distribution Sites and Partners	
Academy of Hope	House of Ruth
Accent on Health, LLC	Housing Counseling Services
AIDS Healthcare Foundation	Howard University
All Souls, Unitarian	Howard University Hospital
Alpha Peoples Drug	Humanity in Transition
Armed Forces Retirement Home	ID Care Team (Unity Health Care)
ASPIRA Association, Inc.	Inner City Family Services
Ballou High School Based Health Center	Kaiser Permanente
Bard High School Early College DC	Kingsman Academy Public Charter School
BioScrip Pharmacy	La Clinica Del Pueblo
Bread for the City	Langston Community Outreach Center
Briya Public Charter School	Leadership Council For Healthy Communities
Capital Area Food Bank	Lizbeth Shoe Repair
Capitol Hill Ministries (Sheryl's Place)	MARC LLC
Care Center @ United Medical Center	Mary's Center
CareMore Health	Maya Angelou Youth Adult Learning Center & See Forever Foundation
Casa Ruby	Mayor's Office of Latino Affairs
Children's National Medical Center	MBI Health Services, LLC
Children's School Services	MedStar Georgetown University Roosevelt School
Chris House	MedStar Lafayette centre
Coalition for the Homeless - Emery Shelter	Melissa Beauty Salon
Columbia Heights Care Pharmacy	Metropolitan Community Church of Washington, DC
Community of Hope	Michelle Barnes Marshall, MD
Community Preservation and Development Corporation, Edgewood Terrace	Midtown Barber Shop
Community Tech LLC	National Alliance of State & Territorial AIDS Directors (NASTAD)
Comprehensive Primary Care, LLC	OIC
Coolidge Senior High School	One Care DC Inc.
Court Services and Offender Supervision Agency	One Medical
Courtney's House	Open Arms housing
Covenant Baptist Church	Phelps ACE, H.S.
Crew Club (closing February 2020)	Phi Sigma Kappa @ GW
Damien Ministries	Planned Parenthood of Metropolitan Washington
Deeds of Kindness Outreach Services	Platinum Care LLC
Dee's Barbershop	PoZitive Attitudes
Department of Behavioral Health	Propel Foundation, Inc
Department of Youth Rehabilitation Services YSC	Qualia Coffee

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District Alliance for Safety Housing	Richard Wright Public Charter School
District of Columbia Superior Court	Sam Medical Center of America PLLC
Dr. George Samman	SASHA Bruce
Eagle Medical	SEED PCS DC
EF International Language Campuses-DC	SMYAL (Sexual Minority Youth Assistance League)
Elaine Ellis Center of Health	The Department of Youth Rehabilitation Services
Ethiopia Community Devpt Council	The DC Eagle
Everyone Home DC	The Elizabeth Ministry
Family Practices Medical Services, PC	The Family Wellness Center, Inc.
FCMH-PIDARC-MAT	The Young Women's Project
FemHealth USA - Carafem	Today's Woman
Food & Friends	Trinity Washington University
Fort Lincoln Pharmacy & Medical Equipment	Turning Corners, LLC
George Washington University Medical Faculty Associates	United Planning Organization
Good Hope Institute	Unity Health Care
Goodwill Excel Center	University of California Washington Center
Goshen Health Care & Management	University of the District of Columbia
GW Medical Faculty Associates	Volunteers of America Chesapeake
GWU Immediate & Primary Care	Washington DC VAMC
H Street Main Street	Washington Health Institute
H*yas for choice	Washington Hospital Center
Health Resources Services Center	Wayne Place Transitional Housing Program
HealthHIV	Whitman Walker Health
Holy Health Care Behavioral Services	ZoiClair Hair

Q61: Please provide an update on the effectiveness of HAHSTA's social media campaigns.

Response:

In FY19, HAHSTA continued and expanded its comprehensive social marketing program. The program consists of two components: (1) general and focus populations, and (2) youth and young adult focused. HAHSTA maintained the *Sexual Being* campaign for its general population program, featuring directed action messages on HIV testing, PrEP, HIV treatment, and Undetectable equals Untransmittable. In FY20, HAHSTA launched a new campaign for the LatinX community, *Bienstar*, which translates to sexual well-being. HAHSTA's LatinX Working Group conducted community engagement on messages that would be most effective for Latinos. The consultations revealed that sexual health does not translate into Spanish the way it is expressed in English. *Bienstar* provides a more effective framework for conversations about and accessing sexual health services.

In FY19, HAHSTA continued its youth focused program called *Sex is...* The vision is to create a sexually healthy (physically and emotionally) generation of youth in DC. The focus populations are young people ages 12 to 24 years old and parents, guardians, and other trusted adults. The campaign creates opportunities for young people and trusted adults to communicate, learn, and take charge of their health and wellbeing. In FY20, HAHSTA launched a Spanish language version *Sexo es...* with a web site and promotional materials.

HAHSTA plans to conduct evaluations of *Sexual Being* and *Sex Is...* in FY20. HAHSTA has developed an evaluation plan for *Sex is...* with its contractor Link Strategic Partners. The evaluation components include:

- Developing the survey questionnaire(s) and translating them into Spanish
- Drawing the random sample of District residents, both landline and cell
- Pre-testing the questionnaire
- Administering the telephone interviews using trained and supervised live interviewers
- Working with a local university or research firm to administer an in person survey tool in the community
- Developing and promoting an online survey
- Performing a detailed analysis of the survey results

Q62: Please provide an update on the School-Based and Youth STD Screening Programs. Please include data regarding the number of students screened during FY19 and to date in FY20 and efforts undertaken to ensure that students are connected to appropriate follow-up care. How many students received follow-up care as a result of STD screenings in FY19 and to date in FY20? Please provide a listing of all schools and community-based organizations that received or provided STD screenings in FY19 and to date in FY20.

Response:

The School-Based Screening Program (SBSP) continues to provide in-school chlamydia and gonorrhea screening and treatment at multiple DC public and public charter high schools. HAHSTA conducts the program with a team of Disease Intervention Specialists (DIS) that provide intensive linkages to care services for students who test positive and their partners. Linkage to care is initiated upon receipt of positive lab results and is coordinated by a DIS in one of the following ways: (1) treatment at the DC Health and Wellness Center is facilitated; (2) DIS return to the school for an in-school ‘Treatment Day’ five to seven days after screening; (3) DIS collaborate with School-Based Health Center providers to treat student; or (4) treatment is confirmed by student’s private doctor. Decreasing the length of time between diagnosis, notification, and treatment continues to be a goal of the SBSP, as shortened lengths of time have been shown to increase treatment rates. The DIS also connect young people with negative test results to prevention services. During the 2019-2020 academic year, the SBSP began implementing its transition plan that focuses on supporting schools that continue to yield high positivity rates, linking vetted community-based organizations (CBOs) to school points of contact, and re-establishing or developing screening partnerships with additional public and charter schools.

Through the Youth STI Screening Program (YSSP), HAHSTA continues to provide in-kind screening materials and technical assistance to partnering sites to provide low-barrier chlamydia and gonorrhea screening. In addition to maintaining a three percent positivity rate, partners must also comply with all HAHSTA disease reporting guidelines. All STD cases reported to HAHSTA without confirmed treatment are assigned to a DIS for additional follow up with confirming or coordinating treatment. In response to the number of untreated YSSP positives reported, an MOU has been executed to provide additional support with treatment at high morbidity YSSP sites. Starting in FY20, a roving nurse practitioner will provide on-site chlamydia and gonorrhea treatment, expedited partner therapy, and contraceptive counseling. On-site treatment services will be offered during early evening hours, allowing youth to access treatment after school, which is expected to result in increased treatment rates.

Youth STD Screening	FY19		FY20 YTD	
	# Screened	# Treated	# Screened	# Treated
School-Based Screening Program	1,074	28	497	27
Youth STD Screening Program	3,447	209	864	56

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FY19 STI Screening Sites		FY20 YTD STI Screening Sites	
Schools	CBOs	Schools	CBOs
Anacostia HS	Empoderate @ La Clinica del Pueblo	Dunbar HS	Empoderate @ La Clinica del Pueblo
Ballou HS	Latin American Youth Center	Eastern Senior HS	Latin American Youth Center
Ballou STAY	Sasha Bruce Youth Works	HD Woodson	Sasha Bruce Youth Works
Calvin Coolidge Senior HS	Whitman-Walker Health – Youth Services	IDEA PCS	Whitman-Walker Health – Youth Services
Cardozo Education Campus			
Eastern Senior HS			
HD Woodson			
IDEA PCS			
Theodore Roosevelt HS			
The School Without Walls			

Q63: Please provide an updated list of community-based organizations that receive funding for youth-oriented sexual health programming by HAHSTA. What progress has been made to address STI and HIV rates among youth? Please provide an update on the Youth Sexual Health Peer Education program, including numbers of peers enrolled, numbers of youth receiving sexual health information.

Response:

Name of Organization	Program	Funding Amount	Peer Education Component
Children's National Medical Center	HIV Testing Recruitment and Outreach	\$70,000	No
Crittenton Services	Youth Training Module	\$49,995	No
Latin American Youth Center	HIV Testing Outreach and Engagement Community Wellness	\$125,000	No
Sasha Bruce Youthworks	HIV Testing Recruitment and Outreach Community Wellness	\$200,000	No
The Grassroots Project	HIV Testing Recruitment and Outreach	\$10,000	Yes
Whitman-Walker Health	HIV Testing Condom Distribution Social Mobilization STI Testing	*40% of \$1,200,000	Yes

*Whitman Walker Health receives funds via the HAHSTA Human Care Agreement. The program is not broken down by population. This is an estimation of the proportion of funds used to serve youth.

Sasha Bruce Youthworks provides health literacy for the youth population. The topics discussed during health literacy sessions included the following:

- HIV 101
- Healthy Relationships
- Birth Control and Reproductive Anatomy
- Condom Negotiation
- STI 101
- Consent
- Principles of Smart Relationships

These topics areas were discussed as a part of weekly groups that are conducted at the Sasha Bruce Youthworks Drop-in Center and Drop-in Center for Homeless Youth, as well as programs

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at Sasha Bruce House and King Greenleaf Recreation Center. Evaluation of understanding of educational material discussed during the groups occurs during question and answer sessions during each group. In FY19, 1,585 people were reached via venue-based and street outreach. Of these people, 52 young people were linked to and received HIV testing. Overall, 454 youth were screened during FY19. The youth funded providers continue to develop and implement programming that best reaches the population.

In FY19, HAHSTA maintained funding for the Sexual Health Peer Education Network operated by the Young Women's Project. The Young Women's Project hired and trained 262 youth peer educators; conducted 64,132 one-on-one interventions reaching 16,232 youth; made 5,934 clinic referrals; and distributed 199,688 condoms and other safer sex materials.

Q64: What has HAHSTA identified as an area of importance for the remainder of FY20?

Response:

HAHSTA has identified multiple areas of importance for the remainder of FY20. The following areas are grouped in categories:

- **Organization**

- *Data Systems* – HAHSTA will be examining new data systems for programs and surveillance with the aim to enhance inter-operability and integration with data sources. This will enable better analyses and real-time application of data to program implementation.
- *Quality Improvement* – HAHSTA will be dedicating CY20 as a year focusing on quality improvement. Each division and team will be developing quality projects with the support of the internal HAHSTA quality management team.

- **Program Direction**

- *90/90/90/50 Plan 2.0* – HAHSTA will be updating the 90/90/90/50 Plan as described in the response to question 56.
- *Federal Ending the HIV Epidemic Initiative Implementation* – As one of the jurisdictions in the federal initiative, HAHSTA has submitted an application for a Health Resources and Services Administration (HRSA) funding opportunity in October 2019 and will be applying for a CDC funding opportunity in March 2020. Both programs are expected to start in FY20.
- *Status Neutral* – HAHSTA will continue to implement its status neutral approach, which focuses on engagement of people with HIV into care and people who are HIV negative into prevention services. HAHSTA incorporated this approach into its Regional Early Intervention Services initiative.
- *HIV Biomedical Prevention* – HAHSTA will continue to expand access for PrEP with focused strategies for populations, particularly among young people. HAHSTA will develop and implement access to PEP by establishing a 24-hour service and a pharmacy network.
- *Rapid Anti-Retroviral Treatment (ART)* – In FY19, HAHSTA implemented two pilots for Rapid ART at Whitman-Walker Health and the DC Health and Wellness Center. Rapid ART is the initiation of anti-retroviral medication on the same day or within 24–72 hours of a positive test result. HAHSTA aims to make Rapid ART a standard of care in the District and in the metropolitan area.
- *Hepatitis Surveillance and Elimination* – The CDC will be releasing a new integrated funding opportunity for hepatitis surveillance and prevention in the second quarter FY20. This application will offer HAHSTA the opportunity to obtain funding for hepatitis surveillance. HAHSTA will resume its hepatitis C elimination planning.
- *Undetectable equals Untransmittable (U=U)* – HAHSTA will continue its promotion of U=U through provider education and establish U=U as a standard of

care among its HIV care providers. HAHSTA is partnering with the Washington, DC Regional Planning Commission on Health and HIV to incorporate U=U into all Ryan White service standards. HAHSTA included U=U into its new regional Early Intervention Services program.

- *Young People* – HAHSTA is aiming to build new partnerships with university campuses on sexual health services for college-age young people. HAHSTA is considering a new internal focus on HIV diagnoses and retention in care among adolescents and young adults.
- *Condoms* – HAHSTA will be developing a new plan for increasing condom distribution and promotion.
- *TB Elimination* – HAHSTA will be developing a new jurisdictional TB elimination plan to achieve zero new US-born individual TB cases.
- *Sexually Transmitted Disease (STD) Strategies* – HAHSTA is anticipating the release of the new STI Federal Action Plan. While the plan will focus on federal government agencies, HAHSTA is hopeful the plan will provide insights for its team to develop new strategies to reduce STDs and adverse health consequences.

- **Research**

- *DC Center for AIDS Research (DC CFAR)* – HAHSTA will continue to support HAHSTA staff research opportunities and collaborations with early investigators among the CFAR's participating institutions. The DC CFAR was successful in obtaining four National Institutes of Health (NIH) Ending the HIV Epidemic supplemental research planning grants: HAHSTA team members will lead one on Rapid ART and one on enhancing surveillance and community collaboration; HAHSTA team members will participate on one on PrEP scale-up; and one HAHSTA staff member received a NIH Adelante research project award. HAHSTA will also be participating in a new CFAR Ending the Epidemic Scientific Working Group.

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Q65: Please provide a current organizational chart for HEPRA, and include:

- a. The number of full time equivalents at each organizational level;**
- b. A description of major programs and activities;**
- c. The employee responsible for the management of each program and activity; and**
- d. A narrative explanation of any organizational changes made during FY19 or to date in FY20.**

Response:

See attachment labeled “FY19 Oversight Q65.”

Q66: For each emergency preparedness exercise the agency performed or participated in in FY19 and to date in FY20, please describe the exercise, a summary of its outcome, and the agency's goal in completing the exercise, and any policy or operational decisions that were made following the results of such exercises.

Response:

National Special Security Event: State Funeral of George H. W. Bush, 41st President of the United States – December 3–5, 2018: DC Health was a planning group member for this National Special Security Event (NSSE), preparing for this eventuality with partners from the U.S. Secret Service, U.S. Department of Defense (DOD), U.S. Department of Health and Human Services (HHS), U.S. Capitol Police, Office of Attending Physician, American Red Cross, and related federal and local partners on a continuing basis. Each of the living Former Presidents of the United States and the serving President of the United States has an individual state funeral plan specifying their final ceremonial guidance and instructions.

Summary of Outcome: DC Health provided Emergency Support Function 8 (ESF#8) support to the state funeral activities at the U.S. Capitol and National Cathedral to help ensure the health and safety of attendees, visitors, and support staff. For its part, DC Health activated its Health Emergency Coordination Center (HECC), deploying three emergency liaison officers and 34 Medial Reserve Corps volunteers to staff support shifts at one Medical Aid Station at the Basic Life Support level at the U.S. Capitol's East Plaza grounds and to support the service at the National Cathedral. A total of seven patients were treated during the events held at the U.S. Capitol and the National Cathedral, including three transports to a hospital by DC Fire and EMS (FEMS).

Agency Goals:

- Activate the HECC and maintain situational awareness and a common operating picture throughout the event. (PHEP Capabilities 3 and 6)
- Coordinate information sharing between local/regional and federal ESF#8 partners to facilitate a coordinated response. (PHEP Capability 6)
- Deploy DC Health MRC medical treatment and patient tracking support to two event sites. (PHEP Capabilities 6 and 15)
- Deploy emergency liaison officers to the District Emergency Operations Center (EOC) at HSEMA and the U.S. Capitol Police Headquarters.
- Integrate Federal/State Emergency Liaison Officers (ELOs) at the DC Health HECC.
- Provide medical treatment and patient tracking support to event sites. (PHEP Capabilities 6 and 15)
- Be prepared to deploy medical countermeasures (MCM) and perform other consequence-management actions if needed. (PHEP Capabilities 8 and 9)

Policy or Operational Decisions: At the ESF#8 lessons-learned/after-action review of the entire execution of support, it was noted that the lack of a defined command relationship at the National Cathedral between the medical support and EMS elements of the DOD, HHS, and District of Columbia government resulted in no unity of effort and haphazard demobilization of medical support assets. By consent of all parties, it was recommended and accepted that the responsible federal partner at the National Cathedral—DOD—should assume tactical control of medical support assets to ensure unity of effort for future state funerals.

Ebola Virus Disease (EVD) Full-Scale Exercise (FSE) – December 12, 2018: Purpose of this full-scale, operations-based exercise was to test La Clinica del Pueblo, the Ebola-tiered hospitals, and EMS's ability to recognize high-risk Ebola patient symptoms, mobilization of facility plans and procedures, highly infectious specimen handling, and coordination of patient movement. Additionally, it provided an environment to evaluate the alert and notification process and information sharing between DC Health and the District of Columbia Health and Medical Coalition (HMC), while other administrations within DC Health were testing the ability to provide technical guidance of sample handling, packaging, and coordination of transfer to the DC public health lab. The DC HMC provided exercise evaluators and captured comments during the discussions.

Summary of Outcome: Exercise participants successfully met all exercise objectives. This collaborative environment fostered observational evaluation of the current Ebola concepts of operations in a no-fault open setting with a plausible scenario of two patients with varying symptoms but strong travel history presenting to both primary care and acute care facilities seeking treatment. The exercise allowed for each facility to test internal plans, personal protective equipment (PPE) process, and emergency management to include communications to DC Health epidemiologists, DC HMC, and Public Information Officers (PIOs). The scenario also tested packaging of highly infectious disease samples and discussed transportation challenges between facilities and DC public health laboratory. The exercise further tested the HMC's ability to deliver incident alerts, notifications, and information sharing during an emergency between the clinics, DC HMC Watch Officers, and DC Health.

Agency Goals:

- Evaluate healthcare facilities' and HMC's capabilities to execute their Infectious Disease Preparedness Plan.
- Evaluate healthcare facilities' receipt and isolation procedures for an Ebola Patient Under Investigation (PUI) or a confirmed Ebola patient.
- Evaluate timely performance of PPE just-in-time training for activated on site personnel according to established Ebola treatment facility protocol and the time needed to access PPE supply for PUI care.

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- Evaluate the notification and communication processes between state public health entities, public health laboratory, EMS, and healthcare delivery system partners.
- Evaluate healthcare facilities' and the HMC's abilities to safely and efficiently coordinate transportation arrangements for patients under investigation for EVD.
- Assess the coordination procedures for clinical sample transfer from healthcare facilities to the public health laboratory for highly infectious disease confirmatory testing from a PUI.
- Evaluate individual healthcare facilities' and the HMC's capability to coordinate the disposal of Category A waste.

Policy or Operational Decisions:

- Create formalized agreements to address waste removal out of hospitals to official disposal sites outside of the District of Columbia.
- Create formalized agreements among EMS agencies with the capability to perform highly infectious disease inter-facility transfers between hospitals and jurisdictional boundaries.
- Create a secure, timely courier process for highly infectious lab specimen to the public health lab.

Continuity of Operations (COOP) Workshop/Tabletop Exercise – December 17, 2018: This workshop and tabletop, hosted by DC HSEMA, provided an opportunity to review and update agency COOP plans and work-through a weather-related scenario (snowstorm) to discuss COOP roles among DC agencies.

Summary of Outcome: DC Health's COOP plan was revised, signed-off, and disseminated, with additional COOP trainings and exercises planned for DC Health staff and leadership during FY19.

Agency Goal: Update agency COOP plan and ensure final review and approval by DC Health leadership.

Policy or Operational Decisions: Decision made to finalize the departmental COOP plan and disseminate to agency senior staff.

NSSE: 3rd Annual National Women's March, January 19, 2019: This was an annually-planned First Amendment event that returned to the District of Columbia. Event organizers envisioned a march from the National Mall to The White House/Lafayette Park and then south back to the Mall, followed by a staged rally at the Lincoln Memorial. The event permit application was submitted to the National Park Service (NPS) for 250,000 attendees. But, by January 2019, the event organizer predicted a marked reduction in attendance registration and cited only 20,000 potential attendees. Because of this updated estimate, the event organizer reduced its planned contracted medical support to four medical aid stations and one backstage aid station.

Summary of Outcome: Due to the steep reduction in registered attendees and HSEMA's decision not to activate the District EOC, DC Health provided limited ESF#8 support by deploying one liaison officer to the Unified Medical Command at the Office of Unified Communications, in coordination FEMS and the U.S. Park Policy Aviation Unit. A total of 15 patients were treated during the event, including one transport to local hospital.

Agency Goals:

- Coordinate information sharing between local/regional and federal ESF #8 partners to facilitate a coordinated response. (PHEP Capability 6)
- Provide ELO to the District MEDCOM at the Unified Medical Command. (PHEP Capabilities 3 and 6)

NSSE: 2019 State of the Union Address – January 29, 2019: An annual event held at the U.S. Capitol requiring close coordination for ESF#8 support and situation awareness with our federal partners from the U.S. Capitol Police, HHS, DOD, and Capitol's Office of Attending Physician. Partners from local public and private partners included DC HSEMA, FEMS, MPD, the DC HMC, and DC Medical Reserve Corps (MRC).

Summary of Outcome: DC Health activated its HECC, deployed liaison officers to the U.S. Capitol Police HQs and DC HSEMA, and provided contingency tactical patient tracking teams to support HHS Health and Medical Task Force triage/treatment sites in the Capitol and pre-designated DC FEMS transport sites outdoors, in the event of a consequence management incident.

Agency Goals:

- Activate the HECC and maintain situation awareness. (PHEP Capability 3)
- Coordinate information sharing between local, regional and federal ESF#8 partners in order to maintain situational awareness and a common operating picture. (PHEP Capability 6)
- Coordinate with the DC HMC to obtain bed status, capacity grid, and blood reports.
- Integrate liaison officers from HHS and the FEMS into DC Health's HECC. (PHEP Capabilities 3 and 6)
- Deploy two DC Health field coordinators to ensure tactical oversight of patient tracking teams in a consequence management response. (PHEP Capability 3)
- Deploy DC MRC patient tracking teams in order to support two treatment and triage sites in the Capitol Visitor Center, the RED Triage category Transport Site and the GREEN/YELLOW triage categories transport site on 1st Street. (PHEP Capability 15)
- Deploy emergency liaison officers to the DC HSEMA EOC and the US Capitol Police Headquarters. (PHEP Capabilities 3 and 6)

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- Deploy the DC Health PIO to the DC HSEMA Joint Information Center (JIC). (PHEP Capabilities 3 and 6)
- Deploy MCM, as required, in a transition to consequence management response. (ESF #8, Functional Area #6).

Incident: 801 East Shelter Hepatitis-A Response – April 5–12, 2019: DC Department of Human Services (DHS) notified the District on April 5, 2019 of the discovery of a hepatitis A case in the 801 East Men’s Homeless Shelter resident.

Summary of Outcome: Confirmation by DC Health epidemiologists triggered the activation of DC Health’s response involving CPPE, CHA, HEPRA, HAHSTA, and DC Medical Reserve Corps volunteers. DC Health coordinated and provided four separate vaccination clinics between April 6-12, 2019 to ensure vaccination of the staff, contract custodial workers, and the homeless residents at that shelter. Simultaneously, DHS oversaw the cleaning of the shelter. DC Health vaccinated over 146 people.

Agency Goals:

- Coordinate information sharing between local, regional, and federal ESF#8 partners in order to maintain situational awareness and a common operating picture. (ESF #8, PHEP Capability 6)
- Alert, marshal, and deploy MRC volunteers, in order to support four vaccination clinics (ESF #8, PHEP Capability 15).
- Deploy vaccination teams, equipment, and supplies as required in order to vaccinate the target population (ESF #8, PHEP Capability 3).
- Deploy DC Health’s disease-specific subject-matter experts to screen and determine the course of action for the target population (ESF #8, PHEP Capability 13).
- Coordinate DC Health public information messaging with appropriate district, federal, and health partners, and the community (ESF #8, PHEP Capabilities 3 and 6).

Exercise: CHEMPACK Workshop – March 1, 2019: The 2019 CHEMPACK workshop was conducted at DC Health’s HECC. Exercise play was limited to DC Health Senior Leadership, CHEMPACK Coordinators, and anyone who has a role outlined in DC Health’s CHEMPACK Standard Operating Procedure (SOP).

