Q77: Please describe any programming or funding changes as a result of the impact of COVID-19 and areas of focus for FY 21 and FY22 to date?

Response:

The COVID-19 pandemic has been a catalyst for embracing technology and adapting to change. The largest programming changes as a result of the COVID-19 pandemic remain in our youth and school-based programs. Robust mitigation strategies aimed at reducing the transmission of COVID-19 in school required HAHSTA to reimagine the program model for Youth STD Screening Program (YSSP) (responses to questions 91 and 93 provide further detail related to the changes currently being implemented). HAHSTA has also noted impacts on outreach programs because the providers had to develop new strategies to safely engage clients in activities. The providers developed protocols based on guidance from the Centers for Disease Control and Prevention (CDC). They created signage to alert people about social distancing, wearing their masks, and accessing vaccines as well as altered waiting rooms, the way clients move through buildings and the numbers of clients that can be in a given space at one time. Providers pivoted to include virtual outreach screenings at local off-site venues, scaled up social media outreach engagement to reach new consumers, and increased use of mobile units to conduct outreach to the community.

Data collection was impacted, as providers were unable to deliver services at the same level or in the in the same manner as they did before the pandemic. The way that services are provided with the funding HAHSTA sub-grants to community partners, as well as the way HAHSTA monitors, and reviews programming have evolved to ensure the continuity of services and grant compliance during the pandemic. Novel uses of secure telehealth and virtual meeting platforms allowed medical case management and treatment adherence visits to continue as well as psychosocial support groups, trainings, and other community meetings and engagement to continue. Innovative testing methods were implemented at the DC Health and Wellness Center at the height of the pandemic, including the Express Clinic (a contactless visit where clients swab themselves and receive their results via a telehealth visit) and GetCheckedDC (an at home self-testing program where DC residents can request a gonorrhea, chlamydia, or HIV test online and complete the test in the comfort of their own home, while receiving health education materials with the test mailed to their home and reporting results via an online portal) continue today. There have been no significant decreases in federal funding received by HAHSTA as a result of the pandemic. While pandemic funding increases in Ryan White ended in early 2021, the increase in Housing Opportunities for Persons with AIDS (HOPWA) COVID-19 funding continues to support housing and supportive service needs for the District and the rest of the Eligible Metropolitan Service Area (EMSA).

HAHSTA has identified multiple areas of importance for FY21 and the remainder of FY22. The following areas are grouped in categories:

- Organization
    - *Quality Improvement* – HAHSTA will continue its focus on quality improvement. Each division and team will be developing quality projects with the support of the internal HAHSTA quality management team.
    - *Recruitment and Retention* – As with many other entities, HAHSTA has experienced a loss of staff in key roles and is actively working to recruit and retain staff with the knowledge, skills, and abilities to serve District residents.

- Program Direction
    - *DC Ends HIV Plan Implementation* – HAHSTA received dedicated funding from the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) and CDC under the federal ending the HIV epidemic initiative. The funding covers several HAHSTA program initiatives, including PrEP Housing, clinical care coordination in non-Ryan White clinical providers, STD express clinic at the DC Health and Wellness Center, wellness services initiative, and new harm reduction approaches.
    - *Post Pandemic Program Approaches* – HAHSTA will strategize on program directions informed by the pandemic approach, such as expansion of telehealth services, at-home program options, and other means to make services accessible and convenient for residents.
    - *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, Ending the HIV Epidemic initiative, and this April the Ryan White Part B program.
    - *HIV Biomedical Prevention* – HAHSTA will continue to expand access for Pre-Exposure Prophylaxis (PrEP) with focused strategies for populations, particularly among young people. HAHSTA will continue implementation and begin evaluation of the first year of the PEP program.
    - *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* – HAHSTA was funded in FY21 for a new integrated funding opportunity for hepatitis surveillance and prevention which includes the creation of a hepatitis elimination plan for DC.
    - *Black Women* – HAHSTA has added Black women as a focus population for status neutral programming as well as Regional Early Intervention Services. HAHSTA is working to establish more programming focused on this population.
    - *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.
  - *Programmatic Data Management* – Using funding provided through the Ending the HIV Epidemic initiative, HAHSTA is aiming procure and implement a programmatic data system. HAHSTA has begun conversations with CHA to discuss synergy in data systems and collection.
  - *Condoms* – HAHSTA will be developing a new plan for increasing condom distribution and promotion.
  - *TB Elimination* – HAHSTA completed its DC TB (tuberculosis) Elimination Plan and will start implementation.
  - *Sexually Transmitted Disease (STD) Strategies* – HAHSTA will leverage the newly released Sexually Transmitted Infection (STI) Federal Action Plan 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.

Q78: What was the total amount of Ryan White CARE Act funding awarded to the District in FY21 and FY22? Of that amount, please indicate how much was distributed to each jurisdiction within the Eligible Metropolitan Area (EMA).

Response:

Ryan White Part A GY31

	Services	Administration	Quality Management	Total
Washington, DC	$21,291,894.00	$3,147,952	$1,573,976	$26,031,821
West Virginia	$483,067.00	N/A	N/A	$483,067.00
Northern Virginia	$1,652,259.00	N/A	N/A	$1,652,259.00
Suburban Maryland	$3,330,379.00	N/A	N/A	$3,330,379.00
TOTAL	$26,757,599			$31,479,527

Ryan White Part B GY31

Program	Amount
AIDS Drug Assistance Program (ADAP)	$13,325,991
Minority AIDS Initiative (MAI)	$190,747
Formula - Services	$3,366,877
TOTAL	$16,883,615

Ryan White Part A GY30

	Services	Administration	Quality Management	Total
Washington, DC	$20,979,114	$3,130,367	$1,565,184	$25,674665
West Virginia	$421,200	N/A	N/A	$421,200
Northern Virginia	$1,411,168	N/A	N/A	$1,411,168
Suburban Maryland	$3,796,643	N/A	N/A	$3,796,643

TOTAL	$26,608,125	$3,130,367	$1,565,184	$31,303,676

Ryan White Part B GY30

Program	Amount
AIDS Drug Assistance Program (ADAP)	$11,173,420
Minority AIDS Initiative (MAI)	$210,331
Formula - Services	$3,443,671
TOTAL	$14,827,422

Q79: 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 FY21 and FY22 to date. For each service category, please provide the following information broken out by funding resource:

a. The name of all programs funded under each service category;
b. A description of the specific services provided by each program;
c. How much was budgeted for the program in FY21 and FY22;
d. The funding source of each program (Local, federal, or other);
e. How much the program cost in FY21 and FY22 to date;
f. How many people did the program/funding serve in FY21 and FY22 to date;
g. How many locally-funded FTEs provided oversight of this program; and
h. **How many non-locally funded FTEs provided oversight of this program**.

Response:

The tables below identify the services and sub-recipients funded through federal grant awards from HRSA under the Ryan White Parts A and B grants.

Service	Sub-Grantee	Part A Grant Year 31	Part A Grant Year 30
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	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	X

Service	Sub-Grantee	Part A Grant Year 31	Part A Grant Year 30
Outpatient/Ambulatory Health Services	Heart to Hand	X	X
Outpatient/Ambulatory Health Services	(The) Howard University	X	X
Outpatient/Ambulatory Health Services	La Clinica del Pueblo	X	X
Outpatient/Ambulatory Health Services	Mary's Center		X
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	Prince Georges 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	(The) Howard University	X	X

Service	Sub-Grantee	Part A Grant Year 31	Part A Grant Year 30
Outpatient/Ambulatory Health Services - MAI	Us Helping Us		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	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	Access to Wholistic & Productive Living	X	X
Early Intervention Services	Children's National Medical Center	X	X
Early Intervention Services	Community Family Life Services	X	X
Early Intervention Services	Damien Ministries	X	X
Early Intervention Services	District of Columbia - DC Health & Wellness Center		X
Early Intervention Services	Metro DC Center		X
Early Intervention Services	FAHASS	X	X

Service	Sub-Grantee	Part A Grant Year 31	Part A Grant Year 30
Early Intervention Services	Family & Medical Counseling Service	X	X
Early Intervention Services	Heart to Hand	X	X
Early Intervention Services	Inova Health (Juniper) Services	X	X
Early Intervention Services	La Clinica del Pueblo	X	X
Early Intervention Services	Mary Washington Health Care	X	X
Early Intervention Services	MedStar	X	X
Early Intervention Services	Metro Health	X	X
Early Intervention Services	Neighborhood Health	X	X
Early Intervention Services	NovaSalud	X	X
Early Intervention Services	SLK	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	X
Early Intervention Services	Whitman-Walker Health	X	X
Early Intervention Services - MAI	Children's National Medical Center	X	X
Early Intervention Services - MAI	(The) Howard University	X	X
Early Intervention Services - MAI	La Clinica del Pueblo	X	X
Early Intervention Services - MAI	Neighborhood Health	X	X
Early Intervention Services - MAI	Us Helping Us		X
Early Intervention Services - MAI	Whitman Walker Health	X	X
Health Insurance Premium Payment	AIDS Healthcare Foundation		X

Service	Sub-Grantee	Part A Grant Year 31	Part A Grant Year 30
Health Insurance Premium Payment	Greater Baden Medical Services	X	X
Health Insurance Premium Payment	Heart to Hand	X	X
Health Insurance Premium Payment	Shenandoah Valley Medical System	X	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
Housing *Non-Medical* Case Management	Andromeda Transcultural Health Center		X
Non-Medical Case Management	Casa Ruby	X	X
Non-Medical Case Management	Community Family Life	X	X
Non-Medical Case Management	Damien Ministries	X	X
Non-Medical Case Management	HIPS	X	X
Non-Medical Case Management	Metro Health	X	X
Non-Medical Case Management	Terrific	X	X
Non-Medical Case Management	Us Helping Us	X	X
Mental Health Services	Children's National Medical 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	Greater Baden Medical Services	X	X
Mental Health Services	Heart to Hand	X	X
Mental Health Services	Howard University CIDMAR	X	X

Service	Sub-Grantee	Part A Grant Year 31	Part A Grant Year 30
Mental Health Services	La Clinica del Pueblo	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	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	Neighborhood Health	X	X
Mental Health Services - MAI	Us Helping Us		X
Mental Health Services - MAI	Whitman-Walker Health	X	X
Medical Nutrition Therapy	Children's National Medical Center	X	X
Medical Nutrition Therapy	Food and Friends	X	X
Medical Nutrition Therapy	Greater Baden Medical Services	X	X
Medical Nutrition Therapy	Shenandoah Valley Medical Systems	X	
Medical Case Management	AIDS Healthcare Foundation	X	X
Medical Case Management	Greater Baden Medical Services	X	X
Medical Case Management	Heart to Hand	X	X
Medical Case Management	La Clinica del Pueblo	X	X
Medical Case Management	MedStar	X	X
Medical Case Management	Shenandoah Valley Medical Systems	X	X

Service	Sub-Grantee	Part A Grant Year 31	Part A Grant Year 30
Medical Case Management	United Medical Center	X	X
Medical Case Management	Washington Health Institute	X	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	Neighborhood Health	X	X
Medical Case Management - MAI	Us Helping Us		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	Community Family Life Services, Inc.	X	X
Non-Medical Case Management	Damien Ministries	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	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

Service	Sub-Grantee	Part A Grant Year 31	Part A Grant Year 30
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	X
Non-Medical Case Management	Neighborhood Health	X	X
Non-Medical Case Management	Restoration Community Alliance	X	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	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	X
Substance Use Services – Outpatient	Heart to Hand	X	X
Substance Use Services – Outpatient	Howard University CIDMAR	X	X

Service	Sub-Grantee	Part A Grant Year 31	Part A Grant Year 30
Substance Use Services – Outpatient	La Clinica del Pueblo	X	X
Substance Use Services – Outpatient	Metro Health	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	Us Helping Us		X
Substance Use Services – Outpatient - MAI	Whitman-Walker Health	X	X
Emergency Financial Assistance	Children's National Medical Center	X	X
Emergency Financial Assistance	Greater Baden Medical Services		X
Emergency Financial Assistance	Housing Counseling Services, Inc.	X	X
Emergency Financial Assistance	Shenandoah Valley Medical System	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

Service	Sub-Grantee	Part A Grant Year 31	Part A Grant Year 30
Housing & Referral Services	Community Family Life Services		X
Housing & Referral Services	Casa Ruby		X
Housing & Referral Services	HIPS		X
Housing & Referral Services	Metro Health		X
Housing & Referral Services	Terrific, Inc.		X
Housing & Referral Services	Us Helping Us		X
Other Professional Services	Whitman-Walker Health	X	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	Greater Baden Medical Services		X
Medical Transportation Services	Heart to Hand	X	X
Medical Transportation Services	La Clinica del Pueblo	X	X
Medical Transportation Services	Mary's Center	X	X
Medical Transportation Services	Shenandoah Valley Medical System	X	X
Medical Transportation Services	United Medical Center	X	X
Medical Transportation Services	Whitman-Walker	X	X
Medical Transportation Services	La Clinica del Pueblo	X	X
Outreach Services	Heart to Hand	X	X
Outreach Services	Greater Baden Medical Services	X	X
Outreach Services	Shenandoah Valley Medical Systems	X	X

Service	Sub-Grantee	Part A Grant Year 31	Part A Grant Year 30
Outreach Services	District of Columbia – Health Impact Specialists	X	X
Psychosocial Support Services	Children's National Medical Center	X	X
Psychosocial Support Services	Greater Baden Medical Services	X	X
Psychosocial Support Services	Heart to Hand	X	X
Psychosocial Support Services	La Clinica del Pueblo	X	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	Neighborhood Health	X	X
Psychosocial Support Services – MAI	Us Helping Us		X
Psychosocial Support Services – MAI	Whitman-Walker Health	X	X

Service	Sub-Grantee	Part B Grant Year 30	Part B Grant Year 31
Early Intervention Services	Family & Medical Counseling Service	X	X

Service	Sub-Grantee	Part B Grant Year 30	Part B Grant Year 31
Early Intervention Services	HIPS	X	
Early Intervention Services	(The) Howard University	X	X
Early Intervention Services	Mary's Center	X	X
Early Intervention Services	Metro Health	X	X
Early Intervention Services	The Women's Collective	X	X
Early Intervention Services	Us Helping Us	X	X
Medical Case Management	Community Family Life	X	X
Medical Case Management	Damien Ministries	X	X
Medical Case Management	Family and Medical Counseling Services	X	X
Medical Case Management	Homes for Hope	X	X
Medical Case Management	(The) Howard University	X	X
Medical Case Management	Mary's Center	X	X
Medical Case Management	Metro Health	X	X
Medical Case Management	The Women's Collective	X	X
Medical Case Management	Unity Health Care	X	X
Medical Case Management	Us Helping Us	X	X
Health Education/Risk Reduction	Community Family Life Services	X	X
Health Education/Risk Reduction	(The) Howard University	X	X
Health Education/Risk Reduction	La Clinica del Pueblo	X	X
Health Education/Risk Reduction	United Medical Center	X	X
Medical Transportation Services	Family & Medical Counseling Services	X	X

Service	Sub-Grantee	Part B Grant Year 30	Part B Grant Year 31
Medical Transportation Services	(The) Howard University	X	X
Medical Transportation Services	The Women's Collective	X	X
Outreach Services – MAI	Institute for Public Health Innovation	X	X
Outreach Services – MAI	La Clinica del Pueblo	X	X
Psychosocial Support Services	(The) Howard University	X	X
Psychosocial Support Services	Metro Health	X	X
Psychosocial Support Services	The Women's Collective	X	X
Psychosocial Support Services	Us Helping Us	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.

Ryan White Services Categories	*Part A Grant Year 31*	*Part A Grant Year 30*
Outpatient Ambulatory Health Services	$2,145,856	$1,647,360
Outpatient Ambulatory Health Services - MAI	$612,476	$651,218
Oral Health Care	$1,169,000	$1,123,744
Early Intervention Services	$6,811,326	$7,273,041
Early Intervention Services – MAI	$591,188	$519,656
Health Insurance Premium Payment	$139,109	$124,200

Ryan White Services Categories	*Part A Grant Year 31*	*Part A Grant Year 30*
Home & Community Based Health	$259,091	$285,000
Mental Health Services	$115,930	$381,917
Mental Health Services – MAI	$221,819	$246,900
Medical Nutrition Therapy	$175,913	$194,086
Medical Case Management	$2,276,135	$2,300,910
Medical Case Management MAI	$404,671	$471,213
Substance Use Services – Outpatient	$57,097	$170,963
Substance Use Services – Outpatient – MAI	$100,289	$131,669
Emergency Financial Assistance	$2,520,728	$2,771,600
Food Bank, Home Delivered Meals	$3,262,386	$2,653,494
Housing	$0	$738,812
Other Professional Services	$99,425	$61,469
Linguistic Services	$48,343	$139,229
Medical Transportation Services	$98,635	$119,714
Non-Medical Case Management	$4,000,198	$2,904,305
Outreach Services	$771,710	$735,697
Psychosocial Support Services	$395,456	$497,130
Psychosocial Support Services – MAI	$480,817	$494,798
Direct Services MAI Total	$2,411,260	$2,485,454
Direct Services Subtotal	$24,346,339	$24,122,671
Part A - Direct Services Total	$26,757,599	$26,608,125

Ryan White Services Categories	*Part B Grant Year 31*	*Part B Grant Year 30*
Early Intervention Services	$266,364	$382,727
Medical Case Management	$2,319,178	$1,967,041
Medical Nutrition Therapy	$108,000	$0
Health Education/Risk Reduction	$181,819	$227,274
Medical Transportation Services	$5,090	$10,636
Outreach Services – MAI	$190,747	$181,818
Psychosocial Support Services	$118,183	$177,274
Direct Services MAI Total	$190,747	$181,818
Direct Services Subtotal	$2,998,634	$2,764,952
Part B – Direct Services Total	$3,189,381	$2,964,770

*Part A GY31 Service Utilization

Service Category	Distinct count of Client	Units
Early Intervention Services	8,640	25,740
Outpatient/Ambulatory Health Services	802	3,363
Case Management (non-medical)	2,939	24,993
Medical Case Management	803	18,003
Emergency Financial Assistance	1,235	2,373
Food Bank/Home-delivered Meals	738	308,330
Medical Transportation Services	379	2,255
Medical Nutrition Therapy	242	2,147
Mental Health Services	121	741
Psychosocial Support	106	451
Oral Health Care	319	1,016
Service Outreach	64	77
Housing Services	105	540
Substance Abuse: Outpatient	18	83
Health Insurance Program (HIP)	72	248
Other Professional Services	47	55
Home and Community-based Health Services	30	1,224

Linguistics Services	19	52

*Part A MAI GY31 Service Utilization

Service Category	Distinct count of Client	Units
Early Intervention Services	477	755
Outpatient/Ambulatory Health Services	181	3,150
Medical Case Management	211	3,229
Mental Health Services	145	4,786
Psychosocial Support	107	465
Substance Abuse: Outpatient	33	77

*Part B and MAI GY31 Service Utilization

Service Category	Distinct count of Client	Units
Early Intervention Services	189	1,126
Medical Case Management	646	8,325
Emergency Financial Assistance	354	404
Health ed./risk reduction/prevention	365	814
Medical Transportation Services	221	694
Psychosocial Support	151	699
Service Outreach	70	125
Health Insurance Program (HIP)	244	1,155
AIDS Pharmaceutical Assistance	325	825

*Part A and MAI GY30 Service Utilization

Service Category	Distinct count of Client	Units
Early Intervention Services	7,859	26,446
Outpatient/Ambulatory Health Services	1,355	8,864
Case Management (non-medical)	3,559	29,414
Medical Case Management	1,068	18,912
Emergency Financial Assistance	1,406	3,037
Food Bank/Home-delivered Meals	998	413,945
Medical Transportation Services	397	2,068
Medical Nutrition Therapy	272	2,417
Mental Health Services	368	6,507
Psychosocial Support	146	793
Oral Health Care	320	784

Service Outreach	99	116
Housing Services	160	884
Substance Abuse: Outpatient	70	316
Health Insurance Program (HIP)	37	155
Other Professional Services	45	58
Home and Community-based Health Services	36	2,332
Linguistics Services	19	43

*Part B and MAI GY30 Service Utilization

Service Category	Distinct count of Client	Units
Early Intervention Services	214	1,811
Medical Case Management	730	10,304
Health ed./risk reduction/prevention	341	989
Medical Transportation Services	171	441
Psychosocial Support	227	795
Service Outreach	144	449
Health Insurance Program (HIP)	355	4,345
AIDS Pharmaceutical Assistance	435	5,092

*Source: CAREWare Data Reporting System for RW Services Monthly Financial Report

Part B ADAP FY21 Clients and Service Utilization

Number of persons receiving services	732
Number of persons receiving pharmaceutical services	442
Prescriptions refilled	8,190

There is one locally funded FTE (the Division Chief) that provides oversight of the program. There are 35 federally funded FTE that provide oversight of the program.

Q80: Please provide the names of all programs supported by the Ryan White CARE Act Minority AIDS Initiative during FY21 and FY22 to date. Please provide a narrative update on the performance of each program.

Response:

Below is a description of the programs funded throughout the Washington, DC EMA to provide services under the Minority AIDS Initiative Youth Reach Program.

Howard University Hospital (HUH) - Center for Infectious Disease Management and Research (CIDMAR) - The HUH CIDMAR provides linkage and retention activities for newly diagnosed youth and young adults, as well as previously diagnosed 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 student health services.

The focus of CIDMAR's 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 customers understand the responsibilities and importance of behavior modification. 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 Outpatient/Ambulatory Health Services (O/AHS), the program works to achieve viral suppression, retention in care, and medication adherence for its customers. This service area forms the core of the care provision to the customers and includes diverse needs for the customer. In addition to the treatment and management of HIV, O/AHS providers include the following additional support services: psychosocial support, medication adherence, Early Intervention Services (EIS), and screening for mental health and substance use counseling.

Young customers linked to the CIDMAR program 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. Additionally, to ensure that all youth customers have access to care coordination services, there is ongoing evaluation of client needs and assistance with adherence to anti-retroviral medication under Medical Case Management (MCM) services.

The Youth Reach program is working with the Psychiatric Department to ensure customers gain access to screening for and treatment of mental health and substance use disorder (SUD) that could impede management of their HIV, as well as harm and risk reduction services. The CIDMAR program has engaged the services of a licensed behavioral health provider for this service area. The screener incorporates Patient Health Questionnaire screening tools in the electronic health records to screen all customers for depression during appointments. An existing

practice policy ensures that customers needing specialized management or emergency counseling are promptly referred to the HU Mental Health Clinic or the HUH Department of Psychiatry.

In FY21, the CIDMAR Youth Reach program served a total of 36 young persons, 12 of whom were 18 to 24 years of age and 24 of whom were 25 to 30 years of age.

Neighborhood Health - Neighborhood Health is a Northern Virginia organization that provides Minority AIDS Initiative (MAI) services to youth of color living with HIV between the ages of 18-30, to include: Early Intervention Services (EIS), Psychosocial Services, MCM, Mental Health Services, and Outpatient/Ambulatory Health Services, Oral Health, and Non-Medical Case Management. In conjunction with those services, Neighborhood Health also conducts routine assessments, peer support groups, telemedicine appointments, individual counseling sessions, and personal check-ins to ensure that the customers are receiving proper care for HIV treatment, best practices for treatment adherence and continuum of care. Collaborations with other organizations helps to ensure that customers in all areas are being met with care.

Children's National Medical Center (CNMC) - CNMC is funded to provide O/AHS, MCM, mental health, SUD outpatient services, psychosocial support, and EIS to youth and young adults ages 12 to 24 years old. These services are provided in the District of Columbia and in Suburban Northern Maryland.

O/AHS 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. O/AHS include 24-hour triage and on-call services provided by both nursing and physicians. Telemedicine was incorporated as a method to serve many youths due to the public health emergency caused by the COVID-19 pandemic. To date, there have been 4,417 units of service provided for 149 youths.

MCM is typically provided face-to-face, with telemedicine incorporated as a method to serve many youths during the COVID-19 pandemic. MCM provides 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 5,977 units of service provided for 2182 youth.

The mental health and substance abuse services categories provide 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. Mental Health and Substance abuse counseling are also being provided through telemedicine. To date there have been 149 youth served under Mental Health and 6868 service units, while under Substance Abuse, 49 youth have been served with 147 service units.

EIS helps identify youth who are newly diagnosed with HIV. This provision of services includes laboratory testing, referral 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 105 youth served and 977 units of service provided.

Psychosocial Support Services provide initial psychosocial assessment upon entry into care and linkage to counseling, as well as family centered support groups. Support groups are developed by interdisciplinary team who work to ensure customers receive the right group while one-on-one counseling is provided by customer care navigators. Many of the groups are organized virtually due to COVID-19 pandemic. Care packages are emailed to customers' homes for those who have disclosed HIV status to members of their family while discussions are more generic for those undisclosed. Members receive emailed gift cards to purchase meals after group ended. To date 93 youth have been served and 204 units provided.

Us Helping Us - Us Helping Us received a 'MAI Youth Reach' grant to serve Suburban Northern Maryland youths. The implementation of this program was heavily impacted by the ongoing public health emergency - COVID-19 pandemic. However, Us Helping Us, continued to provide some skeletal services to qualified MAI youths. Activities were implemented through February 2021 and the grant was terminated due to noncompliance with Ryan White rules and regulations for MAI. Below is brief description of the services provided under this grant prior to termination.

Early Intervention Services: Us Helping Us successfully screened 504 youths of color ages 13-30 years old for STIs including HIV, chlamydia, gonorrhea, hepatitis C, and syphilis. All testing sessions included pre- and post-test counseling/education focused on HIV/STI risk assessment and health education. Upon termination of the grant in February 2021, Us Helping Us identified two eligible HIV-positive clients under this grant with five units of service delivered.

Outpatient Ambulatory Health Services: Us Helping Us contracted with Washington Health Institute to refer positive clients for Outpatient ambulatory health services. By end of the grant year, when grant was terminated, two clients had been referred for services.
Medical Case Management Services: Us Helping Us did not provide any MCM services due to the lack of a licensed practitioner on staff.

Mental Health and Substance Abuse Services: Us Helping Us provides individual therapy to identified customers. By the end of the grant year, one customer had been served and three units of service provided.

Psychosocial Support Services: The in-house psychotherapist provides psychosocial support counseling to identified clients. The services provided include biopsychosocial re-assessment, risk reduction counseling and the development of service/care plan to address the psychosocial issues identified. By the end of the grant year, four youths have been served and 22 encounter units provided. This grant was terminated in February of 2021.

Whitman-Walker Health – Whitman-Walker Health (WWH) uses community health workers in its Retention and Engagement Department to serve youth with risk behaviors for HIV, offer education and prevention, encourage linkages into care for those in need, and retain youth at-risk of falling out of care. Once in care, an open access model is used along with care coordination to promote overall engagement in care. As a result of COVID-19, the delivery of some services has been modified to include the use of telehealth platforms to ensure the continuity of care. Safety guidelines and protocols have been implemented to protect clients and staff from COVID-19. Community Health staff continue to work with the Medical Adherence and STABLE Families Youth and Family Care Navigation teams to help retain newly diagnosed HIV-positive youth in medical care and other support services at WWH.

Telephone and text conversations are used to support patients in their adherence and overall health and wellness goals. Program staff implement telehealth visits through a HIPAA compliant video call system, which is also used by its medical and behavioral health providers. This provides the opportunity for face-to-face interaction with customers until in person visits can resume. As safety protocols for limited in person service provision are developed, some staff members are starting to see clients in person under time limited and socially distant circumstances. Most services continue to be provided through phone, text, and telehealth contacts.

Youth, between the ages of 13-24 years old, continue to receive trauma-informed care that includes Dialectical Behavior Therapy and Cognitive Behavioral Treatment. WWH continues to provide a safe space for youth who have experienced or observed trauma, as well as those who identify as LGBTQIA. Individual and family counseling around gender transition is also provided to established customers. The use of an adolescent psychiatrist has proven to be instrumental in treating youth customers with identified complex issues.

A continuum of SUD treatment is provided to youth under the age of 30 years old. These youth are recognized as a vulnerable population, due to the nature of substance use disorders, and because they often fall out of care and fail to engage in HIV treatment. Through its SUD Team, WWH provides a full continuum of SUD focused behavioral health interventions, including

psychiatric assessment and medication management; (MAT) medication assisted treatment using Buprenorphine; outpatient group therapy for customers with co-occurring SUD and mental health diagnosis, both for those involved in the MAT program and for those who struggle with co-occurring substance use and mental health issues; individual therapy, harm reduction groups and individual and group peer recovery support.

Since the beginning of this grant period, WWH's MAI Youth Program has served 20 customers and 36 units of service.

La Clínica del Pueblo (LCDP) - La Clínica del Pueblo's Youth Reach program provides a portfolio of comprehensive, culturally, and linguistically appropriate, LGBTQ-affirming services for young Latino men who have sex with men (YLMSM) and young Transgender Latina (YTL) customers. These services span all six required categories and are integrated to form a continuum of care. From March 2021 to December 2021, LCDP's MAI program provided 181 service units to 21 unique individuals between the ages of 18-30 years old.

Early Intervention Services engages and links to care customers who are: (a) living with HIV but are unaware of their status; (b) aware of their positive status but have never been engaged in care; and (c) aware of their positive status but have either refused linkages to care or dropped out. As of December 2021, 158 service units were received by 21 unique individuals.

Outpatient Ambulatory Health Services customers (ages 13 to 30) linked to care receive outpatient primary medical services consistent with current Public Health Service standards for high-quality HIV care. As of December 2021, there were no units of service reported.

Medical Case Management (MCM) customers are provided MCM 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. As of December 2021, there were no units of service reported.

Psychosocial support services customers (ages 18 to 30) are offered psychosocial support in the form of a peer-facilitated support group called *Encuentros Positivos (Positive Encounters)*, through which customers partner with navigators to develop their own holistic care plans. The groups facilitate customers' development of leadership skills and social support networks, and they also address shared concerns around immigration laws, discrimination, pandemic-related stressors, and social stigmas. Through December 2021, 14 service units were received by eight unique individuals.

Mental Health Services through primary care screenings and referrals for evaluation, customers are offered comprehensive mental health assessments, including screening for additional psychiatric needs. As of December 2021, there were no units of service reported.

Substance Use Outpatient Care through screening and navigation, customers are linked to intensive substance abuse services through the *Volviendo a Vivir (Returning to Life)* program, which includes intake, assessment, group and individual counseling, drug screening, and referral services. No services have been provided under this category to date.

Q81: How many HAHSTA grantees or sub-grantees received awards in FY21 and FY22 to date 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 FY21 and FY22 to date counseling, testing and referral data, broken out by gender and age.

Response:

Prevention Human Care Agreement Vendors	Focus Population	Service Activities	Ward
Bread for the City	Low income, Asian, black, and White, Heterosexual Men and Women	Category A: HIV Testing & Linkage to Care	1-8
Casa Ruby	African American, Latinx, Heterosexual, Homeless, Youth, LGBTQIA	Category A: HIV Testing & Linkage to Care Category B1: Recruitment & Outreach	2 & 7
Community Family Life Services	African American women incarcerated, people inject drugs	Category A: HIV Testing & Linkage to Care	1-8
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 of Washington, DC	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
HIPS	African American, Latinx, Persons who inject drugs,	Category A: HIV Testing & Linkage to Care Category B1: Recruitment & Outreach	6

	Transgender Women of Color	Category B2: Community Wellness Category B3: PrEP/nPEP	
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 13-29	Category A: HIV Testing & Linkage to Care Category B2: Community Wellness	4-5
Mary's Center	Immigrants- African and Caribbean, Blacks, Whites	Category A: HIV Testing & Linkage to Care Category B1: Recruitment & Outreach Category B2: Community Wellness Category B3: PrEP/nPEP	1-5
Metro Health	MSM of Color, Trans of Color, All Populations	Category A: HIV Testing & Linkage to Care Category B1: Recruitment & Outreach Category B2: Community Wellness Category B3: PrEP/nPEP	7-8
One Tent Health	African Americans, Low income	Category A: HIV Testing & Linkage to Care Category B1: Recruitment & Outreach	7- 8
Sasha Bruce	African American Youth	Category A: HIV Testing & Linkage to Care Category B1: Recruitment & Outreach Category B2: Community Wellness	5-8

The Grassroot Project	Youth 13-24	Category: B1a Health Education	7-8
The Women's Collective	Women of Color	Category A: HIV Testing & Linkage to Care Category B1: Recruitment & Outreach Category B3: PrEP/nPEP	1-8
Unity Health Care	All Populations	Category A: HIV Testing & Linkage to Care	1-8
Us Helping Us	African American MSM	Category A: HIV Testing & Linkage to Care Category B1: Recruitment & Outreach Category B2: Community Wellness Category B3: PrEP/nPEP	4
Whitman-Walker Health	All Populations include LGBTQ, PLWHA, Youth	Category A: HIV Testing & Linkage to Care Category B1: Recruitment & Outreach Category B2: Community Wellness Category B3: PrEP/nPEP	1-8

FY2021 Counseling, Testing, and Referral Data, by Gender and Age
FY2021 (Oct 2020 to Sept 2021) and 1st Quarter 2022 (Oct 2021 to Dec 2021)

HAHSTA reports 14,700 publicly supported clinical HIV tests in the District during FY20 and the first quarter of 2021. In addition, HAHSTA obtains data from the Department of Health Care Finance on Medicaid and DC Alliance supported HIV testing. For FY21, Medicaid covered 30,763 HIV tests, a 45% reduction from 55,817 tests in FY20.

Age Range	Additional (specify)	Declined to Answer	Female	Male	Unkn (Blank)	TransMen	TransWomen	Transgender - Unspecified	Total
(No Data)	0	1	5	3	3	0	0	0	12
Age 00 to 04	0	0	16	6	6	0	0	0	28

Age 05 to 12	0	0	1	2	0	0	0	0	3
Age 13 to 19	4	0	508	304	4	0	3	2	825
Age 20 to 29	52	2	1,422	3048	34	13	80	23	4,674
Age 30 to 39	23	0	899	3,086	29	5	61	12	4,115
Age 40 to 49	5	2	596	1,353	14	4	23	3	2,000
Age 50 to 59	0	0	589	1,081	12	2	9	2	1,695
Age 60 and over	0	0	434	903	6	1	4	0	1,348
Total	84	5	4,470	9,786	108	25	180	42	14,700

*Five providers reported tests of children 0-4 years old. These providers are either clinical settings, serve families or women.

** Additional specify is provided as an alternative to clients who do not identify with any other gender. Large proportion of these persons specified queer.

Organization	Award	Prevention Service	Community/Ward
Whitman-Walker Health	Dr. Simmons Wellness Initiative	PrEP	2
Washington Health Institute	Dr. Simmons Wellness Initiative	PrEP	5
La Clinica del Pueblo	Dr. Simmons Wellness Initiative	PrEP	1
MedStar Washington Hospital Center	Community Based Disease Intervention Services	PrEP/PEP	5
Metro DC Center	Regional Early Intervention Services	PrEP	1
Access to Wholistic and Productive Living	Regional Early Intervention Services	PrEP	Suburban Maryland

Metro Health	Regional Early Intervention Services	PrEP	2
Children's National Medical Center	Regional Early Intervention Services	PrEP	5
Community Family Life Services	Regional Early Intervention Services	PrEP	6
Damien Ministries	Regional Early Intervention Services	PrEP	5
Family and Medical Counseling Services	Regional Early Intervention Services	PrEP	8
La Clinica del Pueblo	Regional Early Intervention Services	PrEP	1
AIDS Healthcare Foundation	Regional Early Intervention Services	PrEP	2
Washington Health Institute	Regional Early Intervention Services	PrEP	5
Heart to Hand	Regional Early Intervention Services	PrEP	Suburban Maryland
SLK Health	Regional Early Intervention Services	PrEP	Suburban Maryland
FAHASS	Regional Early Intervention Services	PrEP	Northern Virginia
INOVA	Regional Early Intervention Services	PrEP	Northern Virginia
Mary Washington Health	Regional Early Intervention Services	PrEP	Northern Virginia
Neighborhood Health	Regional Early Intervention Services	PrEP	Northern Virginia
Nova Salud	Regional Early Intervention Services	PrEP	Northern Virginia
Whitman Walker Health	Regional Early Intervention Services	PrEP	1
Us Helping Us	Regional Early Intervention Services	PrEP	1
The Women's Collective	Regional Early Intervention Services	PrEP	5

FY21 and FY22 to date Ryan White counseling, testing and referral data, broken out by gender and age.

Service	Clients Served
Testing	1,280
Referral	624 Client

Counseling	1,248

Organization	Award	Prevention Service	Community/Ward
Whitman-Walker Health	Dr. Simmons Wellness Initiative	PrEP	2
Washington Health Institute	Dr. Simmons Wellness Initiative	PrEP	5
La Clinica del Pueblo	Dr. Simmons Wellness Initiative	PrEP	1
MedStar Washington Hospital Center	Community Based Disease Intervention Services	PrEP/PEP	5
Metro DC Center	Regional Early Intervention Services	PrEP	1
Access to Wholistic and Productive Living	Regional Early Intervention Services	PrEP	Suburban Maryland
Metro Health	Regional Early Intervention Services	PrEP	2
Children's National Medical Center	Regional Early Intervention Services	PrEP	5
Community Family Life Services	Regional Early Intervention Services	PrEP	6
Damien Ministries	Regional Early Intervention Services	PrEP	5
Family and Medical Counseling Services	Regional Early Intervention Services	PrEP	8
La Clinica del Pueblo	Regional Early Intervention Services	PrEP	1
AIDS Healthcare Foundation	Regional Early Intervention Services	PrEP	2
Washington Health Institute	Regional Early Intervention Services	PrEP	5
Heart to Hand	Regional Early Intervention Services	PrEP	Suburban Maryland
SLK Health	Regional Early Intervention Services	PrEP	Suburban Maryland
FAHASS	Regional Early Intervention Services	PrEP	Northern Virginia
INOVA	Regional Early Intervention Services	PrEP	Northern Virginia

Mary Washington Health	Regional Early Intervention Services	PrEP	Northern Virginia
Neighborhood Health	Regional Early Intervention Services	PrEP	Northern Virginia
Nova Salud	Regional Early Intervention Services	PrEP	Northern Virginia
Whitman Walker Health	Regional Early Intervention Services	PrEP	1
Us Helping Us	Regional Early Intervention Services	PrEP	1
The Women's Collective	Regional Early Intervention Services	PrEP	5

FY21 and FY22 to date Ryan White counseling, testing and referral data, broken out by gender and age.

Service	Clients Served
Testing	1,280
Referral	624 Client
Counseling	1,248

Testing, Counseling, and Referral by Age Group and Gender- FY21 to FY22

	13-18 Years	19-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65 + years
Referral	6	39	158	123	109	134	55
Testing	19	215	561	222	123	107	33
Counseling	22	122	403	240	166	212	83

*Ryan White testing, counseling, and referral by Age FY 21-22

	Female	Male	Transgender Female to Male	Transgender Male to Female	Transgender Other	Refuse to report	Other
Referral	227	357	6	32	1	1	0
Testing	482	777	8	12	0	0	1
Counseling	389	797	9	50	1	1	1

*Ryan White testing, counselling, and referral by Gender FY 21-22

Q82: 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 FY21 and FY22 to date?

Response:

Throughout last year, HAHSTA continued and expanded implementation of GetCheckedDC, which launched in June 2020 in response to the COVID-19 emergency by providing at-home and walk-in HIV and STD testing options to all DC residents who request them at GetCheckedDC.org.

In CY21, we distributed 2051 at-home HIV test kits to residents. Of these kits, 27% went to Black heterosexual women, 7% went to Black heterosexual men, 12% to Black MSM including 3% to young Black MSM, 4% to Latino MSM, 20% to White and other MSM, and 2% to transgender and non-binary residents. Overall, 30% went to residents under the age of 25 years old and 4% went to residents over age 50 years old.

HAHSTA continued the fee-for-service performance-based contract process in FY21 where HAHSTA functioned as a payer of last resort in the provision of routine HIV tests. The payer of last resort provision is defined as no other third-party payer will cover the test. This change in HAHSTA's funding model aims to support HIV testing in non-clinical and/or community-based settings or in exceptional cases where insurance reimbursement is not feasible, i.e., multiple HIV tests in a given time period or PrEP follow-up visits. In a recent survey among funded clinical and community providers, HAHSTA learned that 69% of respondents had the ability and appropriate systems in place to bill third-party payers.

HAHSTA has worked extensively with hospitals on the insurance reimbursement for emergency department HIV screening. HAHSTA engaged the CDC's supported capacity building assistance providers on reimbursement options. Hospitals have informed HAHSTA that due to contractual agreements with insurance carriers, there can be limitations for reimbursement of HIV screening in emergency departments. There are also patient visits that do not include ordering of a blood panel.

For walk-in testing, 2233 total requests were made, including 1820 for HIV testing. A total of 1148 residents completed their testing at a LabCorp patient service center, including 974 HIV tests. Walk-in tests also diagnosed an additional 40 cases of chlamydia/gonorrhea and 12 cases of syphilis. Of those who completed walk-in HIV testing, 15% were Black heterosexual women, 9% were Black heterosexual men, 5% were Black MSM including 3% young Black MSM, 3% were Latino MSM, 17% were White and other MSM, and 1% were transgender and non-binary residents. Overall, 32% were residents under the age of 25 and < 1% were residents over age 50.

HAHSTA reports 13,989 publicly supported clinical HIV tests in the District during FY20 and the first quarter of FY21. In addition, HAHSTA obtains data from the Department of Health Care Finance on Medicaid and DC Alliance supported HIV testing. For FY21, Medicaid covered 30,763 HIV tests, a 45% reduction from 55,817 tests in FY20.

Q83: How has HAHSTA used the latest annual HIV, Hepatitis, STD, and TB epidemiology and surveillance report to make policy and programmatic decisions during FY21 and FY22 to date?

Response:

The annual epidemiology and surveillance report continues to provide the foundation for understanding community needs related to the prevention, care, and treatment of HIV, STDs, hepatitis B and C, and TB in the District. The most recent annual epidemiology and surveillance report was released by HAHSTA on February 7, 2022 which was National Black HIV/AIDS Awareness Day and includes data collected through December 31, 2020. It contains indicators of progress on the Mayor's 90/90/90/50 Ending the HIV Epidemic Plan goals (which was updated December 2020 to the DC Ends HIV Plan), epidemiologic summaries for several key demographic groups, including women, men who have sex with men, people who inject drugs, transgender individuals, Latinos, youth (ages 13-24), older adults (ages 55 years and older), and foreign-born individuals, and results from molecular HIV surveillance and local HIV behavioral surveillance. We anticipate that the updated annual report will be released in early 2022. The release of data was delayed due to several key members of the HAHSTA epidemiology and surveillance teams being detailed to the DC Health COVID response effort.

The report released in August 2020 documents a modest decline in the number of newly diagnosed HIV cases from 2018 and improved rates of HIV care linkage, retention, and time to viral suppression. The number of chlamydia, gonorrhea and primary and secondary syphilis cases were consistent with 2017 and 2018. Challenges remain related to persistent health disparities associated with race/ethnicity, gender, gender of sex partner, and geography.

The report, released on February 7, 2022, includes a new section on the impact of the COVID-19 pandemic on disease prevention, screening, and care services. The report shows a continued decline in newly diagnosed HIV cases and stable rates of HIV care linkage, retention, and time to viral suppression. The number of reported chlamydia, gonorrhea, and primary and secondary syphilis cases declined in 2020, most likely due to a reduction in testing due to the COVID pandemic. In 2020, there were zero babies born with HIV and 3 cases of probable congenital syphilis.

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. Using surveillance data that demonstrated persistent HIV acquisition among men who have sex with men and transgender persons of color, throughout FY21, HAHSTA continued implementation programs 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.

Data in the annual epidemiologic report showing delays in time from HIV diagnosis to initial viral suppression have been used to promote rapid antiretroviral therapy initiation. In FY21, Ryan White providers were funded to accelerate time to treatment initiation within seven days of diagnosis.

Distinct geographic patterns in HIV continue to be documented in the annual epidemiology and surveillance report. Choropleth maps included in the annual report and spatial cluster analyses 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 to better align with higher burden geographic areas. 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 annual epidemiologic report continues to provide the foundation for the development and evaluation of all HAHSTA related strategic planning documents. HAHSTA supported the Mayor's release of the initial 90/90/90/50 Plan for Ending the HIV Epidemic in the District in 2016 and the updated version simply titled DC Ends HIV, in 2020. 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.

Knowledge of the perinatal HIV cases and congenital syphilis cases has resulted in focused efforts to work with the providers involved in each of these cases. Each case was reviewed thoroughly with a multidisciplinary committee and actions to prevent future cases were developed.

HAHSTA continues to expand efforts to improve the percentage of people with chronic hepatitis C (HCV) who have been successfully treated. 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. 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. 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 updated DC Ends HIV plan.

Q84: Please describe major activities undertaken in FY21 and FY22 to date 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:

HAHSTA continued 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 the prevention of perinatal hepatitis B (PHB) transmission through the CDC's Perinatal Hepatitis B Prevention Program grant which is annually renewed. The state PHB Prevention coordinator identified 24 infants in 2020 and 20 infants in 2021 at risk of hepatitis B exposure. Of the infants who completed post-vaccine serologic testing for hepatitis B, there were ZERO perinatal infections since the last reporting to the DC Council. Universal hepatitis B vaccination of newborns has been adopted by all five DC hospitals with policy updates complete at three hospitals (Howard University, George Washington University (GWU), and Sibley). Howard University Hospital was recently honored by the Immunization Action Coalition to be on its Birth Dose Honor Roll with a 90% or greater vaccination rate for the year 2020. It is the coordinator's goal to have all five hospitals on this honor roll. The PHB Coordinator, Nurse Consultant Donna Sheler, is the principal co-investigator for the DC Health and George Washington University study titled *Reasons for Hepatitis B Vaccine Birth Dose Delay/Refusal*. Preliminary results concluded the main reason for delay or refusal of hepatitis b vaccine to be that 'mothers don't see the need to vaccinate at birth'. This highlights the need to educate expectant parents prenatally on the importance of the hepatitis B birth dose. According to the latest National Immunization Survey (NIS, 2020), the District of Columbia had an estimated 80.4% rate of birth dose administration based on 2017-2018 data. This was an increase over the 2019 NIS survey data and indicates that DC is experiencing an upward trend in its hepatitis b birth dose efforts. It is HAHSTA's hope that the conclusive findings of the DC Health and GWU Birth Dose study will give insight to the birth dose acceptance barriers and help lead to strategies to increase the hepatitis B birth dose rate in the District to the Healthy People 2030 goal of 85%.

In FY21, HAHSTA received funding under the CDC's Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments. The Funding Opportunity Announcement's (FOA) goal is to improve surveillance for viral hepatitis, outbreak detection, investigation, and control; facilitate viral hepatitis elimination planning; and increase access to hepatitis B and C testing, and prevention and treatment services (e.g., vaccination and treatment services provided in high-impact settings, such as hospital emergency departments and syringe services programs (SSPs), and among high-burden populations). Under the FOA, HAHSTA's strategy is to develop

and implement strategies for active viral hepatitis surveillance activities that facilitate enhanced ascertainment of acute and chronic HBV and HCV cases; improved completeness of surveillance data (e.g., case demographic and risk information); and expanded data collection to acquire additional information concerning individual infection prognosis (i.e., liver fibrosis staging) and treatment engagement.

To help achieve this strategy, HAHSTA initially engaged six community partners: Us Helping Us, HIPS, Howard University Hospital, Damien Ministries, HBI-DC, and Andromeda Transcultural Health to embed peer teams into their programming. Utilizing a contract with an employment agency, HAHSTA provided up to 20 hours per week of peer support to increase testing and linkage to care opportunities. The peers were placed to improve outreach, coordination, and monitoring of ongoing efforts to improve the hepatitis-related prevention, care, and treatment needs of focus populations with a particular focus on persons who inject drugs. The participating provider agencies experienced individualized challenges as a result of COVID-19, ranging from total agency shutdowns to intermittent and paused service delivery. As a result, three of the six partners were unable keep their peer teams intact. Damien Ministries, Us Helping Us and Andromeda Transcultural Health were able to maintain their peers and will continue their HCV efforts. The budget allocation process caused a significant delay in HAHSTA's ability to provide support to the community partners. HAHSTA has maintained contact with the partners, and they remain at the ready to initiate activities as soon as funds become available.

Due to the challenges related to COVID-19 and the budget programming process, HAHSTA is currently compiling data on the project's progress.

Additionally, through the Human Care Agreement, HAHSTA supported hepatitis screening efforts at HBI-DC and HIPS. The table below depicts their screening efforts.

Fiscal Year 2021 (Oct 1, 2020 - Sept 30, 2021)	Totals
Hepatitis B	
Total # of tests	710
Total # of positive tests	39
Link to care	37
Hepatitis C	
Total # of tests	2,376
Total # of positive tests	72
Link to care	51

In FY20, GWU partnered with HAHSTA and the Hepatitis B Initiative of Washington, DC (HBI-DC) to submit a successful application to the Office of Minority Health for a Hepatitis

C Demonstration Project. The collaboration aims to reduce liver disease caused by viral hepatitis C among Asian Americans, Pacific Islanders, African immigrants, and other persons with high-risk. In FY21, DC Health hired a Hepatitis Investigator to monitor active surveillance records, gathered by the Strategic Information Division of HAHSTA. This individual utilizes HCV surveillance data to collaborate with clinical and community-based partners on testing and treatment. This data is used to identify people living with HCV who are not in care, link and/or reengage them into care.

Adult Viral Vaccine Doses Administration Report

FY2019 - FY2021

Fiscal Year (FY)	Hepatitis A	Hepatitis B	Twinrix (Hepatitis A&B)	Total
2019	3,961	6,712	1,117	11,790
2020	1,570	2,531	494	4,595
2021	1,229	3,143	501	4,873

Q85: Please provide an update on the needle exchange program including the following

a. Number of clients served
b. Number of needles exchanged
c. Number of HIV tests administered
d. Service days and locations
e. Number of vans used

Response:

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.	211,822	2,116	533	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- 14th and U Street, SE (9:00 a.m. -10:15 a.m.), Montello and Simms Street, SE (10:30 a.m. – 11:40 a.m.), North Capitol Street & Florida Avenue,	1

				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 19th and Benning Road, NE (1:30 p.m. to 3:30 p.m.)	
Bread for the City	45,389	325	1,201	1525 7th Street NW Washington DC M-F	0 This is a fixed site
*HIPS	607,703	10,063	226	10:30am-5:30pm M-Wed, 10:30am-5:30pm and 11pm-7am Thursdays, 1pm-5:30pm and 11pm-7am Fridays, 11pm-7am Sat. Monday (SE/SW), Tuesday (NE), Wednesday (NW) Thursday (all quadrants). Via Secondary 24/7.	1
**Us Helping Us, People into Living	3,931	79	9	Tuesdays and Thursdays 9am-430pm 3636 Georgia Ave NW DC 20010 Wednesday 10am-2pm	This is a brick-and-mortar site

				Columbia Heights area, Georgia Ave NW Friday 10am-1pm 17th St NE, H. St corridor, 2pm -4pm client deliveries in wards 5,7,8	1 van 1 van 1 mobile unit when conducting testing and outreach activities.

*These numbers include the Transgender Health Initiative program

** This a 208% increase since FY20. During the last Council report, Us Helping Us was in start-up mode. The first year of SSP integration was greatly impacted by COVID-19. These numbers reflect a full year of integration and service implementation.

The COVID pandemic greatly reduced syringe service programs outreach activities. Most providers significantly reduced the number of outreach teams and their hours of operation. HIPS changed its operating procedures by placing a table in front of its building to continue to serve the community. Family and Medical Counseling Service, Inc. developed strategies to continue services without allowing individuals to board its mobile van. Us Helping Us worked on full implementation of their program. They spent Year 1 developing protocols and plans for delivering SSP to the population of focus.

Q86: 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:

In December 2020, Mayor Muriel Bowser released the updated DC Ends HIV plan. The DC Ends HIV Plan replaces the 90/90/90/50 Plan and raised the floor to a minimum of 95%/95%/95% of people knowing their HIV status, people diagnosed being on treatment, and people on treatment reaching viral suppression by 2030. Through its community engagement, DC learned that the percentage decrease was more challenging to understand with numbers changing from year to year. To respond to that input, DC is setting a number — an ambitious but achievable number -- of new HIV diagnoses that represents ending the epidemic. The number represents that the District has maximized all the strategies and tools to end the epidemic. It is not zero, because there is not yet a cure or vaccine. However, the number means DC is making new HIV diagnoses as rare as possible. Further, to achieve the fewer than 130 new diagnoses per year by 2030, DC must increase uptake and use of Pre-Exposure Prophylaxis (PrEP). DC has set a goal of more than 13,000 people on PrEP by 2030.

The DC Ends HIV Plan follows the four pillars of the federal Ending the HIV Epidemic: Diagnose, Treat, Prevent, and Respond. The Plan values health equity and recognizes structural barriers, such as racism and stigma, to optimal health outcomes and individual success. It also centers people's life experiences, including social determinants of health. To reflect these critical factors, the DC Ends HIV plan adds a fifth pillar: Engage. DC Health held nearly 50 sessions with over 750 culturally diverse residents from all parts of city, including people living with HIV, to understand their challenges and strengths. These conversations informed the key strategies summarized here:

- Diagnose – increase HIV testing access, such as the new at-home/walk-in testing program GetCheckedDC.org, and advance policy and process approaches for routine HIV and STI screening.
- Treat – start HIV treatment rapidly, such as the same day a person is diagnosed and prioritize Undetectable equals Untransmittable or U=U to promote staying on treatment.
- Prevent – increase access and support for PrEP and Post Exposure Prophylaxis, expand harm reduction programs for people who use drugs, and promote U=U (Undetectable equals Untransmittable) because people who are virally suppressed cannot transmit HIV to a sexual partner.
- Respond – connecting with people newly diagnosed with HIV faster to intervene in clusters, among social networks, and connect individuals to care or prevention.
- Engage – launch new wellness services to address the stress residents expressed as a barrier for prioritizing HIV health and advance approaches to reduce stigma, support stable housing and economic opportunity, ensure cultural humility is integral to services, and promote accurate information.

DC has created an interactive plan site with DCEndsHIV.org to sustain regular community engagement. The site is designed to be updated regularly with community-informed approaches and new developments in the HIV field, such as the anticipated availability of long-acting HIV treatment and PrEP. In addition to DC Health sponsored engagement activities, DCEndsHIV.org contains resources for communities to conduct their own discussions to share.

Current progress against the four EHE goals for the District of Columbia specifically is shown here:

Ending the HIV Epidemic Measures	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2030 Goal**
Goal #1: 95% of HIV-positive District residents know their status	86%	86%	87%	88%	90%	Pending	95%
Goal #2: 95% of District Residents living with HIV are in treatment	73%	76%	77%	77%	80%	76%	95%
Goal #3: 95% of District residents living with HIV who are in treatment reach viral suppression	78%	82%	84%	85%	87%	87%	95%
Goal #4: Reduction in new HIV diagnoses	399	388	381	327	273	217	130

Q87: What was the amount of funds the District received for the Housing Opportunities for People With AIDS program in FY21? How were the funds allocated and number of households served under the service categories? How does this compare to FY19 and FY20? 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:

Jurisdictions	FY20 Funded Amount	FY21 Funded Amount	FY22 Funded Amount
Northern Virginia	$2,400,000	$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	$6,181,502	$6,084,995	$6,184,341
Administrative Cost (3%)	$335,150	$332,164	$335,237

DC – FY19 *HUD – FY18*

	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

DC – FY20 *HUD – FY19*

	Total Households Served	DC	Maryland	Virginia	West Virginia
Total Households Served	14,148	3,495	187	10,429	37
Tenant Based Rental Assistance	445	244	103	97	1
Transitional/Short Term Facility	66	66			
Permanent Facility	2			2	
Short Term Rent, Mortgage, Utility	131	40	22	61	8
Capital Development	0	0	0	0	0
Stewardship Units	2	0		2	
Permanent Housing Placement	56	1	1	53	1
Housing Information	12,811	2,821		9,976	14
Supportive Services with Housing	610	323	61	213	13
Supportive Services Only	25			25	

DC – FY21 *HUD – FY20*

	Total Households Served	DC	Maryland	Virginia	West Virginia
Total Households Served	8,017	2,199	588	5,186	44
Tenant Based Rental Assistance	427	239	97	88	3
Transitional/Short Term Facility	86	86	0	0	0
Permanent Facility	2	0	0	2	0
Short Term Rent, Mortgage, Utility	169	49	42	71	7
Capital Development	0	0	0	0	0
Stewardship Units	2	0	0	2	0
Permanent Housing Placement	39	0	2	35	2
Housing Information	6,748	1,613	371	4,748	16
Supportive Services with Housing	387	212	76	83	16
Supportive Services Only	157	0	0	157	0

Q88: Please provide an update on prevention and service delivery programs implemented during FY21 and to date in FY22 that target special populations including:

a. LGBQ populations;
b. Transgender populations;
c. Seniors
d. African-American women;
e. Latino populations

Response:

HAHSTA continues to support an array of innovative prevention programming to serve focus populations. HAHSTA provided funding to conduct a full range of outreach services from testing, biomedical prevention, and wellness engagement culturally sensitive and affirming for populations. The following table contains HAHSTA supported prevention programs for focus populations:

Population	**Services/Programs/Interventions**
Lesbian, Gay, Bisexual, Transgender	Counseling, Testing, Referral (CTR) Drop-In Center and Needle Exchange Condom Distribution Pre-Exposure Prophylaxis (PrEP) Support and Education STI screening Outreach and Recruitment Health Education Community Wellness
Ethnic Minority populations	Counseling, Testing, Referral (CTR) STI screening Pre-Exposure Prophylaxis (PrEP) Support and Education Outreach and Recruitment Health Education

	Community Wellness
Returning Citizens	Counseling, Testing, Referral (CTR)
Homeless	Counseling, Testing, Referral (CTR) Health Education Drop-In Center STI Screening PrEP
Older Adults	Counseling, Testing, Referral (CTR) STI Screening Outreach & Recruitment

In FY21 and FY22, HAHSTA funded several Regional Early Intervention Services programs that targeted specific populations with increased vulnerability to HIV. Sub-populations include, but are not limited to:

- Gay, bisexual, same gender loving, and other men who have sex with men of all races and ethnicities (noting the particularly high burden of HIV among Black/African American gay and bisexual men);
- Black/African American women and men;
- Latino men and women;
- People who use drugs;
- Youth aged 13 to 24 years (noting the particularly high burden of HIV among young Black/African American gay and bisexual men); and
- Transgender women and men.

Below is the chart of special population programs supported by the Care and Treatment Division:

Program	Organization	Target Population
Ending the Epidemic Wellness initiative	Whitman-Walker Health	50 District residents into their WHOLE Person Initiative
Ending the Epidemic Wellness initiative	Washington Health Institute	40 District residents with HIV or high risk for HIV
Ending the Epidemic Wellness initiative	La Clinica del Pueblo	Low-income, high-risk negatives in the DC EMA
Ending the Epidemic Community DIS	Medstar	Newly HIV and STD diagnosed individuals and their contacts
Regional Early Intervention Services	Metro DC Center	Transgender people of color, primarily African Americans, between the ages of 18-29
Regional Early Intervention Services	Access to Wholistic and Productive Living	Male and female African Americans and persons of color, that are reentrants (1 month – 2 years released) and their spouse, partners, ages 25-55
Regional Early Intervention Services	Metro Health	Men who have sex with men, African American men and women, returning citizens, transgender women and men, people who use drugs and people with severe mental health conditions
Regional Early Intervention Services	Children's National Medical Center	Adolescents and young adults ages 13-<25 yo HIV-negative at risk for HIV
Regional Early Intervention Services	Community Family Life Services	Women with a history of incarceration

Regional Early Intervention Services	Damien Ministries	LGBTQ Ballroom community 18-55
Regional Early Intervention Services	Family and Medical Counseling Services	African American men and women with special emphasis on formerly incarcerated people and those who use drugs and/or are in need of Medication
Regional Early Intervention Services	La Clinica del Pueblo	Latino adult men and women living with HIV or at risk for HIV
Regional Early Intervention Services	AIDS Healthcare Foundation	Gay, bisexual, MSM African American, African American women and men, Latino men and women, people who use drugs, youth ages 18 to 24 years, transgender men and women
Regional Early Intervention Services	Washington Health Institute	Young (18-35 years) African American MSM
Regional Early Intervention Services	Heart to Hand	Black/African American individuals ages 17-35 who are disproportionately impacted by HIV and STIs
Regional Early Intervention Services	SLK Health	MSM of color age 18-25
Regional Early Intervention Services	FAHASS	Black MSM (18+)
Regional Early Intervention Services	INOVA	Black SGL men

Regional Early Intervention Services	Mary Washington Health	Military enlistees, college students
Regional Early Intervention Services	Neighborhood Health	At Risk LatinX and other immigrants
Regional Early Intervention Services	Nova Salud	AA MSM, Latino MSM, Transgender
Regional Early Intervention Services	Whitman Walker Health	Youth aged 13 to 24; Trans women of color; Black/African American and Latinx gay, bisexual, same gender loving, and other men who have sex with men; Black/African American women and men; Latinx men and women.
Regional Early Intervention Services	Us Helping Us	Black MSM (18+)
Regional Early Intervention Services	The Women's Collective	Women of color age 45+

Lesbian, Gay, Bisexual, Transgender, Queer/Questioning

HAHSTA supports a portfolio of prevention interventions for the LGBTQIA population, including testing, outreach and recruitment, health education, PrEP/PEP, community wellness, behavioral, and biomedical interventions.

Although the IMPACT DMV project (a prevention/care programs for men who have sex with men (MSM) and transgender persons of color) has come to an end, HAHSTA continues to support some of the efforts established by the project. Additionally, the Health Impact Specialist program, a program that hires and trains MSM and transgender people of color to work in HIV prevention and care roles, remains a component of HAHSTA's programming working with this targeted community. During this reporting period, the Health IMPACT Specialists program has been sustained using Ryan White funds. Currently, 10 individuals continue to serve as a mechanism to create a system of care for African American young men and transgender individuals of color with access and navigation services to improve their overall health outcomes. Of these 10, three have been successfully hired on full-time at their participating sites.

Transgender Persons

HAHSTA maintained its Transgender Health Initiative program, inclusive of a transgender drop-in center. In FY21, HAHSTA funded two providers (i.e., HIPS and Casa Ruby) to implement services for transgender community. HIPS continued providing comprehensive services to advance healthy outcomes for transgender persons who are HIV negative and living with HIV. Casa Ruby was funded to implement a transgender support program that specifically supports transgender individuals in a domestic violence situation. They submitted a proposal that outlined the specific needs of individuals at risk for and involved in violent relationships. During the fiscal year, Casa Ruby served 160 trans women and 10 trans men.

The goals are to:

- Increase healthy outcomes and individual success through strategies to enhance economic, behavioral health, social services, housing, and other opportunities.
- Provide a safe and confidential environment for transgender persons.
- Increase the number of transgender persons accessing HIV, STD, hepatitis, and TB screening, primary medical care, Post-Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP), HIV medical care and treatment (including linkage and retention to achieve viral load suppression), health insurance, and additional health services; and
- Increase cultural competency among health and non-health providers to ensure safe, respectful, and appropriate services for transgender persons.

The COVID-19 pandemic affected services, particularly the drop-in center component. However, HIPS was able to reconfigure some service options, including sidewalk-based services. From October 1, 2020 to the present, HIPS provided drop-in center services (i.e., access to a shower, a hot meal, and laundry facilities) to 3,780 unique individuals, screened 656 for HIV, linked 688 to STI screening and linked 678 to PrEP. This data reflects the impact that the pandemic had on the program's ability to either maintain or expand service capacity.

Seniors

HAHSTA administers the Places of Worship Advisory Board (POWAB). During the COVID pandemic, the POWAB created a Senior Outreach Project in collaboration with Hedin House and Seabury Resources for the Aging. They hosted interactive health screenings, provided information about HIV/AIDS risks, and delivered health education sessions on opioid use/misuse. POWAB also delivered 68 wellness bags that included personal protective equipment (PPE), personal hygiene items, socks, resources for HIV testing, Coronavirus testing information, and mental health resources. 18% of the individuals served were over the age of 50.

Returning Citizens

In FY21, HAHSTA supported Community Family Life Services (CFLS). The agency's mission is to provide homeless adults, families, and women's reentry with the tools and support they need to reconnect with their families and live life to their full potential. CFLS achieves its mission through integrated programs and services. Additionally, CFLS offers a women's reentry housing initiative with housing and intensive case management for women with children who have been released from prison or jail within last 90 days or are within four months of being released. The established human care agreement with CFLS supports HIV testing and community wellness to women still within the correction system. The program visits institutions that house women District residents and offer groups on sexual health, HIV education, PrEP, and additional resources. Due to the pandemic, CFLS hosted virtual online health literacy sessions with partner agencies such as Houser of Ruth, Jubilee Housing, YMCA, and Fairview Halfway House throughout the pandemic, serving women released from jail or prison. During the period of performance, they were able to serve a total of 161 women.

Ethnic Minority Populations

Black Heterosexual Women

HAHSTA funded multiple community partners with inclusive services for Black/African American women with two partners focused on Black/African American women: Community Family Life Services (CFLS) and The Women's Collective (TWC). TWC provides services for women and girls from the age of 12 and beyond. As COVID-19 continues to wreak havoc in the District, TWC continued safe outreach activities and staff followed CDC COVID protocols. They were able to reach 621 African American women with information about HIV screening, distributed 1,628 condoms, and educated 621 women about PrEP treatment.

CFLS offers HIV/AIDS prevention, education, and case management services. Their focus is previously incarcerated African American women. They offered townhall meetings with the clients virtually, received feedback on the needs of the clients during this time and asked about resources to get them through this period of despair and sorrow. CFLS programs transitioned to virtual to keep the clients and staff safe. Community Family Life Service created a virtual online wellness program to integrate HIV 101 education. Through this medium, they were able to reach 246 women virtually and distributed 3,255 condoms. They continued to offer rapid HIV testing by appointment only.

LatinX Community

During FY20-21 providers servicing the Latinx population sought to ensure that health services were available to their clients and patients while protecting their staff. In-office services were highly curtailed and service activities were revised to reflect COVID protocols and procedures developed by the CDC. Due to the pandemic and the suspension of in-offices services the testing numbers decreased, however providers adjusted.

Other practices and activities implemented for service and outreach continuation were:

- Home testing kits (STI, COVID, etc.) were made available to clients;
- Staff wore PPE, practiced precautions, and social distanced while in office;
- Clients were serviced via in-office appointments only; and
- Virtual support services using popular social media platforms.

Transitioning to virtual service provision to the Latinx population allowed providers to continue offering care and support to our clients and community in need. This community virtual outreach enhanced the efforts of the staff to contact the most vulnerable and hard to reach clients, as well as address their need for support services, in addition to providing health information and emotional support.

Providers continue to ramp up efforts to ensure that the Latinx community still received counseling, education, and referral services on which they depend. Health educators and navigators continued to offer virtual educational sessions, virtual navigations, linkage to medical care, social and behavioral support services, and referrals.

Latinx immigrants encounter more nuanced challenges beyond policy and financial barriers, such as discrimination and fear of deportation, and many have less access to health and social services and lower utilization of accessible services. Assistance is given to clients in need of:

- Vouchers for food insecure families,
- Free legal aid, and
- Housing assistance.

Q89: Please provide an update on the DC Health and Wellness Center operated by HAHSTA for STD, sexual health, and TB services. Specifically, please include for FY21 and FY22 to date:

a. The number of individuals seen;
b. The number of individuals who tested positive for each STI;
c. The number of individuals who received follow-up and were connected with care following a positive test result;
d. The educational, outreach, and other services provided by the clinic;
e. The number of individuals who received TB health services;
f. Any changes in programming or delivery of programing due to COVID-19.

Response:

The number of individuals seen for STI and other sexual health services (data is for FY21): 2,937 individual patients for total of 6,146 visits.

The number of individuals who tested positive for each STI (data is for FY21):
- Syphilis (new cases): 104
- Gonorrhea (all sites): 535
- Chlamydia (all sites): 387

The number of individuals who received follow-up and were connected with care following a positive test result (data is for FY21):
- Syphilis: 102 out of 104 (98%)).
- Gonorrhea (all sites): 530 out of 535 (98%)
- Chlamydia (all sites): 383 out of 387 (99%)

The educational, outreach, and other services provided by the clinic;
- PEP Hotline was launched on April 1, 2021. Between April 1, 2021 and September 16, 2021, there were 338 callers to the Hotline: 59% (n=201/338) were nPEP eligible and were referred for nPEP initiation; 84% (n=173/201) attended an initial nPEP visit at DCHWC; 55% (n=95/201) attended a 28-day follow-up visit; 68% (n=65/95) of those attending the follow-up visit transitioned from nPEP to PrEP.

- DCHWC serves as the clinical lead for the GetCheckedDC program, a mail-out HIV/STI and LabCorp walk-in home-testing programs. These initiatives are currently ongoing and generate substantial daily demand for STI and HIV testing, using the DCHWC as both an ordering provider and referral center for treatment.

- DCHWC has expanded hours for the Express Clinic which was originally introduced in response to decreased access to STD testing during the COVID-19 pandemic—this clinic allows

for provider-less asymptomatic STD testing visits at the Center. Last year, 939 patients were seen in Express Clinic and 196 of these tested positive for an STD (190 were treated/97%)

- DCHWC provides HPV, hepatitis A, hepatitis B, pneumococcal, meningitis ACWY and B, TdaP, and flu vaccines

- Hosted trainings in naloxone, sexual health, PrEP and PEP, and latent tuberculosis diagnosis for community providers

- In FY21, provided training to 31 medical residents in sexual health and tuberculosis diagnoses

- Participated in research investigating barriers to PrEP uptake in women, gonococcal isolate surveillance (GISP), test-of-cure for pharyngeal gonorrhea, and rapid ART for new HIV infection. Staff presented at multiple national conferences to share best practices nationwide.

- Online reviews of DCHWC have remained largely positive with a current Google rating of 4.2 stars.

- The number of individuals who received TB health services: 450 individual patients seen for a total of 2400 visits

- Any changes in programming or delivery of programing due to COVID-19
    - Expansion of Express Clinic
    - Increases in virtual visits
    - Decrease in number of in-person visits

Q90: Please provide an update on HAHSTA's condom distribution programs, including number of condoms (male and female) distributed in FY21 and FY22 to date. 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:

HAHSTA's Condom Distribution Program (CDP) provides internal (female) condoms, dental dams, silicone and water-based lubricants, and a wide array of external condoms to a variety of sites including community-based organizations, health centers, schools, businesses, and residents. Requests are submitted through an online request form and can be filled on a quarterly, monthly, or one-time basis. Individual orders are mailed to residents weekly. The CDP provides a wide array of condoms that include a variety of shapes, textures, sizes, and colors, in addition to water-based and silicone-based lubricants. In response to STD rates among the District's youth that far exceed national averages and the distinct preference of youth, the CDP makes Magnum (Trojan brand) condoms exclusively available to high schools, youth-serving organizations, and community partners with youth-focused outreach efforts. 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.

In response to the COVID-19 pandemic and social distancing guidelines, the CDP was able to amend program protocols to ensure minimal service disruption. While some organizations are still ordering less condoms than they did pre-pandemic, partner locations continue to utilize the socially distanced pick-up option or direct delivery on a one-time, monthly, or quarterly basis through the online ordering process. While remote learning resulted in a reduction in the volume and frequency of condoms provided to schools and school-based health centers, HAHSTA has continue to promote the CDP and other related sexual health services through social marketing efforts and direct points of contact. In March 2021, HAHSTA held a virtual FC2 training in partnership with the Female Health Company where approximately 42 participants from DC organizations were in attendance.

HAHSTA maintains a database that houses information related to condom requests, orders filled, and distribution sites. CDP data is monitored on an ongoing basis and is used to determine program performance and as a guide for responding to demands as needed. During FY21, CDP distribution sites were mapped out to depict the program's reach across DC's eight wards and identify gaps in condom availability. HAHSTA also assesses condom utilization through population-based study sources such as 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.

During FY21, program staff developed a five-year CDP strategic plan to include a focus on data quality improvement, revamped messaging, and an assessment of current distribution sites.

Technical assistance with developing the strategic plan and defining programmatic successes to be utilized in a program evaluation was provided by NASTAD. CDP also worked with Octane Public Relations to conceptualize a new condom social marketing campaign that will feature a more modern look and updated prevention messages that include condoms, PrEP, PEP, and lubricant. The campaign refresh will also focus on increasing visibility and knowledge about the program. Program staff has begun the process of mapping out improved data collection processes for the program with the goal of transitioning to a new tracking system in FY22.

Condom Distribution	FY21	FY22 YTD
Number male condoms distributed	2,439,900	550,000
Number female condoms distributed	28,100	8,000

Condom Distribution Sites and Partners 2021

Academy of Hope
Accent on Health, LLC
AHF Wellness Center
AIDS Healthcare Foundation
All Souls, Unitarian
Alpha Peoples Drug
Armed Forces Retirement Home
ASPIRA Association, Inc.
Ballou High School Based Health Center
Bard High School Early College DC
Benning Road Barber Shop
BioScrip Pharmacy
Bread for the City
Briya Public Charter School
Capital Area Food Bank
Capitol Hill Ministries (Sheryl's Place)
Care Center @ United Medical Center
CareMore Health
Casa Ruby
Children's National Medical Center (3 locations)
Children's School Services
Coalition for the Homeless - Emery Shelter

Columbia Heights Care Pharmacy
Community Connections
Community Family Life Services
Community of Hope
Community of Hope- Family Health and Birth Center
Community Preservation and Development Corporation, Edgewood Terrace
Community Tech LLC
Comprehensive Primary Care, LLC
Coolidge Senior High School
Court Services and Offender Supervision Agency (2 sites)
Court Urgent Care Clinic
Courtney's House
Covenant Baptist Church
CSOSA (4 sites)
Damien Ministries
DC Doors- Zoe's Door Drop-in Center
Dedicated Care Health Services
Deeds of Kindness Outreach Services
Dee's Barbershop
Department of Behavioral Health
Department of Employment Services- Workforce & Federal Programs: Out-of-School Programs
Department of Youth Rehabilitation Services
Department of Youth Rehabilitation Services YSC
District Alliance for Safety Housing
District of Columbia Superior Court
Dr. George Samman
Dreamers and Achievers Center
Eagle Medical
EF International Language Campuses-DC
Elaine Ellis Center of Health
Ethiopia Community Development Council
Everyone Home DC
Family Practices Medical Services, PC
FCMH-PIDARC-MAT
FemHealth USA - Carafem
Food & Friends
Fort Lincoln Pharmacy & Medical Equipment

Georgetown University (student outreach group)
Glorious Art Gallery
Good Hope Institute
Good Success Christian Church
Goodwill Excel Center
Goshen Health Care & Management
GWU Immediate & Primary Care
GWU Immediate & Primary Care-Rhode Island Row
GWU Medical Faculty Associates
GWU Milken Institute School of Public Health
H Street Main Street
H*yas For Choice
Health Resources Services Center
HealthHIV
HIPS
Holy Health Care Behavioral Services
House of Ruth
Housing Counseling Services
Howard University College of Medicine
Howard University Hospital
Howard University Hospital OB/GYN
Howard University Hospital Routine Screening Project
Humanity in Transition
ID Care Team (Unity Health Care)
Kaiser Permanente
Kaiser Permanente/ Capitol Hill/Adult Medicine
Kind Heart Project
Kingsman Academy Public Charter School
La Clinica Del Pueblo- Empoderate
La Clinica Del Pueblo
Langston Community Outreach Center
Leadership Council for Healthy Communities
Lizbeth Shoe Repair
MARC LLC
Mary's Center
Maya Angelou Youth Adult Learning Center & See Forever Foundation
Mayor's Office of Latino Affairs
MBI Health Services, LLC (3 locations)

Medical Faculty Associates - General Internal Medicine Clinic
Medical Faculty Associates of GWU
MedStar Georgetown Community Pediatrics
MedStar Georgetown University Roosevelt School
Melissa Beauty Salon
Metropolitan Community Church of Washington, DC
Michelle Barnes Marshall, MD
Midtown Barber Shop
Miriam's Kitchen
My Aunt's House Inc.
National Alliance of State & Territorial AIDS Directors (NASTAD)
Nellie's Sports Bar
Office of Health Promotion & Education at The George Washington University
OIC/DC
One Care DC Inc.
One Medical (3 locations)
Open Arms housing
Phelps ACE, H.S.
Phi Signa Kappa @ GW
Planned Parenthood of Metropolitan Washington
Platinum Care LLC
PoZitive Attitudes
Propel Foundation, Inc (2 sites)
Qualia Coffee
Richard Wright Public Charter School
Sam Medical Center of America PLLC
SASHA Bruce Youthwork
SEED PCS DC
SMYAL (Sexual Minority Youth Assistance League)
So Others May Eat (SOME)
The Elizabeth Ministry
The Family Wellness Center, Inc.
The GW Medical Faculty Associates Clinical Trials Unit
The Young Women’s Project (2 sites)
Today’s Woman
Trinity Washington University
Turning Corners, LLC
United Planning Organization

Unity Care- Anacostia
Unity Care- Columbia Road Health Services
Unity Care- East of the River Care
Unity Care- Homelessness
Unity Care- Upper Cardozo Clinic
Unity Health Care- Parkside
University of California Washington Center
University of the District of Columbia (2 sites)
Us Helping Us
Volunteers of America Chesapeake
Washington DC VAMC
Washington Health Institute
Washington Hospital Center - Teen Alliance for Prepared Parenting (TAPP)
Washington Hospital Center- Women's Health
Wayne Place Transitional Housing Program
Westminster DC
Whitman Walker Clinic
Whitman Walker Health

Q91: Please provide an update on the School-Based and Youth STD Screening Programs. Please include data regarding the number of students screened during FY21 and FY22 to date

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 FY21 and FY22 to date? Please provide a listing of all schools and community-based organizations that received or provided STD screenings in FY21 and FY22 to date.

Response:

The School-Based Screening Program (SBSP) and the Youth STD Screening Program (YSSP) both provide DC's youth with access to free, low-barrier chlamydia and gonorrhea screening and treatment for youth between the ages of 13 and 24. SBSP is implemented in partnering public and charter high schools and YSSP is implemented at community-based organizations that serve youth populations. YSSP sites report testing data to HAHSTA on a monthly basis and are required to notify HAHSTA of any positive cases without confirmed treatment on an ongoing basis. A Disease Intervention Specialist is assigned all positive cases for follow up to ensure treatment is accessed and completed successfully, and that a follow-up test of cure is performed when necessary. For both programs, treatment is provided either by the location's staff, HAHSTA staff, or through warm referrals to the DC Health and Wellness Center. For testing sites that do not provide treatment services, a roving nurse practitioner is available to provide onsite treatment, expedited partner therapy, contraceptive counseling, and linkage to additional prevention services.

The COVID-19 pandemic resulted in a complete interruption of SBSP activities and a reduction in the volume of youth seeking testing at YSSP sites for the duration of FY21. The robust health and safety measures in place for public and public charter high schools in the District have eliminated the ability to implement programming that previously incorporated mass gatherings. An alternate program model has been developed and is explained in response to question 56. Program staff continue to engage with school and community-based points of contact to provide technical assistance and ensure screening services continue to be provided. In lieu of full SBSP and YSSP operations, staff has focused on promoting HAHSTA's GetCheckedDC program which provides options for home-based HIV testing, mail-out STI testing, and walk-in HIV/STI screening.

Youth STD Screening Programs	FY21			FY22 YTD		
	# Screened	# Positive	# Treated	# Screened	# Positive	# Treated
School-Based Screening Program	0	0	0	N/A	N/A	N/A
Youth STD Screening Program	612	TBD	TBD	252	12	11

FY21 STI Screening Sites		FY22 YTD STI Screening Sites	
Schools	CBOs	Schools	CBOs
N/A	Empoderate @ La Clinica del Pueblo	N/A	Empoderate @ La Clinica del Pueblo
	Whitman-Walker Health – Youth Services (location closed)		

GetCheckedDC Youth data – ages 13-24	FY21	FY22 YTD
# CT/GC requests	545	205
# CT/GC kits returned	320	117
# Positives	24	9
# Treated	20	TBD

Q92: 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:

Organization	Program Area	Fiscal Year - Funding Amount	# Peer Educators	# Youth Reached
The Young Women's Project	Peer Education	FY21 - $213,000	264	11,376
The Young Women's Project	Pregnancy Prevention & Peer Education	FY21 - $30,000	290	234
The Latin American Youth Center	Pregnancy Prevention & Peer Education	FY21 – $30,000	208	239
The Latin American Youth Center	Pregnancy Prevention & Peer Education	FY22 - $75,000	N/A (1/1/22-9/30/22 project period)	N/A (1/1/22-9/30/22 project period)

HAHSTA maintains a portfolio of programs and initiatives related to addressing youth HIV and STI rates in the District. During FY21, local funding was awarded to The Young Women's Project to support the training and deployment of sexual health peer educators. Funding from the Administration for Children and Families was also awarded to The Young Women's Project and The Latin American Youth Center to support peer education and pregnancy prevention programming (FY21 outcomes provided below). HAHSTA continued to provide technical assistance to both agencies on an ongoing basis to ensure program activities continued in a safe manner. In addition to the abovementioned funded activities, HAHSTA provided HIV and STI prevention, testing, and treatment services to youth through a myriad of initiatives. The Condom Distribution Program provides distribution sites and DC residents with access to free condoms and encourages the correct and consistent use of condoms through messaging shared across numerous platforms. "The Sex Is..." campaign encourages youth and the trusted adults in their lives to have honest, judgement-free conversations about sex and sexual health. Topics ranging from sex and pop culture to consent are discussed via social media posts, virtual events, a podcast series, radio ads, and print ads. GetCheckedDC (GCDC) is an HIV and STI testing program that offers a variety of testing options to DC residents: home-based HIV testing; mail-in

STI test kits; and walk-in HIV/STI testing. Launched in 2019, the program has been used to fill a gap in services brought on by the COVID-19 pandemic. In the absence of in-school STI screening provided by the School-Based Screening Program and the implementation of remote learning, GCDC is being promoted as an additional screening resource for youth. The Youth STD Screening Program by way of its partner sites, continues to provide youth-focused organizations with the ability to offer free, low-barrier chlamydia and gonorrhea screening to youth between the ages of 13 and 24. HAHSTA continues to partner with youth-serving agencies to ensure that youth and their partners that test positive for HIV and/or STIs are provided with timely treatment and linkage to care services at the DC Health and Wellness Center or their test site via roving Nurse Practitioner. Pairing youth-focused prevention messaging with youth-friendly testing and treatment services continues to function as a key component of HAHSTA's efforts to address youth HIV/STI infection rates. Combined with the work of funded organizations, these resources continue to combat the incidence of these infections among DC's youth.

The Young Women's Project (YWP)

YWP's Youth Health Educator program trains DC youth to provide peer to peer sexual health education and serve as peer advocates with the goal of reducing unintended pregnancies and decreasing the rate HIV and STI infections. YWP Peer Educations work in their schools and communities educating their peers, distributing condoms, and referring youth to clinics for services. Peer educators receive more than 75 hours of training on topics related to sexual health, self-advocacy, peer education, social media, and life skills that also includes 25 hours of Adulthood Preparation Subjects (APS) such as health relationships, teen dating violence, and condom negotiation. Trainings and continuous learning are accompanied by pre and post evaluations that are used to measure changes in knowledge and understanding on metrics that are mapped against established peer education standards. Trained peer educators are subsequently deployed into their neighborhood and schools where they are integrated into classroom health education, serve as resources for school-based health centers, and assist community-based clinics with outreach. Since the COVID-19 pandemic, all of these efforts have been converted to virtual outreach.

During FY21, YWP trained 264 new youth educators who delivered virtual presentations to 458 peers, completed 324 health clinic referrals and shared DC Health's Condom Request form 13,645 times, and disseminated 3,162 Instagram messages.

The Latin American Youth Center (LAYC)

LAYC's Manhood 2.0 program aims to reduce the instance of teen pregnancies, increase knowledge of healthy relationships, reduce the occurrences of toxic masculinity, and encourage goal setting. Housed within the Sexual Wellness Advocacy by Teens (SWAT) Program, weekly

groups and sessions are conducted on topics including HIV/STI education, pregnancy prevention and consistent contraceptive use, and equitable gender norms, and are offered both in person and virtually. LAYC has partnered with Casa Ruby, Cardozo High School, DC Health Link and Whitman Walker Health to provide youth-focused community-based STI and HIV testing.

During FY21, 239 youth completed the SWAT curricula, and 208 youth were trained on topics such as U=U (undetectable equals untransmissible) and HIV/STI prevention. LAYC partnered with four schools and one internal program to deliver the SWAT curriculum: Cardozo High School, Coolidge High School, E.L. Haynes, and Creative Mind Public Charter School; the internal LAYC program was the Summer Youth Employment Program (SYEP). LAYC also partnered with nine community partners to deliver sexual health information and testing services at outreach events. These included Coolidge High School, Cardozo High School, Georgetown Ministry Center, Hillcrest Children & Family Center, our housing sites at Kennedy and Connecticut, La Clínica del Pueblo, Casa Ruby, and LAYC's Drop-In Center. LAYC continued to provide walk-in HIV, STI, and pregnancy testing services to young people during FY21. Walk-in testing services and our outreach events resulted in a total of 346 tests for 276 clients, of which 152 were HIV tests, 314 were STI tests, and 80 were pregnancy tests. A total of 1,966 condom packets were distributed to young people and families through food distribution efforts at LAYC.

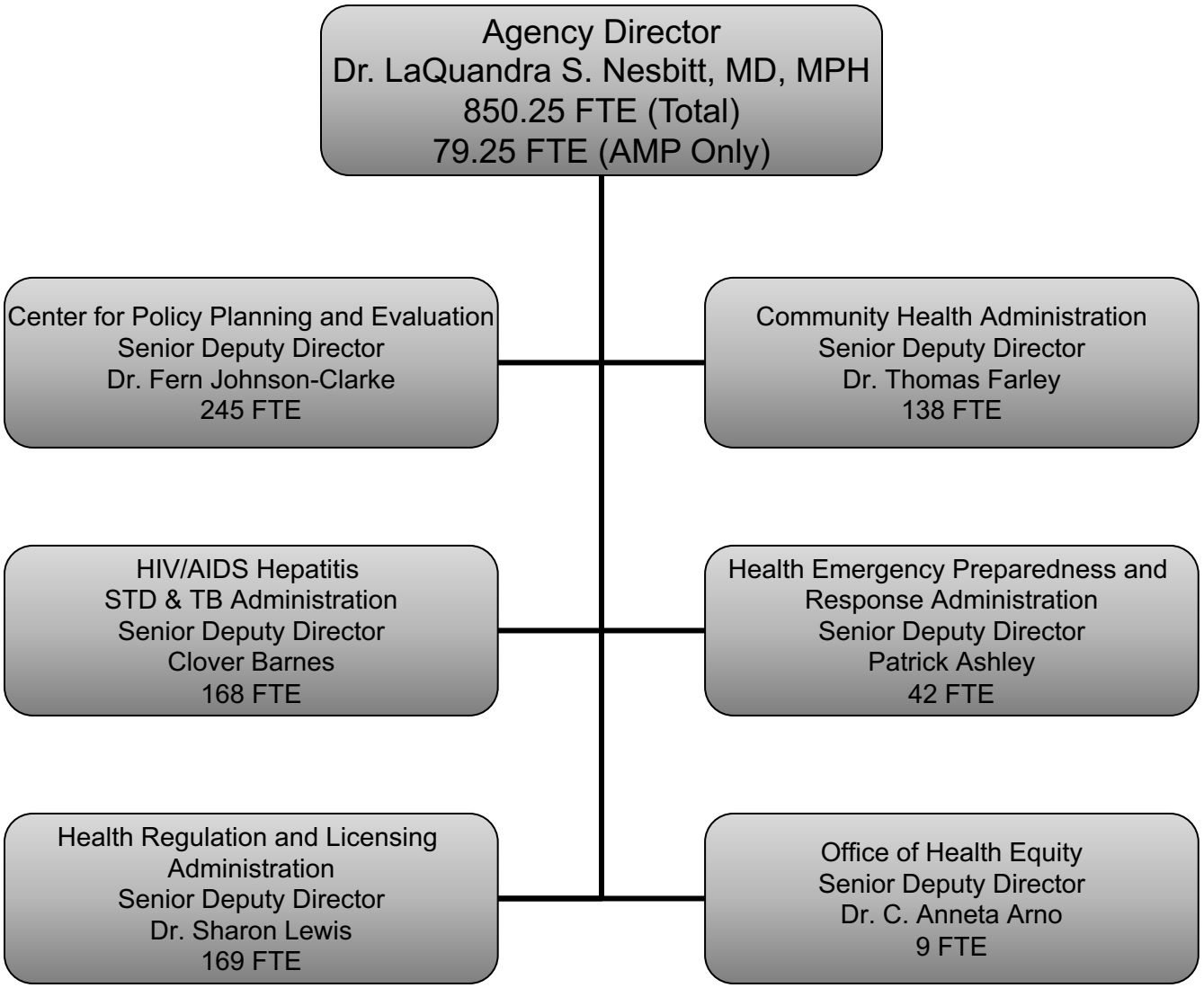
Q93: Please describe any on-going effect COVID-19 has had on the School Based Youth STD Screening Programs for FY21 and FY22 to date, including programming planned due to a return of in-school learning.

Response:

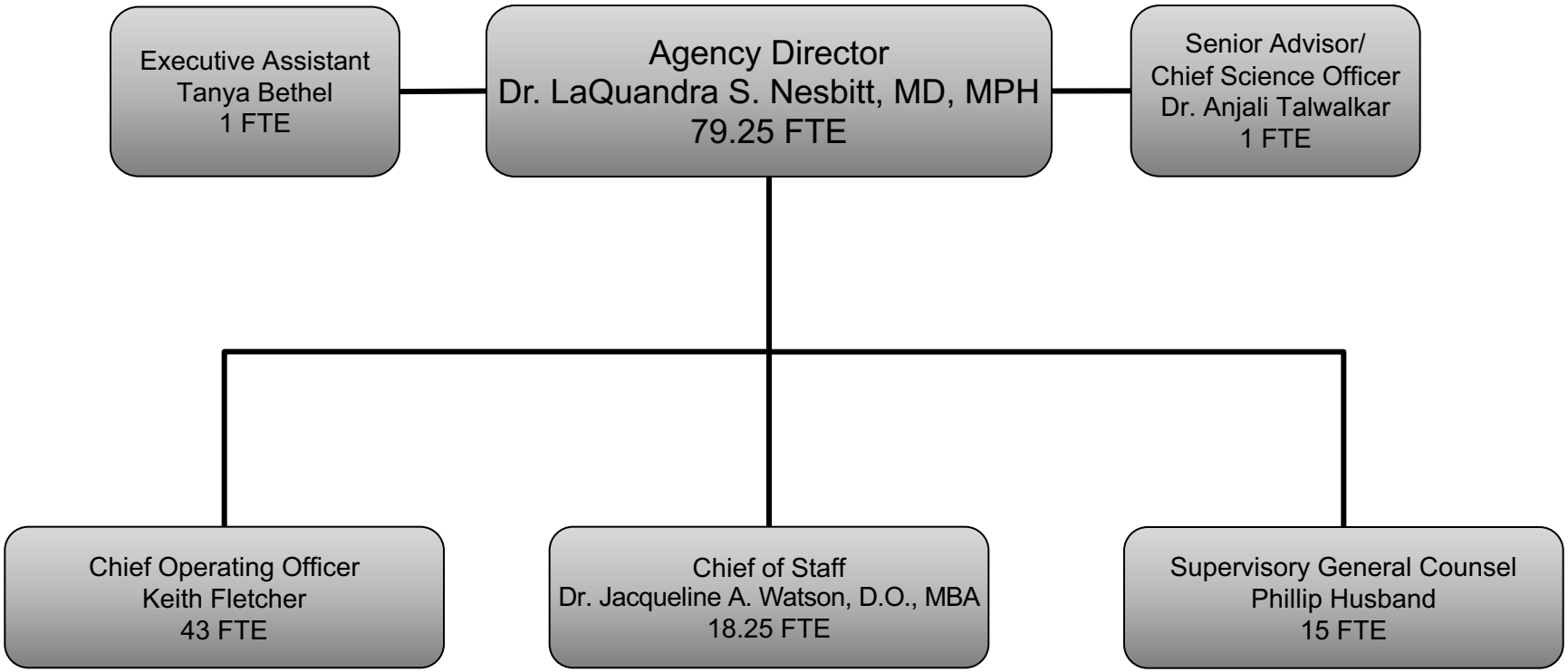
As a result of COVID-19 and the initial continuation of remote learning, all School-Based Screening Program (SBSP) activities were suspended beginning in March 2020 and continued for the duration of FY21. A hybrid program model consisting of virtual engagement sessions paired with the promotion of home-based testing options through GetCheckedDC (GCDC) - a HAHSTA HIV and STI testing program – was developed. HAHSTA staff engaged with colleagues at OSSE and DCPS to explore options for engaging school leadership and teachers for the 2021-2022 academic year. The utilization of health/physical education classes as a method for providing video-based education and virtual engagement was proposed by HAHSTA and approved by DCPS. Program staff has remained in contact with school-level points of contact to assess the feasibility of piloting the hybrid model. While most schools have either been non-responsive or have communicated the inability to re-introduce screening for the current academic year, a few schools have expressed interest in making screening available for students. Program staff will continue to engage with internal HAHSTA leadership and school-based points of contact to evaluate the feasibility of continued program implementation.

Despite challenges with implementation, youth-specific promotional materials for GCDC have been developed. Once reviewed and approved, promotional materials to include posters, pens, and other items will be provided to schools. A youth-specific video was developed to include STI prevention information and GCDC-specific instructions on how to order test kits and collect and return specimens. Posters will feature QR codes that will enable students to navigate to both the GCDC and condom order form by scanning the code with a smart mobile device. Pending the build out of a tacking system for the QR codes, staff should have the ability to track engagement with posters and codes at the school level to assess initial interest versus completed test requests. This data will be analyzed and used to determine strategic next steps for the SBSP.

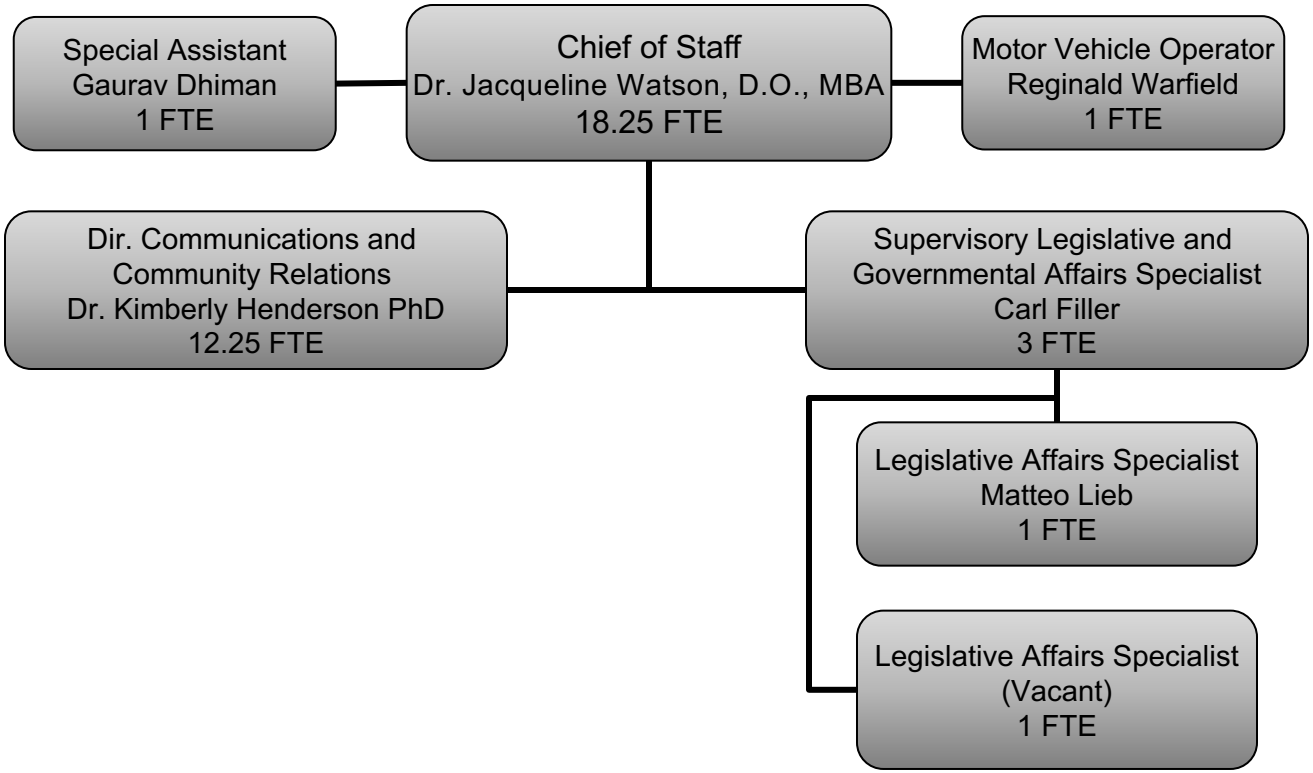
Department of Health



Office of the Director

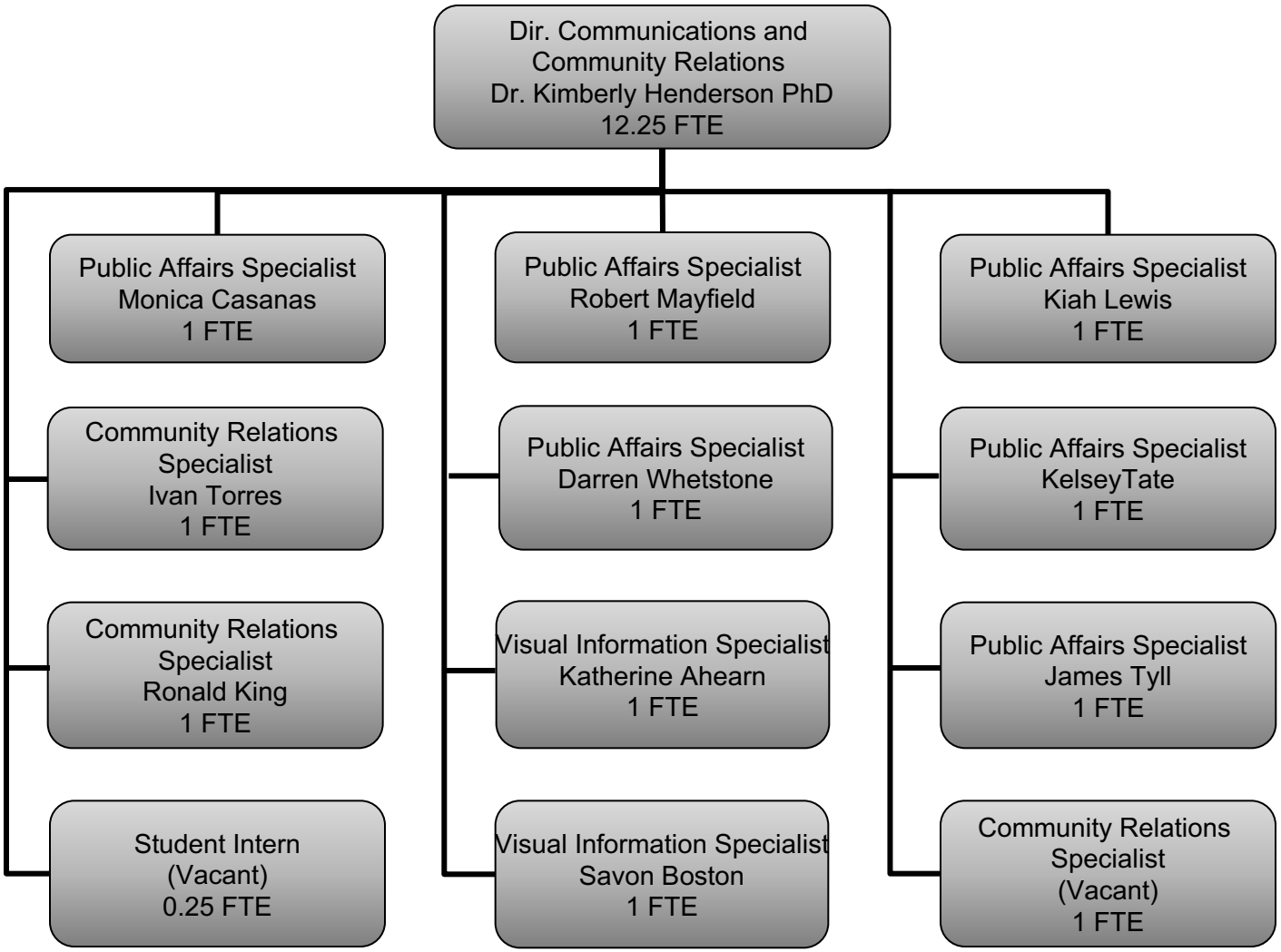


Office of the Chief of Staff



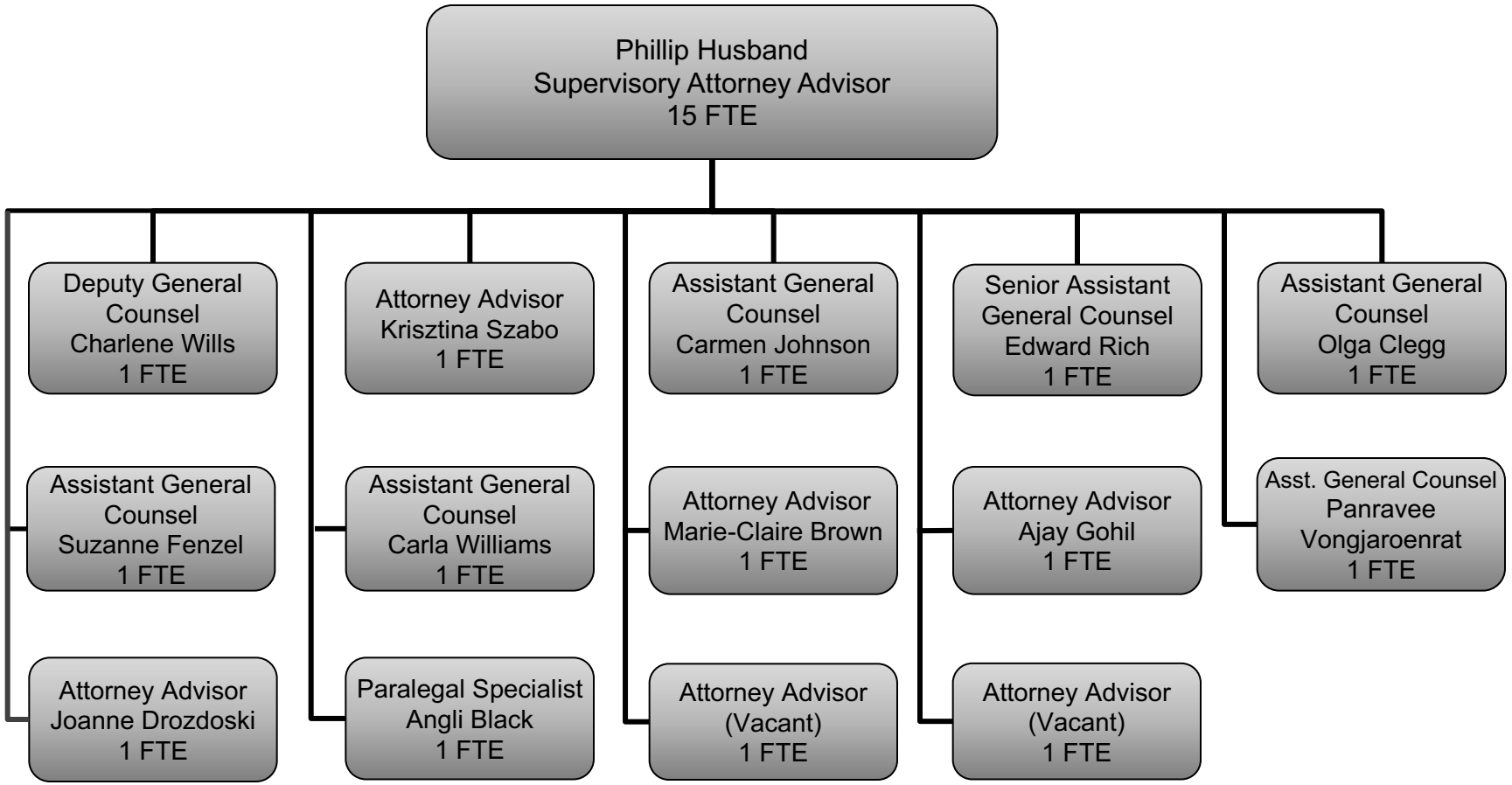
Office of the Chief of Staff
Office of Communications and Community Relations

DC HEALTH

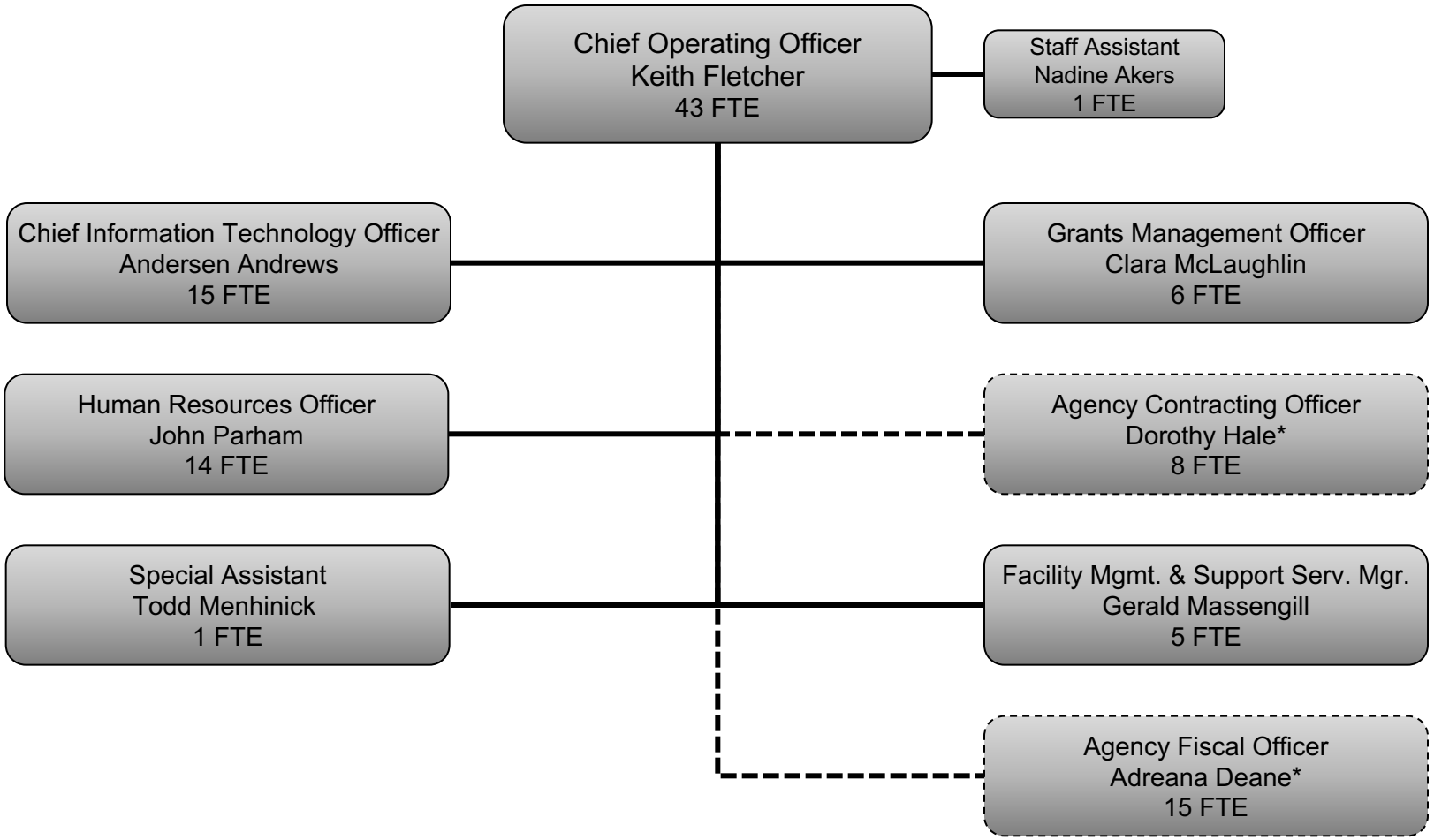


Office of the Director
Office of the General Counsel

DC | HEALTH



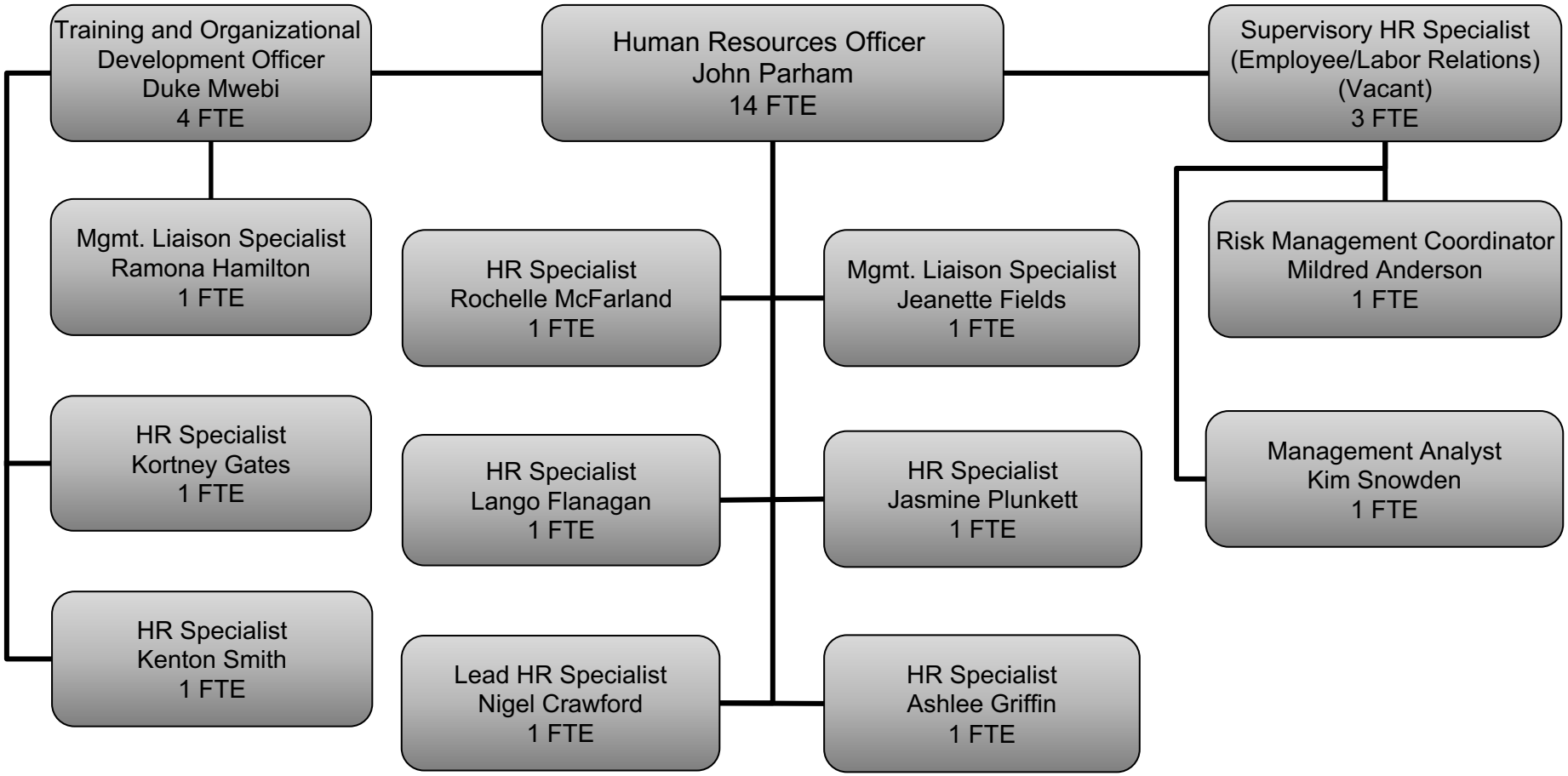
Office of the Chief Operating Officer



* The Agency Contracting Officer and Agency Fiscal Officer are employees of the Office of Contracts and Procurement (OCP), and the Office of the Chief Financial Officer (OCFO), respectively. They are outside of the DC Health hierarchy, but the DC Health COO is their primary liaison

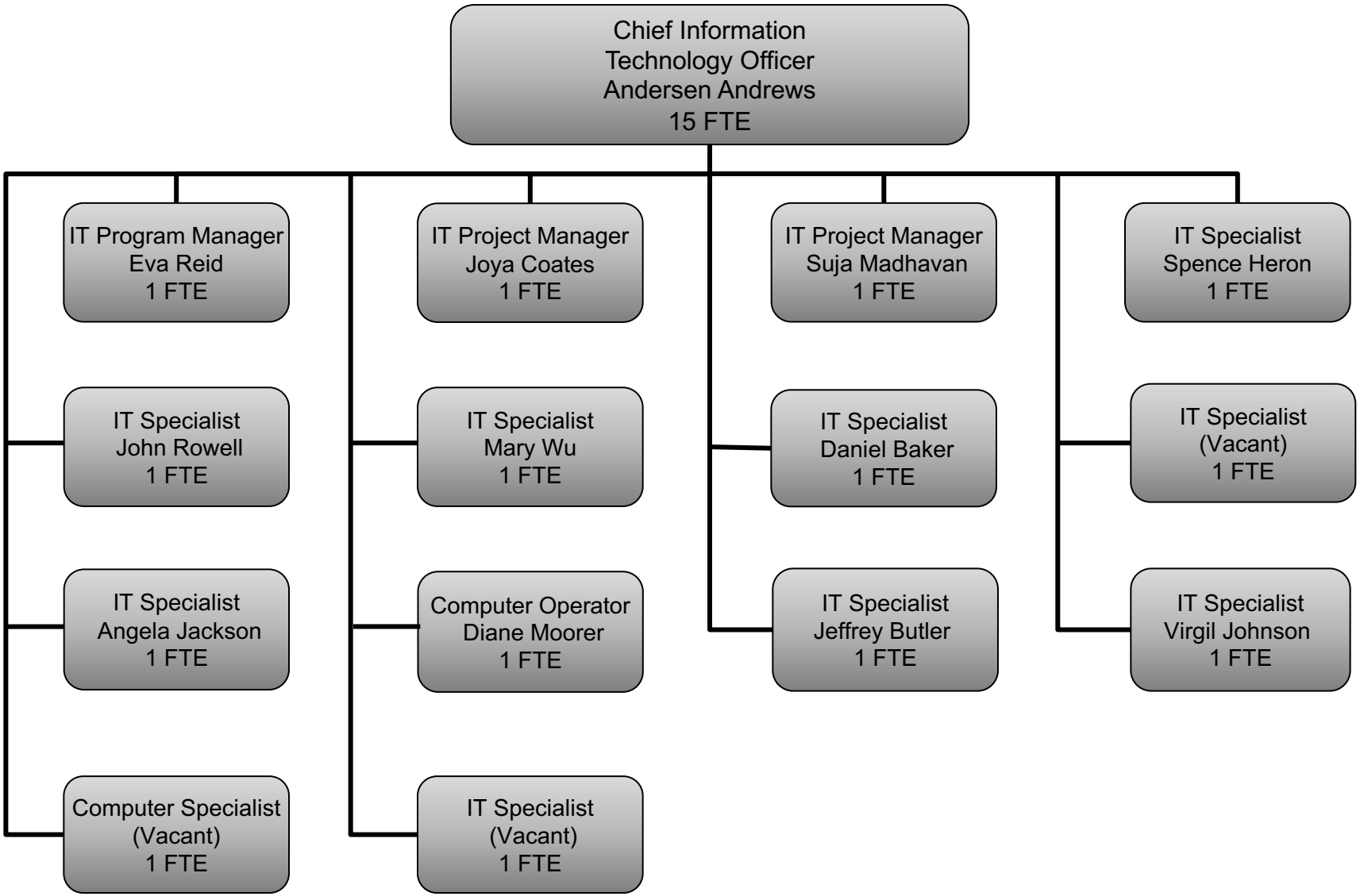
Office of the Chief Operating Officer
Human Resources Division

DC | HEALTH



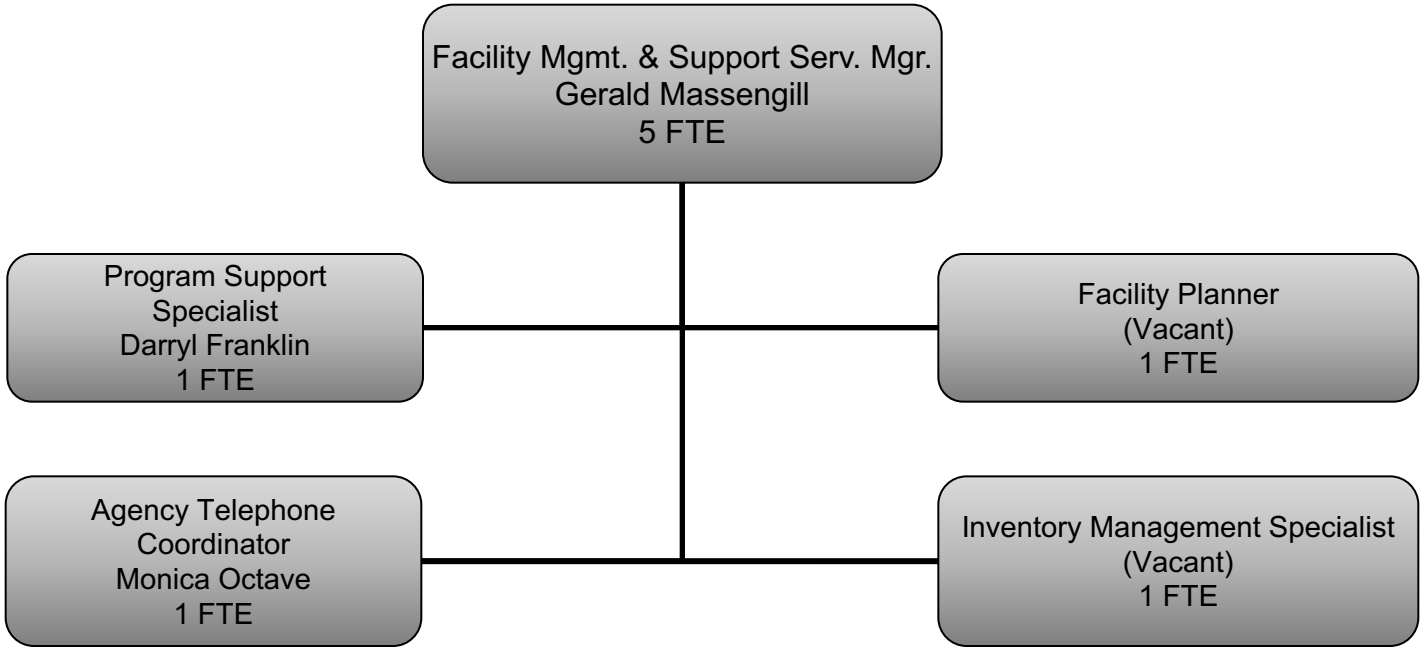
Office of the Chief Operating Officer
Information Technology Division

DC | HEALTH



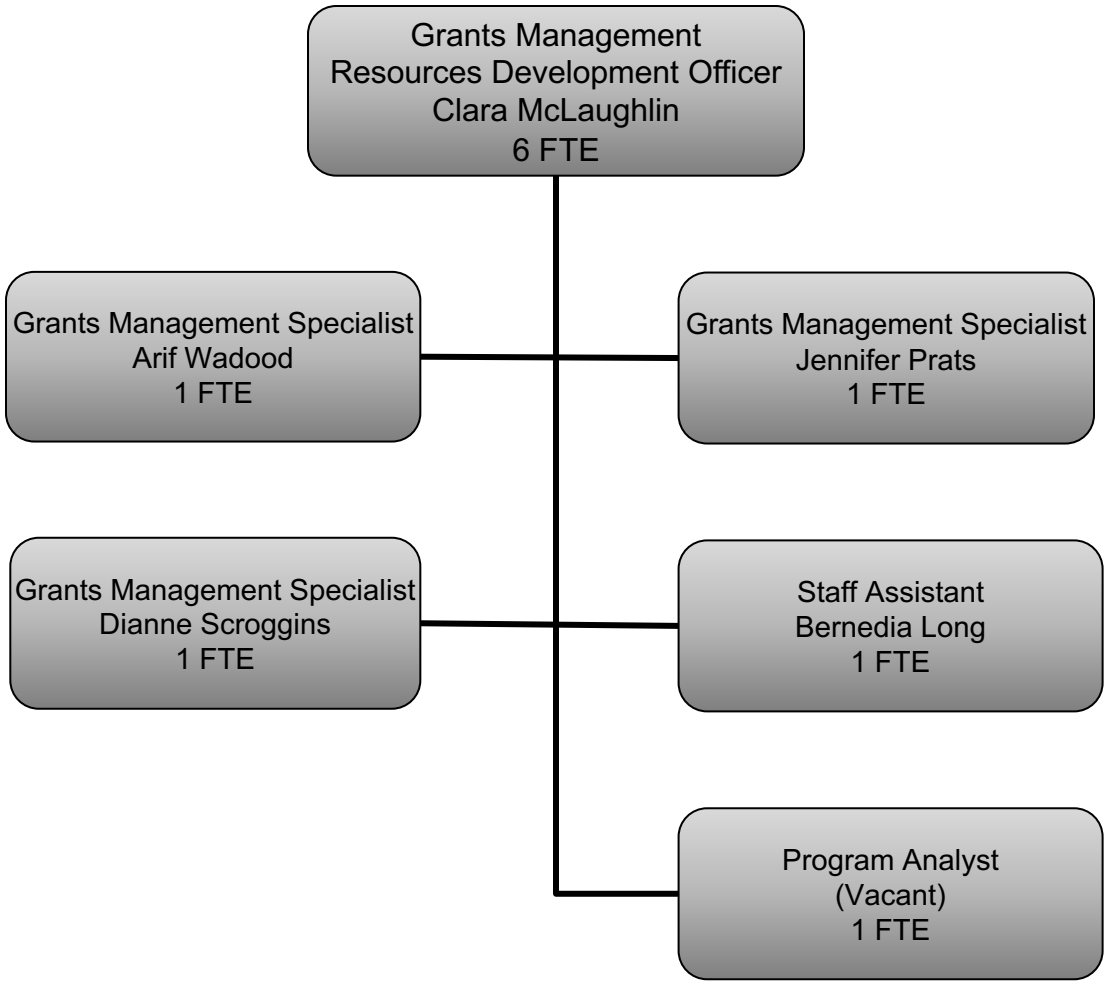
Office of the Chief Operating Officer
Office of Facilities Management

DC | HEALTH

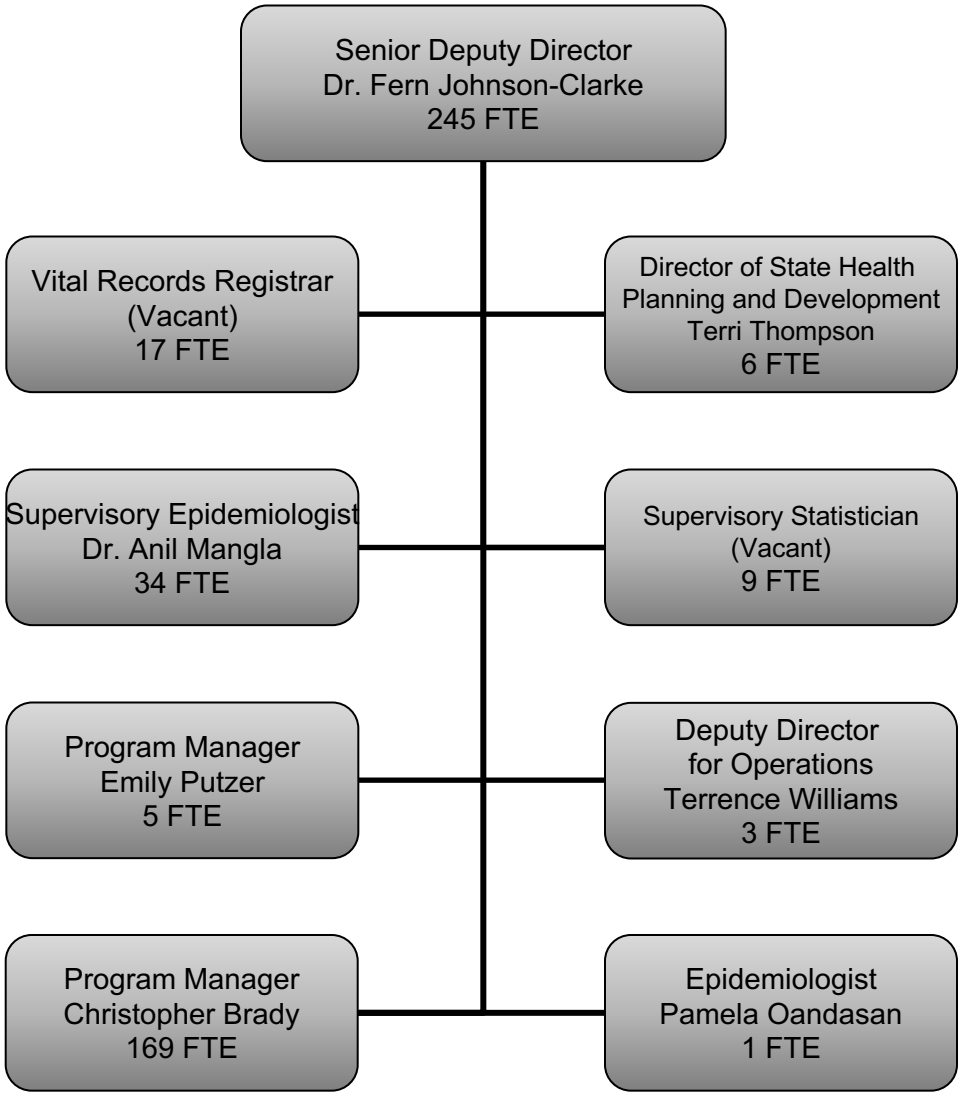


Office of the Chief Operating Officer
Office of Grants Management

DC | HEALTH

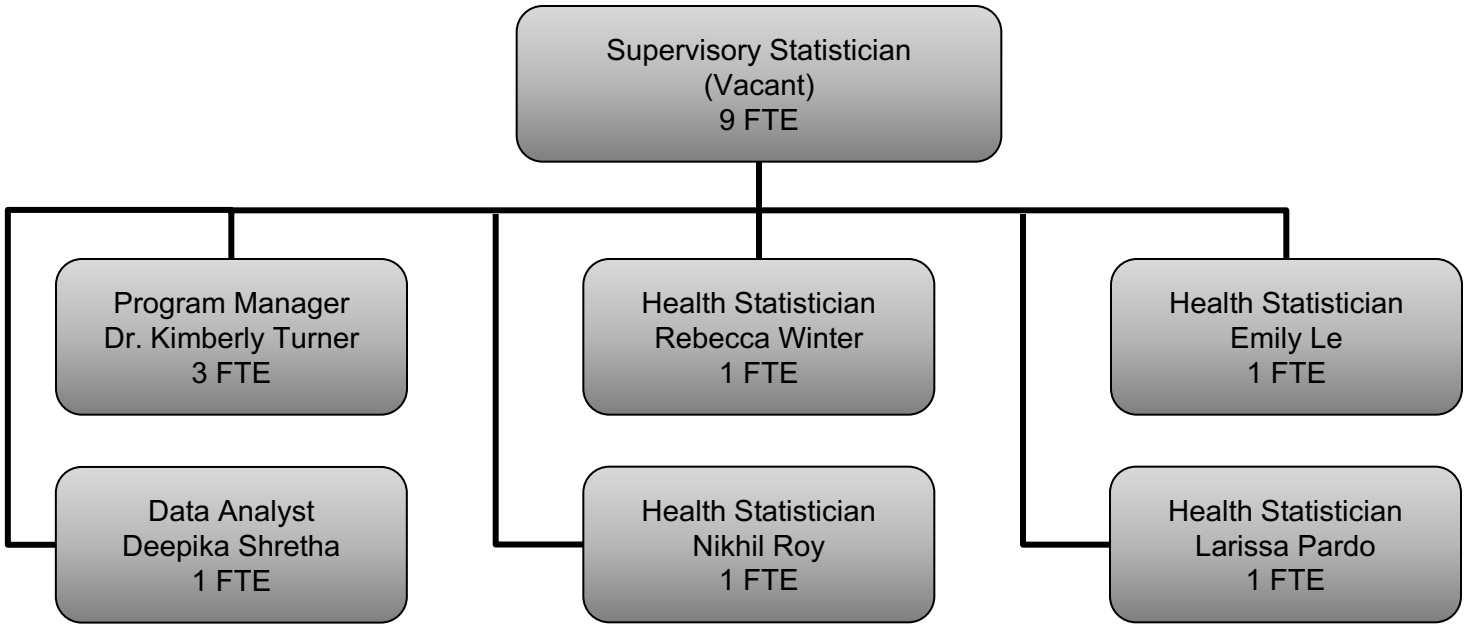


Center for Policy Planning and Evaluation



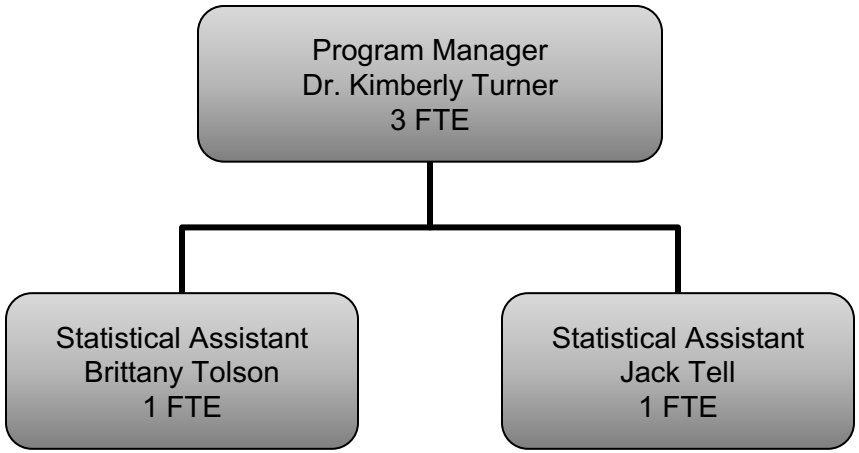
Center for Policy Planning and Evaluation
Data Management and Analysis Division

DC | HEALTH

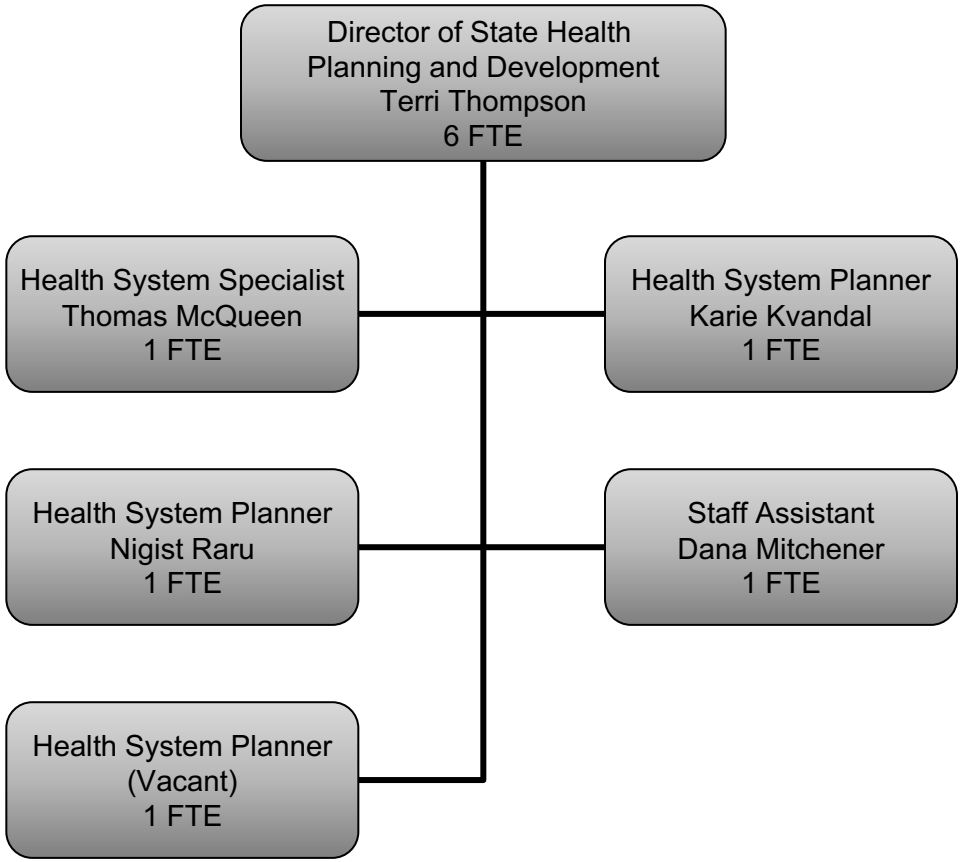


Center for Policy Planning and Evaluation
Data Management and Analysis Division

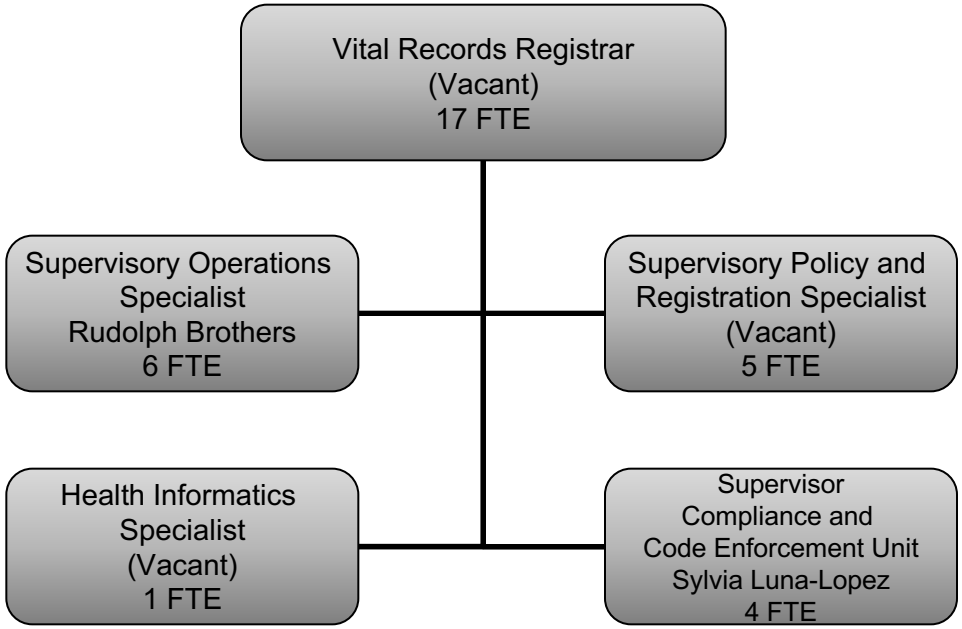
DC | HEALTH



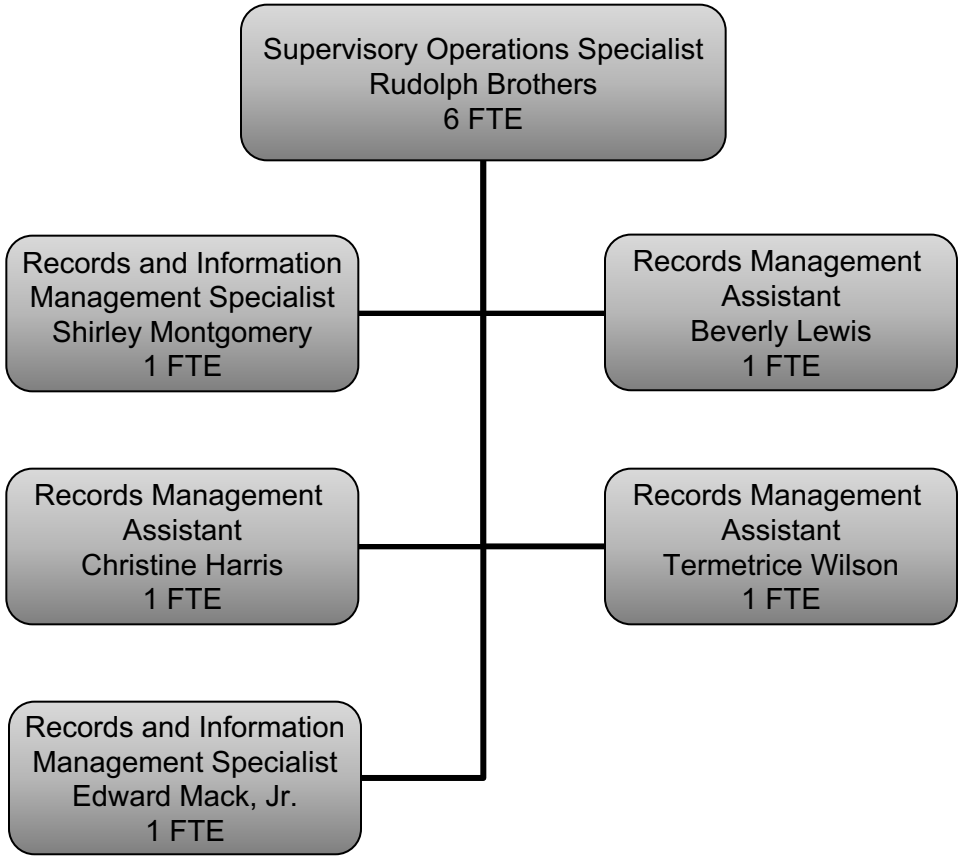
Center for Policy Planning and Evaluation
State Health Planning and Development Agency (SHPDA)



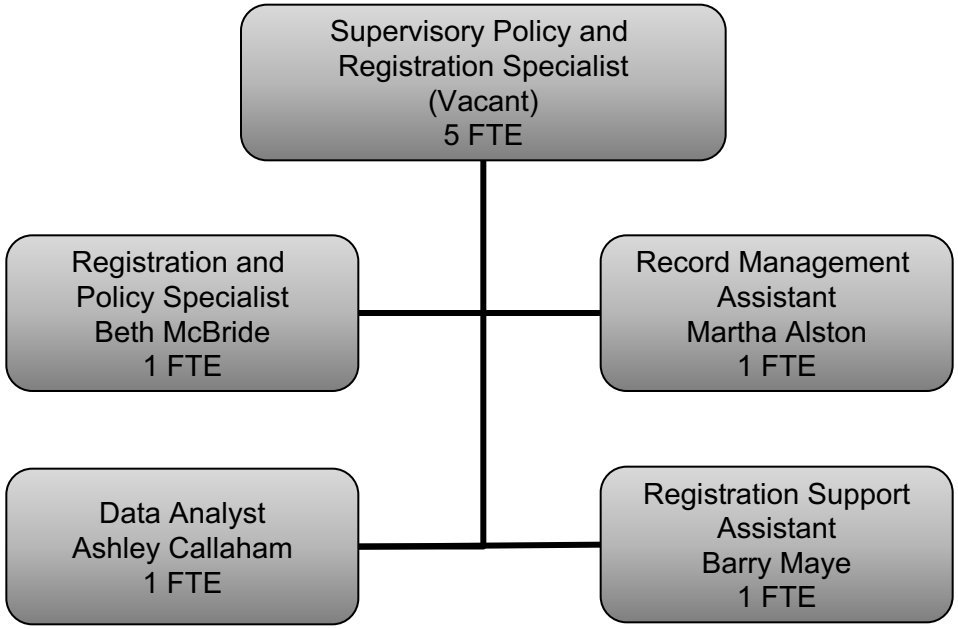
Center for Policy Planning and Evaluation
Vital Records Division



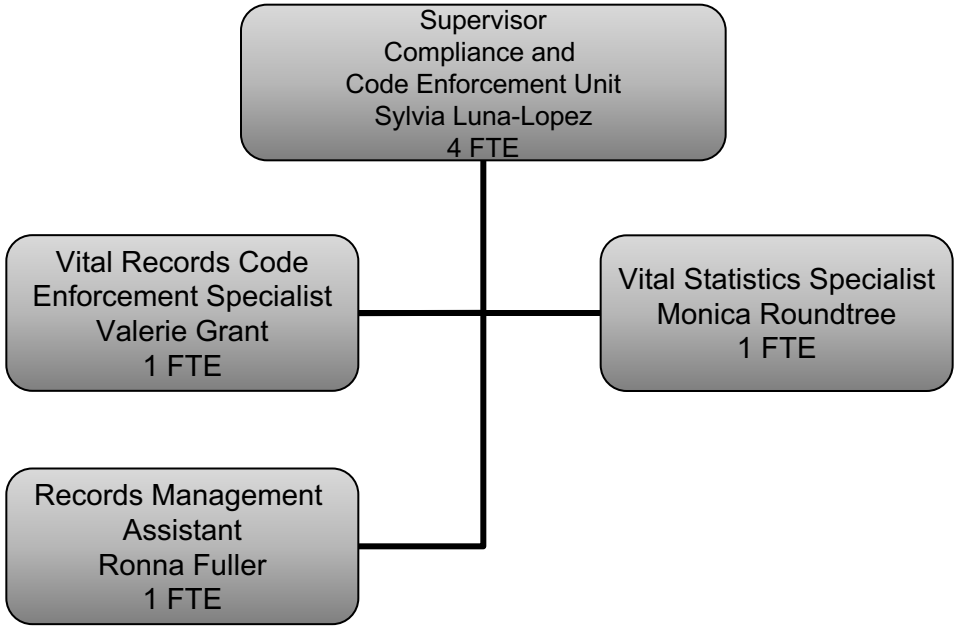
Center for Policy Planning and Evaluation
Vital Records Division
Customer Service and Customer Operations Unit (CSCO)



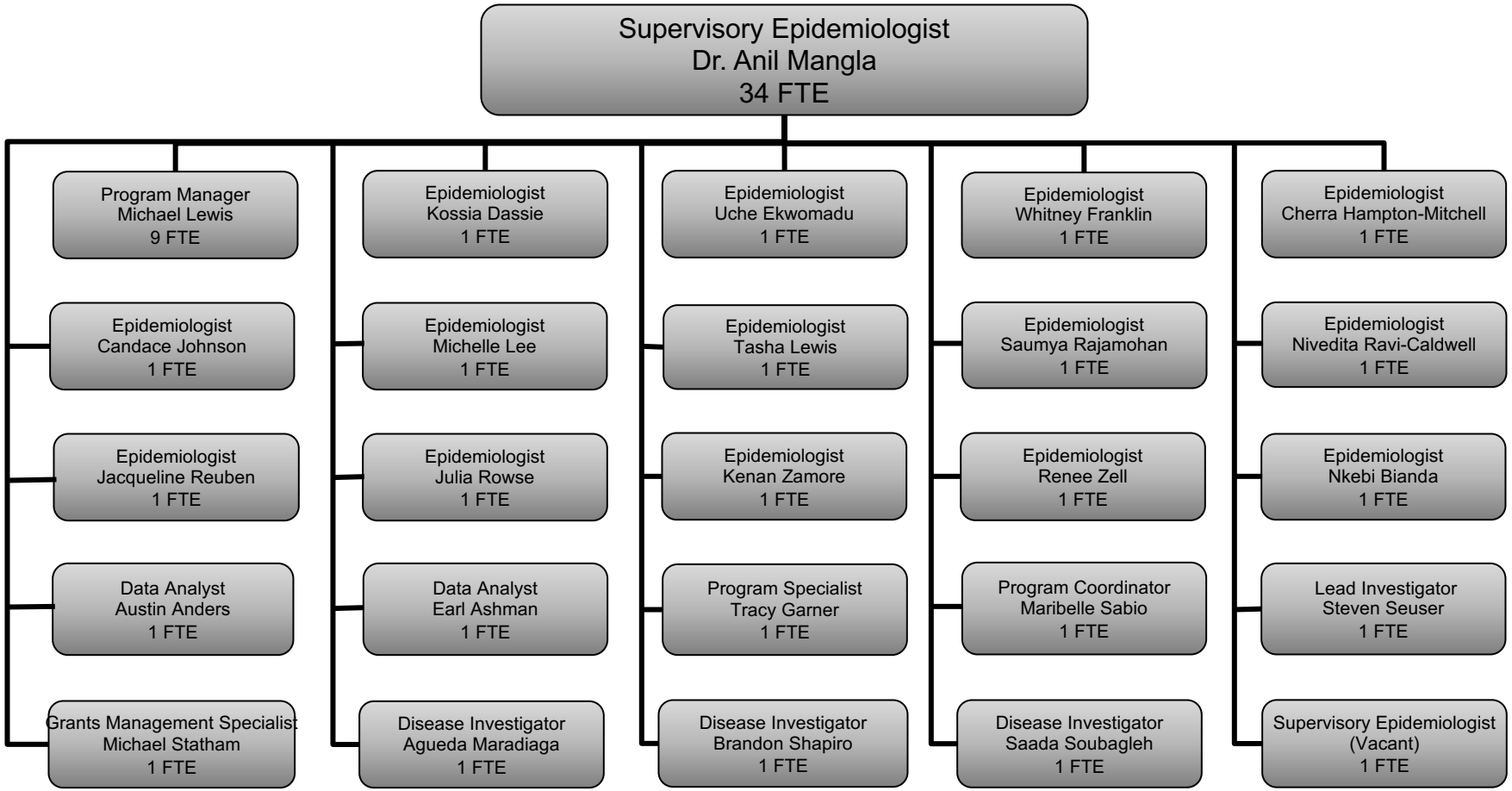
Center for Policy Planning and Evaluation
Vital Records Division
Registration and Policy Unit (RPU)



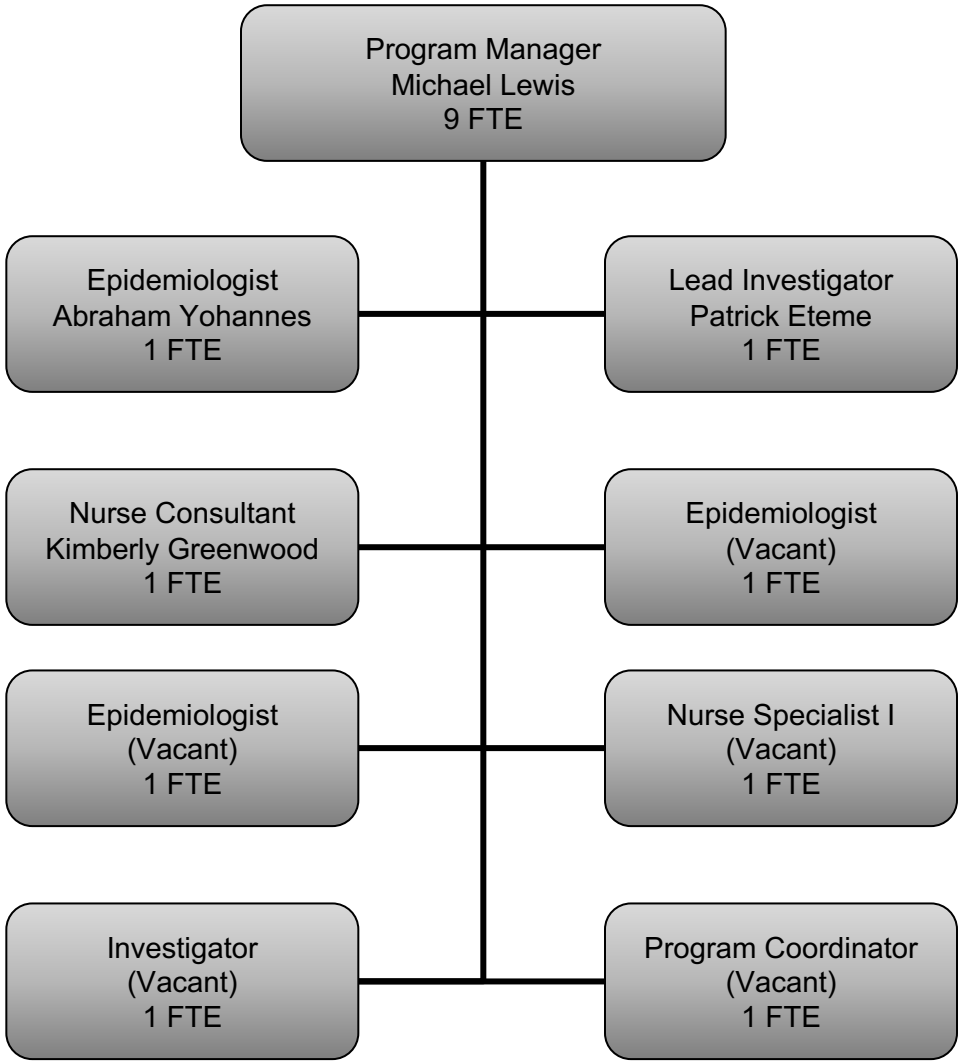
Center for Policy Planning and Evaluation
Vital Records Division
Code Enforcement and Compliance Unit (CECU)



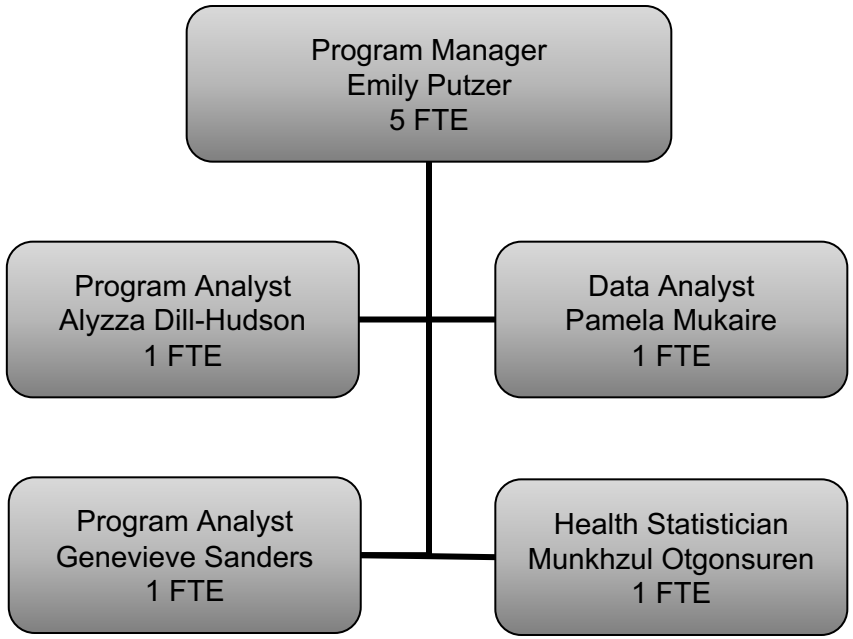
Center for Policy Planning and Evaluation
Research Evaluation and Measurement Division



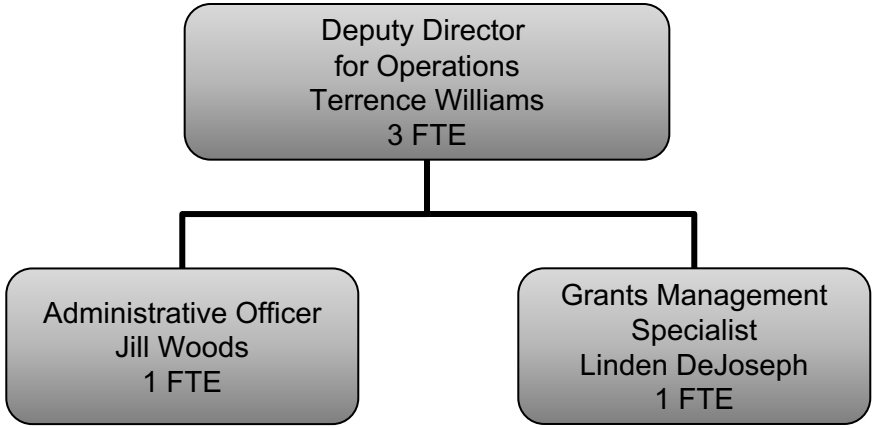
Center for Policy Planning and Evaluation
Research Evaluation and Measurement Division



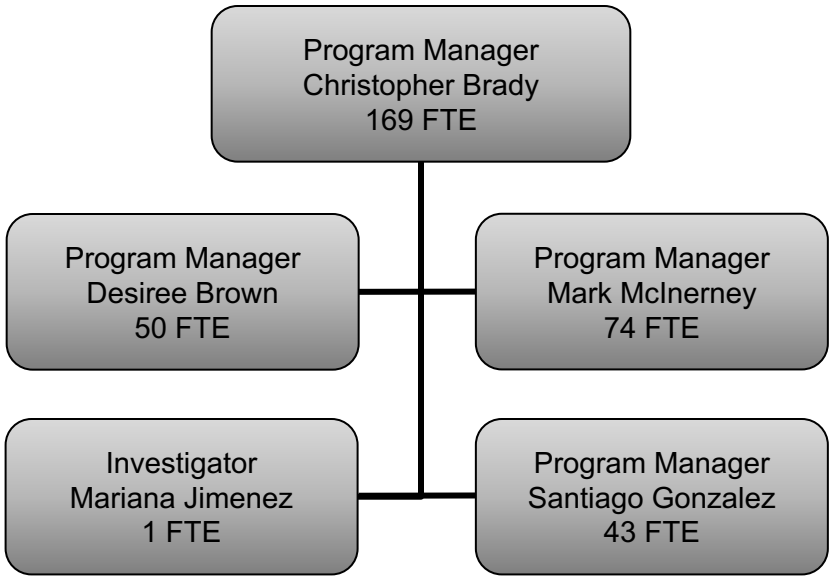
Center for Policy Planning and Evaluation
Healthy People



Center for Policy Planning and Evaluation Operations

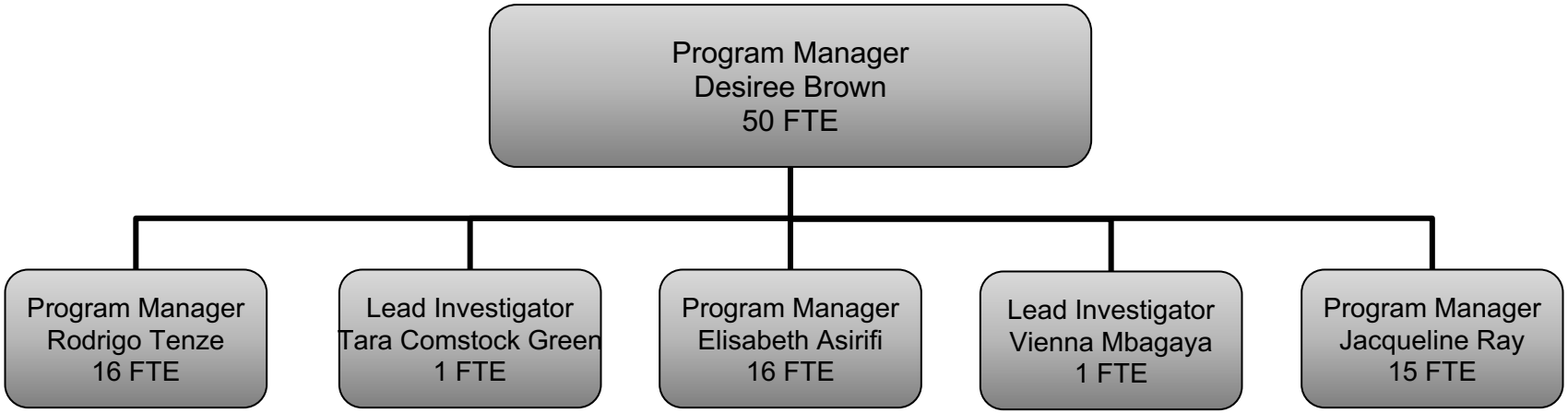


Center for Policy Planning and Evaluation
Contact Trace Force



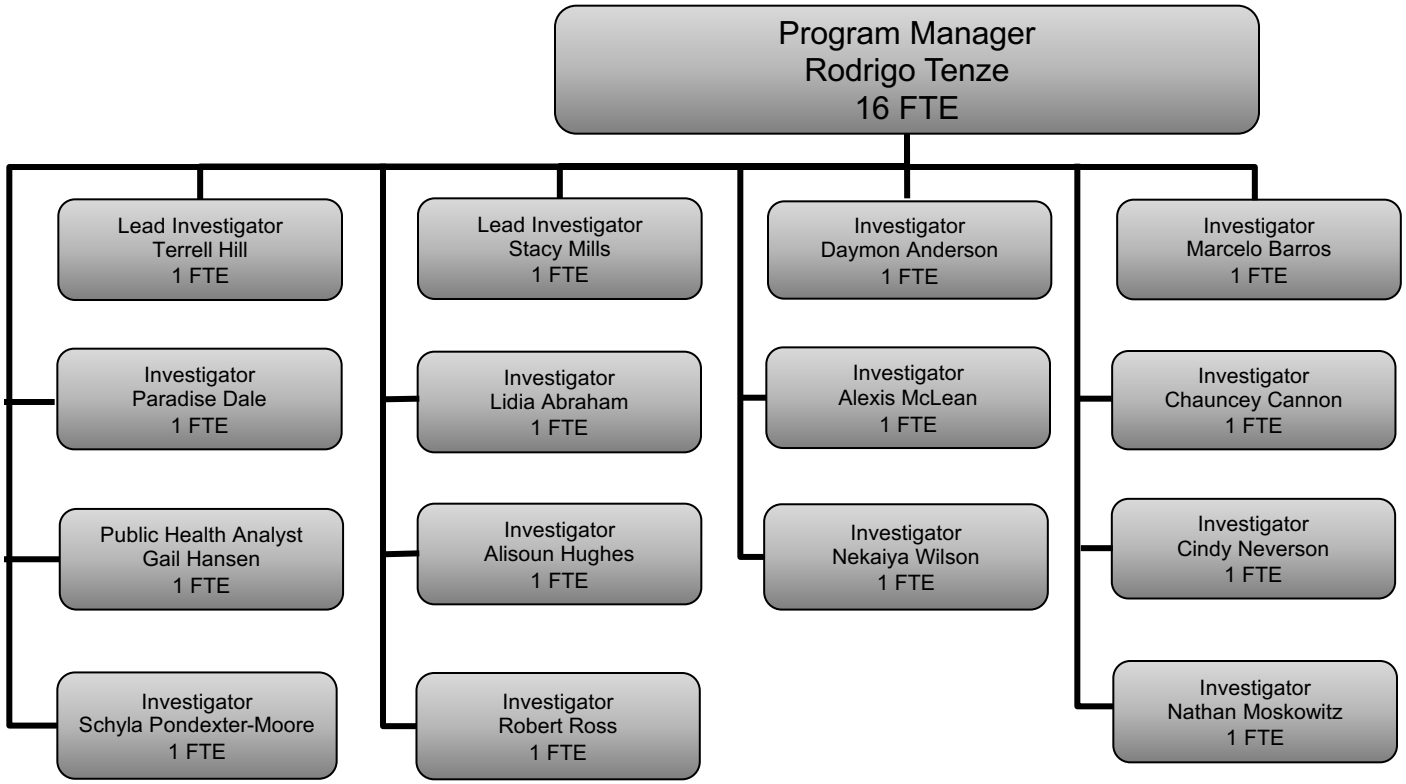
Center for Policy Planning and Evaluation
Contact Trace Force

DC | HEALTH



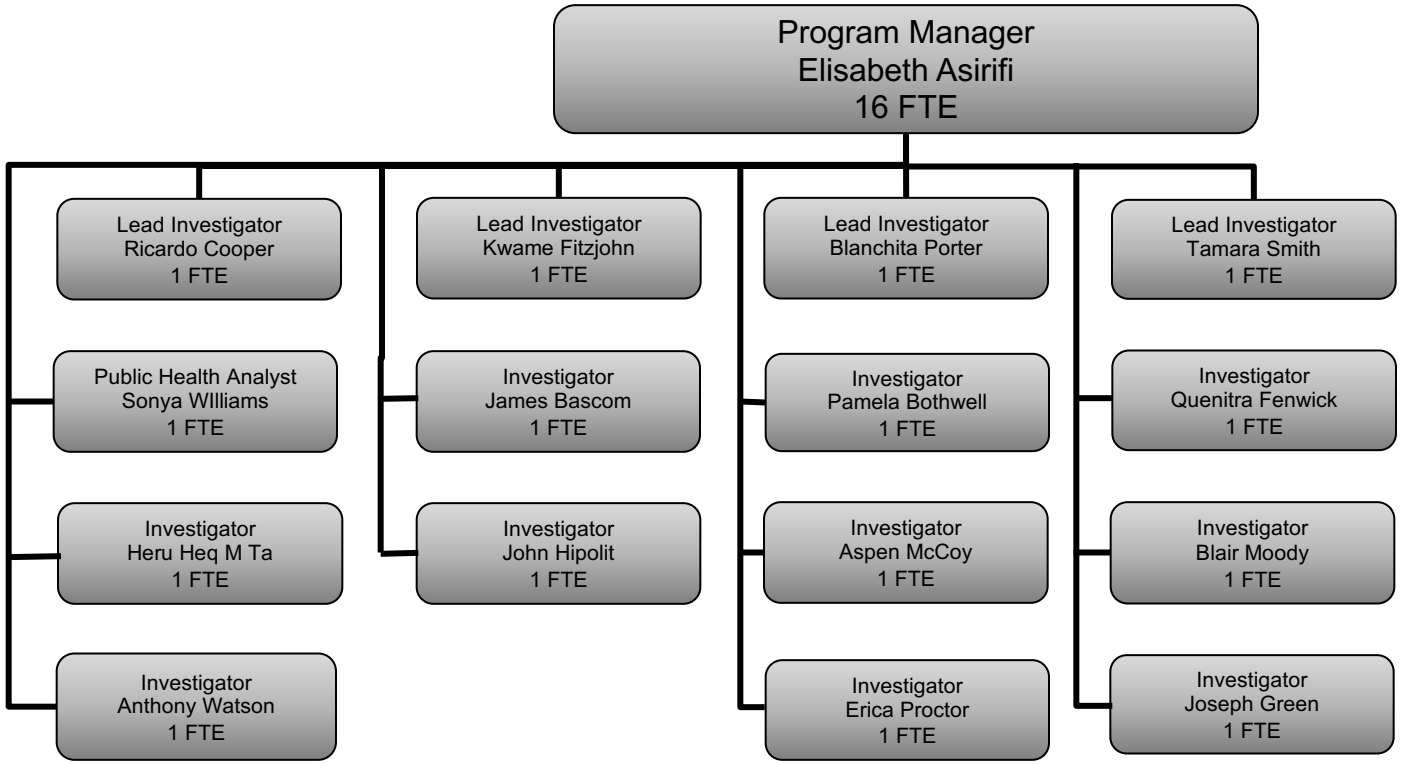
Center for Policy Planning and Evaluation
Contact Trace Force

DC | HEALTH



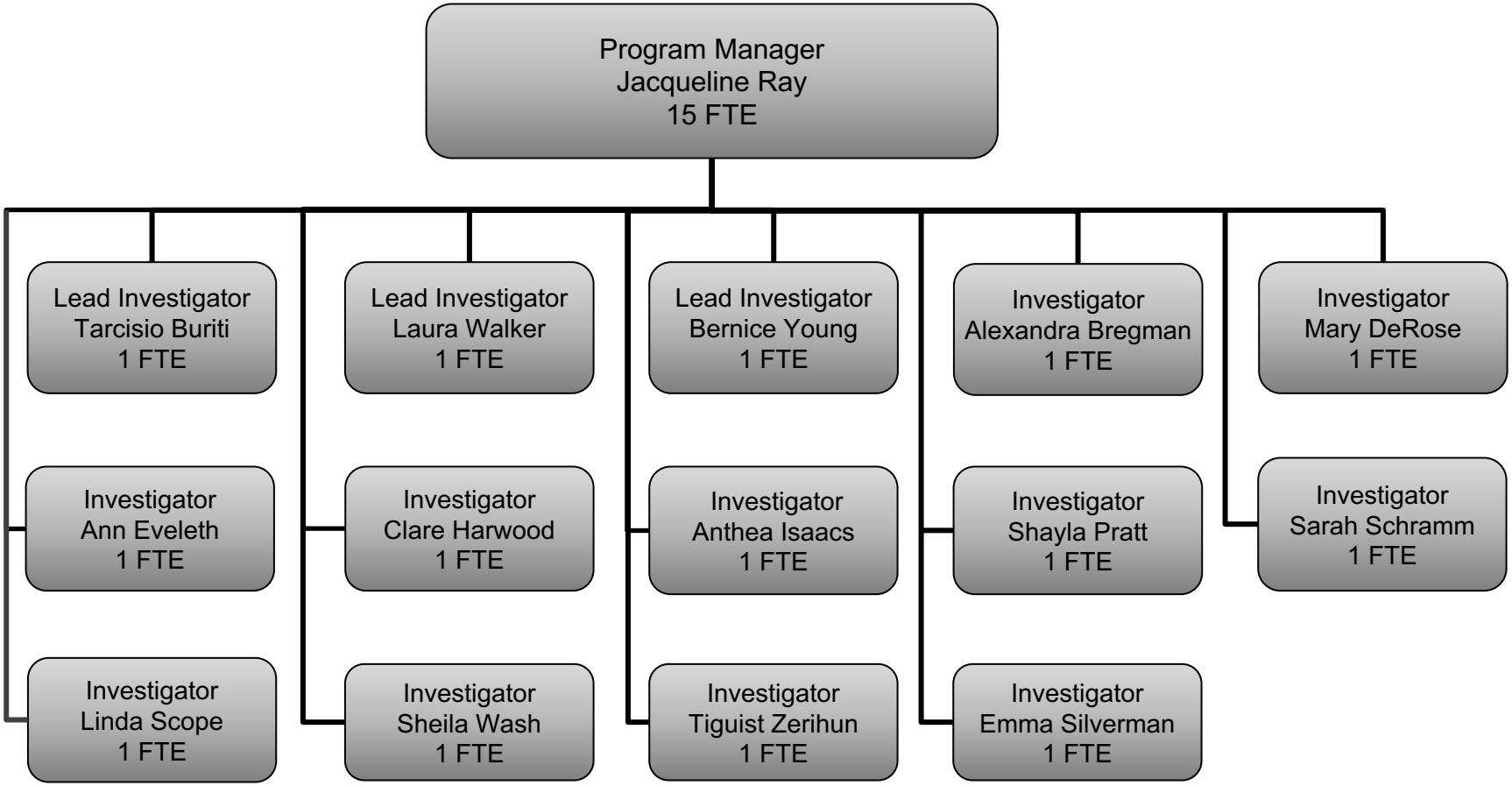
Center for Policy Planning and Evaluation
Contact Trace Force

DC | HEALTH



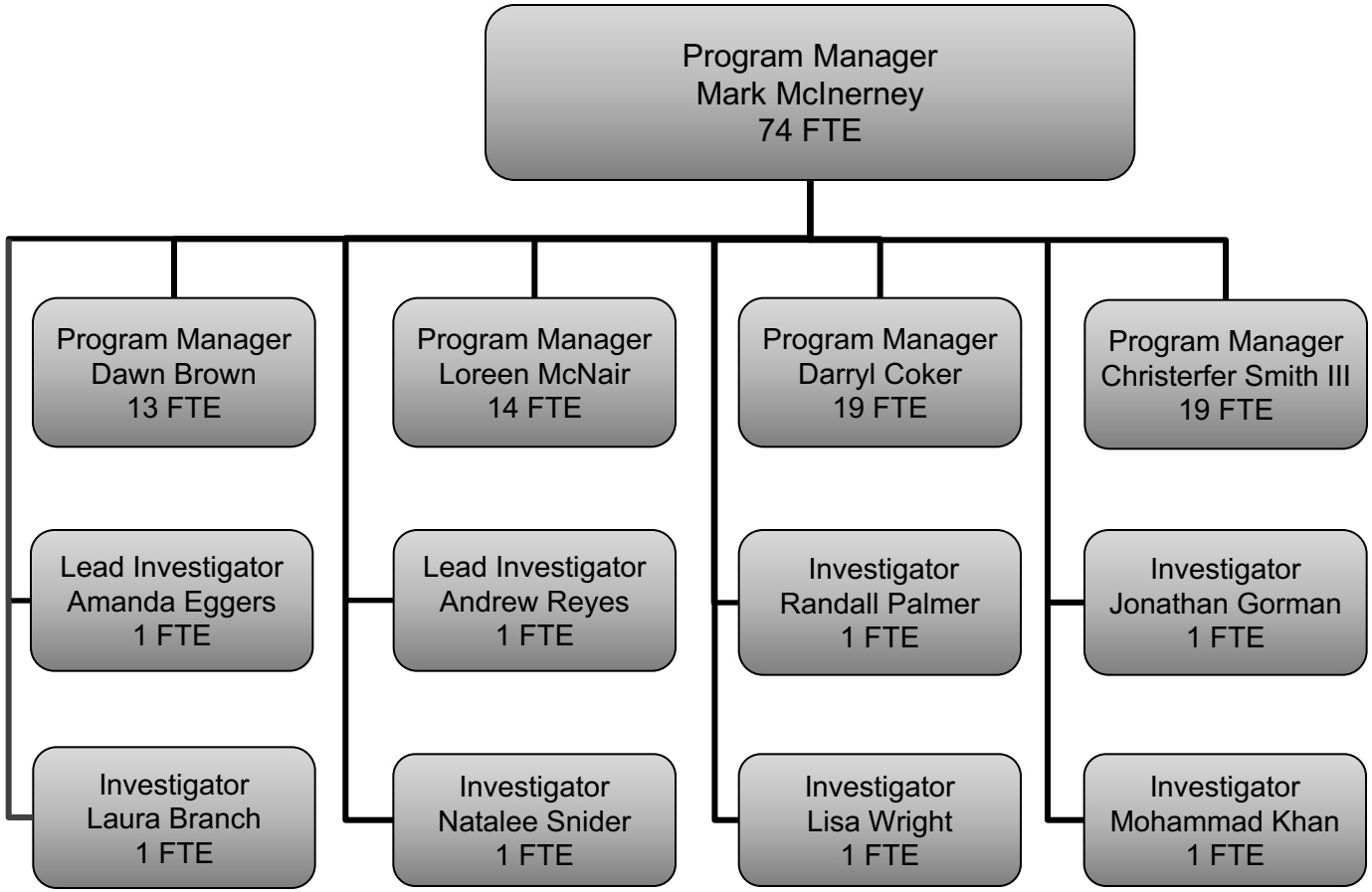
Center for Policy Planning and Evaluation
Contact Trace Force

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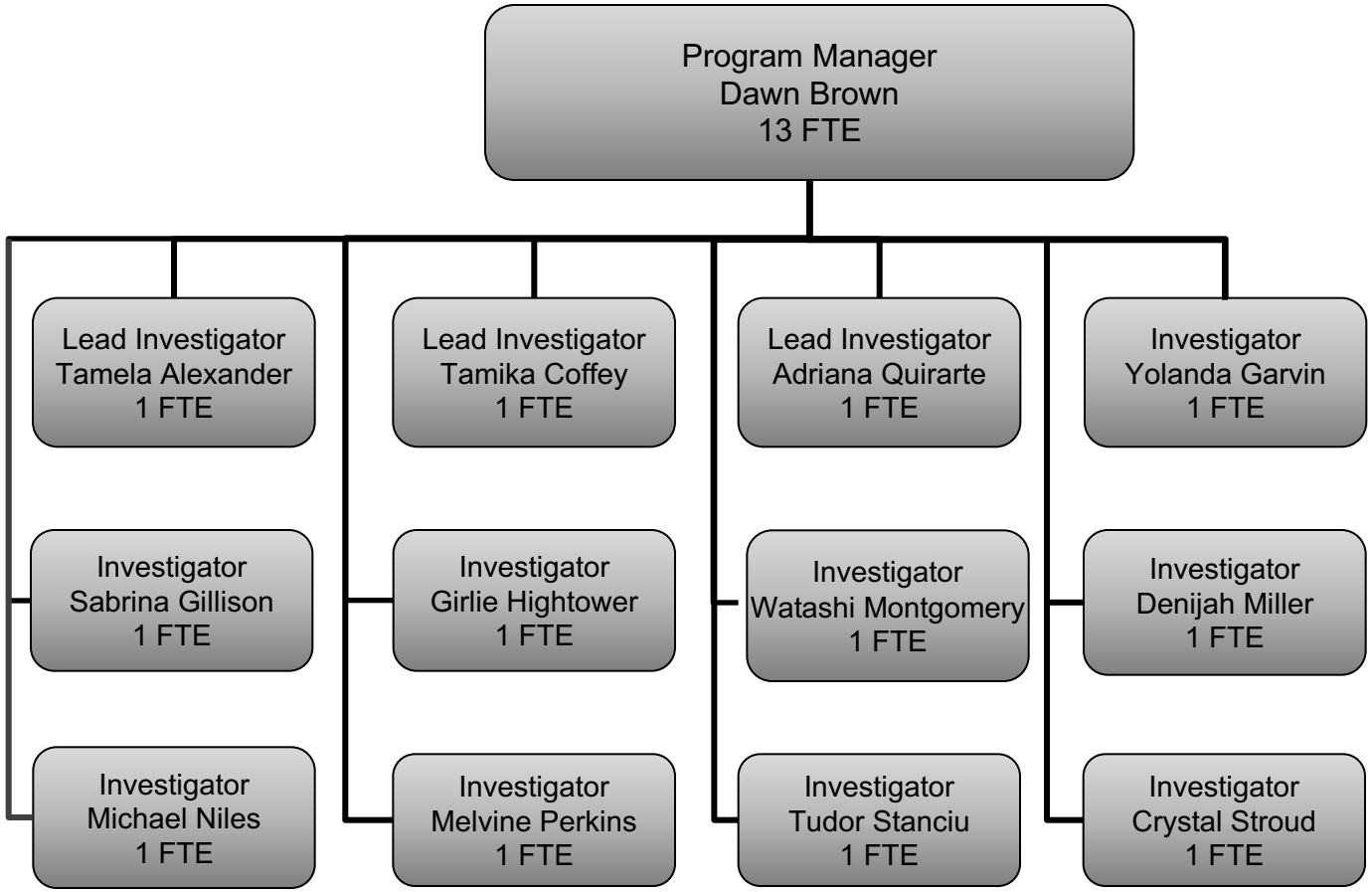
Center for Policy Planning and Evaluation
Contact Trace Force

DC | HEALTH



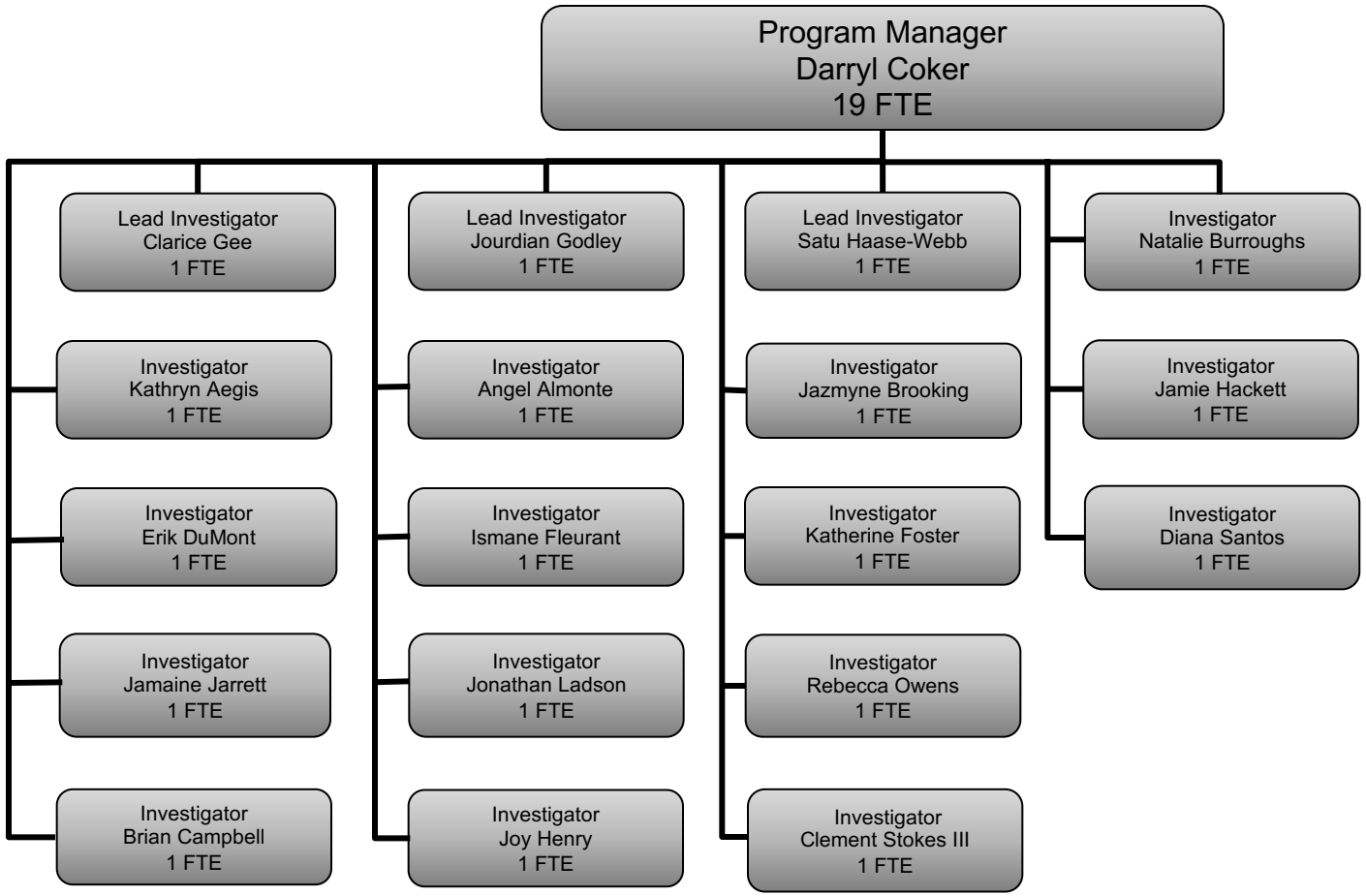
Center for Policy Planning and Evaluation
Contact Trace Force

DC | HEALTH



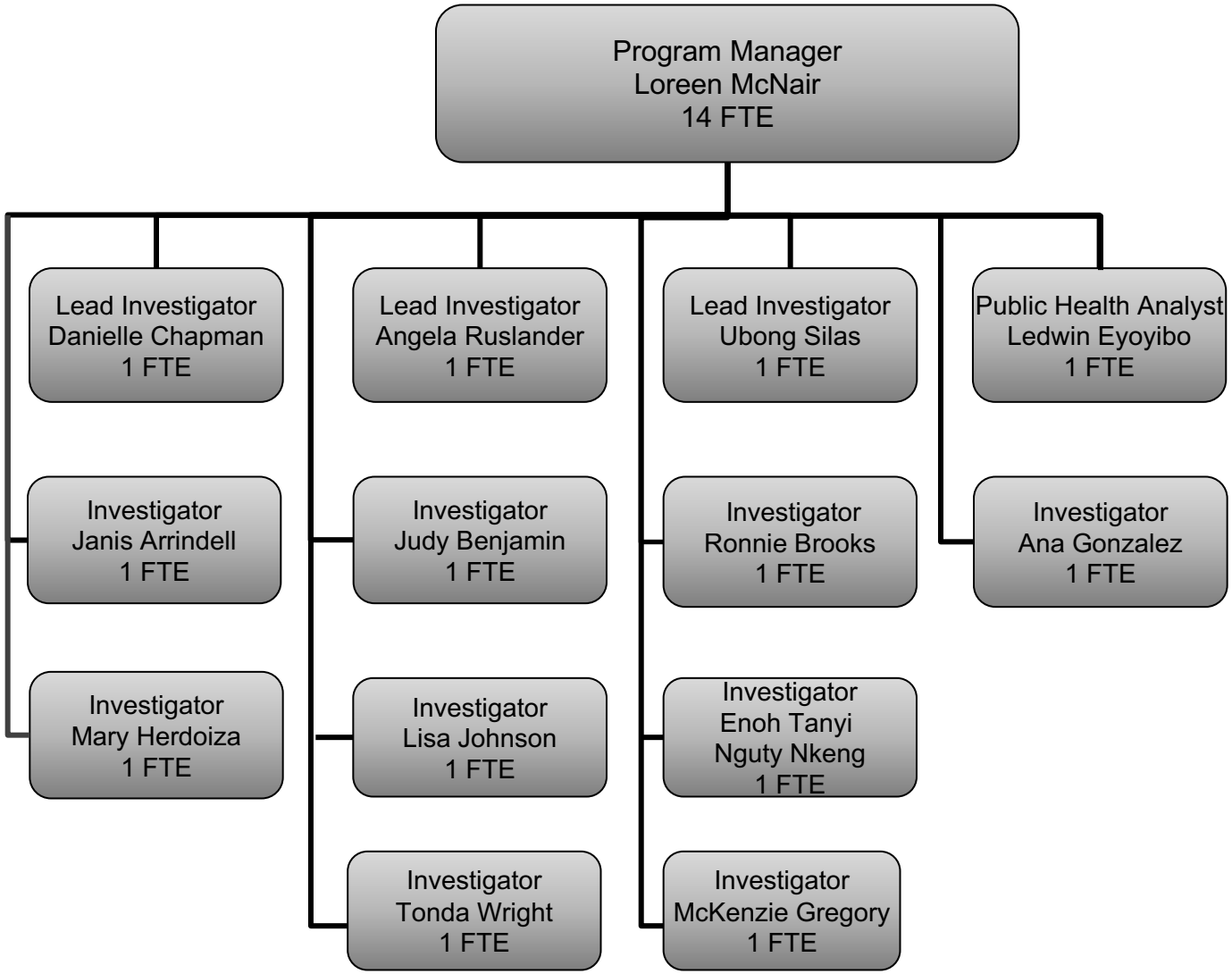
Center for Policy Planning and Evaluation
Contact Trace Force

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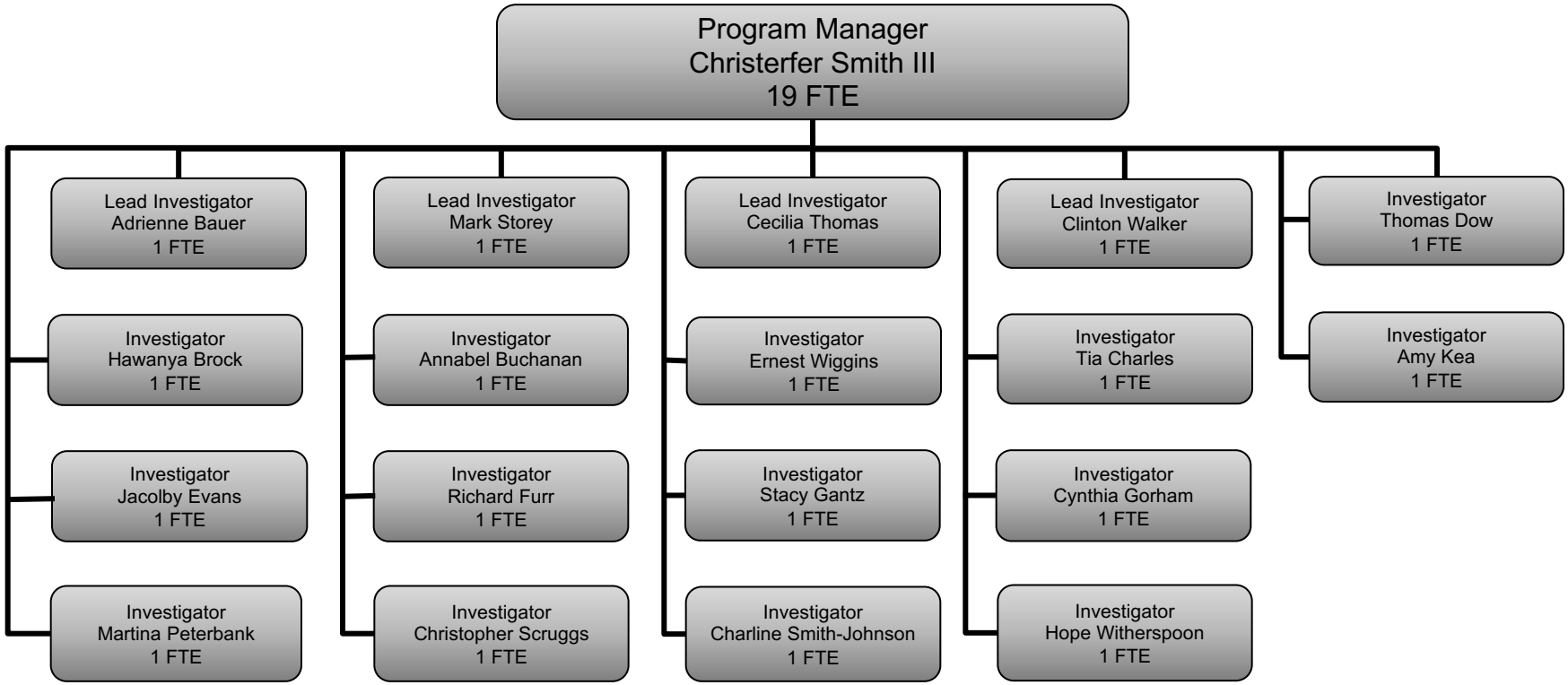
Center for Policy Planning and Evaluation
Contact Trace Force

DC | HEALTH

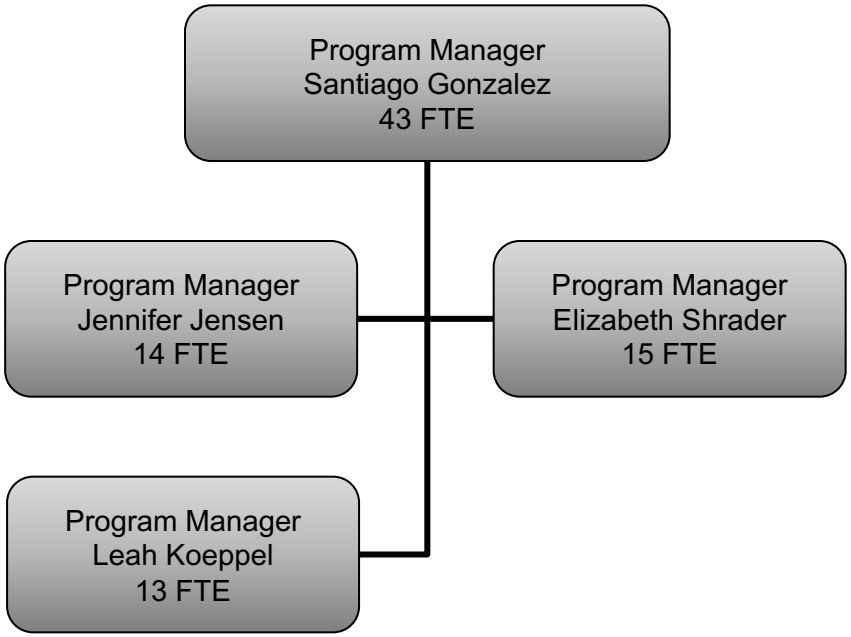


Center for Policy Planning and Evaluation
Contact Trace Force

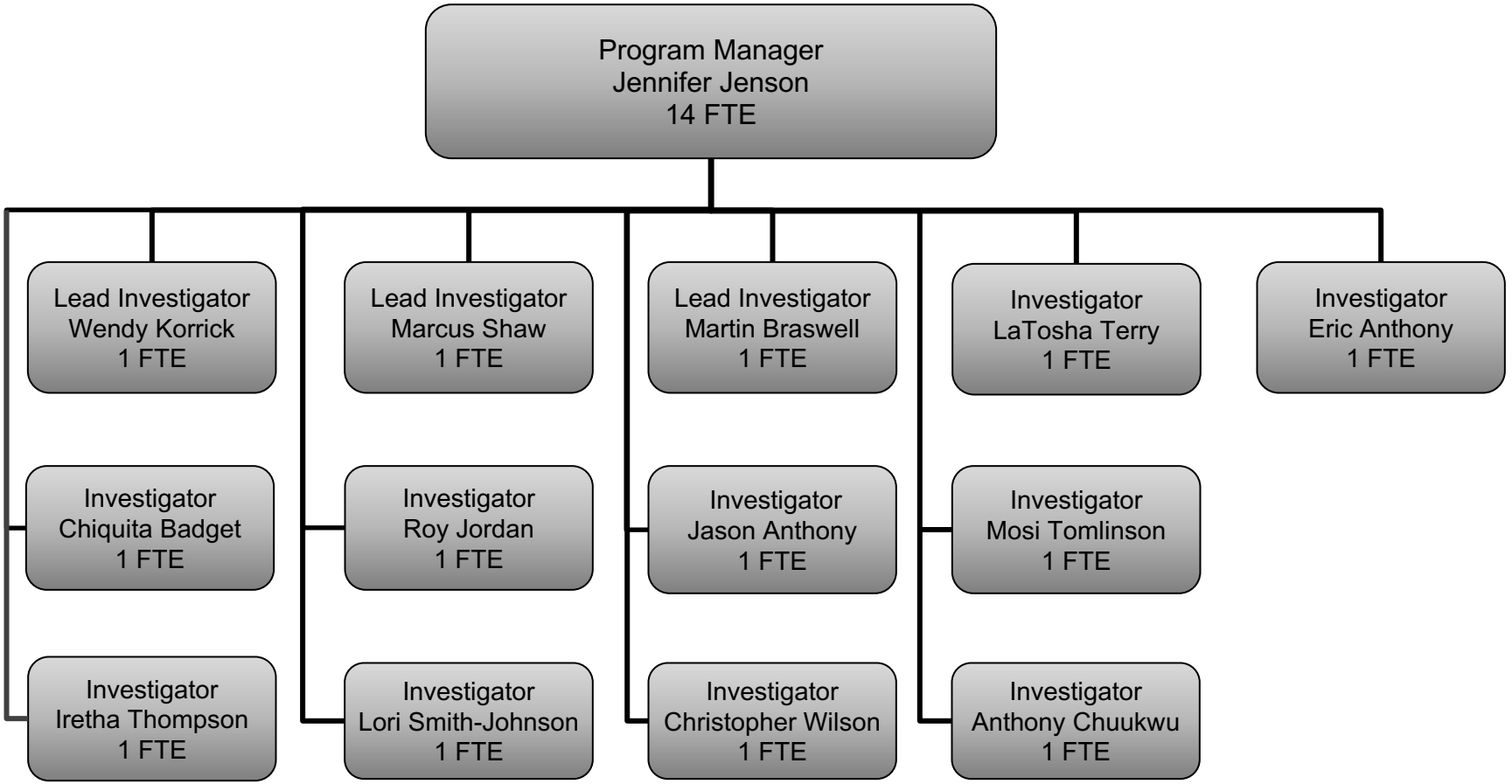
DC | HEALTH



Center for Policy Planning and Evaluation
Contact Trace Force

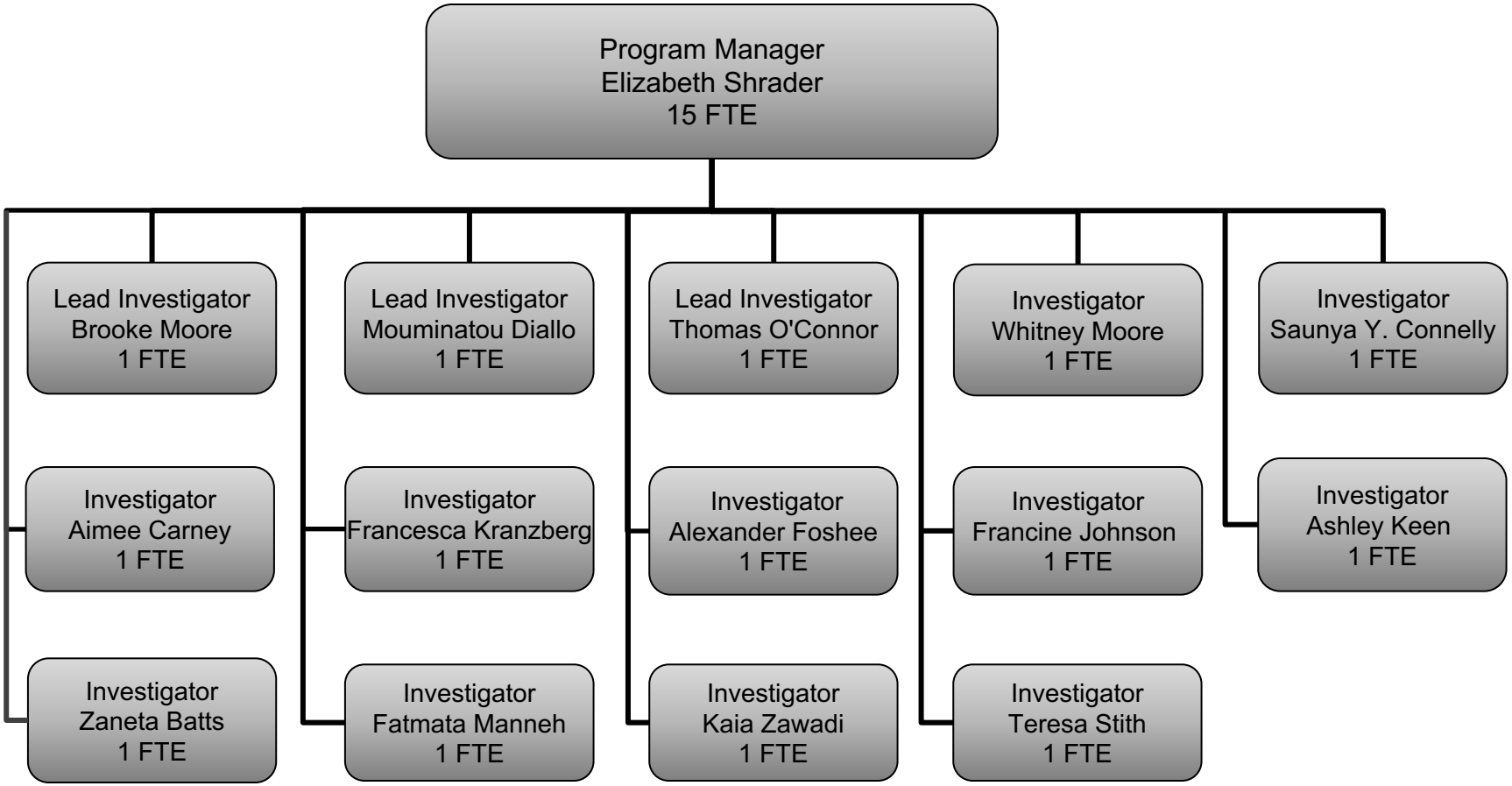


Center for Policy Planning and Evaluation
Contact Trace Force



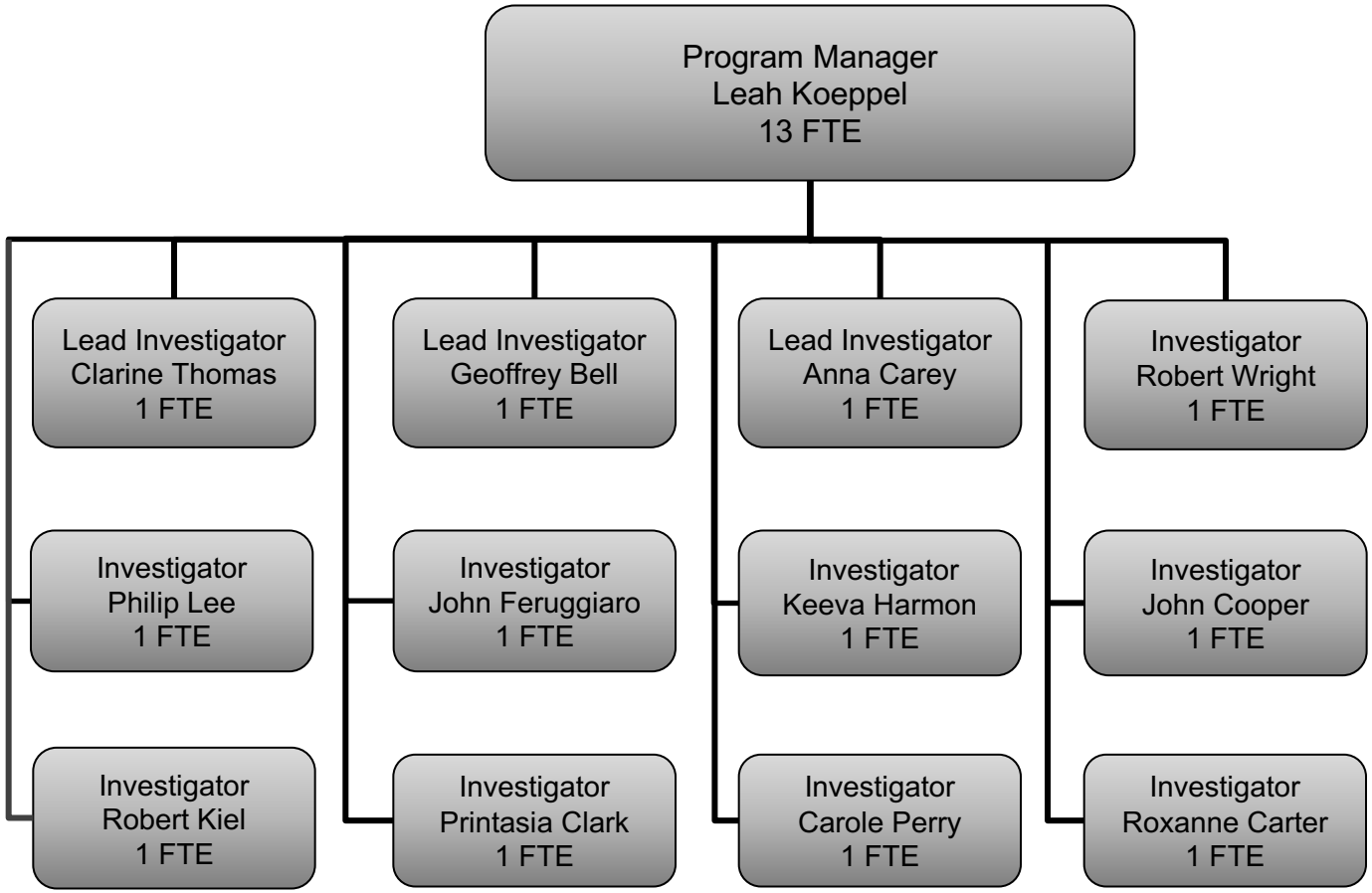
Center for Policy Planning and Evaluation
Contact Trace Force

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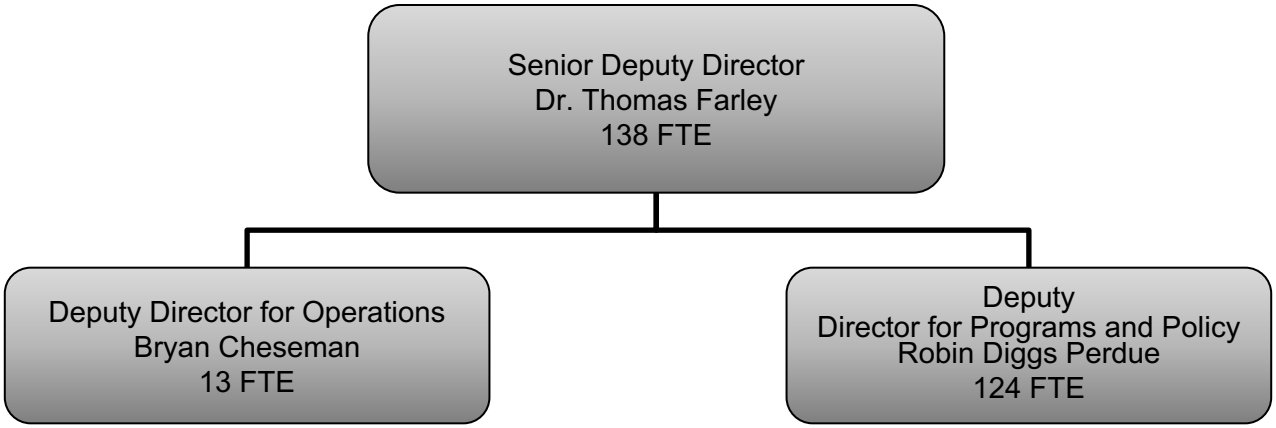


Center for Policy Planning and Evaluation
Contact Trace Force

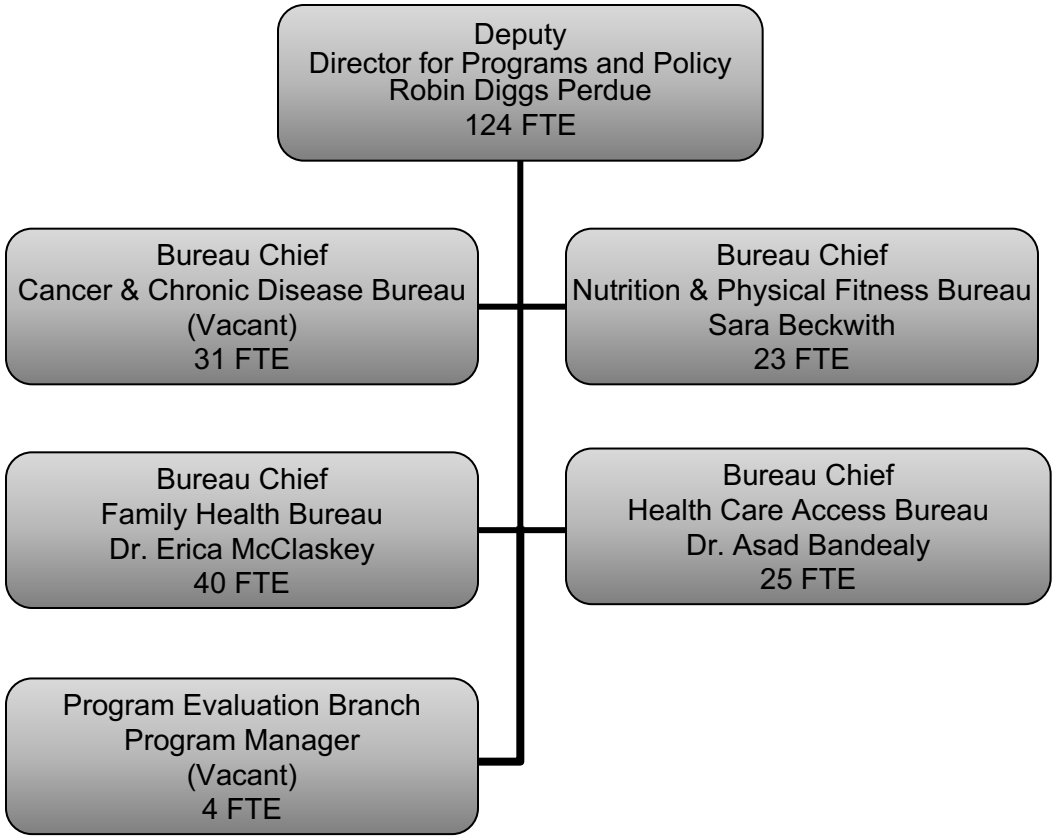
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Community Health Administration

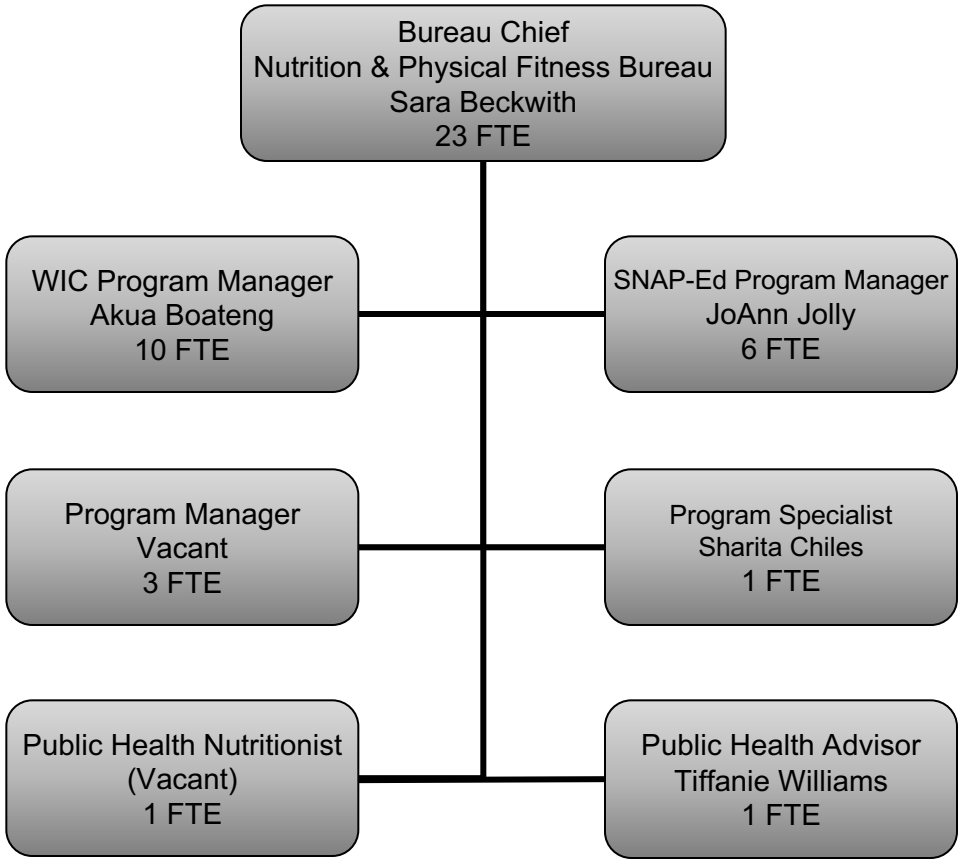


Community Health Administration



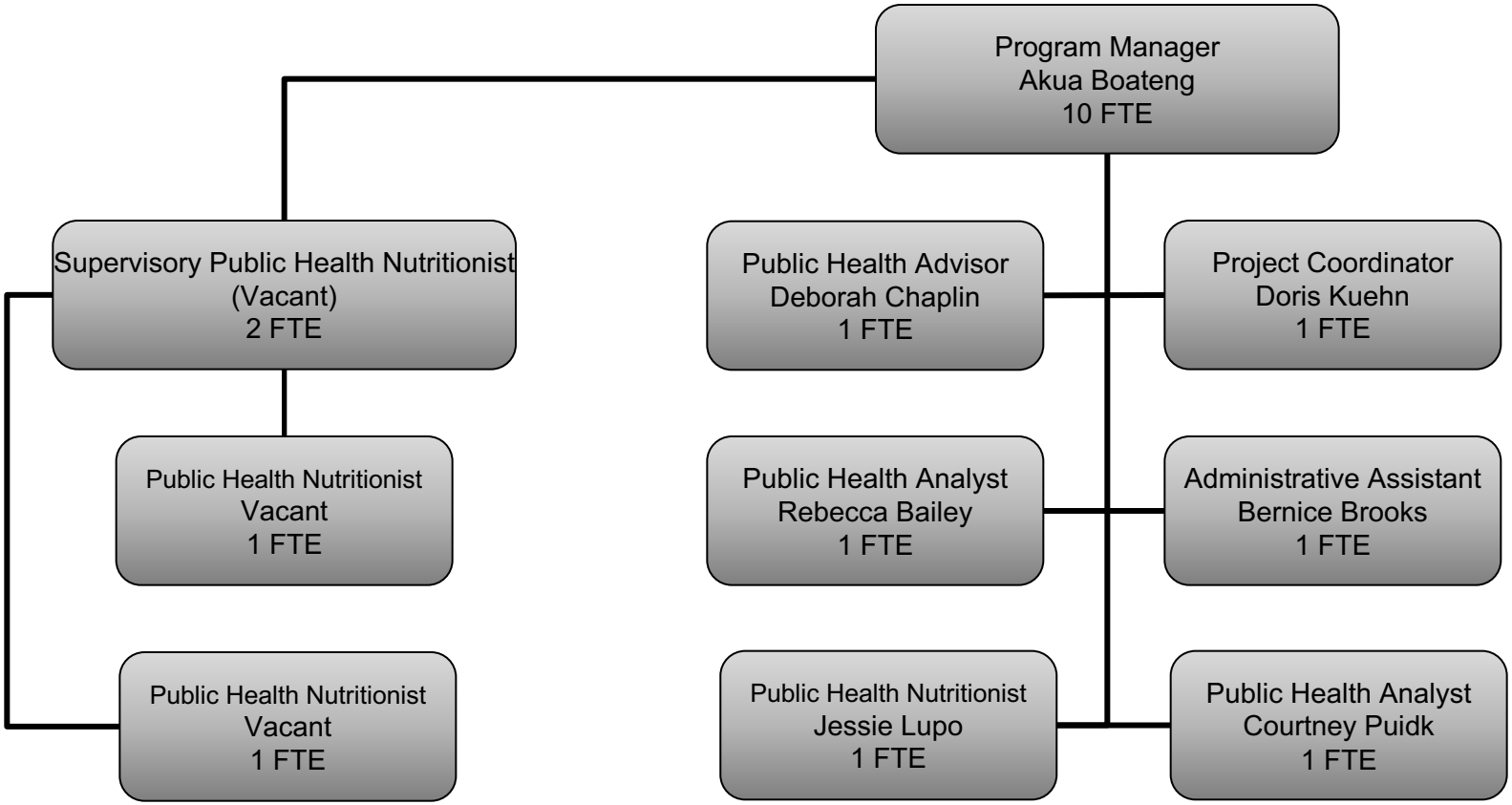
Nutrition and Physical Fitness Bureau

DC HEALTH



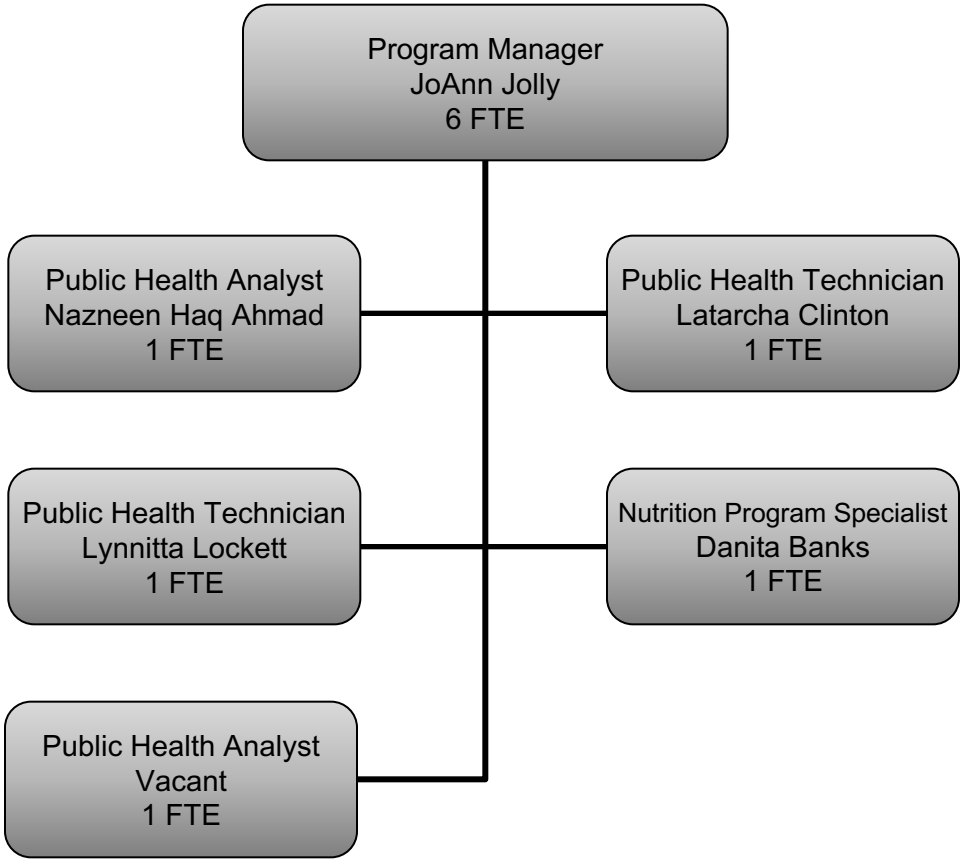
Nutrition and Physical Fitness Bureau
WIC Program

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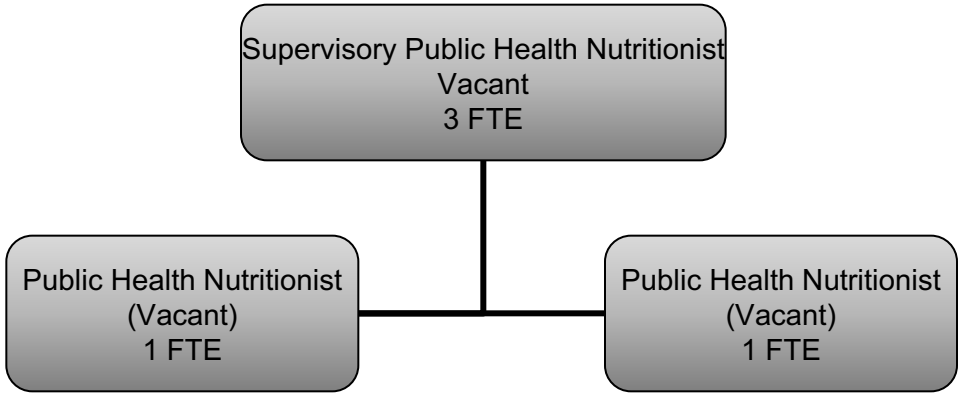


Nutrition and Physical Fitness Bureau
SNAP-Ed Program

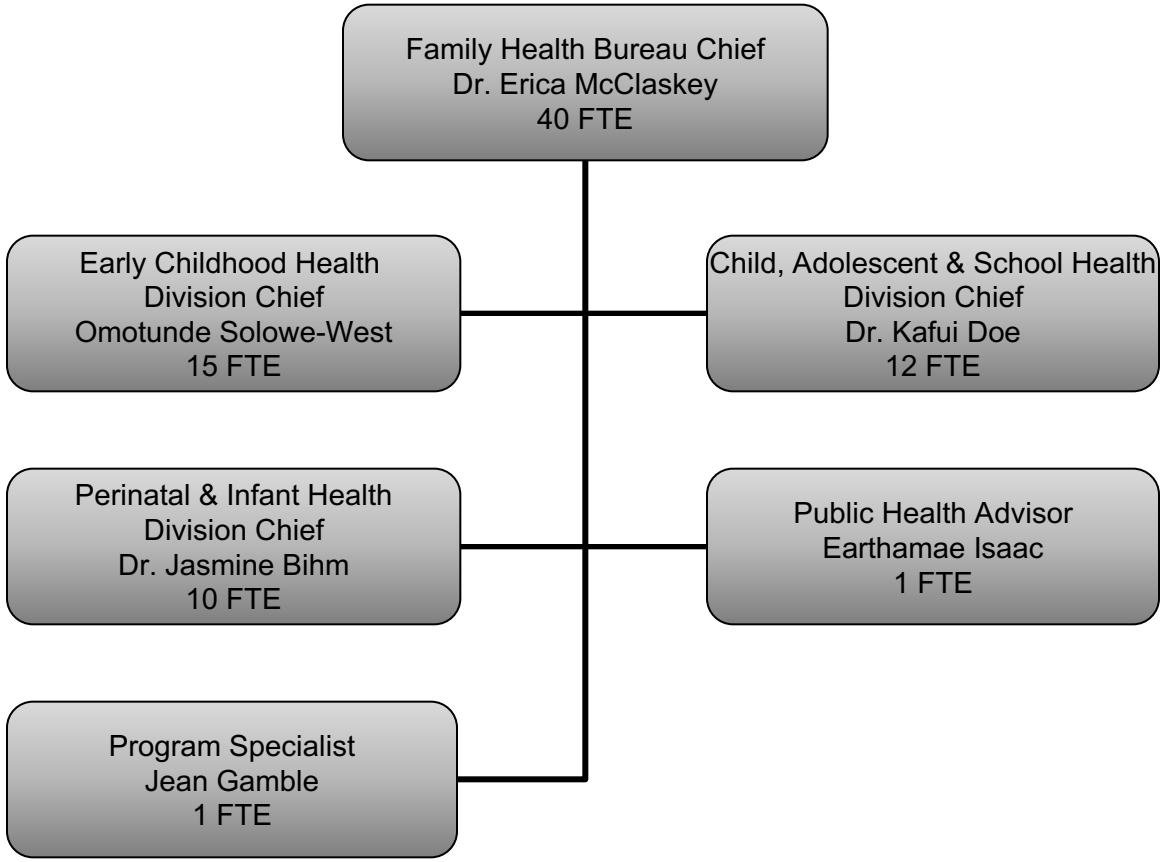
DC HEALTH



Nutrition and Physical Fitness Bureau

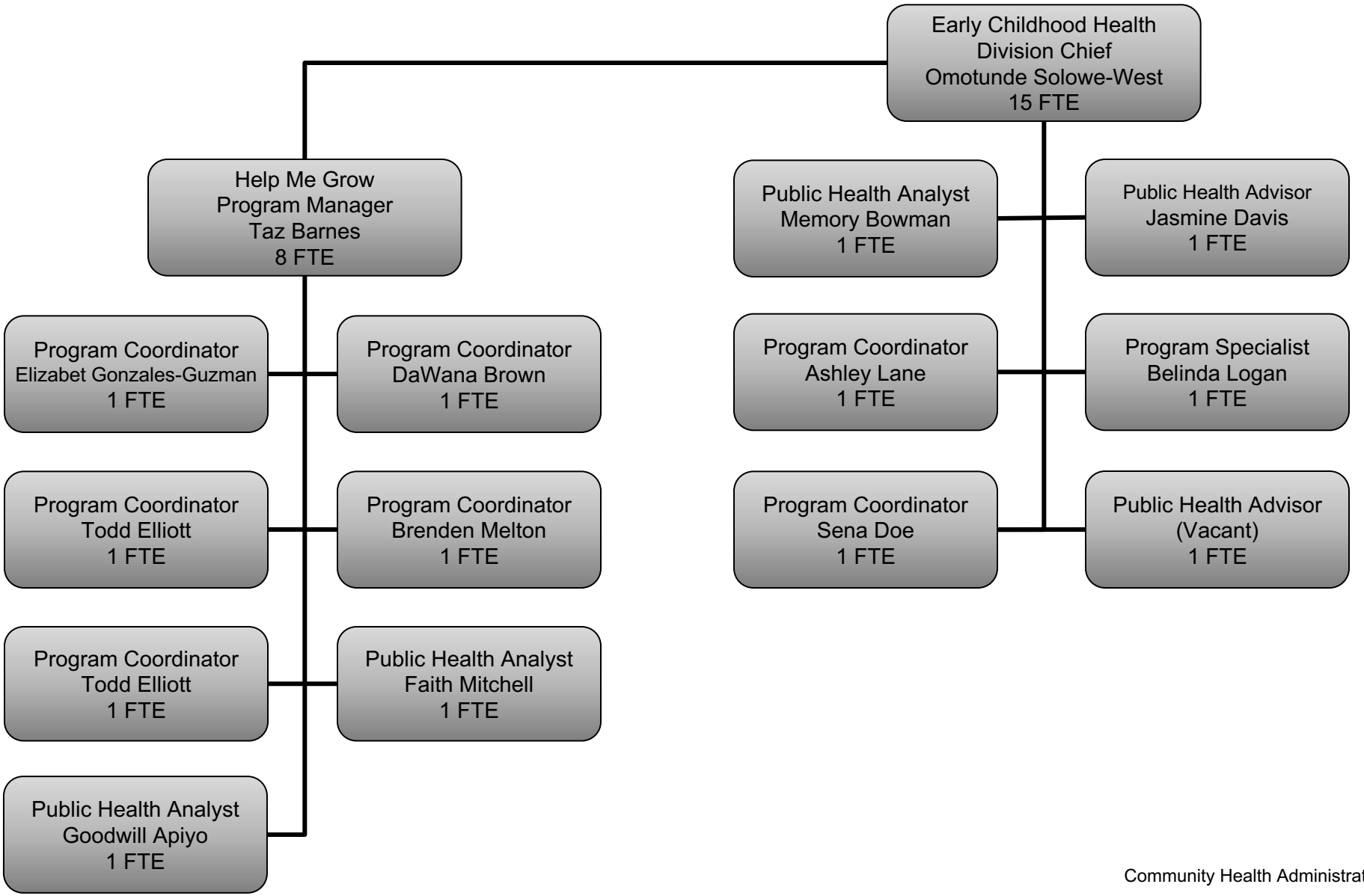


Family Health Bureau

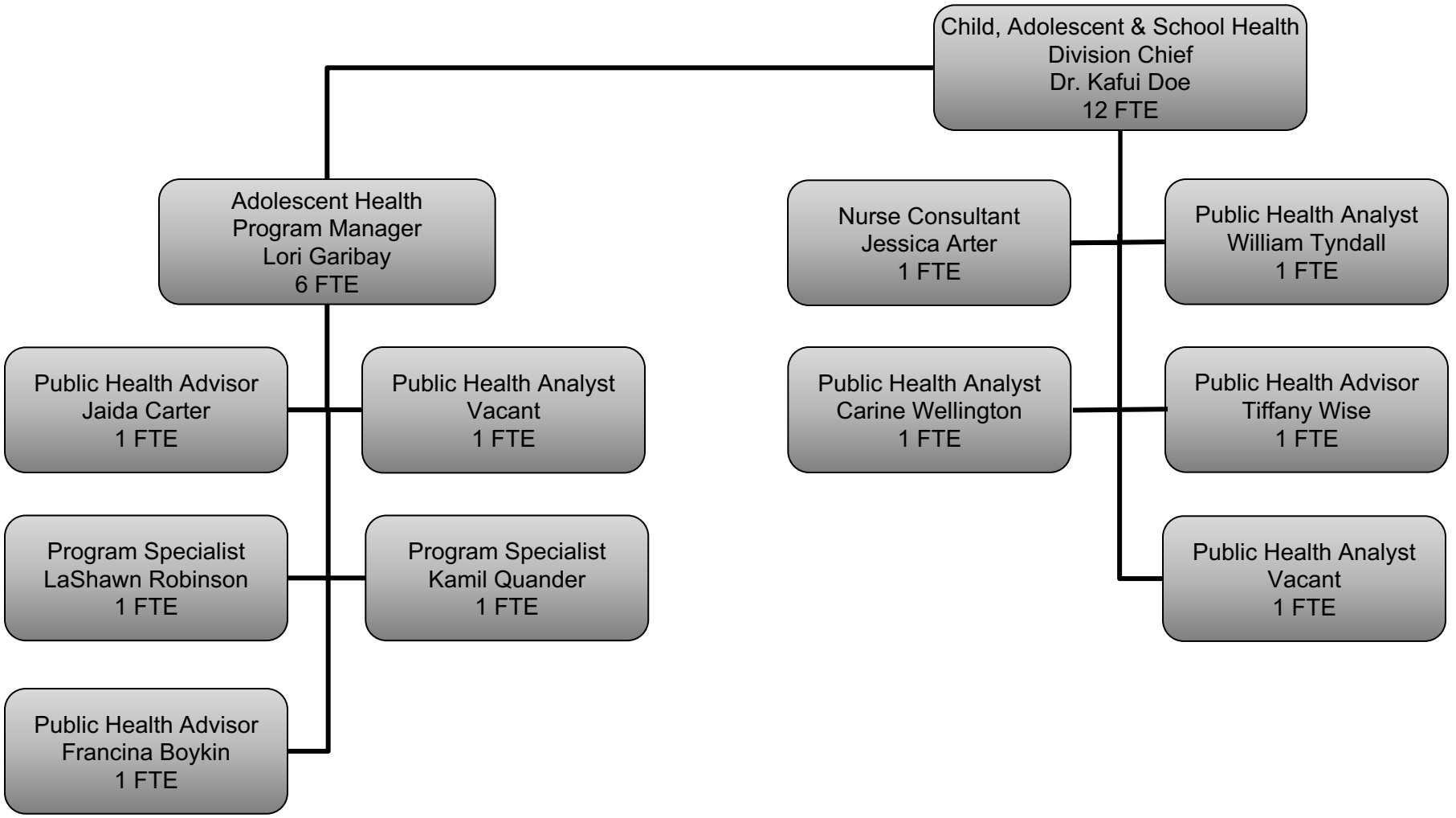


Family Health Bureau
Early Childhood Health Division

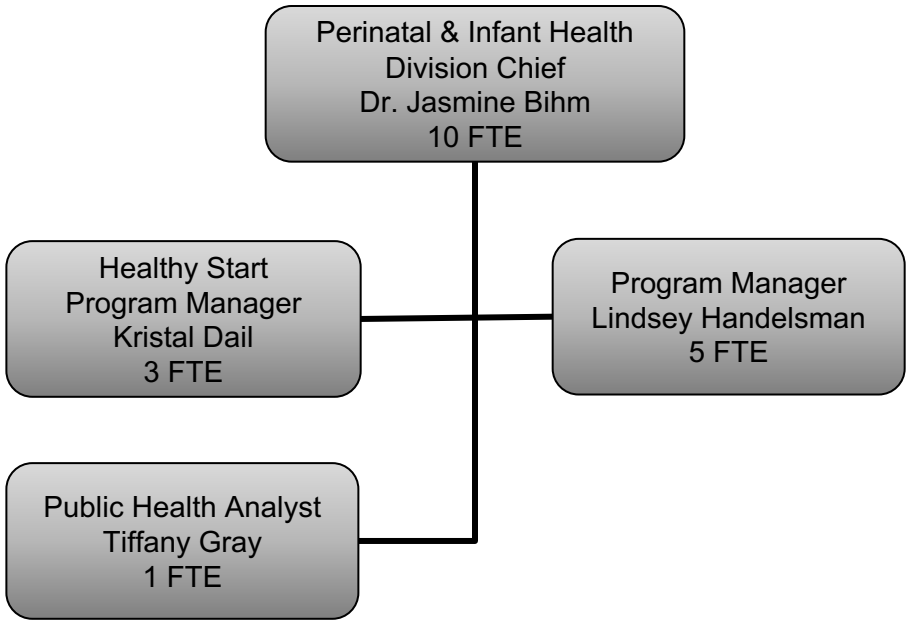
DC HEALTH



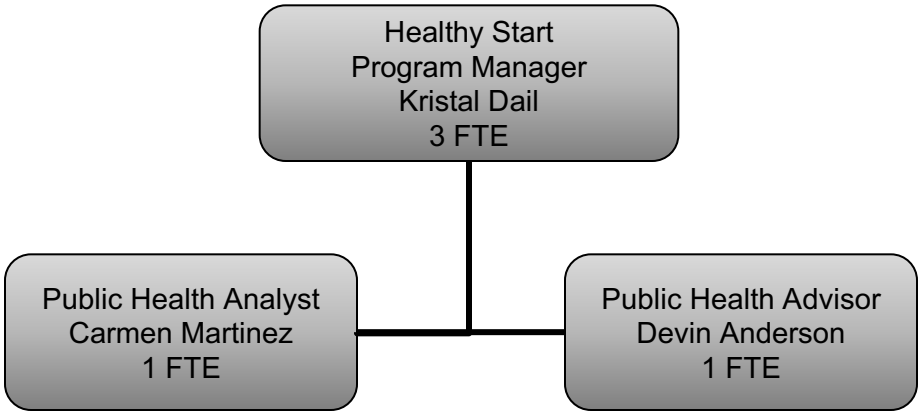
Family Health Bureau
Child, Adolescent & School Health Division



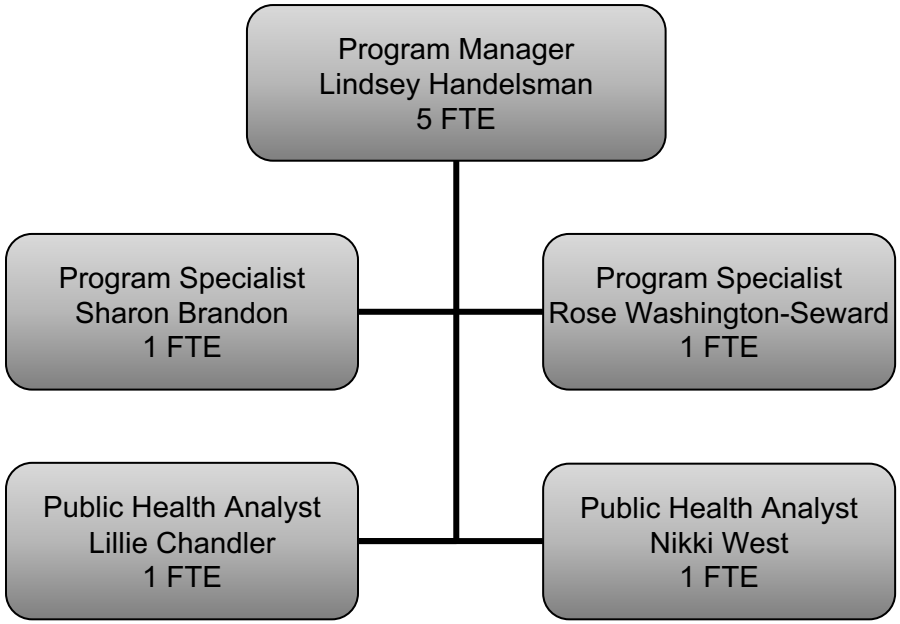
Family Health Bureau
Perinatal and Infant Health Division



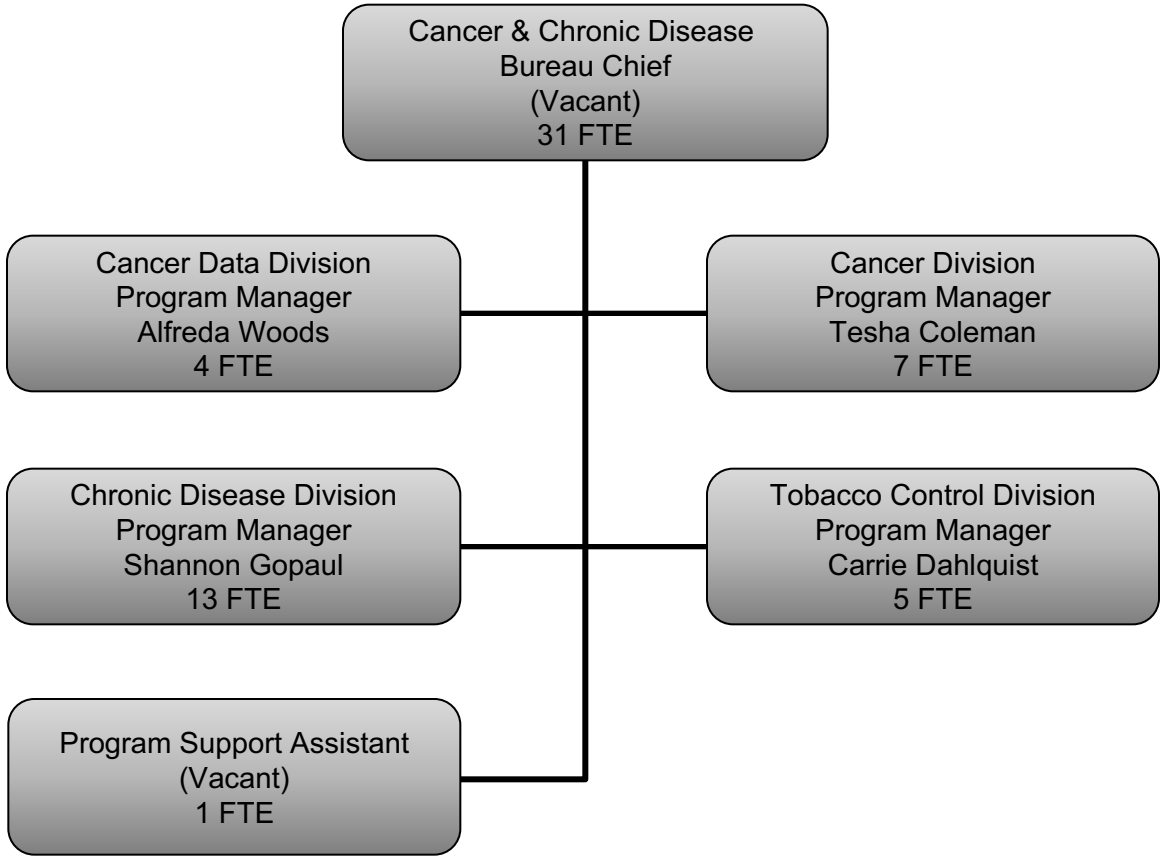
Family Health Bureau
Perinatal and Infant Health Division



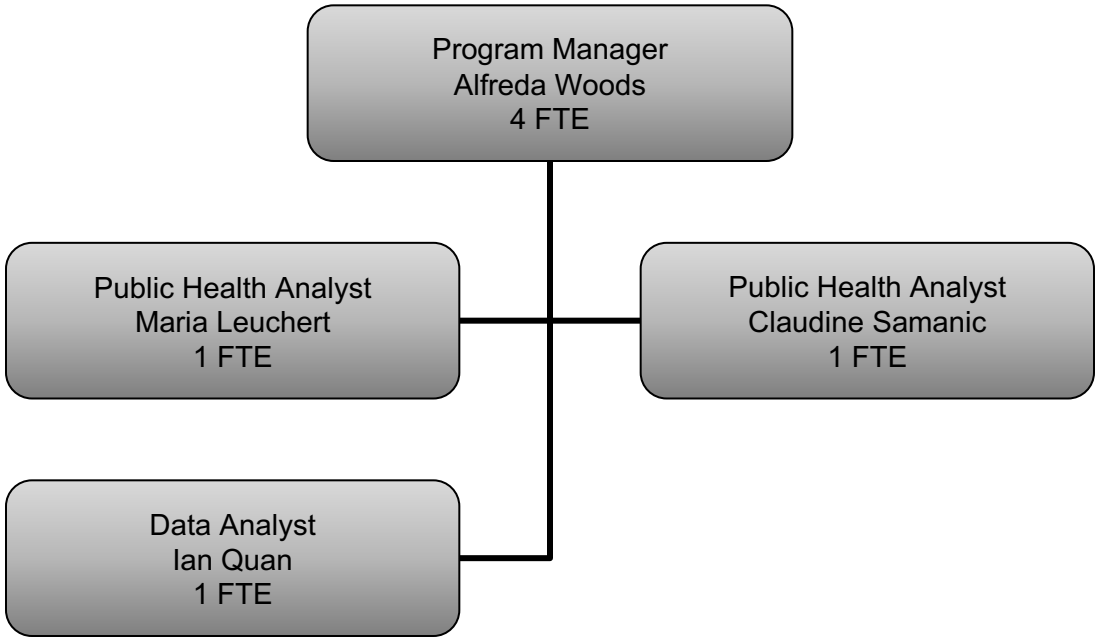
Family Health Bureau
Perinatal and Infant Health Division



Cancer & Chronic Disease Bureau

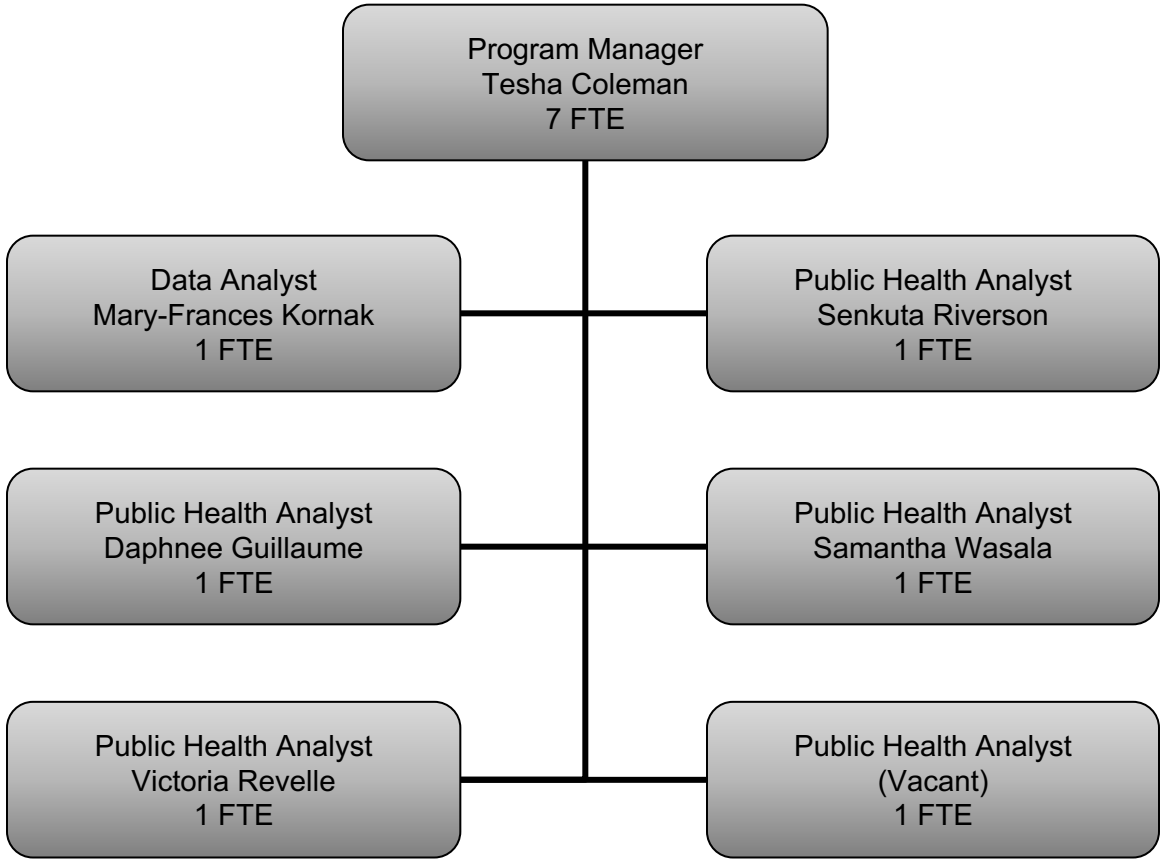


Cancer & Chronic Disease Bureau
Cancer Data Division



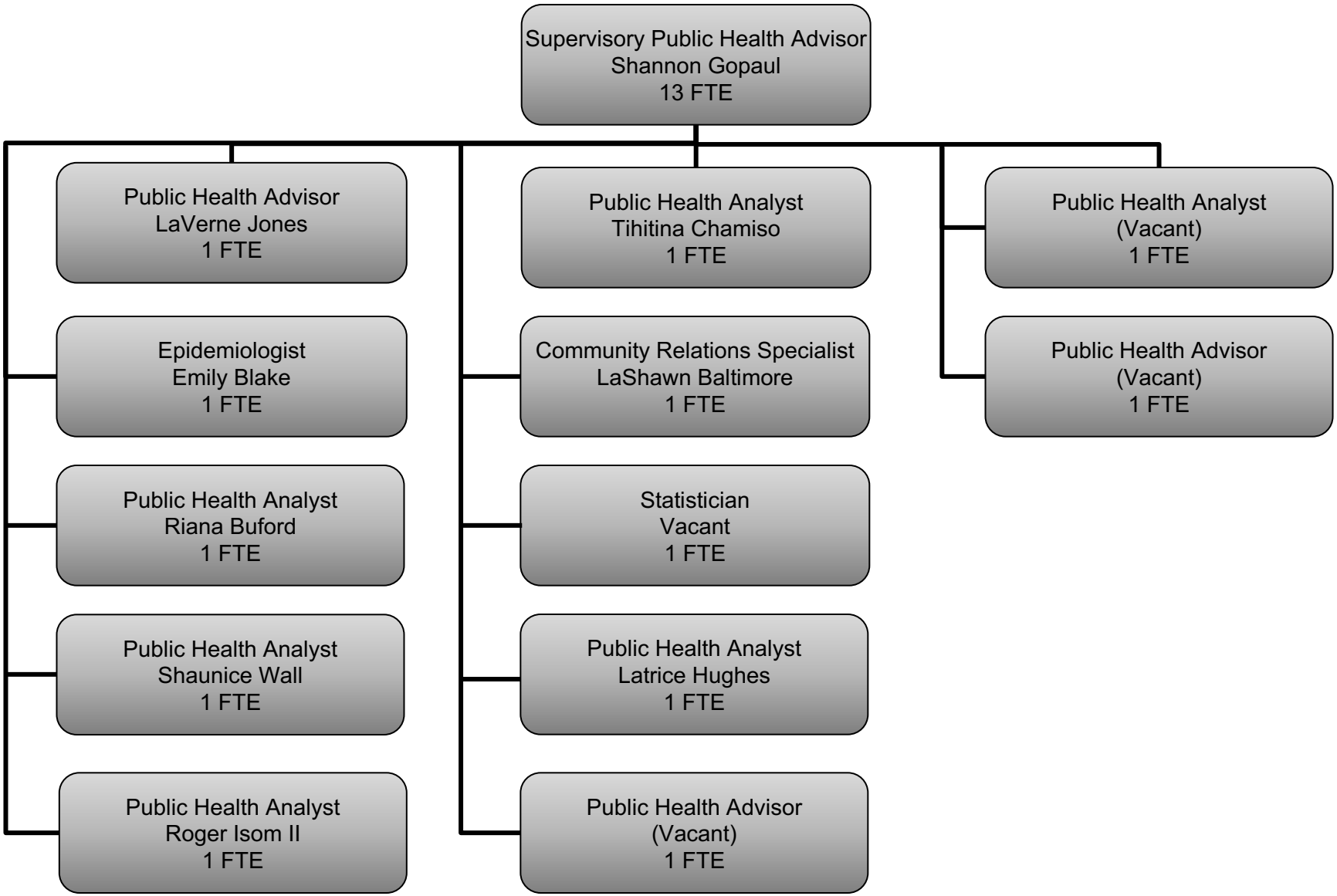
Cancer & Chronic Disease Bureau
Cancer Division

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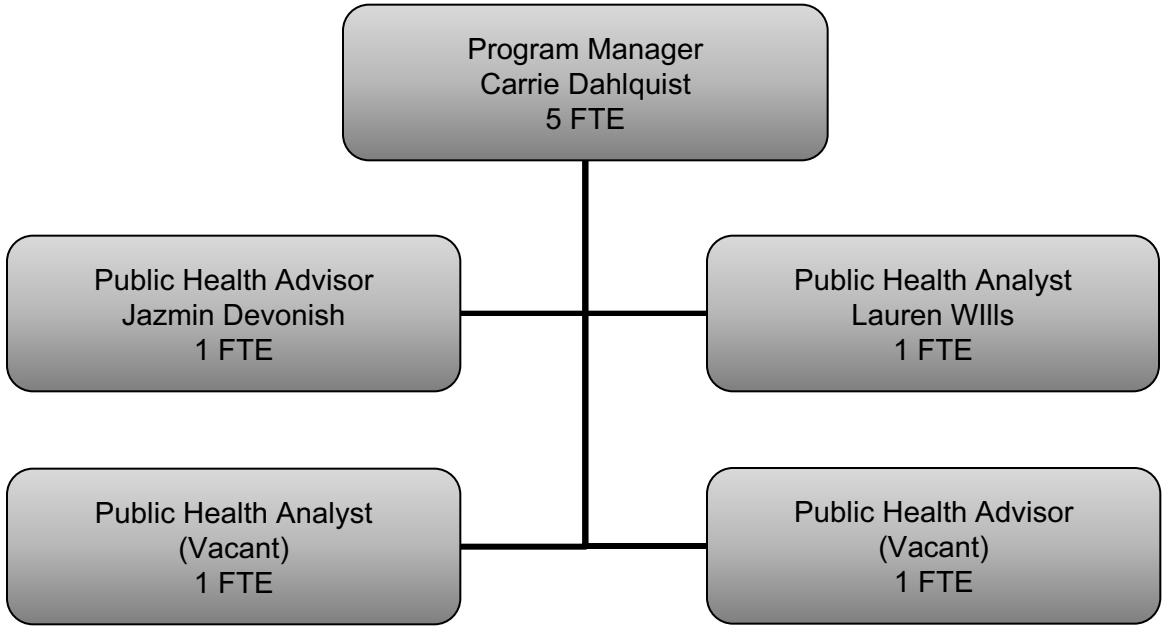
Cancer & Chronic Disease Bureau
Chronic Disease Division

DC HEALTH

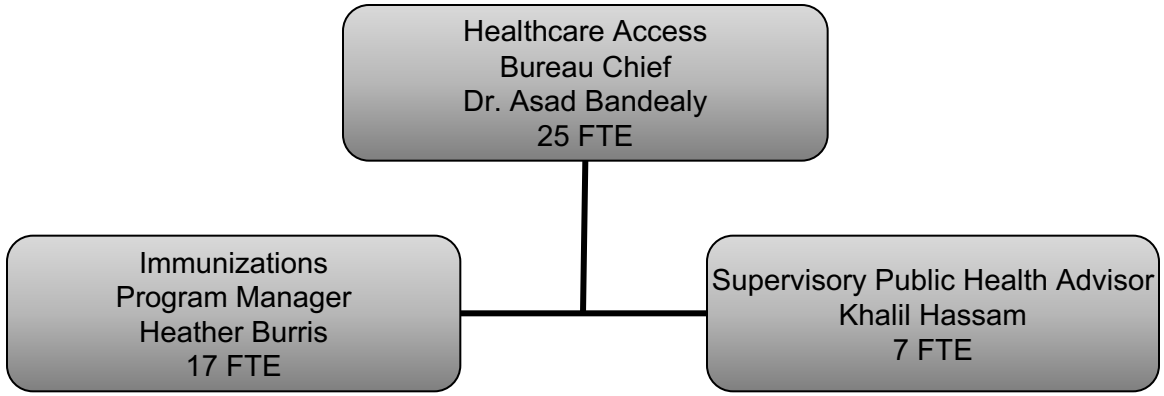


Cancer & Chronic Disease Bureau
Tobacco Control Division

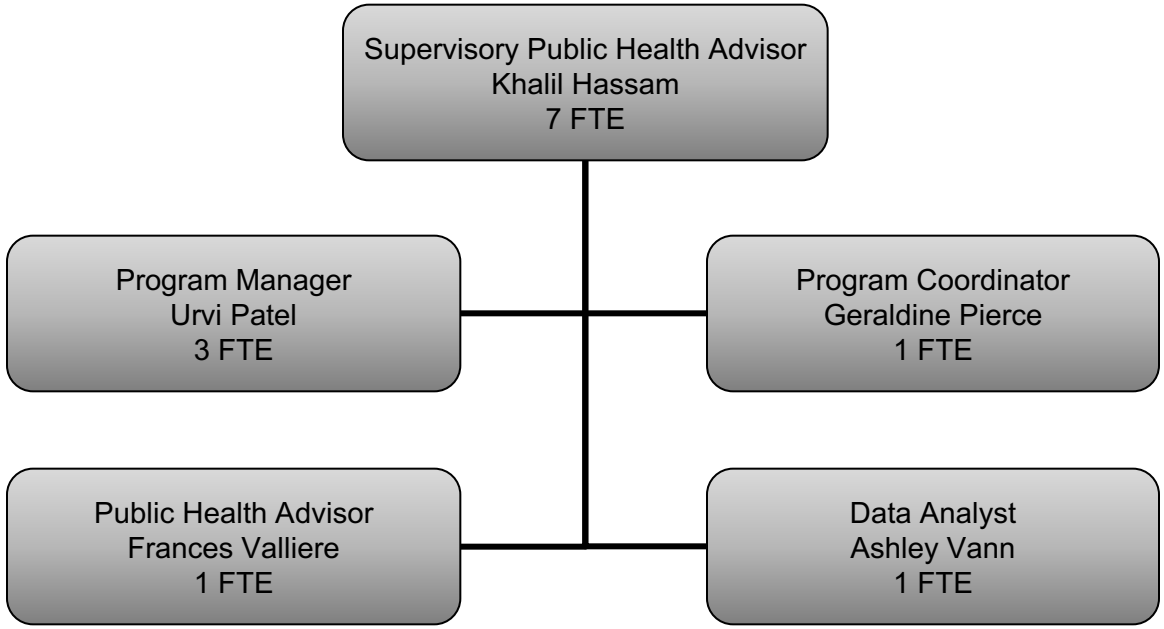
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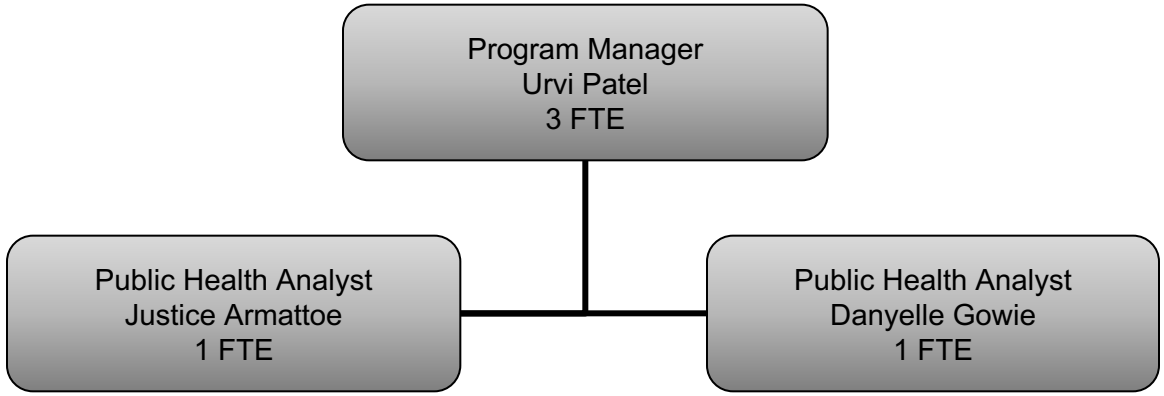
Healthcare Access Bureau



Healthcare Access Bureau

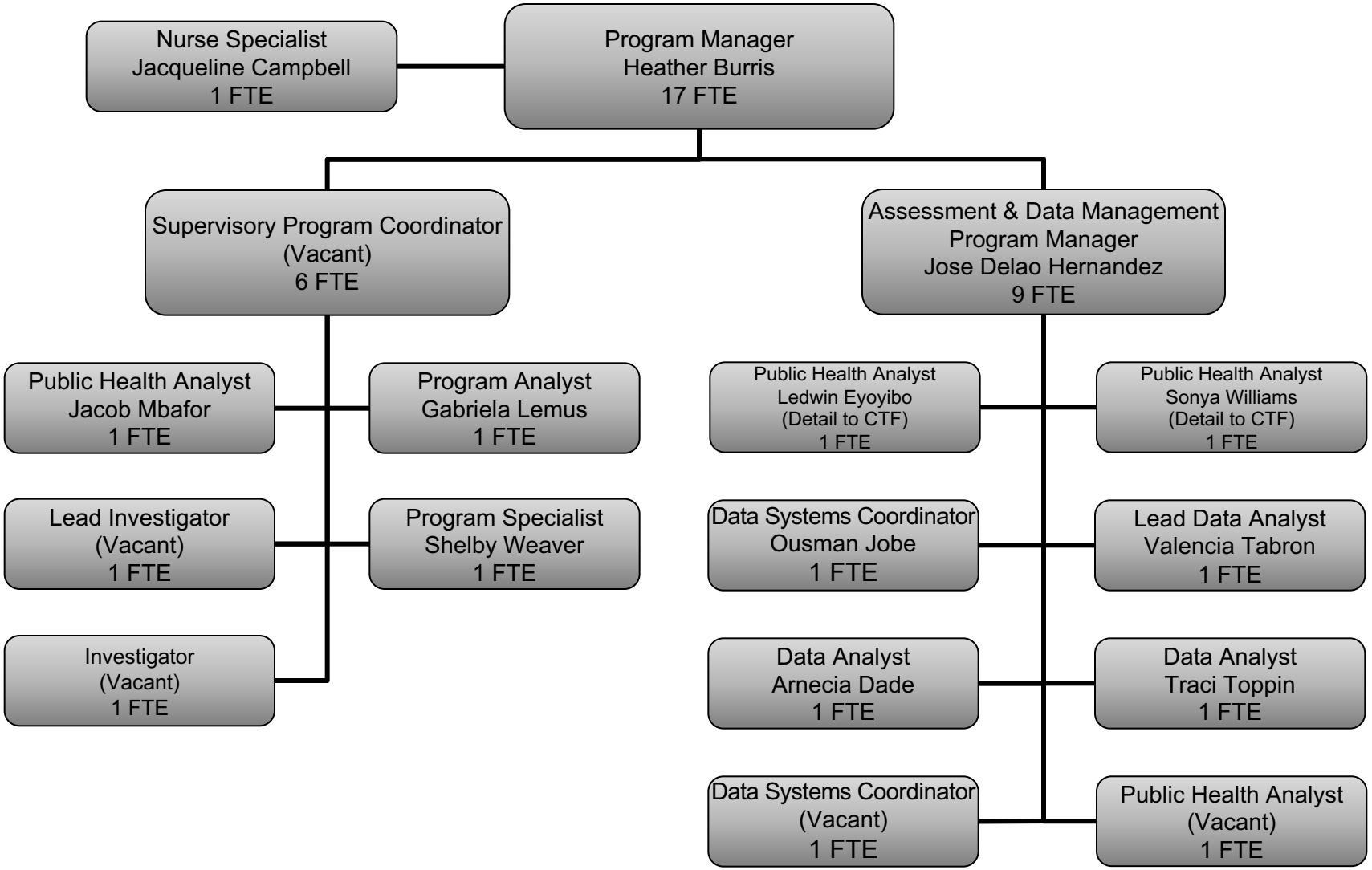


Healthcare Access Bureau
School-Based Oral Health Program

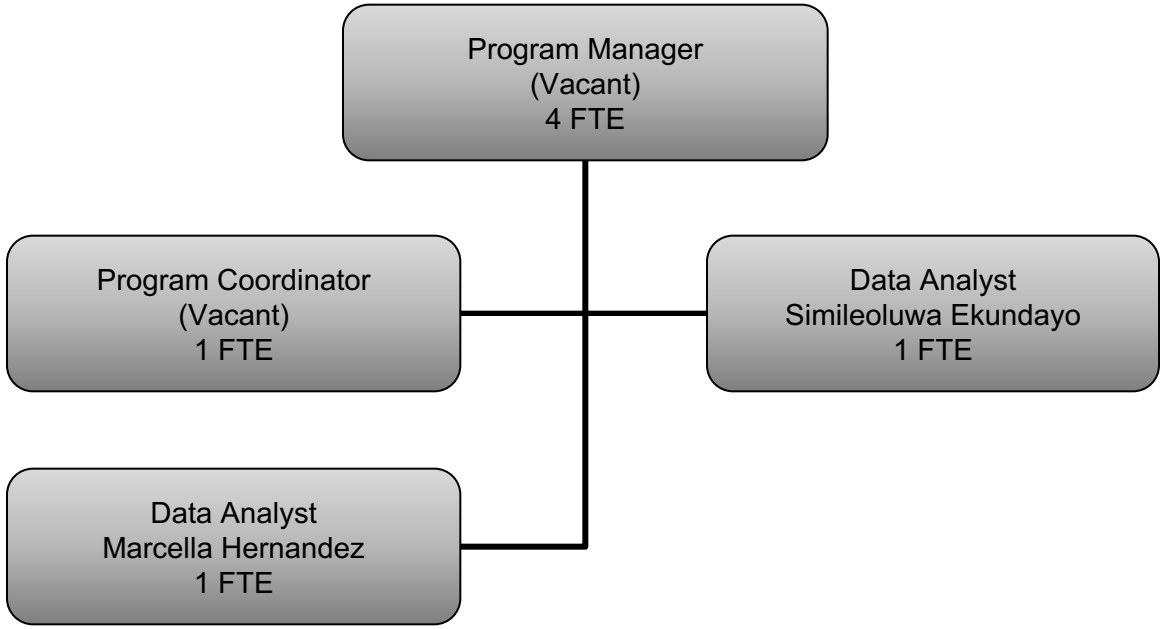


Healthcare Access Bureau
Immunizations Program

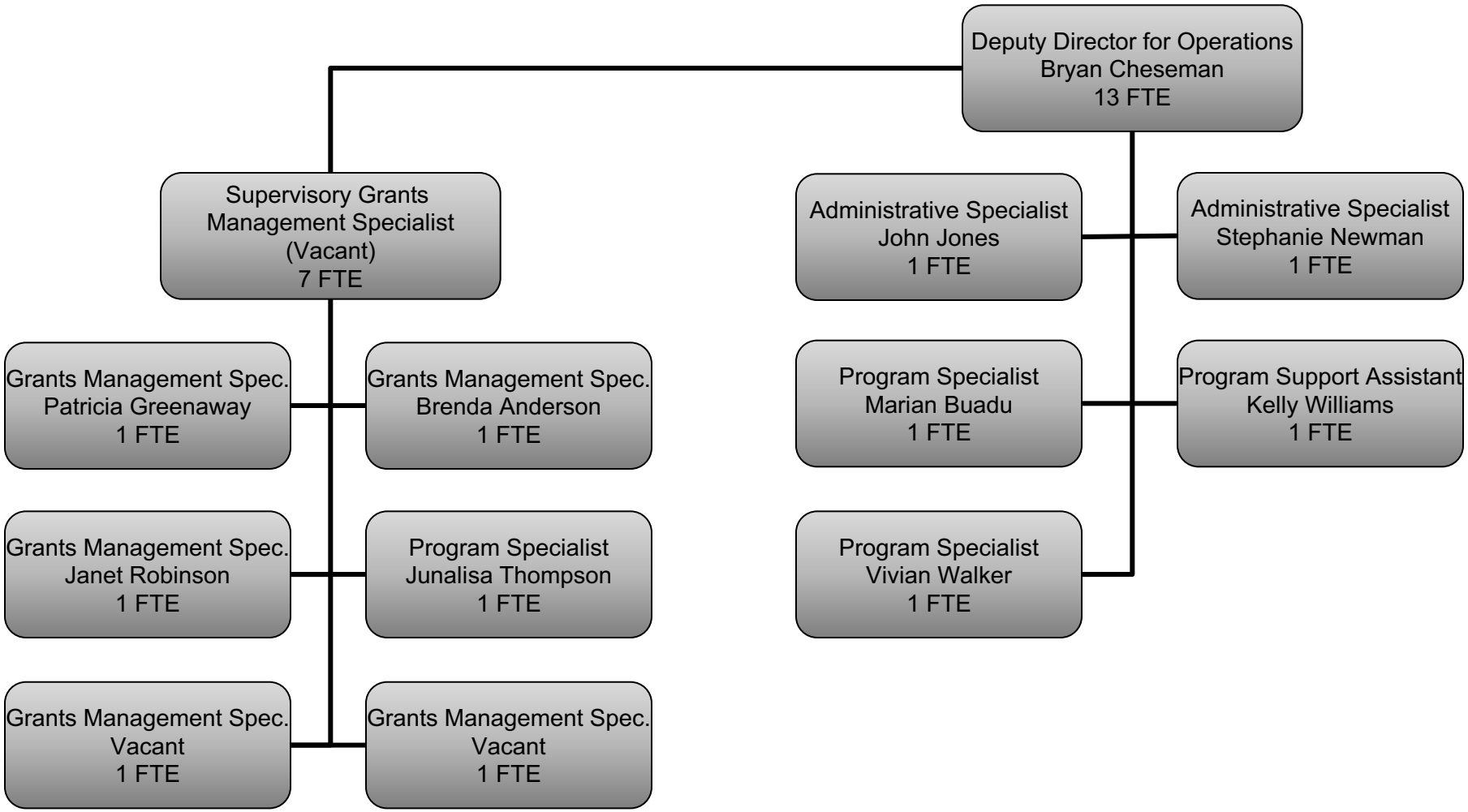
DC | HEALTH



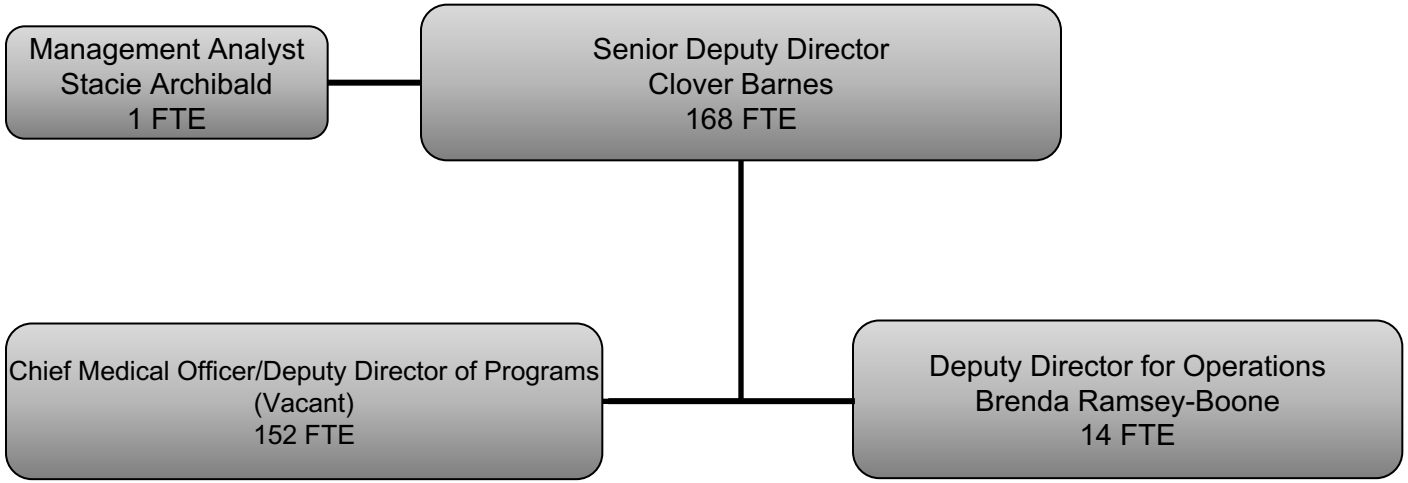
Program Evaluation Unit



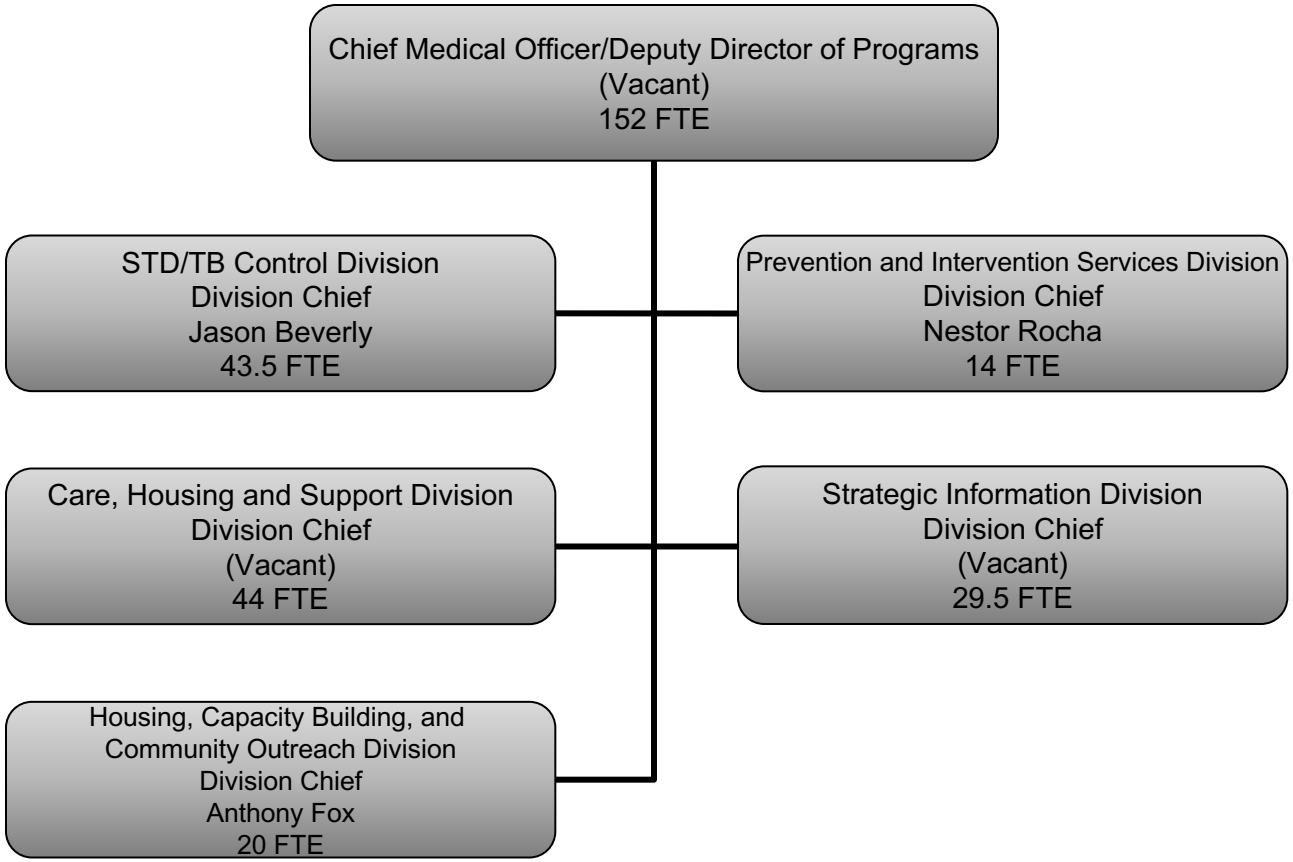
Operations


Deputy Director for Operations
Bryan Cheseman
13 FTE
Supervisory Grants Management Specialist
(Vacant)
7 FTE
Administrative Specialist
John Jones
1 FTE
Administrative Specialist
Stephanie Newman
1 FTE
Grants Management Spec.
Patricia Greenaway
1 FTE
Grants Management Spec.
Brenda Anderson
1 FTE
Program Specialist
Marian Buadu
1 FTE
Program Support Assistant
Kelly Williams
1 FTE
Grants Management Spec.
Janet Robinson
1 FTE
Program Specialist
Junalisa Thompson
1 FTE
Program Specialist
Vivian Walker
1 FTE
Grants Management Spec.
Vacant
1 FTE
Grants Management Spec.
Vacant
1 FTE

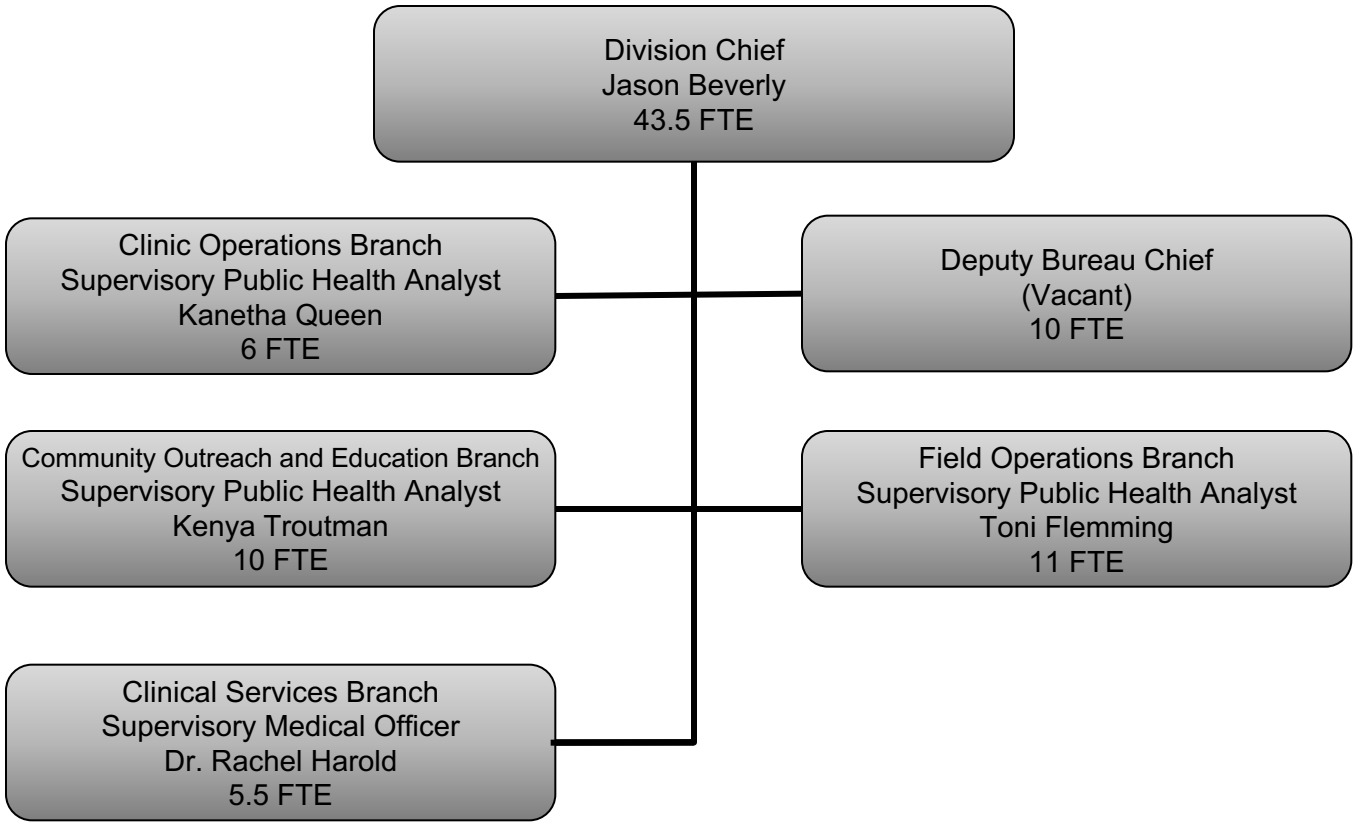
HIV/AIDS Hepatitis STD and TB Administration (HAHSTA)



HIV/AIDS Hepatitis STD and TB Administration (HAHSTA)

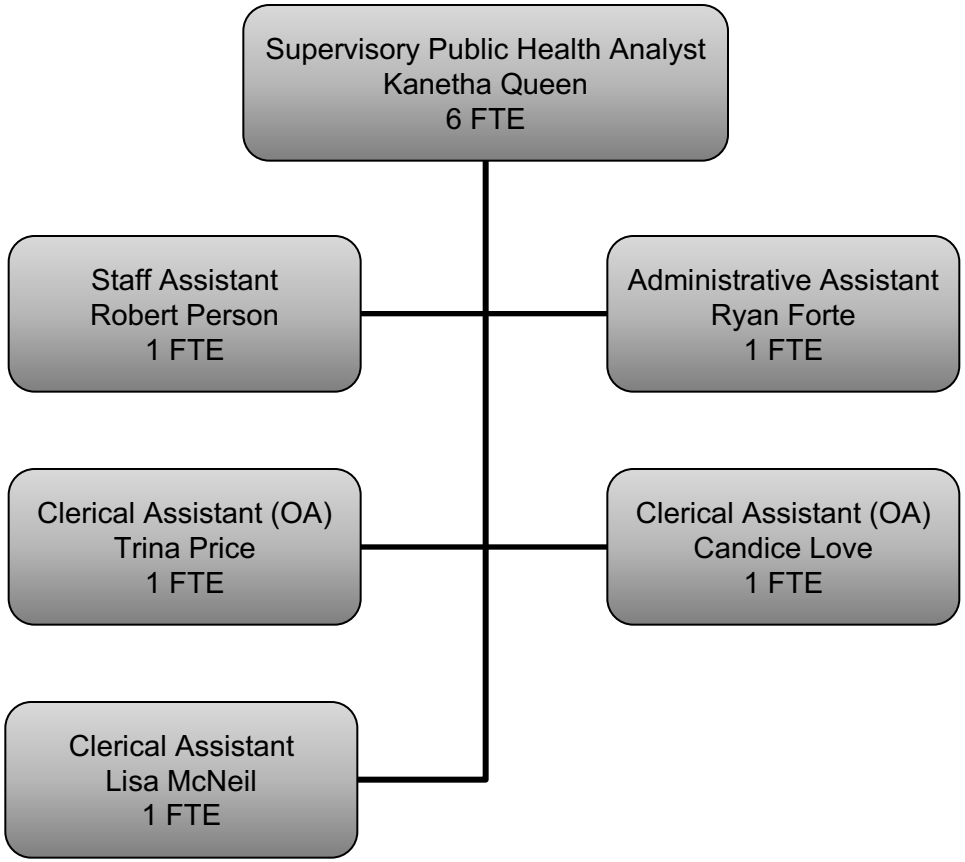


STD/TB Control Division



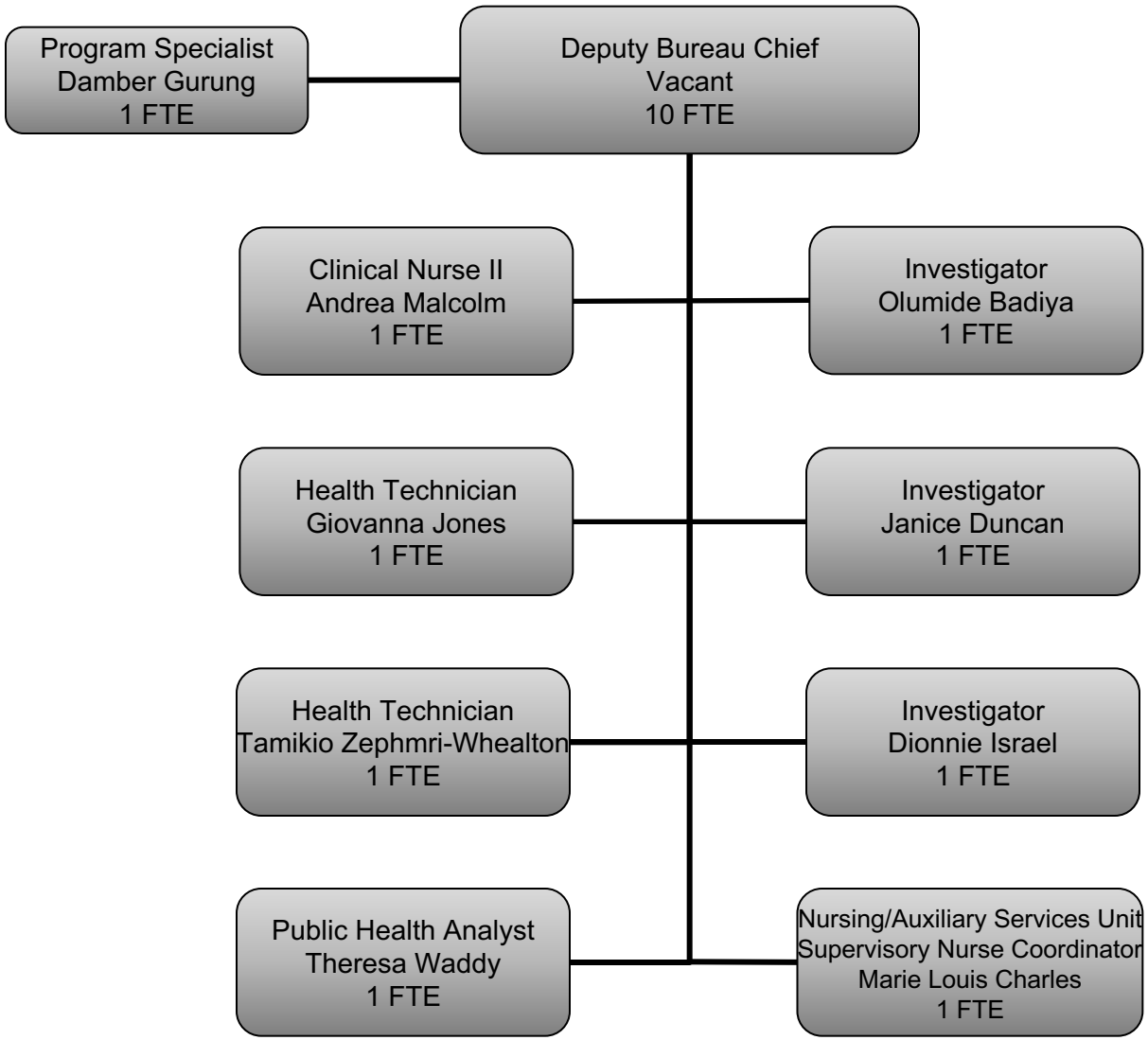
STD/TB Control Division
Clinic Operations Branch

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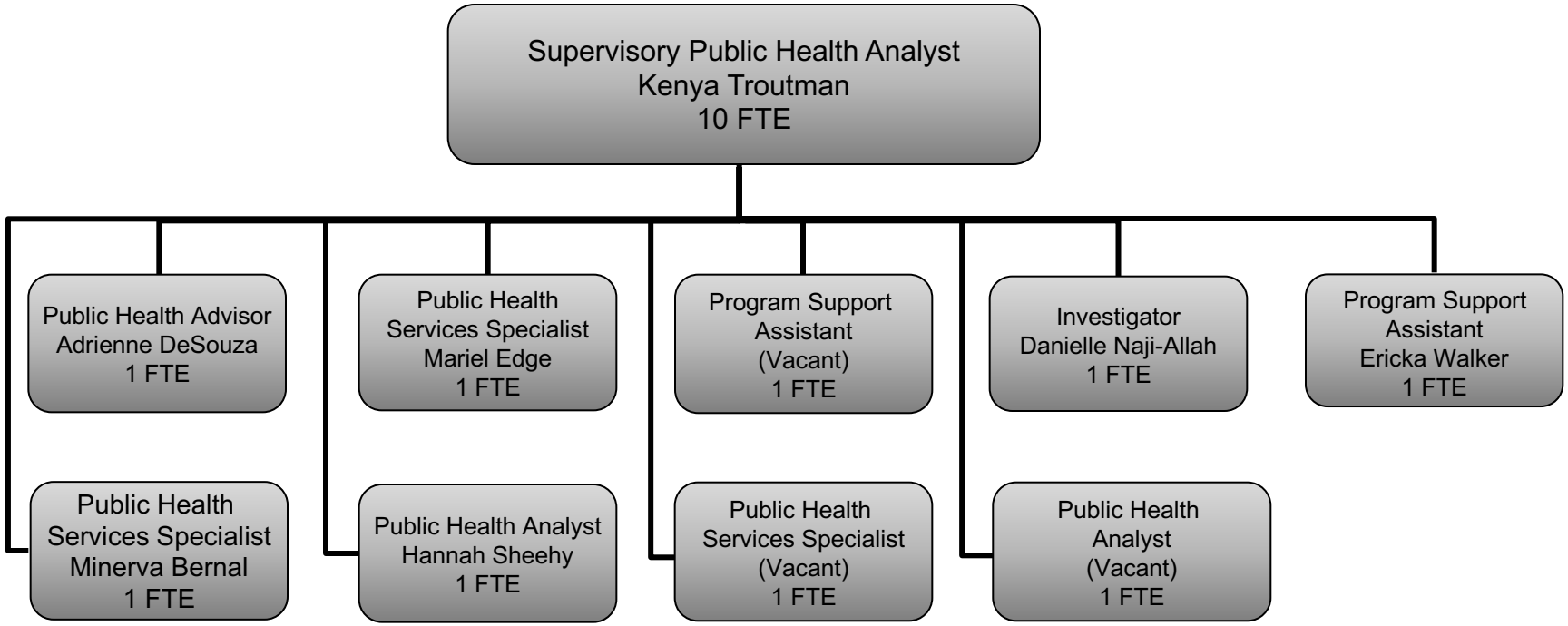
STD/TB Control Division
Nursing/Auxiliary Services Branch

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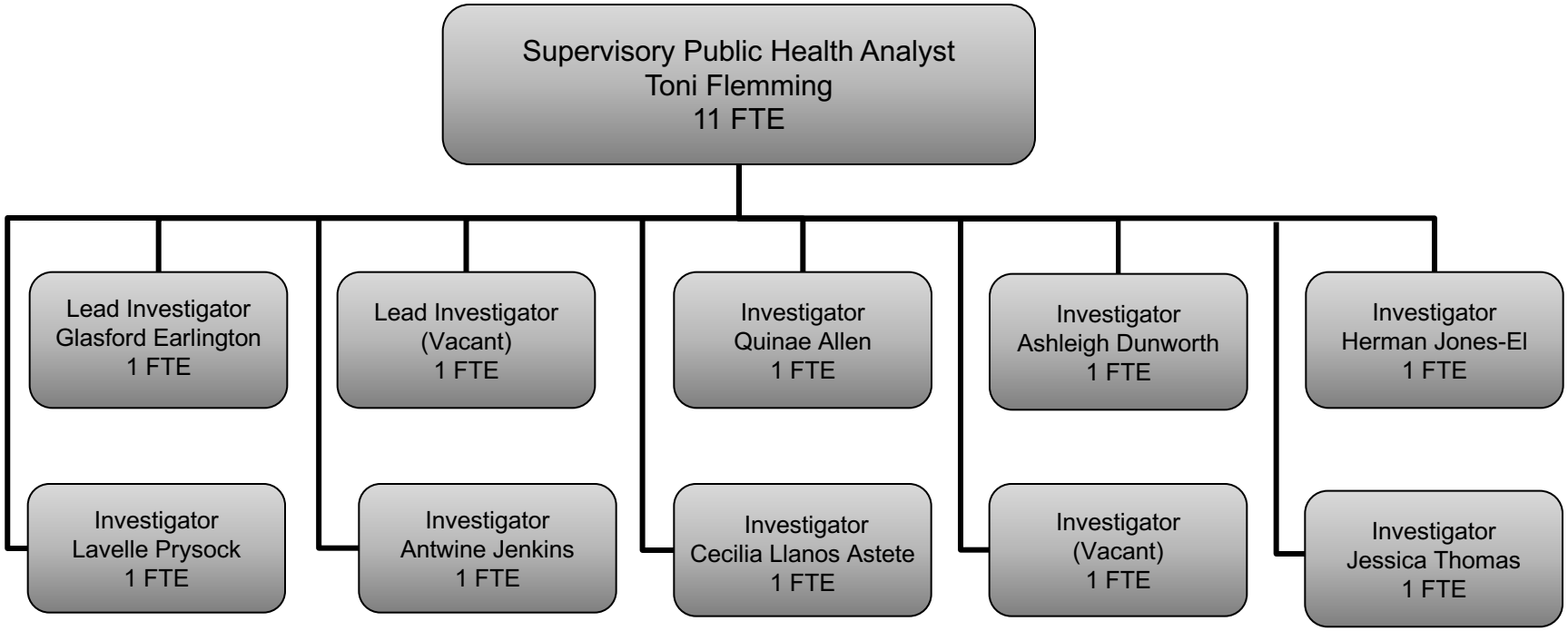
STD/TB Control Division
Community Outreach and Education Branch

DC | HEALTH



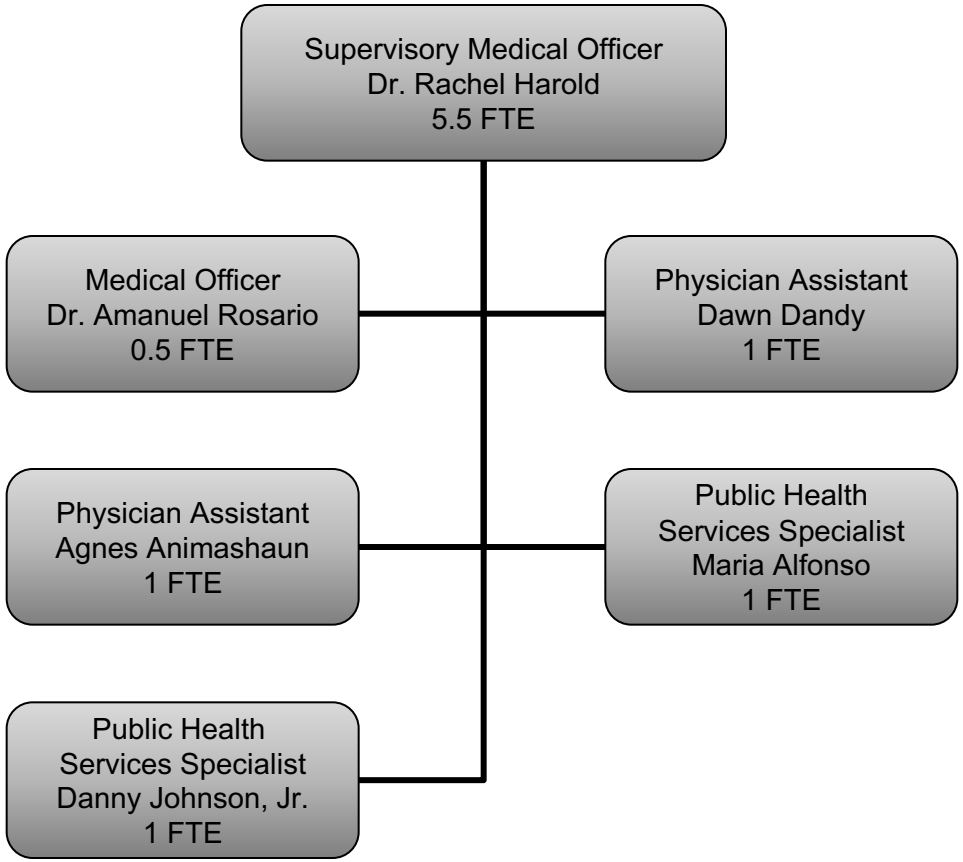
STD/TB Control Division
Field Operations Branch

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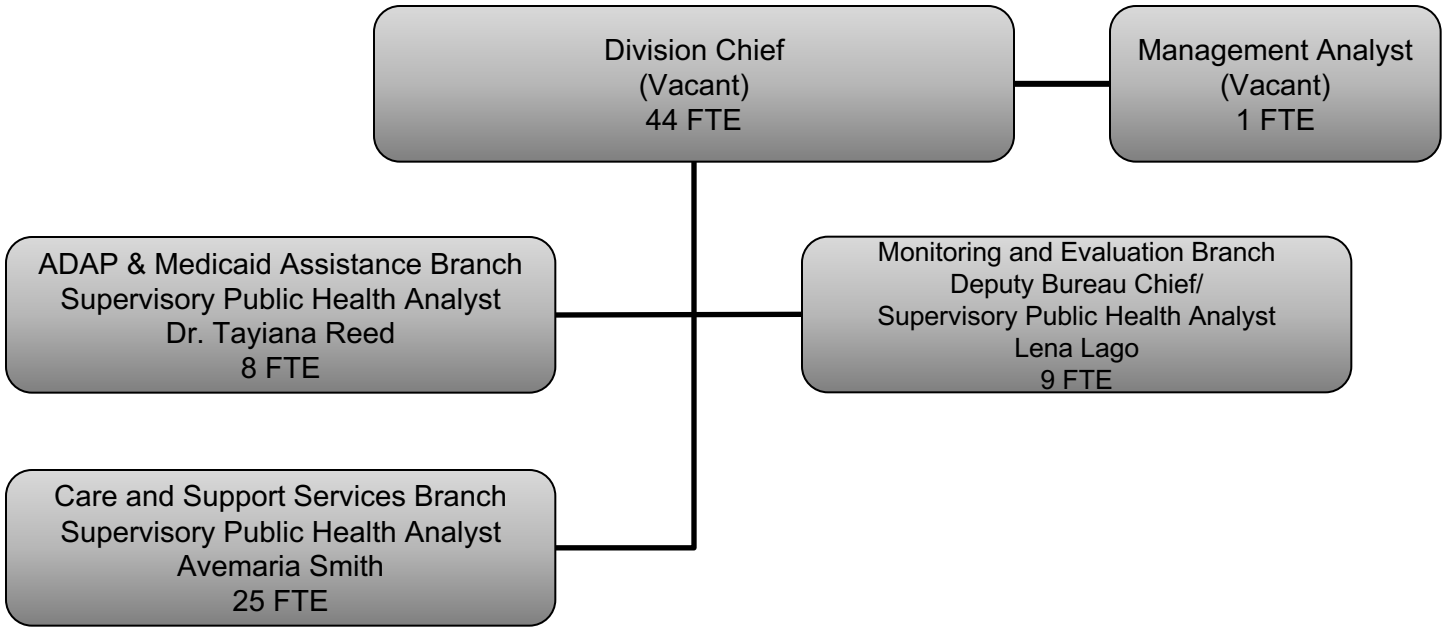


STD/TB Control Division
Clinical Services Branch

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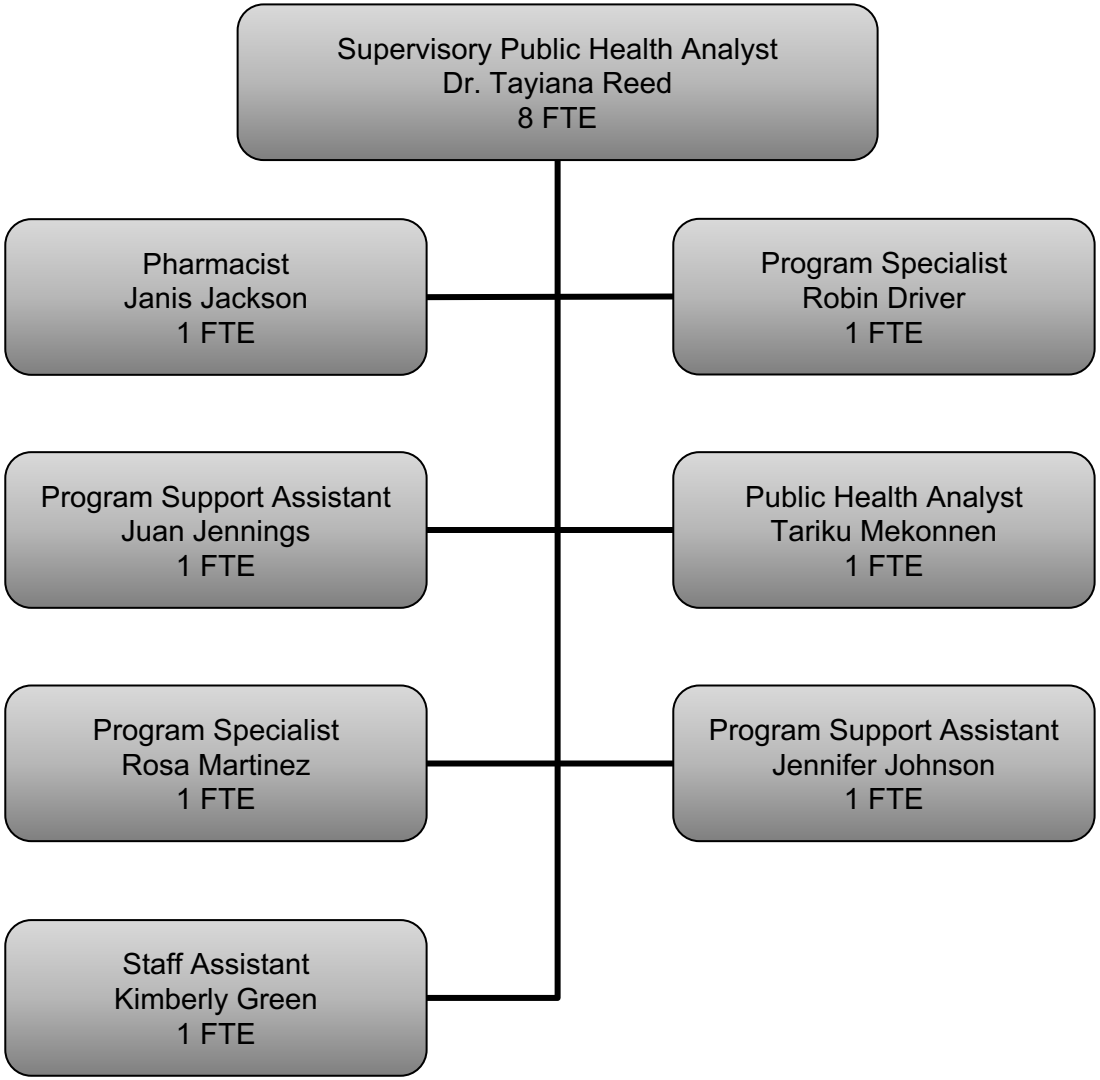


Care, Housing and Support Division



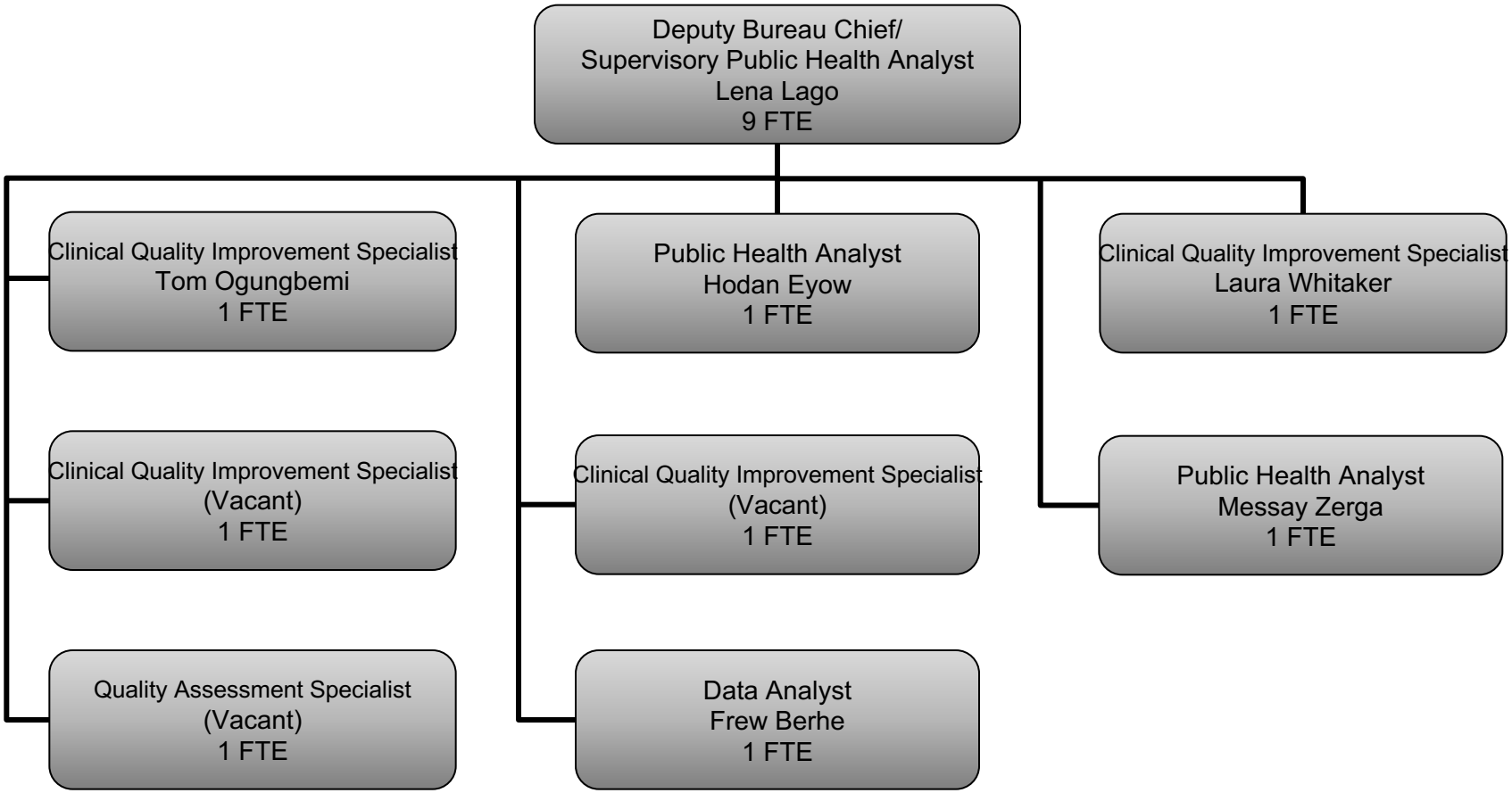
Care, Housing and Support Division
ADAP & Medicaid Assistance Branch

DC | HEALTH



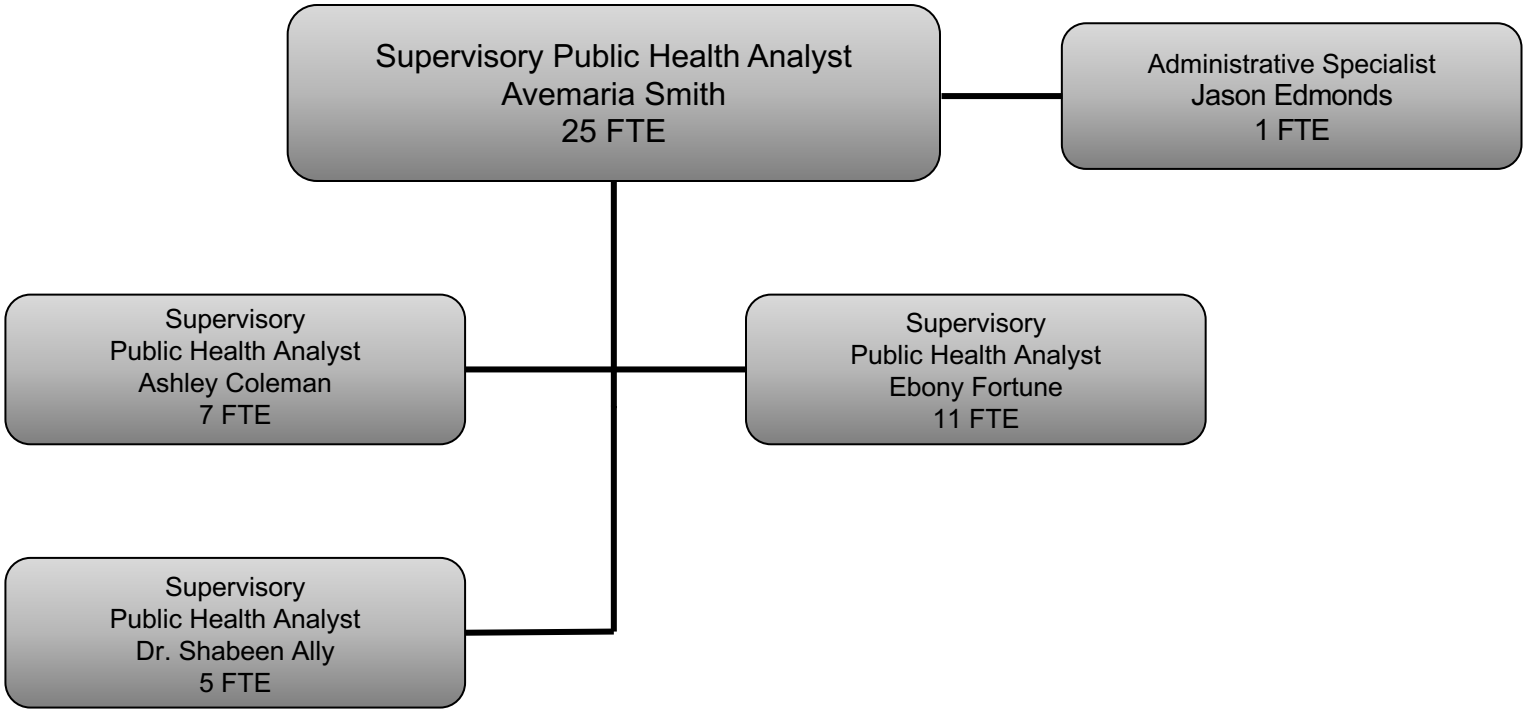
Care, Housing and Support Division
Monitoring and Evaluation Branch

DC | HEALTH



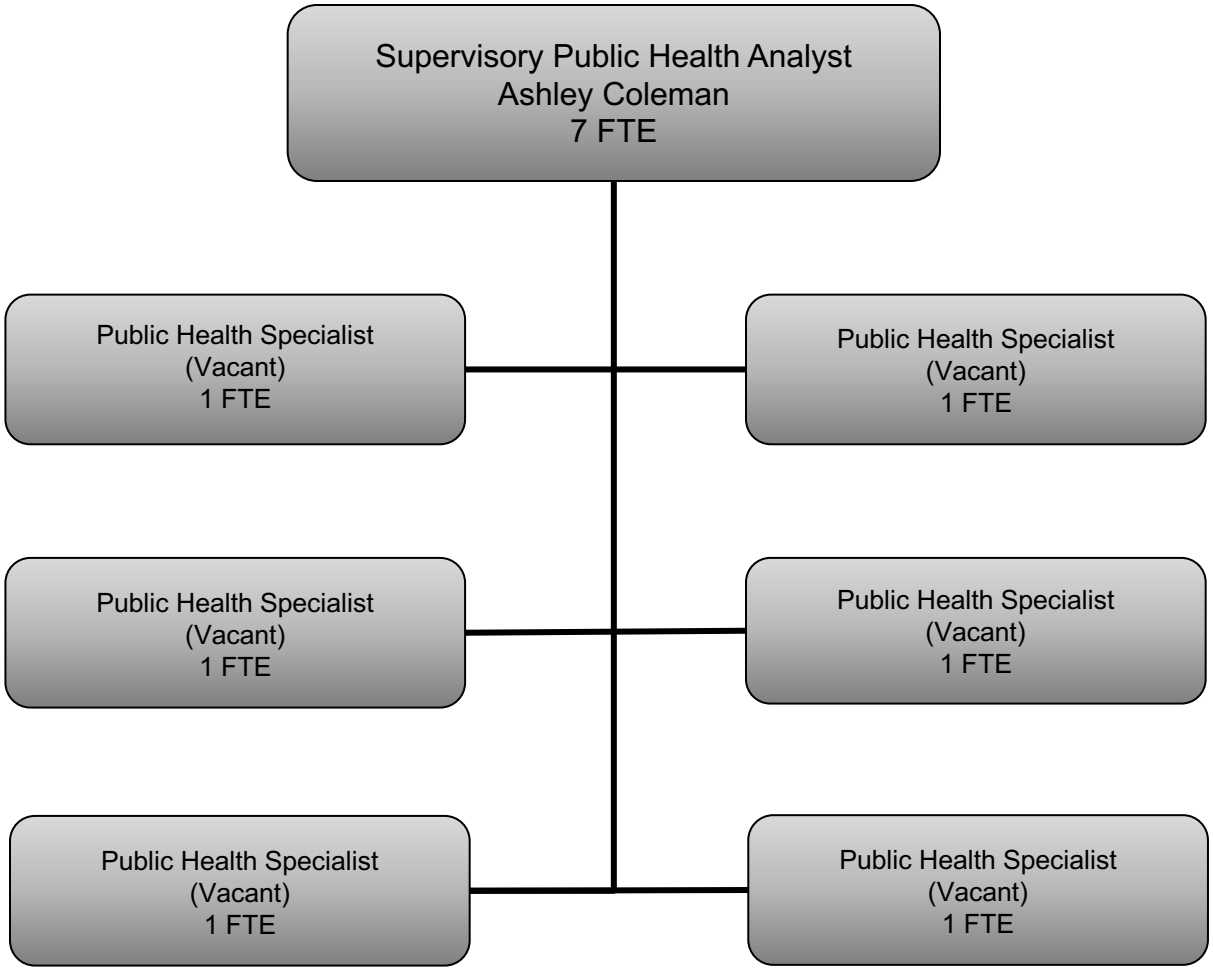
Care, Housing and Support Division
Care and Support Services Branch

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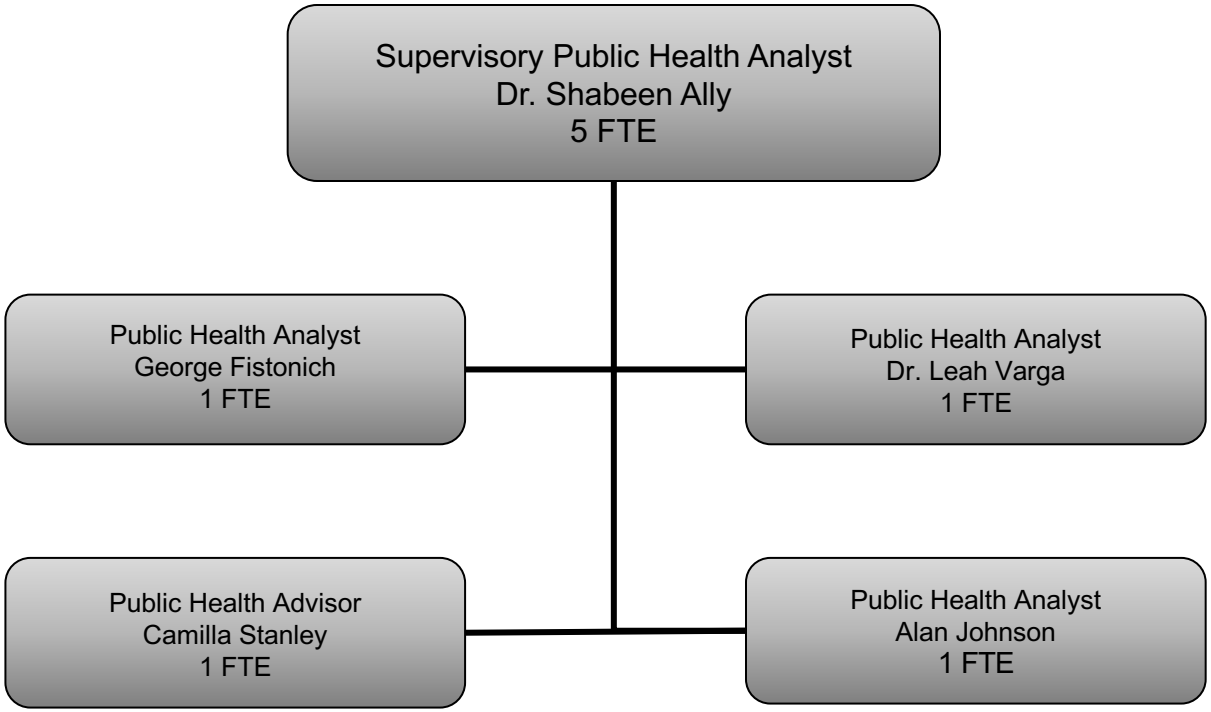


Care, Housing and Support Division
Care and Support Services Branch

DC | HEALTH

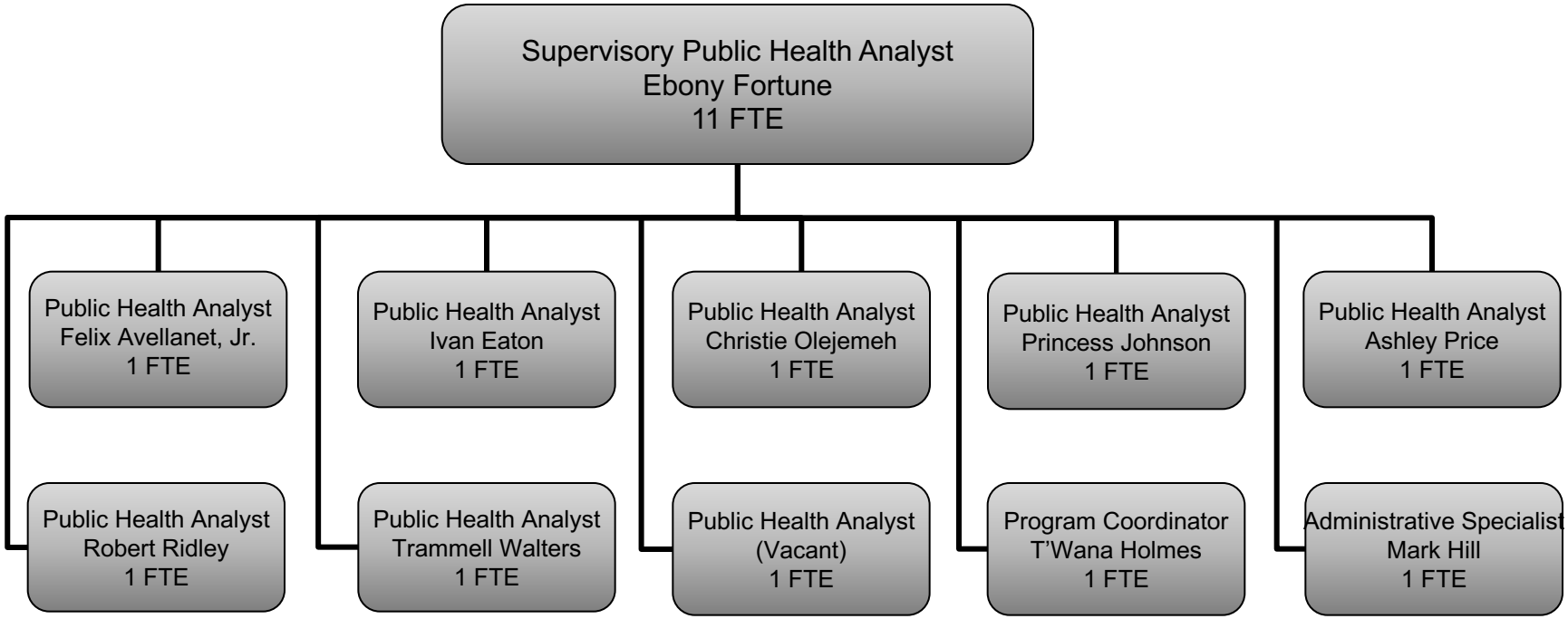


Care, Housing and Support Division
Care and Support Services Branch

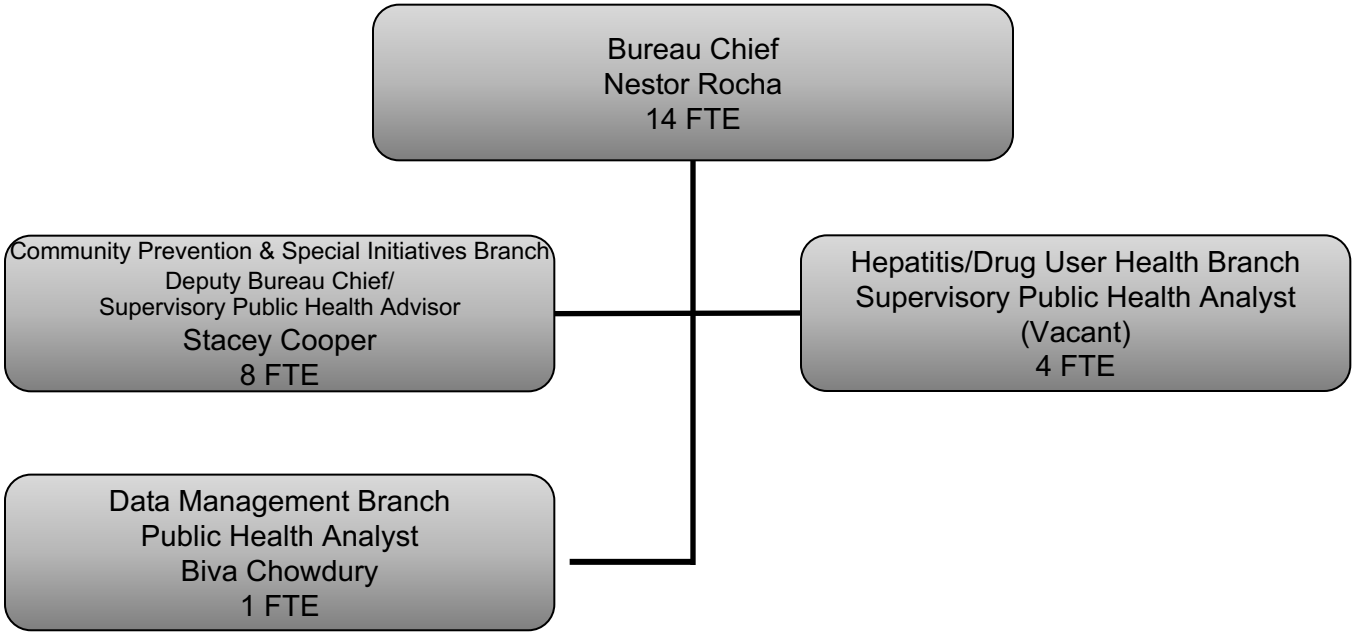


Care, Housing and Support Division
Care and Support Services Branch

DC | HEALTH

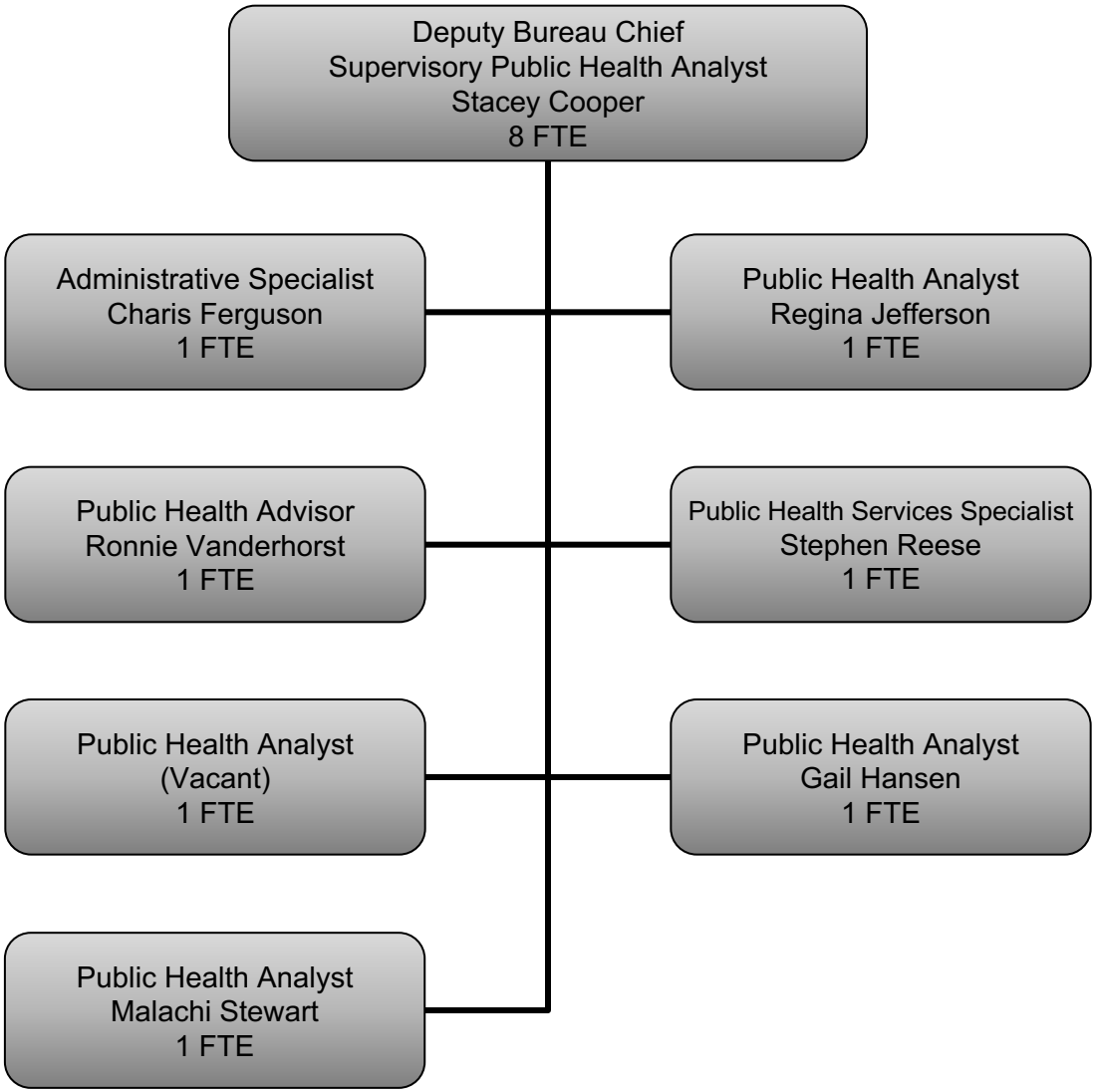


Prevention and Intervention Services Division

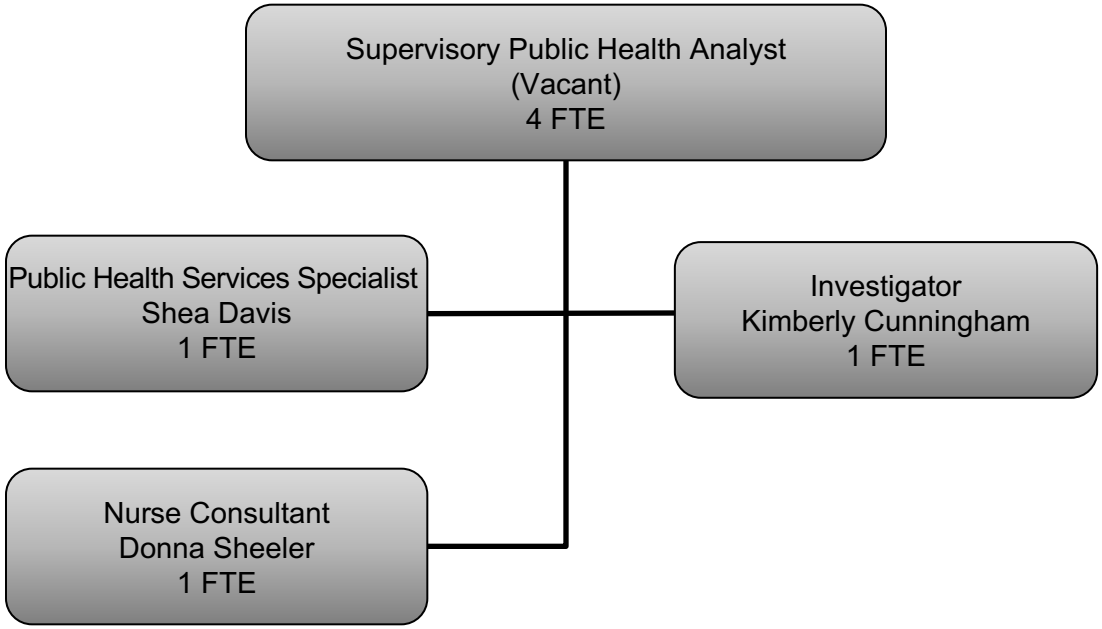


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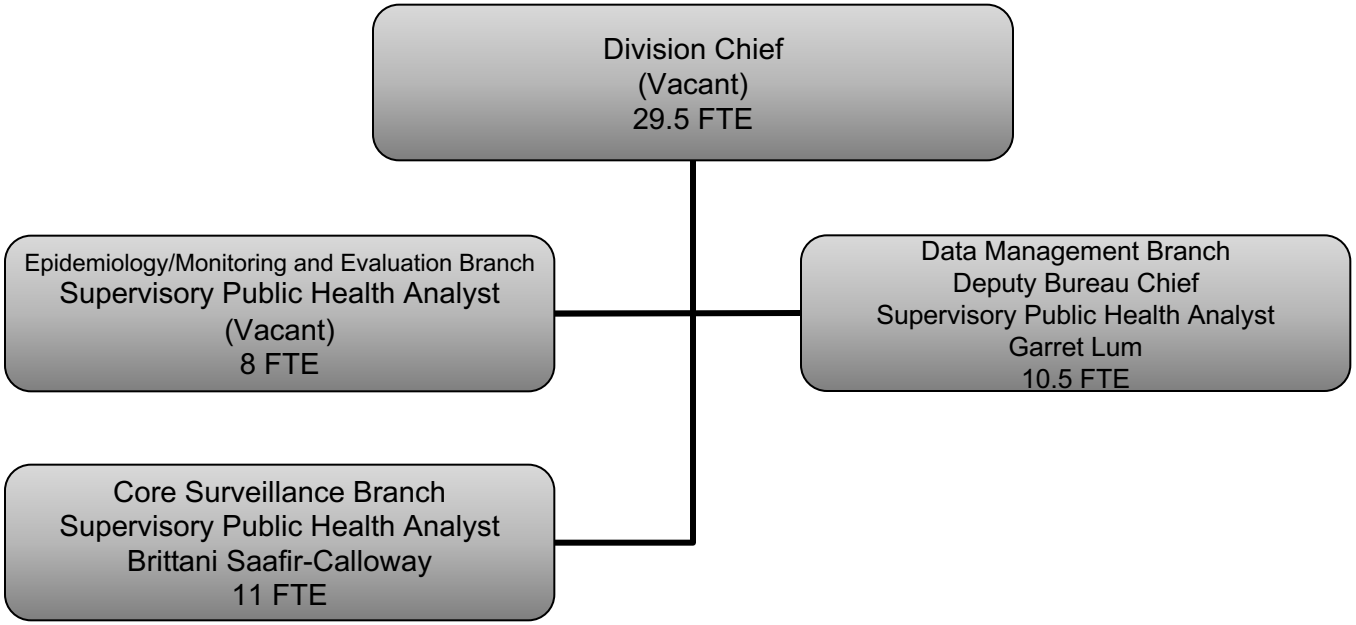
Prevention and Intervention Services Division
Community Prevention and Special Initiatives Branch



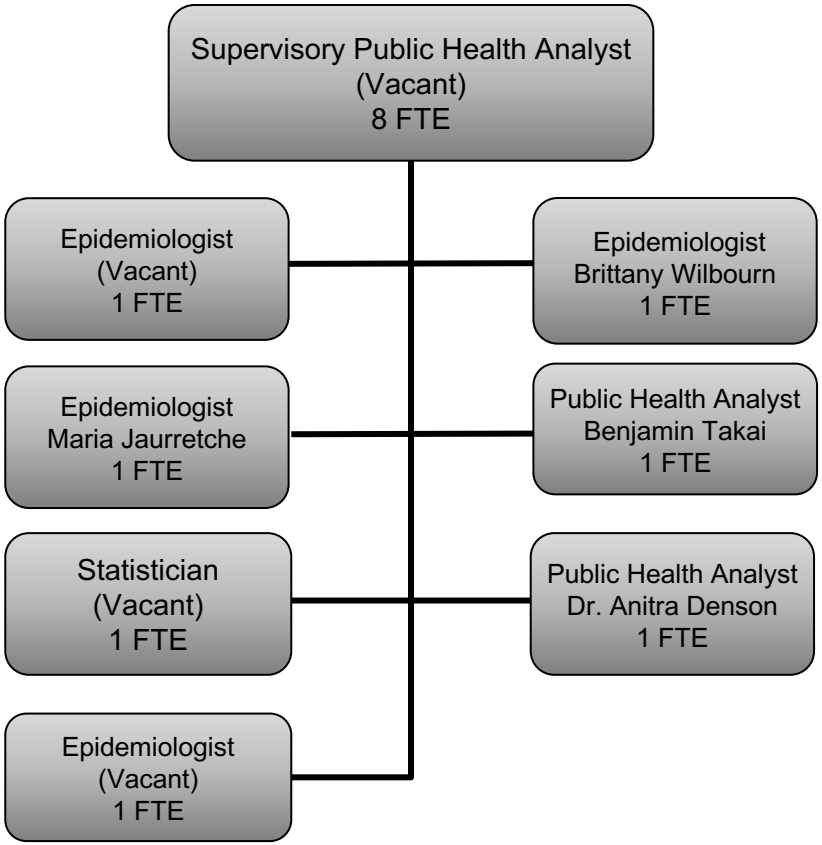
Prevention and Intervention Services Division
Expanded HIV Testing Branch



Strategic Information Division

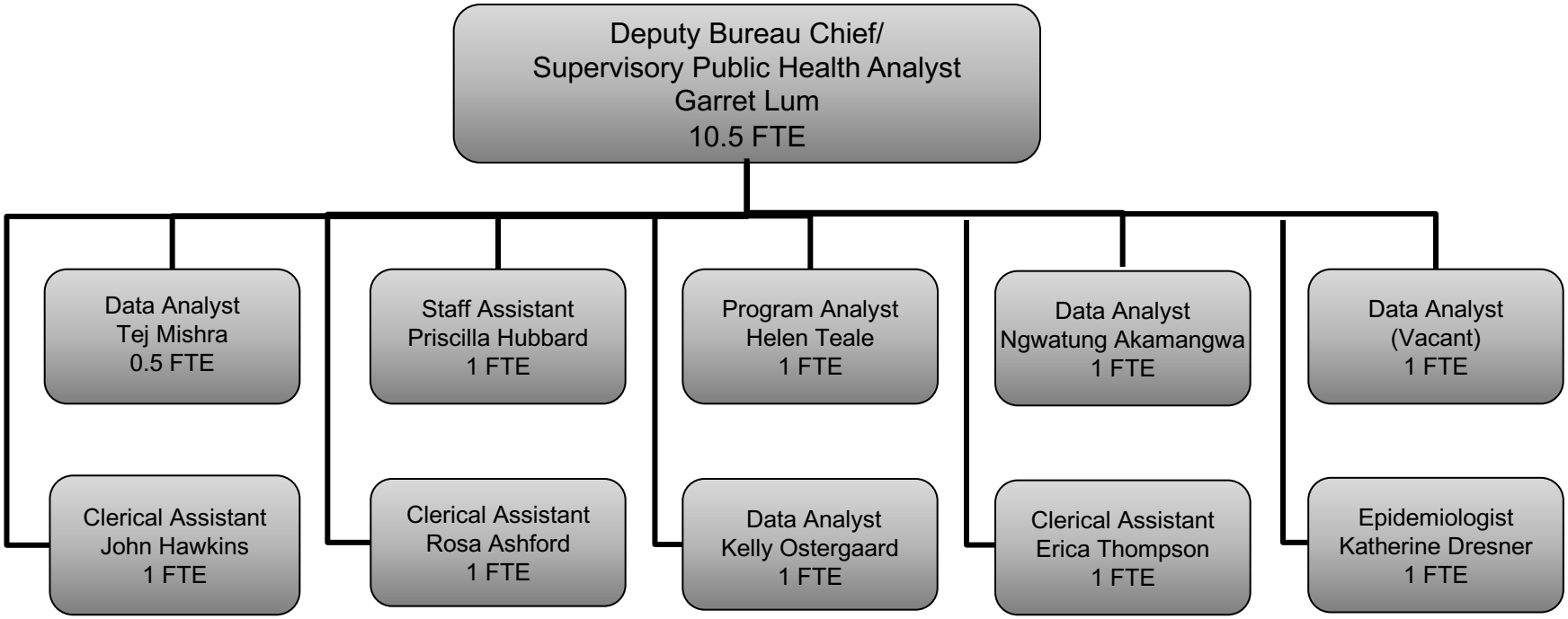


Strategic Information Division
Epidemiology/Monitoring and Evaluation Branch



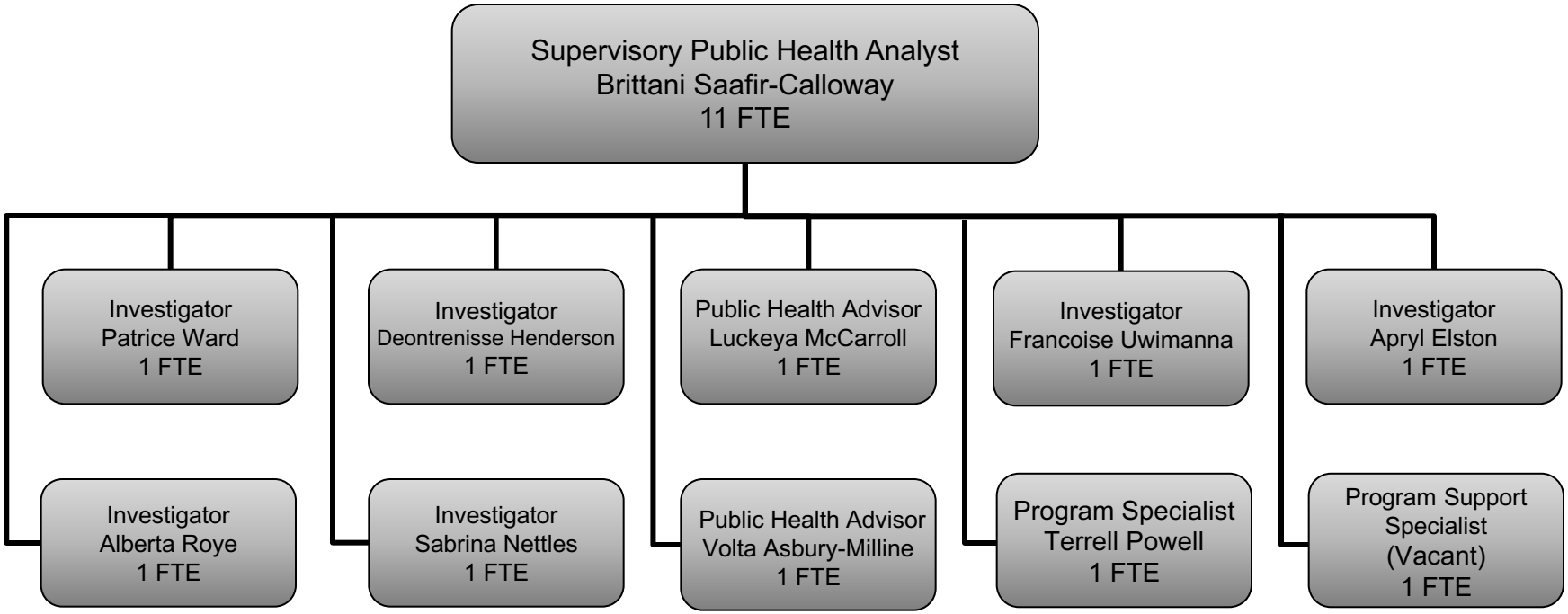
Strategic Information Division
Core Field Operations Branch

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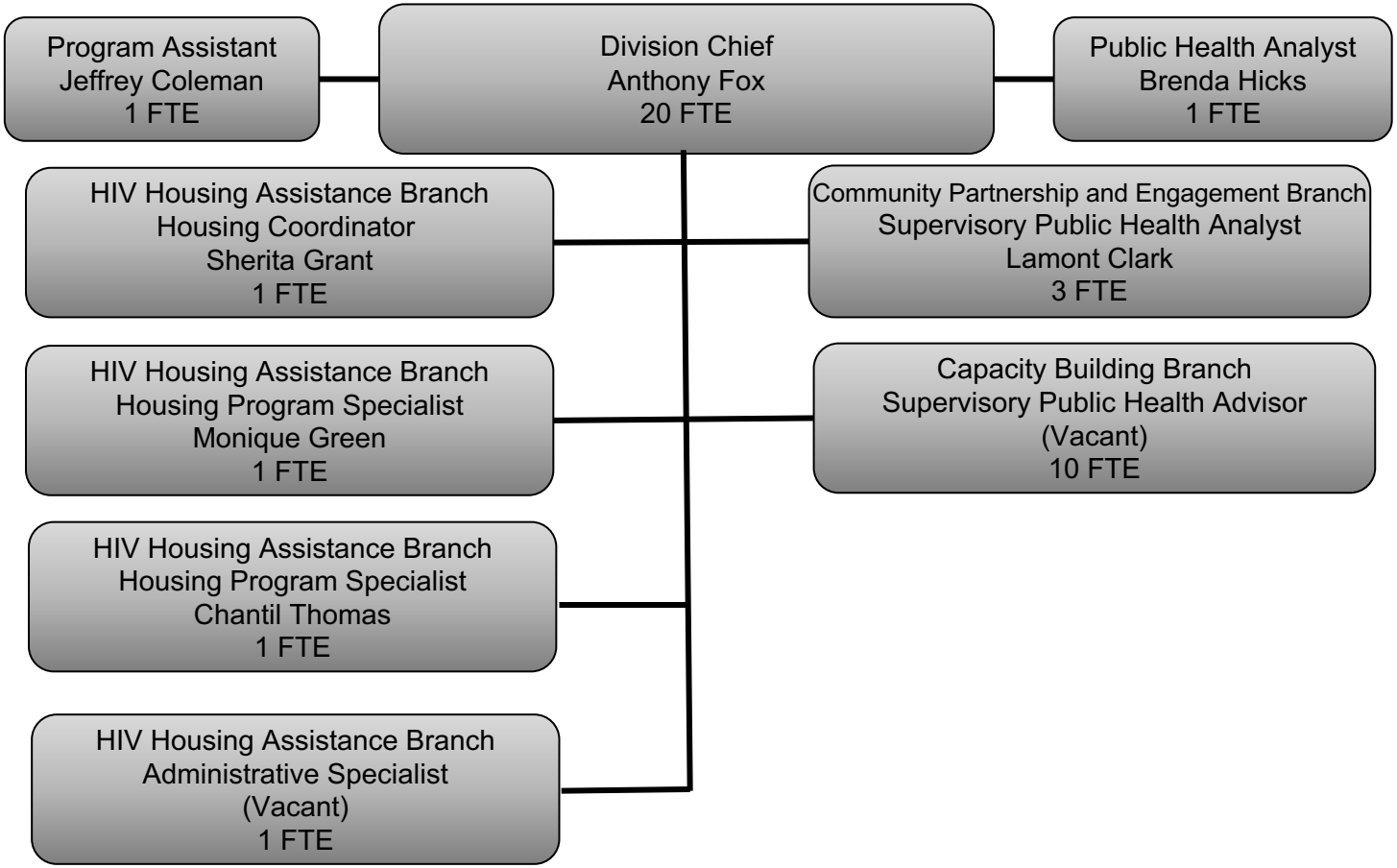
Strategic Information Division
Core Surveillance Branch

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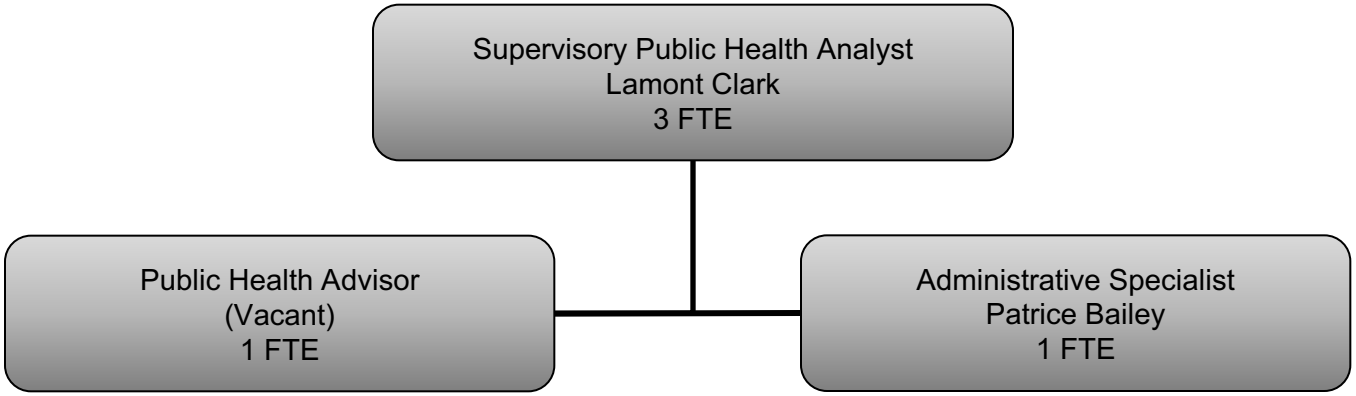


Housing, Capacity Building, and Community Outreach Division

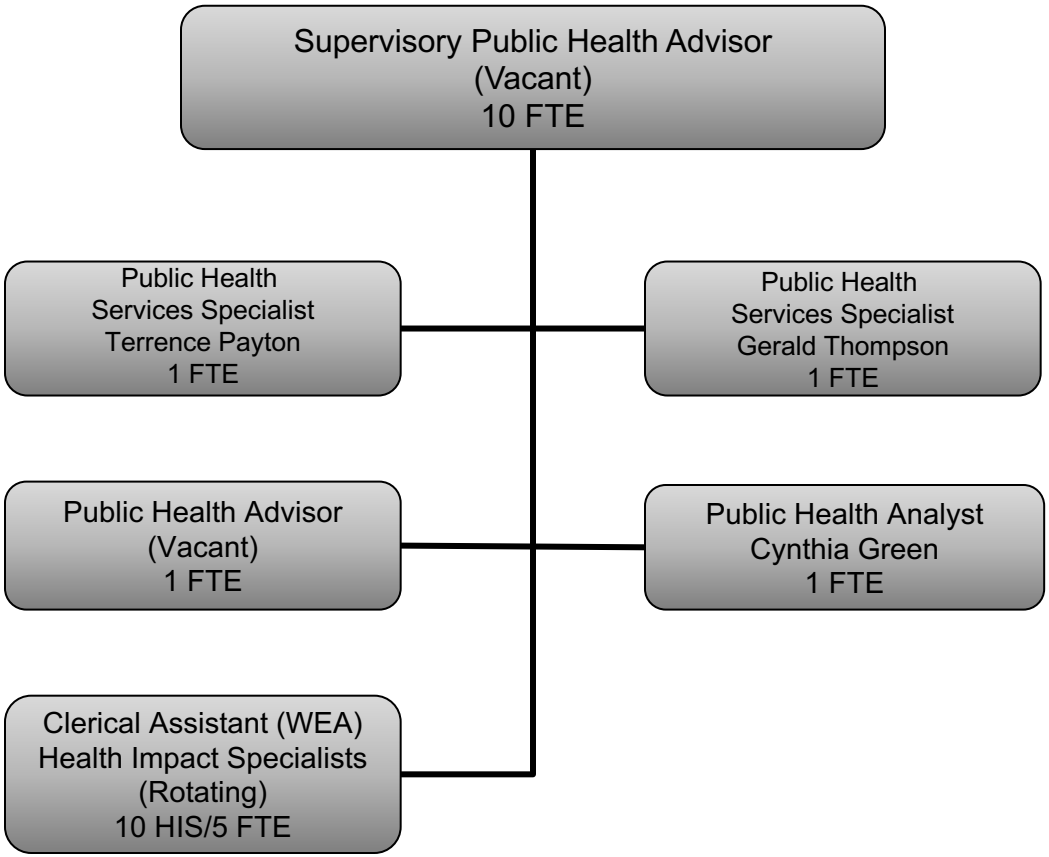
DC HEALTH



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

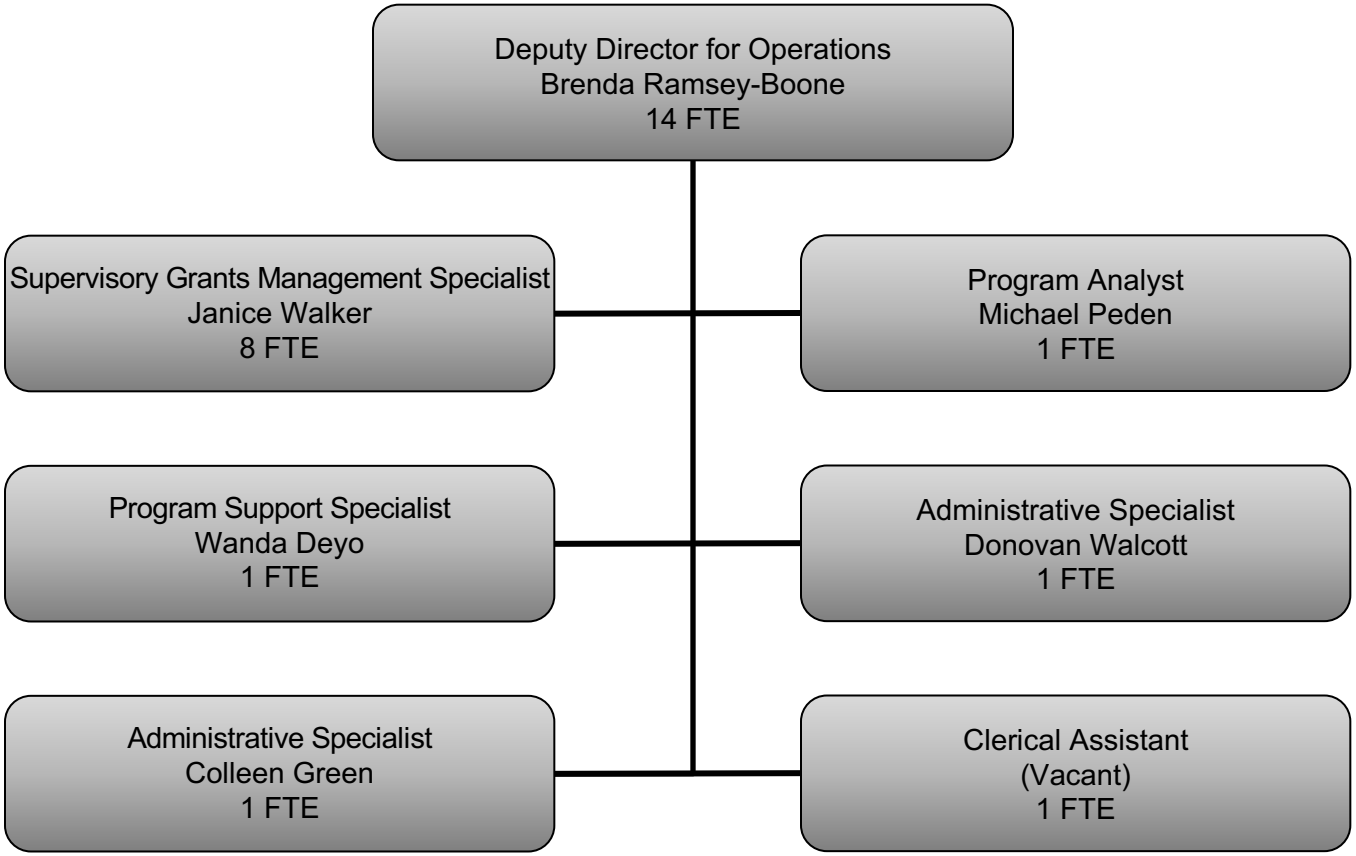


Housing, Capacity Building, and Community Outreach Division
Capacity Building Branch



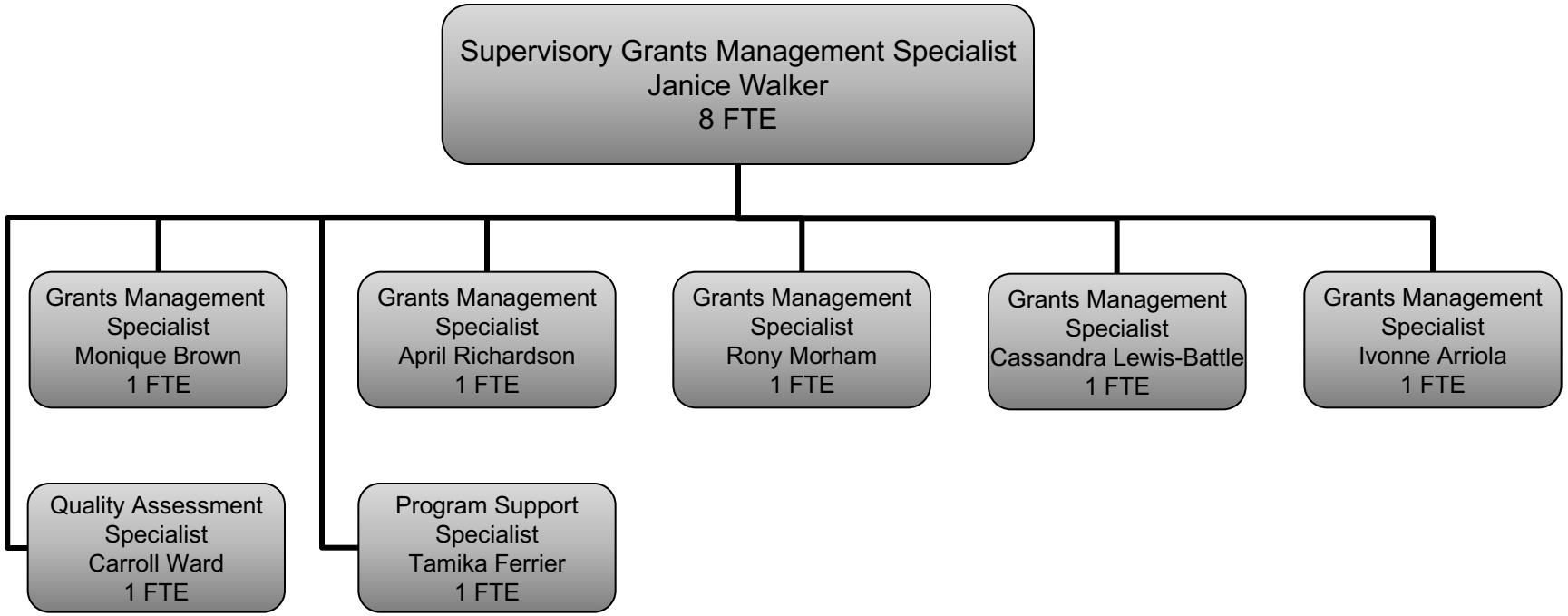
Financial Management and Administrative Services Division

DC | HEALTH



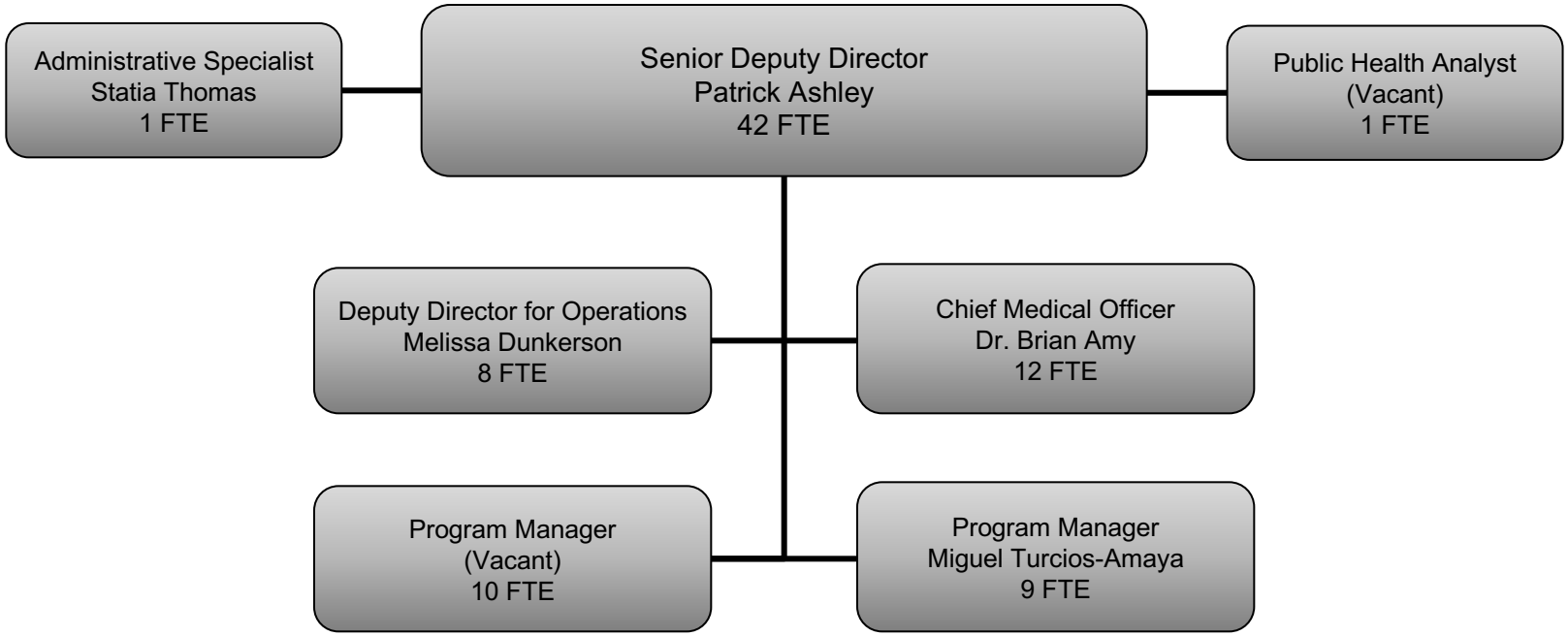
Financial Management and Administrative Services Division

DC | HEALTH

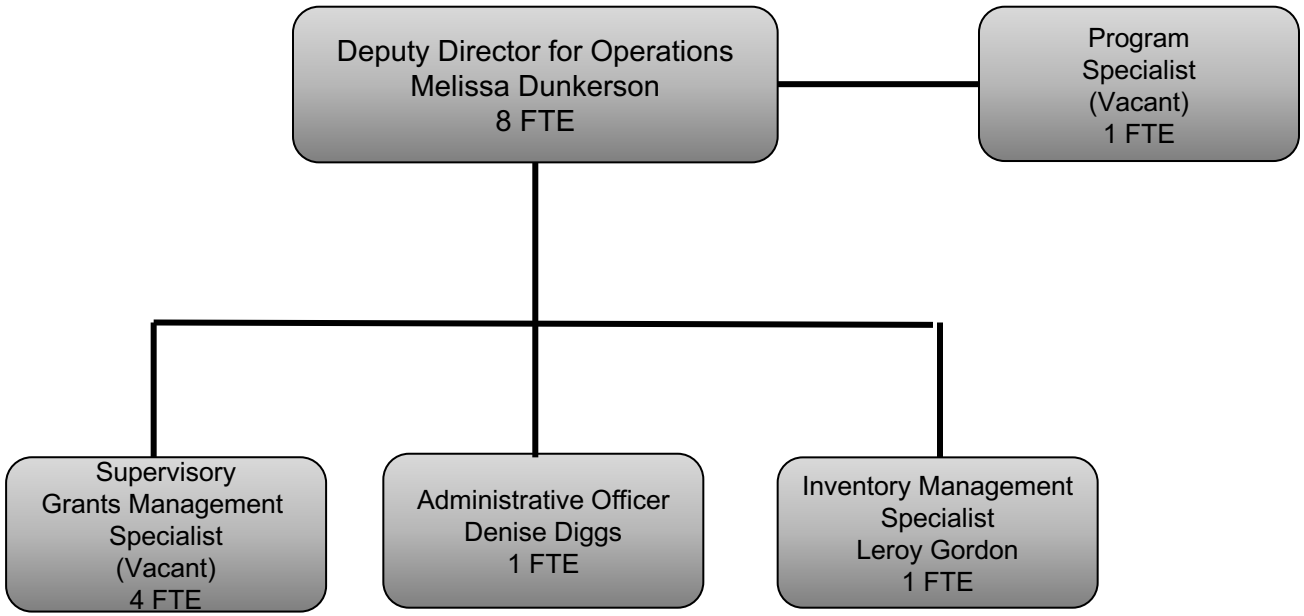


Health Emergency Preparedness and Response Administration (HEPRA)

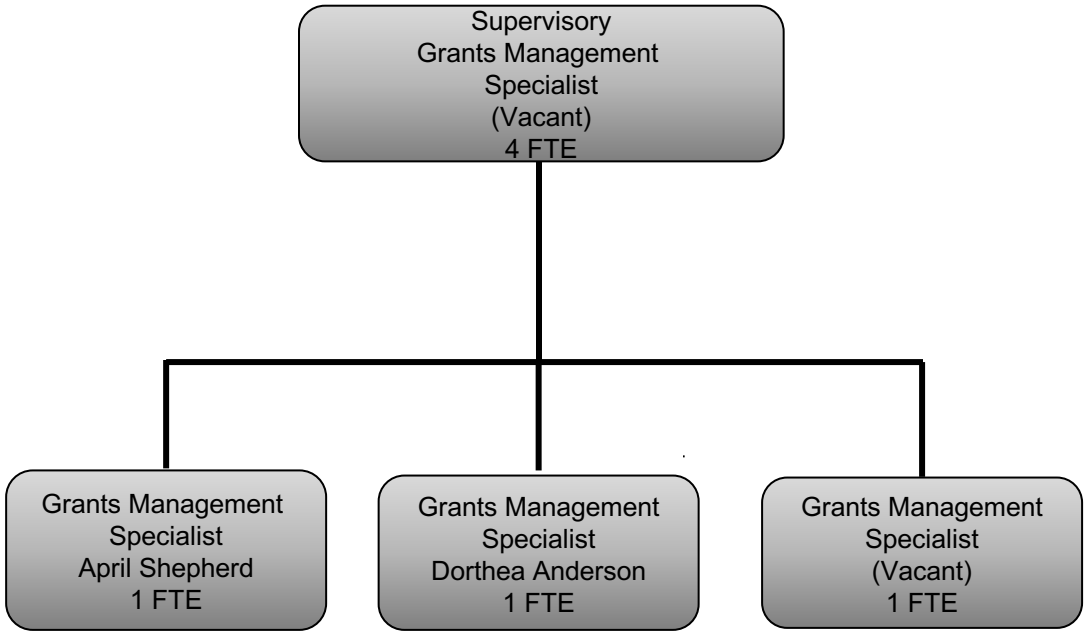
DC HEALTH



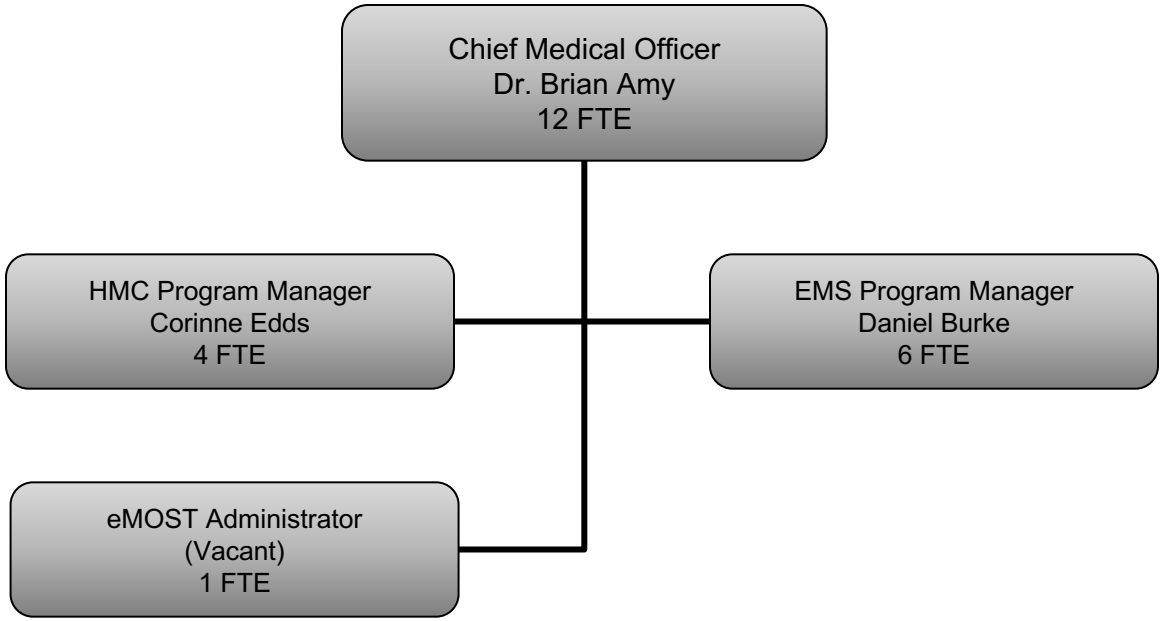
Financial Management, Administrative and Grants Division



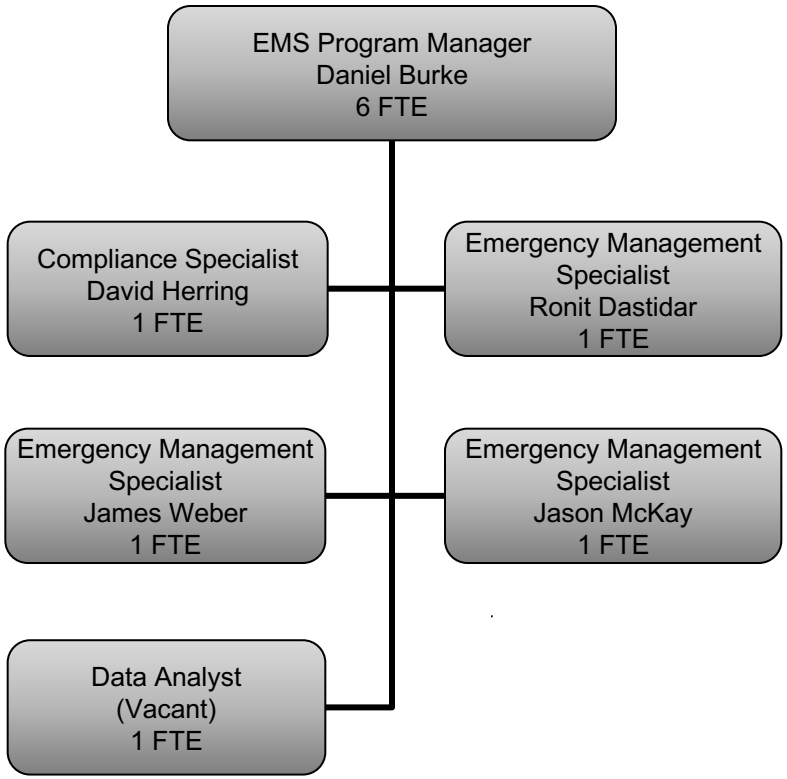
Financial Management, Administrative and Grants Division



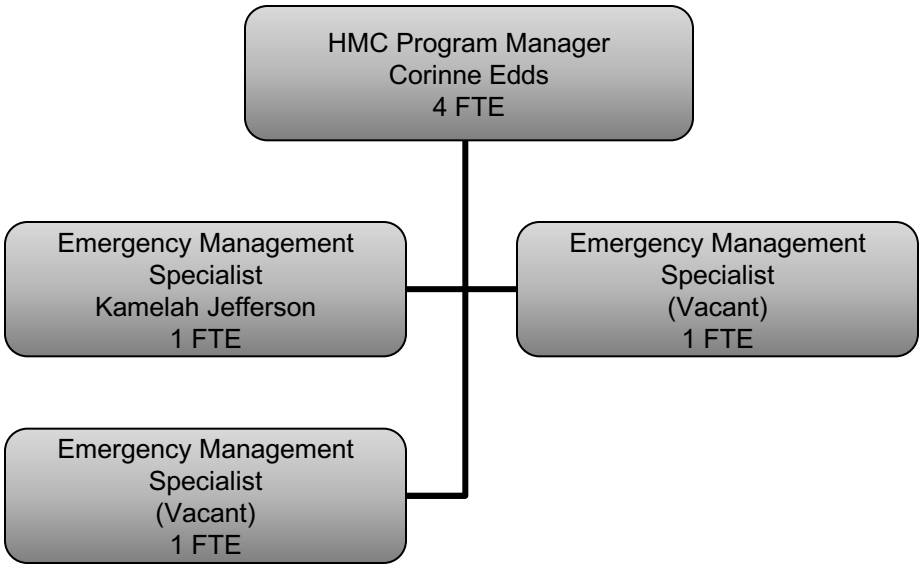
Emergency Medical Services Division



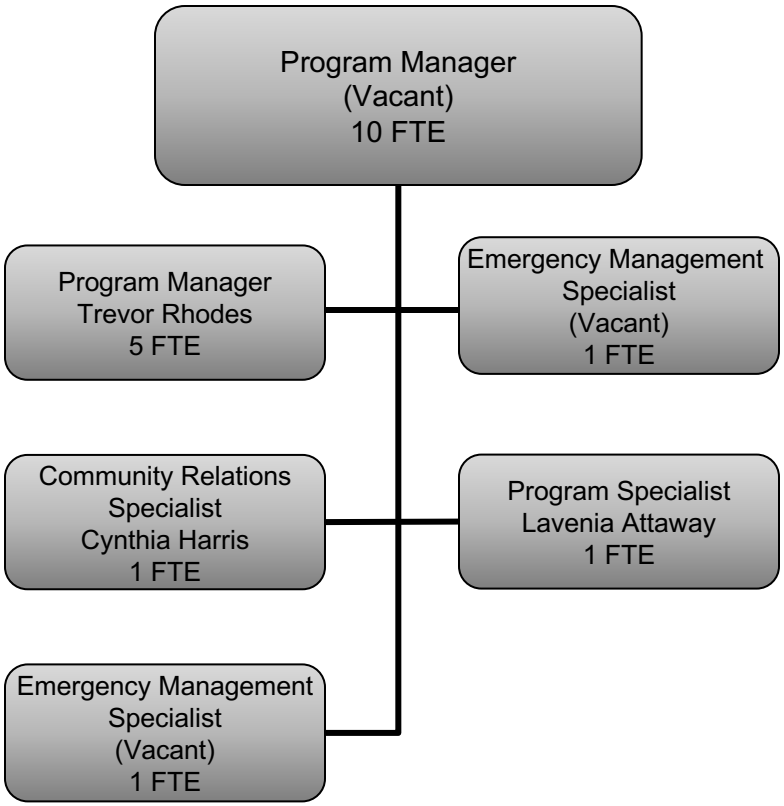
Emergency Medical Services Division



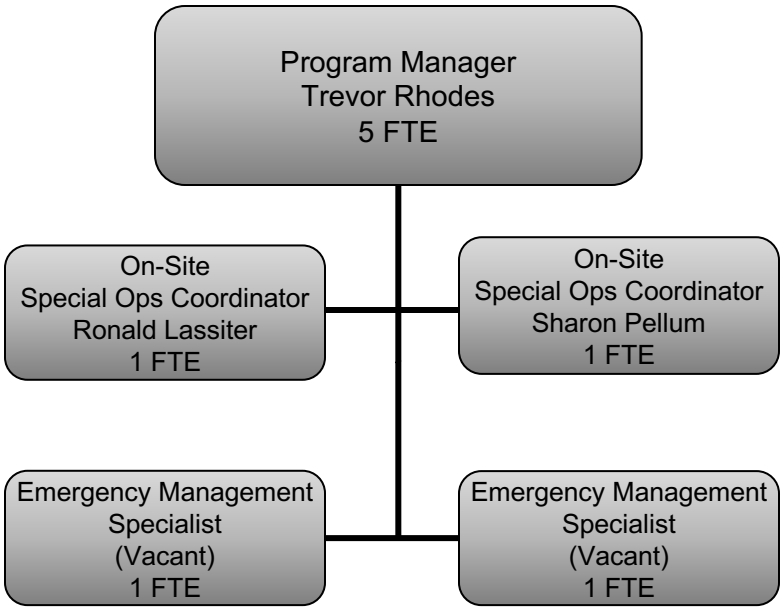
Emergency Medical Services Division
Health and Medical Coalition



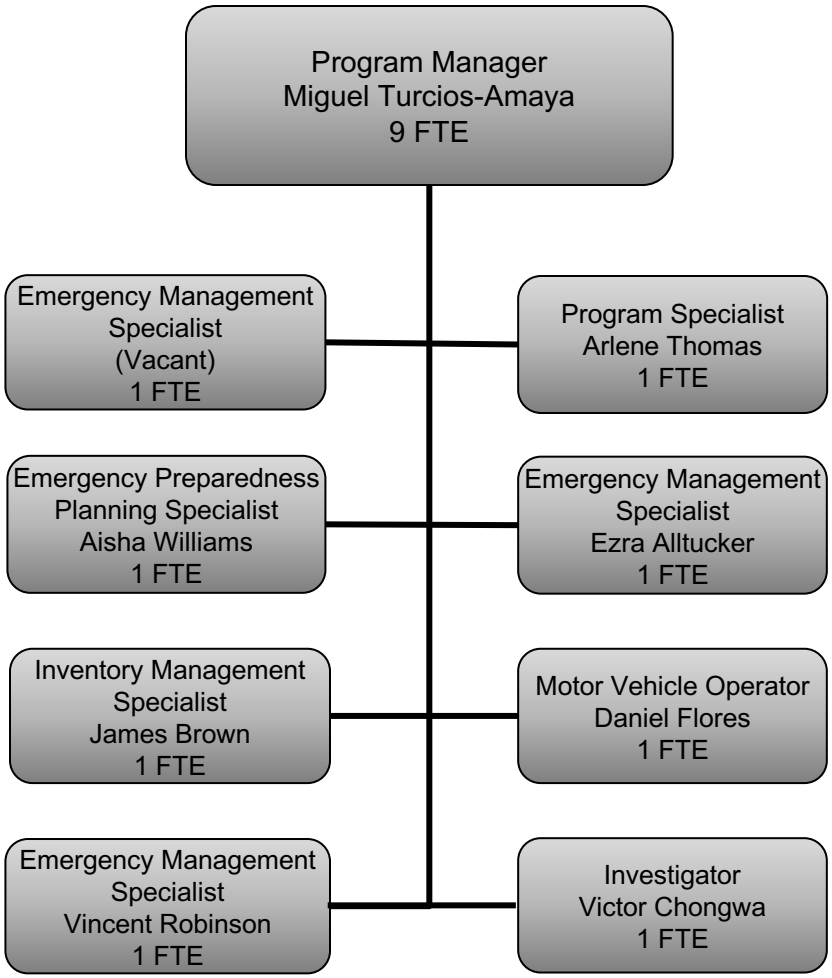
Public Health Preparedness Division



Public Health Preparedness Division

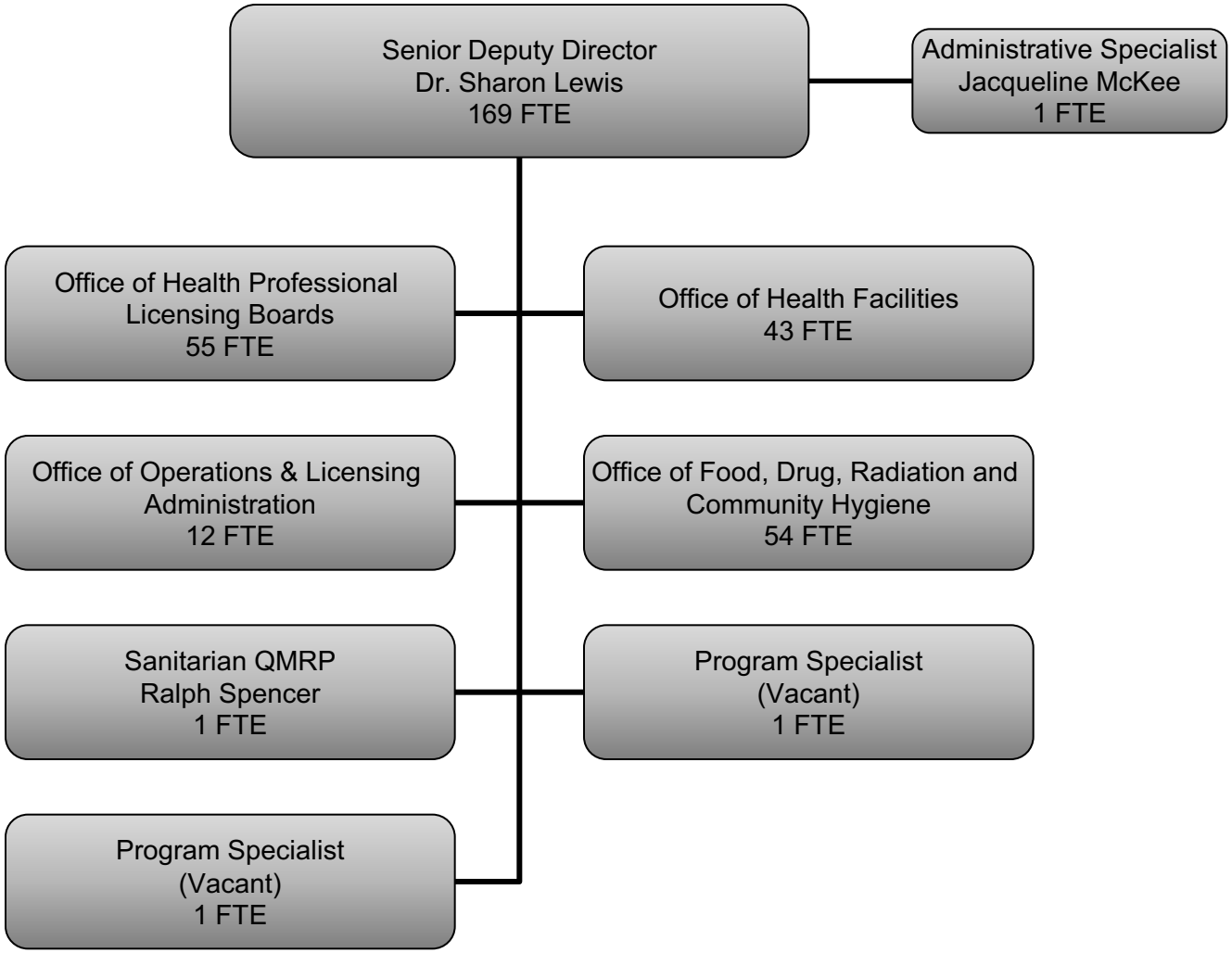


Special Operations, Logistics and Training Division

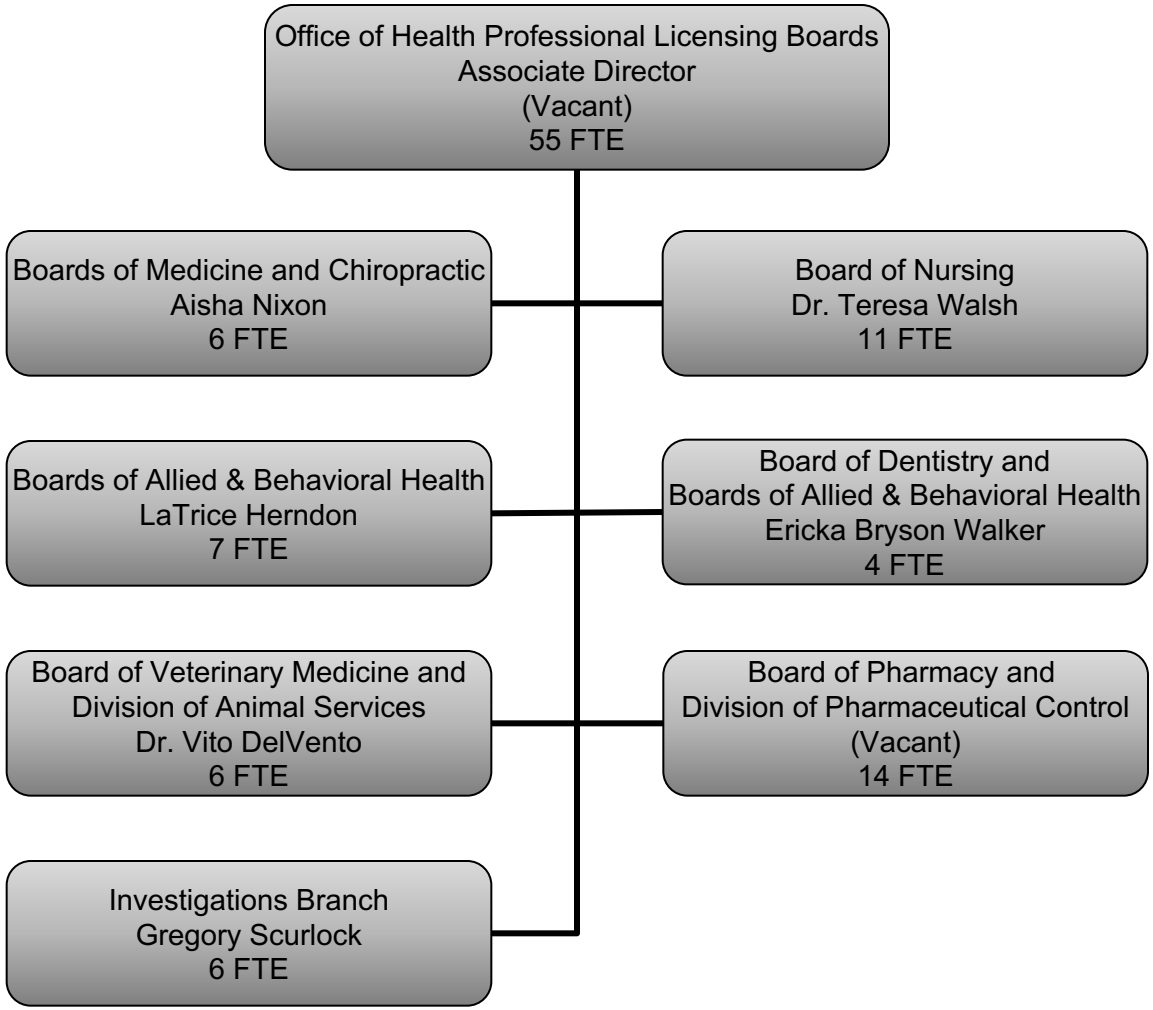


Health Regulation and Licensing Administration (HRLA)

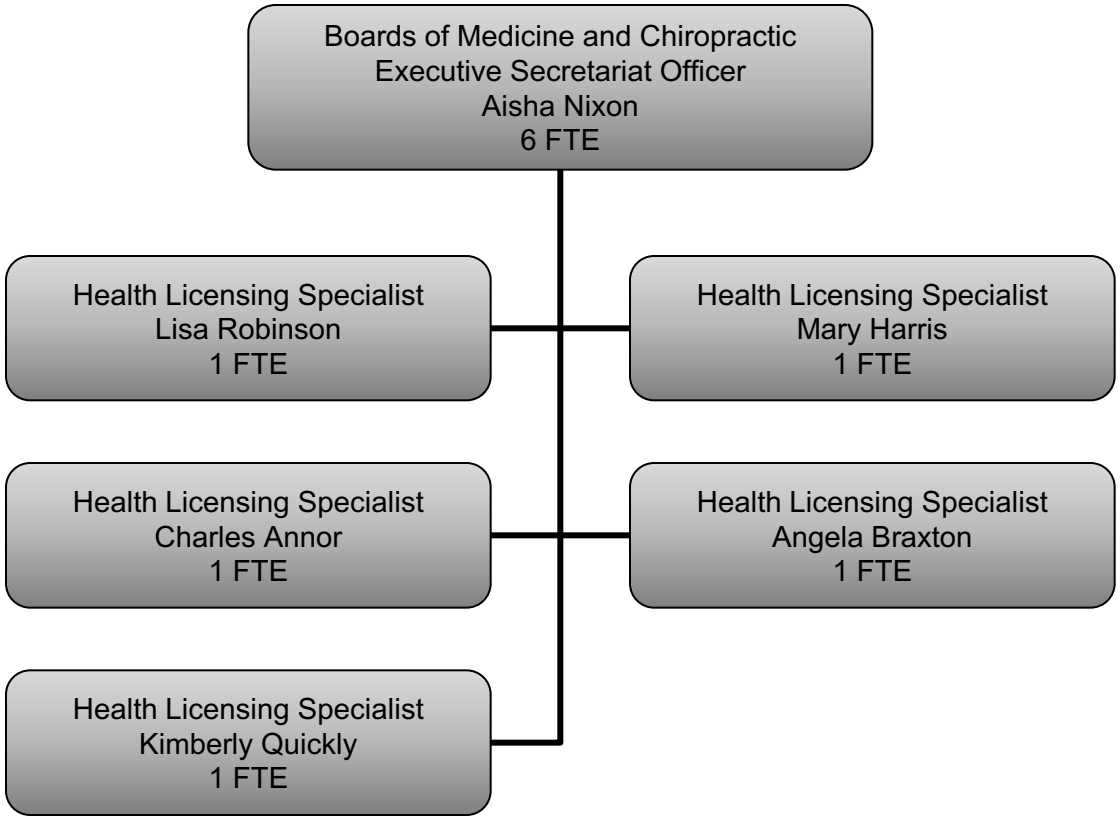
DC | HEALTH



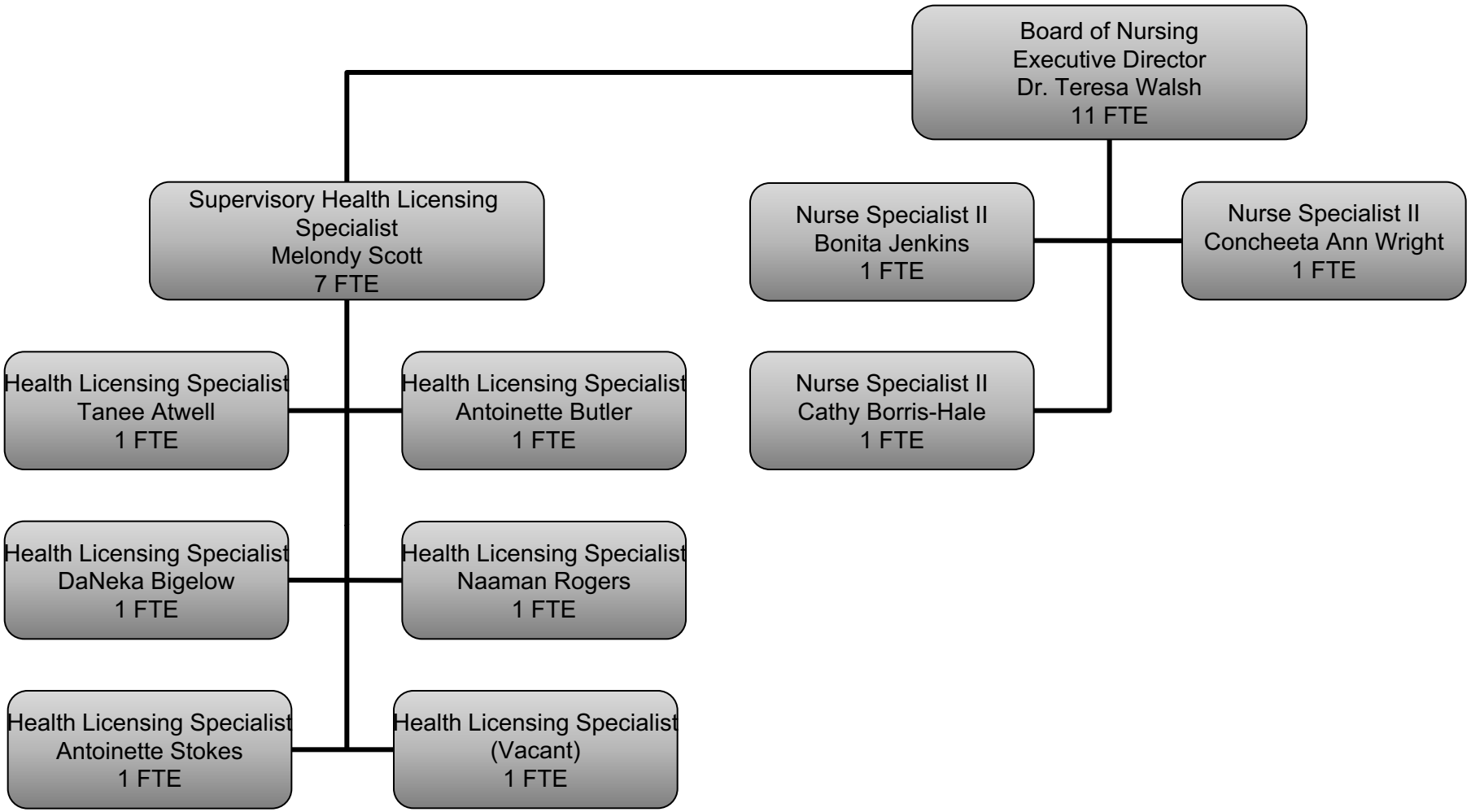
Office of Health Professional Licensing Boards



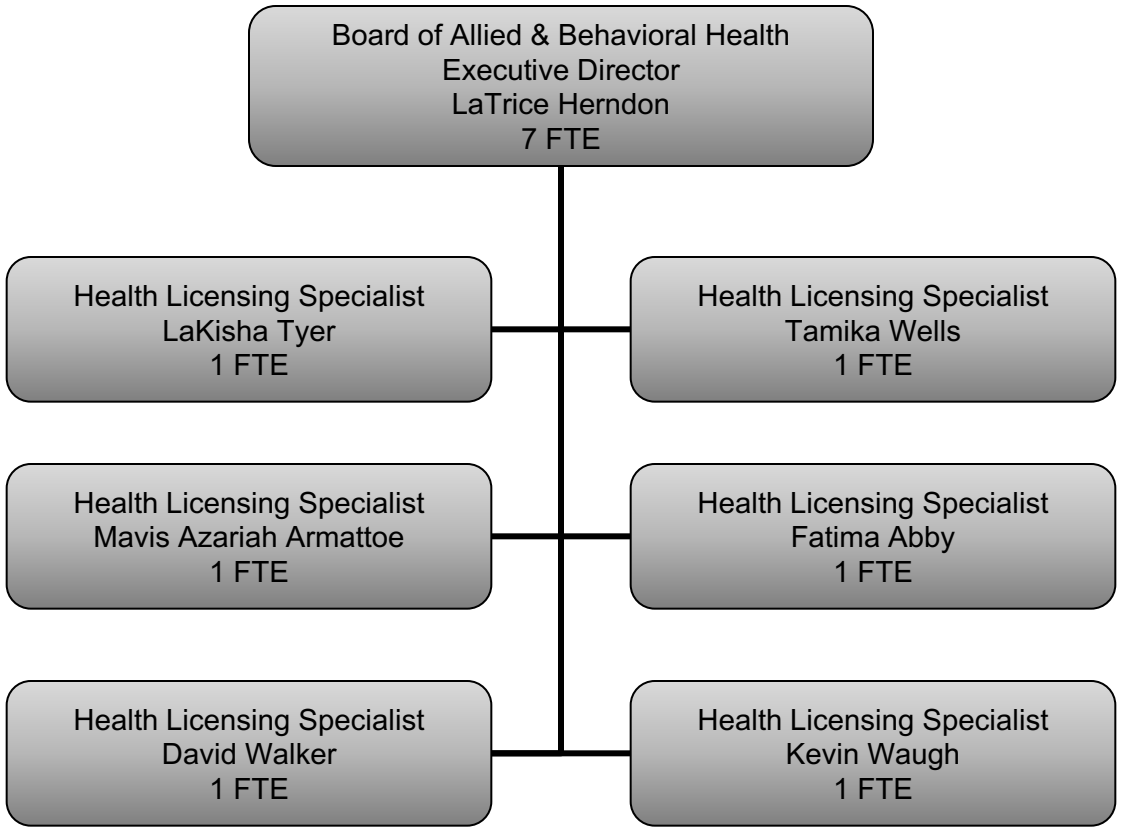
Office of Health Professional Licensing Boards
Boards of Medicine and Chiropractic



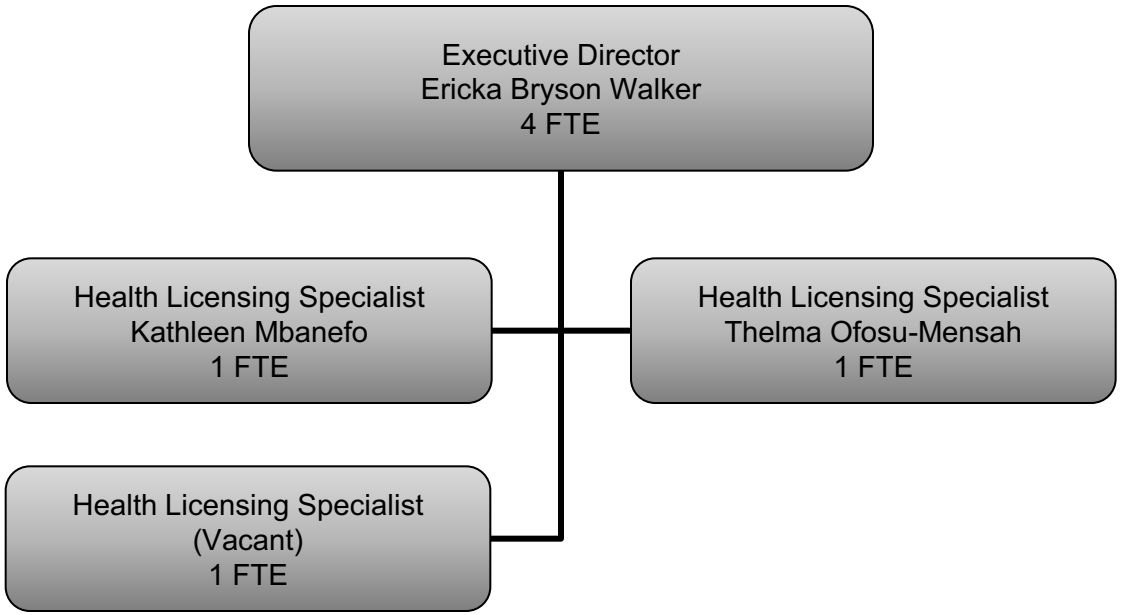
Office of Health Professional Licensing Boards
Board of Nursing



Office of Health Professional Licensing Boards
Boards of Allied & Behavioral Health

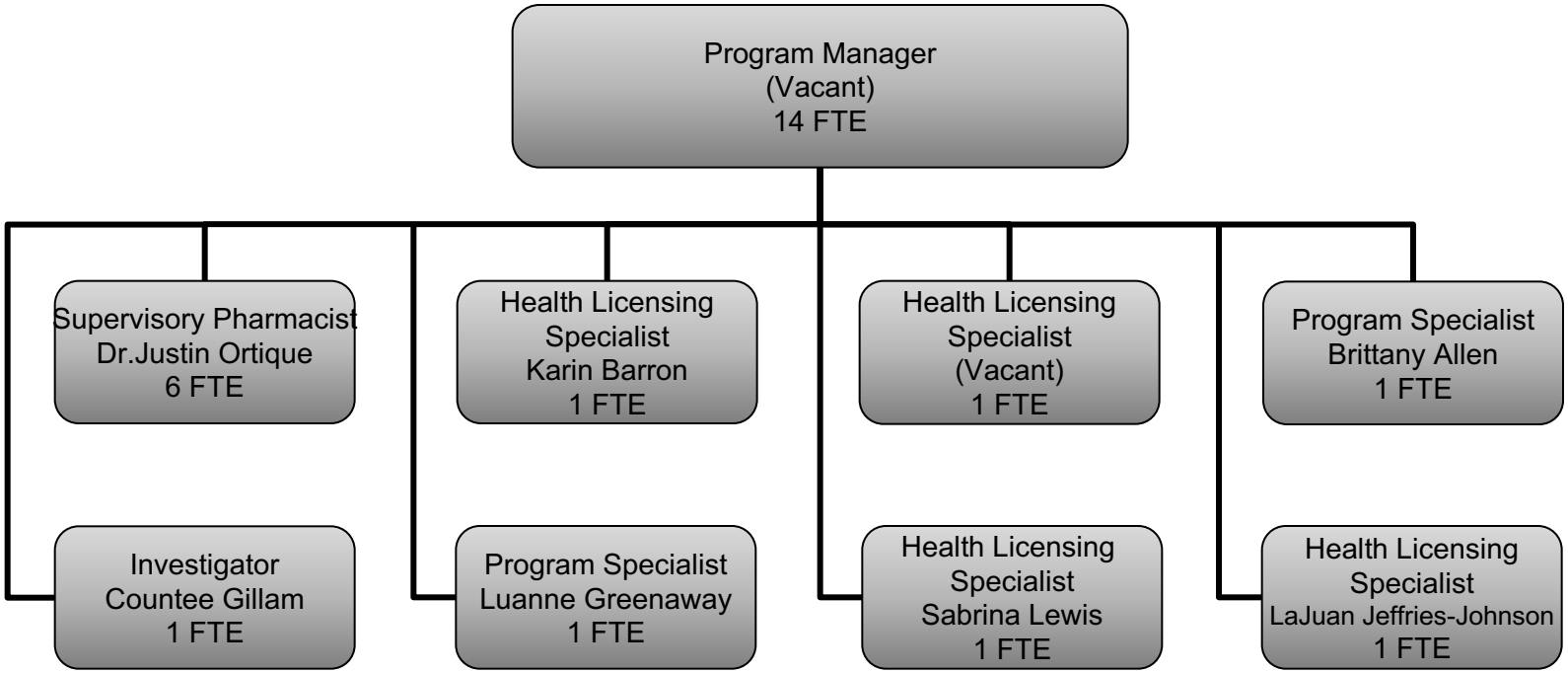


Office of Health Professional Licensing Boards
Board of Dentistry and Boards of Allied & Behavioral Health

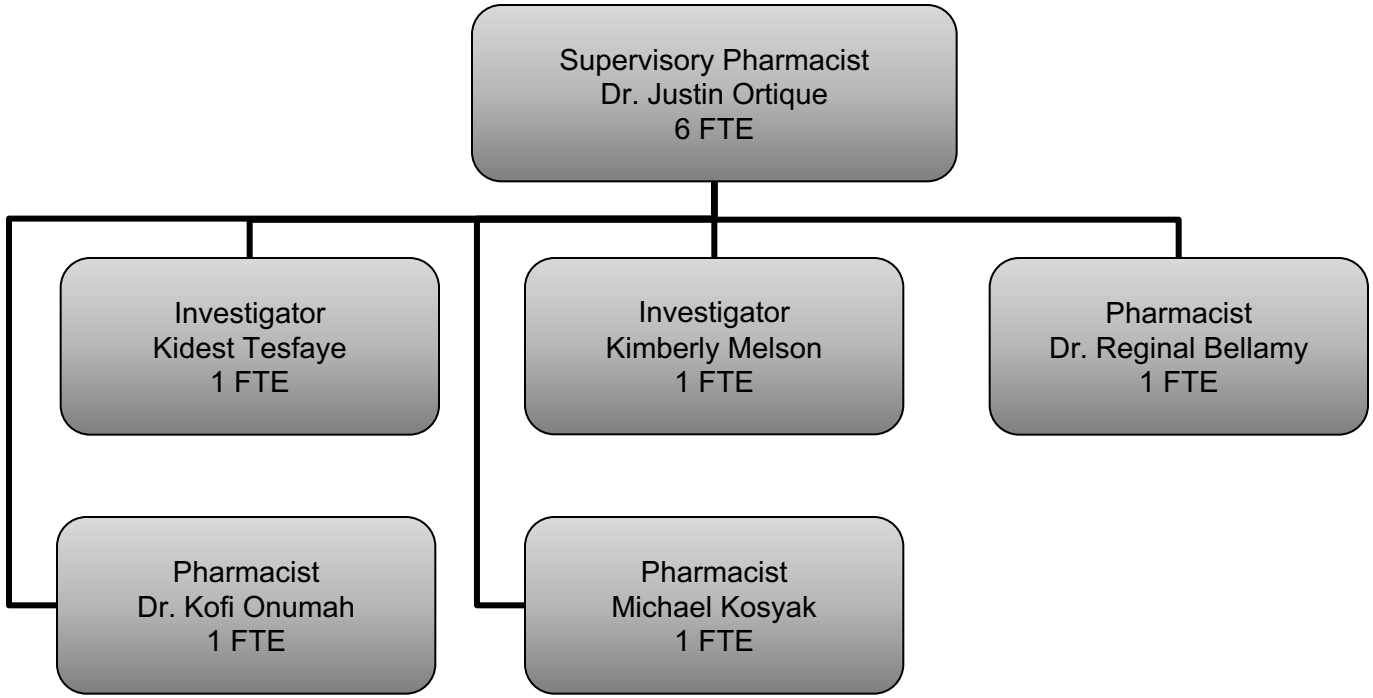


Office of Health Professional Licensing
Division of Pharmaceutical Control /
Board of Pharmacy

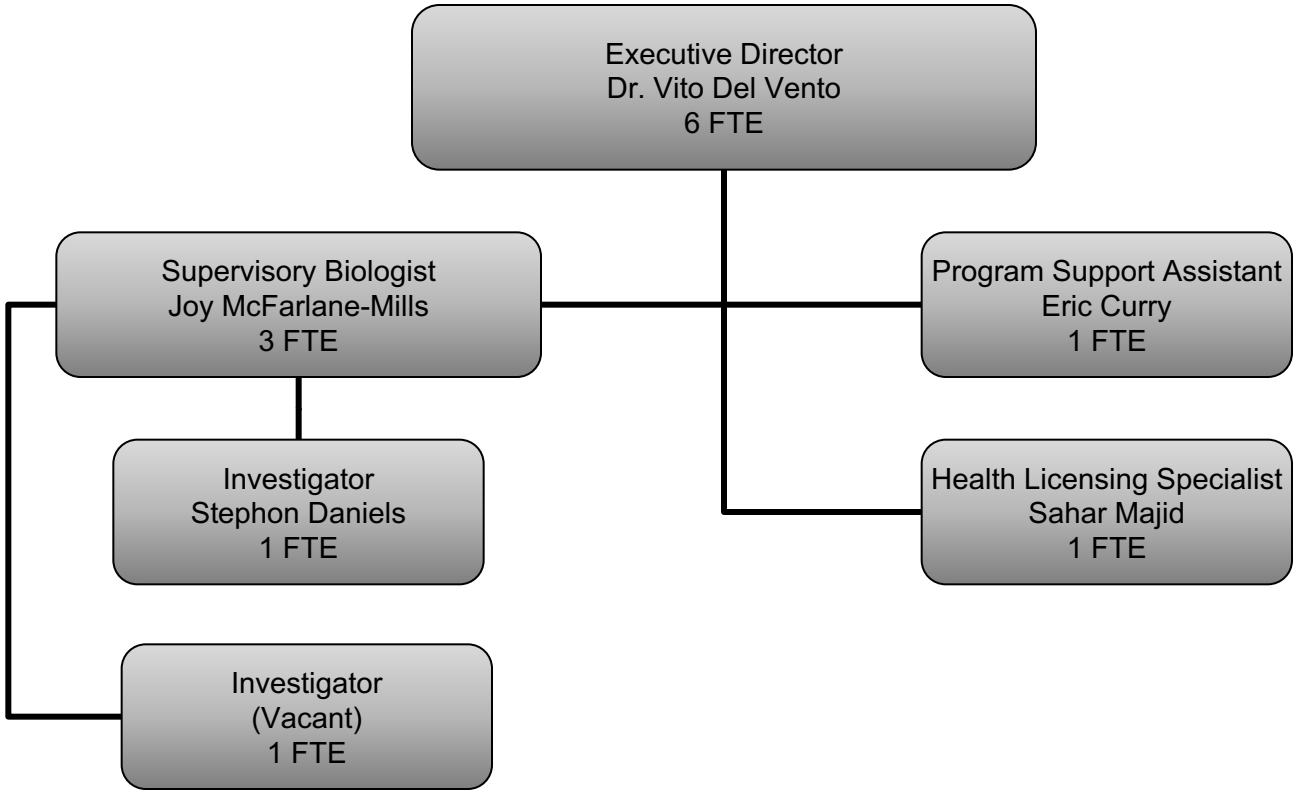
DC | HEALTH



Office of Health Professional Licensing
Division of Pharmaceutical Control /
Board of Pharmacy

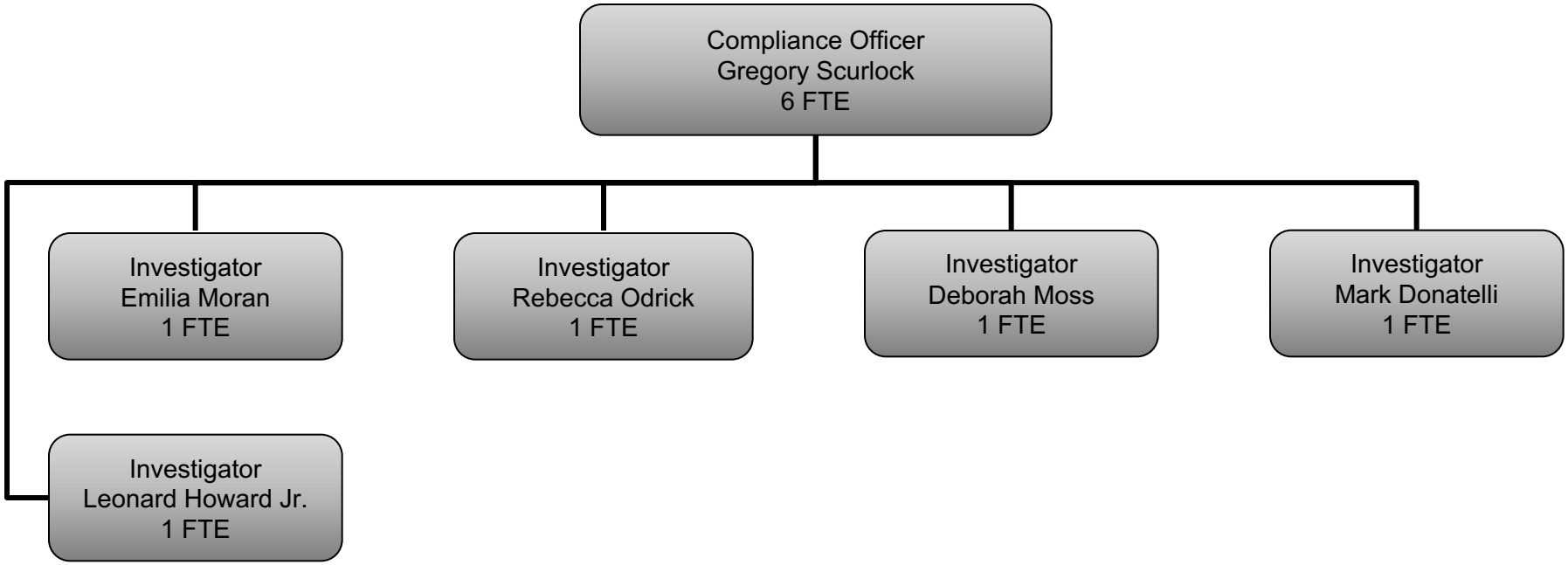


Office of Health Professional Licensing
Division of Animal Services/
Board of Veterinary Medicine

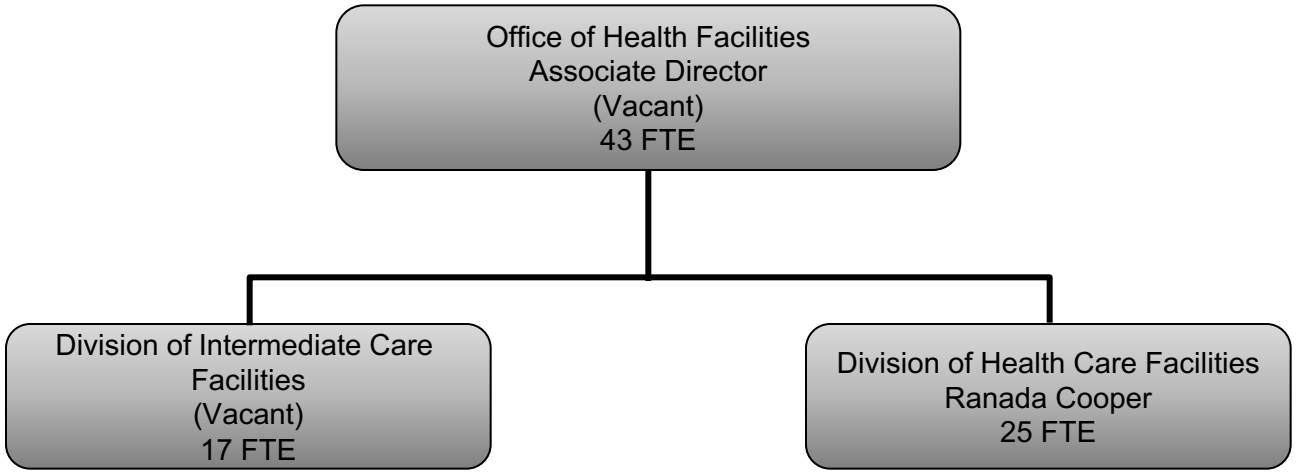


Office of Health Professional Licensure
Investigations Branch

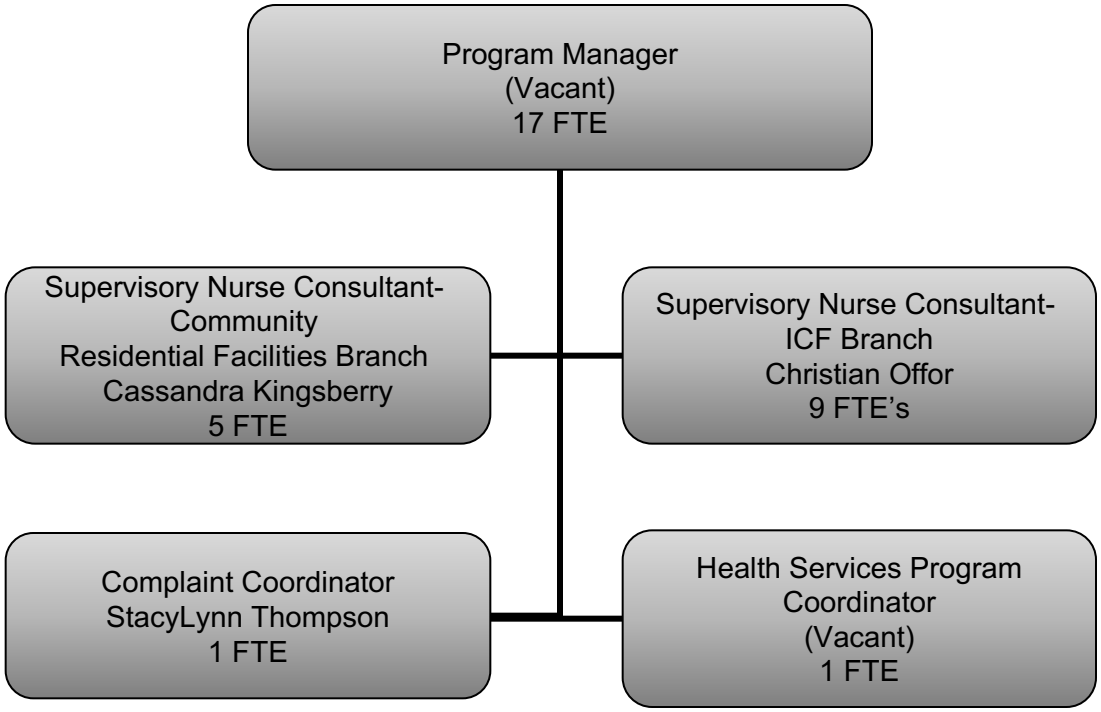
DC | HEALTH



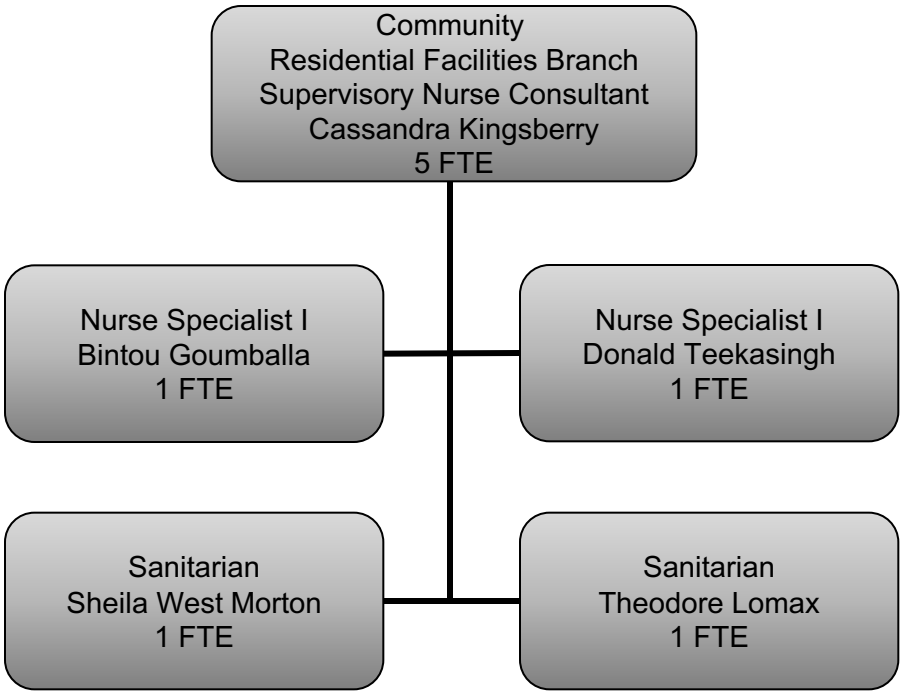
Office of Health Facilities



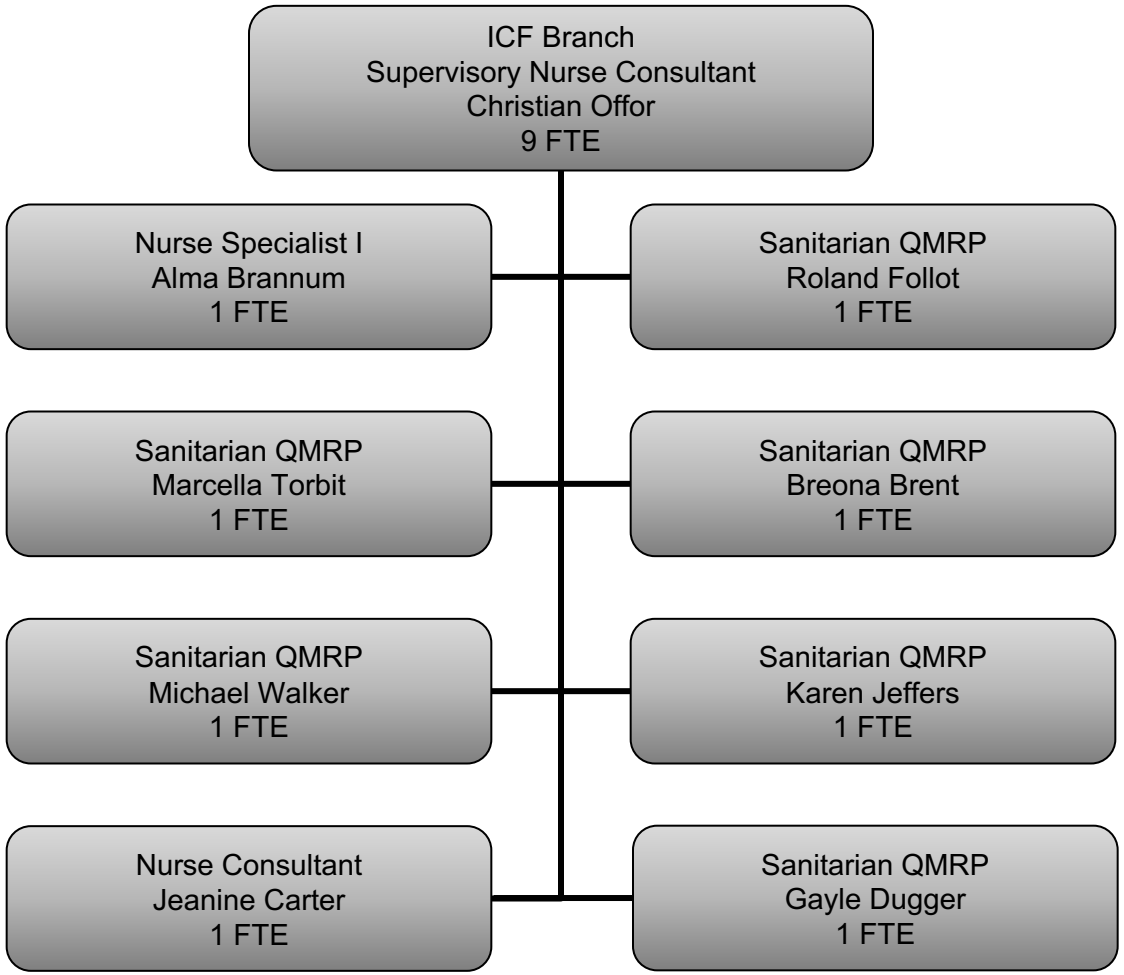
Office of Health Facilities
Division of Intermediate Care Facilities



Office of Health Facilities
Division of Intermediate Care Facilities
Community Residential Facilities Branch

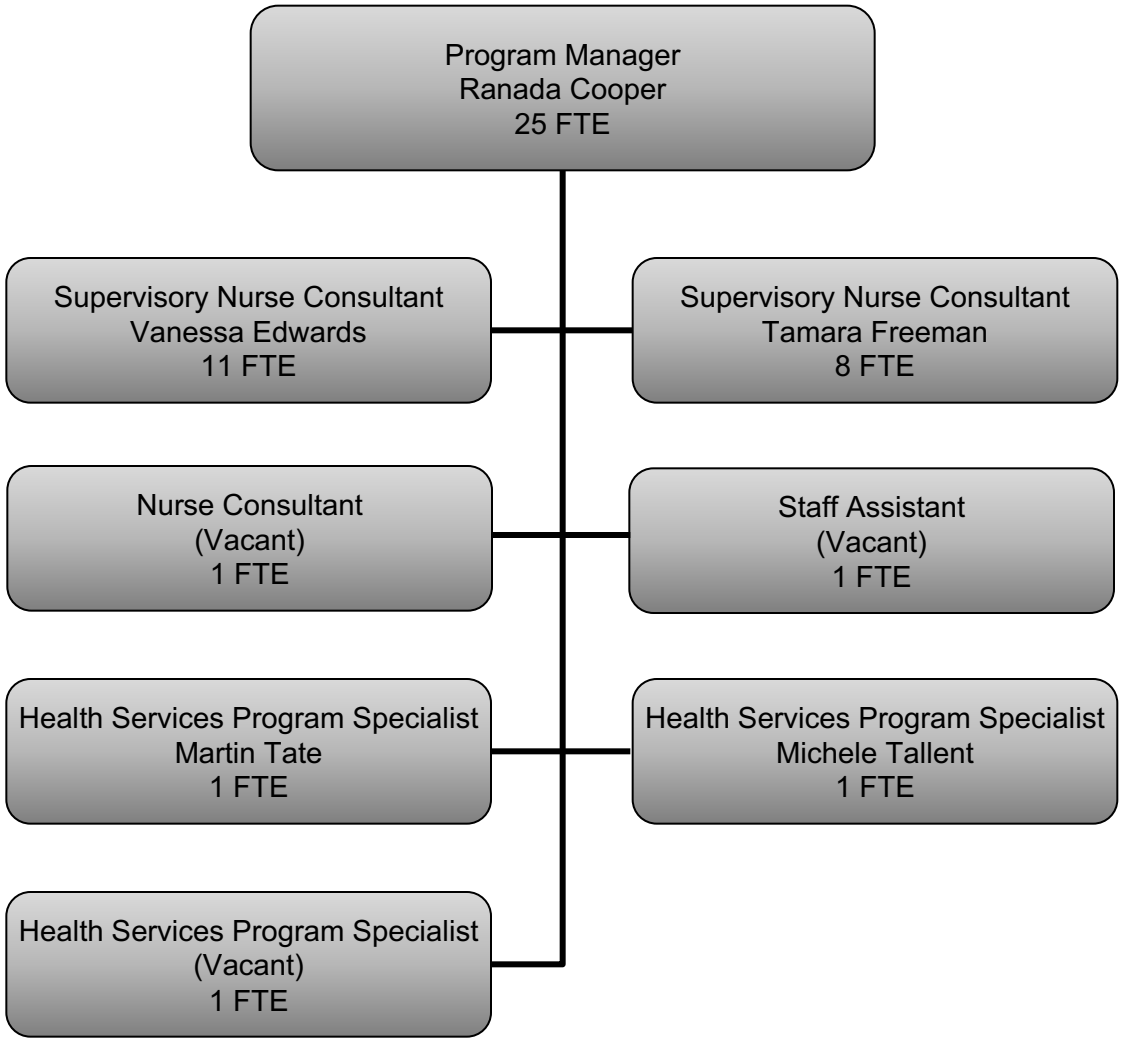


Office of Health Facilities
Division of Intermediate Care Facilities
ICF Branch



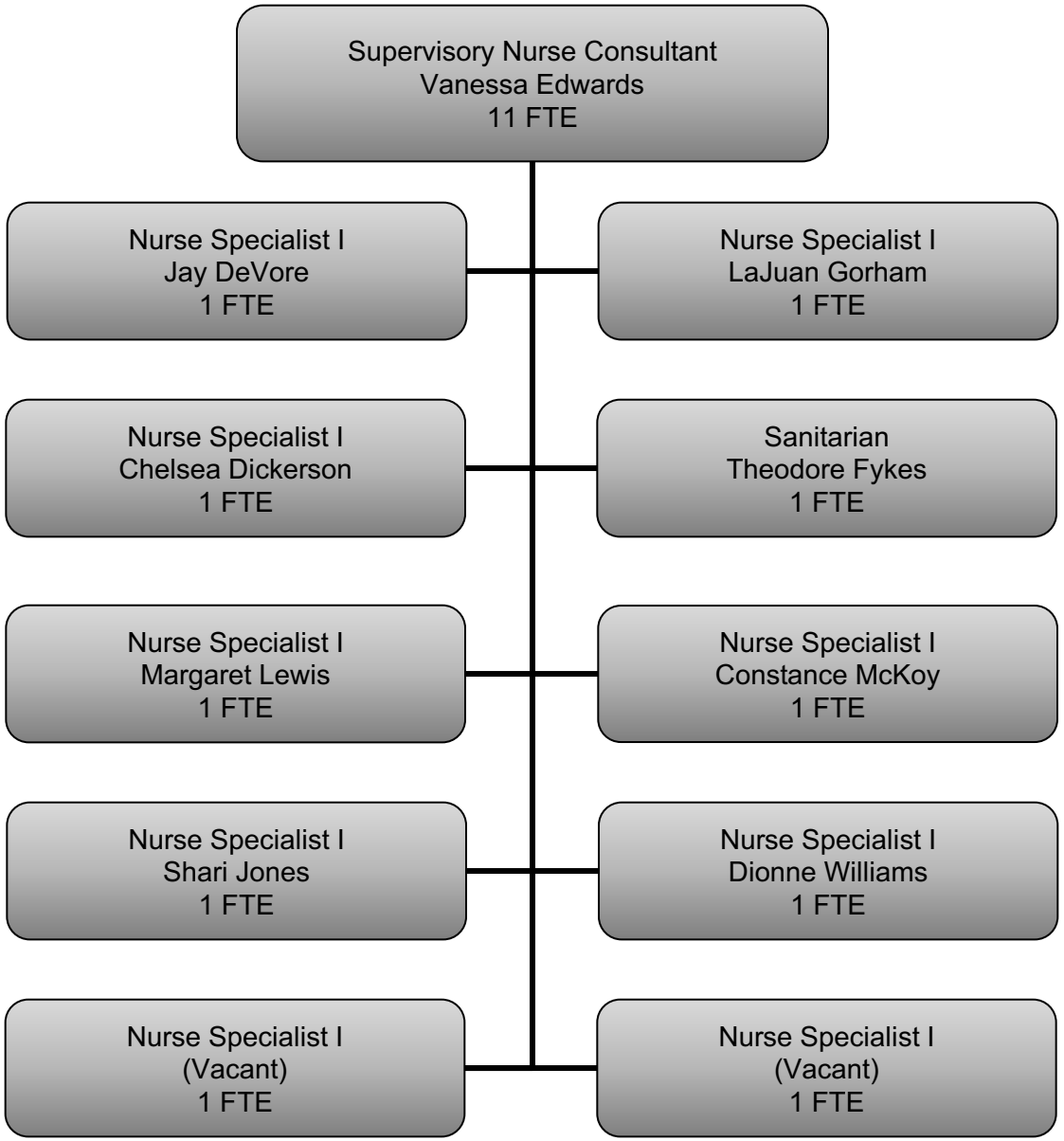
Office of Health Facilities
Division of Health Care Facilities

DC | HEALTH



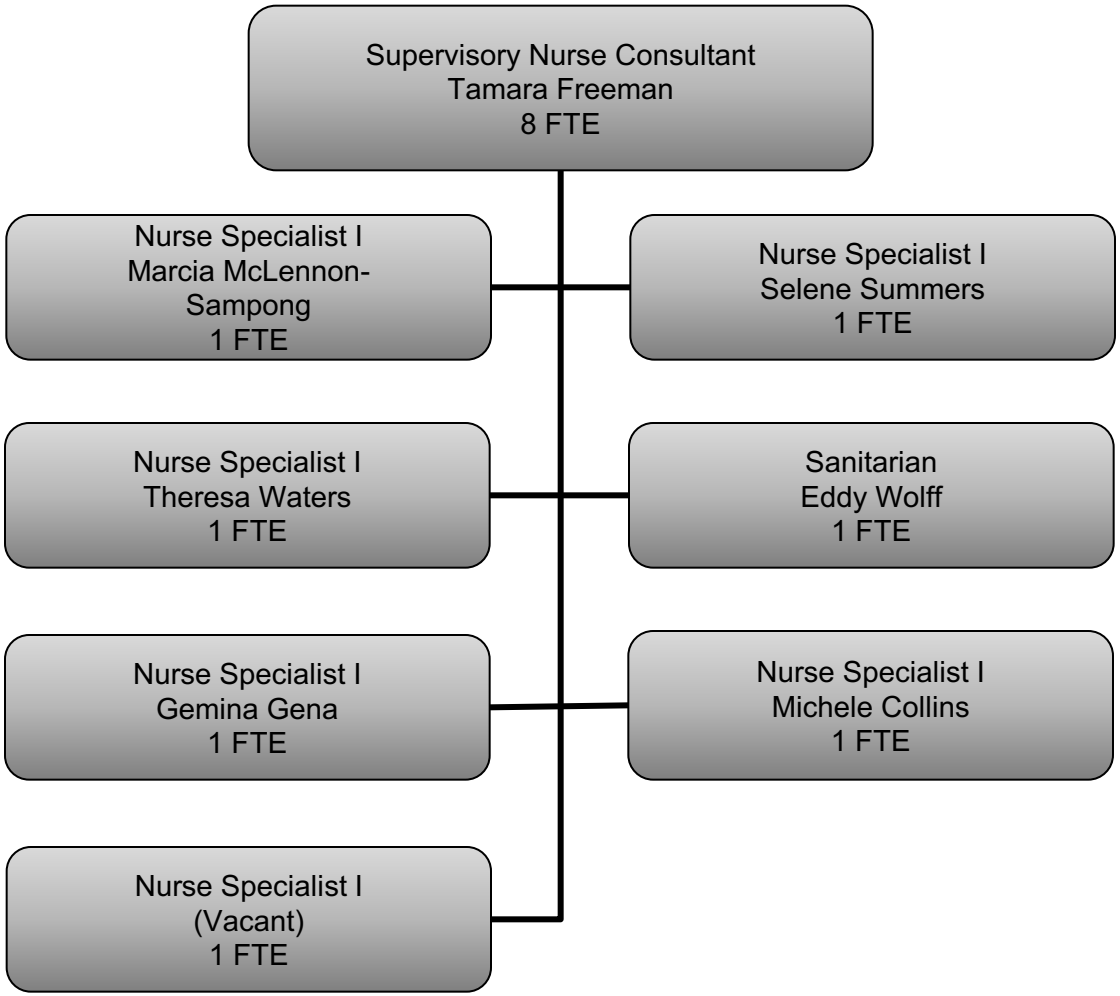
Office of Health Facilities
Division of Health Care Facilities

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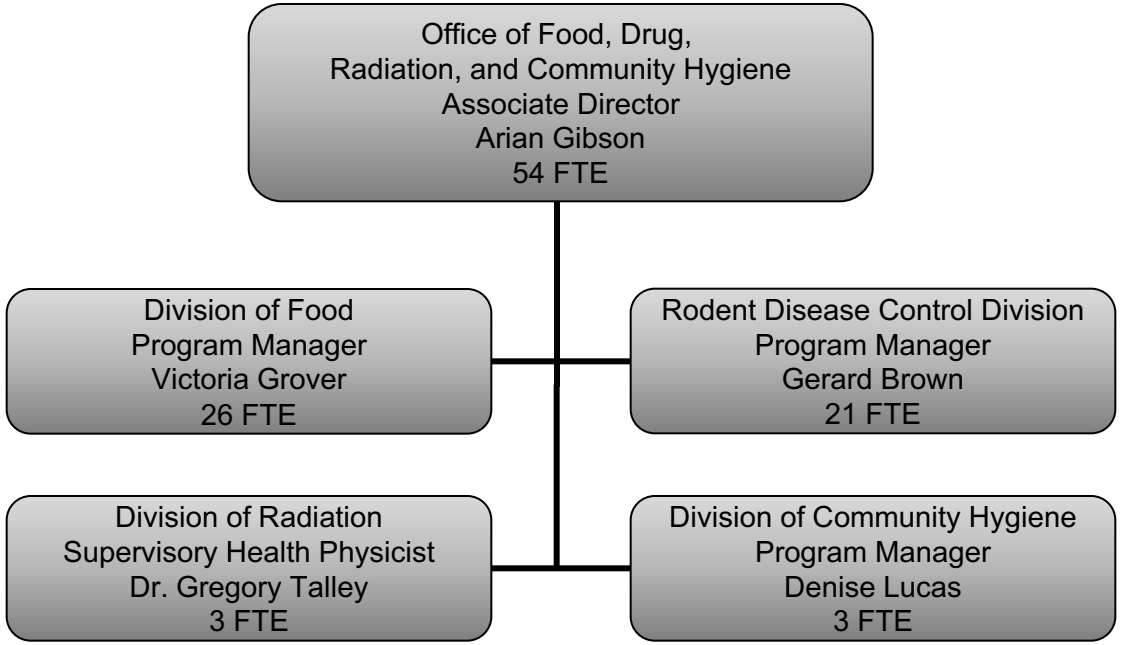


Office of Health Facilities
Division of Health Care Facilities

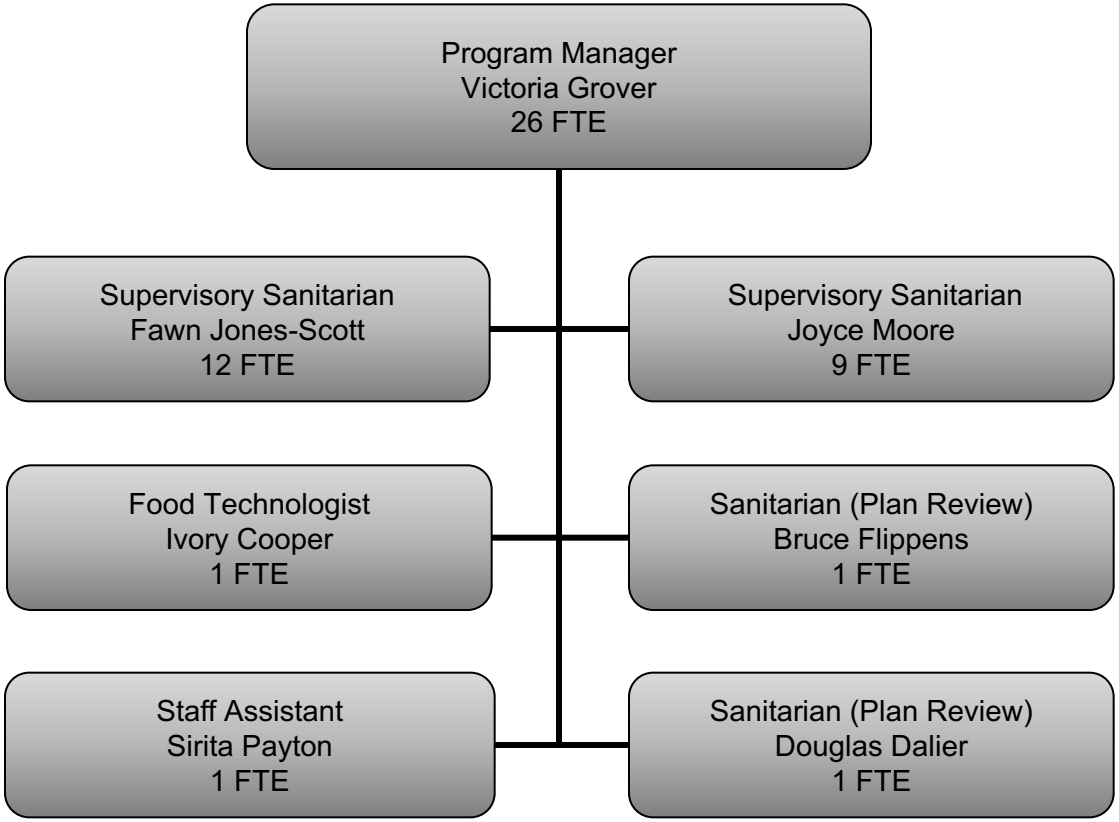
DC | HEALTH



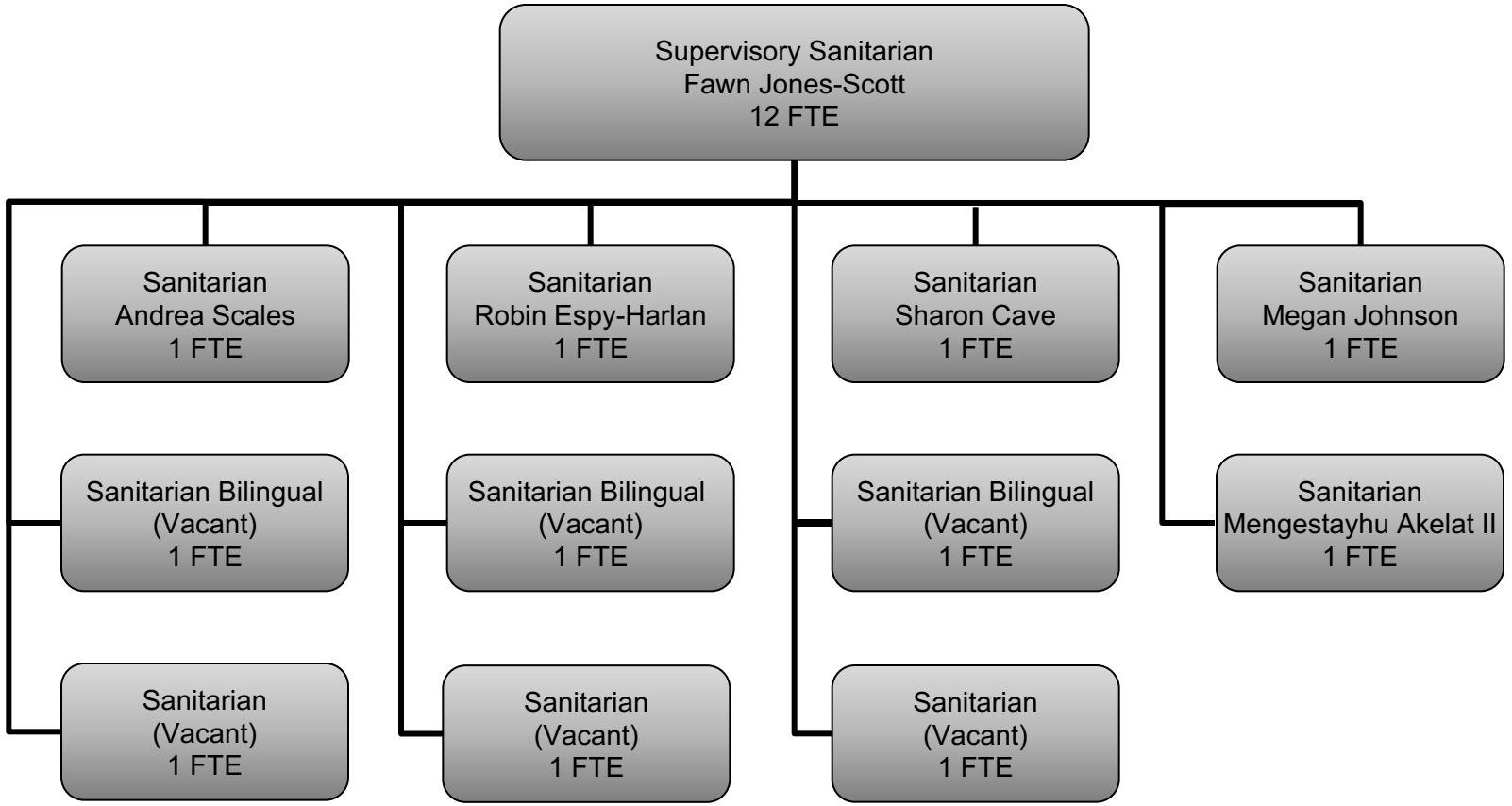
Office of Food, Drug, Radiation, and Community Hygiene



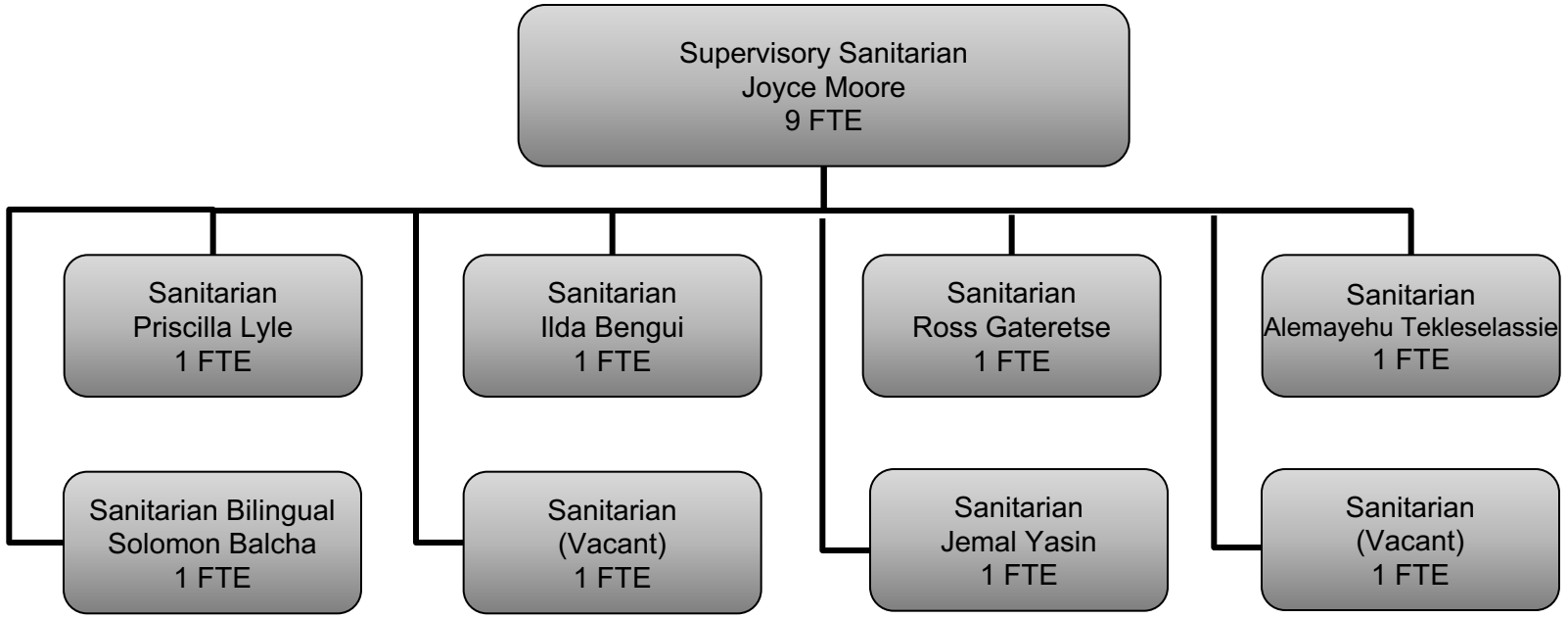
Office of Food, Drug, Radiation and Community Hygiene Division of Food