Summary of Outcome: All of the CHEMPACK partners attended the workshop and provided updates to their individual programs. The majority of the CHEMPACK partners agreed to the need of more CHEMPACKs in the District. A total of 45 people participated.

Agency Goals:

- Update existing DC Health CHEMPACK SOP.

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- Initiate CHEMPACK planning discussion with stakeholders to work towards an operations-based exercise by the end of the budget period.

Policy or Operational Decisions: Additional planning efforts are necessary to fully operationalize the CHEMPACK assets in the district.

Exercise: Closed Points of Dispensing (CPOD) Workshop – March 14, 2019: The 2019 CPOD workshop was conducted at DC Health’s HECC. Exercise play was limited to DC Health leadership and current/potential CPOD partners.

Summary of Outcome: The CPOD Field Operations Guide was reviewed and prioritized as the next document to be updated.

Agency Goals:

- Provide information on the CPOD program and updated planning guidance.
- Review plans, trainings, and exercises done by current CPOD partners.
- Review, discuss, and revise DC Health CPOD plans.
- Discuss upcoming exercise opportunities for CPOD partners.

Policy or Operational Decisions: POD training was created and successfully implemented per request from the partners.

Exercise: DC Health and Medical Coalition Operation Civil Disorder Functional Exercise – April 30, 2019: Ran a scenario where the 2021 Inauguration is interrupted in multiple locations in the District of Columbia by civil disorder and violence resulting in scores of injury and death was posed. This was in addition to responding to normal, everyday emergencies. Extreme cold weather and eventually a snow-storm complicated the healthcare system’s ability to address the day’s events.

Summary of Outcome: A functional exercise was conducted successfully, highlighting several strengths and additional areas for improvement. Participant actions were evaluated according to existing facility/organizational and Coalition response plans and capabilities.

Agency Goals:

- Develop an incident management structure to coordinate actions to achieve incident objectives during a response.
- Enhance situational awareness for coalition members during an event.
- Demonstrate resource support and coordination among its member organizations under the time urgency, uncertainty, and logistical constraints of an emergency.

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- Report essential elements of information.
- Demonstrate the ability to do the following during an incident, exercise, or event: (1) monitor patient acuity and staffed bed availability in real time, (2) off-load patients, (3) on-load patients, and (4) track and document patient movement. (MS Indicator #5)

Policy or Operational Decisions: Determined requirement to implement regular training opportunities for healthcare facilities to improve their ability to appropriately post messages and share information via information sharing platforms.

Exercise: DC Health and Medical Coalition Surge Test – June 4, 2019: Ran a scenario where a Category 4 hurricane, Hurricane Victoria, hit the District, dropping over 11 inches of rain, causing District wide flooding, and a contamination of the water supply. D.C. Water and Sewage Authority estimated approximately 100,000 gallons of untreated sewage was mixed with the storm waters. Due to United Medical Center and the Howard University Hospitals location in a high-risk flood zones, DC Health prioritized the evacuation of these two facilities.

Summary of Outcome: The functional exercise was conducted successfully, highlighting several strengths and additional areas for improvement. Participant actions were evaluated according to existing facility/organizational and Coalition response plans and capabilities.

Agency Goals:

- Coordinate within the jurisdictional response framework during emergency operations.
- Communicate the status of the healthcare system during response.
- Engage in the jurisdictional resource management process to support healthcare system operations.
- Implement Coalition and facility/organization EOPs to address response issues.
- Exercise coalition members' ability to communicate and coordinate quickly to find and match available beds and transportation resources with those needing to be evacuated.

Policy or Operational Decisions: Determined requirement to develop a strategy to better coordinate and allocate transportation resources to support inter-facility transfers within the District and region.

Special Event: 2019 National Independence Day Celebration – July 4, 2019: Annual special event held on the National Mall requiring close coordination for ESF#8 support and situational awareness with our federal partners from the National Park Service, U.S. Park Police, HHS, and local public and private partners, including DC HSEMA, FEMS, MPD, the DC HMC, DC MRC volunteer groups, American Medical Response, and GW University Emergency Medical Response Group (EMeRG).

Summary of Outcome: DC Health provided robust tactical ESF#8 support during the Nation's Birthday on July 4, 2019 at the National Mall, in order to support our partners and provide near real-time situation awareness. DC Health's tactical patient tracking teams embedded at five HHS-manned medical aid stations, and the parade end zone medical treatment area/cooling zone jointly operated by HHS and FEMS. DC Health tracked a total of 193 patients at medical aid stations during this event, an increase of 88 patients over the previous year's event. Ten patients were transported.

Agency Goals:

- Activate the HECC at Level II and maintain situation awareness and a common operating picture. (PHEP Capabilities 3 and 6)
- Deploy the DC Health Forward Operations Command Post (CP). (PHEP Capability 3)
- Process EMS temporary reciprocity applications for out-of-District EMS providers and inspect ALS ambulances from American Medical Response.
- Alert, marshal, train, and deploy two tactical shifts of MRC volunteers in order to support five Medical Aid Stations and one Parade End Zone. (PHEP Capability 15)
- Provide seven tactical Patient Tracking support teams to the HHS medical aid stations and the DC FEMS Parade End Zone/cooling zone sites. (PHEP Capability 15)
- Coordinate through the HMC to obtain bed status, capacity grid, and blood reports.
- Coordinate information sharing between local, regional and federal ESF#8 partners in order to maintain situational awareness and a common operating picture. (PHEP Capability 6)
- Integrate liaison officers from the HHS into the DC Health HECC. (PHEP Capabilities 3 and 6)
- Deploy emergency liaison officers to the District EOC, the Unified Medical Command, and the US Capitol Police Headquarters. (PHEP Capabilities 3 and 6)
- Be prepared to deploy MCM, as required. (ESF #8, Functional Area #6).

Policy or Operational Decisions: This event marked the first field request by DC Health through HSEMA logistics for commodity delivery of a needed supply at a tactical location.

Exercise: Capital Fortitude Full-Scale Exercise – July 19, 2019: DC Health, in partnership with the Virginia Department of Health, the West Virginia Department of Health and Human Services, the Maryland Department of Health, and a number of local public health agencies, collaborated in planning and conducting Capital Fortitude Full-Scale Exercise. This After Action Report/Improvement Plan (AAR/IP) was developed with the cooperation of the DC Exercise Planning Team and is in compliance with Homeland Security Exercise and Evaluation Program (HSEEP) guidance and methodology. The DC Exercise Planning Team was comprised of representatives from several DC, federal, and non-governmental agencies. The purpose of this exercise was to validate DC plans, policies, agreements and procedures, clarify roles and

responsibilities, and identify resource gaps in the DC operational environment. This exercise provided an opportunity for the DC participating agencies to assess their capability to implement emergency plans in response to an act of bioterrorism that affected both DC and the extended National Capital Region (NCR) Metropolitan Statistical Area (MSA).

Summary of Outcome: The District's participation during this exercise was overwhelmingly positive. A total of 19 partner agencies participated with 84 personnel supporting POD operations.

Agency Goals:

- Ensure a coordinated District response to an anthrax attack in the NCR.
- Evaluate the District's ability to gain and maintain a common operating picture throughout the response to an anthrax attack in the NCR.
- Assess the ability of District response partners to communicate during the response to an Anthrax attack in the NCR.
- Evaluate DC Health's capability to coordinate and distribute medical material, including MCM, from receipt, stage, and store (RSS) site to District-identified PODs in response to an anthrax attack in the NCR.
- Evaluate DC Health's ability to coordinate, dispense, and track MCM to identified at-risk populations in the District using closed and open PODs in response to an anthrax attack in the NCR.
- Ensure timely and accurate coordinated public information to District residents, businesses, and visitors during the response to an anthrax attack in the NCR.
- Assess the ability to deploy volunteers in support of the District response to an anthrax attack in the NCR.
- Ensure the ability to protect essential personnel through the early provision of MCM to District responders during an anthrax attack in the NCR.
- Ensure the development and maintenance of a common operating picture among HMC members during an anthrax attack in the NCR.
- Determine the need for hospital and healthcare facility (HCF) surge in response to an anthrax attack in the NCR.

Policy or Operational Decisions: An update to the DC Health MCM Program Manual and All Hazards Emergency Operations Plan was recommended to ensure that the HECC is activated during a biological release incident. The notification process in the MCM plan used for alerting staff needs to be reviewed and updated. Future planning within the MCM plan and the All Hazards Emergency Operations Plan must identify more diverse transportation options such as access to DC Department of Public Works (DPW) emergency contracts as DC DPW did not have proper equipment available.

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Exercise: 2019 School Active Threat Full-Scale Exercise – November 4, 2019: At approximately 9:30 AM, two individuals approached the Theodore Roosevelt High School auditorium entrance from 13th Street, NW. Upon entering through the exterior entrance doors, the individuals pull firearms from their backpacks and begin to fire at the contract security officer(s). The individuals make their way past security and enter the auditorium and art wing. The individuals proceed through the auditorium and art wing, firing indiscriminately at individuals, down hallways and into classrooms.

Summary of Outcome: This functional exercise was conducted successfully with no major issues among participants which included four hospital partners: Children’s National Medical Center, MedStar Washington Hospital Center, MedStar Georgetown University Hospital, and Howard University Hospital. The exercise highlighted several strengths which included notification to the District’s hospitals via the Hospital Mutual Aid Radio System (HMARS) and the organization of District healthcare PIOs to include the DC Health PIO. Areas for improvement include the utilization/response of hospital partners in the HMARS drill.

Agency Goals:

- Evaluate DC Health and the HMC’s ability to effectively communicate using the HMARS and Healthcare Information Management System (HIS) during the response to an active shooter incident in a District Public School.
- Facilitate the safe and efficient reunification of students with verified and authorized families during the response to an active shooter incident in a District school.
- Ensure the provision of timely, accurate, coordinated public information to District residents, businesses, and visitors during the response to an active shooter incident in a District school.

Policy or Operational Decisions: Document the District’s plan for addressing a pediatric surge event through development of the District’s Pediatric Surge Plan.

Exercise: 2019 DC Primary Care Association (DCPCA) Tabletop Exercise – November 7, 2019: A two scenario exercise that included:

- Scenario #1 - Nearly three weeks after a local concert within the DC region, Community Health Centers (CHC) are experiencing a surge of patients arriving at their facilities seeking measles, mumps, and rubella vaccines after the local health department confirmed over 300 cases of measles. While CHCs are working to manage the surge of patients, there is a citywide power outage that immobilizes their communication and information technology systems.
- Scenario #2 - A local CHC experiences an active shooter event.

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Summary of Outcome: The DC HMC supported the DCPCA Tabletop exercise by serving as an evaluator, but also providing insight into the role of DC Health and the DC HMC during emergencies that impact that primary care community. The exercise was successfully executed with eight primary care centers. There were productive discussions about how identified gaps (e.g. continuity of healthcare services, medical surge, planning, and communications).

Agency Goals: Assess the ability of the CHC to maintain communications with external CHCs, DCPCA, the local HMC, and other external partners during a crisis. Additionally, assess the measures of communication and coordination internally and externally, to include interactions with police and fire officials during an active shooter event.

Policy or Operational Decisions: Improve integration of the clinic's PIO/media related staff into the DC HMC, so they can appropriately develop public messaging for their staff and clients.

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Q67: Please provide an update on the registration and use of the DC Responds system. At a minimum, please include:

- a. The number of volunteers registered;**
- b. The number of newly registered volunteers in FY19 and to date in FY20;**
- c. Any exercises or drills that have tested the use of the DC Responds system and the results of those tests; and**
- d. Any areas of change or improvement to the current system.**

Response:

In June 2020, DC Health is transitioning from the use of the current vendor of the DC RESPONDS volunteer management system to a new vendor. In the interim, starting August 2019, DC Health temporarily transitioned to use of the District's Everbridge alert and notification system to alert volunteers. Because of this transition, DC Health's volunteer numbers appear lower than last year. However, this is not due to a reduction in Medical Reserve Corps volunteers but a reflection of DC Health using the new Everbridge system; as well as, volunteer numbers for the Department of Behavioral Health and Serve DC being managed in separate systems.

Currently, the number of volunteers registered is 451 MRC volunteers (including medical, non-medical, and public health volunteers). An accurate number of newly registered volunteers in FY19 and to date in FY20 is unavailable due to the transition from DC RESPONDS to Everbridge. With regard to volunteer activations/drills, please see the following:

- July 4, 2019: 34 volunteers activated for the Fourth of July Celebrations;
- July 19, 2019: 12 volunteers activated for Exercise CAPITAL FORTITUDE; and
- April 8–9, 2019: 19 volunteers activated for the Hepatitis A vaccination clinic.

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Q68: Please provide the amount of money the District received in FY17, FY18, FY19 and FY20 for public health preparedness activities, including a detailed accounting of how HEPRA has used the funding allocated to it from the federal government.

Response:

PHEP	FY17	FY18	FY19	FY20
Salaries	\$ 2,413,038.00	\$ 2,565,631.00	\$ 2,674,729.00	\$ 2,560,015.00
Fringe	\$ 516,391.00	\$ 572,136.00	\$ 580,415.00	\$ 560,643.00
Equipment	\$ 19,362.00	\$ 19,362.00	\$ 24,912.00	\$ 437,600.00
Supplies	\$ 27,000.00	\$ 8,000.00	\$ 5,420.00	\$ 85,752.00
Travel	\$ 18,173.00	\$ 21,126.00	\$ 5,000.00	\$ 15,262.00
Other	\$ 790,574.00	\$ 942,249.00	\$ 945,448.00	\$ 1,064,633.00
Contractual	\$ 1,188,604.00	\$ 682,321.00	\$ 495,794.00	\$ 547,210.00
IDCR	\$ 1,416,123.00	\$ 1,568,883.00	\$ 1,627,571.00	\$ 1,560,327.00
Total Award	\$ 6,389,265.00	\$ 6,379,708.00	\$ 6,359,289.00	\$ 6,831,442.00
Match	\$ 638,927.00	\$ 637,971.00	\$ 637,971.00	\$ 683,144.00

CDC’s Public Health Emergency Preparedness (PHEP) Program is a federally-funded program designed to enhance preparedness in the nation’s largest population centers to effectively respond to large-scale public health emergencies needing life-saving medications and medical supplies (otherwise known as “medical countermeasures”). The Strategic National Stockpile (SNS) is the nation’s largest supply of medical countermeasures (MCMs) for use in a public health emergency in response to a bioterrorism event or naturally occurring public health threat once local resources are exhausted.

HEPRA is responsible for developing MCM plans that enable the District to better prepare for, respond to, and recover from disasters and emergencies that impact public health and health care systems. During an emergency that exceeds the resources and capabilities of the District, DC Health requests, receives, and dispenses federally stockpiled SNS assets (i.e., medical supplies and equipment). The PHEP program also coordinates the activation of open (public) and closed (private and federal partners) points of dispensing (PODs), where lifesaving medication is dispensed to protect the public. Open PODs are located at recreation centers in all wards of the District. Closed POD partners include District agencies, universities, healthcare facilities, U.S. Department of Defense and other federal agencies, and private entities, to provide emergency prophylaxis or vaccinations for critical responders and the public.

HEPRA used federally-allocated funding for the following activities in FY19 through the first quarter of FY20:

- Completion of a federally-evaluated, MCM full-scale exercise (Exercise Capital Fortitude) in July 2019 for DC, Virginia, Maryland, Delaware, and West Virginia. This exercise is federally required every five years. The exercise was highlighted by discoveries in

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synchronizing federal and local calls in the Alert/Notification phase and the execution of an open POD operation at the King Greenleaf Recreation Center.

- Relocation of DC Health's existing Receipt, Stage, and Store (RSS) Warehouse, which involved the downsizing of supplies, equipment, and infrastructure and transition to a new 25,000 square foot, commercially-leased RSS Warehouse to reduce cost and improve efficiencies. As part of improvements required to obtain CDC approval of the new RSS Warehouse for receipt of MCMs from the SNS, HEPRA submitted a Statement of Work (SOW) to the DC Department of General Services (DGS), in order to secure a vendor to implement necessary design and capability improvements to the RSS Warehouse.
- Project implementation in September 2019 to reorganize and update the department's highly infectious disease (HID) plans and annexes. Project deliverables include a new Disease Surveillance and Response Plan (DSRP), MCM Annex, Pandemic Influenza Annex, MCM Workshop, Pandemic Influenza Table Top Exercise and After-Action Report; a RSS Site Standard Operating Procedure (SOP), Closed POD SOP, and an Open POD SOP. Project completion is slated for end of March 2020.
- Coordination with several federal entities to become Closed POD partners. In FY19, both Fannie Mae and the U.S. Department of Health and Human Services' Assistant Secretary for Preparedness and Response signed individual MOAs to become Closed POD partners. Additionally, both the White House and the U.S. Capitol invited HEPRA to meetings and provide information on how to become Closed POD partners.

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Q69: Please provide information on the number of ambulance inspections, certifications and corrective actions issued by HEPRA during FY19 and to date in FY20. How do these numbers compare to FY18? If any corrective actions were initiated please provide details on when it was initiated, the problem that arose, and the time allowed for implementation of corrective action.

Response:

In FY19, the EMS program conducted 238 inspections on DC Fire and Emergency Medical Services (FEMS) units and 348 on the additional 14 commercial EMS agencies operating in the District. During those inspections, there were 56 deficiencies noted. If a unit failed an inspection, the vehicle was issued a deficiency report, which explained the reason why it was non-compliant with DC Health regulations and/or policies. In FY19, it took an average of 2.5 days to correct deficiencies which is down from 6.4 days in FY18

In the first quarter of FY20, the EMS Division conducted 117 inspections with eight deficiency reports issued. Collectively, the agencies, on average, have amended the concerns addressed within the reports within 1.4 days. This is an improvement over the trend seen in FY19. DC Health has worked collaboratively with all the EMS agencies to reduce the period of time required to address concerns cited in deficiency reports.

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Q70: Please provide information on the number of EMS personnel certifications, re-certifications and denials issued by HEPRA during FY19 and to date in FY20, and the number of certified EMS providers that have met the NREMT certification requirement.

Response:

In fiscal year 2019, DC Health issued 377 new EMS certifications, ranging from Emergency Medical Technician (EMT) to paramedic. There were 25 applications for existing providers that were upgrading their certifications to higher levels of care (i.e., EMT to paramedic). Additionally, 1,327 individuals renewed or reinstated their certification during that period, with 57 applications denied.

The first quarter of FY20 does not include the re-certification period (March 1 through May 31, 2019); however, there were 153 new certifications issued, 20 reinstatements, 28 upgrades, and three denied applications.

All of these EMS provider applications require current National Registry of EMTs (NREMT) certification as well as sponsorship and verification by their medical director and agency representatives. As part of the DC Health's internal review process, all supporting documents are opened and audited prior to issuing credentials to any provider.

Q71: What is the most recent pass rate for EMT training programs? Did this pass rate meet HEPRA's goal or fall short?

Response:

In fiscal year 2019, 257 students completed an Emergency Medical Services (EMS) educational program based in the District of Columbia and took the National Registry of Emergency Medical Technician's (NREMT) Computer-Based Testing exam. These students originated from each of the six credentialed programs in the District. The EMS program provides regulatory oversight over each of the educational institutions within the city to ensure compliance with local regulations, as well as alignment with national standards in EMS education. In doing so, the office reviews, audits, certifies each of the institutions, instructors, curricula, and the individual courses that are taught.

Out of the 257 students who took the NREMT examination, 78 percent passed on the first attempt. The NREMT offers multiple retest attempts on the examination. 88 percent of the students attempted the examination passed within the first three attempts. Comparatively, the national average for the same period was 70 percent for initial pass rate and 79 percent within the first three attempts. Currently the District does not require organizations to maintain a specific pass rate; however, the program requires that each of the institutions report their pass rate to the DC Health as part of their annual report. Since the adoption of the NREMT standards following the EMS Act of 2008, the District of Columbia has continuously exceeded the national averages.

In the first quarter of FY20, 56 students have attempted the NREMT national examination and had a first pass rate of 80 percent, with an 84 percent pass rate within three attempts. When compared to the national average for this same time period, 72 percent of students passed on their first attempt, with 76 percent of the candidates passing within three attempts. The EMS students within the District of Columbia consistently have been testing above the national average, and continue to maintain that progress.

Q72: What has HEPRA identified as an area of importance for the remainder of FY19 and for FY20?

Response:

Receipt, Stage, and Store (RSS) Warehouse Initial Operating Capability (IOC) Improvements:

The RSS Warehouse is a critical infrastructure requirement for execution of the District's medical countermeasures (MCM) mission. In FY19, DC Health completed all activities to drawdown and close its existing RSS Warehouse in order to occupy a commercially-leased warehouse facility better suited to the RSS mission and reduce costs. To receive CDC approval and certification, the RSS Warehouse needs administrative and operational supports and inventory control buildouts. The focus for the remainder of FY20 is to complete the project buildout. Currently, work is being conducted to design the space and complete light construction, plumbing, inventory control, storage, IT, furniture, and security and safety requirements. Once complete, we hope to CDC certification as an approved RSS site for receipt and distribution of MCM from the Strategic National Stockpile.

Information Management: DC Health is focused on strengthening information sharing capabilities among public health and healthcare partners. Information sharing is one of the best ways to ensure the District is adequately addressing the health needs of all its residents. For the remainder of FY20, DC Health will make important system/equipment upgrades, coordinate integration of District-operated communication networks, and continuously exercise redundant communication systems.

Health and Medical Coalition Planning: Revising the District's Trauma Plan and developing the District's Pediatric Medical Surge Plan were key priorities for FY19 and the remainder of FY20. These plans will help strengthen the District's response to mass casualty incidents, with considerations for specialty populations.

Highly Infectious Disease Planning: Increasing the District's response capability through planning, training, and procurement of equipment (e.g. PPE) among government, private, and regional partners (e.g., DC Fire and Emergency Medical Services, DC Office of the Chief Medical Examiner, DC Public Health Lab, hospitals, and primary care centers). These plans include the following:

- Disease Surveillance and Response Plan: This Plan will inform and guide DC Health's response to an infectious disease that exceeds, or has the potential to exceed, the Division of Epidemiology's capability for conducting routine disease investigation and response. This Plan will discuss DC Health's response at the operational level with more tactical response details in the disease specific annexes. This plan will also be applicable in the response to any new, emerging, or infectious disease of public concern.
- Ebola and other Viral Hemorrhagic Fever (VHF) Plan: The VHF Plan will describe the operational and tactical roles and responsibilities for all DC Health administrations, healthcare partners, and DC government partners. This plan details the District's processes

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for coordinating resources to support patient care and responder safety, transporting a patient between healthcare facilities, and conducting waste removal from the community and healthcare facilities.

- Health and Medical Coalition (HMC) Highly Infectious Disease (HID) Plan: The HMC HID Plan will provide guidance to the Coalition for the management of a surge in patients or casualties, due to a highly infectious disease, within the healthcare system. The plan will detail out the Coalition's process for resource requests and other coordination activities throughout all response phases.

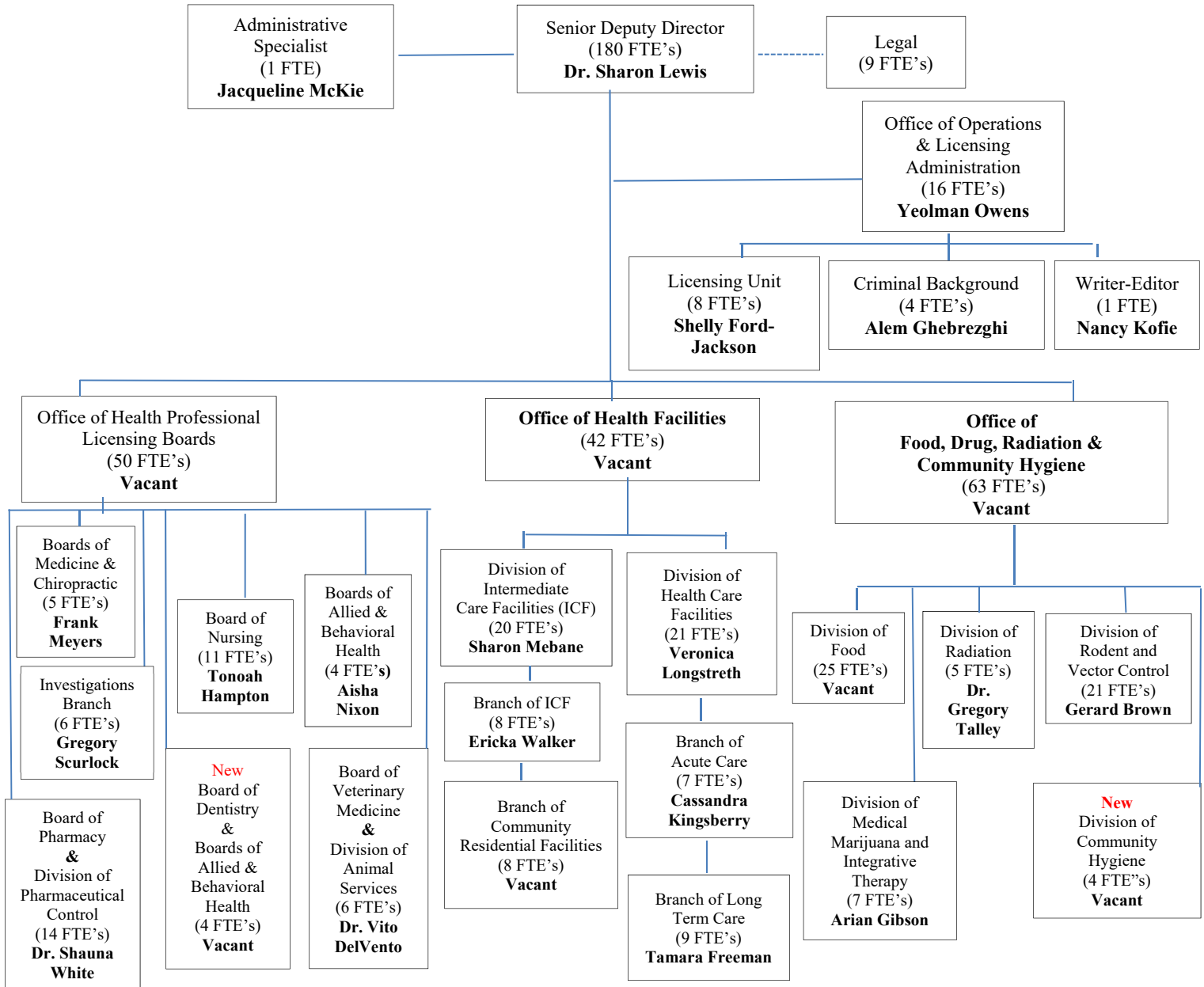
Q73: Please provide a current organizational chart for HRLA. Please provide information to the activity level. In addition, please identify the number of full time equivalents at each organizational level and the employee responsible for the management of each program and activity. If applicable, please provide a narrative explanation of any organizational changes made during FY19 or to date in FY20.