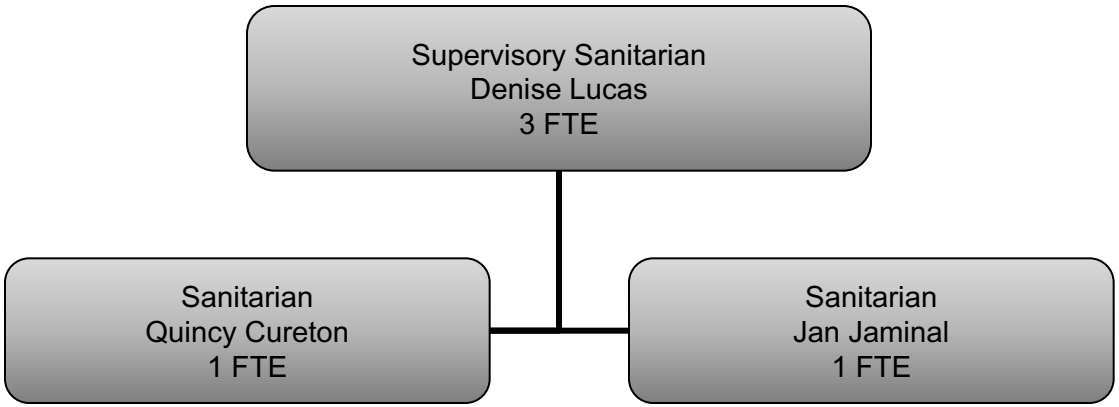
Office of Food, Drug, Radiation and Community Hygiene
Division of Food



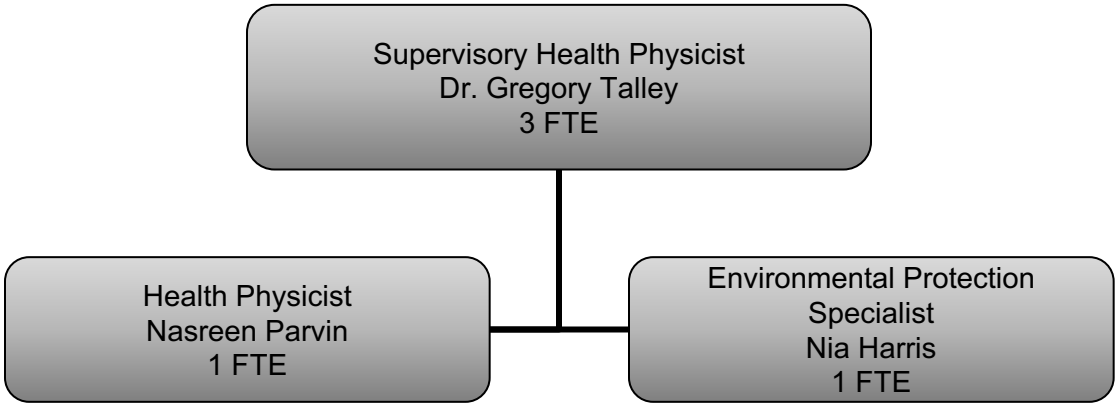
Office of Food, Drug, Radiation and Community Hygiene
Division of Food



Office of Food, Drug, Radiation, and Community Hygiene
Division of Community Hygiene

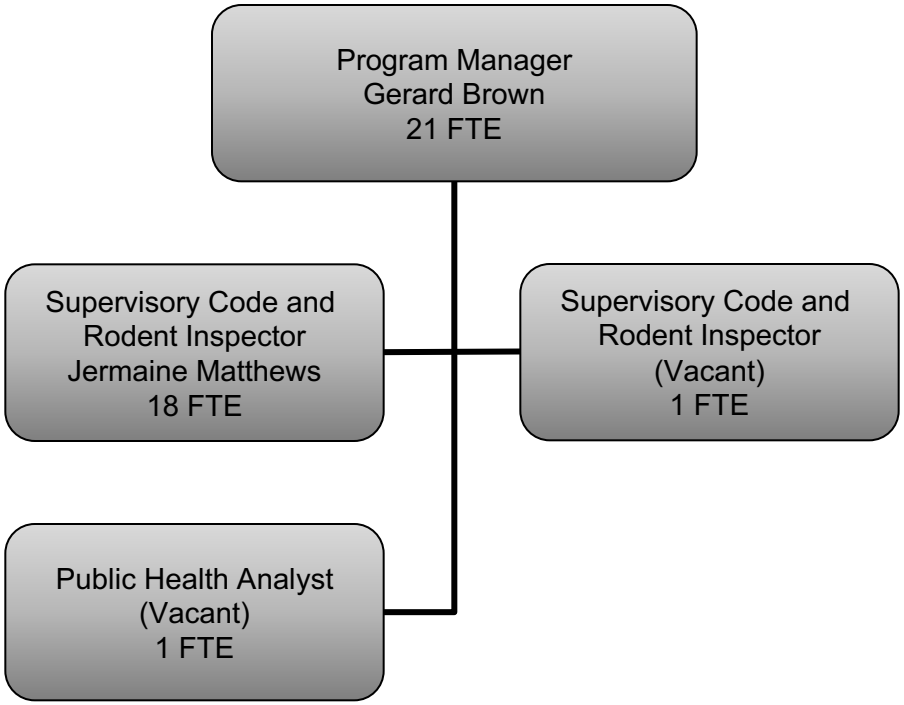


Office of Food, Drug, Radiation, and Community Hygiene
Division of Radiation



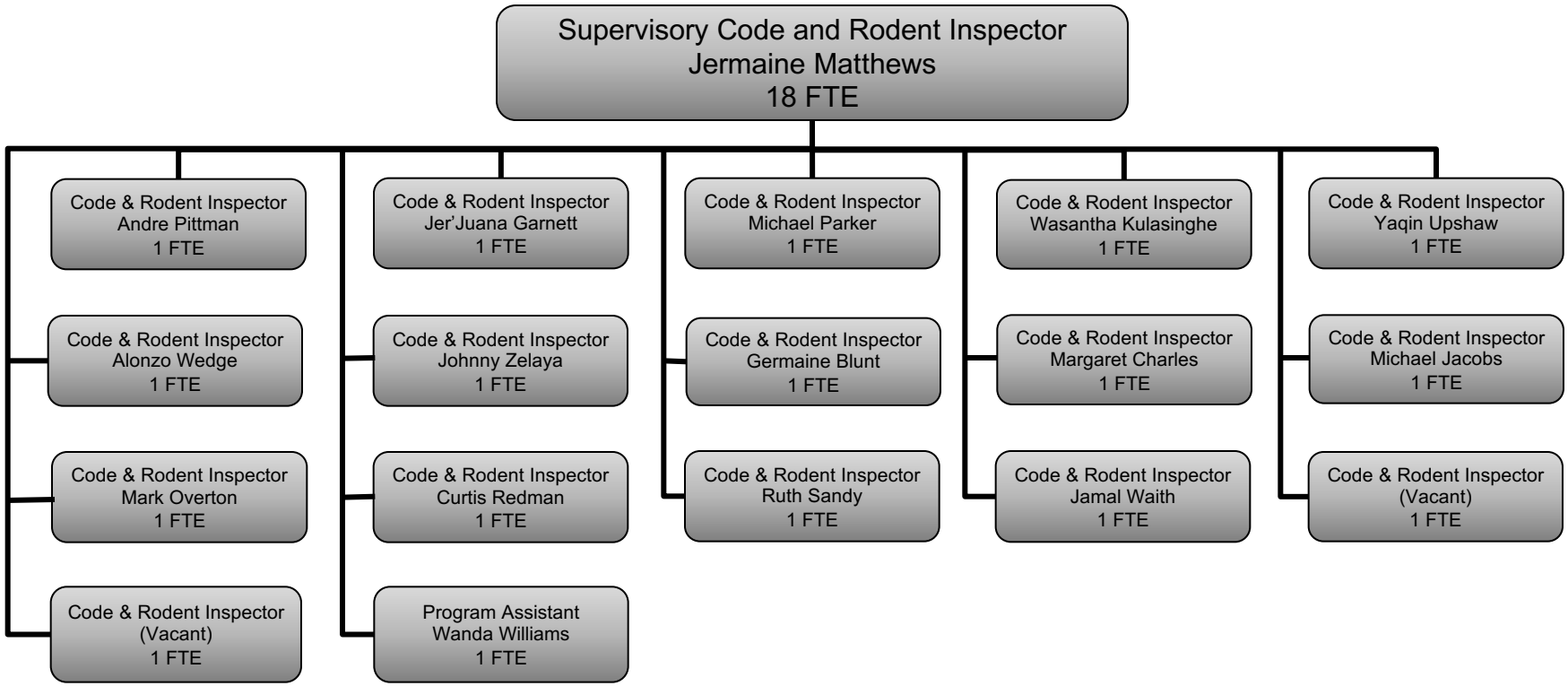
Office of Food, Drug, Radiation, and Community Hygiene
Rodent Disease Control Division

DC | HEALTH

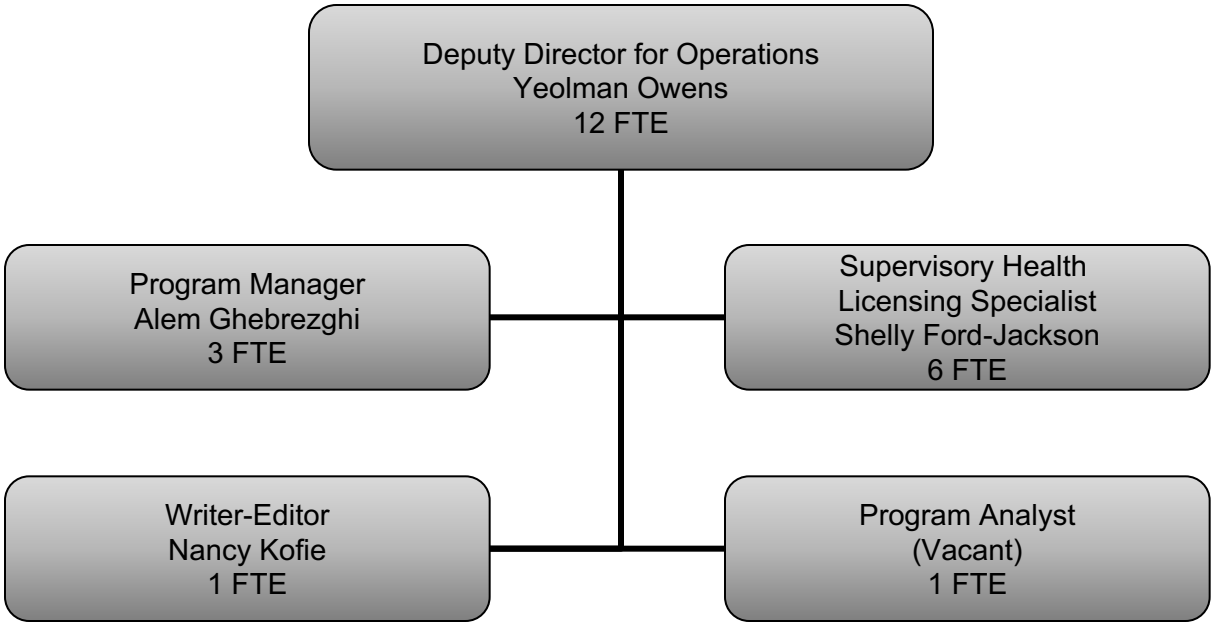


Office of Food, Drug, Radiation, and Community Hygiene
Division of Rodent and Vector Control

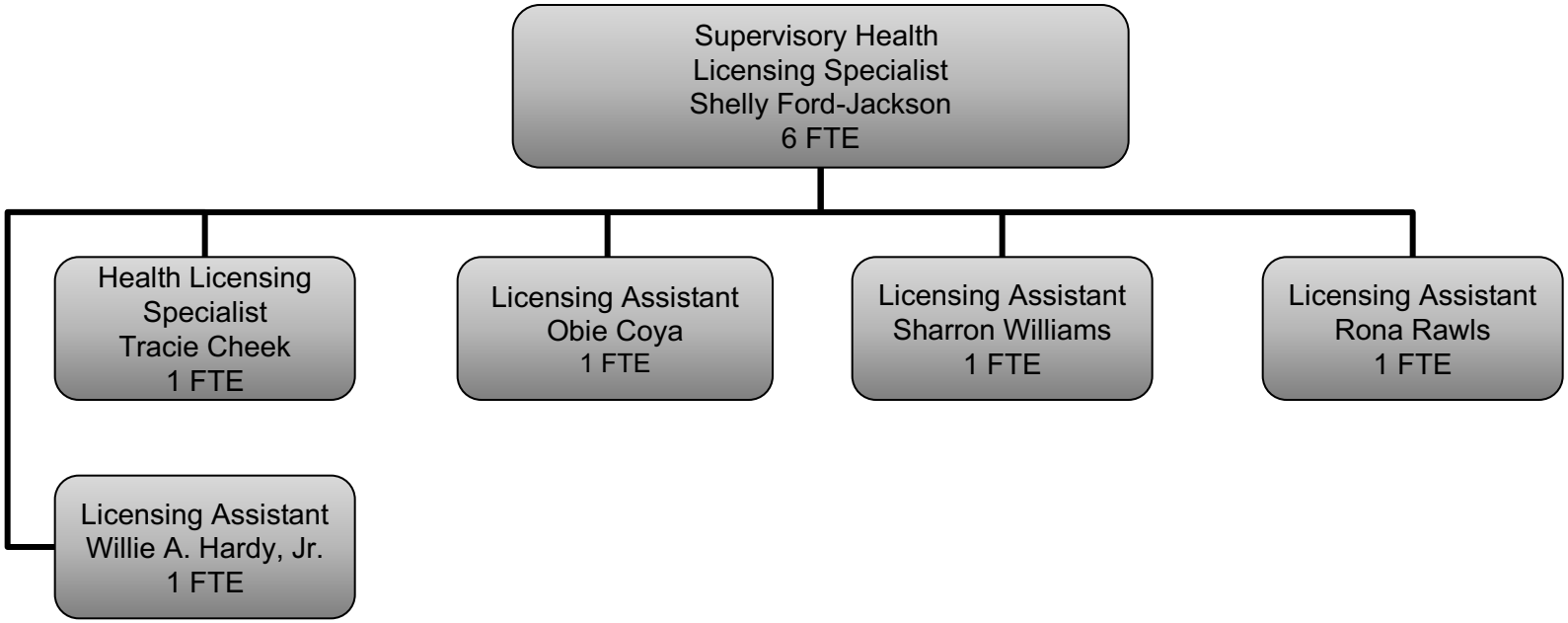
DC | HEALTH



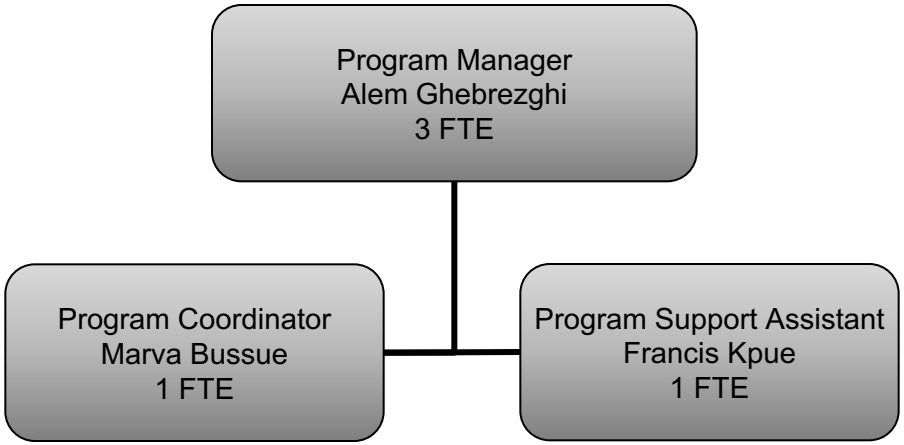
Office of the Senior Deputy Director
Operations



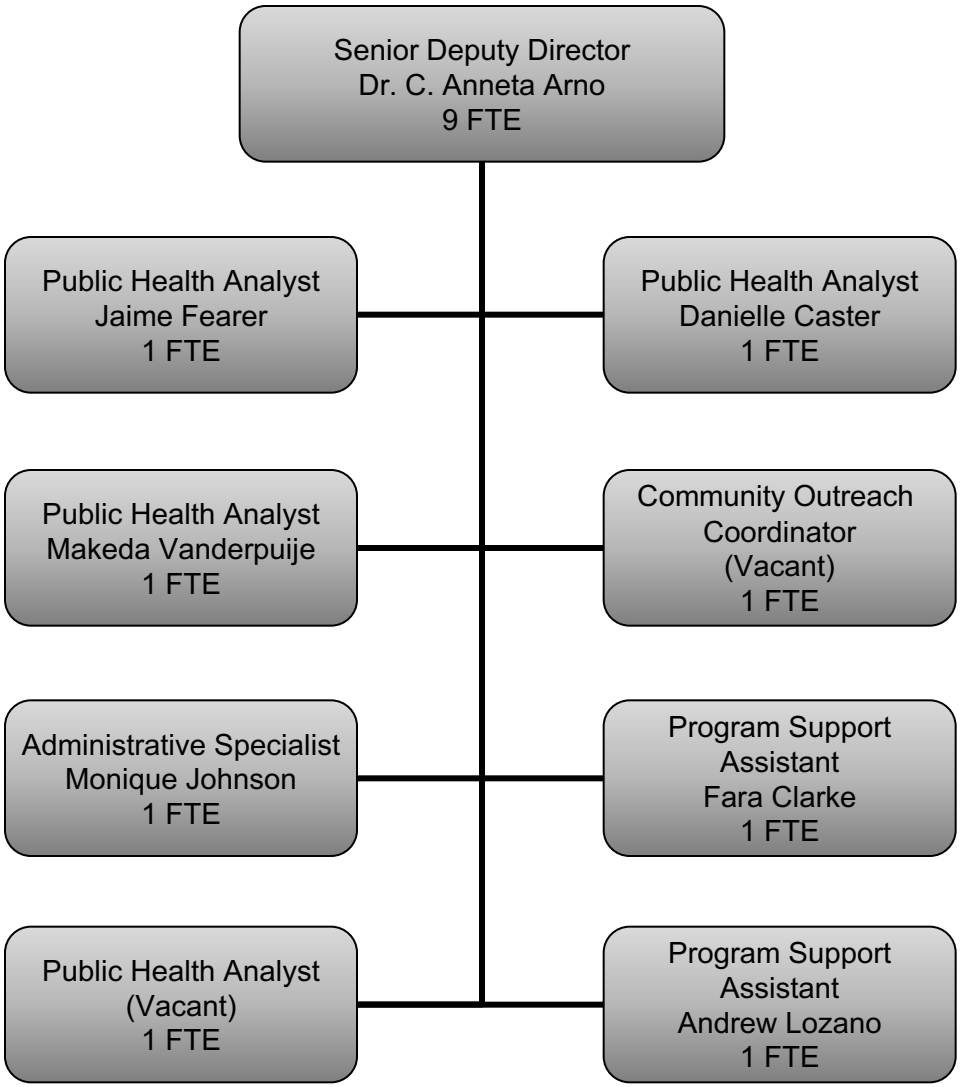
Office of the Senior Deputy Director
Operations
Processing Center



Office of the Senior Deputy Director
Operations
Criminal Background Check



Office of Health Equity



Administration	Strategic Initiative Title	Strategic Initiative Description	Percent complete by 9/30/2021	Narrative for incomplete initiatives
CHA	Howard Centers of Excellence	DC Health will support the establishment or expansion of five DC Health-approved centers of excellence (COEs): sickle cell disease, women's health, substance use and co-occurring disorders, trauma care and violence prevention, and oral health. The funding will be used to support both operations and infrastructure investments necessary to support and launch the COEs through FY25. Overall, this funding creates a sustainable, nationally recognized Centers for Excellence (COE) within the District of Columbia's sole HBCU – Howard University. In FY 21, DC Health will work with stakeholders to create an administrative leadership structure and strategic plan for the COEs.	50-74%	Howard University experienced significant delays through the year. While they have made significant strides in building capacity with a new Executive Director towards the very end of FY21, their new 6-year strategic plan had to be delayed until Q2 of FY22.
CHA	New Immunization Information System	DC Health aims to launch a new District of Columbia Immunization Information System (DOCIIS). DOCIIS 2.0 will continue to be the system of record for vaccinations for anyone immunized in DC, including a potential future COVID-19 vaccine. This system should be birectional and allow for improved vaccine management, data quality, and disease surveillance.	75-99%	Data migration is still ongoing as there have been gaps in vendor resources and the vendor's capacity to complete this work. The completion aim of this activity will be rolled over to FY22.
CHA	Perinatal Care Integration/Coordination	This project seeks to pilot mechanisms to share social determinants of health information at healthcare visits and better connect prenatal care to labor and birthing options, with a specific emphasis on Wards 7 and 8.	25-49%	The Perinatal Health Coordinated Care Integration Program grantee, Mahmee, initially experienced delays, but has since made progress, and are focusing on partnership building and increasing awareness of their services. Project monitoring and evaluation will continue in FY22.
CHA	Primary Care Retention and Specialty Care Incentive	Based on the recommendations from the Mayor's Commission on Healthcare Systems and Transformation, there is a need to retain primary care and specialty workforce in Health Professional Shortage Areas (HPSA) utilizing mechanisms to enhance the current HPLRP program. This initiative will pilot methods to incentivize recruitment of specialty care physicians and retainment of primary care providers.	0-24%	In FY21, funds supported FQHC's with COVID-19 related needs, including staffing. Legislative modifications were submitted to expand the Health Professional Loan Repayment Program in FY22. With critical position vacancies now filled, a pathway is being developed for disbursement of incentive payments.
CPPE	Public Health Accreditation Board (PHAB) - Vital Records Office Accreditation	For the past few years, PHAB has been working to develop accreditation standards and measures for Vital Records/Health Statistics (VRHS) Units in the 57 jurisdictional areas identified by the National Center for Health Statistics (NCHS) within the National Vital Statistics Collaborative Program (VSCP). This includes the 50 states, the District of Columbia, New York City, American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and Virgin Islands. PHAB has partnered with the National Association for Public Health Statistics and Information Systems (NAPHSIS), CDC's Center for State, Tribal, Local, and Territorial Support (CSTLTS), NCHS, and several states to develop the standards and measures and complete both an alpha and a beta test to ascertain their applicability in the field. On November 28, 2018, the PHAB Board of Directors approved the final standards and measures and process guide for this new accreditation program.	0-24%	Preparation for PHAB accreditation continues in earnest, with the documentation necessary to support numerous standards in measure at various stages of development. DCVRD is on-track to be prepared for the new submission date in FY 22.
HAHSTA	Bridging access: Post-Exposure Prophylaxis (PEP) for HIV	DC Health – HAHSTA is implementing a citywide non-occupational HIV post-exposure prophylaxis program. This program will link persons with possible HIV exposure to medication in order to prevent HIV infection. The program will also serve to link individuals with continued risk to pre-exposure prophylaxis, where appropriate. Prescription and weekend/evening coverage will be coordinated through DC Health's Health and Wellness Center.	Complete	
HAHSTA	Integrated services: polysubstance use and primary care	DC Health – HAHSTA is expanding drug user health activities through a new program to respond to concurrent polysubstance use. Funds will be distributed to select federally qualified health centers (FQHCs) to support implementation of evidence-based/informed interventions into primary care. HAHSTA will provide technical assistance and capacity building to the centers, as well as create a forum for organizations to share best practices and lessons learned.	Complete	
HRLA	Framework of a customer friendly application and licensing system to support the Food and Hygiene Divisions	The Health Regulation and Licensing Administration (HRLA) will develop the framework for a new IT system that will allow customers to submit and pay for applications online. Additionally the customer will receive electronic approval and/or license/certification. This will allow the Division of Food and Hygiene to quickly and efficiently communicate with customers. It will also be more convenient for customers, as they will no longer be required to submit in person or by mail.	50-74%	This project was delayed by custom development challenges with the online payment, the Chargent application software and functionality.
OHE	Host DC Health Equity Summit 2021	Convene the Health Equity Summit initially planned for FY 20 and postponed due to COVID-19. The summit is tentatively titled "Equity & COVID-19: Impacts, Insights & Solutions."	Complete	
OHE	Implement Health in All Policies (HiAP) Projects and Initiatives	The Office of Health Equity will expand HiAP practice in FY 21 through three projects: (1) PEW Charitable Trust "DC Calling All Sectors Initiative (CASI)" year two activities; (2) Complete a Health Impact Assessment pilot in collaboration with the Office of Planning; (3) Expand Applied Health Equity Practice Change Collaborations.	Complete	
OHE	Launch Internal DC Health Dialogue on Anti-Racism	The Office of Health Equity will convene internal sessions to explore racism as a public health issue. The objective of these sessions is to align culture and practice around addressing racism to improve public health outcomes in the District.	Complete	

Administration	Strategic Initiative Title	Strategic Initiative Description		Initiative Status Update	Percent Complete to date	Confidence in completion by end of fiscal year (9/30)?	Status of Impact
CHA	Howard Centers of Excellence	DC Health will support the establishment or expansion of five DC Health-approved centers of excellence (COEs): sickle cell disease, women's health, substance use and co-occurring disorders, trauma care and violence prevention, and oral health. The funding will be used to support both operations and infrastructure investments necessary to support and launch the COEs through FY25. Overall, this funding creates a sustainable, nationally recognized Centers for Excellence (COE) within the District of Columbia's sole HBCU – Howard University. In FY 22, DC Health will work with stakeholders to create an administrative leadership structure and strategic plan for the COEs.	9/30/23	date for the administrative office for Centers of Excellence (COE) at Howard University (HU) has been delayed to January 2022 as they had a flood within the new space and are still awaiting other building materials due to supply chain issues. Despite the challenges presented the newly onboarded Executive Director, Shalewa Noel, PHD, MPH, immediately played a strong role in building capacity for the individual and administrative core centers. The following positions are high priority and will be among the first to be posted in Quarter 2: 1) Epidemiologist – Admin Core; Administrative Assistant – Admin Core; Grant Writer – Admin Core; Program Coordinator – Admin Core; Research Program Manager –	25-49%	High	Incremental
CHA	First Time Mothers	This project seeks to implement an evidence-based home visiting service exclusively eligible for first-time mothers in the District of Columbia. The target population are pregnant women in their first or second trimester preparing to give birth to their first child.	9/30/23	DC Health awarded Mary's Center's (MC) Nurse Family Partnership First Time Mother's Home Visiting Program (NFP FTM) at the end of FY22 Q1 (December 2021). The delay in funding was due to notification of funding availability after the start of the FY22 Fiscal Year. DC Health will support Mary's Center's implementation of the program with the goal of working with 12 families in target neighborhood clusters and specific populations identified by DC Health to have the highest rates of preterm delivery.	50-74%	High	Incremental
CHA	Primary Care Retention and Specialty Care Incentive	Based on the recommendations from the Mayor's Commission on Healthcare Systems and Transformation, there is a need to retain primary care and specialty workforce in Health Professional Shortage Areas (HPSA) utilizing mechanisms to enhance the current HPLRP program. This initiative will pilot methods to incentivize recruitment of specialty care physicians and retainment of primary care providers.	9/30/23	Fifty-four people were either advised about the program or solicited to apply for special initiative funding. Focus was on past and current HPLRP participants, known mental health providers who were not accepted to the program, and to contacts at health centers. This resulted in four applications, but none were eligible for the program. Recruitment next quarter will focus on professional groups for the target population, health centers, and direct outreach to known and eligible providers.	0-24%	Medium	Incremental
CHA	Perinatal Care Integration/Coordination	This project seeks to pilot mechanisms to share social determinants of health information at healthcare visits and better connect prenatal care to labor and birthing options, with a specific emphasis on Wards 7 and 8.	9/30/23	Mahmee has continued to progress in their outreach to providers and participants. The most recent report indicates that Mahmee has established partnerships and delivered trainings to administrators and physician leadership on the Mahmee platform to two birthing	25-49%	Medium	Incremental

CHA	Capital Food Bank	as the District continues post-pandemic recovery. DC Health will provide enhancement funding and technical assistance to Capital Area Food Bank to implement a multi-pronged approach to increase food distribution to residents experiencing food insecurity, build out protocols for organizational emergency preparedness that can be shared across the	9/30/23	Capital Area Food Bank and finalized a project work plan, budget, budget narrative, and evaluation plan. The Food Bank will initiate project activities upon receipt of funding through the grant making process.	0-24%	High	None
CPPE	Automation of the State Health Planning and Development Agency Certificate of Need Process	The State Health Planning and Development Agency (SHPDA) is working with a third-party vendor to automate the SHPDA Application Processing System (SHPDA-APS) to systematize the SHPDA Certificate of Need process. The SHPDA is on schedule to launch a beta test of the SHPDA-APS to allow proposed providers to establish a User Profile and enter an online CON application consistent with the SHPDA process. The User Profile will allow the system to link related entities and allow the SHPDA to	9/30/22	The State Health Planning and Development Agency (SHPDA) is making great progress in the automation of the Certificate of Need Process. SHPDA staff has started to test the system that allows users to set up a profile. Beta testing is scheduled for January 2022 for proposed providers.	0-24%	High	Incremental
CPPE	Study on LGBTQ Health	The District of Columbia Department of Health (DC Health), Center for Policy, Planning and Evaluation (CPPE) will seek a qualified vendor who has extensive experience conducting focus groups for special populations such as the Lesbian, Gay, Bisexual, and Transgender (LGBT) communities. The focus groups will focus on 1) identifying healthcare access and other health-related concerns of the LGBT	9/30/23	1) Utilized the DC BRFSS surveillance tool to collect data on sexual orientation and gender identity, 2) Conducted the first phase of the sexual orientation and gender identity analysis, and 3) Developed a focus group participant public notice	0-24%	Medium	Incremental
CPPE	Enhanced Outbreak Detection	The Division of Epidemiology piloted an algorithm that uses contact tracing data to identify locations of possible COVID-19 outbreaks. The technology continues to be refined and, in FY 22, the Division will extend its use to other diseases apart from COVID-19. This will assist in identifying exposure sources	9/30/23	The algorithm has been useful in detecting outbreaks of COVID-19 in the community based on cases that have visited the same location at the same approximate time, thus helping us identify	25-49%	Medium	Incremental
CPPE	Automated Interstate Sharing of Disease Surveillance Case Reports	Currently, non-DC case reports received in the Salesforce Disease Surveillance System must be manually saved by an investigator and faxed/sent via email. There are systems such as the American Public Health Laboratory AIMS platform that can be used to facilitate efficient sharing of these data with other jurisdictions. In FY 22, DC Health will enhance the Disease Surveillance System to allow investigators to flag out of jurisdiction case reports, which can then be batched and securely shared, saving time for the epidemiology team and improving timeliness of data sharing.	9/30/23	While we have found some success in the AIMS system, there remains a few bugs which prevent us from sending messaging from some of our partners in the DMV region. We are working to resolve these bugs. The next initiative is to extend the exchange with MITRE to many other states outside of the DMV region. While this allows for the timely transfer of case reports to other jurisdictions, there are still manual aspects of the process that are impacted by staffing shortages.	79-99%	Medium	Transformative
CPPE	Public Health Accreditation Board (PHAB) - Vital Records Office Accreditation	For the past few years, PHAB has been working to develop accreditation standards and measures for Vital Records/Health Statistics (VRHS) Units in the 57 jurisdictional areas identified by the National Center for Health Statistics (NCHS) within the National Vital Statistics Collaborative Program (VSCP). This includes the 50 states, the District of Columbia, New York City, American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and Virgin Islands. PHAB has partnered with the National Association for Public Health Statistics and Information Systems (NAPHSIS),	9/30/23	The District of Columbia Vital Records Division (DCVRD), like all health departments across the nation, has had to make major adjustments to manage operations during the COVID-19 pandemic. This has affected projects and shifted work priorities. Hence, DCVRD has requested an extension of this deadline with PHAB.	0-24%	Medium	Incremental

HAHSTA	Integrated services: polysubstance use and primary care	DC Health – HAHSTA is expanding drug user health activities through a program to respond to concurrent polysubstance use. Funds, distributed to select Medication Assisted Treatment (MAT) community providers, to support implementation of evidence-based/informed interventions into primary care. HAHSTA will continue to provide technical assistance and capacity building to the centers, as well as create a forum for organizations to share best practices and lessons learned. Training and technical assistance for FY22 will focus on integrating advanced screening practices and enhanced patient health literacy and ability to address SUD via increased access to technology and training on its use to support health.	9/30/23	The first year of the initiative focused on capacity building and technical assistance. For the second year, sub-grantees submitted work plans with details on how they will fully integrate polysubstance assessment and screening into their primary care settings. Of note, one sub-grantee opted to discontinue engagement in this activity due to the impact of COVID-19 on human resources. We are currently focusing on full integration of polysubstance assessment, as per the sub-grantee workplans.	25-49%	Medium	Incremental
HEPRA	National Emergency Department Overcrowding Score Implementation	HEPRA will implement the National Emergency Department Overcrowding Score (NEDOCS) across District hospitals that contain an Emergency Department. Implementation of NEDOCS within the District will enhance the situational awareness capacities of the District healthcare system, providing those responding and transporting patients a view into the emergency department crowding to support increased improve turnaround time for EMS responses, as well asand manage surges management across the healthcare system.	9/30/23	in collaboration with DC Hospital Association through existing partnership to engage hospital stakeholders to introduce the NEDOCS project and plans for implementation in the District. A data reporting system was identified and confirmed that it will facilitate the implementation of NEDOCS within the District hospitals that contain an Emergency Department to meet the purposes of the Mayor's Healthcare Transformation report. Procurement for this system is complete. The NEDOCS team regularly meets with the DC Hospital Association, the District hospitals, and the Emergency Department Leaders to roll out the plan for implementation and gather feedback. The NEDOCS team is has connected	25-49%	High	Incremental
HEPRA	District of Columbia Mass Casualty Incident (MCI) Plan	HEPRA will complete a draft update to the District's Mass Trauma Plan with the inclusion of the newly developed Mass Casualty Incidents (MCI) Grids to strengthen and support the District's response to MCIs during FY22. The District Trauma Plan will guide the District's response to mass casualty incidents that overwhelm the healthcare system, impacting the delivery of care and allocation of resources. The MCI grids will enable District hospital emergency departments to quickly assess the numbers and triage level of patients they may receive during an MCI. The updated draft to the plan will allow facilities to quickly gain situational awareness of an incident as well as allow facilities and the healthcare system to exercise emergency plans with realistic and measurable patient numbers to improve response.	9/30/23	District's Mass Trauma Plan is underway. Currently, the plan is being updated to ensure that the Mass Casualty Incident (MCI) Grids are included and notification protocols are adjusted throughout the plan to reflect the changes brought about by the inclusion of the MCI grids. These Grids are utilized to support rapid incident response and guide patient placement decisions needed during a Mass Casualty Incident in the District. In this update, we are working through critical elements of notifications, patient placement decision, as well and ensuring additional sector feedback is included into the plan. Next steps include finalization for these inclusions and partner education of roles and responsibilities.	50-74%	High	Incremental
HEPRA	Emergency Medical Services (EMS) Fees, Fines, and Regulations	HEPRA will revise emergency medical services (EMS) regulations in order to strengthen, improve, and modernize the EMS system in Washington, DC. This includes updating the fine schedule aimed at strengthening DC Health enforcement of regulations over the DC Health certified EMS agencies, EMS educational institutions , and individual EMS providers .	9/30/23	Review is ongoing with the initial draft of the regulation and fine schedules has been provided to leadership.	50-74%	Low	Transformative

HEPRA	Electronic Medical Orders for Scope of Treatment	The MOST program empowers terminally-ill patients with the right to make decisions on their end-of-life care options, in consultation with their DC-licensed authorized healthcare provider. In FY22, DC Health HEPRA will coordinate with both the Department of Healthcare Finance (DHCF) and the Chesapeake Regional Information System for Our Patients (CRISP), the Health Information Exchange for the DC region, to ensure that eMOST offers optimal access and value to both patients and healthcare providers.	9/30/23	Project was presented to the Health Information Exchange (HIE) Board of Directors, and the technology infrastructure is being built to connect the healthcare providers and healthcare facilities to the Advanced Directive/MOST platform so that can be shared with the HIE/Crisp DC. The BETA version of the registry has been posted to the DC Health website. Continue to work with vendor to complete this task prior to the end of Q3.	0-24%	Medium	Incremental
HEPRA	Emergency Medical Services (EMS) and Trauma Data Accessibility	HEPRA will implement new emergency medical services (EMS) and trauma data dashboards. These dashboards will be based on data contained in the DC NEMSIS Repository and the DC Trauma Registry. The dashboards will provide data transparency and enable decision makers, medical professionals, and members of the public to access emergency medical care statistics that show system utilization and demand.	9/30/23	The beta version of the registry has been posted to the DC Health website. Continue to work with vendor to complete this task prior to the end of Q3.	50-74%	Low	Demonstrable
HRLA	Framework of a customer friendly application and licensing system to support the Food and Hygiene Divisions	The Health Regulation and Licensing Administration (HRLA) will develop the framework for a new IT system that will allow customers to submit and pay for applications online. Additionally the customer will receive electronic approval and/or license/certification. This will allow the	9/30/22	Senior Leadership is working with IT staff on the development of an online licensure system. Most recently this included the submission of detailed flow diagrams of Food and	50-74%	Medium	Demonstrable
HRLA	Dementia Training for Direct Care Workers	Administration (HRLA) will identify and designate standardized dementia training, including online training for direct care	9/30/22	completing the scope of work (SOW) to acquire a contractor to address the	0-24%	High	Demonstrable
HRLA	Psychology Interjurisdictional Compact Act	The Health Regulation and Licensing Administration (HRLA) will develop an enhancement to the existing IT framework to implement licensure pursuant to the Psychology Compact.	9/30/22	DC Health has been working with the Association of State and Provincial Psychology Boards (ASPPB) to determine the best way to notify the psychology community about the Psychology Compact in DC.	25-49%	High	Transformative
OHE	Build and Launch a Health Opportunity Index (HOI) for the District	Phase one of this initiative is planned for FY 22. Phase one will include developing the infrastructure plan, and completing the data sharing agreements necessary to obtain all of the necessary source data. Phase two will culminate in the publication of the inaugural DC Health Opportunity Index.	9/30/23	OHE has convened a Health Opportunity Index (HOI) Implementation Team which consists of leadership and representatives from both the Office of Health Equity (OHE), and the Center for Policy Planning and Evaluation (CPPE). The group is charged with developing a detailed implementation strategy and work plan, including leveraging a collaborative relationship with colleagues at the Virginia Department of Health (VDH). A total of three meetings have been held with VDH to date; and we are in the process of formalizing a collaborative partnership. On November 1, 2021, we onboarded a new team member with the requisite statistical and epidemiologic skills to lead this work.	0-24%	High	Incremental

OHE	Launch a Health Literacy Plan for the District	Pursuant to the two-year Advancing Health Literacy Grant from the Office of Minority Health, OHE will develop a Health Literacy Plan for the District. In FY 22, OHE will develop its health literacy strategy, and begin implementation. Phase two consists of completing the implementation of the Health Literacy Plan and ensuring sustainability.	9/30/23	Post-Pandemic infrastructure for sustainable health system (HS), community-based organization (CBO), and government agency (GA) capacity to support personal (individual), organizational, and community health literacy, DC Health Office of Health Equity, in collaboration with the Community Health Administration (CHA), has developed a plan that leverages our original (2017) Health Literacy Framework for the Post-Pandemic Context. The plan and strategy looks to implementing a comprehensive health literacy intervention that focuses intentionally on addressing COVID-19 health inequities and racial and ethnic health disparities more generally, by 1. Launching a	0-24%	High	Incremental
OHE	Collaborative Actions for Change	OHE will leverage the insights of the Health Equity Summit 2021 and develop a multi-sectoral health equity agenda.	9/30/22	After two months of development, planning and promotion in partnership with the Mayor's Commission on Health Equity and the Office of Racial Equity, OHE successfully launched the inaugural DC Health Equity Summit on December 9th, 2021. The full-day Summit was filmed live at DC Health, hosted virtually on the Run the World platform, and simulcast on Facebook Live, with a live audience of almost 600 attendees. Preliminary evaluation results indicate that participants found the information useful, engaging, and informative.	0-24%	Medium	Incremental

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
FUND LEVEL

Approp Fund	GAAP Category Title	Comp Source Group	Comp Object	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
0100	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	0111 - CONTINUING FULL TIME	14,283,694.78	14,044,788.89	238,905.89		14,844,506.57	3,421,593.57
		0011 - REGULAR PAY - CONT FULL TIME -		**14,283,694.78**	**14,044,788.89**	**238,905.89**		**14,844,506.57**	**3,421,593.57**
		0012 - REGULAR PAY - OTHER	0121 - TEMPORARY FULL-TIME	-	-	-		-	-
			0122 - CONTINUING PART-TIME	101,512.00	157,463.71	(55,951.71)		101,512.00	41,887.93
			0123 - TEMPORARY PART-TIME	-	25,204.44	(25,204.44)		50,408.83	-
			0125 - TERM FULL-TIME	303,514.22	599,566.26	(296,052.04)		476,090.46	216,260.48
			0127 - WORKER'S COMP INJURY EARNINGS	-	-	-		-	87.66
		0012 - REGULAR PAY - OTHER - Total		**405,026.22**	**782,234.41**	**(377,208.19)**		**628,011.29**	**258,236.07**
		0013 - ADDITIONAL GROSS PAY	0131 - SHIFT DIFFERENTIAL	-	3,100.08	(3,100.08)		-	1,244.23
			0132 - ADMINISTRATIVE PREMIUM	-	1,791.48	(1,791.48)		-	5,023.17
			0134 - TERMINAL LEAVE	-	233,518.62	(233,518.62)		-	107,982.22
			0135 - HOLIDAY PAY	-	18,843.88	(18,843.88)		-	4,610.92
			0136 - SUNDAY PAY	-	2,037.95	(2,037.95)		-	1,229.64
			0138 - BONUS PAY	-	150,567.53	(150,567.53)		-	-
			0139 - RETRO PAY	-	1,845,377.93	(1,845,377.93)		-	(1,016,985.66)
			0172 - EARLY OUT INCENTIVE PAY	-	-	-		-	81,250.00
			0174 - SEVERANCE PAY	-	88,203.37	(88,203.37)		-	18,411.93
		0013 - ADDITIONAL GROSS PAY - Total		**-**	**2,343,440.84**	**(2,343,440.84)**		**-**	**(797,233.55)**
		0014 - FRINGE BENEFITS - CURR PERSONNEL	0141 - GROUP LIFE INSURANCE	-	10,246.82	(10,246.82)		-	2,391.53
			0142 - HEALTH BENEFITS	-	1,401,858.95	(1,401,858.95)		-	315,590.72
			0147 - MISC FRINGE BENEFITS	3,662,426.70	(286,589.40)	3,949,016.10		3,641,723.58	3,414.04
			0148 - RETIREMENT CONTRIBUTION - FICA	-	928,020.97	(928,020.97)		-	203,174.91
			0152 - RETIREMENT CONTRIBUTION - CIVIL SERVICE	-	83,910.41	(83,910.41)		-	20,052.88
			0154 - OPTICAL PLAN	-	11,485.48	(11,485.48)		-	2,432.16
			0155 - DENTAL PLAN	-	33,530.60	(33,530.60)		-	7,614.07
			0157 - PREPAID LEGAL	-	15,659.71	(15,659.71)		-	4,097.14
			0158 - MEDICARE CONTRIBUTION	-	240,861.83	(240,861.83)		-	58,790.74
			0159 - RETIREMENT	-	607,282.62	(607,282.62)		-	168,345.01
			0160 - DC METRO BENEFITS	-	-	-		-	-
			0161 - DC HEALTH BENEFIT FEES	-	62,270.44	(62,270.44)		-	14,618.80
		0014 - FRINGE BENEFITS - CURR		**3,662,426.70**	**3,108,538.43**	**553,888.27**		**3,641,723.58**	**800,522.00**
		0015 - OVERTIME PAY	0133 - OVERTIME PAY	1,095,173.00	1,162,036.02	(66,863.02)		-	131,603.97
		0015 - OVERTIME PAY - Total		**1,095,173.00**	**1,162,036.02**	**(66,863.02)**		**-**	**131,603.97**
	PERSONNEL SERVICES - Total			**19,446,320.70**	**21,441,038.59**	**(1,994,717.89)**	**Retro pay to cover COLA impact**	**19,114,241.44**	**3,814,722.06**
	NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	0201 - OFFICE SUPPLIES	48,977.49	117,001.67	(68,024.18)		42,359.30	34,444.48
			0203 - MEDICAL, SURGICAL AND LAB	105,000.00	75,615.94	29,384.06		105,000.00	18,326.49
			0207 - CLOTHING AND UNIFORMS	7,000.00	-	7,000.00		7,000.00	-
			0210 - GENERAL	32,210.97	-	32,210.97		32,211.00	-
			0219 - IT SUPPLIES	36,371.00	4,122.57	32,248.43		22,000.00	7,000.00
			0299 - INT PENALTIES QUICK PAY CLS 20	-	(2,482.18)	2,482.18		-	-
		0020 - SUPPLIES AND MATERIALS - Total		**229,559.46**	**194,258.00**	**35,301.46**		**208,570.30**	**59,770.97**
		0030 - ENERGY, COMM. AND BLDG RENTALS	0301 - FUEL AUTOMOTIVE	24,185.14	27,434.13	(3,248.99)		23,464.71	-
			0304 - GAS	13,835.70	11,859.69	1,976.01		16,336.18	16,336.18
			0305 - ELECTRICITY	44,883.05	47,375.50	(2,492.45)		73,543.86	73,543.86
			0307 - WATER	43,547.86	46,220.41	(2,672.55)		44,700.34	44,700.34
			0330 - SUSTAINABLE ENERGY	15,364.06	13,029.95	2,334.11		8,794.14	8,794.14
			0331 - WASTE MANAGEMENT	12,835.58	3,962.00	8,873.58		15,907.95	15,907.95
		0030 - ENERGY, COMM. AND BLDG		**154,651.39**	**149,881.68**	**4,769.71**		**182,747.18**	**159,282.47**
		0031 - TELECOMMUNICATIONS	0308 - TELECOMMUNICATIONS	1,548,683.61	1,583,978.56	(35,294.95)		2,253,781.00	2,277,400.15
		0031 - TELECOMMUNICATIONS - Total		**1,548,683.61**	**1,583,978.56**	**(35,294.95)**		**2,253,781.00**	**2,277,400.15**
		0032 - RENTALS - LAND AND STRUCTURES	0309 - RENTALS - LAND AND STRUCTURES	11,282,833.36	11,111,255.12	171,578.24		11,668,535.45	12,068,535.49
		0032 - RENTALS - LAND AND		**11,282,833.36**	**11,111,255.12**	**171,578.24**		**11,668,535.45**	**12,068,535.49**
		0034 - SECURITY SERVICES	0440 - SECURITY SERVICES	501,794.24	449,058.81	52,735.43		493,666.37	493,666.37
		0034 - SECURITY SERVICES - Total		**501,794.24**	**449,058.81**	**52,735.43**		**493,666.37**	**493,666.37**
		0035 - OCCUPANCY FIXED COSTS	0310 - OCCUPANCY FIXED COSTS	161,539.74	260,768.30	(99,228.56)		171,197.00	171,197.00
		0035 - OCCUPANCY FIXED COSTS - Total		**161,539.74**	**260,768.30**	**(99,228.56)**		**171,197.00**	**171,197.00**
		0040 - OTHER SERVICES AND CHARGES	0401 - TRAVEL - LOCAL	11,401.00	108.61	11,292.39		1,500.00	14.00

DEPARTMENT OF HEALTH
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Approp Fund	GAAP Category Title	Comp Source Group	Comp Object	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
		CHARGES	0402 - TRAVEL - OUT OF CITY	1,400.00	(17.40)	1,417.40		1,400.00	-
			0404 - MAINTENANCE AND REPAIRS - AUTO	188,937.74	165,753.46	23,184.28		248,492.41	304,870.45
			0405 - MAINTENANCE AND REPAIRS - MACH	76,790.17	-	76,790.17		77,006.17	-
			0407 - MAINTENANCE AND REPAIRS - OTHER	3,600.00	-	3,600.00		3,600.00	1,500.00
			0408 - PROF SERVICE FEES AND CONTR	783,660.86	657,733.40	125,927.46		334,216.80	(12,432.47)
			0410 - OFFICE SUPPORT	115,924.20	157,536.24	(41,612.04)		83,402.15	43,783.91
			0411 - PRINTING, DUPLICATING, ETC	32,000.00	13,985.84	18,014.16		23,500.00	-
			0415 - JUDGEMENTS, INDEMNITIES	-	2,558.00	(2,558.00)		-	-
			0416 - POSTAGE	-	6,711.22	(6,711.22)		-	-
			0419 - TUITION FOR EMPLOYEE TRAINING	92,149.60	53,885.00	38,264.60		79,922.51	4,841.00
			0424 - CONFERENCE FEES LOC OUT OF CITY	1,500.00	200.00	1,300.00		401.00	-
			0425 - PAYMENT OF MEMBERSHIP DUES	47,930.00	19,937.07	27,992.93		47,930.00	29,931.66
			0494 - OCTO IT ASSESSMENT	352,734.17	352,733.04	1.13		352,734.17	352,734.07
			0499 - INT PENALTIES QUICK PAY CLS 40	-	5,430.19	(5,430.19)		-	132.04
		0040 - OTHER SERVICES AND CHARGES -		**1,708,027.74**	**1,436,554.67**	**271,473.07**		**1,254,105.21**	**725,374.66**
		0041 - CONTRACTUAL SERVICES - OTHER	0409 - CONTRACTUAL SERVICES - OTHER	11,663,595.69	15,163,830.21	(3,500,234.52)		11,182,073.19	(329,003.43)
			0417 - IT CONSULTANT CONTRACTS	418,424.86	-	418,424.86		418,424.86	-
		0041 - CONTRACTUAL SERVICES - OTHER		**12,082,020.55**	**15,163,830.21**	**(3,081,809.66)**		**11,600,498.05**	**(329,003.43)**
		0050 - SUBSIDIES AND TRANSFERS	0506 - GRANTS AND GRATUITIES	39,385,729.56	34,282,124.06	5,103,605.50		41,665,032.35	2,998,818.13
			0514 - TUITION AND FEE REIMBURSEMENT	834,091.73	607,968.73	226,123.00		1,464,364.95	(53,184.60)
			0599 - INT PENALTIES QUICK PAY CLS 50	-	51.98	(51.98)		-	173.98
		0050 - SUBSIDIES AND TRANSFERS - Total		**40,219,821.29**	**34,890,144.77**	**5,329,676.52**		**43,129,397.30**	**2,945,807.51**
		0070 - EQUIPMENT & EQUIPMENT RENTAL	0701 - PURCHASES - FURNITURE AND FIXTURES	-	-	-		-	3,472.12
			0702 - PURCHASES - EQUIPMENT AND MACHINERY	(23,582.00)	24,488.44	(48,070.44)		-	6,527.88
			0705 - RENTALS - AUTOMOTIVE EQUIPMENT	-	-	-		10,242.00	-
			0710 - IT HARDWARE ACQUISITIONS	69,909.65	6,712.00	63,197.65		46,327.65	-
			0799 - INT PENALTIES QUICK PAY CLS 70	-	48.48	(48.48)		-	-
		0070 - EQUIPMENT & EQUIPMENT RENTAL		**46,327.65**	**31,248.92**	**15,078.73**		**56,569.65**	**10,000.00**
	NON-PERSONNEL SERVICES - Total			**67,935,259.03**	**65,270,979.04**	**2,664,279.99**	**$2.3M - net sub grant/contractural underspending; $0.3M - other contractual services underspending; and $0.1M - fixed cost underspending**	**71,019,067.51**	**18,582,031.19**
0100 - Total				**87,381,579.73**	**86,712,017.63**	**669,562.10**		**90,133,308.95**	**22,396,753.25**
0150	NON-PERSONNEL SERVICES	0041 - CONTRACTUAL SERVICES - OTHER	0409 - CONTRACTUAL SERVICES - OTHER	3,521,972.98	3,521,972.98	-		6,600,000.00	906,604.48
		0041 - CONTRACTUAL SERVICES - OTHER		**3,521,972.98**	**3,521,972.98**	**-**		**6,600,000.00**	**906,604.48**
		0050 - SUBSIDIES AND TRANSFERS	0506 - GRANTS AND GRATUITIES	-	-	-		10,313,500.00	-
		0050 - SUBSIDIES AND TRANSFERS - Total		**-**	**-**	**-**		**10,313,500.00**	**-**
	NON-PERSONNEL SERVICES - Total			**3,521,972.98**	**3,521,972.98**	**-**		**16,913,500.00**	**906,604.48**
0150 - Total				**3,521,972.98**	**3,521,972.98**	**-**	**N/A**	**16,913,500.00**	**906,604.48**
0200	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	0111 - CONTINUING FULL TIME	22,090,656.26	19,952,067.44	2,138,588.82		30,208,040.26	5,622,403.29
		0011 - REGULAR PAY - CONT FULL TIME -		**22,090,656.26**	**19,952,067.44**	**2,138,588.82**		**30,208,040.26**	**5,622,403.29**
		0012 - REGULAR PAY - OTHER	0121 - TEMPORARY FULL-TIME	109,147.58	5,860,250.70	(5,751,103.12)		67,560.34	46,158.16
			0122 - CONTINUING PART-TIME	-	135,423.07	(135,423.07)		132,000.00	22,748.47
			0123 - TEMPORARY PART-TIME	322,829.20	220,103.64	102,725.56		543,106.57	28,060.28
			0124 - WHEN ACTUALLY EMPLOYED - WAE	-	399,523.10	(399,523.10)		-	39,376.17
			0125 - TERM FULL-TIME	15,352,888.96	15,720,076.04	(367,187.08)		8,868,808.78	4,771,215.31
		0012 - REGULAR PAY - OTHER - Total		**15,784,865.74**	**22,335,376.55**	**(6,550,510.81)**		**9,611,475.69**	**4,907,558.39**
		0013 - ADDITIONAL GROSS PAY	0129 - RN ON CALL PAY	-	-	-		-	102.90

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Approp Fund	GAAP Category Title	Comp Source Group	Comp Object	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
			0131 - SHIFT DIFFERENTIAL	-	77.45	(77.45)		-	0.29
			0132 - ADMINISTRATIVE PREMIUM	-	905.21	(905.21)		-	252.74
			0134 - TERMINAL LEAVE	-	528,986.97	(528,986.97)		-	115,204.49
			0135 - HOLIDAY PAY	-	586,869.79	(586,869.79)		-	145,227.07
			0136 - SUNDAY PAY	-	195,873.48	(195,873.48)		-	88,522.47
			0138 - BONUS PAY	(5,204.53)	(10,783.38)	5,578.85		-	-
			0139 - RETRO PAY	-	849,122.05	(849,122.05)		-	(409,518.35)
			0172 - EARLY OUT INCENTIVE PAY	-	-	-		-	43,750.00
			0174 - SEVERANCE PAY	-	18,000.00	(18,000.00)		-	8,946.07
		0013 - ADDITIONAL GROSS PAY - Total		**(5,204.53)**	**2,169,051.57**	**(2,174,256.10)**		**-**	**(7,512.32)**
		0014 - FRINGE BENEFITS - CURR PERSONNEL	0141 - GROUP LIFE INSURANCE	-	20,386.42	(20,386.42)		-	5,784.08
			0142 - HEALTH BENEFITS	-	3,633,369.82	(3,633,369.82)		-	940,961.66
			0147 - MISC FRINGE BENEFITS	8,930,928.67	345,780.46	8,585,148.21		8,972,057.04	(11,910.88)
			0148 - RETIREMENT CONTRIBUTION - FICA	-	2,372,719.63	(2,372,719.63)		-	670,049.11
			0152 - RETIREMENT CONTRIBUTION - CIVIL SERVICE	-	128,075.09	(128,075.09)		-	29,437.97
			0154 - OPTICAL PLAN	-	26,748.14	(26,748.14)		-	7,847.18
			0155 - DENTAL PLAN	-	78,384.29	(78,384.29)		-	24,538.53
			0157 - PREPAID LEGAL	-	39,331.45	(39,331.45)		-	10,350.48
			0158 - MEDICARE CONTRIBUTION	-	584,893.73	(584,893.73)		-	164,239.34
			0159 - RETIREMENT	-	1,263,998.36	(1,263,998.36)		-	408,523.83
			0160 - DC METRO BENEFITS	-	(21.25)	21.25		-	-
			0161 - DC HEALTH BENEFIT FEES	-	148,790.28	(148,790.28)		-	41,680.24
		0014 - FRINGE BENEFITS - CURR		**8,930,928.67**	**8,642,456.42**	**288,472.25**		**8,972,057.04**	**2,291,501.54**
		0015 - OVERTIME PAY	0133 - OVERTIME PAY	851,315.41	116,794.05	734,521.36		-	41,753.62
		0015 - OVERTIME PAY - Total		**851,315.41**	**116,794.05**	**734,521.36**		**-**	**41,753.62**
PERSONNEL SERVICES - Total				**47,652,561.55**	**53,215,746.03**	**(5,563,184.48)**	**Salaries for contract tracers. Amount offset by surplus in contractural services. Reprogramming was not submitted by OCFO.**	**48,791,572.99**	**12,855,704.52**
	NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	0201 - OFFICE SUPPLIES	143,030.88	154,515.92	(11,485.04)		494,577.84	249,341.47
			0203 - MEDICAL, SURGICAL AND LAB	9,021,184.11	5,592,255.95	3,428,928.16		7,567,321.96	(1,173,094.79)
			0207 - CLOTHING AND UNIFORMS	755.00	755.00	-		-	-
			0209 - FOOD PROVISIONS	30,936.47	-	30,936.47		2,500.00	2,500.00
			0210 - GENERAL	27,551.05	27,551.05	-		-	500.00
			0219 - IT SUPPLIES	2,716.58	3,736.58	(1,020.00)		1,365.00	-
		0020 - SUPPLIES AND MATERIALS - Total		**9,226,174.09**	**5,778,814.50**	**3,447,359.59**		**8,065,764.80**	**(920,753.32)**
		0031 - TELECOMMUNICATIONS	0308 - TELECOMMUNICATIONS	9,099.80	20,841.83	(11,742.03)		13,509.00	1,500.00
		0031 - TELECOMMUNICATIONS - Total		**9,099.80**	**20,841.83**	**(11,742.03)**		**13,509.00**	**1,500.00**
		0032 - RENTALS - LAND AND STRUCTURES	0309 - RENTALS - LAND AND STRUCTURES	1,333,841.12	1,060,875.00	272,966.12		1,470,444.51	1,250,444.51
		0032 - RENTALS - LAND AND		**1,333,841.12**	**1,060,875.00**	**272,966.12**		**1,470,444.51**	**1,250,444.51**
		0040 - OTHER SERVICES AND CHARGES	0401 - TRAVEL - LOCAL	155,505.49	69.58	155,435.91		68,734.00	(2,040.95)
			0402 - TRAVEL - OUT OF CITY	218,542.87	30,540.88	188,001.99		436,671.01	62,243.00
			0404 - MAINTENANCE AND REPAIRS - AUTO	60,074.95	67,068.95	(6,994.00)		58,994.26	-
			0405 - MAINTENANCE AND REPAIRS - MACH	1,179.91	385.00	794.91		-	-
			0407 - MAINTENANCE AND REPAIRS - OTHER	1,200.00	1,200.00	-		-	100,000.00
			0408 - PROF SERVICE FEES AND CONTR	465,947.32	450,052.30	15,895.02		36,241,365.77	22,971.47
			0410 - OFFICE SUPPORT	76,724.65	264,680.22	(187,955.57)		244,724.46	87,045.84
			0411 - PRINTING, DUPLICATING, ETC	95,721.62	17,562.85	78,158.77		197,766.00	9,000.00
			0415 - JUDGEMENTS, INDEMNITIES	-	10,787.85	(10,787.85)		-	67,200.00
			0416 - POSTAGE	11,000.00	-	11,000.00		14,124.00	-
			0419 - TUITION FOR EMPLOYEE TRAINING	53,301.00	1,895.00	51,406.00		98,624.00	5,000.00
			0424 - CONFERENCE FEES LOC OUT OF CITY	31,859.43	12,004.58	19,854.85		16,000.00	8,036.00
			0425 - PAYMENT OF MEMBERSHIP DUES	29,664.97	57,162.87	(27,497.90)		42,789.34	331.00

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Approp Fund	GAAP Category Title	Comp Source Group	Comp Object	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
			0436 - SPONSORSHIPS	-	-	-		40,464.00	-
			0442 - IT SOFTWARE MAINTENANCE	104,499.00	2,188.99	102,310.01		73,999.00	500.00
			0494 - OCTO IT ASSESSMENT	20,257.75	10,642.79	9,614.96		46,535.16	40,772.41
		0040 - OTHER SERVICES AND CHARGES -		**1,325,478.96**	**926,241.86**	**399,237.10**		**37,580,791.00**	**401,058.77**
		0041 - CONTRACTUAL SERVICES - OTHER	0409 - CONTRACTUAL SERVICES - OTHER	94,197,498.98	74,547,310.64	19,650,188.34		154,383,309.26	33,786,386.27
			0417 - IT CONSULTANT CONTRACTS	548,695.00	32,978.75	515,716.25		548,695.00	204,649.00
		0041 - CONTRACTUAL SERVICES - OTHER		**94,746,193.98**	**74,580,289.39**	**20,165,904.59**		**154,932,004.26**	**33,991,035.27**
		0050 - SUBSIDIES AND TRANSFERS	0501 - MAINTENANCE OF PERSONS	7,391,351.93	4,686,287.84	2,705,064.09		6,684,430.00	(214,069.84)
			0506 - GRANTS AND GRATUITIES	48,678,799.15	43,398,501.73	5,280,297.42		61,446,088.16	4,724,970.49
			0522 - CENTRAL SERVICE INDIRECT COST	101,366.61	91,000.00	10,366.61		101,366.61	-
		0050 - SUBSIDIES AND TRANSFERS - Total		**56,171,517.69**	**48,175,789.57**	**7,995,728.12**		**68,231,884.77**	**4,510,900.65**
		0070 - EQUIPMENT & EQUIPMENT RENTAL	0701 - PURCHASES - FURNITURE AND FIXTURES	87,948.92	-	87,948.92		647,649.00	-
			0702 - PURCHASES - EQUIPMENT AND MACHINERY	1,013,437.06	371,304.45	642,132.61		602,632.00	1,000.00
			0704 - PURCHASES - OTHER EQUIPMENT	29,985.00	-	29,985.00		-	-
			0706 - RENTALS - MACHINERY AND EQUIPMENT	10,831.50	-	10,831.50		10,831.50	-
			0710 - IT HARDWARE ACQUISITIONS	92,404.19	132,335.24	(39,931.05)		476,854.28	1,500.00
			0711 - IT SOFTWARE ACQUISITIONS	-	-	-		10,000.00	-
		0070 - EQUIPMENT & EQUIPMENT RENTAL		**1,234,606.67**	**503,639.69**	**730,966.98**		**1,747,966.78**	**2,500.00**
	NON-PERSONNEL SERVICES - Total			**164,046,912.31**	**131,046,491.84**	**33,000,420.47**		**272,042,365.12**	**39,236,685.88**
0200 - Total				**211,699,473.86**	**184,262,237.87**	**27,437,235.99**	**Variances are as follows: 1. AMP - excess budget authority on the Ind. Cost Rec. grant ($5.5M); 2. HEPRA - underspending in contracts, primarily on the Opioid Data to action grant ($77K); 3.HAHSTA - underspending in subgrants and equipment for the COVID-19 Ryan White Part A grant ($197K), underspending in subgrants on the Ending the HIV Epidemic grant ($1.2M), underspending in contracts and subgrants on the HIV Emergency Relief grant($3.1M), underspending in supplies, contracts, and subgrants on the Ryan White Part B supplemental grant ($1.1M), underspending in supplies, contracts and subgrants on the Ryan White Part B grant ($1.8M), vacancy savings and underspending in contracts and subgrants on the Adult Viral Hepatitis Prevention grant ($203K), vacancy savings and underspending in contracts and subgrants on the Reducing New HIV incidences grant ($339K), underspending in subgrants on the Violence Against Women Act grant ($315K) and underspending in subgrants on the Opioid Data to Action grant ($698K); 4. HRLA - vagrancy savings on the ICF/MR and Nursing Home Certificate grant ($458K), vacancy savings on the Title 18 grant ($157K), underspending in supplies, contracts and other services and charges on the ICFMR and Nursing Home Certificate grant ($119K), and underspending in contracts on the Opioid Data to Action grant ($102K); 5. CPPE - underspending in contracts on the Epidemiology and Laboratory Capacity grant ($1.9M); and 6. underspending in other services and charges, contracts and subgrants on the National Cancer Prevention and Control grant ($202K), vacancy savings on the Immunization & Vaccines for Children grant ($142K), underspending in subgrants on the DC Healthy Start 1 grant ($43K), underspending in contracts for the WIC Electronic Billing grant ($831K), underspending in contracts on the WIC Management Information Systems grant ($2.8M), underspending in subgrants for the Home Visitation grant ($180K), vacancy savings on the Preventive Health Block grant ($100K), vacancy savings on the Maternal and Child Block grant ($1.3M), vacancy savings and underspending on the Farmers Market Program grant ($110K), vacancy savings and underspending in subgrants on the Food Stamp Nutrition Education Program grant ($307K), and underspending in contracts, subgrants and equipment on the WIC grant ($4.1M).**	**320,833,938.11**	**52,092,390.40**
0300	NON-PERSONNEL SERVICES	0041 - CONTRACTUAL SERVICES - OTHER	0409 - CONTRACTUAL SERVICES - OTHER	250,000.00	-	250,000.00		-	-
		0041 - CONTRACTUAL SERVICES - OTHER		**250,000.00**	**-**	**250,000.00**		**-**	**-**
	NON-PERSONNEL SERVICES - Total			**250,000.00**	**-**	**250,000.00**		**-**	**-**
0300 - Total				**250,000.00**	**-**	**250,000.00**	**Variance is due to an allocation of capital funding that is not planned for use until FY23.**	**-**	**-**
0400	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	0111 - CONTINUING FULL TIME	-	18,406.66	(18,406.66)		11,670.83	-
		0011 - REGULAR PAY - CONT FULL TIME -		**-**	**18,406.66**	**(18,406.66)**		**11,670.83**	**-**
		0012 - REGULAR PAY - OTHER	0121 - TEMPORARY FULL-TIME	-	25,901.10	(25,901.10)		-	8,905.27
			0125 - TERM FULL-TIME	107,833.39	23,327.99	84,505.40		23,448.93	14,844.31
		0012 - REGULAR PAY - OTHER - Total		**107,833.39**	**49,229.09**	**58,604.30**		**23,448.93**	**23,749.58**
		0013 - ADDITIONAL GROSS PAY	0136 - SUNDAY PAY	-	-	-		-	226.88
		0013 - ADDITIONAL GROSS PAY - Total		**-**	**-**	**-**		**-**	**226.88**
		0014 - FRINGE BENEFITS - CURR PERSONNEL	0141 - GROUP LIFE INSURANCE	-	14.94	(14.94)		-	1.70
			0142 - HEALTH BENEFITS	-	723.67	(723.67)		-	-
			0147 - MISC FRINGE BENEFITS	22,800.15	3,861.08	18,939.07		7,866.83	1,038.64

DEPARTMENT OF HEALTH
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Approp Fund	GAAP Category Title	Comp Source Group	Comp Object	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
			0148 - RETIREMENT CONTRIBUTION - FICA	-	3,062.47	(3,062.47)		-	732.97
			0154 - OPTICAL PLAN	-	19.62	(19.62)		-	2.69
			0155 - DENTAL PLAN	-	51.27	(51.27)		-	8.54
			0157 - PREPAID LEGAL	-	57.00	(57.00)		-	10.38
			0158 - MEDICARE CONTRIBUTION	-	716.20	(716.20)		-	171.42
			0159 - RETIREMENT	-	906.10	(906.10)		-	-
			0161 - DC HEALTH BENEFIT FEES	-	34.63	(34.63)		-	-
		0014 - FRINGE BENEFITS - CURR		**22,800.15**	**9,446.98**	**13,353.17**		**7,866.83**	**1,966.34**
	PERSONNEL SERVICES - Total			**130,633.54**	**77,082.73**	**53,550.81**		**42,986.59**	**25,942.80**
	NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	0201 - OFFICE SUPPLIES	286.00	-	286.00		-	-
			0203 - MEDICAL, SURGICAL AND LAB	-	-	-		-	-
		0020 - SUPPLIES AND MATERIALS - Total		**286.00**	**-**	**286.00**		**-**	**-**
		0031 - TELECOMMUNICATIONS	0308 - TELECOMMUNICATIONS	2,069.00	-	2,069.00		-	-
		0031 - TELECOMMUNICATIONS - Total		**2,069.00**	**-**	**2,069.00**		**-**	**-**
		0040 - OTHER SERVICES AND CHARGES	0402 - TRAVEL - OUT OF CITY	6,912.00	1,800.00	5,112.00		-	-
			0408 - PROF SERVICE FEES AND CONTR	-	14,425.00	(14,425.00)		-	-
			0410 - OFFICE SUPPORT	-	(14,425.00)	14,425.00		-	-
			0411 - PRINTING, DUPLICATING, ETC	5,503.00	-	5,503.00		-	-
			0419 - TUITION FOR EMPLOYEE TRAINING	-	-	-		-	-
		0040 - OTHER SERVICES AND CHARGES -		**12,415.00**	**1,800.00**	**10,615.00**		**-**	**-**
		0041 - CONTRACTUAL SERVICES - OTHER	0409 - CONTRACTUAL SERVICES - OTHER	266,918.00	238,903.79	28,014.21		1.00	(54,092.31)
		0041 - CONTRACTUAL SERVICES - OTHER		**266,918.00**	**238,903.79**	**28,014.21**		**1.00**	**(54,092.31)**
		0050 - SUBSIDIES AND TRANSFERS	0506 - GRANTS AND GRATUITIES	89,968.28	37,869.27	52,099.01		-	-
		0050 - SUBSIDIES AND TRANSFERS - Total		**89,968.28**	**37,869.27**	**52,099.01**		**-**	**-**
		0070 - EQUIPMENT & EQUIPMENT RENTAL	0710 - IT HARDWARE ACQUISITIONS	1,740.00	-	1,740.00		-	-
		0070 - EQUIPMENT & EQUIPMENT RENTAL		**1,740.00**	**-**	**1,740.00**		**-**	**-**
	NON-PERSONNEL SERVICES - Total			**373,396.28**	**278,573.06**	**94,823.22**		**1.00**	**(54,092.31)**
0400 - Total				**504,029.82**	**355,655.79**	**148,374.03**	**Variance is primarily due to HAHSTA - vacancy savings ($13K) and underspending in contracts ($135K) for the Ryan White Technical System Data Linkage grant ($96K) and the Prevention and Health Promotion Administration grant ($52K).**	**42,987.59**	**(28,149.51)**
0600	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	0111 - CONTINUING FULL TIME	12,414,138.08	9,881,666.60	2,532,471.48		12,452,085.23	2,594,337.23
		0011 - REGULAR PAY - CONT FULL TIME -		**12,414,138.08**	**9,881,666.60**	**2,532,471.48**		**12,452,085.23**	**2,594,337.23**
		0012 - REGULAR PAY - OTHER	0121 - TEMPORARY FULL-TIME	-	-	-		-	-
			0123 - TEMPORARY PART-TIME	121,618.75	5,273.46	116,345.29		147,448.00	11,243.47
			0124 - WHEN ACTUALLY EMPLOYED - WAE	-	46,581.73	(46,581.73)		-	16,780.93
			0125 - TERM FULL-TIME	845,083.32	596,907.49	248,175.83		732,355.31	164,409.89
		0012 - REGULAR PAY - OTHER - Total		**966,702.07**	**648,762.68**	**317,939.39**		**879,803.31**	**192,434.29**
		0013 - ADDITIONAL GROSS PAY	0132 - ADMINISTRATIVE PREMIUM	-	1,656.65	(1,656.65)		-	162.35
			0134 - TERMINAL LEAVE	-	83,661.48	(83,661.48)		-	105,735.92
			0135 - HOLIDAY PAY	-	7,680.76	(7,680.76)		-	478.65
			0136 - SUNDAY PAY	-	1,038.13	(1,038.13)		-	94.52
			0138 - BONUS PAY	-	(5,204.53)	5,204.53		-	-
			0172 - EARLY OUT INCENTIVE PAY	-	-	-		-	50,000.00
		0013 - ADDITIONAL GROSS PAY - Total		**-**	**88,832.49**	**(88,832.49)**		**-**	**156,471.44**
		0014 - FRINGE BENEFITS - CURR PERSONNEL	0141 - GROUP LIFE INSURANCE	-	6,614.11	(6,614.11)		-	1,630.52
			0142 - HEALTH BENEFITS	-	1,241,768.93	(1,241,768.93)		-	293,311.36
			0147 - MISC FRINGE BENEFITS	3,146,230.56	(111,581.80)	3,257,812.36		2,973,347.50	1,189.18
			0148 - RETIREMENT CONTRIBUTION - FICA	-	650,164.07	(650,164.07)		-	175,712.83
			0152 - RETIREMENT CONTRIBUTION - CIVIL SERVICE	-	30,805.55	(30,805.55)		-	8,158.64
			0154 - OPTICAL PLAN	-	8,659.87	(8,659.87)		-	1,997.90
			0155 - DENTAL PLAN	-	24,794.90	(24,794.90)		-	6,195.03
			0157 - PREPAID LEGAL	-	18,132.37	(18,132.37)		-	4,179.03
			0158 - MEDICARE CONTRIBUTION	-	157,696.90	(157,696.90)		-	43,155.90
			0159 - RETIREMENT	-	524,708.37	(524,708.37)		-	138,210.30

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
FUND LEVEL

Approp Fund	GAAP Category Title	Comp Source Group	Comp Object	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
			0160 - DC METRO BENEFITS	-	-	-		-	-
			0161 - DC HEALTH BENEFIT FEES	-	57,905.03	(57,905.03)		-	13,375.40
		0014 - FRINGE BENEFITS - CURR		**3,146,230.56**	**2,609,668.30**	**536,562.26**		**2,973,347.50**	**687,116.09**
		0015 - OVERTIME PAY	0133 - OVERTIME PAY	-	-	-		-	-
		0015 - OVERTIME PAY - Total		**-**	**-**	**-**		**-**	**-**
	PERSONNEL SERVICES - Total			**16,527,070.71**	**13,228,930.07**	**3,298,140.64**	**$0.6M - SHPDA Fees, $0.04M - Vital Records, $.3M - Pharmacy Protection, $0.1M - Radiation Protection, $2.0M - Board of Medicine, $.1M - SHPDA Admission Fees, and $-.2M - Communicable & Chronic Diseases**	**16,305,236.04**	**3,630,359.05**
	NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	0201 - OFFICE SUPPLIES	114,580.59	26,826.28	87,754.31		127,153.00	17,165.00
			0209 - FOOD PROVISIONS	-	-	-		-	-
			0210 - GENERAL	2,500.00	-	2,500.00		2,500.00	-
			0219 - IT SUPPLIES	-	108.00	(108.00)		-	-
		0020 - SUPPLIES AND MATERIALS - Total		**117,080.59**	**26,934.28**	**90,146.31**		**129,653.00**	**17,165.00**
		0031 - TELECOMMUNICATIONS	0308 - TELECOMMUNICATIONS	-	-	-		-	47,907.50
		0031 - TELECOMMUNICATIONS - Total		**-**	**-**	**-**		**-**	**47,907.50**
		0032 - RENTALS - LAND AND STRUCTURES	0309 - RENTALS - LAND AND STRUCTURES	736,318.00	-	736,318.00		736,318.00	736,318.00
		0032 - RENTALS - LAND AND		**736,318.00**	**-**	**736,318.00**		**736,318.00**	**736,318.00**
		0040 - OTHER SERVICES AND CHARGES	0401 - TRAVEL - LOCAL	12,000.00	344.43	11,655.57		12,000.00	-
			0402 - TRAVEL - OUT OF CITY	24,500.00	488.80	24,011.20		102,607.00	-
			0408 - PROF SERVICE FEES AND CONTR	276,469.24	64,458.26	212,010.98		290,796.00	(13,705.88)
			0410 - OFFICE SUPPORT	61,000.00	57,476.40	3,523.60		56,250.00	(14,786.01)
			0411 - PRINTING, DUPLICATING, ETC	23,824.00	2,654.00	21,170.00		23,824.00	-
			0415 - JUDGEMENTS, INDEMNITIES	-	14,505.50	(14,505.50)		-	-
			0416 - POSTAGE	87,000.00	8,288.78	78,711.22		95,000.00	-
			0419 - TUITION FOR EMPLOYEE TRAINING	65,000.00	9,420.00	55,580.00		75,000.00	2,472.00
			0424 - CONFERENCE FEES LOC OUT OF CITY	12,000.00	3,437.94	8,562.06		43,500.00	-
			0425 - PAYMENT OF MEMBERSHIP DUES	51,859.02	14,936.73	36,922.29		52,500.00	13,000.00
			0494 - OCTO IT ASSESSMENT	138,224.00	138,767.25	(543.25)		175,796.41	101,664.41
		0040 - OTHER SERVICES AND CHARGES -		**751,876.26**	**314,778.09**	**437,098.17**		**927,273.41**	**88,644.52**
		0041 - CONTRACTUAL SERVICES - OTHER	0409 - CONTRACTUAL SERVICES - OTHER	7,498,812.48	3,343,003.12	4,155,809.36		6,621,687.90	(80,138.46)
		0041 - CONTRACTUAL SERVICES - OTHER		**7,498,812.48**	**3,343,003.12**	**4,155,809.36**		**6,621,687.90**	**(80,138.46)**
		0070 - EQUIPMENT & EQUIPMENT RENTAL	0702 - PURCHASES - EQUIPMENT AND MACHINERY	235,000.00	1,295.50	233,704.50		144,153.00	750.00
			0710 - IT HARDWARE ACQUISITIONS	25,750.00	-	25,750.00		25,750.00	-
		0070 - EQUIPMENT & EQUIPMENT RENTAL		**260,750.00**	**1,295.50**	**259,454.50**		**169,903.00**	**750.00**
	NON-PERSONNEL SERVICES - Total			**9,364,837.33**	**3,686,010.99**	**5,678,826.34**	**$.3M - SHPDA Fees, $.4M - Pharmacy Protection, $4.7M - Board of Medicine, $.1M - ICF/MR Fees 7& Fines, and $0.2M - Civic Monetary Penalties.**	**8,584,835.31**	**810,646.56**
0600 - Total				**25,891,908.04**	**16,914,941.06**	**8,976,966.98**		**24,890,071.35**	**4,441,005.61**
0700	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	0111 - CONTINUING FULL TIME	1,453,965.93	225,493.76	1,228,472.17		146,017.76	23,103.70
		0011 - REGULAR PAY - CONT FULL TIME -		**1,453,965.93**	**225,493.76**	**1,228,472.17**		**146,017.76**	**23,103.70**
		0012 - REGULAR PAY - OTHER	0121 - TEMPORARY FULL-TIME	(4,000.00)	312,544.65	(316,544.65)		-	-
			0124 - WHEN ACTUALLY EMPLOYED - WAE	-	5,437.60	(5,437.60)		-	-
			0125 - TERM FULL-TIME	346,386.06	1,011,123.00	(664,736.94)		232,051.34	64,585.55
		0012 - REGULAR PAY - OTHER - Total		**342,386.06**	**1,329,105.25**	**(986,719.19)**		**232,051.34**	**64,585.55**
		0013 - ADDITIONAL GROSS PAY	0134 - TERMINAL LEAVE	-	90,816.90	(90,816.90)		-	-
			0135 - HOLIDAY PAY	-	33,836.69	(33,836.69)		-	-
			0136 - SUNDAY PAY	-	12,861.80	(12,861.80)		-	-
		0013 - ADDITIONAL GROSS PAY - Total		**-**	**137,515.39**	**(137,515.39)**		**-**	**-**
		0014 - FRINGE BENEFITS - CURR PERSONNEL	0141 - GROUP LIFE INSURANCE	-	174.62	(174.62)		-	41.65
			0142 - HEALTH BENEFITS	-	30,410.74	(30,410.74)		-	8,863.00
			0147 - MISC FRINGE BENEFITS	102,314.67	218,890.17	(116,575.50)		84,687.51	-
			0148 - RETIREMENT CONTRIBUTION - FICA	-	20,071.30	(20,071.30)		-	5,767.46
			0154 - OPTICAL PLAN	-	300.99	(300.99)		-	72.17
			0155 - DENTAL PLAN	-	894.55	(894.55)		-	243.76
			0157 - PREPAID LEGAL	-	1,070.37	(1,070.37)		-	248.58
			0158 - MEDICARE CONTRIBUTION	-	4,694.29	(4,694.29)		-	1,348.80

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
FUND LEVEL

Approp Fund	GAAP Category Title	Comp Source Group	Comp Object	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
			0159 - RETIREMENT	-	12,774.79	(12,774.79)		-	4,273.35
			0161 - DC HEALTH BENEFIT FEES	-	1,594.02	(1,594.02)		-	471.45
		0014 - FRINGE BENEFITS - CURR		**102,314.67**	**290,875.84**	**(188,561.17)**		**84,687.51**	**21,330.22**
		0015 - OVERTIME PAY	0133 - OVERTIME PAY	32,697.77	2,122.43	30,575.34		59,513.00	326.72
		0015 - OVERTIME PAY - Total		**32,697.77**	**2,122.43**	**30,575.34**		**59,513.00**	**326.72**
	PERSONNEL SERVICES - Total			**1,931,364.43**	**1,985,112.67**	**(53,748.24)**		**522,269.61**	**109,346.19**
	NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	0201 - OFFICE SUPPLIES	31,160.52	1,966.78	29,193.74		893.99	-
			0203 - MEDICAL, SURGICAL AND LAB	2,052,766.37	1,502,704.68	550,061.69		-	-
			0208 - LUBRICANTS	(195,116.37)	-	(195,116.37)		-	-
		0020 - SUPPLIES AND MATERIALS - Total		**1,888,810.52**	**1,504,671.46**	**384,139.06**		**893.99**	**-**
		0040 - OTHER SERVICES AND CHARGES	0401 - TRAVEL - LOCAL	44,500.00	-	44,500.00		-	-
			0402 - TRAVEL - OUT OF CITY	-	-	-		2,114.00	-
			0408 - PROF SERVICE FEES AND CONTR	-	-	-		4,382.78	-
			0410 - OFFICE SUPPORT	9,000.00	9,275.51	(275.51)		-	-
			0419 - TUITION FOR EMPLOYEE TRAINING	8,360.00	-	8,360.00		-	-
			0425 - PAYMENT OF MEMBERSHIP DUES	21,000.00	4,400.00	16,600.00		-	-
		0040 - OTHER SERVICES AND CHARGES -		**82,860.00**	**13,675.51**	**69,184.49**		**6,496.78**	**-**
		0041 - CONTRACTUAL SERVICES - OTHER	0409 - CONTRACTUAL SERVICES - OTHER	4,386,361.94	3,791,592.60	594,769.34		316,134.78	8,456.25
			0417 - IT CONSULTANT CONTRACTS	4,483.00	-	4,483.00		4,975.00	-
		0041 - CONTRACTUAL SERVICES - OTHER		**4,390,844.94**	**3,791,592.60**	**599,252.34**		**321,109.78**	**8,456.25**
		0050 - SUBSIDIES AND TRANSFERS	0506 - GRANTS AND GRATUITIES	3,777,883.37	2,357,426.88	1,420,456.49		636,028.98	(51,376.60)
		0050 - SUBSIDIES AND TRANSFERS - Total		**3,777,883.37**	**2,357,426.88**	**1,420,456.49**		**636,028.98**	**(51,376.60)**
		0070 - EQUIPMENT & EQUIPMENT RENTAL	0702 - PURCHASES - EQUIPMENT AND MACHINERY	-	-	-		600.00	-
			0710 - IT HARDWARE ACQUISITIONS	680.00	-	680.00		-	-
		0070 - EQUIPMENT & EQUIPMENT RENTAL		**680.00**	**-**	**680.00**		**600.00**	**-**
	NON-PERSONNEL SERVICES - Total			**10,141,078.83**	**7,667,366.45**	**2,473,712.38**		**965,129.53**	**(42,920.35)**
0700 - Total				**12,072,443.26**	**9,652,479.12**	**2,419,964.14**	**Budget authority not reduced by OCFO to match actual expenditures.**	**1,487,399.14**	**66,425.84**
Overall - Total				**341,321,407.69**	**301,419,304.45**	**39,902,103.24**		**454,301,205.14**	**79,875,030.07**

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 1000 - AGENCY MANAGEMENT PROGRAM

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
0100	1010 - PERSONNEL	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	182,741.50	158,778.62	23,962.88		167,014.00	40,475.57
			0013 - ADDITIONAL GROSS PAY	-	47,243.13	(47,243.13)		-	(1,627.44)
			0014 - FRINGE BENEFITS - CURR PERSONNEL	37,308.96	40,384.81	(3,075.85)		37,411.14	10,730.78
		PERSONNEL SERVICES - Total		**220,050.46**	**246,406.56**	**(26,356.10)**		**204,425.14**	**49,578.91**
	1010 - PERSONNEL - Total			**220,050.46**	**246,406.56**	**(26,356.10)**		**204,425.14**	**49,578.91**
	1017 - LABOR MANAGEMENT	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	112,414.20	128,682.13	(16,267.93)		128,000.00	35,523.67
			0014 - FRINGE BENEFITS - CURR PERSONNEL	26,080.09	34,573.67	(8,493.58)		28,672.00	9,189.48
		PERSONNEL SERVICES - Total		**138,494.29**	**163,255.80**	**(24,761.51)**		**156,672.00**	**44,713.15**
	1017 - LABOR MANAGEMENT - Total			**138,494.29**	**163,255.80**	**(24,761.51)**		**156,672.00**	**44,713.15**
	1030 - PROPERTY MANAGEMENT	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	115,946.43	65,864.11	50,082.32		115,946.43	32,178.40
			0013 - ADDITIONAL GROSS PAY	-	240,951.22	(240,951.22)		-	(67,819.95)
			0014 - FRINGE BENEFITS - CURR PERSONNEL	26,899.57	9,305.38	17,594.19		25,972.00	4,433.87
		PERSONNEL SERVICES - Total		**142,846.00**	**316,120.71**	**(173,274.71)**		**141,918.43**	**(31,207.68)**
		NON-PERSONNEL SERVICES	0030 - ENERGY, COMM. AND BLDG RENTALS	139,287.33	136,851.73	2,435.60		173,953.04	150,488.33
			0031 - TELECOMMUNICATIONS	1,548,683.61	1,562,192.81	(13,509.20)		2,253,781.00	2,267,290.21
			0032 - RENTALS - LAND AND STRUCTURES	11,282,833.36	11,111,255.12	171,578.24		11,668,535.45	12,068,535.49
			0034 - SECURITY SERVICES	501,794.24	449,058.81	52,735.43		493,666.37	493,666.37
			0035 - OCCUPANCY FIXED COSTS	161,539.74	260,768.30	(99,228.56)		171,197.00	171,197.00
			0040 - OTHER SERVICES AND CHARGES	238,432.00	175,753.46	62,678.54		301,723.00	300,933.36
			0041 - CONTRACTUAL SERVICES - OTHER	-	-	-		65,000.00	-
		NON-PERSONNEL SERVICES - Total		**13,872,570.28**	**13,695,880.23**	**176,690.05**		**15,127,855.86**	**15,452,110.76**
	1030 - PROPERTY MANAGEMENT - Total			**14,015,416.28**	**14,012,000.94**	**3,415.34**		**15,269,774.29**	**15,420,903.08**
	1040 - INFORMATION TECHNOLOGY	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	346,526.51	442,752.28	(96,225.77)		440,463.25	118,910.17
			0013 - ADDITIONAL GROSS PAY	-	4,885.98	(4,885.98)		-	1,494.35
			0014 - FRINGE BENEFITS - CURR PERSONNEL	102,141.05	104,485.70	(2,344.65)		98,663.77	21,477.47
			0015 - OVERTIME PAY	-	-	-		-	1,196.26
		PERSONNEL SERVICES - Total		**448,667.56**	**552,123.96**	**(103,456.40)**		**539,127.02**	**143,078.25**
		NON-PERSONNEL SERVICES	0030 - ENERGY, COMM. AND BLDG RENTALS	15,364.06	13,029.95	2,334.11		8,794.14	8,794.14
			0040 - OTHER SERVICES AND CHARGES	34,148.00	34,148.00	-		34,148.00	34,148.00
			0041 - CONTRACTUAL SERVICES - OTHER	65,000.00	-	65,000.00		-	-
		NON-PERSONNEL SERVICES - Total		**114,512.06**	**47,177.95**	**67,334.11**		**42,942.14**	**42,942.14**
	1040 - INFORMATION TECHNOLOGY - Total			**563,179.62**	**599,301.91**	**(36,122.29)**		**582,069.16**	**186,020.39**
	1060 - LEGAL	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	653,566.11	616,529.08	37,037.03		567,710.44	166,077.44
			0013 - ADDITIONAL GROSS PAY	-	83,960.09	(83,960.09)		-	(62,255.07)
			0014 - FRINGE BENEFITS - CURR PERSONNEL	151,627.34	96,525.93	55,101.41		148,117.03	23,139.06
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**805,193.45**	**797,015.10**	**8,178.35**		**715,827.47**	**126,961.43**
	1060 - LEGAL - Total			**805,193.45**	**797,015.10**	**8,178.35**		**715,827.47**	**126,961.43**
	1080 - COMMUNICATIONS	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	461,214.00	439,276.00	21,938.00		462,159.87	95,547.25
			0013 - ADDITIONAL GROSS PAY	-	45,672.01	(45,672.01)		-	(21,926.76)
			0014 - FRINGE BENEFITS - CURR PERSONNEL	107,001.64	81,423.77	25,577.87		103,523.81	16,222.81
			0015 - OVERTIME PAY	-	-	-		-	-

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 1000 - AGENCY MANAGEMENT PROGRAM

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
		PERSONNEL SERVICES - Total		**568,215.64**	**566,371.78**	**1,843.86**		**565,683.68**	**89,843.30**
	1080 - COMMUNICATIONS - Total			**568,215.64**	**566,371.78**	**1,843.86**		**565,683.68**	**89,843.30**
	1090 - PERFORMANCE MANAGEMENT	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	571,303.96	570,475.45	828.51		572,192.24	152,370.78
			0013 - ADDITIONAL GROSS PAY	-	11,010.09	(11,010.09)		-	(5,808.16)
			0014 - FRINGE BENEFITS - CURR PERSONNEL	132,542.52	101,644.17	30,898.35		128,171.06	22,854.41
			0015 - OVERTIME PAY	1,095,173.00	1,106,768.53	(11,595.53)		-	122,834.02
		PERSONNEL SERVICES - Total		**1,799,019.48**	**1,789,898.24**	**9,121.24**		**700,363.30**	**292,251.05**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	20,646.21	10,887.36	9,758.85		20,646.21	20,000.00
			0040 - OTHER SERVICES AND CHARGES	59,730.00	29,531.46	30,198.54		59,730.00	30,000.00
			0041 - CONTRACTUAL SERVICES - OTHER	73,380.00	9,500.00	63,880.00		73,380.00	(9,500.00)
			0050 - SUBSIDIES AND TRANSFERS	-	-	-		206,232.00	-
		NON-PERSONNEL SERVICES - Total		**153,756.21**	**49,918.82**	**103,837.39**		**359,988.21**	**40,500.00**
	1090 - PERFORMANCE MANAGEMENT - Total			**1,952,775.69**	**1,839,817.06**	**112,958.63**		**1,060,351.51**	**332,751.05**
0100 - Total				**18,263,325.43**	**18,224,169.15**	**39,156.28**	**N/A**	**18,554,803.25**	**16,250,771.31**
0200	1010 - PERSONNEL	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	774,649.18	682,816.57	91,832.61		843,676.19	225,047.22
			0012 - REGULAR PAY OTHER	110,191.00	135,661.90	(25,470.90)		67,560.34	32,961.63
			0013 - ADDITIONAL GROSS PAY	-	110,611.99	(110,611.99)		-	20.49
			0014 - FRINGE BENEFITS - CURR PERSONNEL	205,282.90	157,844.19	47,438.71		204,116.99	47,514.15
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**1,090,123.08**	**1,086,934.65**	**3,188.43**		**1,115,353.52**	**305,543.49**
	1010 - PERSONNEL - Total			**1,090,123.08**	**1,086,934.65**	**3,188.43**		**1,115,353.52**	**305,543.49**
	1020 - CONTRACTING AND PROCUREMENT	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	498,886.27	449,737.61	49,148.66		452,722.30	124,664.51
			0012 - REGULAR PAY OTHER	79,425.03	79,851.80	(426.77)		81,792.40	30,563.18
			0014 - FRINGE BENEFITS - CURR PERSONNEL	134,168.22	107,748.69	26,419.53		119,731.30	31,194.59
		PERSONNEL SERVICES - Total		**712,479.52**	**637,338.10**	**75,141.42**		**654,246.00**	**186,422.28**
	1020 - CONTRACTING AND PROCUREMENT - Total			**712,479.52**	**637,338.10**	**75,141.42**		**654,246.00**	**186,422.28**
	1030 - PROPERTY MANAGEMENT	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	362,705.00	326,162.52	36,542.48		269,085.08	43,134.81
			0012 - REGULAR PAY OTHER	-	-	-		-	18,983.33
			0013 - ADDITIONAL GROSS PAY	-	2,412.85	(2,412.85)		-	37,608.54
			0014 - FRINGE BENEFITS - CURR PERSONNEL	84,147.56	78,732.59	5,414.97		60,275.06	18,643.46
			0015 - OVERTIME PAY	-	-	-		-	1,161.60
		PERSONNEL SERVICES - Total		**446,852.56**	**407,307.96**	**39,544.60**		**329,360.14**	**119,531.74**
		NON-PERSONNEL SERVICES	0031 - TELECOMMUNICATIONS	-	-	-		13,509.00	-
			0032 - RENTALS - LAND AND STRUCTURES	1,333,841.12	1,060,875.00	272,966.12		1,250,444.51	1,250,444.51
			0040 - OTHER SERVICES AND CHARGES	42,000.00	-	42,000.00		42,000.00	-
			0041 - CONTRACTUAL SERVICES - OTHER	293,673.00	65,111.89	228,561.11		293,673.00	(65,111.89)
		NON-PERSONNEL SERVICES - Total		**1,669,514.12**	**1,125,986.89**	**543,527.23**		**1,599,626.51**	**1,185,332.62**
	1030 - PROPERTY MANAGEMENT - Total			**2,116,366.68**	**1,533,294.85**	**583,071.83**		**1,928,986.65**	**1,304,864.36**
	1040 - INFORMATION TECHNOLOGY	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	614,698.99	660,686.66	(45,987.67)		1,005,576.96	181,942.96
			0012 - REGULAR PAY OTHER	-	-	-		-	(2,223.74)
			0013 - ADDITIONAL GROSS PAY	-	2,700.44	(2,700.44)		-	341.26
			0014 - FRINGE BENEFITS - CURR PERSONNEL	136,639.91	174,473.27	(37,833.36)		243,412.95	45,466.89
			0015 - OVERTIME PAY	-	(1,521.30)	1,521.30		-	3,781.48
		PERSONNEL SERVICES - Total		**751,338.90**	**836,339.07**	**(85,000.17)**		**1,248,989.91**	**229,308.85**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	-	-	-		100,000.00	-

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 1000 - AGENCY MANAGEMENT PROGRAM

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
			0031 - TELECOMMUNICATIONS	-	-	-		-	1,500.00
			0040 - OTHER SERVICES AND CHARGES	64,499.00	54,806.82	9,692.18		64,499.00	15,200.00
			0041 - CONTRACTUAL SERVICES - OTHER	4,936,112.83	419,450.68	4,516,662.15		7,788,938.58	383,078.91
			0070 - EQUIPMENT & EQUIPMENT RENTAL	38,500.00	-	38,500.00		238,500.00	-
		NON-PERSONNEL SERVICES - Total		**5,039,111.83**	**474,257.50**	**4,564,854.33**		**8,191,937.58**	**399,778.91**
	1040 - INFORMATION TECHNOLOGY - Total			**5,790,450.73**	**1,310,596.57**	**4,479,854.16**		**9,440,927.49**	**629,087.76**
	1055 - RISK MANAGEMENT	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	191,360.00	96,908.17	94,451.83		98,947.00	27,413.16
			0014 - FRINGE BENEFITS - CURR PERSONNEL	44,395.52	18,421.04	25,974.48		22,164.13	5,054.70
		PERSONNEL SERVICES - Total		**235,755.52**	**115,329.21**	**120,426.31**		**121,111.13**	**32,467.86**
	1055 - RISK MANAGEMENT - Total			**235,755.52**	**115,329.21**	**120,426.31**		**121,111.13**	**32,467.86**
	1060 - LEGAL	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	91,339.23	214,044.85	(122,705.62)		278,548.48	42,125.71
			0013 - ADDITIONAL GROSS PAY	-	638.89	(638.89)		-	-
			0014 - FRINGE BENEFITS - CURR PERSONNEL	21,146.04	32,441.05	(11,295.01)		62,394.86	5,386.66
		PERSONNEL SERVICES - Total		**112,485.27**	**247,124.79**	**(134,639.52)**		**340,943.34**	**47,512.37**
	1060 - LEGAL - Total			**112,485.27**	**247,124.79**	**(134,639.52)**		**340,943.34**	**47,512.37**
	1080 - COMMUNICATIONS	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	51,059.00	-	51,059.00		157,594.94	13,371.81
			0012 - REGULAR PAY OTHER	85,602.35	86,026.04	(423.69)		87,931.00	24,396.12
			0014 - FRINGE BENEFITS - CURR PERSONNEL	31,705.44	14,569.67	17,135.77		54,997.80	5,222.47
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**168,366.79**	**100,595.71**	**67,771.08**		**300,523.74**	**42,990.40**
		NON-PERSONNEL SERVICES	0041 - CONTRACTUAL SERVICES - OTHER	40,000.00	-	40,000.00		40,000.00	4,195.32
		NON-PERSONNEL SERVICES - Total		**40,000.00**	**-**	**40,000.00**		**40,000.00**	**4,195.32**
	1080 - COMMUNICATIONS - Total			**208,366.79**	**100,595.71**	**107,771.08**		**340,523.74**	**47,185.72**
	1087 - LANGUAGE ACCESS	NON-PERSONNEL SERVICES	0041 - CONTRACTUAL SERVICES - OTHER	100,000.00	-	100,000.00		100,000.00	47,670.70
		NON-PERSONNEL SERVICES - Total		**100,000.00**	**-**	**100,000.00**		**100,000.00**	**47,670.70**
	1087 - LANGUAGE ACCESS - Total			**100,000.00**	**-**	**100,000.00**		**100,000.00**	**47,670.70**
	1090 - PERFORMANCE MANAGEMENT	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	624,024.89	534,577.99	89,446.90		746,954.31	164,524.86
			0012 - REGULAR PAY OTHER	72,626.00	41,174.15	31,451.85		-	11,843.45
			0013 - ADDITIONAL GROSS PAY	-	27,564.99	(27,564.99)		-	414.60
			0014 - FRINGE BENEFITS - CURR PERSONNEL	161,623.02	114,909.43	46,713.59		167,317.77	30,318.22
		PERSONNEL SERVICES - Total		**858,273.91**	**718,226.56**	**140,047.35**		**914,272.08**	**207,101.13**
		NON-PERSONNEL SERVICES	0040 - OTHER SERVICES AND CHARGES	30,450.00	30,305.46	144.54		30,450.00	(4,800.00)
			0041 - CONTRACTUAL SERVICES - OTHER	53,600.00	7,150.95	46,449.05		53,600.00	1,385.84
			0050 - SUBSIDIES AND TRANSFERS	332,470.46	318,291.02	14,179.44		332,470.46	-
		NON-PERSONNEL SERVICES - Total		**416,520.46**	**355,747.43**	**60,773.03**		**416,520.46**	**(3,414.16)**
	1090 - PERFORMANCE MANAGEMENT - Total			**1,274,794.37**	**1,073,973.99**	**200,820.38**		**1,330,792.54**	**203,686.97**
0200 - Total				**11,640,821.96**	**6,105,187.87**	**5,535,634.09**	**Variance is due to excess budget authority for the Indirect Cost Recovery grant ($5.5M).**	**15,372,884.41**	**2,804,441.51**
0400	1090 - PERFORMANCE MANAGEMENT	NON-PERSONNEL SERVICES	0040 - OTHER SERVICES AND CHARGES	-	-	-		-	-
		NON-PERSONNEL SERVICES - Total		**-**	**-**	**-**		**-**	**-**
	1090 - PERFORMANCE MANAGEMENT - Total			**-**	**-**	**-**		**-**	**-**
0400 - Total				**-**	**-**	**-**	**N/A**	**-**	**-**
0600	1030 - PROPERTY MANAGEMENT	NON-PERSONNEL SERVICES	0032 - RENTALS - LAND AND STRUCTURES	736,318.00	-	736,318.00		736,318.00	736,318.00
		NON-PERSONNEL SERVICES - Total		**736,318.00**	**-**	**736,318.00**		**736,318.00**	**736,318.00**
	1030 - PROPERTY MANAGEMENT - Total			**736,318.00**	**-**	**736,318.00**		**736,318.00**	**736,318.00**
	1040 - INFORMATION TECHNOLOGY	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	409,311.24	310,608.40	98,702.84		431,518.64	49,850.59

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 1000 - AGENCY MANAGEMENT PROGRAM

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
			0013 - ADDITIONAL GROSS PAY	-	770.38	(770.38)		-	37,733.00
			0014 - FRINGE BENEFITS - CURR PERSONNEL	94,011.28	64,836.55	29,174.73		96,660.17	16,698.36
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**503,322.52**	**376,215.33**	**127,107.19**		**528,178.81**	**104,281.95**
	1040 - INFORMATION TECHNOLOGY		**- Total**	**503,322.52**	**376,215.33**	**127,107.19**		**528,178.81**	**104,281.95**
	1060 - LEGAL	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	1,188,671.76	894,821.95	293,849.81		1,319,560.04	226,331.07
			0013 - ADDITIONAL GROSS PAY	-	12,489.81	(12,489.81)		-	-
			0014 - FRINGE BENEFITS - CURR PERSONNEL	269,523.74	157,395.23	112,128.51		295,581.46	41,830.45
		PERSONNEL SERVICES - Total		**1,458,195.50**	**1,064,706.99**	**393,488.51**		**1,615,141.50**	**268,161.52**
	1060 - LEGAL		**- Total**	**1,458,195.50**	**1,064,706.99**	**393,488.51**		**1,615,141.50**	**268,161.52**
0600 - Total				**2,697,836.02**	**1,440,922.32**	**1,256,913.70**	**Variance is due to underspending in rent ($730K) and vacancy savings ($520K).**	**2,879,638.31**	**1,108,761.47**
0700	1030 - PROPERTY MANAGEMENT	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	50,697.83	50,700.19	(2.36)		-	-
			0014 - FRINGE BENEFITS - CURR PERSONNEL	7,202.17	7,199.81	2.36		-	-
		PERSONNEL SERVICES - Total		**57,900.00**	**57,900.00**	**-**		**-**	**-**
		NON-PERSONNEL SERVICES	0041 - CONTRACTUAL SERVICES - OTHER	-	-	-		-	-
		NON-PERSONNEL SERVICES - Total		**-**	**-**	**-**		**-**	**-**
	1030 - PROPERTY MANAGEMENT		**- Total**	**57,900.00**	**57,900.00**	**-**		**-**	**-**
0700 - Total				**57,900.00**	**57,900.00**	**-**		**-**	**-**

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 100F - AGENCY FINANCIAL OPERATIONS

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
0100	110F - AGENCY FISCAL OFFICER OPERATIONS	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	223,146.50	205,870.67	17,275.83		227,449.57	59,209.73
			0013 - ADDITIONAL GROSS PAY	-	21,470.16	(21,470.16)		-	(1,053.47)
			0014 - FRINGE BENEFITS - CURR PERSONNEL	51,769.99	40,356.56	11,413.43		50,948.70	10,680.46
		PERSONNEL SERVICES - Total		**274,916.49**	**267,697.39**	**7,219.10**		**278,398.27**	**68,836.72**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	1,979.17	-	1,979.17		1,979.11	1,979.11
		NON-PERSONNEL SERVICES - Total		**1,979.17**	**-**	**1,979.17**		**1,979.11**	**1,979.11**
	110F - AGENCY FISCAL OFFICER OPERATIONS - Total			**276,895.66**	**267,697.39**	**9,198.27**		**280,377.38**	**70,815.83**
	120F - ACCOUNTING OPERATIONS	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	212,483.24	213,715.33	(1,232.09)		218,606.28	57,682.91
			0014 - FRINGE BENEFITS - CURR PERSONNEL	49,296.11	57,812.60	(8,516.49)		48,967.81	15,825.47
		PERSONNEL SERVICES - Total		**261,779.35**	**271,527.93**	**(9,748.58)**		**267,574.09**	**73,508.38**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	3,086.45	-	3,086.45		3,086.44	3,086.44
			0040 - OTHER SERVICES AND CHARGES	1,500.00	-	1,500.00		1,500.00	-
		NON-PERSONNEL SERVICES - Total		**4,586.45**	**-**	**4,586.45**		**4,586.44**	**3,086.44**
	120F - ACCOUNTING OPERATIONS - Total			**266,365.80**	**271,527.93**	**(5,162.13)**		**272,160.53**	**76,594.82**
	140F - AGENCY FISCAL OFFICER	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	216,123.80	225,586.11	(9,462.31)		217,727.61	59,750.57
			0014 - FRINGE BENEFITS - CURR PERSONNEL	52,026.82	41,983.35	10,043.47		50,613.47	11,747.90
		PERSONNEL SERVICES - Total		**268,150.62**	**267,569.46**	**581.16**		**268,341.08**	**71,498.47**
		NON-PERSONNEL SERVICES	0041 - CONTRACTUAL SERVICES - OTHER	71,694.78	-	71,694.78		62,227.80	-
		NON-PERSONNEL SERVICES - Total		**71,694.78**	**-**	**71,694.78**		**62,227.80**	**-**
	140F - AGENCY FISCAL OFFICER - Total			**339,845.40**	**267,569.46**	**72,275.94**		**330,568.88**	**71,498.47**
0100 - Total				**883,106.86**	**806,794.78**	**76,312.08**	**Variance is due to underspending in contracts.**	**883,106.79**	**218,909.12**
0200	110F - AGENCY FISCAL OFFICER OPERATIONS	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	598,182.72	598,182.72	-		713,880.79	147,723.92
			0013 - ADDITIONAL GROSS PAY	-	12,805.41	(12,805.41)		-	-

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 100F - AGENCY FINANCIAL OPERATIONS

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
			0014 - FRINGE BENEFITS - CURR PERSONNEL	119,971.95	119,971.95	-		159,909.30	30,999.56
		PERSONNEL SERVICES - Total		**718,154.67**	**730,960.08**	**(12,805.41)**		**873,790.09**	**178,723.48**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	974.85	974.85	-		4,285.75	4,285.75
			0040 - OTHER SERVICES AND CHARGES	-	-	-		7,500.00	-
			0041 - CONTRACTUAL SERVICES - OTHER	(69,634.05)	(69,634.05)	-		-	-
			0050 - SUBSIDIES AND TRANSFERS	(6,886.85)	(6,886.85)	-		-	-
			0070 - EQUIPMENT & EQUIPMENT RENTAL	6,886.85	6,886.85	-		20,000.00	-
		NON-PERSONNEL SERVICES - Total		**(68,659.20)**	**(68,659.20)**	**-**		**31,785.75**	**4,285.75**
	110F - AGENCY FISCAL OFFICER OPERATIONS - Total			**649,495.47**	**662,300.88**	**(12,805.41)**		**905,575.84**	**183,009.23**
	120F - ACCOUNTING OPERATIONS	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	536,842.29	536,842.29	-		703,952.39	137,377.12
			0013 - ADDITIONAL GROSS PAY	-	686.88	(686.88)		-	24.04
			0014 - FRINGE BENEFITS - CURR PERSONNEL	113,654.93	113,654.93	-		157,685.35	37,261.11
		PERSONNEL SERVICES - Total		**650,497.22**	**651,184.10**	**(686.88)**		**861,637.74**	**174,662.27**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	-	-	-		6,281.50	6,281.50
			0040 - OTHER SERVICES AND CHARGES	-	-	-		19,000.00	-
			0041 - CONTRACTUAL SERVICES - OTHER	58,000.00	58,000.00	-		106,000.00	-
		NON-PERSONNEL SERVICES - Total		**58,000.00**	**58,000.00**	**-**		**131,281.50**	**6,281.50**
	120F - ACCOUNTING OPERATIONS - Total			**708,497.22**	**709,184.10**	**(686.88)**		**992,919.24**	**180,943.77**
	130F - ACFO	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	251,579.72	260,729.39	(9,149.67)		258,705.89	70,389.17
			0014 - FRINGE BENEFITS - CURR PERSONNEL	58,366.49	71,145.59	(12,779.10)		57,950.13	19,514.16
		PERSONNEL SERVICES - Total		**309,946.21**	**331,874.98**	**(21,928.77)**		**316,656.02**	**89,903.33**
	130F - ACFO - Total			**309,946.21**	**331,874.98**	**(21,928.77)**		**316,656.02**	**89,903.33**

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 100F - AGENCY FINANCIAL OPERATIONS

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
	140F - AGENCY FISCAL OFFICER	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	9,149.67	-	9,149.67		-	-
			0014 - FRINGE BENEFITS - CURR PERSONNEL	12,779.10	-	12,779.10		-	-
		PERSONNEL SERVICES - Total		**21,928.77**	**-**	**21,928.77**		**-**	**-**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	-	-	-		2,571.42	2,571.42
			0040 - OTHER SERVICES AND CHARGES	-	-	-		4,500.00	-
			0041 - CONTRACTUAL SERVICES - OTHER	13,492.29	-	13,492.29		150,942.14	-
		NON-PERSONNEL SERVICES - Total		**13,492.29**	**-**	**13,492.29**		**158,013.56**	**2,571.42**
	140F - AGENCY FISCAL OFFICER - Total			**35,421.06**	**-**	**35,421.06**		**158,013.56**	**2,571.42**
0200 - Total				**1,703,359.96**	**1,703,359.96**	**-**	**N/A**	**2,373,164.66**	**456,427.75**

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 2500 - HLTH EMERG PREPAREDNESS & RESPONSE ADMIN

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
0100	2540 - PUBLIC HEALTH EMERGENCY PREPAREDNESS	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	253,056.75	215,581.22	37,475.53		439,833.54	11,963.33
			0013 - ADDITIONAL GROSS PAY	-	206,291.27	(206,291.27)		-	(77,819.08)
			0014 - FRINGE BENEFITS - CURR PERSONNEL	60,743.71	48,200.29	12,543.42		98,522.70	2,253.25
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**313,800.46**	**470,072.78**	**(156,272.32)**		**538,356.24**	**(63,602.50)**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	10,000.00	9,675.75	324.25		10,000.00	10,000.00
			0040 - OTHER SERVICES AND CHARGES	272,991.51	17,379.65	255,611.86		262,851.17	12,851.17
			0041 - CONTRACTUAL SERVICES - OTHER	50,000.00	48,651.83	1,348.17		510,606.00	(23,212.28)
			0050 - SUBSIDIES AND TRANSFERS	-	-	-		-	173.98
		NON-PERSONNEL SERVICES - Total		**332,991.51**	**75,707.23**	**257,284.28**		**783,457.17**	**(187.13)**
	2540 - PUBLIC HEALTH EMERGENCY PREPAREDNESS -			**646,791.97**	**545,780.01**	**101,011.96**		**1,321,813.41**	**(63,789.63)**
	2550 - PUBLIC HEALTH EMERG. OPS. AND PGM SUPT	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	273,164.92	351,773.56	(78,608.64)		203,707.66	98,098.81
			0013 - ADDITIONAL GROSS PAY	-	235.60	(235.60)		-	-
			0014 - FRINGE BENEFITS - CURR PERSONNEL	68,012.50	69,986.69	(1,974.19)		49,940.72	20,082.11
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**341,177.42**	**421,995.85**	**(80,818.43)**		**253,648.38**	**118,180.92**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	206.56	176.30	30.26		1,865.72	1,865.00
		NON-PERSONNEL SERVICES - Total		**206.56**	**176.30**	**30.26**		**1,865.72**	**1,865.00**
	2550 - PUBLIC HEALTH EMERG. OPS. AND PGM SUPT -			**341,383.98**	**422,172.15**	**(80,788.17)**		**255,514.10**	**120,045.92**
	2570 - EMERGENCY MEDICAL SERVICES REGULATION	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	95,244.22	22,498.70	72,745.52		97,668.00	28,104.53
			0013 - ADDITIONAL GROSS PAY	-	-	-		-	492.55

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 2500 - HLTH EMERG PREPAREDNESS & RESPONSE ADMIN

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
			0014 - FRINGE BENEFITS - CURR PERSONNEL	22,096.66	4,414.96	17,681.70		21,877.63	5,817.06
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**117,340.88**	**26,913.66**	**90,427.22**		**119,545.63**	**34,414.14**
	2570 - EMERGENCY MEDICAL SERVICES REGULATION -			**117,340.88**	**26,913.66**	**90,427.22**		**119,545.63**	**34,414.14**
	2580 - SENIOR DEPUTY DIRECTOR	NON-PERSONNEL SERVICES	0040 - OTHER SERVICES AND CHARGES	5,505.74	793.03	4,712.71		9,149.41	-
			0041 - CONTRACTUAL SERVICES - OTHER	31,884.26	9,327.88	22,556.38		31,884.26	-
		NON-PERSONNEL SERVICES - Total		**37,390.00**	**10,120.91**	**27,269.09**		**41,033.67**	**-**
	2580 - SENIOR DEPUTY DIRECTOR - Total			**37,390.00**	**10,120.91**	**27,269.09**		**41,033.67**	**-**
0100 - Total				**1,142,906.83**	**1,004,986.73**	**137,920.10**	**Variance is primarily due to underspending in other services and charges.**	**1,737,906.81**	**90,670.43**
0200	2540 - PUBLIC HEALTH EMERGENCY PREPAREDNESS	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	159,776.10	57,228.44	102,547.66		171,166.90	29,478.45
			0012 - REGULAR PAY OTHER	-	-	-		-	19,133.60
			0013 - ADDITIONAL GROSS PAY	-	14,251.50	(14,251.50)		-	328.74
			0014 - FRINGE BENEFITS - CURR PERSONNEL	28,206.51	11,246.13	16,960.38		38,341.39	7,820.85
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**187,982.61**	**82,726.07**	**105,256.54**		**209,508.29**	**56,761.64**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	1,934.33	1,020.00	914.33		4,826.00	1,000.00
			0032 - RENTALS - LAND AND STRUCTURES	-	-	-		220,000.00	-
			0040 - OTHER SERVICES AND CHARGES	6,924.00	-	6,924.00		4,902.00	1,482.00
			0041 - CONTRACTUAL SERVICES - OTHER	(336,844.00)	-	(336,844.00)		130,000.00	-
			0050 - SUBSIDIES AND TRANSFERS	2,835,670.34	2,611,921.21	223,749.13		863,817.95	14,255.58

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 2500 - HLTH EMERG PREPAREDNESS & RESPONSE ADMIN

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
		NON-PERSONNEL SERVICES - Total		**2,507,684.67**	**2,612,941.21**	**(105,256.54)**		**1,223,545.95**	**16,737.58**
	2540 - PUBLIC HEALTH EMERGENCY PREPAREDNESS -			**2,695,667.28**	**2,695,667.28**	**-**		**1,433,054.24**	**73,499.22**
	2560 - EPIDEMIOLOGY DISEASE SURVL. AND INVESTIG	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	217,210.43	241,501.31	(24,290.88)		255,205.83	66,816.34
			0013 - ADDITIONAL GROSS PAY	-	405.89	(405.89)		-	18.69
			0014 - FRINGE BENEFITS - CURR PERSONNEL	35,311.02	43,342.47	(8,031.45)		27,873.93	12,280.03
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**252,521.45**	**285,249.67**	**(32,728.22)**		**283,079.76**	**79,115.06**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	155.58	155.58	-		6,883.11	6,883.00
			0041 - CONTRACTUAL SERVICES - OTHER	272,507.37	149,938.91	122,568.46		225,500.00	(5,583.12)
			0070 - EQUIPMENT & EQUIPMENT RENTAL	4,724.00	-	4,724.00		20,000.00	-
		NON-PERSONNEL SERVICES - Total		**277,386.95**	**150,094.49**	**127,292.46**		**252,383.11**	**1,299.88**
	2560 - EPIDEMIOLOGY DISEASE SURVL. AND INVESTIG -			**529,908.40**	**435,344.16**	**94,564.24**		**535,462.87**	**80,414.94**
	2580 - SENIOR DEPUTY DIRECTOR	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	1,494,809.47	1,405,146.25	89,663.22		2,931,687.03	409,868.39
			0012 - REGULAR PAY OTHER	184,019.82	239,349.98	(55,330.16)		235,331.00	90,062.70
			0013 - ADDITIONAL GROSS PAY	-	47,606.45	(47,606.45)		-	29,107.92
			0014 - FRINGE BENEFITS - CURR PERSONNEL	421,819.27	362,606.21	59,213.06		712,464.45	109,455.02
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**2,100,648.56**	**2,054,708.89**	**45,939.67**		**3,879,482.48**	**638,494.03**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	856,651.93	152,934.19	703,717.74		459,821.54	181,500.00
			0031 - TELECOMMUNICATIONS	9,099.80	20,121.83	(11,022.03)		-	-
			0040 - OTHER SERVICES AND CHARGES	172,022.67	81,488.52	90,534.15		167,390.09	201,608.00

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 2500 - HLTH EMERG PREPAREDNESS & RESPONSE ADMIN

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
			0041 - CONTRACTUAL SERVICES - OTHER	1,902,539.33	3,390,177.39	(1,487,638.06)		6,501,479.19	2,588,136.19
			0050 - SUBSIDIES AND TRANSFERS	526,365.00	48,284.58	478,080.42		-	(48,284.58)
			0070 - EQUIPMENT & EQUIPMENT RENTAL	286,248.62	123,457.00	162,791.62		269,533.50	-
		NON-PERSONNEL SERVICES - Total		**3,752,927.35**	**3,816,463.51**	**(63,536.16)**		**7,398,224.32**	**2,922,959.61**
	2580 - SENIOR DEPUTY DIRECTOR - Total			**5,853,575.91**	**5,871,172.40**	**(17,596.49)**		**11,277,706.80**	**3,561,453.64**
0200 - Total				**9,079,151.59**	**9,002,183.84**	**76,967.75**	**N/A**	**13,246,223.91**	**3,715,367.80**
0600	2540 - PUBLIC HEALTH EMERGENCY PREPAREDNESS	NON-PERSONNEL SERVICES	0040 - OTHER SERVICES AND CHARGES	2,500.00	-	2,500.00		-	-
		NON-PERSONNEL SERVICES - Total		**2,500.00**	**-**	**2,500.00**		**-**	**-**
	2540 - PUBLIC HEALTH EMERGENCY PREPAREDNESS -			**2,500.00**	**-**	**2,500.00**		**-**	**-**
	2570 - EMERGENCY MEDICAL SERVICES REGULATION	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	-	-	-		183,937.09	41,349.12
			0013 - ADDITIONAL GROSS PAY	-	-	-		-	-
			0014 - FRINGE BENEFITS - CURR PERSONNEL	-	-	-		20,681.68	5,616.56
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**-**	**-**	**-**		**204,618.77**	**46,965.68**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	2,498.45	2,498.45	-		2,165.00	2,165.00
			0040 - OTHER SERVICES AND CHARGES	(140.98)	2,359.02	(2,500.00)		11,083.00	10,833.00
			0041 - CONTRACTUAL SERVICES - OTHER	5,207.53	5,207.53	-		-	-
			0070 - EQUIPMENT & EQUIPMENT RENTAL	-	-	-		9,153.00	-
		NON-PERSONNEL SERVICES - Total		**7,565.00**	**10,065.00**	**(2,500.00)**		**22,401.00**	**12,998.00**
	2570 - EMERGENCY MEDICAL SERVICES REGULATION -			**7,565.00**	**10,065.00**	**(2,500.00)**		**227,019.77**	**59,963.68**
0600 - Total				**10,065.00**	**10,065.00**	**-**	**N/A**	**227,019.77**	**59,963.68**
0700	2580 - SENIOR DEPUTY DIRECTOR	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	1,280,000.00	-	1,280,000.00		-	-

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 2500 - HLTH EMERG PREPAREDNESS & RESPONSE ADMIN

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
			0012 - REGULAR PAY OTHER	-	970,122.22	(970,122.22)		-	-
			0013 - ADDITIONAL GROSS PAY	-	136,764.51	(136,764.51)		-	-
			0014 - FRINGE BENEFITS - CURR PERSONNEL	-	170,990.84	(170,990.84)		-	-
			0015 - OVERTIME PAY	-	2,122.43	(2,122.43)		-	-
		PERSONNEL SERVICES - Total		**1,280,000.00**	**1,280,000.00**	**-**		**-**	**-**
		NON-PERSONNEL SERVICES	0041 - CONTRACTUAL SERVICES - OTHER	-	-	-		-	-
		NON-PERSONNEL SERVICES - Total		**-**	**-**	**-**		**-**	**-**
	2580 - SENIOR DEPUTY DIRECTOR - Total			**1,280,000.00**	**1,280,000.00**	**-**		**-**	**-**
0700 - Total				**1,280,000.00**	**1,280,000.00**	**-**	**N/A**	**-**	**-**

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 3000 - HIV/AIDS HEPATITIS STD & TB ADMIN

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
0100	3010 - HIV/AIDS SUPPORT SERVICES	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	332,251.75	697,904.38	(365,652.63)		394,410.33	158,914.72
			0012 - REGULAR PAY OTHER	-	-	-		-	17,356.24
			0013 - ADDITIONAL GROSS PAY	-	65,513.23	(65,513.23)		-	34,140.70
			0014 - FRINGE BENEFITS - CURR PERSONNEL	118,605.63	151,259.64	(32,654.01)		120,852.81	38,764.33
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**450,857.38**	**914,677.25**	**(463,819.87)**		**515,263.14**	**249,175.99**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	49,429.16	41,060.02	8,369.14		25,058.16	4,313.16
			0031 - TELECOMMUNICATIONS	-	-	-		-	5,042.53
			0040 - OTHER SERVICES AND CHARGES	286,089.51	235,723.29	50,366.22		254,179.51	175,810.90
			0041 - CONTRACTUAL SERVICES - OTHER	156,692.58	126,744.94	29,947.64		79,963.79	-
			0070 - EQUIPMENT & EQUIPMENT RENTAL	46,327.65	13,574.84	32,752.81		46,327.65	10,000.00
		NON-PERSONNEL SERVICES - Total		**538,538.90**	**417,103.09**	**121,435.81**		**405,529.11**	**195,166.59**
	3010 - HIV/AIDS SUPPORT SERVICES - Total			**989,396.28**	**1,331,780.34**	**(342,384.06)**		**920,792.25**	**444,342.58**
	3015 - HIV/AIDS POLICY AND PLANNING	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	343,989.95	312,321.82	31,668.13		330,392.06	88,864.56
			0012 - REGULAR PAY OTHER	-	14,977.31	(14,977.31)		-	-
			0013 - ADDITIONAL GROSS PAY	-	6,196.71	(6,196.71)		-	2,902.47
			0014 - FRINGE BENEFITS - CURR PERSONNEL	79,805.67	65,020.31	14,785.36		74,007.83	18,607.22
		PERSONNEL SERVICES - Total		**423,795.62**	**398,516.15**	**25,279.47**		**404,399.89**	**110,374.25**
		NON-PERSONNEL SERVICES	0041 - CONTRACTUAL SERVICES - OTHER	41,141.45	30,000.00	11,141.45		40,000.00	-
			0050 - SUBSIDIES AND TRANSFERS	69,671.00	68,340.97	1,330.03		69,671.00	17,293.00
		NON-PERSONNEL SERVICES - Total		**110,812.45**	**98,340.97**	**12,471.48**		**109,671.00**	**17,293.00**

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 3000 - HIV/AIDS HEPATITIS STD & TB ADMIN

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
	3015 - HIV/AIDS POLICY AND PLANNING - Total			**534,608.07**	**496,857.12**	**37,750.95**		**514,070.89**	**127,667.25**
	3020 - HIV HEALTH AND SUPPORT SERVICES	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	217,957.76	185,279.47	32,678.29		72,009.90	18,139.95
			0013 - ADDITIONAL GROSS PAY	-	2,206.77	(2,206.77)		-	(351.77)
			0014 - FRINGE BENEFITS - CURR PERSONNEL	50,566.20	40,695.80	9,870.40		16,130.22	2,631.22
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**268,523.96**	**228,182.04**	**40,341.92**		**88,140.12**	**20,419.40**
		NON-PERSONNEL SERVICES	0041 - CONTRACTUAL SERVICES - OTHER	200,000.00	174,023.56	25,976.44		176,059.00	2,487.20
			0050 - SUBSIDIES AND TRANSFERS	75,000.00	75,000.00	-		135,000.00	1,949.00
			0070 - EQUIPMENT & EQUIPMENT RENTAL	-	48.48	(48.48)		-	-
		NON-PERSONNEL SERVICES - Total		**275,000.00**	**249,072.04**	**25,927.96**		**311,059.00**	**4,436.20**
	3020 - HIV HEALTH AND SUPPORT SERVICES - Total			**543,523.96**	**477,254.08**	**66,269.88**		**399,199.12**	**24,855.60**
	3030 - HIV/AIDS DATA AND RESEARCH	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	231,424.76	219,194.80	12,229.96		269,252.94	48,746.84
			0012 - REGULAR PAY OTHER	26,059.18	486.19	25,572.99		-	230.34
			0013 - ADDITIONAL GROSS PAY	-	1,790.58	(1,790.58)		-	19,204.83
			0014 - FRINGE BENEFITS - CURR PERSONNEL	59,736.27	32,070.04	27,666.23		60,312.65	9,160.68
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**317,220.21**	**253,541.61**	**63,678.60**		**329,565.59**	**77,342.69**
		NON-PERSONNEL SERVICES	0041 - CONTRACTUAL SERVICES - OTHER	66,700.00	38,527.58	28,172.42		211,930.86	-
		NON-PERSONNEL SERVICES - Total		**66,700.00**	**38,527.58**	**28,172.42**		**211,930.86**	**-**
	3030 - HIV/AIDS DATA AND RESEARCH - Total			**383,920.21**	**292,069.19**	**91,851.02**		**541,496.45**	**77,342.69**
	3040 - PREVENTION AND INTERVENTION SERVICES	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	135,705.79	136,428.90	(723.11)		135,705.79	35,365.71
			0013 - ADDITIONAL GROSS PAY	-	-	-		-	-

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 3000 - HIV/AIDS HEPATITIS STD & TB ADMIN

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
			0014 - FRINGE BENEFITS - CURR PERSONNEL	31,483.74	39,968.53	(8,484.79)		30,398.10	10,481.93
		PERSONNEL SERVICES - Total		**167,189.53**	**176,397.43**	**(9,207.90)**		**166,103.89**	**45,847.64**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	-	(2,482.18)	2,482.18		-	-
			0040 - OTHER SERVICES AND CHARGES	-	1,008.68	(1,008.68)		-	-
			0050 - SUBSIDIES AND TRANSFERS	820,333.97	739,575.63	80,758.34		1,320,334.00	29,513.14
		NON-PERSONNEL SERVICES - Total		**820,333.97**	**738,102.13**	**82,231.84**		**1,320,334.00**	**29,513.14**
3040 - PREVENTION AND INTERVENTION SERVICES -				**987,523.50**	**914,499.56**	**73,023.94**		**1,486,437.89**	**75,360.78**
	3060 - DRUG ASSISTANCE PROGRAM (ADAP)	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	-	-	-		122,227.00	32,322.13
			0014 - FRINGE BENEFITS - CURR PERSONNEL	-	-	-		27,378.85	8,176.97
		PERSONNEL SERVICES - Total		**-**	**-**	**-**		**149,605.85**	**40,499.10**
3060 - DRUG ASSISTANCE PROGRAM (ADAP) - Total				**-**	**-**	**-**		**149,605.85**	**40,499.10**
	3070 - GRANTS AND CONTRACTS MANAGEMENT	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	197,479.93	168,097.73	29,382.20		240,748.32	63,817.26
			0012 - REGULAR PAY OTHER	26,755.50	62,396.77	(35,641.27)		71,535.60	16,418.65
			0014 - FRINGE BENEFITS - CURR PERSONNEL	52,022.62	55,444.88	(3,422.26)		69,951.59	20,826.45
		PERSONNEL SERVICES - Total		**276,258.05**	**285,939.38**	**(9,681.33)**		**382,235.51**	**101,062.36**
		NON-PERSONNEL SERVICES	0040 - OTHER SERVICES AND CHARGES	837.61	-	837.61		836.80	300.00
			0041 - CONTRACTUAL SERVICES - OTHER	81,000.00	-	81,000.00		85,272.00	-
		NON-PERSONNEL SERVICES - Total		**81,837.61**	**-**	**81,837.61**		**86,108.80**	**300.00**
3070 - GRANTS AND CONTRACTS MANAGEMENT -				**358,095.66**	**285,939.38**	**72,156.28**		**468,344.31**	**101,362.36**
	3080 - STD CONTROL	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	491,933.46	496,209.74	(4,276.28)		478,494.51	115,951.75
			0013 - ADDITIONAL GROSS PAY	-	-	-		-	2,955.42
			0014 - FRINGE BENEFITS - CURR PERSONNEL	114,128.57	143,589.67	(29,461.10)		107,182.79	34,748.54

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 3000 - HIV/AIDS HEPATITIS STD & TB ADMIN

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**606,062.03**	**639,799.41**	**(33,737.38)**		**585,677.30**	**153,655.71**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	90,000.00	60,717.66	29,282.34		90,000.00	13,326.49
			0040 - OTHER SERVICES AND CHARGES	3,600.00	3,096.90	503.10		3,600.00	1,500.00
			0041 - CONTRACTUAL SERVICES - OTHER	64,800.00	52,946.17	11,853.83		64,800.00	-
		NON-PERSONNEL SERVICES - Total		**158,400.00**	**116,760.73**	**41,639.27**		**158,400.00**	**14,826.49**
	3080 - STD CONTROL		**- Total**	**764,462.03**	**756,560.14**	**7,901.89**		**744,077.30**	**168,482.20**
	3085 - TUBERCULOSIS CONTROL	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	397,096.98	343,929.24	53,167.74		195,657.33	65,999.65
			0012 - REGULAR PAY OTHER	101,512.00	157,463.71	(55,951.71)		101,512.00	41,887.93
			0013 - ADDITIONAL GROSS PAY	-	802.47	(802.47)		-	-
			0014 - FRINGE BENEFITS - CURR PERSONNEL	115,677.27	123,674.38	(7,997.11)		66,565.92	23,184.26
		PERSONNEL SERVICES - Total		**614,286.25**	**625,869.80**	**(11,583.55)**		**363,735.25**	**131,071.84**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	15,000.00	14,999.76	0.24		15,000.00	5,000.00
			0040 - OTHER SERVICES AND CHARGES	45,000.00	40,082.07	4,917.93		37,401.00	596.53
			0041 - CONTRACTUAL SERVICES - OTHER	295,659.09	260,043.70	35,615.39		295,569.44	70,242.54
		NON-PERSONNEL SERVICES - Total		**355,659.09**	**315,125.53**	**40,533.56**		**347,970.44**	**75,839.07**
	3085 - TUBERCULOSIS CONTROL		**- Total**	**969,945.34**	**940,995.33**	**28,950.01**		**711,705.69**	**206,910.91**
	3090 - HIV/AIDS HOUSING AND SUPPORTIVE SERVICES	PERSONNEL SERVICES	0012 - REGULAR PAY OTHER	-	-	-		-	-
			0014 - FRINGE BENEFITS - CURR PERSONNEL	-	-	-		-	-
		PERSONNEL SERVICES - Total		**-**	**-**	**-**		**-**	**-**
		NON-PERSONNEL SERVICES	0050 - SUBSIDIES AND TRANSFERS	199,999.59	199,999.00	0.59		199,999.59	-
		NON-PERSONNEL SERVICES - Total		**199,999.59**	**199,999.00**	**0.59**		**199,999.59**	**-**
	3090 - HIV/AIDS HOUSING AND SUPPORTIVE SERVICES		**-**	**199,999.59**	**199,999.00**	**0.59**		**199,999.59**	**-**
0100 - Total				**5,731,474.64**	**5,695,954.14**	**35,520.50**	**N/A**	**6,135,729.34**	**1,266,823.47**

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 3000 - HIV/AIDS HEPATITIS STD & TB ADMIN

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
0150	3040 - PREVENTION AND INTERVENTION SERVICES	NON-PERSONNEL SERVICES	0041 - CONTRACTUAL SERVICES - OTHER	3,521,972.98	3,521,972.98	-		5,000,000.00	306,604.48
		NON-PERSONNEL SERVICES - Total		**3,521,972.98**	**3,521,972.98**	**-**		**5,000,000.00**	**306,604.48**
	3040 - PREVENTION AND INTERVENTION SERVICES - Tota			**3,521,972.98**	**3,521,972.98**	**-**		**5,000,000.00**	**306,604.48**
0150 - Total				**3,521,972.98**	**3,521,972.98**	**-**	**N/A**	**5,000,000.00**	**306,604.48**
0200	3010 - HIV/AIDS SUPPORT SERVICES	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	353,197.96	309,307.76	43,890.20		73,725.08	37,083.78
			0012 - REGULAR PAY OTHER	359,124.26	481,437.79	(122,313.53)		89,056.49	101,146.09
			0013 - ADDITIONAL GROSS PAY	-	22,646.31	(22,646.31)		-	11,290.12
			0014 - FRINGE BENEFITS - CURR PERSONNEL	161,354.74	177,177.05	(15,822.31)		36,463.06	30,167.66
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**873,676.96**	**990,568.91**	**(116,891.95)**		**199,244.63**	**179,687.65**
		NON-PERSONNEL SERVICES	0040 - OTHER SERVICES AND CHARGES	753.83	-	753.83		16,990.00	10,350.74
			0041 - CONTRACTUAL SERVICES - OTHER	215,873.37	173,430.00	42,443.37		620,000.00	47,700.00
			0050 - SUBSIDIES AND TRANSFERS	30,000.00	30,000.00	-		-	-
			0070 - EQUIPMENT & EQUIPMENT RENTAL	-	-	-		14,436.00	1,000.00
		NON-PERSONNEL SERVICES - Total		**246,627.20**	**203,430.00**	**43,197.20**		**651,426.00**	**59,050.74**
	3010 - HIV/AIDS SUPPORT SERVICES - Total			**1,120,304.16**	**1,193,998.91**	**(73,694.75)**		**850,670.63**	**238,738.39**
	3015 - HIV/AIDS POLICY AND PLANNING	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	912,030.02	313,270.81	598,759.21		275,827.80	59,238.62
			0012 - REGULAR PAY OTHER	154,613.77	121,943.33	32,670.44		-	19,857.62
			0013 - ADDITIONAL GROSS PAY	-	2,041.12	(2,041.12)		-	118.87
			0014 - FRINGE BENEFITS - CURR PERSONNEL	225,369.58	115,523.34	109,846.24		61,785.41	23,086.68
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**1,292,013.37**	**552,778.60**	**739,234.77**		**337,613.21**	**102,301.79**
	3015 - HIV/AIDS POLICY AND PLANNING - Total			**1,292,013.37**	**552,778.60**	**739,234.77**		**337,613.21**	**102,301.79**

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 3000 - HIV/AIDS HEPATITIS STD & TB ADMIN

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
	3020 - HIV HEALTH AND SUPPORT SERVICES	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	1,224,421.70	1,315,671.74	(91,250.04)		3,223,568.34	413,677.23
			0012 - REGULAR PAY OTHER	1,099,758.07	1,416,819.06	(317,060.99)		1,864,851.91	325,810.38
			0013 - ADDITIONAL GROSS PAY	-	60,490.19	(60,490.19)		-	8,503.25
			0014 - FRINGE BENEFITS - CURR PERSONNEL	522,757.29	557,078.91	(34,321.62)		1,139,069.69	162,852.72
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**2,846,937.06**	**3,350,059.90**	**(503,122.84)**		**6,227,489.94**	**910,843.58**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	1,241,733.14	11,287.95	1,230,445.19		62,056.00	2,139.12
			0040 - OTHER SERVICES AND CHARGES	16,034.47	14,793.50	1,240.97		137,237.75	30,000.00
			0041 - CONTRACTUAL SERVICES - OTHER	20,018,462.88	18,274,555.63	1,743,907.25		11,014,471.00	307,657.11
			0050 - SUBSIDIES AND TRANSFERS	22,579,458.51	19,854,586.68	2,724,871.83		27,339,630.23	2,515,941.41
			0070 - EQUIPMENT & EQUIPMENT RENTAL	46,085.42	13,949.32	32,136.10		35,200.00	-
		NON-PERSONNEL SERVICES - Total		**43,901,774.42**	**38,169,173.08**	**5,732,601.34**		**38,588,594.98**	**2,855,737.64**
	3020 - HIV HEALTH AND SUPPORT SERVICES - Total			**46,748,711.48**	**41,519,232.98**	**5,229,478.50**		**44,816,084.92**	**3,766,581.22**
	3030 - HIV/AIDS DATA AND RESEARCH	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	628,496.33	568,187.58	60,308.75		895,562.63	111,727.09
			0012 - REGULAR PAY OTHER	187,030.05	239,536.89	(52,506.84)		77,232.00	101,259.08
			0013 - ADDITIONAL GROSS PAY	-	29,626.29	(29,626.29)		-	11,242.03
			0014 - FRINGE BENEFITS - CURR PERSONNEL	208,583.06	192,949.09	15,633.97		217,720.47	54,369.74
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**1,024,109.44**	**1,030,299.85**	**(6,190.41)**		**1,190,515.10**	**278,597.94**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	150.00	-	150.00		10,162.00	-
			0040 - OTHER SERVICES AND CHARGES	26,248.36	19,260.87	6,987.49		56,973.00	3,570.00

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
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PROGRAM: 3000 - HIV/AIDS HEPATITIS STD & TB ADMIN

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
			0041 - CONTRACTUAL SERVICES - OTHER	869,118.14	820,700.97	48,417.17		454,589.00	8,996.00
			0050 - SUBSIDIES AND TRANSFERS	-	-	-		-	-
			0070 - EQUIPMENT & EQUIPMENT RENTAL	(1,877.00)	-	(1,877.00)		-	-
		NON-PERSONNEL SERVICES - Total		**893,639.50**	**839,961.84**	**53,677.66**		**521,724.00**	**12,566.00**
	3030 - HIV/AIDS DATA AND RESEARCH - Total			**1,917,748.94**	**1,870,261.69**	**47,487.25**		**1,712,239.10**	**291,163.94**
	3040 - PREVENTION AND INTERVENTION SERVICES	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	1,216,979.06	1,070,061.06	146,918.00		1,428,516.28	304,639.97
			0012 - REGULAR PAY OTHER	584,861.28	702,018.27	(117,156.99)		673,652.57	175,906.27
			0013 - ADDITIONAL GROSS PAY	-	159,345.54	(159,345.54)		-	(80,696.72)
			0014 - FRINGE BENEFITS - CURR PERSONNEL	334,642.02	409,149.97	(74,507.95)		460,433.30	118,537.41
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**2,136,482.36**	**2,340,574.84**	**(204,092.48)**		**2,562,602.15**	**518,386.93**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	25,502.00	19,620.00	5,882.00		27,207.00	334.09
			0040 - OTHER SERVICES AND CHARGES	20,169.54	8,816.55	11,352.99		37,849.99	16,083.92
			0041 - CONTRACTUAL SERVICES - OTHER	1,131,361.83	956,577.01	174,784.82		1,327,067.38	55,975.12
			0050 - SUBSIDIES AND TRANSFERS	1,708,822.10	967,582.77	741,239.33		1,078,001.28	12,306.01
			0070 - EQUIPMENT & EQUIPMENT RENTAL	6,400.00	-	6,400.00		17,117.20	-
		NON-PERSONNEL SERVICES - Total		**2,892,255.47**	**1,952,596.33**	**939,659.14**		**2,487,242.85**	**84,699.14**
	3040 - PREVENTION AND INTERVENTION SERVICES - Tota			**5,028,737.83**	**4,293,171.17**	**735,566.66**		**5,049,845.00**	**603,086.07**
	3060 - DRUG ASSISTANCE PROGRAM (ADAP)	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	579,806.70	358,089.87	221,716.83		509,111.76	114,805.96
			0012 - REGULAR PAY OTHER	47,511.66	57,981.17	(10,469.51)		122,060.95	18,325.93
			0013 - ADDITIONAL GROSS PAY	-	-	-		-	27.98

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
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PROGRAM: 3000 - HIV/AIDS HEPATITIS STD & TB ADMIN

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
			0014 - FRINGE BENEFITS - CURR PERSONNEL	128,560.59	110,106.15	18,454.44		141,382.69	35,514.34
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**755,878.95**	**526,177.19**	**229,701.76**		**772,555.40**	**168,674.21**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	7,023,542.10	5,545,103.97	1,478,438.13		6,916,258.42	(1,174,094.79)
			0041 - CONTRACTUAL SERVICES - OTHER	-	-	-		7,097,591.00	852,150.37
		NON-PERSONNEL SERVICES - Total		**7,023,542.10**	**5,545,103.97**	**1,478,438.13**		**14,013,849.42**	**(321,944.42)**
3060 - DRUG ASSISTANCE PROGRAM (ADAP) - Total				**7,779,421.05**	**6,071,281.16**	**1,708,139.89**		**14,786,404.82**	**(153,270.21)**
	3070 - GRANTS AND CONTRACTS MANAGEMENT	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	497,644.29	494,150.40	3,493.89		280,376.31	118,802.17
			0012 - REGULAR PAY OTHER	569,588.99	471,411.76	98,177.23		133,467.45	63,759.62
			0013 - ADDITIONAL GROSS PAY	-	10,688.28	(10,688.28)		-	247.14
			0014 - FRINGE BENEFITS - CURR PERSONNEL	252,336.90	250,997.47	1,339.43		92,701.01	50,352.39
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**1,319,570.18**	**1,227,247.91**	**92,322.27**		**506,544.77**	**233,161.32**
3070 - GRANTS AND CONTRACTS MANAGEMENT - To				**1,319,570.18**	**1,227,247.91**	**92,322.27**		**506,544.77**	**233,161.32**
	3080 - STD CONTROL	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	738,790.13	623,539.10	115,251.03		1,232,634.33	175,502.38
			0012 - REGULAR PAY OTHER	213,168.70	272,806.46	(59,637.76)		481,796.76	70,491.54
			0013 - ADDITIONAL GROSS PAY	-	24,533.71	(24,533.71)		-	1,585.47
			0014 - FRINGE BENEFITS - CURR PERSONNEL	219,544.37	277,139.41	(57,595.04)		384,844.50	77,283.56
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**1,171,503.20**	**1,198,018.68**	**(26,515.48)**		**2,099,275.59**	**324,862.95**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	841.44	-	841.44		2,415.99	-
			0040 - OTHER SERVICES AND CHARGES	3,740.50	2,687.00	1,053.50		11,061.00	2,458.25

DEPARTMENT OF HEALTH
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PROGRAM: 3000 - HIV/AIDS HEPATITIS STD & TB ADMIN

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
			0041 - CONTRACTUAL SERVICES - OTHER	32,418.15	13,728.00	18,690.15		360,516.00	-
			0050 - SUBSIDIES AND TRANSFERS	-	-	-		90,900.00	-
		NON-PERSONNEL SERVICES - Total		**37,000.09**	**16,415.00**	**20,585.09**		**464,892.99**	**2,458.25**
	3080 - STD CONTROL		**- Total**	**1,208,503.29**	**1,214,433.68**	**(5,930.39)**		**2,564,168.58**	**327,321.20**
	3085 - TUBERCULOSIS CONTROL	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	248,467.63	242,852.65	5,614.98		363,534.69	77,710.82
			0012 - REGULAR PAY OTHER	-	-	-		-	-
			0013 - ADDITIONAL GROSS PAY	(5,204.53)	(4,069.51)	(1,135.02)		-	9,973.00
			0014 - FRINGE BENEFITS - CURR PERSONNEL	83,449.34	56,908.42	26,540.92		81,431.77	18,232.53
		PERSONNEL SERVICES - Total		**326,712.44**	**295,691.56**	**31,020.88**		**444,966.46**	**105,916.35**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	939.58	-	939.58		1,252.79	-
			0040 - OTHER SERVICES AND CHARGES	37.50	-	37.50		1,041.92	911.41
			0041 - CONTRACTUAL SERVICES - OTHER	347,134.41	251,709.70	95,424.71		683,129.61	26,461.45
			0070 - EQUIPMENT & EQUIPMENT RENTAL	-	-	-		66,101.08	500.00
		NON-PERSONNEL SERVICES - Total		**348,111.49**	**251,709.70**	**96,401.79**		**751,525.40**	**27,872.86**
	3085 - TUBERCULOSIS CONTROL		**- Total**	**674,823.93**	**547,401.26**	**127,422.67**		**1,196,491.86**	**133,789.21**
	3090 - HIV/AIDS HOUSING AND SUPPORTIVE SERVICES	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	80,255.27	81,348.04	(1,092.77)		129,742.89	33,906.09
			0012 - REGULAR PAY OTHER	127,965.99	123,292.23	4,673.76		188,642.15	31,018.40
			0013 - ADDITIONAL GROSS PAY	-	16,267.68	(16,267.68)		-	(9,232.42)
			0014 - FRINGE BENEFITS - CURR PERSONNEL	60,884.11	57,250.96	3,633.15		71,318.26	19,855.28
		PERSONNEL SERVICES - Total		**269,105.37**	**278,158.91**	**(9,053.54)**		**389,703.30**	**75,547.35**
		NON-PERSONNEL SERVICES	0041 - CONTRACTUAL SERVICES - OTHER	4,877,084.00	4,877,084.00	-		-	-

DEPARTMENT OF HEALTH
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PROGRAM: 3000 - HIV/AIDS HEPATITIS STD & TB ADMIN

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
			0050 - SUBSIDIES AND TRANSFERS	7,014,810.97	6,678,638.43	336,172.54		19,337,873.34	1,291,744.93
		NON-PERSONNEL SERVICES - Total		**11,891,894.97**	**11,555,722.43**	**336,172.54**		**19,337,873.34**	**1,291,744.93**
	3090 - HIV/AIDS HOUSING AND SUPPORTIVE SERVICES - To			**12,161,000.34**	**11,833,881.34**	**327,119.00**		**19,727,576.64**	**1,367,292.28**
0200 - Total				**79,250,834.57**	**70,323,688.70**	**8,927,145.87**	**Variances are primarily due to the following: underspending in subgrants and equipment for the COVID-19 Ryan White Part A grant ($197K), underspending in subgrants on the Ending the HIV Epidemic grant ($1.2M), underspending in contracts and subgrants on the HIV Emergency Relief grant($3.1M), underspending in supplies, contracts, and subgrants on the Ryan White Part B supplemental grant ($1.1M), underspending in supplies, contracts and subgrants on the Ryan White Part B grant ($1.8M), vacancy savings and underspending in contracts and subgrants on the Adult Viral Hepatitis Prevention grant ($203K), vacancy savings and underspending in contracts and subgrants on the Reducing New HIV incidences grant ($336K), underspending in subgrants on the Violence Against Women Act grant ($315K) and underspending in subgrants on the Opioid Data to Action grant ($698K).**	**91,547,639.53**	**6,910,165.21**
0400	3020 - HIV HEALTH AND SUPPORT SERVICES	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	-	12,891.85	(12,891.85)		-	-
			0012 - REGULAR PAY OTHER	9,828.00	-	9,828.00		23,448.93	-
			0014 - FRINGE BENEFITS - CURR PERSONNEL	2,133.00	3,579.32	(1,446.32)		5,252.56	-
		PERSONNEL SERVICES - Total		**11,961.00**	**16,471.17**	**(4,510.17)**		**28,701.49**	**-**
		NON-PERSONNEL SERVICES	0050 - SUBSIDIES AND TRANSFERS	89,968.28	37,869.27	52,099.01		-	-
		NON-PERSONNEL SERVICES - Total		**89,968.28**	**37,869.27**	**52,099.01**		**-**	**-**
	3020 - HIV HEALTH AND SUPPORT SERVICES - Total			**101,929.28**	**54,340.44**	**47,588.84**		**28,701.49**	**-**
	3030 - HIV/AIDS DATA AND RESEARCH	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	-	5,514.81	(5,514.81)		11,670.83	-

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 3000 - HIV/AIDS HEPATITIS STD & TB ADMIN

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
			0012 - REGULAR PAY OTHER	86,004.74	11,327.34	74,677.40		-	-
			0014 - FRINGE BENEFITS - CURR PERSONNEL	19,654.61	2,873.68	16,780.93		2,614.27	-
		PERSONNEL SERVICES - Total		**105,659.35**	**19,715.83**	**85,943.52**		**14,285.10**	**-**
		NON-PERSONNEL SERVICES	0031 - TELECOMMUNICATIONS	2,069.00	-	2,069.00		-	-
			0041 - CONTRACTUAL SERVICES - OTHER	114,757.65	103,724.98	11,032.67		-	(51,862.50)
			0070 - EQUIPMENT & EQUIPMENT RENTAL	1,740.00	-	1,740.00		-	-
		NON-PERSONNEL SERVICES - Total		**118,566.65**	**103,724.98**	**14,841.67**		**-**	**(51,862.50)**
	3030 - HIV/AIDS DATA AND RESEARCH - Total			**224,226.00**	**123,440.81**	**100,785.19**		**14,285.10**	**(51,862.50)**
	3040 - PREVENTION AND INTERVENTION SERVICES	PERSONNEL SERVICES	0012 - REGULAR PAY OTHER	12,000.65	12,000.65	-		-	14,844.31
			0013 - ADDITIONAL GROSS PAY	-	-	-		-	226.88
			0014 - FRINGE BENEFITS - CURR PERSONNEL	1,012.54	1,012.54	-		-	1,285.10
		PERSONNEL SERVICES - Total		**13,013.19**	**13,013.19**	**-**		**-**	**16,356.29**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	-	-	-		-	-
			0040 - OTHER SERVICES AND CHARGES	-	-	-		-	-
			0041 - CONTRACTUAL SERVICES - OTHER	135,178.81	135,178.81	-		-	(2,229.81)
		NON-PERSONNEL SERVICES - Total		**135,178.81**	**135,178.81**	**-**		**-**	**(2,229.81)**
	3040 - PREVENTION AND INTERVENTION SERVICES - Tota			**148,192.00**	**148,192.00**	**-**		**-**	**14,126.48**
0400 - Total				**474,347.28**	**325,973.25**	**148,374.03**	**Variance is primarily due to vacancy savings ($13K) and underspending in contracts ($135K) for the Ryan White Technical System Data Linkage grant ($96K) and the Prevention and Health Promotion Administration grant ($52K).**	**42,986.59**	**(37,736.02)**
0600	3010 - HIV/AIDS SUPPORT SERVICES	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	-	10,540.38	(10,540.38)		-	7.31

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 3000 - HIV/AIDS HEPATITIS STD & TB ADMIN

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
			0012 - REGULAR PAY OTHER	-	30,178.53	(30,178.53)		-	15,758.98
			0014 - FRINGE BENEFITS - CURR PERSONNEL	-	10,540.72	(10,540.72)		-	4,559.20
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**-**	**51,259.63**	**(51,259.63)**		**-**	**20,325.49**
	3010 - HIV/AIDS SUPPORT SERVICES - Total			**-**	**51,259.63**	**(51,259.63)**		**-**	**20,325.49**
	3015 - HIV/AIDS POLICY AND PLANNING	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	285,358.72	159,204.00	126,154.72		151,203.92	32,322.33
			0012 - REGULAR PAY OTHER	123,189.90	61,883.87	61,306.03		124,572.00	15,726.98
			0013 - ADDITIONAL GROSS PAY	-	-	-		-	2,379.12
			0014 - FRINGE BENEFITS - CURR PERSONNEL	94,783.28	52,875.08	41,908.20		61,773.80	10,543.78
		PERSONNEL SERVICES - Total		**503,331.90**	**273,962.95**	**229,368.95**		**337,549.72**	**60,972.21**
	3015 - HIV/AIDS POLICY AND PLANNING - Total			**503,331.90**	**273,962.95**	**229,368.95**		**337,549.72**	**60,972.21**
	3020 - HIV HEALTH AND SUPPORT SERVICES	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	105,339.00	111,313.00	(5,974.00)		105,339.00	27,855.00
			0012 - REGULAR PAY OTHER	-	-	-		59,593.00	-
			0014 - FRINGE BENEFITS - CURR PERSONNEL	24,438.65	14,495.09	9,943.56		36,944.77	4,021.37
		PERSONNEL SERVICES - Total		**129,777.65**	**125,808.09**	**3,969.56**		**201,876.77**	**31,876.37**
	3020 - HIV HEALTH AND SUPPORT SERVICES - Total			**129,777.65**	**125,808.09**	**3,969.56**		**201,876.77**	**31,876.37**
	3030 - HIV/AIDS DATA AND RESEARCH	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	-	-	-		75,094.00	-
			0012 - REGULAR PAY OTHER	-	3,941.29	(3,941.29)		-	1,037.34
			0014 - FRINGE BENEFITS - CURR PERSONNEL	-	903.64	(903.64)		16,821.06	237.83
		PERSONNEL SERVICES - Total		**-**	**4,844.93**	**(4,844.93)**		**91,915.06**	**1,275.17**
	3030 - HIV/AIDS DATA AND RESEARCH - Total			**-**	**4,844.93**	**(4,844.93)**		**91,915.06**	**1,275.17**
	3040 - PREVENTION AND INTERVENTION SERVICES	NON-PERSONNEL SERVICES	0041 - CONTRACTUAL SERVICES - OTHER	748,447.21	745,631.92	2,815.29		748,447.21	2,363.99
		NON-PERSONNEL SERVICES - Total		**748,447.21**	**745,631.92**	**2,815.29**		**748,447.21**	**2,363.99**
	3040 - PREVENTION AND INTERVENTION SERVICES - Tota			**748,447.21**	**745,631.92**	**2,815.29**		**748,447.21**	**2,363.99**

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 3000 - HIV/AIDS HEPATITIS STD & TB ADMIN

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
	3060 - DRUG ASSISTANCE PROGRAM (ADAP)	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	824,879.91	594,628.33	230,251.58		525,604.34	138,632.32
			0012 - REGULAR PAY OTHER	120,428.95	105,974.32	14,454.63		62,286.00	17,595.97

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 3000 - HIV/AIDS HEPATITIS STD & TB ADMIN

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
			0013 - ADDITIONAL GROSS PAY	-	18,328.57	(18,328.57)		-	140.23
			0014 - FRINGE BENEFITS - CURR PERSONNEL	205,695.42	159,177.21	46,518.21		131,687.43	35,545.53
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**1,151,004.28**	**878,108.43**	**272,895.85**		**719,577.77**	**191,914.05**
	3060 - DRUG ASSISTANCE PROGRAM (ADAP)		**- Total**	**1,151,004.28**	**878,108.43**	**272,895.85**		**719,577.77**	**191,914.05**
	3070 - GRANTS AND CONTRACTS MANAGEMENT	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	-	-	-		44,135.10	12,194.50
			0013 - ADDITIONAL GROSS PAY	-	-	-		-	175.69
			0014 - FRINGE BENEFITS - CURR PERSONNEL	-	-	-		9,886.26	1,740.88
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**-**	**-**	**-**		**54,021.36**	**14,111.07**
	3070 - GRANTS AND CONTRACTS MANAGEMENT		**- To**	**-**	**-**	**-**		**54,021.36**	**14,111.07**
	3080 - STD CONTROL	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	-	84,036.00	(84,036.00)		163,250.32	43,107.78
			0012 - REGULAR PAY OTHER	63,257.43	34,670.11	28,587.32		64,050.00	17,956.39
			0013 - ADDITIONAL GROSS PAY	-	738.52	(738.52)		-	312.21
			0014 - FRINGE BENEFITS - CURR PERSONNEL	14,675.72	28,502.56	(13,826.84)		50,915.27	15,227.69
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**77,933.15**	**147,947.19**	**(70,014.04)**		**278,215.59**	**76,604.07**
	3080 - STD CONTROL		**- Total**	**77,933.15**	**147,947.19**	**(70,014.04)**		**278,215.59**	**76,604.07**
	3085 - TUBERCULOSIS CONTROL	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	-	131,680.56	(131,680.56)		133,199.01	35,044.31
			0013 - ADDITIONAL GROSS PAY	-	238.93	(238.93)		-	-
			0014 - FRINGE BENEFITS - CURR PERSONNEL	-	29,988.99	(29,988.99)		29,836.58	8,255.14
		PERSONNEL SERVICES - Total		**-**	**161,908.48**	**(161,908.48)**		**163,035.59**	**43,299.45**
	3085 - TUBERCULOSIS CONTROL		**- Total**	**-**	**161,908.48**	**(161,908.48)**		**163,035.59**	**43,299.45**

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 3000 - HIV/AIDS HEPATITIS STD & TB ADMIN

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
0600 - Total				**2,610,494.19**	**2,389,471.62**	**221,022.57**	**Variance is due to vacancy savings in the Communicable and Chronic Disease fund ($221K).**	**2,594,639.07**	**442,741.87**
0700	3040 - PREVENTION AND INTERVENTION SERVICES	PERSONNEL SERVICES	0012 - REGULAR PAY OTHER	193,372.70	-	193,372.70		-	-
			0014 - FRINGE BENEFITS - CURR PERSONNEL	35,905.50	-	35,905.50		-	-
		PERSONNEL SERVICES - Total		**229,278.20**	**-**	**229,278.20**		**-**	**-**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	1,881,323.80	1,502,704.68	378,619.12		406.99	-
			0040 - OTHER SERVICES AND CHARGES	52,860.00	5,434.00	47,426.00		-	-
			0041 - CONTRACTUAL SERVICES - OTHER	4,383,363.00	3,786,109.60	597,253.40		300,000.00	3,886.25
			0050 - SUBSIDIES AND TRANSFERS	3,012,296.00	1,710,768.49	1,301,527.51		326,796.00	107,303.77
			0070 - EQUIPMENT & EQUIPMENT RENTAL	680.00	-	680.00		600.00	-
		NON-PERSONNEL SERVICES - Total		**9,330,522.80**	**7,005,016.77**	**2,325,506.03**		**627,802.99**	**111,190.02**
	3040 - PREVENTION AND INTERVENTION SERVICES - Tota			**9,559,801.00**	**7,005,016.77**	**2,554,784.23**		**627,802.99**	**111,190.02**
0700 - Total				**9,559,801.00**	**7,005,016.77**	**2,554,784.23**	**Budget authority not reduced by OCFO to match actual expenditures.**	**627,802.99**	**111,190.02**

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 4500 - HEALTH CARE REGULATION & LICENSING ADMIN

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
0100	4200 - HEALTH PROFESSIONAL LICENSE ADMIN	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	114,351.91	-	114,351.91		349,361.00	-
			0013 - ADDITIONAL GROSS PAY	-	452,168.88	(452,168.88)		-	(337,313.39)
			0014 - FRINGE BENEFITS - CURR PERSONNEL	26,529.65	-	26,529.65		78,256.86	-
		PERSONNEL SERVICES - Total		**140,881.56**	**452,168.88**	**(311,287.32)**		**427,617.86**	**(337,313.39)**
		NON-PERSONNEL SERVICES	0040 - OTHER SERVICES AND CHARGES	-	60.74	(60.74)		-	132.04
		NON-PERSONNEL SERVICES - Total		**-**	**60.74**	**(60.74)**		**-**	**132.04**
	4200 - HEALTH PROFESSIONAL LICENSE ADMIN - Total			**140,881.56**	**452,229.62**	**(311,348.06)**		**427,617.86**	**(337,181.35)**
	4515 - FOOD DRUG RADIATION AND COMM. HYGIENE	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	3,807,344.10	3,005,925.02	801,419.08		3,398,910.43	726,759.50
			0012 - REGULAR PAY OTHER	-	-	-		124,711.98	2,291.89
			0013 - ADDITIONAL GROSS PAY	-	100,140.87	(100,140.87)		-	34,798.56
			0014 - FRINGE BENEFITS - CURR PERSONNEL	1,038,485.29	692,770.99	345,714.30		871,818.56	179,664.41
			0015 - OVERTIME PAY	-	19,779.88	(19,779.88)		-	-
		PERSONNEL SERVICES - Total		**4,845,829.39**	**3,818,616.76**	**1,027,212.63**		**4,395,440.97**	**943,514.36**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	39,211.91	59,223.33	(20,011.42)		39,211.00	(546.87)
			0040 - OTHER SERVICES AND CHARGES	36,368.00	36,364.58	3.42		16,868.00	-
			0041 - CONTRACTUAL SERVICES - OTHER	4,726,033.53	4,331,792.92	394,240.61		3,647,414.04	70,807.59
			0070 - EQUIPMENT & EQUIPMENT RENTAL	-	17,625.60	(17,625.60)		10,242.00	-
		NON-PERSONNEL SERVICES - Total		**4,801,613.44**	**4,445,006.43**	**356,607.01**		**3,713,735.04**	**70,260.72**
	4515 - FOOD DRUG RADIATION AND COMM. HYGIENE -			**9,647,442.83**	**8,263,623.19**	**1,383,819.64**		**8,109,176.01**	**1,013,775.08**
	4530 - HEALTH CARE FACILITIES REGULATION	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	1,351,407.67	2,228,886.40	(877,478.73)		2,181,852.80	560,134.26

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 4500 - HEALTH CARE REGULATION & LICENSING ADMIN

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
			0012 - REGULAR PAY OTHER	-	25,204.44	(25,204.44)		-	87.66
			0013 - ADDITIONAL GROSS PAY	-	15,461.59	(15,461.59)		-	65,140.66
			0014 - FRINGE BENEFITS - CURR PERSONNEL	313,526.60	465,305.27	(151,778.67)		489,922.02	127,257.27
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**1,664,934.27**	**2,734,857.70**	**(1,069,923.43)**		**2,671,774.82**	**752,619.85**
		NON-PERSONNEL SERVICES	0040 - OTHER SERVICES AND CHARGES	-	2,548.15	(2,548.15)		-	-
		NON-PERSONNEL SERVICES - Total		**-**	**2,548.15**	**(2,548.15)**		**-**	**-**
	4530 - HEALTH CARE FACILITIES REGULATION - Total			**1,664,934.27**	**2,737,405.85**	**(1,072,471.58)**		**2,671,774.82**	**752,619.85**
0100 - Total				**11,453,258.66**	**11,453,258.66**	**-**	**N/A**	**11,208,568.69**	**1,429,213.58**
0200	4200 - HEALTH PROFESSIONAL LICENSE ADMIN	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	5,234.57	5,234.57	-		-	3,143.83
			0014 - FRINGE BENEFITS - CURR PERSONNEL	1,028.83	1,028.83	-		-	669.59
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**6,263.40**	**6,263.40**	**-**		**-**	**3,813.42**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	-	-	-		1.00	-
			0040 - OTHER SERVICES AND CHARGES	-	-	-		-	-
			0041 - CONTRACTUAL SERVICES - OTHER	-	-	-		106,203.00	-
		NON-PERSONNEL SERVICES - Total		**-**	**-**	**-**		**106,204.00**	**-**
	4200 - HEALTH PROFESSIONAL LICENSE ADMIN - Total			**6,263.40**	**6,263.40**	**-**		**106,204.00**	**3,813.42**
	4515 - FOOD DRUG RADIATION AND COMM. HYGIENE	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	-	145,594.51	(145,594.51)		576,168.52	32,192.91
			0012 - REGULAR PAY OTHER	269,595.34	132,572.84	137,022.50		227,924.05	19,292.31
			0013 - ADDITIONAL GROSS PAY	-	5,550.04	(5,550.04)		-	-

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 4500 - HEALTH CARE REGULATION & LICENSING ADMIN

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
			0014 - FRINGE BENEFITS - CURR PERSONNEL	58,817.98	61,992.50	(3,174.52)		189,509.90	11,582.88
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**328,413.32**	**345,709.89**	**(17,296.57)**		**993,602.47**	**63,068.10**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	350.00	350.00	-		5,002.00	-
			0040 - OTHER SERVICES AND CHARGES	9,555.71	9,555.71	-		9,368.00	-
			0041 - CONTRACTUAL SERVICES - OTHER	1,427,327.01	1,307,852.06	119,474.95		1,663,094.00	(107,154.18)
			0070 - EQUIPMENT & EQUIPMENT RENTAL	-	-	-		7,500.00	-
		NON-PERSONNEL SERVICES - Total		**1,437,232.72**	**1,317,757.77**	**119,474.95**		**1,684,964.00**	**(107,154.18)**
	4515 - FOOD DRUG RADIATION AND COMM. HYGIENE -			**1,765,646.04**	**1,663,467.66**	**102,178.38**		**2,678,566.47**	**(44,086.08)**
	4530 - HEALTH CARE FACILITIES REGULATION	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	2,506,063.78	1,962,995.21	543,068.57		2,745,466.29	461,089.33
			0012 - REGULAR PAY OTHER	18,647.92	34,980.13	(16,332.21)		-	-
			0013 - ADDITIONAL GROSS PAY	-	60,150.86	(60,150.86)		-	17,395.24
			0014 - FRINGE BENEFITS - CURR PERSONNEL	563,475.99	415,840.16	147,635.83		614,984.45	97,041.21
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**3,088,187.69**	**2,473,966.36**	**614,221.33**		**3,360,450.74**	**575,525.78**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	5,000.00	-	5,000.00		12,086.00	5,000.00
			0040 - OTHER SERVICES AND CHARGES	49,199.58	23.58	49,176.00		52,676.00	-
			0041 - CONTRACTUAL SERVICES - OTHER	97,920.25	33,364.00	64,556.25		97,920.00	-
			0070 - EQUIPMENT & EQUIPMENT RENTAL	-	-	-		12,482.00	-
		NON-PERSONNEL SERVICES - Total		**152,119.83**	**33,387.58**	**118,732.25**		**175,164.00**	**5,000.00**

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 4500 - HEALTH CARE REGULATION & LICENSING ADMIN

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
	4530 - HEALTH CARE FACILITIES REGULATION - Total			**3,240,307.52**	**2,507,353.94**	**732,953.58**		**3,535,614.74**	**580,525.78**
0200 - Total				**5,012,216.96**	**4,177,085.00**	**835,131.96**	**Variance is primarily due to vacancy savings on the ICF/MR and Nursing Home Certificate grant ($458K), vacancy savings on the Title 18 grant ($157K), underspending in supplies, contracts and other services and charges on the ICFMR and Nursing Home Certificate grant ($119K), and underspending in contracts on the Opioid Data to Action grant ($102K).**	**6,320,385.21**	**540,253.12**
0300	4515 - FOOD DRUG RADIATION AND COMM. HYGIENE	NON-PERSONNEL SERVICES	0041 - CONTRACTUAL SERVICES - OTHER	250,000.00	-	250,000.00		-	-
		NON-PERSONNEL SERVICES - Total		**250,000.00**	**-**	**250,000.00**		**-**	**-**
	4515 - FOOD DRUG RADIATION AND COMM. HYGIENE -			**250,000.00**	**-**	**250,000.00**		**-**	**-**
0300 - Total				**250,000.00**	**-**	**250,000.00**	**Variance is due to an allocation of capital funding that is not planned for use until FY23.**	**-**	**-**
0600	4090 - HEALTH REGULATION ADMINISTRATION	NON-PERSONNEL SERVICES	0041 - CONTRACTUAL SERVICES - OTHER	164,209.45	-	164,209.45		-	-
		NON-PERSONNEL SERVICES - Total		**164,209.45**	**-**	**164,209.45**		**-**	**-**
	4090 - HEALTH REGULATION ADMINISTRATION - Total			**164,209.45**	**-**	**164,209.45**		**-**	**-**
	4200 - HEALTH PROFESSIONAL LICENSE ADMIN	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	5,071,564.36	4,260,287.39	811,276.97		5,021,123.32	1,212,944.42
			0012 - REGULAR PAY OTHER	506,031.36	286,578.07	219,453.29		411,957.09	72,990.40
			0013 - ADDITIONAL GROSS PAY	-	10,037.09	(10,037.09)		-	50,210.33
			0014 - FRINGE BENEFITS - CURR PERSONNEL	1,364,374.92	1,114,935.58	249,439.34		1,224,534.72	312,609.21
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**6,941,970.64**	**5,671,838.13**	**1,270,132.51**		**6,657,615.13**	**1,648,754.36**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	45,000.00	6,175.62	38,824.38		65,000.00	10,000.00
			0031 - TELECOMMUNICATIONS	-	-	-		-	24,058.75

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 4500 - HEALTH CARE REGULATION & LICENSING ADMIN

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
			0040 - OTHER SERVICES AND CHARGES	140,000.00	20,860.16	119,139.84		381,620.41	98,132.41
			0041 - CONTRACTUAL SERVICES - OTHER	5,749,751.69	2,153,976.52	3,595,775.17		3,465,242.69	(81,128.06)
			0070 - EQUIPMENT & EQUIPMENT RENTAL	200,000.00	-	200,000.00		100,000.00	-
		NON-PERSONNEL SERVICES - Total		**6,134,751.69**	**2,181,012.30**	**3,953,739.39**		**4,011,863.10**	**51,063.10**
	4200 - HEALTH PROFESSIONAL LICENSE ADMIN - Total			**13,076,722.33**	**7,852,850.43**	**5,223,871.90**		**10,669,478.23**	**1,699,817.46**
	4515 - FOOD DRUG RADIATION AND COMM. HYGIENE	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	1,512,908.46	173,931.09	1,338,977.37		1,173,297.40	204,033.34
			0012 - REGULAR PAY OTHER	75,094.00	-	75,094.00		76,277.17	23,615.49
			0013 - ADDITIONAL GROSS PAY	-	-	-		-	17,887.27
			0014 - FRINGE BENEFITS - CURR PERSONNEL	369,604.30	89,745.93	279,858.37		279,904.71	62,739.79
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**1,957,606.76**	**263,677.02**	**1,693,929.74**		**1,529,479.28**	**308,275.89**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	18,784.00	-	18,784.00		17,784.00	-
			0040 - OTHER SERVICES AND CHARGES	254,004.00	203,753.40	50,250.60		204,563.00	(18,826.01)
			0041 - CONTRACTUAL SERVICES - OTHER	647,864.02	309,563.95	338,300.07		2,177,823.00	(46,950.46)
			0070 - EQUIPMENT & EQUIPMENT RENTAL	35,000.00	-	35,000.00		35,000.00	-
		NON-PERSONNEL SERVICES - Total		**955,652.02**	**513,317.35**	**442,334.67**		**2,435,170.00**	**(65,776.47)**
	4515 - FOOD DRUG RADIATION AND COMM. HYGIENE -			**2,913,258.78**	**776,994.37**	**2,136,264.41**		**3,964,649.28**	**242,499.42**
	4530 - HEALTH CARE FACILITIES REGULATION	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	153,530.14	1,020,750.41	(867,220.27)		105,515.91	44,510.45
			0012 - REGULAR PAY OTHER	-	75,639.52	(75,639.52)		-	(4,056.78)
			0013 - ADDITIONAL GROSS PAY	-	397.13	(397.13)		-	-

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 4500 - HEALTH CARE REGULATION & LICENSING ADMIN

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
			0014 - FRINGE BENEFITS - CURR PERSONNEL	35,618.99	291,395.15	(255,776.16)		23,635.56	16,614.35
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**189,149.13**	**1,388,182.21**	**(1,199,033.08)**		**129,151.47**	**57,068.02**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	33,899.14	12,057.75	21,841.39		33,899.00	-
			0041 - CONTRACTUAL SERVICES - OTHER	183,332.58	128,623.20	54,709.38		230,175.00	45,576.07
		NON-PERSONNEL SERVICES - Total		**217,231.72**	**140,680.95**	**76,550.77**		**264,074.00**	**45,576.07**
	4530 - HEALTH CARE FACILITIES REGULATION - Total			**406,380.85**	**1,528,863.16**	**(1,122,482.31)**		**393,225.47**	**102,644.09**
	4540 - MEDICAL MARIJUANA	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	113,233.53	-	113,233.53		-	-
			0014 - FRINGE BENEFITS - CURR PERSONNEL	26,270.18	-	26,270.18		-	-
		PERSONNEL SERVICES - Total		**139,503.71**	**-**	**139,503.71**		**-**	**-**
		NON-PERSONNEL SERVICES	0031 - TELECOMMUNICATIONS	-	-	-		-	23,848.75
			0040 - OTHER SERVICES AND CHARGES	50,000.00	2,935.00	47,065.00		25,000.00	-
		NON-PERSONNEL SERVICES - Total		**50,000.00**	**2,935.00**	**47,065.00**		**25,000.00**	**23,848.75**
	4540 - MEDICAL MARIJUANA - Total			**189,503.71**	**2,935.00**	**186,568.71**		**25,000.00**	**23,848.75**
0600 - Total				**16,750,075.12**	**10,161,642.96**	**6,588,432.16**	**Variance is due to underspending in the Pharmacy protection fund, primarily in vacancy savings and contracts ($551K), vacancy savings in the Radiation Protection fund ($62K), underspending in the Board of Medicine fund, primarily in vacancy savings and contracts ($5.7M), underspending in supplies and contracts in the ICF/MR Fees and Fines fund ($77K), and underspending in contracts in the Civic Monetary and Penalties fund ($164K).**	**15,052,352.98**	**2,068,809.72**
0700	4515 - FOOD DRUG RADIATION AND COMM. HYGIENE	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	0.20	28,610.59	(28,610.39)		-	-

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 4500 - HEALTH CARE REGULATION & LICENSING ADMIN

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
			0012 - REGULAR PAY OTHER	4,565.63	5,437.60	(871.97)		-	-
			0014 - FRINGE BENEFITS - CURR PERSONNEL	1,287.74	4,989.87	(3,702.13)		-	-
			0015 - OVERTIME PAY	32,697.77	-	32,697.77		59,513.00	-
		PERSONNEL SERVICES - Total		**38,551.34**	**39,038.06**	**(486.72)**		**59,513.00**	**-**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	486.72	-	486.72		487.00	-
		NON-PERSONNEL SERVICES - Total		**486.72**	**-**	**486.72**		**487.00**	**-**
	4515 - FOOD DRUG RADIATION AND COMM. HYGIENE -			**39,038.06**	**39,038.06**	**-**		**60,000.00**	**-**
0700 - Total				**39,038.06**	**39,038.06**	**-**	**N/A**	**60,000.00**	**-**

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 5000 - PRIMARY CARE AND PREVENTION ADMIN

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
0100	5100 - PCPA SUPPORT SERVICES	NON-PERSONNEL SERVICES	0050 - SUBSIDIES AND TRANSFERS	607,968.73	607,968.73	-		1,257,616.95	(53,184.60)
		NON-PERSONNEL SERVICES - Total		**607,968.73**	**607,968.73**	**-**		**1,257,616.95**	**(53,184.60)**
	5100 - PCPA SUPPORT SERVICES - Total			**607,968.73**	**607,968.73**	**-**		**1,257,616.95**	**(53,184.60)**
0100 - Total				**607,968.73**	**607,968.73**	**-**	**N/A**	**1,257,616.95**	**(53,184.60)**

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 7000 - OFFICE OF HEALTH EQUITY

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
0100	7010 - MULTI SECTOR COLLABORATION	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	121,158.33	121,158.33	-		120,541.99	32,231.28
			0014 - FRINGE BENEFITS - CURR PERSONNEL	28,108.73	28,108.73	-		27,001.41	7,130.84
		PERSONNEL SERVICES - Total		**149,267.06**	**149,267.06**	**-**		**147,543.40**	**39,362.12**
	7010 - MULTI SECTOR COLLABORATION - Total			**149,267.06**	**149,267.06**	**-**		**147,543.40**	**39,362.12**
	7030 - HEALTH EQUITY PRACTICE AND PGM IMPLEMENT	NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	-	-	-		1,723.66	747.64
		NON-PERSONNEL SERVICES - Total		**-**	**-**	**-**		**1,723.66**	**747.64**
	7030 - HEALTH EQUITY PRACTICE AND PGM IMPLEMENT -			**-**	**-**	**-**		**1,723.66**	**747.64**
0100 - Total				**149,267.06**	**149,267.06**	**-**	**N/A**	**149,267.06**	**40,109.76**
0200	7010 - MULTI SECTOR COLLABORATION	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	199,619.76	199,350.72	269.04		224,142.97	63,326.80
			0014 - FRINGE BENEFITS - CURR PERSONNEL	51,204.21	59,259.32	(8,055.11)		50,208.03	17,382.47
		PERSONNEL SERVICES - Total		**250,823.97**	**258,610.04**	**(7,786.07)**		**274,351.00**	**80,709.27**
		NON-PERSONNEL SERVICES	0041 - CONTRACTUAL SERVICES - OTHER	24,390.87	11,634.05	12,756.82		60,334.00	-
			0070 - EQUIPMENT & EQUIPMENT RENTAL	-	-	-		5,000.00	-
		NON-PERSONNEL SERVICES - Total		**24,390.87**	**11,634.05**	**12,756.82**		**65,334.00**	**-**
	7010 - MULTI SECTOR COLLABORATION - Total			**275,214.84**	**270,244.09**	**4,970.75**		**339,685.00**	**80,709.27**
	7020 - COMM BASED PART. RSRCH AND PLCY EVAL.	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	87,703.00	87,971.55	(268.55)		175,634.00	24,767.05
			0012 - REGULAR PAY OTHER	-	-	-		-	-
			0014 - FRINGE BENEFITS - CURR PERSONNEL	23,676.02	17,692.85	5,983.17		39,342.01	4,820.32
		PERSONNEL SERVICES - Total		**111,379.02**	**105,664.40**	**5,714.62**		**214,976.01**	**29,587.37**
		NON-PERSONNEL SERVICES	0041 - CONTRACTUAL SERVICES - OTHER	-	-	-		7,333.00	-
		NON-PERSONNEL SERVICES - Total		**-**	**-**	**-**		**7,333.00**	**-**
	7020 - COMM BASED PART. RSRCH AND PLCY EVAL. -			**111,379.02**	**105,664.40**	**5,714.62**		**222,309.01**	**29,587.37**

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 7000 - OFFICE OF HEALTH EQUITY

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
	7030 - HEALTH EQUITY PRACTICE AND PGM IMPLEMENT	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	69,290.85	69,290.85	-		79,314.00	-
			0013 - ADDITIONAL GROSS PAY	-	12,757.31	(12,757.31)		-	-
			0014 - FRINGE BENEFITS - CURR PERSONNEL	18,400.85	16,328.91	2,071.94		17,766.34	-
		PERSONNEL SERVICES - Total		**87,691.70**	**98,377.07**	**(10,685.37)**		**97,080.34**	**-**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	569.70	569.70	-		3,276.34	(300.00)
			0041 - CONTRACTUAL SERVICES - OTHER	-	-	-		7,333.00	-
		NON-PERSONNEL SERVICES - Total		**569.70**	**569.70**	**-**		**10,609.34**	**(300.00)**
	7030 - HEALTH EQUITY PRACTICE AND PGM IMPLEMENT -			**88,261.40**	**98,946.77**	**(10,685.37)**		**107,689.68**	**(300.00)**
0200 - Total				**474,855.26**	**474,855.26**	**-**	**N/A**	**669,683.69**	**109,996.64**
0400	7010 - MULTI SECTOR COLLABORATION	PERSONNEL SERVICES	0012 - REGULAR PAY OTHER	-	25,901.10	(25,901.10)		-	8,905.27
			0014 - FRINGE BENEFITS - CURR PERSONNEL	-	1,981.44	(1,981.44)		-	681.24
		PERSONNEL SERVICES - Total		**-**	**27,882.54**	**(27,882.54)**		**-**	**9,586.51**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	286.00	-	286.00		-	-
			0040 - OTHER SERVICES AND CHARGES	12,415.00	1,800.00	10,615.00		-	-
			0041 - CONTRACTUAL SERVICES - OTHER	16,981.54	-	16,981.54		1.00	-
		NON-PERSONNEL SERVICES - Total		**29,682.54**	**1,800.00**	**27,882.54**		**1.00**	**-**
	7010 - MULTI SECTOR COLLABORATION - Total			**29,682.54**	**29,682.54**	**-**		**1.00**	**9,586.51**
0400 - Total				**29,682.54**	**29,682.54**	**-**	**N/A**	**1.00**	**9,586.51**

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 8200 - CTR FOR POLICY,PLANNING & EVALUATION

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
0100	8240 - EPI DISEASE SURVEY & INVESTIGATION	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	-	-	-		-	-
			0012 - REGULAR PAY - OTHER	-	-	-		-	-
			0013 - ADDITIONAL GROSS PAY	-	-	-		-	-
			0014 - FRINGE BENEFITS - CURR PERSONNEL	-	-	-		-	-
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**-**	**-**	**-**		**-**	**-**
		NON-PERSONNEL SERVICES	0041 - CONTRACTUAL SERVICES - OTHER	-	-	-		-	-
		NON-PERSONNEL SERVICES - Total		**-**	**-**	**-**		**-**	**-**
	8240 - EPI DISEASE SURVEY & INVESTIGATION - Total			**-**	**-**	**-**		**-**	**-**
	8250 - RESEARCH EVALUATION AND MEASUREMENT	NON-PERSONNEL SERVICES	0040 - OTHER SERVICES AND CHARGES	36,799.17	37,196.82	(397.65)		37,015.17	34,515.00
			0041 - CONTRACTUAL SERVICES - OTHER	-	-	-		250,000.00	-
		NON-PERSONNEL SERVICES - Total		**36,799.17**	**37,196.82**	**(397.65)**		**287,015.17**	**34,515.00**
	8250 - RESEARCH EVALUATION AND MEASUREMENT -			**36,799.17**	**37,196.82**	**(397.65)**		**287,015.17**	**34,515.00**
	8260 - STATE CENTER HEALTH STATISTICS	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	434,827.01	700,576.16	(265,749.15)		437,559.49	94,050.87
			0012 - REGULAR PAY - OTHER	-	17,637.49	(17,637.49)		-	285.95
			0013 - ADDITIONAL GROSS PAY	-	354,174.85	(354,174.85)		-	(90,626.53)
			0014 - FRINGE BENEFITS - CURR PERSONNEL	103,252.24	86,089.10	17,163.14		100,303.06	14,764.27
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**538,079.25**	**1,158,477.60**	**(620,398.35)**		**537,862.55**	**18,474.56**
		NON-PERSONNEL SERVICES	0031 - TELECOMMUNICATIONS	-	1,144.44	(1,144.44)		-	-

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 8200 - CTR FOR POLICY,PLANNING & EVALUATION

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
			0040 - OTHER SERVICES AND CHARGES	383,400.00	364,303.48	19,096.52		31,400.00	(14,833.34)
			0041 - CONTRACTUAL SERVICES - OTHER	1,253,424.86	444,575.41	808,849.45		353,424.86	(11,737.15)
		NON-PERSONNEL SERVICES - Total		**1,636,824.86**	**810,023.33**	**826,801.53**		**384,824.86**	**(26,570.49)**
	8260 - STATE CENTER HEALTH STATISTICS - Total			**2,174,904.11**	**1,968,500.93**	**206,403.18**		**922,687.41**	**(8,095.93)**
0100 - Total				**2,211,703.28**	**2,005,697.75**	**206,005.53**	**Variance is primarily due to underspending in contracts.**	**1,209,702.58**	**26,419.07**
0200	8240 - EPI DISEASE SURVEY & INVESTIGATION	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	-	3,577.01	(3,577.01)		-	25,930.53
			0012 - REGULAR PAY - OTHER	-	7,676.80	(7,676.80)		-	23,798.72
			0014 - FRINGE BENEFITS - CURR PERSONNEL	-	1,400.97	(1,400.97)		49,693.00	8,519.61
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**-**	**12,654.78**	**(12,654.78)**		**49,693.00**	**58,248.86**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	500.00	-	500.00		5,000.00	-
			0040 - OTHER SERVICES AND CHARGES	-	-	-		14,028.00	-
			0041 - CONTRACTUAL SERVICES - OTHER	952,044.24	637,840.63	314,203.61		2,976,929.00	399,842.00
		NON-PERSONNEL SERVICES - Total		**952,544.24**	**637,840.63**	**314,703.61**		**2,995,957.00**	**399,842.00**
	8240 - EPI DISEASE SURVEY & INVESTIGATION - Total			**952,544.24**	**650,495.41**	**302,048.83**		**3,045,650.00**	**458,090.86**
	8250 - RESEARCH EVALUATION AND MEASUREMENT	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	193,638.71	150,124.82	43,513.89		220,175.87	30,648.19
			0012 - REGULAR PAY - OTHER	-	129,041.12	(129,041.12)		1,437,485.93	54,309.75
			0013 - ADDITIONAL GROSS PAY	-	-	-		-	150.40
			0014 - FRINGE BENEFITS - CURR PERSONNEL	41,635.58	70,520.19	(28,884.61)		361,602.55	18,564.75
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**235,274.29**	**349,686.13**	**(114,411.84)**		**2,019,264.35**	**103,673.09**

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 8200 - CTR FOR POLICY,PLANNING & EVALUATION

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	5,847.19	3,981.58	1,865.61		131,650.00	2,000.00
			0040 - OTHER SERVICES AND CHARGES	170,960.99	177,657.54	(6,696.55)		35,920,700.60	11,889.60
			0041 - CONTRACTUAL SERVICES - OTHER	1,889,209.21	1,759,618.84	129,590.37		48,558,616.64	25,352,127.04
		NON-PERSONNEL SERVICES - Total		**2,066,017.39**	**1,941,257.96**	**124,759.43**		**84,610,967.24**	**25,366,016.64**
	8250 - RESEARCH EVALUATION AND MEASUREMENT -			**2,301,291.68**	**2,290,944.09**	**10,347.59**		**86,630,231.59**	**25,469,689.73**
	8260 - STATE CENTER HEALTH STATISTICS	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	290,572.20	980,143.62	(689,571.42)		495,173.16	520,574.52
			0012 - REGULAR PAY - OTHER	8,449,415.12	15,056,842.48	(6,607,427.36)		817,952.32	2,855,349.67
			0013 - ADDITIONAL GROSS PAY	-	1,186,682.40	(1,186,682.40)		-	139,507.76
			0014 - FRINGE BENEFITS - CURR PERSONNEL	2,310,477.02	2,674,685.35	(364,208.33)		295,138.36	656,885.48
			0015 - OVERTIME PAY	851,315.41	116,312.98	735,002.43		-	22,657.14
		PERSONNEL SERVICES - Total		**11,901,779.75**	**20,014,666.83**	**(8,112,887.08)**		**1,608,263.84**	**4,194,974.57**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	5,039.12	5,039.12	-		10,000.00	5,000.00
			0040 - OTHER SERVICES AND CHARGES	151,508.50	213,833.48	(62,324.98)		83,218.00	4,016.87
			0041 - CONTRACTUAL SERVICES - OTHER	40,948,022.12	31,135,471.50	9,812,550.62		10,345,500.00	3,519,752.92
			0070 - EQUIPMENT & EQUIPMENT RENTAL	35,185.00	37,871.36	(2,686.36)		10,000.00	1,000.00
		NON-PERSONNEL SERVICES - Total		**41,139,754.74**	**31,392,215.46**	**9,747,539.28**		**10,448,718.00**	**3,529,769.79**
	8260 - STATE CENTER HEALTH STATISTICS - Total			**53,041,534.49**	**51,406,882.29**	**1,634,652.20**		**12,056,981.84**	**7,724,744.36**
0200 - Total				**56,295,370.41**	**54,348,321.79**	**1,947,048.62**	**N/A**	**101,732,863.43**	**33,652,524.95**
0600	8260 - STATE CENTER HEALTH STATISTICS	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	1,851,375.01	1,771,885.93	79,489.08		2,153,281.58	354,680.87
			0012 - REGULAR PAY - OTHER	-	45,399.03	(45,399.03)		-	31,809.52
			0013 - ADDITIONAL GROSS PAY	-	44,931.48	(44,931.48)		-	40,690.01

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 8200 - CTR FOR POLICY,PLANNING & EVALUATION

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
			0014 - FRINGE BENEFITS - CURR PERSONNEL	410,597.18	480,966.51	(70,369.33)		482,335.07	108,534.85
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**2,261,972.19**	**2,343,182.95**	**(81,210.76)**		**2,635,616.65**	**535,715.25**
	8260 - STATE CENTER HEALTH STATISTICS - Total			**2,261,972.19**	**2,343,182.95**	**(81,210.76)**		**2,635,616.65**	**535,715.25**
	8270 - STATE HEALTH PLANNING AND DEVELOPMENT	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	897,965.95	357,979.16	539,986.79		866,025.56	171,473.82
			0012 - REGULAR PAY - OTHER	78,700.43	4,497.94	74,202.49		81,068.05	-
			0013 - ADDITIONAL GROSS PAY	-	900.58	(900.58)		-	6,943.58
			0014 - FRINGE BENEFITS - CURR PERSONNEL	236,636.90	113,910.06	122,726.84		212,148.96	42,341.10
			0015 - OVERTIME PAY	-	-	-		-	-
		PERSONNEL SERVICES - Total		**1,213,303.28**	**477,287.74**	**736,015.54**		**1,159,242.57**	**220,758.50**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	16,899.00	6,202.46	10,696.54		10,805.00	5,000.00
			0040 - OTHER SERVICES AND CHARGES	305,513.24	84,870.51	220,642.73		305,007.00	(1,494.88)
			0070 - EQUIPMENT & EQUIPMENT RENTAL	25,750.00	1,295.50	24,454.50		25,750.00	750.00
		NON-PERSONNEL SERVICES - Total		**348,162.24**	**92,368.47**	**255,793.77**		**341,562.00**	**4,255.12**
	8270 - STATE HEALTH PLANNING AND DEVELOPMENT -			**1,561,465.52**	**569,656.21**	**991,809.31**		**1,500,804.57**	**225,013.62**
0600 - Total				**3,823,437.71**	**2,912,839.16**	**910,598.55**	**The variances are primarily due to vacancy savings as follows: SHPDA Fees fund ($890K), fund balanced used in the Vital Records Revenue fund ($-81K) and the SHPDA Admissions Fees fund ($102K).**	**4,136,421.22**	**760,728.87**
0700	8260 - STATE CENTER HEALTH STATISTICS	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	59,747.36	-	59,747.36		79,475.76	-
			0012 - REGULAR PAY - OTHER	-	59,747.36	(59,747.36)		-	20,947.94
			0014 - FRINGE BENEFITS - CURR PERSONNEL	9,040.47	9,040.47	-		17,802.60	4,152.17

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 8200 - CTR FOR POLICY,PLANNING & EVALUATION

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
		PERSONNEL SERVICES - Total		**68,787.83**	**68,787.83**	**-**		**97,278.36**	**25,100.11**
		NON-PERSONNEL SERVICES	0040 - OTHER SERVICES AND CHARGES	-	-	-		6,496.78	-
			0041 - CONTRACTUAL SERVICES - OTHER	4,483.00	4,483.00	-		4,975.00	-
		NON-PERSONNEL SERVICES - Total		**4,483.00**	**4,483.00**	**-**		**11,471.78**	**-**
	8260 - STATE CENTER HEALTH STATISTICS - Total			**73,270.83**	**73,270.83**	**-**		**108,750.14**	**25,100.11**
	8270 - STATE HEALTH PLANNING AND DEVELOPMENT	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	-	139,725.88	(139,725.88)		-	-
			0012 - REGULAR PAY - OTHER	-	101,282.79	(101,282.79)		-	-
			0013 - ADDITIONAL GROSS PAY	-	750.88	(750.88)		-	-
			0014 - FRINGE BENEFITS - CURR PERSONNEL	-	58,240.45	(58,240.45)		-	-
		PERSONNEL SERVICES - Total		**-**	**300,000.00**	**(300,000.00)**		**-**	**-**
	8270 - STATE HEALTH PLANNING AND DEVELOPMENT -			**-**	**300,000.00**	**(300,000.00)**		**-**	**-**
0700 - Total				**73,270.83**	**373,270.83**	**(300,000.00)**	**Variance is due to a MOU that did not receive budget authority.**	**108,750.14**	**25,100.11**

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 8500 - MATERNAL AND PRIMARY CARE ADMINISTRATION

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
0100	8502 - CANCER AND CHRONIC DISEASE PREVENTION	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	203,502.39	244,394.98	(40,892.59)		253,215.61	31,533.51
			0012 - REGULAR PAY - OTHER	-	37,287.11	(37,287.11)		92,554.00	24,474.71
			0013 - ADDITIONAL GROSS PAY	-	44,161.91	(44,161.91)		-	(5,498.49)
			0014 - FRINGE BENEFITS - CURR PERSONNEL	47,212.56	64,429.93	(17,217.37)		77,452.39	12,928.34
		PERSONNEL SERVICES - Total		**250,714.95**	**390,273.93**	**(139,558.98)**		**423,222.00**	**63,438.07**
		NON-PERSONNEL SERVICES	0031 - TELECOMMUNICATIONS	-	17,203.56	(17,203.56)		-	-
			0041 - CONTRACTUAL SERVICES - OTHER	2,151,644.00	1,994,881.80	156,762.20		2,450,000.00	(257,594.83)
			0050 - SUBSIDIES AND TRANSFERS	639,983.00	639,982.05	0.95		639,983.00	20,153.31
		NON-PERSONNEL SERVICES - Total		**2,791,627.00**	**2,652,067.41**	**139,559.59**		**3,089,983.00**	**(237,441.52)**
	8502 - CANCER AND CHRONIC DISEASE PREVENTION -			**3,042,341.95**	**3,042,341.34**	**0.61**		**3,513,205.00**	**(174,003.45)**
	8505 - HEALTH CARE ACCESS BUREAU	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	795,712.72	338,325.63	457,387.09		529,838.98	141,411.39
			0012 - REGULAR PAY - OTHER	-	105,132.70	(105,132.70)		87,972.37	42,376.49
			0013 - ADDITIONAL GROSS PAY	-	270,443.58	(270,443.58)		-	(67,241.25)
			0014 - FRINGE BENEFITS - CURR PERSONNEL	173,163.74	113,594.51	59,569.23		138,389.74	42,233.80
			0015 - OVERTIME PAY	-	2,451.34	(2,451.34)		-	5,634.11
		PERSONNEL SERVICES - Total		**968,876.46**	**829,947.76**	**138,928.70**		**756,201.09**	**164,414.54**
		NON-PERSONNEL SERVICES	0040 - OTHER SERVICES AND CHARGES	-	183,945.57	(183,945.57)		-	-
			0041 - CONTRACTUAL SERVICES - OTHER	-	3,317,357.37	(3,317,357.37)		-	-
			0050 - SUBSIDIES AND TRANSFERS	6,426,123.00	2,374,045.83	4,052,077.17		7,656,748.00	(278,088.40)
		NON-PERSONNEL SERVICES - Total		**6,426,123.00**	**5,875,348.77**	**550,774.23**		**7,656,748.00**	**(278,088.40)**
	8505 - HEALTH CARE ACCESS BUREAU - Total			**7,394,999.46**	**6,705,296.53**	**689,702.93**		**8,412,949.09**	**(113,673.86)**

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 8500 - MATERNAL AND PRIMARY CARE ADMINISTRATION

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
	8506 - FAMILY HEALTH BUREAU	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	724,235.21	580,305.72	143,929.49		1,044,290.51	136,701.47
			0012 - REGULAR PAY - OTHER	74,215.28	320,184.09	(245,968.81)		149,725.34	114,972.16
			0013 - ADDITIONAL GROSS PAY	-	355,372.81	(355,372.81)		-	(263,585.35)
			0014 - FRINGE BENEFITS - CURR PERSONNEL	185,240.53	155,916.61	29,323.92		297,727.78	49,236.06
			0015 - OVERTIME PAY	-	14,610.67	(14,610.67)		-	2,353.67
		PERSONNEL SERVICES - Total		**983,691.02**	**1,426,389.90**	**(442,698.88)**		**1,491,743.63**	**39,678.01**
		NON-PERSONNEL SERVICES	0040 - OTHER SERVICES AND CHARGES	-	629.84	(629.84)		-	-
			0041 - CONTRACTUAL SERVICES - OTHER	2,494,966.00	3,542,522.29	(1,047,556.29)		2,944,966.00	(54,046.02)
			0050 - SUBSIDIES AND TRANSFERS	27,409,808.00	26,358,293.34	1,051,514.66		27,672,878.76	2,860,258.88
		NON-PERSONNEL SERVICES - Total		**29,904,774.00**	**29,901,445.47**	**3,328.53**		**30,617,844.76**	**2,806,212.86**
	8506 - FAMILY HEALTH BUREAU - Total			**30,888,465.02**	**31,327,835.37**	**(439,370.35)**		**32,109,588.39**	**2,845,890.87**
	8510 - SUPPORT SERVICES	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	548,866.92	350,956.25	197,910.67		431,558.69	114,755.56
			0012 - REGULAR PAY - OTHER	-	29,726.61	(29,726.61)		-	(2,145.95)
			0013 - ADDITIONAL GROSS PAY	-	13,204.53	(13,204.53)		-	44,563.62
			0014 - FRINGE BENEFITS - CURR PERSONNEL	169,126.36	78,280.37	90,845.99		96,669.16	26,271.28
			0015 - OVERTIME PAY	-	18,425.60	(18,425.60)		-	(414.09)
		PERSONNEL SERVICES - Total		**717,993.28**	**490,593.36**	**227,399.92**		**528,227.85**	**183,030.42**
		NON-PERSONNEL SERVICES	0031 - TELECOMMUNICATIONS	-	3,437.75	(3,437.75)		-	5,067.41
			0040 - OTHER SERVICES AND CHARGES	194,992.00	176,820.90	18,171.10		167,823.00	141,421.00

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 8500 - MATERNAL AND PRIMARY CARE ADMINISTRATION

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
			0041 - CONTRACTUAL SERVICES - OTHER	65,000.00	307,102.44	(242,102.44)		65,000.00	(2,000.00)
		NON-PERSONNEL SERVICES - Total		**259,992.00**	**487,361.09**	**(227,369.09)**		**232,823.00**	**144,488.41**
	8510 - SUPPORT SERVICES - Total			**977,985.28**	**977,954.45**	**30.83**		**761,050.85**	**327,518.83**
	8513 - NUTRITION AND PHYSICAL FITNESS	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	117,516.00	257,511.06	(139,995.06)		-	-
			0012 - REGULAR PAY - OTHER	176,484.26	11,737.99	164,746.27		-	-
			0013 - ADDITIONAL GROSS PAY	-	82.51	(82.51)		-	-
			0014 - FRINGE BENEFITS - CURR PERSONNEL	68,208.07	41,221.79	26,986.28		-	-
		PERSONNEL SERVICES - Total		**362,208.33**	**310,553.35**	**51,654.98**		**-**	**-**
		NON-PERSONNEL SERVICES	0040 - OTHER SERVICES AND CHARGES	108,634.20	97,168.05	11,466.15		35,880.15	8,000.00
			0041 - CONTRACTUAL SERVICES - OTHER	193,000.00	475,832.32	(282,832.32)		193,000.00	(114,450.48)
			0050 - SUBSIDIES AND TRANSFERS	3,970,934.00	3,826,939.22	143,994.78		3,970,934.00	347,739.20
		NON-PERSONNEL SERVICES - Total		**4,272,568.20**	**4,399,939.59**	**(127,371.39)**		**4,199,814.15**	**241,288.72**
	8513 - NUTRITION AND PHYSICAL FITNESS - Total			**4,634,776.53**	**4,710,492.94**	**(75,716.41)**		**4,199,814.15**	**241,288.72**
0100 - Total				**46,938,568.24**	**46,763,920.63**	**174,647.61**	**N/A**	**48,996,607.48**	**3,127,021.11**
0150	8505 - HEALTH CARE ACCESS BUREAU	NON-PERSONNEL SERVICES	0050 - SUBSIDIES AND TRANSFERS	0	0	0		8,482,500	0
		NON-PERSONNEL SERVICES - Total		**0**	**0**	**0**		**8,482,500**	**0**
	8505 - HEALTH CARE ACCESS BUREAU - Total			**0**	**0**	**0**		**8,482,500**	**0**
	8513 - NUTRITION AND PHYSICAL FITNESS	NON-PERSONNEL SERVICES	0041 - CONTRACTUAL SERVICES - OTHER	0	0	0		1,600,000	600,000
			0050 - SUBSIDIES AND TRANSFERS	0	0	0		1,831,000	0
		NON-PERSONNEL SERVICES - Total		**0**	**0**	**0**		**3,431,000**	**600,000**
	8513 - NUTRITION AND PHYSICAL FITNESS - Total			**0**	**0**	**0**		**3,431,000**	**600,000**
0150 - Total				**0**	**0**	**0**	**N/A**	**11,913,500**	**600,000**
0200	8502 - CANCER AND CHRONIC DISEASE PREVENTION	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	721,841.79	552,376.24	169,465.55		978,470.65	136,676.13
			0012 - REGULAR PAY OTHER	1,237,040.71	1,163,334.24	73,706.47		1,518,430.33	355,715.49

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 8500 - MATERNAL AND PRIMARY CARE ADMINISTRATION

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
			0013 - ADDITIONAL GROSS PAY	0	66,866.44	-66,866.44		0	7,166.92
			0014 - FRINGE BENEFITS - CURR PERSONNEL	465,873.49	385,737.35	80,136.14		569,887.31	108,270.75
			0015 - OVERTIME PAY	0	2,002.37	-2,002.37		0	4,521.11
		PERSONNEL SERVICES - Total		**2,424,755.99**	**2,170,316.64**	**254,439.35**		**3,066,788.29**	**612,350.4**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	2,055.68	1,490.13	565.55		9,982	3,554
			0040 - OTHER SERVICES AND CHARGES	90,460.1	12,365.68	78,094.42		57,767.1	6,971
			0041 - CONTRACTUAL SERVICES - OTHER	941,242.31	831,518.8	109,723.51		2,423,673.31	103,153.78
			0050 - SUBSIDIES AND TRANSFERS	1,738,141.88	1,695,952.93	42,188.95		1,798,190.11	74,517.9
		NON-PERSONNEL SERVICES - Total		**2,771,899.97**	**2,541,327.54**	**230,572.43**		**4,289,612.52**	**188,196.68**
	8502 - CANCER AND CHRONIC DISEASE PREVENTION -			**5,196,655.96**	**4,711,644.18**	**485,011.78**		**7,356,400.81**	**800,547.08**
	8505 - HEALTH CARE ACCESS BUREAU	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	1,447,218.87	1,084,873.34	362,345.53		3,918,069.06	378,667.24
			0012 - REGULAR PAY OTHER	212,936.88	243,022.09	-30,085.21		266,677.79	150,403.71
			0013 - ADDITIONAL GROSS PAY	0	57,038.63	-57,038.63		0	-49,782.18
			0014 - FRINGE BENEFITS - CURR PERSONNEL	381,337.75	352,946.71	28,391.04		947,555.12	124,002.7
			0015 - OVERTIME PAY	0	0	0		0	8,228.76
		PERSONNEL SERVICES - Total		**2,041,493.5**	**1,737,880.77**	**303,612.73**		**5,132,301.97**	**611,520.23**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	13,724.03	13,724.03	0		192,487.94	1,000
			0031 - TELECOMMUNICATIONS	0	720	-720		0	0
			0040 - OTHER SERVICES AND CHARGES	16,042.88	15,323	719.88		230,502.34	36,335
			0041 - CONTRACTUAL SERVICES - OTHER	6,589,310.61	6,556,388.62	32,921.99		46,843,786.32	10,110.23

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 8500 - MATERNAL AND PRIMARY CARE ADMINISTRATION

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
			0050 - SUBSIDIES AND TRANSFERS	2,732,445.39	2,732,445.39	0		635,593.08	14,152.61
			0070 - EQUIPMENT & EQUIPMENT RENTAL	102,870.84	102,870.84	0		754,597	0
		NON-PERSONNEL SERVICES - Total		**9,454,393.75**	**9,421,471.88**	**32,921.87**		**48,656,966.68**	**61,597.84**
	8505 - HEALTH CARE ACCESS BUREAU		**- Total**	**11,495,887.25**	**11,159,352.65**	**336,534.6**		**53,789,268.65**	**673,118.07**
	8506 - FAMILY HEALTH BUREAU	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	1,168,238.21	750,376.86	417,861.35		752,976.15	229,603.41
			0012 - REGULAR PAY OTHER	652,077.15	295,889.24	356,187.91		360,800.52	116,648.1
			0013 - ADDITIONAL GROSS PAY	0	8,304.29	-8,304.29		0	7,030.71
			0014 - FRINGE BENEFITS - CURR PERSONNEL	431,453.27	222,540.23	208,913.04		249,485.97	72,717.94
			0015 - OVERTIME PAY	0	0	0		0	277.31
		PERSONNEL SERVICES - Total		**2,251,768.63**	**1,277,110.62**	**974,658.01**		**1,363,262.64**	**426,277.47**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	2,586.66	0	2,586.66		2,258	500
			0040 - OTHER SERVICES AND CHARGES	7,450	1,203	6,247		14,674.41	2,209.33
			0041 - CONTRACTUAL SERVICES - OTHER	169,957.19	101,180.14	68,777.05		700,300.71	2,162.49
			0050 - SUBSIDIES AND TRANSFERS	2,455,187.16	2,227,100.79	228,086.37		1,938,339.72	332,873.37
		NON-PERSONNEL SERVICES - Total		**2,635,181.01**	**2,329,483.93**	**305,697.08**		**2,655,572.84**	**337,745.19**
	8506 - FAMILY HEALTH BUREAU		**- Total**	**4,886,949.64**	**3,606,594.55**	**1,280,355.09**		**4,018,835.48**	**764,022.66**
	8510 - SUPPORT SERVICES	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	1,389,572.18	1,418,916.65	-29,344.47		1,245,850.64	306,600.46
			0012 - REGULAR PAY OTHER	842,216.36	578,613.47	263,602.89		584,331.47	129,179.97
			0013 - ADDITIONAL GROSS PAY	0	225,443.49	-225,443.49		0	-186,885.77
			0014 - FRINGE BENEFITS - CURR PERSONNEL	426,342.96	432,633.1	-6,290.14		409,960.78	96,231.17
			0015 - OVERTIME PAY	0	0	0		0	1,070.13

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 8500 - MATERNAL AND PRIMARY CARE ADMINISTRATION

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
		PERSONNEL SERVICES - Total		**2,658,131.5**	**2,655,606.71**	**2,524.79**		**2,240,142.89**	**346,195.96**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	25,576.76	20,271.88	5,304.88		75,000	27,092.59
			0040 - OTHER SERVICES AND CHARGES	319,941.9	228,987.68	90,954.22		525,447.8	35,000
			0041 - CONTRACTUAL SERVICES - OTHER	704,333.12	672,196.29	32,136.83		1,148,316.38	240,382.27
			0050 - SUBSIDIES AND TRANSFERS	1,895,204.63	1,771,418.18	123,786.45		2,656,094.95	109,735.91
			0070 - EQUIPMENT & EQUIPMENT RENTAL	23,914	23,914	0		50,000	0
		NON-PERSONNEL SERVICES - Total		**2,968,970.41**	**2,716,788.03**	**252,182.38**		**4,454,859.13**	**412,210.77**
	8510 - SUPPORT SERVICES - Total			**5,627,101.91**	**5,372,394.74**	**254,707.17**		**6,695,002.02**	**758,406.73**
	8511 - PERINATAL AND INFANT HEALTH	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	0	206,058	-206,058		339,984.5	45,413.52
			0012 - REGULAR PAY OTHER	0	72,094.39	-72,094.39		64,050	-2,373.39
			0013 - ADDITIONAL GROSS PAY	0	3,797.75	-3,797.75		0	-1,666.87
			0014 - FRINGE BENEFITS - CURR PERSONNEL	0	71,789.92	-71,789.92		90,503.73	2,741.36
			0015 - OVERTIME PAY	0	0	0		0	15.72
		PERSONNEL SERVICES - Total		**0**	**353,740.06**	**-353,740.06**		**494,538.23**	**44,130.34**
		NON-PERSONNEL SERVICES	0040 - OTHER SERVICES AND CHARGES	0	0	0		3,414	0
			0050 - SUBSIDIES AND TRANSFERS	0	0	0		0	0
		NON-PERSONNEL SERVICES - Total		**0**	**0**	**0**		**3,414**	**0**
	8511 - PERINATAL AND INFANT HEALTH - Total			**0**	**353,740.06**	**-353,740.06**		**497,952.23**	**44,130.34**
	8513 - NUTRITION AND PHYSICAL FITNESS	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	1,055,300.29	894,139.71	161,160.58		1,156,310.25	232,796.83
			0012 - REGULAR PAY OTHER	227,449.29	151,998.92	75,450.37		230,448.26	71,938.86
			0013 - ADDITIONAL GROSS PAY	0	1,205.46	-1,205.46		0	38,648.47

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 8500 - MATERNAL AND PRIMARY CARE ADMINISTRATION

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
			0014 - FRINGE BENEFITS - CURR PERSONNEL	350,504.84	232,672.05	117,832.79		310,633.92	75,687.13
			0015 - OVERTIME PAY	0	0	0		0	40.37
		PERSONNEL SERVICES - Total		**1,633,254.42**	**1,280,016.14**	**353,238.28**		**1,697,392.43**	**419,111.66**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	12,500	2,291.52	10,208.48		15,000	4,500
			0040 - OTHER SERVICES AND CHARGES	127,479.43	55,133.47	72,345.96		67,600	27,772.65
			0041 - CONTRACTUAL SERVICES - OTHER	6,247,537.5	2,145,243.38	4,102,294.12		3,045,168	217,946.72
			0050 - SUBSIDIES AND TRANSFERS	12,329,828.1	9,246,454.44	3,083,373.66		12,160,973.65	193,657.51
			0070 - EQUIPMENT & EQUIPMENT RENTAL	685,668.94	194,690.32	490,978.62		227,500	0
		NON-PERSONNEL SERVICES - Total		**19,403,013.97**	**11,643,813.13**	**7,759,200.84**		**15,516,241.65**	**443,876.88**
	8513 - NUTRITION AND PHYSICAL FITNESS - Total			**21,036,268.39**	**12,923,829.27**	**8,112,439.12**		**17,213,634.08**	**862,988.54**
0200 - Total				**48,242,863.15**	**38,127,555.45**	**10,115,307.7**	**Variances are primarily due to the following: underspending in other services and charges, contracts and subgrants on the National Cancer Prevention and Control grant ($202K), vacancy savings on the Immunization & Vaccines for Children grant ($142K), underspending in subgrants on the DC Healthy Start 1 grant ($43K), underspending in contracts for the WIC Electronic Billing grant ($831K), underspending in contracts on the WIC Management Information Systems grant ($2.8M), underspending in subgrants for the Home Visitation grant ($180K), vacancy savings on the Preventive Health Block grant ($100K), vacancy savings on the Maternal and Child Block grant ($1.3M), vacancy savings and underspending on the Farmers Market Program grant ($110K), vacancy savings and underspending in subgrants on the Food Stamp Nutrition Education Program grant ($307K), and underspending in contracts, subgrants and equipment on the WIC grant**	**89,571,093.27**	**3,903,213.42**

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 8500 - MATERNAL AND PRIMARY CARE ADMINISTRATION

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
0400	8502 - CANCER AND CHRONIC DISEASE PREVENTION	NON-PERSONNEL SERVICES	0040 - OTHER SERVICES AND CHARGES	0	0	0		0	0
			0050 - SUBSIDIES AND TRANSFERS	0	0	0		0	0
		NON-PERSONNEL SERVICES - Total		**0**	**0**	**0**		**0**	**0**
	8502 - CANCER AND CHRONIC DISEASE PREVENTION -			**0**	**0**	**0**		**0**	**0**
0400 - Total				**0**	**0**	**0**	**N/A**	**0**	**0**
0700	8506 - FAMILY HEALTH BUREAU	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	63,520.54	35,811.61	27,708.93		0	-1,920.72
			0012 - REGULAR PAY OTHER	144,447.73	145,727.46	-1,279.73		149,725.34	40,815.63
			0014 - FRINGE BENEFITS - CURR PERSONNEL	48,878.79	34,880.38	13,998.41		33,538.48	7,205.06
			0015 - OVERTIME PAY	0	0	0		0	326.72
		PERSONNEL SERVICES - Total		**256,847.06**	**216,419.45**	**40,427.61**		**183,263.82**	**46,426.69**
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	7,000	1,966.78	5,033.22		0	0
			0040 - OTHER SERVICES AND CHARGES	30,000	8,241.51	21,758.49		0	0
			0041 - CONTRACTUAL SERVICES - OTHER	2,998.94	1,000	1,998.94		16,134.78	4,570
			0050 - SUBSIDIES AND TRANSFERS	355,587.37	259,625.72	95,961.65		0	-158,680.37
		NON-PERSONNEL SERVICES - Total		**395,586.31**	**270,834.01**	**124,752.3**		**16,134.78**	**-154,110.37**
	8506 - FAMILY HEALTH BUREAU - Total			**652,433.37**	**487,253.46**	**165,179.91**		**199,398.6**	**-107,683.68**
	8513 - NUTRITION AND PHYSICAL FITNESS	PERSONNEL SERVICES	0011 - REGULAR PAY CONT FULL TIME	0	-29,354.51	29,354.51		66,542	25,024.42
			0012 - REGULAR PAY OTHER	0	46,787.82	-46,787.82		82,326	2,821.98
			0014 - FRINGE BENEFITS - CURR PERSONNEL	0	5,534.02	-5,534.02		33,346.43	9,972.99
		PERSONNEL SERVICES - Total		**0**	**22,967.33**	**-22,967.33**		**182,214.43**	**37,819.39**
		NON-PERSONNEL SERVICES	0050 - SUBSIDIES AND TRANSFERS	410,000	387,032.67	22,967.33		309,232.98	0
		NON-PERSONNEL SERVICES - Total		**410,000**	**387,032.67**	**22,967.33**		**309,232.98**	**0**

DEPARTMENT OF HEALTH
FY21 - FY22 BUDGET
ACTIVITY LEVEL

PROGRAM: 8500 - MATERNAL AND PRIMARY CARE ADMINISTRATION

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2021 BUDGET	FY 2021 EXPENDITURE	FY 2021 VARIANCE	Variance Explanation	FY 2022 BUDGET	FY 2022 EXPENDITURE
	8513 - NUTRITION AND PHYSICAL FITNESS		- Total	410,000	410,000	0		491,447.41	37,819.39
0700 - Total				1,062,433.37	897,253.46	165,179.91	Budget authority not reduced by OCFO to match actual expenditures.	690,846.01	-69,864.29
Overall - Total				341,321,407.69	301,419,304.45	39,902,103.24		454,301,205.14	79,875,030.07

Program	Project	Ph	Title	Buyer Agency	Grand Total	Purpose of MOU
CHA	HTHCLT	21	DC Health - Health Care Finance Linkage	Department of Health Care Finance	227,628	The purpose of the agreement is to track the health outcome of children from birth to the age of 21 who are at risk for developmental delays.
AMP	MPDSUB	21	MPD Sublease	Department of Corrections	57,900	The purpose of the agreement is to provide to the subleasee the following services: security, facility management, cleaning and maintenance, LAN Room and Mechanical costs, mail processing and video intercom and door release.
CHA	DCOOA	21	DC Office on Aging	Office of Aging	410,000	The purpose of the agreement is to advocate, plan, implement and monitor programs in health, education and social services for older and disabled residents.
CPPE	11CBPP	21	OAG Child Support	Office of The General Attorney General	73,271	The purpose of the agreement is to facilitate prompt access by CSSD to birth and death record information required to support paternity establishment in accordance to DC Code 7-220 (h), DC Code 46-226.03.
CHA	SHNSS9	21	School Health Nursing Suites Supplies	District of Columbia Public Schools	158,680	The purpose of the agreement is to purchase medical supplies and equipment for health suites located at DCPS elementary, education campus, middle and senior high schools.
HAHSTA	OPIOID	21	DC Opioid Response	Department of Behavioral Health	7,005,017	The purpose of the agreement is to increase access to MAT, reducing unmet treatment needs, and reducing opioid overdose related in DC through the provisions of prevention, treatment, and recovery support services to individuals with OUD.
HRLA	IDYRS	21	Facility Inspections	Department of Youth Rehabilitation Services	5,854	The purpose of the agreement is to provide inspections for juvenile facilities.
CPPE	NHSEAA	21	Saint Elizabeth Amendment	Department of Health Care Finance	300,000	The purpose of the agreement is to provide funding for the hospital Certificate of Need.
HRLA	DCDCRA	21	Facility Inspections	Department of Consumer and Regulatory Affairs	33,184	The purpose of the agreement is to provide inspections for public housing facilities.
CHA	CFSPAT	21	DC Health - CFSA Parents as Teachers	Child and Family Services Agency	100,945	The purpose of the agreement is to implement the CFSA Parents as Teachers (PAT) program.
HEPRA	OPCARE	21	OCP CARES ACT - COVID	Office of Contracts and Procurement	1,280,000	The purpose of the agreement is to provide funding to support DC Health's COVID-19 efforts.
				Total	9,652,479	

Program	Project	Ph	Title	Seller Agency	Grand Total	Purpose of MOU
AMP	L301HC	01	Auto Fuel	Office of Property Management	27,434	Fixed Costs
AMP	L304HC	01	Natural Gas	Office of Property Management	11,759	Fixed Costs
AMP	L305HC	01	Electricity	Office of Property Management	50,066	Fixed Costs
AMP	L307HC	01	Water	Office of Property Management	43,530	Fixed Costs
AMP	L309HC	01	Rent	Office of Property Management	12,175,330	Fixed Costs
AMP	L310HC	02	Rent 330 V St. NE	Office of Property Management	72,713	Fixed Costs
AMP	L319HC	01	Occupancy	Office of Property Management	188,055	Fixed Costs
AMP	L331HC	02	Waste Management	Office of Property Management	3,962	Fixed Costs
AMP	L330HC	01	Sustainable Energy	Office of Property Management	12,882	Fixed Costs
AMP	L440HC	01	Security	Office of Property Management	429,065	Fixed Costs
AMP	I21HC0	01	Telecom	Office of Finance and Resource Management	430,849	Fixed Costs
AMP	I21HC0	02	Telecom	Office of Finance and Resource Management	441,676	Fixed Costs
AMP	I21HC0	03	RTS	Office of Finance and Resource Management	11,481	Request Telephone Services
CPPE	7ACHC1	21	Armored Car Service	Office of the Chief Financial Officer	1,641	The purpose of the agreement is to cover armored car services to transport District funds from collection points to various financial institutions.
HRLA	7CSHC1	21	Cashier Service	Office of the Chief Financial Officer	169,640	The purpose of the 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	7CVHC1	21	CSC Covansys services for WIC program	Office of the Chief Financial Officer	89,208	The purpose of the agreement is to provide DOH with banking services; to include issuance and rejection of check/voucher payments for programs administered through the DOH.
HRLA	7MFHC1	21	Merchant Fees	Office of the Chief Financial Officer	229,659	The purpose of the agreement is to facilitate credit and debit card transaction processing for revenue collections through Merchant Identification locations requested by the Buyer Agency to various financial institutions.
AFO	8SAHC1	21	Single Audit	Office of the Chief Financial Officer	123,979	The purpose of the agreement is to procure audit services for DOH.
AMP	HCBE21	01	Suitability Compliance Services	D.C. Department of Human Resources	7,151	The purpose of the agreement is to provide screening services for potential employees for the DOH.
HRLA	LSC21N	21	Life Safety Code Inspection Services	Fire and Emergency Medical Services	66,728	The purpose of the 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.