Response:

The Health Regulation and Licensing Administration (HRLA) was approved for a realignment in FY19. Therefore, this change will help the administration operate more effectively in its supervisory and management structure, by realigning the leadership for its five offices on the organizational chart. The old organizational chart included 15 direct reports for the Senior Deputy Director (SDD). The realignment reduces the number of direct reports for the SDD to five. The realignment also results in six new jobs creating accountability and improving services.

An Associate Director will manage each office: Office of Professional Licensing Boards, Office of Health Facilities and Office of Food, Drug, Radiation and Community Hygiene. The Program Managers, Executive Directors, and the Compliance Officer would report directly to an Associate Director.

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Q74: The Office of Compliance and Quality Assurance is designed to investigate incidents that arise at specific health care facilities. Please provide an update on the Office of Compliance and Quality Assurance:

- **How many investigations have been initiated in FY19 and to date in FY20? How many investigations have been completed?**
- **What, if any, problems have arisen during this last year of operation?**

Response:

During FY 2019, the Office of Compliance and Quality Assurance initiated 1,881 investigations. All have been completed. During FY 2020, the Office of Compliance and Quality Assurance has initiated 264 investigations and has completed 229 as of February 11, 2020. The total number of investigations completed is 2,110.

- Q75: The provide a chart that describes all facility inspections, including medical marijuana, restaurant, and other inspections by the food division, done by HRLA in FY19 and to date in FY20 broken down by division. Please include the following information:**
- a. Description of the oversight of each division;**
 - b. Type of inspection;**
 - c. Type of facility;**
 - d. Reason for the inspection; and**
 - e. Outcomes that resulted from each inspection (i.e. fine, closure, etc.).**

Response:

Food Safety & Hygiene Inspection Services Division (FSHISD)

FSHISD regulates food services provided at commission merchants, delicatessens, bakeries, candy manufacturers, grocery stores, retail markets, ice cream manufacturers, restaurants, wholesale markets, mobile vendors, cottage food businesses, and hotel kitchens. The Division also conducts enforcement activities to ensure compliance with DC's Smoking Ban.

Type Of Inspection	Facility Type	Reason For The Inspection	Outcomes That Resulted From Each Inspection
Routine	Bakeries, Barber Shops, Beauty Salons, including Electrolysis, Braiding, Esthetics, Nails, Bedding Manufacturers, Caterers, Commission Merchant, Delicatessens, Food Product, Grocery, Health Spa, Hotels, Ice Cream Manufacturers, Marine – Retail, Massage, Mobile Vendors, Restaurants, Schools (DCPS, Private Charter Schools), Swimming Pools,	<p>Risk-based level cycle.</p> <p>Please reference DC Municipal Regulations 25-A DCMR 4400.2 for detailed description of risk-based levels.</p> <p>Enforcement of regulations:</p> <ul style="list-style-type: none"> • DCMR 25-A Food Operations • DCMR 25-B Processing Operations • DCMR 25-C Aquatic Facilities • DCMR 25-E Cosmetology/Barber (drafted) • DCMR 25-K Cottage Food 	<p><u>FY19:</u> There were 3,258 routine inspections of food and hygiene establishments.</p> <p><u>FY19:</u> There were two establishments enrolled in the risk control plan program.</p> <p><u>FY20-Q1:</u> There were 847 routine inspections of food and hygiene establishments.</p> <p><u>FY20-Q1:</u> There were no establishments enrolled in the risk control plan program.</p>

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Type Of Inspection	Facility Type	Reason For The Inspection	Outcomes That Resulted From Each Inspection
Re-inspection	Wholesalers, Cottage Food Businesses	Follow-up inspections for non-compliance.	<p><u>FY19:</u> There were 2,134 re-inspections were conducted.</p> <p><u>FY20-Q1:</u> There were 470 re-inspections conducted.</p>
Complaints		<ul style="list-style-type: none"> • For various code violations as reported by the residents and visitors of the city. • Unusual/ unsanitary conditions, bare hand contact, uncooked food, pests or rodents 	<p><u>FY19:</u> There were 973 complaints investigated.</p> <p><u>FY20-Q1:</u> There were 227 complaints investigated.</p>
Pre-operational		To obtain license to operate	<p><u>FY19:</u> There were 457 preoperational inspections performed.</p> <p><u>FY20-Q1:</u> There were 77 preoperational inspections conducted.</p>

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Type Of Inspection	Facility Type	Reason For The Inspection	Outcomes That Resulted From Each Inspection
Hazard Analysis Critical Control Point (HACCP) and Variance applications.	Food Establishments Only	To prioritize and control potential hazards in food production.	<p><u>FY19:</u></p> <ul style="list-style-type: none"> • 65 HACCP Plans were reviewed. • 35 HACCP Verification Inspections were performed. • 18 Variance Applications were reviewed. <p><u>FY20 (Q1):</u></p> <ul style="list-style-type: none"> • 19 HACCP Plans were reviewed. • Seven HACCP Verification Inspections were performed. • Five Variance Applications were reviewed

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Type Of Inspection	Facility Type	Reason For The Inspection	Outcomes That Resulted From Each Inspection
Other	Bakeries, Barber Shops, Beauty Salons, including Electrolysis, Braiding, Esthetics, Nails, Bedding Manufacturers, Caterers, Commission Merchant, Delicatessens, Food Product, Grocery, Health Spa, Hotels, Ice Cream Manufacturers, Marine – Retail, Massage, Mobile Vendors, Restaurants, Schools (DCPS, Private Charter Schools), Swimming Pools, Wholesalers, Cottage Food Businesses	Not regularly scheduled based on risk based level cycle - such as Fire, Restoration, Document Survey, Federal Request, Special Events, etc.	<ul style="list-style-type: none"> • Approval to resume operations or cease and desist operations based on degree of damage from fire/flood/disaster • Common special event violations include no hot water, no water, insufficient warewashing facility, improper food temperatures, improper food handling, inadequate food protection (food stored on ground/floor or without sneeze guards). • Federal request for joint inspections during National Special Security Events.

Health Care Facilities Division (HCFD)

HCFD inspects, monitors, and investigates health care facilities in the District of Columbia. Facilities include hospitals, nursing homes, certified home health agencies, end-stage renal disease facilities, hospice, maternity center, laboratories (CLIA, certificate of waiver, communicable disease, and tissue banks), ambulatory surgical centers, portable x-ray supplies, outpatient physical therapy or speech pathology providers, Department of Corrections, and Department of Youth Services. HCFD ensures that these sites comply with District licensure health and safety regulations, and federal standards for participation in Medicare and Medicaid under Titles XVIII and XIX of the Social Security Act. As a measure to promote improved delivery of health care, the Division conducts regular on-site surveys to evaluate the delivery of quality care to residents/patients in the healthcare facilities that come under its purview. The inspection includes a review of health, safety, sanitation, fire, and quality of care requirements. The HCFD identifies deficiencies that may affect state licensure or eligibility for federal reimbursements under the Medicare and Medicaid programs. In such cases, the facility is required to submit a correction plan. Revisits are conducted, or monitoring is initiated, to ensure that correction plans are implemented.

Type Of Inspection	Facility Type	Reason For The Inspection	Outcomes That Resulted From Each Inspection
Licensure survey and Complaint Investigations	Hospitals	Annual Licensure surveys and Complaint Investigations (evaluated providers compliance with both licensure and/or federal regulations)	<p><u>FY19:</u> There were 14 annual licensure surveys, of which four resulted in an Immediate Jeopardy (Respiratory, Pharmacy Hood, meds missing from cart, saw open on unit). All 14 facilities were cited with deficiencies.</p> <p><u>FY20:</u> There have been seven hospital licensure surveys conducted, each with deficiencies including: one Federal validation survey and one revisit.</p> <p>As a result of inspection activity, the provider may receive the following: a Statement of Deficiencies</p>

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Type Of Inspection	Facility Type	Reason For The Inspection	Outcomes That Resulted From Each Inspection
			(SOD), Civil Penalties, Restricted Licenses, and Provisional Licenses. Additionally, the receipt of an acceptable Plan of Correction (POC) to abate identified deficient practices is required for all noted citations.
Federal Certification /Recertification Surveys and Complaint Investigations	Certified Home Health Agencies	Federal Certification Surveys	<p><u>FY19:</u> Nine providers had Certification/Recertification Surveys. Each of the nine providers had emergency preparedness surveys. All nine providers had deficiencies. In addition, four revisit surveys were conducted for condition-level deficiencies, and two initial certification surveys were conducted for new certified home health agencies.</p> <p><u>FY20:</u> There have been four Home Health Agency recertification surveys with deficiencies.</p> <p>As a result of inspection activity, the provider may receive a Statement of Deficiencies (SOD). Additionally, the receipt of an acceptable Plan of Correction (POC) to abate identified deficient practices is required for all noted citations.</p>
Federal Recertification and	Hospice	Federal Recertification Survey	<u>FY19:</u>

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Type Of Inspection	Facility Type	Reason For The Inspection	Outcomes That Resulted From Each Inspection
Complaint Investigations			<p>No Federal surveys were required. No complaints were received.</p> <p><u>FY20:</u> No Hospice surveys have been conducted in FY 20 to date.</p> <p>As a result of inspection activity, the provider may receive a Statement of Deficiencies (SOD). Additionally, the receipt of an acceptable Plan of Correction (POC) to abate identified deficient practices is required for all noted citations. The facility failed to complete initial assessments and failed to store oxygen properly</p>
Federal Recertification	Portable X-Ray Program	Federal Recertification	<p><u>FY19:</u> One initial certification was conducted.</p> <p><u>FY20</u> No surveys to date.</p>
Federal Recertification and Complaint Investigations	End Stage Renal Disease (ESRD) (Dialysis)	Federal Certification Surveys and Complaint Investigations	<p><u>FY19:</u> Nine facilities had Recertification Surveys and all nine had Emergency Preparedness Surveys. All nine were found to have deficiencies.</p> <p><u>FY20:</u> There have been no ESRD surveys in FY 20 to date.</p> <p>As a result of inspection activity, the provider may</p>

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Type Of Inspection	Facility Type	Reason For The Inspection	Outcomes That Resulted From Each Inspection
			receive a Statement of Deficiencies (SOD). Additionally, the receipt of an acceptable Plan of Correction (POC) to abate identified deficient practices is required for all noted citations.
Federal Certification,	CLIA Certified Laboratories non-waived testing	Federal initial and re-certification Surveys, Follow-up surveys, Validation Surveys and complaint investigation surveys as required by the federal regulation.	<u>FY19:</u> Conducted 11 CLIA surveys: One federal validation, eight re-certification and two on-site CLIA follow-up surveys. <u>FY20</u> None to date.
CMS Resource and Support Surveys	Nursing Home Program	Conducted by the CMS Regional Office to monitor DC's compliance with the survey process.	CMS has not scheduled a Resource and Support survey at this time.
CLIA Certificate Information Processed	All types of laboratories: Waived, Provider Performed Microscopic (PPM), Compliance and Accreditation	Providers requesting initial Certification or an update of existing certificate information.	<u>FY 19:</u> DC has 537 CLIA-certified laboratories of the following types: <ul style="list-style-type: none"> • 19 compliance (non-waived tests), • 391 waived, • 29 accredited, and • 98 Provider Performed Microscopy Procedures (PPM) certificates (physician and dental offices) DC Health processed 21 New Applications in FY19.

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Type Of Inspection	Facility Type	Reason For The Inspection	Outcomes That Resulted From Each Inspection
			<u>FY20</u> No change to date.
Licensure Inspections	Communicable Disease Testing Laboratories	Annual Licensure inspection to determine compliance	<u>FY19</u> There were 16 Communicable Disease Testing laboratories licensed. <u>FY20</u> None to date.
Licensure inspection	Hospital-based and independent tissue banks	Annual Licensure inspection to determine compliance	<u>FY19</u> There are four hospital-based tissue banks and one Independent Tissue bank
Federal Recertification, Federal Focused, State Licensure and Complaint surveys	Nursing Homes	Federal recertification, Federal Revisit, Resource, Federal Focused – Minimum Data Set; State Licensure and Complaint surveys	<u>During FY19:</u> All 18 nursing homes were surveyed and all were identified with deficiencies <u>During FY20:</u> There were five recertification and licensure surveys completed. As of November 2019, there are 19 nursing homes in the District of Columbia.
Federal Recertification Surveys, Licensure Surveys and Complaint Investigations	Ambulatory Surgical Centers	Federal Recertification Surveys, Licensure Surveys and Complaint Investigations	<u>FY19</u> There are six ambulatory surgical centers. Three of the six centers are federally certified and three are licensed. One of the three centers must undergo a federal certification survey each fiscal year. A federal recertification survey was conducted. An

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Type Of Inspection	Facility Type	Reason For The Inspection	Outcomes That Resulted From Each Inspection
			<p>Emergency Preparedness survey and a Life Safety survey were conducted (a total of three federal surveys) for one center.</p> <p>There have been six licensure surveys conducted for a total of nine surveys in FY19.</p> <p><u>FY20</u> No surveys have been conducted to date.</p>

Intermediate Care Facilities Division (ICFD)

ICFD has the regulatory oversight responsibility for intermediate care facilities for persons with intellectual disabilities (ICF/ID), community residence facilities for individuals with intellectual disabilities, child placing agencies, home care agencies, assisted living residences, community residence facilities for physically and elderly persons, home support agencies and nurse staffing agencies. The oversight of the aforementioned entities is conducted, at minimum, on an annual basis, and unscheduled monitoring visits may be conducted when necessary to ensure the health and safety of residents that receive services. Additionally, the ICFD works in conjunction with HRLA's Office of Compliance and Quality Assurance and Investigation, which conducts incident and complaint investigations. The table below describes more detailed information related to the survey activities conducted by the ICFD:

<u>Type Of Inspection</u>	<u>Facility Type</u>	<u>Reason For The Inspection</u>	<u>Outcomes That Resulted From Each Inspection</u>
Licensure, Federal Certification, Investigations and Monitoring Visits	Intermediate Care Facilities for Individuals with Intellectual Disabilities	Annual Licensure and Federal Certification, Follow-up and Monitoring visits, and investigations to ensure compliance	<p><u>FY 19:</u> Annual Certification Surveys: 65 w/deficiencies</p> <p>Licensure Surveys: 65 w/deficiencies</p> <p>0- Revisits w/o deficiencies 2 - Voluntary Closures 2 - Initial Inspection 0 - Complaints</p> <p><u>FY 20 Q1:</u></p>

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<u>Type Of Inspection</u>	<u>Facility Type</u>	<u>Reason For The Inspection</u>	<u>Outcomes That Resulted From Each Inspection</u>
			<p>Annual Certification Surveys: Six w/deficiencies and none w/o deficiencies</p> <p>Licensure Surveys: Six w/deficiencies and 0 w/o deficiencies</p> <p>0 - Revisits 0 - Voluntary Closure 0 - Initial Inspection 0 - Complaints</p> <p>As a result of inspection activity, the provider entity may receive the following: a Statement of Deficiencies (SOD), Civil Penalties, Restricted Licenses, Provisional Licenses, and Revocations. Additionally, the receipt of an acceptable Plan of Correction (POC) to abate identified deficient practices is required for all noted citations.</p>
Licensure Inspections, Investigations and Monitoring Visits	Community Residence Facilities (Group Homes for Individuals with Intellectual Disabilities)	Annual Licensure, Follow-up and Monitoring visits, and investigations to ensure compliance	<p><u>FY 19:</u> Licensure Surveys: 16 w/deficiencies</p> <p>0 - Revisit w/o deficiencies 1 - Voluntary Closure 3 - Initial Inspections 0 – Complaints</p> <p><u>FY 20 Q1:</u> Licensure Surveys:</p> <p>Three w/deficiencies Zero w/o deficiencies</p> <p>0 - Revisits 0 - Voluntary Closure 0 - Initial Inspection</p>

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<u>Type Of Inspection</u>	<u>Facility Type</u>	<u>Reason For The Inspection</u>	<u>Outcomes That Resulted From Each Inspection</u>
			<p>0 - Complaints</p> <p>As a result of inspection activity, the provider entity may receive the following: a Statement of Deficiencies (SOD), Civil Penalties, Restricted Licenses, Provisional Licenses, and Revocations. Additionally, the receipt of an acceptable Plan of Correction (POC) to abate identified deficient practices is required for all noted citations</p>
Licensure Inspections, Investigations and Monitoring Visits	Community Residence Facilities (Group Homes for the elderly, physically disabled)	Annual Licensure, Follow-up and Monitoring visits, and investigations to ensure compliance	<p><u>FY 19:</u> Licensure Surveys: Three w/deficiencies</p> <p>Onsite Investigations: Zero w/o deficiencies</p> <p>0 - Revisit w/no deficiencies</p> <p>0 - Voluntary Closure</p> <p>0 - Initial Inspection</p> <p>0 - Complaints</p> <p><u>FY 20 Q1:</u> Licensure Surveys: One w/deficiencies</p> <p>0 - Revisit w/o deficiencies</p> <p>0 - Voluntary Closure</p> <p>0 - Initial Inspection</p> <p>0 - Complaints</p> <p>As a result of inspection activity, the provider entity may receive the following: a Statement of Deficiencies (SOD), Civil</p>

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<u>Type Of Inspection</u>	<u>Facility Type</u>	<u>Reason For The Inspection</u>	<u>Outcomes That Resulted From Each Inspection</u>
			Penalties, Restricted Licenses, Provisional Licenses, and Revocations. Additionally, the receipt of an acceptable Plan of Correction (POC) to abate identified deficient practices is required for all noted citations.
Licensure Inspections, Investigations and Monitoring Visits	Home Care Agencies	Annual Licensure, Follow-up and Monitoring visits, and investigations to ensure compliance	<p><u>FY 19:</u> Licensure Surveys: 33 w/deficiencies 13 w/o deficiencies 2 - Revisit w/deficiencies 2- Revisit w/o deficiencies 0 - Voluntary Closures 4 - Initial Inspection Complaints: 3 w/deficiencies and 0 w/o deficiencies</p> <p><u>FY 20:</u> Licensure Surveys: 4 w/deficiencies and 2 w/o deficiencies Revisits: 0 w/o deficiencies and 0 w/deficiencies 0 - Voluntary Closure 0 - Initial Inspection Complaints: 2 - w/deficiencies and 0 - w/o deficiencies</p>

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<u>Type Of Inspection</u>	<u>Facility Type</u>	<u>Reason For The Inspection</u>	<u>Outcomes That Resulted From Each Inspection</u>
			As a result of inspection activity, the provider entity may receive the following: a Statement of Deficiencies (SOD), Civil Penalties, Restricted Licenses, Provisional Licenses, and Revocations. Additionally, the receipt of an acceptable Plan of Correction (POC) to abate identified deficient practices is required for all noted citations.
Licensure Inspections, Investigations and Monitoring Visits	Assisted Living Residence	Annual Licensure, Follow-up and Monitoring visits, and investigations to ensure compliance	<p><u>FY 19:</u> Licensure Surveys: 11 w/deficiencies 1 w/no deficiencies</p> <p>Revisits: 1 w/o deficiencies and 3 w/deficiencies</p> <p>0 - Voluntary Closure</p> <p>1- Initial Inspection</p> <p>Complaints: 8 3 w/deficiencies 5 w/o deficiencies</p> <p>3 monitoring visits based on the complaint)</p> <p><u>FY 20:</u> Licensure Surveys: 3 w/ deficiencies</p> <p>Revisits: 1 w/o deficiencies and 1 w/deficiencies</p> <p>0 - Voluntary Closure</p>

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<u>Type Of Inspection</u>	<u>Facility Type</u>	<u>Reason For The Inspection</u>	<u>Outcomes That Resulted From Each Inspection</u>
			<p>0 - Initial Inspection</p> <p>1-Complaint w/deficiencies</p> <p>As a result of inspection activity, the provider entity may receive the following: a Statement of Deficiencies (SOD), Civil Penalties, Restricted Licenses, Provisional Licenses, and Revocations. Additionally, the receipt of an acceptable Plan of Correction (POC) to abate identified deficient practices is required for all noted citations.</p>
Licensure Inspections, Investigations and Monitoring Visits	Child Placing Agencies	Annual Licensure, Follow-up and Monitoring visits, and investigations to ensure compliance	<p><u>FY 19:</u> Licensure Surveys: 11 w/deficiencies and 4 w/o deficiencies</p> <p>0 - Revisits</p> <p>0 - Voluntary Closure</p> <p>0 - Initial Inspection</p> <p>0 - Complaints</p> <p><u>FY 20 Q1:</u> Licensure Surveys: 1 w/o deficiencies</p> <p>As a result of inspection activity, the provider entity may receive the following: a Statement of Deficiencies (SOD), Civil Penalties, Restricted Licenses, Provisional Licenses, and Revocations. Additionally, the receipt of an acceptable Plan of Correction (POC) to abate</p>

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<u>Type Of Inspection</u>	<u>Facility Type</u>	<u>Reason For The Inspection</u>	<u>Outcomes That Resulted From Each Inspection</u>
			identified deficient practices is required for all noted citations.
Licensure Inspections, Investigations and Monitoring Visits	Nurse Staffing Agencies (NSAs)	Licensure (as needed), Follow-up and Monitoring visits, and investigations to ensure compliance	<p>As a result of inspection activity, the provider entity may receive the following: a Statement of Deficiencies (SOD), Civil Penalties, Restricted Licenses, Provisional Licenses, and Revocations. Additionally, the receipt of an acceptable Plan of Correction (POC) to abate identified deficient practices is required for all noted citations.</p> <p>The majority of NSAs are located out-of-the District of Columbia; therefore, routine/annual inspections are not conducted. Local NSAs contracted by home care agencies and assisted living residences are reviewed as part of the home care and assisted living survey process. ICFD also investigates complaints, and refers deficient practices of health professionals to their respective Licensing Boards.</p> <p><u>FY 19:</u> Licensure Survey: 0</p> <p>4 - Revisits</p> <p>0 - Voluntary Closure</p> <p>0 - Initial Inspection</p> <p>4- Complaints w/ deficiencies 1-complaints w/o deficiencies</p> <p><u>FY 20:</u></p>

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<u>Type Of Inspection</u>	<u>Facility Type</u>	<u>Reason For The Inspection</u>	<u>Outcomes That Resulted From Each Inspection</u>
			<p>Licensure Survey: 0</p> <p>0 - Revisits</p> <p>0 - Voluntary Closure</p> <p>0 - Initial Inspection</p> <p>0 – Investigation w/ deficiencies</p> <p>0 - Complaints w/o deficiencies</p>
Licensure Inspections, Investigations and Monitoring Visits	Home Support Agencies	Annual Licensure, Follow-up and Monitoring visits, and investigations to ensure compliance	<p><u>FY 19:</u> 0 -Licensure Surveys</p> <p>1 - Initial Inspection</p> <p><u>FY 20:</u> 0 -Licensure Surveys:</p> <p>1 - Initial Inspection</p> <p>As a result of inspection activity, the provider entity may receive the following: a Statement of Deficiencies (SOD), Civil Penalties, Restricted Licenses, Provisional Licenses, and Revocations. Additionally, the receipt of an acceptable Plan of Correction (POC) to abate identified deficient practices is required for all noted citations.</p>

Pharmaceutical Control Division (PCD)

PCD licenses, regulates, and inspects community and hospital pharmacies in the District, non-resident pharmacies that provide medications to residents of the District, wholesale distributors, and drug manufacturers. The Division regulates and issues controlled substance registrations for health care practitioners (prescribers), pharmacies, substance use treatment programs, researchers, local wholesalers, distributors, animal clinics, dialysis centers, and ambulatory surgical centers. This Division conducts investigation and inspection of facilities for compliance with federal and local laws and regulations. 270 inspections were conducted by the Pharmaceutical Control Inspectors in FY19.