Program	Project	Ph	Title	Seller Agency	Grand Total	Purpose of MOU
CPPE	COVELA	21	COVID-19 ELC CARES	Department of Forensic Sciences	2,945,281	The purpose of the agreement is to provide clinical diagnostic testing, disease surveillance, emergency response support, applied research , laboratory training and other essential services.
CPPE	COVELE	21	COVID-19 ELC ENHANCED TESTING	Department of Forensic Sciences	10,987,654	The purpose of the agreement is to provide clinical diagnostic testing, disease surveillance, emergency response support, applied research , laboratory training and other essential services.
HEPRA	COVPHL	21	COVID-19 PHEP	Department of Forensic Sciences	578,035	The purpose of the agreement is to provide clinical diagnostic testing, disease surveillance, emergency response support, applied research , laboratory training and other essential services.
CPPE	ELC21N	21	Epidemiology and Laboratory Capacity	Department of Forensic Sciences	363,968	The purpose of the agreement is to provide DFS funds to support DOH by providing testing services for ELC.
CPPE	OPIOID	21	Opioid Data to Action	Department of Forensic Sciences	143,725	The purpose of the agreement is to provide DFS funds to support DOH by providing testing services for Opioid.
HEPRA	PHL21N	21	Public health-Preparedness and Response	Department of Forensic Sciences	395,000	The purpose of the 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	INTERO	20	Case Mgmt. Sys. Interoperability Project	Chief Medical Examiner	97,400	The purpose of the agreement is to develop HL7 Fast Healthcare Interoperability Resources enabled API to support the rapid exchange of the death information.
CPPE	OD2A20	20	OCME system for overdose death data	Chief Medical Examiner	95,756	The purpose of the agreement is for OCME to create a system that will collaborate on prevention and intervention efforts to mitigate accidental overdoes in the District.
CPPE	OD2A21	21	OCME system for overdose death data	Chief Medical Examiner	398,359	The purpose of the agreement is for OCME to create a system that will collaborate on prevention and intervention efforts to mitigate accidental overdoes in the District.
CPPE	NVDRSD	21	DC Violent Death Surv. Sub-grant	Chief Medical Examiner	82,853	The purpose of the 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	DCEIP1	18	DC Early Intervention Program	Office of the State Superintendent of Education	401,757	The purpose of the 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.

Program	Project	Ph	Title	Seller Agency	Grand Total	Purpose of MOU
CHA	IDCASL	21	Sign Language Interpretation Services	Office of Disability Rights	1,710	The purpose of the 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.
AMP	9FMHC0	21	Fleet Services	Department of Public Works	232,822	Fixed Costs
AMP	PO0HC1	21	Delegated Procurement Authority	Office of Contracting and Procurement	227,291	The purpose of the 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	1AIMHC	01	Applications Sweep	Office of the Chief Technology Officer	185,438	Fixed Costs
Various	1BIAHC	01	CDW SWEEP	Office of the Chief Technology Officer	46,400	Fixed Costs
AMP	DTHC21	01	DC NET Sweep	Office of the Chief Technology Officer	697,638	Fixed Costs
AMP	DTHC21	10	DC NET RTS	Office of the Chief Technology Officer	23,176	DC net RTS
Various	1CISHC	01	Government Cloud Services Sweep	Office of the Chief Technology Officer	222,765	Fixed Costs
Various	1ISUHC	01	OCTO HELPS Sweep	Office of the Chief Technology Officer	20,423	Fixed Costs
CPPE	1WEBHC	01	WEB SERVICES SWEEP	Office of the Chief Technology Officer	22,800	Fixed Costs
HEPRA	DOH021	21	Customer Operations	Office of Unified Communications	7,592	The purpose of the agreement is to fund the cost for city wide radio services.
HAHSTA	PT0C21	21	STD Testing	Department of Forensic Sciences	16,179	The purpose of the agreement is to fund the cost of chlamydia and gonorrhea testing.
HEPRA	DOHCOV	21	Vaccination Incentives	DC Public Schools	171,517	The purpose of the agreement is to provide funding for vaccination incentives.
CPPE	GD0DOH	21	COVID Reopening Schools	Office of the State Superintendent of Education	739,983	The purpose of the agreement is to provide funding to support screening testing to reopen schools and keep schools operating safely.
CHA	1BHIHC	21	BHI	Office of the Chief Technology Officer	30,000	Fixed Costs
CPPE	1CISHC	21	Azure Sweep	Office of the Chief Technology Officer	2,188	Fixed Costs
Various	1COMHC	01	Communications Sweep	Office of the Chief Technology Officer	4,317	Fixed Costs
CPPE	1CWMHC	02	Microsoft 365	Office of the Chief Technology Officer	283,343	COVID-19 Microsoft 365 support
CPPE	1TABHC	02	COVID-19 Support	Office of the Chief Technology Officer	50,000	Fixed Costs
				Total	34,062,178	

Program	Project	Ph	Title	Seller Agency	Grand Total	Purpose of MOU
AMP	M304HC	01	Natural Gas	Office of Property Management	16,336	Fixed Costs
AMP	M305HC	01	Electricity	Office of Property Management	73,544	Fixed Costs
AMP	M307HC	01	Water	Office of Property Management	44,700	Fixed Costs
AMP	M309HC	01	Rent	Office of Property Management	1,986,763	Fixed Costs
AMP	M319HC	01	Occupancy	Office of Property Management	171,197	Fixed Costs
AMP	M331HC	01	Waste Management	Office of Property Management	15,908	Fixed Costs
AMP	M330HC	01	Sustainable Energy	Office of Property Management	8,794	Fixed Costs
AMP	M440HC	01	Security	Office of Property Management	493,666	Fixed Costs
AMP	I22HC0	01	Telecom	Office of Finance and Resource Management	790,390	Fixed Costs
AMP	I22HC0	02	Telecom	Office of Finance and Resource Management	790,390	Fixed Costs
AMP	I22HC0	03	RTS	Office of Finance and Resource Management	640	Request Telephone Services
CPPE	COVELA	22	COVID-19 ELC CARES	Department of Forensic Sciences	1,729,714	The purpose of the agreement is to provide clinical diagnostic testing, disease surveillance, emergency response support, applied research , laboratory training and other essential services.
CPPE	COVELE	22	COVID-19 ELC ENHANCED TESTING	Department of Forensic Sciences	6,451,101	The purpose of the agreement is to provide clinical diagnostic testing, disease surveillance, emergency response support, applied research , laboratory training and other essential services.
HEPRA	COVPHL	22	COVID-19 PHEP	Department of Forensic Sciences	400,000	The purpose of the agreement is to provide clinical diagnostic testing, disease surveillance, emergency response support, applied research , laboratory training and other essential services.
HEPRA	COVPHW	22	Crisis Response Public Workforce	Department of Forensic Sciences	512,765	The purpose of the agreement is to provide funding for the coordination of activities between DOH and DFS, to implement projects that will support the Public Health Workforce during the COVID-19 pandemic.
CPPE	ELC22N	22	Epidemiology and Laboratory Capacity	Department of Forensic Sciences	2,128,197	The purpose of the agreement is to provide DFS funds to support DOH by providing testing services for ELC.
CPPE	OPIOID	22	Opioid Data to Action	Department of Forensic Sciences	399,842	The purpose of the agreement is to provide DFS funds to support DOH by providing testing services for Opioid.
HEPRA	PHL22N	22	Public health-Preparedness and Response	Department of Forensic Sciences	286,230	The purpose of the 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.
Various	2AIMHC	01	Applications Sweep	Office of the Chief Technology Officer	178,487	Fixed Costs
Various	2BIAHC	01	Data Analytics Sweep	Office of the Chief Technology Officer	89,936	Fixed Costs

Program	Project	Ph	Title	Seller Agency	Grand Total	Purpose of MOU
AMP	DTHC22	01	DC NET Sweep	Office of the Chief Technology Officer	686,510	Fixed Costs
AMP	DTHC22	10	DC NET RTS	Office of the Chief Technology Officer	58,877	DC net RTS
Various	2CISHC	01	Government Cloud Services Sweep	Office of the Chief Technology Officer	108,821	Fixed Costs
Various	2ISUHC	01	OCTO HELPS Sweep	Office of the Chief Technology Officer	63,429	Fixed Costs
CHA	2WEBHC	01	WEB SERVICES SWEEP	Office of the Chief Technology Officer	22,800	Fixed Costs
HEPRA	CGIFTC	22	Vaccination Incentives	Department of Transportation	600,000	The purpose of the agreement is to provide funding for vaccination incentives.
CPPE	GD0DOH	22	COVID Reopening Schools	Office of the State Superintendent of Education	14,256,814	The purpose of the agreement is to provide funding to support screening testing to reopen schools and keep schools operating safely.
Various	2COMHC	01	Communications Sweep	Office of the Chief Technology Officer	4,317	Fixed Costs
HAHSTA	2FNTHC	01	Filenet Sweep	Office of the Chief Technology Officer	6,375	Fixed Costs
HRLA	2GEOHC	01	GIS Sweep	Office of the Chief Technology Officer	21,007	Fixed Costs
				Total	32,397,550	

Program	Project	Ph	Title	Buyer Agency	Grand Total	Purpose of MOU
CHA	HTHCLT	22	DC Health - Health Care Finance Linkage	Department of Health Care Finance	296,846	The purpose of the agreement is to track the health outcome of children from birth to the age of 21 who are at risk for developmental delays.
HRLA	DCDCRA	22	Facility Inspections	Department of Consumer and Regulatory Affairs	47,506	The purpose of the agreement is to provide inspections for public housing facilities.
				Total	344,352	

Government of The District of Columbia
Department of General Services
Department of Health 2022 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	79,661.52	61,020.17	182,424.02	1,494,603.41	**1,817,709.12**
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	27,269.12	-	62,446.00	-	**89,715.12**
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	-	40,943.67	122,403.94	1,002,857.76	**1,166,205.37**
HRLA	1201 NEW YORK AVENUE NE	Washington Humane Society	DC Animal Shelter	12,984	12,984	100.00%	Yes	NA	40,496.67	31,020.16	92,736.91	-	**164,253.74**
Various	899 North Capitol Street, NE	Department of Health	OFFICE	150,718	150,718	100.00%	No	Expiration Date: 02/28/2022	-	360,081.35	-	8,819,687.43	**9,179,768.78**
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: 02/28/2022	-	-	-	1,060,518.3	**1,060,518.29**
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: 02/28/2022	-	-	-	1,791,230.19	**1,791,230.19**
													15,269,400.61

Title	Grant Number	Agency Fund	Start Date	End Date	Grant Total	FY20 Expenditures	FY21 Expenditures	YTD (As of 01/19/22)	Total Expenditures	Variance	Notes
CORONAVIRUS SUPPLEMENTAL FUNDING-01COV9	01COV9	8205	3/16/20	3/15/22	6,148,298.00	861,257.02	2,469,219.65	181,627.94	3,512,104.61	2,636,193.39	Funds are used to procure contracts. The purpose of the contracts is to support COVID-19 epidemiological surveillance.
HHP COOPERATIVE AGREEMENT-91HHPG	91HHPG	8231	7/1/20	6/30/21	2,114,909.00	230,000.00	378,827.17	-	608,827.17	1,506,081.83	Funds are used to provide subgrants. The subgrants are used by the District's Health and Medical Coalition to assist with strengthening the healthcare system, in support of COVID-19 efforts.
PUBLIC HEALTH EMERGENCY RESPONSE-12PHER	12PHER	8205	7/1/21	6/30/23	5,127,654.00	-	-	28,702.02	28,702.02	5,098,951.98	Funds will be used for COVID-19 Emergency Preparendess and Reponse.
COVID 19 RYAN WHITE PART A-01CVDA	01CVDA	8231	4/1/20	3/31/21	966,494.00	328,721.77	441,210.56	-	769,932.33	196,561.67	Funds are used to provide subgrants to multiple vendors. The subgrantees will provide Home and Community-Based Health Services for the HIV/AIDS program, during the COVID-19 pandemic.
COVID 19 RYAN WHITE PART B-01CVDB	01CVDB	8231	4/1/20	10/31/21	256,535.00	-	243,779.76	-	243,779.76	12,755.24	Funds are used to provide a subgrant to Health HIV. The subgrantee will provide Home and Community-Based Health Services for the HIV/AIDS program, during the COVID-19 pandemic.
HOUSING OPPORTUNITIES FOR PERSONS W/AIDS-03HOPA	03HOPA	8231	10/1/19	9/30/22	1,611,314.00	422,719.85	638,344.11	-	1,061,063.96	550,250.04	Funds are used to provide subgrants to multiple vendors. The subgrantees will provide housing support for persons living with HIV or AIDS, during the COVID-19 pandemic.
ELC GRANT PPHF-91CNPF	91CNPF	8231	8/1/19	5/27/22	91,073,627.00	19,988,308.60	49,305,124.46	8,702,119.63	77,995,552.69	13,078,074.31	Funds are used to procure staffing, supplies and contracts. The employees, suppliers and contractors provide support with Contact Tracing and Enhanced Testing and Detection for COVID-19.
ELC GRANT PPHF-01CNPF	01CNPF	8231	8/1/20	7/31/22	63,037,585.00	-	739,983.05	-	739,983.05	62,297,601.95	Plans are for funds to be used to continue the procurement of staffing supplies and contracts that will provide enhanced detection support for COVID-19. Funds will also be used to assist with the reopening of schools.
ELC GRANT-11CNPF	11CNPF	8231	7/14/22	7/31/23	9,106,283.00	-	-	-	-	9,106,283.00	Plans are for funds to be used to continue the procurement of staffing supplies and contracts that will provide enhanced detection support for COVID-19. Funds will also be used to assist with the reopening of schools.
IMMUNIZATION AND VACCINES FOR CHILDREN-91PHIM	91PHIM	8231	7/1/19	7/3/21	815,006.00	-	-	-	-	815,006.00	Plans are for funds to be used for equipment and contracts in support of the immunization program.
IMMUNIZATION & VACCINES FOR CHILDREN-01PHIM	01PHIM	8231	7/1/20	6/30/24	48,026,540.00	-	7,226,611.60	888,854.89	8,115,466.49	39,911,073.51	Plans are for funds to be used for equipment and contracts in support of the immunization program.
RAPE PREVENTION WARD 7 - 8-01CHRP	01CHRP	8231	1/1/20	9/30/21	7,299.00	-	-	-	-	7,299.00	Funds shall be utilized to support COVID-19 efforts for rape prevention.
SPEC. SUPP. NUT. PROGRAM (WIC)-11PSWC	11PSWC	8231	10/1/20	9/30/21	1,038,608.00	-	-	-	-	1,038,608.00	Funds shall be utilized to support COVID-19 efforts for the WIC program.
HEALTH INITATIVE COVID DISPARITIES-12HICD	12HICD	8231	6/1/21	5/31/23	5,028,979.00	-	-	-	-	5,028,979.00	Funds shall be utilized to fund PS contractual services to support PS and contractual services to increase testing, contact tracing and educational materials development for priority Wards.
AMERICAN RESCUE FOR HOME VISITATION-12ARHV	12ARHV	8231	5/1/21	9/30/23	159,458.00	-	-	-	-	159,458.00	Funds shall serve eligible families of MIECHV (Formula) with supplies, staff training, PPE, supplies for families (e.g. diapers).
ENHANCE EQUITABLE COMMUNITY RESPONSES-12EECR	12EECR	8231	7/1/21	6/30/23	3,999,923.00	-	-	-	-	3,999,923.00	Funds would support PS and contractual services to build health literacy resources and provide training.
CARES funding MOU provided by OCP	N/A	7530	3/1/21	6/30/21	1,280,000.00	-	1,280,000.00	-	1,280,000.00	-	Funds were provided by OCP to pay for expenditures related to COVID-19 response activities.
Howard Center of Excellence (ARPA)	N/A	8156	10/1/20	9/30/22	8,482,500.00	-	-	-	-	8,482,500.00	Funding to support Howard Center's of Excellence to expand health care services for vulnerable residents
Capital Area Food Bank (ARPA)	N/A	8157	10/1/20	9/30/22	1,000,000.00	-	-	-	-	1,000,000.00	Grant funds for Capital Area Food Bank to assist with the significant increase in work they have had to undertake in the past year to provide food to food insecure residents
Vaccination Program (ARPA)	N/A	8157	10/1/20	9/30/22	4,000,000.00	-	378,037.79	344,971.05	723,008.84	3,276,991.16	Funds are used for youth vaccination incentives.
Healthy Corners (ARPA)	N/A	8157	10/1/21	9/30/22	250,000.00	-	-	-	-	250,000.00	Funds will be used to support the Healthy Corner Store Partnership Program, which delivers low-cost produce to corner stores, and provides SNAP matching dollars tor produce purchases.
Joyful Food Markets (ARPA)	N/A	8157	10/1/21	9/30/22	325,000.00	-	-	-	-	325,000.00	Funds will be used to support Joyful Food Markets that provide groceries to children and families facing food insecurity.
Produce Plus (ARPA)	N/A	8157	10/1/21	9/30/22	231,000.00	-	-	-	-	231,000.00	Funds will be used to support the Produce Plus Program which assists residents receiving SNAP, WIC, TANF, SSI Disability, Medicare, and Medicaid to purchase fresh foods.
Home Meal Delivery (ARPA)	N/A	8157	10/1/21	9/30/22	25,000.00	-	-	-	-	25,000.00	Funds will be used to support home delivered meals for individuals with serious illnesses.
LGBTQ (ARPA)	N/A	1135	10/1/21	9/30/22	50,000.00	-	-	-	-	50,000.00	Funds will be used to support the study on the health of LGBTQ+ residents.
				Totals	**254,162,012.00**	**21,831,007.24**	**61,443,100.36**	**9,801,304.48**	**93,075,412.08**	**135,208,832.92**	

Note: as of January 12, 2022

Posn Nbr	Title	Name	Filled/Vacant	Grade	Step	Prgm Code	Activity	Department Name
00001259	PUBLIC HEALTH ANALYST		V	12	1	8502	8502	CHA-Cancer & Chronic Disease B
00016928	PUBLIC HLTH ADVISOR		V	12	1	8502	8502	CHA-Cancer & Chronic Disease B
00045866	Public Health Analyst		V	13	0	8502	8502	CHA-Cancer & Chronic Disease B
00046363	Bureau Chief		V	15	0	8502	8502	CHA-Cancer & Chronic Disease B
00075321	STATISTICIAN		V	12	0	8502	8502	CHA-Cancer & Chronic Disease B
00088193	Public Health Analyst (Communi		V	12	0	8502	8502	CHA-Cancer & Chronic Disease B
00090749	Program Specialist		V	9	0	8502	8502	CHA-Cancer & Chronic Disease B
00090756	Public Health Advisor		V	11	0	8502	8502	CHA-Cancer & Chronic Disease B
00095296	Public Health Analyst		V	11	0	8502	8502	CHA-Cancer & Chronic Disease B
00096629	Public Health Analyst		V	12	0	8502	8502	CHA-Cancer & Chronic Disease B
00104407	Public Health Analyst		V	12	0	8502	8502	CHA-Cancer & Chronic Disease B
00025432	Public Health Analyst	Chamiso,Tihitina	F	12	5	8502	8502	CHA-Cancer & Chronic Disease B
00040018	PGM MGR	Coleman,Tesha Renae	F	14	0	8502	8502	CHA-Cancer & Chronic Disease B
00040030	Program Manager	Dahlquist,Carrie	F	13	0	8502	8502	CHA-Cancer & Chronic Disease B
00075446	Program Manager	Woods,Alfreda	F	13	0	8502	8502	CHA-Cancer & Chronic Disease B
00083470	Public Health Analyst	Leuchert,Maria	F	12	6	8502	8502	CHA-Cancer & Chronic Disease B
00088905	Program Manager	gopaul,Shannon Alexis	F	14	0	8502	8502	CHA-Cancer & Chronic Disease B
00090722	Data Analyst	Kornak,Mary Frances	F	12	10	8502	8502	CHA-Cancer & Chronic Disease B
00090743	Public Health Analyst	Hughes,Latrice D.	F	12	2	8502	8502	CHA-Cancer & Chronic Disease B
00090744	Public Health Analyst	Riverson,Senkuta	F	13	4	8502	8502	CHA-Cancer & Chronic Disease B
00090745	Community Relations Specialist	Baltimore,Lashawn N	F	9	6	8502	8502	CHA-Cancer & Chronic Disease B
00090746	Public Health Advisor	Jones,Laverne H	F	13	9	8502	8502	CHA-Cancer & Chronic Disease B
00090748	Public Health Analyst	Buford,Riana D.	F	13	5	8502	8502	CHA-Cancer & Chronic Disease B
00090755	PUBLIC HEALTH ANALYST	Wall,Shaunice	F	12	2	8502	8502	CHA-Cancer & Chronic Disease B
00090757	Public Health Analyst	Guillaume,Daphnee A	F	12	5	8502	8502	CHA-Cancer & Chronic Disease B
00090758	Public Health Analyst	Wills,Lauren	F	11	4	8502	8502	CHA-Cancer & Chronic Disease B
00090759	PUBLIC HEALTH ANALYST	Isom Jr.,Roger Gerome	F	11	1	8502	8502	CHA-Cancer & Chronic Disease B
00090763	Public Health Analyst	Wasala,Samantha A.	F	12	3	8502	8502	CHA-Cancer & Chronic Disease B
00094767	Epidemiologist	Blake,Emily	F	13	8	8502	8502	CHA-Cancer & Chronic Disease B
00097787	Data Analyst	Quan,Ian D.	F	12	7	8502	8502	CHA-Cancer & Chronic Disease B
00100028	Public Health Advisor	Devonish,Jazmin M.	F	12	4	8502	8502	CHA-Cancer & Chronic Disease B
00105002	Public Health Analyst		V	12	0	8505	8505	CHA-Cancer & Chronic Disease B
00105004	Public Health Analyst		V	13	0	8505	8505	CHA-Cancer & Chronic Disease B
00104999	Public Health Analyst	Caster,Danielle L.	F	12	2	8505	8505	CHA-Cancer & Chronic Disease B
00097332	Public Health Analyst		V	12	0	8502	8502	CHA-Family Health Bureau
00046230	Public Health Advisor	Boykin,Francina	F	12	4	8505	8505	CHA-Family Health Bureau
00099853	Data Analyst		V	12	0	8506	8506	CHA-Family Health Bureau
00100027	Public Health Analyst		V	13	0	8506	8506	CHA-Family Health Bureau
00000303	PGM SPEC	Brandon,Sharon L	F	11	7	8506	8506	CHA-Family Health Bureau
00001378	Bureau Chief (Adolescent & Sch	McClaskey,Erica L.	F	15	0	8506	8506	CHA-Family Health Bureau
00010068	Public Health Analyst	West,Nikki	F	12	4	8506	8506	CHA-Family Health Bureau
00012693	Public Health Analyst	Chandler,Lillie M	F	12	4	8506	8506	CHA-Family Health Bureau
00012795	Public Health Advisor	Quander,Kamil E	F	11	5	8506	8506	CHA-Family Health Bureau
00017814	Program Specialist	Robinson,Lashawn F	F	9	8	8506	8506	CHA-Family Health Bureau

00025321	PGM SPEC	Gamble,Jean D	F	9	10	8506	8506	CHA-Family Health Bureau
00039759	PUBLIC HLTH ADVISOR	Isaac,Earthamae	F	13	10	8506	8506	CHA-Family Health Bureau
00073625	Program Coordinator	Lane,Ashley V	F	13	1	8506	8506	CHA-Family Health Bureau
00073734	Program Manager	Sowole-West,Omotunde	F	14	0	8506	8506	CHA-Family Health Bureau
00073735	Program Manager	DOE,KAFUI Y	F	14	0	8506	8506	CHA-Family Health Bureau
00077234	PGM SPEC	Logan,Belinda	F	9	10	8506	8506	CHA-Family Health Bureau
00077354	Program Specialist	Washington Seward,Rose P	F	9	7	8506	8506	CHA-Family Health Bureau
00086063	Program Manager	Bihm,Jasmine	F	14	0	8506	8506	CHA-Family Health Bureau
00088107	Program Manager	Garibay,Lori B	F	13	0	8506	8506	CHA-Family Health Bureau
00088108	Public Health Analyst	Mitchell,Faith	F	12	1	8506	8506	CHA-Family Health Bureau
00088109	Program Coordinator	Brown,DaWana	F	11	5	8506	8506	CHA-Family Health Bureau
00088454	Program Coordinator	Gonzales-Guzman,Elizabet M.	F	11	5	8506	8506	CHA-Family Health Bureau
00088455	Program Coordinator	Elliott,Todd	F	11	4	8506	8506	CHA-Family Health Bureau
00090750	Program Coordinator	Melton,Brenden	F	11	4	8506	8506	CHA-Family Health Bureau
00090761	Program Manager	BARNES,TAZ	F	13	0	8506	8506	CHA-Family Health Bureau
00092306	Public Health Analyst	Bowman,Memory Al-Tonyo De'Mon	F	12	3	8506	8506	CHA-Family Health Bureau
00096937	NURSE CONSULTANT	Arter,Jessica A.	F	11	7	8506	8506	CHA-Family Health Bureau
00097499	Public Health Advisor	Carter,Jaida D	F	12	2	8506	8506	CHA-Family Health Bureau
00099767	Program Manager	Handelsman,Lindsay	F	13	0	8506	8506	CHA-Family Health Bureau
00099854	Program Coordinator	Doe,Sena Ami	F	13	1	8506	8506	CHA-Family Health Bureau
00099855	Public Health Advisor	Wise,Tiffany	F	11	5	8506	8506	CHA-Family Health Bureau
00099856	Public Health Analyst	Wellington,Carine E.	F	11	5	8506	8506	CHA-Family Health Bureau
00035172	Public Health Advisor	Tyndall,William H	F	11	2	8510	8510	CHA-Family Health Bureau
00090747	Public Health Advisor	Davis,Jasmine K.	F	12	9	8510	8510	CHA-Family Health Bureau
00097498	Public Health Analyst	Sellers,Tecia I.	F	12	5	8510	8510	CHA-Family Health Bureau
00099912	Public Health Analyst	Martinez,Carmen	F	12	4	8510	8510	CHA-Family Health Bureau
00100123	Public Health Analyst	Apiyo,Goodwill G	F	13	3	8510	8510	CHA-Family Health Bureau
00037401	Public Health Advisor		V	12	0	8511	8511	CHA-Family Health Bureau
00088445	Program Manager	Dail,Kristal S	F	13	0	8511	8511	CHA-Family Health Bureau
00090752	PUBLIC HLTH ADVISOR	Anderson,Devin Douglas	F	9	6	8511	8511	CHA-Family Health Bureau
00021984	BUREAU CHIEF		V	15	1	1090	1090	CHA-Health Care Access Bureau
00016207	Data Analyst		V	12	0	8505	8505	CHA-Health Care Access Bureau
00036448	INVESTIGATOR		V	9	1	8505	8505	CHA-Health Care Access Bureau
00089380	Supervisory Program Coordinato		V	12	0	8505	8505	CHA-Health Care Access Bureau
00090730	Data Systems Coordinator		V	11	0	8505	8505	CHA-Health Care Access Bureau
00001020	PUBLIC HEALTH ANALYST	Williams,Sonya D	F	11	10	8505	8505	CHA-Health Care Access Bureau
00008445	NURSE SPEC	Campbell,Jacquelyn R	F	12	10	8505	8505	CHA-Health Care Access Bureau
00011903	PUBLIC HEALTH ANALYST	Armattoe,Justice	F	12	10	8505	8505	CHA-Health Care Access Bureau
00015271	PUBLIC HEALTH ANALYST	Eyoyibo,Ledwin	F	11	7	8505	8505	CHA-Health Care Access Bureau
00024324	NURSE CONSULTANT	Baber Greenwood,Kimberly	F	11	10	8505	8505	CHA-Health Care Access Bureau
00027518	Program Manager	Patel,Urvi Jasvant	F	13	0	8505	8505	CHA-Health Care Access Bureau
00041197	Program Specialist	Weaver,Shelby	F	9	4	8505	8505	CHA-Health Care Access Bureau
00046368	PROGRAM COORDINATOR	Pierce,Geraldine E	F	12	10	8505	8505	CHA-Health Care Access Bureau
00077793	Program Manager	Burris,Heather	F	14	0	8505	8505	CHA-Health Care Access Bureau
00086065	Public Health Analyst	Valliere,Francis	F	12	1	8505	8505	CHA-Health Care Access Bureau
00086205	Data Analyst	Vann,Ashley C.	F	12	8	8505	8505	CHA-Health Care Access Bureau

00086206	INVESTIGATOR	Chongwa,Victor C	F	9	7	8505	8505	CHA-Health Care Access Bureau
00088903	Program Manager	Delao Hernandez,Jose H.	F	13	0	8505	8505	CHA-Health Care Access Bureau
00088907	Program Manager	Hassam,Khalil	F	14	0	8505	8505	CHA-Health Care Access Bureau
00090720	Data Analyst	Toppin,Traci N	F	9	5	8505	8505	CHA-Health Care Access Bureau
00090721	Data Analyst	Dade,Arnecia R	F	9	5	8505	8505	CHA-Health Care Access Bureau
00090724	Lead Data Analyst	Tabron,Valencia E	F	11	10	8505	8505	CHA-Health Care Access Bureau
00090797	Public Health Analyst	Mbafor,Jacob T	F	11	10	8505	8505	CHA-Health Care Access Bureau
00097500	Public Health Analyst	Gowie,Danyelle N	F	12	3	8505	8505	CHA-Health Care Access Bureau
00097501	Program Specialist	Lemus,Gabriela I.	F	9	5	8505	8505	CHA-Health Care Access Bureau
00097989	BUREAU CHIEF	Bandealy,Asad	F	15	0	8505	8505	CHA-Health Care Access Bureau
00100070	Data Systems Coordinator	Jobe,Ousman	F	12	2	8505	8505	CHA-Health Care Access Bureau
00047271	Public Health Analyst	Gray,Tiffany R	F	13	2	8510	8510	CHA-Health Care Access Bureau
00037400	PUBLIC HEALTH NUTRITIONIST		V	11	0	8513	8513	CHA-Nutrition & Physical Fitne
00042632	SUPVY PUBLIC HLTH NUTRITION		V	13	0	8513	8513	CHA-Nutrition & Physical Fitne
00090726	Public Health Nutritionist		V	11	0	8513	8513	CHA-Nutrition & Physical Fitne
00015816	Program Manager	Jolly,Joann	F	14	0	8513	8513	CHA-Nutrition & Physical Fitne
00021341	Public Health Analyst	Bailey,Rebecca	F	12	1	8513	8513	CHA-Nutrition & Physical Fitne
00021604	PUBLIC HEALTH TECNICIAN	Lockett,Lynnitta M	F	7	9	8513	8513	CHA-Nutrition & Physical Fitne
00025395	PUBLIC HEALTH TECNICIAN	Clinton,Latarcha E	F	7	9	8513	8513	CHA-Nutrition & Physical Fitne
00037147	BUREAU CHIEF	Beckwith,Sara M	F	15	0	8513	8513	CHA-Nutrition & Physical Fitne
00041191	Public Health Analyst	Puidk,Courtney	F	12	1	8513	8513	CHA-Nutrition & Physical Fitne
00042364	PUBLIC HLTH ADVISOR	Williams,Tiffanie	F	13	9	8513	8513	CHA-Nutrition & Physical Fitne
00044036	Project Coordinator	Kuehn,Doris	F	13	10	8513	8513	CHA-Nutrition & Physical Fitne
00047349	PUBLIC HLTH ADVISOR	Chaplin,Deborah J	F	11	5	8513	8513	CHA-Nutrition & Physical Fitne
00077458	Program Manager	Boateng,Akua Odi	F	14	0	8513	8513	CHA-Nutrition & Physical Fitne
00089287	Public Health Analyst	Ahmad,Nazneen Haq	F	11	6	8513	8513	CHA-Nutrition & Physical Fitne
00090725	Nutrition Program Specialist	Banks,Danita T	F	11	6	8513	8513	CHA-Nutrition & Physical Fitne
00092224	PGM SPEC	Chiles,Sharita E	F	9	6	8513	8513	CHA-Nutrition & Physical Fitne
00095077	Public Health Analyst	Torres Franco,Karen	F	12	3	8513	8513	CHA-Nutrition & Physical Fitne
00103201	Program Specialist	Brooks,Bernice	F	9	6	8513	8513	CHA-Nutrition & Physical Fitne
00103202	Public Health Analyst	Lupo,Jessie L	F	13	1	8513	8513	CHA-Nutrition & Physical Fitne
00046317	Grants Management Specialist	Anderson,Brenda D	F	13	10	8502	8502	CHA-Office of the SDD
00103160	Program Manager		V	13	0	8505	8505	CHA-Office of the SDD
00083560	Chief Medical Officer	Farley,Thomas A.	F	MD3	0	8506	8506	CHA-Office of the SDD
00003800	Grants Management Specialist		V	12	1	8510	8510	CHA-Office of the SDD
00009608	Grants MAnagement Specialist		V	12	1	8510	8510	CHA-Office of the SDD
00086066	Program Manager		V	13	0	8510	8510	CHA-Office of the SDD
00088886	Supervisory Grants Management		V	14	0	8510	8510	CHA-Office of the SDD
00090728	Public Health Analyst		V	12	0	8510	8510	CHA-Office of the SDD
00090796	Staff Assistant		V	11	0	8510	8510	CHA-Office of the SDD
00104322	Grants Management Specialist		V	12	0	8510	8510	CHA-Office of the SDD
00002140	GRANTS MGMT SPEC	Thompson,Junalisa M	F	11	6	8510	8510	CHA-Office of the SDD
00008639	Program Specialist	Buadu,Marian J	F	11	7	8510	8510	CHA-Office of the SDD
00043628	Administrative Specialist	Jones,John J C	F	13	9	8510	8510	CHA-Office of the SDD
00044272	ADMIN SPEC	Newman,Stephanie	F	12	9	8510	8510	CHA-Office of the SDD
00046379	Program Support Assistant	Williams,Kelly A	F	7	9	8510	8510	CHA-Office of the SDD

00047798	GRANTS MGMT SPEC	Greenaway,Patricia C	F	13	9	8510	8510	CHA-Office of the SDD
00086216	Program Specialist	Walker,Vivian F	F	9	7	8510	8510	CHA-Office of the SDD
00088362	Deputy Director for Operations	Cheseman,Bryan P	F	15	0	8510	8510	CHA-Office of the SDD
00090727	Data Analyst	Ekundayo,Simileoluwa	F	12	4	8510	8510	CHA-Office of the SDD
00090729	Data Analyst	Hernandez,Marcella I.	F	12	5	8510	8510	CHA-Office of the SDD
00092253	Grants MAnagement Specialist	Robinson,Janet D	F	12	7	8510	8510	CHA-Office of the SDD
00102694	Deputy Director for Strategic	Diggs Perdue,Robin J	F	16	0	8510	8510	CHA-Office of the SDD
00094094	Epidemiologist	Oandasan,Pamela	F	13	5	8250	8250	CPPE - Data Mgmt and Analysis
00044549	Program Manager	Turner,Kimberley A	F	14	0	8260	8260	CPPE - Data Mgmt and Analysis
00067939	STATISTICIAN HLTH	Roy,Nikhil C	F	13	7	8260	8260	CPPE - Data Mgmt and Analysis
00070050	STATISTICIAN HLTH	Le,Emily	F	13	1	8260	8260	CPPE - Data Mgmt and Analysis
00090795	Supervisory Statistician	Putzer,Emily	F	15	0	8260	8260	CPPE - Data Mgmt and Analysis
00097241	Statistical Assistant	Tell,Jack C	F	9	5	8260	8260	CPPE - Data Mgmt and Analysis
00097242	Statistical Assistant	Tolson,Brittany	F	9	4	8260	8260	CPPE - Data Mgmt and Analysis
00103297	Data Analyst	Sanders,Genevieve L.	F	12	4	8260	8260	CPPE - Data Mgmt and Analysis
00103298	Data Analyst	Mukaire,Pamela	F	12	7	8260	8260	CPPE - Data Mgmt and Analysis
00090739	STATISTICIAN HLTH	Winter,Rebecca	F	13	5	8270	8270	CPPE - Data Mgmt and Analysis
00097315	Disease Investigator	Maradiaga,Agueda	F	11	5	2580	2580	CPPE - Div. of Epidemiology -
00075274	Data Analyst	Ashman,Earl	F	12	6	8240	8240	CPPE - Div. of Epidemiology -
00105561	Grants Management Specialist	Statham,Michael	F	13	1	8250	8250	CPPE - Div. of Epidemiology -
00006793	SUPVY EPIDEMIOLOGIST		V	15	0	8260	8260	CPPE - Div. of Epidemiology -
00086204	Epidemiologist		V	13	0	8260	8260	CPPE - Div. of Epidemiology -
00097753	Supervisory Medical Officer		V	MD1	0	8260	8260	CPPE - Div. of Epidemiology -
00099866	EPIDEMIOLOGIST		V	11	0	8260	8260	CPPE - Div. of Epidemiology -
00103243	Nurse Specialist I		V	11	0	8260	8260	CPPE - Div. of Epidemiology -
00103244	Nurse Specialist I		V	11	0	8260	8260	CPPE - Div. of Epidemiology -
00103245	Nurse Specialist I		V	11	0	8260	8260	CPPE - Div. of Epidemiology -
00105101	PROGRAM COORDINATOR		V	12	0	8260	8260	CPPE - Div. of Epidemiology -
00096979	Epidemiologist	Dassie,Kossia	F	13	4	8260	8260	CPPE - Div. of Epidemiology -
00105065	Supervisory Epidemiologist	Mangla,Anilkumar T.	F	15	0	8260	8260	CPPE - Div. of Epidemiology -
00105096	PROGRAM COORDINATOR	SABIO,MARIBELLE	F	12	1	8260	8260	CPPE - Div. of Epidemiology -
00097316	Disease Investigator	Soubagleh,Saada A	F	11	6	8505	8505	CPPE - Div. of Epidemiology -
00090682	Supervisory Operations Special		V	12	0	8260	8260	CPPE - Health Stats
00096982	Nurse Specialist I		V	11	0	8260	8260	CPPE - Health Stats
00076954	Data Analyst	Anders,Austin	F	12	4	8260	8260	CPPE - Health Stats
00097561	Program Analyst	Dill-Hudson,Alyzza A.	F	12	6	8502	8502	CPPE - Health Stats
00076901	Information Technology Special		V	13	0	1040	1040	CPPE - Offc. of the Senior Dep
00077396	Epidemiologist		V	13	0	2580	2580	CPPE - Offc. of the Senior Dep
00086285	Epidemiologist		V	12	0	4200	4200	CPPE - Offc. of the Senior Dep
00076899	Epidemiologist	Zamore,Kenan Jedi	F	13	6	8240	8240	CPPE - Offc. of the Senior Dep
00100656	Grants Management Specialist	Dejoseph,Linden E	F	12	4	8240	8240	CPPE - Offc. of the Senior Dep
00076902	Program Specialist	Garner,Tracy	F	13	7	8250	8250	CPPE - Offc. of the Senior Dep
00092014	STATISTICIAN HLTH	Pardo,Larissa	F	13	3	8250	8250	CPPE - Offc. of the Senior Dep
00105541	STATISTICIAN HLTH	Otgonsuren,Munkhzul	F	13	3	8250	8250	CPPE - Offc. of the Senior Dep
00071716	Vital Statistics Specialist		V	9	0	8260	8260	CPPE - Offc. of the Senior Dep
00085828	Epidemiologist		V	11	0	8260	8260	CPPE - Offc. of the Senior Dep

00086285	Epidemiologist		V	12	0	8260	8260	CPPE - Offc. of the Senior Dep
00087484	Supervisory Epidemiologist		V	14	0	8260	8260	CPPE - Offc. of the Senior Dep
00091246	Program Coordinator		V	13	0	8260	8260	CPPE - Offc. of the Senior Dep
00091972	Epidemiologist		V	12	0	8260	8260	CPPE - Offc. of the Senior Dep
00097577	Program Manager		V	14	0	8260	8260	CPPE - Offc. of the Senior Dep
00008099	Data Analyst	Shrestha,Deepika	F	12	3	8260	8260	CPPE - Offc. of the Senior Dep
00021090	Senior Deputy Director	Clarke,Fern M	F	16	0	8260	8260	CPPE - Offc. of the Senior Dep
00070155	Administrative Officer	Woods,Jill	F	14	10	8260	8260	CPPE - Offc. of the Senior Dep
00075718	Data Analyst	Callaham,Ashley M	F	9	5	8260	8260	CPPE - Offc. of the Senior Dep
00075719	RECORDS MGMT ASST	Alston,Martha	F	7	10	8260	8260	CPPE - Offc. of the Senior Dep
00075726	Records and Information Manage	Mack Jr.,Edward	F	9	2	8260	8260	CPPE - Offc. of the Senior Dep
00082655	Deputy Director for Operations	Williams,Terrence	F	15	0	8260	8260	CPPE - Offc. of the Senior Dep
00088324	Epidemiologist	Reuben,Jacqueline R.	F	13	5	8260	8260	CPPE - Offc. of the Senior Dep
00088677	Epidemiologist	Ravi-Caldwell,Nivedita	F	12	7	8260	8260	CPPE - Offc. of the Senior Dep
00091974	EPIDEMIOLOGIST	Lewis,Tasha L	F	11	5	8260	8260	CPPE - Offc. of the Senior Dep
00094185	Epidemiologist	Bianda,Nkembi Lydie	F	12	5	8260	8260	CPPE - Offc. of the Senior Dep
00011471	POLICY ANALYST		V	13	1	8270	8270	CPPE - Offc. of the Senior Dep
00037825	PROGRAM ANALYST		V	12	1	8270	8270	CPPE - Offc. of the Senior Dep
00091973	Epidemiologist		V	12	0	8270	8270	CPPE - Offc. of the Senior Dep
00070052	Health System Planner		V	13	0	8270	8270	CPPE - SHPDA
00100107	Program Analyst		V	12	0	8270	8270	CPPE - SHPDA
00105669	Health System Planner		V	13	0	8270	8270	CPPE - SHPDA
00047938	Director of State Health Plann	Thompson,Terri A	F	15	0	8270	8270	CPPE - SHPDA
00075728	Staff Assistant	Mitchener,Dana L	F	11	7	8270	8270	CPPE - SHPDA
00083293	Health System Specialist	McQueen IV,Thomas W	F	14	7	8270	8270	CPPE - SHPDA
00103025	PROGRAM ANALYST	Kvandal,Karie	F	12	3	8270	8270	CPPE - SHPDA
00103026	PROGRAM ANALYST	Raru,Nigist T.	F	12	2	8270	8270	CPPE - SHPDA
00005884	Vital Records Officer Registra		V	15	0	8260	8260	CPPE - Vital Records Division
00075729	Compliance Specialist		V	12	0	8260	8260	CPPE - Vital Records Division
00090683	Supervisory Policy and Registr		V	12	0	8260	8260	CPPE - Vital Records Division
00104199	Program Manager		V	13	0	8260	8260	CPPE - Vital Records Division
00071715	Registration and Policy Specia	McBride,Beth J.	F	11	5	8260	8260	CPPE - Vital Records Division
00075716	RECORDS MGMT ASST	Fuller,Ronna	F	7	8	8260	8260	CPPE - Vital Records Division
00075717	RECORDS MGMT ASST	Harris,Christine	F	7	9	8260	8260	CPPE - Vital Records Division
00075721	RECORDS MGMT ASST	Wilson,Termetrice	F	7	9	8260	8260	CPPE - Vital Records Division
00076903	Vital Statistics Specialist	Roundtree,Monica	F	12	7	8260	8260	CPPE - Vital Records Division
00099345	Records & Information Manageme	Montgomery,Shirley Ann	F	11	4	8260	8260	CPPE - Vital Records Division
00099346	Vital Records Code Enforcement	Grant,Valerie M	F	9	6	8260	8260	CPPE - Vital Records Division
00099663	Supervisory Operations Special	Brothers,Rudolph	F	13	0	8260	8260	CPPE - Vital Records Division
00102284	Registration Support Assistant	Maye,Barry C.	F	7	2	8260	8260	CPPE - Vital Records Division
00102318	RECORDS MGMT ASST	Lewis,Beverly	F	7	2	8260	8260	CPPE - Vital Records Division
00104200	Program Manager	Luna-Lopez,Sylvia	F	13	0	8260	8260	CPPE - Vital Records Division
00093190	Health Informatics Specialist		V	13	0	8270	8270	CPPE - Vital Records Division
00075870	Lead Customer Service Represen		V	9	0	8260	8260	Finance & Treasury
00075873	Customer Service Representativ		V	8	0	8260	8260	Finance & Treasury
00040543	Bureau Chief Care Services Div		V	15	0	3020	3020	HAHSTA - Care & Support Svcs.

00105472	Health Informatics Specialist		V	13	0	3020	3020	HAHSTA - Care & Support Svcs.
00087799	Supervisory Public Health Anal	Smith,Avemaria	F	14	0	3020	3020	HAHSTA - Care & Support Svcs.
00095045	ADMIN SPEC	Edmonds,Jason	F	12	6	3020	3020	HAHSTA - Care & Support Svcs.
00102905	Supervisory Public Health Anal	Coleman,Ashley M	F	13	0	3020	3020	HAHSTA - Care & Support Svcs.
00102906	Supervisory Public Health Anal	Fortune,Ebony N	F	13	0	3020	3020	HAHSTA - Care & Support Svcs.
00102907	Supervisory Public Health Anal	Ally,Shabeen	F	13	0	3020	3020	HAHSTA - Care & Support Svcs.
00105502	Program Specialist	Jennings,Juan A	F	9	1	3020	3020	HAHSTA - Care & Support Svcs.
00040058	Supervisory Public Health Anal	Reed,Tayiana J	F	14	0	3060	3060	HAHSTA - Care & Support Svcs.
00077021	Administrative Specialist	Walcott,Donovan L	F	13	10	3010	3010	HAHSTA - Fin. Mgmt & Admin Svc
00008221	GRANT MGMT SPEC	Lewis,Cassandra G	F	12	9	3070	3070	HAHSTA - Fin. Mgmt & Admin Svc
00015004	GRANTS MGMT SPEC	Mohram,Rony	F	13	9	3070	3070	HAHSTA - Fin. Mgmt & Admin Svc
00015815	GRANTS MGMT SPEC	Arriola,Ivonne	F	12	7	3070	3070	HAHSTA - Fin. Mgmt & Admin Svc
00026271	Program Support Specialist	Ferrier,Tamika S.	F	9	10	3070	3070	HAHSTA - Fin. Mgmt & Admin Svc
00039778	GRANTS MGMT SPEC	Richardson,April N	F	13	8	3070	3070	HAHSTA - Fin. Mgmt & Admin Svc
00097376	Grants Management Specialist	Brown,Monique M	F	13	5	3070	3070	HAHSTA - Fin. Mgmt & Admin Svc
00087651	Supervisory Public Health Advi		V	13	0	3015	3015	HAHSTA - Housing Cap Bldg. & C
00089335	Division Chief	Fox,Anthony	F	15	0	3015	3015	HAHSTA - Housing Cap Bldg. & C
00088127	Administrative Specialist	Bell,Baron	F	13	6	3090	3090	HAHSTA - Housing Cap Bldg. & C
00041716	Program Analyst	Peden,Michael D	F	12	10	3010	3010	HAHSTA - Office of DDO
00065408	Deputy Director for Operations	Boone,Brenda	F	15	0	3010	3010	HAHSTA - Office of DDO
00103211	Program Support Specialist	Deyo,Wanda D.	F	9	5	3010	3010	HAHSTA - Office of DDO
00041716	Program Analyst	Peden,Michael D	F	12	10	3020	3020	HAHSTA - Office of DDO
00043492	CLERICAL ASSISTANT		V	7	0	3010	3010	HAHSTA - Office of SDD
00083633	Chief Medical Officer		V	MD3	0	3010	3010	HAHSTA - Office of SDD
00000793	Supervisory Public Health Anal	Clark,Lamont M.	F	13	0	3010	3010	HAHSTA - Office of SDD
00069762	MANAGEMENT ANALYST	Archibald,Stacie D	F	12	6	3010	3010	HAHSTA - Office of SDD
00077023	Administrative Specialist	Green,Colleen	F	13	9	3010	3010	HAHSTA - Office of SDD
00083492	Senior Deputy Director	Barnes,Clover L.	F	16	0	3010	3010	HAHSTA - Office of SDD
00086265	Chief Science Officer	Talwalkar,Anjali A	F	11	0	3010	3010	HAHSTA - Office of SDD
00092080	PUBLIC HEALTH ANALYST	Zerga,Messay	F	12	5	3010	3010	HAHSTA - Office of SDD
00092308	Public Health Analyst	Johnson,Princess L	F	13	9	3010	3010	HAHSTA - Office of SDD
00097310	Public Health Advisor	DeSouza,Adrienne V	F	11	5	3010	3010	HAHSTA - Office of SDD
00102634	Public Health Analyst	Johnson,Alan	F	12	4	3010	3010	HAHSTA - Office of SDD
00102635	Clinical Quality Improvement S	Coleman,Megan E	F	13	10	3010	3010	HAHSTA - Office of SDD
00077356	Program Coordinator		V	13	0	3015	3015	HAHSTA - Office of SDD
00092085	Public Health Advisor		V	9	0	3015	3015	HAHSTA - Office of SDD
00002959	PUBLIC HEALTH ANALYST	Hansen,Gail M	F	13	10	3015	3015	HAHSTA - Office of SDD
00005684	PGM ASST	Coleman,Jeffrey	F	11	10	3015	3015	HAHSTA - Office of SDD
00010516	PUBLIC HEALTH ANALYST	Hicks,Brenda J	F	13	10	3015	3015	HAHSTA - Office of SDD
00077357	ADMIN SPEC	Bailey,Patrice R	F	12	6	3015	3015	HAHSTA - Office of SDD
00091267	Clinical Quality Improvement S	Ogungbemi,Tom O	F	13	9	3015	3015	HAHSTA - Office of SDD
00092106	Investigator	Ward,Patrice I	F	11	5	3015	3015	HAHSTA - Office of SDD
00092146	Public Health Services Special	Payton,Terrance	F	9	5	3015	3015	HAHSTA - Office of SDD
00075474	Quality Assessment Specialist		V	13	0	3020	3020	HAHSTA - Office of SDD
00087800	Public Health Services Special		V	9	0	3020	3020	HAHSTA - Office of SDD
00092141	Clerical Assistant		V	00A	0	3020	3020	HAHSTA - Office of SDD

00092142	Clerical Assistant		V	00A	0	3020	3020	HAHSTA - Office of SDD
00092150	Clerical Assistant		V	00A	0	3020	3020	HAHSTA - Office of SDD
00092151	Clerical Assistant		V	00A	0	3020	3020	HAHSTA - Office of SDD
00092153	Clerical Assistant		V	00A	0	3020	3020	HAHSTA - Office of SDD
00092155	Clerical Assistant		V	00A	0	3020	3020	HAHSTA - Office of SDD
00092157	Clerical Assistant		V	00A	0	3020	3020	HAHSTA - Office of SDD
00092161	Clerical Assistant		V	00A	0	3020	3020	HAHSTA - Office of SDD
00092162	Clerical Assistant		V	00A	0	3020	3020	HAHSTA - Office of SDD
00092334	PUBLIC HEALTH ANALYST		V	13	0	3020	3020	HAHSTA - Office of SDD
00095726	Clerical Assistant		V	00A	0	3020	3020	HAHSTA - Office of SDD
00097050	Investigator		V	11	0	3020	3020	HAHSTA - Office of SDD
00097190	Clerical Assistant		V	00A	0	3020	3020	HAHSTA - Office of SDD
00097192	Clerical Assistant		V	00A	0	3020	3020	HAHSTA - Office of SDD
00097203	Clerical Assistant		V	00A	0	3020	3020	HAHSTA - Office of SDD
00100118	Clerical Assistant		V	00A	0	3020	3020	HAHSTA - Office of SDD
00100119	Clerical Assistant		V	00A	0	3020	3020	HAHSTA - Office of SDD
00100121	Management Analyst		V	12	0	3020	3020	HAHSTA - Office of SDD
00001610	PUBLIC HEALTH ANALYST	Eyow,Hodan A	F	13	4	3020	3020	HAHSTA - Office of SDD
00006061	PGM COOR	Holmes,Twana L	F	12	10	3020	3020	HAHSTA - Office of SDD
00023984	Investigator	Llanos Astete,Cecilia	F	9	1	3020	3020	HAHSTA - Office of SDD
00039853	PUBLIC HEALTH ANALYST	Avellanet Jr.,Felix G	F	13	2	3020	3020	HAHSTA - Office of SDD
00040989	Supervisory Public Health Anal	Lago,Lena	F	14	0	3020	3020	HAHSTA - Office of SDD
00041834	PUBLIC HEALTH ANALYST	Eaton,Ivan P.	F	13	10	3020	3020	HAHSTA - Office of SDD
00041835	PUBLIC HEALTH ANALYST	Walters,Trammell C	F	13	10	3020	3020	HAHSTA - Office of SDD
00041836	PUBLIC HEALTH ANALYST	Price,Ashley M	F	13	2	3020	3020	HAHSTA - Office of SDD
00046530	PUBLIC HEALTH ANALYST	Olejemeh,Christie	F	13	10	3020	3020	HAHSTA - Office of SDD
00087654	PHARMACIST	Jackson,Janis H	F	14	9	3020	3020	HAHSTA - Office of SDD
00088191	Public Health Analyst	Mekonnen,Tariku B.	F	11	5	3020	3020	HAHSTA - Office of SDD
00088344	Public Health Analyst	Varga,Leah	F	13	8	3020	3020	HAHSTA - Office of SDD
00092140	Clerical Assistant	Eccles,Charmaine W	F	00A	0	3020	3020	HAHSTA - Office of SDD
00092143	Clerical Assistant	McCoy,Rodney	F	00A	0	3020	3020	HAHSTA - Office of SDD
00092145	Clerical Assistant	Liverpool,Destiny Tijonee	F	00A	0	3020	3020	HAHSTA - Office of SDD
00092149	Clerical Assistant	Tyson,Jamie	F	00A	0	3020	3020	HAHSTA - Office of SDD
00092152	Clerical Assistant	Jones Jr.,Ralph C.	F	00A	0	3020	3020	HAHSTA - Office of SDD
00092156	Clerical Assistant	Williams,Tyree J	F	00A	0	3020	3020	HAHSTA - Office of SDD
00092159	Clerical Assistant	Umana,Carlos G.	F	00A	0	3020	3020	HAHSTA - Office of SDD
00092307	Administrative Specialist	Hill,Mark v	F	13	5	3020	3020	HAHSTA - Office of SDD
00092372	PUBLIC HEALTH ANALYST	Ridley Iv,Robert	F	13	4	3020	3020	HAHSTA - Office of SDD
00097048	Investigator	Jenkins,Antwine	F	9	5	3020	3020	HAHSTA - Office of SDD
00097049	Investigator	Dunworth,Ashleigh	F	9	3	3020	3020	HAHSTA - Office of SDD
00097201	Clerical Assistant	Hawkins,Shaun	F	00A	0	3020	3020	HAHSTA - Office of SDD
00097205	Clerical Assistant	Sanchez,Grimaldi-Francesca M.	F	00A	0	3020	3020	HAHSTA - Office of SDD
00100111	Clerical Assistant	McClain-El,Trevon	F	00A	0	3020	3020	HAHSTA - Office of SDD
00100113	Clerical Assistant	Turner,Demetrius	F	00A	0	3020	3020	HAHSTA - Office of SDD
00100114	Clerical Assistant	Corena Hernandez,Carlos	F	00A	0	3020	3020	HAHSTA - Office of SDD
00100116	Clerical Assistant	Knowlin,Jesse M.	F	00A	0	3020	3020	HAHSTA - Office of SDD

00100147	Data Analyst	Berhe,Frew Tadesse	F	12	5	3020	3020	HAHSTA - Office of SDD
00047874	Statistician		V	13	0	3030	3030	HAHSTA - Office of SDD
00036135	Epidemiologist	Jaurretche,Maria	F	12	1	3030	3030	HAHSTA - Office of SDD
00039404	PGM ANALYST	Teale,Helen M	F	13	10	3030	3030	HAHSTA - Office of SDD
00040821	Staff Assistant	Hubbard,Priscilla P	F	12	10	3030	3030	HAHSTA - Office of SDD
00041832	Public Health Advisor	Asbury-Milline,Volta E	F	11	9	3030	3030	HAHSTA - Office of SDD
00047875	Epidemiologist	Wilbourn,Brittany C.	F	12	4	3030	3030	HAHSTA - Office of SDD
00048586	Public Health Advisor	Mccarroll,Luckeya A	F	11	9	3030	3030	HAHSTA - Office of SDD
00092131	Program Specialist	Powell,Terrell K	F	11	6	3030	3030	HAHSTA - Office of SDD
00047391	Public Health Advisor		V	12	0	3040	3040	HAHSTA - Office of SDD
00047661	Public Health Analyst		V	12	0	3040	3040	HAHSTA - Office of SDD
00102995	Public Health Services Special		V	12	0	3040	3040	HAHSTA - Office of SDD
00003317	PUBLIC HEALTH ANALYST	Green Lewis,Cynthia E	F	12	10	3040	3040	HAHSTA - Office of SDD
00011673	Public Health Advisor	Vanderhorst,Ronnie	F	13	10	3040	3040	HAHSTA - Office of SDD
00013936	PUBLIC HEALTH ANALYST(Policy)	Sheehy,Hannah R	F	12	4	3040	3040	HAHSTA - Office of SDD
00027595	Public Health Services Special	Davis,Shea M.	F	12	5	3040	3040	HAHSTA - Office of SDD
00036136	Supervisory Public Health Anal	Saafir-Callaway,Brittani Dani	F	13	0	3040	3040	HAHSTA - Office of SDD
00042094	Public Health Analyst	Chowdhury,Biva R	F	13	10	3040	3040	HAHSTA - Office of SDD
00043497	Public Health Analyst	Denson,Anitra P	F	13	10	3040	3040	HAHSTA - Office of SDD
00047247	Public Health Services Special	Reese,Stephen	F	12	10	3040	3040	HAHSTA - Office of SDD
00047290	Supervisory Public Health Anal	Cooper,Stacey L	F	14	0	3040	3040	HAHSTA - Office of SDD
00075488	Public Health Analyst	Takai,Benjamin H	F	13	7	3040	3040	HAHSTA - Office of SDD
00077017	Public Health Analyst	Jefferson,Regina R	F	9	10	3040	3040	HAHSTA - Office of SDD
00077024	PUBLIC HEALTH ANALYST	Thompson,Gerald	F	11	10	3040	3040	HAHSTA - Office of SDD
00083598	Investigator	Uwimana,Francoise	F	11	7	3040	3040	HAHSTA - Office of SDD
00092423	Administrative Specialist	Ferguson,Charis	F	13	5	3040	3040	HAHSTA - Office of SDD
00100378	Public Health Analyst	Fistonich,George Michael	F	12	6	3040	3040	HAHSTA - Office of SDD
00103028	PUBLIC HEALTH ANALYST	Stewart,Malachi J	F	11	2	3040	3040	HAHSTA - Office of SDD
00018099	Division Chief		V	15	0	3060	3060	HAHSTA - Office of SDD
00094180	Program Support Assistant		V	7	0	3060	3060	HAHSTA - Office of SDD
00100121	Management Analyst		V	12	0	3060	3060	HAHSTA - Office of SDD
00012621	INVEST	Henderson,Deontrinese	F	12	10	3060	3060	HAHSTA - Office of SDD
00020725	Program Support Assistant	Johnson,Jennifer S	F	7	10	3060	3060	HAHSTA - Office of SDD
00022957	Investigator	Thomas,Jessica	F	11	6	3060	3060	HAHSTA - Office of SDD
00040747	Staff Assistant	Green,Kimberly L	F	11	10	3060	3060	HAHSTA - Office of SDD
00077358	Public Health Analyst	Gurung,Damber K	F	13	10	3060	3060	HAHSTA - Office of SDD
00083602	Investigator	Israel,Dionnie	F	11	1	3060	3060	HAHSTA - Office of SDD
00083603	Investigator	Prysock,Lavelle	F	11	7	3060	3060	HAHSTA - Office of SDD
00087653	Investigator	Roye,Alberta D	F	11	6	3060	3060	HAHSTA - Office of SDD
00088332	Program Specialist	Driver,Robin M	F	12	6	3060	3060	HAHSTA - Office of SDD
00092052	Epidemiologist	Drezner,Katherine	F	13	5	3060	3060	HAHSTA - Office of SDD
00092053	Investigator	Nettles,Sabrina D	F	11	4	3060	3060	HAHSTA - Office of SDD
00092081	Lead Investigator	Earlington,Glasford D	F	12	5	3060	3060	HAHSTA - Office of SDD
00091266	Clinical Quality Improvement S		V	12	0	3070	3070	HAHSTA - Office of SDD
00091270	Clinical Quality Improvement S		V	12	0	3070	3070	HAHSTA - Office of SDD
00002730	Supervisory Grants Management	Walker,Janice	F	14	0	3070	3070	HAHSTA - Office of SDD

00075471	Quality Assessment Specialist	Ward,Carroll L	F	13	8	3070	3070	HAHSTA - Office of SDD
00091269	Clinical Quality Improvement S	Whittaker,Laura S	F	12	9	3070	3070	HAHSTA - Office of SDD
00097739	Program Specialist	Martinez,Rosa	F	11	4	3070	3070	HAHSTA - Office of SDD
00083597	Investigator		V	11	0	3080	3080	HAHSTA - Office of SDD
00000298	PHYSICIAN ASSISTANT	Dandy,Dawn M	F	12	10	3080	3080	HAHSTA - Office of SDD
00006013	Investigator	Elston,Apryl N.	F	11	4	3080	3080	HAHSTA - Office of SDD
00012181	Public Health Services Special	Alfonso,Maria A	F	12	9	3080	3080	HAHSTA - Office of SDD
00012928	Data Analyst	Ostergaard,Kelsie	F	12	2	3080	3080	HAHSTA - Office of SDD
00016684	Public Health Services Special	Edge,Mariel	F	12	6	3080	3080	HAHSTA - Office of SDD
00019687	Administrative Assistant	Fort'e,Ryan K.	F	9	10	3080	3080	HAHSTA - Office of SDD
00024840	Investigator	Allen,Quinae R.	F	11	7	3080	3080	HAHSTA - Office of SDD
00038360	Investigator	Naji-Allah,Danielle	F	11	6	3080	3080	HAHSTA - Office of SDD
00039256	PHYSICIAN ASSISTANT	Animashaun-Otuedon,Agnes Q	F	12	10	3080	3080	HAHSTA - Office of SDD
00043906	Health Technician	Zephyrin-whealton,Tamikio	F	7	6	3080	3080	HAHSTA - Office of SDD
00043908	Health Technician	Jones,Giovanna M	F	7	10	3080	3080	HAHSTA - Office of SDD
00083612	Investigator	Jones,Herman D	F	11	9	3080	3080	HAHSTA - Office of SDD
00097051	Investigator	Badiya,Olumide T.	F	11	2	3080	3080	HAHSTA - Office of SDD
00100124	Public Health Services Special	Bernal,Minerva E	F	12	1	3080	3080	HAHSTA - Office of SDD
00014626	STAFF ASSISTANT	Person,Robert E	F	11	10	3085	3085	HAHSTA - Office of SDD
00024432	Investigator	Duncan,Janice	F	11	7	3085	3085	HAHSTA - Office of SDD
00088353	Public Health Analyst	Waddy,Theresa S	F	11	6	3085	3085	HAHSTA - Office of SDD
00091214	Clinical Nurse	Malcolm,Andrea M	F	11	10	3085	3085	HAHSTA - Office of SDD
00046718	Housing Program Specialist	Green,Monique L	F	11	6	3090	3090	HAHSTA - Office of SDD
00088126	Public Health Analyst (Housing	Grant,Sherita J.	F	13	8	3090	3090	HAHSTA - Office of SDD
00103118	Housing Program Specialist	Thomas,Chantil	F	11	1	3090	3090	HAHSTA - Office of SDD
00015600	NURSE CONSULTANT	Sheler,Donna	F	11	10	8505	8505	HAHSTA - Office of SDD
00103208	Investigator	Cunningham,Kimberly	F	9	2	8513	8513	HAHSTA - Office of SDD
00040718	BUREAU CHIEF	Rocha,Nestor	F	15	0	3040	3040	HAHSTA - Prevention & Interv.
00097188	Public Health Advisor	Stanley,Camilla	F	12	6	3040	3040	HAHSTA - Prevention & Interv.
00099867	Public Health Analyst	Lewis,Sharday S	F	12	5	3040	3040	HAHSTA - Prevention & Interv.
00097200	Program Support Assistant	Walker,Ericka	F	7	3	3010	3010	HAHSTA - STD/TB Control Div.
00100174	Supervisory Medical Officer	Harold,Rachel	F	MD1	0	3020	3020	HAHSTA - STD/TB Control Div.
00097187	Program Support Assistant		V	7	0	3080	3080	HAHSTA - STD/TB Control Div.
00026756	Program Support Assistant (OA)	Price,Trina M	F	7	10	3080	3080	HAHSTA - STD/TB Control Div.
00027125	Program Support Assistant (OA)	Love,Candice R	F	7	10	3080	3080	HAHSTA - STD/TB Control Div.
00039683	Supervisory Public Health Advi	Troutman,Kenya	F	13	0	3080	3080	HAHSTA - STD/TB Control Div.
00087367	Supervisory Public Health Anal	Queen,Kanetha D	F	13	0	3080	3080	HAHSTA - STD/TB Control Div.
00091218	Supervisory Public Health Anal	Flemming,Toni Y	F	13	0	3080	3080	HAHSTA - STD/TB Control Div.
00095295	Public Health Services Special	Johnson Jr.,Danny L.	F	12	4	3080	3080	HAHSTA - STD/TB Control Div.
00104794	Division Chief		V	15	0	3085	3085	HAHSTA - STD/TB Control Div.
00016493	Medical Officer	Rosario,Amanuel Tekle	F	3C	0	3085	3085	HAHSTA - STD/TB Control Div.
00018537	Program Support Assistant (OA)	Mcneil,Lisa	F	7	10	3085	3085	HAHSTA - STD/TB Control Div.
00036770	Division Chief	Beverley,Jason	F	15	0	3085	3085	HAHSTA - STD/TB Control Div.
00102894	Supervisory Nurse Coordinator	Louis Charles,Marie Wladimir	F	12	0	3085	3085	HAHSTA - STD/TB Control Div.
00046417	Supervisory Public Health Anal		V	14	0	3030	3030	HAHSTA - Strategic Info. Div.
00035721	Deputy Chief of Strategic Info	Lum,Garret R	F	14	0	3030	3030	HAHSTA - Strategic Info. Div.

00075483	Data Analyst	Akamangwa,Ngwatung	F	11	5	3030	3030	HAHSTA - Strategic Info. Div.
00100175	CLERICAL ASSISTANT	Hawkins,John A.	F	7	2	3030	3030	HAHSTA - Strategic Info. Div.
00100176	CLERICAL ASSISTANT	Ashford,Rosa Lee	F	7	2	3030	3030	HAHSTA - Strategic Info. Div.
00100177	CLERICAL ASSISTANT	Thompson,Erica	F	7	2	3030	3030	HAHSTA - Strategic Info. Div.
00087655	Data Analyst(Health Informatic	Mishra,Tej N.	F	12	5	3040	3040	HAHSTA - Strategic Info. Div.
00075511	Student Intern		V	5	0	4200	4200	Health Care Licensing & Regul
00099471	Associate Director		V	15	0	4200	4200	Health Care Licensing & Regul
00083153	Deputy Director for Operations	Owens,Yeolman	F	15	0	4200	4200	Health Care Licensing & Regul
00088460	Senior Deputy Director	Lewis,Sharon R	F	16	0	4200	4200	Health Care Licensing & Regul
00096702	Administrative Specialist	McKie,Jacqueline C	F	11	4	4200	4200	Health Care Licensing & Regul
00099470	Associate Director	Gibson,Arian	F	15	0	4200	4200	Health Care Licensing & Regul
00100102	Executive Director	Bryson Walker,Ericka L	F	14	0	4200	4200	Health Care Licensing & Regul
00104720	Health Licensing Specialist	Kpue,Francis T	F	9	7	4200	4200	Health Care Licensing & Regul
00099481	Associate Director		V	15	0	4530	4530	Health Care Licensing & Regul
00097137	Emergency Medical Services Com		V	12	0	2580	2580	HEPRA-Emergency Medical Servic
00035528	Grants Management Specialist		V	13	0	2540	2540	HEPRA-Grants Management Progra
00039468	Grants Management Specialist	Shepherd,April	F	12	6	2540	2540	HEPRA-Grants Management Progra
00083588	Grants Management Specialist	Anderson,Dorthea E.	F	12	5	2580	2580	HEPRA-Grants Management Progra
00077977	Emergency Management Specialis		V	11	0	2540	2540	HEPRA-Health and Medical Coali
00085915	Program Specialist		V	9	0	2540	2540	HEPRA-Health and Medical Coali
00104232	Emergency Management Specialis		V	13	0	2540	2540	HEPRA-Health and Medical Coali
00087476	Emergency Management Specialis	Jefferson,Kamelah A.	F	13	3	2540	2540	HEPRA-Health and Medical Coali
00096943	Emergency Management Specialis		V	12	0	2580	2580	HEPRA-Health and Medical Coali
00085376	Emergency Management Specialis	Robinson,Vincent S	F	9	6	2580	2580	HEPRA-Health and Medical Coali
00102843	Emergency Management Specialis	Alltucker,Ezra	F	12	1	2580	2580	HEPRA-Health and Medical Coali
00102844	Emergency Management Specialis	Dastidar,Ronit	F	11	6	2580	2580	HEPRA-Health and Medical Coali
00099660	Program Manager		V	14	0	2540	2540	HEPRA-Office of the Senior Dep
00077369	Emergency Management Specialis	Weber,James	F	12	1	2540	2540	HEPRA-Office of the Senior Dep
00095573	Program Manager	Edds,Corinne	F	14	0	2540	2540	HEPRA-Office of the Senior Dep
00104171	Administrative Officer	Diggs,Denise L.	F	14	4	2540	2540	HEPRA-Office of the Senior Dep
00001039	Senior Deputy Director	Ashley,Patrick Robert	F	16	0	2550	2550	HEPRA-Office of the Senior Dep
00077978	Deputy Director for Operations	Dunkerson,Melissa	F	15	0	2550	2550	HEPRA-Office of the Senior Dep
00082018	Compliance Specialist	Herring,David	F	12	7	2550	2550	HEPRA-Office of the Senior Dep
00082019	Emergency Preparedness Plannin	Williams,Aisha	F	14	8	2550	2550	HEPRA-Office of the Senior Dep
00094143	Program Manager	Rhodes,Trevor	F	14	0	2560	2560	HEPRA-Office of the Senior Dep
00083491	Chief Medical Officer	Amy,Brian W	F	MD3	0	2570	2570	HEPRA-Office of the Senior Dep
00099831	Emergency Medical Services Pro	Burke,Daniel	F	14	0	2570	2570	HEPRA-Office of the Senior Dep
00036688	Program Manager	Turcios-Amaya,Miguel	F	14	0	2580	2580	HEPRA-Office of the Senior Dep
00082613	Motor Vehicle Operator	Flores,Daniel R.	F	7	10	2580	2580	HEPRA-Office of the Senior Dep
00086307	Inventory Management Specialis	Gordon,Leroy	F	11	8	2580	2580	HEPRA-Office of the Senior Dep
00086308	Inventory Management Specialis	Brown,James R iii	F	11	7	2580	2580	HEPRA-Office of the Senior Dep
00087475	Program Specialist	Attaway,Lavenia R	F	9	10	2580	2580	HEPRA-Office of the Senior Dep
00097810	Administrative Specialist	Thomas,Statia	F	11	10	2580	2580	HEPRA-Office of the Senior Dep
00077372	Program Specialist	Thomas,Arlene C.	F	9	7	2540	2540	HEPRA-Operations and Reponse P
00041960	Community Relations Specialist	Pearson Harris,Cynthia	F	14	10	2580	2580	HEPRA-Operations and Reponse P
00035530	On-Site Special Operations Coo	Pellum,Sharon R	F	12	10	2560	2560	HEPRA-Planning and Preparednes

00035627	On-Site Special Operations Coo	Lassiter,Ronald K	F	12	7	2560	2560	HEPRA-Planning and Preparednes
00091245	Public Health Advisor		V	13	0	2580	2580	HEPRA-Planning and Preparednes
00097169	Supervisory Public Health Advi		V	13	0	2580	2580	HEPRA-Planning and Preparednes
00011515	HLTH SRVS PGM SPEC		V	12	0	1060	1060	HRLA - Ofc. of Compliance & In
00011881	NURSE CONSULTANT		V	11	10	4200	4200	HRLA - Ofc. of Compliance & In
00045536	Licensing Assistant		V	7	0	4200	4200	HRLA - Ofc. of Compliance & In
00005633	Complaint Coordinator	Thompson,StacyLynn M	F	12	10	4200	4200	HRLA - Ofc. of Compliance & In
00037395	INVESTIGATOR	Moss,Deborah D	F	12	10	4200	4200	HRLA - Ofc. of Compliance & In
00038939	INVESTIGATOR	MORAN,EMILIA M	F	12	10	4200	4200	HRLA - Ofc. of Compliance & In
00038964	INVESTIGATOR	Donatelli,Mark J	F	12	10	4200	4200	HRLA - Ofc. of Compliance & In
00039855	INVESTIGATOR	Odrick,Rebecca A	F	12	10	4200	4200	HRLA - Ofc. of Compliance & In
00051266	compliance officer	Scurlock,Gregory	F	14	0	4200	4200	HRLA - Ofc. of Compliance & In
00088087	Investigator	Howard Jr.,Leonard W	F	12	6	4200	4200	HRLA - Ofc. of Compliance & In
00102979	Code & Rodent Inspector (Pest	Wedge,Alonzo James	F	11	2	4515	4515	HRLA - Ofc. of Compliance & In
00010237	SANITARIAN QMRP		V	12	1	4530	4530	HRLA - Ofc. of Compliance & In
00026208	NURSE CONSULTANT	Carter,Jeanine A	F	11	10	4530	4530	HRLA - Ofc. of Compliance & In
00075263	Health Licensing Specialist	Barron,Karin S.	F	11	7	4200	4200	HRLA - Ofc. of Food Drug, Rad,
00097343	Sanitarian	Dalier,Douglas	F	12	3	4200	4200	HRLA - Ofc. of Food Drug, Rad,
00097450	Program Support Assistant	CURRY,ERIC S	F	7	5	4200	4200	HRLA - Ofc. of Food Drug, Rad,
00097845	Health Licensing Specialist	Rogers,Naaman C.	F	9	2	4200	4200	HRLA - Ofc. of Food Drug, Rad,
00002874	SANITARIAN		V	11	1	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00020807	PUBLIC HEALTH ANALYST		V	11	0	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00023993	Sanitarian (Bilingual)		V	11	4	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00024265	Program Manager		V	14	0	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00039509	SANITARIAN		V	9	0	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00082112	SANITARIAN BIL		V	9	0	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00082114	SANITARIAN		V	9	0	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00087630	SANITARIAN		V	9	0	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00087658	Sanitarian		V	11	0	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00091406	Supervisory Code and Rodent In		V	12	0	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00094753	SANITARIAN BIL		V	9	0	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00098310	Public Health Analyst		V	12	0	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00099888	Code & Rodent Inspector (Pest		V	9	0	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00000336	Staff Assistant	Payton,Sirita Y	F	9	3	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00003116	Sanitarian	Gateretse,Ross J	F	11	7	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00005470	PGM SPEC	Greenaway,Luanne	F	11	5	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00018776	Sanitarian	Cave,Sharon A	F	11	7	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00025444	PGM ASST	Williams,Wanda Marie	F	9	9	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00036602	SANITARIAN	Johnson,Megan	F	11	1	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00037267	PHARMACIST	Kosyak,Michael E	F	14	6	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00038835	Health Physicist	Parvin,Nasreen	F	11	10	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00039466	PGM MGR	Grover,Victoria	F	14	0	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00039467	SANITARIAN	Scales,Andrea J	F	9	1	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00046749	Program Manager	Brown,Gerard L	F	14	0	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00048787	SUPV HLTH PHYSICIST	Talley,Gregory B	F	13	0	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00073457	PHARMACIST	Onumah,Kofi	F	14	8	4515	4515	HRLA - Ofc. of Food Drug, Rad,

00073582	Health Licensing Specialist	Lewis,Sabrina Rena	F	11	5	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00077722	Sanitarian	Flippens,Bruce	F	12	7	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00082107	SANITARIAN	Lyle,Priscilla	F	9	3	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00082108	SANITARIAN	Jaminal,Jan A.	F	9	2	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00086201	Environmental Protection Speci	HARRIS,NIA K K	F	12	7	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00087177	Supervisory Sanitarian	Moore,Joyce	F	13	0	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00087301	PHARMACIST	Bellamy,Reginal	F	14	6	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00087657	Sanitarian	YASIN,JEMAL ADEM	F	11	6	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00087792	Program Specialist	Allen,Brittany L.	F	11	5	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00088086	Investigator	Tesfaye,Kidest K	F	9	10	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00088233	Sanitarian	Espy,Robin E	F	12	8	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00088449	SANITARIAN	Bengui,Ilda	F	9	2	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00088467	SANITARIAN	Tekleselassie,Alemayehu	F	11	1	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00091405	Supervisory Code and Rodent In	Matthews,Jermaine A	F	12	0	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00092051	Food Technologist	Cooper,Ivory G.	F	12	6	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00094653	Supervisory Pharmacist	Ortique,Justin	F	14	0	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00097518	Code & Rodent Inspector (Pest	Zelaya,Johnny S.	F	11	3	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00097550	Code & Rodent Inspector (Pest	Garnett,Jer'Juana T.	F	11	1	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00097744	SANITARIAN	Cureton,Quincy L	F	9	2	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00097746	SANITARIAN	Balcha,Solomon	F	9	5	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00097747	SANITARIAN	Akelat II,Mengestayhu Birhnau	F	9	5	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00099208	Supervisory Sanitarian	Jones-Scott,Fawn	F	13	0	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00099883	Supervisory Sanitarian	Lucas,Denise Tyree	F	13	0	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00099889	Code & Rodent Inspector (Pest	Blunt,Germaine L.	F	11	2	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00100178	Code & Rodent Inspector (Pest	Waith,Jamaal B	F	9	2	4515	4515	HRLA - Ofc. of Food Drug, Rad,
00097231	Code & Rodent Inspector (Pest		V	11	0	4530	4530	HRLA - Ofc. of Food Drug, Rad,
00097312	Public Health Analyst		V	12	0	4530	4530	HRLA - Ofc. of Food Drug, Rad,
00088085	Investigator	Melson,Kimberly	F	9	6	4530	4530	HRLA - Ofc. of Food Drug, Rad,
00094785	Health Licensing Specialist	Jeffries-Johnson,LaJuan J	F	11	2	4530	4530	HRLA - Ofc. of Food Drug, Rad,
00096976	Code & Rodent Inspector (Pest	Charles,Margaret E	F	11	1	4530	4530	HRLA - Ofc. of Food Drug, Rad,
00097040	Code & Rodent Inspector (Pest	Kulasinghe,Wasantha	F	11	3	4530	4530	HRLA - Ofc. of Food Drug, Rad,
00097232	Code & Rodent Inspector (Pest	Pitman,Andre B	F	11	3	4530	4530	HRLA - Ofc. of Food Drug, Rad,
00097233	Code & Rodent Inspector (Pest	Parker,Michael A.	F	11	6	4530	4530	HRLA - Ofc. of Food Drug, Rad,
00097235	Code & Rodent Inspector (Pest	Sandy,Ruth	F	11	3	4530	4530	HRLA - Ofc. of Food Drug, Rad,
00097236	Code & Rodent Inspector (Pest	Overton,Mark E	F	11	3	4530	4530	HRLA - Ofc. of Food Drug, Rad,
00097237	Code & Rodent Inspector (Pest	Jacobs,Michael A	F	11	6	4530	4530	HRLA - Ofc. of Food Drug, Rad,
00097238	Code & Rodent Inspector (Pest	Redman,Curtis	F	11	3	4530	4530	HRLA - Ofc. of Food Drug, Rad,
00097377	Code & Rodent Inspector (Pest	Upshaw,Yaqin A.	F	11	3	4530	4530	HRLA - Ofc. of Food Drug, Rad,
00097670	INVESTIGATOR	Gilliam,Countee S	F	12	5	4530	4530	HRLA - Ofc. of Food Drug, Rad,
00097449	Nurse Specialist I		V	11	0	4200	4200	HRLA - Ofc. of Health Faciliti
00021329	Nurse Specialist I	Teekasingh,Donald C	F	11	10	4200	4200	HRLA - Ofc. of Health Faciliti
00092099	SANITARIAN QMRP	Spencer,Ralph H	F	12	10	4200	4200	HRLA - Ofc. of Health Faciliti
00097973	HLTH SRVS PGM SPEC	Tate,Martin J.	F	12	6	4200	4200	HRLA - Ofc. of Health Faciliti
00100017	HLTH SRVS PGM SPEC	Tallent,Michele A	F	12	5	4515	4515	HRLA - Ofc. of Health Faciliti
00100143	Nurse Specialist I	Goumballa,Bintou	F	11	9	4515	4515	HRLA - Ofc. of Health Faciliti
00010706	Program Manager		V	14	0	4530	4530	HRLA - Ofc. of Health Faciliti

00011510	Nurse Specialist I		V	11	10	4530	4530	HRLA - Ofc. of Health Faciliti
00042425	Health Services Program Coordi		V	13	6	4530	4530	HRLA - Ofc. of Health Faciliti
00083486	Nurse Specialist I		V	11	0	4530	4530	HRLA - Ofc. of Health Faciliti
00001786	Nurse Specialist I	McLennon-Sampong,Marcia Swans	F	11	10	4530	4530	HRLA - Ofc. of Health Faciliti
00001908	Sanitarian	West Morton,Sheila	F	12	10	4530	4530	HRLA - Ofc. of Health Faciliti
00004151	SANITARIAN	Lomax,Theodore F	F	12	10	4530	4530	HRLA - Ofc. of Health Faciliti
00007722	SANITARIAN QMRP	Follot,Roland R	F	12	10	4530	4530	HRLA - Ofc. of Health Faciliti
00009603	Nurse Specialist I	McKoy,Constance B	F	11	10	4530	4530	HRLA - Ofc. of Health Faciliti
00010611	SANITARIAN QMRP	Torbit,Marcella J	F	12	10	4530	4530	HRLA - Ofc. of Health Faciliti
00011315	SANITARIAN QMRP	Brent,Breona T	F	12	7	4530	4530	HRLA - Ofc. of Health Faciliti
00011744	SANITARIAN QMRP	Walker,Michael D.	F	12	10	4530	4530	HRLA - Ofc. of Health Faciliti
00012698	SANITARIAN	Fykes,Theodore J	F	12	10	4530	4530	HRLA - Ofc. of Health Faciliti
00015219	Nurse Specialist I	Gena,Gemina	F	11	9	4530	4530	HRLA - Ofc. of Health Faciliti
00015972	Nurse Specialist I	Brannum,Alma L	F	11	10	4530	4530	HRLA - Ofc. of Health Faciliti
00016228	Nurse Specialist I	Waters,Theresa LaJuan	F	11	10	4530	4530	HRLA - Ofc. of Health Faciliti
00025314	SANITARIAN	Wolff,Eddy	F	12	9	4530	4530	HRLA - Ofc. of Health Faciliti
00026067	SANITARIAN QMRP	Jeffers,Karen I	F	12	9	4530	4530	HRLA - Ofc. of Health Faciliti
00026734	SANITARIAN QMRP	Dugger,Gayle B	F	12	10	4530	4530	HRLA - Ofc. of Health Faciliti
00034969	Nurse Specialist I	Lewis,Margaret A	F	11	10	4530	4530	HRLA - Ofc. of Health Faciliti
00039912	Nurse Specialist I	Dickerson,Chelsea E.	F	11	9	4530	4530	HRLA - Ofc. of Health Faciliti
00043682	Supervisory Nurse Consultant	Offor,Christian C	F	13	0	4530	4530	HRLA - Ofc. of Health Faciliti
00075314	Nurse Specialist I	Williams,Dionne C	F	11	8	4530	4530	HRLA - Ofc. of Health Faciliti
00075315	Nurse Specialist I	Doleman Gorham,Lajuan A	F	11	10	4530	4530	HRLA - Ofc. of Health Faciliti
00087791	Nurse Specialist I	DeVore,Jay	F	11	10	4530	4530	HRLA - Ofc. of Health Faciliti
00089121	Program Manager	Cooper,Ranada	F	14	0	4530	4530	HRLA - Ofc. of Health Faciliti
00097330	Supervisory Nurse Consultant	Freeman,Tamara A	F	13	0	4530	4530	HRLA - Ofc. of Health Faciliti
00099978	Nurse Specialist I	Jones,Shari A.	F	11	9	4530	4530	HRLA - Ofc. of Health Faciliti
00100025	Nurse Specialist I	Collins,Michele	F	11	10	4530	4530	HRLA - Ofc. of Health Faciliti
00100049	Supervisory Nurse Consultant	Kingsberry,Cassandra J	F	13	0	4530	4530	HRLA - Ofc. of Health Faciliti
00100270	Supervisory Nurse Consultant	Edwards,Vanessa H	F	13	0	4530	4530	HRLA - Ofc. of Health Faciliti
00102806	Nurse Specialist I	Summers,Selene	F	11	6	4530	4530	HRLA - Ofc. of Health Faciliti
00073252	Health Licensing Specialist		V	11	0	4200	4200	HRLA - Ofc. of Hlth Prof. Lice
00092179	Investigator		V	12	0	4200	4200	HRLA - Ofc. of Hlth Prof. Lice
00100033	Health Licensing Specialist		V	9	0	4200	4200	HRLA - Ofc. of Hlth Prof. Lice
00001302	HLTH LICENSING SPEC	Robinson,Lisa	F	11	10	4200	4200	HRLA - Ofc. of Hlth Prof. Lice
00002426	EXECUTIVE SECRETARIAT OFFICER	Nixon,Aisha K.	F	14	0	4200	4200	HRLA - Ofc. of Hlth Prof. Lice
00027155	HLTH LICENSING SPEC	Stokes,Antoinette	F	11	10	4200	4200	HRLA - Ofc. of Hlth Prof. Lice
00036714	Nurse Specialist II	Borris-Hale,Cathy A	F	12	10	4200	4200	HRLA - Ofc. of Hlth Prof. Lice
00043765	Nurse Specialist II	Jenkins,Bonita E	F	12	10	4200	4200	HRLA - Ofc. of Hlth Prof. Lice
00073589	Nurse Specialist II	Wright,Concheeta Ann	F	12	10	4200	4200	HRLA - Ofc. of Hlth Prof. Lice
00075414	EXECUTIVE DIR	DelVento,Vito R	F	14	0	4200	4200	HRLA - Ofc. of Hlth Prof. Lice
00087254	Health Licensing Specialist	Atwell,Tanee M	F	11	5	4200	4200	HRLA - Ofc. of Hlth Prof. Lice
00087255	Health Licensing Specialist	Azariah Armattoe,Mavis Lilian	F	11	6	4200	4200	HRLA - Ofc. of Hlth Prof. Lice
00087256	Health Licensing Specialist	Abby,Fatima Hashi	F	11	6	4200	4200	HRLA - Ofc. of Hlth Prof. Lice
00087331	Health Licensing Specialist	Ofosu- Mensah,Thelma G	F	11	6	4200	4200	HRLA - Ofc. of Hlth Prof. Lice
00087632	Health Licensing Specialist	Majid,Sahar	F	9	3	4200	4200	HRLA - Ofc. of Hlth Prof. Lice

00087656	Health Licensing Specialist	Harris,Mary	F	11	6	4200	4200	HRLA - Ofc. of Hlth Prof. Lice
00091261	Supervisory Health Licensing S	Scott,Melondy N.	F	12	0	4200	4200	HRLA - Ofc. of Hlth Prof. Lice
00091468	Health Licensing Specialist	Walker,David J	F	11	7	4200	4200	HRLA - Ofc. of Hlth Prof. Lice
00092002	Health Licensing Specialist	Braxton,Angela M	F	11	5	4200	4200	HRLA - Ofc. of Hlth Prof. Lice
00094876	Health Licensing Specialist	Butler,Antoinette E	F	11	4	4200	4200	HRLA - Ofc. of Hlth Prof. Lice
00095300	Health Licensing Specialist	Annor,Charles Emmanuel	F	11	4	4200	4200	HRLA - Ofc. of Hlth Prof. Lice
00097114	Health Licensing Specialist	Bigelow,DaNeka	F	9	3	4200	4200	HRLA - Ofc. of Hlth Prof. Lice
00097366	Executive Director	Walsh,Teresa	F	14	0	4200	4200	HRLA - Ofc. of Hlth Prof. Lice
00097448	Health Licensing Specialist	Mbanefo,Kathleen	F	11	1	4200	4200	HRLA - Ofc. of Hlth Prof. Lice
00097576	Executive Director	Herndon,LaTrice R.	F	14	0	4200	4200	HRLA - Ofc. of Hlth Prof. Lice
00102908	Health Licensing Specialist	Wells,Tamika	F	11	1	4200	4200	HRLA - Ofc. of Hlth Prof. Lice
00090741	SUPV BIOLOGIST	McFarlane-Mills,Joy	F	12	0	4515	4515	HRLA - Ofc. of Hlth Prof. Lice
00082647	Health Licensing Specialist		V	9	0	4200	4200	HRLA - Ofc. of Oper. & Licensi
00088461	Licensing Assistant		V	7	0	4200	4200	HRLA - Ofc. of Oper. & Licensi
00035266	Licensing Assistant	Rawls,Rona R	F	7	9	4200	4200	HRLA - Ofc. of Oper. & Licensi
00044367	Writer-Editor	Kofie,Nancy E.	F	12	6	4200	4200	HRLA - Ofc. of Oper. & Licensi
00073621	Program Manager	Ghebrezghi,Alem G	F	13	0	4200	4200	HRLA - Ofc. of Oper. & Licensi
00073649	PGM COOR	Bussue,Marva Casandra	F	12	7	4200	4200	HRLA - Ofc. of Oper. & Licensi
00075312	Resource Development Specialis	Waugh,Kevin D	F	11	8	4200	4200	HRLA - Ofc. of Oper. & Licensi
00076924	Supervisory Health Licensing S	Ford-Jackson,Shelly L	F	13	0	4200	4200	HRLA - Ofc. of Oper. & Licensi
00088444	Health Licensing Specialist	Cheek,Tracie L.	F	9	6	4200	4200	HRLA - Ofc. of Oper. & Licensi
00097358	Licensing Assistant	Hardy Jr.,Willie A	F	7	5	4200	4200	HRLA - Ofc. of Oper. & Licensi
00098309	Licensing Assistant	Williams,Sharron	F	7	5	4200	4200	HRLA - Ofc. of Oper. & Licensi
00100101	Licensing Assistant	Obie,Coya	F	7	4	4200	4200	HRLA - Ofc. of Oper. & Licensi
00035277	Program Analyst	Hubbard,Syreeta Corinne	F	11	4	4515	4515	HRLA - Ofc. of Oper. & Licensi
00020475	FACILITY PLANNER		V	13	1	1030	1030	OD - Facility Mgmt. and Suppor
00097029	Inventory Management Specialis		V	7	0	1030	1030	OD - Facility Mgmt. and Suppor
00027547	Agency Telephone Coordinator	Octave,Monica	F	12	10	1030	1030	OD - Facility Mgmt. and Suppor
00040020	Facility Management and Suppor	Massengill,Gerald	F	14	0	1030	1030	OD - Facility Mgmt. and Suppor
00100279	Visual Information Specialist	Boston,Savon	F	12	1	1030	1030	OD - Ofc. of Communications
00100278	Public Affairs Specialist	Whetstone,Darren Renee	F	12	4	1040	1040	OD - Ofc. of Communications
00027630	Community Relations Specialist	Ortiz Torres,Ivan	F	13	10	1080	1080	OD - Ofc. of Communications
00039228	Director of Communications and	Henderson,Kimberly	F	15	0	1080	1080	OD - Ofc. of Communications
00072130	Community Relations Specialist	King,Ronald	F	12	6	1080	1080	OD - Ofc. of Communications
00077461	Public Affairs Specialist	Tate,Kelsey	F	14	4	1080	1080	OD - Ofc. of Communications
00090753	Public Affairs Specialist	Mayfield,Robert	F	12	10	1080	1080	OD - Ofc. of Communications
00103287	Community Relations Specialist		V	13	0	8505	8505	OD - Ofc. of Communications
00103286	Visual Information Specialist	Ahern,Katherine	F	12	4	8505	8505	OD - Ofc. of Communications
00103288	Public Affairs Specialist	Tyll,James T.	F	14	4	8505	8505	OD - Ofc. of Communications
00103289	Public Affairs Specialist	Casanas,Monica M.	F	12	1	8505	8505	OD - Ofc. of Communications
00104792	Public Affairs Specialist	Lewis,Kiah M.	F	12	1	8505	8505	OD - Ofc. of Communications
00092275	PROGRAM ANALYST		V	11	0	1020	1020	OD - Ofc. of Grants Management
00048164	Grants Management Specialist	Scroggins,Agnes Diane	F	13	10	1020	1020	OD - Ofc. of Grants Management
00071600	GRANTS MGMT RES DEV OFFICER	Mclaughlin,Clara A	F	15	0	1020	1020	OD - Ofc. of Grants Management
00088394	Staff Assistant	Long,Bernedia Y.	F	12	9	1020	1020	OD - Ofc. of Grants Management
00091412	Grants Management Specialist	Prats,Jennifer A	F	13	5	1020	1020	OD - Ofc. of Grants Management

00097560	Program Analyst	Wadood,Arif	F	12	3	1020	1020	OD - Ofc. of Grants Management
00006819	Management Analyst	Snowden,Kim R	F	13	4	1010	1010	OD - Ofc. of Human Resources
00043266	Management Liaison Specialist	Fields,Jeanette	F	13	10	1010	1010	OD - Ofc. of Human Resources
00070135	Human Resources Specialist	Griffin,Ashlee Simone	F	13	5	1010	1010	OD - Ofc. of Human Resources
00070777	Training Specialist	Hamilton,Ramona D	F	13	8	1010	1010	OD - Ofc. of Human Resources
00071866	Human Resources Officer III	Parham,John Jr	F	15	0	1010	1010	OD - Ofc. of Human Resources
00075525	HR Spec (Human Resource Dev)	Gates,Kortney D.	F	12	5	1010	1010	OD - Ofc. of Human Resources
00082661	Training & Organizational Deve	Mwebi,Duke Kepha	F	14	0	1010	1010	OD - Ofc. of Human Resources
00100333	Human Resources Specialist	Flanagan,Lango W.	F	13	3	1010	1010	OD - Ofc. of Human Resources
00101947	Human Resources Specialist	McFarland,Rochelle	F	11	2	1010	1010	OD - Ofc. of Human Resources
00102955	Lead Human Resources Specialis	Crawford,Nigel C.	F	14	5	1010	1010	OD - Ofc. of Human Resources
00100032	Supv HR Spec (Empl/Labor Rel)		V	14	0	1017	1017	OD - Ofc. of Human Resources
00102561	Human Resources Specialist	Plunkett,Jasmine L	F	12	5	1020	1020	OD - Ofc. of Human Resources
00098289	Risk Management Coordinator	Anderson,Mildred J	F	13	5	1055	1055	OD - Ofc. of Human Resources
00105090	Human Resources Specialist	Smith,Kenton E.	F	12	2	2540	2540	OD - Ofc. of Human Resources
00019825	COMPUTER SPECIALIST		V	12	1	1040	1040	OD - Ofc. of Information Techn
00088439	Information Technology Special		V	13	0	1040	1040	OD - Ofc. of Information Techn
00004041	IT Specialist(Systems Administ	Baker,Daniel W.	F	11	5	1040	1040	OD - Ofc. of Information Techn
00006866	INFO TECH SPEC DATA MGMT	Butler,Jeffrey	F	13	10	1040	1040	OD - Ofc. of Information Techn
00010762	Information Technology Special	Rowell,John T	F	13	8	1040	1040	OD - Ofc. of Information Techn
00027570	Computer Operator	Moorer,Diane	F	10	10	1040	1040	OD - Ofc. of Information Techn
00035532	Chief Information Technology O	Andrews,Andersen	F	16	0	1040	1040	OD - Ofc. of Information Techn
00071548	Information Technology Special	Heron,Spence	F	12	9	1040	1040	OD - Ofc. of Information Techn
00088437	IT Project Manager	Madhavan,Suja	F	14	10	1040	1040	OD - Ofc. of Information Techn
00088438	IT Project Manager	Coates,Joya L	F	14	10	1040	1040	OD - Ofc. of Information Techn
00091463	IT Specialist (System Analysis	Jackson,Angela L	F	13	6	1040	1040	OD - Ofc. of Information Techn
00092100	IT Specialist (System Analysis	Wu,Xiuyun	F	12	5	1040	1040	OD - Ofc. of Information Techn
00097370	IT Program Manager	Reid,Eva Charlotte	F	15	0	1040	1040	OD - Ofc. of Information Techn
00097405	IT Specialist(Network Services	Johnson,Virgil	F	11	3	2580	2580	OD - Ofc. of Information Techn
00003868	Legislative Affairs Specialist		V	14	0	1090	1090	OD - Ofc. of Legislative Affai
00077560	Supervisory Legislative Affair	Filler,Carl D.	F	14	0	1090	1090	OD - Ofc. of Legislative Affai
00102997	Legislative Affairs Specialist	Lieb,Matteo Alexander	F	13	1	1090	1090	OD - Ofc. of Legislative Affai
00105343	Special Assistant	Dhiman,Gaurav	F	12	6	2580	2580	OD - Ofc. of the Chief of Staf
00042195	Attorney Advisor		V	14	2	1060	1060	OD - Ofc. of the General Couns
00042287	ATTORNEY ADVISOR		V	14	0	1060	1060	OD - Ofc. of the General Couns
00041775	Deputy General Counsel	Wills,Charlene S	F	1	0	1060	1060	OD - Ofc. of the General Couns
00041777	SUPERVISORY ATTORNEY ADVISOR	Husband,Phillip L	F	2	0	1060	1060	OD - Ofc. of the General Couns
00041780	ATTORNEY ADVISOR	Brown,Marie Claire	F	15	10	1060	1060	OD - Ofc. of the General Couns
00041821	Assistant General Counsel	Fenzel,Suzanne M	F	15	7	1060	1060	OD - Ofc. of the General Couns
00075363	ATTORNEY ADVISOR	Gohil,Ajay	F	14	7	1060	1060	OD - Ofc. of the General Couns
00077325	Paralegal Specialist	Black,Angli J	F	12	9	1060	1060	OD - Ofc. of the General Couns
00087516	Assistant General Counsel	Clegg,Olga	F	15	7	1060	1060	OD - Ofc. of the General Couns
00087518	Assistant General Counsel	Johnson,Carmen R	F	15	5	1060	1060	OD - Ofc. of the General Couns
00087519	Assistant General Counsel	Williams,Carla M	F	15	5	1060	1060	OD - Ofc. of the General Couns
00087520	Senior Assistant General Couns	Rich,Edward J	F	15	7	1060	1060	OD - Ofc. of the General Couns
00097673	Attorney Advisor	Szabo,Krisztina Eva	F	13	1	1060	1060	OD - Ofc. of the General Couns

00100709	Assistant General Counsel	Vongjaroenrat,Panravee	F	15	4	1060	1060	OD - Ofc. of the General Couns
00104179	Attorney Advisor	Drozdoski,Joanne C	F	13	1	4200	4200	OD - Ofc. of the General Couns
00101924	Program Support Specialist	Franklin,Darryl Stanley	F	9	6	1030	1030	OD - Office of the Director
00035449	Chief of Staff	Watson,Jacqueline	F	9	0	1090	1090	OD - Office of the Director
00035461	Director Department of Health	Nesbitt,LaQuandra	F	E5	0	1090	1090	OD - Office of the Director
00039847	STAFF ASSISTANT	Akers- Mitchell,Nadine R	F	11	10	1090	1090	OD - Office of the Director
00042328	Motor Vehicle Operator	Warfield,Reginald	F	7	10	1090	1090	OD - Office of the Director
00083168	Special Assistant	Menhinick,Todd P	F	14	9	1090	1090	OD - Office of the Director
00083493	Chief Operating Officer	Fletcher,Keith	F	16	0	1090	1090	OD - Office of the Director
00094881	Executive Assistant	Bethel,Tanya Joy	F	13	4	1090	1090	OD - Office of the Director
00097853	Program Support Assistant	Clarke,Fara M.	F	7	2	1090	1090	OHE - Ofc. of Health Equity
00069766	Administrative Specialist	Johnson,Monique D	F	13	6	7010	7010	OHE - Ofc. of Health Equity
00086217	Senior Deputy Director	Arno,C. Anneta	F	15	0	7010	7010	OHE - Ofc. of Health Equity
00086218	Public Health Analyst	Fearer,Jaime S.	F	13	5	7010	7010	OHE - Ofc. of Health Equity
00102664	Program Support Assistant	Lozano,Andrew	F	7	3	7010	7010	OHE - Ofc. of Health Equity
00086219	Program Manager		V	13	0	7020	7020	OHE - Ofc. of Health Equity
00087258	Public Health Analyst	Vanderpuije,Makeda AA	F	12	6	7020	7020	OHE - Ofc. of Health Equity
00087257	Community Outreach Coordinator		V	11	0	7030	7030	OHE - Ofc. of Health Equity

Posn Nbr	Title	Name	Filled/Vacant	Grade
00100441	Investigator	Eveleth,Ann F.	F	9
00100442	Investigator	Anthony,Eric D.	F	9
00100443	Investigator	Wiggins,Ernest J	F	9
00100444	Investigator	Fleurant,Ismane	F	9
00100445	Investigator	Montgomery,Watashi S	F	9
00100446	Investigator	Miller,Denijah Ladon	F	9
00100447	Investigator	McLean,Alexis J.	F	9
00100448	Investigator	Kea,Amy A	F	9
00100449	Investigator	Hughes,Alisoun H	F	9
00100450	Investigator	Almonte,Angel M.	F	9
00100451	Investigator	Carter,Roxanne L	F	9
00100452	Investigator	Stokes III,Clement A	F	9
00100455	Investigator	Charles,Tia M.	F	9
00100456	Investigator	Henry,Joy A	F	9
00100457	Investigator	Moody,Blair	F	9
00100458	Investigator	Santos,Diana	F	9
00100459	Investigator	Wright,Tonda M.	F	9
00100461	Investigator	Kiel,Robert C.	F	9
00100463	Investigator	Nixon,William J.	F	9
00100464	Investigator	Gillison,Sabrina S.	F	9
00100465	Investigator	Cole,Nia K.E.	F	9
00100466	Investigator	Foshee,Alexander	F	9
00100467	Investigator	Bregman,Alexandra	F	9
00100468	Investigator	Harmon,Keeva	F	9
00100469	Investigator	Garvin,Yolanda C.	F	9
00100470	Investigator	Jarrett,Jamaine A	F	9
00100471	Investigator	Terry,LaTosha E.	F	9
00100472	Investigator	Bascom,James A.B.	F	9
00100475	Investigator	Wilson,Christopher D.	F	9
00100476	Investigator	Arrindell,Janis M	F	9
00100477	Investigator	Jordan,Roy L.	F	9
00100478	Investigator	Bothwell,Pamela I.	F	9
00100481	Investigator	Stroud,Crystal Y.	F	9
00100484	Investigator	Stanciu,Tudor	F	9
00100485	Investigator	Gantz,Stacy M	F	9
00100486	Investigator	Thompson,Iretha	F	9
00100487	Investigator	Chuukwu,Anthony	F	9
00100488	Investigator	Wilson,Nekaiya R.	F	9
00100489	Investigator	Schramm,Sarah H.	F	9
00100490	Investigator	Kranzberg,Francesca	F	9
00100491	Investigator	Evans,Jacolby T.	F	9
00100492	Investigator	Dow,Thomas M.	F	9
00100494	Investigator	Wash,Sheila A.	F	9
00100495	Investigator	Carney,Aimee S.	F	9

00100496	Investigator	Brooks,Ronnie	F	9
00100497	Investigator	Ladson,Jonathan B.	F	9
00100498	Investigator	Cannon,Chauncey	F	9
00100500	Investigator	Burroughs,Natalie R	F	9
00100501	Investigator	Hipolit,John	F	9
00100502	Investigator	Buchanan,Annabel L	F	9
00100504	Investigator	Gorham,Cynthia M.	F	9
00100507	Investigator	Moore,Whitney A	F	9
00100508	Investigator	Moskowitz,Nathan J.	F	9
00100509	Investigator	Stith,Teresa A.	F	9
00100511	Investigator	Zerihun,Tiguist S.	F	9
00100513	Investigator	Benjamin,Judy A.	F	9
00100515	Investigator	Isaacs,Anthea S.	F	9
00100517	Investigator	Harwood,Clare C.	F	9
00100518	Investigator	Manneh,Fatmata Bintu	F	9
00100520	Investigator	Proctor,Erica	F	9
00100521	Investigator	Barros,Marcelo C.	F	9
00100522	Investigator	Watson,Anthony J.	F	9
00100523	Investigator	Nguty Nkeng,Enoh Tanyi	F	9
00100524	Investigator	Heq-m-Ta,Heru S.	F	9
00100525	Investigator	Green,Amos J.	F	9
00100529	Investigator	Clark,Printasia	F	9
00100530	Investigator	Branch,Laura	F	9
00100531	Investigator	Khan,Mohammad	F	9
00100532	Investigator	Pondexter-Moore,Schyla	F	9
00100535	Investigator	De Rose,Mary F.	F	9
00100537	Investigator	Connelly,Saunya Y.	F	9
00100540	Investigator	Scope,Linda D.	F	9
00100541	Investigator	Niles,Michael	F	9
00100546	Investigator	Herdoiza,Mary	F	9
00100550	Investigator	Foster,Katherine A.	F	9
00100555	Program Manager	McInerney,Mark	F	15
00100561	Program Manager	Shrader,Elizabeth A	F	14
00100564	Program Manager	Asirifi,Elisabeth	F	14
00100567	Program Manager	McNair,Loreen	F	14
00100568	Lead Investigator	Molineaux,Nyah L.	F	12
00100569	Lead Investigator	Coffey,Tamika	F	12
00100570	Lead Investigator	Walker,Laura M.	F	12
00100571	Lead Investigator	Porter,Blanchita P.	F	12
00100572	Lead Investigator	Mbagaya,Vienna	F	12
00100573	Lead Investigator	Thomas,Cecilia E	F	12
00100578	Investigator	Pratt,Shayla	F	9
00100582	Investigator	Wright,Lisa D.	F	9
00100583	Investigator	Gregory,Mckenzie M.	F	9
00100584	Investigator	Tomlinson,Mosi	F	9

00100585	Investigator	Keen,Ashley	F	9
00100586	Investigator	Smith-Johnson,Charline	F	9
00100588	Investigator	Hightower,Girlie	F	9
00100590	Investigator	Batts,Zaneta M.	F	9
00100596	Investigator	Silverman,Emma	F	9
00100597	Investigator	Zawadi,Kaia	F	9
00100598	Investigator	Perkins,Melvine C.	F	9
00100599	Investigator	Green,Joseph I.	F	9
00100600	Investigator	McCoy,Aspen	F	9
00100603	Investigator	Ross,Robert R.	F	9
00100604	Investigator	Abraham,Lidia D.	F	9
00100605	Investigator	Gonzalez,Ana C	F	9
00100607	Investigator	Smith-Johnson,Lori	F	9
00100609	Investigator	Johnson,Lisa A.	F	9
00100611	Investigator	Muhammad,Francine	F	9
00100615	Lead Investigator	Eggers,Amanda	F	12
00100616	Lead Investigator	Cooper,Ricardo L	F	12
00100618	Lead Investigator	Alexander,Jennell M.	F	12
00100619	Lead Investigator	Neubert,Joseph S	F	12
00100620	Lead Investigator	Buriti,Tarcisio	F	12
00100621	Lead Investigator	Bell,Geoffrey P.L.	F	12
00100622	Lead Investigator	Quirarte,Adriana	F	12
00100623	Lead Investigator	Reyes,Andrew	F	12
00100625	Lead Investigator	Comstock-Green,Tara	F	12
00100626	Lead Investigator	Langlois,Nicholas C.	F	12
00100627	Lead Investigator	Masarik III,John F	F	12
00100628	Lead Investigator	Walker,Clinton W.	F	12
00100631	Lead Investigator	Chapman,Danielle	F	12
00100632	Lead Investigator	Gee,Clarice	F	12
00100633	Lead Investigator	Smith,Tamara L.	F	12
00100634	Lead Investigator	Korrick,Wendy L	F	12
00100635	Lead Investigator	Storey,Mark	F	12
00100636	Lead Investigator	Ruslander,Angela L.	F	12
00100637	Lead Investigator	Carey,Anna	F	12
00100638	Lead Investigator	Moore,Brooke A.	F	12
00100639	Lead Investigator	Shaw,Marcus	F	12
00100640	Lead Investigator	Oconnor,Thomas E.	F	12
00100644	Lead Investigator	Silas,Ubong	F	12
00100646	Lead Investigator	Diallo,Mouminatou	F	12
00100647	Lead Investigator	Young,Bernice B.	F	12
00100651	Investigator	Rust,Cheryl F.	F	9
00100652	Investigator	Badgett,Chiquita N.	F	9
00102118	Investigator	Aegis,Kathryn	F	9
00102123	Investigator	Scruggs,Christopher A.	F	9
00102127	Investigator	Campbell,Brian	F	9

00102134	Investigator	Anderson,Daymon	F	9
00102143	Investigator	Hackett,Jamie A.	F	9
00102149	Investigator	Anthony,Jason	F	9
00102150	Investigator	Neverson,Cindy	F	9
00102163	Lead Investigator	Godley,Jourdian	F	12
00102164	Lead Investigator	LaRose,Lucas A.	F	12
00102169	Lead Investigator	Bauer,Adrienne M.	F	12
00102171	Lead Investigator	Hill,Terrell	F	12
00102172	Lead Investigator	Thomas,Clarine R	F	12
00102173	Lead Investigator	Braswell,Martin A.	F	12
00102180	Lead Investigator	Fitzjohn,Kwame Henry	F	12
00102185	Lead Investigator	Haase-Webb,Satu	F	12
00102186	Lead Investigator	Mills,Stacy C	F	12
00102188	Lead Investigator	Seuser,Steven M.	F	12
00102197	Program Manager	Jenson,Jennifer	F	14
00102202	Program Manager	Lewis II,Michael C	F	14
00102215	Lead Investigator	Alexander,Tamela	F	12
00102223	Investigator	Furr,Richard	F	9
00102229	Investigator	Cooper,John	F	9
00102232	Investigator	Fenwick,Quneitra M	F	9
00102233	Investigator	Gorman,Jonathan	F	9
00102239	Investigator	Owens,Rebecca	F	9
00102241	Investigator	Perry,Carole	F	9
00102242	Investigator	Peterbark,Martina N	F	9
00102246	Investigator	WITHERSPOON,HOPE S	F	9
00102249	Investigator	Palmer,Randall	F	9
00102255	Investigator	Snider,Natalee	F	9
00102258	Investigator	Wright,Robert	F	9
00102274	Investigator	Dale,Paradise M	F	9
00102281	Investigator	Ferruggiaro,John E.	F	9
00102432	Investigator	Lee,Phillip Randolph	F	9
00102436	Investigator	Castrejon Jimenez,Mariana	F	9
00102439	Investigator	Brock,Hawanya	F	9
00102440	Investigator	Franklin,Whitney S	F	9
00102442	Investigator	Brooking,Jazmyne E	F	9
00102447	Investigator	DuMont,Erik	F	9
00102570	Program Manager	Brady,Christopher	F	15
00102681	Program Manager	Koeppel,Leah R.	F	14
00102803	Program Manager	Smith III,Christerfer B.	F	14
00102813	Program Manager	Tenze,Rodrigo	F	14
00102814	Program Manager	Coker,Darryl L	F	14
00102930	Program Manager	Gonzalez,Santiago	F	15
00102931	Program Manager	Brown,Desiree T	F	15
00102986	Program Manager	Ray,Jacqueline M	F	14
00102987	Program Manager	Brown,Dawn	F	14

00103072	Epidemiologist	Ekwomadu,Uche	F	12
00103073	Epidemiologist	Johnson,Candace	F	12
00103074	Epidemiologist	Lee,Michelle	F	12
00103075	Epidemiologist	Rajamohan,Saumya	F	12
00103076	Epidemiologist	Rowse,Julia	F	12
00103077	Epidemiologist	Zell,Renee Elizabeth	F	12
00103078	Epidemiologist	Hampton-Mitchell,Cherra	F	12
00103080	Epidemiologist	Yohannes,Abraham G.	F	12
00103081	Epidemiologist	Ayuk-Takor,Leslie	F	12
00103082	Epidemiologist	Eteme,Patrick	F	12
00103092	Disease Investigator	Shapiro,Brandon	F	11
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00100512	Investigator		V	9
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00102454	Investigator		V	9
00102571	Investigator		V	9
00102988	Program Manager		V	14
00103079	Epidemiologist		V	12
00103091	Disease Investigator		V	11

Note: as of January 12, 2022

Step	Prgm Code	Activity	Department Name
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Posn Nbr	Title	Name	Filled/Vacant	Grade	Step	Prgm Code	Activity
00040191	SPECIAL ASST	Millhouse,Delores C	F	15	7	110F	110F
00040191	SPECIAL ASST	Millhouse,Delores C	F	15	7	110F	110F
00023888	Grants Program Manager	Carter,Eunice J.	F	13	1	130F	130F
00014424	CLERICAL ASSISTANT		V	7	5	110F	110F
00020653	SENIOR BUDGET ANALYST		V	13	1	110F	110F
00001381	AGENCY FISCAL OFFICER	Deane,Adreana	F	16	5	110F	110F
00003749	BUDGET ANALYST	Carter,Earline	F	12	5	110F	110F
00005461	BUDGET ANALYST	Grant,Jacqueline	F	12	10	110F	110F
00036262	Budget Director	Robinson,Stephanie	F	16	1	110F	110F
00037982	BUDGET ANALYST	Gaillard,Wayne	F	12	6	110F	110F
00009404	Accounts Payable Technician		V	8	1	120F	120F
00009934	Accountant		V	12	0	120F	120F
00033840	Accounts Payable Technician		V	8	1	120F	120F
00002377	Accounts Payable Technician	Anderson,Devon	F	8	10	120F	120F
00004592	Accounts Payable Manager	Teneza,Alexander	F	12	6	120F	120F
00007031	SENIOR ACCOUNTANT	Girma Mengistu,Lea	F	13	4	120F	120F
00007673	ACCOUNTANT	Durant,Allistair N	F	11	7	120F	120F
00009291	Accounting Officer	McCoy,Elena	F	14	4	120F	120F
00026405	ACCOUNTS PAYABLE TECH	Townsend,Patricia	F	9	10	120F	120F
00035934	ACCOUNTANT	Alemu,Hailemariam T	F	12	6	120F	120F
00036346	ACCOUNTANT	Ijomoh,Fidelis	F	12	10	120F	120F
00035878	ACCOUNTANT	Ng,Kin Mei Leong	F	12	8	130F	130F
00036673	STAFF ASSISTANT	Acevedo,Milena	F	11	8	140F	140F
00037390	BUDGET OFFICER	Reid,Adran L	F	14	10	140F	140F
00015436	PAYROLL TECH	Sewell,Candice N	F	9	10	130F	130F

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Vacancies	166	181	190	191	197	214	263	334	340	345	368	372	390	381	381	372
AMP	12	10	10	8	8	9	9	10	10	15	16	15	15	14	11	9
CHA	33	35	36	36	36	35	33	31	31	31	34	36	43	41	39	40
CPPE	50	67	74	77	91	105	160	232	244	246	249	260	253	242	243	243
HAHSTA	26	25	25	23	19	23	23	24	24	23	23	24	31	36	34	36
HEPRA	6	11	12	12	13	13	13	12	11	10	11	11	11	11	11	8
HRLA	37	32	32	34	29	28	24	24	19	19	26	25	36	36	34	34
OHE	2	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2

Admin	Grant Name	Fund	Grant Type Federal Private	CFDA # (Federal)	Grant Number	Grant Phase	Grant Budget Begin Date	Grant Budget End Date	Total Grant Award Amount	Obligations
CHA	DC PUBLIC HEALTH PREVENTION	8200	Federal	93.426	91DCPH	19	6/30/19	6/29/20	2,259,835.00	1,486,590.49
CHA	DISTRICT OF COLUMBIA HEALTHY START	8200	Federal	93.926	9XPSHP	19	4/1/19	3/31/21	1,070,000.00	894,722.98
CHA	FARMERS MARKET PROGRAM	8200	Federal	10.572	11PSFM	21	10/1/20	9/30/21	283,121.00	116,954.27
CHA	HOMEVISITING GRANT PROGRAM	8200	Federal	93.870	02HVIS	20	9/30/19	9/29/21	1,678,267.00	1,378,883.19
CHA	PRIMARY CARE OFFICES	8200	Federal	93.130	01SHPC	20	4/1/20	3/31/21	166,896.00	147,403.99
CHA	RAPE PREVENTION WARD 7 - 8	8231	Federal	93.136	01CHRP	20	2/1/20	5/31/21	7,299.00	-
CHA	SENIOR FARMERS MARKET NUTRITION PROGRAM	8200	Federal	10.576	11PSSM	21	10/1/20	9/30/21	204,891.00	170,705.00

Admin	Grant Name	Fund	Grant Type Federal Private	CFDA # (Federal)	Grant Number	Grant Phase	Grant Budget Begin Date	Grant Budget End Date	Total Grant Award Amount	Obligations
CHA	UNIVERSAL NEWBORN HEARING SCREENING	8200	Federal	93.251	01NHMC	20	4/1/20	3/31/21	235,000.00	153,032.54
CPPE	IMPLEMENTING FIREARM INJURY SURVEILLANCE	8200	Federal	93.136	01IFIS	20	9/1/20	8/31/21	220,025.00	56,347.46
CPPE	VITAL STATISTICS COOPERATIVE PGM	8200	Federal	93.006	11SHVS	21	10/1/20	9/30/21	1,719,080.00	662,598.57
CPPE	OVERDOSE DATA & ACTION GRANT	8200	Federal	93.136	91ODAG	19	9/1/19	8/31/21	5,926,602.00	4,610,897.07
HAHSTA	ADULT VIRAL HEPATITIS PREV. CO-ORD.	8200	Federal	93.270	01VVHA	20	11/1/19	4/30/21	502,876.00	219,942.38
HAHSTA	COVID 19 RYAN WHITE PART A	8231	Federal	93.914	01CVDA	20	4/1/20	3/31/21	966,494.00	769,932.33
HAHSTA	ENDING THE HIV EPIDEMIC	8200	Federal	93.686	01EHIV	20	3/1/20	2/28/21	1,469,597.00	301,663.99
HAHSTA	HIV EMERGENCY RELIEF	8200	Federal	93.914	01HAER	20	3/1/20	2/28/21	32,242,116.00	28,984,471.41

Admin	Grant Name	Fund	Grant Type Federal Private	CFDA # (Federal)	Grant Number	Grant Phase	Grant Budget Begin Date	Grant Budget End Date	Total Grant Award Amount	Obligations
HAHSTA	PERSONAL RESPONSIBILITY EDUCATION PROG	8200	Federal	93.092	93HPRE	19	10/1/18	9/30/21	250,000.00	241,991.00
HAHSTA	RYAN WHITE CARE ACT TITLE II	8200	Federal	93.917	01HATT	20	4/1/20	3/31/21	16,897,417.00	14,827,419.97
HAHSTA	RYAN WHITE PART B SUPPLEMENTAL	8200	Federal	93.917	01HATS	20	9/30/20	9/29/21	2,180,234.00	1,082,015.48
HAHSTA	STRATEGIC PLANNING PARTNERSHIP END HIV	8200	Federal	93.118	91SPPH	19	9/30/19	12/29/20	375,000.00	296,916.21

Admin	Grant Name	Fund	Grant Type Federal Private	CFDA # (Federal)	Grant Number	Grant Phase	Grant Budget Begin Date	Grant Budget End Date	Total Grant Award Amount	Obligations
HAHSTA	VIOLENCE AGAINST WOMEN ACT	8200	Federal	14.241	73HVAW	17	10/1/16	9/30/21	1,297,250.00	981,627.43
HAHSTA	PREV AND HEALTH PROMO ADMIN	8400	Private	06	11PHPA	21	1/15/21	3/31/21	89,968.28	37,869.27
HRLA	HEALTH INSURANCE - TITLE 18	8200	Federal	93.777	11SHIH	21	10/1/20	9/30/21	841,674.00	754,994.00
										58,176,979.03
									FY 21	**Award Totals**
									FY 21	**Lapse Amount**
										Lapse %

Grant Lapse (Grant Award less Total Obligations)	Lapse %	Explanation of Lapse	Carry-Over (YES/NO)
773,244.51	34%	No lapse projected because the funds are under CDC expanded authority. DC Health is awaiting an OCFO budget modification to have funds authorized for FY 22 spending.	YES
175,277.02	16%	Vacant positions resulted in PS cost savings.	NO
166,166.73	59%	There was a reduction in service utilization due to COVID-19. This is consistent with national trends for foot traffic and sales at farmer's markets.	NO
299,383.81	18%	There was underspending by grantee conducting evaluation of the PAT and HFA home visiting models.	NO
19,492.01	12%	Vacant management position resulted in PS cost savings.	Carryover requested but not yet approved.
7,299.00	100%	The funds were not journaled in time for assignment to allowable charges paid out of local	NO
34,186.00	17%	There was a reduction in service utilization due to COVID-19. This is consistent with	NO

Grant Lapse (Grant Award less Total Obligations)	Lapse %	Explanation of Lapse	Carry-Over (YES/NO)
81,967.46	35%	There was underspending by the contractor; specifically, the contractor did not meet the required 25% of funding to be	NO
163,677.54	74%	Vacant positions resulted in PS cost savings. Also there were delays in IT project start-up and	
1,056,481.43	61%	This is a reimbursable contract that it set-up as a grant in our system. Unspent	
1,315,704.93	22%	Vacant positions resulted in PS cost savings.	YES
282,933.62	56%	Vacancies and delays in hiring resulted in PS cost savings, specifically for seven peer educators and an epidemiologist.	NO
196,561.67	20%	Subgrantee underspending is due to HRSA's restrictions on eligibility criteria and allowable use of	NO
1,167,933.01	79%	There was subgrantee underspending and contracts that were finalized late in the	YES
3,257,644.59	10%	Subgrantee underspending due to COVID related underutilization of services	YES

Grant Lapse (Grant Award less Total Obligations)	Lapse %	Explanation of Lapse	Carry-Over (YES/NO)
8,009.00	3%	There was a delay in procuring a contractor to provide SAR training.	NO
2,069,997.03	12%	Underspending was due to application of rebate funds.	NO
1,098,218.52	50%	These emergency housing, utility funds for persons living with HIV/AIDS can only be used as a payor of last resort. Due to the STAY DC program and extended moratorium on eviction, funds remained unable to be spent or needed.	NO
78,083.79	21%	IDCR of $69,395.61 was not deducted from grant amount.. Remaining difference was due to underspending by vendors.	

Grant Lapse (Grant Award less Total Obligations)	Lapse %	Explanation of Lapse	Carry-Over (YES/NO)
315,622.57	24%	Late receipt and budget authority for the federal Notice of Award created an initial delay in the project. Eligibility criteria were so specific that it limited access to individuals that could benefit from these services, reducing spending. There were PS cost savings due to vacancies turnover rate of these highly specialized positions for this service area. Organizational partners decided after the initial start of the grant to no longer be available to participate. This is consistent with the national trend for states with VAWA funding.	NO
52,099.01	58%	OGM Note: NO EXPLANATION PROVIDED	NO
86,680.00	10%	Some of the charges hitting this grant had to be moved to HRLA's local funding to do the Infectious Control surveys that the Health Care Facilities Division conducted in FY21.	
12,706,663.25			

70,883,642.28	
12,706,663.25	
18%	

DOH Unit	EGMS Grant ID	Grantee Name	NOGA Purpose	Funding Source	FY21 Status: New/Cont	Project Period Start Date	Project Period End Date	Total Awarded Amount	PO Number	Approved FY21 Budget Authority	Expenditures	Number of People Targeted	Number of People Served	Performance Rating	Corrective Action/ Technical Assistance (Y/N)	Project Officer	Grant Monitor
CHA	CHA2016-000025-018	Breathe DC, Inc.	Maternal and Child Health Services Block Grant	Federal	Cont	12/1/15	12/31/20	$1,572,214.96	PO635039	$72,009.99	$72,000.96	225	263	Satisfactory	CA=NO TA=YES	Jasmine Bihm	Annis Bishop-Watson
CHA	CHA2016-000026-002	Children's National Medical Center	Maternal and Child Health Services Block Grant	Federal	Cont	12/1/15	12/31/20	$1,767,458.55	PO635033	$88,057.10	$79,417.62	480	624	Satisfactory	CA=NO TA=YES	Jasmine Bihm	Annis Bishop-Watson
CHA	CHA2016-000034-014	Georgetown University	Maternal, Infant, and Early Childhood Home Visiting Program	Federal	Cont	2/15/15	9/30/22	$2,908,887.92	PO637040	$167,798.00	$73,286.27	N/A	N/A	Satisfactory	CA=NO TA=YES	Ashley Lane	Brenda Anderson
CHA	CHA2016-000038-015	District of Columbia Breastfeeding Coalition	Title V Maternal and Child Health Block Grant	Federal & Local	Cont	12/1/15	12/31/20	$2,825,364.74	PO637253	$632,354.07	$47,710.71	4000	6465	Satisfactory	CA=NO TA=YES	Jasmine Bihm	Annis Bishop-Watson
CHA	CHA2016-000040-004	Wendt Center for Loss and Healing	Maternal and Child Health Services Block Grant to States Program	Federal	Cont	2/1/16	12/31/20	$1,676,046.00	PO634170	$101,046.00	$85,966.00	315	549	Satisfactory	CA=NO TA=YES	Jasmine Bihm	Annis Bishop-Watson
CHA	CHA2016-000041-020	Howard University	The Spec. Supp Nutrition Program for Women, Infant and Children	Federal	Cont	1/1/16	9/30/21	$3,675,581.00	PO636627-V2	$661,500.00	$448,803.31	2000	1757	Satisfactory	CA=NO TA=YES	Emily Woody	Tiffanie Williams
CHA	CHA2016-000042-017	Mary's Center for Maternal and Child Health	WIC Local Agencies	Federal	Cont	1/1/16	9/30/21	$4,544,748.76	PO634173-V2	$917,500.00	$840,885.06	3400	4139	Satisfactory	CA=NO TA=YES	Emily Woody	Tiffanie Williams
CHA	CHA2016-000043-019	Unity Health Care, Inc.	WIC	Federal	Cont	9/1/15	9/30/21	$6,883,088.58	PO634189-V2	$1,271,171.66	$1,236,187.43	4700	4862	Satisfactory	CA=NO TA=YES	Emily Woody	Tiffanie Williams
CHA	CHA2016-000048-016	Mary's Center for Maternal and Child Health	Maternal, Infant, and Early Childhood Home Visiting Program	Federal	Cont	10/1/15	9/30/21	$6,438,732.16	PO635019-V3	$1,222,454.00	$1,175,259.83	80	114	Satisfactory	CA=NO TA=YES	Ashley Lane	Brenda Anderson
CHA	CHA2016-000049-019	Mary's Center for Maternal and Child Health	Maternal, Infant, and Early Childhood Home Visiting Program	Federal	Cont	10/1/15	9/30/21	$1,388,556.67	PO635048-v2	$691,144.00	$632,089.25	90	71	Satisfactory	CA=NO TA=YES	Ashley Lane	Brenda Anderson
CHA	CHA2016-000052-008	La Clinica del Pueblo	Maternal and Child Health Services Block Grant to States Program	Federal	Cont	12/1/15	12/31/20	$1,591,419.00	PO635021	$16,419.00	$3,182.78	230	273	Satisfactory	CA=NO TA=YES	Jasmine Bihm	Annis Bishop-Watson
CHA	CHA2016-000053-020	Martha's Table, Inc.	Healthful Food Access Initiatives	Local	Cont	3/7/16	9/30/21	$7,799,462.64	PO634182	$1,500,934.00	$1,178,638.47	7500	7020	Satisfactory	CA=NO TA=NO	Joann Jolly	Janet Robinson
CHA	CHA2016-000058-022	Children's National Medical Center	WIC	Federal	Cont	1/1/16	9/30/21	$5,086,537.14	PO634167-V2	$906,999.84	$718,784.38	2750	3233	Satisfactory	CA=NO TA=YES	Emily Woody	Tiffanie Williams
CHA	CHA2016-000062-008	The National Capitol Poison Center	Poison Control Preventative Health	Local	Cont	3/14/16	9/30/21	$2,294,300.00	PO632940	$400,000.00	$400,000.00	9000	8500	Satisfactory	CA=NO TA=YES	LaVerne Jones	Janet Robinson
CHA	CHA2016-000066-012	Crittenton Services of Greater Washington	School Health	Local	Cont	3/14/16	9/30/21	$4,339,000.00	PO634165-V2	$948,000.00	$948,000.00	208	208	Satisfactory	CA=NO TA=YES	Tecia Sellers	Brenda Anderson
CHA	CHA2016-000068-010	Sasha Bruce Youthworks, Inc.	Teen Pregnancy Prevention	Local	Cont	3/21/16	12/31/20	$1,623,421.69	PO634175	$78,000.67	$69,853.34	300	170	Satisfactory	CA=NO TA=YES	Tecia Sellers	Brenda Anderson
CHA	CHA2016-000069-025	DC Greens	Nutrition Incentive Program: Produce Plus	Local	Cont	1/18/16	9/30/21	$7,293,818.37	PO635022	$1,150,000.00	$1,149,997.93	4000	3719	Satisfactory	CA=NO TA=YES	Joann Jolly	Janet Robinson
CHA	CHA2016-000082-011	DIST OF COLUMBIA PRIMARY CARE ASSOCIATION	DC3C: Primary Care Health Systems Intervention	Federal	Cont	9/26/16	6/29/22	$1,047,184.82	PO634181-V2	$318,000.00	$203,360.56	6,855	4,048	Satisfactory	CA=NO TA=NO	Senkuta Riverson	Janet Robinson
CHA	CHA2016-000082-011	DIST OF COLUMBIA PRIMARY CARE ASSOCIATION	DC3C: Primary Care Health Systems Intervention	Federal	Cont	9/26/16	6/29/22	$1,158,810.82	PO652140	$111,626.00	$0.00	2,573	2,314	Satisfactory	CA=NO TA=YES	Senkuta Riverson	Janet Robinson
CHA	CHA2016-000085-012	MedStar Health	School-based Health Center Operations	Local	Cont	8/15/16	3/31/21	$3,013,736.71	PO634183-V2	$313,849.71	$313,083.25	1733	982	Satisfactory	CA=NO TA=YES	Francina Boykin	Patricia Greenaway
CHA	CHA2016-000086-010	Children's National Medical Center	School-based Health Center Operations	Local	Cont	8/15/16	4/30/21	$4,279,390.96	PO634188-V3	$360,712.59	$333,113.49	1940	459	Satisfactory	CA=NO TA=YES	Francina Boykin	Patricia Greenaway
CHA	CHA2016-000087-008	Unity Health Care, Inc.	School Based Health Centers Program	Local	Cont	8/15/16	3/31/21	$3,004,640.00	PO634174-V2	$314,000.00	$293,777.89	1070	1271	Satisfactory	CA=NO TA=YES	Francina Boykin	Patricia Greenaway
CHA	CHA2017-000002-012	Children's School Services	School Health Services Program	Local	Cont	10/1/17	10/31/21	$94,794,306.10	PO635999-V5	$22,617,202.86	$19,329,602.19	80,000	80,000	Satisfactory	CA=NO TA=YES	Jessica Arter	Patricia Greenaway
CHA	CHA2017-000009-011	DC Central Kitchen	Healthy Food Access Initiatives	Local	Cont	11/1/16	9/30/21	$1,985,000.00	PO635024-V2	$510,000.00	$510,000.00	10000	9508	Satisfactory	CA=NO TA=NO	Joann Jolly	Vivian Walker
CHA	CHA2017-000010-012	FOOD & FRIENDS, INC.	Healthy Food Access Initiatives	Local	Cont	11/1/16	9/30/21	$3,820,000.00	PO632919	$820,000.00	$820,000.00	355	389	Satisfactory	CA=NO TA=NO	Joann Jolly	Vivian Walker
CHA	CHA2017-000011-012	BETA OMEGA SOCIAL SERVICES INC	RPEP Education Expantion	Federal	Cont	3/1/17	1/31/24	$202,452.31	PO636024-V3	$49,500.00	$18,537.20	150	178	Satisfactory	CA=NO TA=NO	Jaida Carter	Vivian Walker
CHA	CHA2017-000011-013	BETA OMEGA SOCIAL SERVICES INC	RPEP Education Expantion	Federal	Cont	3/1/17	1/31/24	$251,952.31	PO640965	$49,500.00	$33,000.00	150	109	Satisfactory	CA=NO TA=NO	Jaida Carter	Vivian Walker
CHA	CHA2017-000012-009	DIST OF COLUMBIA PRIMARY CARE ASSOCIATION	Health System QI	Federal	Cont	10/1/16	6/29/23	$725,728.00	PO636015	$125,000.00	$73,629.46	127,500	170,058	Satisfactory	CA=NO TA=YES	Riana Buford	Patricia Greenaway
CHA	CHA2017-000012-010	DIST OF COLUMBIA PRIMARY CARE ASSOCIATION	Health System QI	Federal	Cont	10/1/16	6/29/23	$850,728.00	PO646319	$125,000.00	$12,515.75	127,500	170,058	Satisfactory	CA=NO TA=YES	Riana Buford	Patricia Greenaway
CHA	CHA2017-000018-002	The Young Women's Project	Teen Pregnancy Program	Local	Cont	7/17/17	12/31/20	$603,694.47	PO636006	$75,799.35	$75,799.35	75	88	Satisfactory	CA=NO TA=NO	Tecia Sellers	Janet Robinson

DOH Unit	EGMS Grant ID	Grantee Name	NOGA Purpose	Funding Source	FY21 Status: New/Cont	Project Period Start Date	Project Period End Date	Total Awarded Amount	PO Number	Approved FY21 Budget Authority	Expenditures	Number of People Targeted	Number of People Served	Performance Rating	Corrective Action/ Technical Assistance (Y/N)	Project Officer	Grant Monitor
CHA	CHA2017-000019-007	Big Brothers Big Sisters of the National Capital Area	Building Positive Futures+ Teen Pregnancy Prevention Program	Local	Cont	7/17/17	12/31/20	$1,419,671.73	PO631576	$100,000.01	$100,000.01	40	14	Satisfactory	CA=NO TA=NO	Tecia Sellers	Linda Douglas
CHA	CHA2017-000020-005	Healthy Babies Project Inc.	Teen Pregnancy Program	Local	Cont	7/17/17	12/31/20	$943,591.28	PO632396	$63,712.00	$63,711.98	150	114	Satisfactory	CA=NO TA=NO	Tecia Sellers	Linda Douglas
CHA	CHA2017-000021-007	Urban Institute	Teen Pregnancy Program	Local	Cont	7/17/17	12/31/20	$614,805.94	PO632917	$40,162.94	$28,264.94	90	32	Satisfactory	CA=NO TA=NO	Tecia Sellers	Linda Douglas
CHA	CHA2017-000024-006	CHILDREN'S NATIONAL MEDICAL CENTER	Improving Pediatric Asthma Outcomes	Federal	Cont	8/1/17	9/30/21	$574,493.90	PO632928-V2	$205,499.41	$194,789.97	15000	16100	Satisfactory	CA=NO TA=YES	LaVerne Jones	Janet Robinson
CHA	CHA2017-000027-012	BREATHE DC	Improving Pediatric Asthma Outcomes	Federal	Cont	8/1/17	9/30/21	$393,250.00	PO632512	$72,000.00	$72,000.00	500	248	Satisfactory	CA=NO TA=YES	LaVerne Jones	Janet Robinson
CHA	CHA2017-000029-006	CHILDREN'S NATIONAL MEDICAL CENTER	Teen Pregnancy Program	Local	Cont	7/17/17	12/31/20	$1,013,933.11	PO634178	$68,980.27	$63,999.50	2000	48	Satisfactory	CA=NO TA=NO	Tecia Sellers	Janet Robinson
CHA	CHA2017-000034-009	Smart from the Start, Inc	Early Childhood Place Based Initiative	Local	Cont	10/1/17	9/30/22	$1,444,840.00	PO635038	$411,210.00	$411,210.00	N/A	423 (families)	Satisfactory	CA=NO TA=NO	Jasmine Davis	Lisa Thompson
CHA	CHA2018-000002-008	Every Child By Two	DC Immunization Coalition Funding	Federal	Cont	1/1/18	6/30/21	$327,078.12	PO634177	$65,000.00	$62,967.17	N/A - Outreach to Coalition Members	N/A - Outreach to Coalition Members	Satisfactory	CA=NO TA=YES	Jacquelyn Campbell	Annis Bishop-Watson
CHA	CHA2018-000005-012	Capital Area Food Bank	Senior Nutrition	Federal & Local	Cont	10/1/17	9/30/22	$3,439,832.49	PO635020-V3	$861,380.51	$858,956.51	5411	5107	Satisfactory	CA=NO TA=NO	Joann Jolly	Lisa Thompson
CHA	CHA2019-000009-005	MedStar Research Health Institute	Pre-term Birth Reduction Pilot	Local	Cont	4/1/19	9/30/22	$1,068,749.00	PO637803-V3	$262,239.00	$197,056.04	75	170	Satisfactory	CA=NO TA=YES	Simileoluwa Ekundayo	Patricia Greenaway
CHA	CHA2019-000012-005	American University	Multi-Component Obesity Prevention in Targeted Settings	Federal & Local	Cont	4/1/19	9/30/22	$309,119.00	PO634166-V2	$110,000.00	$94,973.08	1300	980	Satisfactory	CA=NO TA=YES	LaVerne Jones	Lisa Thompson
CHA	CHA2019-000013-003	GEORGETOWN UNIVERSITY, THE	Perinatal Health Needs Assessment	Local	Cont	3/1/19	12/31/20	$328,220.41	PO634180	$28,220.84	$0.00	N/A - Needs Assessment	N/A - Needs Assessmen t	Satisfactory	CA=NO TA=YES	Rosemary Taing	Annis Bishop-Watson
CHA	CHA2019-000017-006	GEORGETOWN UNIVERSITY, THE	Home Visiting Services	Local	Cont	4/1/19	9/30/22	$920,381.88	PO634176	$357,019.88	$303,813.23	40	21	Satisfactory	CA=NO TA=YES	Sena Doe	Brenda Anderson
CHA	CHA2019-000018-007	La Clinica del Pueblo	Multi-Component Obesity Prevention in Targeted Settings	Federal & Local	Cont	4/1/19	9/30/22	$530,143.82	PO634172-V3	$320,143.82	$160,815.35	5230	5125	Satisfactory	CA=NO TA=YES	LaVerne Jones	Lisa Thompson
CHA	CHA2019-000020-004	COMMUNITY OF HOPE, INC.	Home Visiting Services	Local	Cont	4/1/19	9/30/22	$873,022.00	PO635032	$355,000.00	$336,885.88	60	42	Satisfactory	CA=NO TA=YES	Sena Doe	Brenda Anderson
CHA	CHA2019-000021-010	YMCA of Metropolitan Washington	Multi-Component Obesity Prevention in Targeted Settings	Federal & Local	Cont	4/1/19	9/30/22	$354,214.91	PO632893	$129,663.05	$129,232.70	625	480	Satisfactory	CA=NO TA=YES	LaVerne Jones	Lisa Thompson
CHA	CHA2019-000022-003	HOWARD UNIVERSITY, THE	Pre-term Birth Reduction Pilot	Local	Cont	5/1/19	9/30/22	$1,005,589.83	PO634185-V3	$200,016.63	$126,263.50	200	0	Unsatisfactory	CA=NO TA=YES	Simileoluwa Ekundayo	Patricia Greenaway
CHA	CHA2019-000025-005	DC Coalition Against Domestic Violence	DC RPE Program	Federal	Cont	10/1/19	9/30/22	$94,500.00	PO636014-V2	$49,500.00	$35,505.91	150	97	Satisfactory	CA=NO TA=NO	Jaida Carter	Vivian Walker
CHA	CHA2019-000026-007	UNITY HEALTH CARE, INC.	Community Dental Health Coordinator Program	Federal & Local	Cont	10/1/19	9/30/22	$170,000.00	PO635517	$80,000.00	$70,290.29	2800	961	Satisfactory	CA=NO TA=YES	Urvi Kalpesh Patel	Lisa Thompson
CHA	CHA2020-000001-005	FRESHFARM Markets, Inc.	DC SNAP-Ed	Federal	Cont	10/1/19	9/30/24	$336,486.78	PO632892-V2	$212,000.00	$212,000.00	2923	669	Satisfactory	CA=NO TA=YES	Danita Banks	Janet Robinson
CHA	CHA2020-000002-003	Friends of the National Arboretum	DC SNAP-Ed	Federal	Cont	10/1/19	9/30/24	$259,957.50	PO632926-V2	$134,997.50	$134,911.53	3500	1208	Satisfactory	CA=NO TA=YES	Joann Jolly	Janet Robinson
CHA	CHA2020-000003-004	YMCA of Metropolitan Washington	DC SNAP-Ed	Federal	Cont	10/1/19	9/30/24	$259,992.35	PO634187-V2	$134,995.95	$132,643.36	3500	2299	Satisfactory	CA=NO TA=YES	Danita Banks	Janet Robinson
CHA	CHA2020-000004-001	Mamatoto Village Inc	Home Visiting Services	Local	Cont	10/1/19	9/30/24	$780,146.50	PO634179	$389,064.50	$138,808.50	300	286	Satisfactory	CA=NO TA=YES	Sena Doe	Brenda Anderson
CHA	CHA2020-000006-004	COMMUNITY OF HOPE, INC.	DC Healthy Start Program	Federal	Cont	1/1/20	9/30/24	$995,412.00	PO633046-V4	$577,412.00	$549,836.56	350	264	Satisfactory	CA=NO TA=YES	Kristal Dail	Brenda Anderson
CHA	CHA2020-000008-006	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	DC Healthy Start Program	Federal & Local	Cont	1/1/20	9/30/24	$1,637,670.40	PO633060-V6	$1,174,729.96	$1,174,729.93	350	213	Satisfactory	CA=NO TA=YES	Kristal Dail	Brenda Anderson
CHA	CHA2020-000009-001	CHILDREN'S NATIONAL MEDICAL CENTER	Healthy Steps Expansion Children's Health Center- Anacostia	Local	Cont	10/1/19	9/30/24	$394,567.75	PO634168	$208,067.75	$208,067.75	350	413	Satisfactory	CA=NO TA=NO	Jasmine Davis	Brenda Anderson
CHA	CHA2020-000010-001	MedStar Research Health Institute	ECIN Early Childhood Place Based Initiative	Local	Cont	10/1/19	9/30/22	$1,078,512.64	PO634169	$543,134.34	$198,599.39	N/A	1688	Satisfactory	CA=NO TA=NO	Jasmine Davis	Brenda Anderson
CHA	CHA2020-000012-003	Elaine Ellis Center of Health	Million Hearts Quality Improvement	Federal	Cont	1/1/20	6/29/23	$340,000.00	PO636025-V3	$295,000.00	$15,038.33	1,000	301	Satisfactory	CA=NO TA=YES	Riana Buford	Brenda Anderson
CHA	CHA2020-000012-005	Elaine Ellis Center of Health	Million Hearts Quality Improvement	Federal	Cont	1/1/20	6/29/23	$635,000.00	PO646665-V2	$295,000.00	$258,463.62	1,000	91	Satisfactory	CA=NO TA=YES	Riana Buford	Brenda Anderson
CHA	CHA2020-000013-002	La Clinica del Pueblo	Quality Improvement for Latinos living with chronic disease	Federal	Cont	1/1/20	6/29/23	$80,000.00	PO632417-V2	$45,000.00	$34,530.72	500	674	Satisfactory	CA=NO TA=YES	Riana Buford	Janet Robinson

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CHA	CHA2020-000013-003	La Clinica del Pueblo	Quality Improvement for Latinos living with chronic disease	Federal	Cont	1/1/20	6/29/23	$125,000.00	PO646936	$45,000.00	$8,867.82	1,000	1,246	Satisfactory	CA=NO TA=YES	Riana Buford	Janet Robinson
CHA	CHA2020-000014-002	BREAD FOR THE CITY, INC.	Million Hearts Quality Improvement	Federal	Cont	1/1/20	6/29/23	$165,390.00	PO634190-V4	$130,390.00	$59,139.86	300	966	Satisfactory	CA=NO TA=YES	Riana Buford	Janet Robinson
CHA	CHA2020-000014-004	BREAD FOR THE CITY, INC.	Million Hearts Quality Improvement	Federal	Cont	1/1/20	6/29/23	$240,390.00	PO646935-V2	$75,000.00	$30,928.57	270	618	Satisfactory	CA=NO TA=YES	Riana Buford	Janet Robinson
CHA	CHA2020-000015-001	GEORGETOWN UNIVERSITY, THE	Million Hearts Quality Improvement	Federal	Cont	1/1/20	6/29/23	$80,000.00	PO634217-V2	$45,000.00	$25,167.38	27,000	99,812	Satisfactory	CA=NO TA=YES	Riana Buford	Lisa Thompson
CHA	CHA2020-000015-004	GEORGETOWN UNIVERSITY, THE	Million Hearts Quality Improvement	Federal	Cont	1/1/20	6/29/23	$124,999.43	PO646934	$44,999.43	$0.00	30,000	109,833	Satisfactory	CA=NO TA=YES	Riana Buford	Lisa Thompson
CHA	CHA2020-000016-001	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	Million Hearts Quality Improvement	Federal	Cont	1/1/20	6/29/23	$79,999.34	PO636026-V3	$44,999.34	$38,903.22	120	87	Satisfactory	CA=NO TA=YES	Riana Buford	Lisa Thompson
CHA	CHA2020-000016-002	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	Million Hearts Quality Improvement	Federal	Cont	1/1/20	6/29/23	$124,994.87	PO646937	$44,995.53	$8,538.42	135	12	Satisfactory	CA=NO TA=YES	Riana Buford	Lisa Thompson
CHA	CHA2020-000017-005	UNITY HEALTH CARE, INC.	Million Hearts Quality Improvement	Federal	Cont	1/1/20	6/29/23	$157,808.89	PO637254-V3	$112,808.89	$102,008.20	1600	12,344	Satisfactory	CA=NO TA=YES	Riana Buford	Lisa Thompson
CHA	CHA2020-000017-006	UNITY HEALTH CARE, INC.	Million Hearts Quality Improvement	Federal	Cont	1/1/20	6/29/23	$202,808.89	PO646667	$45,000.00	$3,614.59	1,600	6,533	Satisfactory	CA=NO TA=YES	Riana Buford	Lisa Thompson
CHA	CHA2020-000018-005	FAMILY AND MEDICAL COUNSELING SERVICE INC	Million Hearts Quality Improvement	Federal & Local	Cont	1/1/20	6/29/23	$311,649.00	PO636027-V3	$276,649.00	$37,338.05	1,000	977	Satisfactory	CA=NO TA=YES	Riana Buford	Vivian Walker
CHA	CHA2020-000018-006	FAMILY AND MEDICAL COUNSELING SERVICE INC	Million Hearts Quality Improvement	Federal & Local	Cont	1/1/20	6/29/23	$588,298.00	PO646669-V2	$276,649.00	$238,672.63	1,000	1,392	Satisfactory	CA=NO TA=YES	Riana Buford	Vivian Walker
CHA	CHA2020-000019-001	HEALING OUR VILLAGE OF DC, INC.	Healing Our Village Diabetes Prevention Program	Federal	Cont	1/1/20	6/29/22	$60,000.00	PO636020	$40,000.00	$32,750.00	60	60	Satisfactory	CA=NO TA=YES	Riana Buford	Lisa Thompson
CHA	CHA2020-000019-002	HEALING OUR VILLAGE OF DC, INC.	Healing Our Village Diabetes Prevention Program	Federal	Cont	1/1/20	6/29/22	$100,000.00	PO652902	$40,000.00	$14,123.00	60	0	Satisfactory	CA=NO TA=YES	Riana Buford	Lisa Thompson
CHA	CHA2020-000020-001	Strategic Management Services, LLC	Hearing Aid Assistance Program	Local	Cont	1/15/20	9/30/21	$445,000.00	PO636624	$250,000.00	$161,418.43	90	15	Satisfactory	CA=NO TA=YES	Frank Valliere	Brenda Anderson
CHA	CHA2020-000022-003	Sorogi, Inc.	Flexcare Pharmacy Diabetes Prevention Program	Federal	Cont	1/1/20	6/29/22	$139,935.00	PO636021-V3	$119,970.00	$116,049.61	50	81	Satisfactory	CA=NO TA=NO	Riana Buford	Lisa Thompson
CHA	CHA2020-000022-004	Sorogi, Inc.	Flexcare Pharmacy Diabetes Prevention Program	Federal	Cont	1/1/20	6/29/22	$274,325.00	PO646317	$134,930.00	$17,896.32	40	60	Satisfactory	CA=NO TA=NO	Riana Buford	Lisa Thompson
CHA	CHA2020-000025-002	DC Chamber of Commerce	DC Works Well	Federal	Cont	3/16/20	6/30/23	$194,998.80	PO646316	$80,000.00	$5,022.04	100	47	Satisfactory	CA=NO TA=YES	Riana Buford	Patricia Greenaway
CHA	CHA2020-000025-003	DC Chamber of Commerce	DC Works Well	Federal	Cont	3/16/20	6/30/23	$114,998.80	PO636018	$79,999.73	$76,911.90	150	165	Satisfactory	CA=NO TA=YES	Riana Buford	Patricia Greenaway
CHA	CHA2020-000026-002	District of Columbia Hospital Association	Perinatal Quality Collaborative	Local	Cont	7/1/20	9/30/24	$438,374.11	PO632891	$337,349.19	$313,374.83	N/A	N/A	Satisfactory	CA=NO TA=YES	Tiffany Gray	Brenda Anderson
CHA	CHA2020-000027-000	GEORGETOWN UNIVERSITY, THE	DC Healthy Start Evaluation	Federal	New	10/1/20	9/30/24	$100,001.00	PO632916	$100,000.05	$29,702.97	N/A Program Evaluation	N/A Program Evaluation	Satisfactory	CA=NO TA=YES	Kristal Dail	Brenda Anderson
CHA	CHA2020-000028-002	UNITY HEALTH CARE, INC.	Healthy Steps	Local	New	10/1/20	9/30/24	$527,390.69	PO633049-V2	$527,390.69	$432,827.34	55	50	Satisfactory	CA=NO TA=YES	Kristal Dail	Brenda Anderson
CHA	CHA2021-000001-003	District of Columbia Forensic Nurse Examiners	DCFNE Sexual Assault Nurse Examiner (SANE) Capacity Building Project	Federal	New	10/1/20	9/30/22	$99,999.00	PO635037-V2	$99,999.00	$93,121.15	940	1979	Satisfactory	CA=NO TA=YES	LaVerne Jones	Janet Robinson
CHA	CHA2021-000002-000	District of Columbia Hospital Association	DC Healthier Hospital Initiative FY 21	Local	New	10/1/20	9/30/22	$49,946.01	PO635040	$49,946.01	$49,945.63	43166	43166	Satisfactory	CA=NO TA=YES	LaVerne Jones	Lisa Thompson
CHA	CHA2021-000003-000	COMMUNITY WELLNESS ALLIANCE LLC	DC Tobacco Free Coalition	Local	New	10/1/20	9/30/22	$49,500.00	PO637038	$49,500.00	$49,500.00	80 organizations	5000	Satisfactory	CA=NO TA=NO	Jazmin Devonish	Vivian Walker
CHA	CHA2021-000004-002	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	First Time Mothers	Local	New	1/1/21	9/30/21	$150,000.00	PO637034	$150,000.00	$148,739.14	12	12	Satisfactory	CA=NO TA=YES	Kristal Dail	Patricia Greenaway
CHA	CHA2021-000005-000	MCH Ventures	DC Health + Mahmee	Local	New	12/1/20	9/30/22	$649,085.00	PO638542	$649,085.00	$648,473.09	10,000	26	Satisfactory	CA=NO TA=YES	Simileoluwa Ekundayo	Janet Robinson
CHA	CHA2021-000006-000	HOWARD UNIVERSITY, THE	Howard University Centers of Excellence	Local	New	12/1/20	9/30/27	$4,199,601.00	PO640527	$4,199,601.00	$0.00	N/A- Building infrastructure and capacity	N/A- Building infrastructure and capacity	Unsatisfactory	CA=NO TA=YES	Shannon Gopaul	Patricia Greenaway
CHA	CHA2021-000007-003	COMMUNITY OF HOPE, INC.	Community of Hope Preterm Birth Reduction/Contact Tracing Primer/COVID19 Activities	Federal & Local	New	3/1/21	9/30/22	$612,526.73	PO640615-V2	$612,526.73	$520,628.79	Preterm - 300 COVID19-7500	Preterm - 575 COVID19 - 8,839	Satisfactory	CA=NO TA=YES	Simileoluwa Ekundayo	Patricia Greenaway

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CHA	CHA2021-000008-002	UNITY HEALTH CARE, INC.	Unity Preterm Birth Reduction/Contact Tracing Primer/COVID19 Activities	Federal & Local	New	3/1/21	9/30/22	$685,376.69	PO640967	$685,376.69	$678,868.93	Preterm - 2046 COVID19-10,000	Preterm - 2269 COVID19 - 14,298	Satisfactory	CA=NO TA=YES	Simileoluwa Ekundayo	Patricia Greenaway
CHA	CHA2021-000009-001	MedStar Research Health Institute	Tobacco Cessation & Lung Screening	Local	New	4/1/21	9/30/22	$149,882.11	PO641946	$149,882.11	$68,475.17	14449	6381	Satisfactory	CA=NO TA=YES	Jazmin Devonish	Janet Robinson
CHA	CHA2021-000010-001	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	School Based Health Centers Program	Local	New	4/1/21	9/30/24	$166,109.00	PO641943	$166,109.00	$38,485.81	566	139	Satisfactory	CA=NO TA=YES	Francina Boykin	Patricia Greenaway
CHA	CHA2021-000011-001	MedStar Research Health Institute	School Based Health Centers Program	Local	New	4/1/21	9/30/24	$395,433.00	PO641529-V2	$395,433.00	$338,674.69	1733	982	Satisfactory	CA=NO TA=YES	Francina Boykin	Patricia Greenaway
CHA	CHA2021-000012-003	UNITY HEALTH CARE, INC.	School Based Health Centers Program	Local	New	4/1/21	9/30/24	$359,123.79	PO641944-V2	$359,123.79	$337,448.61	1070	1271	Satisfactory	CA=NO TA=YES	Francina Boykin	Patricia Greenaway
CHA	CHA2021-000013-000	HOWARD UNIVERSITY, THE	COVID-19 Activities	Federal	New	3/1/21	6/30/24	$236,287.77	PO641989	$236,287.77	$31,838.38	N/A	2698	Satisfactory	CA=NO TA=YES	Frank Valliere	Patricia Greenaway
CHA	CHA2021-000014-000	WHITMAN-WALKER CLINIC, INC.	COVID-19 Activities	Federal	New	3/1/21	6/30/24	$250,000.00	PO641527	$250,000.00	$204,663.42	N/A	5648	Satisfactory	CA=NO TA=YES	Frank Valliere	Patricia Greenaway
CHA	CHA2021-000015-000	HOWARD UNIVERSITY, THE	Tobacco Cessation & Lung Screening	Local	New	10/1/20	9/30/22	$149,893.00	PO642587	$149,893.00	$59,816.30	9634	576	Unsatisfactory	CA=YES TA=YES	Jazmin Devonish	Lisa Thompson
CHA	CHA2021-000016-003	CHILDREN'S NATIONAL MEDICAL CENTER	School Based Health Centers Program	Local	New	4/1/21	9/30/24	$351,560.72	PO641942-V2	$351,560.72	$340,577.36	1940	459	Satisfactory	CA=NO TA=YES	Francina Boykin	Patricia Greenaway
CHA	CHA2021-000017-000	MedStar Health Research Institute	Improving Colorectal Cancer Screening Rates in the District	Federal	New	5/1/21	12/31/23	$18,667.24	PO643580	$18,667.24	$17,028.02	3888	2295	Satisfactory	CA=NO TA=YES	Senkuta Riverson	Janet Robinson
CHA	CHA2021-000018-002	UNITY HEALTH CARE, INC.	Maternal and Child Health Services Block Grant to States Program	Federal	New	6/1/21	9/30/26	$157,739.89	PO643998	$157,739.89	$142,556.59	1100	0	Not rated	CA=NO TA=YES	Simileoluwa Ekundayo	Lisa Thompson
CHA	CHA2021-000019-000	La Clinica del Pueblo	Maternal and Child Health Services Block Grant to States Program	Federal	New	6/1/21	9/30/26	$91,666.00	PO644719	$91,666.00	$90,395.50	329	92	Satisfactory	CA=NO TA=YES	Simileoluwa Ekundayo	Lisa Thompson
CHA	CHA2021-000020-000	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	Maternal and Child Health Services Block Grant to States Program	Federal	New	6/1/21	9/30/26	$38,285.00	PO644365	$38,285.00	$20,017.30	3000	40	Satisfactory	CA=NO TA=YES	Simileoluwa Ekundayo	Lisa Thompson
CHA	CHA2021-000021-003	DC BREASTFEEDING COALITION	Creating a Breastfeeding-Friendly District of Columia	Federal	New	6/1/21	9/30/26	$255,000.00	PO644363-V2	$255,000.00	$251,988.69	150	93	Satisfactory	CA=NO TA=NO	Noni Robinson	Lisa Thompson
CHA	CHA2021-000022-000	CHILDREN'S NATIONAL MEDICAL CENTER	Maternal and Child Health Services Block Grant to States Program	Federal	New	6/1/21	9/30/26	$85,675.51	PO645074	$85,675.51	$69,015.87	1000	79	Satisfactory	CA=NO TA=YES	Tecia Sellers	Janet Robinson
CHA	CHA2021-000023-004	MEN CAN STOP RAPE	Positive Youth Development through WISE and MOST Clubs	Federal	New	6/1/21	9/30/26	$150,000.00	PO644722	$150,000.00	$149,999.99	300	538	Satisfactory	CA=NO TA=YES	Tecia Sellers	Janet Robinson
CHA	CHA2021-000024-000	CHILDREN'S NATIONAL MEDICAL CENTER	Maternal and Child Health Services Block Grant to States Program	Federal	New	6/1/21	9/30/26	$128,807.66	PO644361	$128,807.66	$112,524.12	180	201	Satisfactory	CA=NO TA=YES	Simileoluwa Ekundayo	Lisa Thompson
CHA	CHA2021-000025-002	WILLIAM WENDT CENTER FOR LOSS & HEALING	Maternal and Child Health Services Block Grant to States Program	Federal	New	6/1/21	9/30/26	$102,392.00	PO644366	$102,392.00	$102,391.99	120	111	Satisfactory	CA=NO TA=YES	Tecia Sellers	Janet Robinson
CHA	CHA2021-000026-00	Healthy Babies Project Inc.	Maternal and Child Health Services Block Grant to States Program	Federal	New	6/1/21	9/30/26	$99,969.33	PO644364	$99,969.33	$95,698.20	40	133	Satisfactory	CA=NO TA=YES	Tecia Sellers	Janet Robinson
CHA	CHA2021-000027-000	Projections Consulting Inc	Comprehensive Cancer Control Coalition	Federal	New	7/1/21	5/31/22	$40,000.00	PO645429	$40,000.00	$8,000.00	N/A	N/A	Satisfactory	CA=NO TA=YES	Tesha Coleman	Vivian Walker
CHA	CHA2021-000028-000	American University	THIS-WIC Telehealth Project	Federal	New	8/1/21	12/31/23	$95,739.00	PO646672	$95,739.00	$78,703.52	12850	15226	Satisfactory	CA=NO TA=YES	Rebecca Bailey	Tiffanie Williams
CHA	CHA2021-000029-000	Projections Consulting Inc	Alzheimer's Disease and Related Dementias Advisory Coalition	Federal	New	8/1/21	1/31/22	$45,000.00	PO646663	$45,000.00	$15,000.00	40	40	Satisfactory	CA=NO TA=YES	Tihitina Chamiso	Patricia Greenaway
CHA	CHA2021-000030-000	Every Child By Two	Immunization Education & Promotion	Federal	New	9/1/21	6/30/24	$67,676.00	PO648745	$67,676.00	$24,878.25	N/A Active Organizations = 53	N/A Active Organizations = 53	Satisfactory	CA=NO TA=NO	Jacquelyn Campbell	Vivian Walker
CHA	CHA2021-000031-000	The GW Medical Faculty Associates	Vaccination Services	Federal	New	8/1/21	12/31/21	$900,000.00	PO647488	$900,000.00	$511,358.80	N/A	66267	Satisfactory	CA=NO TA=YES	Urvi Kalpesh Patel	Brenda Anderson
HAHSTA	HAHSTA2016-000056-017	Housing Counseling Services, Inc	FY2014 HIV Housing Assistance Program	Federal	Continuation	10/1/14	9/30/21	$20,208,704.00	PO635047-V2	$3,053,820.00	$2,674,927.31	2500	2676	Satisfactory	CA=NO TA=YES	Sherita Grant	Monique Brown
HAHSTA	HAHSTA2016-000059-007	Joseph's House	Transitional Housing	Local	Continuation	10/1/13	9/30/21	$1,416,677.00	PO636626	$300,000.00	$300,000.00	12	11	Satisfactory	CA=NO TA=YES	Chantil Thomas	Selene Arriola
HAHSTA	HAHSTA2017-000023-008	FOOD & FRIENDS, INC.	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/16	2/28/22	$297,934.00	PO640574	$55,004.00	$31,027.23	70	40	Satisfactory	CA=NO TA=NO	Princess Johnson	April Richardson
HAHSTA	HAHSTA2017-000023-009	FOOD & FRIENDS, INC.	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/16	2/28/22	$242,930.00	PO632152-V4	$110,004.00	$54,811.03	70	76	Satisfactory	CA=NO TA=NO	Princess Johnson	April Richardson

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HAHSTA	HAHSTA2017-000024-004	AIDS HEALTHCARE FOUNDATION INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	2/28/22	$367,502.00	PO632151-V3	$97,800.00	$27,851.00	310	113	Satisfactory	CA=NO TA=YES	Christie Olejemeh	Selene Arriola
HAHSTA	HAHSTA2017-000024-005	AIDS HEALTHCARE FOUNDATION INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	2/28/22	$465,302.00	PO640556	$97,800.00	$57,037.00	310	133	Satisfactory	CA=NO TA=YES	Christie Olejemeh	Selene Arriola
HAHSTA	HAHSTA2017-000025-005	COMMUNITY FAMILY LIFE SERVICE INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	3/1/17	3/31/22	$713,619.00	PO632126-V3	$195,000.00	$104,539.59	150	181	Satisfactory	CA=NO TA=YES	Ivan Eaton	Monique Brown
HAHSTA	HAHSTA2017-000025-006	COMMUNITY FAMILY LIFE SERVICE INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	3/1/17	3/31/22	$908,619.00	PO641491	$195,000.00	$97,500.00	150	251	Satisfactory	CA=NO TA=YES	Ivan Eaton	Monique Brown
HAHSTA	HAHSTA2017-000026-008	METRO HEALTH INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	$712,500.00	PO634075-V3	$285,000.00	$150,208.85	60	60	Satisfactory	CA=NO TA=YES	Ivan Eaton	Selene Arriola
HAHSTA	HAHSTA2017-000026-009	METRO HEALTH INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	$997,500.00	PO641517	$285,000.00	$142,500.00	60	29	Satisfactory	CA=NO TA=YES	Ivan Eaton	Selene Arriola
HAHSTA	HAHSTA2017-000027-005	HELPING INDIVIDUAL PROSTITUTES SURVIVE	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	$268,300.00	PO634209-V4	$112,800.00	$29,456.44	60	5	Unsatisfactory	CA=YES TA=YES	Ashley Coleman	Rony Mohram
HAHSTA	HAHSTA2017-000028-003	United Medical Center	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	2/28/22	$609,192.00	PO632156-V4	$178,300.00	$53,229.02	250	49	Satisfactory	CA=YES TA=YES	Trammell Walters	Carroll Ward
HAHSTA	HAHSTA2017-000028-004	United Medical Center	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	2/28/22	$787,492.00	PO640572	$178,300.00	$88,463.74	250	48	Satisfactory	CA=YES TA=YES	Trammell Walters	Carroll Ward
HAHSTA	HAHSTA2017-000029-008	FAMILY AND MEDICAL COUNSELING SERVICE INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	$1,193,300.00	PO632119-V2	$337,800.00	$201,380.79	915	218	Satisfactory	CA=NO TA=YES	Robert Ridley	Monique Brown
HAHSTA	HAHSTA2017-000029-009	FAMILY AND MEDICAL COUNSELING SERVICE INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	$1,531,100.00	PO641525	$337,800.00	$157,603.17	915	48	Satisfactory	CA=NO TA=YES	Robert Ridley	Monique Brown
HAHSTA	HAHSTA2017-000030-008	CHILDREN'S NATIONAL MEDICAL CENTER	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	2/28/22	$2,191,094.77	PO631009-V3	$641,296.00	$278,307.71	830	321	Satisfactory	CA=NO TA=YES	Christie Olejemeh	April Richardson
HAHSTA	HAHSTA2017-000030-009	CHILDREN'S NATIONAL MEDICAL CENTER	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	2/28/22	$2,832,390.77	PO640564	$641,296.00	$328,461.41	830	812	Satisfactory	CA=NO TA=YES	Christie Olejemeh	April Richardson
HAHSTA	HAHSTA2017-000031-006	HOWARD UNIVERSITY, THE	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	2/28/22	$102,500.00	PO632153-V2	$300,000.00	$120,665.86	100	56	Satisfactory	CA=NO TA=YES	Ivan Eaton	Cassandra Lewis-Battle
HAHSTA	HAHSTA2017-000031-007	HOWARD UNIVERSITY, THE	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	2/28/22	$1,325,000.00	PO640565	$300,000.00	$70,686.70	100	48	Satisfactory	CA=NO TA=YES	Ivan Eaton	Cassandra Lewis-Battle
HAHSTA	HAHSTA2017-000032-010	WOMEN'S COLLECTIVE INC, THE	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	$888,800.00	PO632418-V5	$250,800.00	$146,311.19	500	278	Satisfactory	CA=NO TA=YES	Robert Ridley	April Richardson
HAHSTA	HAHSTA2017-000032-013	WOMEN'S COLLECTIVE INC, THE	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	$1,139,600.00	PO641521	$250,800.00	$91,026.80	500	169	Satisfactory	CA=NO TA=YES	Robert Ridley	April Richardson
HAHSTA	HAHSTA2017-000033-004	MedStar Research Health Institute	MHRI/MWHC Ryan White Parts A and B application 2017	Federal	Cont	10/1/17	2/28/22	$1,171,917.00	PO632155	$343,000.00	$142,916.00	250	472	Satisfactory	CA=NO TA=YES	Christie Olejemeh	Cassandra Lewis-Battle
HAHSTA	HAHSTA2017-000033-005	MedStar Research Health Institute	MHRI/MWHC Ryan White Parts A and B application 2017	Federal	Cont	10/1/17	2/28/22	$1,514,917.00	PO640573	$343,000.00	$170,958.18	300	315	Satisfactory	CA=NO TA=YES	Christie Olejemeh	Cassandra Lewis-Battle
HAHSTA	HAHSTA2017-000034-010	La Clinica del Pueblo	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	2/28/22	$1,601,347.00	PO632154	$468,300.00	$195,126.00	104	70	Satisfactory	CA=NO TA=YES	Trammell Walters	April Richardson
HAHSTA	HAHSTA2017-000034-011	La Clinica del Pueblo	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	2/28/22	$2,069,647.00	PO641074	$468,300.00	$249,141.03	104	68	Satisfactory	CA=NO TA=YES	Trammell Walters	April Richardson
HAHSTA	HAHSTA2017-000035-006	JOSEPH'S HOUSE INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	2/28/22	$620,117.00	PO632082-V4	$205,000.00	$115,143.50	10	12	Satisfactory	CA=NO TA=YES	Robert Ridley	Selene Arriola
HAHSTA	HAHSTA2017-000035-009	JOSEPH'S HOUSE INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	2/28/22	$825,117.00	PO640568	$205,000.00	$72,674.78	10	5	Satisfactory	CA=NO TA=YES	Robert Ridley	Selene Arriola
HAHSTA	HAHSTA2017-000036-011	HOMES FOR HOPE, INC.	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	$651,554.00	PO641959	$120,000.00	$57,979.10	55	65	Satisfactory	CA=NO TA=NO	Felix Avellanet	Monique Brown

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HAHSTA	HAHSTA2017-000036-012	HOMES FOR HOPE, INC.	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	$531,554.00	PO632096-V3	$197,552.00	$95,283.31	55	62	Satisfactory	CA=NO TA=NO	Felix Avellanet	Monique Brown
HAHSTA	HAHSTA2017-000037-007	US HELPING US-PEOPLE INTO LIVING, INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	$875,000.00	PO632146-V2	$250,000.00	$109,030.87	155	67	Satisfactory	CA=NO TA=YES	Christie Olejemeh	April Richardson
HAHSTA	HAHSTA2017-000037-008	US HELPING US-PEOPLE INTO LIVING, INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	$1,125,000.00	PO641520	$250,000.00	$107,994.73	250	97	Satisfactory	CA=NO TA=YES	Christie Olejemeh	April Richardson
HAHSTA	HAHSTA2017-000038-003	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	2/28/22	$54,587.00	PO632084-V2	$15,976.00	$6,657.01	30	0	Satisfactory	CA=NO TA=YES	Christie Olejemeh	Carroll Ward
HAHSTA	HAHSTA2017-000038-004	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	2/28/22	$70,563.00	PO640552	$15,976.00	$9,320.00	30	5	Unsatisfactory	CA=NO TA=YES	Christie Olejemeh	Carroll Ward
HAHSTA	HAHSTA2017-000039-007	WHITMAN-WALKER CLINIC, INC. DBA Whitman-Walker Health	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	2/28/22	$4,240,423.40	PO632083-V4	$1,140,168.00	$559,905.64	155	186	Satisfactory	CA=NO TA=YES	Trammell Walters	Rony Mohram
HAHSTA	HAHSTA2017-000039-009	WHITMAN-WALKER CLINIC, INC. DBA Whitman-Walker Health	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	2/28/22	$5,380,591.50	PO640566	$1,140,168.00	$592,163.79	155	165	satisfactory	CA=NO TA=YES	Trammell Walters	Rony Mohram
HAHSTA	HAHSTA2017-000040-005	UNITY HEALTH CARE, INC.	FY2017 Unity Health Care Ryan White HIV/AIDS Medical Case Management Program	Federal	Cont	10/1/17	3/31/22	$1,234,240.00	PO632090-V4	$350,000.00	$155,390.11	400	130	Satisfactory	CA=NO TA=YES	Robert Ridley	Rony Mohram
HAHSTA	HAHSTA2017-000040-006	UNITY HEALTH CARE, INC.	FY2017 Unity Health Care Ryan White HIV/AIDS Medical Case Management Program	Federal	Cont	10/1/17	3/31/22	$1,584,240.00	PO641519	$350,000.00	$165,438.31	400	47	satisfactory	CA=NO TA=NO	Robert Ridley	Rony Mohram
HAHSTA	HAHSTA2017-000041-007	Institute for Public Health Innovation	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	$350,000.00	PO632116-V3	$100,000.00	$55,503.06	130	92	Satisfactory	CA=NO TA=YES	Christie Olejemeh	Carroll Ward
HAHSTA	HAHSTA2017-000041-009	Institute for Public Health Innovation	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	$450,000.00	PO641516	$100,000.00	$39,632.38	130	3	Satisfactory	CA=NO TA=YES	Christie Olejemeh	Carroll Ward
HAHSTA	HAHSTA2017-000042-003	DAMIEN MINISTRIES INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	$540,000.00	PO632125-V2	$120,000.00	$52,937.54	47	35	Satisfactory	CA=NO TA=YES	Trammell Walters	Cassandra Lewis-Battle
HAHSTA	HAHSTA2017-000042-004	DAMIEN MINISTRIES INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	$660,000.00	PO641489	$120,000.00	$60,000.00	47	20	Satisfactory	CA=YES TA=YES	Trammell Walters	Cassandra Lewis-Battle
HAHSTA	HAHSTA2017-000044-007	The Howard University	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	$1,380,000.00	PO632080-V3	$391,300.00	$194,731.45	200	167	Satisfactory	CA=NO TA=YES	Ivan Eaton	Cassandra Lewis-Battle
HAHSTA	HAHSTA2017-000044-008	The Howard University	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	$1,771,850.00	PO641523	$391,300.00	$133,745.44	110	163	Satisfactory	CA=NO TA=YES	Ivan Eaton	Cassandra Lewis-Battle
HAHSTA	HAHSTA2017-000045-006	Mary's Center for Maternal and Child Health, Inc.	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	$612,500.00	PO632091	$175,000.00	$87,497.59	25	0	Satisfactory	CA=NO TA=YES	Christie Olejemeh	Carroll Ward
HAHSTA	HAHSTA2017-000045-007	Mary's Center for Maternal and Child Health, Inc.	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	$787,500.00	PO641487	$175,000.00	$87,390.97	25	9	Satisfactory	CA=NO TA=YES	Christie Olejemeh	Carroll Ward
HAHSTA	HAHSTA2017-000046-007	Children's National Medical Center	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	$840,000.00	PO632128-V3	$240,000.00	$134,747.72	140	104	Satisfactory	CA=NO TA=YES	Christie Olejemeh	April Richardson
HAHSTA	HAHSTA2017-000046-008	Children's National Medical Center	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	$1,080,000.00	PO641524-V2	$240,000.00	$116,657.95	140	182	Satisfactory	CA=NO TA=YES	Christie Olejemeh	April Richardson
HAHSTA	HAHSTA2017-000047-007	La Clinica del Pueblo	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	$525,000.00	PO631060-V3	$150,000.00	$80,521.97	80	102	Satisfactory	CA=NO TA=YES	Trammell Walters	April Richardson
HAHSTA	HAHSTA2017-000047-008	La Clinica del Pueblo	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	$675,000.00	PO641490-V2	$150,000.00	$70,593.42	80	96	Satisfactory	CA=NO TA=YES	Trammell Walters	April Richardson
HAHSTA	HAHSTA2017-000048-003	United Medical Center	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	$375,515.30	PO632086-V4	$125,516.30	$47,107.26	250	55	Unsatisfactory	CA=YES TA=YES	Trammell Walters	Carroll Ward
HAHSTA	HAHSTA2017-000048-004	United Medical Center	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	$475,515.30	PO641488	$100,000.00	$49,999.99	250	48	Unsatisfactory	CA=YES TA=YES	Trammell Walters	Carroll Ward

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HAHSTA	HAHSTA2018-000002-015	HOWARD UNIVERSITY, THE	FY 18 Opioid Treatment Expansion Initiative	Federal	Cont	11/1/17	9/30/22	$1,308,267.40	PO632159-V5	$206,667.40	$154,226.05	125	158	Satisfactory	CA=NO TA=YES	Stephen Reese	Cassandra Lewis-Battle
HAHSTA	HAHSTA2018-000003-022	SHENANDOAH VALLEY MEDICAL SYSTEM, INCORPORATED	Ryan White HIV AIDS Program	Federal	Cont	3/1/18	2/28/22	$1,183,454.00	PO632138-V3	$463,320.00	$193,292.19	521	403	Satisfactory	CA=NO TA=NO	Ashley Price	Carroll Ward
HAHSTA	HAHSTA2018-000003-024	SHENANDOAH VALLEY MEDICAL SYSTEM, INCORPORATED	Ryan White HIV AIDS Program	Federal	Cont	3/1/18	2/28/22	$1,675,341.00	PO640567-V2	$491,887.00	$286,934.00	545	401	Satisfactory	CA=NO TA=NO	Ashley Price	Carroll Ward
HAHSTA	HAHSTA2018-000004-016	HOUSING COUNSELING SERVICES INC	Emergency Financial Assistance	Federal	Cont	3/1/18	2/28/22	$4,673,500.00	PO632403-V3	$2,655,000.00	$807,742.83	1200	1291	Satisfactory	CA=NO TA=YES	Ivan Eaton	Monique Brown
HAHSTA	HAHSTA2018-000004-017	HOUSING COUNSELING SERVICES INC	Emergency Financial Assistance	Federal	Cont	3/1/18	2/28/22	$7,273,500.00	PO632403-V3	$2,600,000.00	$807,742.83	1480	1142	Satisfactory	CA=NO TA=YES	Ivan Eaton	Monique Brown
HAHSTA	HAHSTA2018-000006-009	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	FY 18 Opioid Treatment Expansion Initiative	Federal	Cont	11/1/17	9/30/22	$839,064.00	PO632400-V3	$206,667.00	$135,086.56	60	135	Satisfactory	CA=NO TA=YES	Stephen Reese	Carroll Ward
HAHSTA	HAHSTA2018-000007-013	UNITY HEALTH CARE, INC.	FY 18 Opioid Treatment Expansion Initiative	Federal	Cont	11/1/17	9/30/22	$786,067.00	PO632401-V3	$141,667.00	$138,821.10	245	344	Satisfactory	CA=NO TA=YES	Stephen Reese	Rony Mohram
HAHSTA	HAHSTA2019-000001-008	FAMILY AND MEDICAL COUNSELING SERVICE INC	Special Initiatives: Needle Exchange and Transgender Health Initiative	Federal	Cont	10/1/18	9/30/22	$1,700,708.00	PO632398-V4	$458,708.00	$458,707.98	650	1906	Satisfactory	CA=NO TA=NO	Stephen Reese	Monique Brown
HAHSTA	HAHSTA2019-000002-004	BREAD FOR THE CITY, INC.	Special Initiatives: Needle Exchange and Transgender Health Initiative	Federal	Cont	10/1/18	9/30/22	$214,755.47	PO632510-V3	$71,585.00	$55,806.06	600	230	Satisfactory	CA=NO TA=YES	Stephen Reese	Cassandra Lewis-Battle
HAHSTA	HAHSTA2019-000003-012	HELPING INDIVIDUAL PROSTITUTES SURVIVE	Special Initiatives: Needle Exchange and Transgender Health Initiative	Federal	Cont	10/1/18	9/30/22	$2,351,707.00	PO636007-V7	$823,707.00	$592,273.90	1000	7665	Unsatisfactory	CA=YES TA=YES	Stephen Reese	Rony Mohram
HAHSTA	HAHSTA2019-000006-003	FAMILY AND MEDICAL COUNSELING SERVICE INC	Medical Nutrition Therapy Services for DC Food Bank Providers	Local	Cont	2/1/19	9/30/22	$252,500.00	PO632158	$90,000.00	$89,999.99	69	48	Satisfactory	CA=NO TA=YES	Robert Ridley	Monique Brown
HAHSTA	HAHSTA2019-000007-002	DAMIEN MINISTRIES INC	Medical Nutrition Therapy Services for DC Food Bank Providers	Local	Cont	10/1/18	9/30/22	$237,500.00	PO634184	$75,000.00	$48,762.76	80	57	Satisfactory	CA=YES TA=YES	Trammell Walters	Cassandra Lewis-Battle
HAHSTA	HAHSTA2019-000010-007	Heart To Hand Inc.	Ryan White (Part A) HIV/AIDS Program	Federal	Cont	3/1/19	2/28/22	$1,782,000.00	PO632137	$793,000.00	$315,140.32	140	270	Satisfactory	CA=NO TA=YES	Trammell Walters	Carroll Ward
HAHSTA	HAHSTA2019-000010-010	Heart To Hand Inc.	Ryan White (Part A) HIV/AIDS Program	Federal	Cont	3/1/19	2/28/22	$2,562,638.00	PO640577	$780,638.00	$424,875.43	140	244	Satisfactory	CA=NO TA=YES	Trammell Walters	Carroll Ward
HAHSTA	HAHSTA2019-000011-001	AIDS HEALTHCARE FOUNDATION INC	Ryan White Part A	Federal	Cont	3/1/19	2/28/22	$756,886.00	PO632132	$369,943.00	$124,016.27	213	181	Satisfactory	CA=NO TA=YES	Christie Olejemeh	Selene Arriola
HAHSTA	HAHSTA2019-000011-002	AIDS HEALTHCARE FOUNDATION INC	Ryan White Part A	Federal	Cont	3/1/19	2/28/22	$1,126,829.00	PO640559	$369,943.00	$203,395.00	600	221	Satisfactory	CA=NO TA=YES	Christie Olejemeh	Selene Arriola
HAHSTA	HAHSTA2019-000014-003	Greater Baden Medical Services, Inc.	Ryan White (Part A) HIV/AIDS Program	Federal	Cont	3/1/19	2/28/22	$1,256,000.00	PO632136-V4	$608,000.00	$209,039.75	150	164	Satisfactory	CA=NO TA=YES	Ivan Eaton	Rony Mohram
HAHSTA	HAHSTA2019-000014-004	Greater Baden Medical Services, Inc.	Ryan White (Part A) HIV/AIDS Program	Federal	Cont	3/1/19	2/28/22	$1,864,000.00	PO640578	$608,000.00	$306,208.36	150	125	satisfactory	CA=NO TA=YES	Ivan Eaton	Rony Mohram
HAHSTA	HAHSTA2019-000015-005	FAMILY AND MEDICAL COUNSELING SERVICE INC	Opioid Treatment Expansion	Federal	Cont	5/1/19	9/30/22	$476,667.00	PO632399-V4	$236,667.00	$236,666.96	1000	650	Satisfactory	CA=NO TA=NO	Stephen Reese	Monique Brown
HAHSTA	HAHSTA2019-000016-001	Washington Health Institute	Washington Health Institute	Federal	Cont	5/1/19	2/28/22	$190,000.00	PO632085-V3	$95,000.00	$43,265.00	65	76	Satisfactory	CA=NO TA=YES	Princess Johnson	Carroll Ward
HAHSTA	HAHSTA2019-000016-003	Washington Health Institute	Washington Health Institute	Federal	Cont	5/1/19	2/28/22	$350,000.00	PO640960	$160,000.00	$55,289.00	54	70	Satisfactory	CA=NO TA=YES	Princess Johnson	Carroll Ward
HAHSTA	HAHSTA2019-000017-008	HEALTH HIV	Opioid Use and Misuse Learning Institute	Federal	Cont	6/1/19	9/30/22	$1,458,553.00	PO632157-V4	$470,615.00	$313,441.52	n/a	n/a	Satisfactory	CA=NO TA=NO	Stephen Reese	Monique Brown
HAHSTA	HAHSTA2019-000023-004	ANDROMEDATRANSCULTURAL HEALTH	Opioid Treatment Expansion	Federal	Cont	8/15/19	9/30/22	$297,917.00	PO632402-V6	$141,667.00	$101,641.85	200	166	Satisfactory	CA=NO TA=YES	Stephen Reese	Cassandra Lewis-Battle
HAHSTA	HAHSTA2019-000024-004	Inova Health Care Services	Regional Early Intervention Services	Federal	Cont	8/15/19	2/28/25	$846,816.00	PO640569	$307,172.00	$147,770.47	200	499	Satisfactory	CA=NO TA=YES	Trammell Walters	Carroll Ward
HAHSTA	HAHSTA2019-000024-005	Inova Health Care Services	Regional Early Intervention Services	Federal	Cont	8/15/19	2/28/25	$539,644.00	PO632129-V3	$270,145.00	$151,204.35	200	719	Satisfactory	CA=NO TA=YES	Trammell Walters	Carroll Ward
HAHSTA	HAHSTA2019-000025-006	WOMEN'S COLLECTIVE INC, THE	Regional Early Intervention Services	Federal	Cont	8/15/19	2/28/25	$525,300.00	PO632143-V4	$275,300.00	$191,565.84	500	278	Satisfactory	CA=NO TA=YES	Robert Ridley	April Richardson
HAHSTA	HAHSTA2019-000025-008	WOMEN'S COLLECTIVE INC, THE	Regional Early Intervention Services	Federal	Cont	8/15/19	2/28/25	$775,300.00	PO640575	$250,000.00	$124,300.50	500	168	Satisfactory	CA=NO TA=YES	Robert Ridley	April Richardson
HAHSTA	HAHSTA2019-000026-005	METRO HEALTH INC	Regional Early Intervention Services	Federal	Cont	8/15/19	2/28/25	$755,000.00	PO632148-V4	$405,000.00	$169,532.54	200	115	Satisfactory	CA=NO TA=YES	Ivan Eaton	Selene Arriola
HAHSTA	HAHSTA2019-000026-007	METRO HEALTH INC	Regional Early Intervention Services	Federal	Cont	8/15/19	2/28/25	$1,105,000.00	PO640588	$350,000.00	$204,167.00	100	45	Satisfactory	CA=NO TA=YES	Ivan Eaton	Selene Arriola

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HAHSTA	HAHSTA2019-000027-003	NOT-FOR-PROFIT HOSPITAL CORP (United Medical Center)	Regional Early Intervention Services	Federal	Cont	8/15/19	2/28/25	$366,027.00	PO632144-V4	$166,027.00	$72,123.43	500	457	Satisfactory	CA=YES TA=YES	Trammell Walters	Carroll Ward
HAHSTA	HAHSTA2019-000028-001	Fredericksburg Area HIV/Aids Support Services	Regional Early Intervention Services	Federal	Cont	8/15/19	2/28/25	$406,102.00	PO631318-V3	$203,051.00	$91,593.71	500	88	Satisfactory	CA=NO TA=YES	Robert Ridley	Monique Brown
HAHSTA	HAHSTA2019-000028-003	Fredericksburg Area HIV/Aids Support Services	Regional Early Intervention Services	Federal	Cont	8/15/19	2/28/25	$609,153.00	PO640576-v2	$203,051.00	$110,610.34	500	98	Satisfactory	CA=NO TA=YES	Robert Ridley	Monique Brown
HAHSTA	HAHSTA2019-000029-001	SLK Health Services Corporation	Regional Early Intervention Services	Federal	Cont	9/1/19	2/28/25	$400,000.00	PO632150-V3	$200,000.00	$86,564.65	400	740	Satisfactory	CA=NO TA=YES	Ivan Eaton	Selene Arriola
HAHSTA	HAHSTA2019-000029-002	SLK Health Services Corporation	Regional Early Intervention Services	Federal	Cont	9/1/19	2/28/25	$600,000.00	PO640584	$200,000.00	$113,961.16	400	712	Satisfactory	CA=NO TA=YES	Ivan Eaton	Selene Arriola
HAHSTA	HAHSTA2019-000030-004	CHILDREN'S NATIONAL MEDICAL CENTER	Regional Early Intervention Services	Federal	Cont	10/1/19	2/28/25	$1,060,000.00	PO640561-V2	$350,000.00	$173,538.13	2500	105	Satisfactory	CA=NO TA=YES	Christie Olejemeh	April Richardson
HAHSTA	HAHSTA2019-000030-005	CHILDREN'S NATIONAL MEDICAL CENTER	Regional Early Intervention Services	Federal	Cont	10/1/19	2/28/25	$710,000.00	PO630806-V3	$360,000.00	$151,511.93	1271	2100	Satisfactory	CA=NO TA=YES	Christie Olejemeh	April Richardson
HAHSTA	HAHSTA2019-000031-003	AIDS HEALTHCARE FOUNDATION INC	Regional Early Intervention Services	Federal	Cont	8/15/19	2/28/25	$535,556.00	PO630801-V3	$253,056.00	$129,792.00	1271	2100	Satisfactory	CA=NO TA=YES	Christie Olejemeh	Selene Arriola
HAHSTA	HAHSTA2019-000031-004	AIDS HEALTHCARE FOUNDATION INC	Regional Early Intervention Services	Federal	Cont	8/15/19	2/28/25	$788,612.00	PO640585	$253,056.00	$121,277.00	1000	3696	Satisfactory	CA=NO TA=YES	Christie Olejemeh	Selene Arriola
HAHSTA	HAHSTA2019-000032-004	Access to Wholistic and Productive Living, Inc	Regional Early Intervention Services	Federal	Cont	10/1/19	2/28/25	$400,000.00	PO630857-V3	$200,000.00	$86,429.10	200	326	Satisfactory	CA=NO TA=YES	Christie Olejemeh	Carroll Ward
HAHSTA	HAHSTA2019-000032-006	Access to Wholistic and Productive Living, Inc	Regional Early Intervention Services	Federal	Cont	10/1/19	2/28/25	$600,000.00	PO640579	$200,000.00	$116,667.00	200	142	Satisfactory	CA=NO TA=YES	Christie Olejemeh	Carroll Ward
HAHSTA	HAHSTA2019-000033-002	COMMUNITY FAMILY LIFE SERVICE INC	Regional Early Intervention Services	Federal	Cont	8/15/19	2/28/25	$654,999.00	PO631129-V3	$354,999.00	$179,259.76	175	173	Satisfactory	CA=NO TA=YES	Ivan Eaton	Monique Brown
HAHSTA	HAHSTA2019-000033-003	COMMUNITY FAMILY LIFE SERVICE INC	Regional Early Intervention Services	Federal	Cont	8/15/19	2/28/25	$954,999.00	PO640582-V2	$300,000.00	$192,236.01	175	211	satisfactory	CA=NO TA=YES	Ivan Eaton	Monique Brown
HAHSTA	HAHSTA2019-000034-004	La Clinica del Pueblo	Regional Early Intervention Services	Federal	Cont	8/15/19	2/28/25	$500,000.00	PO630877-V3	$250,000.00	$119,337.32	1,000	653	Satisfactory	CA=NO TA=YES	Trammell Walters	April Richardson
HAHSTA	HAHSTA2019-000034-005	La Clinica del Pueblo	Regional Early Intervention Services	Federal	Cont	8/15/19	2/28/25	$750,000.00	PO640257-V2	$250,000.00	$137,548.92	1,000	1,465	Satisfactory	CA=NO TA=YES	Trammell Walters	April Richardson
HAHSTA	HAHSTA2019-000035-004	US HELPING US-PEOPLE INTO LIVING, INC	The Suburban Maryland Project (The Burb Project)	Federal	Cont	8/15/19	2/28/25	$755,000.00	PO632142-V5	$405,000.00	$191,879.83	1000	207	Satisfactory	CA=NO TA=YES	Christie Olejemeh	April Richardson
HAHSTA	HAHSTA2019-000035-005	US HELPING US-PEOPLE INTO LIVING, INC	The Suburban Maryland Project (The Burb Project)	Federal	Cont	8/15/19	2/28/25	$1,105,000.00	PO640591	$350,000.00	$139,786.84	1000	218	Satisfactory	CA=NO TA=YES	Christie Olejemeh	April Richardson
HAHSTA	HAHSTA2019-000036-004	WHITMAN-WALKER CLINIC, INC.	Regional Early Intervention Services	Federal	Cont	8/15/19	2/28/25	$1,500,000.00	PO632141-V2	$750,000.00	$325,871.72	2250	430	satisfactory	CA=NO TA=YES	Trammell Walters	Rony Mohram
HAHSTA	HAHSTA2019-000036-006	WHITMAN-WALKER CLINIC, INC.	Regional Early Intervention Services	Federal	Cont	8/15/19	2/28/25	$2,250,000.00	PO640560	$750,000.00	$409,930.35	2250	270	satisfactory	CA=NO TA=YES	Trammell Walters	Rony Mohram
HAHSTA	HAHSTA2019-000038-002	Heart To Hand Inc.	Regional Early Intervention Services	Federal	Cont	9/1/19	2/28/25	$700,000.00	PO632149-V2	$350,000.00	$117,422.33	300	152	Satisfactory	CA=NO TA=YES	Trammell Walters	Carroll Ward
HAHSTA	HAHSTA2019-000038-004	Heart To Hand Inc.	Regional Early Intervention Services	Federal	Cont	9/1/19	2/28/25	$1,050,000.00	PO640586	$350,000.00	$167,751.30	300	137	Satisfactory	CA=YES TA=YES	Trammell Walters	Carroll Ward
HAHSTA	HAHSTA2019-000039-002	FAMILY AND MEDICAL COUNSELING SERVICE INC	Regional Early Intervention Services	Federal	Cont	9/1/19	2/28/25	$781,213.00	PO631213-V2	$400,000.00	$171,864.77	1500	250	Satisfactory	CA=NO TA=YES	Robert Ridley	Monique Brown
HAHSTA	HAHSTA2019-000039-003	FAMILY AND MEDICAL COUNSELING SERVICE INC	Regional Early Intervention Services	Federal	Cont	9/1/19	2/28/25	$1,181,213.00	PO640551	$400,000.00	$205,508.95	1500	176	satisfactory	CA=NO TA=YES	Robert Ridley	Monique Brown
HAHSTA	HAHSTA2019-000040-002	Neighborhood Health	Regional Early Intervention Services	Federal	Cont	9/1/19	2/28/25	$900,000.00	PO640580	$300,000.00	$156,591.19	700	1255	satisfactory	CA=NO TA=YES	Princess Johnson	Rony Mohram
HAHSTA	HAHSTA2019-000040-003	Neighborhood Health	Regional Early Intervention Services	Federal	Cont	9/1/19	2/28/25	$600,000.00	PO632139-V4	$300,000.00	$124,034.80	1000	833	Satisfactory	CA=NO TA=YES	Princess Johnson	Rony Mohram
HAHSTA	HAHSTA2019-000041-003	Mary Washington Healthcare	Regional Early Intervention Services	Federal	Cont	9/1/19	2/28/25	$160,000.00	PO632075-V3	$80,000.00	$49,624.78	200	90	Satisfactory	CA=NO TA=YES	Princess Johnson	Rony Mohram
HAHSTA	HAHSTA2019-000041-004	Mary Washington Healthcare	Regional Early Intervention Services	Federal	Cont	9/1/19	2/28/25	$240,000.00	PO640697-V2	$80,000.00	$50,994.10	412	75	satisfactory	CA=NO TA=YES	Princess Johnson	Rony Mohram
HAHSTA	HAHSTA2019-000042-004	DAMIEN MINISTRIES INC	Regional Early Intervention Services	Federal	Cont	9/1/19	2/28/25	$555,000.00	PO631107-V3	$305,000.00	$102,113.90	200	82	Satisfactory	CA=NO TA=YES	Trammell Walters	Cassandra Lewis-Battle
HAHSTA	HAHSTA2019-000042-005	DAMIEN MINISTRIES INC	Regional Early Intervention Services	Federal	Cont	9/1/19	2/28/25	$805,000.00	PO640589	$250,000.00	$111,250.14	200	16	Satisfactory	CA=YES TA=YES	Trammell Walters	Cassandra Lewis-Battle
HAHSTA	HAHSTA2019-000043-003	METRO DC COMMUNITY CENTER INC, THE	Regional Early Intervention Services	Federal	Cont	10/1/19	2/28/25	$520,614.00	PO632081-V3	$260,307.00	$102,631.28	120	190	Satisfactory	CA=YES TA=YES	Robert Ridley	Carroll Ward
HAHSTA	HAHSTA2019-000043-004	METRO DC COMMUNITY CENTER INC, THE	Regional Early Intervention Services	Federal	Cont	10/1/19	2/28/25	$650,768.00	PO640592	$130,154.00	$111,341.83	120	0	Satisfactory	CA=YES TA=YES	Robert Ridley	Carroll Ward

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HAHSTA	HAHSTA2019-000044-005	Washington Health Institute	Regional Early Intervention Services	Federal	Cont	9/1/19	2/28/25	$655,000.00	PO631112-V4	$405,000.00	$220,875.00	65	224	Satisfactory	CA=NO TA=YES	Princess Johnson	Carroll Ward
HAHSTA	HAHSTA2019-000044-006	Washington Health Institute	Regional Early Intervention Services	Federal	Cont	9/1/19	2/28/25	$1,005,000.00	PO640696	$350,000.00	$153,498.40	200	113	Satisfactory	CA=NO TA=YES	Princess Johnson	Carroll Ward
HAHSTA	HAHSTA2019-000045-004	NovaSalud, Inc.	Regional Early Intervention Services	Federal	Cont	9/1/19	2/28/25	$536,215.00	PO632140-V4	$286,215.00	$141,766.06	576	691	Satisfactory	CA=NO TA=YES	Princess Johnson	Carroll Ward
HAHSTA	HAHSTA2019-000045-005	NovaSalud, Inc.	Regional Early Intervention Services	Federal	Cont	9/1/19	2/28/25	$786,215.00	PO640583	$250,000.00	$136,825.81	576	491	Satisfactory	CA=NO TA=YES	Princess Johnson	Carroll Ward
HAHSTA	HAHSTA2020-000001-003	Neighborhood Health	VA MAI Youth Reach	Federal	Cont	10/1/19	2/28/22	$568,209.00	PO632131-V2	$402,894.00	$135,837.02	592	874	Satisfactory	CA=NO TA=YES	Princess Johnson	Rony Mohram
HAHSTA	HAHSTA2020-000001-004	Neighborhood Health	VA MAI Youth Reach	Federal	Cont	10/1/19	2/28/22	$971,103.00	PO640581	$402,894.00	$201,207.38	587	1353	Satisfactory	CA=NO TA=YES	Princess Johnson	Rony Mohram
HAHSTA	HAHSTA2020-000002-003	COMMUNITY SERVICE NETWORK INC	Housing and Support Services	Federal	Cont	10/1/19	9/30/23	$135,000.00	PO634282-V3	$65,000.00	$65,000.00	25	26	Satisfactory	CA=NO TA=YES	Sherita Grant	Rony Mohram
HAHSTA	HAHSTA2020-000003-004	Southern Maryland Tri-County Community Action Committee, Inc.	Housing and Support Services (SM)	Federal	Cont	10/1/19	9/30/22	$398,000.00	PO636000-V3	$190,000.00	$128,927.55	10	9	Unsatisfactory	CA=NO TA=YES	Sherita Grant	Monique Brown
HAHSTA	HAHSTA2020-000004-004	NORTHERN VIRGINIA REGIONAL COMMISSION	Housing and Support Services (NVRC)	Federal	Cont	10/1/19	9/30/22	$5,442,000.00	PO634186-V3	$2,721,000.00	$2,320,655.90	400	493	Satisfactory	CA=NO TA=YES	Sherita Grant	Rony Mohram
HAHSTA	HAHSTA2020-000006-001	The Young Women's Project	Sexual Health Peer Education	Local	Cont	12/15/19	9/30/24	$427,000.00	PO637036	$213,000.00	$213,000.00	250	264	Satisfactory	CA=NO TA=NO	Kenya Troutman	Cassandra Lewis-Battle
HAHSTA	HAHSTA2020-000007-003	COMMUNITY FAMILY LIFE SERVICE INC	Housing and Support Services	Federal	Cont	1/1/20	9/30/23	$763,758.00	PO635045-V2	$405,879.00	$378,530.64	18	18	Satisfactory	CA=NO TA=YES	Chantil Thomas	Monique Brown
HAHSTA	HAHSTA2020-000008-001	HOUSING COUNSELING SERVICES INC	Housing and Support Services	Federal	Cont	1/1/20	9/30/23	$1,000,000.00	PO635050-V3	$500,000.00	$402,095.47	10	14	Satisfactory	CA=NO TA=YES	Sherita Grant	Monique Brown
HAHSTA	HAHSTA2020-000010-003	HOMES FOR HOPE, INC.	Housing and Support Services	Federal	Cont	1/15/20	9/30/23	$794,000.00	PO635043-V3	$451,000.00	$435,868.52	24	24	Satisfactory	CA=NO TA=YES	Chantil Thomas	Monique Brown
HAHSTA	HAHSTA2020-000012-001	The Young Women's Project	Innovative Approaches to Pregnancy Prevention	Federal	Cont	4/1/20	9/30/21	$95,000.00	PO637037	$30,000.00	$30,000.00	250	234	Satisfactory	CA=NO TA=NO	Adrienne Barksdale	Cassandra Lewis-Battle
HAHSTA	HAHSTA2020-000013-003	LATIN AMERICAN YOUTH CENTER, INC.	Manhood 2.0	Federal	Cont	5/1/20	9/30/21	$95,000.00	PO637255	$30,000.00	$30,000.00	60	208	Satisfactory	CA=NO TA=NO	Adrienne Barksdale	Cassandra Lewis-Battle
HAHSTA	HAHSTA2020-000014-002	La Clinica del Pueblo	Expansion of Ryan White HIV/AIDS Part A MAI Youth Reach Program	Federal	New	3/1/20	2/28/22	$200,000.00	PO632145-V3	$200,000.00	$88,369.41	60	21	Satisfactory	CA=NO TA=YES	Trammell Walters	April Richardson
HAHSTA	HAHSTA2020-000014-002	La Clinica del Pueblo	Expansion of Ryan White HIV/AIDS Part A MAI Youth Reach Program	Federal	Cont	3/1/20	2/28/22	$400,000.00	PO640570	$200,000.00	$86,057.10	60	21	Satisfactory	CA=NO TA=YES	Trammell Walters	April Richardson
HAHSTA	HAHSTA2020-000015-000	US HELPING US-PEOPLE INTO LIVING, INC	MAI YOUTH REACH	Federal	New	4/1/20	2/28/21	$225,000.00	PO632147-V3	$225,000.00	$116,544.14	475	5	Unsatisfactory	CA=NO TA=YES	Christie Olejemeh	April Richardson
HAHSTA	HAHSTA2020-000016-004	US HELPING US-PEOPLE INTO LIVING, INC	Special Initiatives: Needle Exchange and Transgender Health Initiative	Federal	Cont	4/15/20	9/30/21	$419,660.00	PO635042-V2	$303,000.00	$252,132.13	2600 needles	2234 needles	Satisfactory	CA=NO TA=YES	Stephen Reese	April Richardson
HAHSTA	HAHSTA2020-000017-002	HEALTH HIV	Engaging and Empowering Communities by Building Capacity to Implement Harm Reduction Programs	Federal	Cont	7/1/20	8/31/22	$650,000.00	PO637086-V3	$400,000.00	$140,303.32	1000	1858	Satisfactory	CA=NO TA=NO	Malachi Stewart	Monique Brown
HAHSTA	HAHSTA2020-000017-004	HEALTH HIV	Engaging and Empowering Communities by Building Capacity to Implement Harm Reduction Programs	Federal	Cont	7/1/20	8/31/22	$1,050,000.00	PO652502	$400,000.00	$4,900.31	1000	1858	Satisfactory	CA=NO TA=NO	Malachi Stewart	Monique Brown
HAHSTA	HAHSTA2020-000018-003	FAR SOUTHEAST FAMILY STRENGTHENING COLLABORATIVE	Engaging and Empowering Communities by Building Capacity to Implement Harm Reduction Programs	Federal	Cont	4/1/20	8/31/22	$194,909.97	PO652500	$88,974.24	$0.00	N/A - capacity building	N/A - capacity building	Satisfactory	CA=NO TA=YES	Malachi Stewart	Selene Arriola
HAHSTA	HAHSTA2020-000018-004	FAR SOUTHEAST FAMILY STRENGTHENING COLLABORATIVE	Engaging and Empowering Communities by Building Capacity to Implement Harm Reduction Programs	Federal	Cont	4/1/20	8/31/22	$104,935.73	PO637069-V2	$89,015.84	$61,429.61	N/A - capacity building	N/A - capacity building	Satisfactory	CA=NO TA=YES	Malachi Stewart	Selene Arriola
HAHSTA	HAHSTA2020-000020-001	A Little More Support, Inc. DBA Prestige Community Resources	Engaging and Empowering Communities by Building Capacity to Implement Harm Reduction Programs	Federal	Cont	4/1/20	8/31/22	$160,000.00	PO638540-V2	$40,000.00	$25,412.31	2500	705	Unsatisfactory	CA=YES TA=YES	Sharday Lewis	Selene Arriola