Type Of Inspection	Facility Type	Reason For The Inspection	Outcomes That Resulted From Each Inspection
Routine unannounced licensure inspection	In-State Wholesaler/Distributor	Annual compliance inspection.	<p><u>FY19:</u> There were 19 facilities inspected, no Notices of Infraction were issued</p> <p><u>FY20:</u> No facilities inspected</p>
Routine unannounced licensure inspection	Substance Abuse Facility	Annual compliance inspection.	<p><u>FY19:</u> There were four facilities inspected, no Notices of Infraction were issued</p> <p><u>FY20:</u> No facilities Inspected</p>

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Type Of Inspection	Facility Type	Reason For The Inspection	Outcomes That Resulted From Each Inspection
Routine unannounced licensure inspection	Researchers/Teachers	Annual compliance inspection.	<p><u>FY19:</u> There were 46 facilities inspected, one Notice of Infraction was issued</p> <p><u>FY20:</u> There were eight facilities inspected, no Notices of Infraction were issued</p>
Routine unannounced licensure inspection	Animal Clinics/Vets	Annual compliance inspection.	<p><u>FY19:</u> There were 15 facilities inspected, no Notices of Infraction issued</p> <p><u>FY20 YTD:</u> No facilities inspected</p>
Regular unannounced licensure inspection	Medical Examiner/Department of Forensic Science/Fire/EMS	Annual compliance inspection.	<p><u>FY19:</u> There were 13 facilities inspected, no Notice of Infractions issued</p> <p><u>FY20 YTD:</u> No facilities inspected</p>

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Type Of Inspection	Facility Type	Reason For The Inspection	Outcomes That Resulted From Each Inspection
Routine unannounced licensure inspection	Ambulatory Surgery Centers	Annual compliance inspection.	<p><u>FY19:</u> There were three facilities inspected, no Notice of Infractions issued</p> <p><u>FY20:</u> No facilities inspected, no Notice of Infractions issued</p>
Routine unannounced licensure inspection	Community and Hospital Pharmacy	Annual compliance inspection, follow up, or complaint.	<p><u>FY19:</u> There were 172 facilities inspected, 272 Notices of Infraction were issued</p> <p><u>FY20:</u> There were 58 facilities inspected, 44 Notices of Infraction were issued</p>

Q76: Please provide an update to civil fines levied on facilities in FY19 and to date in FY20 broken down by division. Please provide the name and type of each facility, a description of the infraction, the amount of the penalty/fine, and the status of payment.

Response:

According to Title 16 DCMR, when a respondent is issued a Notice of Infraction (NOI), the respondent may answer the NOI by: (1) admitting the infraction and paying the fine; (2) admitting the infraction with an explanation and requesting a hearing or adjudication by mail; or (3) denying the infraction and requesting a hearing. If a respondent does not answer an NOI within 15 calendar days of it being served, the respondent is issued a Notice of Default. A statutory penalty equal to twice the amount of the fine is assessed in addition to the fine by the Office of Administrative Hearings.

If the respondent does not pay the fine and penalties within 20 calendar days of a Final Order from the Office of Administrative Hearings, additional sanctions may be imposed, including suspension of the respondent's license or permit in accordance with the "Clean Hands before receiving a License or Permit Act of 1996." Respondent may enter into payment arrangements with the Office of Administrative Hearings, which would extend the time for payment.

Food Safety & Hygiene Inspection Services Division

Food Safety & Hygiene Inspection Services Division (FSHISD) – The fines levied during FY19 and FY20 to date are listed in the charts below. A total of 86 NOIs were generated in FY19 and 22 NOIs have been generated in FY20 to date.

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Name of Establishment	Type of Establishment	Infraction Description	Fine Amount	Status
KAZANCHIS LLC	GROCERY STORE	TITLE 16 DCMR 3620.2(q) Operating a food establishment without a full-time person-in-charge who is a certified food protection manager recognized by the Department.	\$1,000	Pending
THE DISRICT SOUL FOOD RESTURANT AND LOUNGE	RESTURANT	TITLE 16 DCMR 3632.2(a) Operating a food establishment without a valid Certificate of Occupancy in Violation	\$1,000	Pending
BENNING MARKET	GROCERY STORE	TITLE 16 DCMR 3620.2 (r) Operating a food establishment without a full-time person-in-charge who is a certified food protection manager recognized by the	\$1,000	Pending

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		Department and who is present at the food establishment during all hours of the operation.		
THE CHURCHILL HOTEL	RESTURANT	TITLE 16 DCMR 3620.2 (c) Operating a food establishment without a license.	\$1,000	Pending
HERSHEY'S ICE CREAM	DELICATESSEN	TITLE 16 DCMR 3620.2 (b) Operating a food establishment without a license.	\$ 1,000	Pending
BEST PRICE MEAT	GROCERY STORE	TITLE 16 DCMR 3620.2 (cc) Failing to minimize or eliminate the presence of insects, rodents or other pests in a food establishment , including but not limited to catered establishment, mobile food unit, depot, or commissary or service support facility that services a mobile food unit.	\$1,000	Pending
7-ELEVEN	DELICATESSEN	TITLE 16 DCMR 3620.2 (bb) Operating a food establishment in a food establishment, including but not limited to catered establishment mobile food unit, depot, or commissary or service support facility that services, with gross insanitary occurrence or condition or other circumstances that may endanger public health.	\$ 1,000	Pending
BALL OR NOTHING	MOBLIE ROADWAY	TITLE 16 DCMR 3620.2 (ff) Operating with incorrect hot or cold holding temperatures for potentially hazardous foods that do not comply with this code and that cannot be corrected during the course of the inspection. TITLE 16 DCMR 3620.2 (ee) Operating a food establishment without hot water.	\$ 2, 000	Pending
7-ELEVEN	DELICATESSEN	TITLE 16 DCMR 3620.2 (q) Operating a food establishment without a full-time person-in-charge who is a certified food protection manager recognized by the Department.	\$1,000	Pending
PRATHERS ON THE ALLEY	RESTURANT	TITLE 16 DCMR 3620.6 (f) Operating a depot, commissary or service support facility that services	\$1,000	Pending

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		a mobile food unit with a license that has been suspended.		
VARIETY MOBILE FOOD	DELICATESSEN	TITLE 16 DCMR 3620.0 (bb) Operating a food establishment in a food establishment, including but not limited to catered establishment mobile food unit, depot, or commissary or service support facility that services, with gross insanitary occurrence or condition or other circumstances that may endanger public health.	\$1,000	Pending
SUBWAY	RESTURANT	TITLE 16 DCMR 3620.2 (c) Operating a food establishment without a license.	\$1,000	Pending
PIZZA MART	DELICATESSEN	TITLE 16 DCMR 3620.2 (cc) Failing to minimize or eliminate the presence of insects, rodents or other pests in a food establishment, including but not limited to catered establishment, mobile food unit, depot, or commissary or service support facility that services a mobile food unit.	\$ 1,000	Pending
CORN FACTORY	MOBILE ROADWAY	TITLE 16 DCMR 3620. (x) Operating a food establishment, including but not limited to catered establishment, mobile food unit , with an interruption of water services resulting insufficient capacity to meet water demands throughout the establishment that affects the establishment's ability to operate.	\$ 1, 000	Pending
BABY WALE	RESTURANT	TITLE 16 DCMR 3620.2 (c) Operating a food establishment Without a license.	\$1,000	Pending
RAJAJI CURRY HOUSE	RESTURANT	TITILE 16 DCMR 3620.2 (c) Operating a food establishment without a license.	\$ 1 ,000	Pending
CRISP KITCKEN	RESTURANT	TITLE 16 DCMR 3620.0 (cc) Failing to minimize or eliminate the presence of insects, rodents or other pests in a food establishment, including but not limited to catered establishment, mobile food unit, depot, or commissary or service	\$ 1,000	Pending

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		support facility that services a mobile food unit.		
WENDY'S	RESTURANT	TITLE 16 DCMR 3620.2 (bb) Operating a food establishment in a food establishment, including but not limited to catered establishment mobile food unit, depot, or commissary or service support facility that services, with gross insanitary occurrence or condition or other circumstances that may endanger public health.	\$ 1,000	Pending
DAIKAYA	RESTURANT	TITLE 16 DCMR 3620.2 (bb) Operating a food establishment in a food establishment, including but not limited to catered establishment mobile food unit, depot, or commissary or service support facility that services, with gross insanitary occurrence or condition or other circumstances that may endanger public health.	\$ 1,000	Pending
LEDO PIZZA	RESTURANT	TITLE 16 DCMR 3620.2 (cc) Failing to minimize or eliminate the presence of insects, rodents or other pests in a food establishment, including but not limited to catered establishment , mobile food unit, depot, or commissary or service support facility that services a mobile food unit.	\$ 1,000	Pending
INSOMNIA COOKIES	DELICATESSEN	TITLE 16 DCMR 3620.2 (cc) Failing to minimize or eliminate the presence of insects, rodents or other pests in a food establishment, including but not limited to catered establishment, mobile food unit, depot, or commissary or service support facility that services a mobile food unit.	\$ 1,000	Pending
MAJOR'S CARR	DELICATESSEN	TITLE 16 DCMR 3620.2 (ff) Operating with incorrect hot or cold holding temperatures for potentially hazardous foods that do not comply with this code and that cannot be corrected during the course of the inspection.	\$ 1,000	Pending

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PHO 88 NOODLE	RESTURANT	TITLE 16 DCMR 3620.2 (cc) Failing to minimize or eliminate the presence of insects, rodents or other pests in a food establishment, including but not limited to catered establishment, mobile food unit, depot, or commissary or service support facility that services a mobile food unit.	\$ 1,000	Pending
PEKING GARDEN CARRYOUT	DELICATESSEN	TITLE 16 DCMR 3620.2 (c) Operating a food establishment without a license	\$ 1,000	Pending
VIDA FITNESS	HEALTH SPA	TITLE 16 DCMR 3620.2 (b) Operating a food establishment without a license.	\$ 1,000	Pending
NOOSHI CAPITOL HILL	RESTURANT	TITLE 16 DCMR 3220.4 (jj) Hindering, obstructing, or in any way interfering with any inspector or authorized Department personnel in the performance of his and her duty.	\$1 ,000	Pending
MIX LOBBY	RESTURANT	TITLE 16 DCMR 3620.2 (q) Operating a food establishment without a full-time person-in-charge who is a certified food protection manager recognized by the Department.	\$ 1,000	Pending
TAQUERIA & ROTICERIA FRESCA	RESTURANT	TITLE 16 DCMR 3620.4 (ff) Operating with incorrect hot or cold holding temperatures for potentially hazardous foods that do not comply with this code and that cannot be corrected during the course of the inspection	\$ 1,000	Pending
CVS	FOOD PRODUCTS	TITLE 16 DCMR 3620.02 (ee) Operating a food establishment without hot water.	\$1,000	Pending
KABIN LOUNGE LLC	RESTURANT	TITLE 16 DCMR 3620.2 (q) Operating a food establishment without a full-time person-in-charge who is a certified food protection manager recognized by the Department.	\$ 1,000	Pending
MESOBIE RESTURANT AND DELIE MARKET	RESTURANT	TITLE 16 DCMR 3620.2 (c) Operating a food establishment without a license	\$ 1,000	Pending

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ANAK KOMBUCHA , INC CRAFT KOMUCHA	CATERERS	TITLE 16 DCMR 3620.2 (bb) Operating a food establishment in a food establishment, including but not limited to catered establishment mobile food unit, depot, or commissary or service support facility that services, with gross insanitary occurrence or condition or other circumstances that may endanger public health.	\$1,000	Pending
SWEET GREEN	RESTURANT	TITLE 16 DCMR 3620.2 (bb) Operating a food establishment in a food establishment, including but not limited to catered establishment mobile food unit, depot , or commissary or service support facility that services, with gross insanitary occurrence or condition or other circumstances that may endanger public health.	\$1,000	Pending
THE WASHINGON PARK INC.	RESTURANT	TITLE 16 DCMR 3620.2 (ee) Operating a food establishment without hot water	\$1,000	Pending
MK LOUNGE AND RETURANT / FAMLY , LLC	RESTURANT	TITLE 16 DCMR 3620.2 (q) Operating a food establishment without a full-time person-in-charge who is a certified food protection manager recognized by the Department.	\$1,000	Pending
DOLLAR TREE STORES , INC	FOOD PRODUCTS	TITLE 16 DCMR 3620.2 (cc) Failing to minimize or eliminate the presence of insects , rodents or other pests in a food establishment , including but not limited to catered establishment , mobile food unit , depot , or commissary or service support facility that services a mobile food unit.	\$1,000	Pending
7-ELEVEN	DELICATESSEN	TITLE 16 DCMR 3620.2 (cc) Failing to minimize or eliminate the presence of insects , rodents or other pests in a food establishment , including but not limited to catered establishment , mobile food unit , depot , or commissary or service support facility that services a mobile food unit.	\$1,000	Pending

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BUN'D UP	CATERS	TITLE 16 DCMR 3620.2 (b) Operating a food establishment without a license.	\$1,000	Pending
AMERICA BEST	RESTURANT	TITLE 16 DCMR 3620.2 (bb) Operating a food establishment in a food establishment , including but not limited to catered establishment mobile food unit , depot , or commissary or service support facility that services , with gross insanitary occurrence or condition or other circumstances that may endanger public health.	\$ 1,000	Pending
TENLEY BAR AND GRILL	RESTURANT	TITLE 16 DCMR 3620.2 (bb) Operating a food establishment in a food establishment , including but not limited to catered establishment mobile food unit , depot , or commissary or service support facility that services , with gross insanitary occurrence or condition or other circumstances that may endanger public health.	\$ 1,000	Pending
NOOSHI CAPITOL HILL INC	RESTURANT	TITLE 16 DCMR 3220.4 (jj) Hindering, obstructing, or in any way interfering with any inspector or authorized Department personnel in the performance of his and her duty.	\$ 1,000	Pending
SUBWAY	DELICATESSEN	TITLE 16 DCMR 3620.2 (q) Operating a food establishment without a full-time person-in-charge who is a certified food protection manager recognized by the Department.	\$ 1,000	Pending
DAIKAYA	RESTURANT	TITLE 16 DCMR 3620.2 (bb) Operating a food establishment in a food establishment , including but not limited to catered establishment mobile food unit , depot , or commissary or service support facility that services , with gross insanitary occurrence or condition or other circumstances that may endanger public health.	\$ 1,000	Pending
GOLDEN CHINA	DELISCATESSE	TITLE 16 DCMR 3620.2 (bb) Operating a food establishment in a food establishment , including but	\$1,000	Pending

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		not limited to catered establishment mobile food unit , depot , or commissary or service support facility that services , with gross insanitary occurrence or condition or other circumstances that may endanger public health.		
LEDO PIZZA	RESTURANT	TITLE 16 DCMR 3620.2 (cc) Failing to minimize or eliminate the presence of insects , rodents or other pests in a food establishment , including but not limited to catered establishment , mobile food unit , depot , or commissary or service support facility that services a mobile food unit.	\$1,000	Pending
MARBURY MARKET	FOOD PRODUCTS	TITLE 16 DCMR 3620.2 (q) Operating a food establishment without a full-time person-in-charge who is a certified food protection manager recognized by the Department.	\$1,000	Pending
SUNNY'S	RESTURANT	TITLE 16 DCMR 3620.2 (bb) Operating a food establishment in a food establishment , including but not limited to catered establishment mobile food unit , depot , or commissary or service support facility that services , with gross insanitary occurrence or condition or other circumstances that may endanger public health.	\$1,000	Pending
DOLLAR PLUS ANACOSTIA MARKET	DELISCATESSE	TITLE 16 DCMR 3620.2 (bb) Operating a food establishment in a food establishment , including but not limited to catered establishment mobile food unit , depot , or commissary or service support facility that services , with gross insanitary occurrence or condition or other circumstances that may endanger public health.	\$1,000	Pending
PHO 88 NOOD	RESTURANT	TITLE 16 DCMR 3620.2 (cc) Failing to minimize or eliminate the presence of insects , rodents or other pests in a food establishment , including but not limited to catered establishment , mobile food unit ,	\$1,000	Pending

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		depot , or commissary or service support facility that services a mobile food unit.		
MARTHA'S MARKET	FOOD PRODUCTS	TITLE 16 DCMR 3620.2 (c) Operating a food establishment without a license	\$1,000	Pending
BLACK FOREST LLC	MOBLIE ROAD	TITLE 16 DCMR 3620.2 (y) Operating a food establishment, including but not limited to catered establishment, mobile food unit, depot, or commissary or service support facility that services a mobile food unit, with a sewage backup that affects the establishment's ability to operate in compliance.	\$1,000	Pending
PHO VIET USA	DELICATESSEN	TITLE 16 DCMR 3620.2 (bb) Operating a food establishment in a food establishment , including but not limited to catered establishment mobile food unit , depot , or commissary or service support facility that services , with gross insanitary occurrence or condition or other circumstances that may endanger public health.	\$1,000	Pending
STATION CAFÉ	DELICATESSEN	TITLE 16 DCMR 3620.2 (cc) Failing to minimize or eliminate the presence of insects , rodents or other pests in a food establishment , including but not limited to catered establishment , mobile food unit , depot , or commissary or service support facility that services a mobile food unit.	\$1,000	Pending
BALL OR NOTHING	MOBLIE ROADWAY	TITLE 16 DCMR 3620.4 (ff) Operating with incorrect hot or cold holding temperatures for potentially hazardous foods that do not comply with this code and that cannot be corrected during the course of the inspection	\$1,000	Pending
BEST PRICE MEAT	GROCERY STORE	TITLE 16 DCMR 3620.2 (cc) Failing to minimize or eliminate the presence of insects , rodents or other pests in a food establishment , including but not limited to catered establishment , mobile food unit ,	\$ 1,000	Pending

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		depot , or commissary or service support facility that services a mobile food unit.		
BODEGA MARKET	DELICATESSEN	TITLE 16 DCMR 3620.5 (q) Operating a food establishment without a full-time person-in-charge who is a certified food protection manager recognized by the Department.	\$ 1,000	Pending
SUBWAY	RESTURANT	TITLE 16 DCMR 3620. 2 (q) Operating a food establishment without a full-time person-in-charge who is a certified food protection manager recognized by the Department.	\$ 1,000	Pending
NEW SEVEN MARKET	DELICATESSEN	TITLE 16 DCMR 3620. 2 (x) Operating a food establishment , including but not limited to catered establishment , mobile food unit , depot , or commissary	\$1,000	Pending
ZEMEN MARKET	DELICATESSEN	TITLE 16 DCMR 3620.2 (cc) Failing to minimize or eliminate the presence of insects , rodents or other pests in a food establishment , including but not limited to catered establishment , mobile food unit , depot , or commissary or service support facility that services a mobile food unit.	\$1,000	Pending
POTBELLY SANDWICH	RESTURANT	TITLE 16 DCMR 3620.2 (bb) Operating a food establishment in a food establishment , including but not limited to catered establishment mobile food unit , depot , or commissary or service support facility that services , with gross insanitary occurrence or condition or other circumstances that may endanger public health.	\$1,000	Pending
MR.RICE	MOBLIE ROADWAY	TITLE 16 DCMR 3620.2 (ee) Operating a food establishment without hot water	\$1,000	Pending
VARIETY MOBLIE FOOD	DELICATESSEN	TITLE 16 DCMR 3620.2 (bb) Operating a food establishment in a food establishment , including but not limited to catered establishment mobile food unit , depot , or	\$1,000	Pending

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		commissary or service support facility that services , with gross insanitary occurrence or condition or other circumstances that may endanger public health		
TOKYO IN THE CITY	MOBLIE ROADWAY	TITLE 16 DCMR 3620.2 (x) Operating a food establishment , including but not limited to catered establishment , mobile food unit , depot , or commissary	\$1,000	Pending
CAFÉ SOLEIL	RESTURANT	TITLE 16 DCMR 3620.2 (q) Operating a food establishment without a full-time person-in-charge who is a certified food protection manager recognized by the Department. TITLE 16 DCMR 3620.2 (bb) Operating a food establishment in a food establishment , including but not limited to catered establishment mobile food unit , depot , or commissary or service support facility that services , with gross insanitary occurrence or condition or other circumstances that may endanger public health	\$ 2,000	Pending
7-ELEVEN	DELICATESSEN	TITLE 16 DCMR 3620.2 (ee) Operating a food establishment without hot water	\$1,000	Pending
PO BOYS JIMS	RESTURANT	TITLE 16 DCMR 3620.2 (b) Operating a food establishment without a license.	\$1,000	Pending
SAFEWAY #923	DELICATESSEN	TITLE 16 DCMR 3620.2 (y) Operating a food establishment, including but not limited to catered establishment, mobile food unit, deport, or commissary or service support facility that services a mobile food unit, with a sewage backup that affects the establishment's ability to operate in compliance.	\$1,000	Pending
ALADDIN KITCHEN	DELICATESSEN	TITLE 16 DCMR 3620.0 (ee) Operating a food establishment without hot water	\$1,000	Pending
JACK'S FRESH DELI	RESTURANT	TITLE 16 DCMR 3620.2 (ff) Operating with incorrect hot or cold holding temperatures for potentially	\$1,000	Pending

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		hazardous foods that do not comply with this code and that cannot be corrected during the course of the inspection		
MOBIL GAS STATION	DELICATESSEN	TITLE 16 DCMR 3620.2 (c) Operating a food establishment with an expired license. TITLE 16 DCMR 3620.2(ee) Operating a food establishment without hot water	\$ 2,000	Pending
CATCH 22	RESTURANT	TITLE 16 DCMR 3620.2 (cc) Failing to minimize or eliminate the presence of insects , rodents or other pests in a food establishment , including but not limited to catered establishment , mobile food unit , depot , or commissary or service support facility that services a mobile food unit.	\$1,000	Pending
PIEHOUSE	RESTURANT	TITLE 16 DCMR 3620.2 (b) Operating a food establishment without a license. TITLE 16 DCMR 3620.2 (q) Operating a food establishment without a full-time person-in-charge who is a certified food protection manager recognized by the Department.	\$ 2,000	Pending
GULF	FOOD PRODUCTS	TITLE 16 DCMR 3620.2 (c) Operating a food establishment with an expired license.	\$1,000	Pending
BP NEW YORK AVE	DELICATESSEN	TITLE 16 DCMR 3620.2 (ee) Operating a food establishment without hot water	\$1,000	Pending
CASA LUCA	RESTURANT	TITLE 16 DCMR 3620.2 (c) Operating a food establishment with an expired license.	\$1,000	Pending
CURRY & PIE	RESTURANT	TITLE 16 DCMR 3620.2(ee) Operating a food establishment without hot water	\$1,000	Pending
YES NATURAL FOODS	DELICATESSEN	TITLE 16 DCMR 3620.2 (ff) Operating with incorrect hot or cold holding temperatures for potentially hazardous foods that do not comply with this code and that cannot be	\$1,000	Pending

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		corrected during the course of the inspection		
HOWARD CHINA RESTURANT	RESTURANT	TITLE 16 DCMR 3620.2 (bb) Operating a food establishment in a food establishment , including but not limited to catered establishment mobile food unit , depot , or commissary or service support facility that services , with gross insanitary occurrence or condition or other circumstances that may endanger public health TITLE 16 DCMR 3620.2 (cc) Failing to minimize or eliminate the presence of insects , rodents or other pests in a food establishment , including but not limited to catered establishment , mobile food unit , depot , or commissary or service support facility that services a mobile food unit.	\$ 2,000	Pending
7-ELEVEN	DELICATESSEN	TITLE 16 DCMR 3620.2 (cc) Failing to minimize or eliminate the presence of insects , rodents or other pests in a food establishment , including but not limited to catered establishment , mobile food unit , depot , or commissary or service support facility that services a mobile food unit.	\$1,000	Pending
YUM'S CARRY OUT	DELICATESSEN	TITLE 16 DCMR 3620.2 (bb) Operating a food establishment in a food establishment , including but not limited to catered establishment mobile food unit , depot , or commissary or service support facility that services , with gross insanitary occurrence or condition or other circumstances that may endanger public health TITLE 16 DCMR 3620.2 (ff) Operating with incorrect hot or cold holding temperatures for potentially hazardous foods that do not comply with this code and that cannot be	\$ 2,000	Pending

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		corrected during the course of the inspection		
JARGO CLUB LTD	MOBLIE ROADWAY	TITLE 16 DCMR 3620.2(ee) Operating a food establishment without hot water	\$1,000	Pending
THE POTTER'S HOUSE	RESTURANT	TITLE 16 DCMR 3620.4 (ff) Operating with incorrect hot or cold holding temperatures for potentially hazardous foods that do not comply with this code and that cannot be corrected during the course of the inspection	\$1,000	Pending
LOS CUATES RESTURANTS	RESTURANT	TITLE 16 DCMR 3620.4 (y) Operating a food establishment, including but not limited to catered establishment, mobile food unit, depot, or commissary or service support facility that services a mobile food unit, with a sewage backup that affects the establishment's ability to operate in compliance.	\$1,000	Pending
TAMEKA EXPRESS	DELICATESSEN	TITLE 16 DCMR 3620.2(cc) Failing to minimize or eliminate the presence of insects , rodents or other pests in a food establishment , including but not limited to catered establishment , mobile food unit , depot , or commissary or service support facility that services a mobile food unit. Failing to minimize or eliminate the presence of insects , rodents or other pests in a food establishment , including but not limited to catered establishment , mobile food unit , depot , or commissary or service support facility that services a mobile food unit.	\$1,000	Pending
CAFÉ ROMEO'S	RESTURANT	TITLE 16 DCMR 3620.2(q) Operating a food establishment without a full-time person-in-charge	\$1,000	Pending

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		who is a certified food protection manager recognized by the Department.		
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Name of Establishment	Type of Establishment	Infraction Description	Fine Amount	Status
BARKAT EXXON	FOOD PRODUCTS	TITLE 16 DCMR 3620.2(ee) Operating a food establishment without hot water	\$1,000	Pending
WASHINGTON KABOB & IDIAN CUISINE #4	MOBILE ROADWAY	TITLE 16 DCMR 3620.2(ee) Operating a food establishment without hot water, 3620.2(x) Operating a food establishment , including but not limited to catered establishment , mobile food unit , depot , or commissary	\$2,000	Pending
HANG DANG	STATIONARY ROADWAY	TITLE 16 DCMR 3620.2 (g) Operating a mobile food unit without a valid Health Inspection Certificate issued by the Department.	\$1,000	Pending
HILLCREST BP	DELICATESSEN	TITLE 16 DCMR 3620.2 (q) Operating a food establishment without a full-time person-in-charge who is a certified food protection manager recognized by the Department.	\$1,000	Pending
SHAWARMA HUT	DELICATESSEN	TITLE 16 DCMR 3620.2 (bb) Operating a food establishment in a food establishment , including but not limited to catered establishment mobile food unit , depot , or commissary or service support facility that services , with gross insanitary occurrence or condition or other circumstances that may endanger public health	\$ 1,000	Pending
BLACKSALT FISH	RESTAURANT	TITLE 16 DCMR 3620.4 (ff) Operating with incorrect hot or cold holding temperatures for potentially hazardous foods that do not comply	\$500	Pending

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		with this code and that cannot be corrected during the course of the inspection		
PIZZA BOLI	DELICATESSEN	TITLE 16 DCMR 3620.2 (b) Operating a food establishment without a license.	\$ 1,000	Pending
THE EXCHANGE	RESTAURANT	TITLE 16 DCMR 3620.2 (cc) Failing to minimize or eliminate the presence of insects , rodents or other pests in a food establishment , including but not limited to catered establishment , mobile food unit , depot , or commissary or service support facility that services a mobile food unit.	\$ 1, 000	Pending
BILLY MARTIN'S TAVERN	RESTAURANT	TITLE 16 DCMR 3620.2 (ee) Operating a food establishment without hot water	\$1,000	Pending
KAZANCHIS	GROCERY	TITLE 16 DCMR 3620.6 (g), Operating a mobile food unit without a valid Health Inspection Certificate issued by the Department. 3620.2 (bb) Operating a food establishment in a food establishment , including but not limited to catered establishment mobile food unit , depot , or commissary or service support facility that services , with gross insanitary occurrence or condition or other circumstances that may endanger public health	\$ 2,000	Pending
ELIZABETH PUPUSERIA & DELI	DELICATESSEN	TITLE 16 DCMR 3620.2 (q) Operating a food establishment without a full-time person-in-charge who is a certified food protection manager recognized by the Department.), 3620.2 (cc) Failing to minimize or eliminate the presence of insects, rodents or other pests in a food establishment, including but not limited to catered establishment, mobile food unit, depot, or commissary or service support facility that services a mobile food unit.	\$2,000	Pending
HI MARKET	GROCERY STORE	TITLE 16 DCMR 3620.2 (cc) Failing to minimize or eliminate the	\$1,000	Pending

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		presence of insects , rodents or other pests in a food establishment , including but not limited to catered establishment , mobile food unit , depot , or commissary or service support facility that services a mobile food unit.		
MEDHIN AYELE	VENDING CART	TITLE 16 DCMR 3620.2 (e) Operating a depot , commissary or service support facility that service a mobile food unit without a valid license to operate issued by the Mayor.	\$ 1,000	Pending
CVS	FOOD PRODUCTS	TITLE 16 DCMR 3620. (ee) Operating a food establishment without hot water	\$ 1, 000	Pending
HOWARD MINI STORE	GROCERY STORE	TITLE 16 DCMR 3620.2(ee) Operating a food establishment without hot water, 3620.2 (b) Operating a food establishment without a license.	\$2,000	Pending
GOOD HOPE SEAFOOD	DELICATESSEN	TITILE 16 DCMR 3620.2 (bb) Operating a food establishment in a food establishment , including but not limited to catered establishment mobile food unit , depot , or commissary or service support facility that services , with gross insanitary occurrence or condition or other circumstances that may endanger public health	\$ 1 ,000	Pending
TEQUILA & MEZCAL RESTAURANTE BAR	RESTAURANT	TITLE 16 DCMR 3620.6 (hh) Failing to hire a D.C. Licensed pesticide Operator/contractor.	\$ 500	Pending
GRAY'S MARKET	RESTAURANT	TITLE 16 DCMR 3620.6 (m), 3620.6 (jj) Hindering , obstructing , or in any way interfering with any inspector or authorized Department personnel in performance of his or her duty.	\$ 1,000	Pending
TASTE OF JAMAICA	RESTAURANT	TITLE 16 DCMR 3620.7 (b) Operating a food establishment without a license , 3620.6 (ff) Operating with incorrect hot or cold holding temperatures for potentially hazardous foods that do not comply with this code and that cannot be	\$ 1,000	Pending

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		corrected during the course of the inspection		
YES ORGANIC	DELICATESSEN	TITLE 16 DCMR 3620.2 (ee) Operating a food establishment without hot water	\$ 1,000	Pending
ABEGAZ & CHOMA	RESTAURANT	TITLE 16 DCMR 3620.4(jj)Hindering , obstructing , or in a way interfering with any inspector or authorized Department personnel in the performance of his and her duty	\$ 500	Pending
SUBWAY	DELICATESSEN	TITLE 16 DCMR 3620.2 (ee) Operating a food establishment without hot water	\$ 1,000	Pending

Health Care Facilities Division

Health Care Facilities Division (HCFD) – The fines levied during FY19 are listed in the chart below. A total of six NOIs were generated in FY19. There have been no NOIs generated in FY20 to date.

Facility	Facility Type	Fine/Penalty	Description of Infractions	Status
Bridgepoint Capitol Hill	Nursing Home	\$1,000.00	22B DCMR §3211.1 Failed to provide four (4) residents with a specialized call system to allow them to call for assistance if in distress, and/or to make their needs known without waiting for staff to make rounds into the residents' room.	Pending
Transitions Health Care Capitol City	Nursing Home	\$1,000.00	22B DCMR §3211.1 Failure to identify and conduct thorough investigations of resident-to-resident altercations as a potential for abuse; and implement measures to protect each resident involved in the incident and to substantiate or unsubstantiate whether the residents were physically or verbally abused.	Pending

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		\$1,000.00	22B DCMR §3211.1 Failure to ensure measures were implemented to prevent one (1) resident from keeping smoking materials in his room, two (2) other residents from keeping smoking materials on their person, preventing one (1) resident from eloping and preventing one (1) resident from sustaining multiple falls with injury while intoxicated in the facility.	
United Medical Nursing Center	Nursing Home	\$1,000.00	22B DCMR §3211.1 Failed to ensure adequate supervision and measures were implemented to prevent two (2) residents from smoking in the facility.	Pending
Washington Center for Aging Services	Nursing Home	\$1,000.00	22B DCMR §3200.1 Failed to thoroughly investigate an incident of abuse and/or neglect for one (1) resident, implement measures to prevent potential abuse or neglect to other residents within the facility, and take appropriate corrective actions to keep other residents safe from possible abuse and/or neglect.	Pending
MedStar Washington Hospital Center (WHC)	Hospital	\$9,000.00	22 DCMR §2014 Failure of Governing Body to establish effective oversight of respiratory services, infection control and prevention and dietary services.	Paid

Civil Money Penalties (CMP) for Nursing Homes October 1, 2018 thru September 30, 2019

Facility	Facility Type	Fine/ Penalty	Description of Infractions	Status
Bridgepoint Capitol Hill	Nursing Home	\$1,000.00	22B DCMR §3211.1 Failed to provide four (4) residents with a specialized call system to allow them to call for assistance if in distress, and/or to make their needs known without waiting for staff to make rounds into the residents' room.	Pending
Transitions Health Care Capitol City	Nursing Home	\$1,000.00	22B DCMR §3211.1 Failure to identify and conduct thorough investigations of resident-to-resident altercations as a potential for abuse; and implement measures to protect each resident involved in the incident and to substantiate or unsubstantiated whether the residents were physically or verbally abused. 22B DCMR §3211.1 Failure to ensure measures were implemented to prevent one (1) resident from keeping smoking materials in his room, two (2) other residents from keeping smoking	Pending

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			materials on their person, preventing one (1) resident from eloping and preventing one (1) resident from sustaining multiple falls with injury while intoxicated in the facility.	
United Medical Nursing Center	Nursing Home	\$1,000.00	22B DCMR §3211.1 Failed to ensure adequate supervision and measures were implemented to prevent two (2) residents from smoking in the facility.	Open Case
Washington Center for Aging Services	Nursing Home	\$1,000.00	22B DCMR §3200.1 Failed to thoroughly investigate an incident of abuse and/or neglect for one (1) resident, implement measures to prevent potential abuse or neglect to other residents within the facility, and take appropriate corrective actions to keep other residents safe from possible abuse and/or neglect.	Open Case
MedStar Washington Hospital Center (WHC)	Hospital	\$9,000.00	22 DCMR §2014 Failure of Governing Body to establish effective oversight of respiratory services, infection control and prevention and dietary services.	Paid

Intermediate Care Facilities Division

The chart below details 20 NOIs that were issued by the Intermediate Care Facilities Division during FY19 and the first quarter of FY20. A total of \$122,000 was levied in FY19 and \$26,000 in FY20's first quarter.

FY19

Facility	Facility Type	Fine/ Penalty	Description of Infractions	Status
VOAC	ICF/IID	\$6,000.00	22 DCMR§3509 Failure to provide health certificates for staff.	Pending OAH Disposition
RCM of Washington	ICF/IID	\$1,000.00	22 DCMR§3523 Failure to protect resident's right to receive medication in accordance with physician's orders.	Pending OAH Disposition
BV/M Star Chevy Chase Tenant	ALR	\$10,000.00	16 DCMR§44-105.04 Failure to follow fall policy; failure to report, investigate allegations of sexual abuse; Failure to develop, document, update ISP; and failure to assess residents to self-medicate.	Paid
RCM	ICF/IID	\$500.00	22 DCMR§3504 Failure to ensure water temperature did not exceed 110°F.	Pending OAH Disposition
Professional Healthcare Resources of Washington, DC	HCA	\$14,000.00	22 DCMR§3914 Failure to provide identification of employees in charge of managing emergency situations; failure to provide information regarding agency emergency protocol; 22 DCMR§3907 Failure to maintain accurate and complete personnel records for reference checks, communicable disease and verification of employment; 22 DCMR§3916 Failure to send patients' physician a summary of review and evaluation of skilled	Paid 03/07/2019

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			services; 22 DCMR§3917 Failure of RN to report changes in the patient's condition.	
Community Multi-Services	ICF/IID	\$1,000.00	22 DCMR§3520 Failure to ensure timely assessment and intervention to manage pain.	Pending OAH Disposition
Innovative Life Solutions, Inc.	CRF/IID	\$2,000.00	22 DCMR§3508 Failure to monitor and coordinate resident's nutritional needs and dietary orders; and 22 DCMR§3509 Failure to obtain comprehensive annual health screening.	Pending OAH Disposition
Innovative Life Solutions, Inc.	ICF/IID	\$500.00	22 DCMR§3509 Failure to obtain annual health screenings.	Pending OAH Disposition
Senior Homecare Services & Staffing, LLC d/b/a Right at Home	NSA	\$72,000.00	22 DCMR§3900 Failure to operate a nurse staffing agency (NSA) as a home care agency (HCA).	Paid \$27,000.00 as part of settlement agreement
Professional Healthcare Resources of Washington, DC	HCA	\$2,500.00	22 DCMR§3914 Failure to obtain physician's signatures on POC; 22 DCMR§3916 Failure to evaluate the skills services provided to the patient every 62 days; 22 DCMR§3917 Failure to supervise service delivered by the home health aide (HHA) and person care aides (PCA).	Pending OAH Disposition
Community Multi-Services, Inc.	CRF/IID	\$3,000.00	22 DCMR§4701 Failure to obtain finger print or live scan for criminal background check; 22 DCMR§3509 Failure to obtain annual health screening.	Pending OAH Disposition
Community Multi-Services, Inc.	ICF/IID	\$500.00	22 DCMR§3509 Failure to obtain annual health screenings.	Pending OAH Disposition

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Georgetown Home Care	HCA	\$4,000.00	22 DCMR§3907 Failure to maintain accurate personnel records to include reference checks, competency testing, annual health screening and certified as HHA's.	Pending OAH Disposition
Lifeline, Inc.	HCA	\$1,000.00	22 DCMR§3917 Failure to ensure patient's needs were met.	Pending OAH Disposition
Volunteers of American Chesapeake	ICF/IID	\$1,500.00	22 DCMR§3509 Failure to ensure staff had health examination prior to employment and annual thereafter.	Pending OAH Disposition
Specialty Home Care, LLC	HCA	\$2,500.00	22 DCMR§3514 Failure to ensure emergency protocols were listed on Plan of Care (POC).	Pending OAH Disposition

FY2020

Facility	Facility Type	Fine/ Penalty	Description of Infractions	Status
Grand Oaks Assisted Living	ALR	\$1,000.00	22 DCMR§44-105.05 Failure to ensure resident was able to present grievances and complaints without fear of retaliation.	Pending OAH Disposition
Massachusetts Senior Care, LLC	ALR	\$23,000.00	22 DCMR§44-701 Failure to ensure staff were free from communicable disease.	Pending OAH Disposition
Capital View Home Health	HCA	\$1,000.00	22 DCMR§3904 Failure to ensure that the agency implemented its policy on fall reduction	Pending OAH Disposition
Georgetown Home Care	HCA	\$1,000.00	22 DCMR§3904. Failure to effectively manage the operation of the agency.	Admit with Explanation

Office of Compliance, Quality Assurance and Investigation Division (OCQAID)

The fines levied during FY19 are listed in the chart below. A total of two NOIs were generated in FY19. There have been no NOIs generated in FY20 to date.

Facility	Facility Type	Fine/Penalty	Description of Infractions	Status
Carroll Manor Nursing Home (Formerly Carroll Manor Nursing and Rehabilitation Center)	Nursing Home	\$1,000.00	22B DCMR §3210.4 Facility staff administered unnecessary anti-psychotic medication to a resident.	Open Case
Washington Center for Aging Services	Nursing Home	\$1,000.00	22B DCMR §3211.1 Failure to stop morning care when a resident became combative, subsequently the resident suffered an orbital fracture.	Open Case

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Pharmaceutical Control Division

Pharmaceutical Control Division – The fines levied during FY19 and FY20 to date are listed in the charts below. A total of 262 NOIs were generated in FY19 and 44 NOIs have been generated in FY20 to date.

FY2019

Name of Facility	Type of Facility	Description of Infraction	Citation	Fine	Status
CVS Pharmacy #4546	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by fed. Law. (Failure to have accurate records)	22-B DCMR 1502.1/21 CFR 1304.21(a)	\$1,000	Sent to OAH
CVS Pharmacy #4546	Pharmacy	Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	22-B DCMR 1306.3	\$1,000	Sent to OAH
Genoa	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by fed. Law. (Failure to have accurate records)	22-B DCMR 1502.1/21 CFR 1304.21(a)	\$2,000	Sent to OAH
Genoa	Pharmacy	Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	22-B DCMR 1306.3	\$2,000	Sent to OAH
Capitol Hill Pharmacy	Pharmacy	Pharmacy open without Pharmacist being on duty	DCOC 47 - 2885.09(a)/22-B DCMR 1901.2	\$2,000	Sent to OAH
Capitol Hill Pharmacy	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by fed. Law.	22-B DCMR 1502.1/21 CFR 1304.21(a)	\$2,000	Sent to OAH

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		(Failure to have accurate records)			
Capitol Hill Pharmacy	Pharmacy	Failure to keep the key or keys to the pharmacy areas under the control or in the possession of the pharmacy on duty or the pharmacy proprietor	DCOC 47-2885.09(C)(4)/22-B DCMR 1910.8	\$2,000	Sent to OAH
Seat Pleasant Drugs, Inc.	Pharmacy	Failure to keep equipment clean and in good operating condition (dirty compounding equipment)	22-B DCMR 1908.4	\$2,000	Sent to OAH
Seat Pleasant Drugs, Inc.	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
CVS Pharmacy #6419	Pharmacy	Failure to keep pharmacy clean and in a sanitary condition. (dusty shelves)	22-B DCMR 1908.2	\$2,000	Sent to OAH
CVS Pharmacy #6419	Pharmacy	Failure to obtain the original written prescription before dispensing a CSII prescription that was transmitted via telephone fax (filled a copy of CSII prescription)	22-B DCMR 1306.4	\$1,000	Sent to OAH
Reliance Pharmacy	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1	\$2,000	Sent to OAH
Alpha Peoples Drugs Pharmacy	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law (biennial Inventory)	22-B DCMR 1502.1/21 CFR 1304.11	\$0	Dismissed
CVS Pharmacy #1363	Pharmacy	Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	22-B DCMR 1306.3	\$1,000	Sent to OAH

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CVS Pharmacy #1363	Pharmacy	Storing expired drugs with currently dated products. The facility had expired drugs stored on the shelf with active in-date drugs	DCOC 47-2885.13(a)/22-B DCMR 1901.6	\$1,000	Sent to OAH
Safeway Pharmacy #4832	Pharmacy	Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	22-B DCMR 1306.3	\$1,000	Sent to OAH
Safeway Pharmacy #4832	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1	\$1,000	Sent to OAH
CVS Pharmacy #7074	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by fed. Law. (Failure to have accurate records)	22-B DCMR 1502.1/21 CFR 1304.21(a)	\$2,000	Sent to OAH
CVS Pharmacy #1358	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by fed. Law. (Failure to have accurate records)	22-B DCMR 1502.1/21 CFR 1304.21(a)	\$1,000	Sent to OAH
CVS Pharmacy #1358	Pharmacy	Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	22-B DCMR 1306.3	\$1,000	Sent to OAH
Metro care Pharmacy	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by fed. Law. (Failure to have accurate records).	22-B DCMR 1502.1/21 CFR 1304.11	\$2,000	Sent to OAH
Rite Aid Pharmacy #2653	Pharmacy	Pharmacy technician called the physician for a clarification on a	DCOC 47-2885.09(b)	\$1,000	Sent to OAH

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		prescription. The technician documented the clarification on the prescription			
Heritage Pharmacy Corp	Pharmacy	Failure to post top 100 drugs pricing poster	DCOC 48-801.03	\$500	Sent to OAH
CVS Pharmacy #1346	Pharmacy	Failure to keep pharmacy free of infestation. (rodent dropping in pharmacy)	22-B DCMR 1908.2	\$2,000	Sent to OAH
Foer's Pharmacy at Sibley Hospital	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
Foer's Pharmacy at Sibley Hospital	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by fed. Law. (Failure to keep CSII in voices separate from CSIII-IV).	22-B DCMR 1502.1/21 CFR 1304.21	\$2,000	Sent to OAH
CVS Pharmacy #1362	Pharmacy	Failure to keep pharmacy clean and in a sanitary condition. The pharmacy had dusty shelves and trash on the floor	22-B DCMR 1908.2	\$1,000	Sent to OAH
Columbia Heights Pharmacy	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1	\$2,000	Sent to OAH
H St Pharmacy and Wellness Center	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1	\$2,000	Sent to OAH
Capitol Hill Pharmacy	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1	\$2,000	Sent to OAH
CVS Pharmacy #1363	Pharmacy	Failure to maintain required equipment consistent with the pharmacy scope of practice - balance not calibrated in	22-B DCMR 1909.2-1909.5	\$250	Sent to OAH

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		the last 6 months (08/24/2016)			
Safeway Pharmacy #2737	Pharmacy	Failure to maintain required equipment consistent with the pharmacy scope of practice - balance not calibrated in the last 6 months (12/30/2015)	22-B DCMR 1909.2-1909.5	\$500	Sent to OAH
Palisades Pharmacy	Pharmacy	Failure to prominently display sign regarding drug substitution	DCOC 48-803.03(a)	\$500	Sent to OAH
Grubbs Pharmacy	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
CVS Pharmacy #1360	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$1,000	Sent to OAH
CVS Pharmacy #1360	Pharmacy	Storing misbranded drugs with currently dated products	DCOC 47-2885.10(a)(3)	\$2,000	Sent to OAH
CVS Pharmacy #1360	Pharmacy	Failure to keep pharmacy storage area dry. (wet ceiling)	22-B DCMR 1908.3	\$1,000	Sent to OAH
Good Hope Care Pharmacy	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
Giant Pharmacy #378	Pharmacy	Failure to keep pharmacy clean and sanitary; dusty vents	22-B DCMR 1908.2	\$2,000	Sent to OAH
Giant Pharmacy #378	Pharmacy	Failure to remove trash in a timely and sanitary manner	22-B DCMR 1908.6	\$2,000	Sent to OAH
Flexcare Pharmacy	Pharmacy	Failing to have refrigeration facilities exclusively for cold storage of drugs	22B-1907.4(i)	\$1,000	Sent to OAH
Cathedral Pharmacy	Pharmacy	Failure to maintain required equipment consistent with the pharmacy scope of practice - balance not calibrated in the last 6 months	22-B DCMR 1909.2-1909.5	\$500	Sent to OAH

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Good Hope Care Pharmacy	Pharmacy	Failure to post top 100 drugs pricing poster	DCOC 48-801.03	\$500	Sent to OAH
Good Hope Care Pharmacy	Pharmacy	Failure to prominently display sign regarding drug substitution	DCOC 48-801.03a	\$500	Sent to OAH
Good Hope Care Pharmacy	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
CVS Pharmacy #2174	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$1,000	Sent to OAH
CVS #22	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by fed. Law. (Failure to have accurate records)	22-B DCMR 1502.1/21 CFR 1304.21(a)	\$2,000	Sent to OAH
Walgreens #4957	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by fed. Law. (Failure to have accurate records)	22-B DCMR 1502.1/21 CFR 1304.21(a)	\$2,000	Sent to OAH
CVS #2834	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by fed. Law. (Failure to have accurate records)	22-B DCMR 1502.1/21 CFR 1304.21(a)	\$2,000	Sent to OAH
CVS #1338	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by fed. Law. (Failure to have accurate records)	22-B DCMR 1502.1/21 CFR 1304.21(a)	\$2,000	Sent to OAH
Nations Care	Pharmacy	Failure to have biennial inventory	22-B DCMR 1502.1/21 CFR 1304.11	\$2,000	Sent to OAH
Nations Care	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH

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Fort Lincoln Pharmacy and Medical Equipment	Pharmacy	Failure to have hot water	22-B DCMR 1907.4(g)	\$2,000	Sent to OAH
Safeway Pharmacy #1445	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1/21 CFR 1304.21(a)	\$2,000	Sent to OAH
CVS Pharmacy #1360	Pharmacy	Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	22-B DCMR 1306.3	\$2,000	Sent to OAH
CVS Pharmacy #1360	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1	\$2,000	Sent to OAH
Dupont Circle Pharmacy	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1/21 CFR 1304.21(a)	\$2,000	Sent to OAH
Grubb's Pharmacy SE	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1/21 CFR 1304.21(a)	\$2,000	Sent to OAH
Walgreens Pharmacy #15953	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1/21 CFR 1304.21(a)	\$2,000	Sent to OAH
Walgreens Pharmacy #15953	Pharmacy	Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	22-B DCMR 1306.3	\$2,000	Sent to OAH
Morgan Care Pharmacy	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1/21 CFR 1304.21(a)	\$2,000	Sent to OAH