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HAHSTA	HAHSTA2020-000021-001	Prince Georges County Health Department	Ending the HIV Epidemic	Federal	New	7/1/20	2/28/25	$519,729.00	PO639682	$519,729.00	$116,728.91	100	49	Satisfactory	CA=NO TA=YES	Robert Ridley	Rony Mohram
HAHSTA	HAHSTA2020-000021-004	Prince Georges County Health Department	Ending the HIV Epidemic	Federal	Cont	7/1/20	2/28/25	$1,336,335.00	PO643999	$816,606.00	$6,413.00	100	39	satisfactory	CA=NO TA=YES	Robert Ridley	Rony Mohram
HAHSTA	HAHSTA2020-000022-001	DAMIEN MINISTRIES INC	COVID-19 Housing and Support Services	Federal	Cont	3/1/20	9/30/23	$75,000.00	PO642951	$25,000.00	$0.00	30	0	Unsatisfactory	CA=NO TA=YES	Monique Green	Cassandra Lewis-Battle
HAHSTA	HAHSTA2020-000023-001	US HELPING US-PEOPLE INTO LIVING, INC	COVID-19 Housing and Support Services	Federal	Cont	3/1/20	9/30/23	$150,000.00	PO642948-V2	$75,000.00	$0.00	25	0	Unsatisfactory	CA=NO TA=YES	Sherita Grant	April Richardson
HAHSTA	HAHSTA2020-000024-000	Montgomery County Maryland	Ending the HIV Epidemic	Federal	New	7/15/20	2/28/25	$441,268.00	PO639679	$441,268.00	$179,365.00	20	17	Satisfactory	CA=NO TA=YES	Robert Ridley	Rony Mohram
HAHSTA	HAHSTA2020-000024-002	Montgomery County Maryland	Ending the HIV Epidemic	Federal	Cont	7/15/20	2/28/25	$1,257,874.00	PO643997	$816,606.00	$198,037.41	50	75	satisfactory	CA=NO TA=YES	Robert Ridley	Rony Mohram
HAHSTA	HAHSTA2020-000025-001	SLK Health Services Corporation	COVID-19 Housing and Support Services	Federal	Cont	3/1/20	9/30/23	$50,000.00	PO640134	$25,000.00	$24,999.64	20	35	Satisfactory	CA=NO TA=YES	Sherita Grant	Selene Arriola
HAHSTA	HAHSTA2020-000027-002	Heart To Hand Inc.	COVID-19 Housing and Support Services	Federal	Cont	3/1/20	9/30/23	$80,000.00	PO642950-V2	$30,000.00	$16,069.79	25	25	Satisfactory	CA=NO TA=YES	Sherita Grant	Carroll Ward
HAHSTA	HAHSTA2020-000028-001	WOMEN'S COLLECTIVE INC, THE	COVID-19 Housing and Support Services	Federal	Cont	3/1/20	9/30/23	$70,000.00	PO640445	$30,000.00	$27,148.54	30	35	Satisfactory	CA=NO TA=YES	Anthony Fox	April Richardson
HAHSTA	HAHSTA2020-000029-001	FAMILY AND MEDICAL COUNSELING SERVICE INC	COVID-19 Housing and Support Services	Federal	Cont	3/1/20	9/30/23	$100,000.00	PO642947	$50,000.00	$30,000.00	50	50	Satisfactory	CA=NO TA=YES	Sherita Grant	Monique Brown
HAHSTA	HAHSTA2020-000030-002	La Clinica del Pueblo	COVID-19 Housing and Support	Federal	New	10/1/20	4/30/21	$75,000.00	PO639674	$75,000.00	$69,931.79	75	75	Satisfactory	CA=NO TA=YES	Sherita Grant	April Richardson
HAHSTA	HAHSTA2020-000031-000	VHO, Inc	CARES Act COVID-19 Funding Response	Federal	New	6/1/20	3/31/21	$42,430.00	PO636948-V2	$21,215.00	$2,269.42	N/A - content development	N/A - content development	satisfactory	CA=NO TA=YES	Princess Johnson	Rony Mohram
HAHSTA	HAHSTA2021-000001-001	SAMARITAN MINISTRY OF GREATER WASHINGTON	Burial Assistance for District of Columbia Residents Who Succumb to AIDS	Local	New	10/1/20	9/30/21	$80,000.00	PO634171	$80,000.00	$55,313.30	30	7	Satisfactory	CA=NO TA=YES	Robert Ridley	Selene Arriola
HAHSTA	HAHSTA2021-000002-002	WANDA ALSTON FOUNDATION	COVID-19 Housing and Support	Federal	New	10/1/20	3/31/21	$50,000.00	PO637807-V2	$50,000.00	$9,667.54	40	3	Unsatisfactory	CA=NO TA=YES	Sherita Grant	April Richardson
HAHSTA	HAHSTA2021-000003-004	HEALTH HIV	Effi Barry Training Institute	Federal	New	10/1/20	9/30/23	$1,114,740.00	PO635046-V5	$1,114,740.00	$1,005,921.31	42 trainings	3,172 training participants	Satisfactory	CA=NO TA=NO	Gerald Thompson	Monique Brown
HAHSTA	HAHSTA2021-000004-003	HELPING INDIVIDUAL PROSTITUTES SURVIVE	Harm Reduction Services: Transgender Health Initiative	Local	New	10/1/20	9/30/22	$225,000.00	PO635049-v2	$225,000.00	$187,964.41	1600	860	Unsatisfactory	CA=YES TA=YES	Malachi Stewart	Rony Mohram
HAHSTA	HAHSTA2021-000005-000	CASA RUBY, INC.	Harm Reduction Services: Transgender Health Initiative	Local	New	3/1/21	9/30/22	$48,600.00	PO640698-V2	$48,600.00	$48,598.80	100	170	Satisfactory	CA=YES TA=YES	Malachi Stewart	Rony Mohram
HAHSTA	HAHSTA2021-000006-001	Med-IQ, Inc.	Hepatitis Education	Federal	New	4/1/21	4/30/21	$65,000.00	PO641929	$65,000.00	$0.00	2 webinars	0	Unsatisfactory	CA=NO TA=YES	Sharday Lewis	Monique Brown
HAHSTA	HAHSTA2021-000008-000	National Council for Behavioral Health	Polysubstance Capacity Building	Local	New	5/1/21	9/30/22	$49,999.00	PO643568	$49,999.00	$3,342.75	N/A - assessment	N/A - assessment	Unsatisfactory	CA=YES TA=YES	Sharday Lewis	Selene Arriola
HAHSTA	HAHSTA2021-000009-001	La Clinica del Pueblo	FY2021 Ending the HIV Epidemic	Federal	New	6/1/21	2/28/25	$100,000.00	PO644360-V2	$100,000.00	$29,752.15	50	18	Satisfactory	CA=NO TA=YES	Felix Avellanet	April Richardson
HAHSTA	HAHSTA2021-000010-000	WHITMAN-WALKER CLINIC, INC.	FY2021 Ending the HIV Epidemic	Federal	New	6/1/21	2/28/25	$100,000.00	PO644359-V2	$100,000.00	$38,566.17	50	13	satisfactory	CA=NO TA=YES	Trammell Walters	Rony Mohram
HAHSTA	HAHSTA2021-000011-000	Washington Health Institute	FY2021 Ending the HIV Epidemic	Federal	New	6/1/21	2/28/25	$100,000.00	PO644718-V2	$100,000.00	$27,031.01	40	37	Satisfactory	CA=NO TA=YES	Princess Johnson	Carroll Ward
HAHSTA	HAHSTA2021-000012-000	HOUSING COUNSELING SERVICES INC	HIV Housing Support	Federal	New	6/1/21	9/30/21	$371,143.00	PO644358	$371,143.00	$68,204.81	6	4	Satisfactory	CA=NO TA=YES	Sherita Grant	Monique Brown
HAHSTA	HAHSTA2021-000013-001	SEXUAL MINORITY YOUTH ASSISTANCE LEAGUE (SMYAL), INC.	PrEP and Housing	Federal	New	6/28/21	7/29/22	$114,755.00	PO645807	$114,755.00	$15,102.90	8	0	Satisfactory	CA=NO TA=YES	Chantil Thomas	Carroll Ward
HAHSTA	HAHSTA2021-000013-001	SEXUAL MINORITY YOUTH ASSISTANCE LEAGUE (SMYAL), INC.	PrEP and Housing	Federal	Cont	6/28/21	7/29/22	$504,484.00	PO649490	$389,728.00	$25,809.50	8	0	Satisfactory	CA=NO TA=YES	Chantil Thomas	Carroll Ward
HAHSTA	HAHSTA2021-000014-000	HOUSING COUNSELING SERVICES INC	Ryan White Part B Supplemental (EFA)	Federal	New	8/1/21	9/28/21	$489,500.00	PO646662	$489,500.00	$307,208.63	350	346	Satisfactory	CA=NO TA=YES	Ivan Eaton	Monique Brown
HAHSTA	HAHSTA2021-000015-000	WASHINGTON REGIONAL ASSOCIATION OF GRANTMAKERS	The Catalyst Project	Federal	New	9/1/21	7/29/22	$49,900.00	PO649687	$49,900.00	$49,900.00	N/A - Capacity Building	N/A - Capacity Building	Satisfactory	CA=NO TA=YES	Terrance Payton	Selene Arriola
HEPRA	HEPRA2016-000001-008	Children's National Medical Center	Ebola Preparendess	Federal	Cont	5/1/16	6/30/21	$1,231,690.00	PO641421-V3	$488,279.45	$273,878.03	N/A - Capacity Building	N/A - Capacity Building	Satisfactory	CA=NO TA=YES	Kamelah Jefferson	Dorthea Anderson
HEPRA	HEPRA2016-000003-005	Medstar Washington Hospital Center	Ebola Preparendess	Federal	Cont	5/1/16	6/30/21	$716,944.18	PO643160-V3	$142,559.42	$140,461.56	N/A - Capacity Building	N/A - Capacity Building	Satisfactory	CA=NO TA=YES	Kamelah Jefferson	Dorthea Anderson

DOH Unit	EGMS Grant ID	Grantee Name	NOGA Purpose	Funding Source	FY21 Status: New/Cont	Project Period Start Date	Project Period End Date	Total Awarded Amount	PO Number	Approved FY21 Budget Authority	Expenditures	Number of People Targeted	Number of People Served	Performance Rating	Corrective Action/ Technical Assistance (Y/N)	Project Officer	Grant Monitor
HEPRA	HEPRA2016-000005-005	George Washington University Hospital	Ebola Preparendess	Federal	Cont	5/1/16	9/30/21	$1,231,690.91	PO640971-V2	$221,831.48	$221,831.48	N/A - Capacity Building	N/A - Capacity Building	Satisfactory	CA=NO TA=YES	Kamelah Jefferson	Dorthea Anderson
HEPRA	HEPRA2019-000003-003	District of Columbia Hospital Association	DCHA Hospital Preparedness Program	Federal	Cont	7/1/19	6/30/24	$1,422,717.38	PO640970-V2	$1,144,857.57	$136,476.99	N/A - Capacity Building	N/A - Capacity Building	Satisfactory	CA=NO TA=YES	Kamelah Jefferson	April Shepherd
HEPRA	HEPRA2019-000003-004	District of Columbia Hospital Association	DCHA Hospital Preparedness Program	Federal	Cont	7/1/19	6/30/24	$1,572,717.38	PO649476	$150,000.00	$0.00	N/A - Capacity Building	N/A - Capacity Building	Satisfactory	CA=NO TA=YES	Kamelah Jefferson	April Shepherd
HEPRA	HEPRA2019-000004-002	District of Columbia Health Care Assn	DCHCA Hospital Preparedness Program	Federal	Cont	7/1/19	6/30/24	$252,573.00	PO640968-V2	$152,573.00	$4,374.76	N/A - Capacity Building	N/A - Capacity Building	Unsatisfactory	CA=NO TA=YES	Kamelah Jefferson	April Shepherd
HEPRA	HEPRA2019-000004-003	District of Columbia Health Care Assn	DCHCA Hospital Preparedness Program	Federal	Cont	7/1/19	6/30/24	$282,573.00	PO649479	$30,000.00	$0.00	N/A - Capacity Building	N/A - Capacity Building	Satisfactory	CA=NO TA=YES	Kamelah Jefferson	April Shepherd
HEPRA	HEPRA2019-000006-002	DIST OF COLUMBIA PRIMARY CARE ASSOCIATION	DCPCA Hospital Preparedness Program	Federal	Cont	7/1/19	6/30/24	$277,176.00	PO640969-V2	$167,176.00	$78,321.78	N/A - Capacity Building	N/A - Capacity Building	Satisfactory	CA=NO TA=YES	Kamelah Jefferson	April Shepherd
HEPRA	HEPRA2019-000006-003	DIST OF COLUMBIA PRIMARY CARE ASSOCIATION	DCPCA Hospital Preparedness Program	Federal	Cont	7/1/19	6/30/24	$357,176.00	PO649483	$80,000.00	$0.00	N/A - Capacity Building	N/A - Capacity Building	Satisfactory	CA=NO TA=YES	Kamelah Jefferson	April Shepherd
HEPRA	OD/OGM2020-000001-000	COMMUNITY OF HOPE, INC.	DC Calling All Sectors Initiative Community Partnership	Private	Cont	6/1/20	6/30/22	$30,000.00	PO625297	$30,000.00	$5,194.51	45	54	Satisfactory	CA=NO TA=NO	Makeda Vanderpuije	Jennifer Prats

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Goverment of the District of Columbia-Department of Health

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Grant ID	Grantee Name	NOGA Purpose	Fund Source	FY22 Status: New/Cont	Project Period Start Date	Project Period End Date	Budget Period Start Date	Budget Period End Date	Total Awarded Amount	PO Number	Approved Budget Period Authority	Expenditures (FY22 end Q1)	Project Officer	Grant Monitor
CHA2017-000011	BETA OMEGA SOCIAL SERVICES INC	RPEP Education Expantion	Federal	Cont	3/1/17	1/31/24	2/1/21	1/31/22	$ 523,914.62	PO654342	$ 49,500.00	$16,499.88	Jaida Carter	Vivian Walker
CHA2020-000014	BREAD FOR THE CITY, INC.	Million Hearts Quality Improvement	Federal	Cont	1/1/20	6/29/23	6/30/21	6/29/22	$ 480,780.00	PO654798	$ 75,000.00	$7,179.40	Latrice Hughes	Janet Robinson
CHA2022-000012	BREAD FOR THE CITY, INC.	COVID-19 Activities	Federal		1/1/22	9/30/24	1/1/22	9/30/22	$ 56,137.00		$ 56,137.00		Riana Buford	Janet Robinson
CHA2021-000022	CHILDREN'S NATIONAL MEDICAL CENTER	Maternal and Child Health Services Block Grant to States Program	Federal	Cont	6/1/21	9/30/26	10/1/21	9/30/22	$ 763,254.92	PO652049	$ 295,951.95	$32,087.88	Tecia Sellers	Janet Robinson
CHA2021-000024	CHILDREN'S NATIONAL MEDICAL CENTER	Maternal and Child Health Services Block Grant to States Program	Federal	Cont	6/1/21	9/30/26	10/1/21	9/30/22	$ 879,615.32	PO651818	$ 311,000.00	$46,518.22	Simileoluwa Ekundayo	Lisa Thompson
CHA2022-000011	CHILDREN'S NATIONAL MEDICAL CENTER	Improving Pediatric Asthma Outcomes - Infrastructure Expansion	Federal		1/1/22	9/30/23	1/1/22	9/30/22	$ 133,445.00		$ 133,445.00		LaVerne Jones	Janet Robinson
CHA2017-000012	DIST OF COLUMBIA PRIMARY CARE ASSOCIATION	Health System QI	Federal	Cont	10/1/16	6/29/23	6/30/21	6/29/22	$ 1,701,456.00	PO654799	$ 125,000.00	$4,958.00	Latrice Hughes	Patricia Greenaway
CHA2020-000012	Elaine Ellis Center of Health	Million Hearts Quality Improvement	Federal	Cont	1/1/20	6/29/23	6/30/21	6/29/22	$ 1,270,000.00	PO654793	$ 295,000.00	$7,811.46	Latrice Hughes	Brenda Anderson
CHA2022-000009	Elaine Ellis Center of Health	COVID-19 Activities	Federal		1/1/22	9/30/24	1/1/22	9/30/24	$ 250,000.00		$ 250,000.00		Riana Buford	Brenda Anderson
CHA2020-000001	FRESHFARM Markets, Inc.	DC SNAP-Ed	Federal	Cont	10/1/19	9/30/24	10/1/21	9/30/22	$ 1,098,973.56	PO653567	$ 213,000.00	$33,542.81	Danita Banks	Janet Robinson
CHA2020-000015	GEORGETOWN UNIVERSITY, THE	Million Hearts Quality Improvement	Federal	Cont	1/1/20	6/29/23	6/30/21	6/29/22	$ 249,998.86	PO654348	$ 44,999.43	$0.00	Latrice Hughes	Lisa Thompson
CHA2020-000027	GEORGETOWN UNIVERSITY, THE	DC Healthy Start Evaluation	Federal	Cont	10/1/20	9/30/24	10/1/21	9/30/22	$ 400,002.10	PO651955	$ 100,000.05	$0.00	Kristal Dail	Brenda Anderson
CHA2020-000019	HEALING OUR VILLAGE OF DC, INC.	Healing Our Village Diabetes Prevention Program	Federal	Cont	1/1/20	6/29/22	6/30/21	6/29/22	$ 200,000.00	PO652902	$ 40,000.00	$14,123.00	Riana Buford	Lisa Thompson

Grant ID	Grantee Name	NOGA Purpose	Fund Source	FY22 Status: New/Cont	Project Period Start Date	Project Period End Date	Budget Period Start Date	Budget Period End Date	Total Awarded Amount	PO Number	Approved Budget Period Authority	Expenditures (FY22 end Q1)	Project Officer	Grant Monitor
CHA2021-000026	Healthy Babies Project Inc.	Maternal and Child Health Services Block Grant to States Program	Federal	Cont	6/1/21	9/30/26	10/1/21	9/30/22	$ 799,753.26	PO651988	$ 299,907.30	$23,067.24	Tecia Sellers	Janet Robinson
CHA2021-000013	HOWARD UNIVERSITY, THE	COVID-19 Activities	Federal	Cont	3/1/21	6/30/24	10/1/21	9/30/22	$ 945,600.04	PO657438	$ 236,512.25	$0.00	Frank Valliere	Patricia Greenaway
CHA2021-000019	La Clinica del Pueblo	Maternal and Child Health Services Block Grant to States Program	Federal	Cont	6/1/21	9/30/26	10/1/21	9/30/22	$ 733,332.24	PO652030	$ 275,000.12	$15,567.38	Simileoluwa Ekundayo	Lisa Thompson
CHA2022-000008	La Clinica del Pueblo	COVID-19 Activities	Federal	New	1/1/22	9/30/24	1/1/22	9/30/22	$ 846,643.96	PO658495	$ 423,321.98	$0.00	LaVerne Jones	Lisa Thompson
CHA2020-000016	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	Million Hearts Quality Improvement	Federal	Cont	1/1/20	6/29/23	6/30/21	6/29/22	$ 249,989.74	PO654347	$ 44,995.53	$0.00	Latrice Hughes	Lisa Thompson
CHA2021-000020	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	Maternal and Child Health Services Block Grant to States Program	Federal	Cont	6/1/21	9/30/26	10/1/21	9/30/22	$ 261,628.50	PO652450	$ 92,529.25	$12,145.50	Simileoluwa Ekundayo	Lisa Thompson
CHA2021-000017	MedStar Health Research Institute	Improving Colorectal Cancer Screening Rates in the District	Federal	Cont	5/1/21	12/31/23	10/1/21	6/29/22	$ 297,334.48	PO653410	$ 130,000.00	$4,433.25	Senkuta Riverson	Janet Robinson
CHA2022-000010	METRO HEALTH INC	COVID-19 Activities	Federal	New	1/1/22	9/30/24	1/1/22	9/30/22	$ 600,000.00	PO658494	$ 300,000.00	$0.00	LaVerne Jones	Lisa Thompson
CHA2021-000027	Projections Consulting Inc	Comprehensive Cancer Control Coalition	Federal	New	7/1/21	5/31/22	7/1/21	5/31/22	$ 40,000.00	PO653824	$ 40,000.00	$9,300.00	Tesha Coleman	Vivian Walker
CHA2022-000007	Providence Health Services, Inc.	Vaccination Services- Routine & COVID-19	Federal	New	1/1/22	1/31/22	1/1/22	1/31/22	$ 1,000,000.00	PO657772	$ 500,000.00	$0.00	Urvi Kalpesh Patel	Vivian Walker
CHA2020-000022	Sorogi, Inc.	Flexcare Pharmacy Diabetes Prevention Program	Federal	Cont	1/1/20	6/29/22	6/30/21	6/29/22	$ 549,730.00	PO654785	$ 134,930.00	$16,880.21	Riana Buford	Lisa Thompson
CHA2021-000031	The GW Medical Faculty Associates	Vaccination Services	Federal	Cont	8/1/21	6/30/22	1/1/22	6/30/22	$ 1,800,000.00	PO657458	$ 900,000.00	$212,665.70	Urvi Kalpesh Patel	Brenda Anderson
CHA2020-000017	UNITY HEALTH CARE, INC.	Million Hearts Quality Improvement	Federal	Cont	1/1/20	6/29/23	6/30/21	6/29/22	$ 405,617.78	PO654344	$ 45,000.00	$0.00	Riana Buford	Lisa Thompson

Grant ID	Grantee Name	NOGA Purpose	Fund Source	FY22 Status: New/Cont	Project Period Start Date	Project Period End Date	Budget Period Start Date	Budget Period End Date	Total Awarded Amount	PO Number	Approved Budget Period Authority	Expenditures (FY22 end Q1)	Project Officer	Grant Monitor
CHA2020-000023	UNITY HEALTH CARE, INC.	Unity Diabetes Prevention Program	Federal	Cont	1/1/20	6/29/22	6/30/21	6/29/22	$ 199,999.98	PO654350	$ 39,999.99	$0.00	Riana Buford	Lisa Thompson
CHA2021-000014	WHITMAN-WALKER CLINIC, INC.	COVID-19 Activities	Federal	Cont	3/1/21	6/30/24	10/1/21	9/30/22	$ 1,662,300.00	PO657434	$ 581,150.00	$0.00	Frank Valliere	Patricia Greenaway
CHA2021-000025	WILLIAM WENDT CENTER FOR LOSS & HEALING	Maternal and Child Health Services Block Grant to States Program	Federal	Cont	6/1/21	9/30/26	10/1/21	9/30/22	$ 804,784.00	PO651852	$ 300,000.00	$0.00	Tecia Sellers	Janet Robinson
CHA2020-000003	YMCA of Metropolitan Washington	DC SNAP-Ed	Federal	Cont	10/1/19	9/30/24	10/1/21	9/30/22	$ 769,983.74	PO650883	$ 124,999.48	$0.00	Danita Banks	Janet Robinson
CHA2022-000002	American University	THIS-WIC Telehealth Project	Federal	New	11/1/21	9/30/22	11/1/21	9/30/22	$ 201,303.00	PO652967	$ 201,303.00	$0.00	Rebecca Bailey	Tiffanie Williams
CHA2021-000040	CHILDREN'S NATIONAL MEDICAL CENTER	Spec. Supp Nutrition Program for Women, Infant and Children	Federal	New	11/1/21	9/30/22	11/1/21	9/30/22	$ 1,027,655.00	PO653424	$ 1,027,655.00	$137,598.62	Rebecca Bailey	Tiffanie Williams
CHA2021-000030	Every Child By Two	Immunization Education & Promotion	Federal	New	9/1/21	6/30/24	9/1/21	6/30/22	$ 67,676.00	PO654805	$ 67,676.00	$14,874.16	Jacquelyn Campbell	Vivian Walker
CHA2022-000001	HOWARD UNIVERSITY, THE	Spec. Supp Nutrition Program for Women, Infant and Children	Federal	New	11/1/21	9/30/22	11/1/21	9/30/22	$ 661,475.00	PO653421	$ 661,475.00	$20,725.40	Rebecca Bailey	Tiffanie Williams
CHA2021-000032	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	Maternal Infant Early Childhood Home Visiting (MIECHV) 2021	Federal	New	10/1/21	9/30/25	10/1/21	9/30/22	$ 1,908,043.00	PO651812-V2	$ 1,908,043.00	$276,574.62	Ashley Lane	Brenda Anderson
CHA2021-000039	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	Spec. Supp Nutrition Program for Women, Infant and Children	Federal	New	10/1/21	9/30/22	10/1/21	9/30/22	$ 1,053,000.00	PO652023	$ 1,053,000.00	$155,774.46	Rebecca Bailey	Tiffanie Williams
CHA2021-000036	UNITY HEALTH CARE, INC.	Spec. Supp Nutrition Program for Women, Infant and Children	Federal	New	10/1/21	9/30/22	10/1/21	9/30/22	$ 1,453,000.00	PO652712	$ 1,453,000.00	$0.00	Rebecca Bailey	Tiffanie Williams
CHA2020-000006	COMMUNITY OF HOPE, INC.	DC Healthy Start Program	Federal and Local	Cont	1/1/20	9/30/24	10/1/21	9/30/22	$ 2,826,824.00	PO651854	$ 418,000.00	$35,852.57	Kristal Dail	Brenda Anderson

Grant ID	Grantee Name	NOGA Purpose	Fund Source	FY22 Status: New/Cont	Project Period Start Date	Project Period End Date	Budget Period Start Date	Budget Period End Date	Total Awarded Amount	PO Number	Approved Budget Period Authority	Expenditures (FY22 end Q1)	Project Officer	Grant Monitor
CHA2021-000021	DC BREASTFEEDING COALITION	Creating a Breastfeeding-Friendly District of Columia	Federal and Local	Cont	6/1/21	9/30/26	10/1/21	9/30/22	$ 1,426,000.00	PO651928	$ 458,000.00	$71,849.82	Noni Robinson	Lisa Thompson
CHA2016-000082	DIST OF COLUMBIA PRIMARY CARE ASSOCIATION	DC3C: Primary Care Health Systems Intervention	Federal and Local	Cont	9/26/16	6/29/22	6/30/21	6/29/22	$ 2,900,058.14	PO652140	$ 111,626.00	$7,611.20	Senkuta Riverson	Janet Robinson
CHA2020-000018	FAMILY AND MEDICAL COUNSELING SERVICE INC	Million Hearts Quality Improvement	Federal and Local	Cont	1/1/20	6/29/23	6/30/21	6/29/22	$ 1,106,596.00	PO654786	$ 276,649.00	$8,074.62	Latrice Hughes	Vivian Walker
CHA2016-000034	Georgetown University	Maternal, Infant and Early Childhood Home Visitation Program	Federal and Local	Cont	2/15/15	9/30/22	10/1/21	9/30/22	$ 6,153,371.84	PO652901	$ 167,798.00	$0.00	Ashley Lane	Brenda Anderson
CHA2019-000018	La Clinica del Pueblo	Multi-Component Obesity Prevention in Targeted Settings	Federal and Local	Cont	4/1/19	9/30/22	10/1/21	9/30/22	$ 1,310,287.64	PO657774	$ 125,000.00	$0.00	LaVerne Jones	Lisa Thompson
CHA2020-000008	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	DC Healthy Start Program	Federal and Local	Cont	1/1/20	9/30/24	10/1/21	9/30/22	$ 4,111,203.70	PO652027	$ 417,931.45	$56,605.45	Kristal Dail	Brenda Anderson
CHA2021-000029	Projections Consulting Inc	Alzheimer's Disease and Related Dementias Advisory Coalition	Federal and Local	New	8/1/21	1/31/22	8/1/21	1/31/22	$ 45,000.00	PO654804	$ 45,000.00	$27,375.00	Tihitina Chamiso	Patricia Greenaway
CHA2019-000021	YMCA of Metropolitan Washington	Multi-Component Obesity Prevention in Targeted Settings	Federal and Local	Cont	4/1/19	9/30/22	10/1/21	9/30/22	$ 968,422.26	PO657426	$ 129,996.22	$19,167.29	LaVerne Jones	Lisa Thompson
CHA2020-000009	CHILDREN'S NATIONAL MEDICAL CENTER	Healthy Steps Expansion Children's Health Center- Anacostia	Local	Cont	10/1/19	9/30/24	10/1/21	9/30/22	$ 1,205,269.46	PO652498	$ 208,066.98	$0.00	Jasmine Davis	Brenda Anderson
CHA2017-000002	Children's School Services	School Health Services Program	Local	Cont	10/1/17	10/31/21	10/1/20	10/31/21	$ 194,095,065.12	PO651340	$ 24,870,429.25	$1,964,819.91	Jessica Arter	Patricia Greenaway
CHA2022-000003	Children's School Services	School Health Services Program	Local	New	11/1/21	9/30/24	11/1/21	9/30/22	$ 24,246,773.61	PO654021	$ 24,246,773.61	$1,442,627.23	Jessica Arter	Patricia Greenaway
CHA2019-000020	COMMUNITY OF HOPE, INC.	Home Visiting Services	Local	Cont	4/1/19	9/30/22	10/1/21	9/30/22	$ 2,456,044.00	PO651856	$ 355,000.00	$36,824.22	Sena Doe	Brenda Anderson

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CHA2021-000003	COMMUNITY WELLNESS ALLIANCE LLC	DC Tobacco Free Coalition	Local	Cont	10/1/20	9/30/22	10/1/21	9/30/22	$ 198,000.00	PO652138	$ 49,500.00	$7,056.89	Jazmin Devonish	Vivian Walker
CHA2016-000066	Crittenton Services of Greater Washington	School Health	Local	Cont	3/14/16	11/30/21	10/1/20	11/30/21	$ 8,656,038.66	PO657766	$ 1,048,019.33	$100,019.33	Tecia Sellers	Brenda Anderson
CHA2020-000026	District of Columbia Hospital Association	Perinatal Quality Collaborative	Local	Cont	7/1/20	9/30/24	10/1/21	9/30/22	$ 1,551,446.60	PO652499	$ 337,349.19	$0.00	Tiffany Gray	Brenda Anderson
CHA2021-000002	District of Columbia Hospital Association	DC Healthier Hospital Initiative FY 21	Local	Cont	10/1/20	9/30/22	10/1/21	9/30/22	$ 199,890.22	PO657428	$ 49,999.10	$0.00	LaVerne Jones	Lisa Thompson
CHA2022-000004	FLORENCE CRITTENTON SERVICES OF GREATER WASHINGTON	Pregnancy Prevention in Adolescents	Local	New	12/1/21	9/30/22	12/1/21	9/30/22	$ 634,980.67	PO657719	$ 634,980.67	$0.00	Tecia Sellers	Brenda Anderson
CHA2019-000022	HOWARD UNIVERSITY, THE	Pre-term Birth Reduction Pilot	Local	Cont	5/1/19	9/30/22	10/1/21	9/30/22	$ 2,422,320.58	PO653830	$ 205,570.46	$37,499.96	Simileoluwa Ekundayo	Patricia Greenaway
CHA2021-000006	HOWARD UNIVERSITY, THE	Howard University Centers of Excellence	Local	Cont	12/1/20	9/30/27	10/1/21	9/30/22	$ 33,764,202.00	PO657427	$ 12,682,500.00	$0.00	Shannon Gopaul	Patricia Greenaway
CHA2021-000015	HOWARD UNIVERSITY, THE	Tobacco Cessation & Lung Screening	Local	Cont	10/1/20	9/30/22	10/1/21	9/30/22	$ 499,786.00	PO652052	$ 100,000.00	$0.00	Jazmin Devonish	Lisa Thompson
CHA2020-000004	Mamatoto Village Inc	Home Visiting Services	Local	Cont	10/1/19	9/30/24	10/1/21	9/30/22	$ 2,332,443.66	PO651849	$ 386,075.33	$31,550.60	Sena Doe	Brenda Anderson
CHA2021-000010	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	School Based Health Centers Program	Local	Cont	4/1/21	9/30/24	10/1/21	9/30/22	$ 932,218.00	PO651811	$ 300,000.00	$0.00	Francina Boykin	Patricia Greenaway
CHA2022-000005	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	First Time Mothers Home Visiting Program	Local	New	12/1/21	9/30/22	12/1/21	9/30/22	$ 150,000.00	PO657437	$ 150,000.00	$0.00	Kristal Dail	Brenda Anderson
CHA2021-000005	MCH Ventures	DC Health + Mahmee	Local	Cont	12/1/20	9/30/22	10/1/21	9/30/22	$ 2,596,340.00	PO652133	$ 649,085.00	$157,048.77	Simileoluwa Ekundayo	Janet Robinson
CHA2020-000010	MedStar Research Health Institute	ECIN Early Childhood Place Based Initiative	Local	Cont	10/1/19	9/30/22	10/1/21	9/30/22	$ 3,243,295.02	PO652139	$ 543,134.87	$0.00	Jasmine Davis	Brenda Anderson
CHA2021-000011	MedStar Research Health Institute	School Based Health Centers Program	Local	Cont	4/1/21	9/30/24	10/1/21	9/30/22	$ 1,990,858.00	PO651851	$ 599,996.00	$0.00	Francina Boykin	Patricia Greenaway

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CHA2021-000012	UNITY HEALTH CARE, INC.	School Based Health Centers Program	Local	Cont	4/1/21	9/30/24	10/1/21	9/30/22	$ 1,918,247.58	PO651335	$ 600,000.00	$0.00	Francina Boykin	Patricia Greenaway
CHA2021-000035	DC Central Kitchen	Healthy Corner Stores	Local	New	10/1/21	9/30/24	10/1/21	9/30/22	$ 500,000.00	PO651885	$ 500,000.00	$155,318.22	Joann Jolly	Vivian Walker
CHA2021-000034	FOOD & FRIENDS, INC.	Home Delivered Meals	Local	New	11/1/21	9/30/24	11/1/21	9/30/22	$ 820,000.00	PO653568	$ 820,000.00	$221,874.28	Joann Jolly	Vivian Walker
CHA2021-000037	FRESHFARM Markets, Inc.	Driving Immediate Improvements to Food Environments: Produce Incentives for Farmers Markets	Local	New	10/1/21	9/30/24	10/1/21	9/30/22	$ 1,000,000.00	PO651855	$ 1,000,000.00	$3,796.00	Joann Jolly	Janet Robinson
CHA2021-000033	Martha's Table, Inc.	Joyful Food Markets	Local	New	10/1/21	9/30/24	10/1/21	9/30/22	$ 1,500,000.00	PO652051	$ 1,500,000.00	$129,827.59	Joann Jolly	Janet Robinson
CHA2021-000009	MedStar Research Health Institute	Tobacco Cessation & Lung Screening	Local	Cont	4/1/21	9/30/22	10/1/21	9/30/22	$ 550,155.40	PO653411	$ 125,195.59	$29,988.09	Jazmin Devonish	Janet Robinson
HAHSTA2019-000032	Access to Wholistic and Productive Living, Inc	Regional Early Intervention Services	Federal	Cont	10/1/19	2/28/25	3/1/21	2/28/22	$ 1,200,000.00	PO651120	$ 200,000.00	$27,516.23	Christie Olejemeh	Carroll Ward
HAHSTA2017-000024	AIDS HEALTHCARE FOUNDATION INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	2/28/22	3/1/21	2/28/22	$ 930,604.00	PO650881	$ 97,800.00	$1,056.00	Christie Olejemeh	Selene Arriola
HAHSTA2019-000011	AIDS HEALTHCARE FOUNDATION INC	Ryan White Part A	Federal	Cont	3/1/19	2/28/22	3/1/21	2/28/22	$ 2,253,658.00	PO650919	$ 369,943.00	$58,885.00	Christie Olejemeh	Selene Arriola
HAHSTA2019-000031	AIDS HEALTHCARE FOUNDATION INC	Regional Early Intervention Services	Federal	Cont	8/15/19	2/28/25	3/1/21	2/28/22	$ 1,577,224.00	PO650930	$ 253,056.00	$29,567.00	Christie Olejemeh	Selene Arriola
HAHSTA2019-000023	ANDROMEDATRANSCULTURAL HEALTH	Opioid Treatment Expansion	Federal	Cont	8/15/19	9/30/22	10/1/21	9/30/22	$ 666,668.00	PO657464	$ 35,417.00	$10,827.88	Stephen Reese	Cassandra Lewis-Battle
HAHSTA2019-000002	BREAD FOR THE CITY, INC.	Special Initiatives: Needle Exchange and Transgender Health Initiative	Federal	Cont	10/1/18	9/30/22	10/1/21	9/30/22	$ 572,680.94	PO653844-V2	$ 71,585.00	$9,570.53	Stephen Reese	Cassandra Lewis-Battle
HAHSTA2017-000030	CHILDREN'S NATIONAL MEDICAL CENTER	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	2/28/22	3/1/21	2/28/22	$ 5,931,988.31	PO650878-V2	$ 641,296.00	$104,348.27	Christie Olejemeh	April Richardson

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HAHSTA2019-000013	CHILDREN'S NATIONAL MEDICAL CENTER	Ryan White (Part A) HIV/AIDS Program	Federal	Cont	3/1/19	2/28/22	3/1/21	2/28/22	$ 4,033,424.00	PO650920-V2	$ 670,771.00	$117,215.36	Christie Olejemeh	April Richardson
HAHSTA2019-000030	CHILDREN'S NATIONAL MEDICAL CENTER	Regional Early Intervention Services	Federal	Cont	10/1/19	2/28/25	3/1/21	2/28/22	$ 2,120,000.00	PO650925-V2	$ 350,000.00	$69,970.30	Christie Olejemeh	April Richardson
HAHSTA2019-000033	COMMUNITY FAMILY LIFE SERVICE INC	Regional Early Intervention Services	Federal	Cont	8/15/19	2/28/25	3/1/21	2/28/22	$ 1,909,998.00	PO650927-V2	$ 300,000.00	$74,845.90	Ivan Eaton	Monique Brown
HAHSTA2017-000042	DAMIEN MINISTRIES INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	4/1/21	3/31/22	$ 1,080,000.00	PO652008-V2	$ 120,000.00	$21,481.35	Trammell Walters	Cassandra Lewis-Battle
HAHSTA2019-000042	DAMIEN MINISTRIES INC	Regional Early Intervention Services	Federal	Cont	9/1/19	2/28/25	3/1/21	2/28/22	$ 1,610,000.00	PO650929	$ 250,000.00	$14,393.07	Trammell Walters	Cassandra Lewis-Battle
HAHSTA2019-000001	FAMILY AND MEDICAL COUNSELING SERVICE INC	Special Initiatives: Needle Exchange and Transgender Health Initiative	Federal	Cont	10/1/18	9/30/22	10/1/21	9/30/22	$ 4,104,832.00	PO653826-V2	$ 351,708.00	$43,662.41	Stephen Reese	Monique Brown
HAHSTA2019-000015	FAMILY AND MEDICAL COUNSELING SERVICE INC	Opioid Treatment Expansion	Federal	Cont	5/1/19	9/30/22	10/1/21	9/30/22	$ 1,024,168.00	PO653837-V2	$ 35,417.00	$21,672.06	Stephen Reese	Monique Brown
HAHSTA2019-000039	FAMILY AND MEDICAL COUNSELING SERVICE INC	Regional Early Intervention Services	Federal	Cont	9/1/19	2/28/25	3/1/21	2/28/22	$ 2,362,426.00	PO650931-V2	$ 400,000.00	$82,014.55	Robert Ridley	Monique Brown
HAHSTA2021-000007	FAMILY AND MEDICAL COUNSELING SERVICE INC	Harm Reduction: Vending Machines	Federal	New	10/1/21	9/30/24	10/1/21	9/30/22	$ 150,000.00	PO652054	$ 150,000.00	$0.00	Stephen Reese	Monique Brown
HAHSTA2022-000001	FAMILY AND MEDICAL COUNSELING SERVICE INC	Syringe Service Program Enhancement	Federal	New	10/1/21	8/31/22	10/1/21	8/31/22	$ 75,000.00	PO652065-V2	$ 75,000.00	$2,943.24	Stephen Reese	Monique Brown
HAHSTA2022-000002	FAMILY AND MEDICAL COUNSELING SERVICE INC	Polysubstance Integration	Federal	New	11/1/21	9/30/22	11/1/21	9/30/22	$ 112,320.00	PO653425	$ 112,320.00	$0.00	Stephen Reese	Monique Brown
HAHSTA2019-000028	Fredericksburg Area HIV/Aids Support Services	Regional Early Intervention Services	Federal	Cont	8/15/19	2/28/25	3/1/21	2/28/22	$ 1,218,306.00	PO651077	$ 203,051.00	$18,586.18	Robert Ridley	Monique Brown
HAHSTA2019-000014	Greater Baden Medical Services, Inc.	Ryan White (Part A) HIV/AIDS Program	Federal	Cont	3/1/19	2/28/22	3/1/21	2/28/22	$ 3,728,000.00	PO650922-V2	$ 608,000.00	$202,962.32	Ivan Eaton	Rony Mohram

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HAHSTA2019-000017	HEALTH HIV	Opioid Use and Misuse Learning Institute	Federal	Cont	6/1/19	9/30/22	10/1/21	9/30/22	$ 3,217,106.00	PO653838-V2	$ 150,000.00	$29,538.83	Stephen Reese	Monique Brown
HAHSTA2020-000017	HEALTH HIV	Engaging and Empowering Communities by Building Capacity to Implement Harm Reduction Programs	Federal	Cont	7/1/20	8/31/22	9/1/21	8/31/22	$ 2,100,000.00	PO652502	$ 400,000.00	$15,862.77	Malachi Stewart	Monique Brown
HAHSTA2019-000010	Heart To Hand Inc.	Ryan White (Part A) HIV/AIDS Program	Federal	Cont	3/1/19	2/28/22	3/1/21	2/28/22	$ 5,150,000.00	PO650923-V2	$ 793,000.00	$119,208.68	Trammell Walters	Carroll Ward
HAHSTA2019-000038	Heart To Hand Inc.	Regional Early Intervention Services	Federal	Cont	9/1/19	2/28/25	3/1/21	2/28/22	$ 2,100,000.00	PO651075	$ 350,000.00	$46,904.11	Trammell Walters	Carroll Ward
HAHSTA2021-000016	HELPING INDIVIDUAL PROSTITUTES SURVIVE	Harm Reduction: Vending Machines	Federal	New	11/1/21	9/30/24	11/1/21	9/30/22	$ 150,000.00	PO653832	$ 150,000.00	$19,746.78	Stephen Reese	Rony Mohram
HAHSTA2022-000007	HELPING INDIVIDUAL PROSTITUTES SURVIVE	Syringe Service Program Enhancement	Federal		1/1/22	8/31/22	1/1/22	8/31/22	$ 894,000.00	PO658497	$ 447,000.00	$0.00	Stephen Reese	Rony Mohram
HAHSTA2018-000002	HOWARD UNIVERSITY, THE	FY 18 Opioid Treatment Expansion Initiative	Federal	Cont	11/1/17	9/30/22	10/1/21	9/30/22	$ 2,687,368.80	PO653829-V2	$ 35,417.00	$0.00	Stephen Reese	Cassandra Lewis-Battle
HAHSTA2017-000041	Institute for Public Health Innovation	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	4/1/21	3/31/22	$ 900,000.00	PO651308	$ 100,000.00	$7,263.36	Christie Olejemeh	Carroll Ward
HAHSTA2017-000035	JOSEPH'S HOUSE INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	2/28/22	3/1/21	2/28/22	$ 1,910,234.00	PO650910	$ 205,000.00	$47,511.60	Robert Ridley	Selene Arriola
HAHSTA2017-000034	La Clinica del Pueblo	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	2/28/22	3/1/21	2/28/22	$ 4,139,294.00	PO650918-V2	$ 468,300.00	$65,461.79	Trammell Walters	April Richardson
HAHSTA2019-000034	La Clinica del Pueblo	Regional Early Intervention Services	Federal	Cont	8/15/19	2/28/25	3/1/21	2/28/22	$ 1,500,000.00	PO650932	$ 250,000.00	$37,119.25	Trammell Walters	April Richardson

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HAHSTA2020-000014	La Clinica del Pueblo	Expansion of Ryan White HIV/AIDS Part A MAI Youth Reach Program	Federal	Cont	3/1/20	2/28/22	3/1/21	2/28/22	$ 800,000.00	PO651271-V2	$ 200,000.00	$27,155.98	Trammell Walters	April Richardson
HAHSTA2021-000009	La Clinica del Pueblo	FY2021 Ending the HIV Epidemic	Federal	New	6/1/21	2/28/25	6/1/21	2/28/22	$ 100,000.00	PO652011	$ 100,000.00	$23,363.95	Felix Avellanet	April Richardson
HAHSTA2022-000005	LATIN AMERICAN YOUTH CENTER, INC.	Innovative Approaches to Pregnancy Prevention	Federal	New	1/1/22	9/30/23	1/1/22	9/30/22	$ 150,000.00	PO658496	$ 75,000.00	$0.00	Adrienne Barksdale	Cassandra Lewis-Battle
HAHSTA2019-000041	Mary Washington Healthcare	Regional Early Intervention Services	Federal	Cont	9/1/19	2/28/25	3/1/21	2/28/22	$ 480,000.00	PO651079-V2	$ 80,000.00	$23,912.55	Princess Johnson	Rony Mohram
HAHSTA2017-000038	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	2/28/22	3/1/21	2/28/22	$ 141,126.00	PO650914	$ 15,976.00	$1,136.61	Christie Olejemeh	Carroll Ward
HAHSTA2018-000006	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	FY 18 Opioid Treatment Expansion Initiative	Federal	Cont	11/1/17	9/30/22	10/1/21	9/30/22	$ 1,748,962.00	PO653828-V2	$ 35,417.00	$7,459.72	Stephen Reese	Carroll Ward
HAHSTA2021-000017	MedStar Health Research Institute	Community Based Disease Intervention Services (DIS)	Federal	New	10/1/21	2/28/25	10/1/21	2/28/22	$ 73,500.00	PO652620	$ 73,500.00	$14,779.19	Christie Olejemeh	Cassandra Lewis-Battle
HAHSTA2017-000033	MedStar Research Health Institute	MHRI/MWHC Ryan White Parts A and B application 2017	Federal	Cont	10/1/17	2/28/22	3/1/21	2/28/22	$ 3,029,834.00	PO650907	$ 343,000.00	$52,487.04	Christie Olejemeh	Cassandra Lewis-Battle
HAHSTA2019-000026	METRO HEALTH INC	Regional Early Intervention Services	Federal	Cont	8/15/19	2/28/25	3/1/21	2/28/22	$ 2,210,000.00	PO650933	$ 350,000.00	$56,940.57	Ivan Eaton	Selene Arriola
HAHSTA2020-000024	Montgomery County Maryland	Ending the HIV Epidemic	Federal	Cont	7/15/20	2/28/25	3/1/21	2/28/22	$ 3,227,703.32	PO651316-V2	$ 1,172,583.66	$91,744.12	Robert Ridley	Rony Mohram
HAHSTA2020-000001	Neighborhood Health	VA MAI Youth Reach	Federal	Cont	10/1/19	2/28/22	3/1/21	2/28/22	$ 1,942,206.00	PO651124-V2	$ 402,894.00	$55,787.74	Princess Johnson	Rony Mohram
HAHSTA2019-000045	NovaSalud, Inc.	Regional Early Intervention Services	Federal	Cont	9/1/19	2/28/25	3/1/21	2/28/22	$ 1,572,430.00	PO651081	$ 250,000.00	$30,151.86	Princess Johnson	Carroll Ward
HAHSTA2020-000021	Prince Georges County Health Department	Ending the HIV Epidemic	Federal	Cont	7/1/20	2/28/25	3/1/21	2/28/22	$ 3,384,625.32	PO652010-V2	$ 1,172,583.66	$119,451.79	Robert Ridley	Rony Mohram

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HAHSTA2021-000013	SEXUAL MINORITY YOUTH ASSISTANCE LEAGUE (SMYAL), INC.	PrEP and Housing	Federal	New	6/28/21	7/29/22	7/31/21	7/29/22	$ 389,728.00	no PO issued	$ 389,728.00		Chantil Thomas	Carroll Ward
HAHSTA2018-000003	SHENANDOAH VALLEY MEDICAL SYSTEM, INCORPORATED	Ryan White HIV AIDS Program	Federal	Cont	3/1/18	2/28/22	3/1/21	2/28/22	$ 3,350,682.00	PO650913	$ 491,887.00	$80,578.16	Ashley Price	Carroll Ward
HAHSTA2019-000029	SLK Health Services Corporation	Regional Early Intervention Services	Federal	Cont	9/1/19	2/28/25	3/1/21	2/28/22	$ 1,200,000.00	PO651076	$ 200,000.00	$57,028.34	Ivan Eaton	Selene Arriola
HAHSTA2017-000028	United Medical Center	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	2/28/22	3/1/21	2/28/22	$ 1,574,984.00	PO650909	$ 178,300.00	$0.00	Trammell Walters	Carroll Ward
HAHSTA2017-000040	UNITY HEALTH CARE, INC.	FY2017 Unity Health Care Ryan White HIV/AIDS Medical Case Management Program	Federal	Cont	10/1/17	3/31/22	4/1/21	3/31/22	$ 3,168,480.00	PO651313	$ 350,000.00	$49,425.98	Robert Ridley	Rony Mohram
HAHSTA2018-000007	UNITY HEALTH CARE, INC.	FY 18 Opioid Treatment Expansion Initiative	Federal	Cont	11/1/17	9/30/22	10/1/21	9/30/22	$ 1,642,968.00	PO653842-V2	$ 35,417.00	$19,377.67	Stephen Reese	Rony Mohram
HAHSTA2017-000037	US HELPING US-PEOPLE INTO LIVING, INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	4/1/21	3/31/22	$ 2,616,198.00	PO651280-V2	$ 250,000.00	$45,404.30	Christie Olejemeh	April Richardson
HAHSTA2019-000035	US HELPING US-PEOPLE INTO LIVING, INC	The Suburban Maryland Project (The Burb Project)	Federal	Cont	8/15/19	2/28/25	3/1/21	2/28/22	$ 2,210,000.00	PO650934-V2	$ 350,000.00	$86,735.76	Christie Olejemeh	April Richardson
HAHSTA2022-000006	US HELPING US-PEOPLE INTO LIVING, INC	Stick Right Project	Federal	New	1/1/22	9/30/22	1/1/22	9/30/22	$ 466,000.00	PO658307	$ 233,000.00	$0.00	Stephen Reese	April Richardson
HAHSTA2019-000016	Washington Health Institute	Washington Health Institute	Federal	Cont	5/1/19	2/28/22	3/1/21	2/28/22	$ 700,000.00	PO650924-V2	$ 160,000.00	$0.00	Princess Johnson	Carroll Ward
HAHSTA2019-000044	Washington Health Institute	Regional Early Intervention Services	Federal	Cont	9/1/19	2/28/25	3/1/21	2/28/22	$ 2,010,000.00	PO650938	$ 350,000.00	$0.00	Princess Johnson	Carroll Ward
HAHSTA2021-000011	Washington Health Institute	FY2021 Ending the HIV Epidemic	Federal	New	6/1/21	2/28/25	6/1/21	2/28/22	$ 100,000.00	PO650877	$ 100,000.00	$0.00	Princess Johnson	Carroll Ward

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HAHSTA2021-000015	WASHINGTON REGIONAL ASSOCIATION OF GRANTMAKERS	The Catalyst Project	Federal	New	9/1/21	7/29/22	9/1/21	7/29/22	$ 49,900.00	PO654889	$ 49,900.00	$0.00	Terrance Payton	Selene Arriola
HAHSTA2019-000036	WHITMAN-WALKER CLINIC, INC.	Regional Early Intervention Services	Federal	Cont	8/15/19	2/28/25	3/1/21	3/31/22	$ 4,500,000.00	PO650928-V2	$ 750,000.00	$126,057.54	Trammell Walters	Rony Mohram
HAHSTA2021-000010	WHITMAN-WALKER CLINIC, INC.	FY2021 Ending the HIV Epidemic	Federal	New	6/1/21	2/28/25	6/1/21	2/28/22	$ 100,000.00	PO651459	$ 100,000.00	$16,894.93	Trammell Walters	Rony Mohram
HAHSTA2017-000039	WHITMAN-WALKER CLINIC, INC. DBA Whitman-Walker Health	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	2/28/22	3/1/21	2/28/22	$ 10,761,183.20	PO650911-V2	$ 1,140,168.00	$250,789.56	Trammell Walters	Rony Mohram
HAHSTA2018-000005	WHITMAN-WALKER CLINIC, INC. DBA Whitman-Walker Health	FY 18 Opioid Treatment Expansion Initiative	Federal	Cont	11/1/17	9/30/22	10/1/21	9/30/22	$ 2,518,968.00	PO653841-V2	$ 35,417.00	$14,144.28	Stephen Reese	Rony Mohram
HAHSTA2017-000032	WOMEN'S COLLECTIVE INC, THE	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	4/1/21	3/31/22	$ 2,378,078.00	PO651314	$ 250,800.00	$48,161.05	Robert Ridley	April Richardson
HAHSTA2019-000025	WOMEN'S COLLECTIVE INC, THE	Regional Early Intervention Services	Federal	Cont	8/15/19	2/28/25	3/1/21	2/28/22	$ 1,550,600.00	PO650935-V2	$ 250,000.00	$54,332.97	Robert Ridley	April Richardson
HAHSTA2017-000046	Children's National Medical Center	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	4/1/21	3/31/22	$ 2,160,000.00	PO651279	$ 240,000.00	$39,001.75	Christie Olejemeh	April Richardson
HAHSTA2017-000025	COMMUNITY FAMILY LIFE SERVICE INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	3/1/17	3/31/22	4/1/21	3/31/22	$ 1,817,238.00	PO650771	$ 195,000.00	$53,538.20	Ivan Eaton	Monique Brown
HAHSTA2020-000007	COMMUNITY FAMILY LIFE SERVICE INC	Housing and Support Services	Federal	Cont	1/1/20	9/30/23	10/1/21	9/30/22	$ 2,319,274.00	PO651319	$ 395,879.00	$101,901.97	Chantil Thomas	Monique Brown
HAHSTA2020-000002	COMMUNITY SERVICE NETWORK INC	Housing and Support Services	Federal	Cont	10/1/19	9/30/23	10/1/21	9/30/22	$ 380,000.00	PO650905	$ 55,000.00	$11,486.91	Sherita Grant	Rony Mohram
HAHSTA2017-000029	FAMILY AND MEDICAL COUNSELING SERVICE INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	4/1/21	3/31/22	$ 3,062,200.00	PO652053	$ 337,800.00	$64,105.98	Robert Ridley	Monique Brown
HAHSTA2020-000010	HOMES FOR HOPE, INC.	Housing and Support Services	Federal	Cont	1/15/20	9/30/23	10/1/21	9/30/22	$ 2,470,000.00	PO651320	$ 441,000.00	$121,998.70	Chantil Thomas	Monique Brown

Grant ID	Grantee Name	NOGA Purpose	Fund Source	FY22 Status: New/Cont	Project Period Start Date	Project Period End Date	Budget Period Start Date	Budget Period End Date	Total Awarded Amount	PO Number	Approved Budget Period Authority	Expenditures (FY22 end Q1)	Project Officer	Grant Monitor
HAHSTA2018-000004	HOUSING COUNSELING SERVICES INC	Emergency Financial Assistance	Federal	Cont	3/1/18	2/28/22	3/1/21	2/28/22	$ 15,847,000.00	PO650915-V2	$ 2,100,000.00	$289,463.70	Ivan Eaton	Monique Brown
HAHSTA2020-000008	HOUSING COUNSELING SERVICES INC	Housing and Support Services	Federal	Cont	1/1/20	9/30/23	10/1/21	9/30/22	$ 3,000,000.00	PO650886	$ 500,000.00	$111,475.63	Sherita Grant	Monique Brown
HAHSTA2021-000018	HOUSING COUNSELING SERVICES INC	HIV Housing Support	Federal	New	10/1/21	9/30/22	10/1/21	9/30/22	$ 2,885,320.00	PO651964	$ 2,885,320.00	$358,717.75	Sherita Grant	Monique Brown
HAHSTA2022-000004	HOUSING COUNSELING SERVICES INC	Facility Based Housing	Federal	New	11/1/21	9/30/25	11/1/21	9/30/22	$ 625,000.00	PO653834	$ 625,000.00	$17,729.39	Sherita Grant	Monique Brown
HAHSTA2017-000031	HOWARD UNIVERSITY, THE	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	2/28/22	3/1/21	2/28/22	$ 2,650,000.00	PO650908	$ 300,000.00	$0.00	Ivan Eaton	Cassandra Lewis-Battle
HAHSTA2017-000047	La Clinica del Pueblo	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	4/1/21	3/31/22	$ 1,350,000.00	PO651307-V2	$ 150,000.00	$22,695.89	Trammell Walters	April Richardson
HAHSTA2017-000045	Mary's Center for Maternal and Child Health, Inc.	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	4/1/21	3/31/22	$ 1,575,000.00	PO651309	$ 175,000.00	$10,663.37	Christie Olejemeh	Carroll Ward
HAHSTA2017-000026	METRO HEALTH INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	4/1/21	3/31/22	$ 2,565,000.00	PO651310	$ 285,000.00	$44,695.67	Ivan Eaton	Selene Arriola
HAHSTA2020-000004	NORTHERN VIRGINIA REGIONAL COMMISSION	Housing and Support Services (NVRC)	Federal	Cont	10/1/19	9/30/22	10/1/21	9/30/22	$ 15,683,999.50	PO650895	$ 2,400,000.00	$546,829.88	Sherita Grant	Rony Mohram
HAHSTA2020-000003	Southern Maryland Tri-County Community Action Committee, Inc.	Housing and Support Services (SM)	Federal	Cont	10/1/19	9/30/22	10/1/21	9/30/22	$ 1,140,000.00	PO651956	$ 190,000.00	$23,998.60	Sherita Grant	Monique Brown
HAHSTA2017-000044	The Howard University	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	4/1/21	3/31/22	$ 3,543,700.00	PO651311	$ 391,300.00	$66,461.89	Ivan Eaton	Cassandra Lewis-Battle
HAHSTA2017-000048	United Medical Center	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	10/1/17	3/31/22	4/1/21	3/31/22	$ 951,030.60	PO651318	$ 100,000.00	$0.00	Trammell Walters	Carroll Ward

Grant ID	Grantee Name	NOGA Purpose	Fund Source	FY22 Status: New/Cont	Project Period Start Date	Project Period End Date	Budget Period Start Date	Budget Period End Date	Total Awarded Amount	PO Number	Approved Budget Period Authority	Expenditures (FY22 end Q1)	Project Officer	Grant Monitor
HAHSTA2021-000003	HEALTH HIV	Effi Barry Training Institute	Federal and Local	Cont	10/1/20	9/30/23	10/1/21	9/30/22	$ 3,068,822.00	PO651876	$ 419,671.00	$63,389.28	Gerald Thompson	Monique Brown
HAHSTA2021-000005	CASA RUBY, INC.	Harm Reduction Services: Transgender Health Initiative	Local	New	3/1/21	9/30/22	10/1/21	9/30/22	$ 48,600.00	PO651317	$ 48,600.00	$6,266.40	Malachi Stewart	Rony Mohram
HAHSTA2019-000007	DAMIEN MINISTRIES INC	Medical Nutrition Therapy Services for DC Food Bank Providers	Local	Cont	10/1/18	9/30/22	10/1/21	9/30/22	$ 625,000.00	PO652006	$ 75,000.00	$4,620.20	Trammell Walters	Cassandra Lewis-Battle
HAHSTA2019-000006	FAMILY AND MEDICAL COUNSELING SERVICE INC	Medical Nutrition Therapy Services for DC Food Bank Providers	Local	Cont	2/1/19	9/30/22	10/1/21	9/30/22	$ 685,000.00	PO650884	$ 90,000.00	$1,434.42	Robert Ridley	Monique Brown
HAHSTA2022-000003	SAMARITAN MINISTRY OF GREATER WASHINGTON	Burial Assistance for District of Columbia Residents Who Succumb to AIDS	Local	New	11/1/21	9/30/22	11/1/21	9/30/22	$ 69,000.00	PO653189	$ 69,000.00	$6,857.83	Robert Ridley	Selene Arriola
HAHSTA2022-000010	HOWARD UNIVERSITY, THE	Polysubstance Integration	Local	New	1/1/22	9/30/22	1/1/22	9/30/22	$ 87,703.00		$ 87,703.00		Stephen Reese	Cassandra Lewis-Battle
HAHSTA2022-000009	JOSEPH'S HOUSE INC	Facility Based Housing	Local	New	12/1/21	9/30/22	12/1/21	9/30/22	$ 300,000.00	PO657769	$ 300,000.00	$0.00	Sherita Grant	Selene Arriola
HAHSTA2022-000008	WHITMAN-WALKER CLINIC, INC.	Polysubstance Integration	Local	New	1/1/22	9/30/22	1/1/22	9/30/22	$ 200,000.00	PO657841	$ 100,000.00	$8,550.30	Stephen Reese	Rony Mohram
HEPRA2019-000006	DIST OF COLUMBIA PRIMARY CARE ASSOCIATION	DCPCA Hospital Preparedness Program	Federal	Cont	7/1/19	6/30/24	7/1/21	6/30/22	$ 714,352.00	PO654352	$ 80,000.00	$3,209.45	Kamelah Jefferson	April Shepherd
HEPRA2019-000004	District of Columbia Health Care Assn	DCHCA Hospital Preparedness Program	Federal	Cont	7/1/19	6/30/24	7/1/21	6/30/22	$ 565,146.00	PO654351	$ 30,000.00	$692.24	Kamelah Jefferson	April Shepherd
HEPRA2019-000003	District of Columbia Hospital Association	DCHA Hospital Preparedness Program	Federal	Cont	7/1/19	6/30/24	7/1/21	6/30/22	$ 2,589,715.14	PO654353	$ 150,000.00	$10,353.89	Kamelah Jefferson	April Shepherd
OD/OGM2020-000001	COMMUNITY OF HOPE, INC.	DC Calling All Sectors Initiative Community Partnership	Private	Cont	6/1/20	6/30/22	6/1/20	6/30/22	$ 30,000.00	FY20 PO fully issued as advance	$ 30,000.00	$30,000.00	Makeda Vanderpuije	Jennifer Prats

Program Manager
Jaida Carter
Riana Buford
Riana Buford
Tecia Sellers
Marcella Hernandez
Shannon Gopaul
Riana Buford
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Joann Jolly
Riana Buford
Kristal Dail
Shannon Gopaul

Program Manager
Tecia Sellers
Urvi Kalpesh Patel
Marcella Hernandez
LaVerne Jones
Riana Buford
Marcella Hernandez
Tesha Coleman
LaVerne Jones
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Sara Beckwith
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Ashley Lane
Sara Beckwith
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Ashley Lane
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Kristal Dail
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Shannon Gopaul
Jasmine Davis
Kafui Doe
Kafui Doe
Sena Doe

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Tiffany Gray
Shannon Gopaul
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Marcella Hernandez
Latrice Hughes
Carrie Dahlquist
Sena Doe
Francina Boykin
Kristal Dail
Marcella Hernandez
Jasmine Davis
Francina Boykin

Program Manager
Francina Boykin
Joann Jolly
Joann Jolly
Sara Beckwith
Joann Jolly
Carrie Dahlquist
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Program Manager
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Program Manager
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Anthony Fox
Stacey Cooper
Ebony Fortune
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Ebony Fortune
Stacey Cooper
Anthony Fox
Stacey Cooper
Corinne Edds
Corinne Edds
Corinne Edds
Makeda Vanderpuije

Unit	Grant ID	Grantee Name	NOGA Purpose	Fund Source	FY22 Status: New/Cont	Project Period Start Date	Project Period End Date	Budget Period Start Date	Budget Period End Date	Total Awarded Amount	PO Number	Approved Budget Period Authority	Expen (FY2
CHA	CHA2019-000026	UNITY HEALTH CARE, INC.	Community Dental Health Coordinator Program	Federal and Local	Cont	10/1/19	9/30/22	10/1/21	9/30/22	$ 340,000.00	Not yet issued	$ 80,000.00	
CHA	CHA2022-000006	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	Sustainable Tobacco Control Health Systems Change in Primary Care	Local	New	10/1/21	9/30/24	10/1/21	9/30/22	$ -	Not yet issued	$ -	
CHA	CHA2022-000013	FAMILY AND MEDICAL COUNSELING SERVICE INC	COVID-19 Activities	Federal	New	10/1/21	9/30/24	1/1/22	9/30/22	$ -	Not yet issued	Not yet issued	
CHA	CHA2022-000014	NATIONAL CAPITAL POISON CENTER	DC Poison Control	Local	New	1/1/22	9/30/25	1/1/22	9/30/22	$ -	Not yet issued	Not yet issued	

Unit	EGMS Grant ID	Grant ID	Grantee Name	NOGA Purpose	Fund Source	FY22 Status: New/Cont	DOH Grant ID	Project Period Start Date	Project Perio End Date
CHA	CHA2016-000034-015	CHA2016-000034	Georgetown University	Maternal, Infant and Early Childhood Home Visitation Program	Federal and Local	Cont	CHA_MICV_GCCHD_01022015	2/15/15	9/30/22
CHA	CHA2016-000066-013	CHA2016-000066	Crittenton Services of Greater Washington	School Health	Local	Cont	CHA.APASH.CSGW.032016	3/14/16	11/30/21
CHA	CHA2016-000082-011	CHA2016-000082	DIST OF COLUMBIA PRIMARY CARE ASSOCIATION	DC3C: Primary Care Health Systems Intervention	Federal and Local	Cont	CHA2016-000082	9/26/16	6/29/22
CHA	CHA2017-000002-013	CHA2017-000002	Children's School Services	School Health Services Program	Local	Cont	CHA2017-000002-006	10/1/17	10/31/21
CHA	CHA2017-000011-014	CHA2017-000011	BETA OMEGA SOCIAL SERVICES INC	RPEP Education Expantion	Federal	Cont		3/1/17	1/31/24
CHA	CHA2017-000012-010	CHA2017-000012	DIST OF COLUMBIA PRIMARY CARE ASSOCIATION	Health System QI	Federal	Cont		10/1/16	6/29/23
CHA	CHA2019-000018-008	CHA2019-000018	La Clinica del Pueblo	Multi-Component Obesity Prevention in Targeted Settings	Federal and Local	Cont		4/1/19	9/30/22
CHA	CHA2019-000020-005	CHA2019-000020	COMMUNITY OF HOPE, INC.	Home Visiting Services	Local	Cont	CHA2019-000020	4/1/19	9/30/22
CHA	CHA2019-000021-011	CHA2019-000021	YMCA of Metropolitan Washington	Multi-Component Obesity Prevention in Targeted Settings	Federal and Local	Cont		4/1/19	9/30/22
CHA	CHA2019-000022-005	CHA2019-000022	HOWARD UNIVERSITY, THE	Pre-term Birth Reduction Pilot	Local	Cont	CHA2019-000022	5/1/19	9/30/22
CHA	CHA2020-000001-007	CHA2020-000001	FRESHFARM Markets, Inc.	DC SNAP-Ed	Federal	Cont	CHA2020-000001	10/1/19	9/30/24
CHA	CHA2020-000003-005	CHA2020-000003	YMCA of Metropolitan Washington	DC SNAP-Ed	Federal	Cont	CHA2020-000003	10/1/19	9/30/24
CHA	CHA2020-000004-003	CHA2020-000004	Mamatoto Village Inc	Home Visiting Services	Local	Cont	CHA2020-000004	10/1/19	9/30/24
CHA	CHA2020-000006-005	CHA2020-000006	COMMUNITY OF HOPE, INC.	DC Healthy Start Program	Federal and Local	Cont	CHA2020-000006	1/1/20	9/30/24
CHA	CHA2020-000008-007	CHA2020-000008	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	DC Healthy Start Program	Federal and Local	Cont	CHA2020-000008	1/1/20	9/30/24
CHA	CHA2020-000009-002	CHA2020-000009	CHILDREN'S NATIONAL MEDICAL CENTER	Healthy Steps Expansion Children's Health Center-Anacostia	Local	Cont		10/1/19	9/30/24

CHA	CHA2020-000010-003	CHA2020-000010	MedStar Research Health Institute	ECIN Early Childhood Place Based Initiative	Local	Cont		10/1/19	9/30/22
CHA	CHA2020-000012-005	CHA2020-000012	Elaine Ellis Center of Health	Million Hearts Quality Improvement	Federal	Cont		1/1/20	6/29/23
CHA	CHA2020-000014-004	CHA2020-000014	BREAD FOR THE CITY, INC.	Million Hearts Quality Improvement	Federal	Cont		1/1/20	6/29/23
CHA	CHA2020-000015-005	CHA2020-000015	GEORGETOWN UNIVERSITY, THE	Million Hearts Quality Improvement	Federal	Cont		1/1/20	6/29/23
CHA	CHA2020-000016-002	CHA2020-000016	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	Million Hearts Quality Improvement	Federal	Cont		1/1/20	6/29/23
CHA	CHA2020-000017-007	CHA2020-000017	UNITY HEALTH CARE, INC.	Million Hearts Quality Improvement	Federal	Cont		1/1/20	6/29/23
CHA	CHA2020-000018-006	CHA2020-000018	FAMILY AND MEDICAL COUNSELING SERVICE INC	Million Hearts Quality Improvement	Federal and Local	Cont		1/1/20	6/29/23
CHA	CHA2020-000019-002	CHA2020-000019	HEALING OUR VILLAGE OF DC, INC.	Healing Our Village Diabetes Prevention Program	Federal	Cont		1/1/20	6/29/22
CHA	CHA2020-000022-004	CHA2020-000022	Sorogi, Inc.	Flexcare Pharmacy Diabetes Prevention Program	Federal	Cont		1/1/20	6/29/22
CHA	CHA2020-000023-004	CHA2020-000023	UNITY HEALTH CARE, INC.	Unity Diabetes Prevention Program	Federal	Cont		1/1/20	6/29/22
CHA	CHA2020-000026-003	CHA2020-000026	District of Columbia Hospital Association	Perinatal Quality Collaborative	Local	Cont	CHA-PQC-12.13.19	7/1/20	9/30/24
CHA	CHA2020-000027-002	CHA2020-000027	GEORGETOWN UNIVERSITY, THE	DC Healthy Start Evaluation	Federal	Cont	CHA2020-000027	10/1/20	9/30/24
CHA	CHA2021-000002-001	CHA2021-000002	District of Columbia Hospital Association	DC Healthier Hospital Initiative FY 21	Local	Cont		10/1/20	9/30/22
CHA	CHA2021-000003-001	CHA2021-000003	COMMUNITY WELLNESS ALLIANCE LLC	DC Tobacco Free Coalition	Local	Cont		10/1/20	9/30/22
CHA	CHA2021-000005-003	CHA2021-000005	MCH Ventures	DC Health + Mahmee	Local	Cont	CHA2021-000005	12/1/20	9/30/22
CHA	CHA2021-000006-001	CHA2021-000006	HOWARD UNIVERSITY, THE	Howard University Centers of Excellence	Local	Cont		12/1/20	9/30/27
CHA	CHA2021-000009-001	CHA2021-000009	MedStar Research Health Institute	Tobacco Cessation & Lung Screening	Local	Cont		4/1/21	9/30/22
CHA	CHA2021-000010-002	CHA2021-000010	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	School Based Health Centers Program	Local	Cont	CHA2021-000010	4/1/21	9/30/24

CHA	CHA2021-000011-002	CHA2021-000011	MedStar Research Health Institute	School Based Health Centers Program	Local	Cont	CHA2021-000011	4/1/21	9/30/24
CHA	CHA2021-000012-004	CHA2021-000012	UNITY HEALTH CARE, INC.	School Based Health Centers Program	Local	Cont	CHA2021-000012	4/1/21	9/30/24
CHA	CHA2021-000013-002	CHA2021-000013	HOWARD UNIVERSITY, THE	COVID-19 Activities	Federal	Cont		3/1/21	6/30/24
CHA	CHA2021-000014-001	CHA2021-000014	WHITMAN-WALKER CLINIC, INC.	COVID-19 Activities	Federal	Cont		3/1/21	6/30/24
CHA	CHA2021-000015-001	CHA2021-000015	HOWARD UNIVERSITY, THE	Tobacco Cessation & Lung Screening	Local	Cont		10/1/20	9/30/22
CHA	CHA2021-000017-001	CHA2021-000017	MedStar Health Research Institute	Improving Colorectal Cancer Screening Rates in the District	Federal	Cont		5/1/21	12/31/23
CHA	CHA2021-000019-001	CHA2021-000019	La Clinica del Pueblo	Maternal and Child Health Services Block Grant to States Program	Federal	Cont	CHA2021-000019	6/1/21	9/30/26
CHA	CHA2021-000020-001	CHA2021-000020	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	Maternal and Child Health Services Block Grant to States Program	Federal	Cont	CHA2021-000020	6/1/21	9/30/26
CHA	CHA2021-000021-004	CHA2021-000021	DC BREASTFEEDING COALITION	Creating a Breastfeeding-Friendly District of Columia	Federal and Local	Cont		6/1/21	9/30/26
CHA	CHA2021-000022-001	CHA2021-000022	CHILDREN'S NATIONAL MEDICAL CENTER	Maternal and Child Health Services Block Grant to States Program	Federal	Cont		6/1/21	9/30/26
CHA	CHA2021-000024-001	CHA2021-000024	CHILDREN'S NATIONAL MEDICAL CENTER	Maternal and Child Health Services Block Grant to States Program	Federal	Cont		6/1/21	9/30/26
CHA	CHA2021-000025-003	CHA2021-000025	WILLIAM WENDT CENTER FOR LOSS & HEALING	Maternal and Child Health Services Block Grant to States Program	Federal	Cont		6/1/21	9/30/26
CHA	CHA2021-000026-002	CHA2021-000026	Healthy Babies Project Inc.	Maternal and Child Health Services Block Grant to States Program	Federal	Cont		6/1/21	9/30/26
CHA	CHA2021-000027-000	CHA2021-000027	Projections Consulting Inc	Comprehensive Cancer Control Coalition	Federal	New		7/1/21	5/31/22
CHA	CHA2021-000029-000	CHA2021-000029	Projections Consulting Inc	Alzheimer's Disease and Related Dementias Advisory Coalition	Federal and Local	New		8/1/21	1/31/22
CHA	CHA2021-000030-001	CHA2021-000030	Every Child By Two	Immunization Education & Promotion	Federal	New		9/1/21	6/30/24

CHA	CHA2021-000031-001	CHA2021-000031	The GW Medical Faculty Associates	Vaccination Services	Federal	Cont		8/1/21	6/30/22
CHA	CHA2021-000032-001	CHA2021-000032	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	Maternal Infant Early Childhood Home Visiting (MIECHV) 2021	Federal	New		10/1/21	9/30/25
CHA	CHA2021-000033-000	CHA2021-000033	Martha's Table, Inc.	Joyful Food Markets	Local	New		10/1/21	9/30/24
CHA	CHA2021-000034-000	CHA2021-000034	FOOD & FRIENDS, INC.	Home Delivered Meals	Local	New		11/1/21	9/30/24
CHA	CHA2021-000035-001	CHA2021-000035	DC Central Kitchen	Healthy Corner Stores	Local	New		10/1/21	9/30/24
CHA	CHA2021-000036-000	CHA2021-000036	UNITY HEALTH CARE, INC.	Spec. Supp Nutrition Program for Women, Infant and Children	Federal	New		10/1/21	9/30/22
CHA	CHA2021-000037-000	CHA2021-000037	FRESHFARM Markets, Inc.	Driving Immediate Improvements to Food Environments: Produce Incentives for Farmers Markets	Local	New		10/1/21	9/30/24
CHA	CHA2021-000039-000	CHA2021-000039	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	Spec. Supp Nutrition Program for Women, Infant and Children	Federal	New		10/1/21	9/30/22
CHA	CHA2021-000040-000	CHA2021-000040	CHILDREN'S NATIONAL MEDICAL CENTER	Spec. Supp Nutrition Program for Women, Infant and Children	Federal	New		11/1/21	9/30/22
CHA	CHA2022-000001-000	CHA2022-000001	HOWARD UNIVERSITY, THE	Spec. Supp Nutrition Program for Women, Infant and Children	Federal	New		11/1/21	9/30/22
CHA	CHA2022-000002-000	CHA2022-000002	American University	THIS-WIC Telehealth Project	Federal	New		11/1/21	9/30/22
CHA	CHA2022-000003-001	CHA2022-000003	Children's School Services	School Health Services Program	Local	New		11/1/21	9/30/24
CHA	CHA2022-000004-000	CHA2022-000004	FLORENCE CRITTENTON SERVICES OF GREATER WASHINGTON	Pregnancy Prevention in Adolescents	Local	New		12/1/21	9/30/22
CHA	CHA2022-000005-000	CHA2022-000005	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	First Time Mothers Home Visiting Program	Local	New		12/1/21	9/30/22
HAHSTA	HAHSTA2017-000024-006	HAHSTA2017-000024	AIDS HEALTHCARE FOUNDATION INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	21E010	10/1/17	2/28/22
HAHSTA	HAHSTA2017-000025-006	HAHSTA2017-000025	COMMUNITY FAMILY LIFE SERVICE INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	21E400	3/1/17	3/31/22

HAHSTA	HAHSTA2017-000026-009	HAHSTA2017-000026	METRO HEALTH INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	21E401	10/1/17	3/31/22
HAHSTA	HAHSTA2017-000028-004	HAHSTA2017-000028	United Medical Center	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	21E019	10/1/17	2/28/22
HAHSTA	HAHSTA2017-000029-009	HAHSTA2017-000029	FAMILY AND MEDICAL COUNSELING SERVICE INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	21E408	10/1/17	3/31/22
HAHSTA	HAHSTA2017-000030-010	HAHSTA2017-000030	CHILDREN'S NATIONAL MEDICAL CENTER	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	21E013	10/1/17	2/28/22
HAHSTA	HAHSTA2017-000031-007	HAHSTA2017-000031	HOWARD UNIVERSITY, THE	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	21E016	10/1/17	2/28/22
HAHSTA	HAHSTA2017-000032-013	HAHSTA2017-000032	WOMEN'S COLLECTIVE INC, THE	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	21E406	10/1/17	3/31/22
HAHSTA	HAHSTA2017-000033-005	HAHSTA2017-000033	MedStar Research Health Institute	MHRI/MWHC Ryan White Parts A and B application 2017	Federal	Cont	21E014	10/1/17	2/28/22
HAHSTA	HAHSTA2017-000034-011	HAHSTA2017-000034	La Clinica del Pueblo	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	21E030	10/1/17	2/28/22
HAHSTA	HAHSTA2017-000035-009	HAHSTA2017-000035	JOSEPH'S HOUSE INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	21E020	10/1/17	2/28/22
HAHSTA	HAHSTA2017-000037-008	HAHSTA2017-000037	US HELPING US-PEOPLE INTO LIVING, INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	21E407	10/1/17	3/31/22
HAHSTA	HAHSTA2017-000038-004	HAHSTA2017-000038	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	21E025	10/1/17	2/28/22
HAHSTA	HAHSTA2017-000039-010	HAHSTA2017-000039	WHITMAN-WALKER CLINIC, INC. DBA Whitman-Walker Health	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	21E021	10/1/17	2/28/22
HAHSTA	HAHSTA2017-000040-006	HAHSTA2017-000040	UNITY HEALTH CARE, INC.	FY2017 Unity Health Care Ryan White HIV/AIDS Medical Case Management Program	Federal	Cont	21E410	10/1/17	3/31/22

HAHSTA	HAHSTA2017-000041-009	HAHSTA2017-000041	Institute for Public Health Innovation	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	21E413	10/1/17	3/31/22
HAHSTA	HAHSTA2017-000042-004	HAHSTA2017-000042	DAMIEN MINISTRIES INC	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	21E402	10/1/17	3/31/22
HAHSTA	HAHSTA2017-000044-008	HAHSTA2017-000044	The Howard University	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	21E404	10/1/17	3/31/22
HAHSTA	HAHSTA2017-000045-007	HAHSTA2017-000045	Mary's Center for Maternal and Child Health, Inc.	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	21E414	10/1/17	3/31/22
HAHSTA	HAHSTA2017-000046-009	HAHSTA2017-000046	Children's National Medical Center	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	21E405	10/1/17	3/31/22
HAHSTA	HAHSTA2017-000047-008	HAHSTA2017-000047	La Clinica del Pueblo	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	21E411	10/1/17	3/31/22
HAHSTA	HAHSTA2017-000048-004	HAHSTA2017-000048	United Medical Center	FY 2017 Ryan White HIV/AIDS Program Parts A and B	Federal	Cont	21E409	10/1/17	3/31/22
HAHSTA	HAHSTA2018-000002-016	HAHSTA2018-000002	HOWARD UNIVERSITY, THE	FY 18 Opioid Treatment Expansion Initiative	Federal	Cont	22F801	11/1/17	9/30/22
HAHSTA	HAHSTA2018-000003-025	HAHSTA2018-000003	SHENANDOAH VALLEY MEDICAL SYSTEM, INCORPORATED	Ryan White HIV AIDS Program	Federal	Cont	21E024	3/1/18	2/28/22
HAHSTA	HAHSTA2018-000004-018	HAHSTA2018-000004	HOUSING COUNSELING SERVICES INC	Emergency Financial Assistance	Federal	Cont	21E026	3/1/18	2/28/22
HAHSTA	HAHSTA2018-000005-014	HAHSTA2018-000005	WHITMAN-WALKER CLINIC, INC. DBA Whitman-Walker Health	FY 18 Opioid Treatment Expansion Initiative	Federal	Cont	22F802	11/1/17	9/30/22
HAHSTA	HAHSTA2018-000006-010	HAHSTA2018-000006	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	FY 18 Opioid Treatment Expansion Initiative	Federal	Cont	22F803	11/1/17	9/30/22
HAHSTA	HAHSTA2018-000007-014	HAHSTA2018-000007	UNITY HEALTH CARE, INC.	FY 18 Opioid Treatment Expansion Initiative	Federal	Cont	22F804	11/1/17	9/30/22
HAHSTA	HAHSTA2019-000001-010	HAHSTA2019-000001	FAMILY AND MEDICAL COUNSELING SERVICE INC	Special Initiatives: Needle Exchange and Transgender Health Initiative	Federal	Cont	22F120	10/1/18	9/30/22

HAHSTA	HAHSTA2019-000002-005	HAHSTA2019-000002	BREAD FOR THE CITY, INC.	Special Initiatives: Needle Exchange and Transgender Health Initiative	Federal	Cont	22F121	10/1/18	9/30/22
HAHSTA	HAHSTA2019-000006-004	HAHSTA2019-000006	FAMILY AND MEDICAL COUNSELING SERVICE INC	Medical Nutrition Therapy Services for DC Food Bank Providers	Local	Cont	22F197	2/1/19	9/30/22
HAHSTA	HAHSTA2019-000007-004	HAHSTA2019-000007	DAMIEN MINISTRIES INC	Medical Nutrition Therapy Services for DC Food Bank Providers	Local	Cont	22F198	10/1/18	9/30/22
HAHSTA	HAHSTA2019-000010-010	HAHSTA2019-000010	Heart To Hand Inc.	Ryan White (Part A) HIV/AIDS Program	Federal	Cont	21E035	3/1/19	2/28/22
HAHSTA	HAHSTA2019-000011-003	HAHSTA2019-000011	AIDS HEALTHCARE FOUNDATION INC	Ryan White Part A	Federal	Cont	21E031	3/1/19	2/28/22
HAHSTA	HAHSTA2019-000013-005	HAHSTA2019-000013	CHILDREN'S NATIONAL MEDICAL CENTER	Ryan White (Part A) HIV/AIDS Program	Federal	Cont	21E032	3/1/19	2/28/22
HAHSTA	HAHSTA2019-000014-005	HAHSTA2019-000014	Greater Baden Medical Services, Inc.	Ryan White (Part A) HIV/AIDS Program	Federal	Cont	21E033	3/1/19	2/28/22
HAHSTA	HAHSTA2019-000015-006	HAHSTA2019-000015	FAMILY AND MEDICAL COUNSELING SERVICE INC	Opioid Treatment Expansion	Federal	Cont	22F806	5/1/19	9/30/22
HAHSTA	HAHSTA2019-000016-003	HAHSTA2019-000016	Washington Health Institute	Washington Health Institute	Federal	Cont	21E036	5/1/19	2/28/22
HAHSTA	HAHSTA2019-000017-009	HAHSTA2019-000017	HEALTH HIV	Opioid Use and Misuse Learning Institute	Federal	Cont	22F808	6/1/19	9/30/22
HAHSTA	HAHSTA2019-000023-005	HAHSTA2019-000023	ANDROMEDATRANSCULTURAL HEALTH	Opioid Treatment Expansion	Federal	Cont	22F807	8/15/19	9/30/22
HAHSTA	HAHSTA2019-000025-008	HAHSTA2019-000025	WOMEN'S COLLECTIVE INC, THE	Regional Early Intervention Services	Federal	Cont	21E061	8/15/19	2/28/25
HAHSTA	HAHSTA2019-000026-007	HAHSTA2019-000026	METRO HEALTH INC	Regional Early Intervention Services	Federal	Cont	21E059	8/15/19	2/28/25
HAHSTA	HAHSTA2019-000028-003	HAHSTA2019-000028	Fredericksburg Area HIV/Aids Support Services	Regional Early Intervention Services	Federal	Cont	21E065	8/15/19	2/28/25
HAHSTA	HAHSTA2019-000029-002	HAHSTA2019-000029	SLK Health Services Corporation	Regional Early Intervention Services	Federal	Cont	21E064	9/1/19	2/28/25
HAHSTA	HAHSTA2019-000030-006	HAHSTA2019-000030	CHILDREN'S NATIONAL MEDICAL CENTER	Regional Early Intervention Services	Federal	Cont	21E050	10/1/19	2/28/25
HAHSTA	HAHSTA2019-000031-005	HAHSTA2019-000031	AIDS HEALTHCARE FOUNDATION INC	Regional Early Intervention Services	Federal	Cont	21E055	8/15/19	2/28/25
HAHSTA	HAHSTA2019-000032-006	HAHSTA2019-000032	Access to Wholistic and Productive Living, Inc	Regional Early Intervention Services	Federal	Cont	21E070	10/1/19	2/28/25

HAHSTA	HAHSTA2019-000033-003	HAHSTA2019-000033	COMMUNITY FAMILY LIFE SERVICE INC	Regional Early Intervention Services	Federal	Cont	21E051	8/15/19	2/28/25
HAHSTA	HAHSTA2019-000034-006	HAHSTA2019-000034	La Clinica del Pueblo	Regional Early Intervention Services	Federal	Cont	21E057	8/15/19	2/28/25
HAHSTA	HAHSTA2019-000035-005	HAHSTA2019-000035	US HELPING US-PEOPLE INTO LIVING, INC	The Suburban Maryland Project (The Burb Project)	Federal	Cont	21E060	8/15/19	2/28/25
HAHSTA	HAHSTA2019-000036-006	HAHSTA2019-000036	WHITMAN-WALKER CLINIC, INC.	Regional Early Intervention Services	Federal	Cont	21E052	8/15/19	2/28/25
HAHSTA	HAHSTA2019-000038-004	HAHSTA2019-000038	Heart To Hand Inc.	Regional Early Intervention Services	Federal	Cont	21E063	9/1/19	2/28/25
HAHSTA	HAHSTA2019-000039-003	HAHSTA2019-000039	FAMILY AND MEDICAL COUNSELING SERVICE INC	Regional Early Intervention Services	Federal	Cont	21E056	9/1/19	2/28/25
HAHSTA	HAHSTA2019-000041-004	HAHSTA2019-000041	Mary Washington Healthcare	Regional Early Intervention Services	Federal	Cont	21E067	9/1/19	2/28/25
HAHSTA	HAHSTA2019-000042-005	HAHSTA2019-000042	DAMIEN MINISTRIES INC	Regional Early Intervention Services	Federal	Cont	21E053	9/1/19	2/28/25
HAHSTA	HAHSTA2019-000044-006	HAHSTA2019-000044	Washington Health Institute	Regional Early Intervention Services	Federal	Cont	21E062	9/1/19	2/28/25
HAHSTA	HAHSTA2019-000045-005	HAHSTA2019-000045	NovaSalud, Inc.	Regional Early Intervention Services	Federal	Cont	21E069	9/1/19	2/28/25
HAHSTA	HAHSTA2020-000001-004	HAHSTA2020-000001	Neighborhood Health	VA MAI Youth Reach	Federal	Cont	21E072	10/1/19	2/28/22
HAHSTA	HAHSTA2020-000002-004	HAHSTA2020-000002	COMMUNITY SERVICE NETWORK INC	Housing and Support Services	Federal	Cont	22F312	10/1/19	9/30/23
HAHSTA	HAHSTA2020-000003-005	HAHSTA2020-000003	Southern Maryland Tri-County Community Action Committee, Inc.	Housing and Support Services (SM)	Federal	Cont	22F307	10/1/19	9/30/22
HAHSTA	HAHSTA2020-000004-005	HAHSTA2020-000004	NORTHERN VIRGINIA REGIONAL COMMISSION	Housing and Support Services (NVRC)	Federal	Cont	22F313	10/1/19	9/30/22
HAHSTA	HAHSTA2020-000007-004	HAHSTA2020-000007	COMMUNITY FAMILY LIFE SERVICE INC	Housing and Support Services	Federal	Cont	22F300	1/1/20	9/30/23
HAHSTA	HAHSTA2020-000008-002	HAHSTA2020-000008	HOUSING COUNSELING SERVICES INC	Housing and Support Services	Federal	Cont	22F316	1/1/20	9/30/23
HAHSTA	HAHSTA2020-000010-004	HAHSTA2020-000010	HOMES FOR HOPE, INC.	Housing and Support Services	Federal	Cont	22F304	1/15/20	9/30/23
HAHSTA	HAHSTA2020-000014-003	HAHSTA2020-000014	La Clinica del Pueblo	Expansion of Ryan White HIV/AIDS Part A MAI Youth Reach Program	Federal	Cont	21E073	3/1/20	2/28/22

HAHSTA	HAHSTA2020-000017-004	HAHSTA2020-000017	HEALTH HIV	Engaging and Empowering Communities by Building Capacity to Implement Harm Reduction Programs	Federal	Cont	22F812	7/1/20	8/31/22
HAHSTA	HAHSTA2020-000021-005	HAHSTA2020-000021	Prince Georges County Health Department	Ending the HIV Epidemic	Federal	Cont	21E080	7/1/20	2/28/25
HAHSTA	HAHSTA2020-000024-003	HAHSTA2020-000024	Montgomery County Maryland	Ending the HIV Epidemic	Federal	Cont	21E081	7/15/20	2/28/25
HAHSTA	HAHSTA2021-000003-005	HAHSTA2021-000003	HEALTH HIV	Effi Barry Training Institute	Federal and Local	Cont	22F155	10/1/20	9/30/23
HAHSTA	HAHSTA2021-000005-001	HAHSTA2021-000005	CASA RUBY, INC.	Harm Reduction Services: Transgender Health Initiative	Local	New	22F125	3/1/21	9/30/22
HAHSTA	HAHSTA2021-000007-000	HAHSTA2021-000007	FAMILY AND MEDICAL COUNSELING SERVICE INC	Harm Reduction: Vending Machines	Federal	New	22F830	10/1/21	9/30/24
HAHSTA	HAHSTA2021-000009-001	HAHSTA2021-000009	La Clinica del Pueblo	FY2021 Ending the HIV Epidemic	Federal	New	21E084	6/1/21	2/28/25
HAHSTA	HAHSTA2021-000010-000	HAHSTA2021-000010	WHITMAN-WALKER CLINIC, INC.	FY2021 Ending the HIV Epidemic	Federal	New	21E082	6/1/21	2/28/25
HAHSTA	HAHSTA2021-000011-000	HAHSTA2021-000011	Washington Health Institute	FY2021 Ending the HIV Epidemic	Federal	New	21E083	6/1/21	2/28/25
HAHSTA	HAHSTA2021-000013-001	HAHSTA2021-000013	SEXUAL MINORITY YOUTH ASSISTANCE LEAGUE (SMYAL), INC.	PrEP and Housing	Federal	New	21E285	6/28/21	7/29/22
HAHSTA	HAHSTA2021-000015-000	HAHSTA2021-000015	WASHINGTON REGIONAL ASSOCIATION OF GRANTMAKERS	The Catalyst Project	Federal	New	22F277	9/1/21	7/29/22
HAHSTA	HAHSTA2021-000016-000	HAHSTA2021-000016	HELPING INDIVIDUAL PROSTITUTES SURVIVE	Harm Reduction: Vending Machines	Federal	New	22F831	11/1/21	9/30/24
HAHSTA	HAHSTA2021-000017-000	HAHSTA2021-000017	MedStar Health Research Institute	Community Based Disease Intervention Services (DIS)	Federal	New	21E087	10/1/21	2/28/25
HAHSTA	HAHSTA2021-000018-000	HAHSTA2021-000018	HOUSING COUNSELING SERVICES INC	HIV Housing Support	Federal	New	22F305	10/1/21	9/30/22
HAHSTA	HAHSTA2022-000001-001	HAHSTA2022-000001	FAMILY AND MEDICAL COUNSELING SERVICE INC	Syringe Service Program Enhancement	Federal	New	22F126	10/1/21	8/31/22
HAHSTA	HAHSTA2022-000002-001	HAHSTA2022-000002	FAMILY AND MEDICAL COUNSELING SERVICE INC	Polysubstance Integration	Federal	New	22F132	11/1/21	9/30/22

HAHSTA	HAHSTA2022-000003-000	HAHSTA2022-000003	SAMARITAN MINISTRY OF GREATER WASHINGTON	Burial Assistance for District of Columbia Residents Who Succumb to AIDS	Local	New	22F103	11/1/21	9/30/22
HAHSTA	HAHSTA2022-000004-000	HAHSTA2022-000004	HOUSING COUNSELING SERVICES INC	Facility Based Housing	Federal	New	22F317	11/1/21	9/30/25
HAHSTA	HAHSTA2022-000009-000	HAHSTA2022-000009	JOSEPH'S HOUSE INC	Facility Based Housing	Local	New	22F196	12/1/21	9/30/22
HEPRA	HEPRA2019-000003-004	HEPRA2019-000003	District of Columbia Hospital Association	DCHA Hospital Preparedness Program	Federal	Cont		7/1/19	6/30/24
HEPRA	HEPRA2019-000004-003	HEPRA2019-000004	District of Columbia Health Care Assn	DCHCA Hospital Preparedness Program	Federal	Cont		7/1/19	6/30/24
HEPRA	HEPRA2019-000006-003	HEPRA2019-000006	DIST OF COLUMBIA PRIMARY CARE ASSOCIATION	DCPCA Hospital Preparedness Program	Federal	Cont		7/1/19	6/30/24
OD/OGI	OD/OGM2020-000001-000	OD/OGM2020-000001	COMMUNITY OF HOPE, INC.	DC Calling All Sectors Initiative Community Partnership	Private	Cont		6/1/20	6/30/22

Total Awarded Amount	PO Number	Approved Budget Period Authority	Expenditures (FY22 Q1)	Project Officer	Grant Monitor	Program Manager
$ 6,153,371.84	PO652901	$ 167,798.00	$0.00	Ashley Lane	Brenda Anderson	Ashley Lane
$ 8,656,038.66	PO657766	$ 1,048,019.33	$100,019.33	Tecia Sellers	Brenda Anderson	Tecia Sellers
$ 2,900,058.14	PO652140	$ 111,626.00	$7,611.20	Senkuta Riverson	Janet Robinson	Tesha Coleman
$ 194,095,065.12	PO651340	$ 24,870,429.25	$1,964,819.91	Jessica Arter	Patricia Greenaway	Kafui Doe
$ 523,914.62	PO654342	$ 49,500.00	$16,499.88	Jaida Carter	Vivian Walker	Jaida Carter
$ 1,701,456.00	PO654799	$ 125,000.00	$4,958.00	Latrice Hughes	Patricia Greenaway	Riana Buford
$ 1,310,287.64	PO657774	$ 125,000.00	$0.00	LaVerne Jones	Lisa Thompson	Shannon Gopaul
$ 2,456,044.00	PO651856	$ 355,000.00	$36,824.22	Sena Doe	Brenda Anderson	Sena Doe
$ 968,422.26	PO657426	$ 129,996.22	$19,167.29	LaVerne Jones	Lisa Thompson	Shannon Gopaul
$ 2,422,320.58	PO653830	$ 205,570.46	$37,499.96	Simileoluwa Ekundayo	Patricia Greenaway	Marcella Hernandez
$ 1,098,973.56	PO653567	$ 213,000.00	$33,542.81	Danita Banks	Janet Robinson	Joann Jolly
$ 769,983.74	PO650883	$ 124,999.48	$0.00	Danita Banks	Janet Robinson	Joann Jolly
$ 2,332,443.66	PO651849	$ 386,075.33	$31,550.60	Sena Doe	Brenda Anderson	Sena Doe
$ 2,826,824.00	PO651854	$ 418,000.00	$35,852.57	Kristal Dail	Brenda Anderson	Kristal Dail
$ 4,111,203.70	PO652027	$ 417,931.45	$56,605.45	Kristal Dail	Brenda Anderson	Kristal Dail
$ 1,205,269.46	PO652498	$ 208,066.98	$0.00	Jasmine Davis	Brenda Anderson	Jasmine Davis

$ 3,243,295.02	PO652139	$ 543,134.87	$0.00	Jasmine Davis	Brenda Anderson	Jasmine Davis
$ 1,270,000.00	PO654793	$ 295,000.00	$7,811.46	Latrice Hughes	Brenda Anderson	Riana Buford
$ 480,780.00	PO654798	$ 75,000.00	$7,179.40	Latrice Hughes	Janet Robinson	Riana Buford
$ 249,998.86	PO654348	$ 44,999.43	$0.00	Latrice Hughes	Lisa Thompson	Riana Buford
$ 249,989.74	PO654347	$ 44,995.53	$0.00	Latrice Hughes	Lisa Thompson	Riana Buford
$ 405,617.78	PO654344	$ 45,000.00	$0.00	Riana Buford	Lisa Thompson	Shannon Gopaul
$ 1,106,596.00	PO654786	$ 276,649.00	$8,074.62	Latrice Hughes	Vivian Walker	Riana Buford
$ 200,000.00	PO652902	$ 40,000.00	$14,123.00	Riana Buford	Lisa Thompson	Shannon Gopaul
$ 549,730.00	PO654785	$ 134,930.00	$16,880.21	Riana Buford	Lisa Thompson	Shannon Gopaul
$ 199,999.98	PO654350	$ 39,999.99	$0.00	Riana Buford	Lisa Thompson	Shannon Gopaul
$ 1,551,446.60	PO652499	$ 337,349.19	$0.00	Tiffany Gray	Brenda Anderson	Tiffany Gray
$ 400,002.10	PO651955	$ 100,000.05	$0.00	Kristal Dail	Brenda Anderson	Kristal Dail
$ 199,890.22	PO657428	$ 49,999.10	$0.00	LaVerne Jones	Lisa Thompson	Shannon Gopaul
$ 198,000.00	PO652138	$ 49,500.00	$7,056.89	Jazmin Devonish	Vivian Walker	Carrie Dahlquist
$ 2,596,340.00	PO652133	$ 649,085.00	$157,048.77	Simileoluwa Ekundayo	Janet Robinson	Marcella Hernandez
$ 33,764,202.00	PO657427	$ 12,682,500.00	$0.00	Shannon Gopaul	Patricia Greenaway	Latrice Hughes
$ 550,155.40	PO653411	$ 125,195.59	$29,988.09	Jazmin Devonish	Janet Robinson	Carrie Dahlquist
$ 932,218.00	PO651811	$ 300,000.00	$0.00	Francina Boykin	Patricia Greenaway	Francina Boykin

$	1,990,858.00	PO651851	$ 599,996.00	$0.00	Francina Boykin	Patricia Greenaway	Francina Boykin
$	1,918,247.58	PO651335	$ 600,000.00	$0.00	Francina Boykin	Patricia Greenaway	Francina Boykin
$	945,600.04	PO657438	$ 236,512.25	$0.00	Frank Valliere	Patricia Greenaway	Urvi Kalpesh Patel
$	1,662,300.00	PO657434	$ 581,150.00	$0.00	Frank Valliere	Patricia Greenaway	Urvi Kalpesh Patel
$	499,786.00	PO652052	$ 100,000.00	$0.00	Jazmin Devonish	Lisa Thompson	Carrie Dahlquist
$	297,334.48	PO653410	$ 130,000.00	$4,433.25	Senkuta Riverson	Janet Robinson	Tesha Coleman
$	733,332.24	PO652030	$ 275,000.12	$15,567.38	Simileoluwa Ekundayo	Lisa Thompson	Marcella Hernandez
$	261,628.50	PO652450	$ 92,529.25	$12,145.50	Simileoluwa Ekundayo	Lisa Thompson	Marcella Hernandez
$	1,426,000.00	PO651928	$ 458,000.00	$71,849.82	Noni Robinson	Lisa Thompson	Sara Beckwith
$	763,254.92	PO652049	$ 295,951.95	$32,087.88	Tecia Sellers	Janet Robinson	Tecia Sellers
$	879,615.32	PO651818	$ 311,000.00	$46,518.22	Simileoluwa Ekundayo	Lisa Thompson	Marcella Hernandez
$	804,784.00	PO651852	$ 300,000.00	$0.00	Tecia Sellers	Janet Robinson	Tecia Sellers
$	799,753.26	PO651988	$ 299,907.30	$23,067.24	Tecia Sellers	Janet Robinson	Tecia Sellers
$	40,000.00	PO653824	$ 40,000.00	$9,300.00	Tesha Coleman	Vivian Walker	Tesha Coleman
$	45,000.00	PO654804	$ 45,000.00	$27,375.00	Tihitina Chamiso	Patricia Greenaway	Shannon Gopaul
$	67,676.00	PO654805	$ 67,676.00	$14,874.16	Jacquelyn Campbell	Vivian Walker	Urvi Kalpesh Patel

$	1,800,000.00	PO657458	$ 900,000.00	$212,665.70	Urvi Kalpesh Patel	Brenda Anderson	Urvi Kalpesh Patel
$	1,908,043.00	PO651812-V2	$ 1,908,043.00	$276,574.62	Ashley Lane	Brenda Anderson	Ashley Lane
$	1,500,000.00	PO652051	$ 1,500,000.00	$129,827.59	Joann Jolly	Janet Robinson	Joann Jolly
$	820,000.00	PO653568	$ 820,000.00	$221,874.28	Joann Jolly	Vivian Walker	Joann Jolly
$	500,000.00	PO651885	$ 500,000.00	$155,318.22	Joann Jolly	Vivian Walker	Joann Jolly
$	1,453,000.00	PO652712	$ 1,453,000.00	$0.00	Rebecca Bailey	Tiffanie Williams	Sara Beckwith
$	1,000,000.00	PO651855	$ 1,000,000.00	$3,796.00	Joann Jolly	Janet Robinson	Sara Beckwith
$	1,053,000.00	PO652023	$ 1,053,000.00	$155,774.46	Rebecca Bailey	Tiffanie Williams	Sara Beckwith
$	1,027,655.00	PO653424	$ 1,027,655.00	$137,598.62	Rebecca Bailey	Tiffanie Williams	Sara Beckwith
$	661,475.00	PO653421	$ 661,475.00	$20,725.40	Rebecca Bailey	Tiffanie Williams	Sara Beckwith
$	201,303.00	PO652967	$ 201,303.00	$0.00	Rebecca Bailey	Tiffanie Williams	Sara Beckwith
$	24,246,773.61	PO654021	$ 24,246,773.61	$1,442,627.23	Jessica Arter	Patricia Greenaway	Kafui Doe
$	634,980.67	PO657719	$ 634,980.67	$0.00	Tecia Sellers	Brenda Anderson	Tecia Sellers
$	150,000.00	PO657437	$ 150,000.00	$0.00	Kristal Dail	Brenda Anderson	Kristal Dail
$	930,604.00	PO650881	$ 97,800.00	$1,056.00	Christie Olejemeh	Selene Arriola	Ebony Fortune
$	1,817,238.00	PO650771	$ 195,000.00	$53,538.20	Ivan Eaton	Monique Brown	Ebony Fortune

$ 2,565,000.00	PO651310	$ 285,000.00	$44,695.67	Ivan Eaton	Selene Arriola	Ebony Fortune
$ 1,574,984.00	PO650909	$ 178,300.00	$0.00	Trammell Walters	Carroll Ward	Ebony Fortune
$ 3,062,200.00	PO652053	$ 337,800.00	$64,105.98	Robert Ridley	Monique Brown	Ebony Fortune
$ 5,931,988.31	PO650878-V2	$ 641,296.00	$104,348.27	Christie Olejemeh	April Richardson	Ebony Fortune
$ 2,650,000.00	PO650908	$ 300,000.00	$0.00	Ivan Eaton	Cassandra Lewis-Battle	Ebony Fortune
$ 2,378,078.00	PO651314	$ 250,800.00	$48,161.05	Robert Ridley	April Richardson	Ebony Fortune
$ 3,029,834.00	PO650907	$ 343,000.00	$52,487.04	Christie Olejemeh	Cassandra Lewis-Battle	Ebony Fortune
$ 4,139,294.00	PO650918-V2	$ 468,300.00	$65,461.79	Trammell Walters	April Richardson	Ebony Fortune
$ 1,910,234.00	PO650910	$ 205,000.00	$47,511.60	Robert Ridley	Selene Arriola	Ebony Fortune
$ 2,616,198.00	PO651280-V2	$ 250,000.00	$45,404.30	Christie Olejemeh	April Richardson	Ebony Fortune
$ 141,126.00	PO650914	$ 15,976.00	$1,136.61	Christie Olejemeh	Carroll Ward	Ebony Fortune
$ 10,761,183.20	PO650911-V2	$ 1,140,168.00	$250,789.56	Trammell Walters	Rony Mohram	Ebony Fortune
$ 3,168,480.00	PO651313	$ 350,000.00	$49,425.98	Robert Ridley	Rony Mohram	Ebony Fortune

$	900,000.00	PO651308	$	100,000.00	$7,263.36	Christie Olejemeh	Carroll Ward	Ebony Fortune
$	1,080,000.00	PO652008-V2	$	120,000.00	$21,481.35	Trammell Walters	Cassandra Lewis-Battle	Ebony Fortune
$	3,543,700.00	PO651311	$	391,300.00	$66,461.89	Ivan Eaton	Cassandra Lewis-Battle	Ebony Fortune
$	1,575,000.00	PO651309	$	175,000.00	$10,663.37	Christie Olejemeh	Carroll Ward	Ebony Fortune
$	2,160,000.00	PO651279	$	240,000.00	$39,001.75	Christie Olejemeh	April Richardson	Ebony Fortune
$	1,350,000.00	PO651307-V2	$	150,000.00	$22,695.89	Trammell Walters	April Richardson	Ebony Fortune
$	951,030.60	PO651318	$	100,000.00	$0.00	Trammell Walters	Carroll Ward	Ebony Fortune
$	2,687,368.80	PO653829-V2	$	35,417.00	$0.00	Stephen Reese	Cassandra Lewis-Battle	Stacey Cooper
$	3,350,682.00	PO650913	$	491,887.00	$80,578.16	Ashley Price	Carroll Ward	Ebony Fortune
$	15,847,000.00	PO650915-V2	$	2,100,000.00	$289,463.70	Ivan Eaton	Monique Brown	Ebony Fortune
$	2,518,968.00	PO653841-V2	$	35,417.00	$14,144.28	Stephen Reese	Rony Mohram	Stacey Cooper
$	1,748,962.00	PO653828-V2	$	35,417.00	$7,459.72	Stephen Reese	Carroll Ward	Stacey Cooper
$	1,642,968.00	PO653842-V2	$	35,417.00	$19,377.67	Stephen Reese	Rony Mohram	Stacey Cooper
$	4,104,832.00	PO653826-V2	$	351,708.00	$43,662.41	Stephen Reese	Monique Brown	Stacey Cooper

$ 572,680.94	PO653844-V2	$ 71,585.00	$9,570.53	Stephen Reese	Cassandra Lewis-Battle	Stacey Cooper
$ 685,000.00	PO650884	$ 90,000.00	$1,434.42	Robert Ridley	Monique Brown	Ebony Fortune
$ 625,000.00	PO652006	$ 75,000.00	$4,620.20	Trammell Walters	Cassandra Lewis-Battle	Ebony Fortune
$ 5,150,000.00	PO650923-V2	$ 793,000.00	$119,208.68	Trammell Walters	Carroll Ward	Ebony Fortune
$ 2,253,658.00	PO650919	$ 369,943.00	$58,885.00	Christie Olejemeh	Selene Arriola	Ebony Fortune
$ 4,033,424.00	PO650920-V2	$ 670,771.00	$117,215.36	Christie Olejemeh	April Richardson	Ebony Fortune
$ 3,728,000.00	PO650922-V2	$ 608,000.00	$202,962.32	Ivan Eaton	Rony Mohram	Ebony Fortune
$ 1,024,168.00	PO653837-V2	$ 35,417.00	$21,672.06	Stephen Reese	Monique Brown	Stacey Cooper
$ 700,000.00	PO650924-V2	$ 160,000.00	$0.00	Princess Johnson	Carroll Ward	Ebony Fortune
$ 3,217,106.00	PO653838-V2	$ 150,000.00	$29,538.83	Stephen Reese	Monique Brown	Stacey Cooper
$ 666,668.00	PO657464	$ 35,417.00	$10,827.88	Stephen Reese	Cassandra Lewis-Battle	Stacey Cooper
$ 1,550,600.00	PO650935-V2	$ 250,000.00	$54,332.97	Robert Ridley	April Richardson	Ebony Fortune
$ 2,210,000.00	PO650933	$ 350,000.00	$56,940.57	Ivan Eaton	Selene Arriola	Ebony Fortune
$ 1,218,306.00	PO651077	$ 203,051.00	$18,586.18	Robert Ridley	Monique Brown	Ebony Fortune
$ 1,200,000.00	PO651076	$ 200,000.00	$57,028.34	Ivan Eaton	Selene Arriola	Ebony Fortune
$ 2,120,000.00	PO650925-V2	$ 350,000.00	$69,970.30	Christie Olejemeh	April Richardson	Ebony Fortune
$ 1,577,224.00	PO650930	$ 253,056.00	$29,567.00	Christie Olejemeh	Selene Arriola	Ebony Fortune
$ 1,200,000.00	PO651120	$ 200,000.00	$27,516.23	Christie Olejemeh	Carroll Ward	Ebony Fortune

$ 1,909,998.00	PO650927-V2	$ 300,000.00	$74,845.90	Ivan Eaton	Monique Brown	Ebony Fortune
$ 1,500,000.00	PO650932	$ 250,000.00	$37,119.25	Trammell Walters	April Richardson	Ebony Fortune
$ 2,210,000.00	PO650934-V2	$ 350,000.00	$86,735.76	Christie Olejemeh	April Richardson	Ebony Fortune
$ 4,500,000.00	PO650928-V2	$ 750,000.00	$126,057.54	Trammell Walters	Rony Mohram	Ebony Fortune
$ 2,100,000.00	PO651075	$ 350,000.00	$46,904.11	Trammell Walters	Carroll Ward	Ebony Fortune
$ 2,362,426.00	PO650931-V2	$ 400,000.00	$82,014.55	Robert Ridley	Monique Brown	Ebony Fortune
$ 480,000.00	PO651079-V2	$ 80,000.00	$23,912.55	Princess Johnson	Rony Mohram	Ebony Fortune
$ 1,610,000.00	PO650929	$ 250,000.00	$14,393.07	Trammell Walters	Cassandra Lewis-Battle	Ebony Fortune
$ 2,010,000.00	PO650938	$ 350,000.00	$0.00	Princess Johnson	Carroll Ward	Ebony Fortune
$ 1,572,430.00	PO651081	$ 250,000.00	$30,151.86	Princess Johnson	Carroll Ward	Ebony Fortune
$ 1,942,206.00	PO651124-V2	$ 402,894.00	$55,787.74	Princess Johnson	Rony Mohram	Ebony Fortune
$ 380,000.00	PO650905	$ 55,000.00	$11,486.91	Sherita Grant	Rony Mohram	Sherita Grant
$ 1,140,000.00	PO651956	$ 190,000.00	$23,998.60	Sherita Grant	Monique Brown	Sherita Grant
$ 15,683,999.50	PO650895	$ 2,400,000.00	$546,829.88	Sherita Grant	Rony Mohram	Sherita Grant
$ 2,319,274.00	PO651319	$ 395,879.00	$101,901.97	Chantil Thomas	Monique Brown	Sherita Grant
$ 3,000,000.00	PO650886	$ 500,000.00	$111,475.63	Sherita Grant	Monique Brown	Sherita Grant
$ 2,470,000.00	PO651320	$ 441,000.00	$121,998.70	Chantil Thomas	Monique Brown	Sherita Grant
$ 800,000.00	PO651271-V2	$ 200,000.00	$27,155.98	Trammell Walters	April Richardson	Ebony Fortune

$	2,100,000.00	PO652502	$ 400,000.00	$15,862.77	Malachi Stewart	Monique Brown	Stacey Cooper
$	3,384,625.32	PO652010-V2	$ 1,172,583.66	$119,451.79	Robert Ridley	Rony Mohram	Ebony Fortune
$	3,227,703.32	PO651316-V2	$ 1,172,583.66	$91,744.12	Robert Ridley	Rony Mohram	Ebony Fortune
$	3,068,822.00	PO651876	$ 419,671.00	$63,389.28	Gerald Thompson	Monique Brown	Anthony Fox
$	48,600.00	PO651317	$ 48,600.00	$6,266.40	Malachi Stewart	Rony Mohram	Stacey Cooper
$	150,000.00	PO652054	$ 150,000.00	$0.00	Stephen Reese	Monique Brown	Stacey Cooper
$	100,000.00	PO652011	$ 100,000.00	$23,363.95	Felix Avellanet	April Richardson	Ebony Fortune
$	100,000.00	PO651459	$ 100,000.00	$16,894.93	Trammell Walters	Rony Mohram	Ebony Fortune
$	100,000.00	PO650877	$ 100,000.00	$0.00	Princess Johnson	Carroll Ward	Ebony Fortune
$	389,728.00	no PO issued	$ 389,728.00		Chantil Thomas	Carroll Ward	Anthony Fox
$	49,900.00	PO654889	$ 49,900.00	$0.00	Terrance Payton	Selene Arriola	Anthony Fox
$	150,000.00	PO653832	$ 150,000.00	$19,746.78	Stephen Reese	Rony Mohram	Stacey Cooper
$	73,500.00	PO652620	$ 73,500.00	$14,779.19	Christie Olejemeh	Cassandra Lewis-Battle	Ebony Fortune
$	2,885,320.00	PO651964	$ 2,885,320.00	$358,717.75	Sherita Grant	Monique Brown	Sherita Grant
$	75,000.00	PO652065-V2	$ 75,000.00	$2,943.24	Stephen Reese	Monique Brown	Stacey Cooper
$	112,320.00	PO653425	$ 112,320.00	$0.00	Stephen Reese	Monique Brown	Stacey Cooper

$	69,000.00	PO653189	$	69,000.00	$6,857.83	Robert Ridley	Selene Arriola	Ebony Fortune
$	625,000.00	PO653834	$	625,000.00	$17,729.39	Sherita Grant	Monique Brown	Sherita Grant
$	300,000.00	PO657769	$	300,000.00	$0.00	Sherita Grant	Selene Arriola	Anthony Fox
$	2,589,715.14	PO654353	$	150,000.00	$10,353.89	Kamelah Jefferson	April Shepherd	Corinne Edds
$	565,146.00	PO654351	$	30,000.00	$692.24	Kamelah Jefferson	April Shepherd	Corinne Edds
$	714,352.00	PO654352	$	80,000.00	$3,209.45	Kamelah Jefferson	April Shepherd	Corinne Edds
$	30,000.00	FY20 PO fully issued as advance	$	30,000.00		Makeda Vanderpuije	Jennifer Prats	Makeda Vanderpuije

Unit	EGMS ID (Rev#)	GrantID	Grantee Name	NOGA Purpose	Source of Funds	New/Cont Status	DOH GrantID	Project Period Start Date
CHA		CHA2022-000007	Providence Health Services, Inc.	Vaccination Services- Routine & COVID-19	Federal			1/1/22
CHA		CHA2022-000008	La Clinica del Pueblo	COVID-19 Activities	Federal			1/1/22
CHA		CHA2022-000009	Elaine Ellis Center of Health	COVID-19 Activities	Federal			1/1/22
CHA		CHA2022-000010	METRO HEALTH INC	COVID-19 Activities	Federal			1/1/22
CHA		CHA2022-000011	CHILDREN'S NATIONAL MEDICAL CENTER	Improving Pediatric Asthma Outcomes - Infrastructure Expansion	Federal			1/1/22
CHA		CHA2022-000012	BREAD FOR THE CITY, INC.	COVID-19 Activities	Federal			1/1/22
HAHSTA		HAHSTA2022-000005	LATIN AMERICAN YOUTH CENTER, INC.	Innovative Approaches to Pregnancy Prevention	Federal			1/1/22
HAHSTA		HAHSTA2022-000006	US HELPING US-PEOPLE INTO LIVING, INC	Stick Right Project	Federal			1/1/22
HAHSTA		HAHSTA2022-000007	HELPING INDIVIDUAL PROSTITUTES SURVIVE	Syringe Service Program Enhancement	Federal			1/1/22
HAHSTA		HAHSTA2022-000008	WHITMAN-WALKER CLINIC, INC.	Polysubstance Integration	Local			1/1/22
HAHSTA		HAHSTA2022-000010	HOWARD UNIVERSITY, THE	Polysubstance Integration	Local			1/1/22

Project Period End Date	Budget Period Start Date	Budget Period End Date	Total Awarded Amount1	PO#	Amount Awarded This Budget Period	Expended FY 22 Q1	Project Officer	Grant Monitor	Program Manager
1/31/22	1/1/22	1/31/22	$ 1,000,000.00		$ 500,000.00		Urvi Kalpesh Patel	Vivian Walker	Urvi Kalpesh Patel
9/30/24	1/1/22	9/30/22	$ 846,643.96		$ 423,321.98		LaVerne Jones	Lisa Thompson	LaVerne Jones
9/30/24	1/1/22	9/30/24	$ 250,000.00		$ 250,000.00		Riana Buford	Brenda Anderson	Riana Buford
9/30/24	1/1/22	9/30/22	$ 600,000.00		$ 300,000.00		LaVerne Jones	Lisa Thompson	LaVerne Jones
9/30/23	1/1/22	9/30/22	$ 133,445.00		$ 133,445.00		LaVerne Jones	Janet Robinson	Shannon Gopaul
9/30/24	1/1/22	9/30/22	$ 56,137.00		$ 56,137.00		Riana Buford	Janet Robinson	Riana Buford
9/30/23	1/1/22	9/30/22	$ 150,000.00		$ 75,000.00		Adrienne Barksdale	Cassandra Lewis-Battle	Kenya Troutman
9/30/22	1/1/22	9/30/22	$ 466,000.00		$ 233,000.00		Stephen Reese	April Richardson	Stacey Cooper
8/31/22	1/1/22	8/31/22	$ 894,000.00		$ 447,000.00		Stephen Reese	Rony Mohram	Stacey Cooper
9/30/22	1/1/22	9/30/22	$ 200,000.00		$ 100,000.00		Stephen Reese	Rony Mohram	Stacey Cooper
9/30/22	1/1/22	9/30/22	$87,703.00		$ 87,703.00		Stephen Reese	Cassandra Lewis-Battle	Stacey Cooper

Question 18 - FY21 Contracts

Contract Number	Name of the Vendor	Purpose of Contract	Contract Administrator	Procurement Method	Original Contract Value	Modification Contract Value (if applicable)	Expenditure/ Actual Spent	Contract Period	Corrective Action (if applicable)	Funding Source	Mayor's Emergency Order
CW81111	A.J. Boggs & Company	HIPPA Compliant Server Hosting	Lena Largo	Invitation for Bid	$ 24,858.00	N/A	$ 24,858.43	03/10/2021 - 03/09/2022	N/A	Federal	
*CoreDC 21IE001-00032-SE1	Abbott	COVID Rapid Test Kits	Patrick Ashley	GSA Schedule	$ 405,216.00	$ 1,300,000.00		09/01/2021 - 01/31/2022	NA	Federal	Yes
CW83888	Accenture, LLP	Contact Tracing IT Solution/COVID-19 IT Applications and Infrastructure	Andersen Andrews	Emergency Procurement/Request for Proposals	NTE $8,435,000.00	N/A	$ 8,525,369.00	07/02/2020 - 05/19/2021	N/A	Federal	Yes
CW68518	ACCURATE CONCEPTION	Salesforce and IT Support Resources	Andersen Andrews	Request for Proposals	NTE$950,000.00	N/A	$ -	10/01/2020 - 09/30/2021	N/A	Local and Federal	
CW88807	ADC Management	Temporary Staffing Support Services	Contract Administrator vary per Purchase Order	Invitation for Bid	NTE $950,000.00	N/A	$ 9,040.15	01/25/2021 - 09/30/2021	N/A	Local and Federal	
CW84163	AH Jordan Plumbing & Mechanical	Plumbing Services	Gerald Massengill	Invitation for Bid	$ 51,250.00	N/A	$ 15,200.00	08/06/2020 - 08/05/2021	N/A	Local	
CW88809	All Pro All Services	Temporary Staffing Support Services	Contract Administrator vary per Purchase Order	Invitation for Bid	NTE $950,000.00	N/A	$ 19,071.00	01/21/2021 - 09/30/2021	N/A	Local and Federal	
CW76832	American Business Supplies LLC	Office Supplies	Various	Request for Task Order Bid	NTE $100,000	N/A	$ 25,454.18	10/01/2020 - 09/30/2021	N/A	Local	
CW47741	AMERISOURCE BERGEN DRUG CORPORATION	Pharmaceuticals for ADAP	Tayiana Reed	Request for Proposals	NTE $15000000	$15,995,000.00	$ 6,967,932.00	12/02/2020 - 12/01/2021	N/A	Federal	
CW50545	APRISS,INC	Prescription Drug Monitoring Program (PDMP)	Shauna White	Exempt from Competition	$ 811,716.00	N/A	$ 725,892.00	07/31/2020 - 08/01/2021	N/A	Revenue	
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	01/04/2021 - 01/03/2022	N/A	Federal	
CW61050	AXIELL-ALM	Vital Statistics Information Management System.	Terra Abrams/Andersen Andrews	Exempt from Competition	NTE$975,000.00	N/A	$614,456.78	10/01/2020 - 9/30/2021	N/A	Local	
CW83223	Bayne, LLC	Contact Tracing Community Engagement	Bryan Cheeseman	Emergency Procurement Request for Proposals	$ 790,490.00	N/A	$649,235.00	5/27/2020 - 5/26/2021	N/A	Federal	Yes
CW78508	BIOLYTICAL LABORATORIES, INC.	INSTI HIV Test Kits	Shea Davis	GSA Schedule	NTE $249,999.00	N/A	$ 79,239.00	10/30/2020 - 09/30/2021	N/A	Federal	
CW76827	Bluebay Office Inc	Office Supplies	Various	Request for Task Order Bid	NTE $100,000	N/A	$ -	10/01/2020 - 09/30/2021	N/A	Federal	
CW84181	Calvert Controls, Inc	HVAC Electrical System Maintenance and Repair	Gerald Massengill	Invitation for Bid	$ 317,383.00	N/A	$ 150,608.75	07/27/2020 - 07/26/2021	N/A	Federal	
CW82994	CANON SOLUTIONS AMERICA, INC	NIPA - FI-R- 0251-18	Andersen Andrews	GSA Schedule	$ 349,896.24	NTE $500,000.00	$ 87,474.06	10/01/2020 - 09/30/2021	N/A	Local and Federal	
CW76533	CAPITAL CONSULTING LLC DBA THARSEA IT	Oracle Cloud Services	Andersen Andrews	Sole Source	$ 155,000.00	$ 386,000.00	$ 322,460.00	02/05/2021 - 02/04/2022	N/A	Federal	
CW80465	Carahsoft Technology Corporation	AWS Consumption Bucket	Andersen Andrews	GSA Schedule	$339,720.00	NTE $700,000.00	$ 609,173.45	10/01/2020 - 09/30/2021	N/A	Federal	
CW84471	Carahsoft Technology Corporation	Software Licensing Subscription	Andersen Andrews	GSA Schedule	$ 570,167.01	NTE $2,200,000.00	$ 2,134,502.00	08/07/2020 - 08/06/2021	N/A	Federal	
CW85219	Carahsoft Technology Corporation	SPLUNK Enterprise Licensing	Andersen Andrews	GSA Schedule	$ 32,145.00	N/A	$ -	08/31/2020 - 08/30/2021	N/A	Federal	
CW85245	Carahsoft Technology Corporation	SolarWinds Enterprise Remote License	Andersen Andrews	GSA Schedule	$ 57,067.00	N/A	$ 32,145.00	09/01/2020 - 08/31/2021	N/A	Federal	
CW92708	Carahsoft Technology Corporation	Software Licensing Subscription	Andersen Andrews	GSA Schedule	NTE $950,000.00	N/A	$ 703,954.00	09/01/2020 - 08/31/2021	N/A	Federal	
WebEOC 7183949	Childrens School Services	COVID Testing DCPS	Bryan Cheeseman	Emergency Procurement	NTE $2,517,582.00	N/A	$ 389,400.00	07/23/2021 - 10/23/2021	N/A	Federal	Yes
CW60210	Clinical Pharmacy Associates	Treatment Adherence Quality Assurance for ADAP-Rx Quality.	Tayiana Reed - In PASS and trained	Request for Proposals	$ 570,306.00	N/A	$ 570,306.00	04/06/2020 - 04/05/2021	N/A	Federal	
CW68582	CODICE	Salesforce and IT Support Resources	Andersen Andrews	Request for Proposals	NTE$950,000.00	N/A	$ 82,080.00	10/01/2020 - 09/30/2021	N/A	Local and Federal	
CW68585	COMPASS SOLUTIONS	Salesforce and IT Support Resources	Andersen Andrews	Request for Proposals	NTE$950,000.00	N/A	$ -	10/01/2020 - 09/30/2021	N/A	Local and Federal	
*WeEOC 0290307-1	Community Orgainized Relief Effort (CORE)	Testing and Vaccination Site Management	Patrick Ashley	Emergency Procurement	$ 505,785.00	NTE $1,200,000.00		10/30/2020 - 11/30/2021	N/A	Federal	Yes
09/30/2021	Consumer Wellness Solutions, Inc.	CHA - Quitline Services	Jazmin Devonish	Request for Proposals	$ 585,250.00	N/A	$ 243,268.35	10/01/2020 - 09/30/2021	N/A	Federal	
CW88813	Corporate System Resources, Inc	Temporary Staffing Support Services	Contract Administrator vary per Purchase Order	Invitation for Bid	NTE $950,000.00	N/A	$ 52,434.00	01/21/2021 -0 9/30/2021	N/A	Local and Federal	
CW51929	DATAWATCH SYSTEMS	Building Security Access - Card Readers and Cameras	Andersen Andrews	Sole Source	$ 128,638.00	N/A	$ 128,472.90	07/07/2020 - 07/09/2021	N/A	Revenue/Local	
CW87310	DC General Construction Inc	Electrical Maintenance and Repair Service	Gerald Massengill	Piggyback/DGS Contract	$ 100,000.00	$ 200,000.00	$ 150,781.39	11/09/2020 - 11/08/2021	N/A	Public Health Crisis Response	
CW89198	DCPCA	Electronic Health Record System	Kanetha Queen	Sole Source	$130,790.00	N/A	$130,790.00	06/25/2020 - 09/30/2021	N/A	Federal	
CW88815	Digi Docs, Inc	Temporary Staffing Support Services	Contract Administrator vary per Purchase Order	Invitation for Bid	NTE $950,000.00	N/A	$ 74,792.00	01/20/2021 - 09/30/2021	N/A	Local and Federal	
CW78146	ECRI	Adverse Event Reporting	Yeolman Owens	Exempt from Competition	$ 154,024.00	N/A	$ 154,024.00	10/01/2020 - 09/30/2021	N/A	Local and Federal	
CW68564	EDUCOLOGY	Salesforce and IT Support Resources	Andersen Andrews	Request for Proposals	NTE$950,000.00	N/A	$ 52,514.00	10/01/2020 - 09/30/2021	N/A	Local and Federal	
CW78226	Electronic Services, Delivery & Support, Inc. (ESDS)	Project Management Services for DC eWIC	Sara Beckwith	Request for Proposals	$ 240,000.00	N/A	$ 33,600.00	12/16/2020 - 12/15/2021	N/A	Federal	
CW84176	Engage Strategies/Michael Bento	Opioid Marketing Campaign	Justin Ortique	Exempt from Competition	$ 300,000.00	N/A	$ 255,633.00	07/28/2020 - 07/27/2021	N/A	Board of Medicine	
CW96548	FedEx	COVID Test Shipping	Kanetha Queen	COVID Emergency	NTE $3M						
CW74997	Fieldprint	Criminal Background Checks/Fingerprinting Services	Yeolman Owens	Cooperative Agreement	NTE $950,000.00	N/A	$ 630,514.00	10/18/2020 - 10/17/2021	N/A	Revenue	
CW86390	GEORGE WASHINGTON UNIVERSITY	Health PolicySupport	Michael Kharfen	Invitation for Bid	$ 197,222.00	N/A	$ 197,222.00	10/22/2020 - 09/30/2021	N/A	Federal	
CW75880	GEORGE WASHINGTON UNIVERSITY	Academic Research Partnership provide ongoing epidemiologic and bio-statistical support, ongoing technical assistance and evaluation of the District's integrated HIV, STD, Hepatitis and TB surveillance system (hereinafter referred to as "integrated disease surveillance system"); and implementation of the National HIV Behavioral Surveillance (NHBS) system.	Michael Kharfen	Sole Source	$ 989,798.00	N/A	$ 518,032.00	10/03/2020 - 10/02/2021	N/A	Federal	
CW80547	GEORGE WASHINGTON UNIVERSITY	Access Rx - Drug Marketing Reporting	Justin Ortique	Request for Proposals	$ 131,718.00	N/A	$ 65,859.00	03/11/2021 - 03/10/2022	N/A	Revenue	
CW69673	Great American Corp	Catering Services	Lamont Clark	Invitation for Bid	NTE $100,000.00	N/A	$ -	04/22/2020 - 04/21/2021	N/A	Federal	
CW71997	Greater Good Group	Data Collection	Terrence Williams	Exempt from Competition	$ 130,000.00	N/A	$130,000.00	06/22/2020 - 02/19/2021	N/A	Federal	
CW71404	Grubbs	Pharmaceutical Services	Kanetha Queen	Invitation for Bid	$ 26,000.00	N/A	$ 517.00	06/03/2020 - 06/02/2021	N/A	Local	
CW88741	Health Management Associates, Inc	Quality Improvement	LaVerne Jones	Request for Proposals	$ 432,258.00	N/A	$ 236,356.00	03/01/2021 - 02/28/2022	N/A	Local and Federal	
CW57576	Humane Rescue Alliance(The Washington Humane Society)	Animal Control and Annual Prevention Services	Vito DelVento	Sole Source	$5,094,709.60	N/A	$ 3,984,004.67	11/18/2020 - 11/17/2021	N/A	Local	
CW83890	ICF Macro, Inc.	BRFSS Surveys	Tracy Garner	Request for Proposals	$ 574,091.00	$ 598,246.40	$ 760,814.09	01/01/2021 - 12/31/2021	N/A	Federal	

CW69941	IHRC	Epidemiology-Disease Suveillance and Investigation	Terrence Williams	Exempt from Competition	$ 146,096.00	N/A	$ 172,085.00	08/01/2020 - 07/31/2021	N/A	Federal	
CW68521	INCAPSULATE, LLC	Salesforce and IT Support Resources	Andersen Andrews	Request for Proposals	NTE$950,000.00	N/A	$ -	10/01-2020 - 09/30/2021	N/A	Local and Federal	
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 Saleforce Government Cloud, and Vlocity CM solutions	Andersen Andrews	Exempt from Competition	NTE$240,000.00	N/A	$ 3,103.33	03/09/2020 - 03/08/2021	N/A	Local	
CW92231	IQVIA Government Solutions	Longititudinal Prescription Database	Adam Allston	Exemp from Competition	$ 113,284.00	N/A	$ 113,284.00	06/15/2021 - 06/14/2022	N/A	Federal	
CW77480	J.R. REINGOLD & ASSOCIATES, INC	Capacity Building Support Services	Michael Kharfen	Request for Proposals	$ 343,096.00	N/A	$ 242,530.72	10/01/2020 - 09/30/2021	N/A	Federal	
CW69728	JSI Research and Training Ist.	Health System Plan	Terrence Williams	Sole Source	$ 180,053.00	N/A	$ 129,073.53	11/13/2019 - 12/31/2021	N/A	Local	
CW69667	Kansas State University Research Foundation	Evaluation and Reporting System Software License	Sara Beckwith	Exempt from Competition	$ 15,000.00	N/A	$ 15,000.00	04/03/2021 - 04/02/2022	N/A	Federal	
CW82774	KEBROS	HERLA Pharmacist Contractor	Justin Ortique	GSA Schedule	$ 135,000.00	$ 200,000.00	$ 164,990.00	06/15/2020 - 06/14/2021	N/A	Local	
*CW46873	LabCorp	COVID Testing	Patrick Ashley	Emergency Procurement	NTE $950,000.00	NTE $40,000,000.00		10/01/2020 - 09/30/2021	N/A	Federal	Yes
CW54071	LEXISNEXIS VITAL CHEK	Vital Records Kiosks	Terrence Williams	Invitation for Bid	$ 142,500.00	$ 153,700.00	$ 155,370.00	08/17/2020 - 08/16/2021	N/A	Local	
CW58647	MARYLAND/DC HANDS AND VOICES, INC.	CHA - Coordination and Facilitation for Families of Children with Hearing Loss	Jaida Carter	Exempt from Competition	$ 62,500.00	N/A	$ 22,999.90	05/03/2020 - 05/02/2021		Federal	
*CW88743	Maximus Health Services	COVID-19 Call Center	Trevor Rhodes	Cooperative Agreement	NTE $950,000.00	NTE $10,000,000.00		01/11/2021 - 12/31/2021	N/A	Federal	Yes
CW88863	MB Staffing, LLC	Temporary Staffing Support Services	Contract Administrator vary per Purchase Order	Invitation for Bid	NTE $950,000.00	N/A	$ 633,609.00	01/20/2021 - 09/30/2021	N/A	Local and Federal	
CW76830	MDM Office Systems Inc., dba Standard Office Supply	Office Supplies	Various	Request for Task Order Bid	NTE $100,000	N/A	$ 42,392.00	10/01/2020 - 09/30/2021	N/A	Local	
CW85784	Medstar Health Research Institute	PEP Consultation Line	Michael Kharfen	Invitation for Bid	$ 100,000.00	N/A	$ 82,000.00	11/13/2020 - 11/12/2021	N/A		
CW31836	METROPOLITAN RADIOLOGY MGMT	Radiological Services for HAHSTA Clinic	Kanetha Queen	Exempt from Competition	$ 120,000.00	N/A	$ 120,000.00	10/17/2020 - 10/16/2021	N/A	Federal	
CW88817	Midtown Group	Temporary Staffing Support Services	Contract Administrator vary per Purchase Order	Invitation for Bid	NTE $950,000.00	N/A	$ 688,632.00	01/20/2021 - 09/30/2021	N/A	Local and Federal	
CW42034	MSC of Ft. Smith	Condom Lubricants	Mariel Edge	Sole Source	NTE$500,000.00	N/A	-	01/24/2020 - 01/23/2021	N/A	Federal	
CW82018	NCS PEARSON dha PEARSON VUE	HRLA - Competency testing for Nurse Aides, Home Health Aides, and Medication Aide.	Tonoah Hampton	Sole Source	NTE $175,000	N/A	$ 16,170.00	10/01/2020 - 09/30/2021	N/A	Board of Medicine	
CW77058	Neal R. Gross & Co., Inc	Transcription Services	Terrence Williams	TASK ORDER	NTE $100000	N/A	$ 39,689.00	10/01/2020 - 09/30/2021	NA	SHPDA	
CW64376	OCTANE, LLC	Social Marketing/Public Education Program -Federal Payment	Michael Kharfen	Request for Proposals	$ 864,670.40	N/A	$ 431,972.00	09/27/2020 - 09/26/2021	N/A	Federal	
*CW90418	One Tent Health	Operational Staff Support for Pop-up COVID Testing	Melissa Dunkerson	Request for Quote	$ 119,692.00	$ 950,000.00	$ -	3/19/2021 - 3/18/2022	N/A	Federal	Yes
CW78511	ORASURE TECHNOLOGIES	OraSure HIV Test Kits and Controls	Shea Davis	GSA Schedule	$ 600,000.00	N/A	$ 39,780.00	10/01/2020 - 09/30/2021	N/A	Federal	
CW54787	Pacify Inc.	WIC Health Mobile Breast Feeding App Services	Tiffanie Williams	Exempt from Competition	$ 218,080.99	N/A	$ 218,080.99	09/27/2020 - 09/26/2021	N/A	Federal	
CW56663	Plexis Healthcare Systems	Third Party Administrator (TPA)	Michael Kharfen	Request for Proposals	$ 1,100,604.00	N/A	$ 950,000.00	10/01/2020 - 09/30/2021	N/A	Federal	
*CW91446	PMGL, LLC	Courier Services	Melissa Dunkerson	Request for Quote	$ 218,250.00	$ 1,500,000.00	$ 287,980.00	4/30/2021 - 4/29/2022	N/A	Local and Federal	
*CW88896	Preeminent Protective Services	Testing and Vaccination Security Services	Trevor Rhodes	Emergency Procurement	$ 500,000.00	NTE $950,000.00		01/22/2021 - 09/30/2022	N/A	Federal	Yes
CW47996	QUANTUM MARK, LLC	CPPE - Death Reporting Consultant	Terrence Williams	Sole Source	$ 120,580.00	N/A	$ 82,492.20	01/13/2021 - 12/12/2021	N/A	Federal	
*WebEOC 1617945	Quest Diagnostic	COVID Testing	Patrick Ashley	Emergency Procurement	NTE $30,000,000.00	N/A		05/07/2021 - 05/06/2022	N/A	Federal	Yes
CW46185	RAMSELL CORPORATION	HAHSTA - Pharmacy Benefit Management System	Tayiana Reed	Sole Source	$ 7,800,000.00	N/A	$ 7,204,610.42	08/01/2021 - 07/31/2022	N/A	Federal	
CW83387	REI Systems	Grants Management System	Andersen Andrews	Exempt from Competition	$ 280,000.00	N/A	$ 280,000.00	06/25/2020 - 11/30/21	N/A	Local	
CW47164	REINGOLD LINK, LLC	HAHSTA - Young Social Marketing Campaign Education and Communication	Michael Kharfen	Request for Proposals	$ 313,395.00	N/A	$ 65,488.00	09/27/2020 - 09/26/2021	N/A	Federal	
CW76442	Rodia, LLC	Youth Advisory Committee	Bryan Cheeseman	Request for Proposals	$ 107,874.00	N/A	$ 105,243.00	10/18/2020 - 10/17/2021	N/A	Federal	
CW88867	Ross Professional, LLC	Temporary Staffing Support Services	Contract Administrator vary per Purchase Order	Invitation for Bid	NTE $950,000.00	N/A	$ 144,468.00	01/20/2021 - 09/30/2021	N/A	Local and Federal	
CW51211	Rutgers University	Pregnancy Risk Asscesment Montioring System (PRAMS)	Terrence Williams	Request for Proposals	$ 90,365.00	$ 107,585.00	$ 107,576.00	05/11/2020 - 05/10/2021	N/A	Federal	
CW83615	SCIENTIFIC TECHNOLOGIES CORP.	Commercial-Off-The-Shelf (COTS) Immunization	Andersen Andrews	GSA Schedule	$ 989,004.00	$ 1,859,632.44	$ 1,502,869.00	08/06/2020 - 08/05/2021	N/A	Local and Federal	Yes (partial)
CW41121	SecureTech, LLC	Managed Care Warranty and Maintenance Support Serivces	Andersen Andrews	Exempt from Competition	NTE $950,000.00	NTE $1,420,873.00	$ 1,144,364.00	01/07/2021 - 05/31/2021	N/A	Federal	Yes
CW57524	SMARTFIBER, LLC	OD-Fully Managed Junpier Optical Hardware (Bandwidth Services)	Andersen Andrews	Exempt from Competition	$ 196,414.40	N/A	$ 196,414.40	01/09/2021 - 01/08/2022	N/A	Federal	
CW71615	South Florida Utilization Review (SFUR)	Peer Review and Expert Witness Services	Yeolman Owens	Invitation for Bid	NTE$100,000.00	N/A	$ 49,725.00	06/06/2020 - 06/05/2021	N/A	Local	
DOH-DHMH-FY21	State of MD DHMH	Laboratory Testing Services	Michael Kharfen	Cooperative Agreement	$ 100,000.00	N/A	$ 12,184.00	03/14/2020 - 03/13/2021	N/A	Federal	
CW68015	Stockbridge Consulting LLC	IBM SPSS Software and maintenance	Andersen Andrews	Request for Task Order Bid	$ 97,139.55	N/A	$ 59,475.00	02/04/2021 - 02/03/2022	N/A	Board of Medicine	
CW60907	STRATEGIC MANAGEMENT SOLUTIONS, INC.	Self-Management Resouce Center Trainings	Robin Diggs	Request for Proposals	$ 150,000.00	N/A	$ 44,269.00	05/10/2020 - 05/09/2021	N/A	Local	
CW84903	STRATEGIC SOLUTIONS GROUP, LLC	HAHSTA - DCPHIS Support Services. Project Management/Business Analyst. Developer. System Analyst	Andersen Andrews	Request for Proposals	$ 249,300.00	N/A	$ 192,000.00	08/25/2020 - 08/24/2021	N/A	Local	
CW68566	SYLVER RAIN CORP	Salesforce and IT Support Resources	Andersen Andrews	Request for Proposals	NTE$950,000.00	N/A	$ 272,356.00	10/01/2020 - 09/30/2021	N/A	Local and Federal	
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	$ 848,553.00	10/01/2020 - 09/30/2021	N/A	Local and Federal	
CW68580	SYNERGETICS	Salesforce and IT Support Resources	Andersen Andrews	Request for Proposals	NTE$950,000.00	N/A	$ 354,807.00	10/01/2020 - 09/30/2021	N/A	Local and Federal	
CW85944	Systems Integration, LLC	Informatica MasterData Management (MDM)	Andersen Andrews	Invitation for Bid	$ 418,955.00	N/A	$ 551,015.00	09/27/2020 - 09/26/2021	N/A	Federal	
CW68568	TDC	Salesforce and IT Support Resources	Andersen Andrews	Request for Proposals	NTE$950,000.00	N/A	$ -	10/01-2020 - 09/30/2021	N/A	Local and Federal	
CW68560	THIHA	Salesforce and IT Support Resources	Andersen Andrews	Request for Proposals	NTE$950,000.00	N/A	$ 641,643.00	10/01/2020 - 09/30/2021	N/A	Local and Federal	
CW68582	TRIAGE GROUP	Salesforce and IT Support Resources	Andersen Andrews	Request for Proposals	NTE$950,000.00	N/A	$ 419,119.00	10/01-2020 - 09/30/2021	N/A	Local and Federal	
CW58412	TRUAX PATIENTS SERVICES	Narcan Spray Kits	Shea Davis	Invitation for Bid	$ 1,372,500.00	$ 2,372,475.00	$ 2,063,925.00	2/05/2021 - 02/04/2022	N/A	Local	
CW87663	University of Maryland Baltimore	Addiction Consultation Services	Justin Ortique	Cooperative Agreement	$499,502.00	N/A	$ 20,215.00	3/22/2021- 3/21/2022	N/A	Local	
CW71036	Valley Pet Memorial Services	Dead Animal Removal and Cremation Services	Vito DelVento	Sole Source	NTE $100,000.00	N/A	$ 1,192.00	07/16/2020 - 07/15/2021	N/A	Revenue	

CW77685	WHITMAN WALKER	Gonococcal Isolate Surveillance Project (HAHSTA Wellness Center)	Kanetha Queen	Sole Source	$ 30,000.00	N/A	$ 30,000.00	01/22/2020 - 01/21/2021	N/A	Federal	
CW77226	Wilson Dependable Services LLC	Medical Supplies	Kanetha Queen	Request for Task Order Bid	NTE $100,000	N/A	$ 21,000.00	10/01/2020 - 09/30/2021	N/A	Local	
CW86905	Yellow Cab	Non-Emergency Transportation	Shea Davis	TASK ORDER	$ 30,000.00	N/A	$ 495.00	10/29/2020 - 10/28/2021	N/A	Federal	

***COVID-19 Contracts funded with OCP Contingency funds**

Question 18 - FY22 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	Mayor's Emergency Order
CW81111	A.J. Boggs & Company	HIPPA Compliant Server Hosting	Lena Largo	Invitation for Bid	$ 24,858.00	N/A	$ -	3/10/21 - 3/9/22	N/A	Federal	
*CoreDC 21IE001-00032-SE1	Abbott	COVID Rapid Test Kits	Patrick Ashley	GSA Schedule	$ 405,216.00	$ 1,300,000.00		09/01/2021 - 01/31/2022	NA	Federal	Yes
CW83888	Accenture, LLP	Contact Tracing IT Solution/COVID-19 IT Applications and Infrastructure	Andersen Andrews	Emergency Procurement/Request for Proposals	NTE $2,664,700.00	NTE $15,000,000.00	$ 1,993,000.00	05/20/2021 - 05/19/2022	N/A	Federal	Yes
CW68518	ACCURATE CONCEPTION	Salesforce and IT Support Resources	Andersen Andrews	Request for Proposals	NTE$950,000.00	N/A	$ 61,032.00	10-1-2021 - 9/30/2022	N/A	Local and Federal	
CW88807	ADC Management	Temporary Staffing Support Services	Contract Administrator vary per Purchase Order	Invitation for Bid	NTE $950,000.00	N/A	$ 9,040.15	10/01/2021 - 9/30/2022	N/A	Local and Federal	
CW84163	AH Jordan Plumbing & Mechanical	Plumbing Services	Gerald Massengill	Invitation for Bid	$ 51,250.00	N/A	$ -	8/6/2021-8/5/2022	N/A	Local	
CW88809	All Pro All Services	Temporary Staffing Support Services	Contract Administrator vary per Purchase Order	Invitation for Bid	NTE $950,000.00	N/A	$ 30,451.00	10/01/2021 - 9/30/2022	N/A	Local and Federal	
CW47741	AMERISOURCE BERGEN DRUG CORPORATION	Pharmaceuticals for ADAP	Tayiana Reed	Request for Proposals	NTE $15000000	NTE $15995000	$ 457,250.00	12/2/2021 - 4/1/2022	N/A	Federal	
CW50545	APRISS,INC	Prescription Drug Monitoring Program (PDMP)	Shauna White	Exempt from Competition	$ 811,716.00	N/A	$ -	8/1/21 - 7/31/22	N/A	Revenue	
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	1/4/2022 - 1/3/2023	N/A	Federal	
CW61050	AXIELL-ALM	Vital Statistics Information Management System.	Terra Abrams/Andersen Andrews	Exempt from Competition	NTE$975,000.00	N/A	$0.00	10/01/2021 - 9/30/2022	N/A	Local	
CW83223	Bayne, LLC	Contact Tracing Community Engagement	Bryan Cheeseman	Request for Proposals	$ 790,490.00	$ 849,600.00	$ -	5/27/2021 - 5/26/2022	N/A	Federal	
CW78508	BIOLYTICAL LABORATORIES, INC.	INSTI HIV Test Kits	Shea Davis	TASK ORDER	NTE $249,999.00	N/A	$ -	10/30/2021-9/30/2022	N/A	Federal	
CW76827	Bluebay Office Inc	Office Supplies	Various	Request for Task Order Bid	NTE $100,000	N/A	$ -	10/1/2021-9/30/22	N/A	Federal Grants	
CW84181	Calvert Controls, Inc	HVAC Electrical System Maintenance and Repair	Gerald Massengill	Invitation for Bid	$ 317,383.00	N/A	$ -	7/27/2021-7/26/2022	N/A	Federal Grants	
CW82994	CANON SOLUTIONS AMERICA, INC	NIPA - FI-R-0251-18	Andersen Andrews	GSA Schedule	$ 349,896.24	N/A	$ -	10/1/2021 - 9/30/2022	N/A	Local and Federal	
CW76533	CAPITAL CONSULTING LLC DBA THARSEA IT	Oracle Cloud Services	Andersen Andrews	Sole Source	$ 155,000.00	NTE $950,000.00	$ 234,234.10	2/5/21 - 2/4/22	N/A	Federal	
CW80465	Carahsoft Technology Corporation	AWS Consumption Bucket	Andersen Andrews	GSA Schedule	$339,720.00	NTE $700,000.00	$ -	10/01/2021 - 09/30/2022	N/A	Federal	
CW84471	Carahsoft Technology Corporation	Software Licensing Subscription	Andersen Andrews	GSA Schedule	NTE $3,500,000.00	NTE $3,500,000.00	$ -	08/07/2021 - 08/06/2022	N/A	Federal Grants	
CW85219	Carahsoft Technology Corporation	SPLUNK Enterprise Licensing	Andersen Andrews	GSA Schedule	$ 32,145.00	N/A	$ -	08/31/2021 - 08/30/2022	N/A	Federal Grants	
CW85245	Carahsoft Technology Corporation	SolarWinds Enterprise Remote License	Andersen Andrews	GSA Schedule	$ 57,067.00	N/A	$ -	09/01/2021 - 08/31/2022	N/A	Federal Grants	
CW92708	Carahsoft Technology Corporation	Software Licensing Subscription	Andersen Andrews	GSA Schedule	NTE $950,000.00	N/A	$ -	09/01/2021 - 08/31/2022	N/A	Federal Grants	
CW93498	Cintas Corporation #2	Uniform Rental Services	Yeolman Owens	Cooperative Agreement	NTE $950,000.00	N/A	$ 3,448.17	10/7/21 - 10/6/22	N/A	Revenue	
CW60210	Clinical Pharmacy Associates	Treatment Adherence Quality Assurance for ADAP-Rx Quality.	Tayiana Reed - In PASS and trained	Request for Proposals	$ 576,306.00	N/A	$ 145,428.00	04/06/2021 - 04/05/2022	N/A	Federal	
CW68582	CODICE	Salesforce and IT Support Resources	Andersen Andrews	Request for Proposals	NTE$950,000.00	N/A	$ -	10/01/2021 - 09/30/2022	N/A	Local and Federal	
CW68585	COMPASS SOLUTIONS	Salesforce and IT Support Resources	Andersen Andrews	Request for Proposals	NTE$950,000.00	N/A	$ -	10/01/2021 - 09/30/2022	N/A	Local and Federal	
*CW96024	Community Orgainized Relief Effort (CORE)	Testing and Vaccination Site Management	Patrick Ashley	Emergency Procurement	NTE $950,000.00	NTE $2,500,000.00		12/01/2021 - 09/30/2022	N/A	Federal	Yes

09/30/2021	Consumer Wellness Solutions, Inc.	CHA - Quitline Services	Jazmin Devonish	Request for Proposals	$ 595,970.00	N/A	$ 26,685.12	10/1/21 - 9/30/22	N/A	Federal	
CW88813	Corporate System Resources, Inc	Temporary Staffing Support Services	Contract Administrator vary per Purchase Order	Invitation for Bid	NTE $950,000.00	N/A	$ 7,270.00	10/01/2021 - 09/30/2022	N/A	Local and Federal	
CW95615	Credentia Nurse Aide, LLc	Nurse Aide, Home Health Aide, and Medication Aide Testing Program	Yeolman Owens	Sole Source	$9,100.00	N/A	$ -	12/01/2021-11/30/2022	N/A	Revenue/Local	
*WebEOC 16179545	Curative	COVID Testing	Patrick Ashley	Emergency Procurement	NTE $10,000,000.00	NTE $25,000,000.00		09/17/2021 - 09/16/2022	N/A	Federal	Yes
CW51929	DATAWATCH SYSTEMS	Building Security Access - Card Readers and Cameras	Andersen Andrews	Sole Source	$ 128,636.87	N/A	$ 39,898.80	7/7/21 - 7/6/22	N/A	Revenue/Local	
CW87310	DC General Construction Inc	Electrical Maintenance and Repair Service	Gerald Massengill	Piggyback/DGS Contract	$ 200,000.00	N/A	$ -	11/09/2021 - 11/08/2022	N/A	Local	
CW89198	DCPCA	Electronic Health Record System	Kanetha Queen	Sole Source	$161,850	N/A	$ -	10/1/21-9/30/22	N/A	Federal	
CW88815	Digi Docs, Inc	Temporary Staffing Support Services	Contract Administrator vary per Purchase Order	Invitation for Bid	NTE $950,000.00	N/A	$ 62,952.00	10/01/2021 - 09/30/2022	N/A	Local and Federal	
CW78146	ECRI	Adverse Event Reporting	Yeolman Owens	Exempt from Competition	$ 154,024.00	N/A	$ 39,276.07	10-1-2021 - 9/30/2022	N/A	Local and Federal	
CW68564	EDUCOLOGY	Salesforce and IT Support Resources	Andersen Andrews	Request for Proposals	NTE$950,000.00	N/A	$ -	10-1-2021 - 9/30/2022	N/A	Local and Federal	
CW78226	Electronic Services, Delivery & Support, Inc. (ESDS)	Project Management Services for DC eWIC	Sara Beckwith	Request for Proposals	$ 149,500.00	N/A	$ 47,100.00	12/16/2021 - 12/15/22	N/A	Federal	
CW84176	Engage Strategies/Michael Bento	Opioid Marketing Campaign	Justin Ortique	Exempt from Competition	$ 350,000.00	N/A	$ -	7/28/2021 - 7/27/2022	N/A	Board of Medicine	
CW965548	Federal Express	Courier Services	Miguel Turcios-Amaya	Emergency Procurement	NTE $3,000,000.00		N/A	01/06/2022 - 09/30/2022	N/A	Federal	Yes
CW74997	Fieldprint	Criminal Background Checks/Fingerprinting Services	Yeolman Owens	Cooperative Agreement	NTE $950,000.00	N/A	$ 77,430.25	10/18/21 - 10/17/22	N/A	Revenue	
CW91646	Frontline Technologies	Healthcare Anywhere Suite	Bryan Cheseman	Sole Source	$281,145.00	N/A	$ -	10/01/2021 -09/30/2022	N/A	Local and Federal	
CW86390	GEORGE WASHINGTON UNIVERSITY	Health PolicySupport	Avemaria Smith	Invitation for Bid	$ 197,222.00	N/A	$ -	10/22/21 - 10/21/22	N/A	Federal	
CW75880	GEORGE WASHINGTON UNIVERSITY	Academic Research Partnership provide ongoing epidemiologic and bio-statistical support, ongoing technical assistance and evaluation of the District's integrated HIV, STD, Hepatitis and TB surveillance system (hereinafter referred to as "integrated disease surveillance system"); and implementation of the National HIV Behavioral Surveillance (NHBS) system.	Clover Barnes	Sole Source	$ 989,798.00	N/A	$ -	10/1/21 - 9/30/22	N/A	Federal	
CW80547	GEORGE WASHINGTON UNIVERSITY	Access Rx - Drug Marketing Reporting	Justin Ortique	Request for Proposals	$ 131,718.00	N/A	$ -	3/11/21 - 3/10/22	N/A	Revenue	
CW69673	Great American Corp	Catering Services	Lamont Clark	Invitation for Bid	NTE $100,000.00	N/A	$ -	04/22/2021 - 04/21/2022	N/A	Federal	
WebEOC#2021-2IIE001-00009	Greater Good Group	Data Collection	Terrence Williams	Emergency Procurement	$ 162,000.00	$ 490,000.00	$ 100,000.00	10-1-2021 - 9/30/2022	N/A	Federal	
CW71404	Grubbs	Pharmaceutical Services	Kanetha Queen	Invitation for Bid	$ 26,000.00	N/A	$ -	06/03/2021 - 06/02/2022	N/A	Local	
CW88741	Health Management Associates, Inc	Quality Improvement	LaVerne Jones	Request for Proposals	$ 432,258.00	N/A	$ 92,813.00	3/1/2021-2/28/2022	N/A	Local and Federal	
CW57576	Humane Rescue Alliance(The Washington Humane Society)	Animal Control and Annual Prevention Services	Vito DelVento	Request for Proposals	$ 5,236,285.00	N/A	$ 250,086.74	11/18/21-11/17/22	N/A	Local	
CW83890	ICF Macro, Inc.	BRFSS Surveys	Tracy Garner	Request for Proposals	$ 598,246.40	N/A	$ 63,482.69	1/1/22 - 12/31/22	N/A	Federal	
*PO656808	iHealth Labs, Inc	COVID Rapid Test Kits	Patrick Ashley	Emergency Procurement	NTE $75,000,000.00	N/A		12/27/2021 - 12/26/2022	N/A	Federal	Yes
CW69941	IHRC	Epidemiology-Disease Suveillance and Investigation	Terrence Williams	Exempt from Competition	$ 169,460.80	N/A	$ -	8/1/2021-7/31/2022	N/A	Federal	
CW68521	INCAPSULATE, LLC	Salesforce and IT Support Resources	Andersen Andrews	Request for Proposals	NTE$950,000.00	N/A	$ -	10/01-2021 - 09/30/2022	N/A	Local and Federal	
CW92231	IQVIA Government Solutions	Longititudinal Prescription Database	Kanetha Queen	Exemp from Competition	$ 113,284.00	N/A	$ -	6/15/21 - 6/14/22			
CW77480	J.R. REINGOLD & ASSOCIATES, INC	Capacity Building Support Services	Anthony Fox	Request for Proposals	$ 343,096.00	N/A	$ -	10/1/21 - 9/30/22	N/A	Federal	
CW69728	JSI Research and Training Ist.	Health System Plan	Terrence Williams	Sole Source	$ 180,053.00	N/A	$ -	11/13/19 - 12/31/21	N/A	Local	
CW69667	Kansas State University Research Foundation	Evaluation and Reporting System Software License	Sara Beckwith	Exempt from Competition	$ 15,000.00	N/A	$ -	4/3/2021 - 4/2/2022	N/A	Federal	

CW82774	KEBROS	HERLA Pharmacist Contractor	Justin Ortique	Labor Hour	$ 200,000.00	N/A	$ -	06/15/2021 - 06/14/2022	N/A	Local	
*CW95336	LabCorp	COVID Testing	Patrick Ashley	Emergency Procurement	NTE$950,000	NTE $40,000,000.00		10/01/2021 -11/04/2022	N/A	Federal	Yes
CW54071	LEXISNEXIS VITAL CHEK	Vital Records Kiosks	Terrence Williams	Invitation for Bid	$ 142,500.00	$ 155,370.00	$ -	8/17/2021 - 8/16/2022	N/A	Local	
*CW88743	Maximus Health Services	COVID-19 Call Center	Trevor Rhodes	Cooperative Agreement	NTE $950,000.00	NTE $10,000,000.00		01/01/2022 - 12/31/2022	N/A	Federal	Yes
CW58647	MARYLAND/DC HANDS AND VOICES, INC.	CHA - Coordination and Facilitation for Families of Children with Hearing Loss	Jaida Carter	Exempt from Competition	$ 30,000.00	N/A	$ 2,162.50	10/18/21 - 10/17/22		Federal	
CW88863	MB Staffing, LLC	Temporary Staffing Support Services	Contract Administrator vary per Purchase Order	Invitation for Bid	NTE $950,000.00	N/A	$ 19,898.00	10/01/2021 - 09/30/2022	N/A	Local and Federal	
CW76830	MDM Office Systems Inc., dba Standard Office Supply	Office Supplies	Various	Request for Task Order Bid	NTE $100,000	N/A	$ 20,412.00	10/01/2021 - 09/30/2022	N/A	Local	
CW85784	Medstar Health Research Institute	PEP Consultation Line	Jason Beverly	Invitation for Bid	$ 100,000.00	N/A	$ -	11/13/21 - 11/12/22	N/A		
CW31836	METROPOLITAN RADIOLOGY MGMT	Radiological Services for HAHSTA Clinic	Kanetha Queen	Exempt from Competition	$ 122,400.00	N/A	$ 30,600.00	10/17/2021 - 10/16/2022	N/A	Federal	
CW88817	Midtown Group	Temporary Staffing Support Services	Contract Administrator vary per Purchase Order	Invitation for Bid	NTE $950,000.00	N/A	$ 89,918.00	10/01/2021 - 09/30/2022	N/A	Local and Federal	
CW82018	NCS PEARSON dha PEARSON VUE	HRLA - Competency testing for Nurse Aides, Home Health Aides, and Medication Aide.	Yeolman Owens	Sole Source	NTE $175,000	N/A	$ -	10/01/2020 - 12/31/2021	N/A	Board of Medicine	
CW77058	Neal R. Gross & Co., Inc	Transcription Services	Terrence Williams	Request for Task Order Bid	NTE $100,000	N/A	$ 1,121.00	10/01/2021 - 09/30/2022	NA	SHPDA	
CW64376	OCTANE, LLC	Social Marketing/Public Education Program - Federal Payment	Clover Barnes	Request for Proposals	$ 864,670.40	N/A	$ -	9/27/2021 - 9/26/2022	N/A	Federal	
*CW90418	One Tent Health	Operational Staff Support for Pop-up COVID Testing	Melissa Dunkerson	Request for Quote	$ 119,692.00	$ 950,000.00	$ -	3/19/2021 - 3/18/2022	N/A	Federal	Yes
CW78511	ORASURE TECHNOLOGIES	OraSure HIV Test Kits and Controls	Shea Davis	GSA Schedule	$ 600,000.00	N/A	$ 47,700.00	10/01/2021 - 09/30/2022	N/A	Federal Grants	
CW54787	Pacify Inc.	WIC Health Mobile Breast Feeding App Services	Tiffanie Williams	Exempt from Competition	$ 224,023.42	N/A	$ -	9/27/2021 - 9/26/2022	N/A	Federal	
CW56663	Plexis Healthcare Systems	Third Party Administrator (TPA)	Clover Barnes	Request for Proposals	$ 1,100,604.00	N/A	$ 950,000.00	10/01/2020 - 09/30/2021	N/A	Federal	
*CW91446	PMGL, LLC	Courier Services	Melissa Dunkerson	Request for Quote	$ 218,250.00	$ 1,500,000.00	$ 287,980.00	4/30/2021 - 4/29/2022	N/A	Local and Federal	
*CW88896	Preeminent Protective Services	Testing and Vaccination Security Services	Trevor Rhodes	Emergency Procurement	NTE $950,000.00	NTE $2,500,000.00		01/22/2021 - 09/30/2022	N/A	Federal	Yes
*WebEOC 1617945	Quest Diagnostic	COVID Testing	Patrick Ashley	Emergency Procurement	NTE $30,000,000.00	N/A		05/07/2021 - 05/06/2022	N/A	Federal	Yes
CW47996	QUANTUM MARK, LLC	CPPE - Death Reporting Consultant	Terrence Williams	Sole Source	$ 120,580.00	N/A	$ 47,000.00	01/13/2021 - 02/28/2022	N/A	Federal Grants	
CW94739	RAMSELL CORPORATION	HAHSTA - Pharmacy Benefit Management System	Tayiana Reed	Invitation for Bid	$ 7,514,944.00	N/A	$ -	1/18/2022-1/17/2023	N/A	Federal	
CW83387	REI Systems	Grants Management System	Andersen Andrews	Exempt from Competition	$ 280,000.00	N/A	$ 280,000.00	02/19/2021 - 02/18/2022	N/A	Local	
CW47164	REINGOLD LINK, LLC	HAHSTA - Young Social Marketing Campaign Education and Communication	Tamika Ferrier	Request for Proposals	$ 313,395.00	N/A		09/27/2020 - 11/30/2021	N/A	Federal	
CW76442	Rodia, LLC	Youth Advisory Committee	Bryan Cheeseman	Request for Proposals	$ 107,874.00	N/A	$ 26,968.50	10/18/21 - 10/17-22	N/A	Federal Grants	
CW88867	Ross Professional, LLC	Temporary Staffing Support Services	Contract Administrator vary per Purchase Order	Invitation for Bid	NTE $950,000.00	N/A	$ 82,629.00	10/01/2021 - 09/30/2022	N/A	Local and Federal	
CW51211	Rutgers University	Pregnancy Risk Asscesment Montioring System (PRAMS)	Terrence Williams	Request for Proposals	$ 90,365.00	$ 107,585.00	$ 30,133.00	05/11/2021 - 05/10/2022	N/A	Federal	
CW83615	SCIENTIFIC TECHNOLOGIES CORP.	Commercial-Off-The-Shelf (COTS) Immunization	Andersen Andrews	GSA Schedule	$ 1,402,004.00	$ 1,859,632.44	$ 351,316.32	8/6/21-8/5/2022	N/A	Local and Federal	
CW41121	SecureTech, LLC	Managed Care Warranty and Maintenance Support Serivces	Andersen Andrews	Exempt from Competition	$ 400,000.00	$ 1,000,000.00	$ 300,000.00	06/01/2021 - 09/30/2022	N/A	Federal	Yes
CW57524	SMARTFIBER, LLC	OD-Fully Managed Junpier Optical Hardware (Bandwidth Services)	Andersen Andrews	Exempt from Competition	$ 196,414.40	N/A	$ 196,414.40	01/09/2021 - 01/08/2022	N/A	Federal	
CW71615	South Florida Utilization Review (SFUR)	Peer Review and Expert Witness Services	Yeolman Owens	Invitation for Bid	NTE$100,000.00	N/A	$ 6,300.00	6/6/2021 - 6/5/2022	N/A	Local	
DOH-DHMH-FY21	State of MD DHMH	Laboratory Testing Services	Clover Barnes	Cooperative Agreement	$ 100,000.00	N/A	$ -	10/1/2021 - 9/30/2022	N/A	Federal	
CW68015	Stockbridge Consulting LLC	IBM SPSS Software and maintenance	Andersen Andrews - In PASS	Request for Task Order Bid	$ 97,139.55	N/A	$ -	02/04/2021 - 02/03/2022	N/A	Board of Medicine	
CW60907	STRATEGIC MANAGEMENT SOLUTIONS, INC.	Self-Management Resouce Center Trainings	Robin Diggs	Request for Proposals	$ 150,000.00	N/A	$ 29,823.00	5/10/2021 - 5/9/2022	N/A	Local	

CW84903	STRATEGIC SOLUTIONS GROUP, LLC	HAHSTA - DCPHIS Support Services. Project Management/Business Analyst. Developer. System Analyst	Andersen Andrews	Request for Proposals	$ 249,300.00	N/A	$ 48,950.00	8/25/21-8/24/22	N/A	Local	
CW68566	SYLVER RAIN CORP	Salesforce and IT Support Resources	Andersen Andrews	Request for Proposals	NTE$950,000.00	N/A	$ 50,416.00	10-1-2021 - 9/30/2022	N/A	Local and Federal	
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	$ 205,576.62	10/1/2021 - 9/30/2022	N/A	Local and Federal	
CW68580	SYNERGETICS	Salesforce and IT Support Resources	Andersen Andrews	Request for Proposals	NTE$950,000.00	N/A	$ 904.28	10-1-2021 - 9/30/2022	N/A	Local and Federal	
CW85944	Systems Integration, LLC	Informatica MasterData Management (MDM)	Andersen Andrews	Invitation for Bid	$ 418,955.00	N/A	$ -	9/27/21 - 9/26/22	N/A	Federal	
CW68568	TDC	Salesforce and IT Support Resources	Andersen Andrews	Request for Proposals	NTE$950,000.00	N/A	$ -	10/01-2021 - 09/30/2022	N/A	Local and Federal	
CW68560	THIHA	Salesforce and IT Support Resources	Andersen Andrews	Request for Proposals	NTE$950,000.00	N/A	$ -	10/01/2021 - 09/30/2022	N/A	Local and Federal	
CW68582	TRIAGE GROUP	Salesforce and IT Support Resources	Andersen Andrews	Request for Proposals	NTE$950,000.00	N/A	$ 63,805.00	10-1-2021 - 9/30/2022	N/A	Local and Federal	
CW58412	TRUAX PATIENTS SERVICES	Narcan Spray Kits	Shea Davis	Invitation for Bid	$ 2,372,475.00	N/A	$ -	2/5/2021 - 2/4/2022	N/A	Local	
CW87663	University of Maryland Baltimore	Addiction Consultation Services	Justin Ortique	Cooperative Agreement	$499,502.00	N/A	$ -	3/22/2021-3/21/2022	N/A	Local	
CW71036	Valley Pet Memorial Services	Dead Animal Removal and Cremation Services	Vito DelVento	Sole Source	NTE $100,000.00	N/A	$ 378.00	7/16/2021 - 7/15/2022	N/A	Revenue	
CW77685	WHITMAN WALKER	Gonococcal Isolate Surveillance Project (HAHSTA Wellness Center)	Kanetha Queen	Sole Source	$ 30,000.00	N/A	$ -	12/15/21-1216/22	N/A	Federal	
CW77226	Wilson Dependable Services LLC	Medical Supplies	Kanetha Queen	Request for Task Order Bid	NTE $100,000	N/A	$ 3,378.00	10/01/2021 - 09/30/2022	N/A	Local	
CW86905	Yellow Cab	Non-Emergency Transportation	Shea Davis	TASK ORDER	$ 30,000.00	N/A	$ 495.00	10/29/2021 - 10/28/2022	N/A	Federal	
*WebECO 21IE001-00073-SC1	Xcaliber Sciences	COVID Test Yourself Kits	Miguel Turcious-Amaya	Emergency Procurement	NTE $3,000,000.00	N/A		12/22/2021 - 09/30/2022	N/A	Federal	Yes

***COVID-19 Contracts funded with OCP Contingency funds**

Department of Health (DOH) – AGENCY MANAGEMENT PROGRAM (AMP) Oversight Question #19 FY21 Human Care Agreements							
HCA Vendor Name	Services Provided	Funding Source	HCA Amount	Expenditures	Status of Performance	DOH Employee Responsible for Monitoring the HCA	HCA Number
Bread for the City	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ 25,504.85	Satisfactory	Charis Ferguson	CW64077
Casa Ruby	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ 74,995.00	Satisfactory	Charis Ferguson	CW64067
Children's National Med. Ctr.	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ 60.00	Satisfactory	Charis Ferguson	CW64073
Community Family Life Services	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ 17,235.00	Satisfactory	Charis Ferguson	CW64079
Damien Ministries	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ 8,110.00	Satisfactory	Charis Ferguson	CW64032
Family and Medical Counseling Services	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ 4,921.70	Satisfactory	Charis Ferguson	CW64127
Grassroot Project (AUJ)	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ 18,945.00	Satisfactory	Charis Ferguson	CW64075
HBI-DC	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ 73,810.00	Satisfactory	Charis Ferguson	CW64123
HIPS	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ 107,771.00	Satisfactory	Charis Ferguson	CW64129
Howard University	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ 4,160.00	Satisfactory	Charis Ferguson	CW64121
La Clinica Del Pueblo	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ 101,906.00	Satisfactory	Charis Ferguson	CW64139
LAYC	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ 71,145.00	Satisfactory	Charis Ferguson	CW64166
Mary's Center	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ 116,081.00	Satisfactory	Charis Ferguson	CW64125
Metro Health	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ 700,008.00	Satisfactory	Charis Ferguson	CW64030
One Tent Health	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ 9,950.00	Satisfactory	Charis Ferguson	CW64027
Sasha Bruce	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ 41,600.00	Satisfactory	Charis Ferguson	CW64168
The Women's Collectiave	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ 18,777.00	Satisfactory	Charis Ferguson	CW64069
Unity Health Care	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ 2,470.00	Satisfactory	Charis Ferguson	CW64171
US Helping US	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ 142,692.00	Satisfactory	Charis Ferguson	CW64175
Whitman Walker	HIV Testing and Prevention Services	Federal	$2,500,000.00	$ 478,504.00	Satisfactory	Charis Ferguson	CW64136
AIDS Healthcare Foundation dba AHF Pharm	340B Drug Assistance Program	Federal	NTE $950,000.00	$ -	Satisfactory	Dr. Tayiana Reed	CW57851
Fort Lincoln Pharmacy LLC	340B Drug Assistance Program	Federal	NTE $950,000.00	$ -	Satisfactory	Dr. Tayiana Reed	CW57807
Grubbs Pharmacy of DC	340B Drug Assistance Program	Federal	NTE $950,000.00	$ -	Satisfactory	Dr. Tayiana Reed	CW57924
Grubbs Pharmacy of NW	340B Drug Assistance Program	Federal	NTE $950,000.00	$ 517.00	Satisfactory	Dr. Tayiana Reed	CW57891
Grubbs Pharmacy SE	340B Drug Assistance Program	Federal	NTE $950,000.00	$ 756.51	Satisfactory	Dr. Tayiana Reed	CW57803
Kalorama Pharmacy	340B Drug Assistance Program	Federal	NTE $950,000.00	$ 48,832.12	Satisfactory	Dr. Tayiana Reed	CW57860
Mary's Center Pharmacy/Maxor	340B Drug Assistance Program	Federal	NTE $950,000.00	$ -	Satisfactory	Dr. Tayiana Reed	CW57847
Peoples Drug, LLC dba Alpha Peoples Pharm	340B Drug Assistance Program	Federal	NTE $950,000.00	$ 28,395.12	Satisfactory	Dr. Tayiana Reed	CW57843
Pharm Pro dba Morgan Pharmacy	340B Drug Assistance Program	Federal	NTE $950,000.00	$ 10,928.28	Satisfactory	Dr. Tayiana Reed	CW57809
Prime Inc. dba Sterling Pharmacy	340B Drug Assistance Program	Federal	NTE $950,000.00	$ 989.42	Satisfactory	Dr. Tayiana Reed	CW57801
Unity Upper Cardoza/Maxor	340 Drug Assistance Program	Federal	NTE$950,000.00	$ -	Satisfactory	Dr. Tayiana Reed	CW57881
Seat Pleasant Pharmacy	340B Drug Assistance Program	Federal	NTE $950,000.00	$ 128.15	Satisfactory	Dr. Tayiana Reed	CW57816
Sierra Int'l Columbia Heights Pharmacy	340B Drug Assistance Program	Federal	NTE $950,000.00	$ 94,689.99	Satisfactory	Dr. Tayiana Reed	CW57886
Fort Lincoln Pharmacy LLC	340B Drug Assistance Program	Federal	NTE $950,000.00	$ -	Satisfactory	Dr. Tayiana Reed	CW57807
Super Pharmacy LLC	340B Drug Assistance Program	Federal	NTE $950,000.00	$ 23,388.34	Satisfactory	Dr. Tayiana Reed	CW57811
Unity Parkside/Maxor	340B Drug Assistance Program	Federal	NTE $950,000.00	$ 32,805.64	Satisfactory	Dr. Tayiana Reed	CW58007
Whitman Walker Clinic, Inc	340B Drug Assistance Program	Federal	NTE $950,000.00	$ -	Satisfactory	Dr. Tayiana Reed	CW57813
Breast Care for Washington	Breast and Cervical Cancer	Federal	NTE $200,000.00	$ 74,510.69	Satisfactory	Tesha Coleman	CW76457
Family and Medical Counseling	Breast and Cervical Cancer	Federal	NTE $200,000.00		Satisfactory	Tesha Coleman	CW82180
Howard University	Breast and Cervical Cancer	Federal	NTE $200,000.00	$ 34,117.69	Satisfactory	Tesha Coleman	CW82115
Medstar Georgetown	Breast and Cervical Cancer	Federal	NTE $200,000.00	$ 53,125.36	Satisfactory	Tesha Coleman	CW76586
Community Family Life Services	Non-Medical Case Management Services	Federal	NTE $950,000.00	$ 132,305.00	Satisfactory	Mark Hill	CW67464
Community Family Life Services	HIV Testing and Prevention Services	Federal	NTE $950,000.00		Satisfactory	Mark Hill	CW56237
Damien Ministries	Food Bank	Federal	NTE $950,000.00	$ 240,894.00	Satisfactory	Mark Hill	CW56466
Damien Minitries	Non-Medical Case Management	Federal	NTE $950,000.00	$ 101,855.00	Satisfactory	Mark Hill	CW58060
Food and Friends	Food Bank	Federal	NTE $950,000.00	$ 1,935,880.00	Satisfactory	Mark Hill	CW56028
Heart to Hand	Non-Medical Case Management	Federal	NTE $950,000.00	$ 135,140.00	Satisfactory	Mark Hill	CW56462
Heart to Hand	Outpatient Substance Abuse	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW56464
Heart to Hand	Outpatient Ambulatory Health Services	Federal	$950,000.00	$ 24,110.11	Satisfactory	Mark Hill	CW67460
Housing Counseling Services	Non-Medical Case Management	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW56468
Howard University	Dental Services	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW57867
Howard University	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ 4,160.00	Satisfactory	Nestor Rocha	CW64121
Howard University	Non-Medical Case Management	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW56350
Howard University	Outpatient Ambulatory Health	Federal	NTE $950,000.00	$ 8,420.45	Satisfactory	Mark Hill	CW57365
Howard University	Outpatient Substance Abuse	Federal	NTE $950,000.00	$ 1,100.00	Satisfactory	Mark Hill	CW57367
Joseph's House	Non-Medical Case Management	Federal	NTE $950,000.00	$ 401,225.00	Satisfactory	Mark Hill	CW56281
Metro Health	Non-Medical Case Management	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW59001
Metro Health	Food Bank	Federal	NTE $950,000.00	$ 568,764.00	Satisfactory	Mark Hill	CW56256
Metro Health	Outpatient Ambulatory Health	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW58076
Metro Health	Outpatient Substance Abuse	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW56241
Neighborhood Health	Dental Services	Federal	NTE $950,000.00	$ 68,991.00	Satisfactory	Mark Hill	CW55376
Neighborhood Health	Non-Medical Case Management	Federal	NTE $950,000.00	$ 88,600.00	Satisfactory	Mark Hill	CW55380
Neighborhood Health	Outpatient Ambulatory Health	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW55390
Neighborhood Health	Substance Abuse/Mental Health	Federal	NTE $950,000.00	$ 4,700.00	Satisfactory	Mark Hill	CW55388
Unity Health	Non-Medical Case Management	Federal	NTE $950,000.00	$ 28,275.00	Satisfactory	Mark Hill	CW55392
Unity Health	Outpatient Ambulatory Health	Federal	NTE $950,000.00	$ 42,370.00	Satisfactory	Mark Hill	CW55275
Unity Health	Dental Services	Federal	NTE $950,000.00	$ 9,200.00	Satisfactory	Mark Hill	CW67432
Andromeda Transcultural	Housing Case Management and Referral	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW58016
Andromeda Transcultural	Non-Medical Case Management	Federal	NTE $950,000.00	$ 89,020.00	Satisfactory	Mark Hill	CW57363
Andromeda Transcultural	Outpatient Substance Abuse	Federal	NTE $950,000.00	$ 14,574.33	Satisfactory	Mark Hill	CW57361
Andromedia Transculual	Outpatient Substance Abuse	Federal	NTE $950,000.00	$ 3,825.00	Satisfactory	Mark Hill	CW56258
Casa Ruby	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ 74,995.00	Satisfactory	Nestor Rocha	CW64067
Casa Ruby	Housing Case Management and Referral	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW56639
Casa Ruby	Non-Medical Case Management	Federal	NTE $950,000.00	$ 118,670.00	Satisfactory	Mark Hill	CW56665
Children's National Med. Ctr.	Non-Medical Case Management	Federal	NTE $950,000.00	$ 45,800.00	Satisfactory	Mark Hill	CW56310
Children's National Med. Ctr.	Outpatient Ambulatory Health	Federal	NTE $950,000.00	$ 53,281.00	Satisfactory	Mark Hill	CW58216
Children's National Med. Ctr.	Outpatient Substance Abuse	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW56312
Family and Medical Counseling	Food Bank	Federal	NTE $950,000.00	$ 436,464.00	Satisfactory	Mark Hill	CW56249
Family and Medical Counseling Services	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ 9,415.00	Satisfactory	Nestor Rocha	CW64127
Family and Medical Counseling Services	Non-Medical Case Management	Federal	NTE $950,000.00	$ 5,505.00	Satisfactory	Mark Hill	CW56254
Family and Medical Counseling Services	Outpatient Ambulatory Health	Federal	NTE $950,000.00	$ 6,751.50	Satisfactory	Mark Hill	CW56247
Greater Baden Medical Services, Inc	Dental Services	Federal	NTE $950,000.00	$ 11,305.53	Satisfactory	Mark Hill	CW67492
Greater Baden Medical Services, Inc	Non-Medical Case Management Services	Federal	NTE $950,000.00	$ 82,720.00	Satisfactory	Mark Hill	CW67462
Greater Baden Medical Services, Inc	Outpatient Ambulatory Health Services	Federal	NTE $950,000.00	$ 21,880.00	Satisfactory	Mark Hill	CW67489
Greater Baden Medical Services, Inc	Outpatient Substance Abuse	Federal	NTE $950,000.00	$ 1,225.00	Satisfactory	Mark Hill	CW67487
HIPS	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ 107,771.00	Satisfactory	Nestor Rocha	CW64129
HIPS	Non-Medical Case Management	Federal	NTE $950,000.00	$ 39,225.00	Satisfactory	Mark Hill	CW56304
Prince George's County Health Department	Non-Medical Case Management Services	Federal	NTE $950,000.00	$ 10,630.00	Satisfactory	Mark Hill	CW67436
Prince George's County Health Department	Outpatient Ambulatory Health Services	Federal	NTE $950,000.00	$ 64,443.45	Satisfactory	Mark Hill	CW67438
Prince George's County Health Department	Outpatient Substance Abuse	Federal	NTE $950,000.00	$ 26,875.00	Satisfactory	Mark Hill	CW59005
Prince George's County Health Department	Oral Health	Federal	NTE $950,000.00	$ 129,926.00	Satisfactory	Mark Hill	CW58816
Restoratrion Community Alliance	Non-Medical Case Management Services	Federal	NTE $950,000.00	$ 100,800.00	Satisfactory	Mark Hill	CW67703
Terrific Inc	Non-Medical Case Management	Federal	NTE $950,000.00	$ 82,710.00	Satisfactory	Mark Hill	CW55371
United Medical Center	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ -	Satisfactory	Nestor Rocha	CW64227
La Clinica Del Pueblo	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ 101,906.00	Satisfactory	Nestor Rocha	CW64139
La Clinica Del Pueblo	Non-Medical Case Management	Federal	NTE $950,000.00	$ 83,730.00	Satisfactory	Mark Hill	CW56288
La Clinica Del Pueblo	Outpatient Substance Abuse	Federal	NTE $950,000.00	$ 49,600.00	Satisfactory	Mark Hill	CW56291
La Clinica Del Pueblo	Outpatient Substance Abuse	Federal	NTE $950,000.00	$ 61,382.35	Satisfactory	Mark Hill	CW56286
Mary's Center	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ 116,081.00	Satisfactory	Nestor Rocha	CW64125
Mary's Center for Mat.	Dental Services	Federal	NTE $950,000.00	$ 10,721.44	Satisfactory	Mark Hill	CW57865
Mary's Center for Mat.	Outpatient Ambulatory Health	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW55967
Mary's Center for Mat.	Outpatient Substance Abuse	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW58062
US Helping US	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ 142,692.00	Satisfactory	Nestor Rocha	CW64175
US Helping US	Housing Case Management and Referral	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW58016
US Helping US	Non-Medical Case Management	Federal	NTE $950,000.00	$ 119,435.00	Satisfactory	Mark Hill	CW56235
US Helping US	Outpatient Substance Abuse	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW56233
Whitman Walker	Dental Services	Federal	NTE $950,000.00	$ 87,400.00	Satisfactory	Mark Hill	CW57863
Whitman Walker	Non-Medical Case Management	Federal	NTE $950,000.00	$ 483,175.00	Satisfactory	Mark Hill	CW56637
Whitman Walker	Outpatient Ambulatory Health	Federal	NTE $950,000.00	$ 28,951.00	Satisfactory	Mark Hill	CW56635
Whitman Walker	Outpatient Substance Abuse	Federal	NTE $950,000.00	$ 57,300.00	Satisfactory	Mark Hill	CW58067
LabCorp	STD/HIV Laboratory Testing	Federal	NTE $950,000.00	$ 242,118.00	Satisfactory	Kanetha Queen	CW46873

Department of Health (DOH) – AGENCY MANAGEMENT PROGRAM (AMP) Oversight Question #19 FY22 Human Care Agreements							
HCA Vendor Name	**Services Provided**	**Funding Source**	**HCA Amount**	**Expenditures**	**Status of Performance**	**DOH Employee Responsible for Monitoring the HCA**	**HCA Number**
Bread for the City	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ 500.00	Satisfactory	Nestor Rocha	CW64077
Casa Ruby	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ -	Satisfactory	Nestor Rocha	CW64067
Community Family Life Services	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ -	Satisfactory	Nestor Rocha	CW64079
Damien Ministries	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ -	Satisfactory	Nestor Rocha	CW64032
Family and Medical Counseling Services	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ -	Satisfactory	Nestor Rocha	CW64127
Grassroot Project (AUJ)	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ 1,080.00	Satisfactory	Nestor Rocha	CW64075
HBI-DC	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ 11,320.00	Satisfactory	Nestor Rocha	CW64123
HIPS	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ -	Satisfactory	Nestor Rocha	CW64129
Howard University	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ -	Satisfactory	Nestor Rocha	CW64121
La Clinica Del Pueblo	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ -	Satisfactory	Nestor Rocha	CW64139
LAYC	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ -	Satisfactory	Nestor Rocha	CW64166
Mary's Center	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ -	Satisfactory	Nestor Rocha	CW64125
Metro Health	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ -	Satisfactory	Nestor Rocha	CW64030
One Tent Health	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ -	Satisfactory	Nestor Rocha	CW64027
Sasha Bruce	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ -	Satisfactory	Nestor Rocha	CW64168
The Women's Collectiave	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ 6,064.00	Satisfactory	Nestor Rocha	CW64069
Unity Health Care	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ -	Satisfactory	Nestor Rocha	CW64171
US Helping US	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ -	Satisfactory	Nestor Rocha	CW64175
Whitman Walker	HIV Testing and Prevention Services	Federal	$2,500,000.00	$ 22,730.00	Satisfactory	Nestor Rocha	CW64136
AIDS Healthcare Foundation dba AHF Pharm	340B Drug Assistance Program	Federal	NTE $950,000.00	$ 5,729.69	Satisfactory	Dr. Tayiana Reed	CW57851
Breast Care for Washington	Breast and Cervical Cancer	Federal	NTE $200,000.00	$ -	Satisfactory	Tesha Coleman	CW76457
Cathedral Pharmacy	340B Drug Assistance Program	Federal	NTE $950,000.00	$ -	Satisfactory	Dr. Tayiana Reed	CW57845
Family and Medical Counseling	Breast and Cervical Cancer	Federal	NTE $200,000.00	$ -	Satisfactory	Tesha Coleman	CW82180
Fort Lincoln Pharmacy LLC	340B Drug Assistance Program	Federal	NTE $950,000.00	$ -	Satisfactory	Dr. Tayiana Reed	CW57807
Grubbs Pharmacy of DC	340B Drug Assistance Program	Federal	NTE $950,000.00	$ -	Satisfactory	Dr. Tayiana Reed	CW57924
Grubbs Pharmacy of NW	340B Drug Assistance Program	Federal	NTE $950,000.00	$ 418.85	Satisfactory	Dr. Tayiana Reed	CW57891
Grubbs Pharmacy SE	340B Drug Assistance Program	Federal	NTE $950,000.00	$ 7,134.60	Satisfactory	Dr. Tayiana Reed	CW57803
Howard University	Breast and Cervical Cancer	Federal	NTE $200,000.00	$ 34,117.69	Satisfactory	Tesha Coleman	CW82115
Kalorama Pharmacy	340B Drug Assistance Program	Federal	NTE $950,000.00	$ 43,838.20	Satisfactory	Dr. Tayiana Reed	CW57860
Mary's Center Pharmacy/Maxor	340B Drug Assistance Program	Federal	NTE $950,000.00	$ -	Satisfactory	Dr. Tayiana Reed	CW57847
Medstar Georgetown	Breast and Cervical Cancer	Federal	NTE $200,000.00	$ -	Satisfactory	Tesha Coleman	CW76586
Peoples Drug, LLC dba Alpha Peoples Pharm	340B Drug Assistance Program	Federal	NTE $950,000.00	$ -	Satisfactory	Dr. Tayiana Reed	CW57843
Pharm Pro dba Morgan Pharmacy	340B Drug Assistance Program	Federal	NTE $950,000.00	$ 20,339.91	Satisfactory	Dr. Tayiana Reed	CW57809
Prime Inc. dba Sterling Pharmacy	340B Drug Assistance Program	Federal	NTE $950,000.00	$ 4,358.00	Satisfactory	Dr. Tayiana Reed	CW57801
Seat Pleasant Pharmacy	340B Drug Assistance Program	Federal	NTE $950,000.00	$ 3,342.81	Satisfactory	Dr. Tayiana Reed	CW57816
Sierra Int'l Columbia Heights Pharmacy	340B Drug Assistance Program	Federal	NTE $950,000.00	$ 65,874.47	Satisfactory	Dr. Tayiana Reed	CW57886
Super Pharmacy LLC	340B Drug Assistance Program	Federal	NTE $950,000.00	$ 18,854.87	Satisfactory	Dr. Tayiana Reed	CW57811
Unity Parkside/Maxor	340B Drug Assistance Program	Federal	NTE $950,000.00	$ 53,184.87	Satisfactory	Dr. Tayiana Reed	CW58007
Whitman Walker Clinic/Maxor	340B Drug Assistance Program	Federal	NTE$950,000.00		Satisfactory	Dr. Tayiana Reed	CW57813
Unity Upper Cardoza Pharmacy/Maxor	340B Drug Assistance Program	Federal	NTE $950,000.00	$ -	Satisfactory	Dr. Tayiana Reed	CW57881
Community Family Life Services	Non-Medical Case Management Services	Federal	NTE $950,000.00	$ 28,740.00	Satisfactory	Mark Hill	CW67464
Community Family Life Services	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW56237
Damien Ministries	Food Bank	Federal	NTE $950,000.00	$ 40,824.00	Satisfactory	Mark Hill	CW56466
Damien Minitries	Non-Medical Case Management	Federal	NTE $950,000.00	$ 16,295.00	Satisfactory	Mark Hill	CW58060
Food and Friends	Food Bank	Federal	NTE $950,000.00	$ 295,220.00	Satisfactory	Mark Hill	CW56028
Heart to Hand	Non-Medical Case Management	Federal	NTE $950,000.00	$ 23,110.00	Satisfactory	Mark Hill	CW56462
Heart to Hand	Outpatient Substance Abuse	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW56464
Heart to Hand	Outpatient Ambulatory Health Services	Federal	$950,000.00	$ 2,728.00	Satisfactory	Mark Hill	CW67460
Housing Counseling Services	Non-Medical Case Management	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW56468
Howard University	Dental Services	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW57867
Howard University	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ -	Satisfactory	Nestor Rocha	CW64121
Howard University	Non-Medical Case Management	Federal	NTE $950,000.00	$ 53,615.00	Satisfactory	Mark Hill	CW56350
Howard University	Outpatient Ambulatory Health	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW57365
Howard University	Outpatient Substance Abuse	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW57367
Joseph's House	Non-Medical Case Management	Federal	NTE $950,000.00	$ 66,085.00	Satisfactory	Mark Hill	CW56281
Metro Health	Non-Medical Case Management	Federal	NTE $950,000.00	$ 71,080.00	Satisfactory	Mark Hill	CW59001
Metro Health	Food Bank	Federal	NTE $950,000.00	$ 151,956.00	Satisfactory	Mark Hill	CW56256
Metro Health	Outpatient Ambulatory Health	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW58076
Metro Health	Outpatient Substance Abuse	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW56241
Neighborhood Health	Dental Services	Federal	NTE $950,000.00	$ 22,401.00	Satisfactory	Mark Hill	CW55376
Neighborhood Health	Non-Medical Case Management	Federal	NTE $950,000.00	$ 14,730.00	Satisfactory	Mark Hill	CW55380

Neighborhood Health	Outpatient Ambulatory Health	Federal	NTE $950,000.00	$ 24,880.00	Satisfactory	Mark Hill	CW55390
Neighborhood Health	Substance Abuse/Mental Health	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW55388
Unity Health	Non-Medical Case Management	Federal	NTE $950,000.00	$ 2,550.00	Satisfactory	Mark Hill	CW55392
Unity Health	Outpatient Ambulatory Health	Federal	NTE $950,000.00	$ 2,660.00	Satisfactory	Mark Hill	CW55275
Unity Health	Dental Services	Federal	NTE $950,000.00	$ 700.00	Satisfactory	Mark Hill	CW67432
Andromeda Transcultural	Housing Case Management and Referral	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW58016
Andromeda Transcultural	Non-Medical Case Management	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW57363
Andromeda Transcultural	Outpatient Substance Abuse	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW57361
Andromedia Transculual	Outpatient Substance Abuse	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW56258
Casa Ruby	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ -	Satisfactory	Nestor Rocha	CW64067
Casa Ruby	Housing Case Management and Referral	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW56639
Casa Ruby	Non-Medical Case Management	Federal	NTE $950,000.00	$ 15,700.00	Satisfactory	Mark Hill	CW56665
Children's National Med. Ctr.	Non-Medical Case Management	Federal	NTE $950,000.00	$ 7,110.00	Satisfactory	Mark Hill	CW56310
Children's National Med. Ctr.	Outpatient Ambulatory Health	Federal	NTE $950,000.00	$ 3,540.00	Satisfactory	Mark Hill	CW58216
Children's National Med. Ctr.	Outpatient Substance Abuse	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW56312
Family and Medical Counseling	Food Bank	Federal	NTE $950,000.00	$ 60,102.00	Satisfactory	Mark Hill	CW56249
Family and Medical Counseling Services	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ -	Satisfactory	Nestor Rocha	CW64127
Family and Medical Counseling Services	Non-Medical Case Management	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW56254
Family and Medical Counseling Services	Outpatient Ambulatory Health	Federal	NTE $950,000.00	$ 30.00	Satisfactory	Mark Hill	CW56247
Greater Baden Medical Services, Inc	Dental Services	Federal	NTE $950,000.00	$ 5,440.53	Satisfactory	Mark Hill	CW67492
Greater Baden Medical Services, Inc	Non-Medical Case Management Services	Federal	NTE $950,000.00	$ 17,200.00	Satisfactory	Mark Hill	CW67462
Greater Baden Medical Services, Inc	Outpatient Ambulatory Health Services	Federal	NTE $950,000.00	$ 3,850.00	Satisfactory	Mark Hill	CW67489
Greater Baden Medical Services, Inc	Outpatient Substance Abuse	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW67487
HIPS	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ -	Satisfactory	Nestor Rocha	CW64129
HIPS	Non-Medical Case Management	Federal	NTE $950,000.00	$ 12,610.00	Satisfactory	Mark Hill	CW56304
Prince George's County Health Department	Non-Medical Case Management Services	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW67436
Prince George's County Health Department	Outpatient Ambulatory Health Services	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW67438
Prince George's County Health Department	Outpatient Substance Abuse	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW59005
Prince George's County Health Department	Oral Health	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW58816
Restoratrion Community Alliance	Non-Medical Case Management Services	Federal	NTE $950,000.00	$ 9,700.00	Satisfactory	Mark Hill	CW67703
Terrific Inc	Non-Medical Case Management	Federal	NTE $950,000.00	$ 20,585.00	Satisfactory	Mark Hill	CW55371
United Medical Center	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ -	Satisfactory	Nestor Rocha	CW64227
La Clinica Del Pueblo	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ -	Satisfactory	Nestor Rocha	CW64139
La Clinica Del Pueblo	Non-Medical Case Management	Federal	NTE $950,000.00	$ 10,485.00	Satisfactory	Mark Hill	CW56288
La Clinica Del Pueblo	Outpatient Substance Abuse	Federal	NTE $950,000.00	$ 2,825.00	Satisfactory	Mark Hill	CW56291
La Clinica Del Pueblo	Outpatient Substance Abuse	Federal	NTE $950,000.00	$ 20,890.78	Satisfactory	Mark Hill	CW56286
Mary's Center	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ -	Satisfactory	Nestor Rocha	CW64125
Mary's Center for Mat.	Dental Services	Federal	NTE $950,000.00	$ 6,069.00	Satisfactory	Mark Hill	CW57865
Mary's Center for Mat.	Outpatient Ambulatory Health	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW55967
Mary's Center for Mat.	Outpatient Substance Abuse	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW58062
US Helping US	HIV Testing and Prevention Services	Federal	NTE $950,000.00	$ -	Satisfactory	Nestor Rocha	CW64175
US Helping US	Housing Case Management and Referral	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW58016
US Helping US	Non-Medical Case Management	Federal	NTE $950,000.00	$ 18,755.00	Satisfactory	Mark Hill	CW56235
US Helping US	Outpatient Substance Abuse	Federal	NTE $950,000.00	$ -	Satisfactory	Mark Hill	CW56233
Whitman Walker	Dental Services	Federal	NTE $950,000.00	$ 25,503.42	Satisfactory	Mark Hill	CW57863
Whitman Walker	Non-Medical Case Management	Federal	NTE $950,000.00	$ 79,590.00	Satisfactory	Mark Hill	CW56637
Whitman Walker	Outpatient Ambulatory Health	Federal	NTE $950,000.00	$ 4,970.00	Satisfactory	Mark Hill	CW56635
Whitman Walker	Outpatient Substance Abuse	Federal	NTE $950,000.00	$ 10,620.00	Satisfactory	Mark Hill	CW58067
LabCorp	STD/HIV Laboratory Testing	Federal	NTE $950,000.00	$ 12,255.00	Satisfactory	Kanetha Queen	CW95336

Section III – Federal Award Findings and Questioned Costs

Finding Number: **2020-001**
Prior Year Finding Number: **N/A**
Compliance Requirement: **Activities Allowed or Unallowed and Allowable Costs/Cost Principles**

Program:
U.S. Department of Agriculture

Government Department/Agency:
Department of Health (DOH)

Supplemental Nutrition Assistance Program Cluster (SNAP)
CFDA #: 10.551, 10.561
Award #: Various
Award Year: 10/01/2019 – 09/30/2020

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 statues, regulations, and the terms and conditions of the Federal award.

In addition, per 2 CFR Section 200.403, "Except where otherwise authorized by statute, costs must meet the following general criteria in order to be allowable under Federal awards:

(a) Be necessary and reasonable for the performance of the Federal award and be allocable thereto under these principles.

(b) Conform to any limitations or exclusions set forth in these principles or in the Federal award as to types or amount of cost items.

(c) Be consistent with policies and procedures that apply uniformly to both federally-financed and other activities of the non-Federal entity.

(d) Be accorded consistent treatment. A cost may not be assigned to a Federal award as a direct cost if any other cost incurred for the same purpose in like circumstances has been allocated to the Federal award as an indirect cost.

(e) Be determined in accordance with generally accepted accounting principles (GAAP), except, for state and local governments and Indian tribes only, as otherwise provided for in this part.

(f) Not be included as a cost or used to meet cost sharing or matching requirements of any other federally-financed program in either the current or a prior period.

(g) Be adequately documented."

Condition – For one (1) of the 40 nonpayroll expenses selected for testing (from DHS, DOH and OFT), the OCFO team at DOH accrued three direct voucher numbers as part of a journal voucher as of 09/30/2020 for amounts owed to the University of the District of Columbia (UDC). These accruals were paid in October 2020 (fiscal year 2021). However, the three journal vouchers were recorded individually a second time in the DOH records as of 09/30/2020. DOH inadvertently recorded the direct vouchers twice in the accounting system. This amount represents 1.1% of the total sampled items related to the 40 sampled items of $12,498,460.

Questioned Costs – Known amount is $136,913.

Context – This is a condition identified per review of DOH's compliance with specified requirements using a statistically valid sample.

Effect – Without adequate internal controls in place to ensure costs are properly reviewed for allowability, DOH could be noncompliant with the allowability requirement and could request funds for costs that are unallowed.

Cause – Management is not adhering to their internal policies and procedures to ensure that transactions are allowable.

Recommendation - We recommend that DOH strengthen their policies and procedures over the recording of expenditures to ensure compliance with activities allowed or unallowed and allowable costs/cost principles requirements.

Related Noncompliance – Noncompliance.

Views of Responsible Officials and Planned Corrective Actions – DOH concurs with this finding. OCFO has reviewed the finding which was caused by a T-Code error while entering journal entries to accrue the "Due To Due From" component units at the end of the fiscal year, which lead to duplication of expenditure's in SOAR and on the SEFA. The District's corrective action is described in the Management's Corrective Action Plan included as Appendix B of the attached Management's Section.

Finding Number: **2020-005**
Prior Year Finding Number: **N/A**
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)

Epidemiology and Laboratory Capacity for Infectious Diseases
CFDA #: 93.323
Award #: 1 NU50CK000502-01-00, 6 NU50CK000502-01-04
Award Year: 08/01/2019 – 07/31/2024, 04/23/2020 – 04/23/2022

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 statues, 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]

(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 allocated payroll expenditures to the Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) program during fiscal year 2020 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, 3 out of 60 sampled payroll items tested for the ELC 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 the ELC program in fiscal year 2020 were $6,573,246.

Effect – DOH was unable to demonstrate that the payroll expenditures charged to the ELC grant accurately reflected the time incurred on the program and were properly supported in accordance with 2 CFR Part 200.430 time and effort reporting requirements.

Cause – DOH did not have policies and procedures in place to review and reconcile the estimated amounts of payroll expenditures charged to the ELC program to the actual expenditures incurred. Per corrective action plans and status updates submitted by DOH to BDO in fiscal year 2020, 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 2020.

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 – Noncompliance.

Views of Responsible Officials and Planned Corrective Actions – The Department of Health (DOH) concurs with the finding. This was not a prior year's finding for the ELC grant, but DOH is already engaged in a corrective action plan (CAP) that is progressing and will be fully implemented in fiscal year 2021. The remedy for this finding will be the result of full agency-wide implementation of a the agency's existing standard operating procedure for "Time and Effort Certification" with the objective of ensuring the DOH is routinely requiring periodic comparison of actual costs to the budgeted costs of personnel and making any necessary adjustment as required by 2 CFR 200.430. The District's corrective

action is described in the Management's Corrective Action Plan included as Appendix B of the attached Management's Section.

Finding Number: **2020-006**
Prior Year Finding Number: **N/A**
Compliance Requirement: **Reporting**

Program:
U.S. Department of Health and Human Services

Government Department/Agency:
Department of Health (DOH)

Epidemiology and Laboratory Capacity for Infectious Diseases
CFDA #: 93.323
Award #: 6 NU50CK000502-01-04
Award Year: 04/23/2020 – 04/23/2022

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 statues, regulations, and the terms and conditions of the Federal award.

Per 2 CFR Section 200.328 Financial Reporting:

"Unless otherwise approved by OMB, the Federal awarding agency must solicit only the OMB-approved governmentwide data elements for collection of financial information (at time of publication the Federal Financial Report or such future, OMB-approved, governmentwide data elements available from the OMB-designated standards lead. This information must be collected with the frequency required by the terms and conditions of the Federal award, but no less frequently than annually nor more frequently than quarterly except in unusual circumstances, for example where more frequent reporting is necessary for the effective monitoring of the Federal award or could significantly affect program outcomes, and preferably in coordination with performance reporting. The Federal awarding agency must use OMB-approved common information collections, as applicable, when providing financial and performance reporting information."

Condition – DOH received COVID funding under the ELC program in fiscal year 2020. The first trench of COVID funding was awarded to DOH on 04/23/2020. The grant agreement imposes additional reporting requirements on DOH, which is to submit monthly fiscal reports beginning 60 days after Notice of Award is issued. During fiscal year 2020, DOH should submit monthly fiscal report for July – September. We noted that DOH only submitted ELC COVID-19 financial progress report for the month of July. August and September reports were not submitted.

Questioned Costs – None.

Context – This is a condition identified per review of DOH's compliance with specified requirements.

Effect – Without proper internal controls and policies and procedures in place, the required financial reports are not submitted.

Cause – This is a complex program, with several components, expanded scope and a remarkable and fast budget increase. In the context of the pandemic, the focus and priority by program leads was on getting program data (i.e., the COVID-19 disease surveillance, testing and contact-tracing data) to DOH's federal partners.

Recommendation – We recommend that DOH fully implement its current corrective action plan to deploy policies and procedures to ensure monthly financial reports are submitted on time as required by 2CFR 200.328.

Related Noncompliance – Material noncompliance.

Views of Responsible Officials and Planned Corrective Actions – The Department of Health (DOH) concurs with the finding. Programmatic, fiscal and administrative requirements arrived rapidly with the supplemental COVID-19 funding, creating a need for operational resources to catch up to pandemic emergency response needs related to the ELC grant. The District's corrective action is described in the Management's Corrective Action Plan included as Appendix B of the attached Management's Section.

Finding Number: **2020-017**
Prior Year Finding Number: **2019-024**
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 H89HA00012-30-00, 2 H89HA00012-29-00
Award Year: 03/01/2020 – 02/28/2021, 03/01/2019 – 02/29/2020

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 statues, 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]

(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 2020 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, 44 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 the HIVER program in fiscal year 2020 were $3,941,203.

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 200.430 time and effort reporting requirements.

Cause – DOH did not have policies and procedures in place to review and reconcile 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 fiscal year 2020, 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 2020.

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 and Planned Corrective Actions – The Department of Health (DOH) concurs with the finding. The current corrective action plan (CAP) is progressing and will be fully implemented in fiscal year 2021. The actions that were already underway in fiscal year 2020 and those still being implemented will support the required periodic comparison of actual costs to the budgeted costs of personnel and making any necessary adjustment as required by 2 CFR 200.430. The District's corrective action is described in the Management's Corrective Action Plan included as Appendix B of the attached Management's Section.

Dr. Fitzroy Lee
Interim Chief Financial Officer

Appendix B

Government of the District of Columbia
Management's Corrective Action Plan

Page Number	Finding	Contact	Estimated Completion Date	Corrective Action
43	2020-001	Adreana Deane, DOH Agency Fiscal Officer	September 30, 2021	The Department of Health (DOH) concurs with this finding. OCFO has reviewed the finding which was caused by a T-Code error while entering journal entries to accrue the "Due To Due From" component units at the end of the fiscal year, which lead to duplication of expenditure's in SOAR and on the SEFA. Going forward, the accountants and accounting officer will make sure that the correct transaction codes are being utilized when entering journals. Year-end entries will be reviewed thoroughly, including the effect of the entries prior to posting.
45	2020-002	Steph Bloch Newman, DHS Economic Security Administration (ESA), Deputy Administrator for Innovation & Change Management	September 30, 2022	The Department of Human Services (DHS) and the Department of Health Care Finance (DHCF) DCAS team agree with the findings. DHS self-reported these findings as part of the Agencies ongoing effort to maintain integrity with all eligibility determinations. The root cause for each of the three (3) issues with the ADP system for SNAP varied. The planned corrective action and progress for each issue is discussed below. **<u>211 Cases (Categorical Eligibility)</u>** While determining eligibility for SNAP, the DCAS system considers past closed TANF cases instead of considering only current

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Finding Overview

Agency	HC - Department of Health
Audit Report Finding Number	2020-005
Finding Title	2020-005
Compliance Requirement	Activities Allowed or Unallowed and Allowable Costs/Cost Principles
Prior Year Finding?	No
Federal Award Number	CFDA #: 93.323
Federal Programs	Epidemiology and Laboratory Capacity for Infectious Diseases
Federal Program Opinion	Qualified Opinion
Federal Agencies	U.S. Department of Health and Human Services

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 statues, 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]
(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 allocated payroll expenditures to the Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) program during fiscal year 2020 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, 3 out of 60 sampled payroll items tested for the ELC grant were recorded based on estimated hours and not actual hours.
Cause	DOH did not have policies and procedures in place to review and reconcile the estimated amounts of payroll expenditures charged to the ELC program to the actual expenditures incurred. Per corrective action plans and status updates submitted by DOH to BDO in fiscal year 2020, 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 2020.
Effect	DOH was unable to demonstrate that the payroll expenditures charged to the ELC grant accurately reflected the time incurred on the program and were properly supported in accordance with 2 CFR Part 200.430 time and effort reporting requirements.
Views of Responsible Officials	The Department of Health (DOH) concurs with the finding. This was not a prior year's finding for the ELC grant, but DOH is already engaged in a corrective action plan (CAP) that is progressing and will be fully implemented in fiscal year 2021. The remedy for this finding will be the result of full agency-wide implementation of a the agency's existing standard operating procedure for "Time and Effort Certification" with the objective of ensuring the DOH is routinely requiring periodic comparison of actual costs to the budgeted costs of personnel and making any necessary adjustment as required by 2 CFR 200.430. The District's corrective action is described in the Management's Corrective Action Plan included as Appendix B of the attached Management's Section.

Finding Recommendation

Finding Recommendation Number	Recommendation Title	Point of Contact	Implementation Status
REC-21-0629	DOH fully implement its current corrective action plan to deploy policies and procedures	McLaughlin, Clara	In Progress, Delayed

Open in New Window

Agency	HC - Department of Health
Finding Title	2020-005
Recommendation Title	DOH fully implement its current corrective action plan to deploy policies and procedures
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.

Agency Response

Point of Contact	McLaughlin, Clara
Agreement with Recommendation	Agree
Response Status	Ready for EOM/OCA Review
Response Narrative	DC Health has a corrective action plan (CAP) that is progressing and will be fully implemented in fiscal year 2021. DC Health will continue to implement the existing Time and Effort Certification standard operating procedure (SOP 430.000) to ensure that there is on-going comparison of employees' estimated paid hours per the 485 Report to the actual hours incurred, and make any necessary adjustments as required by 2 CFR 200.430. This will be done by regularly scheduling quarterly payroll and labor distribution data runs by OCFO, which are then utilized by the DC Health Office of Grants Management (OGM) to create individual supervisors' budget-to-actual certification forms. Supervisors must use the form to verify time and labor alignment and to indicate actions to reconcile variances (e.g. to realign duties or to request budget reprogramming). The management of the process, quality assurance of data and supervisors' responses, and compliance with the SOP is lead by the OGM. It is also partly supported by operations managers (Deputy Directors of Operations) of each DC Health Administration who will be trained on directing their units' supervisory staff to understand their personnel services budgets, work logs/recordkeeping, and the quarterly certification requirements. DDO's will ensure assigned supervisors can adequately assess time and labor with budget. In the last quarter of FY 21, DC Health will conduct the following steps and activities to complete and close-out this finding: 1. DC Health will finalize the uniform Time and Effort Certification tool that has been in development and testing for FY 21, and will obtain signed certifications from supervisors for grant-funded personnel for FY21 pay periods. An on-going FY 21 objective has been to increase the navigability and reliability of data links and migration of data into the template. The final tool emerges from versions started in FY 20 but which needed more work to ensure supervisors' responses can be entered accurately and efficiently (e.g. locked fields, instructions, drop-down boxes). A final tool has emerged from this testing process. 2. OGM will provide training and technical assistance for supervisory personnel and DDO's on SOP 430.00 and on use of the Time and Effort

Certification tool.

Is Cost Determinable?	No
Estimated Start Date	10/01/2020
Estimated Completion Date	09/30/2021
Implementation Status	In Progress, Delayed

EOM/OCA Approval

Executive Approval Status	Pending
Final Approval	No

Agency Response Steps

Add a New Step

Step Number	Response Step Title	Estimated Start Date	Estimated Completion Date	Assigned to Agency POC
STP-21-0108	Finalize Time & Effort Cert Template	10/01/2020	08/31/2021	McLaughlin, Clara
STP-21-0109	Staff Training (Time & Effort Cert)	10/01/2020	09/30/2021	McLaughlin, Clara
STP-21-0110	Collect FY 21 Time & Effort Certs	08/01/2021	09/30/2021	McLaughlin, Clara

Recommendation Status Report

Add a Report

Status Description	Report Date

Finding AF-21-00436 as of 08/31/2021

Open in New Window

Finding Overview

Agency	HC - Department of Health
Audit Report Finding Number	2020-006
Finding Title	2020-006
Compliance Requirement	Reporting
Prior Year Finding?	No
Federal Award Number	CFDA #: 93.323
Federal Programs	Epidemiology and Laboratory Capacity for Infectious Diseases
Federal Program Opinion	Qualified Opinion
Federal Agencies	U.S. Department of Health and Human Services
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 statues, regulations, and the terms and conditions of the Federal award. Per 2 CFR Section 200.328 Financial Reporting: “Unless otherwise approved by OMB, the Federal awarding agency must solicit only the OMB-approved governmentwide data elements for collection of financial information (at time of publication the Federal Financial Report or such future, OMB-approved, governmentwide data elements available from the OMB-designated standards lead. This information must be collected with the frequency required by the terms and conditions of the Federal award, but no less frequently than annually nor more frequently than quarterly except in unusual circumstances, for example where more frequent reporting is necessary for the effective monitoring of the Federal award or could significantly affect program outcomes, and preferably in coordination with performance reporting. The Federal awarding agency must use OMB-approved common information collections, as applicable, when providing financial and performance reporting information.”
Condition	DOH received COVID funding under the ELC program in fiscal year 2020. The first trench of COVID funding was awarded to DOH on 04/23/2020. The grant agreement imposes additional reporting requirements on DOH, which is to submit monthly fiscal reports beginning 60 days after Notice of Award is issued. During fiscal year 2020, DOH should submit monthly fiscal report for July – September. We noted that DOH only submitted ELC COVID-19 financial progress report for the month of July. August and September reports were not submitted.
Cause	This is a complex program, with several components, expanded scope and a remarkable and fast budget increase. In the context of the pandemic, the focus and priority by program leads was on getting program data (i.e., the COVID-19 disease surveillance, testing and contact-tracing data) to DOH’s federal partners.
Effect	Without proper internal controls and policies and procedures in place, the required financial reports are not submitted.
Views of Responsible Officials	The Department of Health (DOH) concurs with the finding. Programmatic, fiscal and administrative requirements arrived rapidly with the supplemental COVID-19 funding, creating a need for operational resources to catch up to pandemic emergency response needs related to the ELC grant. The District’s corrective action is described in the Management’s Corrective Action Plan included as Appendix B of the attached Management’s Section.

Finding Recommendation

Finding Recommendation Number	Recommendation Title	Point of Contact	Implementation Status
REC-21-0630	DOH fully implement its current corrective action plan to deploy policies	McLaughlin, Clara	Implemented In Part

Open in New Window

Agency	HC - Department of Health
Finding Title	2020-006
Recommendation Title	DOH fully implement its current corrective action plan to deploy policies
Recommendation	We recommend that DOH fully implement its current corrective action plan to deploy policies and procedures to ensure monthly financial reports are submitted on time as required by 2CFR 200.328.

Agency Response

Point of Contact	McLaughlin, Clara
Agreement with Recommendation	Agree
Response Status	Ready for EOM/OCA Review
Response Narrative	DC Health has dedicated staff to prepare and submit outstanding financial reports for all COVID-19 related components of the Epidemiology, Laboratory Capacity (ELC) grant. The assigned ELC grants manager has been working closely with the OCFO Budget Officer since May 2021 to obtain the financial data and align it with work plans and milestones of the program and finalize the outstanding FY 20 financial reports (August and September 2020), which have been submitted in the RedCap system. At the same time they has been working to bring any FY 21 reporting up to date and on track. The corrective action plan has addressed three primary activities: (1) negotiation of deadlines and deliverables with CDC program managers, (2) data review, quality assurance/validation and reporting of outstanding data, and (3) implementation of a more rigorous review and monitoring process with program leads, OCFO and CDC. Note: As of this initial CAP entry, a financial report for one grant component (MISC-C) needs to be verified, so the implementation status is reported as "implemented in part."
Is Cost Determinable?	No
Estimated Start Date	05/03/2021
Estimated Completion Date	09/30/2021
Implementation Status	Implemented In Part

EOM/OCA Approval

Executive Approval Status	Pending
Final Approval	No

Agency Response Steps

Add a New Step

Step Number	Response Step Title	Estimated Start Date	Estimated Completion Date	Assigned to Agency POC
STP-21-0114	Extended Submission Deadline	05/14/2021	09/30/2021	McLaughlin, Clara
STP-21-0115	Submit August-September 2020 Reports	05/01/2021	09/30/2021	McLaughlin, Clara
STP-21-0116	Financial Monitoring Protocol- ELC	05/01/2021	09/30/2021	McLaughlin, Clara

Recommendation Status Report

Add a Report

Status Description	Report Date

Open in New Window

Finding Overview

Agency	HC - Department of Health
Audit Report Finding Number	2020-017
Finding Title	2020-017
Compliance Requirement	Activities Allowed or Unallowed and Allowable Costs/Cost Principles
Prior Year Finding?	Yes
Prior Year Finding Number	2019-024
Federal Award Number	CFDA #: 93.914
Federal Programs	HIV Emergency Relief Project Grants
Federal Program Opinion	Qualified Opinion
Federal Agencies	U.S. Department of Health and Human Services

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 statues, 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]
(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 2020 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, 44 out of 60 sampled payroll items tested for the HIVER grant were recorded based on estimated hours and not actual hours.
Cause	DOH did not have policies and procedures in place to review and reconcile 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 fiscal year 2020, 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 2020.
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 200.430 time and effort reporting requirements.
Views of Responsible Officials	The Department of Health (DOH) concurs with the finding. The current corrective action plan (CAP) is progressing and will be fully implemented in fiscal year 2021. The actions that were already underway in fiscal year 2020 and those still being implemented will support the required periodic comparison of actual costs to the budgeted costs of personnel and making any necessary adjustment as required by 2 CFR 200.430. The District's corrective action is described in the Management's Corrective Action Plan included as Appendix B of the attached Management's Section.

Finding Recommendation

Finding Recommendation Number	Recommendation Title	Point of Contact	Implementation Status
REC-21-0641	DOH fully implement its current corrective action plan to deploy policies and procedures	McLaughlin, Clara	In Progress, Delayed

Open in New Window

Agency	HC - Department of Health
Finding Title	2020-017
Recommendation Title	DOH fully implement its current corrective action plan to deploy policies and procedures
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.