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Mount Pleasant Pharmacy	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1/21 CFR 1304.21(a)	\$2,000	Sent to OAH
Tschiffely Pharmacy	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law (Failure to have biennial inventory)	22-B DCMR 1502.1/21 CFR 1304.11	\$2,000	Sent to OAH
Tschiffely Pharmacy	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1/21 CFR 1304.21(a)	\$2,000	Sent to OAH
CVS Pharmacy #1365	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1/21 CFR 1304.21(a)	\$2,000	Sent to OAH
CVS Pharmacy #1365	Pharmacy	Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	22-B DCMR 1306.3	\$2,000	Sent to OAH
CVS Pharmacy #0021	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1/21 CFR 1304.21(a)	\$2,000	Sent to OAH
Neighborhood Pharmacy	Pharmacy	Failure to maintain required equipment (scale)	22-B DCMR 1909.2-1909.5	\$500	Sent to OAH
CVS Pharmacy #1335	Pharmacy	Failure to keep pharmacy storage area dry and well ventilated	22-B DCMR 1908.3	\$2,000	Sent to OAH
Safeway Pharmacy #2808	Pharmacy	Failure to keep pharmacy clean and in a sanitary condition. (dusty shelves)	22-B DCMR 1908.2	\$2,000	Sent to OAH
Safeway Pharmacy #4205	Pharmacy	Failure to keep pharmacy clean and in a sanitary condition. (dusty vial drawer)	22-B DCMR 1908.2	\$2,000	Sent to OAH

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CVS Pharmacy #1363	Pharmacy	Failure to keep pharmacy storage area dry. (wet ceiling)	22-B DCMR 1908.3	\$2,000	Sent to OAH
CVS Pharmacy #1363	Pharmacy	Failure to keep pharmacy clean and in a sanitary condition. (dusty shelves)	22-B DCMR 1908.2	\$2,000	Sent to OAH
CVS Pharmacy #1363	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
Unity Pharmacy Upper Cardoza	Pharmacy	Storing misbranded drugs with currently dated products	DCOC 47-2885.10(a)(3)	\$2,000	Sent to OAH
Walmart Pharmacy #3035	Pharmacy	Failure to keep pharmacy clean and in a sanitary condition. (dusty shelves)	22-B DCMR 1908.2	\$2,000	Sent to OAH
Giant Pharmacy #384	Pharmacy	Failure to keep pharmacy clean and in a sanitary condition. (dusty shelves)	22-B DCMR 1908.2	\$2,000	Sent to OAH
Giant Pharmacy #384	Pharmacy	Failure of pharmacy to have hot water	22-B DCMR 1907.4(g)	\$1,000	Sent to OAH
Giant Pharmacy #384	Pharmacy	Failure to keep pharmacy plumbing facilities in good repair	22-B DCMR 1908.8	\$2,000	Sent to OAH
Rite Aid Walgreens #4957	Pharmacy	Failure of Pharmacist to direct and supervise compounding	22-B DCMR 1911.8	\$2,000	Sent to OAH
CVS Pharmacy #1349	Pharmacy	Failure to keep pharmacy clean and in a sanitary condition. (dusty shelves)	22-B DCMR 1908.2	\$2,000	Sent to OAH
CVS Pharmacy #1349	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
CVS Pharmacy #2787	Pharmacy	Failure to keep pharmacy clean and in a sanitary condition. (dusty shelves)	22-B DCMR 1908.2	\$2,000	Sent to OAH
CVS Pharmacy #2490	Pharmacy	Storing misbranded drugs with currently dated products	DCOC 47-2885.10(a)(3)	\$2,000	Sent to OAH
CVS Pharmacy #2490	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH

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CVS Pharmacy #1839	Pharmacy	Failure to keep pharmacy clean and in a sanitary condition. (dusty shelves)	22-B DCMR 1908.2	\$2,000	Sent to OAH
CVS Pharmacy #1839	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
Safeway Pharmacy #1445	Pharmacy	Failure to maintain required equipment (scale)	22-B DCMR 1909.2-1909.5	\$500	Sent to OAH
Safeway Pharmacy #1445	Pharmacy	Failure to keep pharmacy clean and in a sanitary condition. (dusty shelves)	22-B DCMR 1908.2	\$2,000	Sent to OAH
Walgreens Pharmacy #16049	Pharmacy	Storing misbranded drugs with currently dated products	DCOC 47-2885.10(a)(3)	\$2,000	Sent to OAH
Super Pharmacy	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
Super Pharmacy	Pharmacy	Failure to keep pharmacy clean and in a sanitary condition. (dusty shelves)	22-B DCMR 1908.2	\$2,000	Sent to OAH
Columbia Heights Pharmacy	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
Columbia Heights Pharmacy	Pharmacy	Failure to keep pharmacy storage area dry. (wet ceiling)	22-B DCMR 1908.3	\$2,000	Sent to OAH
Foer's Pharmacy	Pharmacy	Failure to keep pharmacy clean and in a sanitary condition. (dusty shelves)	22-B DCMR 1908.2	\$2,000	Sent to OAH
Foer's Pharmacy	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
Foer's Pharmacy at Sibley's Hospital	Pharmacy	Failure to maintain required equipment (scale)	22-B DCMR 1909.2-1909.5	\$500	Sent to OAH
Foer's Pharmacy at Sibley Hospital	Pharmacy	Storing misbranded drugs with currently dated products	DCOC 47-2885.10(a)(3)	\$2,000	Sent to OAH
Foer's Pharmacy at Sibley Hospital	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH

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CVS Pharmacy #2378	Pharmacy	Failure to keep pharmacy clean and in a sanitary condition. (dusty shelves)	22-B DCMR 1908.2	\$2,000	Sent to OAH
CVS Pharmacy #1337	Pharmacy	Failure to notify the Director within 30 days after change in pharmacist-in-charge	22-B DCMR 1902.8	\$1,000	Sent to OAH
CVS Pharmacy #1337	Pharmacy	Failure to maintain pharmacy storage area temperature compatible with proper storage of drugs	22B-1907.4(i)	\$1,000	Sent to OAH
CVS Pharmacy #1337	Pharmacy	Failure to keep pharmacy clean and in a sanitary condition. (dusty vent)	22-B DCMR 1908.2	\$2,000	Sent to OAH
CVS Pharmacy #1337	Pharmacy	Failure to keep pharmacy storage areas dry	22-B DCMR 1908.3	\$2,000	Sent to OAH
CVS Pharmacy #1842	Pharmacy	Failure of pharmacy to have hot water	22-B DCMR 1907.4(g)	\$1,000	Sent to OAH
CVS Pharmacy #1842	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
New Hampshire Pharmacy	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
New Hampshire Pharmacy	Pharmacy	Failure to keep pharmacy storage area dry. (wet ceiling)	22-B DCMR 1908.3	\$2,000	Sent to OAH
New Hampshire Pharmacy	Pharmacy	Storing misbranded drugs with currently dated products	DCOC 47-2885.10(a)(3)	\$2,000	Sent to OAH
New Hampshire Pharmacy	Pharmacy	Failure to maintain pharmacy storage area temperature compatible with proper storage of drugs	22B-1907.4(i)	\$1,000	Sent to OAH
CVS Pharmacy #7074	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH

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CVS Pharmacy #7074	Pharmacy	Failure to keep pharmacy clean and in sanitary condition	22-B DCMR 1908.2	\$2,000	Sent to OAH
CVS Pharmacy #6214	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
Tschiffely Pharmacy K St Inc.	Pharmacy	Failure to keep pharmacy clean and in a sanitary condition. (dusty shelves)	22-B DCMR 1908.2	\$2,000	Sent to OAH
Tschiffely Pharmacy K St Inc.	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
Genoa Healthcare Pharmacy	Pharmacy	Failure of Pharmacist to direct and supervise compounding	22-B DCMR 1911.8	\$2,000	Sent to OAH
Genoa Healthcare Pharmacy	Pharmacy	Failure to post top 100 drugs pricing poster	DCOC 48-801.03	\$500	Sent to OAH
CVS Pharmacy #1362	Pharmacy	Failure to post top 100 drugs pricing poster	DCOC 48-801.03	\$500	Sent to OAH
CVS Pharmacy #1362	Pharmacy	Failure to keep pharmacy clean and in a sanitary condition. (dusty shelves)	22-B DCMR 1908.2	\$2,000	Sent to OAH
CVS Pharmacy #1362	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
Cathedral Pharmacy	Pharmacy	Storing misbranded drugs with currently dated products	DCOC 47-2885.10(a)(3)	\$2,000	Sent to OAH
Capitol Hill Pharmacy	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
Capitol Hill Pharmacy	Pharmacy	Storing misbranded drugs with currently dated products	DCOC 47-2885.10(a)(3)	\$2,000	Sent to OAH
Rite Aid Pharmacy #04822	Pharmacy	Storing misbranded drugs with currently dated products	DCOC 47-2885.10(a)(3)	\$2,000	Sent to OAH
Morton 8th St Pharmacy LLC	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Paid
State Pharmacy	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Paid

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State Pharmacy	Pharmacy	Failure to have biennial inventory	22-B DCMR 1502.1/21 CFR 1304.11	\$2,000	Paid
State Pharmacy	Pharmacy	Storing misbranded drugs with currently dated products	DCOC 47-2885.10(a)(3)	\$2,000	Paid
State Pharmacy	Pharmacy	Failure of Pharmacy to have toilet paper in the restroom	22-B DCMR 1908.7	\$2,000	Paid
Harris Teeter Pharmacy #352	Pharmacy	Storing misbranded drugs with currently dated products	DCOC 47-2885.10(a)(3)	\$2,000	Sent to OAH
Harris Teeter Pharmacy #352	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
Harris Teeter Pharmacy #352	Pharmacy	Failure to keep pharmacy clean and in a sanitary condition. (dusty shelves)	22-B DCMR 1908.2	\$2,000	Sent to OAH
Kaiser Permanente Cap Hill Outpatient Pharmacy	Pharmacy	Storing misbranded drugs with currently dated products	DCOC 47-2885.10(a)(3)	\$2,000	Sent to OAH
Kaiser Permanente Capitol Hill Outpatient Pharmacy	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1	\$2,000	Sent to OAH
Neighborhood Pharmacy	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
Neighborhood Pharmacy	Pharmacy	Storing misbranded drugs with currently dated products	DCOC 47-2885.10(a)(3)	\$2,000	Sent to OAH
Neighborhood Pharmacy	Pharmacy	Failure to keep pharmacy clean and in a sanitary condition. (dusty shelves)	22-B DCMR 1908.2	\$2,000	Sent to OAH
Walgreens Pharmacy #16049	Pharmacy	Failure to keep pharmacy clean and in sanitary condition	22-B DCMR 1908.2	\$2,000	Sent to OAH
Walgreens Pharmacy #16049	Pharmacy	Storing misbranded drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH

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Walgreens Pharmacy #16049	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1/21 CFR 1304.21(a)	\$2,000	Sent to OAH
CVS Pharmacy #22	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1	\$2,000	Sent to OAH
CVS Pharmacy #1338	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
CVS Pharmacy #1338	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1	\$2,000	Sent to OAH
Walgreens Pharmacy#4957	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1	\$2,000	Sent to OAH
CVS Pharmacy #2834	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1	\$2,000	Sent to OAH
CVS Pharmacy #2834	Pharmacy	Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	22-B DCMR 1306.3	\$2,000	Sent to OAH
CVS Pharmacy #1358	Pharmacy	Failure to keep pharmacy storage area dry. (wet ceiling)	22-B DCMR 1908.3	\$2,000	Sent to OAH
CVS Pharmacy #7102	Pharmacy	Failure to keep pharmacy clean and in a sanitary condition. (dusty shelves)	22-B DCMR 1908.2	\$2,000	Sent to OAH
CVS Pharmacy #7102	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
CVS Pharmacy #10415	Pharmacy	Failure to maintain clean and sanitary restroom facilities	22-B DCMR 1908.2	\$2,000	Sent to OAH

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CVS Pharmacy #2527	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1	\$2,000	Sent to OAH
CVS Pharmacy #1343	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1	\$2,000	Sent to OAH
CVS Pharmacy #1343	Pharmacy	Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	22-B DCMR 1306.3	\$2,000	Sent to OAH
CVS Pharmacy #2847	Pharmacy	Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	22-B DCMR 1306.3	\$2,000	Sent to OAH
CVS Pharmacy #2787	Pharmacy	Failure to maintain clean and sanitary restroom facilities	22-B DCMR 1908.2	\$2,000	Sent to OAH
CVS Pharmacy #2787	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1	\$2,000	Sent to OAH
Harris Teeter Pharmacy #282	Pharmacy	Failure to maintain required equipment consistent with the pharmacy scope of practice - balance not calibrated in the last 6 months	22-B DCMR 1909.2-1909.5	\$500	Sent to OAH
Harris Teeter #352	Pharmacy	Failure of pharmacy to have a goose-neck faucet; Hot and cold water (water peaked at 80.6 degrees)	22-B DCMR 1907.4(g)	\$1,000	Sent to OAH
Safeway Pharmacy #4832	Pharmacy	Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials	22-B DCMR 1306.3	\$2,000	Sent to OAH

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		of person who dispensed the drug			
DCA Hadley Hospital	Pharmacy	Failure to have hot water (temperature 100 degrees)	22-B DCMR 1907.4(g)	\$2,000	Sent to OAH
DCA Hadley Hospital	Pharmacy	Failure to execute DEA 222 forms as required by law	22 DCMR 1502.1/21 CFR 1305.13	\$4,000	Sent to OAH
Walgreens Pharmacy #15360	Pharmacy	Failure to have hot water	22-B DCMR 1907.4(g)	\$2,000	Sent to OAH
CVS Pharmacy #1340	Pharmacy	Failure to conspicuously post DCCS registration	22-B DCMR 1901.3	\$500	Sent to OAH
CVS Pharmacy #1340	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1/21 CFR 1304.21(a)	\$2,000	Sent to OAH
CVS Pharmacy #1340	Pharmacy	Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	22-B DCMR 1306.3	\$2,000	Sent to OAH
UMC Pharmacy	Pharmacy	Failure to keep pharmacy clean and in sanitary condition	22-B DCMR 1908.2	\$2,000	Sent to OAH
UMC Pharmacy	Pharmacy	Failure to keep equipment clean and in good operating condition (dirty compounding equipment)	22-B DCMR 1908.4	\$2,000	Sent to OAH
UMC Pharmacy	Pharmacy	Failure to keep required log of compounded or repackaged or prepackaged drugs	DCOC 47-2885.15(a)/22-B DCMR 1911.9	\$2,000	Sent to OAH
PIW Pharmacy	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law (Failure to have biennial inventory)	22-B DCMR 1502.1/21 CFR 1304.11	\$2,000	Sent to OAH

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CVS Pharmacy #10685	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by fed. Law. (Failure to have accurate records)	22-B DCMR 1502.1/21 CFR 1304.11	\$2,000	Sent to OAH
CVS Pharmacy #10685	Pharmacy	Failure of pharmacy to have restroom areas in an area reasonably accessible to pharmacy personnel and supplied with a hand washing sink, soap	22-B DCMR 1908.7	\$2,000	Sent to OAH
CVS Pharmacy #5674	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1	\$2,000	Sent to OAH
CVS Pharmacy #5674	Pharmacy	Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	22-B DCMR 1306.3	\$2,000	Sent to OAH
Safeway Pharmacy #1276	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1/21 CFR 1304.21(a)	\$2,000	Sent to OAH
CVS Pharmacy #1841	Pharmacy	Failure to maintain required equipment consistent with the pharmacy scope of practice - balance not calibrated in the last 6 months	22-B DCMR 1909.2-1909.5	\$500	Sent to OAH
Super Pharmacy	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law (Failure to have biennial inventory)	22-B DCMR 1502.1/21 CFR 1304.11	\$2,000	Sent to OAH
Super Pharmacy	Pharmacy	Failure to execute DEA 222 forms as required by law	22-B DCMR 1502.1/21 CFR 1305.13(e)	\$2,000	Sent to OAH

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AHF Pharmacy	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1/21 CFR 1304.21(a)	\$2,000	Sent to OAH
Walgreens Co. Rite Aid Pharmacy #03873	Pharmacy	Failure to keep pharmacy clean and in sanitary condition	22-B DCMR 1908.2	\$2,000	Sent to OAH
CVS Pharmacy #1338	Pharmacy	Failure to keep pharmacy clean and in a sanitary condition. (dusty shelves)	22-B DCMR 1908.2	\$2,000	Sen to OAH
CVS Pharmacy #1334	Pharmacy	Failure to keep pharmacy clean and in a sanitary condition. (dusty shelves)	22-B DCMR 1908.2	\$2,000	Sent to OAH
CVS Pharmacy #1340	Pharmacy	Failure for pharmacist on duty to conspicuously post his or her pharmacist license	22-B DCMR 1901.3	\$500	Sent to OAH
CVS Pharmacy #1340	Pharmacy	Failure to keep pharmacy clean and in sanitary condition	22-B DCMR 1908.2	\$2,000	Sent to OAH
Safeway Pharmacy #4832	Pharmacy	Failure to keep pharmacy clean and in a sanitary condition. (dusty shelves)	22-B DCMR 1908.2	\$2,000	Sent to OAH
Walgreens Pharmacy #15360	Pharmacy	Failure to prominently display sign regarding drug substitution	DCOC 48-801.03a	\$500	Sent to OAH
Bellevue Pharmacy	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
Bellevue Pharmacy	Pharmacy	Storing misbranded drugs with currently dated products	DCOC 47-2885.10(a)(3)	\$2,000	Sent to OAH
Bellevue Pharmacy	Pharmacy	Failure of pharmacist on duty to post his or her Pharmacist license (expired)	22-B DCMR 1901.3	\$500	Sent to OAH
CVS Pharmacy #10685	Pharmacy	Failure to maintain required equipment (scale)	22-B DCMR 1909.2-1909.5	\$500	Sent to OAH
CVS Pharmacy #1365	Pharmacy	Failure to maintain required equipment (scale)	22-B DCMR 1909.2-1909.5	\$500	Sent to OAH
CVS Pharmacy #1841	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH

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CVS Pharmacy #5674	Pharmacy	Failure to keep pharmacy clean and in sanitary condition	22-B DCMR 1908.2	\$2,000	Sent to OAH
Sibley Memorial Hospital	Pharmacy	Failure to have hot water	22-B DCMR 1907.4(g)	\$1,000	Sent to OAH
Sibley Memorial Hospital	Pharmacy	Failure to execute DEA 222 forms as required by law	22-B DCMR 1502.1/21 CFR 1305.13(e)	\$2,000	Sent to OAH
Sibley Memorial Hospital	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
CVS Pharmacy #1333	Pharmacy	Failure to maintain required equipment consistent with the pharmacy scope of practice - balance not calibrated in the last 6 months	22-B DCMR 1909.2-1909.5	\$500	Paid
CVS Pharmacy #1351	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
CVS Pharmacy #1364	Pharmacy	Failure to keep pharmacy storage area dry. (wet ceiling)	22-B DCMR 1908.3	\$1,000	Paid
CVS Pharmacy #1364	Pharmacy	Failure to keep equipment clean and in good operating condition (dirty compounding equipment)	22-B DCMR 1908.4	\$1,000	Paid
Kaiser Permanente NW	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
Reliance Pharmacy	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
Rite Aid Pharmacy	Pharmacy	Failure to keep pharmacy clean and in a sanitary condition. (dusty shelves)	22-B DCMR 1908.2	\$2,000	Sent to OAH
CVS Pharmacy #1333	Pharmacy	Failure to have hot water	22-B DCMR 1907.4(g)	\$500	Sent to OAH
CVS Pharmacy #1333	Pharmacy	Failure to keep pharmacy clean and sanitary; dusty vents	22-B DCMR 1908.2	\$1,000	Paid
CVS Pharmacy #1333	Pharmacy	Failure to keep equipment clean and in good	22-B DCMR 1908.4	\$1,000	Paid

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		operating condition (dirty compounding equipment)			
CVS Pharmacy #1333	Pharmacy	Storing misbranded drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Paid
CVS Pharmacy #1333	Pharmacy	Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	22-B DCMR 1306.3	\$2,000	Paid
CVS Pharmacy #1333	Pharmacy	Failure to execute DEA 222 forms as required by law	22-B DCMR 1502.1/21 CFR 1305.13(e)	\$2,000	Paid
CVS Pharmacy #10287	Pharmacy	Failure to keep pharmacy clean and in a sanitary condition. (dusty shelves)	22-B DCMR 1908.2	\$2,000	Sent to OAH
CVS Pharmacy #10287	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1/21 CFR 1304.21(a)	\$2,000	Sent to OAH
CVS Pharmacy #10287	Pharmacy	Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	22-B DCMR 1306.3	\$2,000	Sent to OAH
CVS Pharmacy #10287	Pharmacy	Failure to keep required log of compounded drugs	22-B DCMR 1911.9	\$2,000	Sent to OAH
CVS Pharmacy #1335	Pharmacy	Failure to post top 100 drugs pricing poster	DCOC 48-801.03	\$500	Sent to OAH
CVS Pharmacy #1335	Pharmacy	Failure of pharmacy to have hot water	22-B DCMR 1907.4(g)	\$1,000	Sent to OAH
CVS Pharmacy #1335	Pharmacy	Failure to keep pharmacy clean and in sanitary condition	22-B DCMR 1908.2	\$2,000	Sent to OAH
CVS Pharmacy #1335	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH

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CVS Pharmacy #1344	Pharmacy	Failure to keep pharmacy clean and in sanitary condition	22-B DCMR 1908.2	\$2,000	Sent to OAH
CVS Pharmacy #1344	Pharmacy	Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	22-B DCMR 1306.3	\$2,000	Sent to OAH
CVS Pharmacy #1344	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1/21 CFR 1304.21(a)	\$2,000	Sent to OAH
Kaiser Permanente NW DC	Pharmacy	Failure of Pharmacist to direct and supervise compounding	22-B DCMR 1911.8	\$2,000	Sent to OAH
Kaiser Permanente NW DC	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1/21 CFR 1304.21(a)	\$2,000	Sent to OAH
Kaiser Permanente NW DC	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
CVS Pharmacy #1346	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
CVS Pharmacy #1346	Pharmacy	Failure to keep pharmacy clean and in a sanitary condition	22-B DCMR 1908.2	\$2,000	Sent to OAH
CVS Pharmacy #1346	Pharmacy	Failure to keep equipment clean and in good operating condition (dirty compounding equipment)	22-B DCMR 1908.4	\$2,000	Sent to OAH
CVS Pharmacy #1334	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
CVS Pharmacy #1334	Pharmacy	Failure to maintain required equipment (scale)	22-B DCMR 1909.2-1909.5	\$500	Sent to OAH
Walgreens Pharmacy #15949	Pharmacy	Failure for pharmacist on duty to conspicuously post	22-B DCMR 1901.3	\$500	Sent to OAH

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		his or her pharmacist license			
CVS Pharmacy #2330	Pharmacy	Failure to have hot water	22-B DCMR 1907.4(g)	\$1,000	Sent to OAH
CVS Pharmacy #2330	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
CVS Pharmacy #1344	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
Nations Care Pharmacy	Pharmacy	Failure to dispense drugs in new and clean containers or original manufacture packaging	22-B DCMR 1911.2	\$2,000	Sent to OAH
Nations Care Pharmacy	Pharmacy	Failure to have biennial inventory	22-B DCMR 1502.1/21 CFR 1304.11	\$2,000	Sent to OAH
Nations Care Pharmacy	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
Nations Care Pharmacy	Pharmacy	Failure to keep pharmacy plumbing facilities in good repair	22-B DCMR 1908.8	\$2,000	Sent to OAH
Nations Care Pharmacy	Pharmacy	Failure to have refrigeration facilities exclusively for cold storage drugs	22-B DCMR 1907.4(i)	\$1,000	Sent to OAH
Nations Care Pharmacy	Pharmacy	Failure to keep pharmacy clean and in sanitary condition	22-B DCMR 1908.2	\$2,000	Sent to OAH
CVS Pharmacy #1362	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1	\$2,000	Sent to OAH
Walgreens Pharmacy #15953	Pharmacy	Failure to maintain required equipment (scale)	22-B DCMR 1909.2-1909.5	\$500	Sent to OAH
CVS Pharmacy #2834	Pharmacy	Failure to keep pharmacy clean and in a sanitary condition	22-B DCMR 1908.2	\$2,000	Sent to OAH

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CVS Pharmacy #1354	Pharmacy	Failure to keep pharmacy refrigerator ice box clean	22-B DCMR 1907.5	\$2,000	Sent to OAH
CVS Pharmacy #1354	Pharmacy	Failure to keep pharmacy refrigerator ice box clean	22-B DCMR 1907.5	\$2,000	Sent to OAH
CVS Pharmacy #1342	Pharmacy	Storing misbranded drugs with currently dated products	DCOC 47-2885.10(a)(3)	\$2,000	Sent to OAH
Mount Pleasant Pharmacy	Pharmacy	Storing misbranded drugs with currently dated products	DCOC 47-2885.10(a)(3)	\$2,000	Sent to OAH
CVS Pharmacy #4546	Pharmacy	Failure to keep pharmacy clean and in sanitary condition	22-B DCMR 1908.2	\$2,000	Sent to OAH
CVS Pharmacy #4546	Pharmacy	Failure to keep pharmacy and storage areas dry	22-B DCMR 1908.3	\$2,000	Sent to OAH
CVS Pharmacy #4546	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
CVS Pharmacy #0021	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
CVS Pharmacy #0021	Pharmacy	Failure to keep pharmacy and storage areas dry and well ventilated	22-B DCMR 1908.3	\$2,000	Sent to OAH
CVS Pharmacy #0021	Pharmacy	Failure to maintain clean and sanitary restroom facilities	22-B DCMR 1908.2	\$2,000	Sent to OAH
State Pharmacy	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1	\$2,000	Sent to OAH
State Pharmacy	Pharmacy	Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	22-B DCMR 1306.3	\$2,000	Sent to OAH

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State Pharmacy	Pharmacy	Failure to execute DEA 222 forms as required by law	22-B DCMR 1502.1/21 CFR 1305.13(e)	\$2,000	Sent to OAH
Grubbs Care Pharmacy SE	Pharmacy	Storing misbranded drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
Grubbs Care Pharmacy SE	Pharmacy	Failure to store drug in proper and safe manner	22-B DCMR 1911.11	\$2,000	Sent to OAH
Grubbs Care Pharmacy SE	Pharmacy	Reuse of manufacture bottle or container	22-B DCMR 1911.4	\$2,000	Sent to OAH
Grubbs Care Pharmacy SE	Pharmacy	Failure to keep pharmacy clean and in a sanitary condition	22-B DCMR 1908.2	\$2,000	Sent to OAH
Grubbs Specialty Pharmacy NW	Pharmacy	Failure to keep pharmacy free of infestation	22-B DCMR 1908.2	\$2,000	Sent to OAH
Grubbs Specialty Pharmacy NW	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1	\$2,000	Sent to OAH
Grubbs Specialty Pharmacy NW	Pharmacy	Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	22-B DCMR 1306.3	\$2,000	Sent to OAH
Grubbs Specialty Pharmacy NW	Pharmacy	Failure to put in place system to assign a secure identification for each pharmacist for use on verification of records	22-B DCMR 1913.6	\$2,000	Sent to OAH
Grubbs Specialty Pharmacy NW	Pharmacy	Obtaining drugs or medical devices from a non-registered entity	22-B DCMR 1901.7	\$2,000	Sent to OAH

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Pharmaceutical Control Division

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Name of Facility	Type of Facility	Description of Infraction	Citation	Fine	Status
Foer's Pharmacy	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1	\$2,000	Sent to OAH
State Pharmacy	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1	\$2,000	Paid
State Pharmacy	Pharmacy	Failure to maintain required equipment (scale)	22-B DCMR 1909.2-1909.5	\$500	Paid
Morgan Care Pharmacy	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1	\$2,000	Paid
CVS Pharmacy #1348	Pharmacy	Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	22-B DCMR 1306.3	\$2,000	Sent to OAH
Bellevue Pharmacy	Pharmacy	Failure to keep required log of compounded drugs	22-B DCMR 1911.9	\$2,000	Sent to OAH
Bellevue Pharmacy	Pharmacy	Failure to execute DEA 222 forms as required by law	22 DCMR 1502.1/21 CFR 1305.13	\$2,000	Sent to OAH
Bellevue Pharmacy	Pharmacy	Failure to keep pharmacy clean and in sanitary condition	22-B DCMR 1908.2	\$2,000	Sent to OAH
Bellevue Pharmacy	Pharmacy	Failure to store drug in proper and safe manner	22-B DCMR 1911.11	\$2,000	Sent to OAH
Bellevue Pharmacy	Pharmacy	Failure of registrant to keep records, maintain	22-B DCMR 1502.1	\$2,000	Sent to OAH

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		inventories and file reports as required by federal law			
Bellevue Pharmacy	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law. (Failure to have an initial inventory)	22-B DCMR 1502.1/21 CFR 1304.11	\$2,000	Sent to OAH
Bellevue Pharmacy	Pharmacy	Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	22-B DCMR 1306.3	\$2,000	Sent to OAH
Nations Care Pharmacy	Pharmacy	Failure to report thefts, suspected diversions, significant losses of drug inventory or the inability to account for such inventory to the director within 48 hours of discovery	22-B DCMR 1901.8	\$2,000	Sent to OAH
Nations Care Pharmacy	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1	\$2,000	Sent to OAH
Alpha Peoples Drugs Pharmacy	Pharmacy	Failure to notify the Director within 30 days after change in pharmacist-in-charge	22-B DCMR 1902.8	\$2,000	Sent to OAH
Alpha Peoples Drugs Pharmacy	Pharmacy	Failure to have hot water	22-B DCMR 1907.4(g)	\$2,000	Sent to OAH
Alpha Peoples Drugs Pharmacy	Pharmacy	Failure to maintain written policies and procedures regarding sanitation standards	22-B DCMR 1900.4	\$2,000	Sent to OAH
Alpha Peoples	Pharmacy	Storing misbranded drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH

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Drugs Pharmacy					
Alpha Peoples Drugs Pharmacy	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1	\$2,000	Sent to OAH
Alpha Peoples Drugs Pharmacy	Pharmacy	Failure to obtain the original written prescription before dispensing a CSII prescription that was transmitted via telephone fax (filed a copy of CSII prescription)	22-B DCMR 1306.4	\$2,000	Sent to OAH
Alpha Peoples Drugs Pharmacy	Pharmacy	Offering to sell misbranded drugs. Dispill pack dispensing label did not include the expiration date of the drugs	22-B DCMR 1901.5		Sent to OAH
Alpha Peoples Drugs Pharmacy	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
CVS Pharmacy #2330	Pharmacy	Failure to have hot water	22-B DCMR 1907.4(g)	\$2,000	Sent to OAH
CVS Pharmacy #2330	Pharmacy	Failure to keep pharmacy clean and in sanitary condition	22-B DCMR 1908.2	\$2,000	Sent to OAH
CVS Pharmacy #2330	Pharmacy	Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	22-B DCMR 1306.3	\$2,000	Sent to OAH
New Hampshire Pharmacy	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1	\$2,000	Sent to OAH

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New Hampshire Pharmacy	Pharmacy	Failure to obtain the original written prescription before dispensing a CSII prescription that was transmitted via telephone fax (filled a copy of CSII prescription)	22-B DCMR 1306.4	\$2,000	Sent to OAH
Alpha Peoples Drugs Pharmacy	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1	\$2,000	Sent to OAH
Flexcare Pharmacy	Pharmacy	Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	22-B DCMR 1306.3	\$2,000	Sent to OAH
Flexcare Pharmacy	Pharmacy	Failure to have biennial inventory	22-B DCMR 1502.1/21 CFR 1304.11	\$2,000	Sent to OAH
Central Pharmacy	Pharmacy	Failure to maintain written policies and procedures regarding sanitation standards	22-B DCMR 1900.4	\$2,000	Sent to OAH
Nations Care Pharmacy	Pharmacy	Storing expired and adulterated drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
Nations Care Pharmacy	Pharmacy	Failure to have hot water	22-B DCMR 1907.4(g)	\$2,000	Sent to OAH
Nations Care Pharmacy	Pharmacy	Failure to have biennial inventory	22-B DCMR 1502.1/21 CFR 1304.11	\$2,000	Sent to OAH
Nations Care Pharmacy	Pharmacy	Failure to keep required prepackaged drugs log	22-B DCMR 1911.9	\$2,000	Sent to OAH
Children's National Medical Center	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1	\$2,000	Sent to OAH
Central Pharmacy	Pharmacy	Failure to keep pharmacy free of infestation	22-B DCMR 1908.2	\$2,000	Sent to OAH

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CVS Pharmacy #2527	Pharmacy	Failure to keep pharmacy clean and in sanitary condition	22-B DCMR 1908.2	\$2,000	Sent to OAH
CVS Pharmacy #2527	Pharmacy	Selling or offering for sale adulterated drugs	22-B DCMR 1901.5	\$2,000	Sent to OAH
CVS Pharmacy #2527	Pharmacy	Storing expired drugs with currently dated products	22-B DCMR 1901.6	\$2,000	Sent to OAH
CVS Pharmacy #1363	Pharmacy	Failure to maintain proper storage temperature for drugs stored in medication refrigerator	22-B DCMR 1907.5	\$1,000	Sent to OAH
CVS Pharmacy #1363	Pharmacy	Failure to keep pharmacy clean and in sanitary condition	22-B DCMR 1908.2	\$2,000	Sent to OAH
CVS Pharmacy #1363	Pharmacy	Failure to dispense a drug in an appropriately labeled container	22-B DCMR 1912	\$1,000	Sent to OAH
CVS Pharmacy #1363	Pharmacy	Failure of registrant to keep records, maintain inventories and file reports as required by federal law	22-B DCMR 1502.1	\$2,000	Sent to OAH
CVS Pharmacy #1363	Pharmacy	Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	22-B DCMR 1306.3	\$2,000	Sent to OAH

Medical Marijuana & Integrative Therapy

Division of Medical Marijuana & Integrative Therapy – The fines levied during FY19 and FY20 to date are listed in the charts below. A total of one NOI was generated in FY19 and nine NOIs have been generated in FY20, to date.

FY2019

Name of Establishment	Type of Establishment	Infraction Description	Fine Amount	Status
National Holistic Healing Center	Dispensary	Failure to denote 2% of its annual gross revenue to provide medical marijuana on a sliding scale to qualifying patients determined eligible.	\$ 2,000.00	Admitted with Explanation & Paid Fine

FY2020

Name of Establishment	Type of Establishment	Infraction Description	Fine Amount	Status
DC Holistic Wellness	Dispensary	Selling more than the limit of 4 ounces in a rolling 30-day period to patients.	\$ 2,000.00	Sent to OAH
DC Holistic Wellness	Dispensary	Selling more than the limit of 4 ounces in a rolling 30-day period to patients.	\$ 2,000.00	Sent to OAH
Anacostia Organics	Dispensary	Selling more than the limit of 4 ounces in a rolling 30-day period to patients.	\$ 2,000.00	Sent to OAH
Metropolitan Wellness Center	Dispensary	Selling more than the limit of 4 ounces in a rolling 30-day period to patients.	\$ 2,000.00	Sent to OAH
Herbal Alternatives	Dispensary	Failure to have a Department approved manager present (in the absence of an owner) at the registered premises during the hours that the dispensary is open.	\$ 2,000.00	Sent to OAH

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Metropolitan Wellness Center	Dispensary	Failure to keep and maintain upon the registered premises true, complete, and current books and records which includes invoices that adequately and fully reflect all purchases and sales of medical marijuana made to and by the dispensary.	\$ 2,000.00	Sent to OAH
DC Holistic Wellness	Dispensary	Failure to notify the Department of name change	\$100.00	Sent to OAH
DC Holistic Wellness	Dispensary	Failure to keep and maintain upon the registered premises true, complete, and current books and records which includes invoices that adequately and fully reflect all purchases and sales of medical marijuana made to and by the dispensary.	\$ 2,000.00	Sent to OAH
Metropolitan Wellness Center	Dispensary	Failure to keep and maintain upon the registered premises true, complete, and current books and records which includes invoices that adequately and fully reflect all purchases and sales of medical marijuana made to and by the dispensary. Failure to wear uniform registration ID card from the Department.	\$ 2,500.00	Sent to OAH

Q77: Please provide the number of Catheter-Associated Urinary Tract Infections (“CAUTI”), Central Line Associated Blood Stream Infections (“CLABSI”), and any other Hospital Acquired Infection that HRLA tracks for each Washington D.C. area hospital in FY19 and FY20 to date.

Response:

Aggregated CAUTI and CLABSI data for eight short-term acute care facilities in Washington D.C. Individual facility-level data is not made public as per the data sharing agreement. Note: Providence Hospital closed on April 30, 2019.

Table 1. Number of CAUTIs and SIR by Fiscal Year for DC Short-Term Acute Care Facilities, 2017-2019¹

Year	# of CAUTIs Observed	# of CAUTIs Predicted	Catheter Days	SIR	SIR p-value	95% Confidence Interval	SIR Percentile
FY20 to date*	16	33.818	24360	0.473	0.0008	0.280, 0.752	30
FY19*	94	121.52	86,201	0.774	0.0098	0.629, 0.942	53

Table 2. Number of CLABSIs and SIR by Fiscal Year for DC Short-Term Acute Care Facilities, 2017-2019¹

Year	# of CLABSIs Observed	# of CLABSIs Predicted	Central Line Days	SIR	SIR p-value	95% Confidence Interval	SIR Percentile
FY20 to date*	16	33.818	24360	0.473	0.0008	0.280, 0.752	30
FY19*	94	121.52	86,201	0.774	0.0098	0.629, 0.942	53

¹ Note: Data not finalized. Facilities are not required to submit their finalized data to CMS (via NHSN) until 5 months after the end of each quarter (<https://www.cdc.gov/nhsn/pdfs/cms/cms-reporting-requirements-deadlines.pdf>).

1. This report includes CAUTI data from acute care hospitals for 2015 and forward.
2. The SIR is only calculated if the number predicted (numPred) is ≥ 1 . Lower bound of 95 percent. Confidence Interval only calculated when number of observed events > 0 .
3. The number of predicted events is calculated based on national aggregate NHSN data from 2015. It is risk adjusted for CDC location, hospital beds medical school affiliation type, and facility type.
4. If the risk factor data are missing, the record will be excluded from the SIR.
5. Source of aggregate data: 2015 National Healthcare Safety Network (NHSN) CAUTI Data.
6. Data contained in this report were last generated on February 11, 2020 at 8:33 AM

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Q78: How many professional licenses were issued in FY19 and to date in FY20? Please provide information for each health profession and a breakdown by new and renewal license type.

Response:

BOARD	LICENSE TYPE	FY19		FY20		Total Active Licenses
		NEW	RENEWED	NEW	RENEWED	
Medicine	Medicine and Surgery (MD)	1,030	9,332	158	0	10,919
	Osteopathy and Surgery (DO)	92	332	16	0	452
	Physician Assistant	127	590	59	0	836
	Acupuncturist	17	160	3	0	192
	Anesthesiologist Assistant	20	67	1	0	93
	Naturopathic Physician	8	49	1	0	59
	Surgical Assistant	10	107	0	0	137
	Polysomnographic Technologist	5	63	2	0	74
	Polysomnographic Technician	0	0	0	0	1
	Polysomnographic Trainee	3	3	0	0	8
	Medical Training License I(A)	342	2	2	0	1,073
	Medical Training License I(B)	102	0	2	0	372
	Medical Training License II	12	0	2	0	27
	Trauma Technologist	0	5	0	0	5
	Medical Training Registrant	370	0	134	0	551
TOTAL:		2,138	10,710	380	0	14,799
Chiropractic	Chiropractor	20	148 ¹	0	0	109
	Ancillary Procedures – Physiotherapy	12	0	0	0	0
TOTAL:		32	148	0	0	109

¹ Due to changes in the licensure renewal system, the data for “Chiropractor” renewals includes “Ancillary Procedures – Physiotherapy”; the information could not be separated.

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<i>Marriage & Family Therapy</i>	Licensed Marriage and Family Therapist	10	113	5	0	130
TOTAL:		10	113	5	0	130
BOARD	LICENSE TYPE	FY19		FY20		Total Active Licenses
		NEW	RENEWED	NEW	RENEWED	
<i>Audiology & Speech-Language Pathology</i>	Audiologist	18	86	8	0	122
	Audiology Assistant	3	0	0	0	3
	Speech-Language Pathologist	96	602	31	0	796
	Speech-Language Pathologist Assistant ²	10	0	0	0	18
	SLP Clinical Fellow ³	20	0	8	0	35
TOTAL:		147	688	47	0	974
<i>Nursing Home Administration</i>	Nursing Home Administrator	39	0	2	0	65
TOTAL:		39	0	2	0	65
<i>Nursing</i>	Licensed Practical Nurse	113	1,757	0	0	1,968
	Registered Nurse	3,824	0	1,216	0	28,167
	Registered Nurse Anesthetist	16	0	1	0	194
	Nurse Practitioner	215	0	105	0	2,364
	Certified Nurse Midwife	11	0	0	0	146
	Clinical Nurse Specialist	0	0	0	0	49
	Trained Medication Employee	347	441	68	1,227	1,842
	Home Health Aide	537	2,679	178	4,653	7,709
TOTAL:		5,063	4,877	1,568	5,880	42,439
<i>Podiatry</i>	Podiatrist	16	0	2	9	160
TOTAL:		16	0	2	9	160
<i>Dentistry</i>	Dentist	96	1,528	14	1,132	1,165
	Dental Hygienist	28	582	10	459	481

² “Speech-Language Pathologist Assistants” began licensure in FY18.

³ “SLP Clinical Fellows” began licensure in FY18.

³ “Audiology Assistant” began licensure in FY18

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	Local Anesthesia and Nitrous Oxide	9	54	0	45	46
	Nitrous Oxide	0	2	0	1	1
	Local Anesthesia	10	100	5	91	93
	Dental Assistant Level 1	24	156	9	100	104
	Dental Assistant Level 2	36	731	12	521	540
	Teaching Licenses	3	3	0	3	0
TOTAL:		206	3,156	50	2,352	2,430
BOARD	LICENSE TYPE	FY19		FY20		Total Active Licenses
		NEW	RENEWED	NEW	RENEWED	
<i>Pharmacy</i>	Pharmacist	192	1,915	58	0	2,169
	Pharmacist Intern	159	0	78	0	594
	Pharmacy Technician	148	774	52	0	966
	Pharmacy Technician Trainee	77	0	17	0	89
	Pharmaceutical Detailers	108	0	48	70	939
	Vaccination and Immunization Agent	100	578	42	0	718
TOTAL:		784	3,267	295	70	5,475
<i>Social Work</i>	Social Work Associate	4	57	1	0	62
	Graduate Social Worker	254	1,110	71	0	1,327
	Independent Social Worker	2	44	2	0	46
	Independent Clinical Social Worker	256	3,200	56	0	3,423
TOTAL:		516	4,411	130	0	4,858
<i>Professional Counseling</i>	Licensed Professional Counselor	92	1,065	26	0	1,223
	Licensed Graduate Professional Counselor	91	167	28	130	324
	Certified Addiction Counselor I	1	92	1	75	95
	Certified Addiction Counselor 2	9	159	0	130	171

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TOTAL:		193	1,483	55	335	1,813
<i>Respiratory Care</i>	Respiratory Care Practitioner	52	671	15	199	763
TOTAL:		52	671	15	199	763
<i>Massage Therapy</i>	Massage Therapist	94	638	27	160	774
TOTAL:		94	638	27	160	774
<i>Physical Therapy</i>	Physical Therapist	181	993	62	458	1,231
	Physical Therapist Assistant	22	70	6	20	97
TOTAL:		203	1,063	68	478	1,328
<i>Psychology</i>	Psychologist	77	0	22	1,262	1,343
	Psychology Associate	54	0	13	76	114
TOTAL:		131	0	35	1,338	1,457

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BOARD	LICENSE TYPE	FY19		FY20		Total Active Licenses
		NEW	RENEWED	NEW	RENEWED	
<i>Occupational Therapy</i>	Occupational Therapist	106	646	37	27	739
	Occupation Therapy Assistant	12	44	7	2	61
	Dance Therapist	0	0	0	0	4
	Recreation Therapist	5	0	2	10	41
TOTAL:		123	690	46	39	845
<i>Dietetics and Nutrition</i>	Dietician	79	102	29	318	628
	Nutritionist	3	14	0	40	73
TOTAL:		82	116	29	358	701
<i>Optometry</i>	Optometrist	16	0	4	24	232
	Diagnostic Pharmacy Agent	17	0	4	20	204
	Therapeutic Pharmacy Agent	16	0	4	20	210
TOTAL:		49	0	12	64	646
<i>Pharmaceutical Control</i>	Controlled Substance ⁴	409	2,145	235	6,824	8,568
	Resident Pharmacy	13	0	4	0	172
	Non-Resident Pharmacy	126	1	40	0	789
	Non-Resident Wholesaler	72	208	13	0	366
	Resident Manufacturer	0	1	0	12	2
	Non-Resident Manufacturer	57	153	22	73	377
	Resident Distributor	5	2	0	0	28
	Non-Resident Distributor	64	291	22	137	537
	Hearing Aid Clinic	0	13	0	3	14

⁴ "Controlled Substances" includes those registrations for physicians, physician assistants, nurse practitioners, and any other authorized prescribers.

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	Non-Pharmacy Facility	0	0	3	48	387
	Substance Abuse Facility	1	0	0	4	5
	Yellow Fever Stamp Permit	1	1	0	28	40
TOTAL:		748	2,815	339	7,129	11,285

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BOARD	LICENSE TYPE	FY19		FY20		Total Active Licenses
		NEW	RENEWED	NEW	RENEWED	
<i>Veterinary</i>	Veterinarian	38	289	9	252	279
TOTAL:		38	289	9	252	279
<i>Medical Marijuana and Integrative Therapy</i>	Researcher	0	0	0	0	39
	Manager	23	38	37	11	97
	Employee	74	60	80	17	229
	Director	4	3	2	1	9
	Officer	0	1	1	0	2
	Member	0	1	1	0	4
	Incorporator	0	2	1	0	3
	Cultivation Center	0	0	0	0	8
	Dispensary	0	0	0	0	6
	Transport Vehicle	0	0	0	0	47
TOTAL:		101	105	122	29	444

FINAL TOTAL				
FY19		FY20		Current Active Licenses
NEW	RENEWED	NEW	RENEWED	
10,765	35,240	3,2036	18,692	91,774

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Q79: How many fines were assessed against health professionals during in FY19 and to date in FY20?

Please indicate:

- a. The total amount of all fines;**
- b. The number and amount of fines for each board; and**
- c. A brief description of the offense determining the fine.**

Response:

FY19 FINES			
BOARD	NUMBER OF FINES	TOTAL AMOUNT	
Allied & Behavioral Health Total	55	\$44,300	Unlicensed practice, false advertisement and independent practice, failure to comply with continuing education requirements and supervising unlicensed practice.
Chiropractic	0	0	N/A
Dentistry	11	\$5,650	Unlicensed practice, standards of care issues and false statement on application.
Medicine	2	\$5,050	One fine for failure to comply with Continuing Education Requirements. One fine for unlicensed practice.
Nursing	4	\$1,400	Submission of a false statement and/or timesheet, Failure to conform to the standards of acceptable and prevailing practice of a profession, committing an act of fraud.
Pharmacy	105	\$122,250	Failure to disclose a previous arrest/conviction on application, unlicensed practice and failure to complete continuing education for licensure renewal, medication error complaint.
Veterinary	0	0	N/A
Total	177	\$178,250	

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FY20 FINES

BOARD	NUMBER OF FINES	TOTAL AMOUNT	DESCRIPTION
Allied & Behavioral Health Total	19	\$17,500	Unlicensed practice, false statement on renewal application and employing and supervising unlicensed practice.
Chiropractic	0	0	N/A
Dentistry	2	\$11,000	Unlicensed practice.
Medicine	4	\$3,000	One fine for fraudulently attempting to obtain a license. One fine for fraudulently attempting to obtain a license. One fine for failure to maintain a sanitary office. One fine for failure to comply with a board order.
Nursing	1	\$500	Failure to conform to the standards of acceptable and prevailing practice of a profession.
Pharmacy	18	\$11,050	Failure to disclose a previous arrest/conviction on application, failure to complete continuing education for licensure renewal.
Veterinary	0	0	N/A
Total	44	\$43,050	

Q80: Does the Department of Health have any proposed legislation that would allow participating in the NGI Rap Back Program?

Response:

The FBI fingerprint Rap Back Program allows authorized agencies to receive continuous, ongoing status notifications of any criminal history reported to the FBI after the initial processing and retention of an individual following a criminal incident; thereby eliminating the need for repeated background checks. By using fingerprint identification to identify persons arrested and prosecuted for crimes, Rap Back provides a nationwide notice regarding subsequent actions.

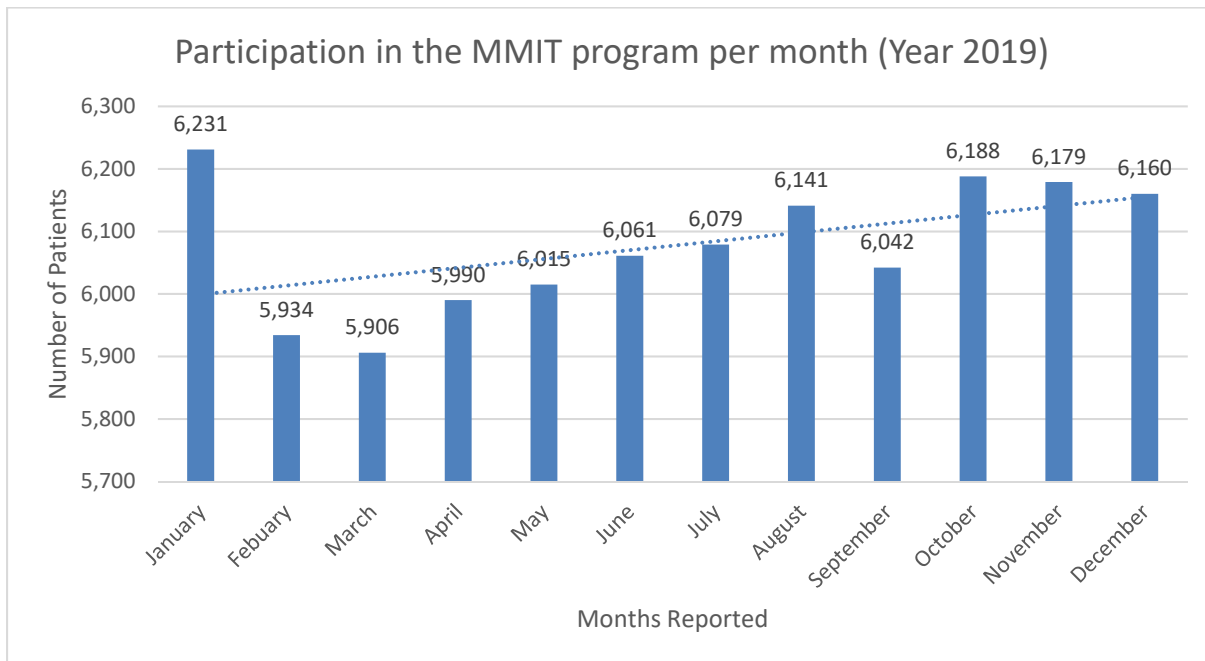
There is no proposed legislation regarding participation in NGI Rap Back since the Department is conducting “name search” background checks for the purposes of recurrent background checks for licensure approval. Name search is based on person’s name and other unique personal information (e.g., date of birth, social security number, residence, etc.) and gives a picture of the person’s Criminal Background Check (CBC) at the date and time it was searched. Any search for subsequent results can only be done by conducting a new name search. Rap Back, on the other hand, does not need submission of new fingerprints but will automatically alert subscribers of a new arrest and/or conviction of concerned person(s).