Agency Response

Point of Contact	McLaughlin, Clara
Agreement with Recommendation	Agree
Response Status	Ready for EOM/OCA Review
Response Narrative	DC Health has a corrective action plan (CAP) that is progressing and will be fully implemented in fiscal year 2021. DC Health will continue to implement the existing Time and Effort Certification standard operating procedure (SOP 430.000) to ensure that there is on-going comparison of employees' estimated paid hours per the 485 Report to the actual hours incurred, and make any necessary adjustments as required by 2 CFR 200.430. This will be done by regularly scheduling quarterly payroll and labor distribution data runs by OCFO, which are then utilized by the DC Health Office of Grants Management (OGM) to create individual supervisors' budget-to-actual certification forms. Supervisors must use the form to verify time and labor alignment and to indicate actions to reconcile variances (e.g. to realign duties or to request budget reprogramming). The management of the process, quality assurance of data and supervisors' responses, and compliance with the SOP is lead by the OGM. It is also partly supported by operations managers (Deputy Directors of Operations) of each DC Health Administration who will be trained on directing their units' supervisory staff to understand their personnel services budgets, work logs/recordkeeping, and the quarterly certification requirements. DDO's will ensure assigned supervisors can adequately assess time and labor with budget. In the last quarter of FY 21, DC Health will conduct the following steps and activities to complete and close-out this finding: 1. DC Health will finalize the uniform Time and Effort Certification tool that has been in development and testing for FY 21, and will obtain signed certifications from supervisors for grant-funded personnel for FY21 pay periods. An on-going FY 21 objective has been to increase the navigability and reliability of data links and migration of data into the template. The final tool emerges from versions started in FY 20 but which needed more work to ensure supervisors' responses can be entered accurately and efficiently (e.g. locked fields, instructions, drop-down boxes). A final tool has

emerged from this testing process.

2. OGM will provide training and technical assistance for supervisory personnel and DDO's on SOP 430.00 and on use of the Time and Effort Certification tool.

Is Cost Determinable?	No
Estimated Start Date	10/01/2020
Estimated Completion Date	09/30/2021
Implementation Status	In Progress, Delayed

EOM/OCA Approval

Executive Approval Status	Pending
Final Approval	No

Agency Response Steps

Add a New Step

Step Number	Response Step Title	Estimated Start Date	Estimated Completion Date	Assigned to Agency POC
STP-21-0111	Finalize Time & Effort Cert Template	10/01/2020	08/31/2021	McLaughlin, Clara
STP-21-0112	Provide Training for DDOs and Supervisors	10/01/2020	09/30/2021	McLaughlin, Clara
STP-21-0113	Collect FY 21 Q2 and Q3 Cert Forms	10/01/2020	09/30/2021	McLaughlin, Clara

Recommendation Status Report

Add a Report

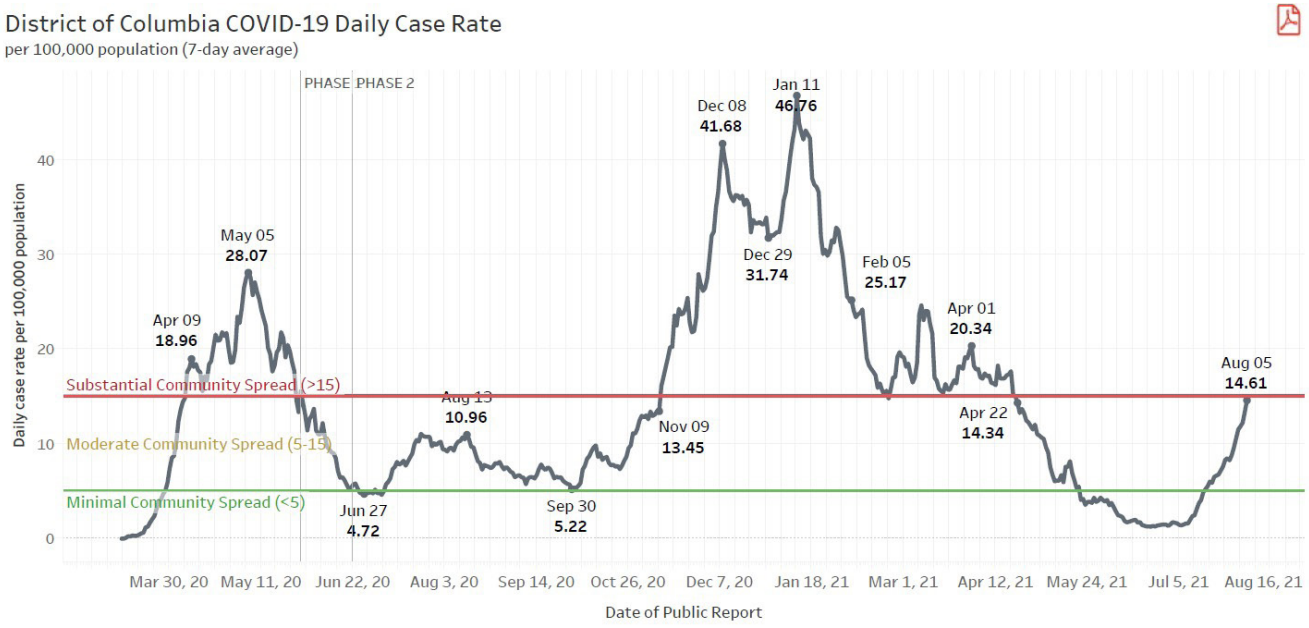
Status Description	Report Date

A COVID-19 SPECIAL REPORT

National COVID-19 Data Quality Audit: District of Columbia

August 16, 2021

A report by the Office of the District of Columbia Auditor



Data Source: DC Health. Data subject to change on a daily basis

Data Notes: The line represents a seven day average of the daily case rate per 100,000 population. The number of daily cases is subject to the timeliness of test results reported from laboratories and may not always reflect the number of new positive tests on a given day. Data reflect ongoing data quality improvements.

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Executive Summary

Office of the District of Columbia Auditor

Why ODCA Did This Audit

ODCA is participating in the National Data Quality COVID-19 Audit effort led by the Delaware State Auditor. This multistate audit seeks to gather information about what COVID-19 data states are collecting and reporting to provide a basis for improved and more consistent data collection nationally in the future.

What ODCA Found

DC Health has built detailed systems and teams to collect, analyze, and report COVID-19 data. At the same time, opportunities exist for reporting more information that the public needs. Through participating in the National Data Quality COVID-19 Audit ("multistate audit") effort, we found that the District published a wide range of COVID-19 data, specifically, 166 COVID-19 related data points on www.coronavirus.dc.gov ("the website"), which included most COVID-19 data points identified by the multistate audit.

We also found that key COVID-19 data—positive cases and death—matched what DC Health reported publicly. The District also was proactive in publishing vaccination data which DC Health has continued to expand. However, the District could report more mortality data. While our review did not evaluate the performance of testing, hospitals, contact tracing, and death certifications during the pandemic, we found that, overall, DC Health and the Office of the Chief Medical Examiner (OCME) had procedures in place to monitor this data. We also note that while substantial progress has been made in reporting school-related data, there is still room for improvement.

What ODCA Recommends

1. The Mayor/Office of the City Administrator should clarify who is responsible for publishing death data and publish the additional information contained in the internal OCME COVID-19 related deaths report, including comorbidity data, on the data pages of the coronavirus website.
2. The Mayor should initiate a comprehensive review of the COVID-19 pandemic response culminating in a public report with DC Health, OCME, HSEMA, and any other key agencies to determine what worked and what should be done differently in the face of a similar health emergency including any recommended updates to the District's Emergency Response Plan.
3. DC Health should publish weekly childcare center case data over time as it is doing for K-12 schools.
4. DC Health should publish case numbers at each school even when there were fewer than five cases cumulatively at a school.

Background

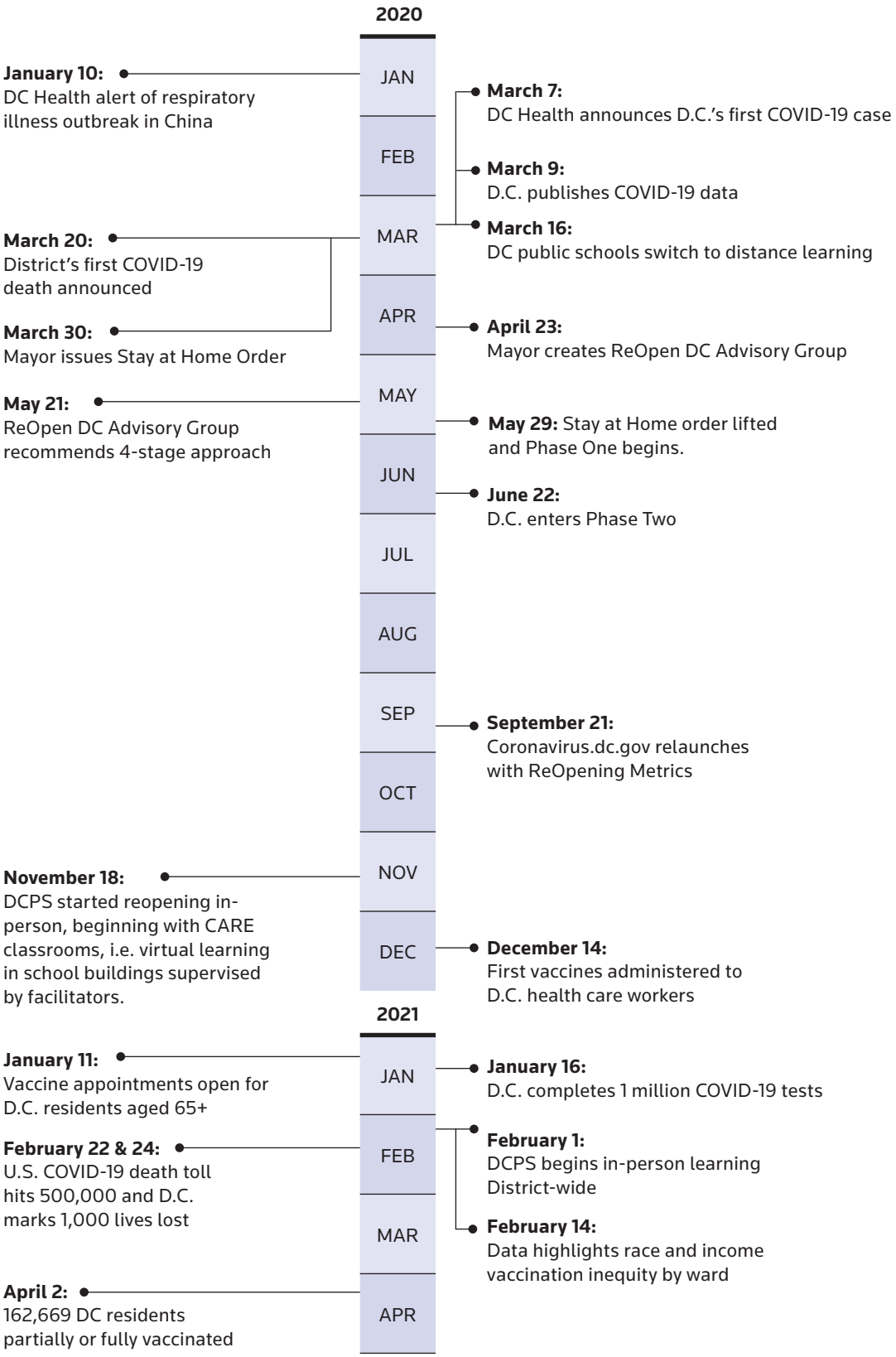
COVID-19 has impacted every District resident, whether by the virus infecting them or their loved ones, and/or through economic, social, and educational consequences. As of August 6, 2021, there have been more than 50,000 COVID-19 cases in the District and 1,149 residents have lost their lives to the virus.

D.C. Mayor Muriel Bowser directed the District government's pandemic response through an Emergency Operations Center (EOC), a multi-agency effort based at DC Health's Health Emergency Coordination Center.[1] DC Health, the District's health department, is tasked with leading the public health response and its Director, Dr. LaQuandra S. Nesbitt, serves as the chief public health advisor and strategist to the EOC and the Mayor. The Office of the Chief Medical Examiner (OCME) certifies all COVID-19 deaths in the District. At the start of the pandemic and through 2020, Dr. Roger Mitchell filled the role of the District's Chief Medical Examiner, and in late January 2021, Mayor Bowser named Dr. Francisco J. Diaz to the position.

ODCA created a timeline of major milestones of COVID-19's impact in the District and actions taken to respond, as seen in Figure 1.

1 https://mayor.dc.gov/release/mayor-bowser-declares-public-health-emergency

Figure 1: Major COVID-19 Milestones in the District



Source: ODCA

ODCA also put together a more detailed timeline of key milestones of the COVID-19 pandemic in the District, which can be found in Appendix A.

Early in the pandemic, Mayor Bowser began hosting weekly press conferences that provided a COVID-19 data update and frequently included Dr. Nesbitt. Daily, the Mayor posted COVID-19 case counts and deaths in addition to data updated daily at the website where the District developed its own COVID-19 dashboard.

The lack of standardized COVID-19 data across different jurisdictions has been a topic of concern from the start of the pandemic. The Government Accountability Office (GAO) reported in January 2021 that the federal government did not have a process to systematically ensure the collection of standardized data, and as a result:

> COVID-19 information that is collected and reported by states and other entities to the federal government is often incomplete and inconsistent. The lack of complete and consistent data limits HHS's and others' ability to monitor trends in the burden of the pandemic across states and regions, make informed comparisons between such areas, and assess the impact of public health actions to prevent and mitigate the spread of COVID-19.[2]

To develop a framework states could use to assess data quality, the Delaware State Auditor initiated a multistate task force in July 2020 which created a COVID-19 data quality audit template. ODCA joined this initiative, and the following report is D.C.'s contribution to this national effort.

As a first step, we released a Special Report on November 23, 2020, that analyzed the District's data reporting as compared to the 15 essential indicators recommended by Resolve to Save Lives, the organization led by former Centers for Disease Control and Prevention (CDC) Director Tom Frieden.[3] We found DC Health demonstrated significant improvements in data reporting through the spring and fall 2020 of the pandemic. In October 2020, Resolve to Save Lives named D.C. one of the nation's top four COVID-19 dashboards.[4] This report on data was one of many ODCA-issued COVID-19 reports, as listed below:

- April 22, 2021: Bending the Curve: Policies to Mitigate COVID-19 in D.C. & the Region
- January 26, 2021: Analysis of Demographics and Mobility Across D.C. During COVID-19
- January 11, 2021: D.C. Serves Grab & Go Meals Quickly, Efficiently During COVID-19
- December 9, 2020: School Closures as a Pandemic Mitigation Policy
- November 24, 2020: Mitigation Policy During the Pandemic
- November 23, 2020: The District's COVID-19 Data Reporting is Strong but Opportunities Exist for Improvement and Increased Transparency
- May 8, 2020: COVID-19 Federal Funding Streams Available to the District of Columbia

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2 COVID-19: *Critical Vaccine Distribution, Supply Chain, Program Integrity, and Other Challenges Require Focused Federal Attention*, January 2021, page 4, see: https://www.gao.gov/assets/gao-21-265.pdf

3 https://resolvetosavelives.org/

4 https://preventepidemics.org/wp-content/uploads/2020/11/RTSL_Tracking-COVID-in-US_Appendix-2.pdf

Objectives, Scope, and Methodology

Objectives

This report is part of ODCA's participation in the National Data Quality COVID-19 Audit ("multistate audit") led by the Delaware State Auditor. This multistate audit seeks to gather information about what COVID-19 data states are collecting and reporting, as described in Appendix B.[5]

The objectives of this report were to:

- Determine what COVID-19 related data DC Health and OCME were collecting.
- Examine how DC Health and OCME were collecting, reporting, and monitoring COVID-19 related data.

As we were in the midst of this public health emergency and did not want to add too great a burden to agencies that were actively responding, our objective for this report was not to audit the performance of DC Health and OCME in responding to the COVID-19 pandemic (i.e. analyzing the results of its programming or technologies). Rather, by determining what data was being collected and what processes were in place for accurate data collection and reporting, we hope to provide confidence in the data. We also wanted to support a multistate effort allowing for comparisons among states and the eventual identification of best practices.

Scope

The scope of our review was from March 2020 through April 5, 2021.

Methodology

To conduct this review, we:

- Utilized a list of suggested questions from the Delaware State Auditor for a multistate audit to gather information on the District's COVID-19 data reporting, as seen in Appendix B.
- Interviewed District government staff.
- Interviewed public health experts.
- Reviewed DC Health and OCME plans, policies, documents, and procedures.
- Reviewed District COVID-19 health notices and guidance.
- Reviewed DC Health and OCME annual performance plans.
- Participated in monthly calls led by the Delaware State Auditor with government auditors from across the United States.
- Compiled a list of COVID-19 data that the District was publicly reporting on its www.coronavirus.dc.gov website (see Appendix C).

5 "State Auditor McGuiness Announces Creation of a National COVID-19 Data Quality Audit Template," State Auditor Kathy McGuiness, Tuesday, July 28, 2020, see: https://news.delaware.gov/2020/07/28/state-auditor-mcguiness-announces-creation-of-a-national-covid-19-data-quality-audit-template/

- Utilized IDEA Data Analytics Software to analyze cumulative positive case and death data to identify duplicates and demographic data for completeness.
- Listened to weekly COVID-19 oversight calls between the D.C. Council and the D.C. executive branch.
- Watched the D.C. Mayor's weekly press conferences.
- Watched D.C. Council COVID-19 related oversight hearings.

This report was drafted, reviewed, and approved in accordance with standards outlined in ODCA's Audit Policies and Procedures.

Audit Results

We found that though the District published a wide range of COVID-19 data the District could be publishing more mortality related data. We also found that key COVID-19 data—positive cases and death—matched what DC Health reported publicly.

The District was proactive in publishing some data points, including vaccination data, which DC Health has continued to expand. Based on conversations with DC Health and OCME staff, we found a commitment to data quality and to continuous assessment and improvement of their processes.

DC Health and OCME were collecting and reporting a wide range of COVID-19 related data and have continually added new data, but opportunities exist to further expand public reporting.

The District was publicly reporting 166 COVID-19 related data points on the website as of April 5, 2021. This included data webpages detailing:

- COVID-19 Surveillance.
- Reopening Metrics.
- Outbreak Data.
- Exposure Activities.
- Vaccinations.

We have compiled the data points published on the website's data pages in Appendix C. Figure 2 provides an overview of this data.

Figure 2: Number of Data Points Reported Publicly by Category

Category	Number of Data Elements Publicly Reported
Cases & Testing (daily case rate, positive case rate, total overall number of tests, etc.)	18
Vaccinations	18
Hospitals (ICU beds, ventilators, etc.)	14
Assisted Living Facility & Skilled Nursing Facility	12
Schools (public, private, charter)	12
Contact Tracing	6
Death	6
Exposure Activities & Outbreaks	4
Mask Wearing	1

Category	Number of Data Elements Publicly Reported
District Government Agency Data: personnel and client/ resident cases, quarantine, and death related data	
Public Safety Agencies (FEMS, MPD, OUC)	19
Department of Corrections (DOC)	14
Department of Youth Rehabilitation Services (DYRS)	14
Human Services Agencies (CFSA, DDS, DHS)	11
St. Elizabeth's Hospital	10
Department of Motor Vehicles (DMV)	7

Source: ODCA Analysis of www.coronavirus.dc.gov/data

DC Health expanded data reporting throughout the pandemic on the website. A good example is the launch of a Vaccination Data page on January 3, 2021, with data on vaccine administration, coverage, demographics, and supply. Before the first vaccine was given, DC Health was proactively planning what data to include and how to visualize it.

In some cases, DC Health published the data after multiple requests from legislators, journalists, and the public.[6] For example, DC Health listened to stakeholders and published Outbreak Data, even as its fears were realized that outbreak data could and would be misinterpreted.[7] After our requests and confusion among the public about how outbreaks were defined, DC Health added "a plausible epidemiological link" to its definition of an outbreak, as follows: "An outbreak is defined as two or more cases of COVID-19 reported at a location *which have a plausible epidemiological link*." In the Outbreak Data Notes, DC Health began defining a plausible epidemiological link between cases as ">15 minutes of cumulative exposure time in the same immediate vicinity."[8] This definition clarified that an outbreak is based on location and a specific timeframe. DC Health also issued a Health Notice[9] with specific guidance on what constitutes an outbreak in long-term care, hospital, and outpatient settings.

D.C. was collecting and reporting most data included in the multistate audit.

The multistate audit sought information about 59 distinct data collection, monitoring, and reporting related questions. We found the District was answering 47 and partially answering another six questions, i.e. a total of 53 out of 59. Forty-three of the questions included information that should be publicly

6 D.C. Councilmember Elissa Silverman Newsletter, November 24, 2020, see: https://www.elissasilverman.com/newsletter_11242020

7 Zauzmer, Julie. "D.C. publishes reams of coronavirus data. Some say it brings more questions than answers." *The Washington Post*, Dec. 12, 2020, see: https://www.washingtonpost.com/local/dc-bowser-coronavirus-data/2020/12/12/c18e1596-39b5-11eb-bc68-96af0daae728_story.html

8 https://coronavirus.dc.gov/sites/default/files/D.C./sites/coronavirus/page_content/attachments/Outbreak_data_notes_2021-2-19.pdf

9 https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/COVID-19_DC_Health_%20Notice_Outbreak_2021.3.10_FINAL.pdf

reported. Of these 43, the District was publicly reporting on 32 elements (74%) of COVID-19 related data and guidance.

Appendix D provides our completion of the multistate audit template for the District. Examples of COVID-19 data from the audit template that D.C. was not collecting or reporting include:

- DC Health was collecting antigen and antibody test results, but not publishing the data. DC Health prepared a report on findings from the antibody study it conducted, but the report is not yet public.
- DC Health did not monitor COVID-19 test administration (i.e. testing processes) or conduct result verification to ensure test result accuracy. DC Health informed us that in one case with the Public Health Lab, DC Health worked with staff to ensure accuracy of results for a new testing machine.
- DC Health did not collect the number of tests (i.e. total tests, positive cases) at rehabilitation facilities.

In addition to the multistate audit, ODCA had other COVID-19 data collection questions that we posed to DC Health and OCME. We found that DC Health and OCME were publicly reporting or partially reporting most of those data elements, but there were exceptions. For example, we learned that neither OCME or DC Health tracked the number of and/or the rate of uninsured for patients who died of COVID-19. Appendix E provides our analysis of ODCA's additional data questions.

The multistate audit questions also covered guidance. We found that DC Health was early and prompt in issuing guidance in response to CDC COVID-19 guidance and World Health Organization (WHO) actions. We summarized COVID-19 related health notices from the Health Guidance[10] page at the website and DC Health's Health Notice page[11] in Appendix F.

The District made progress since ODCA's November COVID-19 data best practices report, but some key data elements are still not reported.

Since we released the November 23, 2020, report that analyzed D.C.'s COVID-19 data reporting as compared to the 15 indicators recommended by the public health organization Resolve to Save Lives, DC Health has made 10 additions or partial additions to its data reporting that were responsive to our recommendations, including:

- **Mask Wearing Prevalence**
- **Exposure Activity Data**
- **Assisted Living Facility Data:** DC Health is now reporting cumulative cases and death data for assisted living facilities as well as skilled nursing homes in downloadable data on the website. However, new cases and death counts are not presented. In terms of other congregate residential facilities, DC Health is not reporting cases and deaths at the facility level for homeless shelters, Department of Corrections facilities (jails, halfway homes), and group homes.

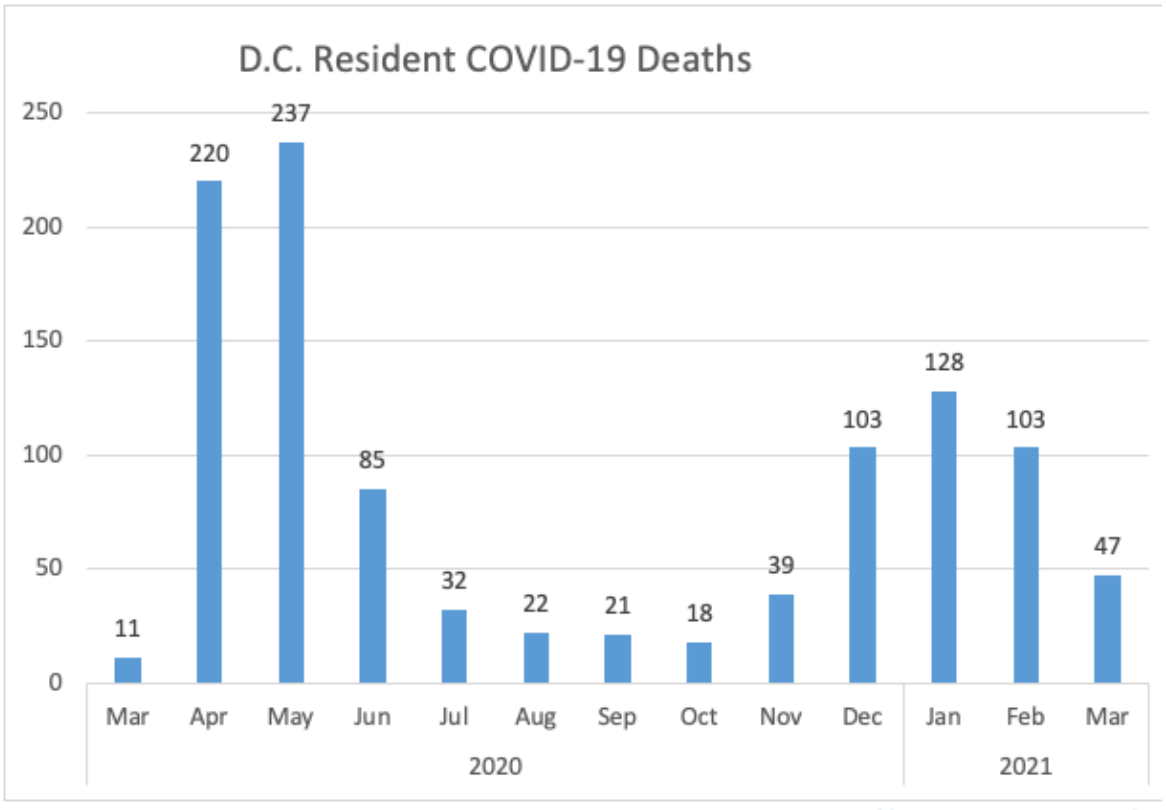
10 https://coronavirus.dc.gov/healthguidance
11 https://dchealth.dc.gov/page/health-notices

Nine of our recommendations have not yet been addressed, including publishing:

- **Daily Death Counts.** Throughout the pandemic and as of the end of our audit scope, only cumulative death data is being reported on the data pages of the website, not the number of deaths per day as our November report recommended.[12] Daily death counts are only reported in news releases for each day on the Newsroom page of the website.[13] Along with new cases, the number of new deaths is one of the most basic indicators in a pandemic.

To illustrate the value of this data, ODCA created a simple monthly death total from the beginning of the pandemic through March 2021 in Figure 3. DC Health can decide how exactly to report deaths over time, but new deaths should be reported in a clear visualization that allows the user to grasp trends in COVID-19 mortality.

Figure 3: ODCA-Created Graph to Show Death Counts by Month in the District



Source: ODCA based on downloadable data from June 1, 2021 on https://coronavirus.dc.gov/data

12 ODCA. *The District's COVID-19 Data Reporting is Strong but Opportunities Exist for Improvement and Increased Transparency.* November 23, 2021. https://dcauditor.org/report/the-districts-covid-19-data-reporting-is-strong-but-opportunities-exist-for-improvement-and-increased-transparency/, pg. 8.

13 https://coronavirus.dc.gov/newsroom

- **Population Figures (i.e. denominators).** We recommended that "DC Health should report what population figures it is using for any metrics, e.g. the District population and demographic group population."[14]
- **Explanation of Sudden Changes.** We suggested in our first report that any spikes in reopening metrics should be explained. For example, on March 8, 2021, DC Health published a backlog of 196 cases caused by delays in lab reporting. Since data is presented by the date it is reported to DC Health, not the test date, the publishing of this data caused a spike in several reopening metrics, including the daily case rate as well as the mean test turnaround time. However, since DC Health did not note the reason for the spike with the data on the Reopening Metrics page and graphs, this reporting of a backlog led to confusion by Councilmembers who thought that the District had experienced a spike in cases on March 8, 2021.

Lack of ownership of death data leads to missed opportunities in communicating with the public.

OCME also is collecting other mortality information that should be made public. In terms of deciding what COVID-19 death data to report on the data pages of the website, officials with both OCME and DC Health said they did not believe it was their responsibility. This has led to missed opportunities in clearly presenting data.

OCME produces an informative internal report, complete with graphics and statistics that includes comorbidity and place of death data, which could contribute to the public's understanding of the pandemic. We could find no reason why this information was not made public. For example, comorbidity data could have added context to DC Health's decision to open vaccinations to people with certain chronic medical conditions before the general population. Figure 4 provides an example of this data from October 19, 2020, which OCME collected and reported to DC Health and other District agencies.

14 ODCA. *The District's COVID-19 Data Reporting is Strong but Opportunities Exist for Improvement and Increased Transparency.* November 23, 2021. https://dcauditor.org/report/the-districts-covid-19-data-reporting-is-strong-but-opportunities-exist-for-improvement-and-increased-transparency/, pg. 11-14, 18.

Figure 4: OCME Data on Comorbidity Prevalence in COVID-19 Deaths from October 2021

Prevalence of Comorbidities among COVID-19 Deaths (n=542)		
Comorbidities	**# of Deaths**	**% of COVID Cases**
Asthma	26	5%
COPD	47	9%
Diabetes	248	46%
Hypertension	381	70%
Cancer	57	11%
HIV	14	3%
Other	276	51%

Note: The other category includes conditions such as: chronic kidney disease, obesity, congestive heart failure, sarcoidosis, lupus, end stage renal, coronary artery disease, cerebrovascular infarction, endocarditis, pulmonary fibrosis, atrial fibrillation, and cardiomyopathy.

Source: OCME COVID-19 Related Death Report as of October 19, 2020

Recommendation

1. The Mayor/Office of the City Administrator should clarify who is responsible for publishing death data and publish the additional information contained in the internal OCME COVID-19 related deaths report, including comorbidity data, on the data pages of the coronavirus website.

DC Health has procedures to monitor COVID-19 data they are collecting and reporting.

We conducted both a data review of positive cases and deaths and a review of data collection and monitoring procedures in place during our scope from March 2020 through April 5, 2021. While our review did not evaluate the effectiveness of COVID-19 related testing facilities, contact tracing programs, and the certification of COVID-19 death certifications, we found that, overall, DC Health and OCME had procedures in place and implemented these procedures to collect, monitor, disseminate, and report COVID-19 data.

Data Review: Our Analysis Found the Positive Case and Death Data Matched DC Health's Reporting

To understand the pandemic in D.C., we reviewed the key dataset of positive cases and deaths. We analyzed cumulative data from DC Health that underlie the totals posted on January 12, 2021, when the District reported 32,600 cases and 831 deaths since the beginning of the pandemic. Using advanced data analytics software, we found 10 possible duplicates in the positive cases (representing less than 0.0005%) and zero duplicates in the death data. Finding so few possible duplicates in 32,600 cases is an excellent result. For five of the 10 cases that were definitely duplicates, DC Health later identified and removed the duplicate entries, suggesting that DC Health is monitoring and improving the accuracy of case counts. We do note, though, that we did not review all test results, only positive cases; we therefore cannot confirm that all positive tests made it into the positive case count provided. We do also note that there also have

been occasional challenges with backlogged data.[15]

DC Health also provided a detailed data dictionary that they had developed for the dataset. As mentioned in our November 2020 report, we also encourage DC Health to publish a data dictionary for the downloadable data that they publish.

We also found a high level of completeness of demographic information for positive cases and deaths. We reviewed four key demographic fields—age, sex, race, ethnicity—from the dataset from January 12, 2021. This dataset was pulled from DC Health's Research Electronic Data Capture (REDCap) system which laboratories and providers use to report test results to DC Health. For age, sex, and race, in the dataset that we analyzed, we found that there were very few missing data, i.e. under 1.2% of entries were missing age, sex, or race.

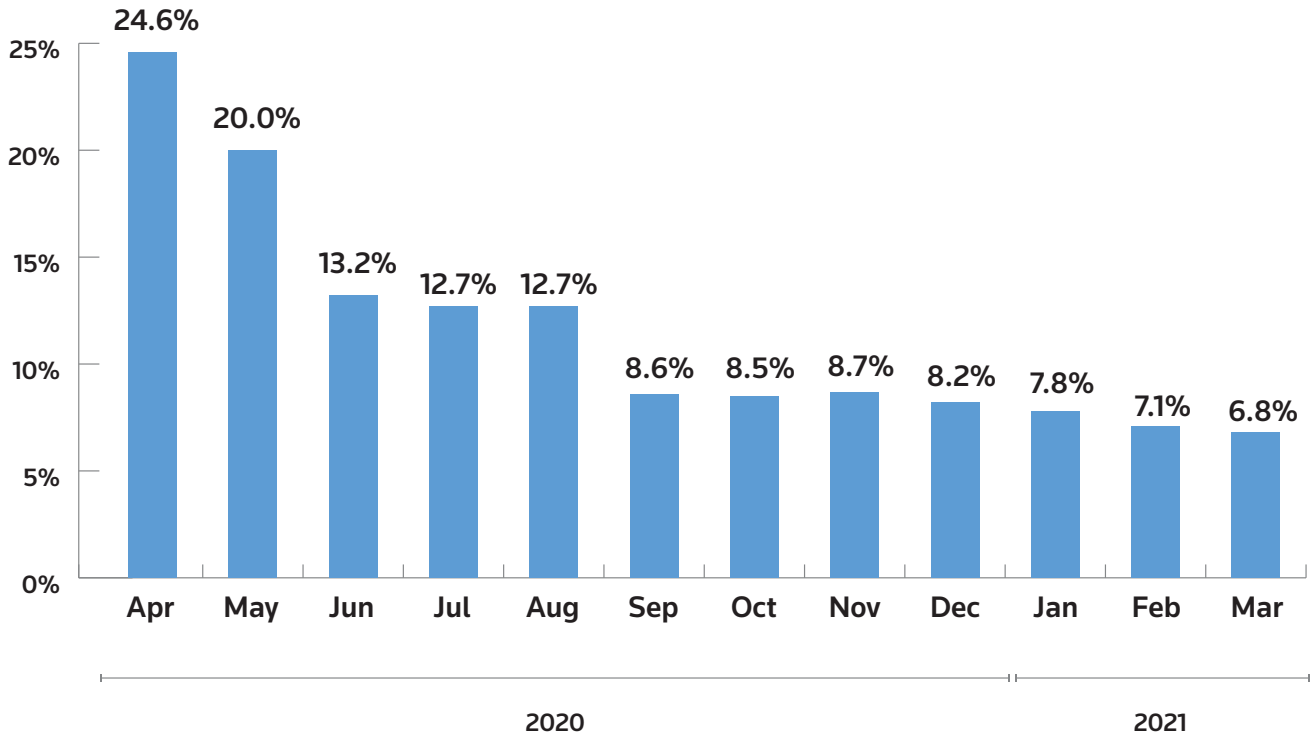
Ethnicity did appear to be a more challenging data field to collect from labs and providers; nearly 20% of data was missing for ethnicity. DC Health improved completeness over time by filling in additional demographic information gained by searching the Chesapeake Regional Information System for our Patients (CRISP) database,[16] the designated Health Information Exchange for Maryland and the District, or by using information obtained during contact tracing. CRISP has D.C., Maryland, and sometimes Virginia hospital patient record data. DC Health updates the downloadable data published on the website as it finds additional demographic data. In the downloadable data for January 12, 2021, we found that only 8% of ethnicity data was missing, showing that DC Health had filled in additional information for previous cases.

We also reviewed over a year of downloadable data from April 5, 2020 through March 31, 2021. In examining data over the pandemic, completeness of the ethnicity data has improved over time, suggesting DC Health prioritized completing missing demographic data. Figure 5 shows the decline in the percentage of ethnicity data that is missing by month.

15 https://coronavirus.dc.gov/release/coronavirus-data-march-8-2021

16 CRISP is a non-profit organization that facilitates the electronic transfer of clinical information between disparate health information systems. https://www.crisphealth.org/

Figure 5: Percentage of Missing Ethnicity Data for Positive Cases Declined Over Time



Source: ODCA generated graph from downloadable data presented on https://coronavirus.dc.gov/data as of March 31, 2021

DC Health described processes for improving data quality and completeness. For some test results, both the labs and providers submit information. DC Health uses both sources to fill out data fields, such as demographic information, that may have been missing from one of the reports. At the same time, DC Health has processes in place to identify and remove duplications, including checking that testing reports sent by labs and reporters are not already in the system and running a de-duplication program.

Process Review: COVID-19 Testing Results Data Collection and Monitoring

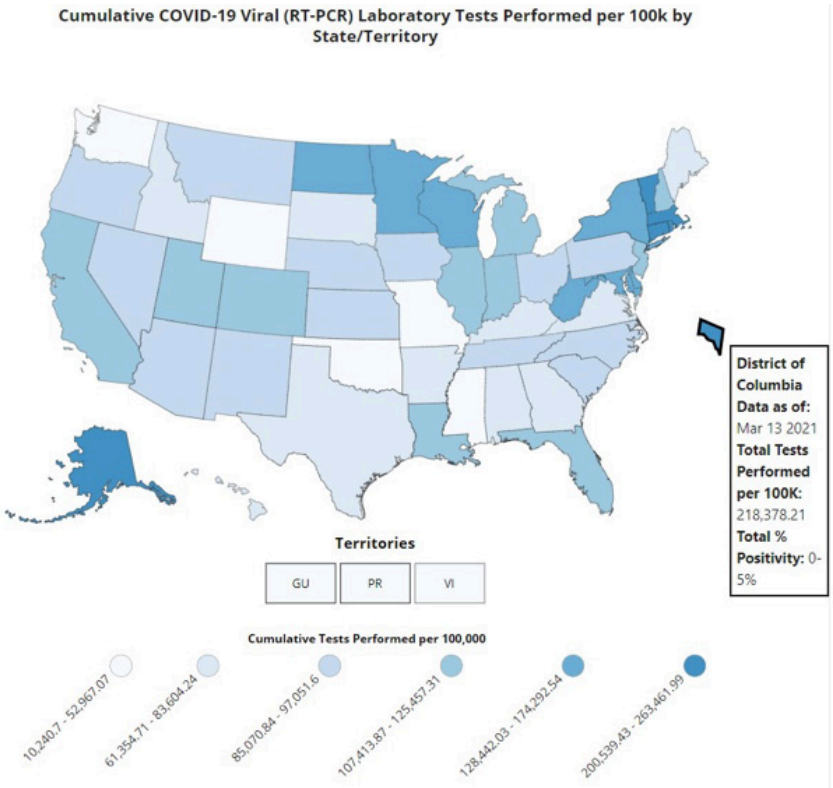
We spoke at length with DC Health on how it collects and reports testing data. The following sections provide an overview of the District's testing capacity; guidance; test types and test information; residency determinations; and electronic laboratory reporting.

The District's Testing Capacity Throughout the Pandemic

The District's public testing program has been robust, comprising 16 sites throughout the District at the height of the pandemic, including two with drive-through options. The public testing sites opened in April

2020[17] and expanded throughout 2020.[18] The District policy has been "Need a test, get a test" throughout most of the pandemic. The District began asking for insurance information on November 23, 2020 but has continued to allow anyone to get tested regardless of insurance status.[19] The number of people getting tested each day for COVID-19 in the District increased tenfold from the early months of the pandemic. In April 2020, when testing was more restricted, on average 550 people were getting tested each day. By December 2020 during one of the worst phases of the pandemic, 6,624 people were receiving tests each day on average. The positivity rate decreased greatly from its highs of around 30% in April 2020 as testing increased. The District has done well in terms of per capita testing rates compared to many other states. According to Johns Hopkins University, D.C. ranked #8 among states in testing totals by population, as of March 12, 2021.[20] The District has also been a leader in per capita testing rates according to the CDC's data[21] as of March 13, 2021, as seen in Figure 6.

Figure 6: CDC Data Shows D.C. In Highest Category of COVID-19 Tests Performed Since the Beginning of the Pandemic from March 13, 2021



Source: CDC, https://covid.cdc.gov/covid-data-tracker/#testing_testsper100K as of March 13, 2021

17 https://coronavirus.dc.gov/release/mayor-bowser-and-first-lady-obama-encourage-residents-covid-19-symptoms-get-tested
18 https://coronavirus.dc.gov/release/need-test-get-test-district-expands-free-covid-19-testing-firehouses-across-dc
19 Beginning Monday, November 23, individuals who have health insurance will be asked to provide their insurance information when registering for a test at a public site, see: https://coronavirus.dc.gov/testing
20 https://coronavirus.jhu.edu/testing/states-comparison/testing-state-totals-bypop
21 https://covid.cdc.gov/covid-data-tracker/#testing_testsper100K – as of March 13, 2021

Testing Guidance

DC Health issued guidance on January 28, 2020, that testing had to be approved by the CDC. The District Department of Forensic Sciences Public Health Lab initially handled COVID-19 testing in the District, and the first COVID-19 case was identified on March 7, 2020. On March 13, 2020, DC Health issued guidance that since testing was now available at commercial and hospital labs, healthcare providers could also use those options to get patients tested. As testing capacity increased and as the CDC updated its own guidance, DC Health updated and expanded testing priority groups for the District.

In addition to publishing Health Notices for providers[22] and other COVID-19 Health guidance[23] on the website, DC Health disseminated guidance through its listservs of registered healthcare providers and labs. If a provider or a lab not on DC Health's listserv reported test results, DC Health added that provider or lab to the appropriate listserv.

DC Health did not issue specific guidance for testing young children. Initially, public sites only provided testing for children age 6 and older until expanding to children age 3 and older.

Test Types & Case Information

DC Health collects molecular, antigen, and antibody test results.[24] DC Health stated that it has always kept results separate by test type, using different codes. The District never combined positive antibody and molecular testing results in reporting total cases, an issue that caused confusion in other states early in the pandemic.

The District only reports molecular polymerase chain reaction (PCR) test results for its daily case rate. The District does not publicly report on antigen test results.

DC Health reports molecular (PCR) test results by date that DC Health received the result, not by specimen collection date. Reinfections are also not counted as new cases (as of March 2021). Figure 7 describes the information that DC Health collects.

Test Types
Molecular Test: a diagnostic test that detects genetic material from the virus. Reverse Transcription Polymerase Chain Reaction (RT-PCR) is one type of molecular test.
Antigen Test: a diagnostic test that detects specific proteins from the virus. It is also known as a rapid test.
Antibody (Serology) Test: detects antibodies that are made by your immune system in response to a threat, such as a specific virus; not used to diagnose active infection.

22 DC Health – Health Notices Page: https://dchealth.dc.gov/page/health-notices
23 District COVID-19 Health Guidance page: https://coronavirus.dc.gov/healthguidance
24 FDA. Coronavirus Disease 2019 Testing Basics. https://www.fda.gov/media/138094/download

Figure 7: Information DC Health Collects on COVID-19 Cases

Demographic	date of birth, race, ethnicity, sex at birth, gender, sexual orientation, pronouns, address
Exposure	occupation, travel history, activities during the exposure period, activities during infectious period
High Risk Group	homeless, long term care resident, etc.
Health	symptoms, underlying conditions, hospitalization (admission and discharge date)
Mortality	death date, death location

Source: ODCA

Residency Determination

The total positive cases reported on the website data pages include only District resident cases. However, for the total positive case count, a District resident is defined as anyone staying in the District after their test during the contact tracing and monitoring period, not where someone officially declares their residence.

To make a residency determination, DC Health generally uses the address provided by the lab report. If the report provides no address for a test result, staff searches for the person in CRISP. If a person reports a Maryland or Virginia address, the District can transfer the test information electronically to either state. If the lab report lists an address from another state, DC Health reaches out to the patient to determine whether the person is staying in D.C. during contact tracing and monitoring by DC Health, and if so, DC Health counts that person as a District resident. If the person is not staying in the District during contact tracing and monitoring, then the District sends their test result to the other state. If DC Health is unable to determine an address, it includes the test in the District's total case count.

For some healthcare facilities and long-term care facilities like skilled nursing homes where employees are frequently tested, labs sometimes send the results with the employer's address. DC Health checks results against a list of facility staff to determine residency.

Electronic Laboratory Reporting

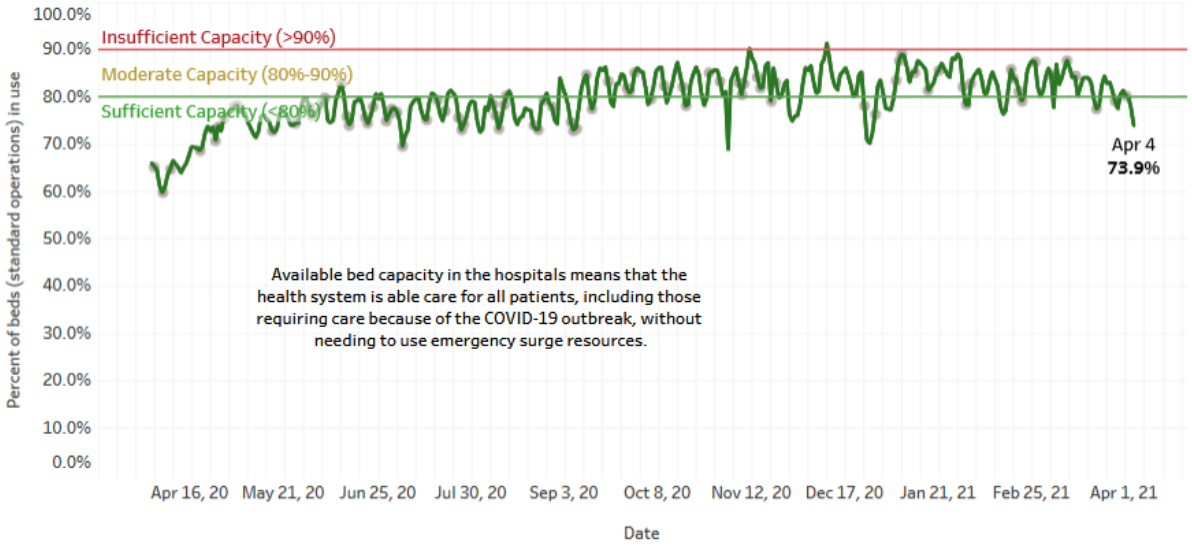
In October 2020, DC Health began requiring labs to report results electronically. Electronic reporting results in faster delivery of results, reduces the risk of human error when entering data manually, and facilitates the identification of duplicates. DC Health reported that most labs are now sending results electronically, and DC Health is helping the remaining labs convert to electronic reporting.

Some labs are able to send results electronically via Health Level 7 (HL7) messaging. HL7 is a nationally recognized standard language for securely exchanging healthcare data; it is also used internationally. The CDC has been promoting the use of HL7 as part of its push to expand electronic laboratory reporting (ELR) to state and local health departments.[25] When onboarding labs that were reporting test results electronically, DC Health validated that the results sent via HL7 were accurately transferring to its database.

Building Upon Partnerships: Hospital COVID-19 Data Collection

A key component of DC Health gathering reliable and complete COVID-19 data from hospitals was its partnership with the D.C. Hospital Association (DCHA). DC Health provided guidance to hospitals, with assistance from DCHA, on how to count available ICU beds, hospital beds, and ventilators. DC Health also provided a grant to DCHA to develop a reporting system using EMResource for collecting and reporting COVID-19 hospital data. EMResource replaced a legacy system that hospitals were using during the first few months of the pandemic that was not as dynamic or user friendly. The DCHA team explained that this involved building a unified system for hospitals to report data to both DC Health and the federal Department of Health and Human Services (HHS). All the District's hospitals, with the exception of Sibley Memorial Hospital, use this system to report required data. Hospitals must submit data daily on items such as COVID-19 patient bed counts, available beds, and available medicines, as illustrated in Figure 8.

Figure 8: How the District is Reporting on Hospital Bed Utilization



Source: DC Hospital self-report to Health Emergency Preparedness and Response Administration, DC Health; DC Hospital Association.
Metric Definition: The number of beds currently in use for patient care divided by the total number of beds available under standard operations in acute care hospitals within DC.

DCHA provided ODCA with a virtual tour of EMResource and walked us through how the system prompts data quality checks, daily audits, and data scrubs on weekends. DCHA shared that the system has been

25 https://www.cdc.gov/elr/index.html

continually evolving to adapt to reporting needs and that they regularly audit the data. They also shared that there are weekly meetings between DCHA, DC Health, and hospitals to troubleshoot and improve user experience.

OCME's advance preparation and decision to certify all COVID-19 deaths led to consistent collection and monitoring of COVID related deaths in the District.

We found that OCME has been notable in its handling of COVID-19 deaths by being alert early in the pandemic, centralizing authority and death certifications, and relying on its training and preparation for a mass fatality event. The District was the only jurisdiction where the Chief Medical Officer took over certifying all COVID-19 deaths, including hospital deaths, and taking possession of all bodies. Florida at one point attempted this but eventually was overwhelmed so the Florida Chief Medical Examiner switched to allowing hospitals to certify deaths.

Advance Preparation: OCME Had Conducted Emergency Preparedness for a Mass Fatality Event

Prior to the pandemic, OCME brought on board leadership with mass fatality experience and has had a mass fatality management plan in place since 2018 that included annual training. OCME was able to rely on this knowledge base to handle COVID-19.[26] From 2013 through 2020, Dr. Mitchell was the District's Chief Medical Examiner, and had a background in mass fatality review.[27]

OCME's Mass Fatality Plan had a corresponding Field Operations Guide with detailed procedures for the transportation of bodies, managing a highly infectious disease outbreak, and training staff. The plan and guide suggest a high level of preparedness to handle the pandemic, and indeed, OCME took steps detailed in these documents to respond to the pandemic, including taking custody of all bodies potentially infected by COVID-19 and obtaining additional refrigerated storage.

Early Action: OCME moved quickly to handle a pandemic

OCME reported that in January 2020, its staff started investigating deaths as possible COVID-19 cases, inquiring about flu-like symptoms and recent travel since testing was not available yet. OCME also made an early decision to certify all COVID-19 deaths occurring in the District. HSEMA activated the District Response Plan under which OCME, "will coordinate all mass fatality management efforts, including investigating, establishing a temporary morgue(s), coordinating transportation of remains, performing postmortem examinations and identifications, securing evidence, certifying cause and manner of death, and releasing remains." The District Response Plan draws from the D.C. Code which requires any infectious disease deaths that could constitute a threat to be reported to OCME and for OCME to take

26 https://oca.dc.gov/sites/default/files/dc/sites/oca/publication/attachments/OCME20.pdf

27 Dr. Mitchell left OCME for an appointment at Howard University in January 2021. Dr. Francisco Diaz is currently in the position of the Chief Medical Examiner, see: https://ocme.D.C..gov/page/executive-staff-ocme From April 2020 until his departure, Dr. Mitchell was also serving as Deputy Mayor for Public Safety and Justice, and his Deputy Director Dr. Diaz had been playing an acting role.

charge of the body.[28]

OCME set up a COVID-19 disaster morgue with a 600-cadaver capacity to handle a surge in COVID-19 deaths which it maintained through July 2020. OCME rented refrigerated trucks and converted tents into field deployable morgue units. Other jurisdictions throughout the U.S. have had to scramble during surges in the pandemic to buy refrigerated trucks.[29] OCME had these procedures in place from the beginning. Figure 9 shows OCME efforts to establish emergency morgue operations to prepare for COVID-19 fatalities.

Figure 9: OCME Efforts to Establish an Emergency Morgue in the District



Source: OCME

28 D.C. Code § 5-1405(b), 5-1406(a) https://code.dccouncil.us/dc/council/code/titles/5/chapters/14/

29 "Texas deployed its National Guard to help with overflowing morgues in El Paso as the coronavirus death toll rises," Morgan McFall-Johnsen, Business Insider, Nov. 21, 2020, see: https://www.businessinsider.com/el-paso-coronavirus-overwhelmed-morgues-calling-texas-national-guard-2020-11. "'A mass fatality event': California struggles with backlog of bodies of COVID-19 victims," Rong-Gong Lin II and Luke Money, Los Angeles Times, Jan. 9, 2021, see: https://www.latimes.com/california/story/2021-01-09/with-hospital-morgues-overwhelmed-by-bodies-coroner-begins-storing-bodies-as-covid-deaths-surge

OCME COVID-19 Certification Process Allows the District to have Only Confirmed, not Probable COVID-19 Deaths

The District had a consistent process for certifying COVID-19 deaths unlike jurisdictions that rely on a mix of chief medical examiner and coroners to certify deaths. The District also avoided the category "probable" COVID-19 death because OCME certified all COVID-19 deaths. Having the Chief Medical Examiner certify all deaths lead to accurate, consistent data.

The National Center for Health Statistics (NCHS) noted that one challenge with death data quality is that death certifiers may not be well trained, an issue that the District avoids by having OCME certify all deaths. Nationally, NCHS has seen problems with death certifications in about 20-30% of reported COVID-19 deaths. NCHS praised OCME as highly professional and doing a good job during a webinar on COVID-19 data.

OCME's death certification process works as follows. OCME takes possession of all bodies that are potential COVID-19 deaths. In the case of hospital deaths, hospitals report the death to OCME, and OCME reviews hospital records and COVID-19 test results that accompany the body to certify the death. In the case of a potential COVID-19 community or non-hospital death (e.g. home, street, nursing home, hospice, or jail), the death must be called into OCME. OCME will ask about signs of a potential COVID-19 infection including flu-like symptoms, travel, or a recent hospital stay. If there are signs of a potential COVID-19 infection, OCME brings the body to its facility and conducts an examination, including a chest x-ray and a COVID-19 test if there is no record of one. The Public Health Lab then analyzes COVID-19 tests.

OCME sends DC Health and other executive branch agencies a daily report of the COVID-19 deaths that it has certified over the last 24 hours, with a cutoff at noon on the day of the report. Also, daily, DC Health and OCME reconcile the COVID-19 deaths that are to be reported publicly. Deaths reported daily on coronavirus.dc.gov are based on when deaths are reported by OCME to DC Health after they are certified, not by date of death.

OCME also completes required fields in DC Health's Vital Statistics System. It may take five or more days for certified COVID-19 deaths to be fully recorded in the Vital Records System. For District residents that die of COVID-19 outside of the District, OCME receives death information via DC Health. OCME then confirms with that state's medical examiner or coroner that this is a COVID-19 death and reports back to DC Health.

We are encouraged that OCME and DC Health have shown a willingness to learn from the challenges of the pandemic. OCME plans on doing an After-Action Report to learn from their experience and anticipate providing a national example for how to handle death certification and fatality management during a pandemic. In May 2021, DC Health released a report[30] that catalogues the pandemic's impact on the District, outlines a framework for a post-pandemic recovery, and provides recommendations for changes needed across the District's healthcare system. While we welcome the forward-looking nature of this

30 DC Health. May 2021. "COVID-19 Pandemic Health and Healthcare Recovery Report." https://dchealth.dc.gov/sites/default/files/dc/sites/doh/page_content/attachments/Pandemic-Recovery-Report_May-2021.pdf

report, we also encourage the District to complement this report with a full review of the government's pandemic response, identifying what worked and what did not. We strongly believe that such a review will be an essential tool in strengthening our emergency response infrastructure including public health, responding with effective policies and interventions, and preparing for future emergencies.

Recommendation

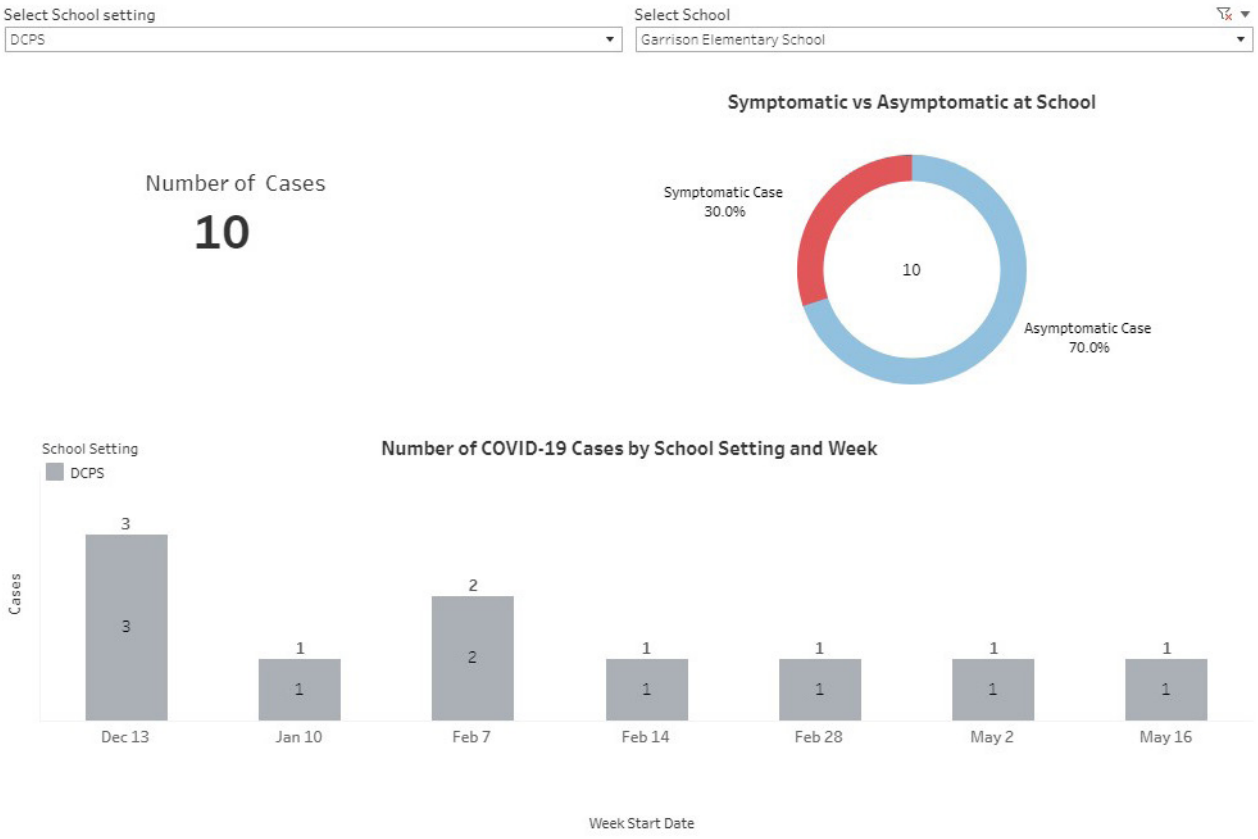
2. The Mayor should initiate a comprehensive review of the COVID-19 pandemic response culminating in a public report with DC Health, OCME, HSEMA, and any other key agencies to determine what worked and what should be done differently in the face of a similar health emergency including any recommended updates to the District's Emergency Response Plan.

Auditor's Observations

While substantial progress has been made in reporting school related data, there is still room for improvement.

In our November 2021 report, we expressed an Auditor's Concern that "Reopening schools creates new public reporting needs down to the school level."[31] DC Health publishes a K-12 Schools Data page[32] which allows the user to view the number of cases at each school in the District over time (as seen in Figure 10). The reporting is clear, allowing parents to see when cases occurred.

Figure 10: DC Health Reporting Schools' COVID-19 Cases Over Time: Garrison Elementary as an Example



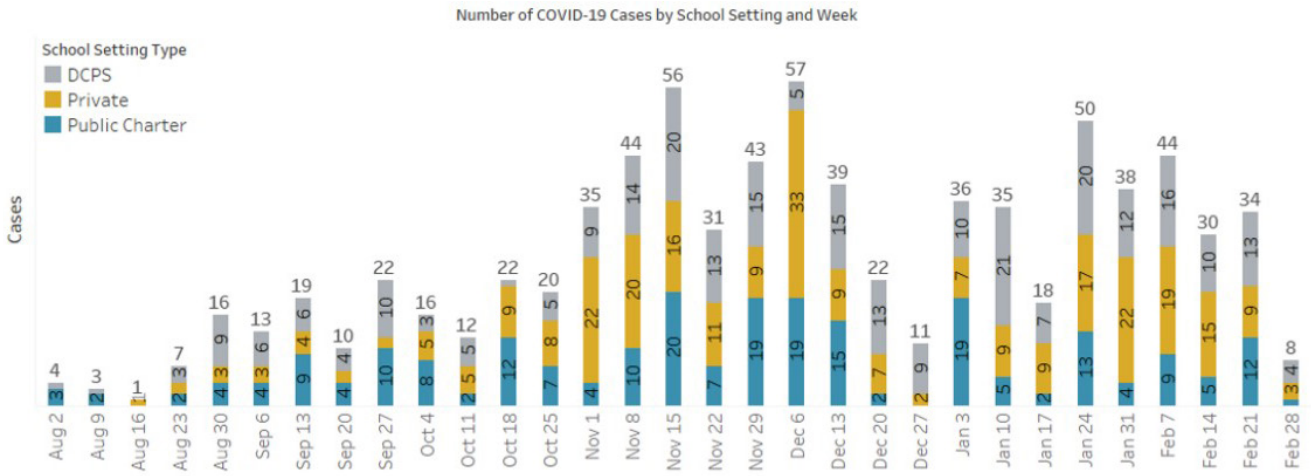
Source: https://coronavirus.dc.gov/data/schools as of May 25, 2021

31 Ibid, pg. 21-23
32 https://coronavirus.dc.gov/data/schools

However, schools that have had five or fewer COVID-19 cases since the beginning of the pandemic do not have data displayed. DC Health does not believe it should publish case numbers when there are fewer than five cases. However, DCPS is already publicly reporting all cases as they occur regardless of number on their Reopen Strong website.

The K-12 schools data page[33] is a thorough update from March 15, 2021, when for the first time, DC Health presented weekly cases over time in a Situational Update as seen in Figure 11 and then published that information on the outbreak data page.[34] In the future, more timely information during a pandemic about school cases would likely be useful to parents and District residents as a whole. As the graph itself notes, "By October 2020, DCPS, charter, and private schools all had some component of in person learning." March 2021 was also the first time any charter school and private school case data had been published by DC Health. DC Health, by continuing to revise its school reporting, now has a transparent template for such information if needed.

Figure 11: Weekly School Cases by School Type



Source: DC Health. March 15, 2021 Situational Update[35]

While progress has been made in school reporting, DC Health is still not reporting COVID-19 cases at childcare centers on the coronavirus webpage. This lack of a one-stop shop for data on cases at childcare centers is not in line with practices of our neighboring jurisdictions. For example, Virginia is reporting outbreaks in multiple congregate settings, including daycare centers.

33 https://coronavirus.dc.gov/data/schools
34 https://coronavirus.dc.gov/page/outbreak-data
35 https://mayor.dc.gov/sites/default/files/dc/sites/coronavirus/release_content/attachments/Situational-Update-Presentation_03-15-21.pdf, pg. 31.

COVID-19 Reporting in Educational Facilities

DC Health issued and updated guidance to schools, childcare centers, and universities. All three are required to report cases among students or staff to DC Health. DC Health trained DCPS and charter school nurses how to report cases and reported having points of contact at private schools.

DC Public Schools Testing

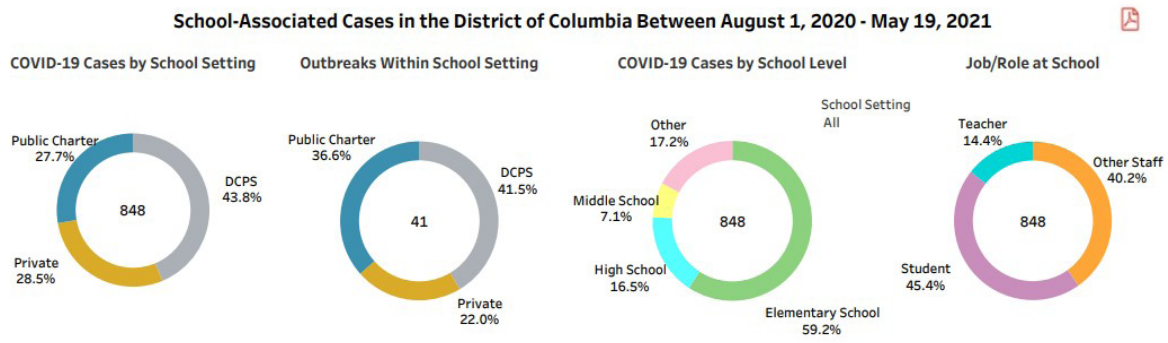
Although not representative of all students in the District, the process DCPS follows for both symptomatic and asymptomatic testing provides a window into how reporting on testing could be improved across all schools. DCPS currently has a bifurcated testing system for students who are symptomatic and asymptomatic, i.e. surveillance testing. Students must have different consent forms to participate in symptomatic and asymptomatic testing.[36] The symptomatic testing form is valid for the remainder of the school year whereas the asymptomatic consent form is valid only for 90 days. So far, the District has no consistent, public reporting on the percentage of students participating in in-person learning who have either type of consent form on file.

On March 10, 2021, DCPS Chancellor Dr. Lewis Ferebee testified to the D.C. Council that of the approximately 10,000 students participating in in-person learning, approximately 3,851 students have asymptomatic consent forms on file. However, this information is not reported publicly online.

Reporting on school cases could be improved

DC Health is publishing some data on testing in schools, as shown in Figure 12.

Figure 12: Cases by School Type, Level, and Role Reported on the K-12 Schools Page



Source: https://coronavirus.dc.gov/data/schools as of May 25, 2021

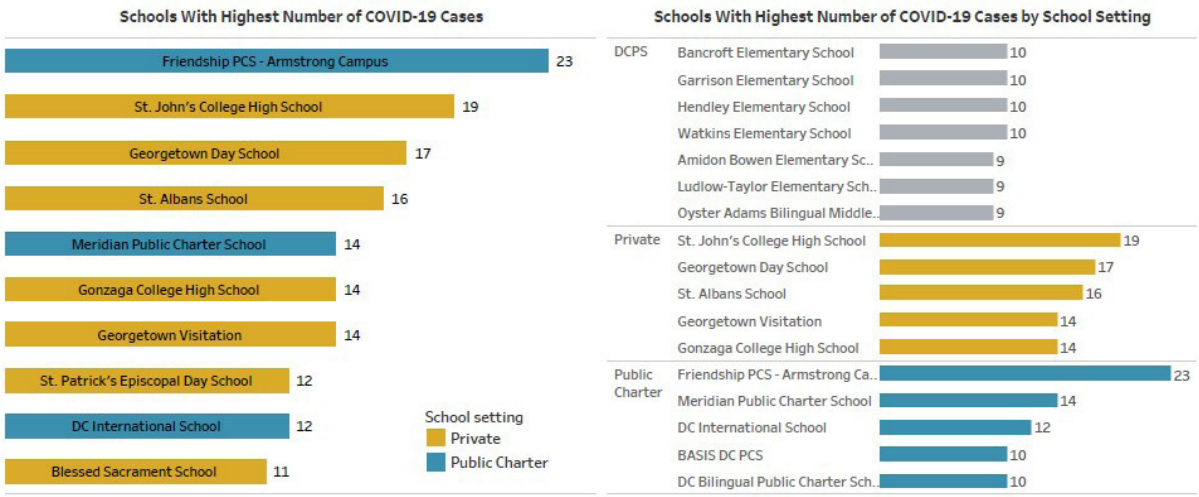
However, more information on population figures, i.e. denominators, or per capita rates, is needed for the various data presented.

36 DCPS Asymptomatic Testing Protocol: "Update on COVID-19 Asymptomatic Testing for Students." March 11, 2021. https://dcps-reopenstrong.com/chancellor/update-on-covid-19-asymptomatic-testing-for-students%E2%80%AF/

The graphs on the percentage of cases by school type (public, charter, private), by school level (elementary, middle, high school), and by role (e.g. staff, teachers, and students) would be more helpful if the user knew how many students and staff were in-person in each category. For example, private schools make up a lower percentage of cases than in public schools, but we cannot tell from the graphs if private schools simply have fewer students and staff in-person than public schools. Additionally, the number and percentage of students participating in asymptomatic and symptomatic testing (i.e. for DCPS, have consent forms on file) and the number of students and staff tested on a weekly basis would be helpful.

DC Health is also publishing the names of the top 10 schools District-wide and the top five schools by school type (public, charter, private) with the most cumulative cases as seen in Figure 13. However, without a denominator, this data is of limited use for comparison since some schools have been open longer with more students in attendance and private schools especially may have more frequent testing protocols.

Figure 13: Schools with the Most Cumulative Cases in the District



Source: https://coronavirus.dc.gov/data/schools as of May 25, 2021

We encourage DC Health to consider reporting on more testing data for DCPS, public charter, and private schools. To summarize, the following data are not yet published:

a. Number of students in-person.
b. Percentage and number of in-person learning students who have consent forms on file for each program.
c. Number of students and staff tested weekly by each program.
d. Number of positive cases identified weekly among students and staff by each program.

These data could add to our understanding of COVID-19 prevalence in schools. The data could be useful for evaluating the effectiveness of the testing programs, not only for the District but for other school districts to learn from the District's experience in designing their school testing programs. These are questions of national interest. For instance, a news report in Baltimore cited the Baltimore City schools testing program as likely helping contain community infections although studies are needed.[37]

Recommendations

3. DC Health should publish weekly childcare center case data over time as it is doing for K-12 schools.
4. DC Health should publish case numbers at each school even when there were fewer than five cases cumulatively at a school.

DC Health has continuously improved internal processes for its contact tracing program.

We spoke several times with DC Health's contact tracing team, who also provided a virtual tour of the information system used to manage the contract tracing program, Salesforce ("the system"). They described multiple goals of the contact tracing program,[38] including to:

- Control COVID-19 infection and transmission by quickly identifying potential contacts and making sure they quarantine.
- Notify positive cases quickly that they are positive and give guidance to isolate.
- Identify any community clusters so that the DC Health epidemiology team can investigate and provide education to the location (i.e. daycare, workplace).
- Conduct a virtual home assessment to determine if individuals can safely quarantine at home, and if not, provide suggestions on what they can do based on home layout.
- Link people who are positive cases to needed food or housing resources.

DC Health's contact tracing process begins when DC Health receives positive test data at night and the following day, cleans and imports the data into the contact tracing system. The contact tracers, who receive two weeks of intensive training, use the system to make calls and read a script to collect information about the client's activities during their infectious period, including time of day and location, as well as their close contacts. The close contacts are then contacted by the contact tracers, who inform them of their exposure to a positive case and the need to get tested and quarantine.

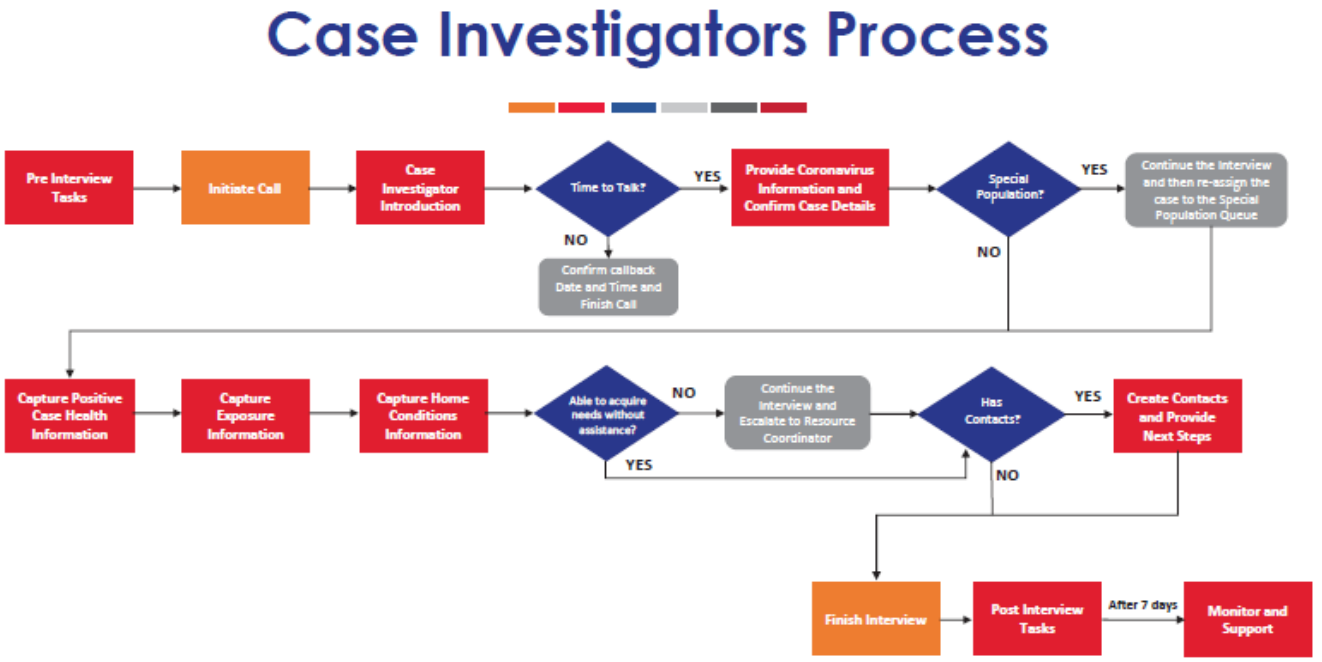
The contact trace force will maintain contact, either by phone, in-person, or via a text message questionnaire, with someone who tests positive for 10–14 days and ask questions about the person's well-being, encouraging them to maintain their quarantine and if the person's condition deteriorates, calling

37 Baltimore Sun. May 12, 2021. "COVID testing program helping Baltimore City school system track and contain infections." https://www.baltimoresun.com/education/bs-prem-md-covid-city-schools-testing-20210512-xrxipl6ji5ah5ed4a35sv4goe4-story.html

38 https://coronavirus.dc.gov/dccontacttraceforce

911 if needed. If someone misses several check-ins or indicates they do not plan to quarantine, DC Health staff will conduct a home visit. Figure 14 shows a DC Health visual of the process, which has since been revised.

Figure 14: DC Health Flow Chart of Contact Tracing Process



Source: DC Health

While there has been some critical feedback about the program from residents[39] and complaints about safety protocols from contact tracers,[40,41] we saw evidence that the contact tracing system has been continually strengthened and adapted. We reviewed a list of enhancements that had been made to the program from June 2020 through February 2021 to improve the program's interactions with people testing positive and close contacts, deliver key information to them, and ensure data quality. For example, DC Health:

- Added nurses to conduct home testing and established mail-in testing to reduce the risk of positive individuals going to a public testing site, and added a feature to the system that allowed the testing requests to be made during the contact tracing call.

39 "My wife and I both recently tested positive for COVID and thankfully recovered. I thought we'd share our experience." Prince Of Petworth, December 29, 2020, see: https://www.popville.com/2020/12/tested-positive-covid-DC-share-our-experience/

40 Zauzmer, Julie. "These D.C. contact tracers pay house calls — and worry they're spreading the virus." March 13, 2021. https://www.washingtonpost.com/local/dc-politics/home-visit-contact-tracers/2021/03/12/3348a8b0-7b4f-11eb-b3d1-9e5aa3d5220c_story.html

41 Zauzmer, Julie. "D.C. contact tracer says she was fired for a tweet that raised questions about overtime pay." December 22, 2021. https://www.washingtonpost.com/local/dc-politics/dc-contact-tracer-fired/2020/12/21/beb05542-4157-11eb-9453-fc-36ba051781_story.html

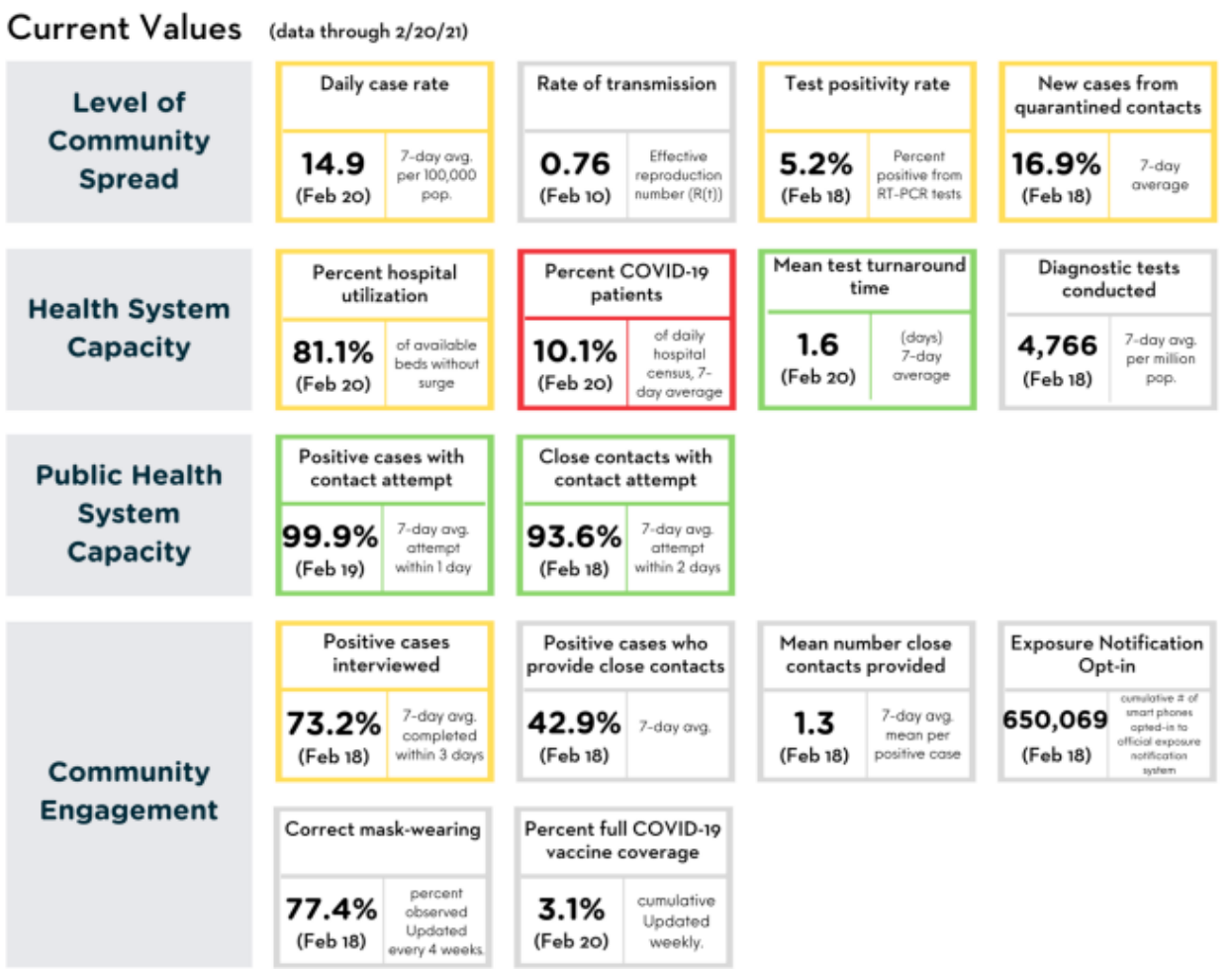
- Recorded all calls for supervisors to use in training and professional development.
- Required the completion of data fields such as race and ethnicity, as it was not required early on and negatively impacted data quality.
- Revamped the questions about gender identity and sexual orientation because of feedback from staff and user experiences. DC Health leveraged the experience of staff investigators who have done work around HIV/AIDS to make changes.
- Designed a system that logs the location and time of the activities that positive cases report. If two people report this same location within the same window of time, the system will cluster these through an algorithm, record it as possibly being epidemiologically linked and automatically report it to the DC Health epidemiology team. This was partly how DC Health was able to report on outbreak data. DC Health believes they are the first jurisdiction to do this.
- Allowed the system to record specific location details of exposure details (such as specifying the floor and room in response to positive cases at universities). This is another feature that DC Health reports as being the first jurisdiction to implement.

The District has also been reporting on performance metrics related to contact tracing in its Reopening Metrics,[42] specifically during our scope through April 5, 2021, including:

- New cases from quarantined contacts (which has varied somewhere between 15% and 20% percent since mid-February 2021).
- Positive cases with contact attempt (which has generally been 99% since August 2020).
- Close contacts with contact attempt (which has been over 90% since the first week of July 2020).
- Positive cases interviewed (which has been between 68% and 80% since October).
- Positive cases who provide close contacts (which has been between 32% and 60% since June 2020).
- Mean number close contacts provided (which has generally been between 1 and 2 since July 2020).
- Exposure Notification Opt-in (which was more than 600,000 in February 2021).

42 https://coronavirus.dc.gov/page/reopening-metrics

Figure 15: Several Reopening Metrics Relate to Contact Tracing



Source: DC Health

A notable feature of DC Health's contact tracing system is that it contracted with a private company to design a smooth web data input experience. From what we learned in interviews and reviewing changes to the system, the contract allowed DC Health to make improvements to the system 17 times since July 2020.

In addition to spending several hours speaking with us, DC Health's contact tracing team maintained a positive and open tone with our team, such as being frank about challenges and sharing documents freely. This response is notable as other audit shops have not received such cooperation and transparency, as described by the Hawaii State Auditor in reference to their Department of Health: "instead of cooperation and assistance, we encountered barriers, delays, and ultimately were denied access to those responsible for leading the department's contact tracing…".[43]

43 Office of the Auditor, State of Hawai'i, "Report on the Department of Health's Contact Tracing Efforts," Report No. 20-10, August 2020, page i, see: https://files.hawaii.gov/auditor/Reports/2020/20-10.pdf

DC CAN technology will need further study.

Another component of the contact tracing program is the DC COVID Alert Notice (DC CAN) app the Mayor announced on October 20, 2020. DC CAN is an app, developed by Google and Apple, that is designed to alert people if they have been near a positive case. Smartphone users either download the app on an Android phone or opt into exposure notifications on an iPhone.

Figure 16: DC CAN Marketing Images

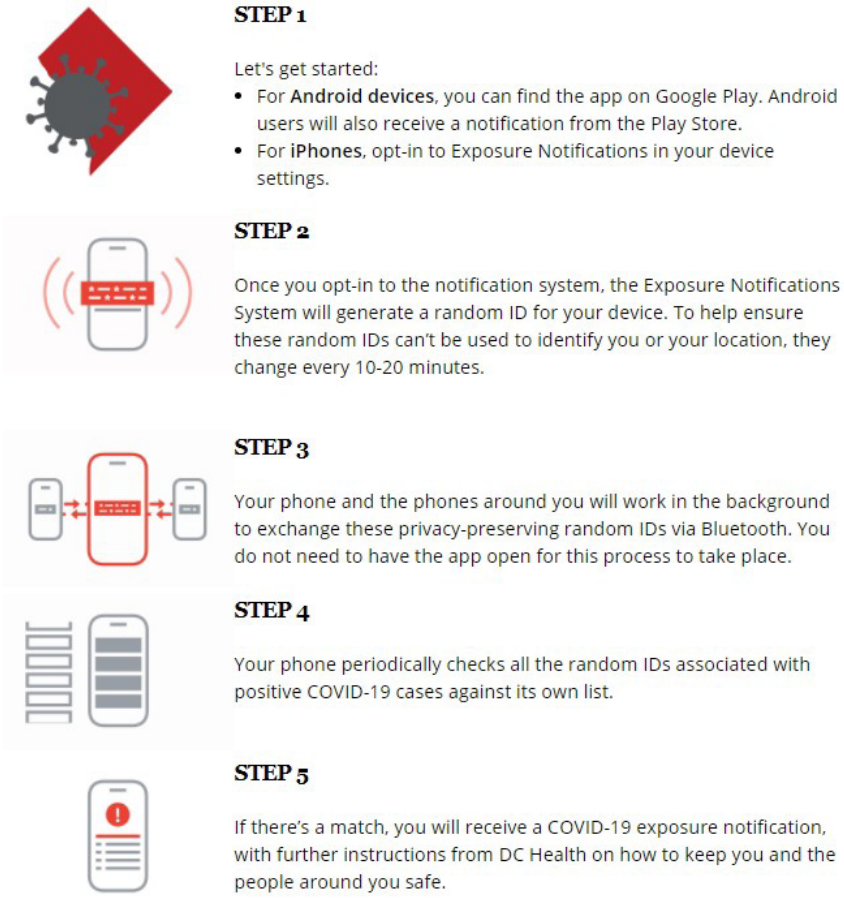


Source: https://coronavirus.dc.gov/dccan

The District devoted an entire menu on its coronavirus website[44] to DC CAN, publishing clear information on how it works, what privacy features are available, and how to opt in. When DC CAN is activated, a user's phone is assigned a random ID every 10-20 minutes. The user's phone exchanges these random IDs via Bluetooth with other phones nearby. The location of the phones is not tracked. The user's phone periodically checks all the random IDs associated with positive COVID-19 cases against its own list.

44 https://coronavirus.dc.gov/dccan

Figure 17: DC CAN Steps Published on the Website[45]



Original: https://coronavirus.dc.gov/dccan

As of May 23, 2021, there have been 827,690 smartphone opt ins to DC CAN. The total does not equal the number of unique smartphones that have opted in; rather, if a user opted in, later opted out, and then opted in again, both opt ins would be counted.

The goal of DC CAN is to "assist the contact tracing efforts by the Coronavirus Contact Trace Force." In mid-January 2021, DC Health stated that under 1,000 people who tested positive for COVID-19 had received the code to send out notifications to potential close contacts via the app. DC CAN users may not be notifying others via the app because of a multistep process that users who test positive need to complete to notify potential close contacts.

If you test positive and have opted into the DC CAN app, the multistep process works as follows:

1. A DC Health contact tracer sends you a link and an 8-digit code by text message during your contact tracing interview.

45 https://coronavirus.dc.gov/dccan

2. You click on the link which opens the app and populates it with your test date and date of symptom onset.
3. You click "Share a COVID-19 diagnosis" and enter your 8-digit code to verify your diagnosis.
4. The app sends out notifications to smartphones that you have been nearby in the last two weeks.

Another challenge is that DC Health only has limited visibility of the process. The notification system was built with privacy in mind, an important condition for encouraging people to opt in. As a result, while DC Health can tell if a person has clicked on the link sent by DC Health via text message, it cannot see whether someone successfully clicks to share their diagnosis and enter the 8-digit code. Not everyone completes all of these steps, and DC Health cannot tell who may need assistance sending out potential exposure notifications. As one member of the contact tracing team said, "You want to be ethically consistent and transparent about not storing people's data. We don't want to go back on our word, but… how far do we go with this program if we cannot troubleshoot it?" DC Health also does not have access to the aggregate number of potential close contacts that have been alerted by DC CAN. These issues are not the fault of DC Health but instead are central to how the DC CAN app was designed to protect privacy.

To its credit DC Health has been trying different strategies to get more out of DC CAN. DC Health is pursuing a data sharing agreement to access aggregate close contact data and exploring automating sending out 8-digit activation codes to anyone with a positive test in DC Health's electronic lab reporting system. DC Health mentioned that it is doing additional analyses to see what conclusions it can draw from DC CAN data.

As the pandemic subsides, DC Health should analyze the experience with DC CAN and draw lessons for the future about how technology could help in future epidemics and where it is likely to fall short. DC Health's experience could inform future technology that tries to find the right balance between protecting privacy and keeping the tool useful for public health authorities' contact tracing efforts.

Conclusion

DC Health has built detailed systems and teams to collect, analyze, and report COVID-19 data. At the same time, opportunities exist for reporting more information that the public needs.

We encourage DC Health to quickly implement our report recommendations and to implement our November 2020 report's recommendations, prioritizing actions based on needs at this point in the public health emergency. We fully acknowledge that DC Health has been in a learning and improving mode, and we believe that DC Health can further refine its public communication of data, leaving it better prepared for future public health threats.

DC Health has shown a willingness to adapt and enhance its systems to respond to the pandemic. In our interviews, we saw evidence of a dedicated, competent staff who has been committed throughout the pandemic to providing the guidance, information, and systems needed to manage the pandemic and keep as many District residents healthy as possible. DC Health oversees a robust public testing program and is monitoring all test results from public and private providers. DC Health has collaborated with the D.C. Hospital Association to capture hospital capacity metrics. DC Health has enhanced its public dashboard although some gaps remain in supplying the public with information. DC Health has a robust internal IT system for managing contact tracing data that it has significantly improved over the course of the pandemic.

OCME took a lead role from the beginning of the pandemic by choosing to certify all COVID-19 deaths. OCME had also prepared for such a public health crisis by developing plans and operational guidance in place including for a pandemic, likely allowing it to quickly gear up to handle the high number of deaths. Having an experienced agency oversee all death certifications brought consistency and more accuracy to the District's COVID-19 mortality data. In a national context where death numbers have been challenged for being overcounted but where experts have concluded that deaths are likely undercounted, OCME deployed its resources to attempt to ensure that the COVID-19 death counts for the District were as accurate as possible. OCME is producing valuable data reports, and we hope that the responsibility for publicly reporting additional death data will be clarified to ensure that information is shared with the public.

This audit undertaken in the midst of a public health emergency, was limited in its scope. We collected information about the processes in place to ensure the accurate collection, analysis, and reporting of key COVID-19 data. We also did a limited data review of two key sets of data, positive cases and deaths, for duplications and completeness of demographic information. We conducted interviews with DC health and OCME staff. DC Health and OCME were offered the opportunity but declined to provide written comments on this report.

We sought to shed light on some of the behind-the-scenes operations at DC Health and OCME that are financed by taxpayer dollars. However, we did not conduct a full performance audit which would have demanded more intensive staff resources on the part of DC Health and OCME and potentially interfered with the emergency response. Thus, this audit is not able to speak to how well different pillars of the response worked-- from public health policies to testing to contact tracing to COVID-19 care.

We anticipate that in the future as the pandemic lessens there will be more robust evaluations conducted of the District's response. We recommend that the leadership in the District government complete a thorough, open, and collaborative review. The District has lost more than 1,000 residents. At the beginning of April 2021, the United States had the highest COVID-19 death toll in the world. We owe it to ourselves and those we have lost to contribute to knowledge that will prevent such suffering and death in the future.

Summary of Report Recommendations

Most of the recommendations in this report can be implemented without any additional costs, and/or help to advance the goals of D.C. government, 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. The Mayor/Office of the City Administrator should clarify who is responsible for publishing death data and publish the additional information contained in the internal OCME COVID-19 related deaths report, including comorbidity data, on the data pages of the coronavirus website.	No	No	Create and maintain a highly efficient, transparent, and responsive District government. – Strategic Objective for most DC government agencies, including the FY20 Department of Health (DC Health) and Office of the Chief Medical Examiner (OCME) Performance Plans[46]
2. The Mayor should initiate a comprehensive review of the COVID-19 pandemic response culminating in a public report with DC Health, OCME, HSEMA, and any other key agencies to determine what worked and what should be done differently in the face of a similar health emergency including any recommended updates to the District's Emergency Response Plan.	Yes	Yes	
3. DC Health should publish weekly childcare center case data over time as it is doing for K-12 schools.	No	No	
4. DC Health should publish case numbers at each school even when there were fewer than five cases cumulatively at a school.	No	No	

46 https://oca.dc.gov/sites/default/files/dc/sites/oca/publication/attachments/DOH20.pdf, https://oca.dc.gov/sites/default/files/dc/sites/oca/publication/attachments/OCME20.pdf

Appendices

Appendix A

District Pandemic Timeline

2020

January 10: DC Health issued an alert about a respiratory illness outbreak in China and the importance of asking patients about recent travel history[47]

January 21: The first case of COVID-19 is identified in the U.S.[48]

March 7: DC Health announced the District's first COVID-19 case[49]

March 9: D.C. began publishing COVID-19 data[50] and updating it daily on March 14[51]

March 11: The Mayor declared a public emergency[52] and a public health emergency[53]

March 16: DC public schools switched to distance learning, and the Mayor issued an order prohibiting mass gathering of more than 50 people[54]

March 20: DC Health announced the first COVID-19[55] death in the District and extended the Public Health Emergency[56]

March 24: The Mayor ordered the closure of non-essential businesses[57]

March 29: The District received a Major Disaster Declaration for COVID-19[58]

March 30: The Mayor issued a Stay at Home Order[59]

April 17: The Mayor extended the Public Health Emergency[60]

April 23: The Mayor created a ReOpen DC Advisory Group to make recommendations for a "sustainable reopening of the District"

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47 https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/HAN_Pneumonia_of_Unknown_Etiology_Update.pdf
48 https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/2019nCoV_HAN_28thJan_FINAL.pdf
49 https://coronavirus.dc.gov/release/dc-department-health-confirms-first-coronavirus-case
50 https://coronavirus.dc.gov/newsroom?field_date_value[min][date]=&field_date_value[max][date]=&keys=&field_release_type_tid=All&sort_by=field_date_value&sort_order=ASC&page=1
51 https://coronavirus.dc.gov/newsroom?field_date_value[min][date]=&field_date_value[max][date]=&keys=&field_release_type_tid=All&sort_by=field_date_value&sort_order=ASC&page=3
52 https://mayor.dc.gov/sites/default/files/dc/sites/mayormb/release_content/attachments/MO.DeclarationofPublicEmergency03.11.20.pdf
53 https://coronavirus.dc.gov/release/mayor-bowser-declares-public-health-emergency
54 https://coronavirus.dc.gov/release/mayor-bowser-adjusts-district-columbia-government%E2%80%99s-operating-status https://mayor.dc.gov/sites/default/files/dc/sites/mayormb/publication/attachments/MO-Prohibition-on-Mass-Gatherings-During-Public-Health-Emergency.pdf
55 https://coronavirus.dc.gov/release/dc-health-announces-first-covid-19-related-death
56 https://coronavirus.dc.gov/release/mayor%E2%80%99s-order-2020-050-extensions-public-emergency-and-public-health-emergency-coronavirus
57 https://coronavirus.dc.gov/sites/default/files/dc/sites/mayormb/release_content/attachments/Mayor%27s%20Order%202020-053%20Closure%20of%20Non-Essential%20Businesses%20and%20Prohibiti....pdf
58 https://coronavirus.dc.gov/release/mayor-bowser-announces-dc-receives-federal-disaster-declaration-covid-19
59 https://coronavirus.dc.gov/release/mayor-bowser-issues-stay-home-order
60 https://coronavirus.dc.gov/release/mayor-bowser-extends-public-health-emergency-stay-home-order-and-closure-non-essential

May 4: The Mayor shared a COVID-19 Situational Update with ReOpen DC Metrics[61]

May 13: The Mayor issued a COVID-19 Situational Update with more precise reopening metrics[62]

May 21: ReOpen DC Advisory Group recommends a 4-stage approach for reopening[63]

May 29: Stay at Home order lifted and Phase One begins.[64] This allowed certain activities to restart, including nonessential businesses to reopen with protections in place for minimum business operations, and continued a prohibition of gatherings of more than 10 people.

June 22: The District enters Phase Two.[65] It included a mask requirement, quarantine rules for coming from out of state, and limiting gatherings to 50 people.

July 22: The Mayor extended the Public Health Emergency[66]

September 21: The Coronavirus.dc.gov website is relaunched with a Reopening Metrics page, additional data and visualizations[67]

October 7: The Mayor extended the Public Health Emergency[68]

October 20: The Mayor unveils DC COVID Alert Notice (DC CAN) that allows mobile device users to receive an alert when they may have been exposed to someone who has tested positive for COVID-19.[69]

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61 https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/page_content/attachments/Situational-Update-Presentation_05042020.pdf

62 https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/page_content/attachments/Situational-Update-Presentation_051320.pdf

63 https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/page_content/images/COVID19-Situational-Update-Presentation_052120.pdf

64 https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/page_content/attachments/MO2020-067.pdf https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/page_content/attachments/Situational-Update-Presentation_052720.pdf
https://coronavirus.dc.gov/release/mayor-bowser-announces-plans-open-streateries-and-lower-citywide-speed-limit-dc-reimagines

65 https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/page_content/attachments/Mayors-Order-2020-075-06-19-20.pdf
https://coronavirus.dc.gov/release/mayor-bowser-announces-phase-two-begins-monday-june-22

66 https://coronavirus.dc.gov/page/mayor%E2%80%99s-order-2020-079-extensions-public-emergency-and-public-health-emergency-and-delegations

67 https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/page_content/attachments/Situational-Update-Presentation_09-21-2020.pdf

68 https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/page_content/attachments/Mayor%27s%20Order%202020-103%20%2010-7-2020%20%281%29.pdf

69 https://coronavirus.dc.gov/release/mayor-bowser-urges-dc-residents-opt-dc-covid-alert-notice-dc-can-receive-exposure

November 18: DCPS started opening CARE classrooms, which was virtual learning in school buildings and supported by classroom facilitators[70]

November 27: DC Health releases a COVID-19 Vaccination Plan[71]

December 10: DC Health shares the results of its Community Mask Audit conducted at 151 locations that found 72% of people wearing their masks correctly[72]

December 14: D.C. launched its COVID-19 Vaccination Program with the administration of vaccines to health care workers[73] and on December 17, DC Health Director Dr. Nesbitt received her vaccine dose publicly at a press conference along with other healthcare workers and first responders.

December 18: Extension of the Public Emergency and Public Health Emergency and Implementation of a Holiday Pause on Various Activities to Flatten the Curve of COVID-19 Cases[74]

2021

January 11: D.C. residents aged 65 and older can make vaccine appointments[75]

January 16: D.C. completes 1 million COVID-19 tests[76]

January 25: In-person staff, including teachers and support staff, at D.C. Public Schools (DCPS) and public charter schools begin receiving the COVID-19 vaccine[77]

February 1: In-person learning begins District-wide for DCPS[78]

February 7: Vaccine appointments open for in-person childcare and charter school workers[79]

February 14: Data highlights discrepancy in vaccinations by ward, highlighting a large race and income inequity[80]

70 https://dcpsreopenstrong.com/schedule/care/
71 https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/page_content/attachments/DC_COVID-19%20Vaccination%20Plan%2011.27.pdf
72 https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/release_content/attachments/Situational-Update-Presentation-12-10-20.pdf
73 https://coronavirus.dc.gov/release/dc-health-launches-portal-district-workers-health-care-settings-schedule-vaccination
74 https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/page_content/attachments/Mayor%27s%20Order%20127%2012-18-2020.pdf
75 https://coronavirus.dc.gov/release/mayor-bowser-announces-beginning-monday-january-11-dc-residents-aged-65-and-older-can
76 https://coronavirus.dc.gov/release/mayor-bowser-marks-1-million-completed-coronavirus-tests-dc
77 https://coronavirus.dc.gov/release/dc-health-continues-rollout-vaccinations-dc-teachers-and-police
78 https://dcpsreopenstrong.com/
79 https://coronavirus.dc.gov/release/mayor-bowser-announces-vaccination-appointments-will-open-child-care-providers-and-charter
80 https://coronavirus.dc.gov/data/vaccination

February 18: Individuals who work in grocery stores, health/human services, manufacturing, and food packaging eligible to book vaccine appointments[81]

February 22 & 24: U.S. COVID-19 death toll hits 500,000[82] and D.C. marks 1,000 lives lost

April 2: 162,669 DC residents partially or fully vaccinated[83]

81 https://coronavirus.dc.gov/release/mayor-bowser-announces-new-populations-eligible-vaccinations-grocery-store-workers-outreach

82 https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/page_content/attachments/Situational%20Update%20Presentation_02.22.21.pdf

83 https://coronavirus.dc.gov/sites/default/files/dc/sites/mayormb/release_content/attachments/Situational-Update-Presentation_04-05-21.pdf

Appendix B

National Data Quality COVID-19 Audit Template

National Data Quality COVID-19 Audit Template

July 2020

STATE OF MISSISSIPPI
OFFICE OF THE STATE AUDITOR
SHAD WHITE
STATE AUDITOR

Overview

Government reports and media coverage of the COVID-19 pandemic in the United States has shown variation in how each state has approached data collection, reporting, and monitoring of COVID-19 cases. Each of these variables impacts a state's public health response in mitigating the spread of COVID-19. Delaware State Auditor Kathy McGuiness identified an opportunity to develop a general framework that states could use to assess data quality that would ensure a consistent approach for comparing results nationwide. With initial coordination assistance from the National State Auditors Association, a multistate audit task force with representation from state auditors' offices in Delaware, Florida, Mississippi, Ohio, and Pennsylvania was formed to consider methods for reviewing the following related to COVID-19 cases:

- Data collection,
- Data quality,
- Communication, and
- Best practices.

The COVID-19 Audit Task Force created this universal Performance Audit template to provide a consistent approach for states to assess data quality and subsequent virus mitigation efforts both individually and collectively. Its intent is to supply meaningful and understandable results regarding the accuracy of data collection and interpretation as a way to improve understanding of the pandemic's progression and to better guide public health actions through the use of applied analytical techniques. This effort may also result in recommendations and best practices states can adopt for use during this pandemic or future public health crises.

National Data Quality COVID-19 Audit Template

Background:

The following audit template is intended to be broadly applicable across states. Although this engagement is entirely voluntary for states to undertake, the hope is for states choosing to participate to initiate a Performance Audit this fall. Though your state may have additional questions that you wish to add, consistent results on this brief set of questions will help State Auditors, public health officials, the general public, and those charged with governance to better understand the available data on cases and better address testing and data tracking in the future. States participating and wanting to also share their results with other participating states will have the ability to send information electronically to state_auditor@delaware.gov. Delaware State Auditor Kathy McGuiness will coordinate with the National State Auditors Association to disseminate.

To help us establish an informational baseline and understand your state's audit approach, please include answers to the following:

1) What, if any, professional standards did your office follow in conducting this Performance Audit (Yellow Book, Red Book, other, none)?
2) When your office undertook this audit, in what re-opening phase was your state in?
3) In undertaking this Performance Audit,
    a. What was the timeframe (dates) of data and information reviewed, and
    b. How many months of data and information did your office review?
4) Did you experience any difficulty in obtaining the information you needed from the appropriate agencies?
5) Were the results of this Performance Audit beneficial to your state?

Intent:

How can states increase the accuracy of data collection and interpretation and more effectively apply analytical techniques to improve their understanding of the pandemic's progression and to better guide public health actions?

Objectives:

Collection

- What COVID-19 case data did the state collect?
    - Did the data collected include:
        - Test type (e.g., nasal or throat swab, antibody test, etc.),
        - Test results,
        - Case information (e.g., gender, race, age, ethnicity, location, exposure source, etc.),
        - Case classifications (e.g., confirmed and probable cases), and
        - Outcome (e.g., recoveries and deaths)?

- What COVID-19 treatment data did the state collect?
    - Did the data collected include:
        - Availability of ICU beds,
        - Availability of ventilators, and
        - Patient health status (e.g., hospitalizations, ICU admissions and/or patients with underlying conditions)?

- How frequently did the state collect data for each variable?

Reporting

- Did the state identify entities performing testing?
- What guidance did the state provide to entities performing COVID-19 testing for reporting results?
    - How was the guidance disseminated to those entities?
    - If updates were made to the guidance, how did the state ensure entities were notified of the changes?
    - Did the guidance include:
        - What information was to be reported,
        - How to determine residence (e.g., was the person tested a resident of their county,[1] another county and tested in the county, another state and visiting the state, etc.), and
        - How to report revisions to previously reported testing results and what documentation must be submitted to support the revisions?

[1] The term county as used in this document is intended to encompass equivalent terminology for states that do not use county to define administrative divisions within the state.

- Was the data collected and reported adequate for monitoring purposes and was the data reported timely?
    - Were results reported including:
        - The number of positive COVID-19 tests,
        - The number of positive COVID-19 antibody tests,
        - The number of negative COVID-19 tests,
        - The number of negative COVID-19 antibody tests,
        - The number of recoveries,
        - The number of deaths,
        - Source of exposure,
        - Confined settings tests (e.g. long-term care facilities, rehabilitation facilities, mental health facilities, group homes, prisons and jails),
        - Breakdown of data by county, and
        - As of dates for the results published?
    - Were available ICU beds reported?
        - Did the state provide guidance on how to count available ICU beds?
        - Was the data timely updated?
        - Did the published data include the as of date for the data?
    - Were available ventilators reported?
        - Did the state provide guidance on how to count available ventilators?
        - Was the data timely updated?
        - Did the published data include the as of date for the data?

- How did the state differentiate between positive COVID-19 tests and positive COVID-19 antibody tests in reporting?

Monitoring

- Did the state monitor how COVID-19 testing results were coded to determine whether the cases were coded and reported in accordance with established guidelines?

- Did the state adequately monitor or sample COVID-19 testing processes (test administration) and resulting data (result verification) to ensure accuracy?

- Did the state provide sufficient guidance to entities providing care to COVID-19 patients related to determining the cause of death, including when co-morbidity conditions existed?

- Did the state adequately monitor the use of provided guidance in reporting the cause of death?

- Did the state have adequate processes in place to contact and monitor COVID-19 positive individuals?
    - How often did the state contact positive individuals?
    - What procedures do they follow if they cannot contact positive individuals?

- How long does the state follow-up with individuals?
- What were the state's procedures if symptoms intensified for the individuals they contact?

Appendix C

ODCA Compilation of COVID-19 Data the District is Reporting

Category	Data
Cases	Daily Case Rate: new confirmed cases per 100,000 (7-day average)
Cases	Rate of Transmission R(t) (Effective Reproductive Number)
Cases	New Cases from Quarantined Contacts (7-day average)
Cases	Total Cases by Ward
Cases	Total Cases by Race
Cases	Age-Adjusted Rate by Ward (per 100K)
Cases	Total Positives by Ethnicity
Cases	Total Positives by Neighborhood
Cases	Positive Case Rates (per 100K population) by Age Categories
Death	Community Cases Tested by OCME: OCME Confirmed COVID-19 Positive Deaths (number and percent)
Death	Number of Deaths (daily)
Death	Lives Lost by Race (daily)
Death	Lives Lost by Sex (daily)
Death	Lives Lost by Age (daily)
Death	Lives Lost by Ward (daily)
Testing	Total Overall Number of Tests (daily)
Testing	Total Number of DC Residents Tested (daily)
Testing	Total Positives (daily)
Testing	Cleared from Isolation (daily)
Testing	Total Tests by Neighborhood
Testing	Total Recovered
Testing	Positivity Rate (7-day average)
Testing	Mean test turnaround time (7-day average): case data reported to DC Health, specimen collection date and date received by DC Health
Testing	Diagnostic tests conducted (7-day average per million population)
Contact Tracing	Percent of Positive Cases with Contact Attempt within 1 Day (7-day average)
Contact Tracing	Percent of Close Contacts with Contact Attempt within 2 Days (7-day average)
Contact Tracing	Percent of Positive Cases interviewed within 3 days of case import into contact tracing system (7-day average)
Contact Tracing	Percent of Positive cases who provide close contacts (7-day average)
Contact Tracing	Number of smart phones opted into exposure notification system (DC CAN): Data provided from Apple and Google on a daily basis
Contact Tracing	Mean number of close contacts provided per positive case (7-day average)

Category	Data
Hospitals	Total Beds Available (Standard Operations)
Hospitals	Total Beds Including Medical Surge Within Hospitals
Hospitals	Total Beds Including Medical Surge Within Hospitals and Alternate Sites
Hospitals	Total ICU Beds in Hospitals
Hospitals	ICU Beds Available
Hospitals	Total Reported Ventilators in Hospitals
Hospitals	In-Use Ventilators in Hospitals
Hospitals	Available Ventilators in Hospitals
Hospitals	Total Ventilators Available Including Medical Surge
Hospitals	Total COVID-19 Patients in DC Hospitals
Hospitals	Total COVID-19 Patients in ICU
Hospitals	Total Patients in DC Hospitals (COVID and non-COVID)
Hospitals	Percent of beds utilized at acute care hospitals (based on total number of beds under standard operations)
Hospitals	Percent of COVID-19 patients of total hospitalized patients (acute in-patient, 7-day average)
Exposure Activities	Number of COVID-19 Positive District Residents Interviewed Per Week and Percent of those Residents Reporting Activities
Exposure Activities	Characteristics of Social-Related Activities
Outbreak Data	Outbreaks by Setting
Outbreak Data	Number of Outbreaks by Setting Type and Week
Mask Wearing	Percent of people correctly wearing masks
Vaccinations	Percent full COVID-19 vaccine coverage
Vaccinations	Individuals Partially or Fully Vaccinated by Administration Date (DC resident and non-resident)
Vaccinations	Coverage % by neighborhood (DC residents, 65+)
Vaccinations	Coverage % by ward (DC residents, 65+)
Vaccinations	Count by neighborhood (DC residents, 65+)
Vaccinations	Count by ward (DC residents, 65+)
Vaccinations	Race of Partially or Fully Vaccinated DC residents
Vaccinations	First dose delivered and reported doses administered
Vaccinations	Ethnicity of Partially or Fully Vaccinated DC residents
Vaccinations	Gender of Partially or Fully Vaccinated DC residents
Vaccinations	Age group of Partially or Fully Vaccinated DC residents
Vaccinations	Total doses delivered
Vaccinations	Total doses administered

Category	Data
Vaccinations	Percent doses administered
Vaccinations	Total doses delivered and administered by allocation source (District allocation, federal partnership)
Vaccinations	Adherence to second dose appointments (by ward and 65+)
Vaccinations	Registrations from vaccinate.dc.gov
Vaccinations	Bookings from vaccinate.dc.gov
DMV Personnel	Total Number Personnel Who Have Tested Positive
DMV Personnel	Total Number Personnel Who Have Tested Positive and OUT
DMV Personnel	Total Number Personnel Recovered and Returned to Work
DMV Personnel	Total Number of Personnel in Quarantine Due to COVID-19
DMV Personnel	Total Number of Personnel Out Due to Positive Tests/Quarantine
DMV Personnel	Number of Personnel Returned to Work
DMV Personnel	Number of Lives Lost Among Personnel
Human Services - CFSA	Number of Personnel Who Have Tested Positive
Human Services - CFSA	Number of Personnel Currently in Quarantine
Human Services - CFSA	Number of Personnel Returned to Work
Human Services - CFSA	Number of Lives Lost Among Personnel
Human Services - DDS	Number of DDA-Connected People Who Have Tested Positive
Human Services - DDS	Number of DDA-Connected People Who Have Recovered
Human Services - DDS	Number of Lives Lost Among DDA-Connected People
Human Services - DHS	Total Number of Positive Cases of People Who Were in Shelter
Human Services - DHS	Total Number of People in Remote Quarantine
Human Services - DHS	Of People in Remote Quarantine, Total Number from Shelters
Human Services - DHS	Total Number of Lives Lost Among Individuals in the Homeless Service System
Public Safety - DOC	Total Number of Personnel Who Have Tested Positive
Public Safety - DOC	Total Number Tested Positive OUT
Public Safety - DOC	Total Number Recovered and Returned to Work
Public Safety - DOC	Total Number of Personnel in Quarantine Due to COVID-19
Public Safety - DOC	Total Number of Personnel Out Due to Positive Tests/Quarantine
Public Safety - DOC	Number of Personnel Returned to Work
Public Safety - DOC	Total Number of Lives Lost Among Personnel
Public Safety - DOC	Total Number of Residents Who Have Tested Positive
Public Safety - DOC	Total Number of Residents Tested Positive in Isolation
Public Safety - DOC	Total Number of Residents Recovered
Public Safety - DOC	Total Number of Residents in Quarantine Due to COVID-19

Category	Data
Public Safety - DOC	Total Number of Residents Out Due to Positive Tests/Quarantine
Public Safety - DOC	Total Number of Residents Returned to General Population
Public Safety - DOC	Total Number of Lives Among Residents
Public Safety - DYRS	Total Number of Personnel Out Who Have Tested Positive
Public Safety - DYRS	Total Number Tested Positive OUT
Public Safety - DYRS	Number of Personnel Returned to Work
Public Safety - DYRS	Total Number of Personnel in Quarantine Due to COVID-19
Public Safety - DYRS	Total Number of Personnel Out Due to Positive Tests/Quarantine
Public Safety - DYRS	Number of Personnel Returned to Work
Public Safety - DYRS	Total Number of Lives Among Personnel
Public Safety - DYRS	Total Number of Residents Isolated Who Have Tested Positive
Public Safety - DYRS	Total Number Tested Positive OUT
Public Safety - DYRS	Total Number Recovered
Public Safety - DYRS	Total Number of Residents in Quarantine Due to COVID-19
Public Safety - DYRS	Total Number of Residents Not in General Population Due to Positive Tests/Quarantine
Public Safety - DYRS	Total Number of Residents No Longer Isolated/In Quarantine
Public Safety - DYRS	Total Number of Residents Returned to General Population After Recovery
Public Safety - FEMS	Total Number of Personnel Who Have Tested Positive
Public Safety - FEMS	Total Number Personnel Tested Positive and OUT
Public Safety - FEMS	Total Number Personnel Recovered and Returned to Work
Public Safety - FEMS	Total Number of Personnel in Quarantine Due to COVID-19
Public Safety - FEMS	Total Number of Personnel Out Due to Positive Tests/Quarantine
Public Safety - FEMS	Number of Personnel Returned to Work
Public Safety - MPD	Total Number of Personnel Who Have Tested Positive
Public Safety - MPD	Total Number Personnel Who Have Tested Positive and OUT
Public Safety - MPD	Total Number Personnel Recovered and Returned to Work
Public Safety - MPD	Total Number of Personnel in Quarantine Due to COVID-19
Public Safety - MPD	Total Number of Personnel Out Due to Positive Tests/Quarantine
Public Safety - MPD	Number of Personnel Returned to Work
Public Safety - MPD	Number of Lives Lost Among Personnel
Public Safety - OUC	Total Number of Personnel Out Who Have Tested Positive
Public Safety - OUC	Total Number Tested Positive OUT
Public Safety - OUC	Number of Personnel Returned to Work
Public Safety - OUC	Total Number of Personnel in Quarantine Due to COVID-19
Public Safety - OUC	Total Number of Personnel Out Due to Positive Tests/Quarantine

Category	Data
Public Safety - OUC	Number of Personnel Returned to Work
Human Services - Saint Elizabeth's Hospital	Total Number of Individuals in Care (IIC) in Quarantine or Isolation Who Have Tested Positive
Human Services - Saint Elizabeth's Hospital	Total Number of Individuals in Care (IIC) in Quarantine or Isolation Due to Exposure to or Symptoms Consistent with COVID-19
Human Services - Saint Elizabeth's Hospital	Total Number of Individuals in Care (IIC) Who Currently are Isolated/In Quarantine
Human Services - Saint Elizabeth's Hospital	Total Number of Residents No Longer Isolated/In Quarantine
Human Services - Saint Elizabeth's Hospital	Total Number of Lives Lost Among Individuals in Care (IIC)
Human Services - Saint Elizabeth's Hospital	Total Number of Personnel Out Who Have Tested Positive
Human Services - Saint Elizabeth's Hospital	Total Number of Personnel in Quarantine Due to COVID-19
Human Services - Saint Elizabeth's Hospital	Total Number of Personnel Out Due to Positive Tests/Quarantine
Human Services - Saint Elizabeth's Hospital	Number of Personnel Returned to Work
Human Services - Saint Elizabeth's Hospital	Number of Lives Lost Among Personnel
Skilled Nursing Facility	Total Resident Positive Cases (Symptomatic Residents)
Skilled Nursing Facility	Resident Loss of Life
Skilled Nursing Facility	Residents Recovered
Skilled Nursing Facility	Total Personnel Positive Cases (Symptomatic Personnel)
Skilled Nursing Facility	Personnel Loss of Life
Skilled Nursing Facility	Personnel Recovered
Assisted Living Facility	Total Resident Positive Cases; (Symptomatic Residents):
Assisted Living Facility	Resident Loss of Life:
Assisted Living Facility	Residents Recovered:
Assisted Living Facility	Total Personnel Positive Cases; (Symptomatic Personnel):
Assisted Living Facility	Personnel Loss of Life:
Assisted Living Facility	Personnel Recovered:
Schools	Total Number of (In-Person) DCPS Personnel Tested Positive
Schools	Total Number of (In-Person) DCPS Personnel Currently in Quarantine
Schools	Total Number of (In-Person) DCPS Students Tested Positive
Schools	Total Number of (In-Person) DCPS Students Currently in Quarantine

Category	Data
Schools	Percent of School-Associated Cases by School Setting (charter, DCPS, private)
Schools	Percent of Outbreaks within School Setting (charter, DCPS, private)
Schools	Percent of School-Associated Cases by School Level (elementary, middle, high school, other)
Schools	Schools with Highest Number of Cases (DCS, private, charter)
Schools	Schools with Highest Number of Cases by Setting (by job/role- student, teacher, other staff)
Schools	Percent of School-Associated Cases by job/role at school (student, teacher, other staff)
Schools	Percent of School-Associated Cases by symptomatic/asymptomatic
Schools	Weekly Number of COVID-19 cases by School Setting (charter, DCPS, private)

Appendix D

The District's Answers to Multistate Audit Questions

#	Researchable Question	Yes, No, Partial?	Details (if yes), Why Not (if no)	Data Source	Frequency of Collection	Public, Partial Public, Not Public, N/A (https://coronavirus.dc.gov/)
	Collection					
1	Did DC collect test type: molecular (PCR)?	Yes	None	Majority of tests conducted electronically submitted, some sent efax	Daily	Public
2	Did DC collect test type: antigen?	Yes	None	Majority of tests conducted electronically submitted, some sent efax	Daily	Not Public
3	Did DC collect test type: antibody (i.e. serology)?	Yes	None	Majority of tests conducted electronically submitted, some sent efax	Daily	Not Public
4	Did DC collect test results data?	Yes	Positive, Negative, Inconclusive	Majority of tests results electronically submitted, some sent efax	Daily	Public
5	Did DC collect case information: gender?	Yes	None	Medical providers and testing laboratories	Daily	Public
6	Did DC collect case information: race?	Yes	None	Medical providers and testing laboratories	Daily	Public
7	Did DC collect case information: age?	Yes	None	Medical providers and testing laboratories	Daily	Public
8	Did DC collect case information: ethnicity?	Yes	None	Medical providers and testing laboratories	Daily	Public

#	Researchable Question	Yes, No, Partial?	Details (if yes), Why Not (if no)	Data Source	Frequency of Collection	Public, Partial Public, Not Public, N/A (https://coronavirus.dc.gov/)
9	Did DC collect case information: location?	Yes	Address. Ward and neighborhood cases reported publicly.	Medical providers and testing laboratories	Daily	Not Public
10	Did DC collect case information: exposure source?	Yes	Activities during exposure period because DC Health cannot be sure of exposure source which is difficult to verify.	Contact tracing salesforce platform; DC Health investigations team	Daily	Public
11	Did DC collect other case information?	Yes	Case information: date of birth, race and ethnicity, sex at birth, pronouns, gender, sexual orientation, address, activities during the exposure period, occupation, Travel history, Patient high risk group, high risk group details (homeless, LTC resident, etc.), activities during infectious period, symptoms, hospitalization, hospitalization details (admission, discharge date), underlying conditions, death date, death location.	Contact tracing and investigations team	Daily	Not Public
12	Did DC collect case classifications (e.g. confirmed and probable cases)?	Yes	Confirmed, probable cases based on positive antigen-test.	Medical providers and testing laboratories	Daily	Partial Public

#	Researchable Question	Yes, No, Partial?	Details (if yes), Why Not (if no)	Data Source	Frequency of Collection	Public, Partial Public, Not Public, N/A (https://coronavirus.dc.gov/)
13	Did DC collect case outcome data (e.g. recovery and deaths)?	Yes	Cleared from Isolation: 10 days have passed since symptom onset date (or test collection date if asymptomatic); if the person has symptoms their symptoms must be improving, and they also must be without a fever for 24h without fever-reducing medications. Lost to Follow-up: case dies or does not respond to multiple follow-up requests. Death due to COVID-19, non-COVID-19 death.	Contact Tracing Salesforce Platform	Daily	Public
14	Did DC collect the availability of ICU beds?	Yes	DC Hospital Association uses the EMResource portal to collect data from DC hospitals, except Sibley Memorial Hospital who reports directly to HHS. DC Hospital Association developed EMResource system from a grant from DC Health. DC Health can view and pull the data from the system. The system is also used for hospital reporting to HHS.	EMResource portal (except Sibley Memorial Hospital who reports directly) where hospitals to report facility level data to inform the local and national response efforts. District's 13 Acute Care Hospitals are: Howard University Hospital, United Medical Center, MedStar Washington Hospital Center, Children's National Medical Center, Sibley Memorial Hospital, George Washington University Hospital, Georgetown University Hospital.	Daily	Public
15	Did DC collect the availability of ventilators?	Yes	DC Health collects patient use of ventilators as well as the total number in supply via EMResource, except Sibley Memorial Hospital which reports directly.	EMResource (except Sibley Memorial Hospital which reports directly to HHS).	Every 4 days	Public

#	Researchable Question	Yes, No, Partial?	Details (if yes), Why Not (if no)	Data Source	Frequency of Collection	Public, Partial Public, Not Public, N/A (https://coronavirus.dc.gov/)
16	Did DC collect COVID hospitalizations?	Yes	Percentage of hospitalizations that are COVID-19 positive (acute in patient, 7-day average).	Several sources: CRISP: A regional health information exchange (HIE) serving Maryland and the District of Columbia. https://crisphealth.org/; NHSN: National Healthcare Safety Network (CDC); EMResource portal	Daily	Public
17	Did DC collect ICU admissions?	Yes	Total COVID-19 Patients in ICU.	EMResource	Daily	Public
18	Is DC collecting additional information on hospitalized COVID patients?	Yes	Date of hospital admissions and discharge, as well as ICU admissions and discharge date.	Daily patient-level line lists from hospitals	Daily	Not Public
19	Did DC collect patient underlying conditions?	Yes	Information is collected based on what is available on the patient chart listed as previous conditions. We capture anything that is listed on the patient's chart.	Several sources: CRISP, patient chart review, clinical documents received from providers, contact tracing.	Daily	Not Public
	Reporting					
20	Did DC identify entities performing testing?	Yes	DC Health requires all entities to register with DC Health.	Self-reporting, existing DC Health lists	Ongoing	Public

#	Researchable Question	Yes, No, Partial?	Details (if yes), Why Not (if no)	Data Source	Frequency of Collection	Public, Partial Public, Not Public, N/A (https://coronavirus.dc.gov/)
21	What guidance did the state provide to entities performing COVID-19 testing for reporting results?	Yes	Monthly/regular guidance provided by DC Health to providers and labs.	DC Health website, list serv	Ongoing	Public
22	Was the guidance disseminated to those entities?	Yes	DC Health list serv and website, etc.	DC Health	Ongoing	N/A
23	If updates were made to the guidance, were entities notified of the changes?	Yes	DC Health list serv and website, etc.	DC Health	Ongoing	N/A
24	Did the guidance include what information was to be reported?	Yes	Travel history, occupation, underlying conditions, etc.	Guidance: DC Health; Case information: Healthcare providers, self-reported	Ongoing	N/A
25	Did the guidance include how to determine residence (e.g. was the person tested a resident of DC, etc.)?	Yes	Address is required to be gathered by providers and labs, and guidance instructs how to handle MD and VA residents.	Self-reporting, CRISP, hospital data, staffing lists (i.e. long-term care)	Ongoing	N/A

#	Researchable Question	Yes, No, Partial?	Details (if yes), Why Not (if no)	Data Source	Frequency of Collection	Public, Partial Public, Not Public, N/A (https://coronavirus.dc.gov/)
26	Did the guidance include how to report revisions to previously reported testing results and what documentation must be submitted to support the revisions?	No	Nothing formal but accomplished through communications.	N/A	N/A	N/A
27	Did DC report the number of positive COVID-19 tests (i.e. molecular and antigen)?	Yes	Positive molecular test results are being published. Antigen positive tests are not.	Healthcare providers and testing laboratories; OCME; out-of-state health departments	Daily	Public
28	Did DC report the number of positive COVID-19 antibody tests?	No	DC Health is collecting the data. DC Health compiled a report on its findings and is preparing articles for publication.	Healthcare providers and testing laboratories	Ongoing	Not Public
29	Did DC report the number of negative COVID-19 tests (i.e. molecular and antigen)?	No	DC Health is collecting the data. The negative molecular test data can be determined by subtracting total tested and total positive results. DC Health is not reporting antigen test results.	Healthcare providers and testing laboratories	Daily	Not Public
30	Did DC report the number of negative COVID-19 antibody tests?	No	DC Health is collecting the data, compiled a report on its findings and is preparing articles for publication.	Healthcare providers and testing laboratories	Ongoing	Not Public

#	Researchable Question	Yes, No, Partial?	Details (if yes), Why Not (if no)	Data Source	Frequency of Collection	Public, Partial Public, Not Public, N/A (https://coronavirus.dc.gov/)
31	Did DC report the number of recoveries?	Yes	However, DC Health is reporting on cleared from isolation, which is different than recoveries.	Contact tracing and investigations team	Ongoing	Public
32	Did DC report the number of deaths?	Yes	Stratified cumulative deaths by race, sex, age, ward. New deaths are not reported daily on the coronavirus data pages (but are in Mayor's press release).	OCME investigations and hospital data	Daily	Public
33	Did DC report the source of exposure?	Yes	Activities during the exposure period reported by the percentage of interviewed cases.	Contact Tracing Salesforce Platform	Weekly	Public
34	Did DC report the number of confined settings tests (i.e. total tests, positive cases): **long-term care facilities?**	Partial	It is reporting facility level. It is reporting the cases cumulatively, making it difficult to identify current outbreaks: Total Positive Cases, Resident Loss of Life, Residents recovered, total Personnel Positive Cases (Symptomatic Personnel), Personnel Loss of Life, Personnel Recovered. No reporting of total tests.	Multiple sources (testing labs, facilities reporting)	Daily	Public
35	Did DC report the number of confined settings tests (i.e. total tests, positive cases): **rehabilitation facilities?**	No	DC Health does not collect this information.	DC Health interview	N/A	Not Public

#	Researchable Question	Yes, No, Partial?	Details (if yes), Why Not (if no)	Data Source	Frequency of Collection	Public, Partial Public, Not Public, N/A (https://coronavirus.dc.gov/)
36	Did DC report the number of confined settings tests (i.e. total tests, positive cases): **mental health facilities?**	Partial	It is reporting on St. Elizabeths Hospital personnel and individuals in care (IIC): total number of personnel who have tested positive, total number of personnel in quarantine due to COVID-19; Total Number of Personnel Out Due to Positive Tests/ Quarantine; Number of Personnel Returned to Work; Number of Lives Lost Among Personnel; Total Number of IIC in Quarantine or Isolation Who Have Tested Positive; Total Number of IIC in Quarantine of Isolation Due to Exposures to or Symptoms Consistent with COVID-19; total Number of IIC Who Currently are Isolated/In Quarantine; Total Number of IIC No Longer Isolated/In Quarantine; Total Number of Lives Lost. No reporting of total tests.	Multiple sources (testing facilities, Department of Human Services)	Daily	Public
37	Did DC report the number of confined settings tests (i.e. total tests, positive cases): **group home facilities?**	Partial	DC Health is collecting this information, but it is not reported by facility. DDS-connected individuals' cases and deaths is reported cumulatively. No reporting of total tests.	Multiple (testing facilities, government agencies)	Daily	Partial Public

#	Researchable Question	Yes, No, Partial?	Details (if yes), Why Not (if no)	Data Source	Frequency of Collection	Public, Partial Public, Not Public, N/A (https://coronavirus.dc.gov/)
38	Did DC report the number of confined settings tests (i.e. total tests, positive cases): **prisons and jails?**	Partial	Reporting cumulative cases for DOC & DYRS residents and personnel, making it difficult to identify a current outbreak: total personnel positive; total number tested positive OUT; total number recovered and returned to work; total number of personnel in quarantine due to COVID-19; total number of personnel out due to positive tests/quarantine; Number of Personnel Returned to Work; Number of Lives Lost Among Personnel; Total Number of Residents Who Have Tested Positive; Total Number in Isolation of Positive Test; Total Number Recovered; Total Number of Residents Not in General Population Due to Positive Tests/Quarantine; Total Number of Residents Returned to General Population After Recovery/End of Quarantine; Total Number of Lives Lost Among Residents. DC Health is also collecting specific halfway house location and case data but is not publicly reporting it. No reporting of total tests.	Multiple sources (electronic laboratory reporting, direct reporting by healthcare providers, information shared by other agencies Department of Corrections (DOC), DYRS)	Daily	Partial Public

#	Researchable Question	Yes, No, Partial?	Details (if yes), Why Not (if no)	Data Source	Frequency of Collection	Public, Partial Public, Not Public, N/A (https://coronavirus.dc.gov/)
39	Did DC report the number of confined settings tests (i.e. total tests, positive cases): **homeless shelters?**	Partial	Cumulative total cases for the homeless shelter system, not individual shelter data is reported publicly. Also, no total tests. The Department of Human Services (DHS) provides a summary of data for all sheltered individuals on the coronavirus website.	Multiple sources (electronic laboratory reporting, direct reporting by healthcare providers, information shared by DHS)	Daily	Partial Public
40	Did DC report the number of confined settings tests (i.e. total tests, positive cases): **assisted living?**	Partial	It is reporting at a facility level. It is reporting the cases cumulatively, making it difficult to identify current outbreak. It is reporting: Total Resident Positive Cases; (Symptomatic Residents): Resident Loss of Life: Residents Recovered: Total Personnel Positive Cases; (Symptomatic Personnel): Personnel Loss of Life: Personnel Recovered. No reporting of total tests.	Multiple (facility reporting, lab reporting)	Daily	Public
41	Did DC report the breakdown of testing data by ward?	Yes	Cumulative; Neighborhood and Ward	Healthcare providers and testing laboratories	Daily	Public
42	Did DC report the as of dates for the reports published?	Yes	DC Health publishes data daily by 10 am with a date. Reopening Metrics specify an as of date.	N/A	Daily	Public

#	Researchable Question	Yes, No, Partial?	Details (if yes), Why Not (if no)	Data Source	Frequency of Collection	Public, Partial Public, Not Public, N/A (https://coronavirus.dc.gov/)
43	Were available ICU beds reported?	Yes		EMResource	Daily	Public
44	Did the state provide guidance on how to count available ICU beds and hospital beds?	Yes	DC Health collaborated with the DC Hospital Association to develop guidance to count ICU beds and hospital beds.	DC Health interview, DC Hospital Association interview	Daily	N/A
45	Was the ICU bed data timely updated?	Yes	Daily	EMResource	Daily	Public
46	Did DC report the as of dates for the ICU data published?	Yes	Daily count	EMResource	Daily	Public
47	Were available ventilators reported?	Yes	Daily count	EMResource	Daily	Public
48	Did the state provide guidance on how to count available ventilators?	Yes	DC Health collaborated with the DC Hospital Association to develop guidance to count available ventilators. DC Health also shared HHS guidance.	DC Health interview, DC Hospital Association interview	N/A	N/A
49	Was the ventilator data timely updated?	Yes	Daily count	EMResource	Daily	Public

#	Researchable Question	Yes, No, Partial?	Details (if yes), Why Not (if no)	Data Source	Frequency of Collection	Public, Partial Public, Not Public, N/A (https://coronavirus.dc.gov/)
50	Did DC differentiate between positive COVID-19 tests and positive COVID-19 antibody tests in reporting?	Yes	Molecular, antigen, and antibody tests are coded differently in the DC Health reporting system to keep results separate.	Healthcare providers and laboratories	Daily	Not Public
	Monitoring					
51	Did DC monitor how COVID-19 testing results were coded to determine whether the cases were coded and reported in accordance with established guidelines?	Yes	DC Health mentioned taking the following actions to ensure accurate testing data: ■ validation that data submitted electronically by labs maps accurately to DC Health's system ■ daily review of labs to ensure none are missing ■ cross-check of raw file and process file ■ additional checks on data that may not be pushed into system ■ fixing software issues/bugs (e.g. DC Health identified that month and day were inverting in some cases and fixed the problem)	Healthcare providers and laboratories	Daily	N/A

#	Researchable Question	Yes, No, Partial?	Details (if yes), Why Not (if no)	Data Source	Frequency of Collection	Public, Partial Public, Not Public, N/A (https://coronavirus.dc.gov/)
52	Did DC adequately monitor or sample COVID-19 testing processes (test administration) and resulting data (result verification) to ensure accuracy?	No	DC Health does not monitor test administration. In one instance with the Public Health Lab, DC Health worked with staff to ensure accuracy of results of a new testing machine.	N/A	N/A	N/A
53	Did DC provide sufficient guidance to entities providing care to COVID-19 patients related to determining the cause of death, including when co-morbidity conditions existed?	Yes	OCME assumed the certification process of all COVID related deaths in D.C. There are some exceptions, but those certifications have been with the approval of OCME.	OCME interview; OCME memo	Daily	N/A
54	Did DC adequately monitor the use of provided guidance in reporting the cause of death?	Yes	DC Health reconciles OCME information daily; OCME follows its SOPs and conducts COVID-19 testing.	OCME daily death report; data obtained from DC Health from other jurisdictions	Daily	N/A
55	Did DC have adequate processes in place to contact and monitor COVID-19 positive individuals?	Yes	DC Health developed training manuals and call guides for staff. DC Health also developed an online system to input data that automates key program milestones (i.e. when to get tested, isolation date, virtual assistant follow up).	DC Health interview, call guided script, and system demo	Daily	N/A

#	Researchable Question	Yes, No, Partial?	Details (if yes), Why Not (if no)	Data Source	Frequency of Collection	Public, Partial Public, Not Public, N/A (https://coronavirus.dc.gov/)
56	Was DC in regular contact with positive individuals?	Yes	Daily or every other day either through the Virtual Assistant text messages or through calls.	DC Health interview	Daily or every other day	N/A
57	Did they have procedures in place if they cannot contact positive individuals?	Yes	DC Health conducts home visits if they are not able to contact individuals.	DC Health interview	N/A	N/A
58	Does DC have a timeframe for how long DC follows up with individuals?	Yes	DC Health follows up with individuals through the end of their isolation or quarantine period, i.e. at least 10 days from symptom onset date or test date.	DC Health interview	N/A	N/A
59	Does DC have procedures if symptoms intensified for the individuals they contact?	Yes	DC Health monitors individuals' symptoms either through daily text messages or calls daily or every other day. DC Health will contact 911 if immediate medical attention is needed.	DC Health interview	N/A	N/A

Appendix E

The District's Answers to ODCA Questions

#	Researchable Question	Yes, No, Partial?	Details (if yes), Why Not (if no)	Data Source	Frequency of Collection	Public, Not Public, Partial Public,Not Accessible (N/A)
1	Is D.C. collecting the number of, and/or rate, of uninsured for patients who died of COVID-19?	No	Neither OCME nor DC Health are tracking this data.	N/A	N/A	Not Public
2	Does DC report on the place of death?	Yes	OCME reports % of community vs. hospital deaths, as well as # deaths in vulnerable populations (i.e. DC jail, homeless) in its daily reports to DC Health. Yet DC Health does not publicly release this data. It does release death totals for specific nursing homes, jails, homeless shelters (in general)	OCME daily report to DC Health	Daily	Partial Public
3	Does DC report on probable/ confirmed deaths?	Yes	DC reports on confirmed deaths. DC does not report probable deaths because OCME is certifying all deaths in the District, i.e. all COVID-19 deaths are confirmed. Death counts include DC residents who died out-of-state.	OCME daily report to DC Health, OCME memo	Daily	Public

#	Researchable Question	Yes, No, Partial?	Details (if yes), Why Not (if no)	Data Source	Frequency of Collection	Public, Not Public, Partial Public,Not Accessible (N/A)
4	Is there a lag in reporting lab results to DC Health?	Partial	DC Health stated that occasionally labs fail to report, but most labs are reporting electronically on a daily or twice daily basis, so reporting lags are not a widespread problem. A small number of labs are not reporting electronically therefore DC Health has to convert their data to the electronic system which takes more time. However, lags in reporting results to DC Health can occur. On March 9, 2021, DC Health published backlogged case data from seven facilities which caused an artificial spike in cases (and meant previous cases had been underreported).	Healthcare providers and testing laboratories	Daily	N/A
5	Does DC report on DC residents who are tested in MD and VA and in other states?	Yes	DC has data sharing relationships with MD and VA to count DC residents who tested positive outside of DC. These positive cases are included in the positive case count and are not counted separately.	Electronic data sharing system for DC, MD, and VA; CRISP for DC and MD; Other state health departments	Daily	Public

#	Researchable Question	Yes, No, Partial?	Details (if yes), Why Not (if no)	Data Source	Frequency of Collection	Public, Not Public, Partial Public,Not Accessible (N/A)
6	Does DC report deaths of DC residents who died outside of the District, in MD and VA and in other states?	Yes	DC Health receives this data and ensures it is included in the death count. OCME includes DC residents who died out of state in its daily death report.	Other state health departments; hospital data	Ongoing	Public
7	Is information being collected on schools and childcare centers regarding cases and deaths and is the data publicly reported?	Yes	Schools and childcares centers are required to report cases through the DC Health reporting form. DCPS cumulative cases are being posted on the COVID-19 Surveillance data page. On the Outbreak data page additional information is reported: number of outbreaks at schools and childcare centers; weekly cases by school setting (public, private, charter); percentage of cases by school type, by job/role (student, teacher, other staff), by a/symptomatic; and School names for 15 schools with the highest number of cases. Otherwise, there is no school-level reporting for private and public charter schools, nor childcare center names. For DCPS, specific school names are being reported on the DCPS Reopen Strong website when cases occur.	Data source: DC Health; Self reporting by schools; contact tracing Reporting: DCPS page: https://coronavirus.dc.gov/node/1506966; Outbreak page: https://coronavirus.dc.gov/page/outbreak-data; DCPS Reopen Strong website: https://dcpsreopenstrong.com/category/articles/	Daily	Partial public

#	Researchable Question	Yes, No, Partial?	Details (if yes), Why Not (if no)	Data Source	Frequency of Collection	Public, Not Public, Partial Public,Not Accessible (N/A)
8	Did DC provide sufficient guidance when there is a potential COVID-19 death at home?	Yes	OCME provided us with the SOPs which covers this duty that is a part of their normal workload. D.C. Code § 5-1405(b), 5-1406(a) also requires infectious disease deaths that are a threat to public health be reported to OCME and that OCME take charge of the body.	OCME SOPs, OCME memo, D.C. Code	N/A	N/A
9	Is there guidance for testing children?	No	DC Health issued no specific guidance for testing children. DC Public testing sites limit testing to testing children over the age of 3.	N/A	N/A	Not Public
10	Does DC collect and report on the date of death?	Yes	DC Health and OCME explained that the deaths reported daily are based on when they are reported by OCME to DC Health after they are certified, not by date of death. Date of death however is reported in Vital Statistics.	OCME death certifications; hospitals and other entities that complete vital statistics forms; other state health departments	Daily	N/A

#	Researchable Question	Yes, No, Partial?	Details (if yes), Why Not (if no)	Data Source	Frequency of Collection	Public, Not Public, Partial Public,Not Accessible (N/A)
11	Is there a lag between the death, death certification, and death reporting?	Partial	OCME aims to complete post-mortem examinations within 24 hours of receiving a body at their facility. The daily death report that OCME provides to DC Health includes all deaths certified up to a noon cutoff on that date. DC Health and OCME reconcile their data to ensure there are no duplicates or missing cases. There is a lag for reporting deaths in Vital Statistics (goal of 5 days is not always met due to number of entities required to fill out the form).	OCME daily report to DC Health; hospital data; CRISP; other state health departments/chief medical examiners	Daily	N/A
12	Does DC have a definition for an outbreak?	Yes	DC Health defines an outbreak as two or more cases of COVID-19 reported at a location which have a plausible epidemiological link. A plausible epidemiological link between cases is defined as ">15 minutes of cumulative exposure time in the same immediate vicinity." DC Health also issues specific guidance on what constitutes an outbreak in long-term care, hospital, and outpatient settings.	https://coronavirus.dc.gov/page/outbreak-data https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/page_content/attachments/Outbreak_data_notes_2021-2-19.pdf https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/COVID-19_DC_Health_%20Notice_Outbreak_2021.3.10_FINAL.pdf	Daily but reported weekly	Partial public

Appendix F

Health Notices from DC Health

Date	DC Health Guidance Summary:[84] https://dchealth.dc.gov/page/health-notices
January 10, 2020	Following CDC Guidance (1/8/20) and monitoring of a cluster of pneumonia of unknown etiology in China, this Health Alert Notice provided "situational awareness about this outbreak and reinforces the importance of asking patients about recent travel history. Health care providers should immediately notify the District of Columbia Department of Health (DC Health) of any patients with severe respiratory disease who report recent travel to Wuhan City, China."
January 28, 2020	After the first case was identified in the U.S. on January 21 and CDC released guidance on January 17, 2020, this Health Notice provided updated situational awareness and "guidance for evaluation of patients under investigation (PUI) for 2019-nCoV, prevention and infection control guidance, including the addition of an eye protection recommendation, and additional information on specimen collection."
January 31, 2020	After the World Health Organization (WHO) identified COVID-19 as an international public health emergency on January 30, 2020, and six cases were identified in the U.S., this Health Notice provided "updated guidance for evaluation of PUIs for 2019-nCoV, prevention and infection control guidance, and information on specimen collection."
February 28, 2020	After the CDC updated travel guidance and COVID-19 had been detected in 50 locations internationally, this Health Notice provided "updated guidance on evaluating and testing persons under investigation (PUIs) for COVID-19 in response to CDC's Health Alert Network Update released on February 28, 2020."
March 5, 2020	After the CDC updated its testing guidance, this Health Notice described "the PUI criteria for testing, which are based on exposure risk and signs or symptoms compatible with illness, and the community risk in the District of Columbia. This Health Notice also includes the processes for testing approvals."
March 19, 2020[85]	After 10 confirmed positive cases in DC and updated CDC guidance, this notice provided an update on testing and PPE recommendations. It also noted that DC Health would follow up with positive cases.

84 Some of the health notices described below may have been subsequently removed from the DC Health website and replaced with updated guidance.

85 Website notes guidance as March 13, 2020, but guidance is dated March 19, 2020

Date	DC Health Guidance Summary: https://dchealth.dc.gov/page/health-notices
March 20, 2020	This guidance provided "an overview for DC Healthcare Providers about 1) updated specimen collection and submission instructions and 2) required disposition for discontinuing home isolation for persons diagnosed with COVID-19. DC Health has not yet adopted clinical criteria for diagnosing COVID-19 cases. All cases must be laboratory confirmed for COVID-19."
March 26, 2020	Following updated CDC guidance on 3/24/20, this notice provided "Updated Priorities for Testing Patients with Suspected COVID-19 Infection and Updated Prioritization of Contact Tracing by DC Health."
April 21, 2020	This Health Notice provided updated testing priorities and modified guidance to allow providers to order testing from DC Department of Forensic Science Public Health Laboratory (DFS PHL) without prior approval from DC Health.
May 7, 2020	This Health Notice required reporting of positive and negative point-of-care and serology tests. It updated testing priorities and guidance on discontinuation of home isolation.
May 11, 2020	The May 11, 2020 Health Notice guidance outlines current information and reporting requirements of a pediatric multi-system inflammatory syndrome that may be related to COVID-19.
July 15, 2020	This Health Notice requires healthcare employers must begin timely reporting of all cases and deaths of healthcare personnel infected with COVID-19 who work in DC.
August 3, 2020	This Health Notice updates requirements that labs and providers report all positive and negative results for COVID-19 viral (nucleic acid or antigen) and antibody testing. It also updates testing priorities and guidance on discontinuation of home isolation.
December 28, 2020	This Health Notice provides guidance and reporting guidelines antigen testing. This Health Notice updated a September 17, 2020 Health Notice.
January 15, 2021	This health notice provides information on safe administration, clinical considerations, reporting requirements, and highlights important resources for healthcare providers on the Pfizer-BioNTech and Moderna COVID-19 Vaccinations. This Health Notice was updated March 10, 2021.

Date	DC Health Guidance Summary: https://dchealth.dc.gov/page/health-notices
February 2, 2021	This Health Notice provides guidance and reporting guidelines for COVID-19 antigen testing in the setting of moderate to substantial community spread.
February 11, 2021	This Health Notice provides information for healthcare providers on what is currently known about the SARS-CoV-2 variants and provides resources providers can use to access the most up-to-date information.
March 9, 2021	This health notice follows the FDA's 2/27/21 Emergency Use Authorization for the Janssen/Johnson & Johnson COVID-19 Vaccine in the U.S., and provides information on safe administration, clinical considerations, reporting requirements, and highlights important resources for healthcare providers.
March 10, 2021	This Health Notice provides information on **1)** The definition of a COVID-19 outbreak in the long-term care setting **2)** The definition of a COVID-19 outbreak in the hospital setting **3)** The definition of a COVID-19 outbreak in the outpatient setting, **4)** The infection control recommendations to mitigate the outbreak, and **5)** Reporting thresholds.
	Education: Guidance to childcare centers, schools, and universities:[86] https://coronavirus.dc.gov/healthguidance
July 29, 2020	DC Health issued guidance that childcare facilities must implement to reduce COVID transmission. Childcare facilities must report cases among children or staff who interact frequently with children to DC Health.
November 9, 2020	Universities and colleges must report cases it is notified about to DC Health among staff and among students who were on campus or spent time in a University-owned building in the 2 weeks prior to the test or symptom onset date.
December 8, 2020	This guidance lists measures schools should implement to reduce COVID transmission. Schools must report COVID-19 cases among staff and among students to DC Health. DC Health does not recommend repeated (e.g., surveillance) testing of students or staff who do not have symptoms or known exposures.

86 Some of the guidance described here may have been subsequently removed and replaced with updated guidance.

Date	DC Health Guidance Summary: https://dchealth.dc.gov/page/health-notices[84]
January 15, 2021	DC Health issued updated guidance to childcare facilities. The guidance adds language that was included in the December 8, 2020 school guidance that DC Health does not recommend surveillance testing. It also adds more detail to each section of the original July 29, 2021 guidance including saying when an exposed cohort should be dismissed and for how long and that children and staff should be tested if anyone in their household tests positive.
February 25, 2021	DC Health issued updated guidance to schools stating that schools may consider testing a random sample of at least 10% of students a week. This is a change from December 8, 2020 guidance that recommended against surveillance testing of students.
March 25, 2021	DC Health updated guidance to schools, providing more details on screening testing which "might be an effective tool at reducing transmission in schools when combined with prevention measures, such as mask use, physical distancing." The Notice also listed screening testing for sports as a potential tool.

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A COVID-19 SPECIAL REPORT

Analysis of Demographics and Mobility Across D.C. During COVID-19

January 26, 2021

A report by Talus Analytics for the Office of the District of Columbia Auditor







Office of the District of Columbia Auditor

Kathleen Patterson, District of Columbia Auditor

www.dcauditor.org



COVID-19 SPECIAL REPORT

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Prepared For
Office of the D.C. Auditor
Kathleen Patterson

Prepared by
Ellie Graeden, CEO
Talus Analytics, LLC

This is the third report from a collaborative effort between Talus Analytics and the Georgetown University Center for Global Health Science and Security, a research effort to be completed over a six-month period to help understand what COVID-19 mitigation policies have been and will be most effective in National Capital Region. The first analysis focused on COVID-19 policies and demographics in the region, and the second analysis focused on COVID-19 and education policy. This analysis provides an overview of the relative impacts of COVID-19 on different populations across the District with a specific focus on the demographics of those impacted most significantly by caseload and deaths, including an analysis of their employment as it relates to the differential effects on the populations across the District.

Talus Analytics is a research and development company that specializes in translating complex data into actionable information for global decision makers, specifically in context of risk. By blending scientific, economic, and policy analysis into interactive decision-making tools, partners can make real time decisions with profound impacts. During the COVID-19 pandemic, Talus Analytics has supported the US Centers for Disease Control and Prevention in developing response tools for hospital visibility and the Nevada Governor's Office to provide real time analytical support and data analysis for the response. In addition, the Talus team has worked closely with the Georgetown University Center for Global Health Science and Security to develop a comprehensive dataset of the policies implemented globally to mitigate COVID-19 provide web-based visual tools to explore those data; this platform has served as the basis for much of the work presented in this report.

Executive Summary

In the early days of the COVID-19 pandemic, decision makers across the world created policies to curb the spread of the disease. These policies influenced many aspects of society in an effort to reduce COVID-19 caseload and deaths and limit economic impacts. There is now a growing set of data capturing policies, the effects on the policy environment, and the ongoing impacts of the pandemic itself on different regions and populations, as measured by these different impacts. Together, these data provide a basis to better understand how and whether policies achieved their intended outcomes and, where possible, to inform future policymaking to best support those continuing to experience the impacts of the pandemic. This report describes the analysis of these impacts across different communities within Washington, D.C., and provides the foundation for further analysis for the relative impact of policies on each of these groups.

Analysis of COVID-19 cases and fatalities in the context of regional demographic differences within D.C. showed that Wards with more COVID-19 cases and deaths are least likely to be employed in sectors that support work from home, which correlates with lower income rates and higher mobility throughout the pandemic. Though D.C. residents were much more likely to stay home since the start of the pandemic, those in Wards 7 and 8 had the smallest increase in people staying home, both in the spring when stay-at-home orders were in place and through the end of 2020, consistent with needing to leave home for work. These results are consistent with trends reported nationally: underserved and socially and economically vulnerable populations face disproportionate impacts from COVID-19.

Key Findings

- The effect of social distancing policies and efforts to promote work from home did not increase stay-at-home behavior equally and evenly across D.C.
- Essential and frontline workers appear to be more mobile, concentrated in Wards 7 and 8, and to a lesser extent, Wards 4 and 5.
- Geographical areas of D.C. with large populations not able to work from home are the same as those areas most impacted by COVID-19 and those areas with the largest Black and Hispanic populations.
- At the neighborhood scale, inability to work from home is also aligned with other social and economic risk factors including lower income, lower high school graduation rates, and higher indexed measures of social vulnerability.
- Together, these data suggest that future policy aimed at protecting frontline and essential workers can also help to protect those most vulnerable for social and economic reasons.

Better understanding these impacts can help to form a stronger basis for future policymaking that promotes equity and protects the most vulnerable to COVID-19, from informing how industries return to work and operate to reinforcing access to healthcare and providing a rationale for the

prioritization of COVID-19 vaccination.

Introduction

As the COVID-19 pandemic unfolded, the global community has struggled to understand the relative impact of the disease on populations and the way in which policymakers and governments can help mitigate those impacts and protect the public. With only limited information about how the disease impacted different demographic subsectors, but with an acknowledgment that some types of work and services were critical for support of the population as a whole, governments implemented a broad range of social distancing measures and both private and public sector closures, in addition to a vast array of policies on other topics, including enabling and relief measures, testing and contact tracing policies, and travel restrictions.[1] These policies included a specific focus on essential work, whether defined as those in health care, those providing frontline public safety and medical services, and those maintaining the food supply for the public, such as grocery store workers and truck drivers. However, as the pandemic has continued and there have been iterative phases of closures and reopenings, and as additional data have become available about who is most at risk to COVID-19 infection and death, there has been a renewed focus on better understanding the intersection between risk and policy.

Over the past year there has been a significant amount of research conducted to understand which demographic groups are the most impacted by COVID-19 cases and deaths. As the pandemic has progressed, evidence has accumulated to suggest that not all groups are similarly impacted and that numerous risk factors increase susceptibility. Age and medical preconditions have been widely reported, with one such study finding those 55-64 years old had more than eight times and those 65 or older more than 62 times mortality rates than those in younger age brackets.[2] Those with preexisting conditions, especially for those with cancer, kidney disease, COPD, heart conditions, immunosuppression, obesity, sickle cell disease, type 2 diabetes, and those who smoke or are pregnant are at the highest increased risk for severe illness according to the CDC.[3,4] These patients are more likely to have a severe immune system response called a cytokine storm, and for those with underlying and preexisting conditions their immune system's ability to fight off the infection is compromised.[5]

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1 COVID AMP Visualizing the impact of policies on COVID response. https://covidamp.org/.

2 Yanez, N.D., Weiss, N.S., Romand, J., & Treggiari, M.M. COVID-19 mortality risk for older men and women. *BMC Public Health* (2020, November 19). https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-09826-8#:~:text=Persons%20age%2065%20or%20older,CI%20%3D%201.74%2C%201.79.

3 Scientific Evidence for Conditions that Increase Risk of Severe Illness. *Centers for Disease Control and Prevention* (2020, November 2). https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/evidence-table.html.

4 People with Certain Medical Conditions. *Centers for Disease Control and Prevention* (2020, December 29). https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html.

5 COVID-19: Who's at higher risk of serious symptoms? *Mayo Clinic* (2020, December 22). https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/coronavirus-who-is-at-risk/art-20483301.

In addition to age and underlying conditions, research shows that throughout the United States, racial and ethnic minorities are at an increased risk of severe disease and mortality from COVID-19.[6] The virus does not inherently impact minorities, as their case severity and fatality rates are similar to Caucasians, but increased risk has been attributed to their higher risk of exposure which is likely exacerbated in cases where these same populations also lack health insurance or access to health care and higher rates of co-morbidities.[7] [8,9,10] Compounding this, socioeconomic factors also increase COVID-19 risk, with populations in substantially non-white and low-income households being eight times more likely to be infected and with fatality rates that are nine times higher.[11] These populations are also often at higher exposure levels because they are more likely to be essential workers, have less access to healthcare, live in more crowded households, and rely on public transportation.[12] Those populations with higher mobility are generally at higher risk due to more exposure.[13]

This report analyzes this intersection of risk between socioeconomic risk factors, merged with the underlying risk factors associated with those who continue to work in person, including jobs in contact with the general public, and the disproportionate role of underserved populations in performing the essential and frontline work. D.C. has implemented a wide range of policies intended to mitigate the impacts of COVID-19 and protect its population.[14] This report provides a demographic analysis of the relative impacts of COVID-19 across the District with a specific focus on those elements for which policies may be able to serve a mitigating role.

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6 Rentsch, C.T., Kidwai-Khan, F., Tate, J.P., Park, L.S., King Jr., J.T., Skanderson, M., Hauser, R.G., Schultze, A., Jarvis, C.I., Holodniy, M., Lo Re III, V., Akgün, K.M., Crothers, K., Taddei, T.H., Freiberg, M.S., & Justice, A.C. Patterns of COVID-19 testing and mortality by race and ethnicity among United States veterans: A nationwide cohort study. *PLOS Medicine* (2020, September 22). https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003379.

7 Gold, J, et al. Race, Ethnicity, and Age Trends in Persons who Died from COVID-19 – United States, May-August 2020. *Morbidity and Mortality Weekly Report* (2020, October 23). https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6942e1-H.pdf.

8 Zelner, J., Trangucci, R., Naraharisetti, R., Cao, A., Malosh, R., Broen, K., Masters, N., & Delameter, P. Racial Disparities in Coronavirus Disease 2019 (COVID-19) Mortality Are Driven by Unequal Infection Risks. *Clinical Infectious Diseases* (2020, November 21). https://www.academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa1723/5998295.

9 Rentsch et al. (2020).

10 Artiga S, Corralo B, & Pham O. Racial Disparities in COVID-19: Key Findings from Available Data and Analysis. (2020, August 17). https://www.kff.org/report-section/racial-disparities-in-covid-19-key-findings-from-available-data-and-analysis-issue-brief/.

11 Adhikari, S., Pantaleo, N.P., Feldman, J.M., Olugbenaga, O., Thorpe, L., & Troxel, A.B. Assessment of Community-Level Disparities in Coronavirus Disease 2019 (COVID-19) Infections and Deaths in Large US Metropolitan Areas. *JAMA Network Open* (2020, July 28). https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2768723?resultClick=1.

12 Zelner et al. (2020).

13 Badr, H.S., Du, H., Marshall, M., Dong, E., Squire, M.M., & Gardner, L.M. Association between mobility patterns and COVID-19 transmission in the USA: a mathematical modeling study. *Lancet Infectious Diseases* (2020, July 1). https://www.thelancet.com/pdfs/journals/laninf/PIIS1473-3099(20)30553-3.pdf.

14 COVID AMP Visualizing the impact of policies on COVID response. https://covidamp.org/.

Key Data Sources

Case and death data are from the D.C. coronavirus website, https://coronavirus.dc.gov/data. The D.C. demographic data are from DC Health Matters https://www.dchealthmatters.org/, and the Centers for Disease Control (CDC) Behavioral Risk Factor Surveillance System https://www.cdc.gov/brfss/index.html. Socio-economic and health demographic factors were extracted from the most recently reported year (2017, 2018, or 2020), and aggregated to the D.C. ward-level (n=8). Occupation data from the American Community Survey (2014-2018), https://www.census.gov/programs-surveys/acs/data.html, was used for census tract-level resolution of broad categories of occupations of D.C. residents.

Mobility data is from the SafeGraph social distancing dataset, from January 2020 to October 20, 2020, https://docs.safegraph.com/docs; https://www.safegraph.com/data-examples/covid19-shelter-in-place. SafeGraph's completely_home_device_count was used to measure relative changes in mobility. This change in mobility is measured as the percent increase in devices that did not leave their home location compared to pre-pandemic levels. The home location is determined by finding the most common location, down to a ~153m x ~153m area, where each device resides at night. To understand how many jobs categories can transition to working from home, the methods and results from Dingel and Neiman (June 19, 2020) were used (https://github.com/jdingel/DingelNeiman-workathome/blob/master/DingelNeiman-workathome.pdf) including the code (https://github.com/jdingel/DingelNeiman-workathome). O*NET is a data source consisting of detailed descriptions of various occupations, including which tasks are performed. Using this information, Dingel and Neiman were able to approximate the likelihood that a given occupation could be conducted via telework. Their code and resulting datasets are here: https://github.com/jdingel/DingelNeiman-workathome. This includes a link to the flags associated with each occupation, the likelihood of working from home by industry, etc. This indicator has been shown to be inversely correlated with Safegraph's completely_home_device_count measure. This correlation appeared at the census tract level in D.C. as well. The O*NET data can be matched to the occupation data in an area to get an approximation of the number of people in occupations that can transition to telework.

Results

Within the National Capital Region (NCR) and nationally, response and policymaking have not equally mitigated the impacts of COVID-19 for all groups and geographical areas. As part of a previous report focused on analyzing the effect of COVID-19 policies in the NCR, initial findings about the effects of COVID-19 policies were reported, including in the context of unequal burdens

of COVID-19 cases in different parts of the NCR.[15,16] Here, this analysis is extended, with a focus on the District of Columbia, to identify patterns in demographics (age as well as race and ethnicity), socioeconomic characteristics (prevalence of poverty, population levels of educational attainment), and in what sectors people tend to be employed (e.g., essential workers required to travel in person for work versus those who can work from home) to better understand these differential impacts of COVID-19 cases and fatalities and inform future policy.

Social distancing policies did not reduce mobility equally across D.C.

Policy is most effective when applied consistently and followed. In general, the goal of most policies during the pandemic was to encourage as many residents as possible to stay home and reduce social contact–to increase social distancing. Stay-at-home orders and policies encouraging businesses to operate remotely or requiring non-essential businesses to cease in-person operations were widely adopted to stop the spread of COVID-19. The ability for any individual to change their behavior is part choice, part necessity. For people who have work that is considered essential (e.g., healthcare, public safety and first responders, sanitation workers, grocery store employees) or who must return to 'frontline' work with exposure to the public in order to make a living (e.g., restaurants, public transit), leaving the house for work is required.

When stay-at-home orders were issued in D.C., District-wide general mobility patterns changed accordingly with a rapid and significant increase in people staying entirely at home, even before the April 1, 2020, stay-at-home order, and roughly aligned with the first mass gathering restrictions and private sector closures in the District on March 13 and 15, 2020, respectively (Figure 1).[17] The SafeGraph social distancing mobility changes were calculated as the average change in devices that were classified as 'stay at home', using the time period of January 1-February 1 as the baseline behavior. The percent change was calculated using this baseline, by day and at the census block group level, then averaged for all of D.C. Notably, this pattern was reflected widely across the US, including in Maryland and Virginia and was significant, but did not necessarily correspond to when policies were implemented in each state.[18] The increase in D.C. residents staying home persisted through the end of the stay-at-home order on May 29, 2020. It has since been decreasing though mobility data measuring mobile phones that stayed entirely at home shows that residents still stay home more than they did in early 2020.[19]

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15 As defined by the Metropolitan Washington Council of Governments and for this report, the National Capital Region includes: Washington, D.C.; in Maryland: Town of Bladensburg, Bowie City, College Park City, Charles County, Frederick County, Gaithersburg City, Greenbelt City, Hyattsville City, Laurel City, Montgomery County, Prince George's County, Rockville City, Takoma Park City; in Virginia: Alexandria City, Arlington County, Fairfax City, Fairfax County, Falls Church City, Loudon County, Manassas City, Manassas Park City, and Prince William County.

16 COVID-19 Special Report: Mitigation Policy During the Pandemic (November 3, 2020). https://dcauditor.org/report/mitigation-policy-during-the-pandemic/.

17 Ibid.

18 Ibid.

19 SafeGraph. https://docs.safegraph.com/docs/social-distancing-metrics.

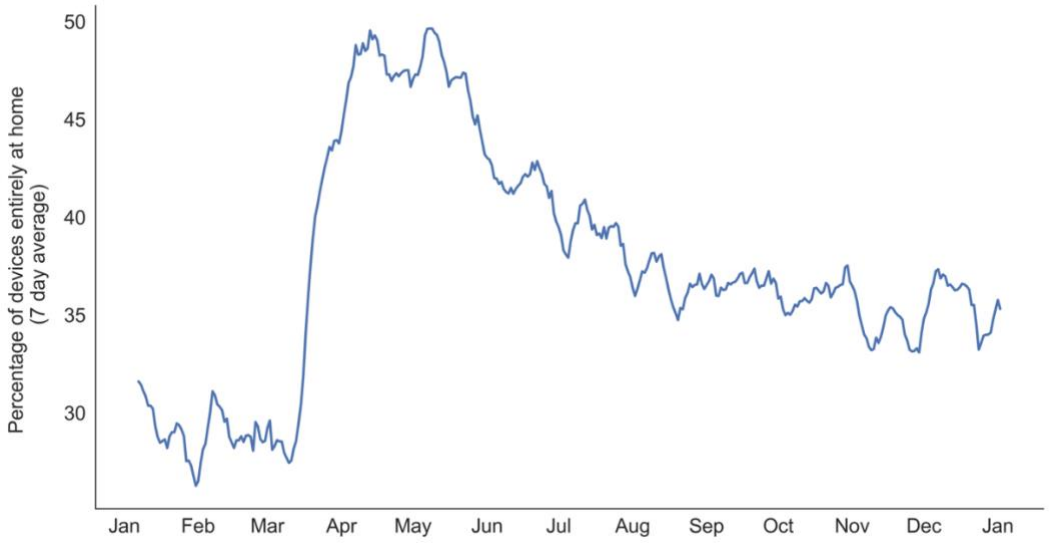


Figure 1: Increase in residents staying at home during COVID-19 pandemic. SafeGraph mobility changes for all of the District of Columbia measuring daily location of mobile devices as a proxy for residents that did not leave home.

The increase in residents staying home was not uniform across D.C. Wards 7 and 8 showed lower peak stay-at-home activity in the spring. The increase in residents staying home was not uniform across D.C. During the spring, Wards 7 and 8 did not have as much of a change in their ability to stay at home, relative to their pre-pandemic behavior, especially when compared to the other wards. By October, the disparity between wards remained, and although there was a 30% sustained increase in fully stay-at-home behavior citywide, Ward 3 still had a nearly 50% increase in devices measured as staying entirely at home, while Wards 7 and 8 were at 19% and 14% respectively (Figure 2).

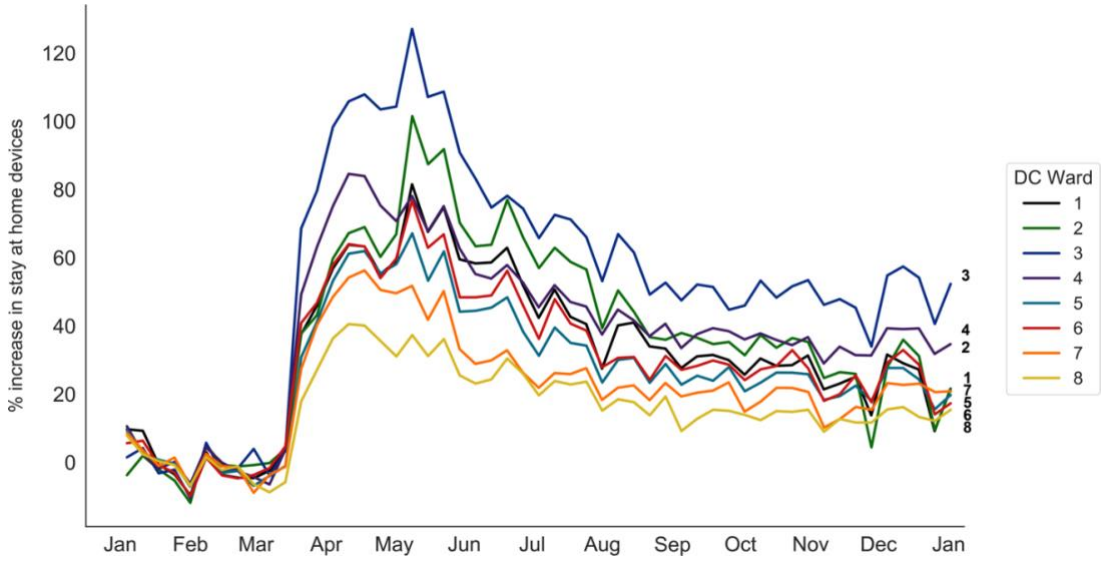


Figure 2: Increase in residents staying at home during COVID-19 pandemic, by Ward. SafeGraph mobility changes in each ward across the District measuring daily location of mobile devices as a proxy for residents that did not leave home.

More essential and frontline workers live in Wards 7 and 8.

With regard to the policies implemented across the United States with a focus on social distancing, private and public sector closures largely exempted significant portions of the employment sector. Essential businesses were, in fact, encouraged to remain open, necessitating that those working for those businesses continue to leave their homes. These essential businesses included not only healthcare and public health operations, but essential infrastructure, grocery stores, food delivery workers, and those in the construction and trades that "are necessary to maintaining the safety, sanitation, and operation of residences and Essential Businesses."[20] Most states use the Department of Homeland Security's Cybersecurity and Infrastructure Security Agency guidelines to determine essential businesses, with a few exceptions.[21] Eight states that did not declare any businesses essential or nonessential. A few states, including Washington, New York and Florida did not, for example, originally include construction on their lists of essential workers, but as of summer 2021 most included a construction category. Given that essential workers would need to continue to leave their homes to perform essential work, it was hypothesized that this would likely align with the reduction in mobility. Indeed, the employment categories available from the Census Bureau American Community Survey were used to map the relative likelihood that a given job could transition to telework using methods developed by Dingel and Neiman.[22] Across the District, people who lived in Wards 7 and 8 were less likely to have a job that allowed them to work from home compared to other Wards. Conversely, over 50% of people living in Wards 1, 2, 3 and 6 had jobs that were likely to support transition to working from home (Figure 3). Employment information was used from the American Community Survey (2014-2018), which captures the broad employment titles based on an individuals' residence.

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20 Mayor Bowser Orders Closure of Non-Essential Businesses. March 24, 2020. https://coronavirus.dc.gov/release/mayor-bowser-orders-closure-non-essential-businesses.

21 U.S. Department of Homeland Security Cybersecurity and Infrastructure Security Agency Guidance on the Essential Critical Infrastructure Workforce. As of December 16, 2020. https://www.cisa.gov/publication/guidance-essential-critical-infrastructure-workforce.

22 Dingel, J. Neiman, B. *How Many Jobs Can be Done at Home?* https://github.com/jdingel/DingelNeiman-workathome.

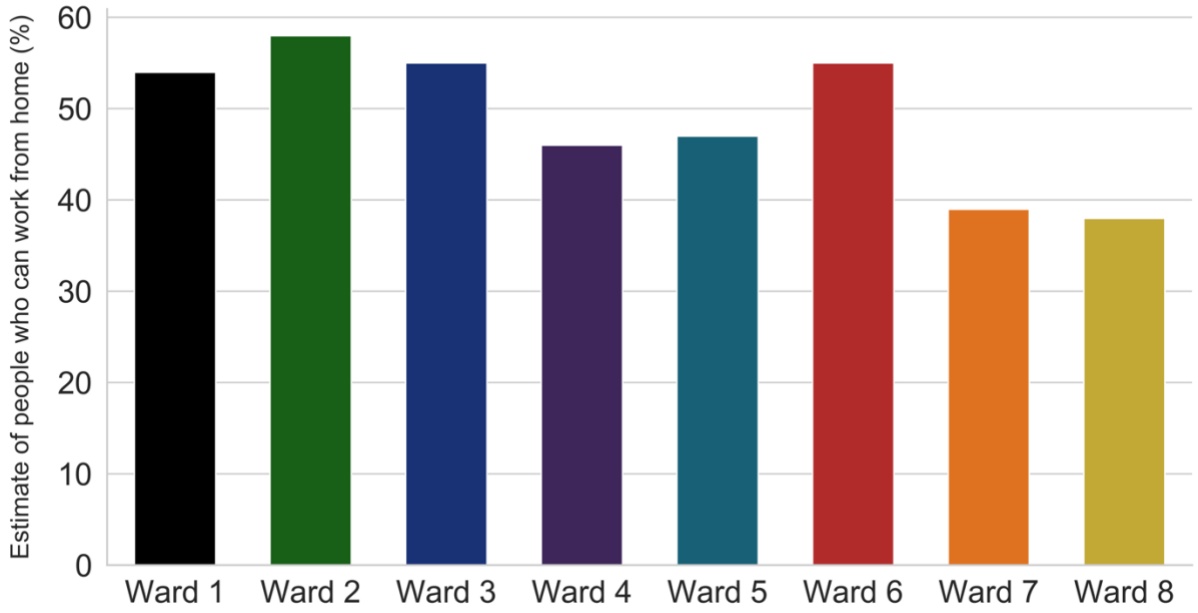


Figure 3: Estimates of the portion of the population in each Ward of D.C. that can work from home. Using the methods outlined in Dingel and Neiman combined with the job title categories in the American Community Survey (2014-2018), the approximate proportion of who could work from home was calculated, by ward.

Disparities in the ability to transition to work from home align with the patterns seen in mobility (comparing Figures 2 and 3). Wards 7 and 8, where residents work in industries least amenable to telework, the smallest increases were seen for residents staying at home. Indeed, between April 1-May 29, 2020, Ward 8 only had a 41% increase in those staying at home whereas Ward 3 had a nearly two-fold increase (additional quantification of the data presented in Figure 2), when measuring the average percent change in SafeGraph's completely_home_devices measure compared to baseline (January 1-February 1).

Measuring the relationship between ability to work from home and proportion of residents staying at home was even more evident when considering Census Tracts, smaller geographic units derived from the American Community Survey of the Census Bureau, which comprise neighborhood-sized continuous geographic regions with populations of several thousand, as opposed to tens of thousands for each Ward. Using the combination of data from the American Community Survey (2014-2018) and the estimated telework score from Dingel and Neiman,[23] the estimated proportion of the population was calculated at a census tract level of resolution. This was used to compare the actual mobility changes seen from the SafeGraph social distancing dataset, plotting the average percent increase. Figure 4 shows the relationship between the likelihood that someone's profession can transition to working from home, by Census Tract, and the percent increase in devices that were

[23] Dingel, J. Neiman, B. *How Many Jobs Can be Done at Home?* https://github.com/jdingel/DingelNeiman-workathome.

considered completely at home (January-April, 2020). Indeed, Wards 4, 7, and 8 dominate the Census Tracts for which less than 40% of the population are in employment that is likely to support work from home.



Figure 4: Relationship between ability to transition to work from home and staying at home. Using the methods outlined in Dingel and Neiman combined with the job title categories in the American Community Survey (2014-2018), the approximate proportion of who could work from home was calculated by ward. This was compared to the actual average change in mobility (using SafeGraph) during the stay-at-home period from the pre-pandemic baseline (January-February 2020). Note: when considering percent change, the value can be read as "1.5 times (150%) the baseline mobility level. Correlation coefficient 0.42, $p<0.0001$.

There are disparities in COVID-19 burden across D.C.

Given the distribution between each Ward and the differential ability to stay home, aligned with employment in sectors that least support work from home, the next question was whether this aligned with differential rates in COVID-19 caseload and fatalities. Indeed, as shown in Figure 5, Wards 4, 5, 7, and 8 have the greatest burden of cases among wards in D.C, as measured as cases per 100,000 residents. Ward 3 has a dramatically lower number of COVID-19 cases per capita, which aligns with the mobility data that show the ward as having the largest proportion of the population staying at home and a high proportion of workers likely to be able to work from home (compare to Figures 2 and 3).

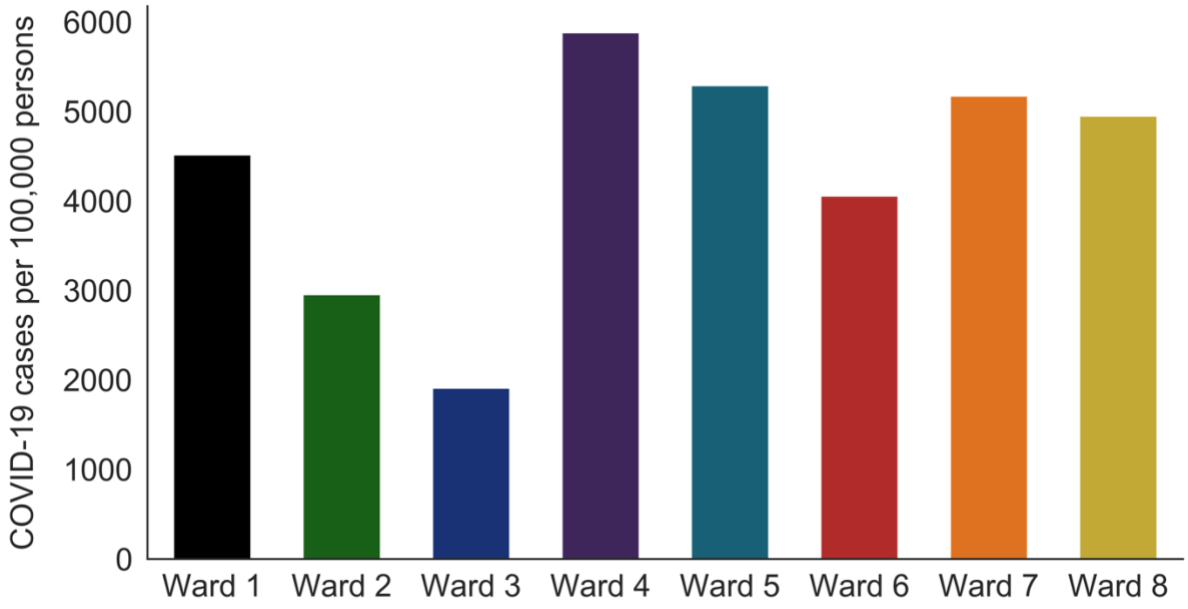


Figure 5: COVID-19 cases rates by D.C. ward, as of January 14, 2021. Wards 4 and 5 have the highest COVID-19 cases. Wards 3 and 2 have the lowest reported COVID-19 cases.

The link between race and ethnicity and higher rates of infection and deaths from COVID-19 in the United States has been well-established.[24,25,26,27,28] The Wards where the greatest proportion of the population identify as Black or Hispanic (Figure 6) are also those experiencing the highest COVID-19 infections (compare to Figure 5), based on data from the D.C. coronavirus website, https://coronavirus.dc.gov/data. In contrast, Wards 2 and 3, the Wards in D.C. where the greatest proportion of residents identify as White, cases per 100,000 residents are the lowest (Figures 5 and 6).

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24 Gold, J, et al. Race, Ethnicity, and Age Trends in Persons who Died from COVID-19–United States, May-August 2020. *Morbidityand Mortality Weekly Report* (2020, October 23). https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6942e1-H.pdf.

25 Zelner, J., Trangucci, R., Naraharisetti, R., Cao, A., Malosh, R., Broen, K., Masters, N., & Delameter, P. Racial Disparities in Coronavirus Disease 2019 (COVID-19) Mortality Are Driven by Unequal Infection Risks. *Clinical Infectious Diseases* (2020, November 21). https://www.academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa1723/5998295.

26 Rentsch et al. (2020).

27 Artiga S, Corralo B, & Pham O. Racial Disparities in COVID-19: Key Findings from Available Data and Analysis. (2020, August 17). https://www.kff.org/report-section/racial-disparities-in-covid-19-key-findings-from-available-data-and-analysis-issue-brief/.

28 Andrasfay T, Goldman N. Reductions in 2020 US life expectancy due to COVID-19 and the disproportionate impact on the Black and Latino populations. Proceedings of the National Academy of Sciences (2021, February). https://www.pnas.org/content/118/5/e2014746118.

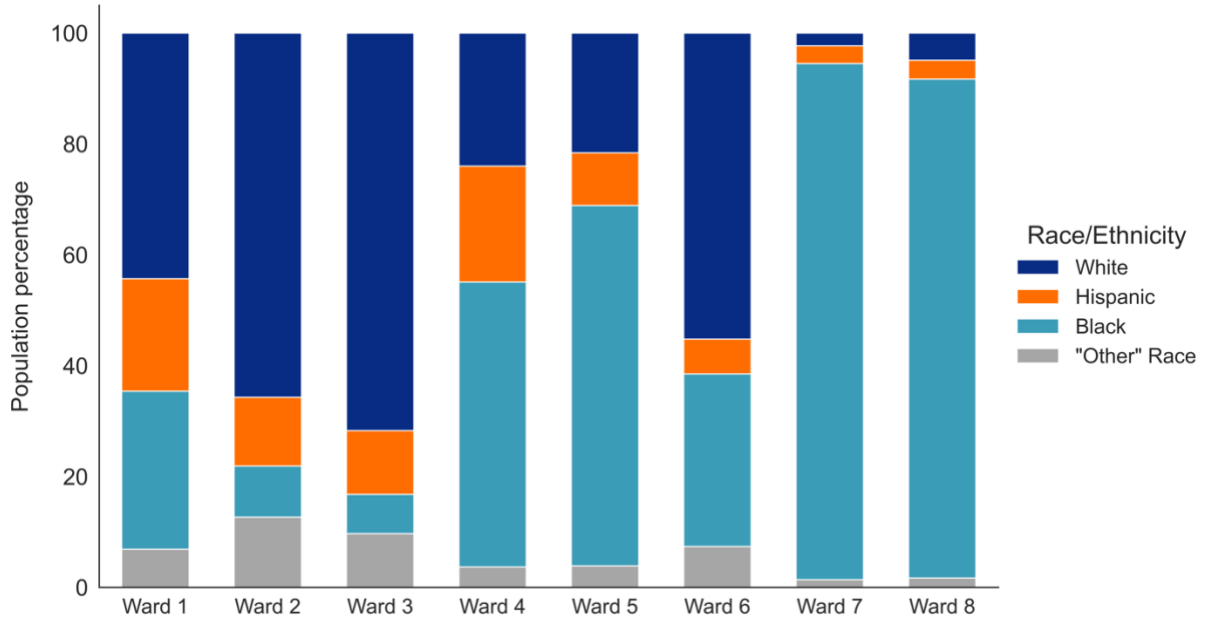


Figure 6: Race proportion by D.C. ward (2018). The Black community is the most prominent race in Washington, D.C., at about 47%. Black residents primarily live in Wards: 4, 5, 7 and 8.

Wards 4, 5, 7 and 8 also had the greatest number of deaths from COVID-19, measured as total lives lost and as deaths per 100,000 ward residents,[29] consistent with the fact that highest numbers of lives lost occur where there are the most people infected. A third measure, case fatality rate, calculates the percentage of known COVID-19 cases that result in death. Case fatality rate does not depend on the absolute number of cases and instead captures factors contributing to the severity of illness, such as age of the population, prevalence of underlying health conditions in the population, access to health care and seeking early treatment. Ward 8 has the highest case fatality rate in addition to being among the Wards with the most loss of life (Figure 7). Though health insurance coverage in D.C. is high compared to most regions of the country, it is notable that within the District Ward 8 has the highest percentage of people without health insurance.[30]

29 D.C. Government coronavirus website. https://coronavirus.dc.gov.

30 Office of the D.C. Auditor, COVID-19 Special Report: Mitigation Policy During the Pandemic (November 3, 2020). https://dcauditor.org/report/mitigation-policy-during-the-pandemic/.

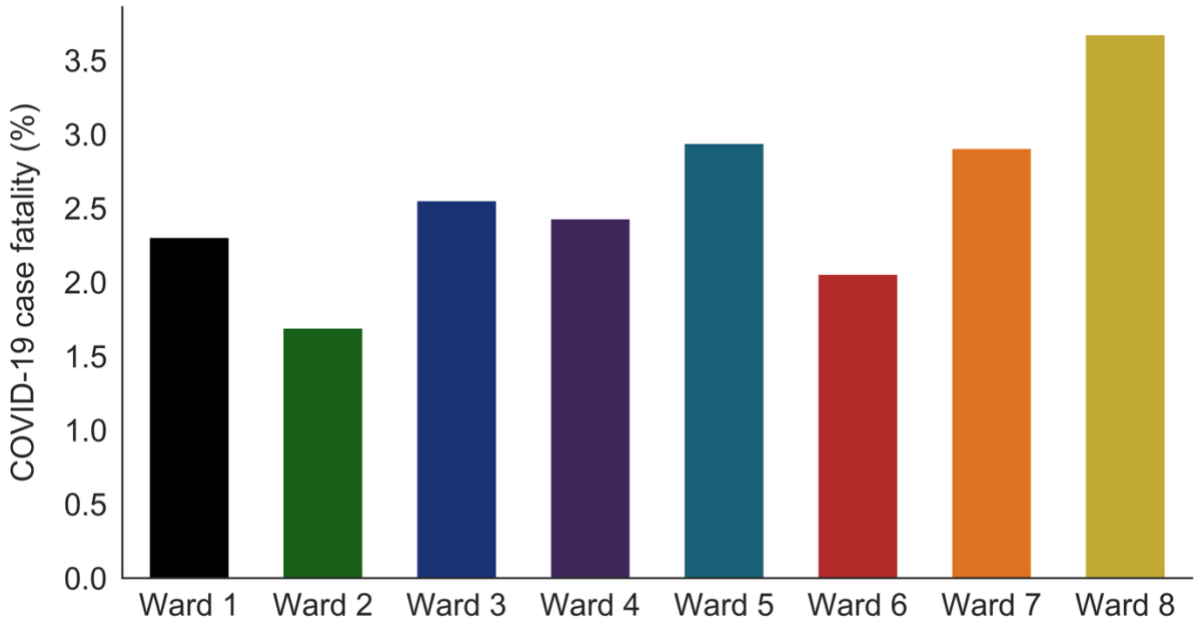


Figure 7: COVID-19 case fatality rates by D.C. ward, as of January 14, 2021. Ward 8 has the highest COVID-case fatality rate.

Differences in fatality rate for those who have had COVID-19 across D.C. do not appear to be entirely explained by the age of the population (the most significant risk factor for dying after contracting COVID-19) as the Wards with the highest fatalities rates do not have disproportionally older populations, particularly considering Ward 8 where case fatality has been highest but with also one of the youngest populations (Figure 8).[31] It is possible that the distribution of cases in each Ward is not directly proportional to the population; additional analysis will be required to further understand this relationship.

[31] D.C. Health Matters. https://www.dchealthmatters.org/.

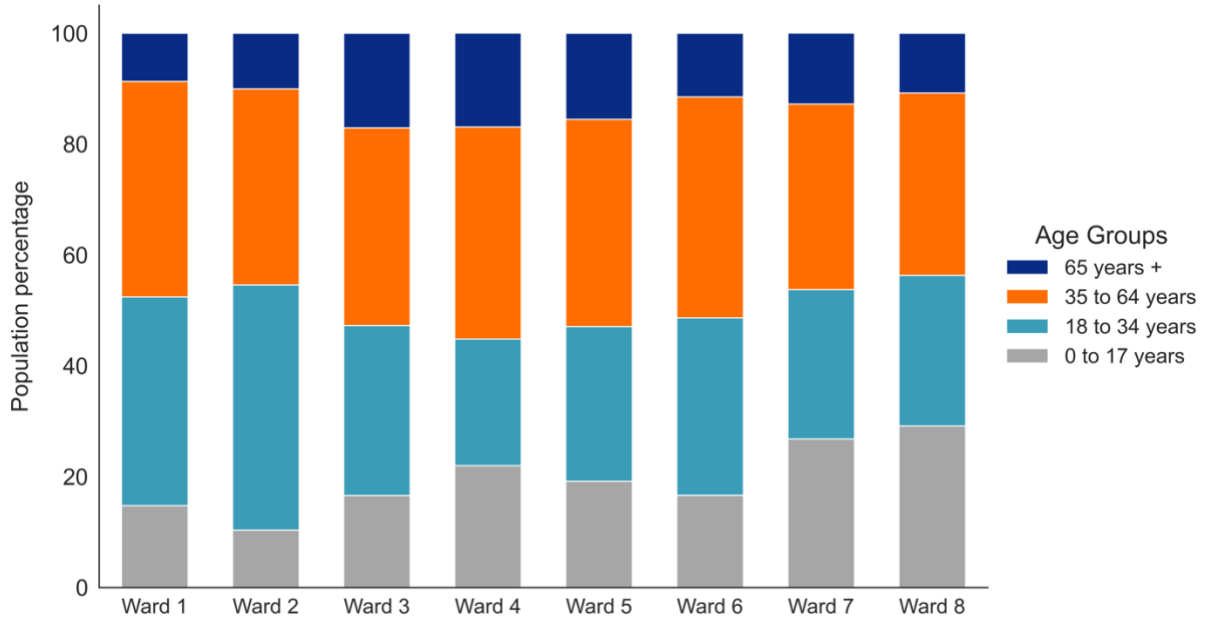


Figure 8: Age proportion by D.C. ward (2018). Younger populations primarily reside in Wards 7 and 8, while larger proportions of older populations (65 years+) reside in Wards 3, 4, and 5.

Wards 4 and 5 were analyzed more closely to better understand the dynamics driving conditions where case counts were high but where there did not seem to be as many essential and frontline workers as in Wards 7 and 8 (see Figures 2 and 3). Wards 4 and 5 were found to have intermediate proportions of the population staying at home and having the ability to work from home. Occupation patterns in Wards 4 and 5 that might be associated with greater risk of exposure as a potential factor were also evaluated. Interestingly, these wards both have the highest number of workers in the healthcare industries, particularly home health care workers (Ward 4) and general medical personnel (Ward 5) occupations with an increased COVID-19 exposure risk and may account for the difference. [32,33]

The burden of COVID-19 is driven by an intersection of risk factors.

Taken together, the results above suggest significant and aligned disparities in the District for who can work from home, which relates to factors that are related to COVID-19 risk in D.C. and nationally. Using the approach described above to estimate the ability of residents to work from home, further analysis was performed to better understand the correlation between these risk factors. For this analysis, the CDC Social Vulnerability Index (SVI) data was aggregated to the census tract level and compared against the telework estimates from the American Community

[32] D.C. Department of Employment Services, Washington, D.C. Economic Insights dashboard. https://does.dc.gov/page/labor-statistics.

[33] These data are based on location of the employer, not the worker; further analysis will be required.

Survey data, using the methods outlined by Dingel and Neiman.[34] [35] CDC SVI is a composite metric of 15 factors—such as measures of poverty, access to transportation, and whether housing conditions are crowded—that sociological research has identified as associated with greater vulnerability to hazardous events, from disease outbreaks to natural or man-made disasters. When measured against the ability to work from home, the two are strongly related: the neighborhoods in D.C. measured as most socially vulnerable also have the residents in jobs least likely to be able to work from home (Figure 9).

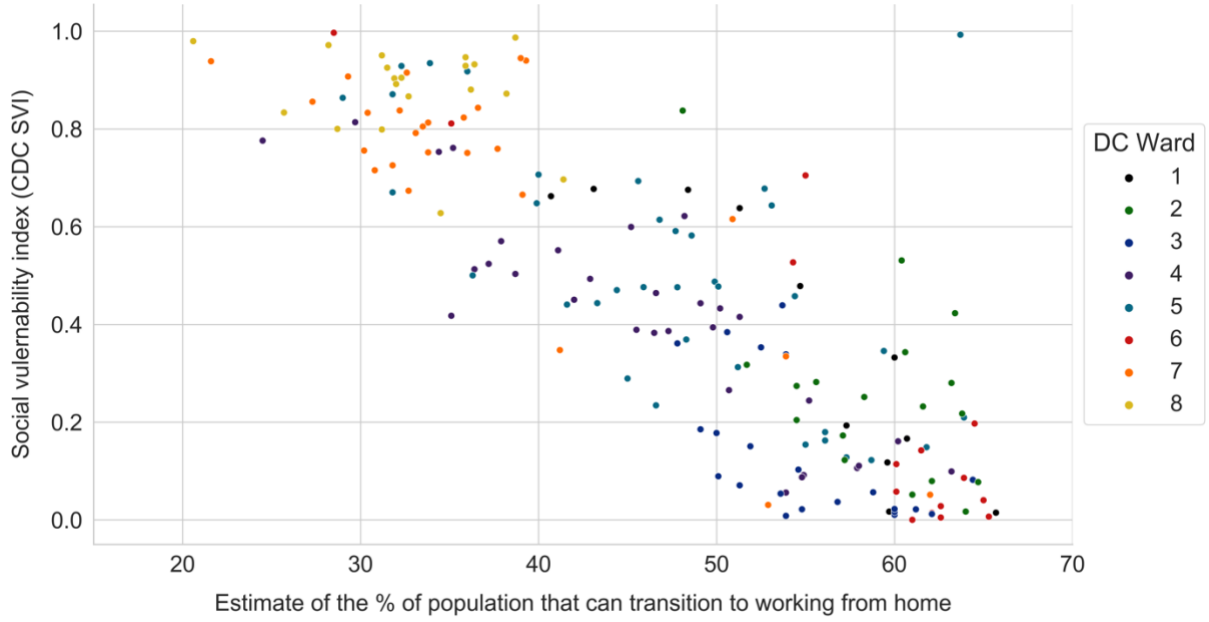


Figure 9: Ability to work from home is inversely related to measures of social vulnerability. Higher scores (assessed as more vulnerable neighborhoods) are seen in the regions with populations least likely to have the ability to transition to work from home during the pandemic. The social vulnerability index (from CDC) is normalized from 0 to 1. (correlation coefficient: -0.82, $p<0.0001$)

Similarly, measures of both income and educational attainment had a relationship to ability to work from home that points to a compounding of factors that increase risk to COVID-19[36]. Per capita income was positively associated with ability to work from home with more wealth found in areas where residents are most likely to be able to work from home (Figure 10).

[34] CDC Social Vulnerability Index. https://data.cdc.gov/browse?tags=social%20vulnerability%20index.

[35] Dingel, J. Neiman, B. *How Many Jobs Can be Done at Home?* https://github.com/jdingel/DingelNeiman-workathome.

[36] Seligman B, Ferranna M, & Bloom D. Social determinants of mortality from COVID-19: A simulation study using NHANES. PLOS ONE (2021, January 11). https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003490.



Figure 10: Higher income correlates with ability to work from home. Higher incomes are seen in the regions with populations least likely to have the ability to transition to work from home during the pandemic. (correlation coefficient 0.7, p<0.0001)

Finally, educational attainment, as measured by the percentage of the population with a high school diploma, was associated with ability to work from home. Wards with larger populations lacking a high school diploma were generally those with the lowest proportion working in sectors that could not easily work from home (Figure 11). Said differently, D.C. neighborhoods with fewer high school graduates had more workers who likely had to physically work in person during the COVID-19 pandemic.

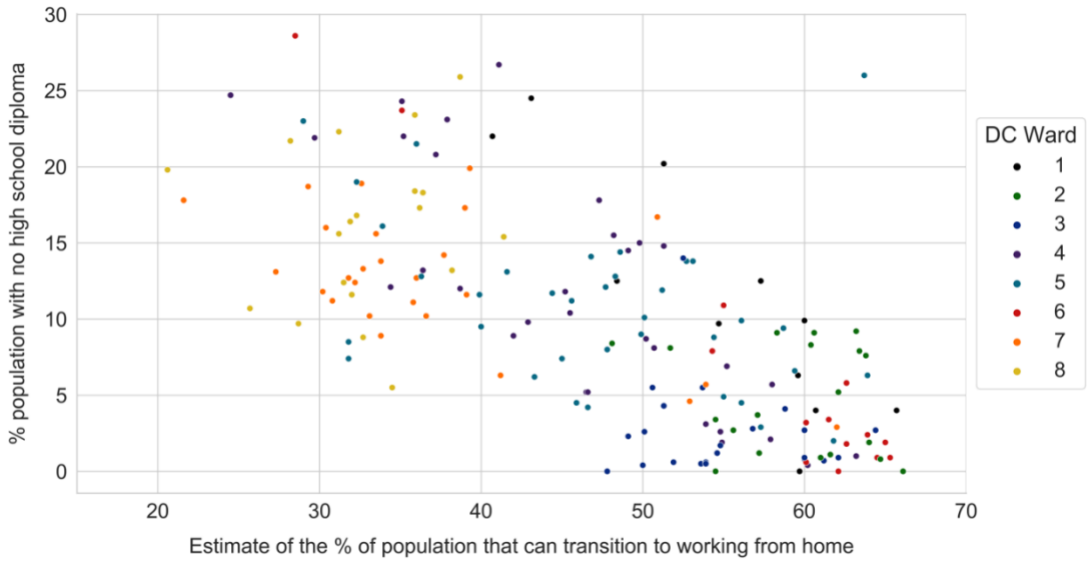


Figure 11: High school attainment correlates with the ability to work from home. Regions of D.C. with fewer high school graduates have populations less able to work from home. (correlation coefficient -065, p<0.0001)

These factors are all expected to interact and contribute to the disproportionate burden of COVID-19 seen in Wards 4, 5, 7 and 8 and Wards 7 and 8 in particular. Across the correlations seen in Figures 9-11, neighborhoods[37] in Wards 7 and 8 (darkest purple dots) tend to cluster in the portion of the chart representing the least ability to work from home and the lowest per capita income, highest rates of lacking a high school diploma, and highest measures of social vulnerability. Together, these findings provide an opportunity to inform future policy so that it supports those more vulnerable to COVID-19 because they are essential and frontline workers as well as those vulnerable for social and economic factors, which in the District of Columbia are largely intersecting and not competing interests.

Conclusions

COVID-19 has strained the limits of public health governance. Many of the critical early steps taken to manage and mitigate the outbreak had to be implemented in the absence of a robust understanding for the relative impact those actions and policies would have. Not only were there inconclusive data about the specific mechanism of spread, but also of the relative impact the disease would have on different populations. As 2021 begins, there is new context for these policies and the relative impacts.

The analysis presented here describes an intersection of risk factors related to disproportionate COVID-19 impacts for areas of D.C. that are home to more workers who work in sectors where they travel in person to work. Those most likely to be employed in essential work—those who were needed for critical functions throughout the pandemic and least able to work from home—are the same groups most likely to experience more caseload and higher case fatality rates. Based on analysis at the neighborhood level, these neighborhoods with more essential workers (concentrated in Wards 7 and 8 as well as Wards 4 and 5 to a lesser extent) are home to more Black and Hispanic residents, and, on aggregate are also areas with greater measures of social and economic vulnerability, including those related to income level and education. These trends are consistent with an emerging picture of who is most at risk from COVID-19 that goes beyond the first-characterized medical factors related to being elderly or having existing medical conditions.

As the pandemic continues and additional policies are put in place, including plans for vaccine distribution and administration, these challenges and inequities can be addressed. Helping ensure access to testing, early health care, and coverage for COVID-19 treatment will help people identify when they are contagious and receive the care they need once sick. The current focus in the District's vaccination plan is well aligned with this focus on testing essential workers, with clear targets for vaccinating high risk essential workers starting January 11, 2021, with remaining essential

[37] Captured as Census Tracts.

workers eligible as of February 1, 2021. Ensuring that these groups feel comfortable receiving the vaccine and have easy access to places of vaccination will be key.[38]

Future analysis will focus on the relative impact of different policies during the COVID-19 pandemic in reducing caseload and death both across the United States and within the District and the surrounding areas. These results can also then be applied to a more detailed analysis of how application of these policies may help further address and reduce the inequities in the impacts of this disease and the broader impacts of the pandemic.

[38] D.C. Government coronavirus website. https://coronavirus.dc.gov/vaccine.

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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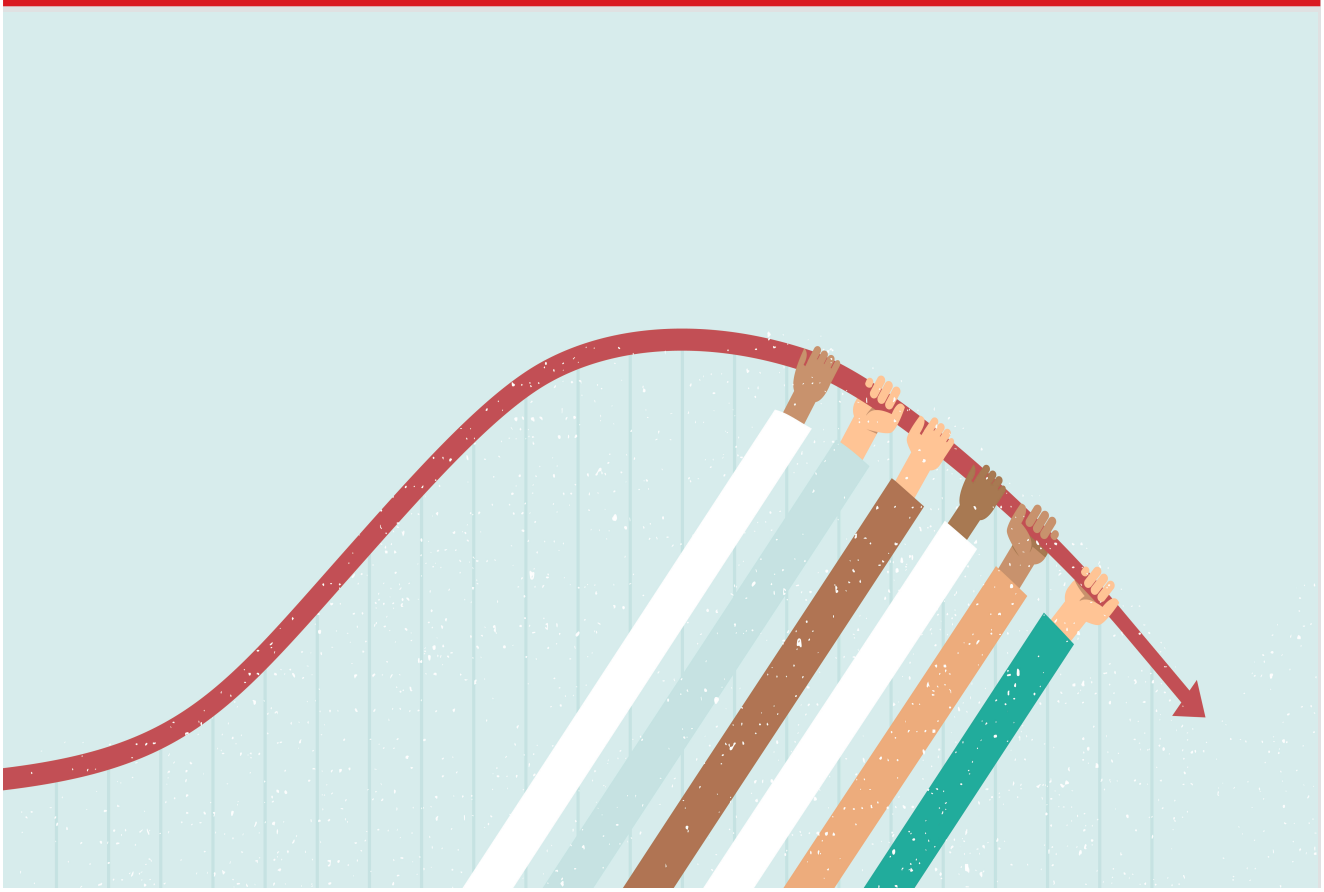
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A COVID-19 SPECIAL REPORT

Bending the Curve: Policies to Mitigate COVID-19 in D.C. & the Region

April 22, 2021

A report by Talus Analytics LLC for the Office of the District of Columbia Auditor



Audit Team

Talus Analytics LLC
Georgetown University Center for Global Health Science and Security

Office of the District of Columbia Auditor

Kathleen Patterson, District of Columbia Auditor
www.dcauditor.org

Office of the District of Columbia Auditor

April 22, 2021

The Hon. Muriel Bowser
Mayor
The John A. Wilson Building
1350 Pennsylvania Avenue, N.W.
Washington, DC 20004

The Hon. Phil Mendelson
Chairman
Council of the District of Columbia
1350 Pennsylvania Avenue, N.W.
Washington, DC 20004

Dear Mayor Bowser and Chairman Mendelson:

I am pleased to share the fourth in a series of special reports on COVID-19, **Bending the Curve: Policies to Mitigate COVID-19 in D.C. & the Region**, prepared for the Office of the D.C. Auditor by Talus Analytics and the Georgetown University Center for Global Health Science and Security.

Talus Analytics specializes in translating complex data into actionable information for policymakers. Early in the pandemic Talus and the Georgetown Center developed an international database of public policies designed to mitigate the impact of COVID-19. ODCA partnered with Talus last fall to assess the policies implemented by the District and its neighboring states and the analyses produced three earlier reports: Mitigation Policy During the Pandemic, School Closures as a Pandemic Mitigation Policy, and Analysis of Demographics and Mobility Across DC During COVID-19.

This final report in the series analyzes the content and timing of the public policies implemented in the District, Virginia, and Maryland, and finds that District and neighbor states "had among the earliest and most comprehensive policy responses to COVID-19" and saw "fewer cases and deaths than much of the United States especially during the fall and winter surge." In mapping the type and timing of mitigation policies against case outcomes, the report ranks the District sixth among all states in apparently lessening the severity of the fall surge of COVID-19.

The report finds that the District's "enabling and relief policies" such as foreclosure delays and leave entitlements combined with early mask mandates and measured reopening policies contributed to the District's success in "bending the curve" of cases. "A key central message," the report notes, "is that early action increases the success of public policy intervention slowing disease spread and saving more lives." A major caveat on the region's success has been the country's failure: "even the areas in the United States that had the most effective response to the pandemic had many more cases than other parts of the world."

We greatly appreciate the work of our partners at Talus Analytics and Georgetown's Center for Global Health Science and Security, as well as the assistance and cooperation of District staff at the Department of Health, Office of the Deputy Mayor for Planning and Economic Development, Office of Planning, Office of the Chief Technology Officer, Lab@DC, Deputy Mayor for Health and Human Services, Office of the Chief Medical Examiner, the Department of Employment Services, and the Office of the Chief Financial Officer.

For future reference, it's clear the kind of data collection and analysis represented in this series of reports can be of significant assistance to policymakers and we look forward to continuing to share such analysis with District leaders.

Sincerely yours,



Kathleen Patterson
D.C. Auditor



COVID-19 SPECIAL REPORT

Bending the Curve: Policies to Mitigate COVID-19 in D.C. & the Region

April 22, 2021

Prepared For
Office of District of Columbia Auditor
Kathleen Patterson

Prepared by
Talus Analytics, LLC
Ellie Graeden

This is the fourth report for the Office of the D.C. Auditor (ODCA) from a collaborative effort between Talus Analytics and the Georgetown University Center for Global Health Science and Security, a research effort to be completed over a six-month period to help understand what COVID-19 mitigation policies have been and will be most effective in National Capital Region. The first analysis, published in late fall of 2020, focused on COVID-19 policies through the early fall and the impact of the pandemic and different demographics across the Region. The second report focused on COVID-19 and education policy with a specific look at issues around school closures and the science behind re-opening policy, given conditions in late 2020. The third report provided an overview of the relative impacts of COVID-19 on different populations across the District with a specific focus on the demographics of those impacted most significantly by cases and deaths. This final report builds on previous reports and the growing body of literature on pandemic response policy and provides results of analysis across the entire United States, including a detailed look the District of Columbia, Maryland, and Virginia, what policies were implemented when and where, and how those policies corresponded to caseload and deaths, with a specific focus on demographic groups across the region.

Talus Analytics is a research and development company that specializes in translating complex data into actionable information for global decision makers, specifically in context of risk. By blending scientific, economic, and policy analysis into interactive decision-making tools, partners can make real time decisions with profound impacts. During the COVID-19 pandemic, Talus Analytics has supported the US Centers for Disease Control and Prevention in developing response tools for hospital visibility and the Nevada Governor's Office to provide real time analytical support and data analysis for the response. In addition, the Talus team has worked closely with the Georgetown University Center for Global Health Science and Security to develop a comprehensive dataset of the policies implemented globally to mitigate COVID-19 provide web-based visual tools to explore those data; this platform has served as the basis for much of the work presented in this report.

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Executive Summary

More than a year into the COVID-19 pandemic, a wide range of mitigation measures and public policy interventions have been applied and tested globally. Public policies were enacted to slow the spread of the disease, manage surges in hospitalizations, and reduce the total number of deaths while navigating the importance of maintaining economic activity, providing economic relief, providing education for children, and supporting the public health response, including development, distribution, and administration of a vaccine. These approaches have been associated with different outcomes in different regions across the United States and globally.

When the pandemic began, there was little on the public record about what policies would be most effective when and where. This report builds on prior analyses and the results of a body of work published since the beginning of the pandemic to assess the role of the COVID-19 mitigation policy in reducing the impacts of COVID-19 on different populations across the United States and, specifically, in Washington D.C., Maryland, and Virginia. Key findings described here include the following.

- Early in the pandemic, states engaged in a broadly similar policy approach with strict social distancing mandates during the spring, which corresponded to a significant decrease in mobility across the country and a reduction in cases by late spring, especially in those areas that had experienced early surges.
- By fall 2020, individual states diverged significantly in their policy strategies and saw a significant difference in the severity of their fall case surges. Analysis comparing the policy environment in states with more and less severe fall caseload showed that:
    - States with more policies in place providing support for essential workers and relief funding tended to be less impacted by fall surges.
    - States that did not implement strict face mask policies and allowed early reopening of indoor spaces had a more severe and longer lasting fall surge.
- States that best mitigated the fall surge, including D.C., Maryland, and Virginia, had an effective combination of social distancing policies and enabling and relief measures.
    - Successful social distancing policies included restrictions on mass gatherings, face mask mandates, mitigation measures required for business reopening.
    - Successful enabling and relief measures included support for essential workers, modification of unemployment benefits, leave entitlement adjustments.
- In combination with prior reports in this series, and an emerging research literature, these analyses underscore the importance of establishing and maintaining a policy environment that supports populations such as frontline and essential workers who cannot stay at home and are especially vulnerable to impacts and benefit from targeted public policies.
    - Notably, racial and ethnic minorities and those socioeconomically vulnerable perform a disproportionate share of frontline and essential work.

Introduction: A year of policymaking for pandemic mitigation

We are now a year into the COVID-19 pandemic and the United States is among the countries with the most severe impacts as measured both by total number of cases and deaths overall. These impacts are disproportionate across regions of the country and have been greatest on racial and ethnic minorities. As the world has responded to COVID-19, governments enacted a wide array of non-pharmaceutical interventions – various public policies designed to mitigate the impact of the outbreak as well as research into the global response is starting give insight into what policies work. Public policy is a key tool for a novel infectious disease such as COVID-19 because when outbreaks begin, there are no existing treatments, cures, vaccines, or natural immunity from previous exposure of the population. These mitigation policies, whether implemented through executive orders and emergency declarations or policies enacted by state, local, and national governments, are a primary tool in outbreak response. While the most common and widely recognized are the social distancing measures such as stay-at-home orders and face mask mandates, other policies are focused on support for public health staffing, contact tracing and testing measures, and eviction and foreclosure delays.

As the United States is entering the second year of COVID-19, there is a great deal of research into what has and has not worked, where, and for whom. The initial U.S. policy response to the COVID-19 pandemic, starting in spring 2020, was based on scientific modeling and evidence from previous pandemics, specifically the 1918 influenza pandemic[1]. One such study based on the early 20th century outbreak that was the last to widely impact the United States found that early, sustained and layered public policy implementation was key to mitigating the consequences of the 1918-1919 wave of influenza in the United States. The policy environment of the early 1900s showed us that preventing gatherings of groups of people saves lives. Specifically, the earlier and longer a policy was in place, the longer it took for each city to reach peak mortality, while also lowering the overall mortality.

Studies published to date analyzing global policymaking from early in the COVID-19 pandemic in spring 2020 demonstrated that business closures, school closures, movement/travel restrictions, gathering restrictions, and income support were effective interventions to reduce caseload.[2,3] In some studies, these policies were found to reduce the growth rate of new infections from a

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[1] Markel, H., Lipman, H. B., Navarro, J. A., Sloan, A., Michalsen, J. R., Stern, A. M., & Cetron, M. S. (2007). Nonpharmaceutical interventions implemented by US cities during the 1918-1919 influenza pandemic. *Journal of the American Medical Association*, 298(6), 644–654. https://doi.org/10.1001/jama.298.6.644

[2] Liu, Y., Morgenstern, C., Kelly, J., Lowe, R., CMMID COVID-19 Working Group, & Jit, M. (2021). The impact of non-pharmaceutical interventions on SARS-CoV-2 transmission across 130 countries and territories. *BMC Med*, 19(1), 40. https://doi.org/10.1186/s12916-020-01872-8.

[3] Brauner, J. M., Mindermann, S., Sharma, M., Johnston, D., Salvatier, J., Gavenčiak, T., Stephenson, A. B., Leech, G., Altman, G., Mikulik, V., Norman, A. J., Monrad, J. T., Besiroglu, T., Ge, H., Hartwick, M. A., Teh, Y. W., Chindelevitch, L., Gal, Y., & Kulveit, J. (2021). Inferring the effectiveness of government interventions against COVID-19. *Science*, 371(6531), eabd9338. https://doi.org/10.1126/science.abd9338

maximum of 270% per week to as low as 49% per week.[4] Countries that implemented the most stringent lockdowns saw a decrease in cases and deaths one to four weeks after policy implementation, but the effectiveness of these policies varied widely, with the differences mostly due to the differing political systems in place.[5]

Within the United States, research into how differing policy responses affected the spring surge largely mirror the results in the global community. Lockdowns in New York City had a 50% reduction in virus transmission[6] while voluntary reduction in mobility, such as less time spent at work had an association with COVID-19 incidence and mortality that was three times more effective than that of school closures.[7] Early studies on whether people stayed home during the initial outbreak found that when mandates were followed, the spread of COVID-19 was greatly reduced.[8]

As scientific understanding of how COVID-19 spreads increased, the significance of certain activities in increasing spread of the virus through aerosols and droplets was underscored. Indeed, it is now understood that COVID-19 is transmitted primarily from person to person (i.e., much less transmission risk is now thought to stem from contact with contaminated surfaces as compared to close contact with an infectious individual). Though there is a great deal of individual variation, the proximity and time of exposure are key ingredients to infection. Talking loudly increases the number of particles by up to 50 times compared with normal speaking,[9] and the risk of infection from

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[4] Wibbens, P.D., Koo, W.W., & McGahan, A.M. (2020). Which COVID policies are most effective? A Bayesian analysis of COVID-19 by jurisdiction. *PLoS One*, 15(12). https://doi.org/10.1371/journal.pone.0244177.

[5] Thu, T. P. B., Ngoc, P. N. H., Hai, N. M., & Tuan, L. A. (2020). Effect of the social distancing measures on the spread of COVID-19 in 10 highly infected countries. *Science of the Total Environment*, 742, 140430. https://doi.org/10.1016/j.scitotenv.2020.140430

[6] Yang, W., Shaff, J., & Shaman, J. (2021). Effectiveness of non-pharmaceutical interventions to contain COVID-19: a case study of the 2020 spring pandemic wave in New York City. *J. R. Soc. Interface*, 18, 20200822. http://doi.org/10.1098/rsif.2020.0822

[7] Zimmerman, F.J., & Anderson, N.W. (2021). Association of the Timing of School Closings and Behavioral Changes With the Evolution of the Coronavirus Disease 2019 Pandemic in the US. *JAMA Pediatrics*. https://doi.org/10.1001/jamapediatrics.2020.6371.

[8] Gao, S., Rao, J., Kang, Y., Liang, Y., Kruse, J., Dopfer, D., Sethi, A.K., Mandujano, Reyes, J.F., Yandell, B.S., & Patz, J.A. (2020). Association of Mobile Phone Location Data Indications of Travel and Stay-at-Home Mandates With COVID-19 Infection Rates in the US. *JAMA Network Open*, 3(9), e2020485. https://doi.org/10.1001/jamanetworkopen.2020.20485.

[9] Asadi, S., Wexler, A. S., Cappa, C. D., Barreda, S., Bouvier, N. M., & Ristenpart, W. D. (2019). Aerosol emission and superemmission during human speech increase with voice loudness. *Scientific Reports*, 9(1), 2348. https://doi.org/10.1038/s41598-019-38808-z.

COVID-19 increases as the size of groups increases,[10, 11,12] the length of exposure increases,[13] the amount of ventilation (indoors or outdoors) decreases,[14,15] and risk increases for time spent without a mask.[16] Enclosed indoor spaces where people congregate like restaurants, gyms, places of worship, and retail settings pose the highest risk to individuals,[17,18] and studies have verified that limiting the number of people in enclosed spaces,[19] social distancing of at least 6 feet,[20] requiring the use of masks,[21,22] increasing ventilation,[23] and potentially using disinfectants on high-touch surfaces[24] can reduce the spread of infection.

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[10] Brauner, J. M., Mindermann, S., Sharma, M., Johnston, D., Salvatier, J., Gavenčiak, T., Stephenson, A. B., Leech, G., Altman, G., Mikulik, V., Norman, A. J., Monrad, J. T., Besiroglu, T., Ge, H., Hartwick, M. A., Teh, Y. W., Chindelevitch, L., Gal, Y., & Kulveit, J. (2021). Inferring the effectiveness of government interventions against COVID-19. *Science*, 371(6531), eabd9338. https://doi.org/10.1126/science.abd9338

[11] Carey, B. (2020, November 10). Limiting Indoor Capacity Can Reduce Coronavirus Infections, Study Shows. *The New York Times*. https://www.nytimes.com/2020/11/10/health/covid-indoor-venues-infections.html.

[12] McGrail, D. J., Dai, J., McAndrews, K. M., & Kalluri, R. (2020). Enacting national social distancing policies corresponds with dramatic reduction in COVID19 infection rates. *PloS One*, 15(7). https://doi.org/10.1371/journal.pone.0236619.

[13] Hu, M., Lin, H., Wang, J., Xu, C., Tatem, A. J., Meng, B., Zhang, X., Liu, Y., Wang, P., Wu, G, Xie, H., & Lai, L.. (2020). Risk of Coronavirus Disease 2019 Transmission in Train Passengers: an Epidemiological and Modelling Study. *Clinical Infectious Diseases*, 72(4), 604-610. https://doi.org/10.1093/cid/ciaa1057.

[14] Qian, H., Miao, T., Liu, L., Zheng, X., Luo, D., & Li, Y. (2020). Indoor transmission of SARS-CoV-2. *Indoor air*. https://doi.org/10.1111/ina.12766.

[15] Morawska, L., & Milton, D. K. (2020). It is Time to Address Airborne Transmission of Coronavirus Disease 2019 (COVID-19). *Clinical Infectious Diseases*, 71(9), 2311-2313. https://doi.org/10.1093/cid/ciaa939.

[16] Dangor, J. (2020, November 24). Mayo Clinic research confirms critical role of masks in preventing COVID-19 infection. *Mayo News Network*. https://newsnetwork.mayoclinic.org/discussion/mayo-clinic-research-confirms-critical-role-of-masks-in-preventing-covid-19-infection/

[17] Nishiura, H., Oshitani, H., Kobayashi, T., Saito, T., Sunagawa, T., Matsui, T., Wakita, T., MHLW COVID-19 Response Team, & Suzuki, M. (2020). Closed environments facilitate secondary transmission of coronavirus disease 2019 (COVID-19). *MedRxiv*. https://doi.org/10.1101/2020.02.28.20029272.

[18] Furuse, Y., Sando, E., Tsuchiya, N., Miyahara, R., Yasuda, I., Ko, Y. K., *et. al.* (2020). Clusters of Coronavirus Disease in Communities, Japan, January–April 2020. *Emerging infectious diseases*, *26*(9), 2176. https://doi.org/10.3201/eid2609.202272.

[19] Carey, B. (2020, November 10). Limiting Indoor Capacity Can Reduce Coronavirus Infections, Study Shows. *The New York Times*. https://www.nytimes.com/2020/11/10/health/covid-indoor-venues-infections.html.

[20] Chu, D. K., Akl, E. A., Duda, S., Solo, K., Yaacoub, S., Schünemann, H. J., *et.al.* (2020). Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis. *The Lancet*, *395*(10242), 1973-1987. https://doi.org/10.1016/S0140-6736(20)31142-9.

[21] Dangor, J. (2020, November 24). Mayo Clinic research confirms critical role of masks in preventing COVID-19 infection. *Mayo News Network*. https://newsnetwork.mayoclinic.org/discussion/mayo-clinic-research-confirms-critical-role-of-masks-in-preventing-covid-19-infection/.

[22] Chu, D. K., Akl, E. A., Duda, S., Solo, K., Yaacoub, S., Schünemann, H. J., *et.al.* (2020). Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis. *The Lancet*, *395*(10242), 1973-1987. https://doi.org/10.1016/S0140-6736(20)31142-9.

[23] Pease, L. F., Wang, N., Salsbury, T. I., Underhill, R. M., Flaherty, J. E., Vlachokostas, A., *et. al* . (2021). Investigation of potential aerosol transmission and infectivity of SARS-CoV-2 through central ventilation systems. *Building and Environment*, 107633. https://doi.org/10.1016/j.buildenv.2021.107633.

[24] Chin, A., Chu, J., Perera, M., Hui, K., Yen, H. L., Chan, M., Peiris, L. & Poon, L. (2020). Stability of SARS-CoV-2 in different environmental conditions. *The Lancet Microbe*, 1(1), e10. https://doi.org/10.1016/S2666-5247(20)30003-3.

Policy implementation around these science-based findings were verified in summer and early fall by studies. Implementing a statewide mask mandate was shown to reduce rates of hospitalization and reduce the strain on the health care system,[25] while modeling scenarios for reopening suggested that widespread use of masks (75% compliance) had the potential to reduce infections, hospitalizations, and deaths by more than one-third compared to no mask use.[26] Face mask mandates, in particular, are a strong evidence-based component in mitigating the impacts of COVID-19 in the transition from stay-at-home and safer-at-home approaches to allowing the opening of more non-essential businesses, with public mask use mandates in place before re-opening.[27]

Starting early in the COVID-19 pandemic, a collaborative research team including Talus Analytics and the Georgetown University Center for Global Health Science and Security developed a comprehensive database of the policies implemented both domestically and globally to mitigate COVID-19. The policies described in the COVID Analysis and Mapping of Policies (COVID AMP) database and corresponding website[28] include a wide range of policy goals, from social distancing to social support measures to military action. COVID AMP captures dozens of data elements about each policy, coded by a team of researchers, that describe the policy in terms of type, applicable legal authorities underlying the policy, dates in effect, related policies, and other elements as well as the policy document itself. The comprehensive nature of the dataset is designed to support research and analysis of policy approaches across the United States and globally.

Here, we have used extensive data available from the COVID AMP policy dataset as the basis for policy analysis, including a comparison of the policy environments in regions of the United States that experienced different levels of impacts from the pandemic (based on COVID-19 cases and fatalities) and to analyze the policy environment in Washington, D.C. and the greater NCR[29] within this context of U.S. policy-making. Overall, the goal is to provide evidence for what policies worked, where, and for whom, to inform policy-making for the remainder of this pandemic and future infectious disease threats. This report follows from prior reports that described the policy environment in Washington, D.C., and the surrounding NCR in the context of COVID-19 impacts

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[25] Joo, H., Miller, G.F., Sunshine, G., Gakh, M., Pike, J., Havers, F.P., Kim, L., Weber, R., Dugmeoglu, S., Watson, C., & Coronado F. (2021). Decline in COVID-19 Hospitalization Growth Rates Associated with Statewide Mask Mandates - 10 States, March-October 2020. *MMWR Morb Mortal Wkly Rep*., 70(6), 212-216. https://doi.org/10.15585/mmwr.mm7006e2.

[26] Zhang, K., Vilches, T.N., Tariq, M., Galvani, A.P., & Moghadas, S.M. (2020). The impact of mask-wearing and shelter-in-place on COVID-19 outbreaks in the United States. *Int J Infect Dis*., 101, 334-341. https://doi.org/10.1016/j.ijid.2020.10.002.

[27] Kaufman, B.G., Whitaker, R., Mahendraratnam, N. et al. (2020). Comparing Associations of State Reopening Strategies with COVID-19 Burden. *J Gen Intern Med*, 35, 3627–3634. https://doi.org/10.1007/s11606-020-06277-0.

[28] Talus Analytics. (2021). *COVID AMP: Visualizing the impact of policies on COVID response.* https://covidamp.org/

[29] The National Capital Region is defined for this analysis as: Washington, D.C.; Maryland: Town of Bladensburg, Bowie City, College Park City, Charles County, Frederick County, Gaithersburg City, Greenbelt City, Hyattsville City, Laurel City, Montgomery County, Prince George's County, Rockville City, Takoma Park City; Virginia: Alexandria City, Arlington County, Fairfax City, Fairfax County, Falls Church City, Loudon County, Manassas City, Manassas Park City, and Prince William County.

and the disproportionate burden of the pandemic on specific neighborhoods across D.C. that are home to a larger proportion of non-White residents and Wards where residents are less likely to be able to work from home.

Presented here are the results of a national analysis of the U.S. policy environment over the course of the pandemic to date, with a specific focus on D.C., Maryland, and Virginia. The analysis focused on COVID-19 case outcomes in the fall of 2020, since this is when the most severe and widespread COVID-19 impacts occurred in the country and was a time when states took very different policy approaches to reopening. While even the areas in the United States that had the most effective response to the pandemic had many more cases than other parts of the world such as New Zealand and Australia, D.C. has among the lowest per-capita case and fatality rates in the United States. The findings here support previous research showing that early face mask policies mattered most, and states that reopened businesses with mitigation measures in place were able to reduce the impact of the fall surge. Key to these states' success was to also enact policies that support citizens through relief funding and supporting essential workers. This is supported by the results in D.C., Maryland, and Virginia that were broadly successful in mitigating early and comprehensive response in public policies that mitigate COVID-19 spread.

Global comparison at peak

Australia
2.29 cases per 100K; 0.09 deaths per 100K

New Zealand
1.6 cases per 100K; 0.03 deaths per 100K

United Kingdom
91.15 cases per 100K; 1.91 deaths per 100K

United States
71 cases per 100K; 0.96 deaths per 100K

Washington, D.C.
47 cases per 100K; 0.83 deaths per 100K

Analysis and methods

To understand what policies have worked where, when, and for whom, we first need to define the key information requirements that underpin each of those elements. What does it mean for a policy to have worked? What types of policies have been implemented when and where? To whom did those policies apply? What were those policies intended to accomplish?

Defining and capturing public policies implemented during the pandemic

Public policy measures were implemented across the United States during the pandemic to induce changes that people and communities could make to help slow the spread of infectious illnesses for which the human population has little existing immunity (i.e., pandemic influenza, novel coronavirus). Public policy (also referred to in the literature as non-pharmaceutical interventions or

NPIs) are used because they are one of the best ways to control a pandemic when vaccines or other preventative measures are not yet available.[30]

COVID AMP is a platform to collate and analyze the policies implemented to manage the COVID-19 pandemic collecting over 31,000 global COVID-19 mitigation policies identified and coded as of March 2021 to provide a complete record of policies implemented at the international, national, state, and county level.[31] Prior to this event, no sources apparently existed to capture this information in a format that could support detailed policy analysis. In COVID AMP, policies are defined as mandates issued by a government authority. From a public health analysis perspective, each policy document (i.e., a specific Executive Order) typically contains multiple policies enacting non-pharmaceutical interventions. For example, Mayor's Order 2020-075 in the District of Columbia enacted numerous NPIs, including mass gathering restrictions, private sector closures, masking requirements, and capacity limitations.[32]

COVID AMP collected and coded each policy with key information about when the policy started, when it ended, the jurisdiction for which the policy applied, the legal basis for these policies, and information about the category of action the policy was intended to drive. This analysis focuses on four broad categories of policies that can be further broken down into more specific components: the sub-category and the specific target of the policy itself.

Policy categories, subcategories, and targets

Categories

Social Distancing policies are intended to maintain distance from others, typically a minimum of six feet; close facilities such as public pools or restaurants and bars; cancel events; prohibit mass gatherings, or limit visitors in facilities such as nursing homes.

Mask Requirements establish mandates or guidance on the use of face coverings. These policies can contain enforcement provisions for noncompliance on a specific group, a specific location such as public transportation, or throughout a locality.

Enabling and Relief Measures cover a wide array of policies intended to aid or assist a specific group. For example, many locations have established moratoriums on evictions or foreclosures including Washington, D.C., on March 17, 2020, which also included a clause prohibiting cut-offs of

[30] US Centers for Disease Control and Prevention. (2020, April 27). *Nonpharmaceutical Interventions (NPIs)*. USA.gov. https://www.cdc.gov/nonpharmaceutical-interventions/index.html.
[31] Talus Analytics. (2021). *COVID AMP: Visualizing the impact of policies on COVID response*. https://covidamp.org/
[32] Washington, D.C. Office of the Mayor. (2020, June 19). *Phase Two of Washington, DC Reopening* (Mayor's Order 2020-075). https://www.dcregs.dc.gov/Common/NoticeDetail.aspx?NoticeId=N0094909

gas or water services.[33] Policies can also relax or release former restrictions such as Maryland's June 19, 2020, order extending permit and license renewals for the duration of the state of emergency.[34]

(COVID AMP provides even more detail on the types of policies implemented globally, including Support for Public Health and Clinical Capacity, Military Mobilization, and Emergency Declarations. Those policies were not explicitly examined in the current analysis.)

Key subcategories

Subcategories aim to classify the intent within each policy category. Social distancing policies have the broad goal of reducing human contact, but this can be achieved in a variety of ways, such as preventing gatherings, closing businesses or limiting the capacity of a retail store.

- **Mass gathering restrictions** limit the number of people from different households who can gather in a social setting
- **Private sector closures** mandate the closure of certain in-person businesses, including essential and nonessential business
- **Adaptation and mitigation measures** aim to mitigate viral transmission by requiring businesses to follow protocols such as limiting capacity, regularly disinfecting surfaces, enforcing social distancing, or increasing ventilation
- **Face masks** (broad mandate) means that the general public is required to wear face masks or coverings when they are outside of their own homes
- **Eviction and foreclosure delays** temporarily halt evictions and foreclosures to prevent low-income or otherwise vulnerable tenants from losing housing during the pandemic which might be due to job loss, wage cuts, or other hardships exacerbated by COVID
- **Hazard pay** offers essential workers wage increases because their increased exposure to COVID-19 at work elevates the health risk associated with their jobs
- **Leave entitlement adjustments** expand the conditions under which workers can take sick leave to account for circumstances like mandatory quarantine or care of a sick family member
- **Modification of unemployment benefits** may increase benefits or expand eligibility for who can claim unemployment
- **Relief funding** provides direct payments, affordable loans, or other financial support to businesses and individuals who have been affected by the pandemic
- **Stimulus payments** in the form of cash to individuals or businesses
- **Support for essential workers** extends access or expands benefits to healthcare, childcare, or other services to essential workers

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[33] Washington, D.C. Council of the District of Columbia. (2020, March 17). *COVID-19 Response Emergency Amendment Act of 2020* (D.C. Act 23-247). https://code.dccouncil.us/dc/council/acts/23-247.html

[34] Maryland. Governor of the State of Maryland. *Amending and Restating the Order of March 12, 2020, Extending Certain Licenses, Permits, Registrations, and Other Governmental Organizations, and Authorizing Suspension of Legal Time Requirements* (Executive Order No. 20-06-19-01). https://governor.maryland.gov/wp-content/uploads/2020/06/2089_001.pdf

Targets

Targets capture those to whom each policy applies, and they define how a policy affects a community. Some targets represent broad swaths of the population (e.g., 'General population' is used for policies that apply to all persons in the community), while others represent smaller groups of individuals or businesses (e.g., essential workers or attendees at gyms). Identifying targets is critical for comparing and evaluating policy efficacy. In the case of mitigation policies, some business settings are more likely to create high-risk for viral transmission. For example, restaurants and bars present a high risk for viral transmission because eating and drinking requires the removal of masks, and in-person dining often involves laughing or conversing in a concentrated area for a relatively long period of time. Additionally, targets help reveal the breadth of a policy: a mask mandate for the general population will have a much stronger effect on community transmission than a mask mandate that only applies to older adults or another subgroup.

Policy Impacts

Determining whether a policy is successful starts with understanding its intent. Each government policy has a goal of producing change, through change in behavior, change in the underlying environment, or by providing incentives or punishments associated with each. The success of social distancing policies, which are typically designed to restrict human-human interactions outside of the family are measured in a general reduction of movement. If these policies are to be successful in the way they are ultimately intended, a successful reduction in mobility would subsequently lead to lower cases and deaths.

Similarly, policies focused on providing enabling and relief measures may have the goal of reducing the threat of unemployment, providing childcare so essential workers can continue to go to work, providing food for school age children who otherwise go hungry, or supporting workers in need of paid sick leave. The impact of these policies may be reflected in reduced unemployment, increased mobility due to the necessity to go to essential employment, or decreased mobility due to the social support necessary to comply with a stay-at-home or lockdown policy.

- **COVID-19 Caseload and Death data** are used to evaluate the impact of the pandemic on human lives. Key datasets include *The New York Times* COVID-19 Case Data which gathers and publishes COVID-19 cumulative case and death counts and are used to analyze disease data against specific policy implementation. Case and death data, including demographic information for the District of Columbia, is from the D.C. Coronavirus website (https://coronavirus.dc.gov/data). Cases and death data outside the United States are from Johns Hopkins University[35].

[35] Johns Hopkins University. (2021). *COVID-19 Data Repository by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University* [Data set]. Retrieved from https://github.com/CSSEGISandData/COVID-19.

- **Mobility data** are primary indicators of human behavior change. Population movement on the scale of both the individual and the community can be used to evaluate human-infrastructure and human-human interaction patterns and is being used widely in the context of COVID-19 to evaluate the effect of social distancing policies. Key datasets include the Google Covid-19 mobility reports[36] and SafeGraph social distancing dataset[37], both of which rely on aggregating anonymous geolocation data from cell phones to derive high resolution movement of people.
- **Essential work** is a classification used to designate specific types of work and workers as necessary and therefore allowed to continue working during other closures. To approximate how many people are considered essential workers, and therefore were not able to work from home, jobs categories and classification of those job categories based on whether or not the job can be performed from home, was adapted from Dingel and Neiman (June 19, 2020)[38,39] in combination with occupation data from the U.S. Census American Community Survey (2014-2018) to capture census tract level resolution for the occupations of residents across D.C.[40]
- **Population and demographic data** provide key information about who lives and works in the NCR. These data include not only basic counts, but information on demographic characteristics of those populations. The key datasets are the U.S. Census American Community Survey (2014-2018)[41] and the CDC Social Vulnerability Index.[41]

Analysis Methods

Case and death calculations. Case and death outcomes were taken as a seven-day rolling average in order to smooth-out individual reporting anomalies. Each area analyzed was recorded as the number of cases or deaths per 100,000 people, so that areas with a different sized population could be normalized against each other.

Mobility calculations. The average change in mobility is based on either SafeGraph or Google mobility data. In the SafeGraph dataset, a pre-pandemic baseline was calculated prior to the stay-at-home period (January-February 2020) and all changes are represented as the percent change from that timeframe. The Google mobility data comes from the COVID-19 mobility data set and examines changes in visits and lengths of stays, as a comparison to a pre-pandemic baseline. Google

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[36] Google. (2021). *COVID-19 Community Mobility Reports* [Data set]. https://www.google.com/covid19/mobility/.
[37] SafeGraph. (2021). *SafeGraph Places* [Data set]. https://docs.safegraph.com/docs.
[38] Dingel, J. I., & Neiman, B. (2020). How many jobs can be done at home? *University of Chicago, Booth School of Business, NBER, and CEPR.* https://github.com/jdingel/DingelNeiman-workathome/blob/master/DingelNeiman-workathome.pdf.
[39] Dingel, J. I., & Neiman, B. (2020). How many jobs can be done at home? [Code repository]. *University of Chicago, Booth School of Business, NBER, and CEPR.* https://github.com/jdingel/DingelNeiman-workathome.
[40] U. S. Census Bureau. (2019). *American Community Survey Data.* USA.gov. https://www.census.gov/programs-surveys/acs/data.html.
[41] CDC Social Vulnerability Index. https://data.cdc.gov/browse?tags=social%20vulnerability%20index

mobility patterns are broken down by categories such as residential, workplaces, grocery/pharmacy, retail and recreation (places like restaurants, cafes, shopping centers, and theme parks).

Understanding how many in the population can work from home versus the number who perform essential work. To understand how many job categories can transition to working from home, we used the methods and results from Dingel and Neiman (June 19, 2020)[42] including the code.[43] Finally, we used occupation data from the American Community Survey (2014-2018) to get census tract level resolution to identify the broad occupations that employ residents in D.C.[44]

Fall surge state outcome ranking methods. The seven-day average number of new daily cases (from *The New York Times*) was calculated per 100,000 (using census data). The start of each state's fall surge was defined as the first day each state reached 15 cases per 100k for 7 days in a row (using the seven-day moving average to smooth over differences in reporting). From that date until Feb 19, 2021, the area under the curve was calculated to quantify the extent of the fall surge, capturing both the peak (severity) and length of time each state was impacted. Each state was then ranked against each other based on the numerical severity of their fall surge.

Fall surge modeling methods.: In order to understand which policies may have had the greatest impact on cases during the fall surge, the best performing states and the worst performing states were compared using a series of decision tree-based models. A model was built using the policies states had in place to identify whether a state's case outcomes were in the best or worst group. The model could then identify, with 85% accuracy, which states had the least or greatest COVID-19 case impacts on a new set of policy data. Since the database captures a large number of policies, this approach can narrow in on a set of policies that had an impact, as measured by the type of polices that differed most among states with higher or lower numbers of cases or deaths.

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[42] Dingel, J. I., & Neiman, B. (2020). How many jobs can be done at home? *University of Chicago, Booth School of Business, NBER, and CEPR*. https://github.com/jdingel/DingelNeiman-workathome/blob/master/DingelNeiman-workathome.pdf.

[43] Dingel, J. I., & Neiman, B. (2020). How many jobs can be done at home? [Code repository]. *University of Chicago, Booth School of Business, NBER, and CEPR*. https://github.com/jdingel/DingelNeiman-workathome.

[44] U. S. Census Bureau. (2019). *American Community Survey Data*. USA.gov. https://www.census.gov/programs-surveys/acs/data.html.

Findings

The COVID-19 timeline across the United States

All states across the United States have experienced significant impacts from the COVID-19 pandemic with some states experiencing impacts earlier than others and all states being hard-hit in the fall case surge. In spring and summer 2020, impacts were more concentrated in a subset of states and more cases were seen in urban areas, including D.C. than in less heavily populated areas. As shown in Figure 1, the spring surge saw a peak case count of 36,676 cases nationwide on April 24th, and a peak in reported COVID-19 deaths of over 2,700 in mid-April.

Following policy actions and changes in behavior, states were able to 'flatten the curve', bringing down the average number of daily cases (Figure 1A). D.C. peaked at 27.4 cases per 100,000 residents (referred to as 'per 100k' for the remainder of this report) in the spring surge, and 1.7 deaths per 100k, putting D.C. above the average state during the spring. However, throughout the rest of the pandemic year and through the implementation of key policies, D.C. kept relative cases lower than most of the country, even when accounting for the national surges in the summer and fall. Though the fall surge of the pandemic was still worse than the spring, D.C. had a lower number of cases, peaking at 47 cases per 100k, than the United States high of 71 cases per 100k (highest seven-day moving average after August 1, 2020). Deaths in the fall surge were reduced in D.C., both relative to the spring surge and to the U.S. average, peaking at 0.83 deaths per 100k (Figure 1A, D).

While Washington, D.C., and certain states kept cases lower than other states as noted earlier the overall loss of life in the United States has been higher when compared to other countries including on a per capita basis (see Figure 1B, Australia, New Zealand, and Canada as examples for comparison). For comparison, Australia saw, at its peak, 2.29 cases per 100k, with 0.09 deaths (716 cases, 59 deaths on their worst day) and New Zealand had 1.6 cases per 100k, and 0.03 deaths per 100k. Canada has also had much better pandemic outcomes than the United States, though it still saw an increase in cases in the fall compared to spring. More like the United States, the United Kingdom had a very severe fall surge, by some measures even worse than the United states, peaking at 91.15 cases per 100k and 1.91 deaths per 100,000 UK residents.

Over the course of the pandemic, the United States successfully reduced the likelihood that someone who contracts COVID-19 would die from the disease, measured in the aggregate as the case fatality rate (CFR). The CFR for the shows that new treatments and better understanding of the COVID-19 disease did improve CFR as time went on (Figure 1D). As the pandemic became more controlled in the summer and into the early fall, case fatality rates stayed at a much lower rate throughout. The District of Columbia had an initially high CFR, but the numbers stabilized with the U.S. average. However, the fall surge reversed some of these gains for D.C. and nationally (Figure 1D; see January and February).

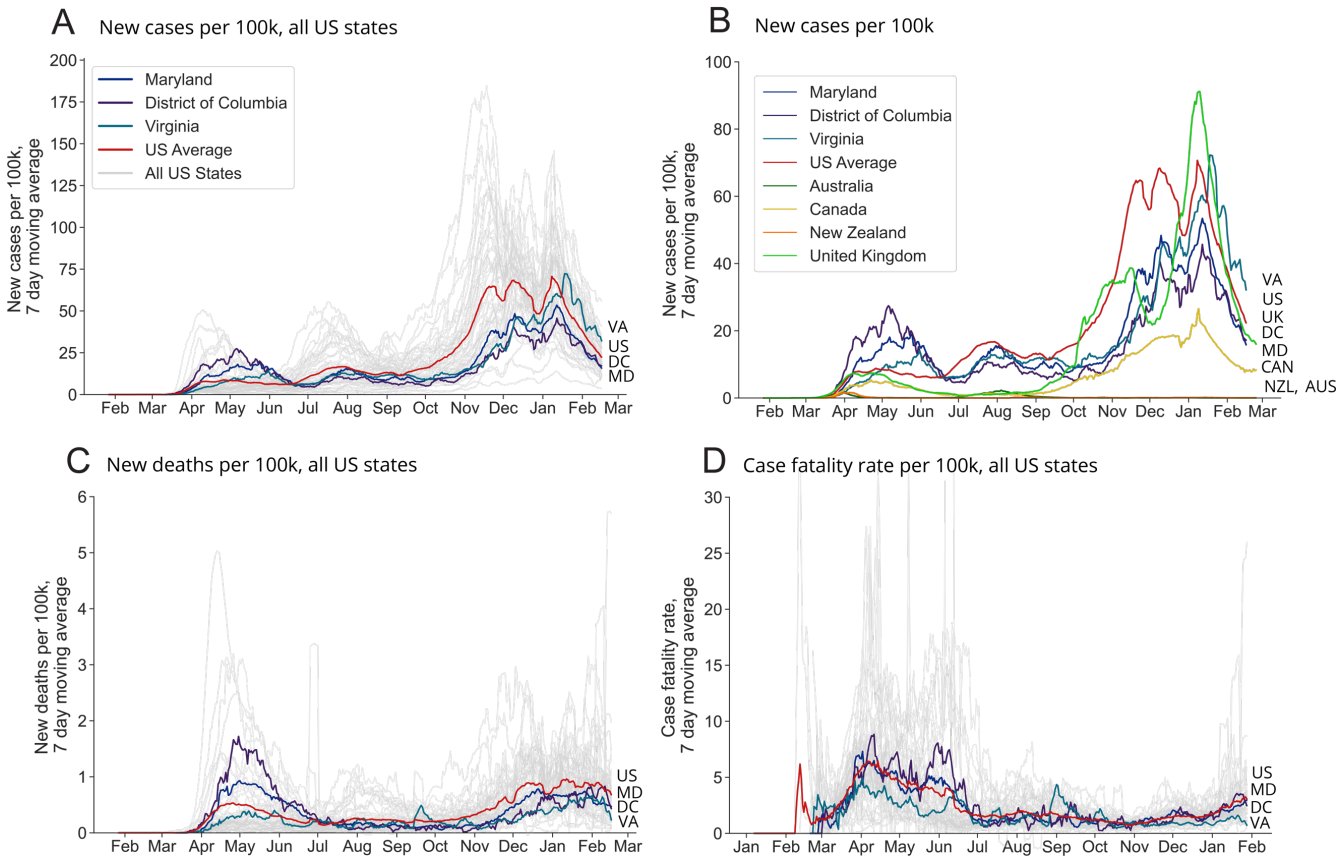


Figure 1: Cases and deaths across the United States, and globally. U.S. data is from the New York Times[45] and global cases from Johns Hopkins University.[46] The population data is from a repository of census data, globally[47] and each country's cases (A, B) and deaths (D) are calculated per 100k to normalize the data. Data are a seven-day moving average. Case fatality rate (D) is calculated as deaths/cases (per 100k), again using seven-day moving average.

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[45] New York Times COVID-19 caseload source data (https://github.com/nytimes/covid-19-data)

[46] Johns Hopkins University. (2021). *COVID-19 Data Repository by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University* [Data set]. Retrieved from https://github.com/CSSEGISandData/COVID-19.

[47] John Snow Labs. (2018). *Population Figures by Country* [Data set]. https://datahub.io/JohnSnowLabs/population-figures-by-country.

Using policy to mitigate COVID-19: Spring surge versus fall surge

Understanding the types of policies that change behavior and ultimately shape the outcomes of the COVID-19 pandemic in cases and deaths is key to determining the best path forward both in handling COVID-19 as an endemic disease and to inform future policy decisions in the next widespread public health emergency. The pandemic timeline can be viewed through the lens of each surge throughout 2020 and into 2021: the initial spring surge, the summer surge, then the fall surge. Each timeframe had a set of circumstances that influenced both policymakers and individual human behavior. The following analysis examines state-level policy environments, including D.C., to determine the policies that mattered most for reducing cases and for what types of policies is there evidence that behavior changed in ways that protected the public, and particularly vulnerable populations, from COVID-19.

The first special report in this series—an analysis of COVID-19 mitigation policies through early October 2020–identified that the earliest and most frequent types of policies enacted in D.C., Virginia, and Maryland were social distancing policies, though most other policy types (e.g., enabling and relief measures, face mask policies, support for public health and clinical capacity) also became part of the policy environment in the region.[48] To better understand how state policy environments have changed through the pandemic we compared the policy types enacted in the spring and in the fall of 2020, in order to capture differences in policymaking that reflects the different realities at these two times in the pandemic.

As shown in Figure 2, the general policy environment across states shifted as the pandemic unfolded. Strict social distancing measures in the spring, like stay at home orders and private sector business closures, evolved into mitigation measures for reopening and face mask policies in the summer and fall. To compare how the United States changed, we compared all policies enacted between March 1, 2020, and June 1, 2020, with policies enacted between August 1, 2020, and November 1, 2020, and summarized policies at a national scale across the United States (Figure 2). Each bar represents the proportion of policies of each type (e.g., social distancing, face masks, enabling and relief) relative to all policies enacted in that time frame. By fall, the proportion of policymaking related to social distancing decreased as the focus of new policies shifted to supporting reopening and early policymaking related to vaccinations. The trend was the same when considering all policies in place including not just those newly enacted but all those that remained in place, underscoring the shift toward a broader consideration of policies needed as the pandemic continued.

[48] Talus Analytics (2020, November 24). *Mitigation Policy During the Pandemic*. Office of the District of Columbia Auditor. Available from https://dcauditor.org/report/mitigation-policy-during-the-pandemic.

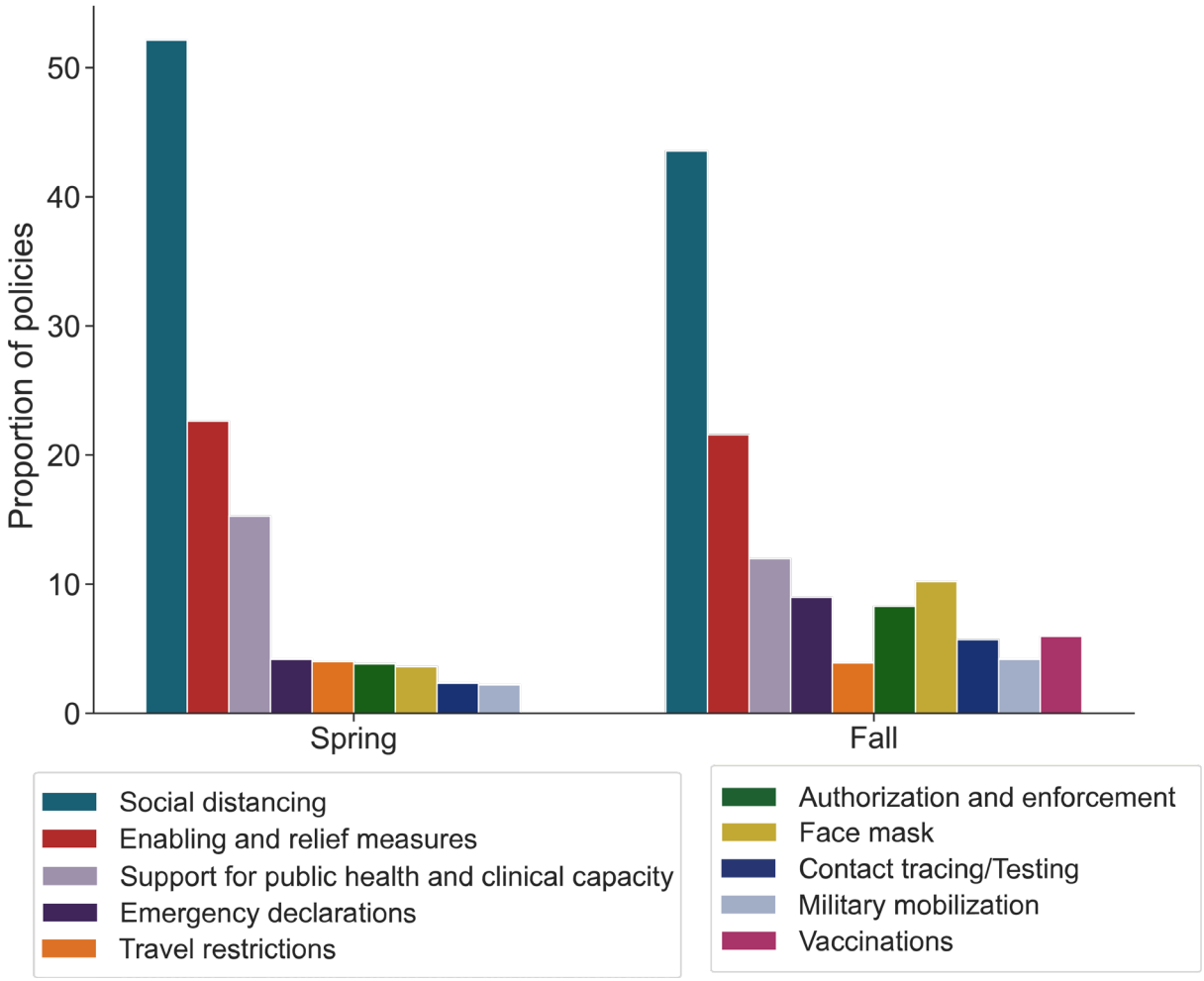


Figure 2: COVID-19 mitigation policies enacted, by policy category, as a percentage of all policies in the spring and fall of 2020. The spring policy environment included any policy written between March 1 and June 1, 2020, while the fall policy environment was any policy written between August 1, 2020, and November 1, 2020, corresponding timeframes of the spring surge in cases and the fall surge in cases.

In D.C., policies in place in the fall of 2020 included a set of new policies addressing enabling and relief measures and vaccinations (Figure 3A), which stands out in comparison to the rest of the country and to both Maryland and Virginia, where enabling and relief measures either held steady or were less likely to be enacted in the fall (Figure 2, 3B, 3C). Additional differences of note include the fact that face mask policies appeared earliest in D.C., while Maryland and Virginia passed these policies at the state level in advance of the fall surge with Virginia putting far more masking policies in place as the pandemic progressed (Figure 3B, C). Authorization and enforcement policies also rose in the fall most notably in Maryland and Virginia, with a lesser increase in D.C. Contact tracing the testing policies were implemented in D.C., but not in either Maryland or Virginia in the fall, even as these measures were highlighted as critical for the public health response.

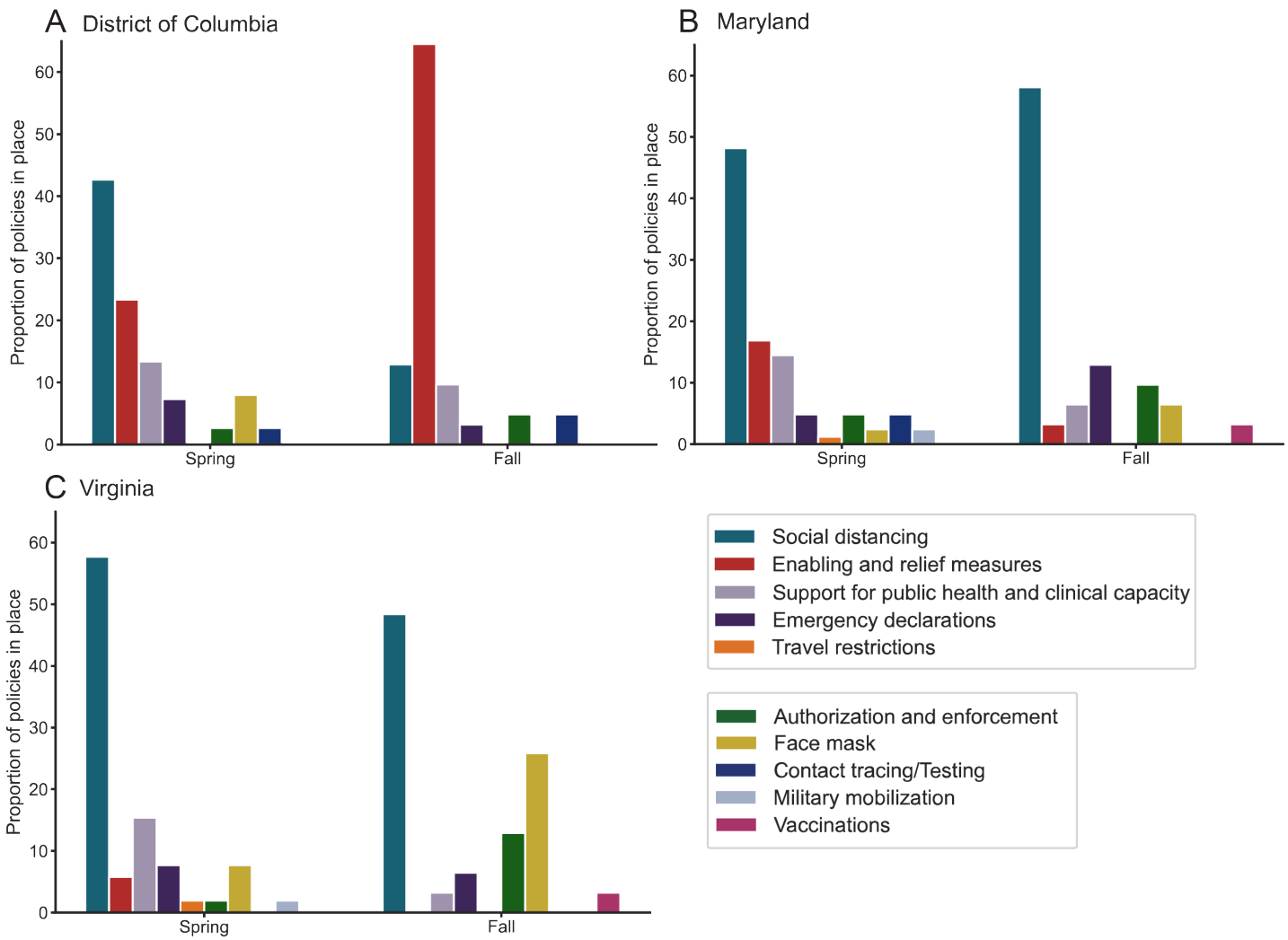


Figure 3: COVID-19 mitigation policies enacted in D.C., Maryland, and Virginia, by policy category, as a percentage of all policies in the spring and fall of 2020. The spring policy environment included any policy written between March 1 and June 1, 2020, while the fall policy environment was any policy written between August 1, 2020, and November 1, 2020. The District of Columbia continued to enact far more enabling and relief policies throughout the pandemic compared to Maryland and Virginia.

Within these major policy types, the shifts in state-level policy environments between spring and fall included a shift toward fewer states with policies mandating 'stay-at-home' or 'safer-at-home;' fewer mass gathering restrictions, and a reduction in policies regulating private sector and public service closures (Figure 4). Instead, the policy landscape included a greater proportion of states with face mask mandates and a continuation of policymaking that supported reopening businesses, such as the category of "adaptation and mitigation measures," a category of policies that include requirements for businesses as they resume or increase in-person operations.

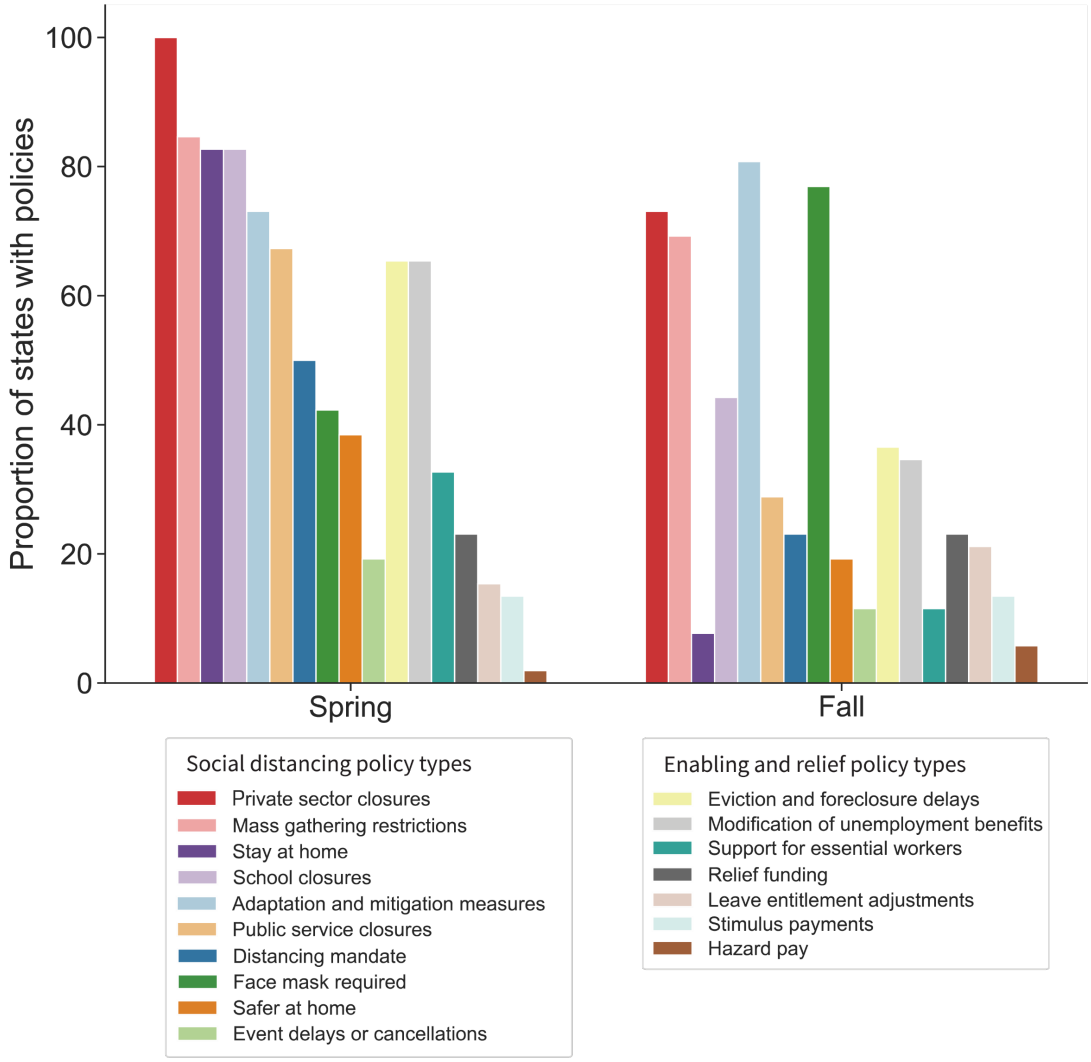


Figure 4: Proportion of states with key policy types in place in spring and fall 2020. Select policy types within the social distancing and enabling and relief categories showing the shift in policy environment.

In the initial spring surge, most states implemented strict 'Stay at home' orders. Consistent with these policies the overall behavior of individuals changed: people listened to the public messaging, and mobility around the country plummeted. This change in behavior can be measured by a number

of sources, including anonymized data that is made available through Google.[49] The peak change in mobility, measured through the anonymized locations captured from mobile phones, was observed in mid-March 2020 across the United States including D.C., Maryland and Virginia (Figure 5A, next page). Mobility patterns corresponding to staying at home, reducing trips to retail stores and work all showed large reductions from March until April (Figure 5A-D). Interestingly, D.C. had a much larger change in mobility patterns when compared to Maryland, Virginia and the U.S. average providing evidence that the policy environment in these states, and the District of Columbia to a greater extent, achieved the goal of changing public behavior in ways that reduce COVID-19 spread.

As the pandemic continued into the summer, the mobility behavioral patterns show that people gradually began leaving their homes for work or shopping (Figure 5). The only behavior that rebounded to a similar level as pre-pandemic movement was making a trip to the grocery store. Otherwise it is apparent that people were still modifying their behavior throughout 2020 to stay home more than during the pre-pandemic time period even though not as drastically as during the spring. The District of Columbia had a much larger change in mobility, compared to both the region and the U.S. average which suggests that more residents were able to work from home, and indicating that general social distancing policies aimed at encouraging people to avoid or reduce non-essential trips from home were successful in keeping people at home.

[49] Google. (2021). *COVID-19 Community Mobility Reports*. https://www.google.com/covid19/mobility/

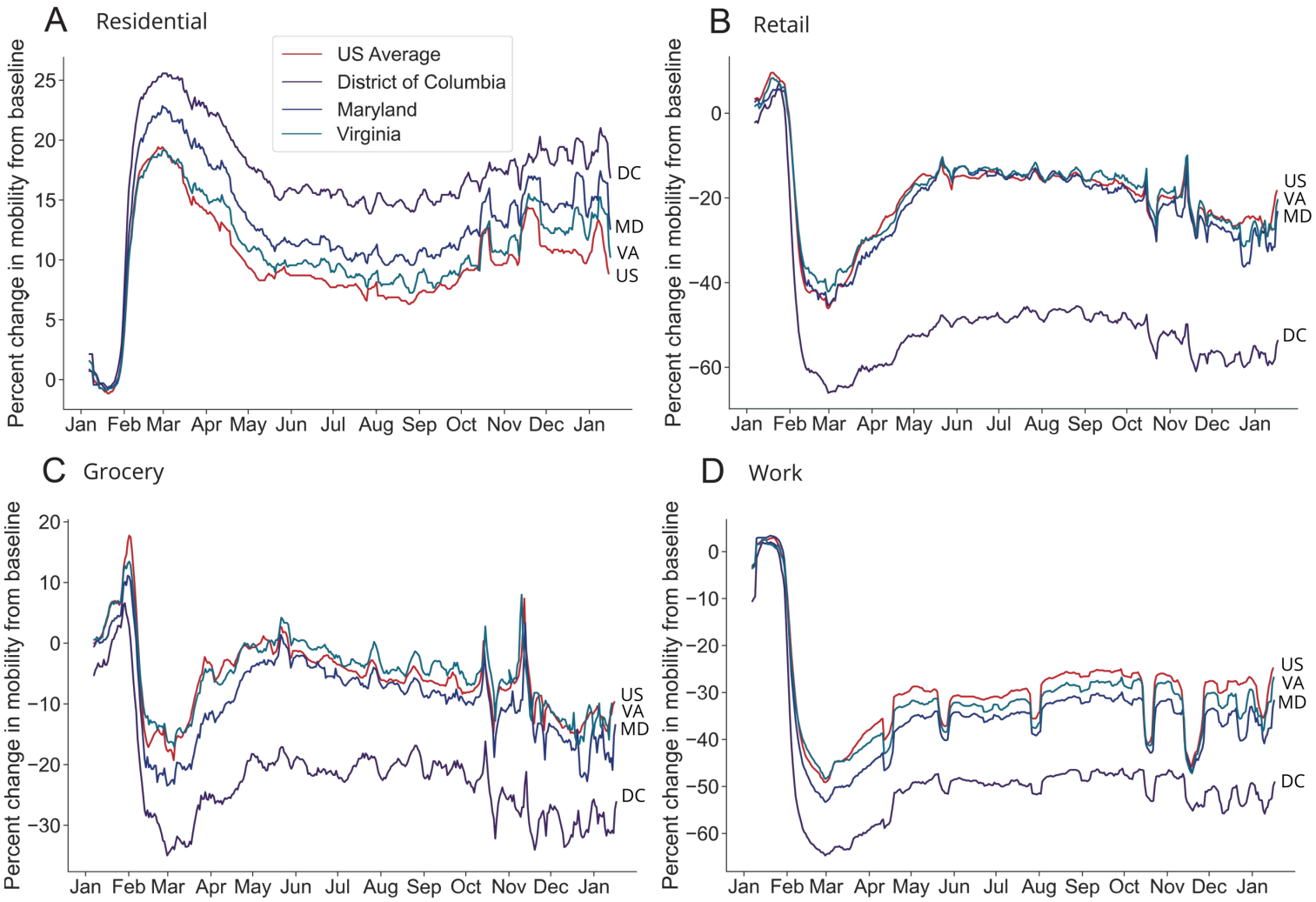


Figure 5: Mobility data across the United States. Google mobility data comes from aggregated, anonymized cell phone location data. The data shows how time spent in a specific type of location changed compared to the baseline, which was the median value from the 5-week period of January 3- February 6, 2021.

What policies were most successful in mitigating COVID-19?

As described in the previous section, the policy environment shifted from a relatively uniform approach early in the pandemic to states diverging in their approaches to what would reopen when, under what regulations, and the level of public support in place for industries and residents. Figure 6 (next page) summarizes these different approaches: each bubble represents the average length of time a policy was in place in a given category enacted by a state and states are ordered from least impacted (top) to most impacted (bottom) in terms of fall case count. (See Analysis & Methods for a detailed description of the approach of capturing fall surge case impacts, which accounts both for different starting points for fall surges and normalizes for state population size).

Overall, states with the heaviest fall caseload enacted fewer total policies, for a shorter period of time and from among a smaller set of the policy types. States with better outcomes, including the District of Columbia, tended to have a greater total number of policies and cover many of the policy types. However, these trends in the policy environment were not always consistent, with some states enacting quite a few policies while still having a very difficult fall surge, including Rhode Island as an example. Other states, like Virginia, relied on individual counties to implement any enabling and relief policies but still fared better than most during the fall surge. We performed a deeper analysis to assess which policy types, if they had been put in place prior to increases in cases in a state, might most likely explain differential outcomes during the fall surge, as described in the next section.

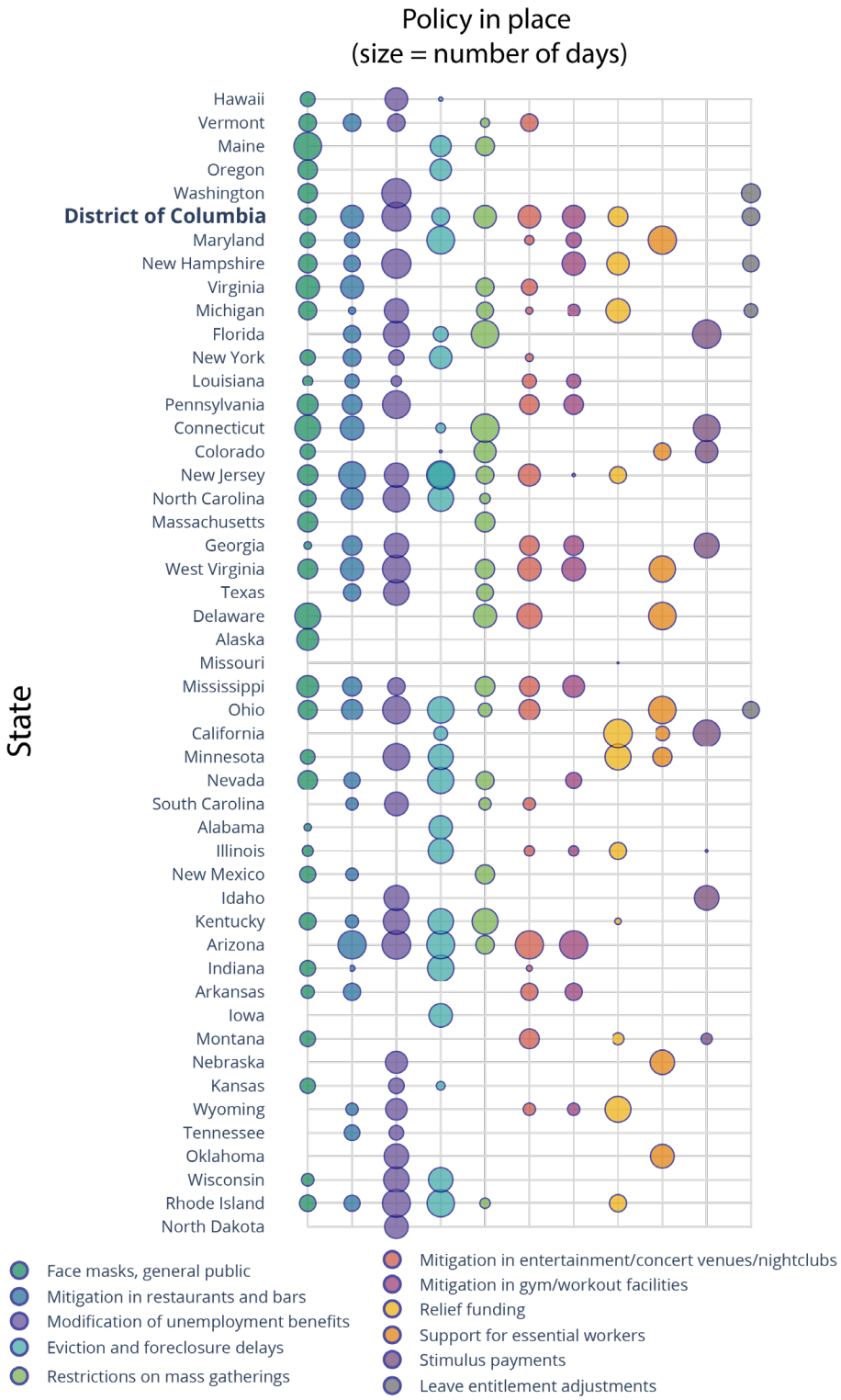


Figure 6: Number of COVID-19 mitigation policies, by type, for all states and the District of Columbia. States are listed in order by the impact of their fall surge, based on both case outcomes and the length of time the fall surge occurred. States with less fall surge impact are listed at the top. The bubbles represent the length of time a policy was in place, prior to the start of each state's fall surge- the larger the bubble, the earlier the policy was enacted.

Comparing how states "re-opened"

The fall surge was unlike the initial spring surge in the United States. Rather than a few concentrated locations of COVID-19 outbreaks, the pandemic spread widely across the country, including in more rural areas. Also, unlike the spring surge, each state now had a mix of policies in place. Some states were essentially fully open, while others still had strict social distancing policies in place. Due to this mix of policy environments and case outcomes, the fall surge provides a unique opportunity to examine what policy environment may have been the most effective.

To identify differences in policy environment between states with greater and less impacts of COVID-19 during the fall surge, we grouped states based on the severity of their fall surge. First, this analysis asked when the fall surge started in a state, based on when cases in the seven-day average reached 15 cases per 100k for 7 days in a row. States were then grouped into quartiles based on the magnitude of fall cases (Figure 7; Table A1 lists complete ranking based on state fall cases).

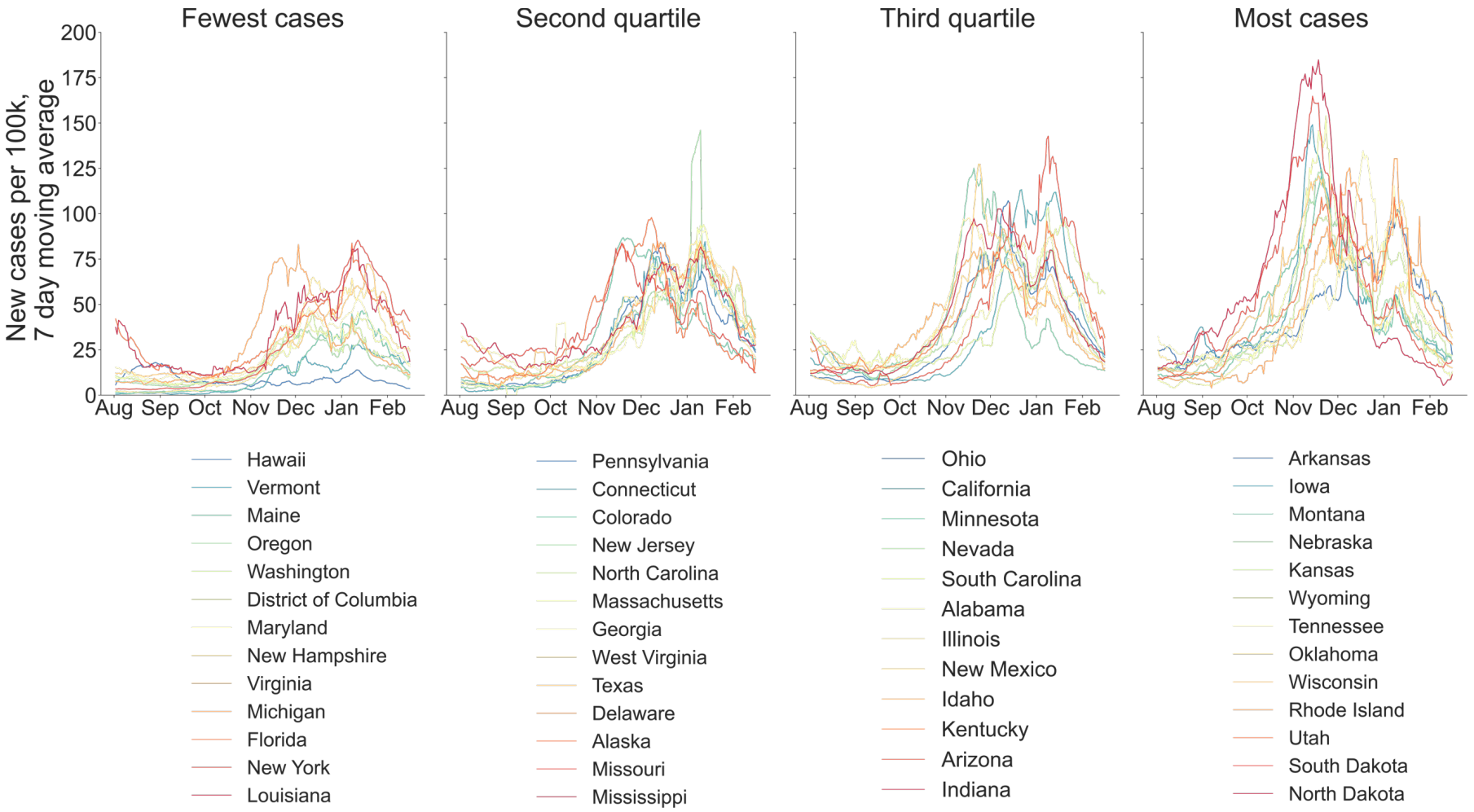


Figure 7: States grouped by quartile based on total cases and length of the fall surge. The seven-day moving average for cases was calculated using the New York Times data. Each state was ranked based on the fall surge outcome and grouped into 4 quartile-based categories. States are listed in each quartile top to bottom as least impacted to most.

For this analysis, social distancing policies were defined to include all policy interventions designed to reduce transmission of COVID-19. In the fall, this category included policies that define what industries could return to in-person operations, on what timeline, and under what requirements for mitigating COVID-19 risk. For states with the most cases (most impacted quartile), the average number of policies in place 60 days before the respective start date of their fall surge was just 3 policies (Figure 8) compared to an average of 9-15 policies among the states with lower caseload (all other quartiles).

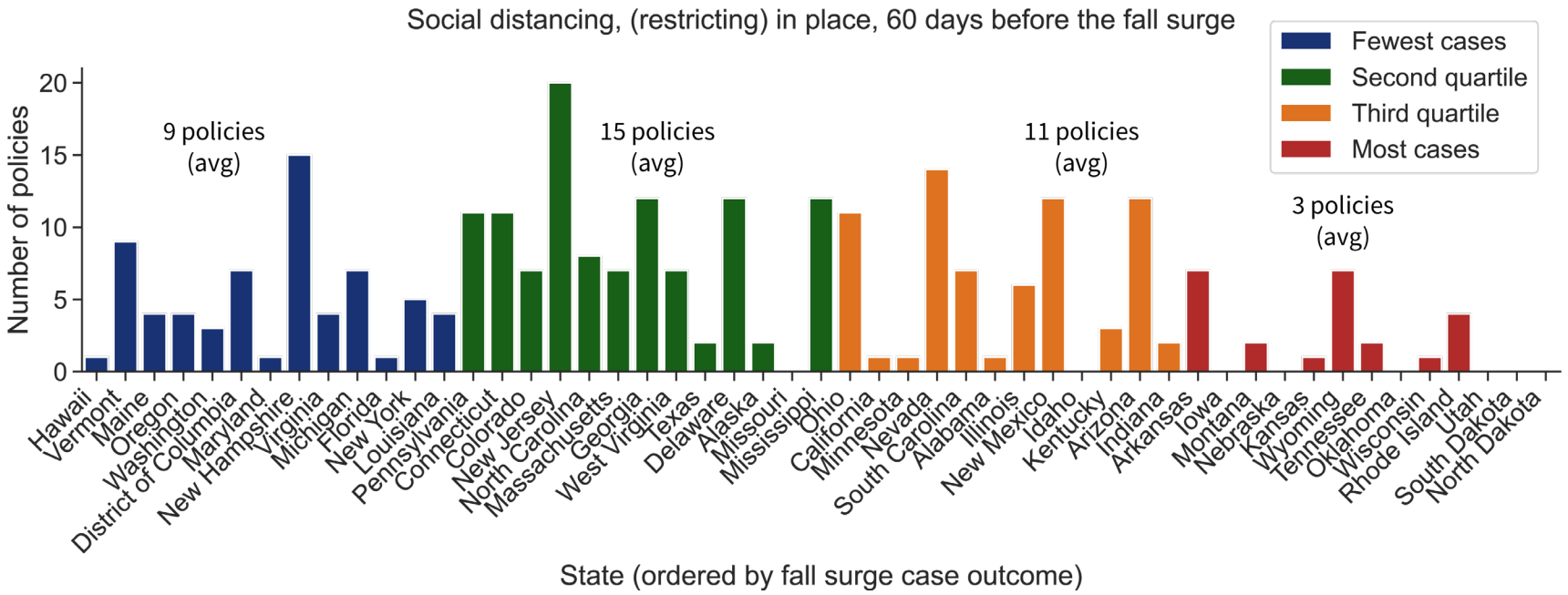


Figure 8: Social distancing policies in place before the fall surge for states that experienced different levels of impact. For each state, the total number of restricting, social distancing policies in place 60 days prior to the fall surge is plotted, ordering the states by their fall surge outcome.

Changes in mobility patterns in these four groups of states appear to follow policy implementation. The states more impacted in the fall (as defined as those with more cases) had residents less likely to stay home and more likely to spend time at retail and grocery stores throughout the summer and into the fall. Their residents were also less likely to change their behavior as the fall surge began (see Figure 9). While all states showed a significant reduction in mobility and corresponding increase in the amount of time spent at home (Figure 9A), the quartile of states least impacted by cases in the fall surge had notably less mobility in the retail setting compared to other states (Figure 9B). Activity associated with grocery shopping was also significantly reduced, and those states with the highest caseload during the fall surge had noticeably more activity in the sector throughout the pandemic, but especially in the summer of 2020 compared to those who more effectively limited cases (Figure 9C). These changes were not directly mirrored by mobility associated with work, which was more evenly distributed, though this activity was still most reduced in those states with the least cases (Figure 9D).

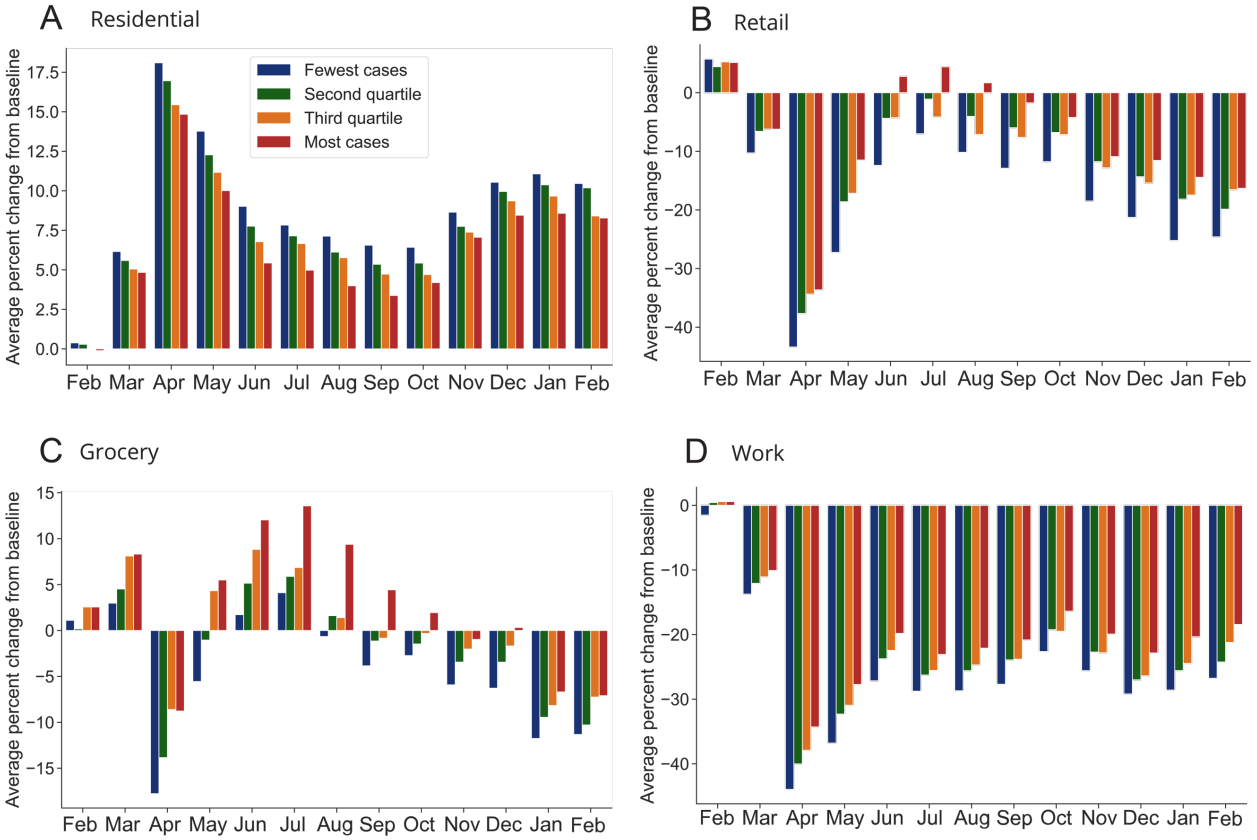


Figure 9: Mobility comparison across groups of states, based on the fall surge outcome. The average change from pre-pandemic baseline in the Google mobility data, across each month.

To understand which policies among the broad category of social distancing had the greatest impact on cases during the fall surge, we compared states with the most fall cases with those having the least cases using a decision tree-based modeling approach (see Analysis & Methods section) designed to identify what types of policies best explained differences in fall impacts across states. Then, the

model considered social distancing policies in place[50] in each state to group them by predicted outcome for whether they were among the more or less impacted states by COVID-19 cases in the fall, using the four quartile groups of states, including D.C. Across many runs of the model, we identified the key policy types that distinguished between the most and least impacted states.

The strongest statistical predictor of better outcomes in the fall surge was a broad, state-level face mask mandate addressing face mask requirements in public and private business settings (Figure 10, deep red bars to the left represent policy types associated with less case burden). Policies that required face masks in private businesses, but did not address other settings, were also associated with fewer cases but to a lesser extent than the broader face mask mandates. Mitigation policies -- those that define requirements for risk mitigation as businesses operate during the pandemic -- also were associated with lower case burden when in place for bars and restaurants as well as concert venues/night clubs. Interestingly, it seemed important to have some form of mass gathering restriction policy in place even when restrictions were relaxed from their initial levels, as indicated by the fact that both relaxation and further restrictions on mass gathering both were associated with lower case burden. It may be that simply providing clear policy guidance around mass gathering restrictions is the most important factor rather than the level of stringency. For example, the sustained decreases in mobility described earlier may reflect a public understanding of risk and lead individuals to be less likely to gather in large groups regardless of the policies in place. Overall, more and longer re-openings of non-essential businesses and the reopening of bars and restaurants were associated with more case burden (Figure 10, blue bars to the right).

[50] Policies in place at any point in the 60 days before the date marked as the start of the fall surge in a given state were considered by the model.

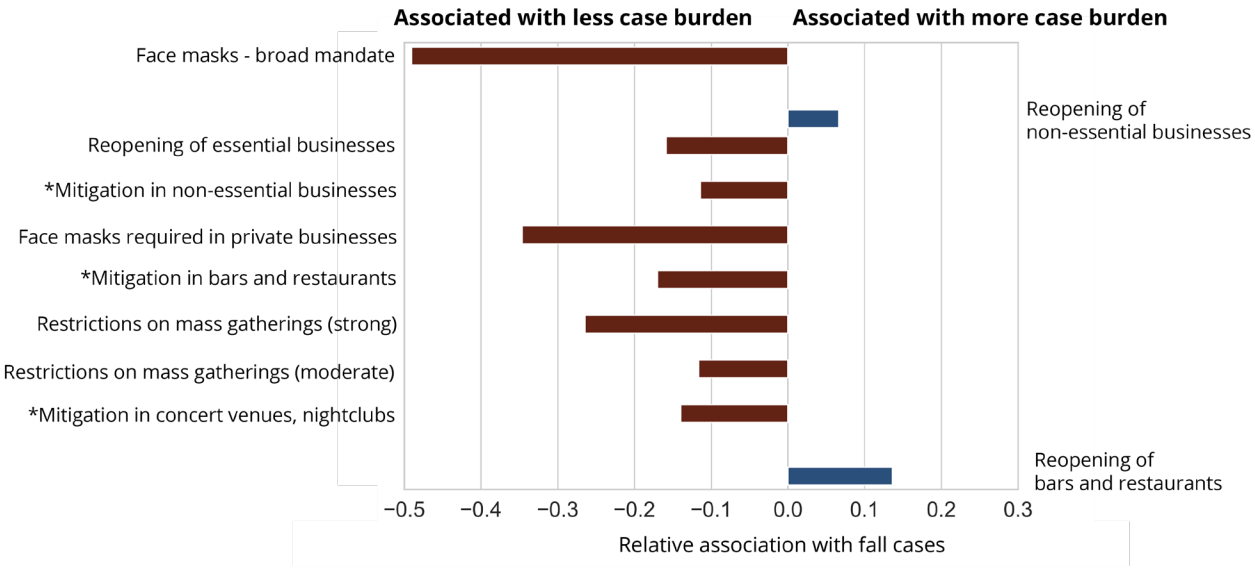


Figure 10: Policies identified to have an impact on fall surge outcomes, for the best versus worst performing states. Face mask mandates (both broad and specific to essential businesses), restrictions on gatherings, and a focus on mitigation in restaurants and concert venues were more likely to correspond with states that had relatively fewer cases in the fall. *Mitigation measures refer to requirements for risk-reduction that a business must implement to re-open, such as capacity limitations, cleaning requirements, or reduced hours of operation.

Looking at social distancing policy sub-types identified by the model and the differential fall case outcomes (e.g., broad face mask mandate, mitigation measures for bars and restaurants), there are clear trends that states with fewer of these policies in place 60 days before their fall surge saw a higher caseload in the fall (Figure 11). The four groups of states segmented by fall surge cases in Figure 11 show the significance of public policy on combatting the spread of COVID-19. Generally, restricting indoor gatherings has been key to preventing widespread community infections.51 Broad face mask policies in place were more likely to have been implemented in states that had better fall surge outcomes particularly as states move to reopen businesses, consistent with previous research on the benefits of face masks on preventing COVID-19 spread.[52]

[51] Kaufman, B.G., Whitaker, R., Mahendraratnam, N. et al. (2020). Comparing Associations of State Reopening Strategies with COVID-19 Burden. *J Gen Intern Med* 35, 3627–3634. https://doi.org/10.1007/s11606-020-06277-0.

[52] Joo, H., Miller, G.F., Sunshine, G., Gakh, M., Pike, J., Havers, F.P., Kim, L., Weber, R., Dugmeoglu, S., Watson, C., & Coronado F. (2021). Decline in COVID-19 Hospitalization Growth Rates Associated with Statewide Mask Mandates - 10 States, March-October 2020. *MMWR Morb Mortal Wkly Rep.*, 70(6), 212-216. https://doi.org/10.15585/mmwr.mm7006e2.

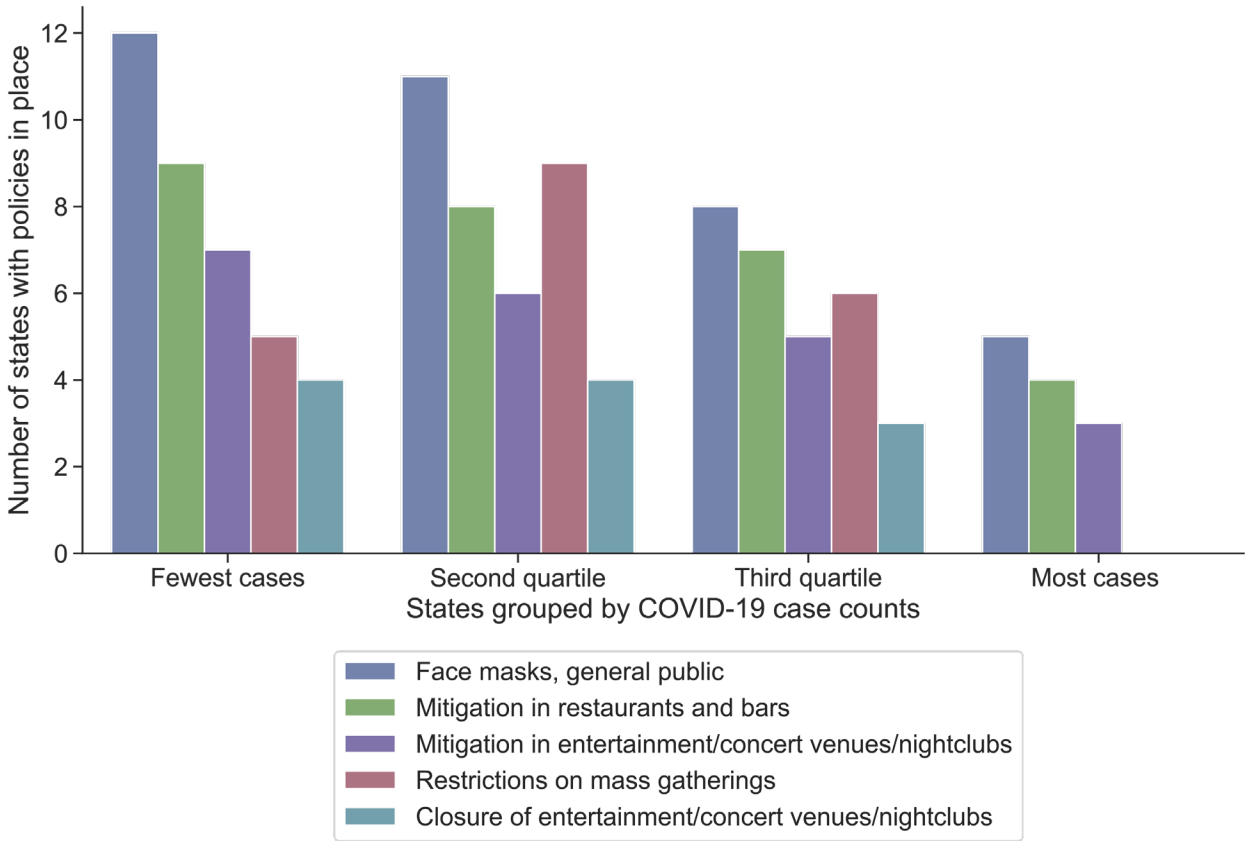


Figure 11: **Number of states with key social distancing policies in place, 60 days prior to the fall surge**. A state was considered as having a policy in place if the policy started any time before the fall surge, that did not expire within 60 days of the start of the surge. The average length of time a policy was in place, across all areas was 80 days, with only 7% of policies implemented for fewer than 14 days.

The timing of social distancing policies was also a key to success. Not only did more states with better outcomes in the fall surge have face mask policies in place along with restrictions on mass gatherings and mitigation measures for bars and restaurants, but they also had these policies in place earlier in the pandemic, specifically relative to the fall surge, than states that had the most cases (Figure 12).

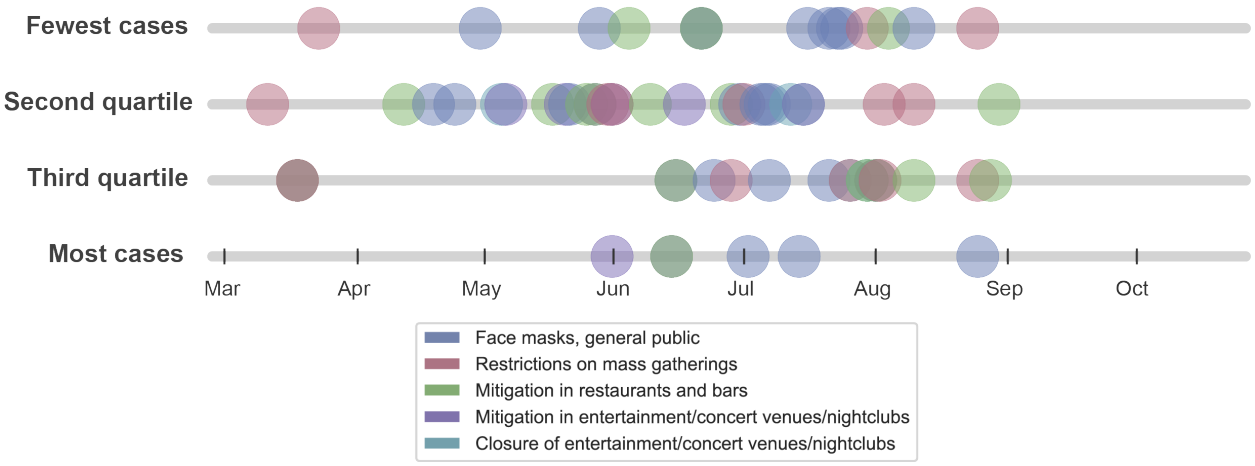


Figure 12: Timing of key social distancing policies. Each circle represents when a state has implemented a policy from key social distancing categories that was in place for at least 30 days before October 1, 2020.

What policies beyond social distancing had an impact?

A prior special report in this series[53] analyzed COVID-19 cases and fatalities within D.C., by Ward, relative to the demographics of each Ward and the likelihood that residents within specific Wards have occupations amenable to transition to work from home during the pandemic. Since not everyone has a job that can be performed at home, this report underscored the importance of supporting those essential workers who must leave home and come into contact with the general public each day (e.g., those working in healthcare, grocery, retail, hospitality, etc.). Furthermore, across the United States, the disproportionate COVID-19 impacts on Black and Hispanic Americans are compounded by the fact that a greater proportion of frontline and essential workers are Black and Hispanic.[54] As reported previously, the D.C. Wards with the highest case fatality rates include Wards with greater proportions of Black residents (Figure 13A, B).

Key findings from this prior report indicated that essential and frontline workers appear to be more mobile, concentrated in Wards 7 and 8, and to a lesser extent, Wards 4 and 5. The effect of social distancing policies and efforts to promote work from home did not increase stay-at-home behavior equally and evenly across D.C. At the neighborhood scale, inability to work from home correlated with more mobility (Figure 13C) and aligned with social and economic risk factors including lower income, lower high school graduation rates, and higher indexed measures of social vulnerability (Figure 13D). Taken together, analysis in the prior report showed that racial and ethnic groups and

[53] Talus Analytics. (2021, January 26). *Analysis of Demographics and Mobility Across D.C. During COVID-19*. Office of the District of Columbia Auditor. Available from https://dcauditor.org/report/analysis-of-demographics-and-mobility-across-d-c-during-covid-19.

[54] Zelner, J., Trangucci, R., Naraharisetti, R., Cao, A., Malosh, R., Broen, K., Masters, N., & Delameter, P. (2020). Racial Disparities in Coronavirus Disease 2019 (COVID-19) Mortality Are Driven by Unequal Infection Risks. *Clinical Infectious Diseases*, 72(5), e88-e95. https://doi.org/10.1093/cid/ciaa1723

essential workers and geographic areas of D.C. with large populations not able to work from home are the same as those areas most impacted by COVID-19 and those areas with the largest Black and Hispanic populations, consistent with national trends and underscoring the importance of policies aimed at protecting frontline and essential workers as they can also help to protect those most vulnerable based on social and economic standing.

Given the importance of considering social support as part of the COVID-19 pandemic response identified in the prior report, the following section uses the COVID-AMP dataset to analyze what supporting policies were in place, when and where, and whether having these policies in place aligns with better outcomes in terms of COVID impacts. In COVID-AMP, these supporting policy types comprise the "Enabling and relief" policy category.

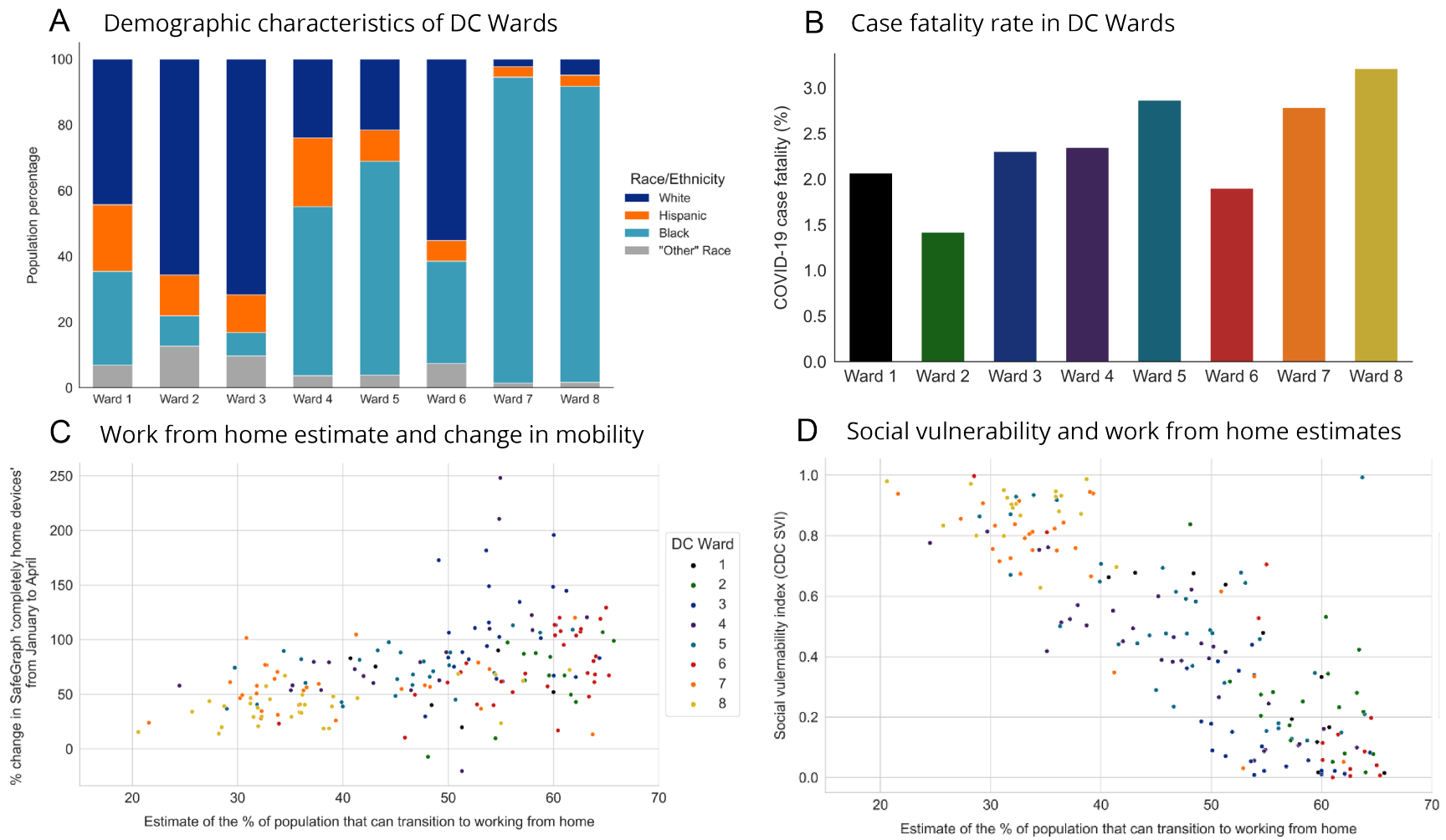


Figure 13: Previous findings from report analyzing of demographics and mobility across D.C. during COVID-19, as of March 16, 2021. A. Relative demographic breakdown of D.C. Wards. **B.** Case fatality rate by D.C. Ward, which is highest in Ward 8. **C.** Relationship between ability to transition to work from home and staying at home. Note: when considering percent change, the value can be read as "1.5 times (150%) the baseline mobility level. Correlation coefficient 0.42, $p<0.0001$. **D.** Relationship between Social Vulnerability Index (CDC SVI) and the estimate of the population that can work from home. Correlation coefficient 0.7, $p<0.0001$. Colors for D.C. Wards as in panel C.

Evaluating the role of enabling and relief measures

The two main groups of policies that states implemented to both combat the pandemic and support its citizens are categorized in COVID-AMP as 'Social distancing' and 'Enabling and relief'. Social distancing policies aim to combat COVID-19 by reducing the transmission of the virus between individuals. Enabling and relief policies typically center around stimulus payments, providing regulatory relief, changing leave entitlement, delaying evictions and foreclosures, and other measures to support essential workers. Each state had its own response in terms of enacting policies in this category. Enabling and relief policies afford a mechanism to provide support to vulnerable populations and to frontline and essential workers.

States that had the most severe fall surge, measured as a combination of length of time and number of cases, had only about half the number of enabling and relief policies in place as states that had lower caseloads (Figure 14, bars in red at right). The approach described above for analyzing social distancing policies was applied to groups of states based on the magnitude of cases during their fall surge and the number of enabling and relief policies in place 60 days prior to the fall surge (Figure 14). Notably, there was not a significant difference in the total number of policies in the top three quartiles, as ranked by fall surge caseload. However, those in the lowest quartile had half the policies overall.

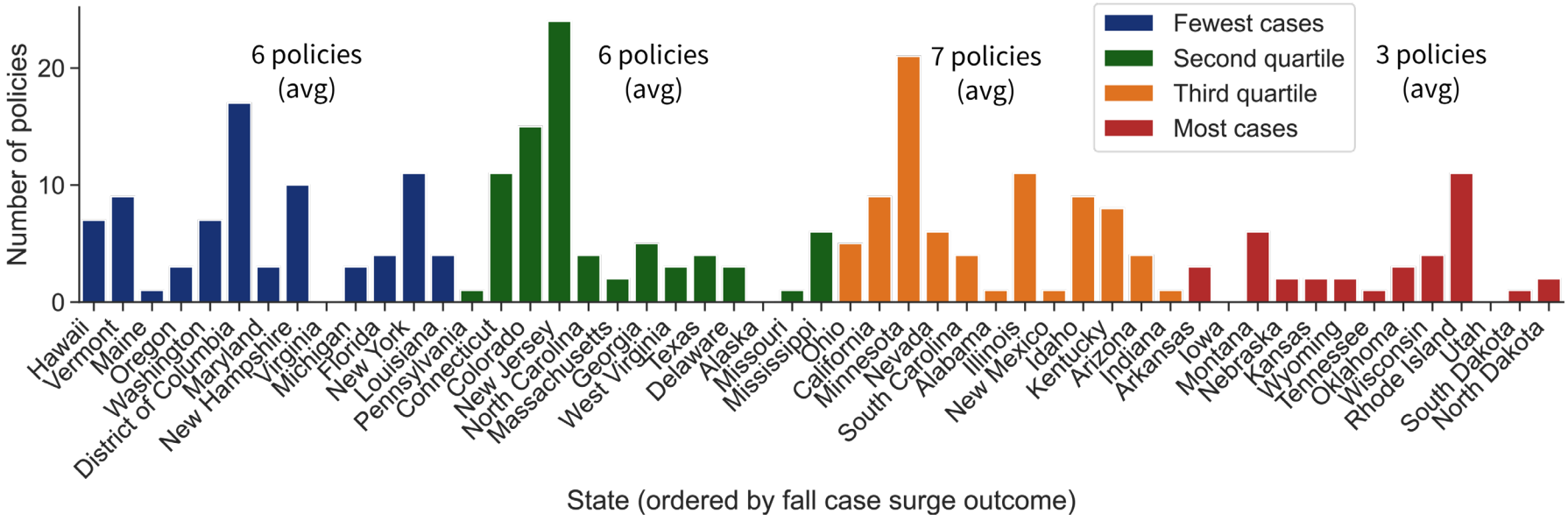


Figure 14: Enabling and relief policies enacted at the state level. The total number of enabling and relief policies that were active at some point during the 60 days leading up to each state's fall surge. States are ordered by the impact of their fall surge case outcome.

As shown in Figure 15, when these types of enabling and relief measures were analyzed in more detail, there were a few policies that were more likely to be enacted in all but the most impacted states. Specifically, modification of unemployment benefits and leave entitlements were both significantly more frequently found in those states with the fewest cases in the fall, as compared with states with the greatest fall surge.

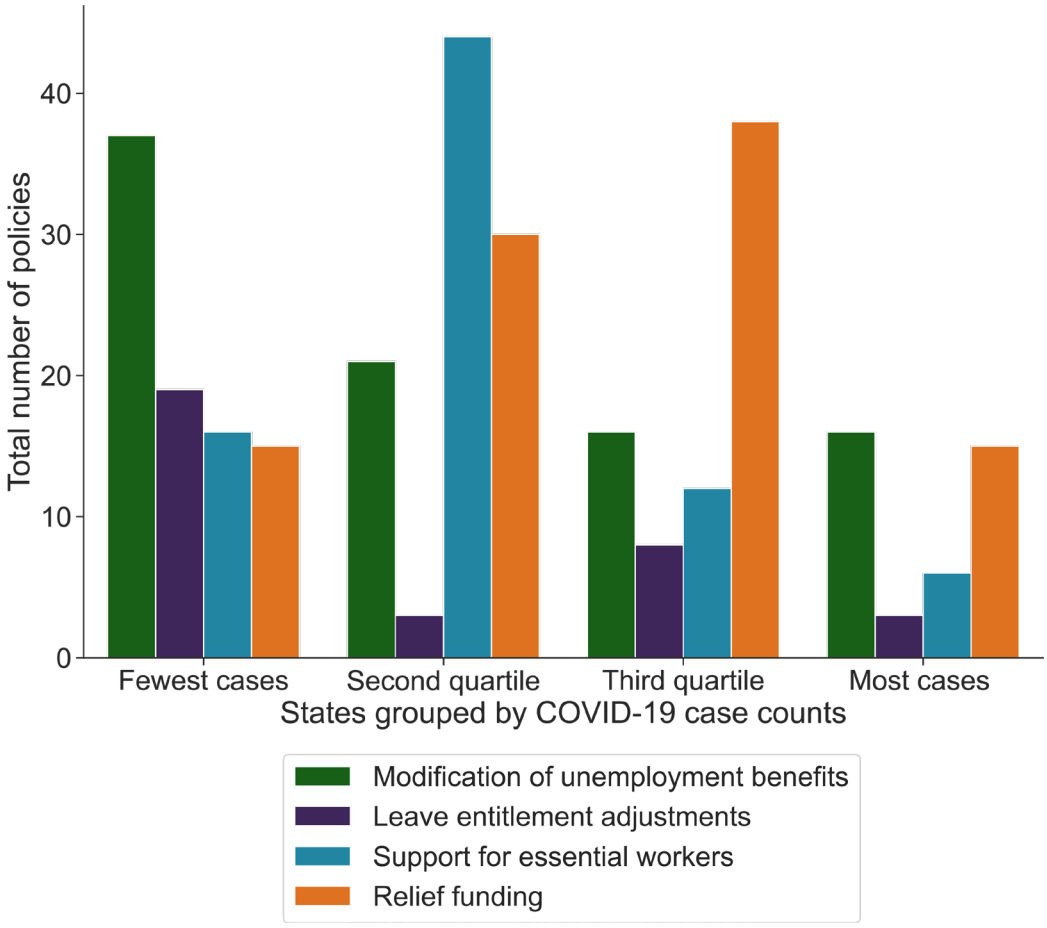


Figure 15: **Enabling and relief policies**. Total number of enabling and relief policies enacted in four key categories across all states, based on fall surge outcomes. Though a single policy type was not favored among the best performing states, there were many more total policies in places in those states, compared to the group of states with the most cases during the fall surge.

While we have focused on COVID-19 cases, obviously fatalities from COVID-19 are an important outcome by which to measure policy efficacy. This metric is particularly important given the disproportionate risk of dying from COVID-19 among essential workers. To consider fatalities in the fall surge as part of understanding what differentiated a successful policy environment, each state was ranked based on population-adjusted loss of life (per 100,000 state residents) totaled across the course of the state's fall surge, using the same fall timeframe used for cases. States were then grouped into quartiles and the relative grouping of each state was compared for cases versus deaths. Notably, those states that ranked much lower on fatality outcomes relative to rank based on cases

include Florida, Georgia, Michigan, Louisiana, Texas, Missouri, West Virginia, Pennsylvania, New Mexico, Indiana, Mississippi, Arizona, and Alabama.

When comparing states that had more deaths during the fall surge relative to cases, a key set of policies stood out. States that had more deaths were also those that had very few policies in place that supported workers, both through relief funding and other specific supports (Figure 16). The economic and social pressures on essential workers and vulnerable populations have a ripple effect, causing more people to have to go to work, even when that puts them or their families at risk, and means they are more likely to contract COVID-19 and bring the virus home. These states also tended to have earlier starts for their fall surges, suggesting an additional potential impact of not having those policies in place (data not shown).

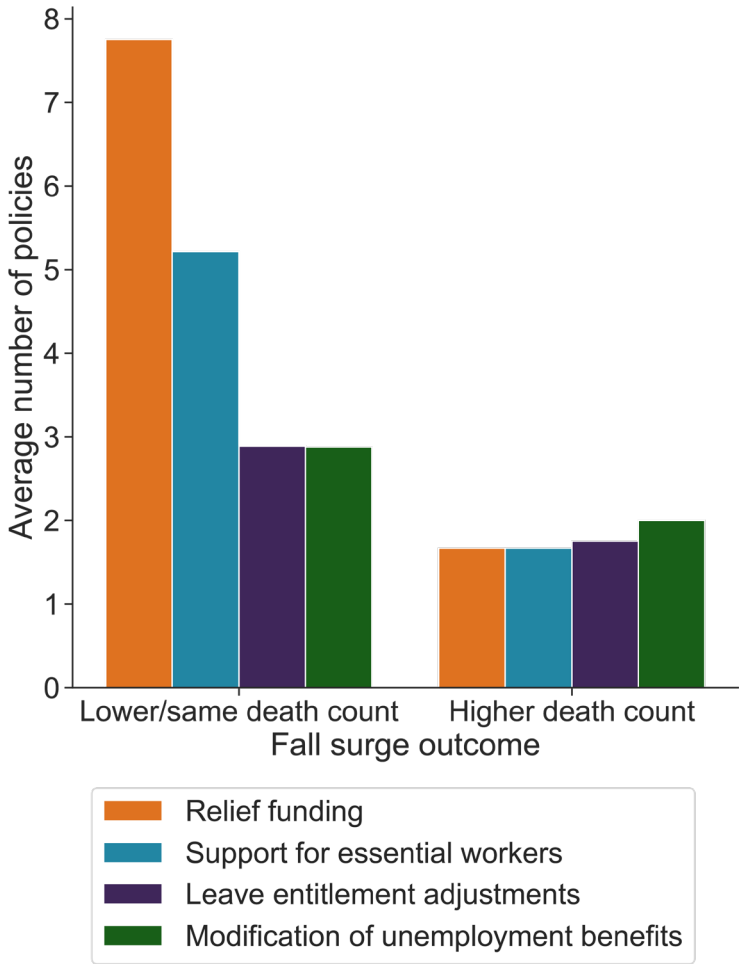


Figure 16: Key subset of enabling and relief policies in states that had worse relative death outcomes, compared to cases, during the fall surge. Average number of enabling and relief policies in states with worse death outcomes in the fall, as assessed by having moved to a more impacted group of states for deaths compared to cases. A policy was considered active prior to the fall surge if it was started at any point prior to when the state reached 15 cases per 100k and had not expired within 60 days of that date.

The timing of enacting enabling and relief policies also appears important for states that had lower fall impacts, but in a different way than social distancing policies, which appears to primarily have been a distinction of having policies in place early. For enabling and relief policies, the key seems to be early implementation and ongoing retention. The top two categories of states for fall case outcomes continuously enacted policies in the summer and early fall, not only having more policies in place, but having those benefits available sooner and apparently continuing to update policies as conditions changed (Figure 17). Previous research has found factors outside of just age that explain excess COVID-19 deaths, include living in a highly populated area with higher air pollution and less access to regional healthcare facilities.[55]

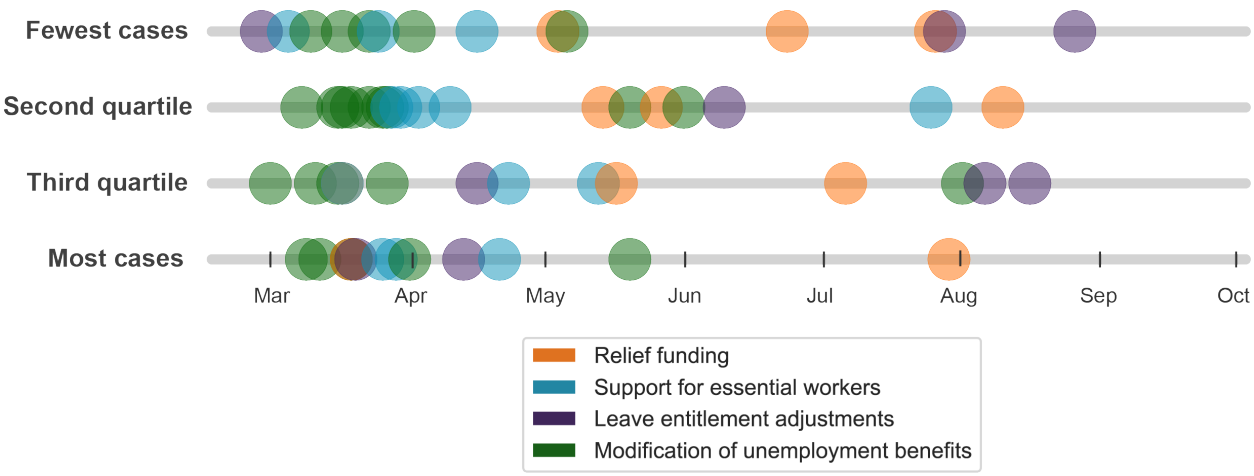


Figure 17: Timing of enabling and relief policies, prior to October 1, 2020. Each dot represents when a state enacted a policy. States are grouped based on their fall surge case outcomes into fewest to most cases. Nearly all states enacted some enabling and relief measures during the initial spring surge.

Layering public policy actions

While staying home and avoiding contact with others is possible for some workers, it is often not an option for essential workers or economically vulnerable non-essential workers who rely on wages to cover basic costs of living. To support these workers during a pandemic, a stable economic support system needs to provide the financial option to stay home without fear of losing their homes, being unable to care for dependents, or going into debt. Additionally, essential workers may require access to childcare, additional healthcare coverage, or increased compensation in exchange for putting themselves at higher risk of contracting COVID-19.

[55] Esteban Correa-Agudelo, Tesfaye B. Mersha, Andrés Hernández, Adam J. Branscum, Neil J. MacKinnon, Diego F. Cuadros (2020). Identification of Vulnerable Populations and Areas at Higher Risk of COVID-19 Related Mortality in the U.S. medRxiv 2020. https://doi.org/10.1101/2020.07.11.20151563

Though the research is still evolving, initial analysis from the COVID-19 pandemic has shown that the ability to work from home, and conversely, the number of workers that are considered 'essential' is an important determinant of impacts as are the public policy protections in place to support these populations. There is evidence that areas of the country with more essential workers have had both higher cases and deaths from COVID-19. In one analysis, it was reported that COVID-19 growth rate increased in states with higher percentages of essential workers (during reopening) but that supporting those workers by providing health insurance access for low-income workers (via Medicaid expansion) helped to reduce COVID-19 cases in a reopening model.[56] Another study analyzed when stay-at-home orders were enacted and lifted across the states and showed a strong linkage between social safety net protections (paid sick leave, expanded access to Medicaid Health Insurance, higher state minimum wage, higher welfare benefits) and the likelihood a state will shut down earlier and reopen later.[57]

Taken together, the emerging literature and the policy analysis presented here indicate that a comprehensive policy environment that address social distancing and enabling and relief-type policies is the most effective approach in pandemic response. The District, Maryland, and Virginia all largely adopted this approach, and the Region has seen lower cases and fatalities on a per capita basis than most states. The District in particular, has enacted a comprehensive set of enabling and relief policies, actively adding to these policies through the fall (Figure 18). The initial implementation of strict social distancing policies in the spring had the intended success in the NCR. Stay at home orders were in place by late March in Maryland, D.C. and Virginia. Cases and deaths began declining in the area by mid-May (Figure 18, top).

As the initial impacts of the pandemic began to recede, Maryland and Virginia began implementing policies intended to slowly reopen elements of the economy previously restricted as part of social distancing policies passed to slow COVID-19 spread in the spring. The District of Columbia, consistent with having suffered a higher impact from the initial spring surge, had a more measured approach to reopening by comparison. Virginia was the first to reopen outdoor dining, followed by allowing indoor dining and gyms by June 5th (with some capacity limitations). Maryland reopened indoor dining on June 12, 2020, and indoor gym facilities on June 19, 2020. The District of Columbia reopened indoor dining and gyms on June 22, 2020, with more strict capacity limitations than Virginia. See Table A2 in the appendix for a summary of key dates in reopening of these higher risk indoor settings.

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[56] Zhang, X., & Warner, M.E. (2020). COVID-19 Policy Differences across US States: Shutdowns, Reopening, and Mask Mandates. *Int J Environ Res Public Health*, 17(24), 9520. https://doi.org/10.3390/ijerph17249520.

[57] Warner, M.E., & Zhang, X. (2020). *Social Safety Nets and COVID-19 Stay Home Orders across US States: A Comparative Policy Analysis*. Unpublished manuscript. http://cms.mildredwarner.org/p/309.

The District of Columbia was successful in implementing all of the key policies shown to reduce impacts during the COVID-19 pandemic in the United States through early 2021 (Figure 18). Strict stay-at-home orders during the early spring surge were successful at flattening the curve, and although the community was negatively impacted by the high rate of cases and deaths, the city was successful in preventing an additional summer spike in cases. The early face mask mandates and careful consideration of reopening restaurants, businesses and gyms aligns with the lesser and delayed fall surge compared to most states. Maintaining mass gathering restrictions, having a face mask mandate in place early, and having defined key adaptation and mitigation measures prior to opening restaurants, bars, and other higher risk settings, were all successfully implemented in the District and region. The mobility changes in D.C. also indicate that policies worked- the initial stay at home orders had the largest impact, but D.C. residents stayed at home more often than people in Maryland, Virginia and across the United States (Figure 5). Part of the success can likely be attributed to the key enabling and relief policies that were put in place in D.C. that helped support citizens through relief funding, leave entitlement adjustments, modification of unemployment benefits and eviction and foreclosure delays.

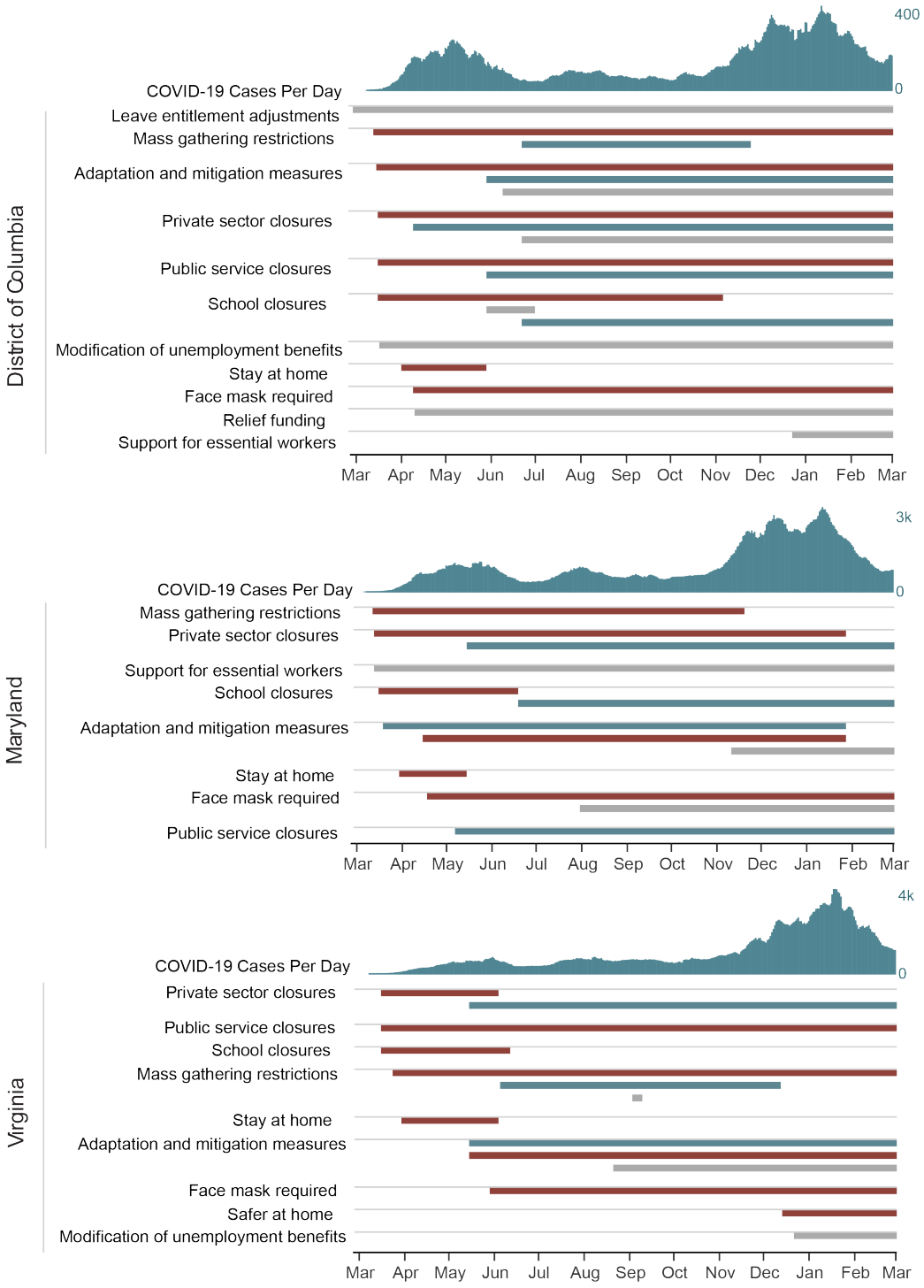


Figure 18: COVID-19 caseload and key policy implementation for of D.C., Maryland, and Virginia from March 2020 through March 2021. COVID-19 new cases per day over time with the duration of policies in each category. Policy timeline colored by whether policy is restricting (red), relaxing (green), or other (grey). Restricting and relaxing captures the directional intent of policies (a policy reducing mass gatherings from unlimited size to 10 people is restricting and one that shifts from 10 to 100 is relaxing). 'Other' applies to policies not designed to change stringency of mitigation measures, such as guidance for how essential workers are to be supported or changes to unemployment benefit programs.

While these policies were often based on existing social services (e.g., modifying unemployment benefits), others were adapted from policies that are often enacted during an economic downturn (e.g., business grants, eviction delays). Still others are unique to a public health crisis or natural disaster, including the establishment of temporary field hospitals or providing personal protective equipment (PPE) to essential workers. However, these policies have rarely been implemented and examined in a pandemic scenario prior to the COVID-19 health emergency.

Conclusions

D.C. implemented an earlier and more comprehensive set of public policies in response to COVID-19 than nearly anywhere in the United States, which contributed relative success in keeping cases and loss of life lower than most states. As noted, on a global scale, the United States has had among the worst records in cases and loss of life. States that had the most severe case impacts during the fall surges had very few policies in place. States with less severe impact in the fall had differences among policies in place, but the key differentiator of success was a policy environment with a robust combination of both social distancing and enabling and relief policies.

This analysis coupled with other research underscores the specific policy actions that are needed both in the context of new surges of COVID-19 and future outbreaks. A key central message is that early action increases the success of public policy intervention slowing disease spread and saving more lives.[58,59,60] Countries like New Zealand and Australia, and others with stringent and nationally consistent policies were able to significantly reduce impacts in terms of cases and deaths, 'flattening the curve' faster and even preventing recurring surges in some cases.[61,62]

Given the substantial economic and mental health considerations that come with extended stringent measures to control disease spread, great pressure existed to reopen more activities from restaurants and bars to schools and in-person offices. How these activities resumed, under what types of mitigation measures, and with what types of concurrent social support shaped the impacts of 'reopening' both globally and in the United States. Countries that were able to transition from strict

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[58] Markel, H., Lipman, H. B., Navarro, J. A., Sloan, A., Michalsen, J. R., Stern, A. M., & Cetron, M. S. (2007). Nonpharmaceutical interventions implemented by US cities during the 1918-1919 influenza pandemic. *Journal of the American Medical Association*, 298(6), 644–654. https://doi.org/10.1001/jama.298.6.644

[59] Wibbens, P.D., Koo, W.W., & McGahan, A.M. (2020). Which COVID policies are most effective? A Bayesian analysis of COVID-19 by jurisdiction. *PLoS One*, 15(12), e0244177. https://doi.org/10.1371/journal.pone.0244177.

[60] Thu, T. P. B., Ngoc, P. N. H., Hai, N. M., & Tuan, L. A. (2020). *Effect of the social distancing measures on the spread of COVID-19 in 10 highly infected countries.* Science of the Total Environment, 742, 140430. https://doi.org/10.1016/j.scitotenv.2020.140430

[61] Liu, Y., Morgenstern, C., Kelly, J., Lowe, R., CMMID COVID-19 Working Group, & Jit, M. (2021). The impact of non-pharmaceutical interventions on SARS-CoV-2 transmission across 130 countries and territories. *BMC Med*, 19(1), 40. https://doi.org/10.1186/s12916-020-01872-8.

[62] Brauner, J. M., Mindermann, S., Sharma, M., Johnston, D., Salvatier, J., Gavenčiak, T., Stephenson, A. B., Leech, G., Altman, G., Mikulik, V., Norman, A. J., Monrad, J. T., Besiroglu, T., Ge, H., Hartwick, M. A., Teh, Y. W., Chindelevitch, L., Gal, Y., & Kulveit, J. (2021). Inferring the effectiveness of government interventions against COVID-19. *Science*, 371(6531), eabd9338. https://doi.org/10.1126/science.abd9338

lock downs to reopening with low transmission rates focused on testing paired with successful contact tracing measures to control further outbreaks.[63] The United States never achieved this level of control over spread of the virus. Instead, mitigation during large case surges was carried out through a combination of public messaging and public policy. The analysis presented here, and an emerging policy analysis literature for this pandemic, are beginning to identify what types of policy environments were in places that achieved better outcomes. As scientific knowledge of COVID-19 spread has advanced quickly, it is now clear that face mask policies with compliance[64,65,66] are very effective and that proper ventilation,[67] and even reducing loud speaking and singing, can significantly help reduce spread. Incorporating this information in public policy decisions remains important for managing and mitigating COVID-19 and is an important consideration for other airborne diseases with person-to-person spread.

Importantly, the COVID-19 pandemic has had disproportionate impacts by population and location, and these disparities are likely to continue and be true for future large-scale infectious disease outbreaks. Those especially vulnerable include those who must leave home go to work because they cannot work from home; fear taking time off even if they feel sick because of lost income or job insecurity; lose a job; or face foreclosure or loss of rental housing. As observed for D.C. in prior reports, and consistent with national trends, these vulnerabilities often compound one another and disproportionally affect racial and ethnic minorities, particularly Black and Hispanic Americans. In the analysis presented above, policies to support vulnerable populations were, along with "social distancing" policies, associated with better outcomes in preventing and reducing fall surges in states with both in place. These included: defining requirements for businesses to enact mitigation measures to help protect workers and customers as they reopen, support directly to essential workers and in the form of relief payment, extension of unemployment benefits, relief from foreclosures and evictions, and others. D.C., and the neighboring states of Maryland and Virginia, had among the earliest and most comprehensive policy responses to COVID-19. Though nowhere in the United States contained spread of the virus as successfully as other parts of the world, the National Capital Region fewer cases and deaths than much of the United States, especially

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[63] Lewis, D. (2020, December 14). Why many countries failed at COVID contact-tracing — but some got it right. *Nature News Feature*. https://www.nature.com/articles/d41586-020-03518-4

[64] Joo, H., Miller, G.F., Sunshine, G., Gakh, M., Pike, J., Havers, F.P., Kim, L., Weber, R., Dugmeoglu, S., Watson, C., & Coronado F. (2021). Decline in COVID-19 Hospitalization Growth Rates Associated with Statewide Mask Mandates - 10 States, March-October 2020. *MMWR Morb Mortal Wkly Rep.*, 70(6), 212-216. https://doi.org/10.15585/mmwr.mm7006e2.

[65] Zhang, K., Vilches, T.N., Tariq, M., Galvani, A.P., & Moghadas, S.M. (2020). The impact of mask-wearing and shelter-in-place on COVID-19 outbreaks in the United States. *Int J Infect Dis.*, 101, 334-341. https://doi.org/10.1016/j.ijid.2020.10.002.

[66] Kaufman, B.G., Whitaker, R., Mahendraratnam, N. et al. (2020). Comparing Associations of State Reopening Strategies with COVID-19 Burden. *J Gen Intern Med*, 35, 3627–3634. https://doi.org/10.1007/s11606-020-06277-0.

[67] Pease, L. F., Wang, N., Salsbury, T. I., Underhill, R. M., Flaherty, J. E., Vlachokostas, A., ... & James, D. P. (2021). Investigation of potential aerosol transmission and infectivity of SARS-CoV-2 through central ventilation systems. *Building and Environment*, 107633. https://doi.org/10.1016/j.buildenv.2021.107633.

during the fall and winter surge; this success appears to be directly tied to the public policy environment implemented and highlights the value and importance of robust, data-driven policy in the context of these types of public health emergencies and infectious disease outbreaks.

Appendices

Table A1: List of states in each fall surge outcome grouping, based on cases

Fewest cases	Second quartile	Third quartile	Most cases
Hawaii	Pennsylvania	Ohio	Arkansas
Vermont	Connecticut	California	Iowa
Maine	Colorado	Minnesota	Montana
Oregon	New Jersey	Nevada	Nebraska
Washington	North Carolina	South Carolina	Kansas
District of Columbia	Massachusetts	Alabama	Wyoming
Maryland	Georgia	Illinois	Tennessee
New Hampshire	West Virginia	New Mexico	Oklahoma
Virginia	Texas	Idaho	Wisconsin
Michigan	Delaware	Kentucky	Rhode Island
Florida	Alaska	Arizona	Utah
New York	Missouri	Indiana	South Dakota
Louisiana	Mississippi		North Dakota

Table A2: Key reopening policy timeline for D.C., Maryland, and Virginia.

Location	Restaurant reopening (outdoor)	Restaurant reopening (indoor)	Gym reopening (indoor)	Face mask required
District of Columbia	5/29/2020	First opening 6/22-12/23/2020 with capacity limitations Second opening: 1/22/2021	6/22- 11/25/2020 with capacity limitations Second opening: 12/17/2020 with capacity limitations	5/29/2020
Maryland**	5/29/2020	First reopening: 6/12 with capacity limitations	6/19/2020 with capacity limitations	2 policies: 5/15/2020, 7/31/2020
Virginia**	5/15/2020	6/5/2020 with capacity limitations	6/5/2020 with capacity limitations	5/29/2020

**Allowed policy implementation at the county/city level that may have differed from the state's policies.

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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Office of the District of Columbia Auditor

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Office of the District of Columbia Auditor

CLOSEOUT MEETING AGENDA:
EVALUATION OF THE IMPACT AND IMPLEMENTATION OF THE NEAR ACT

Office of the Deputy Mayor for Public Safety and Justice, Office of Neighborhood Safety and Engagement, D.C. Health, Office of Victim Services and Justice Grants, Metropolitan Police Department, and Department of Behavioral Health

January 6, 2022, 9 a.m.

1. Introductions

2. Review of Audit Objective(s)

   a) Assess the extent to which the sections of the NEAR Act have been implemented.

   b) Identify demonstrated impacts of the NEAR Act thus far.

   c) Propose changes that would help close any gaps between intended and actual outcomes.

3. Discussion of Preliminary Audit Findings and Recommendations

Findings	Recommendations
Office of Neighborhood Safety and Engagement	
1. The Office of Neighborhood Safety and Engagement's Pathways program has identified, recruited, and assisted individuals at high risk of committing violence or being victims of violence.	(None)
2. The Office of Neighborhood Safety and Engagement is not fully compliant with statutory responsibilities for reporting on the activities and outcomes of the Pathways program.	ONSE should fully comply with the annual reporting requirements set by the NEAR Act, including data on the reasons why ambassadors do not complete the Pathways program, and the numbers and percentages of ambassadors who have been arrested and convicted after completing Pathways. ONSE should partner with DOES to report current employment outcomes for ambassadors using the unemployment insurance tax database maintained by DOES.

3. The Office of Neighborhood Safety and Engagement reports additional performance data on the Pathways program, but the key goal of reducing victimization is not reflected in those measures.	ONSE should collect and report data on violent crime experienced by Pathways ambassadors, drawing on the District's health information electronic exchange and D.C. Health's Firearm Surveillance Through Emergency Rooms system.
4. Violence interrupters in the Office of Neighborhood Safety and Engagement's violence intervention program have been spread too thin based on national best practices studies.	ONSE should use additional funds appropriated by the Council not only to increase the number of violence interruption sites, but also to increase the number of VIs per site, focusing on areas with the highest levels of gun violence and homicide.
5. Violence interrupters in the Office of Neighborhood Safety and Engagement's violence intervention initiative have not consistently built strong ties to community leaders.	ONSE should direct its violence intervention contractors to ensure that violence interrupters introduce themselves to ANCs, and that the contractors keep communities informed through meetings of the ANCs, resident councils, and the MPD's Citizens Advisory Councils.
6. The impact the Office of Neighborhood Safety and Engagement's violence intervention program has had on incidents of violence is unclear.	
7. Violence intervention programs administered by the Office of Neighborhood Safety and Engagement and the Office of the Attorney General do not seem duplicative, but a program merger that incorporates the best aspects of each program might improve outcomes.	Drawing on the findings of a comprehensive independent evaluation, the Mayor and Council should develop and implement a merger plan that incorporates best practices from the ONSE and OAG violence intervention programs.
8. The Office of Neighborhood Safety and Engagement has implemented a set of programs to promote a public health approach to preventing violence.	(None)
9. The Office of Neighborhood Safety and Engagement has developed partnerships to broaden and streamline the services it offers to high-risk individuals and to victims and families affected by violent crime.	(None)
Office of Violence Prevention and Health Equity (D.C. Health)	
10. D.C. Health did not comply with the NEAR Act's requirement to create an Office of Violence Prevention and Health Equity (OVPHE).	The Council should delete the NEAR Act section requiring D.C. Health to create OVPHE given the department's failure to fulfill this requirement.

11. D.C. Health did not meet all NEAR Act requirements to develop and implement a public health strategy to combat the spread of violence, but the final report of the Mayor's Safer, Stronger D.C. Advisory Committee fulfills some of the same purposes.	The Council should amend the NEAR Act to shift the responsibility to develop and implement a public health strategy to combat the spread of violence to the Office of the City Administrator.
12. D.C. Health conducted a public information campaign on the impact of violence and strategies for violence cessation, as required by the NEAR Act, but spent only 35% of the money the Council appropriated for this purpose. D.C. Health transferred 25% of the funds to the Department of Small and Local Business Development and left the remaining 40% unspent.	(None)
Hospital-Based Violence Intervention Program (OVSJG)	
13. The Office of Victim Services and Justice Grants has implemented a citywide hospital-based violence intervention (HVIP) program largely consistent with the requirements of the NEAR Act.	The Council should amend the NEAR Act to state that OVSJG shall oversee a citywide network of HVIPs, targeted at Level 1 and Level 2 trauma centers and operating during hours specified in grant agreements.
14. The District's hospital-based violence intervention program incorporates key elements of leading practices.	(None)
15. The Office of Victim Services and Justice Grants' key performance measure for the hospital-based violence intervention program may present an incomplete picture of success in recruiting participants, and could be supplemented by additional measures.	OVSJG should modify the current KPI to reflect the number of victims who accept HVIP services divided by the number of victims who were referred by the trauma department. OVSJG should also supplement the KPI with measures of key program activities such as (i) percentage of clients who have documents needed for employment and identification, (ii) percentage of clients enrolled in health insurance, or (iii) percentage of clients who received help applying for crime victims' compensation benefits.
Community Crime Prevention Teams (MPD and DBH)	
16. The Metropolitan Police Department did not establish the Community Crime Prevention Team program required by the NEAR Act.	MPD should comply with the law by establishing the Community Crime Prevention Team program, in partnership with DBH and DHS, to test the co-response model.

Private Security Camera Incentive Program (OVSJG)	
17. The Office of Victim Services and Justice Grants has implemented the private security camera incentive program in a manner consistent with the NEAR Act.	(none)
18. The Office of Victim Services and Justice Grants has not included any performance measures for the private security camera program in annual performance plans and reports, which is inconsistent with statutory requirements for performance measurement and accountability.	OVSJG should include performance measures and targets for the private security camera program in its annual performance plans, as well as data on actual performance in its annual performance reports.
19. The issuance of awards (rebates and vouchers) by the private security camera program has been highly uneven by police district. Applicants from the 4th and 5th police districts, respectively, claimed the most awards, approximately four times the number of awards from the 7th police district.	The Council should earmark funds for the Department of Aging and Community Living to purchase and install security cameras for low-income senior citizens through the Safe at Home program. In the past, almost half of the cameras installed by Safe at Home were for residents of Wards 7 and 8.
20. Residents have claimed the vast majority (97%) of the rebates issued by the private security camera program.	The Council should authorize business improvement districts and main street associations certified by the Department of Small and Local Business Development to purchase and install cameras for a limited number of business members. The business groups could then apply for reimbursement by OVSJG for costs up to $750 per business upon providing proof of purchase and installation at the specified businesses.
21. The number of vouchers (16) issued by the private security camera program as of July 7, 2021, represents less than 0.2 percent of all security camera awards to residents.	The Council should add the Supplemental Nutrition Assistance Program to the list of programs that qualify beneficiaries to receive private security camera vouchers.
22. The impact of the security camera program in preventing and solving crimes is difficult to assess due to data limitations, but police make extensive efforts to obtain camera footage and use it in investigations. Footage may advance police investigations in multiple ways, such as identifying suspects or ruling them out, or narrowing down the time when a crime occurred.	(None)

4. Next Steps:

   a) Draft Report Sent to Agency for Comment (February)

   b) Exit Conference (if requested) and Agenda

   c) Report will be finalized with agency comments appended.

5. Questions

DISTRICT OF COLUMBIA
OFFICE OF THE INSPECTOR GENERAL

August 2021

DEPARTMENT OF BEHAVIORAL HEALTH (DBH) AND DEPARTMENT OF HEALTH (DC HEALTH)

Evaluation of the District of Columbia Opioid Crisis Response Program

OIG

Management has not had the opportunity to comment on this draft report. Accordingly, please do not distribute this report without the written permission of the Inspector General.

Mission

Our mission is to independently audit, inspect, and investigate matters pertaining to the District of Columbia government in order to:

- prevent and detect corruption, mismanagement, waste, fraud, and abuse;
- promote economy, efficiency, effectiveness, and accountability;
- inform stakeholders about issues relating to District programs and operations; and
- recommend and track the implementation of corrective actions.

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Our vision is to be a world-class Office of the Inspector General that is customer-focused, and sets the standard for oversight excellence!

Core Values

Excellence * Integrity * Respect * Creativity * Ownership * Transparency * Empowerment * Courage * Passion * Leadership

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Inspector General

Inspector General



August 6, 2021

Barbara J. Bazron, Ph.D.
Director
Department of Behavioral Health
64 New York Avenue, N.E.
Washington, D.C. 20002

LaQuandra S. Nesbitt, MD, MPH
Director
D.C. Department of Health
899 N. Capitol St., N.E.
Washington, D.C. 20002

Dear Dr. Bazron and Dr. Nesbitt:

I am writing to inform you that the Office of the Inspector General (OIG) Inspections and Evaluations Unit (I&E) has concluded its evaluation of the District of Columbia's Opioid Crisis Response Program.

In this letter, which constitutes the close-out report for the evaluation, you will find 5 findings and 10 recommendations for the Department of Behavioral Health (DBH) and the Department of Health (DC Health) to consider. On May 14, 2021, the OIG briefed DBH and DC Health employees on this information to gain consensus, answer questions, and solicit initial feedback.

Please review this letter and provide the OIG a written response no later than August 20, 2021. In your respective responses, please indicate whether you "agree" or "disagree" with each recommendation and include information about actions taken or planned, target dates for completion of planned actions, and any reasons for disagreement with the findings or recommendations. Your responses may propose alternative solutions that will address the intent of the recommendations more effectively or efficiently.

We will attach your responses to this letter and make all the information publicly available on the OIG website.

Evaluation Background

The objectives for this evaluation,[1] which is part of the OIG's *Fiscal Year 2021 Audit and Inspection Plan,*[2] were to assess whether the District of Columbia is: (1) effectively managing opioid program funds and resources, and (2) conducting training and distributing naloxone kits at identified levels.

To evaluate the objectives, the OIG used the Government Accountability Office (GAO) *Standards for Internal Control in the Federal Government* (GAO-14-704G, the Green Book),[3] which states "internal control is a process . . . that provides reasonable assurance that the objectives of an entity will be achieved . . . ."[4] Further, "internal control serves as the first line of defense in safeguarding assets [ ]"[5] and is an "integral part of the operational processes management uses to guide its operations . . . ."[6] The Green Book sets internal control standards for federal entities and may be adopted by state and local entities as a framework for an internal control system.[7]

Internal control is "a process used by management to help an entity achieve its objectives."[8] *See* Figure 1 below.



Figure 1: Internal Control Process (Source: OIG Analysis of the GAO *Standards for Internal Control in the Federal Government).*

[1] I&E projects are conducted under the *Quality Standards for Inspection and Evaluation* promulgated by the Council of the Inspectors General on Integrity and Efficiency.
[2] This document is accessible on the OIG website at: http://oig.dc.gov/.
[3] U.S. GOV'T ACCOUNTABILITY OFFICE, STANDARDS FOR INTERNAL CONTROL IN THE FEDERAL GOVERNMENT, GAO-14-704G, (Sept. 2014), https://www.gao.gov/assets/gao-14-704g.pdf.
[4] *Id.* § OV1.01 at 5.
[5] *Id.* § OV1.03 at 5.
[6] *Id.* § OV1.05 at 6.
[7] *Id.* Forward.
[8] *Id.* at Frontispiece.

Further, internal control helps assure accurate financial reporting and deter fraud, waste, and abuse. The Green Book explains "[m]anagement is directly responsible for all activities of an entity, including the design, implementation, and operating effectiveness of an entity's internal control system,"[9] and "personnel throughout an entity play important roles in implementing andoperating an effective internal control system."[10] The internal control system comprises five components that "must be effectively designed, implemented, and operating together in an integrated manner, for an internal control system to be effective."[11] The five components of internal control are:[12]

- **Control Environment:** The foundation for an internal control system. It provides thediscipline and structure to help an entity achieve its objectives.

- **Risk Assessment:** Assesses the risks facing the entity as it seeks to achieve its objectives. This assessment provides the basis for developing appropriate risk responses.

- **Control Activities:** The actions management establishes through policies and procedures to achieve objectives and respond to risks in the internal control system,including the entity's information system.

- **Information and Communication:** The quality information management and personnelcommunicate and use to support the internal control system.

- **Monitoring:** Activities management establishes and operates to assess the quality ofperformance over time and promptly resolve the findings of audits and other reviews.

Evaluation Methodology

The OIG reviewed previous reports and news articles about the opioid crisis in the District of Columbia and hearings held by the Council of the District of Columbia's Committee on Health

[9] *Id*. § OV2.14 at 12.
[10] *Id*. § OV1.06 at 6.
[11] *Id*. § OV2.04 at 7-8.
[12] *Id*.

and Committee on the Judiciary and Public Safety. The OIG also reviewed the LIVE. LONG. D.C. Strategic Plan (LLDC),[13] researched federal law, District of Columbia Municipal Regulations (DCMR), and the D.C. Code; reviewed grant documentation from the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA), DBH, and DC Health; and reviewed opioid and naloxone data from DBH and DC Health. The OIG also conducted interviews with employees from DBH and DC Health, and 28 sub recipients[14] of the State Targeted Response (STR) and State Opioid Response (SOR) grants.[15]

Evaluation Findings and Recommendations

Overall, we found that DBH has corrected issues identified by the SAMHSA compliance review. However, DBH's internal and external communication is strained and adversely impacts the operation of the grant management and sub recipients' programs. In addition, DBH lacks a grant management system, and not all DBH grants management staff members operate from the same grant manual. With respect to the naloxone distribution program, DC Health is meeting opioid prevention training and naloxone distribution goals,[16] but the HIV/AIDS, Hepatitis, STD, TB Administration (HAHSTA)[17] and Prevention & Intervention Services Division had vacant positions, and not all pharmacies that participate in the naloxone pharmacy pilot program submit monthly reports due to internet access constraints.

The following 5 findings and 10 recommendations are made to assist DBH and DOH in strengthening their management of opioid program funds and resources, and to improve training related to the District's opioid crisis response program.

Finding 1: Improving Federal Grant Training. For an entity to retain competent individuals, the Green Book states that management should "[e]nable individuals to develop competencies appropriate for key roles … and tailor training based on the needs of the role."[18] Additionally,

[13] This document is accessible on the LLDC website at: https://livelong.dc.gov/page/strategic-plan-0.
[14] According to the grants.gov website, a sub recipient is a "non-federal entity that receives a subaward from a pass-through entity to carry out part of a federal program, but does not include an individual that is a beneficiary of such program. A sub recipient may also be a recipient of other federal awards directly from a federal awarding agency." https://www.grants.gov/learn-grants/grant-terminology.html#S.
[15] DBH was awarded the STR grant from May 1, 2017 to April 30, 2020, in the amount of $4,000,000. The purpose of the STR grant was to increase access to treatment, reduce unmet treatment needs and reduce opioid related deaths. DBH was also awarded the SOR grant from September 30, 2018 to September 29, 2021, in the amount of $32,154,971. The purpose of the SOR grant is the same as the STR grant but it also increases access to medication assisted treatment.
[16] LLDC indicated at minimum, the District would distribute 66,000 naloxone kits. Based on data provided by DBH and DC Health, the District distributed the following number of naloxone units per calendar year: 2,287 in 2017, 3,504 in 2018, 15,648 in 2019, 43,768 in 2020, and 5,704 in 2021 through the month of February. In total, DBH and DC Health distributed 70,911 naloxone units from 2017-2021, or 107.4% of its goal.
[17] HAHSTA is the entity responsible for providing opioid training and naloxone training to the District. Additionally, HAHSTA purchases naloxone and provides it to partner sub recipient agencies and pharmacies in the District.
[18] U.S. GOV'T ACCOUNTABILITY OFFICE, GAO-14-704G *supra* note 3, § 4.05 at 31.

management should retain employees by "[p]rovid[ing] incentives to motivate and reinforce expected levels of performance and desired conduct, including training …."[19] Through training, managers can develop employees' knowledge, skills, and abilities to meet the organization's objectives.[20]

DBH staff told the OIG they wanted more in-depth training on the Uniform Administrative Requirements, Cost Principles, and Audit Requirements ("Uniform Guidance")[21] but have not received it. From January 15, 2018, to January 17, 2018, SAMHSA conducted a compliance review at DBH of STR grant funds.[22] On July 24, 2019, SAMHSA notified DBH that it had not complied with federal requirements regarding its pass-through responsibilities[23] and submitted eight recommendations. Recommendation eight states, in part: "Provide DBH's corrective action plan to address the questioned costs and noncompliance issues from recommendations 1 through 7 . . . . Include improvements to DBH's infrastructure … including new or updated policies and procedures, staff recruitments, [and] trainings …."[24] DBH's corrective action plan indicated that staff participated in training that addressed contract administration, developing statements of work, and using the Procurement Automated Support System (PASS).[25] However, DBH's corrective action plan did not include training targeted towards the Uniform Guidance.

Based on DBH staff interviews and SAMHSA's findings and recommendations, DBH personnel would still benefit from training on the Uniform Guidance. The training would improve employees' knowledge of the numerous federal grant requirements. Improving employee's competence could prevent future compliance reviews, loss of funds, and interruptions in fund disbursement and continuity of care. Therefore, the OIG recommends that DBH:

> **Recommendation 1:** Require DBH Directors, programmatic and fiscal employees involved in SOR grant management to attend training on the Federal Government Uniformed Administrative requirements.

Agree _____ Disagree_____

Finding 2: Various DBH employees involved in SOR grant management have not adopted the SharePoint Grants Lifecycle Process Flow Operating Detail to manage the SOR grant funds and resources. The Green Book states that "[m]anagement should implement control activities through policies"[26] and use policies to document each unit's responsibility for implementation

[19] *Id.*
[20] *Id.* §10.03 at 46.
[21] 45 C.F.R. Part 75, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.*
[22] The objectives were to see: "(1) if DBH complied with federal requirements and expended SAMHSA's funds for intended purposes; and (2) that SAMHSA's funds were not subject to fraud, waste and abuse." U.S. DEP'T OF HEALTH AND HUMAN SERVICES, RESULTS OF FINANCIAL AND COMPLIANCE REVIEW – SAMHSA AWARD NUMBER TI080229, *District Opioid Targeted Strategy (DOTS)*, 3 (July 24, 2019).
[23] SAMHSA identified $510,924 in questionable costs. *Id*. at 1.
[24] *Id*. at 7.
[25] PASS allows tracking of requisitions, purchase orders, and invoices.
[26] U.S. GOV'T ACCOUNTABILITY OFFICE, GAO-14-704G s*upra* note 3, Principle 12.01.

and operative effectiveness. The policies should contain "detail to allow management to effectively monitor the control activity."[27]

In January 2020, DBH implemented SharePoint Grants Lifecycle Process Flow Operating Detail ("SharePoint").[28] SharePoint establishes DBH's grant management practices from pre-award to closeout phases of the grant.[29]

Although DBH provided documentation that all employees have access to SharePoint, the OIG received contradictory evidence that suggested some employees did not have access to or were unfamiliar with SharePoint. Interviews with DBH fiscal and programmatic staff revealed that some employees involved in managing the opioid grants do not have access to SharePoint. Others choose not to access it, using the Citywide Grants Manual and Sourcebook[30] instead. According to sub recipients, DBH fiscal and programmatic staff appear not to communicate effectively with each other, and, as a result, provide inconsistent information about the grant to the sub recipients. The OIG believes if fiscal and programmatic staff were to adhere to the SharePoint processes, they could have a more collaborative and effective relationship.

Although a DBH interviewee indicated a policy implementing SharePoint was in the draft phase, the OIG found no evidence that a policy existed. However, DBH has provided various training sessions on SharePoint to fiscal and programmatic staff, distributed SharePoint information binders to all training attendees, and notified all staff through email of the implementation of SharePoint and its purpose.

In summary, DBH lacks a policy requiring the use of SharePoint, and its employees seem unwilling to use it. The reason for employees' reluctance was unclear to the OIG because fiscal and programmatic staff contributed to the development of SharePoint. Despite the training, email announcement, and contribution from fiscal and programmatic staff in its development, there is no incentive for DBH staff to utilize SharePoint without a policy. Therefore, the OIG recommends that DBH:

> **Recommendation 2:** Establish a policy that requires staff to follow the SharePoint Grants Lifecycle Process Flow Operating Detail.
>
> Agree _____ Disagree _____

> **Recommendation 3:** Require all employees that work on the SOR grant to sign an acknowledgment they reviewed the policy.

---

[27] *Id*. Principle 12.03.
[28] The purpose of SharePoint is to improve DBH's compliance with regulations, reduce administrative burdens by eliminating redundancy in forms and process, and provide a document and template library.
[29] D.C. DEP'T OF BEHAVIORAL HEALTH CROSS ADMINISTRATION GRANTS LIFECYCLE PROCESS FLOW OPERATING DETAIL (undated).
[30] The CityWide Grants Manual and Sourcebook ("Sourcebook") defines minimum requirements and establishes best practices policies and procedures for the programmatic and financial operations of grants. It states that agencies may supplement the Sourcebook with agency specific requirements.

Agree _____ Disagree _____

Recommendation 4: Assure that all grant management staff have access to SharePoint.

Agree _____ Disagree_____

Finding 3: DBH fiscal monitors and programmatic staff lack effective internal and external communication in managing the SOR Grant. With respect to information and communication, the Green Book states that "[m]anagement should internally communicate the necessary quality information to achieve the entity's objectives [ ]"[31] and "communicate [ ] quality information throughout the entity using established reporting lines."[32] The Green Book also states that "[m]anagement should externally communicate the necessary quality information to achieve the entity's objectives."[33]

The OIG interviewed 28 sub recipients of SOR and STR grant funds and DBH staff and concluded that DBH fiscal monitors and programmatic staff deliver conflicting information and expectations to sub recipients.

According to some sub recipients, they are frustrated and confused about grant processes and expectations from the programmatic staff and fiscal monitors. For example, the OIG learned there have been gaps between the Notice of Grant Awards and receipt of grant funds with no explanation from DBH. Sub recipients reported there has also been a "disjointed roll out" and implementation of the grants.

The OIG learned that before the COVID-19 Public Health Emergency, DBH used paper routing slips to track records Currently, it transmits and tracks records through email. DBH lacks a grant management system to coordinate and track its work internally. In addition, we learned that DBH had not explored implementing a grant management system. As a result of not having a grant management system at DBH, communication is not shared internally among fiscal and programmatic staff, and ultimately leads to conflicting information being shared with sub recipients.[34] According to sub recipients, they have lost money,[35] delayed paying employees, and have rushed to plan grant programs because DBH delayed grant disbursements.

To address the effects of disjointed internal and external communication, the OIG recommends that DBH:

[31] U.S. GOV'T ACCOUNTABILITY OFFICE, GAO-14-704G, s*upra* note 3, Principle 14.01.
[32] *Id.* Principle 14.02.
[33] *Id*. Principle 15.01.
[34] With regard to the continuity of care, the OIG believes that delays in funding can negatively impact planning for programs to address the opioid crisis in the District of Columbia and their execution.
[35] For example, a sub recipient would lose money if it were to incur costs and begin work on grant requirements under the belief that the grant period had started, only to find out they were not allowed to start work yet.

Recommendation 5: Require SOR grant fiscal monitors and programmatic staff to follow the SharePoint Grants Lifecycle Process Flow Operating Detail's internal and external communication guidance.

Agree_____ Disagree_____

Recommendation 6: Facilitate monthly meetings between SOR fiscal monitors and programmatic staff to discuss grant management activities.

Agree_____ Disagree _____

Recommendation 7: Explore the feasibility of establishing a grant management system.

Agree_____ Disagree_____

Finding 4: HAHSTA Opioid Prevention Division vacancies negatively impact the naloxone distribution program. According to a DC Health organizational chart, the Prevention Division Chief oversees the HAHSTA Prevention Division, which consists of a Hepatitis Opioid Response Branch Manager, Public Health Specialist, Special Populations Coordinator, and eight (8) Rapid Peer Responders.[36] The Hepatitis Opioid Response Branch Manager position became vacant in June 2020, and the Public Health Specialist position became vacant in early 2020. Both positions remained vacant during our evaluation fieldwork. However, in April 2021, DC Health informed the OIG it was in the process of scheduling interviews for the Hepatitis Opioid Response Branch Manager position.

The Special Populations Coordinator, the only position filled as of April 2021, is responsible for various duties, including:

- coordinating, distributing, and tracking naloxone kits to 58 partners;
- collecting monthly reports from all partners;
- coordinating and providing naloxone training[37] for the District; and
- overseeing eight (8) rapid peer responders.

Interviews with the naloxone distribution partners indicated that they were generally satisfied with the naloxone distribution program in the District. While the DC Health HAHSTA employee who manages the program is knowledgeable and involved in the program, the OIG believes that person to be overburdened because of a lack of support personnel. DC Health HAHSTA management is aware the employee needs more support. Additional help in meeting

[36] DC Health indicated that it planned to hire two additional rapid peer responders, bringing the total rapid peer responders to ten.
[37] In January 2021, DC Health began the "Train the Trainer" program. Once an individual completes the program, they are eligible to train individuals in their organization and other organizations to distribute naloxone in the District. The individual must be part of an organization that is a naloxone distribution partner with DC Health and must have completed either an in-person or virtual training.

their responsibilities would allow them to respond to situations that arise and analyze and evaluate naloxone distribution and training, enabling the division to improve the program.

The OIG recommends that DC Health:

> **Recommendation 8:** Prioritize filling the vacancies in the HAHSTA Opioid Prevention Division.

Agree_____ Disagree_____

Finding 5: Pharmacies participating in the Naloxone Pharmacy Pilot Program do not have access to REDCap[38] and are not submitting monthly reports to DC Health. To evaluate results and adapt to changes in the environment, the Green Book advises that management "[identify] changes in the internal control system that either have occurred or are needed because of changes in the entity and its environment. External parties can help management identify issues in the internal control system."[39] The OIG learned that DC Health instructs pharmacies participating in the naloxone pharmacy pilot program to submit reports through email, text, or fax. Sub recipients responsible for distributing naloxone in the community submit their naloxone distribution reports through REDCap. According to DC Health, because management receives reports from pharmacies in different ways, it is difficult to track data and make programmatic decisions. In addition, the OIG learned that participating pharmacies did not consistently submit monthly reports. [40]

In fiscal year (FY) 2019 through FY 2021, pharmacies failed to consistently submit monthly naloxone reports to DC Health. In FY 2019,[41] pharmacies failed to submit 6 of 17 monthly naloxone reports (35 percent). In FY 2020, pharmacies failed to submit 75 of 259 monthly naloxone reports (29 percent). In FY 2021,[42] pharmacies have failed to submit 45 of 212 monthly naloxone reports (21 percent). According to the Health Regulation and Licensing Administration (HRLA), pharmacies typically do not have suitable external internet connectivity to ensure data security and Health Insurance Portability and Accountability Act (HIPAA) compliance. For example, CVS uses intranet[43] to ensure patient information security. Intranet

[38] According to DC Health, REDCap is a database used to collect data and surveys.
[39] U.S. GOV'T ACCOUNTABILITY OFFICE, GAO-14-704G, s*upra* note 3 Principle 16.10.
[40] According to DC Health's FAQ Narcan Pharmacy Pilot Program document, "[a]ll Narcan distribution data must be reported monthly. The pharmacy has five (5) calendar days from the last day of the month to submit their data (i.e., January data is due on February 5th). If the 5th calendar day falls on a weekend, the report is due on the next immediate business day."
[41] The Pharmacy Pilot Program began in September 2019, therefore, data was only available for one month in FY 2019.
[42] Data was only available through April 2021.
[43] An "intranet" is a computer network for sharing information, collaboration tools, operational systems, and other computing services within an organization, usually to the exclusion of access by outsiders.

restricts access to only organization members, while the use of extranet[44] would leave pharmacies more vulnerable to unwanted access.

To address the problems that concern the submission of monthly reports to DC Health from pharmacies, the OIG recommends that DC Health:

> **Recommendation 9:** Facilitate meetings with the Health Regulation and Licensing Administration to discuss ways to improve external reporting issues.
>
> Agree_____ Disagree_____

> **Recommendation 10:** Convene meetings with pharmacies participating in the Naloxone program to discuss ways to improve the submission of monthly reports.
>
> Agree_____ Disagree_____

We appreciate the cooperation and courtesies extended by your staff during this evaluation. If you have any questions concerning this letter, please contact me or Edward Farley, Assistant Inspector General for Inspections and Evaluations, at 202-727-9249 or edward.farley@dc.gov .

Sincerely,

Daniel W. Lucas
Inspector General

DWL/sj

cc: Kevin Donahue, City Administrator

[44] An "extranet" is an intranet that can be partially accessed by authorized outside users, enabling businesses to exchange information over the internet securely.

Evaluation of the District of Columbia Opioid Crisis Response Program

OIG Findings Response

Recommendation 8: Prioritize filling the vacancies in the HAHSTA Opioid Prevention Division.

Agree_____ Disagree ____**X**___

Explanation: At this time, DC Health and DBH have developed a plan to transfer OUD-related prevention and treatment programs/funding currently in HAHSTA to DBH. The Rapid Peer Responder model is also being re-envisioned due to concerns over how rapidly they were able to deploy 24/7, so that staffing complement is no longer required; the use of community peers will instead be incorporated into DBH's individual outreach strategy in partnership with FEMS. HAHSTA's Prevention Division will focus on the prevention of HIV, Hepatitis and STIs, with special attention to persons who use and/or inject substances, and will continue to collaborate closely with DBH.

Finding 5: Pharmacies participating in the Naloxone Pharmacy Pilot Program do not have access to REDCap38 and are not submitting monthly reports to DC Health.

Recommendation 9: Facilitate meetings with the Health Regulation and Licensing Administration to discuss ways to improve external reporting issues.

Agree___**X**___ Disagree_____

Meetings with HRLA's Pharmaceutical Control Division have occurred. There is agreement that pharmacies should have access to Redcap for the purposes of proper reporting. Collaboration with HRLA and District pharmacies will continue in order to identify and address any remaining limitations or barriers.

Recommendation 10: Convene meetings with pharmacies participating in the Naloxone program to discuss ways to improve the submission of monthly reports.

Agree___**X**_____ Disagree_____

Communication with pharmacy representatives already takes place on a quarterly basis. Reporting is discussed regularly during these conference calls. As Redcap reporting protocols are developed, they will be introduced in the quarterly meeting. Training and technical assistance will be provided as needed.

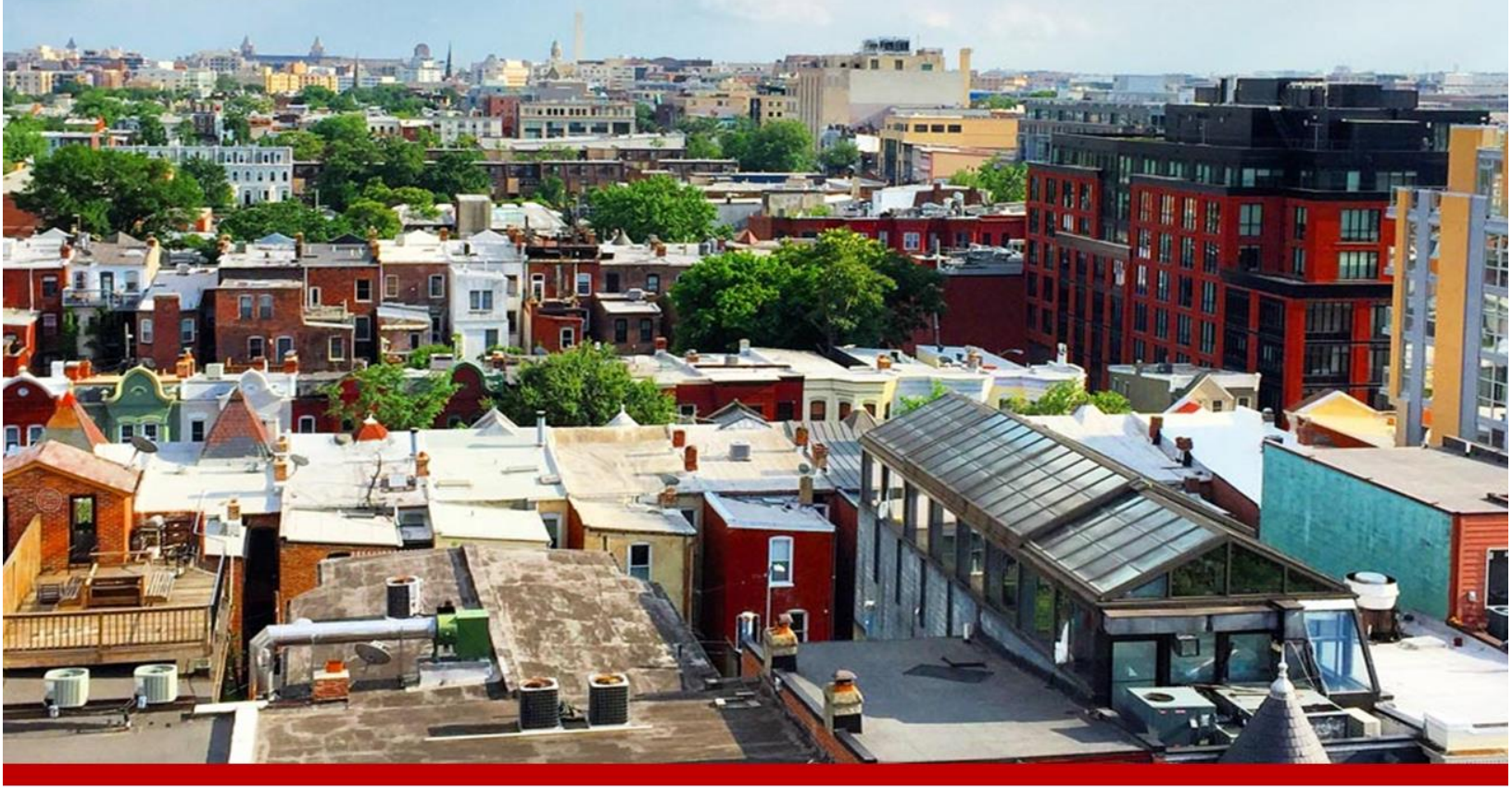
DISTRICT OF COLUMBIA
OFFICE OF THE INSPECTOR GENERAL

OIG Project No. 21-I-04RM

September 2021

DEPARTMENT OF BEHAVIORAL HEALTH AND DC HEALTH

Evaluation of the District's Opioid Crisis Response Program



Guiding Principles

*Workforce Engagement * Stakeholders Engagement * Process-oriented * Innovation * Accountability * Professionalism * Objectivity and Independence * Communication * Collaboration * Diversity * Measurement * Continuous Improvement*

Mission

Our mission is to independently audit, inspect, and investigate matters pertaining to the District of Columbia government in order to:

- prevent and detect corruption, mismanagement, waste, fraud, and abuse;
- promote economy, efficiency, effectiveness, and accountability;
- inform stakeholders about issues relating to District programs and operations; and
- recommend and track the implementation of corrective actions.

Vision

Our vision is to be a world-class Office of the Inspector General that is customer-focused and sets the standard for oversight excellence!

Core Values

Excellence * Integrity * Respect * Creativity * Ownership * Transparency * Empowerment * Courage * Passion * Leadership

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Inspector General

Inspector General



September 2, 2021

Barbara J. Bazron, Ph.D.
Director
Department of Behavioral Health
64 New York Avenue, N.E.
Washington, D.C. 20002

LaQuandra S. Nesbitt, MD, MPH
Director
D.C. Department of Health
899 N. Capitol St., N.E.
Washington, D.C. 20002

Dear Dr. Bazron and Dr. Nesbitt:

I am writing to inform you that the Office of the Inspector General (OIG) Inspections and Evaluations Unit (I&E) has concluded its evaluation of the District of Columbia's Opioid Crisis Response Program. This letter constitutes the close-out report for the evaluation and contains 5 findings and 10 recommendations for the Department of Behavioral Health (DBH) and the Department of Health (DC Health).[1]

Background

The objectives for this evaluation,[2] which is part of the OIG's *Fiscal Year 2021 Audit and Inspection Plan*,[3] were to assess whether the District of Columbia is: (1) effectively managing opioid program funds and resources, and (2) conducting training and distributing naloxone kits at identified levels.

[1] On May 14, 2021, the OIG briefed DBH and DC Health employees on this information to gain consensus, answer questions, and solicit initial feedback. On August 6, 2021, the OIG sent a draft to DBH and DC Health asking each agency to indicate whether it agreed or disagreed with each recommendation and provide additional information about actions taken or planned, target dates for completion of planned actions, and any reasons for disagreement with the findings or recommendations. We inserted the responses we received from DBH and DC Health into the body of this letter. DBH agreed with all 7 recommendations directed to it; DC Health agreed with 2 of the 3 recommendations pertaining to its operations.
[2] I&E projects are conducted under the *Quality Standards for Inspection and Evaluation* promulgated by the Council of the Inspectors General on Integrity and Efficiency.
[3] This document is accessible on the OIG website at: http://oig.dc.gov/.

To evaluate the objectives, the OIG used the Government Accountability Office (GAO) *Standards for Internal Control in the Federal Government* (GAO-14-704G, the Green Book),[4] which states "internal control is a process . . . that provides reasonable assurance that the objectives of an entity will be achieved . . . ."[5] Further, "internal control serves as the first line of defense in safeguarding assets [ ]"[6] and is an "integral part of the operational processes management uses to guide its operations . . . ."[7] The Green Book sets internal control standards for federal entities and may be adopted by state and local entities as a framework for an internal control system.[8]

Internal control is "a process used by management to help an entity achieve its objectives."[9] *See* Figure 1 below.



Figure 1: Internal Control Process (Source: OIG Analysis of the GAO *Standards for Internal Control in the Federal Government).*

Further, internal control helps assure accurate financial reporting and deter fraud, waste, and abuse. The Green Book explains "[m]anagement is directly responsible for all activities of an entity, including the design, implementation, and operating effectiveness of an entity's internal control system,"[10] and "personnel throughout an entity play important roles in implementing and operating an effective internal control system."[11] The internal control system comprises five components that "must be effectively designed, implemented, and operating together in an integrated manner, for an internal control system to be effective."[12] The five components of

[4] U.S. GOV'T ACCOUNTABILITY OFFICE, STANDARDS FOR INTERNAL CONTROL IN THE FEDERAL GOVERNMENT, GAO-14-704G, (Sept. 2014), https://www.gao.gov/assets/gao-14-704g.pdf.
[5] *Id.* § OV1.01 at 5.
[6] *Id.* § OV1.03 at 5.
[7] *Id.* § OV1.05 at 6.
[8] *Id.* Forward.
[9] *Id.* at Frontispiece.
[10] *Id.* § OV2.14 at 12.
[11] *Id.* § OV1.06 at 6.
[12] *Id.* § OV2.04 at 7-8.

internal control are:[13]

- **Control Environment:** The foundation for an internal control system. It provides thediscipline and structure to help an entity achieve its objectives.

- **Risk Assessment:** Assesses the risks facing the entity as it seeks to achieve its objectives. This assessment provides the basis for developing appropriate risk responses.

- **Control Activities:** The actions management establishes through policies and procedures to achieve objectives and respond to risks in the internal control system,including the entity's information system.

- **Information and Communication:** The quality information management and personnelcommunicate and use to support the internal control system.

- **Monitoring:** Activities management establishes and operates to assess the quality ofperformance over time and promptly resolve the findings of audits and other reviews.

Methodology

The OIG reviewed previous reports and news articles about the opioid crisis in the District of Columbia and hearings held by the Council of the District of Columbia's Committee on Health and Committee on the Judiciary and Public Safety. The OIG also reviewed the LIVE. LONG. D.C. Strategic Plan (LLDC),[14] researched federal law, District of Columbia Municipal Regulations (DCMR), and the D.C. Code; reviewed grant documentation from the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA), DBH, and DC Health; and reviewed opioid and naloxone data from DBH and DC Health. The OIG also conducted interviews with employees from DBH and DC Health, and 28 sub recipients[15] of the State Targeted Response (STR) and State Opioid Response (SOR) grants.[16]

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[13] *Id*.
[14] This document is accessible on the LLDC website at: https://livelong.dc.gov/page/strategic-plan-0.
[15] According to the grants.gov website, a sub recipient is a "non-federal entity that receives a subaward from a pass-through entity to carry out part of a federal program, but does not include an individual that is a beneficiary of such program. A sub recipient may also be a recipient of other federal awards directly from a federal awarding agency." https://www.grants.gov/learn-grants/grant-terminology.html#S.
[16] DBH was awarded the STR grant from May 1, 2017 to April 30, 2020, in the amount of $4,000,000. The purpose of the STR grant was to increase access to treatment, reduce unmet treatment needs and reduce opioid related deaths. DBH was also awarded the SOR grant from September 30, 2018 to September 29, 2021, in the amount of

Findings and Recommendations

Overall, we found that DBH has corrected issues identified by the SAMHSA compliance review. However, DBH's internal and external communication is strained and adversely impacts the operation of the grant management and sub recipients' programs. In addition, DBH lacks a grant management system, and not all DBH grants management staff members operate from the same grant manual. With respect to the naloxone distribution program, DC Health is meeting opioid prevention training and naloxone distribution goals,[17] but the HIV/AIDS, Hepatitis, STD, TB Administration (HAHSTA)[18] and Prevention & Intervention Services Division had vacant positions, and not all pharmacies that participate in the naloxone pharmacy pilot program submit monthly reports due to internet access constraints.

The following 5 findings and 10 recommendations are made to assist DBH and DC Health in strengthening their management of opioid program funds and resources, and to improve training related to the District's opioid crisis response program.

Finding 1: Improving Federal Grant Training – For an entity to retain competent individuals, the Green Book states that management should "[e]nable individuals to develop competencies appropriate for key roles … and tailor training based on the needs of the role."[19] Additionally, management should retain employees by "[p]rovid[ing] incentives to motivate and reinforce expected levels of performance and desired conduct, including training …."[20] Through training, managers can develop employees' knowledge, skills, and abilities to meet the organization's objectives.[21]

DBH staff told the OIG they wanted more in-depth training on the Uniform Administrative Requirements, Cost Principles, and Audit Requirements ("Uniform Guidance")[22] but have not received it. From January 15, 2018, to January 17, 2018, SAMHSA conducted a compliance review at DBH of STR grant funds.[23] On July 24, 2019, SAMHSA notified DBH that it had not

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$32,154,971. The purpose of the SOR grant is the same as the STR grant but it also increases access to medication assisted treatment.

[17] LLDC indicated at minimum, the District would distribute 66,000 naloxone kits. Based on data provided by DBH and DC Health, the District distributed the following number of naloxone units per calendar year: 2,287 in 2017, 3,504 in 2018, 15,648 in 2019, 43,768 in 2020, and 5,704 in 2021 through the month of February. In total, DBH and DC Health distributed 70,911 naloxone units from 2017-2021, or 107.4% of its goal.

[18] HAHSTA is the entity responsible for providing opioid training and naloxone training to the District. Additionally, HAHSTA purchases naloxone and provides it to partner sub recipient agencies and pharmacies in the District.

[19] U.S. GOV'T ACCOUNTABILITY OFFICE, GAO-14-704G s*upra* note 3, § 4.05 at 31.

[20] *Id.*

[21] *Id.* § 10.03 at 46.

[22] 45 C.F.R. Part 75, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.*

[23] The objectives were to see: "(1) if DBH complied with federal requirements and expended SAMHSA's funds for intended purposes; and (2) that SAMHSA's funds were not subject to fraud, waste and abuse." U.S. DEP'T OF HEALTH AND HUMAN SERVICES, RESULTS OF FINANCIAL AND COMPLIANCE REVIEW – SAMHSA AWARD NUMBER TI080229, *District Opioid Targeted Strategy (DOTS)*, 3 (July 24, 2019).

complied with federal requirements regarding its pass-through responsibilities[24] and submitted eight recommendations. Recommendation eight states, in part: "Provide DBH's corrective action plan to address the questioned costs and noncompliance issues from recommendations 1 through 7. … Include improvements to DBH's infrastructure … including new or updated policies and procedures, staff recruitments, [and] trainings …."[25] DBH's corrective action plan indicated that staff participated in training that addressed contract administration, developing statements of work, and using the Procurement Automated Support System (PASS).[26] However, DBH's corrective action plan did not include training targeted towards the Uniform Guidance.

Based on DBH staff interviews and SAMHSA's findings and recommendations, DBH personnel would still benefit from training on the Uniform Guidance. The training would improve employees' knowledge of the numerous federal grant requirements. Improving employee's competence could prevent future compliance reviews, loss of funds, and interruptions in fund disbursement and continuity of care. Therefore, the OIG recommends that DBH:

> **Recommendation 1:** Require DBH Directors, programmatic and fiscal employees involved in SOR grant management to attend training on the Federal Government Uniformed Administrative requirements.
>
> Agree DBH Disagree
>
> ***DBH August 2021 Response to Recommendation 1:***
>
> *DBH agrees with Recommendation 1. By the end of Fiscal Year 2021, Management Concepts, an independent contractor that provides trainings to state and federal agencies, will complete a three (3) part grants management training to DBH grants management, programmatic and fiscal staff who work directly on the SOR grant. This training will address the entirety of the grants lifecycle from pre-award to grant closeout, including the Uniform Administrative Requirements for Federal Grants (2 Code of Federal Regulations (CFR) Subparts A and D); Cost Principles for Federal Grants (2 CFR 200 and Federal Acquisition Regulations 31.2); and how to apply indirect costs to federal grants. DBH is committed to providing ongoing training as needed to grants management, programmatic and fiscal staff who work directly on issues related to federal grants and subgrants.*

Finding 2: Various DBH employees involved in SOR grant management have not adopted the SharePoint Grants Lifecycle Process Flow Operating Detail to manage the SOR grant funds and resources – The Green Book states that "[m]anagement should implement control activities through policies"[27] and use policies to document each unit's responsibility for implementation

[24] SAMHSA identified $510,924 in questionable costs. *Id*. at 1.
[25] *Id*. at 7.
[26] PASS allows tracking of requisitions, purchase orders, and invoices.
[27] U.S. GOV'T ACCOUNTABILITY OFFICE, GAO-14-704G s*upra* note 3, Principle 12.01.

and operative effectiveness. The policies should contain "detail to allow management to effectively monitor the control activity."[28]

In January 2020, DBH implemented SharePoint Grants Lifecycle Process Flow Operating Detail ("SharePoint").[29] SharePoint establishes DBH's grant management practices from pre-award to closeout phases of the grant.[30]

Although DBH provided documentation that all employees have access to SharePoint, the OIG received contradictory evidence that suggested some employees did not have access to or were unfamiliar with SharePoint. Interviews with DBH fiscal and programmatic staff revealed that some employees involved in managing the opioid grants do not have access to SharePoint. Others choose not to access it, using the Citywide Grants Manual and Sourcebook[31] instead. According to sub recipients, DBH fiscal and programmatic staff appear not to communicate effectively with each other, and, as a result, provide inconsistent information about the grant to the sub recipients. The OIG believes if fiscal and programmatic staff were to adhere to the SharePoint processes, they could have a more collaborative and effective relationship.

A DBH interviewee indicated a policy implementing SharePoint was in the draft phase, but the OIG found no evidence that a policy existed. However, DBH has provided various training sessions on SharePoint to fiscal and programmatic staff, distributed SharePoint information binders to all training attendees, and notified all staff through email of the implementation of SharePoint and its purpose.

In summary, DBH lacks a policy requiring the use of SharePoint, and its employees seem unwilling to use it. The reason for employees' reluctance was unclear to the OIG because fiscal and programmatic staff contributed to the development of SharePoint. Despite the training, email announcement, and contribution from fiscal and programmatic staff in its development, there is no incentive for DBH staff to utilize SharePoint without a policy. Therefore, the OIG recommends that DBH:

> **Recommendation 2:** Establish a policy that requires staff to follow the SharePoint Grants Lifecycle Process Flow Operating Detail.
>
> Agree____DBH_____ Disagree_____

[28] *Id*. Principle 12.03.
[29] The purpose of SharePoint is to improve DBH's compliance with regulations, reduce administrative burdens by eliminating redundancy in forms and process, and provide a document and template library.
[30] D.C. DEP'T OF BEHAVIORAL HEALTH CROSS ADMINISTRATION GRANTS LIFECYCLE PROCESS FLOW OPERATING DETAIL (undated).
[31] The CityWide Grants Manual and Sourcebook ("Sourcebook") defines minimum requirements and establishes best practices policies and procedures for the programmatic and financial operations of grants. It states that agencies may supplement the Sourcebook with agency specific requirements.

DBH August 2021 Response to Recommendation 2:

DBH agrees with Recommendation 2. Currently, DBH is finalizing updates to its Grants Manual, which will require that all programmatic, fiscal and grants management staff adhere to the Grants Lifecycle Process established on SharePoint and summarized in the updated Grants Manual.

Recommendation 3: Require all employees that work on the SOR grant to sign an acknowledgment they reviewed the policy.

Agree DBH Disagree_____

DBH August 2021 Response to Recommendation 3:

DBH agrees with Recommendation 3. The updated Grants Manual will require that all programmatic, grant management and fiscal staff who participate in grant administration sign written acknowledgements that they have received and reviewed the updated Grants Manual.

Recommendation 4: Assure that all grant management staff have access to SharePoint.

Agree DBH Disagree_____

DBH August 2021 Response to Recommendation 4:

DBH agrees with Recommendation 4. All grants management, fiscal and programmatic staff who participate in grant administration currently have access to SharePoint. DBH will remind staff to use SharePoint for grant administration as part of the rollout of the updated Grant Manual.

Currently, DBH is completing a pilot program in which all SOR grantees have access to use SharePoint for their DBH sub-grant administration, including submitting all required documents to DBH through this platform. DBH anticipates that this pilot program will be complete by September 30, 2021. After evaluating this pilot, DBH anticipates extending SharePoint access to all DBH grantees and sub-grantees for grant administration purposes.

Finding 3: DBH fiscal monitors and programmatic staff lack effective internal and external communication in managing the SOR Grant – With respect to information and communication, the Green Book states that "[m]anagement should internally communicate the necessary quality information to achieve the entity's objectives [ ]"[32] and "communicate [ ] quality information throughout the entity using established reporting lines."[33] The Green Book also states that

[32] U.S. GOV'T ACCOUNTABILITY OFFICE, GAO-14-704G, s*upra* note 3, Principle 14.01.
[33] *Id.* Principle 14.02.

"[m]anagement should externally communicate the necessary quality information to achieve the entity's objectives."[34]

The OIG interviewed 28 sub recipients of SOR and STR grant funds and DBH staff and concluded that DBH fiscal monitors and programmatic staff deliver conflicting information and expectations to sub recipients.

According to some sub recipients, they are frustrated and confused about grant processes and expectations from the programmatic staff and fiscal monitors. For example, the OIG learned there have been gaps between the Notice of Grant Awards and receipt of grant funds with no explanation from DBH. Sub recipients reported there has also been a "disjointed roll out" and implementation of the grants.

The OIG learned that before the COVID-19 Public Health Emergency, DBH used paper routing slips to track records. Currently, it transmits and tracks records through email. DBH lacks a grant management system to coordinate and track its work internally. In addition, we learned that DBH had not explored implementing a grant management system. As a result of not having a grant management system at DBH, communication is not shared internally among fiscal and programmatic staff, and ultimately leads to conflicting information being shared with sub recipients.[35] According to sub recipients, they have lost money,[36] delayed paying employees, and have rushed to plan grant programs because DBH delayed grant disbursements.

To address the effects of disjointed internal and external communication, the OIG recommends that DBH:

> **Recommendation 5:** Require SOR grant fiscal monitors and programmatic staff to follow the SharePoint Grants Lifecycle Process Flow Operating Detail's internal and external communication guidance.
>
> Agree DBH Disagree
>
> ***DBH August 2021 Response to Recommendation 5:***
>
> *DBH agrees with Recommendation 5. DBH reiterates its response to Recommendation 2. All grants management, fiscal and programmatic staff must adhere to the SharePoint Grants Lifecycle Process, including its guidance pertaining to internal and external communications.*

[34] *Id.* Principle 15.01.
[35] With regard to the continuity of care, the OIG believes that delays in funding can negatively impact planning for programs to address the opioid crisis in the District of Columbia and their execution.
[36] For example, a sub recipient would lose money if it were to incur costs and begin work on grant requirements under the belief that the grant period had started, only to find out they were not allowed to start work yet.

Recommendation 6: Facilitate monthly meetings between SOR fiscal monitors and programmatic staff to discuss grant management activities.

Agree DBH Disagree

DBH August 2021 Response to Recommendation 6:

DBH agrees with Recommendation 6. Presently, SOR fiscal monitors and programmatic staff meet at least monthly to discuss SOR grant management and administration. DBH intends to continue these meetings on at least a monthly basis.

Recommendation 7: Explore the feasibility of establishing a grant management system.

Agree DBH Disagree

DBH August 2021 Response to Recommendation 7:

DBH agrees with Recommendation 7. Currently, DBH is in negotiations with DC Health to execute an inter-agency agreement to purchase DBH-specific licenses under the DC Health grants management software account. Under this agreement, DBH would maintain an account on the system that is separate from DC Health; the DBH grants would be segregated from those belonging to DC Health and each agency would only be able to access information about their respective grants.

Finding 4: HAHSTA Opioid Prevention Division vacancies negatively impact the naloxone distribution program – According to a DC Health organizational chart, the Prevention Division Chief oversees the HAHSTA Prevention Division, which consists of a Hepatitis Opioid Response Branch Manager, Public Health Specialist, Special Populations Coordinator, and eight (8) Rapid Peer Responders.[37] The Hepatitis Opioid Response Branch Manager position became vacant in June 2020, and the Public Health Specialist position became vacant in early 2020. Both positions remained vacant during our evaluation fieldwork. However, in April 2021, DC Health informed the OIG it was in the process of scheduling interviews for the Hepatitis Opioid Response Branch Manager position.

The Special Populations Coordinator, the only position filled as of April 2021, is responsible for various duties, including:

- coordinating, distributing, and tracking naloxone kits to 58 partners;
- collecting monthly reports from all partners;
- coordinating and providing naloxone training[38] for the District; and

[37] DC Health indicated that it planned to hire two additional rapid peer responders, bringing the total rapid peer responders to ten.
[38] In January 2021, DC Health began the "Train the Trainer" program. Once an individual completes the program, they are eligible to train individuals in their organization and other organizations to distribute naloxone in the

- overseeing eight (8) rapid peer responders.

Interviews with the naloxone distribution partners indicated that they were generally satisfied with the naloxone distribution program in the District. While the DC Health HAHSTA employee who manages the program is knowledgeable and involved in the program, the OIG believes that person to be overburdened because of a lack of support personnel. DC Health HAHSTA management is aware the employee needs more support. Additional help in meeting their responsibilities would allow them to respond to situations that arise and analyze and evaluate naloxone distribution and training, enabling the division to improve the program.

The OIG recommends that DC Health:

Recommendation 8: Prioritize filling the vacancies in the HAHSTA Opioid Prevention Division.

Agree_____ Disagree_ DC Health _

DC Health August 2021 Response to Recommendation 8:

At this time, DC Health and DBH have developed a plan to transfer OUD-related prevention and treatment programs/funding currently in HAHSTA to DBH. The Rapid Peer Responder model is also being re-envisioned due to concerns over how rapidly they were able to deploy 24/7, so that staffing complement is no longer required; the use of community peers will instead be incorporated into DBH's individual outreach strategy in partnership with FEMS. HAHSTA's Prevention Division will focus on the prevention of HIV, Hepatitis and STIs, with special attention to persons who use and/or inject substances, and will continue to collaborate closely with DBH.

Finding 5: Pharmacies participating in the Naloxone Pharmacy Pilot Program do not have access to REDCap[39] and are not submitting monthly reports to DC Health – To evaluate results and adapt to changes in the environment, the Green Book advises that management "[identify] changes in the internal control system that either have occurred or are needed because of changes in the entity and its environment. External parties can help management identify issues in the internal control system."[40] The OIG learned that DC Health instructs pharmacies participating in the naloxone pharmacy pilot program to submit reports through email, text, or fax. Sub recipients responsible for distributing naloxone in the community submit their naloxone distribution reports through REDCap. According to DC Health, because management receives reports from pharmacies in different ways, it is difficult to track data and make programmatic

District. The individual must be part of an organization that is a naloxone distribution partner with DC Health and must have completed either an in-person or virtual training.

[39] According to DC Health, REDCap is a database used to collect data and surveys.

[40] U.S. GOV'T ACCOUNTABILITY OFFICE, GAO-14-704G, s*upra* note 3 Principle 16.10.

decisions. In addition, the OIG learned that participating pharmacies did not consistently submit monthly reports. [41]

In fiscal year (FY) 2019 through FY 2021, pharmacies failed to consistently submit monthly naloxone reports to DC Health. In FY 2019,[42] pharmacies failed to submit 6 of 17 monthly naloxone reports (35 percent). In FY 2020, pharmacies failed to submit 75 of 259 monthly naloxone reports (29 percent). In FY 2021,[43] pharmacies have failed to submit 45 of 212 monthly naloxone reports (21 percent). According to the Health Regulation and Licensing Administration (HRLA), pharmacies typically do not have suitable external internet connectivity to ensure data security and Health Insurance Portability and Accountability Act (HIPAA) compliance. For example, CVS uses intranet[44] to ensure patient information security. Intranet restricts access to only organization members, while the use of extranet[45] would leave pharmacies more vulnerable to unwanted access.

To address the problems that concern the submission of monthly reports to DC Health from pharmacies, the OIG recommends that DC Health:

Recommendation 9: Facilitate meetings with the Health Regulation and Licensing Administration to discuss ways to improve external reporting issues.

Agree DC Health Disagree_____

DC Health August 2021 Response to Recommendation 9:

Meetings with HRLA's Pharmaceutical Control Division have occurred. There is agreement that pharmacies should have access to Redcap for the purposes of proper reporting. Collaboration with HRLA and District pharmacies will continue in order to identify and address any remaining limitations or barriers.

Recommendation 10: Convene meetings with pharmacies participating in the Naloxone program to discuss ways to improve the submission of monthly reports.

Agree DC Health Disagree_____

[41] According to DC Health's FAQ Narcan Pharmacy Pilot Program document, "[a]ll Narcan distribution data must be reported monthly. The pharmacy has five (5) calendar days from the last day of the month to submit their data (i.e., January data is due on February 5th). If the 5th calendar day falls on a weekend, the report is due on the next immediate business day."
[42] The Pharmacy Pilot Program began in September 2019, therefore, data was only available for one month in FY 2019.
[43] Data was only available through April 2021.
[44] An "intranet" is a computer network for sharing information, collaboration tools, operational systems, and other computing services within an organization, usually to the exclusion of access by outsiders.
[45] An "extranet" is an intranet that can be partially accessed by authorized outside users, enabling businesses to exchange information over the internet securely.

DC Health August 2021 Response to Recommendation 10:

Communication with pharmacy representatives already takes place on a quarterly basis. Reporting is discussed regularly during these conference calls. As Redcap reporting protocols are developed, they will be introduced in the quarterly meeting. Training and technical assistance will be provided as needed.

We appreciate the cooperation and courtesies extended by your staff during this evaluation. If you have any questions concerning this letter, please contact me or Edward Farley, Assistant Inspector General for Inspections and Evaluations, at 202-727-9249 or edward.farley@dc.gov .

Sincerely,

Daniel W. Lucas
Inspector General

DWL/sj

cc: See Distribution List

DISTRIBUTION (via email):

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Mr. Jed Ross, Director and Chief Risk Officer, Office of Risk Management

Summary of Uncompensated Care Data as Reported by District of Columbia Hospitals to the State Health Planning and Development Agency (SHPDA) for 2020

		Provided to All Persons			Provided To District Residents			Charity Care by Patient Residence				Bad Debt by Patient Residence			
Hospital	Uncomp. Care Obligation	Charity Care	Bad Debt	Total	Charity Care	Bad Debt	Total	DC	MD	VA	Other Jurisdictions	DC	MD	VA	Other Jurisdictions
MedStar Washinton Hospital Center	$21,793,514	$ 26,644,095	$ 17,553,761	$ 44,197,856	$ 22,875,864	$ 8,620,237	$ 31,496,101	$22,875,864	$2,677,959	$746,241	$344,031	$8,620,237	$6,656,228	$476,408	$1,800,888
Children's National Medical Center	$20,718,389	$ 8,705,062	$ 16,589,964	$ 25,295,026	$ 1,914,311	$ 5,298,934	$ 7,213,245	$1,914,311	$5,572,939	$897,551	$320,261	$5,298,934	$9,041,295	$1,705,650	$544,085
MedStar Georgetown University Hospital	$16,044,313	$ 14,471,180	$ 9,267,774	$ 23,738,954	$ 9,964,066	$ 2,869,847	$ 12,833,913	$9,964,066	$3,978,477	$320,482	$208,155	$2,869,847	$3,726,808	$1,408,051	$1,263,068
Sibley Memorial Hospital**	$9,501,124	$ 4,437,201	$ 4,058,848	$ 8,496,049	$ 1,528,779	$ 3,607,763	$ 5,136,542	$1,528,779	$2,523,245	$269,241	$115,936	$3,607,763	$203,012	$179,223	$68,850
George Washington University Hospital**	$10,380,044	$ 1,212,122	$ 7,512,355	$ 8,724,477	$ 562,475	$ 3,804,790	$ 4,367,265	$562,475	$451,472	$134,228	$63,947	$3,804,790	$2,285,290	$972,315	$449,960
United Medical Center**	$2,783,670	$ 840,560	$ 1,725,405	$ 2,565,965	$ 409,970	$ 808,200	$ 1,218,170	$409,970	$412,438	$0	$18,152	$808,200	$812,481	$67,495	$37,229
MedStar National Rehabilitation Network	$2,561,903	$ 1,514,765	$ 2,039,839	$ 3,554,604	$ 823,192	$ 289,437	$ 1,112,629	$823,192	$426,920	$223,083	$41,570	$289,437	$1,697,765	$43,342	$9,295
Psychiatric Institute of Washington	$623,444	$ 723,115	$ 265,642	$ 988,757	$ 233,622	$ 140,319	$ 373,941	$233,622	$444,994	$33,375	$11,125	$140,319	$92,118	$27,850	$5,356
BridgePoint Capitol Hill	$222,886	$0	$ 1,710,778	$ 1,710,778	$0	$ 1,710,778	$ 1,710,778	$0	$0	$0	$0	$1,710,778	$0	$0	$0
Hospital for Sick Children	$234,513	$ 3,421,021	$ 1,291,664	$ 4,712,685	$ 3,320,576	$ 239,197	$ 3,559,773	$3,320,576	$100,445	$0	$0	$239,197	$1,052,467	$0	$0
BridgePoint National Harbor	$254,844	$0	$ 934,600	$ 934,600	$0	$ 934,600	$ 934,600	$0	$0	$0	$0	$934,600	$0	$0	$0
Howard University Hospital	$4,413,664	$ 6,421,479	$ 9,035,472	$ 15,456,951	$ 6,380,566	$ 5,969,214	$ 12,349,780	$6,380,566	$38,857	$2,056	$0	$5,969,214	$1,972,560	$583,387	$510,311
Total	**$ 89,532,308**	**$ 68,390,600**	**$ 71,986,101**	**$ 140,376,702**	**$ 48,013,421**	**$ 34,293,315**	**$ 82,306,736**	**$ 48,013,421**	**$ 16,627,746**	**$ 2,626,257**	**$ 1,123,177**	**$ 34,293,315**	**$ 27,540,024**	**$ 5,463,721**	**$ 4,689,042**

Uncompensated Care is the combination of charity care and bad bebt. 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 2020 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.

Three hospitals, Sibley Memorial Hospital, George Washington University Hospital, and United Medical Center 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.

Center for Policy, Planning and Evaluation
FY 21 Oversight Questions

Q64: Please provide links to all reports completed by CPPE during FY21 and FY22 to date.

Response:

Influenza Data:
Epidemiology and Laboratory Capacity (ELC) grant application for Influenza. Overview of influenza surveillance in the District of Columbia can be accessed and downloaded from the website. These data are provided via a public facing dashboard that is updated every week between Thursday-Friday during the influenza season (starting in October and ending in May). The dashboard displays data across the different Morbidity and Mortality Weekly Reporting weeks (MMWR) across years (the earliest season being 2015-2016) o Link to dashboard: https://dchealth.dc.gov/node/1503136

Behavioral Risk Factor Surveillance System (BRFSS) Data:
Please review the dashboard on the website for a more up-to-date report DC BRFSS report links https://dchealth.dc.gov/service/behavioral-risk-factor-surveillance-system

COVID-19 Outbreak Data:
https://coronavirus.dc.gov/page/outbreak-data
Contact tracing of COVID-19 cases give investigators information on who that person was in close contact with and the locations that they visited during their infectious period, which starts two days before and ends 10 days after symptom onset (or date of test if asymptomatic).

These data allow DC Health to help public health authorities understand where transmission of COVID-19 may have occurred. An outbreak is defined as two or more cases of COVID-19 reported at a location which have a plausible epidemiological link.

COVID-19 K-12 Schools Data:
https://coronavirus.dc.gov/page/dc-schools-data
The figures included show reported cases and outbreaks of COVID-19 among students, teachers, and staff that were enrolled or employed in District of Columbia schools and were on campus during their infectious periods. Data are shown by week of report to DC Health.

COVID-19 Exposure Activities:
https://coronavirus.dc.gov/page/exposure-activities
The figures included show the percentage of interviewed cases who report engaging in the following activities during their exposure period: travel, personal care, faith-based events, work, dining out, social events, gym/fitness, sports.

COVID-19 Key Metrics:
https://coronavirus.dc.gov/key-metrics
The District of Columbia monitors key public health signs of multiple communicable diseases as a part of routine surveillance activities and disseminates health communications to decrease

community spread. The included subset of key metrics can be used in conjunction with wider public health messaging to support residents in personal risk decision-making.

COVID-19 Surveillance Data Overview:
https://coronavirus.dc.gov/data
This page houses the main surveillance data that are reported daily related to COVID-19.

Q65: Please provide an updated results framework for each administration.

Response:

Results Framework (RFW) dashboards were developed for all DC Health administrations for monitoring and evaluation. These dashboards were designed and developed to represent three main elements of the Monitoring and Evaluation program: (a) statement of the project development objectives (PDO); (b) set of indicators to measure outcomes that are linked to the PDO; and a set of intermediate results to track progress toward achieving outcomes; and (c) measurement and evaluation (M&E) arrangements specifying clear units of measurement for each indicator as well as the roles and responsibilities for collecting, reporting, and analyzing data on those indicators.

A total of 25 RFW dashboards for the following administrations have been completed and submitted for review:

1. Health Regulation and Licensing Administration (HRLA),
2. Community Health Administration (CHA),
3. Health Emergency Preparedness and Response Administration (HEPRA),
4. Center for Policy, Planning and Evaluation (CPPE), Data Management and Analysis Division (DMAD),
5. HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA).
6. Center for Policy, Planning and Evaluation (CPPE), Research, Evaluation and Measurement (REM), and
7. Office of Health Equity (OHE).

Data collection from all DC Health administration to update the RFW dashboards continues.

The department has worked collaboratively with its IT team to migrate and automate the processes of the RFW dashboard development from individual administration's desktops to a central visualization point on the Office of the Chief Technology Officer's (OCTO's) Tableau Enterprise Server.

For each administration, there is a folder created on the Server for the contents of each dashboard to be uploaded and controlled in a secure environment that is not viewable by other programs. Data collection is every three months, which updates the dashboard.

Q66: Please describe what changes CPPE has made due to the impact of COVID-19 to date.

Response:

Occupational Safety Health Statistics (OSHS) Program:
COVID-19 has had a significant impact on the operational function of the Occupational Safety Health Statistics (OSHS) Program. The Program Manager had to request permission from the Bureau of Labor Statistics (BLS) to allow staff to work remotely. While BLS granted us permission to do so, we were not allowed to bring confidential documents home that are essential for us to perform our work duties. As a result, a schedule was set up for employees to alternate going in the office to pick up P.O. returns. They would then e-mail the Program Manager the number of returns with a list of the individual unique establishment numbers assigned to each respondent. Then that person would shred the documents and leave the office. Both employees would have to conduct address refinement to find better addresses for the returns and update the address in the BLS system amid conducting the Survey of Occupational Injuries and Illnesses (SOII). The next week the alternate employee would go to the office to print out mailing labels, put them and the notice in a BLS envelope and take it to the mailroom to be mailed and leave the office. Given that most businesses were closed we had hundreds of returns from January to June. It was also difficult to reach respondents by telephone since they were not on-site.

We also had to pivot almost daily regarding the changing policy on the Occupational Safety and Health Administration (OSHA) recordable cases. For example, adverse reactions to COVID-19 shots were only OSHA Recordable if the employee was required by the employer to get the shot. Employees who were quarantined due to exposure and missed days of work were not recordable cases. Ultimately OSHA's guidance was that only those cases where the employee tested positive and the employer could verify the employee contracted the virus at work could be considered a recordable case after the respondent completed the survey. In many instances, we had to communicate with angry respondents to determine if the case(s) they reported met the OSHA criteria which was very stressful. This created an additional burden because we had a significant amount of COVID-19 cases reported that we had to determine if they were OSHA recordable. Since it is necessary that the Program Manager have access to death certificates to conduct the Census of Fatal Occupational Injuries (CFOI) and they could not leave the office, an arrangement had to be made with Vital Records Division to allow the Program Manager access to the death certificates via Box.

State Health Planning and Development Administration (SHPDA):
Beginning March 2020, the SHPDA, in collaboration with the Office of the Director, the Office of the General Counsel, Health Regulation and Licensing Administration, and other partners, worked together to develop a process to authorize and license additional services necessary for the purpose of addressing the COVID-19 public health emergency. As a result, and in accordance with D.C. Official Code § 44-407(b)(10), the services described in the declaration developed by Director Nesbitt were exempt from certificate of need requirements for the period of the public health emergency declared by the Mayor plus 30 days after the public health

emergency ends. The SHPDA worked with service providers for whom declarations and exemptions were provided to ensure an appropriate transition post-COVID.

During the public health emergency one health care facility, Howard University Dialysis Center, requested and was granted authorization to permanently establish six additional dialysis stations. Additionally, the DC Health Director issued a declaration following the public health emergency to allow RAP, Inc. to continue to operate the 14 beds at the two sites adjacent to RAP's main campus, which provides residential substance use disorder services to persons under investigation for COVID-19 or positive for COVID-19 while RAP completes the certificate of need review process.

The SHPDA currently accepts all correspondence and applications electronically; hardcopies are accepted as well. Fees are mailed to a secured mailbox monitored by the SHPDA. Additionally, the SHPDA hosts all of its hearings and meetings, including the Statewide Health Coordinating Council virtually.

DC Vital Records Division (DCVRD):
The Vital Records Division (DCVRD) made some operational changes as a result of the impact of COVID-19 in order to be able to continue to assist customers with their needs to register, obtain, and amend a vital record. In order to assist clients without providing any disruption in service, DCVRD relied on the use of technology. DCVRD implemented the use of OCTO's Amazon Web Services (AWS) that allowed us to have a remote call center. Staff were assigned to answer calls within the below categories: (1) Regular Calls; (2) VitalChek orders; (3) Modification Calls; (4) Registration Calls.

A remote process was created for the processing and unique registration events such as Out of Institution Births as well as the handling of modifications. Microsoft Touchpoint forms were created to fulfill these two activities. To avoid the need of having the customer come to our office or send payments via mail, the implementation of a payment portal was created by using Salesforce. This application allows staff to send a payment request to a customer requesting a service.

Q67: Please describe any in-person services available to the public.

Response:

The Vital Records Division continues to provide in-person service by offering walk-in and appointment services Monday through Friday from 9:00 am until 1:00 pm to customers requesting birth, death, or domestic partnership certificates.

Q68: Are there elements of health care that you've seen improved during the COVID-19 pandemic for people enrolled in Medicaid or Healthy Families (e.g. tele-health as an option for more services)? Of those, which do you plan to continue in FY22 and post-pandemic?

Response:

DC Health has observed improvements in access to health care through increased use/uptake in telehealth and home visiting services. Services that had lower adoption rates, such as dental and mental health, launched or expanded access to these telehealth services during the pandemic. Health care in the home, accomplished through dispatching a healthcare worker to the resident's home, was also expanded during the pandemic to serve residents who were not comfortable visiting a medical office.

DC Health is currently exploring how to further build out telehealth and home visiting services, even when in-office services are as available as before.

Q69: Please give an update on the number of gender marker change requests.

Response:

	Female to Male	Male to Female	Male to Unknown*	Female to Unknown*	Total
FY 2021	22	19	0	0	41
FYTD 2022 (through 1/12/2022)	6	1	0	0	7

Source: Vital Records Division, Center for Policy, Planning and Evaluation, DC Health.

Q70: How many individuals requested vital records in FY21 and FY22 to date? 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 2021 (10/1/2020 - 9/30/2021)			
Source	**Cert Type**	**Total orders**	**Avg days to ship**
Web	Birth	28564	19.7
Web	Death	321	19.7
Mail	Birth	4881	23.8
Mail	Death	632	23.8
Phone	Birth	10057	21.4
Phone	Death	487	21.4
Funeral	Death	4997	1.95
Mail	Modifications	1304	8.8
Source	**Cert Type**	**Total orders**	**Avg Processing Time (min)**
Counter	Birth	9645	21.1
Counter	Death	463	22.6
Counter	Modifications	432	33.9

Source: Vital Records Division, Center for Policy, Planning and Evaluation, DC Health.

FY 2022 (10/1/2021 - 1/12/2022)			
Source	**Cert Type**	**Total orders**	**Avg days to ship**
Web	Birth	6570	20.9
Web	Death	321	20.9
Mail	Birth	1165	18.7
Mail	Death	188	18.7
Phone	Birth	1971	20.8
Phone	Death	112	20.8
Funeral	Death	1364	2.25
Mail	Modifications	237	6.5

Source	Cert Type	Total orders	Avg Processing Time (min)
Counter	Birth	6891	19.2
Counter	Death	499	20.3
Counter	Modifications	656	29.6

Source: Vital Records Division, Center for Policy, Planning and Evaluation, DC Health.

Q71: Please describe efforts to include labs pharmacies and electronic health records systems (EHs) to allow for easier data sharing between District agencies and community partners.

Response:

One of the centerpieces of DC Health's health information technology (HIT) modernization efforts is the DC Health Data Engine. The Data Engine utilizes two new tools. The first is the online analytical processing (OLAP) environment, which is a repository capable of storing and supporting big and complex datasets similar to those found in Electronic Laboratory Reporting (ELR) and electronic health records (EHR) systems.

The second is the Informatica Master Data Management Application (MDM). This application, hosted in the OLAP environment, is designed to produce a single source of truth for records constructed from multiple data sources such as laboratory records, reports from health providers, and findings from epidemiologists' investigations and monitoring. This combination of the OLAP and MDM is referred to as the DC Health Data Engine. The Data Engine allows for:

1. Standardized and auditable data deduplication processes per documented and vetted business rules;
2. Scalable infrastructure that can maintain optimal performance at any transaction volume received and enhanced;
3. Analytics and query reporting capabilities executed at the database level;
4. Data visualization and scripted algorithms for any standard or ad hoc reporting through an integration with Tableau;
5. Audit tracking capabilities to verify findings and investigate any errors; and
6. Detailed documentation of all architecture, processes, and calculations.

The data engine currently receives and processes ELR, EHR, cancer, immunization, and syndromic surveillance data daily from approximately 304 different locations across the District that include pharmacies, labs, hospitals, and CRISP.

Q72: Please explain efforts to use CRISP for the Metro District, Maryland and Virginia region for regional health information exchange. Please include any use of COVID-19 data sharing in your response.

Response:

CRISP is a fundamental tool for both healthcare facilities (HCFs) and the Epidemiology Investigation Team (EIT). It plays a key role in assisting staff members with the following information during investigations and data analysis:

- Test results for the Metro District, Maryland and Virginia (DMV) residents,
- Hospitalization records,
- Vaccination status, and
- Contact information for investigations and contact tracing.

Beginning in May 2021, DC Health engaged CRISP with a goal of being able to use a more real time integration with CRISP and the DC Health Data engine. This work is ongoing. The goals of that integration include:

1. Enhancing DC Health ADT (admit, discharge and transfer) data for all the notifiable diseases;
2. Enhancing demographic data available to the epi team for investigation purposes;
3. Leveraging CRISP to fill gaps in lab information to enhance the data sets available to the epi team. This could be used for surveillance purposes as well as to directly trigger an investigation for notifiable disease reporting/investigation; and
4. Expanding used cases to enable DC Health to receive a broader spectrum of notifiable diseases data. In May 2021, DC Health was receiving CRISP data only for diseases for which a case investigation was needed.

Q73: Please provide a report on the levels of uncompensated care provided by certificate of need (CON) holders during FY21 and FY22 to date, including:

- **a. Dollar value of uncompensated care each CON holder was required to provide;**
- **b. Dollar value of uncompensated care each CON holder actually provided, with the dollar value of charity care and bad debt reported separately;**
- **c. The dollar value of services and care provided to District residents; and**
- **d. The reason provided by a CON holder, if the holder failed to provide the required level of uncompensated care.**

Response:

Uncompensated care is retrospectively reported by certificate of need holders. Traditionally, the SHPDA only formally requested reporting of uncompensated care information from hospitals in the District of Columbia. Beginning in the first quarter of 2022, the SHPDA is requesting uncompensated care data reports from all certificate of need holders. The attached Uncompensated Care Data Report reports information from Calendar Year 2020.

Please see the attachment labeled "Attachment FY21 Oversight – CPPE – Q73" for the 2020 Uncompensated Care Data Report for District hospitals. These data include dollar value for uncompensated care, as self-reported by hospitals in the District of Columbia. It is important to note that the information has not yet been verified by the SHPDA. Three of the reporting hospitals, George Washington University Hospital, Sibley Memorial Hospital, and United Medical Center, have not met the required level of uncompensated care. No reason was provided by these facilities to demonstrate why they were unable to meet the requirements.

Uncompensated care data for 2021 are not yet available; 2021 data are reported to the SHPDA beginning in June 2022.

Q74: How many letters of intent to file CON applications were filed during FY21 and FY22 to date? How many actual CON applications were submitted in FY21 and FY22 to date? For each CON application, please provide the following:

a. Date of submission;
b. Brief description of proposed project; and
c. Status of application (Reviewed? Approved? Denied? Reconsidered? Appealed?).

The SHPDA received 51 Letters of Intent (LOIs) in FY21 and seven LOIs to date in FY22. Some LOIs received in FY21 will become applications that will be reviewed in FY22. The SHPDA rendered a decision on 34 CON applications in FY21 and 13 CON applications to date in FY22 to date.

CERTIFICATE OF NEED
2021 FISCAL YEAR STATUS REPORT
DECISIONS ON CERTIFICATE OF NEED APPLICATIONS

CON #	DATE OF APPLICATION SUBMISSION	NAME	PROJECT DESCRIPTION	DECISION DATE	STATUS
20-0-6	11/13/20	IRC Superman Midco, LLC	Acquisition of American Renal Associates Holdings, Inc.	12/23/20	Approved
20-8-2	10/6/20	DCH Hadley LTACH, LLC d/b/a BridgePoint Hospital National Harbor and DCA Hadley SNF, LLC d/b/a BridgePoint Sub-Acute & Rehabilitation National Harbor	Closure of Long-Term Acute Care Beds and Addition of Skilled Nursing Beds	01/25/21	Approved
20-2-4	10/30/20	MedStar Georgetown Medical Center, Inc. d/b/a MedStar Georgetown University Hospital	Fifth Year Renewal of the Certificate of Need for the Construction of a Surgical Pavilion at MedStar Georgetown University Hospital	02/26/21	Approved
20-3-2	10/02/20	LM1, LLC d/b/a Lifematters	Establishment of a Home Health Care Agency	03/03/21	Approved

20-3-8	12/08/20	Wisconsin Avenue Psychiatric Center d/b/a Psychiatric Institute of Washington	Addition of 22 Inpatient Beds and Establishment of Outpatient Clinic-Based Services at 4228 Wisconsin Avenue, NW and Expansion of Partial Hospitalization Program and Intensive Outpatient Program	03/05/21	Approved
20-4-7	10/05/20	Specialty Home Care, LLC	Establishment of Pediatric Home Health Care Services	03/09/21	Approved
21-0-1	01/18/21	Keystone Quality Transport Company	Keystone Quality Transport Company to Acquire LifeStar Response of Maryland, Inc.	03/19/21	Approved
20-3-7	12/11/20	MedStar Medical Group II, LLC/MGMC, LLC	Relocation of Physician Services from MGUH to 2233 Wisconsin Avenue, N.W.	03/22/21	Approved
21-3-1	02/23/21	WRA Management, Inc.	Acquisition of the Assets of Washington Imaging Associates D.C., LLC	04/29/21	Approved
21-8-1	03/04/21	Bio-Medical Applications of the District of Columbia, Inc. d/b/a BMA Greater Southeast Community Dialysis Center	Addition of Three Dialysis Stations at BMA Greater Southeast Community Dialysis Center	05/25/21	Denied
21-4-1	03/04/21	RAI Care Centers of DC, LLC d/b/a RAI Chillum-Washington	Addition of Dialysis Stations at RAI Chillum	06/08/21	Approved in Part
21-8-2	03/04/21	RAI Care Centers of DC, LLC d/b/a RAI Southeast	Addition of Three (3) Dialysis Stations	06/09/21	Denied

			at RAI Southeast Dialysis Facility		
21-5-2	04/12/21	Children's Hospital	Renovation an Installation of Vertical People Movers and Update to Garage at Children's Hospital	06/14/21	Partially Approved
20-1-3	02/23/21	Howard University Dialysis Center	Permanent Addition of Six (6) Stations	06/15/21	Approved
21-2-1	03/04/21	Bio-Medical Applications of the District of Columbia, Inc. d/b/a BMA Dupont Circle	Establishment of Home Hemodialysis Training Program	06/15/21	Approved
21-7-2	03/06/21	MBI Health Services, LLC	Establishment of an Urgent Care Center	06/17/21	Approved
20-5-6	03/10/21	Washington Hospital Center Corporation d/b/a MedStar Washington Hospital Center	Establishment of Two Hybrid Operating Rooms	06/22/21	Approved
20-8-7	04/01/21	Mid Atlantic Medicine, LLC	Establishment of Urgent Care Services	06/23/21	Approved
21-5-3	05/10/21	Children's Hospital	Establishment of MR-Guided High Intensity Focused Ultrasound Services	07/22/21	Approved
21-7-1	03/19/21	Seasons Hospice & Palliative Care of Washington DC, LLC	Establishment of Hospice Care Services	07/26/21	Approved
20-6-3	10/30/20	Cityblock Health, Inc. and Cityblock Medical Practice DC, P.C.	Establishment of Ambulatory Community-Based Healthcare Services	07/30/21	Approved
21-0-5	06/29/21	HHS Buyer, Inc.	Change of Control for Capital Healthcare Associates, Inc. d/b/a Capital City	08/30/21	Approved

			Nurses Health Care Services		
21-2-12	07/30/21	Pentec Acquisition Corporation	Pentec Acquisition Corporation to Acquire Pentec Healthcare Infusions, Inc. Resulting in Indirect Ownership of Pentec Health, Inc.	09/24/21	Approved

CERTIFICATE OF NEED
2022 FISCAL YEAR STATUS REPORT
DECISIONS ON CERTIFICATE OF NEED APPLICATIONS

CON #	DATE OF APPLICATION SUBMISSION	NAME	PROJECT DESCRIPTION	DECISION DATE	STATUS
21-5-5	07/01/21	Children's Hospital	Expansion of the Pediatric Intensive Care Unit by Seven (7) Beds and the Relocation of the Dialysis Clinic and Administrative Offices	10/08/21	Approved
20-1-2	12/09/20	Pivot SportsCare & Rehab, LLC d/b/a Pivot Physical Therapy	Establishment of Outpatient Rehabilitation Services	10/20/21	Approved
20-2-6	12/09/20	Pivot SportsCare & Rehab, LLC d/b/a Pivot Physical Therapy	Establishment of Outpatient Rehabilitation Services	10/20/21	Approved
20-2-7	12/09/20	Pivot SportsCare & Rehab, LLC d/b/a Pivot Physical Therapy	Establishment of Outpatient Rehabilitation Services	10/20/21	Approved
20-2-8	12/09/20	Pivot SportsCare & Rehab, LLC d/b/a Pivot Physical Therapy	Establishment of Outpatient Rehabilitation Services	10/20/21	Approved

20-3-5	12/09/20	Pivot SportsCare & Rehab, LLC d/b/a Pivot Physical Therapy	Establishment of Outpatient Rehabilitation Services	10/20/21	Approved
20-3-6	12/09/20	Pivot SportsCare & Rehab, LLC d/b/a Pivot Physical Therapy	Establishment of Outpatient Rehabilitation Services	10/20/21	Approved
20-6-4	12/09/20	Pivot SportsCare & Rehab, LLC d/b/a Pivot Physical Therapy	Establishment of Outpatient Rehabilitation Services	10/20/21	Approved

CON #	**DATE OF APPLICATION SUBMISSION**	**NAME**	**PROJECT DESCRIPTION**	**DECISION DATE**	**STATUS**
20-6-5	12/09/20	Pivot SportsCare & Rehab, LLC d/b/a Pivot Physical Therapy	Establishment of Outpatient Rehabilitation Services	10/20/21	Approved
21-5-7	09/06/21	Bio-Medical Applications of Northeast DC, Inc.	Establishment of Home Hemodialysis and Peritoneal Dialysis Training Services	12/01/21	Approved
21-8-3	08/04/21	District of Columbia and UHS East End Sub, LLC	Establishment of New Hospital and Ambulatory Pavilion at St. Elizabeths East	12/22/21	Approved
21-2-9	09/02/21	Eden Health Medical of D.C., P.C.	Establishment of Medical Office at 1615 L Street, N.W.	12/30/21	Denied
21-2-13	10/27/21	DaVinci Plastic Surgery, PC	Relocation of Part of an Existing Practice to a Larger Facility		Pending
21-4-3	10/27/21	Summers Wisdom Associates, Inc.	Establishment of Home Health Care Services		Pending

21-5-1	11/24/21	Affinity Health Management and Affinity Care of DC, LLC	Establishment of Outpatient Home Hospice Care Services		Pending
21-8-4	01/14/22	Federal City Recovery Services	Establishment of Residential Recovery and Treatment Facility		Pending
21-0-2	09/14/21	Renaissance Healthcare Services	Establishment of Pediatric Home Health Care Services	01/13/2022	Approved
21-5-4	11/19/21	Washington Hospital Center Corporation d/b/a MWHC	Establishment of Special Event Medicine Services		Pending

Q75: Please describe efforts to modernize the Certificate of Need application process in FY21 and FY22 to date.

Response:

The SHPDA has separated its automation and modernization project into phases. These phases include:

Phase No.	Description	Status
Phase 1	Digitalization of the prior certificate of need applications and correspondence	Pending new procurement
Phase 2	Development and implementation of automated SHPDA application processing system (SHPDA-APS)	On-going
Phase 3	Modernization of the Statewide Health Coordinating Council	Completed
Phase 4	Data Repository and Reporting	In Development

Phase 1: The SHPDA is working in collaboration with its DC Health colleagues and the Office of Contracting and Procurement (OCP) to identify a new qualified vendor to digitize SHPDA documents. The SHPDA added a task to an existing contract to begin this Phase 1 activity that began in FY20. During this period, approximately five percent of the documents were digitized. However, the contract expired before a new vendor was procured so there has been a gap in services.

The Scope of Work has been drafted and is under final review by the DC Archivist/DC Health Records Management POC and OCP. Retention of the Certificate of Needs and other documents are required for compliance with SHPDA laws. Once digitized, the SHPDA will be able to upload the earlier-approved applications into the SHPDA application processing system (APS). The minutes of the Statewide Health Coordinating Council and Project Review Committee meetings will be uploaded into the "library" of the board platform discussed in Phase 3.

Phase 2: The SHPDA has identified a qualified vendor to develop automation of the SHPDA-APS). The SHPDA-APS is planned to allow proposed providers to walk through any application process required by the SHPDA. During FY20, the SHPDA spent substantial time developing a scope of work for this project and refining the work-flows for the SHPDA processes. We then identified an existing vendor that is qualified to perform the tasks for the SHPDA. Using a vendor with experience working with the DC Health information systems has inherent efficiencies and economies of scale.

Phase 3: During FY20, the SHPDA was required to move to teleworking and virtual meetings. One of the opportunities this new structure highlighted was the need to re-think the method by which information for the Statewide Health Coordinating Council (SHCC) and

Project Review Committee (PRC) meetings is accumulated and disseminated. The SHPDA sought a state-of-the-art, cloud-based board management service that was experienced with public entities and understood the need for transparency with the stakeholders and the public in general. The product the SHPDA has identified for Phase 3, BoardDocs Pro by Diligent, will allow the SHPDA to build a repository of searchable documents recording the health planning processes through the SHCC meetings which are available to internal and external (public) customers.

Phase 4: The SHPDA has increased its requirements to report data that is aimed at allowing the District to better plan for the health-related needs of residents of the District of Columbia. This Phase will develop and implement a data repository that will allow the date to be accessible and useable. This Phase will be completed in FY22.

Q76: What actions did DC Health take during FY21 and FY22 to date to monitor disease, food contamination, and biohazard outbreaks? Please provide a list of all outbreaks and other epidemiological investigations conducted by DC Health in FY21 and FY22 to date.

Response:

CRISP is a fundamental tool for both HCFs and the EIT. It plays a key role in assisting staff members with the following information during investigations and data analysis:

1) Test results for DMV residents,
2) Hospitalization records,
3) Vaccination status,
4) Contact information for investigations and contact tracing.

Reportable infectious diseases, including emerging diseases, data have been captured via electronic lab, syndromic surveillance, electronic case report forms, notifications (e.g., email, phone calls) from the public and other stakeholders including the Centers for Disease Control and Prevention (CDC). DC Health has also been sending Health Notices on trending diseases to keep providers aware and encourage them to screen and test patients when needed. We have been tracking cluster and outbreak investigations using our tracking system. Data on potential foodborne disease outbreak were captured via communications from the public (e.g., phone, email), websites (e.g., Iwasposoined.com), reports from other administrations within DC Health (e.g., HRLA), provider case reports (SalesForce), and notifications from the CDC (emails). These data are reviewed by the disease specific program team (foodborne, vaccine preventable, respiratory, vector-borne/animal bite, and healthcare associated infection), case interviews are conducted as appropriate, and if an outbreak is detected, recommendations on the appropriate public health actions to take to minimize disease incidence and spread were shared with appropriate stakeholders.

Outbreaks/Significant Investigations FY21-FY22

- Norovirus outbreak at a University School,
- Investigation of Monkeypox case,
- SARS-COVID-19 investigation in nine animals,
- Tuberculosis Investigation in an animal,
- Gastro-enteritis cluster investigation at an elementary school,
- Gastro-enteritis cluster investigation at a learning center,
- Investigation of two suspected Measles cases, and
- Investigation of a Legionella case at a long-term care facility.

FISCAL YEARS 2021-2022 PERFORMANCE OVERSIGHT QUESTIONS FOR THE DEPARTMENT OF HEALTH (DC HEALTH)

A. GENERAL QUESTIONS/AGENCY MANAGEMENT PROGRAM (AMP)

A. Organization and Performance Plan

1. Please provide each agency listed below a current organizational chart, 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 FY21 and FY22 to date.

    a. Agency Management Program (AMP)
    b. Community Health Administration (CHA)
    c. Center for Policy Planning and Evaluation (CPPE)
    d. HIV/AIDS Hepatitis STD and Tuberculosis Administration (HAHSTA)
    e. Health Emergency Preparedness and Response Administration (HEPRA)
    f. Health Regulation and Licensing Administration (HRLA)
    g. Office of Health Equity (OHE)

2. Did the Department of Health meet the objectives set forth in the AMP performance plan for FY21? 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.

3. What are the objectives set forth for the Department of Health as a whole in the performance plan for FY22? Please provide a narrative description of the progress DC Health has made to meet the objectives of the FY22 performance plan.

4. If applicable, please provide a list of any employees who were temporarily reassigned for each agency listed below for activities related to COVID-19 or to assist during a shortage in staffing. Please provide a narrative explanation of reach reassignment made during FY21 and FY22 to date.

    a. Agency Management Program (AMP)
    b. Community Health Administration (CHA)
    c. Center for Policy Planning and Evaluation (CPPE)
    d. HIV/AIDS Hepatitis STD and Tuberculosis Administration (HAHSTA)
    e. Health Emergency Preparedness and Response Administration (HEPRA)
    f. Health Regulation and Licensing Administration (HRLA)
    g. Office of Health Equity (OHE)

B. Budget

5. Please provide the following budget information for DC Health, including the amount budgeted and actually spent, for FY21 and FY22 to date. In addition, please describe any variance of greater than 5% between the amount budgeted and actually spent for FY21 and FY22 to date:

    a. At the agency level, please provide the information broken out by source of funds and by Comptroller Source Group and Comptroller Object.
    b. At the activity level, please provide the information broken out by source of funds and by Comptroller Source Group.

6. Please provide a complete accounting of all intra-district transfers received by or transferred
from DC Health during FY21 and FY22 to date. For each, please provide a narrative description as to the purpose of the transfer and which programs, activities, and services within DC Health the transfer affected.

7. Please provide the DC Health capital budgets for FY21 and FY22, including amount budgeted and actual dollars spent. In addition, please provide an update on all capital projects undertaken in FY21 and FY22. Did any of the capital projects undertaken in FY21 or FY22 have an impact on the operating budget of DC Health? If so, please provide an accounting of such impact.

8. Please identify potential areas where spending pressures may exist in FY22. Please provide a
detailed narrative of the spending pressure, including any steps that are being taken to minimize the impact on the FY22 budget.

9. Please provide a current list of all properties supported by the DC Health budget. Please indicate whether the property is owned or leased by the District and which DC Health program utilizes the space. If the property is leased, please provide the terms of the lease. For <u>all</u> properties, please provide an accounting of annual costs (i.e. rent, security, janitorial services).

10. Please provide any program spending using federal COVID funds, the amount allocated and the program.

C. <u>Employee Relations</u>

11. Please provide a list of all FY22 full-time equivalent positions for DC Health, 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.

12. . What was the local vacancy rate for DC Health for FY21 and FY22 to date? How long was the average time to fill vacant positions?

13. Please describe the number of vacant positions in each agency listed below monthly for FY 21 and FY 22 to date and steps made for retaining employees and recruiting.
    a. Agency Management Program (AMP)
    b. Community Health Administration (CHA)
    c. Center for Policy Planning and Evaluation (CPPE)
    d. HIV/AIDS Hepatitis STD and Tuberculosis Administration (HAHSTA)
    e. Health Emergency Preparedness and Response Administration (HEPRA)
    f. Health Regulation and Licensing Administration (HRLA)
    g. Office of Health Equity (OHE)

14. How many employee performance evaluations were completed in FY21 and FY22 to date? How was performance measured against position descriptions? What steps are taken to correct poor performance and how long does an employee have to correct his/her performance?

15. Please provide the Committee a list of employees receiving bonuses, special pay, additional compensation, or hiring incentives in FY21 and FY22 to date, and the amount.

D. Grants, Subgrants, Contracts, and Purchase Orders

16. Please provide a complete accounting of all grant lapses in FY21, including a detailed statement on why the lapse occurred and explanation of any variance exceeding 5% taken by DC Health. Please also indicate if the funds can still be used and/or whether they carried over into FY22.

17. Please provide the following information for all grants/sub-grants awarded by DC Health during FY21 and FY22 to date, broken down by DC Health program and activity:
    a. Grant Number/Title;
    b. Approved Budget Authority;
    c. Expenditures (including encumbrances and pre-encumbrances);
    d. Purpose of the grant;
    e. Grant deliverables;
    f. Grant outcomes, including grantee/subgrantee performance;
    g. Any corrective actions taken or technical assistance provided;
    h. DC Health employee/s responsible for overseeing the grant; and
    i. Source of funds.

18. Please provide the following information for all contracts, including modifications, active for DC Health during FY21 and FY22 to date, broken down by DC Health program and activity:
    a. Contract number;
    b. Purpose of the contract;
    c. If the contract was entered into pursuant to the Mayor's Emergency Authorization

Authority
d. Name of the vendor;
e. Original contract value for the current year;
f. Modified contract value (if applicable);
g. Funding Source;
h. Whether it was competitively bid or sole sourced;
i. Expenditures (including encumbrances and pre-encumbrances);
j. Any corrective actions taken or technical assistance provided; and
k. DOH employee/s serving as Contract Administrator.

19. Please provide the following information for all human care agreements and task orders issues during FY21 and FY22 to date, broken down by DC Health program and activity:
    a. Vendor name;
    b. Services provided;
    c. Funding source;
    d. HCA amount;
    e. Task order amount;
    f. Actual expenditures;
    g. Status of performance; and
    h. DOH employee serving as Contract Administrator.

20. Please provide copies of any investigations, reviews or program/fiscal audits completed on programs and activities within DC Health during FY21 and FY22 to date. 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.

21. 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.

22. Please list and explain any Memos of Understanding issued during FY21 and FY 22 to date.

23. Please provide an update on funding allocated to Howard University's Center of Excellence. Please include program goals for FY 21 and FY22 to date, the metrics for reviewing performance. For each metric, please indicate if the goal was achieved.

B. COMMUNITY HEALTH ADMINISTRATION (CHA)

A. Organization, Performance Plan, and General Questions

24. Please describe any meetings CHA has had with community organizations during FY 21 and FY22 to date.

25. Please describe the goals and objectives that CHA has for improving population health.

26. Please describe the role CHA will have in combatting COVID-19.

27. Please describe the District's plans to ensure vulnerable and home bound populations receive timely booster shots.

28. Please describe efforts to vaccinate the age groups with the lowest vaccination rate.

B. Nutrition and Physical Fitness

29. Please provide an update on efforts undertaken by the Nutrition and Physical Fitness Bureau during FY21 and FY22 to date.

30. Please provide an updated list of all certified providers of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) broken down by ward.

31. Please provide and update regarding the transition to EBT for WIC benefits for FY22 to date.

32. The WIC Expansion Act authorized data agreements to help families know they are eligible for WIC, and last year this part of the Act was funded. What actions has DC Health taken in FY22 to date to use enrollment data from other programs serving families with children (e.g. SNAP, the child care subsidy program, TANF) to increase the rate at which eligible families are enrolled in WIC?

33. What kind of support is being extended to local store owners in FY22 to date to ensure they are able to stock shelves with WIC approved items per the WIC Expansion ACT?

34. Are there any plans to provide additional funding to support WIC Fruit and Vegetable Bonus Checks beyond December 31, 2021?

35. Regarding the WIC Expansion Act, can DC Health please share specific outreach plans to increase the number of small stores (especially in Ward 7 & 8) along with any barriers (legislative, administrative or operational) anticipated for the coming year?

C. Perinatal and Infant Health

36. Please provide an update on the D.C. Healthy Start Program and the target and actual numbers served per Ward in FY20, FY21 and FY22 to date. Please provide an update on CHA's Maternal Infant & Early Childhood Home Visiting (MIECHV) Program. Include:

a. The amount of money the Department of Health received from the federal government for the MIECHV program in FY21 and how much it will receive in FY22.

b. Findings from implementation of MIECHV in FY21.

37. Please describe DC Health funding for home visiting in FY 2021 and FY 22 and include the following:
    a. The amount of local funding for home visiting for each year (by source, including transfers from other agencies). If local home visiting dollars were spent on programs that were not home visiting in FY 2021, please provide a justification for this use of funding;

    b. The amount of federal funding for each year (by individual federal source);

    c. How local home visiting dollars were spent in FY 2021 and FY22 to date;

    d. How federal home visiting dollars were spent in FY 2021 and FY 22 to date;

38. Please describe how DC Health has incorporated the findings from the DC Home Visiting Assessment into the agency's strategy for administering home visiting services to support the agency's priority outcomes.

39. How has DC Health engaged with the Home Visiting Council in developing and implementing a strategy of providing home visiting for DC families who could benefit?

40. Please provide an update on the progress and successes of DC Health's place-based programs.

41. Please describe all home visiting activities funded or implemented by DC Health FY 2021 and FY22 to date. Please include evaluations, needs assessments, and other related activities.