Professional health care license renewal applicants will be required to undergo the name search background check. Applicants for an initial professional license will still be required to undergo an FBI fingerprint background check, while applicants for license renewal will undergo a name search. Professional health care licensees currently renew their licenses every two years, so the name search check would occur during license renewals. The name search check will be conducted by a vendor that has been selected through the District contracting and procurement process. The name search process and the licensing environment will interface to create a seamless renewal experience. The selected vendor will interface with Salesforce. The name search results will be forwarded to Salesforce for license renewal determination by the particular licensing board.

Q81: Please provide a graph charting the growth of number of patients in the medical marijuana program.

Response:

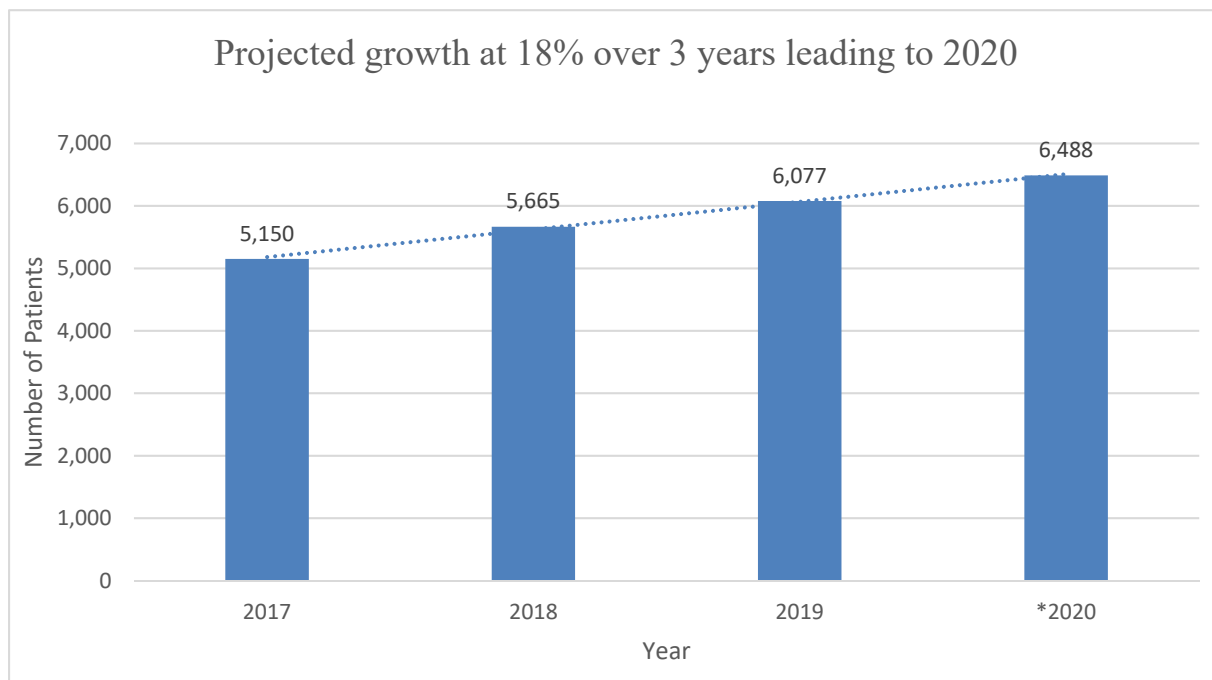
The chart below shows approved patients over the year 2019. In January, there was an increase in patient numbers. The program opened a new dispensary in January of 2019, which may have contributed to this spike. The prior months of December 2018 and November 2018 were 5,836 and 5,981 respectively. The overall trend of the program if you exclude the unusually high peak, in January 2019 shows continual growth.



Q82: How many applications have been received in FY20 to date? Is the program shrinking or growing? Why?

Response:

The Medical Marijuana and Integrative Therapy Division (MMIT) has received 1,850 patient applications in FY20 to date for the District's Medical Marijuana Program. More specifically, we have received 1,255 physicians, 226 advanced practical registered nurses (APRN), 357 naturopathic physicians (NP), eight physician assistants (PA), and four Dentist recommendations. The chart below shows a 7.27 percent growth of patients in the medical marijuana program since 2018 and an overall increase of 18 percent over three years. The program should continue to grow at this rate throughout FY2020. Compared to other medical marijuana programs, the District of Columbia is ranked 13th in enrollment per population. Reasons for this growth are due to the public outreach and the collaboration of key stakeholders (e.g., dispensary owners, cultivation owners, healthcare providers, etc.) emphasizing the importance of registering for a medical marijuana card for their ailments. The program has implemented a fully online application system, which allows patients to complete the application process from home. Analysis was done by finding the cumulative growth from 2018 to 2019 and predicting the growth average for 2020.



*Projected growth for applications in 2020.

Q83: What is the average time it takes to process a patient application for medical marijuana?

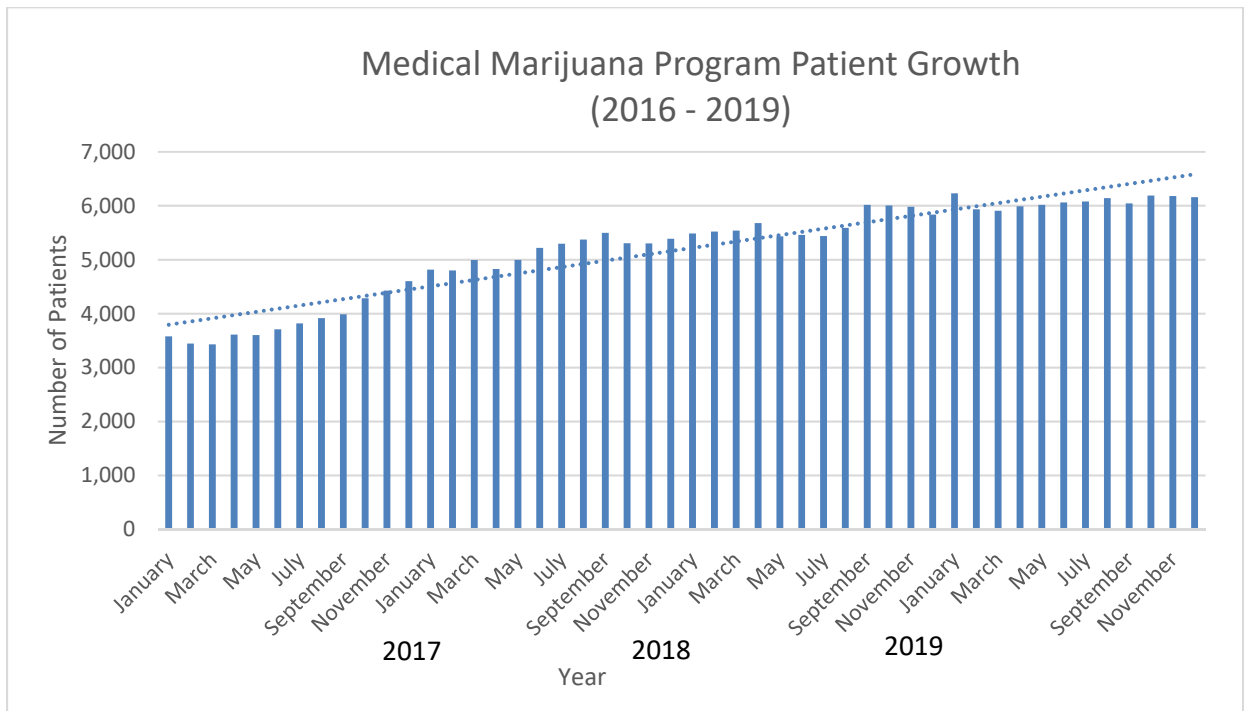
Response:

On average, the processing time for completed applications is eight business days. Completing an electronic submission takes five days on average, and completing paper applications takes 11 business days on average. Incomplete applications may adversely affect approval times. For reference, the national average of card processing time is 21.5 business days. DC Health ranks ninth in comparison to other medical marijuana programs' card processing times.

Q84: Please provide the Department of Health’s projections for growth in the Medical Marijuana Program.

Response:

The chart below shows patient growth for the medical marijuana program from 2016 to 2019. The number of participants in the program is trending upwards, and is on a path of continual growth. It is expected that the program will grow by 400 patients (average = 6,488 [7.27 percent] for year 2020), retaining approximately half of the current patients by the end of 2020.



Q85: Please provide numbers on how many D.C. nursing homes were cited for deficiencies in FY19 and FY20 to date. Please provide a description of the deficiency.

Response:

For FY 2019, there were a total of 18 nursing homes in the District of Columbia. One of the nursing homes is certified as Title 19 only. The remaining nursing homes are certified as dually certified Title 18 and Title 19. Each of the 18 nursing homes were cited with deficiencies in FY19. Four nursing homes had six Immediate Jeopardy citations: one for United Medical Nursing Center for smoking, two for Transitions Healthcare Capitol City for smoking and abuse, two for BridgePoint Capitol Hill for abuse and accommodation of needs, and one for Washington Center for Aging Services for abuse.

For FY 2020, there are 19 nursing homes in the District of Columbia. A total of five nursing home surveys have been conducted since October 1, 2019. Four surveys were annual recertification surveys, specifically: Ingleside Presbyterian Retirement Home, Jean Jugan Residence, Inspire Rehabilitation and Health, and Bridgepoint National Harbor. Each of the facilities surveyed during FY 2020 were cited with deficiencies. There was one initial certification survey for a new facility, the HSC Pediatric Skilled Nursing Facility.

	Nursing Home	Ward	FY19	FY20
			Cited for Deficiencies?	
1.	Stoddard Baptist Nursing Home	1	Y	N/A
2.	Health and Rehabilitation Center at Thomas Circle	2	Y	N/A
3.	Unique Residential Care Center	6	Y	N/A
4.	Inspire Rehabilitation and Health (formerly Brinton Woods Health and Rehabilitation Center at DuPont Circle)	2	Y	Y
5.	Forest Hills of DC	3	Y	N/A
6.	Sibley Memorial Hospital -The Renaissance Unit	3	Y	N/A
7.	Lisner Louise Home	3	Y	N/A
8.	Ingleside Presbyterian Retirement Home	4	Y	Y
9.	Jeanne Jugan Residence	5	Y	Y
10.	Washington Center for Aging Services	5	Y	N/A
11.	Carroll Manor (formerly Carroll Manor Nursing and Rehabilitation Center)	5	Y	N/A

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12.	BridgePoint Subacute and Rehabilitation at Capitol Hill	6	Y	N/A
13.	Knollwood HSC	4	Y	N/A
14.	Deanwood Rehabilitation and Wellness Center	7	Y	N/A
15.	BridgePoint Subacute and Rehabilitation National Harbor (formerly – Hadley)	8	Y	Y
16.	Serenity Rehabilitation and Health (formerly Brinton Woods Health & Rehabilitation Center of Washington DC)	8	Y	N/A
17.	Transitions Healthcare Capitol City	8	Y	N/A
18.	United Medical Nursing Center	8	Y	N/A
19.	The HSC Pediatric Skilled Nursing Facility.	5	-	Y

Below are the 10 most frequently cited deficiencies for the period of October 1, 2018, to December 31, 2019.

CITATION TAG	DEFICIENCY CATEGORY	DEFICIENCY DESCRIPTION
F584	Safe/Clean/Comfortable/Homelike Environment	Failed to provide housekeeping and maintenance services necessary to maintain a comfortable interior.
F641	Accuracy of Assessments	Failed to accurately code the Minimum Data Set (MDS) to reflect the use of a mobility device, behaviors and diagnosis/resident's status.
F656	Develop/Implement Comprehensive Care Plan	Failed to develop an individualized person-centered care plan to address respiratory, address falls and to address communication.
F657	Care Plan Timing and Revision	Failed to revise the care plan with person-centered goals and approaches related to falls and to revise the care plan to reflect resident's use of a mobility device.

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F660	Discharge Planning and Process	Failed to update the care plan to address the needs and goals of residents whose plan is to be discharged from the facility.
F684	Quality of Care	Failed to provide necessary care and treatment with an acute change in condition as evidenced by failure to perform comprehensive assessment and reassessments to determine appropriate to prevent harm and prevent hospitalization.
F689	Accidents and Supervision	Failed to maintain resident's area free of accident hazards as evidenced by uncovered electrical outlets with exposed electrical wires in resident's rooms.
F812	Food Procurement/Storage	Failed to store and distribute foods under sanitary conditions as evidenced torn air curtains in the walk-in refrigerator.
F856	QAPI Program/Plan	Failed to develop and implement an effective, comprehensive quality assurance and performance improvement (QAPI) program inclusive of all systems.
F860	Infection Prevention	Failed to complete a risk assessment specific to its water system that identifies areas where Legionella and other waterborne pathogens could grow and multiply.

Q86: How many licensed skilled nursing care facilities are there in the District? Please include location broken down by Ward.

Response:

There are seventeen skilled nursing facilities (SNFs) and one nursing facility (NF), totaling eighteen nursing homes in the District. The chart below delineates each ward.

	Nursing Home	Ward	Beds
1	Stoddard Baptist Nursing Home	1	164
2	Health and Rehabilitation Center at Thomas Circle	2	27
3	Unique Residential Care Center	6	230
4	Inspire Rehabilitation and Health Center (formerly Brinton Woods Health and Rehabilitation Center at DuPont Circle)	2	180
5	Forest Hills of DC	3	50
6	Sibley Memorial Hospital -The Renaissance Unit	3	45
7	Lisner Louise Home	3	60
8	Ingleside Presbyterian Retirement Home	4	34
9	Jeanne Jugan Residence*	5	40
10	Washington Center for Aging Services	5	259
11	Carroll Manor formerly Carroll Manor Nursing and Rehabilitation Center	5	240
12	BridgePoint Subacute and Rehabilitation at Capitol Hill	6	117
13	Knollwood HSC	4	73
14	Deanwood Rehabilitation and Wellness Center	7	296
15	BridgePoint Subacute and Rehabilitation National Harbor (formerly – Hadley)	8	92
16	Serenity Rehabilitation and Health Center (formerly Brinton Woods Health & Rehabilitation Center of Washington DC)	8	183
17	Transitions Healthcare Capitol City	8	360
18	United Medical Nursing Center	8	120
19	The HSC Pediatric Skilled Nursing Facility	5	16

*=Nursing facility (Title XIX only)

- BridgePoint Subacute and Rehabilitation National Harbor (formerly – Hadley) - Increased by 30 beds 1/7/2020 62 to 92.
- Carroll Manor formerly Carroll Manor Nursing and Rehabilitation Center- Decreased by 12 beds when Providence Hospital closed April 30, 2019- 252 beds to 240 bed when rehabilitation unit closed.

Q87: Please provide demographic (including race/ethnicity) of the assisted living population and the nursing home population broken down by Ward.

Response:

DC Health does not collect demographic data on assisted living and nursing home populations.

Q88: How many skilled nursing facilities have closed in the past 15 years and what was the capacity in each?

Response:

A total of three skilled nursing facilities have closed in the past 15 years. See below:

Nursing Home	Date Closed	Capacity
NorthWest Health Care Center	9-28-07	355
Capitol View at Howard University Hospital	12-12-07	28
The Washington Home	12-15-16	192
		<p>Total Beds combined: 575 beds were lost due to skilled nursing facility closures.</p> <p>In 2019, an additional 12 beds were closed when Carroll Manor Nursing and Rehabilitation Center (CMNRC) closed beds that were located at Providence Hospital on April 30, 2019 when the hospital closed.</p> <p>The CPNRC capacity changed from 252 beds to 240 beds when rehabilitation unit closed (that was located in the Providence Hospital building).</p> <p>A total of 587 beds have been closed over the last 15 years.</p>

Q89: Please provide the annual occupancy rate of skilled nursing beds in the District over the last 15 years.

Response:

The Health Care Facilities Division does not collect data on the occupancy rate of skilled nursing facilities in the District. However, there are currently 2,594 licensed beds in the District.

Q90: Please provide numbers on how many D.C. nursing homes were cited for repeat deficiencies (cited for the same deficiency in consecutive years).

Response:

Each of the 18 nursing homes in the District of Columbia was cited with repeat deficiencies in FY19.

Q91: What has HRLA identified as areas of importance for the remainder of FY19 and for FY20?

Response:

Food Safety and Hygiene Inspection Services Division

The Food Safety and Hygiene Inspection Services Division (FSHISD) has identified the following areas of importance:

- Initiating complaint investigations within five business days of receipt. In FY20, the FSHISD was granted four additional FTEs, two of which are evening positions. With the addition of these new positions, the Division will focus on completing more evening hour inspections for those establishments that are only open on the nights and weekends. The addition of staff will allow the Division to increase routine monitoring and surveillance of food and hygiene establishments throughout the District.
- Increasing enforcement activities for the smoking ban in the District to include hookah, cigarette, and marijuana. The FSHISD joined forces with a task force with members from the Alcoholic Beverage Regulation Administration, the Department of Consumer and Regulatory Affairs, and Metropolitan Police Department, to identify establishments that fail to comply with DC's smoking ban and proceed with enforcement activities.
- Emphasizing community outreach through the Food Safety Task Force. This Task Force was developed to help bridge gaps between regulators, industry, and academia. This Task Force will continue to be instrumental in increasing our educational outreach in the District, compliance with the District regulations, in order to better protect the public's health.

Division of Medical Marijuana and Integrative Therapy

The Division of Medical Marijuana and Integrative Therapy (MMIT) has identified three areas of importance for the remainder of FY20:

- Develop true reciprocity agreements with other jurisdictions. Although we accept medical marijuana patients from other jurisdictions, most of those jurisdictions do not accept District of Columbia medical marijuana patients. Our residents are largely unable to purchase medical marijuana when they leave Washington, DC.
- DC Health will be awarding new Testing Laboratory Facilities registrations in FY20. The letter of intent period has been published in the DC Register and on DC

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Health's website and will end on February 21, 2020. DC Health will open the application period shortly thereafter and begin the application review process.

- Create an electronic medical marijuana card that can be emailed to the patient. Due to the complexities and security precautions that need to be implemented, this may not be completed prior to the end of FY20. The Medical Marijuana and Integrative Therapy is currently in preliminary planning with IT in order to design this. This will allow patients to receive their card immediately after being approved thereby, shortening the process. Although the program's average processing time is 11 days, it may take up to seven to 10 additional days to receive the card in the mail. An electronic card will also eliminate the issue of loss or theft of cards.

Q92: Please provide a current organizational chart for the Office of Health Equity. Please provide information to the activity level. In addition, please identify the number of full time equivalents at each organizational level and the employee responsible for the management of each program and activity. If applicable, please provide a narrative explanation of any organizational changes made during FY19 or to date in FY20.

Response:

See attachment labeled "FY19 Oversight Q92."

Q93: Please provide an update on OHE's efforts to engage non-health and/or non-traditional partners to address the social determinants of health.

Response:

The mission of the Office of Health Equity (OHE) is to address the root causes of health disparities, beyond healthcare and health behaviors, by supporting projects, policies, and research that will enable every resident to achieve their optimal level of health—regardless of where they live, learn, work, play, or age. The Office achieves its mission by informing, educating, and empowering people about health issues and facilitating multi-sector partnerships to identify and solve community health problems related to the social determinants of health.

Since its establishment in 2015, OHE has laid the groundwork for transformational change by strategically pursuing three complimentary, but distinct, strands of work that include:

- Building multi-sector collaborations and promoting Health in All Policies (HiAP) approaches across the public, private, and non-profit sectors;
- Leveraging Community-Based Participatory Research (CBPR) with the goal of both listening and engaging the entire community, including residents themselves; and
- Demonstrating health equity practice change by focusing on working collaboratively to show the potential and relevance of multi-sector efforts essential to generating sustainable and transformational outcomes.

Health equity is patient work that requires sustained effort. Many of the investments made by OHE in prior years began to show substantive results in FY19. For example, in February 2019 DC Health released the District's inaugural Health Equity Report. This report formally presented the community with a District-specific baseline assessment, grounded in data-driven and evidence-based analysis, of the social and structural determinants of health that are the root cause of persistent health inequities. The report integrates District-wide data and visualizations to 51-statistical neighborhoods framed around nine key drivers of opportunities for health: education, employment, income, housing, transportation, food environment, medical care, outdoor environment, and community safety. This first-of-its-kind comprehensive look at nontraditional key drivers of health, at the neighborhood level, underscores their interconnected pathways, and visualizes the extent of variation across the continuum by income, race, and space in the distribution of opportunities for health across the District.

We know too, however, that data alone—however compelling—does not make change happen automatically. An important goal for developing the Health Equity Report is to go beyond simply presenting information, but to changing the narrative proactively and reframing the conversation regarding the root causes of health inequities. OHE did this in early 2019 by being proactive and intentional in working to ensure that residents across the District were afforded the opportunity to learn about the report's findings.

In collaboration with the Mayor's Commission on Health Equity (CHE), OHE hosted a series of Community Conversations across all eight wards. The Community Conversations were an

opportunity to engage leaders in the District’s public, private, and nonprofit sectors about how their decisions impact health across the city, and to underscore the importance of adopting a multi-sector HiAP approach to improving health and achieving health equity. The following demonstrates the effectiveness of the Health Equity Community Conversations across all eight wards:

- Over 90 percent of respondents indicated that the event was extremely or very helpful in aiding their understanding of health equity;
- Over 90 percent of respondents indicated that the event was extremely or very helpful in aiding their understanding of key health drivers; and
- Over 80 percent of respondents indicated that the information presented at the Community Conversations were extremely or very relevant to their community.

In FY19, OHE continued to engage with key partners across District government to ensure and clarify understanding of the primary tenets and goals of health equity and HiAP, including the need for sister agencies to proactively consider health and equity in their policies, programs, practices, and plans. As a result of our sustained efforts, the embrace of HiAP and equity has formally been incorporated into three critical District-wide strategies, including; the Office of the City Administrator’s new Resilient DC Strategy; DOEE’s Sustainable DC 2.0; and the Office of Planning’s (OP) draft Comprehensive Plan Amendment. Specifically, on the Comprehensive Plan Amendment:

- DC Health’s, led by OHE, active engagement has been critical to promoting a HiAP approach. Applying the HiAP lens to the amendment process brings contemporary population health considerations into broader conversations around land use, economic development, housing, and infrastructure. It has created opportunities for dialogue around changing demographics, gentrification, and the potential impact on health, health disparities, and differential health outcome by income, place, and race;
- The October 2019 draft identified and incorporated equity as one of its cornerstones, with the commitment to include an equity crosswalk highlighting equity policies throughout the Plan. DC Health, led by OHE, was directly involved in contributing and reviewing language and policies within the Plan. Notably, this draft includes the express commitment to “advance the social and structural determinants of health” as prescribed by the Health Equity Report—declaring equity explicitly as a long-term District-wide strategic goal; and
- OHE’s collaboration continues with OP and the Department of Housing and Community Development on the District-wide expansion of affordable housing. The Housing Equity Report, also published in October 2019, made the case for focusing on equitable affordable housing opportunities and distribution by referencing the Health Equity Report.

OHE also continues to be involved in the Department of Transportation’s (DDOT) Vision Zero strategy and implementation. During 2019, we collaborated with the Vision Zero team and participating partners to inform improvement to crash location and injury severity data, by increased integration and data sharing across sectors. This provided an opportunity to leverage DC Health’s investment in the Trauma Registry for the benefit of the city as a whole. It also provided the platform through which OHE can work with DDOT to integrate an equity lens in data analysis, solutions development, and investment prioritization.

Finally, OHE has been working to create additional opportunities to roll up our sleeves and to engage directly with non-health and non-traditional health partners in demonstrating multi-sector practice change. During 2019, these efforts included development and submission of a grant application for funding and technical assistance to The Pew Charitable Trusts. Our proposal will support implementation of a multi-sector, HiAP-informed initiative that will explore the relationship between housing insecurity and maternal health and infant outcomes in the District. Our application was successful, with the award of a small grant over two years, starting in October 2019, that will enable us to work in collaboration with key housing, social service, and homeless services sister agencies in the District, as well as a community non-profit. This project is part of Pew's "Calling All Sectors" initiative—a national multi-state initiative, including eight other states.