42. Please describe MOUs/MOAs with other agencies related to home visiting, including the amount of the related funds, the purpose of the MOU/MOA, and the outcomes.

43. Please describe the continuous quality improvement plan for DC Health home visiting programs. Additionally, please describe any recent changes or upcoming changes to this plan?

44. Please describe activities implemented by DC Health in support of engaging community awareness of the value of home visiting supports. How has DC Health helped to raise awareness of the home visiting strategy to assist in meeting the maternal and child health needs of District families?

D. Child, Adolescent, and School Health

45. 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 FY21 and FY22 to date, what activities were implemented to enhance public and public charter school nursing services?

46. 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 FY21 and FY22 to date, what activities were implemented to enhance public and public charter school nursing services?

47. Provide any updates to CHA's coordination of school health activities across District agencies in FY21 and FY22 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.

48. Please provide the following utilization data for all nursing suites, broken down by school and Ward:

    a. Number of student encounters in FY21 and FY22 to date;

    b. Number of services provided broken down by type; and

    c. Total expenditures in FY21 and FY22 to date, broken down by health care services, fixed costs, and personnel.

49. Please provide an update on the existing school-based health centers in FY21 and FY22 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.

E. Primary Care

50. Please provide an update on the Health Professional Loan Repayment Program. At a minimum, please provide:

    a. Service location and terms of current participants;
    b. Available funding;
    c. FY21 and FY22 expenditures;
    d. List of acceptable service locations in the District; and
    e. Any changes to the program.

F. Immunizations and Vaccinations

51. 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 by race and Ward.

52. Please describe the impact COVID-19 has had on this Immunization Program and any steps planned to increase vaccination rates.

53. Please describe the implementation of the Coronavirus Immunization of School Students and Early Childhood Workers Regulatory Emergency Amendment Act of 2021.

54. Please describe how COVID-19 vaccinations data will be collected and reported by school, including applicable booster shots if eligible.

G. Help Me Grow

55. Please describe the positions that staff the Help Me Grow DC program, including vacant positions. What are the minimum qualifications for care coordinators?

56. Please describe Help Me Grow DC's activities in FY 20, FY 21 and FY 22 to date.

57. Please describe the status of the Help Me Grow data system, and what improvements are planned or in progress.

58. Please include the number of individuals served in FY20, FY21, and FY22 to date, the number of children receiving a developmental screening through this program in FY 20, FY 21, and FY22 to date, and the current service capacity of Help Me Grow DC.

59. Please describe the services and supports most requested by families.

60. Please describe progress on development of the home visiting c-intake program through Help Me Grow.

61. How do you partner with the DC Home Visiting Council to conduct this work?

62. Please describe Help Me Grow funding for FY20, FY21, and FY22.

H. Homicide Reduction

63. Please describe three initiatives, programs, or projects currently underway within your agency directed at preventing homicide in the District of Columbia. Please include any resources currently allocated to these initiatives, program, or projects.

G. CENTER FOR POLICY, PLANNING, AND EVALUATION (CPPE)

A. Performance Plan and General Questions

64. Please provide links to all reports completed by CPPE during FY21 and FY22 to date.

65. Please provide an updated results framework for each administration.

66. Please describe what changes CPPE has made due to the impact of COVID-19 to date.

67. Please describe any in-person services available to the public.

68. Are there elements of health care that you've seen improved during the COVID-19 pandemic for people enrolled in Medicaid or Healthy Families (e.g. tele-health as an option for more services)? Of those, which do you plan to continue in FY22 and post-pandemic?

B. Data and Information Systems

69. Please give an update on the number of gender marker change requests.

70. How many individuals requested vital records in FY21 and FY22 to date? Please provide a breakdown by type of record requested, request method (i.e. telephone, website) and length of time to complete the request.

71. Please describe efforts to include labs pharmacies and electronic health records systems (EHs to allow for easier data sharing between District agencies and community partners.

72. Please explain efforts to use CRISP for the Metro District, Maryland and Virginia region for regional health information exchange. Please include any use of COVID-19 data sharing in your response.

C. Certificate of Need

73. Please provide a report on the levels of uncompensated care provided by certificate of need (CON) holders during FY21 and FY22 to date, including:

    a. Dollar value of uncompensated care each CON holder was required to provide;
    b. Dollar value of uncompensated care each CON holder actually provided, with the dollar value of charity care and bad debt reported separately;
    c. The dollar value of services and care provided to District residents; and
    d. The reason provided by a CON holder, if the holder failed to provide the required level of uncompensated care.

74. How many letters of intent to file CON applications were filed during FY21 and FY22 to date? How many actual CON applications were submitted in FY21 and FY22 to date? For each CON application, please provide the following:

    a. Date of submission;
    b. Brief description of proposed project; and
    c. Status of application (Reviewed? Approved? Denied? Reconsidered? Appealed?).

75. Please describe efforts to modernize the Certificate of Need application process in FY21 and FY22 to date.

D. Additional Epidemiological Investigations

76. What actions did DC Health take during FY21 and FY22 to date to monitor disease, food contamination, and biohazard outbreaks? Please provide a list of all outbreaks and other epidemiological investigations conducted by DC Health in FY21 and FY22 to date.

H. HIV/AIDS, Hepatitis, STD, and Tuberculosis Administration (HAHSTA)

A. Performance Plan and General Questions

77. Please describe any programming or funding changes as a result of the impact of COVID-19 and areas of focus for FY 21 and FY22 to date?

B. Ryan White CARE Act

78. What was the total amount of Ryan White CARE Act funding awarded to the District in FY21 and FY22? Of that amount, please indicate how much was distributed to each jurisdiction within the Eligible Metropolitan Area (EMA).

79. 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 FY21 and FY22 to date. For each service category, please provide the following information broken out by funding resource:

a. The name of all programs funded under each service category;
b. A description of the specific services provided by each program;
c. How much was budgeted for the program in FY21 and FY22;
d. The funding source of each program (Local, federal, or other);
e. How much the program cost in FY21 and FY22 to date;
f. How many people did the program/funding serve in FY21 and FY22 to date;
g. How many locally-funded FTEs provided oversight of this program; and
h. How many non-locally funded FTEs provided oversight of this program.

80. Please provide the names of all programs supported by the Ryan White CARE Act Minority AIDS Initiative during FY21 and FY22 to date. Please provide a narrative update on the performance of each program.

C. Data Collection and Prevention Programs

81. How many HAHSTA grantees or sub-grantees received awards in FY21 and FY22 to date 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 FY21 and FY22 to date counseling, testing and referral data, broken out by gender and age.

82. 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 FY21 and FY22 to date?

83. How has HAHSTA used the latest annual HIV, Hepatitis, STD, and TB epidemiology and surveillance report to make policy and programmatic decisions during FY21 and FY22 to date?

84. Please describe major activities undertaken in FY21 and FY22 to date 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.

85. Please provide an update on the needle exchange program including the following

    a. Number of clients served
    b. Number of needles exchanged
    c. Number of HIV tests administered
    d. Service days and locations
    e. Number of vans used

86. Please provide an update on the progress toward the goals in the 90/90/90/50 Plan to end the HIV epidemic in DC.

D. Housing Assistance Programs

87. What was the amount of funds the District received for the Housing Opportunities for People With AIDS program in FY21? How were the funds allocated and number of households served under the service categories? How does this compare to FY19 and FY20? Please describe other housing program initiatives for people living with HIV.

E. Population Specific Programs

88. Please provide an update on prevention and service delivery programs implemented during FY21 and to date in FY22 that target special populations including:

    a. LGBQ populations;
    b. Transgender populations;
    c. Seniors
    d. African-American women;
    e. Latino populations

89. Please provide an update on the DC Health and Wellness Center operated by HAHSTA for STD, sexual health, and TB services. Specifically, please include for FY21 and FY22 to date:

    a. The number of individuals seen;

b. The number of individuals who tested positive for each STI;
c. The number of individuals who received follow-up and were connected with care following a positive test result;
d. The educational, outreach, and other services provided by the clinic;
e. The number of individuals who received TB health services;
f. Any changes in programming or delivery of programing due to COVID-19.

F. Condom Distribution

90. Please provide an update on HAHSTA's condom distribution programs, including number of condoms (male and female) distributed in FY21 and FY22 to date. In addition, please indicate all distribution sites and partners. Please describe how the Department of Health evaluates the efficacy of the condom distribution program.

G. Youth

91. Please provide an update on the School-Based and Youth STD Screening Programs. Please include data regarding the number of students screened during FY21 and FY22 to date 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 FY21 and FY22 to date? Please provide a listing of all schools and community-based organizations that received or provided STD screenings in FY21 and FY22 to date.

92. 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.

93. Please describe any on-going effect COVID-19 has had on the School Based Youth STD Screening Programs for FY21 and FY22 to date, including programming planned due to a return of in-school learning.

I. HEALTH EMERGENCY PREPAREDNESS AND RESPONSE ADMINISTRATION (HEPRA)

A. General Questions

94. Please provide a narrative of how emergency response preparations prior to COVID-19 guided the Department's decisions on government restrictions, business closures, mask mandates, staffing, continuity of government, outreach to the community, testing and the vaccination mandates.

95. What on-going practices has HEPRA learned from the evolution of COVID-19 on preparing for viral outbreaks?

B. Emergency Preparedness Exercises

96. For each emergency preparedness exercise the agency performed or participated in in FY21 and FY22 to date, 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.

97. 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 in FY20, FY21 and FY22 to date;
    b. Any exercises or drills that have tested the use of the DC Responds system and the results of those tests; and
    c. Any areas of change or improvement to the current system.

98. Please provide the amount of money the District received in FY20, FY21 and FY22 to date for public health preparedness activities, including a detailed accounting of how HEPRA has used the funding allocated to it from the federal government.

99. Please provide information about the DC COVID Alert Notification (DC CAN) for FY21 and FY22 to date including:
    a. Program objectives; and
    b. Number of users in FY21 and FY22 to date.

C. Certifications, Inspections, and Training

100. Please provide information on the number of ambulance inspections, certifications and corrective actions issued by HEPRA during FY21 and FY22 to date. How do these numbers compare to FY19 and FY20? 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.

101. Please provide information on the number of EMS personnel certifications, re-certifications and denials issued by HEPRA during FY21 and FY22 to date, and the number of certified EMS providers that have met the NREMT certification requirement.

102. What is the most recent pass rate for EMT training programs?

D. COVID 19

103. Please describe the District plans to ensure vulnerable and home bound populations receive timely booster shots.

104. Please list the top 5 requests made for the Coronavirus call center each quarter of FY21 and FY22 to date.

105. Please describe any efforts to have a QR code for proof of vaccination.

106. Please describe efforts to vaccinate the age groups with the lowest vaccination rate.

E. Additional Questions

107. What has HEPRA identified as an area of importance for FY21 and FY22 to date?

J. HEALTH REGULATION AND LICENSING ADMINISTRATION (HRLA)

A. Organization and Performance Plan

108. Please describe efforts to address the shortage of health care workers in the District in FY21 and FY22 to date.

B. Inspections and Investigations

109. 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.

110. How many investigations have been initiated in FY21 and FY22 to date? How many investigations have been completed?

111. Please provide a chart that describes all facility inspections, including restaurant, and other inspections by the food division, done by HRLA in FY21 and FY22 to date 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.).

112. Please provide an update to civil fines levied on facilities in FY21 and FY22 to date 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.

113. 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 FY21 and FY22 to date.

B. Professional and Facility Licensing

114. Please describe the number of applications for professional licensure, certification or registration for healthcare workers monthly in FY21 and FY22 to date. Please indicate the following:
    a. The number of applications submitted electronically or by paper;
    b. The number of applicants that had active licenses in other jurisdictions;
    c. The average length of time to process applications; and
    d. The average number of staffing that support the processing of applications for licensure

115. How many professional licenses were issued in FY21 and FY22 to date? Please provide information for each health profession and a breakdown by new and renewal license type.

116. How many fines were assessed against health professionals during in FY21 and to date in FY22?
    Please indicate:
    a. The total amount of all fines;
    b. The number and amount of fines for each board;
    c. A brief description of the offense determining the fine; and
    d. The number and amount of fines related to COVID-19.

117. Please describe the number of licensed health care workers who have applied for a medical or religious exemption to the Coronavirus vaccine mandate and approved to date.

C. Nursing Homes and Assisted Living

118. Please provide numbers on how many D.C. nursing homes were cited for deficiencies in FY21 and FY22 to date. Please provide a description of the deficiency and which deficiencies are related to COVID-19 precautions.

119. How many licensed skilled nursing care facilities are located in the District? Please include location broken down by Ward.

120. How many District residents are placed in nursing homes outside of the District in FY 20, FY21 and FY22 to date.

121. Please provide demographic (including race/ethnicity) of the assisted living population and the nursing home population broken down by Ward.

122. How many skilled nursing facilities have closed in the past 5 years and what was the capacity in each?

123. Please provide the annual occupancy rate of skilled nursing beds in the district over the last 5 years.

124. Please provide numbers on how many D.C. nursing homes were cited for repeat deficiencies (cited for the same deficiency in consecutive years).

D. Additional Questions

125. What has HRLA identified as areas of importance for FY21 and FY22 to date?

K. OFFICE OF HEALTH EQUITY

A. Organization and Performance Plan

126. Please provide an update on OHE's efforts to engage non-health and/or non-traditional partners to address the social determinants of health.

127. Please describe what impact OHE has had on the following programs for COVID-19:
- Locations of testing sites;
- Outreach for mitigation and vaccination; and
- Administration of vaccines for COVID-19;

128. What are the objectives set forth for OHE for FY21 and FY22? Please provide a narrative description of the progress DC Health has made to meet the objectives of the FY21 and FY22 performance plan.

129. Please provide OHE's goals towards achieving health equity in the District for the next 5 years and areas of focus for FY21 and FY22 to date.

130. Please list and provide a link any publications or guidance, or summits OHE has released since FY20, FY21 and FY22 to date.

131. Please describe any collaborations OHE has had with other District agencies in FY21 and FY22 to date.

Q1: Please provide each agency listed below a current organizational chart, 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 FY21 and FY22 to date.

a. Agency Management Program (AMP)
b. Community Health Administration (CHA)
c. Center for Policy Planning and Evaluation (CPPE)
d. HIV/AIDS Hepatitis STD and Tuberculosis Administration (HASTA)
e. Health Emergency Preparedness and Response Administration (HEPRA)
f. Health Regulation and Licensing Administration (HERLA)
g. Office of Health Equity (OHE)

Response:

See attachment labeled "FY21 Oversight – AMP – Q01"

Q2: Did the Department of Health meet the objectives set forth in the AMP performance plan for FY21? 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 67 Key Performance Indicators (KPIs) in FY21. The FY21 target was met for 28 KPIs (42 percent), nearly met for five KPIs (8 percent), and unmet for 22 KPIs (33 percent). There were four KPIs (6 percent) not reported due to there being no applicable cases during FY21 to count. There were seven KPIs (10 percent) in their baseline year, so a target was not assigned. DC Health submitted 11 Strategic Initiatives in the FY21 Performance Plan, and five of those were completed by September 30, 2021. The remaining six were partially completed, with work continuing into FY 22. See attachment labeled "FY 21 Oversight - AMP - Q2" for end-of-year reporting on all 11 Strategic Initiatives.

Administration	Measure	FY 2021 Target	FY 2021 Actual	Was 2021 Target Met?	Explanation of Barriers to Meeting FY 2021 KPI Target
HRLA	Percent of follow-up inspections of health care facilities with harm level deficiencies completed within 30 days	100%	100%	Met	
HRLA	Percent of samples taken from rabies suspect animals submitted for testing within 48 hours	100%	64.5%	Unmet	Fifty-four samples of rabies were addressed outside of the forty-eight hour window in Q4 due to lack of staffing. However, HRLA met this requirement for 100% of rabies samples received in Q1, Q2, and Q3.
HRLA	Percent of food establishment complaint	95%	97.1%	Met	

	inspections initiated within five (5) business days of receipt				
HRLA	Percent of Registered Controlled Substance Facilities inspected annually	100%	98.3%	Nearly Met	Pharmaceutical facility inspections were delayed during Q1 of FY21 due to the public health emergency resulting from COVID-19. Additionally, Pharmaceutical Control Division staff were assigned to support the COVID-19 vaccine planning team and non-resident pharmaceutical facility approvals. The team made significant strides to meet the performance indicators but fell short by four total facilities (2 percent).
HRLA	Percent of residential healthcare providers scoring at or above the national average of 72 percent on the customer satisfaction survey	100%	100%	Met	
HRLA	Percent of medical marijuana facilities (dispensaries and cultivation centers) receiving at least	95%	No Applicable Incidents	N/A	Regulation of medical marijuana facilities was relocated to the Alcoholic Beverage Regulation Administration (ABRA). HRLA no longer carries out this function.

	one quarterly inspection				
HRLA	Percent of pharmaceutical facilities receiving at least one annual inspection	100%	98.1%	Nearly Met	Pharmaceutical facility inspections were delayed during Q1 of FY21 due to the public health emergency resulting from COVID-19. Additionally, Pharmaceutical Control Division staff were assigned to support the COVID-19 vaccine planning team and non-resident pharmaceutical facility approvals. The team made significant strides to meet the performance indicators but fell short by five total facilities (2 percent).
HRLA	Percent of rodent activity complaints inspected or baited, and closed in the 311 system within three (3) business days of receipt	100%	85%	Unmet	Six complaints were addressed outside of the three-day window in Q2 due to an IT issue that was identified and addressed. HRLA met the requirement for 100% of complaints received in Q1, Q3 and Q4.
HRLA	Percent of investigations initiated within 24 hours of receipt for complaints of abuse, neglect and mistreatment	100%	88.5%	Unmet	During Q3 and Q4, the Division of Health Care Facilities (HCFD) faced staffing challenges due to turnover in key positions, including the retirement of the primary investigator for these complaints. While there were a small number of investigations that were not initiated within the required 24-hour window, all

					complaints of abuse, neglect, and mistreatment were completed.
HRLA	Percent of confirmed foodborne illness cases by DC Health epidemiologists investigated within three (3) business days of notification to HRLA	95%	85%	Unmet	A complaint assigned to one of Sanitarians was not completed within three business days.
CPPE	Percent of Certificates of Need (CONs) reviewed on time within 90 days	100%	79.4%	Unmet	During the Home Health Certificate of Need (CON) October 2020 Batch Review, there were two extensions that were granted by the State Health Planning and Development Agency that affected the seven Home Health Care Agency CON applications and resulted in an extended review period beyond 90 days. The first extension was requested by each applicant to provide additional information to supplement their CON application. The extension was granted at the Project Review Committee (PRC) Meeting on December 10, 2020. At the subsequent PRC meeting on January 27, 2021, a second extension was requested by the PRC members in order to receive additional information from

					the SHPDA related to existing Home Health Care Agencies in the District. In total the CON applications were delayed approximately 60 days by request of the Applicants and the PRC Committee members. In accordance with DC Municipal Regulation 4202.10, the SHPDA issued decisions as expeditiously as possible to complete the record.
CPPE	Number of CON Appeals	0	0	Met	
CPPE	Percentage of vaccine preventable disease cases with contact tracing initiated within 24 hours of receipt of line list of exposed contacts	New in 2021	100%	N/A	
CPPE	Percentage of foodborne disease cases with first interview attempt within 72 hours of receipt of the case report	New in 2021	96.6%	N/A	

CPPE	Average wait time [in minutes] for vital records walk-in issuance requests	New in 2021	8	N/A	
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%	86.1%	Met	
CHA	Percent of women enrolled in the MIECHV programs that are screened for depression	85%	93.8%	Met	
CHA	Percent of eligible perinatal program participants with a documented reproductive health plan	90%	98.4%	Met	
CHA	Total breastfeeding initiation rates among WIC enrollees	60%	71.5%	Met	

CHA	Breastfeeding initiation rates among African-American WIC enrollees	53%	65.1%	Met	
CHA	Percent of infants who receive an initial hearing screen at birth	85%	97.5%	Met	
CHA	Percent of infants that receive a follow-up screening after failing initial hearing screening	75%	63.25%[1]	Unmet	The methodology for this indicator is being revised for FY22 reporting to ensure the data reflects the multiple screening requirements and reporting timeframes. The FY21 data presented may not reflect all follow-up screenings that took place within the appropriate screening timeframes due to the data collection schedule.
CHA	Percent of Health Professional Loan Repayment Program (HPLRP) participants that are practicing in priority underserved areas	90%	91.7%	Met	
CHA	Percent of Farmer's Market	93%	74.6%	Unmet	Due to COVID-19, foot traffic and sales at farmers markets in the District and

[1] This metric was originally reported as 46.7% and was revised upward with additional data.

	benefits redeemed				nationwide declined in FY20 and FY21. Produce Plus benefit redemption followed a similar trend. In FY20 and FY21, unredeemed benefits in the form of produce were donated to local CBO's and mutual aid groups.
CHA	Proportion of adults with hypertension who have achieved blood pressure control (seen at Million-Hearts-participating facilities)	70%	52.8%[2]	Unmet	The decrease in in-person preventive care visits during the pandemic has likely contributed to this result and several efforts are underway to re-engage patients.
CHA	Percent of participants enrolled in school-based food markets reporting food security	70%	47.7%	Unmet	During FY21, fewer families were surveyed than expected due to school closures and hybrid school schedules. The families utilizing Joyful Food Markets during this time appeared to be experiencing higher levels of food insecurity.
CHA	Percent of families with one or more completed referrals through Help Me Grow within three months of referral	70%	70.7%	Met	

[2] This measure was originally reported at 49% and was revised upward with additional data.

CHA	Percent of students in the School Health Services program with asthma with an asthma action plan on file	40%	5.9%	Unmet	Overall decreases were observed in the submission of student health forms since the majority of schools remained in a virtual or hybrid learning posture during FY 21.
CHA	Percent of kindergarten-enrolled children with up-to-date immunizations	80%	77.4%	Nearly Met	Decreases in preventive care utilization among children contributed to the result. With virtual school models in place, it was observed that families delayed scheduling well child visits and appointments for immunizations.
CHA	Percentage increase in preventive care visits among health centers supported by Primary Care Office grants	5%	0%	Unmet	As a result of the COVID-19 pandemic, health centers increased virtual care options and the capacity for in-person primary care services decreased. This also resulted in an overall decrease in utilization of preventive care services.
CHA	Percent of Youth Advisory Council participants who report an increase in knowledge and skills gained from participation	40%	82.1%	Met	
CHA	Percent of providers reporting	40%	95.5%	Met	

	immunization data electronically into the immunization registry (DOCIIS)				
CHA	Percent of students referred by the SBOHP that completed at least one visit with a dental home provider	50%	No Applicable Incidents	N/A	School Based Oral Health Program (SBOHP) outreach, oral health education, and clinical services at District of Columbia Public Schools (DCPS), District of Columbia Public Charter Schools (DCPCS) and Licensed Childhood Development Centers (LCDCs) were suspended due to COVID-19 in the 3rd quarter of 2020 and have remained suspended throughout 2021. Services will resume in FY22 upon revised agreements among the parties.
CHA	Percent of WIC FMNP Benefits Redeemed	47%	21%	Unmet	Due to COVID-19, participants faced additional barriers to visit farmers markets and redeem FMNP benefits. A survey of participants cited lack of childcare and transportation as barriers. Additional food assistance opportunities for participants may have impacted redemption.
CHA	Percent of Senior FMNP Benefits Redeemed	47%	62.7%	Met	

HAHSTA	For patients with newly diagnosed TB disease for whom 12 months or less of treatment is indicated, the proportion who complete treatment within 12 months	90%	88.9%	Nearly Met	As of January 2022, the two TB patients, who experienced treatment delay/interruption at the end of FY21, have now completed their treatment course in its entirety.
HAHSTA	Percent of Ryan White clients living in the District that are prescribed Anti-Retroviral Therapy	90%	92.2%	Met	
HAHSTA	Percent of diagnosed HIV positive individuals retained in care that are virally suppressed	85%	87.3%	Met	
HAHSTA	Percentage of individuals diagnosed with HIV confirmed to be out-of-care that are re-engaged within 90 days of successful case contact	10%	7.1%	Unmet	The purpose of Data-to-Care is to use reported HIV surveillance data to identify people living with HIV that are out of care (no recorded lab for 12 months) or viremic (high viral load at least 9 months ago) and assist them with re-engagement in care. Routine Data-to-Care activities conducted by DC Health staff were suspended for most of the fiscal year due to the detailing of key staff to the COVID response and

					suspension of field visits. Many providers were stretched thin due to a focus on COVID treatment and vaccination, limiting their time to collaborate with DC Health staff on Data-to-Care activities and confirm out-of-care status. Many providers utilized telehealth and suspended some activities that made it more difficult to determine who was truly out of care. For example, if patients had been consistently taking antiretroviral therapy with adequate viral suppression in the past, they may have delayed getting routine monitoring lab tests done to reduce exposure risk in healthcare settings. The Data-to-Care KPI is expected to improve now that we are back at full capacity and have resumed contact with providers and DIS field visits. The Data-to-Care team has also started working closely with the Ryan White/Care teams at HAHSTA to enhance communication and participation with providers. With this collaboration, we hope to tailor Data-to-Care efforts by provider to ensure an efficient process that ultimately leads to identifying those truly out of care and addressing any barriers or

					obstacles to continuous HIV care.
HAHSTA	Percent of DOH-supported HIV tests conducted with focus populations	15%	64.3%	Met	
HAHSTA	Proportion of gonorrhea cases with appropriate treatment confirmed among clients seen at the Health and Wellness Center with at least 15 days elapsed from diagnosis date	90%	98.7%	Met	
HAHSTA	Percentage of individuals prescribed PrEP at the DC Health & Wellness Center who are members of the demographic groups disproportionately impacted by HIV (e.g., Black Women, men who have sex with men, Transgender Women of Color)	65%	88.5%	Met	

HAHSTA	Percent of AIDS Drug Assistance Program (ADAP) beneficiaries who are currently virally suppressed	85%	94.4%	Met	
HAHSTA	Percent of successful opioid overdose reversals	New in 2021	84.8%	N/A	
HAHSTA	Percentage of new HIV cases linked to care within 30 days of diagnosis	New in 2021	87.7%	N/A	
HAHSTA	Percentage of new HIV cases achieving viral suppression within 90 days of diagnosis	New in 2021	57.5%	N/A	
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	60%	35.6%	Unmet	All of our efforts and time have continued to be geared towards vaccine and testing operations to date. The training position within HEPRA was also vacant throughout quarter 4. We anticipate posting the training position in quarter 1 of the new fiscal year so that we can have a dedicated team member to focus on training needs and so that we can better address key

	ICS Training Series as outlined in DOH Standard Operating Procedure 1380				performance indicators in quarter 1.
HEPRA	Percent of EMS Emergency Response vehicles with an initial passing inspection	85%	97.9%	Met	
HEPRA	Percent of Medical Reserve Corps (MRC) volunteers that acknowledge a notification to activate/drill message within 2 hours	75%	20.8%	Unmet	HEPRA is looking into the root causes of below-expected responsiveness to calls for MRC volunteers. Anecdotally, volunteers are less likely to respond due to the repeated MRC activations throughout the COVID-19 response effort burning out volunteers that were more responsive in 2020. HEPRA will conduct a survey of registered MRC members in FY 22 to test this hypothesis and use that data to inform renewed recruitment efforts for new MRC members.
HEPRA	Percent of HEPRA personnel completing the prescribed ICS Training Series, including POD training and participation in at least one exercise, special	100%	31.9%	Unmet	All of our efforts and time have continued to be geared towards vaccine and testing operations to date. The training position within HEPRA was also vacant throughout quarter 4. We anticipate posting the training position in quarter 1 of the new fiscal year so that we can have a dedicated team

	event or real incident				member to focus on training needs and so that we can better address key performance indicators in quarter 1.
HEPRA	Percent of Open PODs that can open for set up within 2 hours of notification to activate	100%	100%	Met	
HEPRA	Percent of Closed PODs that can open for set up within two hours of notification to activate	100%	42.6%	Unmet	Program partners who have completed all program requirements are able to open within two hours of notice to activate as demonstrated by plans, points of contact and other operational information submitted. HEPRA continues ongoing dialogue with new partners and will continue to onboard organizations able to meet program requirements, including the two-hour activation requirement.
HEPRA	Percent of EMS agency inspections with passing determinations	75%	No Applicable Incidents	N/A	There were no Agency inspections completed in FY20. Agency inspections occur every two (2) years. The next inspections are scheduled for 2022.
HEPRA	Percent of HECC IMT leadership staff (i.e. the six ICS/IM lead roles) reporting for immediate duty within 60	100%	No Applicable Incidents	N/A	HEPRA leadership was fully engaged with the District's COVID-19 response therefore, no announced staff assembly calls were initiated.

	minutes to an unannounced staff assembly for a real incident or drill				
HEPRA	Percent of District hospitals, skilled nursing facililites, and clinics that participate in at least two (2) HMC sponsored trainings and workshops annually	50%	18.9%	Unmet	The response to the novel Coronavirus (COVID-19) pandemic continues to impact operations of District hospitals, skilled nursing facilities and clinics. Due to competing priorities, logistical/staffing constraints, continuity of operations procedures at healthcare facilities this target was not met.
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	50%	96.2%	Met	
HEPRA	Percent of closed POD partners meeting all program requirements	100%	38.3%	Unmet	HEPRA has continued to grow the number of closed POD partners meeting all program requirements. Interest in the program remains strong across healthcare, government and utility providers however technical assistance available

					to new partners has been limited due to COVID-19 response operations. HEPRA continues ongoing dialogue with new partners and will continue to onboard organizations able to meet program requirements.
HEPRA	Percent of Health Alert Network (HAN) alert recipients who acknowledge receipt after the first alert attempt	90%	31.9%	Unmet	Use of the Health Alert Network was re-evaluated after Q1 in light of the ongoing health emergency activation, and no additional alerts were issued for the remainder of the fiscal year. In FY 22, HEPRA will develop a revised and clarified policy for the use of HAN alerts moving forward, in particular, once the public health emergency concludes.
HEPRA	Percent of District hospitals, skilled nursing facilities and clinics that complete the HMC Membership requirements as outlined in the HMC Preparedness Plan	New in 2021	No Applicable Incidents	N/A	At this time of collection, the criteria for this measurement have not been suitably built out due to staffing changes and the ongoing efforts from HEPRA in the COVID-19 response.
AMP	Percent of MSS employees who complete the required MSS	80%	89%	Met	

	training curriculum				
AMP	Percent of lapsed dollar amounts on federal awards	3%	16.9%	Unmet	This is a projected lapse rate based on data available through 12/6/21. There were significant service disruptions due to COVID-19 emergency for part of FY 21, but with some programs getting back-on-track (i.e. spending, hiring and delivering services). Contributing to lapse were: PS savings due to vacancies and challenges with hiring, subgrantee and contractual underspending, and delays in obtaining contracts.
AMP	Percent of eligible employee reviews completed on time	100%	91.2%	Unmet	The improvements DC Health has seen on this metric in recent years, improving from 38% timely completion in FY 15 to 100% timely completion in FY 19 and FY 20, was achieved through DC Health HR providing extensive hands-on technical assistance with managers and daily monitoring of evaluation completion during the window for completing timely evaluations. Working in a largely telework posture made these efforts somewhat more difficult, and a small reduction in timely evaluations was the result. DC Health HR is already engaging managers to ensure that FY 21 performance evaluations are completed on-

					time, though a significant turnover in MSS staff creates an additional challenge this year.
AMP	Percent of required attendees completing trainings mandated by EOM, DCHR, or the DOH Director	70%	81.1%	Met	
AMP	Percent of new subgrants with approved risk-based monitoring plans within 30 days of award	75%	80.3%	Met	
AMP	Percent of completed interim subgrant budget periods with performance ratings completed and submitted within 45 days	60%	70.6%	Met	
AMP	Percent of targeted visits completed by monitors per the most recent version of the risk-based monitoring plan	60%	65%	Met	

AMP	Average days to hire new employees	90	82	Met	

Q3: What are the objectives set forth for the Department of Health as a whole in the performance plan for FY22? Please provide a narrative description of the progress DC Health has made to meet the objectives of the FY22 performance plan.

Response:

DC Health is collecting 70 Key Performance Indicators in FY22. Current-year targets and first quarter reporting (October 1 – December 31, 2021) appears below for all metrics. DC Health submitted 22 Strategic Initiatives in FY22. See attachment labeled "FY21 Oversight – AMP – Q03" for all first quarter reporting.

Admin	Measure	FY2021 Target	FY 2021 Quarter 1
HRLA	Percent of follow-up inspections of health care facilities with harm level deficiencies completed within 30 days	100%	No Applicable Incidents
HRLA	Percent of samples taken from rabies suspect animals submitted for testing within 48 hours	100%	100%
HRLA	Percent of food establishment complaint inspections initiated within five (5) business days of receipt	95%	95.9%
HRLA	Percent of Registered Controlled Substance Facilities inspected annually	100%	30.8%
HRLA	Percent of residential healthcare providers scoring at or above the national average of 72 percent on the customer satisfaction survey	100%	100%
HRLA	Percent of medical marijuana facilities (dispensaries and cultivation centers) receiving at least one quarterly inspection	95%	Annual Measure
HRLA	Percent of pharmaceutical facilities receiving at least one annual inspection	100%	27.9%
HRLA	Percent of rodent activity complaints inspected or baited, and closed in the 311 system within three (3) business days of receipt	100%	100%

HRLA	Percent of confirmed foodborne illness cases by DC Health epidemiologists investigated within three (3) business days of notification to HRLA	95%	50%
HRLA	Percent of investigations initiated within 24 hours of receipt for complaints of abuse, neglect and mistreatment	100%	100%
CPPE	Percent of Certificates of Need (CONs) reviewed on time within 90 days	100%	100%
CPPE	Percentage of vaccine preventable disease cases with contact tracing initiated within 24 hours of receipt of line list of exposed contacts	90%	Annual Measure
CPPE	Percentage of foodborne disease cases with first interview attempt within 72 hours of receipt of the case report	90%	Annual Measure
CPPE	Average wait time for vital records walk-in issuance requests [in minutes]	30	15.8
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%	83.3%
CHA	Percent of women enrolled in the MIECHV programs that are screened for depression	85%	91.4%
CHA	Percent of eligible perinatal program participants with a documented reproductive health plan	90%	99%
CHA	Total breastfeeding initiation rates among WIC enrollees	58%	71.9%
CHA	Breastfeeding initiation rates among African-American WIC enrollees	58%	64.7%

CHA	Percent of Health Professional Loan Repayment Program (HPLRP) participants that are practicing in priority underserved areas	90%	91.7%
CHA	Percent of infants who receive an initial hearing screen at birth	95%	Annual Measure
CHA	Percent of infants that receive a repeat screening after failing an intial hearing screening	75%	Annual Measure
CHA	Percent of Senior FMNP Benefits Redeemed	95%	Annual Measure
CHA	Percent of WIC FMNP Benefits Redeemed	50%	Annual Measure
CHA	Proportion of adults with hypertension who have achieved blood pressure control (seen at Million-Hearts-participating facilities)	70%	Waiting on Data
CHA	Percent of families with one or more completed referrals through Help Me Grow within three months of referral	70%	Annual Measure
CHA	Percent of students in the School Health Services program with asthma with an asthma action plan on file	48%	12.5%
CHA	Percent of kindergarten-enrolled children with up-to-date immunizations	85%	80.7%
CHA	Percentage increase in preventive care visits among health centers supported by the Primary Care Office	5%	Annual Measure
CHA	Percent of Youth Advisory Council participants who report an increase in knowledge and skills gained from participation	40%	No Applicable Incidents
CHA	Percent of providers reporting immunization data electronically into the immunization registry (DOCIIS)	45%	97%

CHA	Percent of sampled elementary aged students participating in School-Based Markets reporting food security	70%	Annual Measure
CHA	Percent of Oral Health Program participants linked to a dental home	50%	Annual Measure
CHA	Percent of WIC participants that redeem their checks	New in 2022	Annual Measure
CHA	Number of approved farmers that accept WIC/Senior FMNP benefits	New in 2022	Annual Measure
HAHSTA	For patients with newly diagnosed TB disease for whom 12 months or less of treatment is indicated, the proportion who complete treatment within 12 months	90%	Semi-Annual Measure
HAHSTA	Number of individuals prescribed PrEP at the DC Health and Wellness Center	3000	241
HAHSTA	Percent of Ryan White clients living in the District that are prescribed Anti-Retroviral Therapy	90%	Annual Measure
HAHSTA	Percent of diagnosed HIV positive individuals retained in care that are virally suppressed	85%	Annual Measure
HAHSTA	Percentage of individuals diagnosed with HIV confirmed to be out-of-care that are re-engaged within 90 days of successful case contact	10%	Annual Measure
HAHSTA	Percent of DOH-supported HIV tests conducted with focus populations	15%	81.2%
HAHSTA	Proportion of gonorrhea cases with appropriate treatment confirmed among clients seen at the Health and Wellness Center with at least 15 days elapsed from diagnosis date	90%	98.1%
HAHSTA	Percentage of individuals prescribed PrEP at the DC Health & Wellness Center who are members of the demographic groups disproportionately impacted by	65%	77.6%

	HIV (e.g., Black Women, men who have sex with men, Transgender Women of Color)		
HAHSTA	Percent of AIDS Drug Assistance Program (ADAP) beneficiaries who are currently virally suppressed	85%	94.3%
HAHSTA	Percent of successful opioid overdose reversals	80%	No Applicable Incidents
HAHSTA	Percentage of new HIV cases linked to care within 30 days of diagnosis	90%	Annual Measure
HAHSTA	Percentage of new HIV cases achieving viral suppression within 90 days of diagnosis	90%	Annual Measure
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%	Waiting on Data
HEPRA	Percent of HEPRA personnel completing the prescribed ICS Training Series, including POD training and participation in at least one exercise, special event or real incident	100%	0%
HEPRA	Percent of Open PODs that can open for set up within 2 hours of notification to activate	100%	100%
HEPRA	Percent of Closed PODs that can open for set up within two hours of notification to activate	100%	Semi-Annual Measure
HEPRA	Percent of EMS agency inspections with passing determinations	75%	100%
HEPRA	Percent of EMS Emergency Response vehicles with an initial passing inspection	85%	90.3%

HEPRA	Percent of HECC IMT leadership staff (ie, 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%	No applicable incidents
HEPRA	Percent of District hospitals, skilled nursing facililites, and clinics that participate in at least two (2) HMC sponsored trainings and workshops annually	50%	3.3%
HEPRA	Percent of District hospitals that reported requested Essential Elements of Information (EEI) to the HMC within the timeframe as stated in the HMC Response Plan	50%	100%
HEPRA	Percent of closed POD partners meeting all program requirements	100%	40.4%
HEPRA	Percent of Medical Reserve Corps (MRC) volunteers that acknowledge a notification to activate/drill message within 2 hours	75%	Annual Measure
HEPRA	Percent of Health Alert Network (HAN) alert recipients who acknowledge receipt after the first alert attempt	90%	No Applicable Incidents
HEPRA	Percent of District hospitals, skilled nursing facilities and clinics that complete the HMC Membership requirements as outlined in the HMC Preparedness Plan	75%	Annual Measure
AMP	Percent of MSS employees who complete the required MSS training curriculum	80%	Annual Measure
AMP	Percent of lapsed dollar amounts on federal awards	3%	Annual Measure
AMP	Percent of eligible employee reviews completed on time	100%	Annual Measure
AMP	Percent of required attendees completing trainings mandated by EOM, DCHR, or the DOH Director	70%	Annual Measure

AMP	Percent of new subgrants with approved risk-based monitoring plans within 30 days of award	75%	59%
AMP	Percent of completed interim subgrant budget periods with performance ratings completed and submitted within 45 days	60%	40.6%
AMP	Average days to hire new employees	90	Semi-Annual Measure
AMP	Percent of targeted visits completed by monitors per the most recent version of the risk-based monitoring plan	60%	No applicable incidents

Q4. If applicable, please provide a list of any employees who were temporarily reassigned for each agency listed below for activities related to COVID-19 or to assist during a shortage in staffing. Please provide a narrative explanation of reach reassignment made during FY21 and FY22 to date.

Response:

The following employees were detailed to the Contact Trace Force, the HEPRA warehouse and other COVID-19 response teams in FY 2021:

a. Agency Management Program (AMP)
b. Community Health Administration (CHA)
    - Ledwin Eyoyibo
    - Sonya Williams
c. Center for Policy Planning and Evaluation (CPPE)
    - Amos Green
    - Emily Putzer
    - Rebecca Winter
    - Larissa Pardo
    - Shrestha Deepika
    - Garner Tracy
    - Kossia Dassie
d. HIV/AIDS Hepatitis STD and Tuberculosis Administration (HAHSTA)
    - Arnese Dickens
    - Gail Hansen
e. Health Emergency Preparedness and Response Administration (HEPRA)
f. Health Regulation and Licensing Administration (HRLA)
    - Bronya Crawford
    - Naaman Rogers
    - Sean Lamb
    - Christian Offor
    - LaJuan Gorham
    - Victoria Grover
    - Marva Bussue
    - Donna Bennett
    - Wanda Williams
    - Lanita Carpenter
    - Joanne Drozdoski
    - Roland Follot
    - Breona Brent
    - Victor Currie
    - Ross Gateretse

- Sharon Cave
- Quincy Cureton
- Syreeta Hubbard

g. Office of Health Equity (OHE)

Q5: Please provide the following budget information for D DC Health, including the amount budgeted and actually spent, for FY21 and FY22 to date. In addition, please describe any variance of greater than 5% between the amount budgeted and actually spent for FY21 and FY22 to date:

a. At the agency level, please provide the information broken out by source of funds and by Comptroller Source Group and Comptroller Object.
b. At the activity level, please provide the information broken out by source of funds and by Comptroller Source Group.

Response:

See attachment labeled "FY21 Oversight – AMP – Q05 1 of 2" for agency level.

See attachment labeled "FY21 Oversight – AMP – Q05 2 of 2" for activity level.

Q6: Please provide a complete accounting of all intra-district transfers received by or transferred from DC Health during FY21 and FY22 to date. For each, please provide a narrative description as to the purpose of the transfer and which programs, activities, and services within DC Health the transfer affected.

Response:

See attachment labeled "FY21 Oversight – AMP – Q06"

Q7: Please provide the DC Health capital budgets for FY21 and FY22, including amount budgeted and actual dollars spent. In addition, please provide an update on all capital projects undertaken in FY21 and FY22. Did any of the capital projects undertaken in FY21 or FY22 have an impact on the operating budget of DC Health? If so, please provide an accounting of such impact.

Response:

Project Title: DC Animal Shelter Renovation & Expansion
Budgeted Amount: $4,162,500
YTD Expenditures: $0

Accomplished

To date, significant efforts have been made to identify an acceptable property for a new animal shelter. Property considerations include:

- Selecting a location that is accessible to all DC residents by both private and public transportation;
- Constructing a space large enough in size to accommodate a state-of-the-art facility to meet the current needs for animals sheltering best practices and allows for expansion and future growth;
- Creating a center that cultivates community outreach and engagement;

Consideration has been given to whether the District should select a location on open land which requires new building development or land with existing buildings requiring build out modifications and enhancements. To date, preliminary building designs have been drafted and reviewed.

Projected

- Finalization of an appropriate property for a new animal shelter needs to be secured. Finalization of terms for the property to include considerations for rental and/or purchase needs to be secured;
- Further building design to include traditional building material and/or modular design material will require a significant dedication of time for development and review;

- Building construction as well as both external and internal finishes are projected as a 12–18-month construction period;
- Landscaping design and implementation requires final review and approval.

Q8: Please identify potential areas where spending pressures may exist in FY22. Please provide a detailed narrative of the spending pressure, including any steps that are being taken to minimize the impact on the FY22 budget.

Response:

DC Health is estimating a significant spending pressure for the School Health Services Program. The School Health Services Program provides nursing services to DC Public and Public Charter schools. The spending pressure is result of the following: (1) increases in the costs for the nurses' hours pay rates, and (2) increases in additional health suites that have been added, as more Public Charter schools are qualifying for the services.

Q9: Please provide a current list of all properties supported by the DC Health budget. Please indicate whether the property is owned or leased by the District and which DC Health program utilizes the space. If the property is leased, please provide the terms of the lease. For all properties, please provide an accounting of the annual costs (i.e., rent, security, janitorial services).

Response:

See attachment labeled "FY21 Oversight – AMP – Q09"

Q10: Please provide any program spending using federal COVID funds, the amount allocated and the program.

Response:

See attachment labeled "FY21 Oversight – AMP – Q10"

Q11: Please provide a list of all FY22 full-time equivalent positions for DC Health, 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 "FY 21 Oversight – AMP – Q11"

Q12: What was the local vacancy rate for DC Health for FY21 and FY22 to date? How long was the average time to fill vacant positions?

Response:

The local vacancy rate for DC Health to date was:

FY 21 (9/30/21) – 27%
FY 22 (1/12/22) – 22%

The average length of time to fill vacant positions was:

FY 21 – 49 days
FY 22 – 55 days

Q13. Please describe the number of vacant positions in each agency listed below monthly for FY 21 and FY 22 to date and steps made for retaining employees and recruiting.

a. Agency Management Program (AMP)
b. Community Health Administration (CHA)
c. Center for Policy Planning and Evaluation (CPPE)
d. HIV/AIDS Hepatitis STD and Tuberculosis Administration (HASTA)
e. Health Emergency Preparedness and Response Administration (HEPRA)
f. Health Regulation and Licensing Administration (HRLA)
g. Office of Health Equity (OHE)

Response:

See attachment labeled "FY 21 Oversight – AMP – Q13"

DC Health leverages several chapters of the District Personnel Manual to manage employee recruitment and retention, including:

- Chapter 2, Talent Acquisition
- Chapter 11, Classification and Compensation
- Chapter 12, Hours of Work, Legal Holidays and Leave
- Chapter 13, Employee Development
- Chapter 14, Performance Management
- Chapter 19, Incentive Awards and
- Chapter 20, Safety and Health

More specifically, to recruit employees, in addition to posting positions to Careers.DC.gov, DC Health utilized external job boards, employee referrals and DCHR and DOES career fairs. As DC Health enters the third year of active engagement in the District's COVID-19 response, the public health workforce continues to experience the same level of burnout with COVID-19 response as healthcare workers. In response, DC Health offers opportunities such as flexible work schedules, remote work, health and wellness seminars and learning and development to retain employees.

Q14. How many employee performance evaluations were completed in FY21 and FY22 to date? How was performance measured against position descriptions? What steps are taken to correct poor performance and how long does an employee have to correct his/her performance?

Response:

a. FY21 – 360 Performance Evaluations completed
b. FY 22 – 376 Performance Plans created to date.

DC Health follows Chapter 14 of the District Personnel Manual in which performance is measured based on the Competencies and SMART goals established Performance Plan. Managers lead employees towards full performance as illustrated in the position description while ensuring employees are not tasked with performance expectations which are outside of the scope of the position description.

All DC Health employees are provided opportunities to receive training in Performance Management to include performance planning, performance evaluation and Performance Improvement Plans (if necessary) to ensure performance expectations are met. The DC Health, Office of Human Resources, provides guidance and support to management, employees and labor partners pertaining to performance management matters on an on-going basis. Individual performance issues are managed case-by-case and as such, resolutions and timelines vary.

Q15. Please provide the Committee a list of employees receiving bonuses, special pay, additional compensation, or hiring incentives in FY21 and FY22 to date, and the amount.

Response:

Name	Title	Amount	FY 2021 - Type
Preetha Iyengar	Supervisory Medical Officer	$13,278	COVID-19 Response
Kimberly Henderson	Director of Communications	$13,390	COVID-19 Response
Dr. Fern Clarke-Johnson	Senior Deputy Director	$16,747	COVID-19 Response
Patrick Ashley	Senior Deputy Director	$14,350	COVID-19 Response
Shalewa Noel-Thomas	Bureau Chief	$13,959	COVID-19 Response
Daniel Burke	Program Manager	$10,784	COVID-19 Response
Tihitina Chamiso	Public Health Specialist	$9,255	COVID-19 Response
Marie-Claire Brown	Attorney Advisor	$17,766	COVID-19 Response
Larissa Pardo	Statistician	$9,970	COVID-19 Response
Jeanette Fields	HR Specialist	$5,650	COVID-19 Response
Arlene Thomas	Program Specialist	$3,291	COVID-19 Response
Cynthia Pearson Harris	Community Relations Specialist	$7,222	COVID-19 Response
Sharon Lewis	Senior Deputy Director	$8,359	COVID-19 Response
Veronica Longstreth	Program Manager	$7,118	COVID-19 Response
Melissa Dunkerson	Deputy Director for Operations	$7,050	COVID-19 Response
Robin Diggs Perdue	Deputy Director for Strategy	$7,389	COVID-19 Response
Janice Walker	Supervisory Grants Management Specialist	$5,625	Performance Bonus
Angela Carole	Public Health Advisor	$25,000	Retirement Incentive
Joan Eisenberg	Public Health Analyst	$25,000	Retirement Incentive
George Siaway	Public Health Analyst	$25,000	Retirement Incentive
Ronald Tyson	Sanitarian	$25,000	Retirement Incentive
Thomasine Pointer	Health Licensing Specialist	$25,000	Retirement Incentive
Gregory Cornes	Code & Rodent Inspector	$25,000	Retirement Incentive
Hosea McClain	Facility Planner	$25,000	Retirement Incentive
Cheng Szu Hu Li	IT Specialist	$25,000	Retirement Incentive
Annis Watson Bishop	Grants Management Specialist	$25,000	Retirement Incentive
Linda Douglas	Grants Monitor	$25,000	Retirement Incentive
John Davies-Cole	Supervisory Epidemiologist	$25,000	Retirement Incentive
Neng-Yu Fang	Sanitarian (Bilingual)	$25,000	Retirement Incentive

Q16: Please provide a complete accounting of all grant lapses in FY21, including a detailed statement on why the lapse occurred and explanation of any variance exceeding 5% taken by DC Health. Please also indicate if the funds can still be used and/or whether they carried over into FY22.

Response:

See attachment labeled "FY 21 Oversight – AMP – Q16"

FY21 lapses above 5% occurred primarily because of disrupted hiring, procurement and subgrantee spending.

Q17: Please provide the following information for all grants/sub-grants awarded by DC Health during FY21 and FY22 to date, broken down by DC Health program and activity:

- **a. Grant Number/Title;**
- **b. Approved Budget Authority;**
- **c. Expenditures (including encumbrances and pre-encumbrances);**
- **d. Purpose of the grant;**
- **e. Grant deliverables;**
- **f. Grant outcomes, including grantee/subgrantee performance;**
- **g. Any corrective actions taken or technical assistance provided;**
- **h. DC Health employee/s responsible for overseeing the grant; and**
- **i. Source of funds.**

Response:

See attachment labeled "FY21 Oversight – AMP – Q17 1 of 2" for FY21 subgrants.

See attachment labeled "FY21 Oversight – AMP – Q17 2 of 2" for FY22 subgrants to date.

Q18: Please provide the following information for all contracts, including modifications, active for DC Health during FY21 and FY22 to date, broken down by DC Health program and activity:

a. **Contract number;**
b. **Purpose of the contract;**
c. **If the contract was entered into pursuant to the Mayor's Emergency Authorization Authority**
d. **Name of the vendor;**
e. **Original contract value for the current year;**
f. **Modified contract value (if applicable);**
g. **Funding Source;**
h. **Whether it was competitively bid or sole sourced;**
i. **Expenditures (including encumbrances and pre-encumbrances);**
j. **Any corrective actions taken or technical assistance provided; and**
k. **DOH employee/s serving as Contract Administrator.**

Response:

See attachment labeled "FY21 Oversight – AMP – Q18"

Q19: Please provide the following information for all human care agreements and task orders issues during FY21 and FY22 to date, broken down by DC Health program and activity:

a. Vendor name;
b. Services provided;
c. Funding source;
d. HCA amount;
e. Task order amount;
f. Actual expenditures;
g. Status of performance; and
h. DOH employee serving as Contract Administrator.

Response:

See attachment labeled "FY21 Oversight – AMP – Q19"

Q20: Please provide copies of any investigations, reviews or program/fiscal audits completed on programs and activities within DC Health during FY21 and FY22 to date. 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 below attachments for all applicable reviews and audits. These documents include, where applicable, DC Health responses to findings/recommendations.

- Attachment labeled "FY21 Oversight – AMP – Q20 1 of 9" (Findings):
  - SNAP (WIC)
  - Epidemiology, Laboratory, Capacity-building (2)
  - HIV Emergency Relief Grant
- Attachment labeled "FY21 Oversight – AMP – Q20 2 of 9": Correction Action Plans (CAP) and status
- Attachment labeled "FY21 Oversight – AMP – Q20 3 of 9": National COVID-19 Data Quality Audit: District of Columbia
- Attachment labeled "FY21 Oversight – AMP – Q20 4 of 9": Analysis of Demographics and Mobility Across D.C. During COVID-19
- Attachment labeled "FY21 Oversight – AMP – Q20 5 of 9": Bending the Curve: Policies to Mitigate COVID-19 in D.C. & the Region
- Attachment labeled "FY21 Oversight – AMP – Q20 6 of 9": Evaluation of the Impact and Implementation of the NEAR Act
- Attachment labeled "FY21 Oversight – AMP – Q20 7 of 9": Evaluation of the District of Columbia Opioid Crisis Response Program
- Attachment labeled "FY21 Oversight – AMP – Q20 8 of 9": Evaluation of the District of Columbia Opioid Crisis Response Program OIG Findings Response
- Attachment labeled "FY21 Oversight – AMP – Q20 9 of 9": Evaluation of the District's Opioid Crisis Response Program Final Report

Q21: 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:

DC Health is uniquely positioned to support the work of DBH 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. Specifically, DC Health has funded five community health centers and a hospital to treat 874 individuals in MAT services.

The DC Health/DBH collaboration was successful in laying the groundwork to create this broad portfolio of programs. Now that these programs have matured, DBH and DC Health have worked on transitioning these programs from HAHSTA to DBH. Programs being transferred include MAT treatment programs, the Opioid Learning institute as well as the entire naloxone distribution program. While DC Health will continue to sustain two full time Rapid Peer Responders supported under CDC funds, their roles will be expanded beyond addressing overdose issues to address drug user health contributing to an increase of linkages to HIV and hepatitis C screenings as well as linkages to other health issues. RPR's will continue to distribute naloxone kits which will be provided by DBH.

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)

DC HEALTH sits on the Opioid Fatality review board (chaired by OCME) and provides funding for a fatality review specialist.

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)

DC Health continues to track both fatal and non-fatal overdoses. In conjunction with the

Office of the Chief Medical Examiner (OCME), DC Health created the DC State Unintentional Drug Overdose Reporting System (SUDORS) and collects circumstantial and toxicology data on every opioid-related fatality. For non-fatal data, DC Health reports monthly, using both Fire and EMS data and hospital ED data. DC Health also uses the Overdose Mapping Program (ODMAP) with HIDTA to provide real-time data on non-fatal overdoses to community partners.

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)

HAHSTA conducted 29 trainings to 659 individuals on naloxone administration, overdose prevention, and the Good Samaritan Law. In addition, HAHSTA funded HIPS to conduct eight community conversations on opioid use, which included education on the Good Samaritan Law.

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)
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. New providers are sent a notice to register when their health care professional license is issued.

At the end of 2019, HRLA had 15,234 registrants in the PDMP.

At the end of 2020, HRLA had 18,962 registrants in the PDMP.

Currently, there are 20,248 Health Care Professionals registered with the PDMP.

DC Health introduced legislation which would mandate prescribers and dispensers query the PDMP before prescribing more than seven days of opioids or benzodiazepines. The bill became law on March 16, 2021.

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 and have since been sent out quarterly. The last release of prescriber reports, sent in December 2021, were sent to 4,584 providers. During the public health emergency, DC Health has continued to host webinars educating prescribers and dispensers on the most recent PDMP features and the most recently enacted mandatory query legislation.

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 approximately 53 practices. DC Health continues to work to complete an integration with DC Chesapeake Regional Information System (CRISP) and the HIE in the District of Columbia. Over 50 percent of DC pharmacies have had the 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 continuing education module that has provided clinical education based on CDC prescribing guidelines, DATA waivers, the DC PDMP, and CDC best practice. During the public health pandemic, the DC Center for Rational Prescribing developed an online continuing education module on opioid prescribing that provided an update on strategies and the role of providers in mitigating the harmful effects of opioid medications. Clinical perspectives from acute pain management, chronic pain interventions, and health system information systems to support responsible opioid management were part of the module. Since going live in November 2020, over 100 individuals have successfully completed the online training module.

Over the past year, HRLA has also released its pocket took kit, and continues to work on development of the clinician learning collaborative that offers free phone consultation for opioid prescribing and MAT clinical questions.

HAHSTA maintained 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 HAHSTA and developed by Health HIV, 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:

- Acupuncture, Massage, and Self Care in Addressing Pain
- Cognitive Behavioral Therapy & Mind-Body Techniques in Addressing Pain
- Development and Implementation of Evidence-Based Opioid Prescribing Guidelines for Surgical Patients
- Implementing the 2016 CDC Guideline for Prescribing Opioids for Chronic Pain
- After the Waiver: Translating Training into Practice. Advanced Topics in Buprenorphine
- Treating Acute Pain to Improve Outcomes and Reduce Opioids
- Treating Opioid Use Disorder: Primer for Clinicians
- Epidemiology of Opioid Use: In the US and the District
- Patient-Provider Relationship in Addressing Addiction
- Nutrition as Non-Pharmacological Pain Management
- Harm Reduction Approaches for Providers Addressing Opioid Use
- Opioid Overdose Prevention & Naloxone Education (Provider, CE/CME credits offered)

- Opioid Overdose Prevention & Naloxone Education (Community, no CE/CME credits offered)
- Assessing Opioid Use Disorder: Selecting Appropriate Tools
- Understanding Pain and Assessing Opioid Risk
- Integrating Buprenorphine Treatment into Infectious Disease Settings
- Enhancing Organizational Capacity and Provider Readiness to Treat OUD With
- Buprenorphine/Naloxone: Clinical Application of an MOUD
- Enhancing Organizational Capacity and Provider Readiness to Treat OUD With
- Buprenorphine/Naloxone: Systems Facilitators
- Treating Co-Occurring Opioid and Stimulant Use
- Effective Opioid Tapering Strategies

In FY21, 842 individuals utilized the learning modules, with 236 new providers enrolling in the curriculum.

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. (Supporting 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. (Supporting 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 FY21, HAHSTA was able to distribute a record 57,616 naloxone kits through community trainings and events, outreach, and to community agencies and pharmacies for distribution. In FY21, there were a total of 89 participating community-based partners. HAHSTA developed a pilot with 17 pharmacies in the District to dispense Narcan® for free adding 18 pharmacies in FY21 for a total of 1,392 kits dispensed. Community-based partners reported 306 overdoses (including MPD) where naloxone was administered and approximately 83% percent of which were successfully reversed. HAHSTA has seen an increase in demand for naloxone kits to date in FY21 from community and governmental partners. Agencies report a total of 306 overdoses

where naloxone was administered with 257 successful reversals, 4 fatalities, and 46 unknown status.

HAHSTA hosts bi-monthly naloxone trainings. In FY21, HAHSTA provided 35 trainings educating 752 individuals on naloxone administration. In addition, during the same period there were 25 naloxone training of trainers (TOT) administration and overdose prevention trainings to 433 individuals. TOT has allowed for further expansion of education as participants can train other on distribution and administration of naloxone at community level.

HAHSTA maintained the Rapid Peer Responder (RPR) Program in FY21. 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. HAHSTA hires the peers as contract employees for an approximate eight-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 FY21, the RPRs, distributed 9528 units of naloxone, engaged 6,201 individuals, completed 16 linkages to treatment services, and completed 49 linkages to social support services including: housing, food, clothing, and syringe service programs.

HAHSTA provides information on its needle exchange programs in response to Q65.

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 FY20, HAHSTA continued support for the expansion and accessibility of buprenorphine-based MAT for opioid use disorder. HAHSTA provided funding to five Federally Qualified Health Centers (FQHCs), one community-based organization, and one hospital. The FQHCs are Whitman-Walker Health, Mary Center, Family and Medical Counseling Service, Inc., and Unity Health Care. The community-based organization is Andromeda Transcultural Health. Howard University Hospital (HUH) is the one hospital. During FY21 these programs enrolled 874 individuals in MAT services.

To increase the number of uninsured and underinsured District residents accessing MAT, HAHSTA maintained its Buprenorphine Drug Assistance Program (Bupdap). HAHSTA leveraged its AIDS Drug Assistance Program (ADAP) system to provide medicine through its pharmacy network. DC Health provided access to person unable to cover their costs for treatment through its Bupdap program. During the course of the FY21 year Bupdap enrolled 201 clients and had 422 approved claims.

Community partners, case managers, clinicians, and patients can enroll at www.dchealth.dc.gov/bup-dap.

Q22: Please list and explain and Memoranda of Understanding issued during FY21 and FY22 to date.

Response:

This is a repeat of Q6. Please see Q6 for response.

Q23: Please provide an update on funding allocated to Howard University's Center of Excellence. Please include program goals for FY21 and FY22 to date, the metrics for reviewing performance. For each metric, please indicate if the goal was achieved.

Response:

Beginning October 1, 2020, Howard University was awarded total funding of $30.8 million over six years to develop and operationalize a new hospital inclusive of five Centers of Excellence (COEs) that will focus on sickle cell, women's health, oral health, trauma and violence prevention, and substance use and co-occurring disorders. These centers will provide care and services tailored to the specific needs of the community and allow Howard University Hospital to continue playing a critical role in helping the District eliminate longstanding health disparities.

The funding breakdown is as follows:

- $10 million for the first two years to support staff, equipment, and facility build out,
- $4.5 million for Sickle Cell,
- $4.8 million for Women's Health,
- $6 million for Oral Health,
- $3 million for Trauma and Violence Prevention, and
- $2.5 million for Substance Use and Co-Occurring Disorders.

For FY21 and FY22 to date, Howard University COEs have received $12.6 million towards building the infrastructure for the administrative office and hiring leadership staff. They experienced several delays with building the administrative office because of a flood in the space and supply chain limitations for materials such as doors and lumbar. However, the administrative office is scheduled to open in Quarter 2 of FY22. In early September 2021, Howard University's campus experienced a ransomware attack which impacted employees' access to computers and files needed to continue project implementation, causing delays in overall program implementation. Despite significant delays, Howard University hired an Executive Director at the end of FY21 who immediately played a strong role in building capacity for the individual and administrative core centers and is finalizing their six-year strategic plan for operations. Additionally, Howard University is working towards expanding community engagement through steering committees and innovative grant programs and expanding availability of training programs aimed at understanding population health and health equity.
Under the Executive Director, each COE has identified existing leadership staff from within to serve in key roles, such as Center Directors, and has developed comprehensive work plans that exhibit goals, objectives, and activities for the year. Although no invoices were received for expenditures in FY21, an estimated $2,487,008 has been expended to date (roughly $2.3 million on building renovations and roughly $187,000 on personnel costs) and will be invoiced in February 2022.

The following are goals set to be accomplished within FY22 for the Administrative Core of COE:

GOAL 1: Complete the build out of facility and staffing infrastructure for the Centers of Excellence.
Performance measure: Complete construction of administrative space

- On track for completion: In December 2021, Howard entered the final phase of the build out of the COE administrative space. While supply chain shortages have further delayed completion and occupancy of the space, renovation is anticipated to be completed on January 31, 2022.

Performance measure: Number of staff onboarded to support the Administrative Core and five centers

- On track for completion: The new Executive Director for the Centers of Excellence was onboarded late September 2021 and will oversee program implementation. The first round of interviews for the Program Manager position has been completed. However, a suitable candidate was not identified. The position will remain posted, with interviews continuing until a candidate is selected. Job descriptions for other key COE positions have been created and approved for posting by January 31, 2022. The following positions are high priority and will be among the first to be posted: Epidemiologist – Admin Core; Administrative Assistant – Admin Core; Grant Writer – Admin Core; Program Coordinator – Admin Core; Research Program Manager – Women's Health; Research Assistant – Women's Health; Research Coordinator – Women's Health; Project Director – Sickle Cell. Suitable candidates have also been identified for positions within the Trauma and Violence Prevention and Behavioral Health COEs. Additionally, COE leadership and Center Directors began preliminary identification of candidates for staff and faculty positions.

GOAL 2: Expand community engagement by implementing the COE Steering Committee
Performance measure: Create the COE Steering Committee

- On track for completion: Center Directors began engagement with potential community partners who will serve on Community Advisory Boards (CAB) and the steering committee (SC). The CABs and SC will be fully implemented with close adherence to the timelines indicated on work plans and as MOUs are finalized.

GOAL 3: Increase communication, collaboration, and alignment between the five Centers of Excellence.
Performance measure: Implement a six-year strategic plan for the Howard University Centers of Excellence

- On track for completion: With the onboarding of an Executive Director, a six-year strategic plan is set to be developed and finalized by February 2022.

GOAL 4: Expand the availability of training programs designed to increase understanding of population health and health equity strategies among minority health professions students.
Performance measure: Implement population health and health equity training curriculum

- On track from completion: Following the onboarding of staff at individual centers, faculty will be engaged to discuss concepts and curriculum for training health professions students.

FY22 Center Goals and Objectives:

Substance Use and Co-occurring Disorders COE

Status: Goals and objectives are currently on track for completion

Goal 1: Expand the availability of Addiction Consult Services (ACS) and inpatient withdrawal management/step-down service at Howard University Hospital (HUH).

Objective 1: By the end of month 12, fully implement a multi-disciplinary addiction consult team (ACT) to expand ACS and withdrawal management within HUH including within inpatient medical, surgical, and OB/GYN service and the Emergency Department (ED)s. Multi-disciplinary ACT will comprise faculty psychiatrists, faculty psychologist, social worker, Peer Recovery Specialists, and care coordinators.

Objective 2: Between months 4-12 provide 40 addiction consults per month to patients with substance use or co-occurring disorders on the inpatient medical, surgical, OB/GYN, or psychiatry services or in the ED. Addiction consults include evaluation and diagnosis, treatment plan, motivational enhancement therapy, recovery coaching, patient navigation, and linkage to community-based supports.

Objective 3: In collaboration with the COE for Women's Health, implement Mothers First, an HUH Collaborative Maternal Behavioral Home-based Care Service, beginning in month 6. An estimated 120 women will meet the criteria for high-risk pregnancy and significant behavioral health problems.

Goal 2: Expand Open Access ambulatory substance use disorder (SUD) and co-occurring SUD and psychiatric disorder clinics.

Objective 1: By the end of month 12, increase staffing capacity to expand same day/next-day initiation or continuation of SUD treatment, including Medication for Opioid Use Disorder (MOUD) with buprenorphine at HU Ambulatory Behavioral Health Clinic.

Objective 2: By month 12, provide addiction psychiatry and addiction medicine services to 4 new patients per week and continuing treatment to 20 patients per week in Open Access clinics.

Goal 3: Increase access to culturally appropriate community-based SUD treatment services in communities at high risk for substance use disorders.

Objective 1: By month 12, using a hub and spoke model, develop and implement low threshold, community-based SUD treatment services provided by telepsychiatry (with onsite peer recovery support services) in two community-based sites in Wards 7 and 8 and nearby sites in Wards 5 and 6.

Objective 2: By the end of month 12, provide three community-based trainings on culturally appropriate behavioral health services including Screening, Brief Intervention, and Referral to Treatment (SBIRT) training.

Goal 4: Reduce behavioral health disparities affecting Black/African American and other minoritized communities

Objective 1: Increase awareness of behavioral health disparities, structural causes, and impact among behavioral and other health care providers and in the community

Objective 2: In collaboration with CAB and community partners, develop or sponsor innovative behavioral health education, prevention, outreach, or intervention initiatives aimed at reducing stigma about substance use and co-occurring disorders

Objective 3: Train and support health professional students, post-doctoral trainees (e.g., residents, fellows), and early career faculty to conduct clinical research addressing behavioral health disparities

Women's Health COE

Status: Goals and objectives are currently on track for completion

Goal 1: Increase the availability of enhanced collaborative perinatal programs to improve pregnancy outcomes among underserved minority women with high-risk co-morbidities and complications in pregnancy in Washington DC.

Objective 1: In the first quarter of FY21, develop a comprehensive perinatal collaborative care model incorporating a doula home visiting program into the standard perinatal care

model to improve maternal and infant outcomes for minority women with high-risk comorbidities and complications during pregnancy in the District of Columbia.

Objective 2: From January 1, 2022 to September 30, 2022, implement the comprehensive perinatal collaborative care model incorporating a doula home visiting program into the standard perinatal care model to improve maternal and infant outcomes for minority women with high-risk comorbidities and complications during pregnancy in the District of Columbia. Our goal is to enroll 2560 high-risk patients.

Objective 3: Evaluate the effectiveness, cost, and acceptance of the comprehensive perinatal collaborative care model incorporating a doula home visiting program in the standard perinatal care model

Goal 2: Enhance treatment of iron deficiency anemia in minority pregnant women and improving pregnancy outcomes in the District of Columbia.

Objective 1: Identify Black pregnant women with iron deficiency anemia by aggressive screening early in pregnancy. Our goal is to screen 3000 pregnant Black women seeking care at Howard University hospital resident clinic, faculty practice, perinatal diagnostic center, and Federally Qualified Health Centers (including Unity Healthcare, Mary's Center, Community of Hope)

Objective 2: Implement a comprehensive strategy for treating minority pregnant women with iron deficiency anemia

Objective 3: Assess the effectiveness and cost of the comprehensive program addressing iron deficiency anemia in minority pregnant women

Goal 3: Enhance the availability of behavioral health support for underserved minority pregnant women with high risk for adverse maternal, fetal, or child health outcomes

Objective 1: Develop and implement Mothers First, an HUH Collaborative Maternal Behavioral Care Service, with home-based doula services and collaborative behavioral health support in addition to usual prenatal and post-partum care for pregnant women at high risk for adverse maternal, fetal, or child health outcomes.

Objective 2: Evaluate implementation of the Mothers First HUH Collaborative Maternal Behavioral Care Service, with home-based doula services and collaborative behavioral health support in addition to usual prenatal and post-partum care.

Objective 3: Evaluate the effectiveness, cost, and acceptance of the collaborative care model incorporating doula home visiting service with behavioral health support in addition to standard prenatal and postpartum care

Oral Health COE

Status: Goals and objectives are currently on track for completion

Goal 1: Increase access to preventive dental care for patients with chronic conditions, with special focus on women of childbearing age, by improving the referral infrastructure, enhancing the EHR, and collaborating with primary and specialty care referring providers.

Objective 1: By the end of month 3, expand the Howard University College of Dentistry (HUCD) referral and scheduling team

Objective 2: By the end of month 6, fully implement a new HUCD patient referral, scheduling and follow-up process

Objective 3: By the end of month 12, develop partnerships with a minimum of 5 Primary Care, OB/GYN Specialists in the community and HU Women's Health COE to increase referrals of women of childbearing age for preventive dental care.

Goal 2: Increase access to high quality dental services by improving HUCD clinical facilities, operatories, technology and equipment.

Objective 1: By the end of month 10, complete demolition and infrastructure buildout of the Marwah Community Oral Health COE Clinic

Objective 2: By the end of month 10, purchase and install new dental equipment and technology in the Marwah Community Health COE Clinic

Objective 3: By month 5, increase access to and efficiency of digital imaging technology, by relocating imaging equipment to new location in pediatric clinic

Goal 3: Increase access to urgent care dental services.

Objective 1: By March 2022, create and fill 3 new positions to staff the urgent care dental clinic

Objective 2: By March 31, 2022, complete equipping new urgent care clinic space

Objective 3: By June 30, 2022, increase the volume of patients with urgent care needs served at HUCOD by 20%

Goal 4: Build the pipeline of minority dentists who are trained to provide urgent care dental services

Objective 1: By the end of month 6, establish rotation for 4 Advanced Education in General Dentistry (AEGD) residents to rotate in the urgent care clinic

Objective 2: By the end of month 6, establish pre-doctoral urgent care clinical observation rotations for 80 students

Sickle Cell Disease COE

Status: Goals and objectives are currently on track for completion

Goal 1: Develop a hospital infrastructure for innovative acute and outpatient sickle cell disease care at Howard University Hospital (HUH). This hospital infrastructure will focus on implementation of disease modifying therapies with less emphasis on supportive care.

Objective 1: By the end of month 12, implement a combined comprehensive medical home/specialty hematology clinic for adults with sickle cell.

Objective 2: By the end of month 12, implement an SCD (sickle cell disease) consultation and special therapeutics/acute care unit at Howard University Hospital

Goal 2: Improve the knowledge, skills and competence of ED physicians in DC to care for patients with SCD.

Objective 1: By the end of month 6, implement virtual consultation service for ED physicians

Objective 2: By the end of month 12, implement SCD CME modules in DcRx for health care providers in DC

Trauma and Violence Prevention COE

Status: Goals and objectives are currently on track for completion

Goal 1: Implement a comprehensive patient-centered, trauma-informed Intimate Partner Violence (IPV) program within HUH Level I Trauma Center's Hospital Based Violence Intervention Program (HBVIP).

Objective 1: By December 31, 2021, work with the Women's Health Center of Excellence (COE) to develop and implement a collaborative home visiting IPV model for minority women with high-risk co-morbidities.

Objective 2: By January 31, 2022, increase the capacity of the HUH Level I Trauma Center to provide hospital-based IPV services.

Objective 3: By September 30, 2022, establish partnerships with 3 new community-based IPV services. Expansion of partnerships will increase the number and types of community-based services to which IPV victims can be referred.

Goal 2: Expand HUH Level I Trauma Center's violence prevention program (ENGAGE) targeted at DC youth.

Objective 1: By January 31, 2022, develop and implement a trauma-informed curriculum for the ENGAGE program.

Objective 2: By September 30, 2022, increase youth (ages 12-19) enrollment in the ENGAGE program by 50%

Objective 3: By September 30, 2022, increase the number of community-based youth programs receiving micro grants through the HUH Level 1 Trauma Center. Organizations use micro-grants to support professional development, employment support, and STEM education for troubled, alternative and opportunity youth.

Goal 3: Increase trauma system capacity and diversity of providers caring for individuals who experience trauma in DC.

Objective 1: By September 30, 2022, establish a trauma internship program for minority undergraduate pre-med and pre-health professional students

Objective 2: By September 30, 2022, establish 2 formal violence prevention training curricula/programs: 1) Trauma Credible Messenger training; 2) Trauma Injury Prevention Coordinator training.

Q24: Please describe any meetings CHA has had with community organizations during FY 21 and FY22 to date.

Response:

Health Centers/Health Systems/Health Care organizations—The Community Health Administration (CHA) coordinates standing or recurring meetings (i.e., monthly or quarterly) with these organizations to explore new initiatives, provide oversight of ongoing initiatives/sub-grants/activities, or to address a specific need.

Federally Qualified Health Centers (FQHCs)

- Unity Health Care
- Mary's Center
- Community of Hope
- La Clinica del Pueblo
- Family and Medical Counseling Services

Hospitals and Health Systems

- Howard University Hospital
- Children's National Health System
- Sibley Memorial Hospital
- Georgetown University Hospital
- Medstar
- Medstar Washington Hospital Center
- Providence Health System
- United Medical Center

Health Care related organizations

- DCPCA
- Medical Society DC
- HSCSN
- Breast Care for Washington
- Capital Breast Care Center
- Iona Senior Services
- Stoddard Baptist Nursing Home
- Bread for the City
- Elaine Ellis
- Metro Health
- Health Management Associates

Community-based organizations (CBOs)—CHA meets regularly with community-based organizations to better assess the resources and needs of communities, develop partnerships to

support ongoing public health programming, exercise oversight over existing grants/activities, or identify new opportunities for improving health outcomes and addressing health disparities. Organizations that CHA meets regularly with include, but are not limited to, the following:

- Men Can Stop Rape
- Wendt Center for Loss and Healing
- Healthy Babies Project Inc.
- DC Breastfeeding Coalition
- East of the River Strengthening Collaborative
- Smart from the Start
- Act Early
- Mamatoto Village
- MD/DC Hands and Voices
- TDJ Breast Cancer Fund
- The Elder & Disability Law Center
- Beta Omega Social Services (BOSS)
- DCCADV
- Men Can Stop Rape
- DC Rape Crisis Center
- Free, Aware, Inspired, Restored Girls (FAIR Girls)
- DC Forensic Nurse Examiners (DCFNE)
- DC Safe
- Network for Victim Recovery of DC
- Rights 4 Girls
- Sasha Bruce Youthwork
- Wendt Center
- Healthy Babies
- Crittenton Services
- Safe Sisters Circle
- DC Coalition to End Sexual Violence (DCCESV)
- DC Rape Crisis Center (DCRCC)
- Urban Institute
- Pathways 2 Power
- Black Swan Academy
- Children's Health Fund

Examples of recurring meetings and engagement with community organizations through coalitions and committees includes, but is not limited to, the following:

DC Tobacco Free Coalition: DC Health's Tobacco Control staff provided guidance to the Coalition through monthly executive committee meetings and quarterly general membership meetings. The Coalition advocates for smoke-free environments, provides opportunities for stakeholder engagement, promotes cessation resources, and discourages initiation of tobacco use. The Coalition presents *DC Calls It Quits Week* each September. Key community stakeholders with membership in the Coalition include Action on Smoking and Health,

American Cancer Society, American Cancer Society Action Network, American Lung Association, American Heart Association, Breathe DC, Campaign for Tobacco Free Kids, Catholic Charities of DC, Community Wellness Alliance, Howard University, MedStar Georgetown University Hospital, Pfizer, The George Washington University Hospital, Truth Initiative, and YMCA of Metropolitan Washington.

Brain Health Advisory Coalition: DC Health launched the District's first Brain Health Advisory Coalition to engage multiple sectors and strategically leverage the expertise of diverse partners for collective impact. The coalition meets monthly and works collaboratively to leverage existing resources and infrastructure, build evidence-based policies, and create alignment across organizations to accelerate the implementation of effective interventions to address dementia. The Dementia Services Coordinator, with the Chronic Disease Division, guides the strategic direction of the meetings. Key partners include: George Washington University Center for Aging, Health and Humanities, Mary's Center, Unity Healthcare, Alzheimer's Association, DHCF Long Term Care Administration, Iona Senior Services, Stoddard Baptist Nursing Home, GW Institute for Brain Health and Dementia, Forest Hills of DC senior living, The Elder & Disability Law Center, Age Friendly DC, Department of Aging and Community Living, East River Family Strengthening Collaborative, Seabury, Whitman Walker Health's "Silver Circle" and individuals that are living with dementia, advocates of those living with dementia, and caregivers to those living with dementia.

Diabetes Prevention and Management Community of Practice (DPM COP):
Due to the capacity at partner sites during the COVID-19 pandemic and feedback from diabetes stakeholders, DC Health has combined the DSMES LC and DPP Community of Practice. The newly formed Diabetes Prevention and Management Community of Practice (DPM COP) will focus on both prevention and management of diabetes and provide technical assistance during monthly calls. Key partners include: Community Wellness Alliance, Healing Our Village, Howard University, Whitman-Walker, Medstar, Apex Pharmacy, Unity Healthcare, American Diabetes Association, Sorogi, La Clinica del Pueblo, YMCA, Your Health Concierge, Vibrant Health and Wellness, Kalorama Pharmacy, Velima Pharmacy, and Bellevue Pharmacy.

Advancing Health Literacy Learning Collaborative:
DC Health convenes a monthly meeting with CBOs to advance citywide, multisectoral strategies to improve individual and organizational health literacy and address health disparities. DC Health plans to build a population Health Literacy model by leveraging COVID-19 response collaborations in planning and implementation to build the infrastructure for sustainable health system and CBO capacity to support individual and community health literacy. Key partners include: Leadership Council for Healthy Communities, Far Southeast Family Strengthening Collaborative, Central American Resource Center, Inner City Collaborative, United Planning Organization, and Latin American Youth Center.

Public Health Integrated Advisory Committee (PHIAC):

The PHIAC is a multi-sector, interdisciplinary body that melds two processes: DC Healthy People 2020/2030 (state health improvement planning) and the Preventative Health and Health Services Block Grant. In addition to reducing duplicative efforts in community health improvement across the District, the PHIAC goals include:

- Leveraging current population health data and continuous community engagement to understand community health needs, emerging issues, and relevant priorities; and,
- Improving population health through informed recommendations based on advisory committee expertise, data, and community input.

Key partners include: George Washington University Avance Center for the Advancement of Immigrant/Refugee Health, DC Office of the Chief Medical Examiner (OCME), DC Department of Disability Services (DDS), DC Department of Energy and Environment (DOEE), DC Department of Healthcare Finance (DHCF), East River Family Strengthening Collaborative, Thrive DC, Age Friendly DC, Howard University, DC Department of Youth Rehabilitation Services (DYRS), DC Healthy Communities, the Office of the State Superintendent of Education's (OSSE) DC ReEngagement Center, Office of Neighborhood Safety, DC Primary Care Association (DCPCA), and Department of Behavioral Health (DBH).

DC WIC Vendor Advisory Group: CHA convenes a multi-sector collaboration to gather community feedback on the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) with a focus on the retail shopping experience. The Advisory Group includes small, medium, and large WIC authorized retail food stores, local nonprofit organizations, WIC grantees, professional trade organizations, food distributors, and the DC Food Policy Council. Input from organizations including Giant, Safeway, Harris Teeter, corner stores, DC Hunger Solutions, Capital Area Food Bank, Mary's Center, Unity Health Care, Howard University Hospital, and Children's National Health System, serves an integral role in shaping program policies and procedures, decreasing stigma and increasing resident enrollment, increasing WIC vendor participation among small stores, and supporting statewide transition to eWIC.

Community WIC Meetings: CHA meets quarterly, on an individual basis, with several anti-hunger advocacy organizations, CBOs, Medicaid managed care organizations, and early education centers to provide important federal and local program updates, gather the community's input on strengthening the WIC program, and hear updates as well as refine the referral process to WIC. Community partners include DC Hunger Solutions, Mamatoto Village, Martha's Table, CareFirst BlueCross BlueShield, Community of Hope, and EduCare.

Food Access and Nutrition Education: CHA convened DC Health's *Equitable Food Access partners* (Capital Area Food Bank, Martha's Table, FRESHFARM, Food and Friends, and DC Central Kitchen) individually on a monthly basis to assess program progress and provide technical assistance. In addition, CHA convened these partners as a group on a quarterly basis to enhance alignment across food access programs and ensure that the needs of residents facing food insecurity were met. CHA convened DC Health's *SNAP-Ed partners* (Washington Youth Garden, FRESHFARM, University of the District of Columbia and YMCA of Metropolitan

Washington, D.C.) on a monthly basis to provide one-on-one technical assistance and on a bi-monthly basis as a group to share best practices for providing nutrition education despite the constraints of the pandemic.

The DC Cancer Coalition: CHA's Cancer Programs Divisions reconvened the DC Cancer Coalition and facilitated bi-monthly meetings. The Coalition is charged with developing and implementing activities to reduce the burden of cancer in the District; identifying and filling gaps in cancer-related efforts, services, and information; and identifying opportunities for members to work together to achieve the goals of the DC Cancer Control Plan. Member organizations include Georgetown Lombardi's Comprehensive Cancer Center, The TDJ Breast Cancer Fund, Howard University Cancer Center, The American Cancer Society, Sibley Memorial Hospital, Nueva Vida and The Prevent Cancer Foundation.

Q25: Please describe the goals and objectives that CHA has for improving population health.

Response:

CHA is an integral part of DC Health, so the overall goals and objectives of CHA are those of the agency. Within DC Health, the primary responsibilities of CHA are to prevent the leading causes of death (they currently include cardiovascular disease, cancer, diabetes, and COVID-19); promote and protect the health of mothers and children; and reduce racial and ethnic health disparities. CHA is currently developing specific outcome metrics to define those objectives. For example, CHA will specify objectives to: reduce smoking prevalence, increase fruit and vegetable consumption, increase participation in WIC, stop the increase in obesity, increase preventive medical visits, increase hypertension control, improve management of diabetes and high blood cholesterol, increase cancer screening, reduce preterm births, reduce births to teens, reduce severe maternal morbidity, increase breastfeeding, increase the reach of child home visiting programs, and increase the percent of children who are up-to-date on immunizations. Where significant racial/ethnic disparities exist, there will be targets for higher-risk racial/ethnic subgroups in addition to targets for the general population.

Q26: Please describe the role CHA will have in combatting COVID-19.

Response:

CHA will continue to play a pivotal role in combatting COVID-19, as well as addressing the impacts of COVID-19 through all program areas and organizational units. As outlined below, the Immunization Division and School Health Services Program within CHA engages in daily activities related to COVID-19 mitigation strategies.

Vaccine Planning and Operations
The Immunization Division within CHA will continue to serve as the lead for COVID-19 vaccine planning, ordering, distribution, data management and analytics, and strategic community engagement.

The Immunization Division orders vaccines from the federal government weekly. To distribute the vaccine, staff recruit and enroll organizations and facilities to be COVID-19 vaccine providers. Hospitals, FQHCs, retail and independent pharmacies, and other primary care and specialty care clinics were recruited to ensure vaccine access across DC was sufficient, equitable, and widespread. To enroll, providers must complete and sign the Centers for Disease Control and Prevention (CDC) COVID-19 Vaccine Provider Agreement and adhere to 12 conditions including, but not limited to: safely storing and handling vaccine doses, not charging recipients for the vaccine dose, and reporting all doses administered to the CDC by way of DC Health's immunization information system within 24 hours of administration. Program staff ensure these requirements are kept by providing oversight visits to monitor adherence to the required conditions and technical assistance to ensure data quality is preserved. Through enrolled providers, the planning team coordinates special initiatives and strategic vaccine clinics for specialized groups, including healthcare workers, residents of long-term care, other congregate settings, essential workers, residents with high-risk health conditions, and finally all residents as young as five years old.

The Immunization Division of CHA also leads the intra-agency COVID-19 Vaccine Planning team which reviews immunization coverage data and supports strategy development and implementation of initiatives to achieve immunization coverage targets for the District. This team is comprised of subject matter experts from the Pharmaceutical and Healthcare Facilities Divisions of the Health Regulations and Licensing Administration; Centers for Policy, Planning and Evaluation; Emergency Preparedness and Response; Office of Communications and Community Relations; and Office of Information Technology. The Immunization Division also coordinates the District's first Scientific Advisory Committee for the Development and Implementation of a Safe, Effective, and Equitable COVID-19 vaccine. Membership is comprised of local District leaders in the science, clinical, and research fields; as well as, community leaders from faith-based groups, racial and ethnic associations, and senior citizen associations for the purpose of advising the Director regarding ethical distribution, vaccine recommendations, and outreach and communications for hard-to-reach populations.

The District of Columbia Immunization Information System, also known as DOCIIS, is undergoing continued enhancements to better meet our population health planning needs for immunization coverage. DC Health has served as the population health source to capture and measure COVID-19 vaccine coverage by age, race/ethnicity, and zip code, and report vaccination data on the coronavirus.dc.gov public dashboard. All providers who administer any vaccine in DC are required to report every dose administered to DC Health. With enhanced data analytics, DC Health has made data-informed decisions regarding transitioning between tiers and phases for vaccine eligibility. It has allowed the team to implement vaccination strategies in areas of the city and/or amongst specific ethnic groups that remain under-vaccinated. Most recently, the Immunization Division expanded its capacity to capture and report on COVID-19 Breakthrough cases and continue to analyze vaccination data for positive cases to identify, observe, and report case trends amongst those residents who are vaccinated.

Community Engagement and Vaccine Hesitancy
The Immunization Division has expanded its program staff to support a broad community engagement strategy with the intent to increase vaccine confidence amongst unvaccinated DC residents. New staff to the Division include a Health Equity Manager, Vaccine Demand Strategist, Community Outreach Worker, and Communications Specialist. The team is furthering the progress of previously established partnerships targeting communities of color and vulnerable age-groups. One such partnership, Faith in Vaccine, seeks to partner with the faith community to outreach to Black families, particularly those residing in wards 5, 7, and 8, and seniors 65 years and older in those communities. The partnership has a dedicated vaccination team, Five Medicine, through a grant supporting Mary's Center. Through this partnership, over 6,000 residents were served at multiple houses of worship across the city. The initiative now hosts standing vaccination clinics at three churches: New Samaritan Baptist Church, Temple of Praise, and Pennsylvania Avenue Baptist Church. In addition to vaccinations, a critical activity of this effort is to train faith leaders to be credible messengers and promote vaccine confidence amongst their sister organizations and congregations. To that end, the churches and Five Medicine developed a faith-partners toolkit with curricula about COVID-19 vaccines, administration data, combatting misinformation, and strategies for reaching hard-to-reach populations. DC Health representatives presented this toolkit at a CDC Foundation event and received requests from various jurisdictions to share these resources, demonstrating DC Health's thought leadership in the public health community.

In addition to Faith in Vaccine, the Immunization Division is working with the Immunization Coalition of DC to develop a provider-based COVID-19 Vaccine Confidence toolkit. The toolkit will provide resources and strategies to instruct providers on how to promote vaccine confidence through a peer-to-peer training model. By strengthening the provider community, the Division is promoting ways to vaccinate the unvaccinated in settings where there is continuity of care and trusted messengers. Furthermore, CHA is leveraging and expanding partnerships with small and large CBOs to better address health literacy and health disparities related to COVID-19 and the leading causes of death and disability in the District.

The Immunization Division routinely attracts new opportunities to further community engagement in target populations and localized groups. Regular meetings with CBOs help to identify barriers to vaccination and the team is able to share resources and materials to raise awareness and combat misinformation. Additional partnerships include the Mayor's Office of Community Affairs (MOCA) to build vaccine/booster confidence amongst these priority populations. Currently, an informational webinar and popup clinic with the Mayor's Office on Lesbian, Gay, Bisexual, Transgender, and Questioning Affairs is in development to help increase booster rates amongst the LGBTQ+ community. To target the young adult population, the Immunization Division is working with CBOs focused on young adults through housing, employment, educational, LGBTQ+, and health services, and colleges and local universities to host education events and raise awareness about the importance of boosters to reduce the severity of illness and death associated with COVID-19.

School Health Services Program (SHSP)
In FY21/FY22 DC Health and health suite personnel worked with OSSE and school administrators on transition efforts to build the education sector's capacity to lead the COVID-19 testing efforts for school year 2021-2022. The transition efforts included transferring and receiving COVID-19 testing consent forms, collaborating with third party vendors in guiding the screening process, documenting testing, reporting results to appropriate officials, and communicating with families and staff on notification of test results. DC Health also worked with educational partners and the SHSP grantee to develop and implement COVID-19 response and containment policies and protocols to allow for in-person learning. In FY22, health suite staff continue to support the COVID-19 response efforts by providing health care needs list to COVID-19 points of contacts within each school building, receiving updated written notification of students testing statues, and return to school plan to update students' medical file. Lastly, once testing results are received, health suite staff provide care coordination services to update individualized health plans, follow up with families/caregivers with external linkages to medical homes, support families with submission of appropriate school health forms, and provide treatment and medication services based upon health needs.

In FY21, the School- Based Health Centers (SBHC) partnered with the District-wide Childhood Vaccination Program across various health centers within the District of Columbia. The SBHCs provided mass vaccinations to include mandatory immunizations required to return to in-person learning. The SBHCs further supported District athletes by partnering with the District of Columbia State Athletic Association (DCSAA) to launch multiple student athlete vaccination events. This event supported approximately 595 athletes. Since the reopening of in-person learning within the school building, the SBHCs have continued to provide the needed mandatory vaccinations required for in-person learning as well as the COVID-19 vaccine. The SBHC has administered approximately 1,163 doses of the COVID-19 vaccination from June 2021-November 2021 to students across the SBHCs. Furthermore, operators are preparing to support the Coronavirus Immunization of School Students and Early Childhood Workers Regulatory Emergency Amendment Act of 2021. Each SBHC has formulated COVID-19 vaccine ordering and distribution plans to ensure that needed vaccines do not go to waste.

Q27: Please describe the District's plans to ensure vulnerable and home bound populations receive timely booster shots.

Response:

DC Health's COVID-19 booster vaccination effort is a collaboration across several DC Health administrations including, but not limited to, CHA's Immunization Division the Vaccine Operations program of the Health Emergency Preparedness and Response Administration (HEPRA), the Long-term and Intermediate Care Facilities Division of the Health Regulations and Licensing Administration (HRLA), and the Office of Communications and Community Relations (OCCR). Coordination with DBH and DDS has also been critical to addressing the needs of vulnerable and home bound populations during the pandemic.

DC Health has conducted outreach to long-term care facilities to ensure their pharmacy vaccination partnerships are in place and that their vaccine supply is adequate, as well as to identify needs for pop-up clinics for residents and staff. DC Health has conducted booster pop-up clinics for several long-term care facilities and has connected facilities with additional pharmacy partners available to host vaccine clinics at their facilities. DC Health developed scripts for robocall vaccination reminders for seniors ages 65 years and over that are eligible for additional vaccine doses. The automated calls will provide contact information and information on how to schedule an appointment for booster vaccinations. DC Health developed a one-pager infographic for DC residents to post on the coronavirus.dc.gov and shared with providers as resource material for them to disseminate to their patient populations. DC Health continues to conduct outreach with CBOs to identify areas of need to fill in gaps where appropriate.

The DC Health At-Home Vaccinations Program (AHVP) (formerly referred to as the Home-Bound vaccination program) administers vaccines to District residents within their homes regardless of mobility status. Launched in April 2021 to vaccinate District residents who were unable to, or too at risk to receive a COVID-19 vaccination from a community vaccination site, pharmacy, hospital, etc., this program allowed District residents the advantage of pre-registering for a homebound vaccination by calling the COVID Call Center (1-855-363-0333), after which they would receive a call to schedule an at-home appointment. As eligibility for vaccinations and boosters expanded in the District, AHVP increased its capacity to offer vaccines and boosters to each eligible population. By September 2021, program eligibility changed to allow any District resident 18 and older to receive an at-home vaccine, regardless of whether they had the ability to leave their address. This program further broadened to the pediatric population in December 2021 to allow for all residents ages five years and older to be eligible for at-home vaccinations. AHVP currently offers all three U.S. Food and Drug Administration (FDA) approved/authorized vaccine types for first doses, second doses, additional doses, and booster doses to residents ages five years and older. As of January 25, 2022, over 3,000 vaccinations (including first, second, additional, and booster doses) have been provided through the initiative.

DC Health is also collaborating with several organizations that work with vulnerable populations such as the homeless, those financially unstable, victims of domestic violence, young mothers/fathers, and those recently released from prison. DC Health has worked with these organizations to host pop-up vaccine clinics at their sites using the Vaccine Exchange program, plan informational events, provide educational materials, and inform them of nearby pop-up clinics/testing sites for the people they serve to attend. Several of these organizations engage their communities and membership by distributing booster information in classes, trainings and meetings. The Special Initiatives and Community Engagement team meets with these CBOs regularly to identify barriers to vaccination, as well as to assist in improving vaccine coverage in these localized groups.

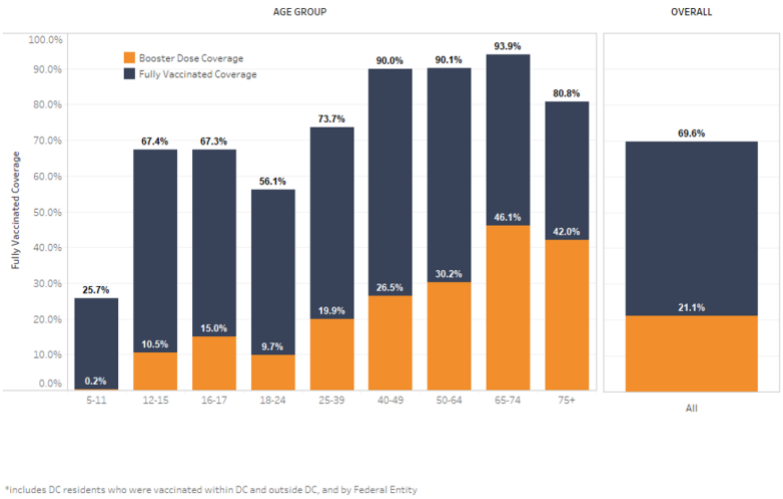
In the past, DC Health formed several partnerships to administer primary series vaccines to other groups of vulnerable residents in congregate settings. One partnership with Johns Hopkins Medicine by way of Sibley Memorial Hospital and the DC Housing Authority was established to administer primary series vaccines to Senior residents of public housing. The partnership was quite successful in ensuring this vulnerable population became fully vaccinated. DC Health has reignited this partnership to provide boosters to seniors residing in public housing, at over 40 residences across the city. Meetings are in progress to identify one or more providers who can provide vaccinations and a calendar of dates will be developed and shared publicly and widely. Similarly, partnerships with other sister agencies such as Department of Behavioral Health, and Department of Disability Services have been elevated and engagement continues to provide booster vaccines to residents in these smaller community residential facilities.

In support of communities experiencing housing insecurity, DC Health has coordinated with the Department of Human Services and Unity Heath Care to support Health Care for the Homeless. DC Health provided COVID-19 vaccines to Unity to administer COVID-19 vaccines to housing insecure residents in shelters across DC.

Q28: Please describe efforts to vaccinate the age groups with the lowest vaccination rate.

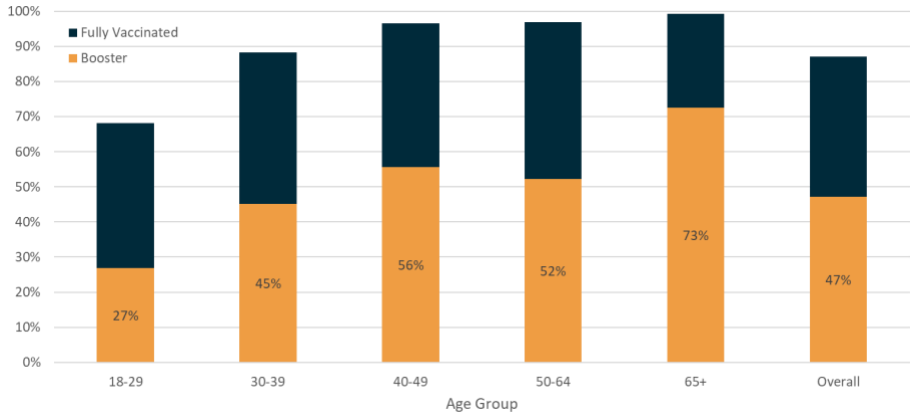
Response:

Estimates of Vaccination Coverage
DC Health has two data sources with which to estimate vaccination coverage: the DC Health digital immunization registry (DOCIIS 2.0) and monthly telephone surveys conducted by the CDC. The DOCIIS 2.0 data represent an under-estimate of true vaccination coverage because many doses received by District residents in other jurisdictions are not included; furthermore, if providers input different names when administering different doses of COVID-19 vaccine, DOCIIS interprets those as separate individuals receiving initial immunizations; thus, DOCIIS is likely to specifically underestimate second-dose and booster-dose coverage. In contrast, telephone surveys may over-estimate vaccination coverage if the people reached are more compliant than those who are not reached. Below are estimates of COVID-19 vaccination status by age group from DOCIIS 2.0 as of January 26, 2022.



*includes DC residents who were vaccinated within DC and outside DC, and by Federal Entity

And on the following page are estimates of COVID-19 vaccination coverage by age group from telephone surveys as of December 2021. Estimates of vaccination coverage are substantially higher in the telephone surveys.



Vaccination Efforts

COVID-19 vaccines were first offered in mid-December 2020 with healthcare workers and other high-priority groups. Since that time, immunization eligibility has expanded to the general population and progressively younger age groups—with 5–11-year-old resident most recently gaining eligibility (November 2021). Both data sources above show that elderly individuals generally had the greatest uptake of the primary series, with young adults and children under 11 years having the lowest uptake.

DC Health developed several strategies to distribute vaccine to children age 5 to 11, starting with enrollment of Vaccines for Children providers as COVID-19 vaccine providers. VFC providers were largely absent from initial COVID-19 vaccine distribution because it took nearly six months from the start of vaccine distribution until most children under the age of 18 were eligible to be vaccinated. By recruiting and enrolling these providers, we immediately provided access to children ages 5-11 with a pediatric vaccine at over 50 health centers and pediatrician's offices across the city.

Furthermore, DC Health, in collaboration with District of Columbia Public Schools (DCPS) and OSSE established pop-up clinics co-located at schools and recreation centers in each ward. During this initiative, children ages 5 to 17 years old were served at 73 different locations from November 4, 2021, to January 25, 2022. Locations include 32 DC public schools, 27 DC public charter schools, eight recreation facilities, four independent schools and two community sites. More specifically, for the youngest eligible age-group, children ages 5-11 years old, 9,285 doses of pediatric Pfizer were administered at these pop-up clinics from November 5, 2021, to January 19, 2022.

Because parental consent and support remain critical to the success of vaccine coverage for this age-group, DC Health continues to partner with DCPS to promote vaccine confidence through communications, special events, town halls, and other incentives and giveaways. The team hosts a weekly provider meeting in which all vaccinators enrolled for COVID-19 vaccine distribution attend to listen, engage, and share issues, successful strategies, and other information related to vaccinating this population. DC Health, working in partnership with the Office of the Deputy

Mayor for Education and Howard University, has held and continues to schedule virtual Town Halls about COVID-19. The next virtual Town Hall will be held on January 26, 2022. This event is directed at parents of young children in DC's private, public, and charter schools to build vaccine confidence amongst these parents and to encourage them to vaccinate their children. Additionally, DC Health team has provided school staff with educational flyers to include in their emails and communications to parents about vaccinations for children 5-11 years old.

For the next lowest population of 18-24 year old's (i.e., young adults), DC Health continues to work with several CBOs that are focused on young adults through housing, employment, educational, LGBTQ+, and health services. Similarly, the team is encouraging these organizations to host vaccination clinics through the Vaccine Exchange and inform their membership and audiences of nearby clinics. Also, staff are working closely with a community partners to focus specifically on men's initiatives due to their rates being lower than women within this age category. Additionally, DC Health is working to increase collaboration with local universities to host vaccination pop-ups at Founders Day celebrations, host educational events through medical societies, and service fraternities/sororities to inform young adults about the importance of boosters.

Q29: Please provide an update on efforts undertaken by the Nutrition and Physical Fitness Bureau during FY21 and FY22 to date.

Response:

The Nutrition and Physical Fitness Bureau (NPFB), located within CHA, promotes healthy living and reducing the risk of obesity among District residents by encouraging behavior change through nutrition and physical activity education and 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 by improving: (1) food security; (2) nutritional status of pregnant women, new mothers, infants, children, adults, and seniors; (3) nutrition literacy for populations with low socioeconomic status; and (4) physical activity levels in youth, adults, and seniors.

In FY21, NPFB served residents at risk for food insecurity and obesity targeting those residing in low resource areas through delivery of five federally funded nutrition programs and four locally funded initiatives. Residents participating in these nutrition programs were provided healthy and affordable foods; 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; and opportunities to be more physically active.

Below is a description of specific activities related to each program or project during FY21 and to date in FY22.

Federally Funded Nutrition Programs
As noted above, NPFB 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) WIC, and (5) WIC Farmers' Market Nutrition Program (FMNP).

CSFP and SFMNP provide nutritious foods to 5,411 income-eligible DC residents ages 60 years and older at more than 70 sites across the District. 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 monthly food boxes of U.S. Department of Agriculture (USDA) foods. CSFP food boxes include shelf-stable milk, plant-based proteins such as dry or canned beans and lentils, grains, cheese, canned fruits and vegetables, protein, and juice.

Key accomplishments for FY21 include:

- During FY21, DC Health and its grantee, the Capital Area Food Bank, maintained active caseload participation at 94.3% (n=5,107). In FY21, CSFP distributed a total of 62,982 food boxes (approximately 1,619,078.24 pounds of food). Participation during the first quarter of FY22 is at 95%.

- In addition, Capital Area Food Bank distributed 4,802 produce boxes to seniors (totaling approximately 28,812lbs of fresh produce).
- During FY21, Capital Area Food Bank partnered with the Hungry Delivery service, to provide home delivery of CSFP boxes to over 500 seniors monthly.
- In order to increase participation in the program, and increase access to healthy foods, between August – November, CSFP partnered with farmers to host farmers markets at CSFP pick-up locations on a monthly basis.

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.

Key accomplishments for FY21 include:

- In consideration of the public emergency, the program season was extended through November 30, 2021, to provide seniors with increased flexibility and more opportunities to utilize their benefits.
- SFMNP received $60,000 in USDA expansion funds to reach more participants increasing the programs food grant from $126,565 to $186,565. USDA expansion funds are awarded to states who can show program success and participant need.
- 5,276 seniors received $50 each in SFMNP benefits to spend at markets. Most markets in the District match SFMNP benefits dollar for dollar. Despite challenges posed by the ongoing pandemic, seniors redeemed 88% of the expanded SFMNP federal food grant.
- DC Health leveraged text messages, automated and direct calls, written communications, and a staffed farmers' market phone-line to communicate program updates to senior participants. SFMNP partnered with SNAP-Ed to create a more robust call team that could answer questions related to accessing farmers markets and utilizing benefits as well as provided nutrition education and information on food resources in the District.

SNAP-Ed

SNAP-Ed aims to improve the likelihood that persons eligible for SNAP will make healthy food and physical activity choices within a limited budget consistent with the current Dietary Guidelines for Americans and Physical Activity Guidelines for Americans. The long-term goal of DC SNAP-Ed is to reduce the burden of diet-related chronic disease such as heart disease, type II diabetes, obesity, and cancer, and improve quality of life for the District's most vulnerable populations. In addition, the DC SNAP-Ed Program aims to improve health equity across the District using data-driven approaches to program development, implementation, monitoring, evaluation.

SNAP-Ed programming aligns with local initiatives including DC Healthy People 2030, Sustainable DC 2.0, Age-Friendly DC, the Mayor's Council on Physical Fitness, Health and Nutrition, and FitDC. 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.

Key accomplishments for FY21 include:

Direct Education
During the previous fiscal year, the DC SNAP-Ed program continued to provide funding support to four local organizations (YMCA, Washington Youth Garden, FRESHFAM, and University of the District of Columbia) as well as two DC Health nutrition educators to implement nutrition education activities in childcare centers, elementary, middle, and high schools, recreation centers, parks, community-based organizations, food pantries, housing sites and senior wellness centers. Due to the COVID-19 pandemic, each partner shifted traditional programming significantly, and developed innovative methods both virtual and in-person to continue providing nutrition education services to residents.

A. Youth Education: The DC SNAP-Ed Program provided nutrition education to 8,486 District residents between the ages of 0-17 years old, with 72% of these participants being less than five years old. This indicates that a major strength of the DC SNAP-Ed program is working with early childhood education centers (ECE) to ensure that even the youngest District residents have a strong foundation of healthy eating.
B. Adult Education: During the previous fiscal year, DC SNAP-Ed provided evidence-based nutrition education series to 1,505 participants between the ages of18-59 years old. DC SNAP-Ed continues to enhance efforts to reach this age demographic, specifically through targeted programming and family interventions.
C. Older Adult (Age 60+) Programming: Throughout FY21, DC SNAP-Ed reached 652 participants ages 60 years and older. Despite the challenges brought on by COVID-19, SNAP-Ed Nutrition Educators remained flexible to reach residents aged 60+ as senior wellness centers returned to hybrid and in-person classes.

Environmental Settings
During FY21, DC SNAP-Ed focused heavily on enhancing policy, systems, and environment interventions in order to make lasting changes in the District that make shopping for, preparing, and eating healthy foods easier for SNAP eligible residents, and to enhance physical activity environments to create and promote spaces to reduce sedentary time. As public health emergency related restrictions were lifted, DC SNAP-Ed used lessons learned during the pandemic to leverage partnerships and build capacity. For example, to enhance the school environment and increase opportunities for safe, outdoor education, FRESHFARM developed two new school gardens which support hands-on, experiential education. In addition, both the University of the District of Columbia and Washington Youth Garden provided training to teachers in ECE's and elementary schools across the District on integrating evidence-based SNAP-Ed nutrition education into existing curriculums.

FY20 and FY21 Program Data

DC SNAP-Ed Participation by Ward*		
Ward	**FY20**	**FY21**
1	1,198	1,854
2	902	0
3	220	526
4	1,546	2,296
5	3,977	1,398
6	494	137
7	3,693	2,881
8	4,799	2,551
Total	**16,829**	**11,536**

***Decrease in overall participation in FY21 likely due to COVID-19 and the inability to conduct direct education in person. Scheduled in-person SNAP-Ed activities were cancelled and rescheduled due to uncertainty of school closures.*

FY20 and FY21 DC SNAP-Ed Participation by Age and Gender						
	Female		**Male**		**Total**	
	FY20	**FY21**	**FY20**	**FY21**	**FY20**	**FY21**
Less than 5 years	4,251	2,892	4,285	3,25	8,536	6,137
5-17 years	1,706	1,127	1,928	1,222	3,634	2,349
18-59 years	1,966	1,304	613	201	2,579	1,505
60 years and older	1,531	1,485	549	160	2,080	1,652
Total	9,454	6,808	7,373	4,828	**16,829**	**11,643**

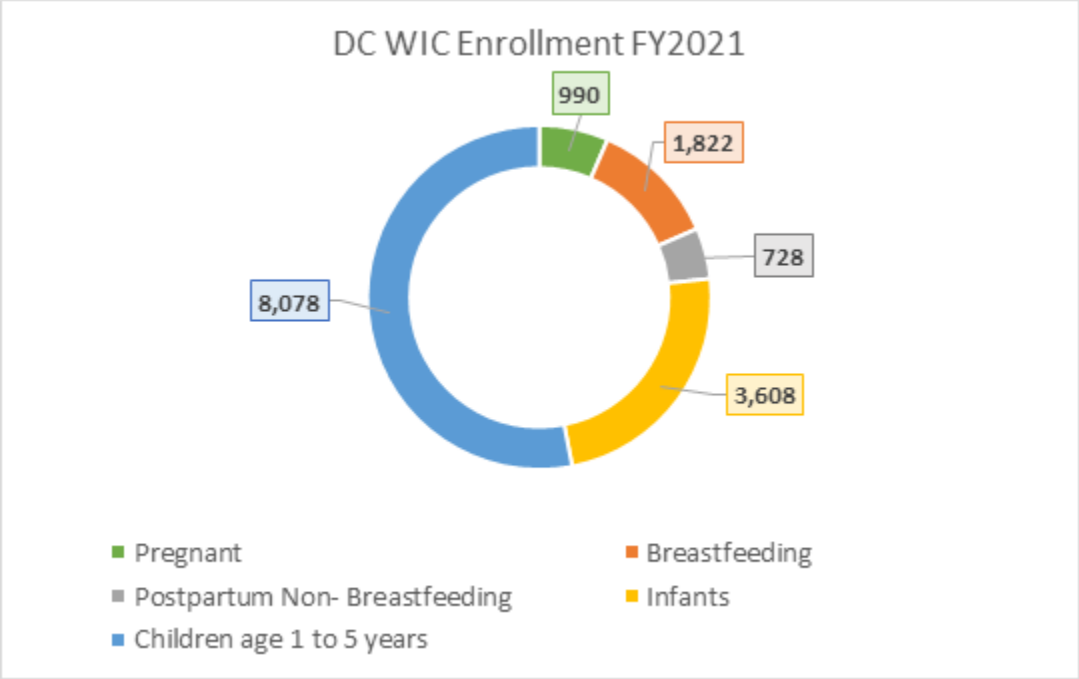
SNAP-Ed Participation by Reported Race and Ethnicity*			
		FY20 SNAP-Ed Participants	**FY21 SNAP-Ed Participants**
Ethnicity	Hispanic/Latino	1,717	1,578
	Non-Hispanic/Latino	14,969	7,226
Race	American Indian or Alaska Native	14	5
	Asian	143	202
	Black or African American	14,529	6,318
	Native Hawaiian or other Pacific Islander	3	0
	White	1,065	1,396

**Numbers differ from totals listed above as some SNAP-Ed participants did not self-report ethnicity and/or race.*

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
WIC serves pregnant and postpartum women, infants, and children up to five years old with low-income (at or below 185% of the Federal Poverty Level) and at nutritional risk.

As the pandemic lingers nationwide, DC WIC continues to leverage federal waivers to safeguard continued food access by temporarily delivering WIC services using telehealth technology and mailing WIC checks to families. This program flexibility has made it easier for families to stay engaged in the WIC program. The waivers also allow DC WIC to test the use of telehealth tools in maintaining client services and reducing barriers to services. Remote services come with some trade-offs such as a possible decrease in warm handoffs from clinical and social service providers to WIC clinics, all of which are co-located in hospitals and health centers. In addition, the reopening of the economy and return to in-person school likely meant a large number of parents were no longer at home and readily available to complete WIC certification appointments for their children during the day. DC WIC is working with its grantees and community partners to reverse this trend.

	WIC Average Monthly Enrollment (# participants)		**Change in Average Monthly Enrollment (# participants)**
	FY20	**FY21**	
Pregnant	1,152	990	-162
Breastfeeding	1,836	1,822	-14
Postpartum Non-Breastfeeding	863	728	-135
Infants	3,836	3,608	-228
Children age 1 to 5 years	7,758	8,078	320
Total	**15,445**	**15,226**	**-219**



Key WIC accomplishments for FY21 include:

1) Partnering 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 clinical settings. Fifty-six authorized grocery stores, corner stores, pharmacies, and a commissary in the District and Maryland accept DC WIC benefits.
2) With additional funds from USDA, DC WIC participants spent $260,000 in additional benefits for fruits and vegetables from July to September 2021. With preliminary close out data, participants received an additional $210,000 from October to December 2021 to spend. These enhanced benefits increased access to nutritious foods during the pandemic by boosting the monthly cash value benefit for fruits and vegetables for children from $9 to $24 and for women from $11 to $36. Benefits can be spent on fresh, frozen, and canned fruits and vegetables at grocery stores, corner stores, and Farmers Markets.
3) Maintaining a comprehensive Disaster Guidance manual with policies and procedures to guide WIC local agency staff in providing remote nutrition education and benefit distribution to WIC participants, as authorized by USDA waivers. DC Health leverages text messages, automated calls, written communications, and a staffed phone-line to communicate program updates to participants.
4) Providing breastfeeding support to families throughout the pandemic. Breastfeeding rates among WIC participants grew from 68.0% in FY20 to 71.5% by the end of FY21. Breastfeeding families are supported through an enhanced WIC food package, peer counselors, licensed lactation consultants, and free access to Pacify, a 24-7 breastfeeding video support app.

5) Utilizing online platforms to maintain participant engagement and peer support for breastfeeding and nutrition education. Online platforms also enable local agencies to easily introduce families to resources such as Healthy Start, Safe Sleep, DC Lift and other community programs remotely.
6) Making significant progress in implementing an Electronic Benefit Transfer (EBT) solution for WIC benefit distribution. DC WIC is on track to roll out statewide EBT in April 2022. More details are provided in question 31.
7) Recruiting new participants and enhancing engagement with current participants by strengthening relationships with community and clinical partners. These efforts include:
    - Providing print and digital WIC outreach materials to District health care facilities with practicing OBGYNs, Family Physicians, Nurse Practitioners and Certified Nurse Midwives;
    - Building partnerships with federally qualified health center Community of Hope, perinatal support non-profit Mamatoto Village, Medicaid managed health plan CareFirst, and six childcare centers including EduCare DC, Apple Tree, Rosemount, Briya, CentroNia and KIPP public charter schools; and
    - Collaborating with DC Health programs such as Safe Sleep, Healthy Start, Help Me Grow, Title V, MIECHV, Joyful Food Markets, and Healthy Corner Store Partnership.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Farmers' Market Nutrition Program
The DC WIC FMNP benefits are offered seasonally to women, infants, and children to increase consumption of fresh unprocessed fruits, vegetables and cut herbs from local farmers.

Key FY21 accomplishments include:

- Extending the program season 30 days through November 30, 2021, to give WIC families more flexibility and opportunities to spend their benefits.
- Providing 12,524 women, infants, and children with $30 in benefits to purchase fresh fruits, vegetables and herbs at 51 farmers at 57 markets in the District and Maryland. Most markets in the District match FMNP benefits dollar for dollar.
- Continuing to distribute WIC FMNP benefits by mail rather than in-person to reduce potential health risks to participants and staff given the ongoing pandemic.
- Increasing benefit utilization, even with COVID-19 challenges, through an innovative home delivery model pilot in FY20 for participants residing in Wards 7 and 8 was expanded to include Ward 5 in collaboration with trusted community partners VeggieCity DC and Dreaming Out Loud.
- Decreasing the time spent at markets by working with interested farmers to update their online ordering platforms to allow participants to exchange their benefits for produce at pick up. For example, Arcadia Mobile Market developed an online ordering web page specific to WIC families. Matching benefits were included in the ordering platform, so participants could receive double the produce they would normally receive when using FMNP checks or WIC Cash-Value Benefits.

- Working one-on-one with other markets to help increase WIC FMNP participation at their markets. Tailored efforts to increase participation at these markets included social media live videos, organizing farmers market tours, and targeted marketing material and text messages for WIC participants that highlighted a specific market in their area.

Locally Funded Healthful Food Access Initiatives

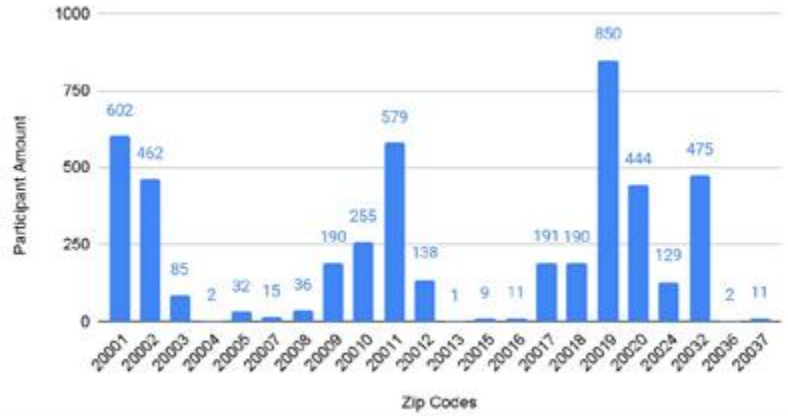
Produce Plus (Grantee: DC Greens) provides vouchers to District residents participating in Medicaid, TANF, SNAP, QMB, WIC, SSI Disability, and/or Grocery Plus to purchase locally grown, fresh produce from farmers' markets in areas with limited access to healthy food.

Key accomplishments for FY21 include:

FY21 Produce Plus Participant Snapshot	
Total Number of Participants Enrolled	4,789
Number of Enrolled to Receive Produce at Markets	3,453
Number Enrolled to Receive Produce at Community Sites	1,128
Number Enrolled to Receive Produce by Delivery	221
Average Number of Pick-Ups Per Participants	7.57 (Monetary Value $151.40).

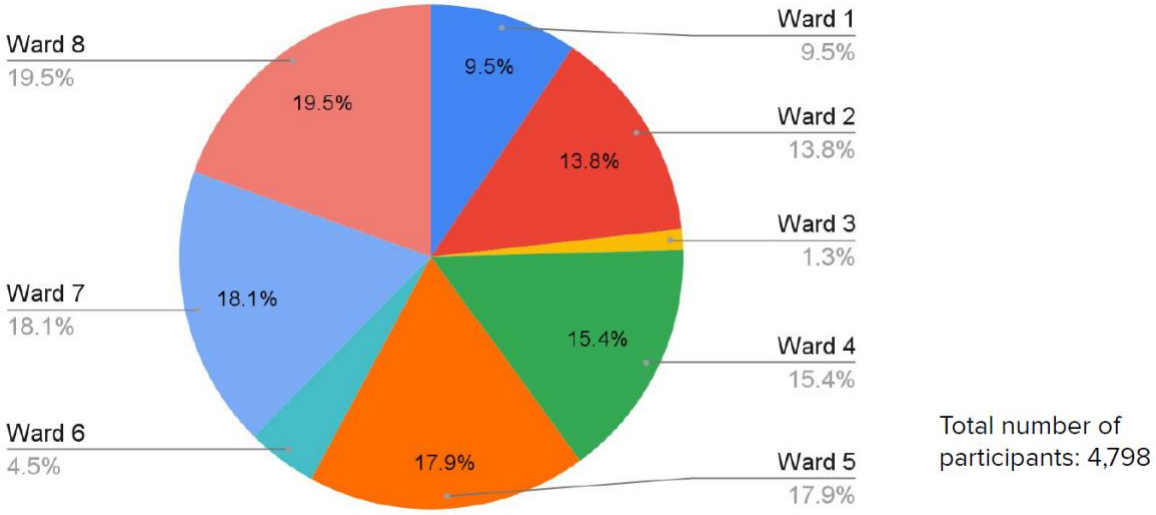
- Historically from 2016-2019, participants picked up two $10 checks per week at participating farmers markets from June 1 to September 30 to spend at markets. In 2020, the program pivoted to the "Produce Plus Direct" program, due to safety concerns from the public health emergency which carried over into FY21.
- Matching eligible residents to specific farmer's markets where they picked-up a pre-packaged box of produce or selected their own produce up to $20.00. Residents in the program were able to visit the program 10 times throughout the market season (June 1 – September 30).
- Partnering with the Department of Aging and Community Living (DACL) to support eligible seniors to register for the Produce Plus Program. The new partnership allowed for easy, no contact enrollment for seniors who were not part of the program in previous years, as well as those who were unable to register on the Produce Plus Direct website. Enrollment for delivery was available for seniors who had a demonstrated need due to accessibility or other issues. In total, 337 seniors were enrolled by a lead agency of DACL, and of those 221 were enrolled for delivery.

1. **Number of Participants by Zip Code of Residence**

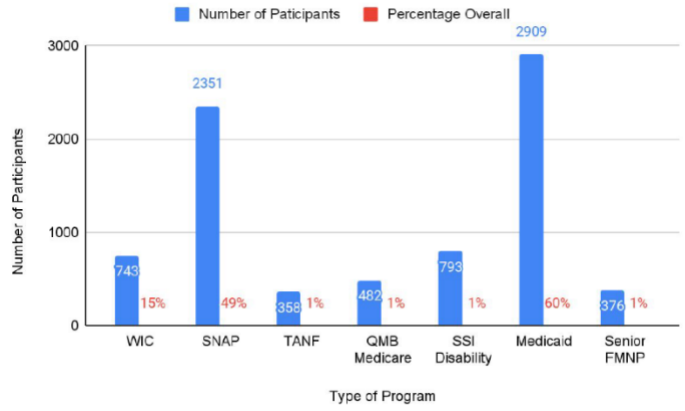


**Total represents less than full amount of participants due to missing zip codes that were not reported during enrollment*

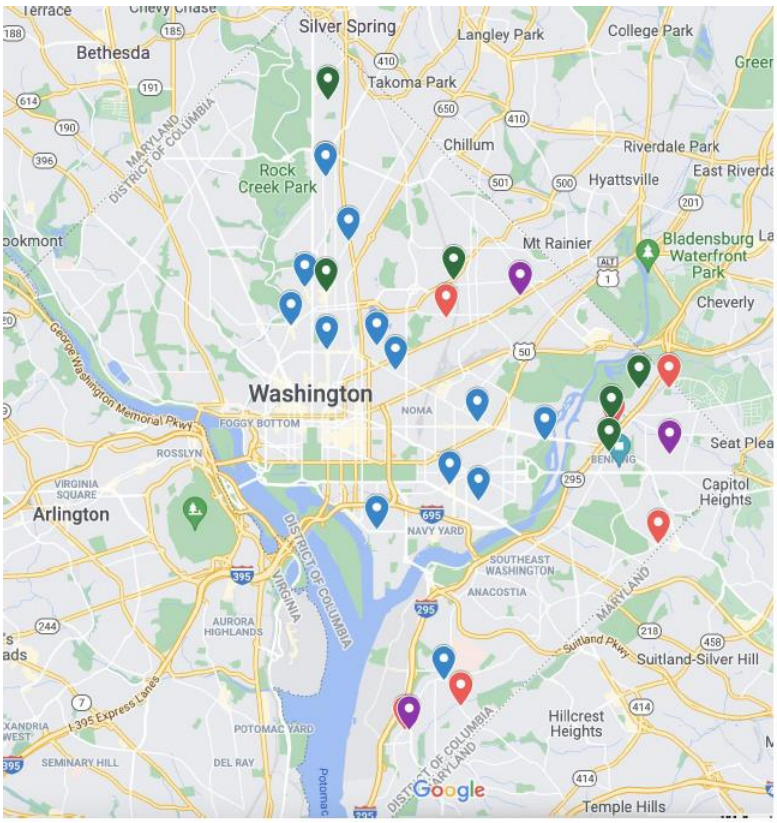
2. **Number of Participants by Ward of Residence**



3. **Number of Participants by Qualifying Program**



4. **FY21 Farmer's Markets Participating in Produce Plus Direct**



Sites

(29 participating farmers markets)

- Adams Morgan Farmers Market
- Columbia Heights Farmers Market
- Mount Pleasant Farmers Market
- 14th & U Farmers Market
- Common Good City Farm
- Brookland Farmers Market
- Ward 8 Farmers Market
- Parks @ Walter Reed
- Eastern Market
- Petworth Community Market
- Uptown Farmers Market
- Fort Dupont Mobile Market
- Bellevue Mobile Market
- Bloomingdale Farmers Market
- Monroe Street Market
- H Street Farmers Market
- SW Farmers Market
- Kelly Miller Middle School
- RFK Stadium
- Chavez Market
- Kenilworth Recreation Center
- Deanwood Recreation Center
- Edgewood Mobile Market
- Mayfair Mobile Market
- Watkins Elementary School Farmstand
- Oxon Run Mobile Market
- Minnesota Ave Farmers Market
- Good Food Markets @ South Capitol St
- Good Food Markets @ Rhode Island Ave

5. **FY21 Community Pick-Up Site Distribution**

Ward 1
Vendedores Unidos
Wangari Gardens
Samuel Kelsey
Vida Senior Center
Howard University Garden/ Garfield Terrace

Ward 2
Wah Luck House

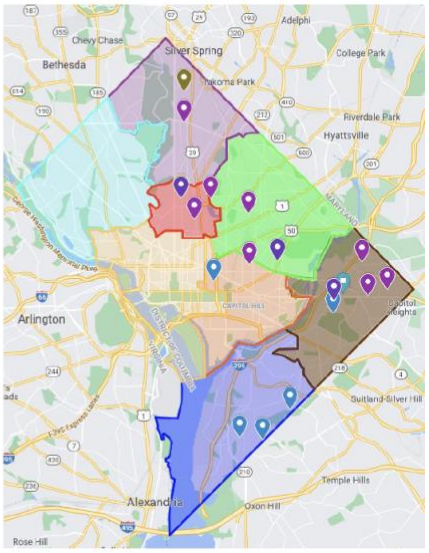
Ward 4
Vida Senior Center Brightwood
Ward 4 Mutual Aid
Abrams Hall

Ward 5
Community United Methodist Church*
Pantry Plus (at Edgewood Apartments)
Empower DC

Ward 6
Ruth Chapter 8

Ward 7
DC Fridge Collective
IDEA Public Charter School
Triangle View Apartments
Washington Nationals Youth Baseball Academy
Carver Senior Mansion Apartments

Ward 8
Far Southeast Family Strengthening Collaborative
DYRS- MLK Achievement Center
The Well
CRISP Market at THEARC
1200 Mississippi Ave SE

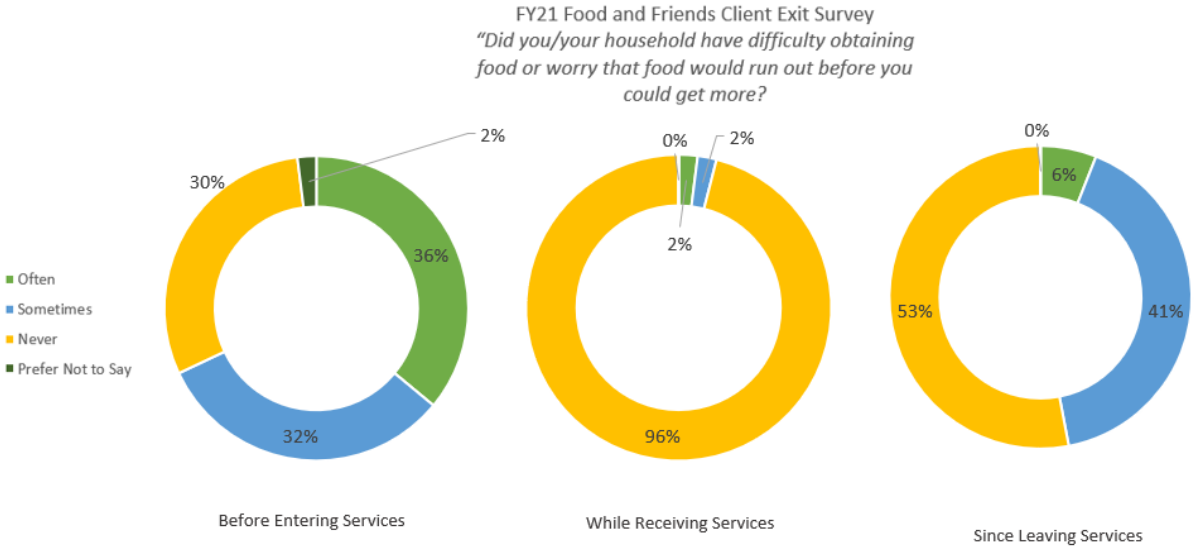


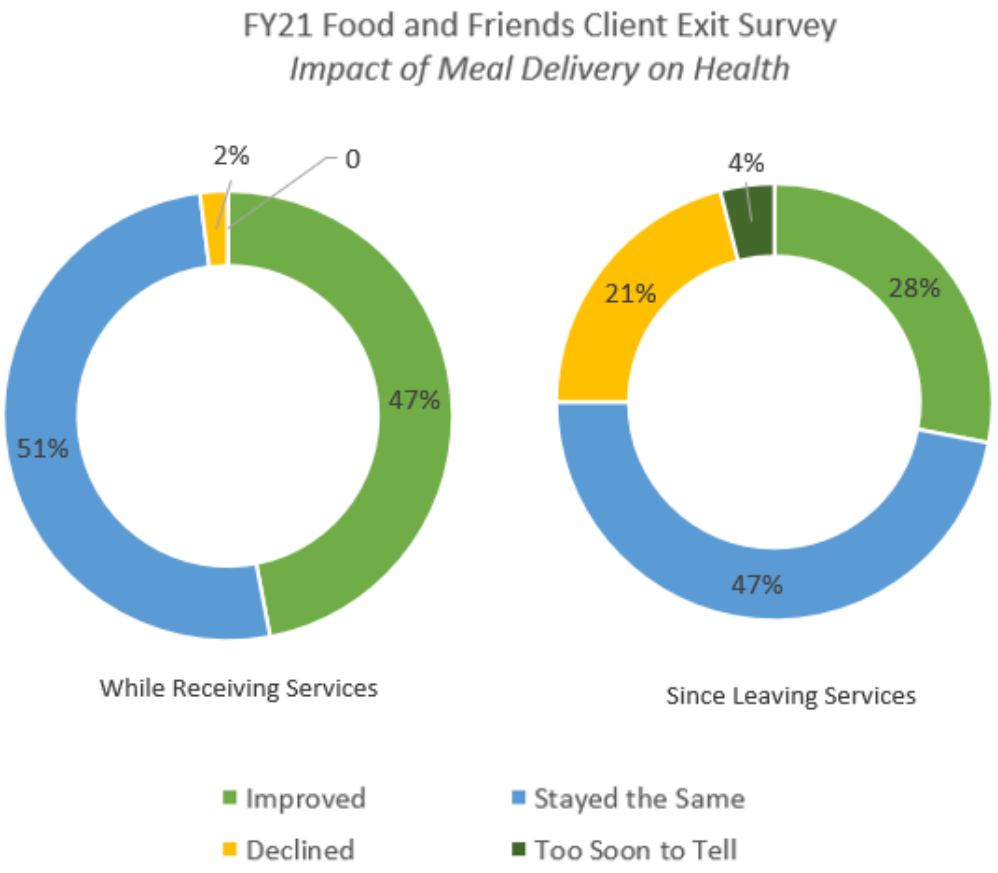
Medically Tailored Home Delivered Meals (Grantee: Food and Friends) provide meals, groceries, medical nutrition therapy, and referrals to primary care and social support services to residents living with chronic illnesses, including cancer, end stage renal disease, diabetes, and cardiovascular disease.

Home Delivered Meals		
	FY20	**FY21**
Participants	282	303
Caregivers	99	86
Total	381	389
Meals Serviced	135,824	140,459

Key accomplishments for Food and Friends in FY21 include:

- Delivering 140,569 CHA-funded medically tailored meals to 381 residents, family members, and caregivers. All participants were offered tailored medical nutrition therapy and support applying for SNAP and other federal assistance programs.
- Implementing two operational adjustments as a result of COVID-19: (1) no contact delivery and (2) one-week supply of meals which differed from traditional three times per week schedule.
- Improving data collection and evaluation to better identify and engage residents most in need and assess program impact on improving nutritional status and quality of life for chronically ill residents and their caregivers.





Joyful Food Markets (Grantee: Martha's Table in partnership with Capital Area Food Bank) are pop-up monthly markets held in 53 elementary schools in Wards 7 and 8 in D.C. Families are invited to shop at no cost for a variety of produce items and pantry staples. Designed like farmers markets, Joyful Food Markets give children and their families the opportunity to select from a variety of food items and sample a dish made with fresh, market ingredients. Kids can also make their own fruit or vegetable snack at the Joyful Junior Chef Table. Every child at a Joyful Food Market receives a 15-pound bag of groceries, of which 70 percent is fresh produce, ensuring their families can make nutritious meals at home.

Key accomplishments for FY21 include:

- From October 2020 to March 2021: 7,020 students and their family members participated in 249 Joyful Food Markets.
- Partnering with DCPS to continue providing weekly grab and go grocery distribution at sites in Wards 7 and 8. By the end of the school year, Joyful Food Markets reached an additional 23 school partner sites with at least one market.
- Partnering with DC WIC to develop a referral process to enroll eligible families participating in Joyful Food Markets into WIC.

FY21 Joyful Food Markets	
Number of grocery bags distributed	30,209
Number of markets	249
Pounds of food distributed*	365,390
Number of meals distributed **	304,491
Number of Students Reached	15,336

*Calculation: # of grocery bags x lbs. per bag of food/number of bags = pounds of food distributed
**Calculation: lbs. of food/1.2 = meals distributed

Healthy Corners Stores Partnership (HCSP), (Grantee: DC Central Kitchen (DCCK) aims to expand access to healthful foods and wellness education by working together with small footprint 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. DCCK provides retailers, primarily in Wards 5, 7, and 8, with technical assistance, marketing materials, and refrigeration equipment. In FY21 there were 67 Healthy Corners Stores total.

Key accomplishments for FY21 include:

- Strengthening corner store partnerships while implementing no-touch deliveries and maintaining reductions in prices of fresh fruits and vegetables.
- Authorizing nine corner stores to accept DC WIC benefits, making it easier for WIC families to purchase healthy foods.
- Administering a "5 for 5" matching program, utilizing federal funding to incentive SNAP customers to spend their benefits on fruits and vegetables.
    - DCCK's "5 for 5" program is the first dedicated corner store incentive project in the nation, operating in 20 Healthy Corner stores by providing a dollar-for-dollar match of SNAP dollars spent for use in purchasing produce.
    - In addition to supporting SNAP participants directly, the increase in produce sales creates healthy environmental change and helps ensure healthful food access for all neighborhood customers in the form of a well-stocked produce section at corner stores.
    - Recent findings from the USDA indicate SNAP matching programs promote changes in customers' diets and provide economic benefits to host communities. DCCK collaborated with American University to evaluate resident perceptions of the "5 for 5" program and found 33% eat more or a lot more fruits and vegetables as a result of participating in the program.

Healthy Corner Stores Sales		
	FY20	**FY21**
Number of Participating Healthy Corner Stores	51	67
Units of Healthy Food Delivered to Stores	341,845	241,795
Total Sales of Healthy Food ($)	$210,248	$208,253

Q30: Please provide an updated list of all certified providers of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) broken down by ward.

Response:

There are currently 13 WIC sites covering Wards 1, 4, 5, 7 and 8. DC WIC is the only program in the Mid-Atlantic region that exclusively hires registered dietitians to provide nutrition services. To show their continued support for military families who are WIC eligible, Howard University Hospital WIC (HUHWIC) continues to operate a WIC site on the Joint Base Anacostia-Bolling Air Force Base (JBAB). Please see below a list of certified providers:

WARD - 1	
Children's National Health System 111 Michigan Ave., NW 20010 Phone: 202-476-5594 Mon - Fri 8:30am - 4:30pm	**Unity Health Care at Upper Cardozo** 3020 14th St., NW 20009 Phone: 202-938-3688 Mon – Fri 8:30am - 5:00pm
Howard University Hospital 2041 Georgia Ave., NW 20060 rm.1 K03 Phone: 202-865-4942 Mon - Fri 9:00am - 4:30pm	**Mary's Center at Ontario Road** 2333 Ontario Road, NW 20009 Phone: 202-232-6679 Mon - Fri. 8:30am – 5:00pm
WARD – 4	
Mary's Center at Georgia Avenue 3912 Georgia Ave., NW 20060 Phone: 202-545-8042 Mon - Fri 8:30am -5:00pm	
WARD – 5	
Mary's Center at Brentwood 1060 Brentwood Road, NE 20018 Phone: 202-269-0487 or 202-232-6679 Tues & Thurs 8:30am - 5:00pm	**Mary's Center at Fort Totten** 100 Gallatin Street, NE 20018 Phone: 202-232-6679 or 6721 Mon, Thurs, Fri 8:30am - 5:00pm
WARD – 7	
Unity Health Care at East of the River 4414 Benning Road N.E. 20019 Phone: 202-938-3688 Mon – Fri 8:15am – 4:45pm	**Unity Heath Care at Parkside Health Center** 765 Kenilworth Terrace, NE 20019 Phone: 202-938-3688 Mon – Fri 8:15am - 4:45pm
WARD – 8	

Unity Health Care at Anacostia 1500 Galen Street, SE 20020 Phone: 202-938-3688 Mon – Fri 8:15am – 4:45pm	**Children's National Health System at the Big Chair** 2101 MLK Jr., Ave., SE 20020 Phone: 202-476-6994 Mon 8:00am – 7:00pm Tues & Fri 8:00am – 4:30pm
Howard University Hospital at Joint Base Anacostia Bolling BAFB 13 Brookley Ave., SE 20032 Phone: 202-627-7851 or 202-865-4942 Tues - Thurs 9:00am – 3:00pm	**Children's National Health System at THE ARC** 1901 Mississippi Avenue, SE 20020 Phone: 202-436-3062 8:00am - 4:30pm Fridays only

Q31: Please provide an update regarding the transition to EBT for WIC benefits for FY22 to date.

Response:

DC Health has made significant progress regarding implementation of a new statewide Management Information System (MIS) and transitioning from paper checks to EBT benefits. DC WIC is on schedule to roll out EBT statewide by the end of April 2022. The following key milestones have been achieved:

1) Finalized contracting agreements with the new Management Information System vendor (April 2021) and EBT vendor (August 2021);
2) Initiated an eight-month training plan with WIC clinic staff (August 2021);
3) Completed data mapping and migration of DC WIC data from old MIS to new MIS (December 2021);
4) Completed enrollment process for all authorized DC WIC retail stores transitioning to EBT (Jan 2022); and
5) Submitted and received approval from USDA for a series of project plans including Project Management, Communications, Risk and Issue Management, Clinic Management, Training Plan, Quality Management, MIS Test Plan, MIS Change Management, Security Plan, Disaster Recovery, User Acceptance Testing (Jan 2022).

Key remaining milestones:

- MIS/EBT User Acceptance Testing (January to March 2022),
- MIS/EBT pilot begins (March 2022), and
- MIS/EBT District-wide rollout (April 2022).

Q32: The WIC Expansion Act authorized data agreements to help families know they are eligible for WIC, and last year this part of the Act was funded. What actions has DC Health taken in FY22 to date to use enrollment data from other programs serving families with children (e.g. SNAP, the child care subsidy program, TANF) to increase the rate at which eligible families are enrolled in WIC?

Response:

DC Health continues work initiated in FY2021 with the Department of Health Care Finance (DHCF) and Department of Human Services (DHS) to draft and execute a data sharing agreement to facilitate regular exchange of data from DCHF to DC Health regarding WIC-eligible Medicaid, SNAP, and TANF beneficiaries. In October, November, and December 2021 meetings were held to discuss legal considerations, data elements, and intended use of data. DHCF and DC Health are finalizing terms of the agreement including mode of data transfer, data confidentiality and security, and financial costs of data-sharing, aiming for execution by May 30, 2022.

Q33: What kind of support is being extended to local store owners in FY22 to date to ensure they are able to stock shelves with WIC approved items per the WIC Expansion ACT?

Response:

In FY21, in order to support local store owners and meet criteria outlined in the WIC Expansion Act regarding small stores, DC WIC revised the store selection criteria and updated DC WIC's Vendor Peer Group structure to create a path to authorization for small stores. The new Peer Group structure integrates realistic requirements for small stores, such as reducing the minimum annual WIC sales requirement to $5,000 as well as the minimum stocking requirements of WIC foods. The revised minimum stocking requirements are considerably lower than those required for medium and large stores.

DC WIC is taking the following steps to provide ongoing support to small store owners in FY22:

- **Working closely with DC Central Kitchen (DCCK)** to provide technical assistance and support to eight of their Healthy Corners Program stores that are DC WIC-approved vendors. If a store is having a difficult time finding a supplier for a WIC approved food, DCCK helps the store identify alternate suppliers to secure the product. DCCK also communicates product shortages in their DC WIC-approved corner stores to DC WIC.
- **Utilizing store owner feedback** to adjust the minimum stocking requirements. At the start of FY22, DC WIC adjusted the minimum stocking requirements again for small stores based on owner feedback indicating poor sales. DC WIC removed the requirements to carry items that are specially prescribed to participants such as tofu, powdered and UHT milk, evaporated milk, whole oats, and 16 oz frozen juice. Small stores no longer must carry these products at all times but can order on an as needed basis.
- **Expanding the DC WIC approved Food List.** At the start of FY22, DC WIC included more food options that are already on the shelves in the grocery stores. The expanded food list not only enhances participant choice but helps vendors meet the stocking requirements set by DC WIC as they have more options of food items to sell in their store.
- **Transitioning WIC benefits from paper checks to an electronic benefits transfer card (EBT).** This transition provides far more flexibility to participants and store owners. For example, if a store owner is waiting on a specific product to arrive, the participant will now be able to purchase other DC WIC-approved items with their monthly benefits and come back to the store once the specific product is available. Paper checks do not allow for that kind of flexibility and require participants to purchase all food items listed on the check in one transaction.

Q34: Are there any plans to provide additional funding to support WIC Fruit and Vegetable Bonus Checks beyond December 31, 2021?

Response:

Yes. On December 3, 2021, President Biden signed the Further Extending Government Funding Act of 2022 (PL 117-70) into law. Section 101 of this Continuing Resolution (CR) amends Section 118 of the Extending Government Funding and Delivering Emergency Assistance Act of 2022 (PL 117-43) and directs USDA to extend through the second quarter of FY22 the temporary increase in the WIC Cash-Value Voucher/Benefit (CVV/B) for fruit and vegetable purchases. Considerable advocacy continues nationwide to encourage Congress to make the temporary increase permanent.

Q35: Regarding the WIC Expansion Act, can DC Health please share specific outreach plans to increase the number of small stores (especially in Ward 7 & 8) along with any barriers (legislative, administrative or operational) anticipated for the coming year?

Response:

In FY21, DC WIC onboarded eight small stores and developed a multiyear strategic plan to reach more small stores, with DC Central Kitchen (DCCK) as a centerpiece. Leveraging DCCK and its existing relationships with small corner stores has been instrumental in onboarding small stores to the DC WIC Program and increasing food access in neighborhoods that have lacked sufficient retail food store options.

New Small Stores Authorized by DC WIC in FY21	
Store Name	*Ward*
Newton Market	5
Circle 7	5
A-1 Grocery	7
Stanton Supermarket	8
Holiday Market	8
Elmira Market	8
Chesapeake Big Market	8
Fort Drum Market	8

In FY21, DC WIC also onboarded New Hampshire Medical, an independent pharmacy in Ward 4 and a medium size independent grocery store in Maryland's Prince George's County.

In addition to strengthening the program's partnership with DCCK to help increase the number of small stores, DC WIC's FY22 outreach efforts include the following:

- Focusing on high-need neighborhoods by employing a data-driven approach informed by Geographic Information System (GIS) mapping of participant concentrations and low food access areas. Increased use of data not only helps to pinpoint high-need areas, but to identify the small vendors that can best reach DC WIC participants.
- Convening bi-annual DC WIC Vendor Advisory Group meetings. The DC WIC Vendor Advisory Group serves as a communication forum between WIC authorized retail stores, professional trade organizations, food distributors, local nonprofit organizations, the DC Food Policy Council, WIC local agencies, and the DC WIC State agency. This Group serves an integral role providing feedback and input as DC WIC works to increase WIC vendor participation among small stores and transition to eWIC.
- Identifying and addressing small store challenges by hosting virtual meetings with small store owners to gather feedback on DC WIC and develop action items that address these challenges. As more small stores join the Program, these gatherings will also help create a support network for small stores in the District.

- Providing technical assistance to small stores using a multipronged approach to identify a vendor's TA needs, including: (1) feedback from store owners; (2) review of monthly vendor reports that outline check errors, product prices and WIC benefit redemption data; (3) conducting site visits; (4) providing trainings; and (5) addressing WIC participant feedback. Ensuring the small stores that joined in FY21 are supported and successful will entice other small stores to join the program in Wards 7 and 8.
- Working with District Agency working groups and District-run councils. In FY21, DC WIC worked with the Executive Office of the Mayor (EOM) and the Office of Planning (OP) to implement a District requirement that grocery stores that receive DC tax credits and are eligible to apply, must also apply to accept DC WIC benefits. Through this partnership, DC WIC will be notified of new small stores opening throughout the District.

Operationally, DC WIC will pause onboarding of new stores from October 1, 2021 through May 31, 2022 to ensure a smooth transition from paper food instruments to EBT cards. In June 2022, DC WIC's normal onboarding process will resume for retail food stores. Throughout FY22, DCCK will continue assisting interested small stores in working on application paperwork to be ready for application in June 2022.

Q36: Please provide an update on the D.C. Healthy Start Program and the target and actual numbers served per Ward in FY20, FY21 and FY22 to date.

a. The amount of money the Department of Health received from the federal government for the MIECHV program in FY21 and how much it will receive in FY22.

b. Findings from implementation of MIECHV in FY21.

Response:

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.

Federal funding and findings of MIECHV are addressed in the response to Question 37.

The DC Healthy Start Program (DCHS) is funded by the HRSA Maternal and Child Health Bureau, Division of Healthy Start and Perinatal Services under the Funding Opportunity Announcement for the Healthy Start Initiative. The program's 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 by improving women's health, improving family health and wellness, promoting systems change and assuring impact and effectiveness. 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 and care coordination through DCHS. Additionally, to work toward more equitable birth outcomes and target women who are at high risk for adverse perinatal outcomes, DCHS increases social supports in the perinatal period using group prenatal care and community-based doula models.

In FY19, DC Health was awarded the new Healthy Start grant in March 2019 for a funding opportunity between 2019-2024. In FY19, DC Health conducted a competitive award process to sub-grant two CBOs to implement Healthy Start services for the project period starting in FY20: Mary's Center (MC) and Community of Hope (COH).

FY21 Implementation
In FY21, MC and COH 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 provided overall grant oversight, technical assistance, and capacity-

building. Families enrolled in Healthy Start work 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.

Due to the impact of COVID-19, the DCHS program adjusted its engagement and recruitment approaches. In place of traditional in-person outreach to promote the program, the program has utilized social media and marketing. In FY21, COH and MC designed and implemented multi-channel Healthy Start promotional campaigns to recruit residents of targeted DCHS Wards 5, 7, and 8. The campaigns included paid advertising on the radio, advertisements on social media, such as Facebook and Instagram, and ads and advertorials placed in print and digital blogs such as Congress Heights on the Rise, a local blog focused on Wards 7 and 8. Additionally, ads were placed on bus shelters in targeted Wards. The program also implemented geofencing digital marketing that advertised the Healthy Start program to mobile users who met specific age and location criteria. In addition to social media and marketing, the program has utilized internal and external referrals to increase enrollment. In tandem with internal referrals the DCHS program receives within the medical homes, the program has also relied on external referring partners who send contact information of those engaged with other services and have made strides in establishing new community partnerships. This has entailed presentations at events, distribution of brochures to clients, and sharing of program details. The DCHS Program will continue to use innovative strategies including traditional outreach, referral partnerships and marketing and social media campaigns to promote the DCHS Program.

MC and COH are working to increase knowledge and acceptability of the COVID vaccine among Healthy Start participants and other pregnant individuals they serve. COVID vaccine boosters have been currently recommended for pregnant participants and the CHWs are communicating this recommendation to their participants. In early 2021, Mary's Center created a new COVID Response Team department in its operations division/department. This team is a clinical team comprised of medical assistants and nurses who deliver the majority of their COVID services including tests and vaccines. They are set up to operate in the community with mobile units and tents, and are the main outreach and resource for their COVID response activities. DCHS staff are informing their participants of their vaccine events and resources. They are also sharing the city's COVID vaccine sites that are available and hosted throughout the city, and post different locations every week where one can get a booster, or any of the COVID vaccines for their family members. Additionally, they share the DC governmental website on COVID vaccine sites with participants so they can make their own appointments. COH also offers walkup COVID-19 testing for four hours every weekday between two centers.

On September 7, 2021, DC Healthy Start was awarded HRSA Healthy Start Supplement: Community-Based Doulas funding, to increase availability of doula services available within DCHS. Prior to the award, doula services were only supported by DCHS at the COH DCHS

location, which employs two doulas who provide support services to Healthy Start mothers. The additional doula supplemental funding will expand the availability of doula services for DCHS birthing participants at the MC DCHS location. The supplemental funding will be used by MC DCHS to expand their current partnership with Graceful Fusion, a volunteer doula training organization, to include DONA training and certification for at least six new contracted doulas to provide birthing doula services to 72 Healthy Start mothers. Doulas will provide personalized prenatal, birth and postnatal support in addition to the Community Health Worker model currently being implemented. The program looks forward to increasing social support to mothers through increased availability of doula services through this additional funding.

Evaluation
The Georgetown University Center for Child and Human Development (GUCCHD) serves as the external evaluator for DC Healthy Start (DCHS) program. GUCCHD employs a community-based participatory approach to continuously engage with DC Health and the local implementing agencies - Community of Hope and Mary's Center - in all aspects of the evaluation activities. The focus of the external evaluation will be on two aspects of the DCHS program: the implementation and impact of providing doula services for Healthy Start participants at both local sites; and the implementation of Centering Pregnancy for Healthy Start participants at the Mary's Center. In the first quarter of FY22, GUCCHD received feedback from both DCHS sub-grantees on the group prenatal care and community-based doula evaluation plans to then be incorporated into the evaluation plans as GUCCHD prepares for IRB application submission in February 2022.

Target Population and Program Participation
DCHS's target population includes pregnant and postpartum mothers and their infants up to 18 months old, women in pre-conceptual and inter-conceptual periods who are at high risk for poor perinatal and postnatal outcomes, and fathers/male partners affiliated with the women/infants/children participating in services. Given the disparate perinatal health outcomes by ward, participants must reside in Wards 5, 7, or 8. HRSA has set a goal for DCHS to serve a total of 700 participants per year of which 300 are prenatal women, 300 are infants/children up to 18 months old, preconception women and interconception women combined, and 100 are fathers/male partners affiliated with the women/infants/children participating in services.

In FY20, DCHS served a total of 192 participants comprised of: 77 pregnant women; 87 infants (0-11 months); 0 children (12-18 months), 16 women in either preconception, postpartum or interconception stages and 12 fathers/male partners. Approximately 85.4% of participants were African American. Out of the number of participants served, 75 resided in Ward 5, 52 resided in Ward 7 and 63 resided in Ward 8 (Table 1). Note, due to limitations of the current HS database we are unable to longitudinally track changes in ward level data when an address changes to an ineligible ward. The unidentified wards were originally in Ward 5, 7, or 8 but have since moved. In FY22, the data analyst will work with database developers to ensure ward level data is appropriately tracked.

In FY21 and FY22 to date DCHS has served a total of 513 participants comprised of: 194 pregnant women; 222 infants (0-11 months); 5 children (12-18 months), 67 women in either preconception, postpartum or interconception stages and 20 fathers/male partners. Approximately 82.3 % of participants were African American. Out of the number of participants served, 194 resided in Ward 5, 144 resided in Ward 7 and 161 resided in Ward 8 (Table 2). The participants in unidentified wards were originally in Ward 5, 7, or 8 but they have since moved. In FY22, the data analyst will work with database developers to ensure ward level data is appropriately tracked.

Table 1: FY20 DC Healthy Start Participants by Ward

	Ward 5	Ward 7	Ward 8	Unidentified Ward	Total
Pregnant Women	28	22	27	0	77
Infants (0-11 months)	35	22	29	1	87
Children (12-18 months)	0	0	0	0	0
Non-Pregnant Women	6	6	3	1	16
Fathers	6	2	4	0	12
TOTAL	75	52	63	2	192

Table 2: FY21 and FY22 to date DC Healthy Start Participants by Ward

	Ward 5	Ward 7	Ward 8	Unidentified Ward	Total
Pregnant Women	79	52	62	6	199
Infants (0-11 months)	83	65	69	5	222
Children (12-18 months)	3	1	1	0	5
Non-Pregnant Women	22	21	21	3	67
Fathers	7	5	8	0	20
TOTAL	194	144	161	14	513

There are several factors that resulted in the program not reaching its participant goal. Due to a delay in funding, the DCHS program was not operational during the first quarter of FY20. The program's sub-grantees were awarded funding on January 1, 2020 and focused on program start-up during the second quarter of FY20. The program began enrolling participants in the third quarter. Additionally, the COVID-19 pandemic made recruitment of participants challenging. In FY21, DCHS participant enrollment was impacted by vacancies of key positions at both our sub-

grantee sites. Both sites presented an action plan for how all participants will continue to receive services during the vacancies. In FY22, both sites have filled the key positions and have begun recruiting efforts. We look forward to meeting the 700-participant requirement for the next reporting period.

Program Elements and Educational Content
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. Upon enrollment, all Healthy Start participants are screened for health insurance and those without insurance are linked to Enrollment Assisters to complete health insurance enrollment. In FY21, 87% of HS program participants were enrolled in a health insurance plan. 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 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 FY21, approximately 98% of women program participants have reported that they have a reproductive life plan in place.

DCHS also employs a Clinical Provider at each site to expand the capacity to provide direct access to well woman care and maternity care services to reduce barriers and help address health disparities among high-risked and underserved women. These Clinical Providers also provide training to DCHS community health worker staff on perinatal health information, including maternal early warning signs.

Mary's Center and Community of Hope integrate additional strategies to increase social support for Healthy Start prenatal participants. In partnership with Centering programming at Mary's Center, Healthy Start implemented online education sessions entitled "Learn and Share" in FY20. These virtual forums are open to Healthy Start participants as well as other Mary's Center participants to come together for health education sessions based on Centering Pregnancy curricula (an evidence-based group prenatal care program) in a bi-weekly forum. DC Healthy Start staff have facilitated groups in participant-led conversation, experiences, support and health education on topics of interest to the population. Topics have included: nutrition during pregnancy, breastfeeding, pain management, fetal development and importance of having full term pregnancy, postpartum and maternal warning signs among others. In the fourth quarter of FY21, Mary's Center began implementing a virtual Centering program available to DCHS participants. Recruitment for Centering virtual events includes advertising on social media, flyers to current medical patients, and messages/emails and discussions with current Healthy Start participants encouraging participation and facilitating registration. MC provides announcements about the events to Healthy Start participants via text message, email, and by phone for participants who are pregnant. In addition to inviting Healthy Start participants, these events have also served as an opportunity for recruitment for Healthy Start enrollment.

In FY22, the most significant development in Centering Pregnancy was training two DCHS community health workers (CHW) to facilitate. CHWs participation in the Centering delivery of services will greatly increase access, knowledge, and awareness about this model of care and will encourage their discussions and promotion of this service among our Healthy Start participants. Having a familiar face in the groups may also entice participation among some participants considering the model. DCHS prenatal participants at Community of Hope are also encouraged to participate in the evidence-based group prenatal program Centering Pregnancy. To provide additional support to pregnant women, Community of Hope provides doula services to high-risk prenatal participants, which will continue though 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. In addition to doula services being provided at COH, the additional doula supplemental funding recently awarded by HRSA will expand the availability of doula services for DCHS birthing participants at the MC DCHS location in FY22.

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 FY21, DCHS continues to emphasize engaging fathers to support the objective of improving family health and wellness. Upon enrollment, DCHS Sub-Grantee staff complete a fatherhood services and referral log for each enrolled father/partner to track internal and external referral services provided. Referral services available to participants that may benefit fathers and partners equally include Integrated Behavioral Health therapy, Mental Health services, local community events including job fairs, employment trainings, and referral to DC Home Visiting services with a family focus (including Parents as Teachers and Healthy Families), health insurance enrollment assistors and medical care. The most consistent referral provided to Healthy Start fathers and male partners is to a partner program called Father Child Attachment (FCA) at Mary's Center. The Father Child Attachment program goals are to enhance the bond and attachment between fathers and their children ages 0-5 years old in order to prevent abuse or neglect. Through program participation, fathers increase parenting skills, acquire and augment knowledge of child development, become self-sufficient and financially responsible, and build healthy relationships with their children. This relationship has positive effects on the child as there are links between a child's health and the relationship he or she has with a parent. Healthy Start Father/Partners are also encouraged to participate in virtual prenatal appointments, including virtual Centering Pregnancy group care sessions. In addition, DCHS doulas work proactively to keep partners involved throughout the participant's pregnancy. They make sure to schedule doula visits when both the partner and birther are available and encourage partner involvement during the visits. In FY21, DCHS partnered with Mary's Center's FCA program to plan implementation of the 24/7 Dad curriculum. The 24/7 Dad curriculum is an evidence-based fatherhood program developed by the National Fatherhood Initiative that is used by thousands of organizations across the nation to improve the knowledge, behavior, and skills of dads of all races, religions, and demographics. Through program participation, fathers increase parenting skills, acquire and augment knowledge of child development, become self-sufficient and

financially responsible, and build healthy relationships with their children. 24/7 Dad implementation began in FY22. The DCHS program looks forward to continuing to engage fathers into the DC Healthy Start program to support father/partner involvement before, during and after pregnancy.

Q37: Please describe DC Health funding for home visiting in FY 21 and FY 22 and include the following:

a) The amount of local funding for home visiting for each year (by source, including transfers from other agencies). If local home visiting dollars were spent on programs that were not home visiting in FY 2021, please provide a justification for this use of funding;
b) The amount of federal funding for each year (by individual federal source);
c) How local home visiting dollars were spent in FY 2021 and FY22 to date;
d) How federal home visiting dollars were spent in FY 2021 and FY22 to date.

Response:

Local funding for home visiting is allocated to DC Health through two provisions:

1. Home Visiting Program as specified by Title I, Section 107 of the Birth-to-Three for all DC Act of 2018.
2. Local Funding for Home Visitation programs

All allocated home visiting funds were directed to home visiting programs for FY21.

Local Home Visiting Funding Allocation
FY21 Local District Home Visiting Funding: $2,310,566.00: ($1,600,000.00 local home visiting and additional $710,000 from Birth to Three)
FY22 Local District Home Visiting Funding: $1,710,566.00 ($1,000,000.00 local home visiting and an additional $710,566.00 from Birth to Three)

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 80 families; and the Parents as Teachers (PAT) model, designed to serve 90 families. The programs focus their efforts in Wards 1, 2, 4, 5, 6, 7, and 8. DC Health has one MIECHV formula grant in use ($1,678,267.00) and, one MIECHV formula grant which will be spent starting FY22 ($1,617,773.00). In FY21, there is $737,637.56 (Local & CFSA) in local funds allocated for the Home Visiting Program. These funds are used to support the Mary's Center HFA model in the amount of $538,711 and the Mary's Center PAT model in the amount of $97,974.90. Mary's Center uses both local and federal funding to serve families enrolled in their home visiting programs.

FY21 - Federal - (Received August 14, 2020) $1,637,625.00
FY22 - Federal - (Received October 25, 2021) $1,637,625.00
FY 21- Local & CFSA - $737,637.56
FY 22- Local & CFSA - $803,543

DC Health's locally funded home visitation programs currently fund Georgetown Parent Support Program (GUCCD), Community of Hope - Parents as
Teachers program, and Mamatoto Village (Mother's Rising Program/Perinatal Workforce Training). Funds spent in FY 2021 and FY22 to date are as follows:

FY21		**FY22**
LOCAL HOME VISITING		
Mamatoto		
Budgeted	$238,499.79	$386,075.32
Spent	$138,808.50	$31,550.50
COH		
Budgeted	$355,000.00	$355,000.00
Spent	$336,885.88	$36, 824.22
Georgetown PSP		
Budgeted	$357,019.88	$357,019.88
Spent	$303,813.23	$0.00
MC NFP FTM		
Budgeted	$150,000.00	$150,000.00
Spent	$148, 739.14	$0.00

Federal home visiting funds were spent to support programs through Mary's Center (MC), Healthy Families America (HFA), and Parents as Teachers (PAT). Funds spent in FY 2021 and FY22 to date are as follows:

	FY21			**FY22**		
MEICHV	**Federal**	**Local**	**CSFA**	**Federal**	**Local**	**CSFA**
Salaries/Fringe	$ 221,379.29			$ 53,723.81		
Achieve on Demand	$ 14,500.00					
MC- HFA						
Budgeted	$ 636,548.62	$552,086.00		$ 1,104,500.00	$645,165.00	$ 158,510.00
Spent	$ 636,548.00	$538,711.20		$ 133,284.81	$0.00	$0.00
MC- PAT						
Budgeted	$ 433,169.00	$ 97,975.00	$160,000.00			
Spent	$ 433,169.00	$ 97,974.90	$100,045.35			
Georgetown						
Budgeted	$ 167,800.00			$ 167,798.00		
Spent	$ 94,513.73			$ -		

Q38: Please describe how DC Health has incorporated the findings from the DC Home Visiting Assessment into the agency's strategy for administering home visiting services to support the agency's priority outcomes.

Response:

DC Health has been working in partnership with the Georgetown University Center for Child and Human Development (GUCCHD) team to utilize the evaluations, as well as ongoing research, to support the agency's priority of providing comprehensive home visiting services to high- risk families. DC Health was interested in exploring evidenced-based home visiting (EBHV) models, to identify alignment and fit for programs that may provide additional support for eligible families living in the District. A comprehensive research activity analysis of EBHV models was completed alongside the MIECHV 2020 Needs Assessment. This comprehensive analysis was used to help inform the future selection and implementation of home visiting services in the District. As a result of this research activity, the stakeholders ranked the models in order of high to low, to demonstrate the likelihood of successful implementation. The top five were: Health Families America (HFA); Parents as Teachers (PAT); Attachment and Biobehavioral Catch-up (ABC); and SafeCare Augmented (SafeCare). Almost all the stakeholders believed both HFA and PAT strongly met the needs in the community, strongly fit District community priorities, and have the high capacity required to implement and sustain the models with integrity.

The MIECHV 2020 Needs Assessment findings helped to identify all at-risk communities, understand the current capacity for home visiting services, and identify the current services available for pregnant women and families with young children who may benefit from substance use disorder (SUD) treatment and/or counseling services. The Child Opportunity Index (COI) was also used as a method to identify families in need. The results suggested that many more neighborhoods likely contained families that could benefit from MIECHV services. Given the results, DC Health developed a strategy to reach our target population by serving families within the identified neighborhood clusters verses wards. Neighborhood clusters allow families within the District to receive MIECHV services where there is an area of high-need and has broadened the reach of home visiting services. This expansion is in alignment with DC Health's efforts to ensure that all families who are eligible for services can participate in them.
Currently GUCCHD is conducting ongoing research to understand the role of quality home visiting services as well as family preferences, as predictors of family retention in home visiting services for DC MIECHV. Several evaluation activities were originally approved for the current reporting period and others were added to allow for primary data collection to continue after September 30, 2021.

Q39: How has DC Health engaged with the Home Visiting Council in developing and implementing a strategy of providing home visiting for DC families who could benefit?

Response:

DC Health and The Home Visiting (HV) Council meet monthly for 1.5 hours. Members serve in an advisory capacity to both the federally-funded MIECHV grant, as well as for all HV programs in the District. The Council developed a strategic plan for 2019 – 2021 which includes six three-year goals and objectives:

1. Promote well-trained and supported home visitors;
2. Promote home visiting as a family support strategy within the District;
3. Increase capacity of the home visiting system to deliver quality home visiting services;
4. Ensure development and implementation of a coordinated intake and referral system for home visiting;
5. Use data to understand, support and demonstrate impact of home visiting; and
6. Self-govern sustainably and impactfully.

To achieve these outcomes, the HV Council supports four standing committees: Advocacy, Data, Programs, and C-Intake.

The DC MIECHV program continues to partner with the HV Council and the DC Health Help Me Grow program to implement a central home visiting intake process. The subcommittees have been instrumental in interviewing other states and cities with central intake processes and continue to gather lessons learned to better inform a central intake process for home visiting in DC. The Community Health Administration's current strategic planning process will also help inform opportunities to enhance the home visiting program operations and service delivery for eligible families.

Q40: Please provide an update on the progress and successes of DC Health's place-based programs.

Response:

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. Additionally, Smart from the Start continues to engage families in the Woodland Terrace community through programming on topics including Prenatal Education, Parenting Education, Baby Basics, Fatherhood, and Addressing the Stress (small therapy groups facilitated by mental health specialists). In FY21, Smart expanded their reach of beyond Woodland Terrace to include the geographic area within approximately 1.5-2 miles of the community, including the Langston Terrace and Frederick Douglas communities.

Smart from the Start- Key Highlights from FY21 include:

- Served approximately 423 families (goal: 300) with children 0-5 years of age through various programming, COVID relief, and referrals.
- Facilitated hybrid programming, with families having the option to participate in-person (vaccinated participants only) or on Zoom, including Family Fun Nights, and all prenatal, parenting, workforce development, and mental health services.
- Maintained relationships and partnerships with various community organizations including Martha's Table, Community of Hope, WIC, Jumpstart, Children of Mine, Collaborative Solutions for Communities, Help Me Grow, House of Ruth, and Mary's Center.
- Developed 33 new partnerships with organizations that serve the Woodland community.
- Facilitated monthly Partners' Meetings that were successful in bringing organizations together to respond to community needs around COVID-19.
- Participated in various trainings including Community violence intervention webinar series, Living the Protective Factors, Healthy Start, and Early Detection of Developmental delays.
- 79% of the fathers participating in Leadership, Empowerment and Advocacy Program for Young Fathers (LEAP) will graduated from the program.
- 289 families participated in Address the Stress or other trauma-informed programming.
    - Continued to provide COVID-related services including:

- Shopped for and delivered groceries to around 250 families monthly.
- Provided masks to families.
- Provided technology assistance (tablets for children and adults) to families.
- Offered 3 pop-up vaccine clinics in the community.
- In collaboration with Jumpstart, established a tele-tutoring program for children enrolled in Smart to support with at-home learning.

The Early Childhood Innovation Network's (ECIN) place-based project, Resilient Communities – DC (RC-DC), 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.

Beginning in FY18, DC Health selected ECIN and Smart to implement respective place-based interventions that improve health and developmental outcomes for children aged 0-5 years of age. In particular, ECIN's project, Resilient Communities-District of Columbia (RC-DC), is designed to improve behavioral and mental health of targeted families with children aged 0-5 years of age in clusters 38 (Douglas and Shipley Terrace) and 39 (Congress Heights, Bellevue, and Washington Highlands). RC-DC utilizes 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. Since its inception, they have also incorporated a mobile-friendly website with resources for families.

RC-DC - Key Highlights from FY21 include:

- Served approximately 1,688 individuals through NFC outreach (at grocery stores, bus stops, childcare centers etc.), NFC universal health promotion or educational activities, and one-on-one peer support from NFCs.
- Provided 10 caregivers with one-on-one peer to peer support via telephone and text during the pandemic. This included providing assistance around mental and behavioral health, food access, transitioning to at home learning, keeping healthy and active, and developmental disabilities.
- Planned and implemented seven community health promotion/educational events.
- Provided NFCs with 39 hours of continuing education.

The number of opportunities for NFCs to visit community sites and/or attend events that would allow them to meet new families or build partnerships were substantially reduced by barriers resulting from COVID-19, along with the health concerns and stress that it put on families and community programs within targeted clusters, . Holding virtual events was met with challenges in scheduling around parent availability and virtual access. These factors also impacted the number of families NFCs were able to provide one-on-one peer to peer support to. Additionally,

one of the NFCs was replaced which required significant time dedicated towards training and on boarding.

HealthySteps (Clinic based program)
HealthySteps is an evidence-based national model that integrates a child development specialist into primary medical care. The HealthySteps program involves the following core components: (1) team-based well-child visits conducted jointly between pediatricians and the HealthySteps Specialist involving child development guidance, parent coaching and the dissemination of early learning resources; (2) screening that includes assessment of child development, social-emotional skills, and behavioral functioning in addition to family protective/risk factors and social determinants of health; (3) access to community resources through targeted referrals (e.g., to early intervention, community-based behavioral health agencies) and system navigation/care coordination provided by a FSC or FSA; and (4) access to mental health support between well-child visits for families with greater need of support.

DC Health funds three FQHCs that implement the HealthySteps model to better address behavioral, developmental, and social concerns of children 0-3 years of age and their families, with an emphasis on low-income communities in Wards 5, 7 and 8.

Children's National Hospital (2018)
- Children's Health Center – Anacostia (CHC-Anacostia)

Unity Healthcare (2021)
- Minnesota Avenue Health Center (MAHC)
- East of the River Health Center (EORHC)
- **Expanding to 2 new clinic sites in FY22*

HealthySteps - Key Highlights from FY21 include:

- 413 new children were enrolled
- 94% of children enrolled in HealthySteps who had a Well Child Check (in relevant age range) were screened for developmental concerns. HealthySteps facilitated referrals to early intervention for abnormal screening results, in 49% of cases
- 84% of children enrolled in HealthySteps who had a Well Child Check (in relevant age range) were screened for developmental concerns at least once. 34% of children with a positive screening result were referred to HealthySteps and received a facilitated referral
- 87% of parents whose child had a Well Child Check when Edinburgh Postnatal Depression Scale (EPDS) screening was expected (ages 0 – 30 weeks) were screened at least once for depression using the EPDS.
- HealthySteps Specialist provided mental health intervention (consultation/referral) to 42% of parents with positive depression screens.
- HealthySteps Team developed a Parent Advisory Council (PAC) to engage around the needs of families during the COVID-19 pandemic and beyond.

- HealthySteps Team engaged HealthySteps families in support groups around coping with virtual learning environments, parenting support and managing increased demands of parenting related to COVID-19.

Changes to virtual visits that were required to meet COVID-19 guidelines caused challenges to providers attempting to reach families and to complete referrals. While HealthySteps was able to pivot to telehealth services, the lack of technology available to patients impacted the team's ability to connect with families.

Q41: Please describe all home visiting activities funded or implemented by DC Health FY 2021 and FY22 to date. Please include evaluations, needs assessments, and other related activities.

Response:

Needs Assessment
In FY19, DC Health funded the Georgetown University's Center for Child and Human Development (GUCCHD), to plan, coordinate, analyze, and synthesize data for a 2019-2020 needs assessment, which is in the next phase of development. This work piloted a mixed methods approach, using neighborhood-level data and qualitative data collected from key stakeholders that served to inform the methodology for the needs assessment. In collaboration with the DC Home Visiting Council, GUCCHD conducted a web-based survey as a first step to gather data on the current capacity of home visiting programs to in the District to begin their needs assessment. Other areas of focus evaluated the number of "at risk" families in the District that may not be captured utilizing older HRSA defined locations in Wards 5, 7, and 8. When incorporating the Child Opportunity Index 2.0 formulation and using data from the prior year, the data resulted in an expanded catchment area that included all of Wards 5, 7, and 8 as well as six additional neighborhoods in Ward 4 (Brightwood, Brightwood Park, 16th Street Heights, Lamont Riggs, Petworth, and Sheperd Park). Results from the comprehensive study led to an expansion of services to those neighborhoods with programs targeting the highest at-risk communities at the neighborhood cluster level.

Federally-Funded Home Visiting
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 80 families, and the Parents as Teachers (PAT) model, designed to serve 90 families. The table below provides an overview of each evidence-based home visiting model and the eligibility criteria for the program utilized by the lead implementing agency (LIA) funded through MIECHV.

	PAT- Parents As Teachers 1	**HFA- Healthy Families America** 2
Target Population	• 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	• 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 substance abuse issues
Enrollment Criteria	PAT directly provides services to parents/caregivers and addresses the following: • Pregnant or parent of a child prenatal through Kindergarten in possible high-risk environments: o Teen parents o Low income o Parental low educational attainment o History of drug abuse in the family o Chronic health conditions effecting the child or parents	HFA provides services to families who are at-risk for child abuse and neglect and other adverse childhood experiences; home visiting services are initiated prenatally or within three months after the birth of the baby for parents/caregivers of children ages: 0-5. work with families who may have histories of trauma, intimate partner violence, mental health issues, and/or substance abuse issues. HFA sites may voluntarily enroll families referred from Child Welfare/Children's Protective Services with a child up to 24 months of age, offering services for a minimum of three years subsequent to enrollment.
Program Model Components	• 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	• screenings and assessments to determine families most likely to benefit from services • referrals to services, and home visiting services

Program Model Intensity and Length	• 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	• 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 utilization of prenatal care
	Increase in parental knowledge about child development	Reduce child maltreatment
	Increase children's school readiness and school success	Improve parent-child interactions and school readiness
	Reduction in child abuse and neglect	Promote family self-sufficiency and decrease dependency on welfare and other social services
	Increase in referrals to support services	Promote positive parenting
	Increase in healthy pregnancies and improved birth outcomes (when services are delivered prenatally)	Increase access to primary care medical services
	Increase in healthy pregnancies and improved birth outcomes (when services are delivered prenatally)	Ensure healthy child development

1. Parents as Teachers: Research and Program Quality Manual. http://www.parentsasteachers.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

Locally-Funded Home Visiting

In addition to the programs listed above, DC Health supports four locally-funded home visiting programs for FY21 and FY22. The four programs focused their efforts on Wards 5, 7, and 8. During FY21, the programs worked with families living in the highest at-risk areas of these wards meeting the family specific needs. Their objectives are to 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.
All four programs support birth and development, provided support and resources in parenting choices and referrals to external organizations depending on the concern of families. Some programs added an additional focus to hiring, completing trainings, and providing professional development opportunities for home visitors.

Program: ***Mamatoto Village: Workforce Training and Implementation***
Description: DC Health and Mamatoto Village seeks to increase the efficacy and capacity of the workforce development program (Perinatal Health Worker Training - PHWT) through hiring staff, continuing to build working relationships with community-based partners, creating a robust online training course, and evaluation. Mamatoto's PHWT program prepares women to serve within their own communities. Women receiving training through the PHWT program are uniquely positioned to serve the perinatal community in a myriad of capacities including direct perinatal care and support, advocacy and policy engagement, and entry level social work and public health careers.

Program: ***Community of Hope: Parents as Teachers Model Implementation***
Description: DC Health and Community of Hope (COH) seeks to utilize an evidence-based home visiting model – Parents as Teachers (PAT) to enhance in-home visiting parent education. Their goal is to provide wraparound services to improve the health and well-being of infants, toddlers, and their families, promoting healthy pregnancies, and strong parent-child bonds. With these supports, they hope to improve birth outcomes; reduce rates of child abuse and neglect through improved parent-child relationships and parental resilience by offering emotional wellness supports; and demonstrate increased involvement and confidence by families in their child's care and education as well as satisfaction with home visiting services. COH will target services to the 680 prenatal patients they serve each year. Their patients reside across the District, but are primarily located in the neighborhoods surrounding their three health centers located in Ward 1, (Adams Morgan), Ward 5 (Carver-Langston), and Ward 8 (Bellevue).

Program: ***Georgetown Parent Support Program***
Description: Parents with intellectual disability or other developmental disabilities can have various levels of cognitive impairment. Parents with intellectual developmental disability (IDD) often face an increased risk of losing parental custody of their children compared to parents without IDD. DC Health and Georgetown Parent support Program seeks to use the focus on the implementation of the PAT model with a cohort of parents with IDD who reside in the District of Columbia. The ability to parent successfully depends on a wide range of factors, and parents with IDD can become effective parents with appropriate supports, such as those offered by the PAT model.

Program: ***Nurse Family Partnership First Time Mother's Program***
Description: The Nurse Family Partnership First Time Mother's Home Visiting Program is an evidenced-based program that empowers first-time mothers to transform their lives and create better futures for themselves and their babies. The Nurse-Led home visiting model provides intensive in home-visitation services to women beginning during pregnancy and lasting until the target child's second birthday in order to improve pregnancy outcomes, improve child health and development and improve the economic self-sufficiency of the family. The target population are pregnant women in their first or second trimester preparing to give birth to their first child. DC Health supports Mary's Center's implementation of the program with the goal of working with 12 families in target neighborhood clusters and specific populations identified by DC Health to have the highest rates of preterm delivery. During FY21, Mary's Center engaged in program start-up to include hiring and training of Nurse Home Visitor staff and the NFP Program Coordinator. In addition, Mary's Center successfully enrolled the DC Health target of 12 participants into the program. In FY22 DC Health will continue to support implementation of Mary's Center's NFP FTM's program by supporting the targeted goal of 12 participants, expanding program outreach opportunity through hiring of a Community Engagement Manager, supporting the addition of childbirth classes for participants and evaluating participant outcomes and its impact on families in the community.

Q42: Please describe MOUs/MOAs with other agencies related to home visiting, including the amount of the related funds, the purpose of the MOU/MOA, and the outcomes.

Response:

DC Health – OSSE
DC Health has a Memorandum of Understanding (MOU) with OSSE for $10,000 to facilitate the exchange of data used to support cooperative relationships and coordination of services between agencies to promote the integration of an early childhood system. This system facilitates easy access to support services for children from birth through age three and their families. The broader objectives of the MOU are to: (a) implement a District-wide system of coordinated screening for children from two to 60 months through Ages and Stages Questionnaires (ASQ) Enterprise and Hub accounts, and (b) share data aimed at fulfilling DC Health's Maternal Infant Early Childhood Home Visiting (MIECHV) program federally mandated reportable measures, ASQ, Children with Special Health Care Needs (CSHCN) programs, and other relevant initiatives under the purview of OSSE's Strong Start program. In line with (a), OSSE will continue utilizing the Brookes Publishing ASQ for developmental screenings and link its OSSE ASQ Enterprise to DC Health's ASQ Hub. Once linked in the ASQ Hub, DC Health will have access to all developmental screening data conducted by early childhood development centers and other programs in the District that are implemented through OSSE. In line with (b), OSSE will provide MIECHV with quarterly reports on MIECHV participants referred to them who are successfully linked to services and receive an evaluation and an individualized family service plan/individualized education plan (IFSP/IEP) meeting.

DC Health – CFSA
DC Health has an MOU with the DC Child and Family Services Agency (CFSA) for just over $100,000 to coordinate services between the agencies for children from birth through age five and their families. DC Health also has a data sharing agreement with CFSA aimed at receiving federally-mandated reportable data from CFSA each quarter. This data includes information on client demographics, referral date, referral source, referral status, enrollment status, client participation summary and the number of children enrolled by age. The partnership will maximize the use of federal and local resources and reduce duplication in providing appropriate services to the District's children ages birth to five years and their families. Both parties see the benefits of this project and have determined that each agency brings expertise to improve the coordination of services for Help Me Grow DC and DC Health's Home Visiting programs.

Q43: Please describe the continuous quality improvement plan for DC Health home visiting programs. Additionally, please describe any recent changes or upcoming changes to this plan?

Response:

DC Health completes a yearly Continuous Quality Improvement (CQI) Plan Update for the DC Maternal, Infant, and Early Child Home Visiting Program (MIECHV). This program currently provides home visiting services through two evidence-based models, Parents As Teachers (PAT) and Healthy Families America (HFA). In FY21, the DC MIECHV program utilized multiple CQI tools, including: the Model for Improvement Worksheet, Plan-Do-Study-Act (PDSA) cycles, process mapping, root-cause analysis, and fishbone diagrams. Process maps were utilized to analyze current processes and identify potential gaps or problems in the process flow. Once the implementing agency identified gaps for potential areas for improvement, a root-cause analysis review took place.

Due to COVID-19 and adaptation to virtual service delivery, the state and local level CQI teams decided to continue the same CQI priorities for the FY21 grant period that were implemented in FY20, which focused on five key priority areas: (1) Maternal Depression Screenings, (2) Well-Child Visits, (3) Developmental Screenings, (4) Continuity of Insurance, and (5) Completed Developmental Referrals. For the FY21 outcome performance, DC Health MIECHV demonstrated improvement in all priority areas and met the state baseline set for each CQI measure.

	State Baseline	FY 2020 Outcome	FY 2021Outcome
Depression Screening	53%	80%	94%
Well Child Visits	53%	91%	71%
Developmental Screening	67%	71%	72%
Continuity of Insurance	94%	96%	97%
Developmental Referrals	57%	55%	59%

For the upcoming FY22 CQI plan, the DC MIECHV team is working with the implementing agencies to identify areas of focus. The topics being considered are:

- Recruitment and Retention in targeted clusters/wards;
- Joy In Work (Improving joy in work is an underused and high-leverage opportunity for creating environments where people find meaning and purpose while improving patient experience, outcomes, and safety, as well as organizational effectiveness and productivity);
- Well Child Visits; and
- Completed Developmental Referrals.

Q44: Please describe activities implemented by DC Health in support of engaging community awareness of the value of home visiting supports. How has DC Health helped to raise awareness of the home visiting strategy to assist in meeting the maternal and child health needs of District families?

Response:

DC Health has worked to provide support to the home visiting programs that we fund and to promote the benefits of utilizing their services through collaborations with external partners, community events, direct referrals, and supporting program-specific educational and recruiting events. DC Health has committed to support not only nationally recognized models, but also home-grown models such as that developed by Mamatoto Village.
Examples of promotional events include:

- On August 16, 2021, Georgetown Parenting Support Program (PSP) team members were invited to contribute to a webinar on parents with intellectual and developmental disabilities as part of a Health Equity Series for the MIECHV Technical Assistance Resource Center. DC Health supported Georgetown PSP by participating on the webinar and providing feedback on the home visiting information presented.
- On September 25, 2021, Help Me Grow DC hosted a Books, Blocks event that brought together organizations and home visiting programs with the intention to distribute and market health materials about Help Me Grow. The event provided Ward "neutral" messaging of maternal health, paternal understanding, and perinatal inclusivity for all women and families with children 0-5 years of age.
- On November 17, 2021, DC Health's Early Childhood Health Division had a roundtable meeting to provide education, on programs, resources, linkages, systems and overall collaboration with the Department of Human Services (DHS). This meeting was done to provide education of the District's home visiting programs to short term family housing and apartment-style shelter providers.

DC Health and the Home Visiting Council have also collaborated to develop a vision for the centralized intake and referral process to engage community awareness around home visiting. The collaboration between DC Health and the Home Visiting Council has advanced the timeline for implementation of the universal referral form. This form will allow home visiting providers and others throughout the city to refer families to home visiting programs. Through the Help Me Grow DC centralized access point, Care Coordinators assess the need for every family that calls into the 1-800-MOM-BABY line. For parents who may qualify for home visiting support, Care Coordinators will provide education on the benefits of home visiting programs. Through motivational interviewing, Care Coordinators will complete an intake assessment to match families with the best fit program. This should result in higher family retention and increase support for home visiting within the District. The Community Health Administration's current strategic planning process will also help identify additional opportunities to enhance community engagement strategies for increased awareness of home visiting.

Q45: 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 FY21 and FY22 to date, what activities were implemented to enhance public and public charter school nursing services?

Response:

The School Health Services Program (SHSP) provides services to 209 schools total (four were added for SY21-22). This breaks down into 116 DCPS and 93 public charter schools. There are a total of nine additional DC public charter schools and one additional DC public school that has requested services and are currently in the health suite approval process.

As of January 12, 2022, the number of schools that have total health suite coverage are as follows:

- 38% of participating schools have at least 40 hours per week of coverage,
- 64% of participating schools have at least 32 hours per week of coverage, and
- 85% of participating schools have at least 24 hours per week of coverage.

Of the remaining schools in the program, the breakdown of coverage is as follows:

- 35% of schools have 40 hours of nurse-only coverage,
- 2% of schools have 40 hours of a combination of nurse and allied health coverage,
- 20% of schools have 32 hours of nurse-only coverage, and
- 18% of schools have 24 hours of nurse-only coverage.

Nationally, we continue to experience a nursing shortage. According to the Bureau of Labor Statistics, the United States needs over 200,000 new nurses annually through 2026 to keep up with open vacancies and retirees. The District of Columbia is experiencing the same shortage that the nation is facing. 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 offer competitive salaries.

To meet the health needs of students during the school day, the SHSP program has a total of 160 full-time employees hired to staff health suites, which includes 145 nurses and 15 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 FY21 and thus far in FY22 is 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, as opposed to nurse to student ratios, on occasions when program staff capacity cannot meet 40 hours a week of coverage at every school (because of absences, position vacancies, etc.). The number of hours per week that a nurse or allied health professional is on-site changes to reflect the current and changing clinical needs identified (for example, 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 services at a level above what was previously identified). The following 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, diastatic 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; and
e. Heath suite utilization.

During FY 21 and FY 22 to date, DC Health has implemented several activities to enhance SHSP, including:

- Coordination and collaboration with the DC Public Charter School Board (PCSB), DC Public Charter Schools, OSSE, DCPS, and other community partners to support COVID-19 prevention related to: COVID-19 asymptomatic and symptomatic testing; planning and implementation of COVID-19 prevention protocols and addressing new student health care needs as a result of COVID-19 through care coordination.
- Ongoing program-wide standardization of specific services provided like asthma care coordination, seizure and diabetic care, streamlining the health suite approval process, conducting emergency response trainings, encouraging family engagement to complete missing or out-of-date health forms, securing required medication in schools from providers and families, addressing missing health plans, etc.
- Coordination with DCPS and PCSB to improve the Administration of Medication (AOM) Training and provide AOM trainings (including refreshers) during the school year to meet the influx of training needs due to pauses in training that occurred during FY21.
- Support for childhood immunization needs through coordination with other government agencies, DCPS, PCSB and OSSE to increase compliance, immunization outreach, and immunization referrals.
- Coordination with the DC Public Charter School Board, DC Public Charter Schools, DC Public Schools, the Department of Behavioral Health (DBH) to increase behavioral health access to children.
- Expansion of health services to 16 new public and public charter schools.
- Increasing immunization outreach, immunization referrals in collaboration with DCPS, PCSB, and OSSE.

A breakdown of current nursing coverage can be found in the response to Question 46.

Q46: 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 FY21 and FY22 to date, what activities were implemented to enhance public and public charter school nursing services?

Response:

Staffing methods and activities to enhance school nursing services are addressed in the response to Question 45.

District of Columbia Public Schools Weekly Health Suite Staffing Coverage as of January 12, 2022			
Ward 1			
School	School Nurse Coverage	Allied Health Coverage	Total Health Suite Coverage
Bancroft Elementary	40	0	40
Benjamin Banneker HS	24	0	24
Bruce-Monroe ES	32	0	32
Cardozo MS & HS (co-located)	24	0	24
Cleveland ES	40	0	40
Columbia Heights EC- Bell HS	8	24	32
Columbia Heights EC- Lincoln MS	32	0	32
H.D. Cooke ES	0	32	32
Marie Reed ES	40	0	40
Oyster Adams Bilingual-Adams Campus	40	0	40
Tubman ES	24	0	24

District of Columbia Public Schools Weekly Health Suite Staffing Coverage as of January 12, 2022			
Ward 2			
School	School Nurse Coverage	Allied Health Coverage	Total Health Suite Coverage
Ellington School for the Arts	32	0	32
Garrison ES	32	0	32
Hardy MS	24	16	40
Hyde-Addison ES	40	0	40
Ross ES	24	0	24
School w/out Walls Francis Stevens EC	40	0	40
School w/out Walls HS	40	0	40
Thomson ES	16	8	24
Thaddeus Stevens ECE	24	0	24

District of Columbia Public Schools Weekly Health Suite Staffing Coverage as of January 12, 2022			
Ward 3			
School	School Nurse Coverage	Allied Health Coverage	Total Health Suite Coverage
Deal MS	32	0	32
Eaton ES	32	0	32
Hearst ES	24	0	24
Janney ES	32	0	32
Key ES	32	0	32
Mann ES	24	0	24
Murch ES	40	0	40
Oyster-Adams Bilingual- Oyster Campus	32	0	32
Stoddert ES	24	0	24
Wilson HS	32	0	32

District of Columbia Public Schools Weekly Health Suite Staffing Coverage as of January 12, 2022			
Ward 4			
School	School Nurse Coverage	Allied Health Coverage	Total Health Suite Coverage
Barnard ES	40	0	40
Brightwood EC	32	0	32
Coolidge SHS / Ida B. Wells (co-located)	40	0	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	24	0	24
Takoma EC	24	0	24
Truesdell EC	40	0	40
John Lewis EC	40	0	40
Whittier EC	24	0	24

District of Columbia Public Schools Weekly Health Suite Staffing Coverage as of January 12, 2022			
Ward 5			
School	School Nurse Coverage	Allied Health Coverage	Total Health Suite Coverage
Brookland MS	24	0	24
Browne EC	40	0	40
Burroughs ES	8	16	24
Bunker Hill ES	40	0	40
Dunbar HS	40	0	40
Luke C. Moore Academy	32	0	32
Langdon ES	40	0	40

Langley EC	24	0	24
MC Kinley Tech HS	40	0	40
MC Kinley Tech MS	40	0	40
Noyes ES	32	0	32
Phelps HS	32	0	32
Wheatley EC	24	0	24

District of Columbia Public Schools Weekly Health Suite Staffing Coverage as of January 12, 2022			
Ward 6			
School	School Nurse Coverage	Allied Health Coverage	Total Health Suite Coverage
Amidon-Bowen ES	40	0	40
Brent ES	40	0	40
Capitol Hill Montessori	40	0	40
Eastern SHS	0	40	40
Elliot-Hine	0	40	40
JO Wilson ES	40	0	40
Ludlow Taylor ES	40	0	40
Maury ES	16	16	32
Miner ES	40	0	40
Payne ES	40	0	40
Peabody ES	0	24	24
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	24	0	24
Walker-Jones EC	40	0	40
Watkins Elementary	32	0	32
Jefferson Academy	40	0	40

District of Columbia Public Schools Weekly Health Suite Staffing Coverage as of January 12, 2022			
Ward 7			
School	School Nurse Coverage	Allied Health Coverage	Total Health Suite Coverage

Aiton ES	32	0	32
Beers ES	32	0	32
Bard HS	24	0	24
Burrville ES	8	24	32
CW Harris ES	40	0	40
Drew ES	32	0	32
Houston ES	32	0	32
JC Nalle ES	40	0	40
Kelly Miner MS	24	8	32
Kimball ES	32	0	32
Plummer ES	40	0	40
Randle Highlands ES	32	0	32
River Terrace Special EC	80	0	80
Ron Brown College Preparatory HS	24	16	40
Smothers ES	32	0	32
Sousa MS	24	0	24
Thomas -ES	40	0	40
Woodson SHS	32	0	32

District of Columbia Public Schools Weekly Health Suite Staffing Coverage as of January 12, 2022			
Ward 8			
School	School Nurse Coverage	Allied Health Coverage	Total Health Suite Coverage
Anacostia SHS	24	0	24
Ballou SHS	24	0	24
Boone ES	16	16	32
Garfield ES	32	0	32
Hart MS	32	0	32
Hendley ES	32	0	32
Johnson MS	32	0	32
Ketcham ES	24	0	24
Kramer MS	0	24	24
Leckie ES	40	0	40
ML King ES	40	0	40
Malcom X ES	40	0	40
Moten ES	40	0	40

Patterson ES	0	40	40
Savoy ES	32	0	32
Simon ES	0	24	24
Stanton ES	40	0	40
Turner ES	40	0	40
Excel Academy @ Birney	40	0	40

District of Columbia Public Charter Schools Weekly Health Suite Staffing Coverage as of January 12, 2022			
Ward 1			
School	School Nurse Coverage	Allied Health Coverage	Total Health Suite Coverage
Creative Minds PCS	32	0	32
EL Haynes MS PCS- Georgia Ave	40	0	40
Meridian ES PCS	32	0	32
Next Steps PCS	0	0	0
Meridian Middle School PCS	32	0	32

District of Columbia Public Charter Schools Weekly Health Suite Staffing Coverage as of January 12, 2022			
Ward 2			
School	School Nurse Coverage	Allied Health Coverage	Total Health Suite Coverage
Girls Global PCS	24	0	24
DC Bilingual	16	24	40

District of Columbia Public Charter Schools Weekly Health Suite Staffing Coverage as of January 12, 2022			
Ward 4			
School	School Nurse Coverage	Allied Health Coverage	Total Health Suite Coverage
Bridges PCS	40	0	40

Capital City PCS- Lower, Middle, High	24	0	24
Center City PCS- Petworth	24	0	24
DC International PCS	40	0	40
EL Haynes ES / HS PCS- Kansas Ave	40	0	40
Friendship Ideal PCS	40	0	40
Hope Community PCS- Lamond Campus	0	0	0
Latin American Bilingual PCS- South Dakota	24	0	24
Latin American Bilingual PCS- Kingsbury Campus	40	0	40
Perry Street Prep PCS	32	0	32
Paul PCS Middle /High School	40	0	40
Washington Latin PCS Middle / Upper School	0	24	24

District of Columbia Public Charter Schools Weekly Health Suite Staffing Coverage as of January 12, 2022			
Ward 5			
School	School Nurse Coverage	Allied Health Coverage	Total Health Suite Coverage
Children's Guild PCS	32	0	32
Hope Community Tolson	0	0	0
DC Preparatory PCS- Lower School	16	8	24
DC Preparatory PCS- MS	40	0	40
Elsie Whitlow Stokes PCS	24	16	40

Friendship Armstrong PCS	40	0	40
Rocketship Infinity PCS / Social Justice PCS	24	0	24
Friendship Woodridge PCS Elementary / Middle	40	0	40
Inspired Teaching PCS	24	0	24
KIPP DC PCS- College Prep	24	0	24
KIPP DC PCS- Webb Campus- Connect, Spring, Northeast	24	0	24
Lee Montessori PCS	24	0	24
Mundo Verde Bilingual PCS	40	0	40
Mundo Verde Bilingual PCS	32	0	32
Shining Stars Montessori Academy	0	32	32
Two Rivers PCS	32	0	32
Two Rivers PCS	40	0	40
Washington Yu Ying PCS	40	0	40
Capitol Village PCS	24	0	24

District of Columbia Public Charter Schools Weekly Health Suite Staffing Coverage as of January 12, 2022			
Ward 6			
School	School Nurse Coverage	Allied Health Coverage	Total Health Suite Coverage
Center City PCS- Capitol Hill	40	0	40
Washington Global PCS	8	24	32
KIPP DC PCS Shaw- Grow, Lead, Will	40	0	40

Friendship Chamberlain PCS- Elementary / Middle	40	0	40
Kingsman Academy PCS	0	0	0

District of Columbia Public Charter Schools Weekly Health Suite Staffing Coverage as of January 12, 2022			
Ward 7			
School	School Nurse Coverage	Allied Health Coverage	Total Health Suite Coverage
Friendship Collegiate PCS	32	0	32
KIPP DC PCS Smilow- Valor, Arts & Technology and Quest	24	0	24
I Dream PCS	24	0	24
Maya Angelou PCS	24	0	24
E.W. Stokes PCS East End	32	0	32
Friendship Blow Pierce PCS	40	0	40
DC Scholars PCS	0	24	24
DC Prep PCS Benning Campus-Elementary/ Middle	32	0	32
IDEA PCS	32	0	32
KIPP DC PCS Benning Campus- LEAP, Key, Promise	16	16	32
Apple Tree PCS- Oklahoma	8	16	24
Rocketship Legacy PCS	32	0	32

District of Columbia Public Charter Schools Weekly Health Suite Staffing Coverage as of January 12, 2022
Ward 8

School	School Nurse Coverage	Allied Health Coverage	Total Health Suite Coverage
DC Prep Anacostia PCS	40	0	40
Eagle Academy PCS- Congress Heights	32	0	32
Early Childhood Academy PCS	8	16	24
Friendship Southeast PCS	40	0	40
Friendship Tech PCS- MS	40	0	40
Friendship Tech PCS- HS	40	0	40
Thurgood Marshall Academy PCS	16	16	32
Rocketship Rise PCS	40	0	40
Lee Montessori	8	16	24
Apple Tree PCS- Douglass Knoll	0	0	0
Achievement Prep Academy PCS-Lower / Upper	40	0	40
Ingenuity Prep and Statesmen Academy	40	0	40
KIPP DC Douglass - AIM, Discover, Heights	40	0	40
KIPP DC Wheeler – Honor, Inspire and Pride	32	0	32

Q47: Provide any updates to CHA's coordination of school health activities across District agencies in FY21 and FY22 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:

The Office of the State Superintendent of Education (OSSE)
DC Health continues to work closely with OSSE through DC Health's Rape Prevention and Education (RPE) grantee, DC Coalition Against Domestic Violence (DCCADV), to identify best practices to implement the School Safety Omnibus Amendment Act of 2019. For FY21 and FY22, DC Health and DCCADV hosted two trainings on preventing reproductive coercion and sexual assault online among youth. These trainings were also promoted through OSSE's distribution channels to schools.

DC Health's Youth Advisory Council (YAC) works in conjunction with OSSE to distribute recruitment materials to all local education agencies. The YAC recruits District residents ages 14 -21 years old who have interest in ensuring better health outcomes for other young people and their communities.

DC Health's School Health Services Program staff has worked closely with OSSE in transitioning services for COVID-19 asymptomatic and symptomatic testing. This included providing technical and guidance on strategies to work in coordination with health suite staff in care coordination efforts of students who test positive. Additionally, the SHSP has included OSSE in the feedback process for COVID-19 testing protocols and templates.
Additionally, DC Health continues to partner with OSSE through collaboration to provide support for COVID-19 prevention activities including school reopening support, school testing coordination, prevention guidance, etc. DC Health has also provided support for immunization compliance activities including outreach to families and sharing resources to increase access to immunization related health services.

District of Columbia Public Schools (DCPS)
DC Health continues to provide primary care and prevention services for students within the District through the School-Based Health Center (SBHC) Program. In FY21, SBHCs maintained operations when schools were practicing online and hybrid learning models. The SBHCs continued to provide visits via telemedicine, allowing access to well-child visits, acute care, and sexual health visits. Operators primarily reached out to students already enrolled in services and maintained communication and collaboration with school personnel for referral purposes. DC

Health synchronized efforts to align with the District Government in providing mass vaccination to students and families to support immunization compliance rates and school recovery plans. From June 2021-September 30, 2021, the COVID-19 vaccine was made available to students through SBHC vaccination clinics. After September 30, the COVID vaccine was provided and made accessible to students along with well-child exams. Furthermore, DC Health partnered with the Athletic Department within the DCPS system to offer well-child exams with a sports clearance for all high school students that play sports. Athletes that require sports clearance and need their yearly well-child exam can receive this service from any of DC Health's seven SBHCs. Further:

- DC Health worked with DCPS central office staff to share communications and resources with schools to recruit students for the next cohort of YAC.
- DC Health continues to support DCPS in providing health suite coverage to support local education agencies partnering with the School Health Services Program (SHSP). Health suite staff have assisted with COVID-19 efforts by providing asymptomatic and symptomatic testing for students. Additionally, health suite staff took part in documenting and communicating all lab results between students, families, and school staff. DC Health has partnered with DCPS to ensure the approval of health suites for school health services throughout the school year.
- Between FY21 and FY22, one new health suite has been approved for utilization and 10 health suites have been approved for modernization/swing spaces.
- For FY22, SHSP has begun to make changes to the widely used asthma action plan. DC Health continues to improve the data functionally of immunization compliance and school health records through the school health management system (formerly known as Health Office Anywhere). SHSP continues to provide support for immunization compliance activities including family outreach protocol development and staff training.
- DC Health provided support for school reopening including prevention guidance, school testing, and COVID-19 prevention coordination. To further monitor and support school staff and administration, the data registry helps families in viewing their student's basic health information through electronic means. Lastly, the District continues to make improvements on the school health services online portal that was implemented in FY21 as a new reporting tool and contact system to be used by school administration, staff, and DCPS families for nursing services, COVID-19 testing, site visit requests, and other school health service needs.
- In FY22, DCPS is currently involved in the pilot of SHSP's telehealth expansion. DCPS leadership is involved in review of programmatic documents prior to distribution to school leaders, educators, health suite staff, parents, guardians, and students. DC Public Schools are involved in reviewing the requirements for IT required to deliver telehealth and ensuring health spaces are configured to account for student privacy while participating in telehealth visits. The telehealth expansion will incorporate feedback from DCPS at every stage of the implementation, as an integral partner in continuous program improvement, this feedback will be shared at monthly meetings. Meetings will be a forum to identify areas for improvement as well as to identify best practices as the program expands to include additional schools.

- DC Health has worked in conjunction with DCPS central office to connect health suite personnel with behavioral health clinicians and coordinators to ensure the mental well-being of students. DC Health is developing a behavioral health process flow map to establish steps for health suite personnel to take when coordinating behavioral health services and linkages for students.

DC Public Charter Schools
DC Health continues to support DC Public Charter Schools in providing health suite coverage to support local education agencies partnering with SHSP. Between FY21 and FY22, to date, 18 health suites have been approved for new utilization and modernization of swing spaces. SHSP continues to provide support for immunization compliance activities including family outreach protocol development and staff training. In addition:

- DC Health provided support for school reopening including prevention guidance, school testing, COVID-19 prevention coordination. Health suite staff have assisted with COVID-19 efforts by providing asymptomatic and symptomatic testing for students. Additionally, health suite staff took part in documenting and communicating all lab results between students, families, and school staff. DC Health has partnered with school directly to ensure the approval of health suites for school health services throughout the school year.
- DC Health worked with DC Public Charter Schools to share communications and resources with schools to recruit students for YAC.

Public Charter School Board (PCSB)
DC Health collaborates with PCSB to ensure fidelity of program delivery in SHSP. PCSB advised next steps prior to health suite site visits and clarified what information should be shared with school leaders in advance of program implementation. Routine monthly meetings provide a forum for feedback to ensure barriers and issues are addressed in a timely manner, and that requests for technical assistance are addressed. In addition:

- DC Health has worked in conjunction with PCSB to connect health suite personnel with behavioral health clinicians and coordinators to ensure the mental well-being of students. DC Health is developing a behavioral health process flow map to establish steps for health suite personnel to take when coordinating behavioral health services and linkages for students.
- DC Health met with the PCSB to collect feedback about program delivery, including initial review of programmatic documents including but not limited to consent forms, frequently asked questions, etc. Monthly meetings are scheduled for ongoing feedback to address any areas of concern as well as to identify best practices as the program and services expands to include additional schools that have not utilize services provided by DC Health.
- For FY22, PCSB has been involved in the pilot of SHSP's telehealth expansion. PCSB is involved in review of programmatic documents prior to distribution to school leaders, educators, health suite staff, parents, guardians, and students. PCSB is involved in reviewing the requirements for IT required to deliver telehealth and ensuring health spaces are configured to account for student privacy while participating in telehealth

visits. The telehealth expansion will incorporate feedback from public charter school at every stage of the implementation, as an integral partner in continuous program improvement.

DC Department of Behavioral Health (DBH)
DC Health continues to collaborate with DBH in the expansion of the school behavioral health system through expanding and implementing a referral system within local education agencies that include the school nurse. DC Health has created a survey to better understand the challenges and future opportunities for school nurses to connect with behavioral health clinicians and coordinators. DC Health also:

- Supports the efforts of DBH's Coordinating Council by continuing to assist and collaborate with various subcommittees such as Implementation, Family Youth Engagement, Communications, and the Data, Evaluation, Unmet need and Resource Committee.
- Partnered with DBH, through its YAC, for the upcoming Youth Health Summit. DBH is working with the YAC to provide educated informed topics around Mental Health and Substance Use, and to ensure the YAC is capable and comfortable with facilitating and co-facilitating the Summit's panels and workshops. DBH will support by serving on panels and co-facilitating workshops, when needed; as well as, assist the YAC by promoting the Council to youth groups and disseminating information to youth prevention centers across the District.

DC Department of Health Care Finance (DHCF)
DC Health continues to collaborate with DHCF through the SBHC Program. DC Health collaborates with DHCF by participating in the fee-for-service program. Through DHCF, SBHCs can provide services and bill Medicaid managed care organizations (MCOs). MCOs are contracted through DHCF, which helps operators bill for necessary services such as behavioral health, dental, reproductive health, well-child visits/primary care, and other common services such as asthma, immunizations, and medications.

- DC Health has collaborated with the DHCF on the School Health Requirements Interagency Committee to formulate the guidelines for outside providers who wish to provide services for students within the District. Outside providers are organizations or community healthcare providers who are not currently recognized as District school health providers but who intend to provide healthcare services in schools to promote students' physical, emotional, and social development.
- DC Health partners with DHCF on co-presenting for the Healthy Schools Campaign. The Healthy Schools Campaign discusses potential ways in which students can thrive in school environments to include health services.
- In July 2021, the SBHCs participated in an Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Working Group Meeting to introduce their services to the Managed Care Organization (MCO) EPSDT Teams. They were encouraged to collaborate on activities and reach students enrolled in MCO organizations.

Office of the Deputy Mayor for Education

The YAC provided feedback to the Deputy Mayor for Education to ensure that the District placed efforts on COVID-19 related activities that meet the needs of youth and young adults living in the District.

Office of the Deputy Mayor for Health and Human Services
The School Health Services Program and the Immunization Team participate in an immunization working group, coordinated by the Office of the Deputy Mayor for Health and Human Services. These meetings ensure coordination on efforts to improve the rate of students who have up-to-date routine child immunizations, as well as updates as they relate to COVID-19 vaccinations requirements in schools. DC Health provides updates on the health suite staff's role in reporting the number of students out of compliance related to their routine childhood vaccinations and communication and outreach effort to parents and guardians of noncompliant students. DC health shares data related to the activities of the health suite staff in tracking and addressing routine childhood vaccination records at the school level.

Q48: Please provide the following utilization data for all nursing suites, broken down by school and Ward:

a. Number of student encounters in FY21 and FY22 to date;
b. Number of services provided broken down by type; and
c. Total expenditures in FY21 and FY22 to date, broken down by health care services, fixed costs, and personnel.

Response:

FY21 Health Suite Utilization					**Medications**		**Number of Students with the Following Procedures**		
Ward	**School Name**	**# of Student Encounters**	**Acute Care**	**ER Visits**	**# of Prescriptions**	**Med Admins**	**Tube Feedings**	**Catheterization**	**Trach Care**
Ward 1	Bancroft Elementary School	576	117	0	20	0	0	0	0
Ward 1	Benjamin Banneker High School	123	2	0	0	0	0	0	0
Ward 1	Bruce-Monroe Elementary School @ Park View	209	63	0	4	0	0	0	0
Ward 1	Cardozo Education Campus	234	35	0	2	0	1	1	0
Ward 1	Cleveland Elementary School	111	32	0	4	0	0	0	0
Ward 1	Columbia Heights Education Center	370	23	0	4	0	0	0	0
Ward 1	E.L. Haynes PCS - Georgia Avenue	118	21	0	3	0	0	0	0
Ward 1	H.D. Cooke Elementary School	163	30	0	0	0	0	0	0
Ward 1	Howard University Math and Science PCS	0	0	0	0	0	0	0	0
Ward 1	Marie Reed Elementary School	276	84	0	9	0	0	0	0
Ward 1	Meridian PCS	141	48	0	5	0	0	0	0
Ward 1	Oyster Adams Bilingual	471	110	0	11	89	0	1	0
Ward 1	Tubman Elementary School	403	149	0	3	0	0	0	0
Ward 1	Washington Metropolitan High School	0	0	0	0	0	0	0	0

Ward 2	Ellington School of the Arts	69	12	1	0	0	0	0	0
Ward 2	Garrison Elementary School	355	134	1	10	0	0	0	0
Ward 2	Girls Global Academy PCS	4	1	0	0	0	0	0	0
Ward 2	Hardy Middle School	153	17	0	0	0	0	0	0
Ward 2	Hyde-Addison Elementary School	352	54	0	2	0	0	0	0
Ward 2	Ross Elementary School	403	150	0	13	6	0	0	0
Ward 2	School Without Walls @ Francis-Stevens EC	361	101	0	1	11	0	0	0
Ward 2	School Without Walls High School	247	6	0	0	0	0	0	0
Ward 2	Thaddeus Stevens Early Learning Center	54	20	0	8	0	0	0	0
Ward 2	Thomson Elementary School	294	119	0	0	0	0	0	0
Ward 3	Deal Middle School	612	15	0	15	0	0	1	0
Ward 3	Eaton Elementary School	588	93	0	6	198	0	0	0
Ward 3	Hearst Elementary School	218	52	0	8	22	0	0	0
Ward 3	Janney Elementary School	827	231	3	32	88	0	0	1
Ward 3	Key Elementary School	403	122	0	9	2	0	0	0
Ward 3	Mann Elementary School	523	51	0	12	0	0	0	0
Ward 3	Murch Elementary School	874	126	0	25	160	0	0	0
Ward 3	Oyster-Adams Bilingual EC	658	189	0	12	123	0	0	0
Ward 3	Stoddert Elementary School	262	34	0	4	0	0	0	0
Ward 3	Wilson High School	439	8	0	11	0	0	0	0
Ward 4	Barnard Elementary School	702	78	1	48	53	0	1	0
Ward 4	Bridges PCS	287	15	0	18	72	1	0	0

Ward 4	Brightwood Education Campus	464	53	0	10	140	0	0	0
Ward 4	Capital City PCS - High School	13	0	0	1	0	0	0	0
Ward 4	Capital City PCS - Lower School	25	2	0	0	0	0	0	0
Ward 4	Capital City PCS - Middle School	27	4	0	0	0	0	0	0
Ward 4	Center City PCS - Petworth Campus	56	1	0	0	0	0	0	0
Ward 4	Coolidge High School	93	10	0	0	0	0	0	0
Ward 4	DC International PCS	459	29	0	1	28	0	0	0
Ward 4	Dorothy I. Heights Elementary School	94	18	0	2	0	0	0	0
Ward 4	E.L. Haynes PCS - Kansas Avenue (Elementary School)	308	60	0	27	33	0	1	0
Ward 4	E.L. Haynes PCS - Kansas Avenue (High School)	172	1	0	0	0	0	0	0
Ward 4	Friendship PCS - Ideal Academy ES	47	23	0	0	0	0	0	0
Ward 4	Friendship PCS - Ideal Middle School	0	0	0	0	0	0	0	0
Ward 4	Hope Community PCS - Lamond	29	0	0	0	0	0	0	0
Ward 4	Ida B. Wells Middle School	205	4	0	3	0	0	0	0
Ward 4	Lafayette Elementary School	1345	194	0	9	129	0	1	1
Ward 4	LaSalle-Backus Education Campus	195	53	0	11	0	0	0	0
Ward 4	Latin American Montessori Bilingual PCS	549	153	0	18	123	0	0	0
Ward 4	MacFarland MS	235	7	0	0	1	1	1	0
Ward 4	Paul PCS - International High School	62	3	0	0	0	0	0	0
Ward 4	Paul PCS - Middle School	63	0	0	1	0	0	0	0
Ward 4	Powell Elementary School	483	92	2	3	1	0	0	0

Ward 4	Raymond Elementary School	473	65	0	3	55	0	0	0
Ward 4	Roosevelt High School	306	16	0	1	24	0	1	0
Ward 4	Roosevelt STAY	45	2	0	0	0	0	0	0
Ward 4	Shepherd Elementary School	552	164	0	13	157	0	0	0
Ward 4	Takoma Education Center	359	111	0	10	2	0	1	0
Ward 4	Truesdell Education Campus	305	122	0	11	2	0	0	0
Ward 4	Washington Latin PCS - Middle School	171	49	0	2	17	0	0	0
Ward 4	Washington Latin PCS - Upper School	140	11	0	2	34	0	0	0
Ward 4	West Education Campus	231	64	0	9	24	1	0	0
Ward 4	Whittier Education Campus	166	132	0	0	0	0	0	0
Ward 5	Brookland Middle School	37	4	0	0	0	0	0	0
Ward 5	Browne Education Campus	362	138	0	6	21	0	0	0
Ward 5	Bunker Hill Elementary School	187	125	0	0	0	0	0	0
Ward 5	Burroughs Education Center	88	30	0	4	1	0	0	0
Ward 5	Creative Minds International PCS	336	40	0	17	102	0	1	0
Ward 5	DC Bilingual PCS	170	42	0	0	0	0	0	0
Ward 5	DC Prep PCS - Edgewood Elementary	60	0	0	0	0	0	0	0
Ward 5	DC Prep PCS - Edgewood Middle	61	1	0	0	0	0	0	0
Ward 5	Dunbar High School	57	15	0	0	0	0	1	0
Ward 5	Elsie Whitlow Stokes Community Freedom PCS - Brookland	68	21	0	0	0	0	0	0
Ward 5	Friendship PCS - Armstrong	121	75	0	8	23	0	0	0
Ward 5	Friendship PCS - Woodridge Elementary	42	13	0	0	0	0	0	0

Ward 5	Friendship PCS - Woodridge Middle	45	6	0	1	0	0	0	0
Ward 5	Inspired Teaching Demonstration PCS	110	21	0	3	0	0	0	0
Ward 5	KIPP DC - Connect Academy PCS	45	8	0	5	0	0	0	0
Ward 5	KIPP DC - Hamilton College Preparatory PCS	66	4	0	0	0	0	0	0
Ward 5	KIPP DC - Northeast Academy PCS	34	2	0	0	0	1	0	0
Ward 5	KIPP DC - Spring Academy PCS	58	25	0	0	0	0	0	0
Ward 5	Langdon Education Campus	270	73	0	5	53	0	0	0
Ward 5	Langley Education Campus	233	29	1	7	0	0	0	0
Ward 5	Lee Montessori PCS	110	6	0	6	0	0	0	0
Ward 5	Luke C. Moore High School	7	5	0	0	0	0	0	0
Ward 5	McKinley Technology High School	50	5	0	9	24	0	0	0
Ward 5	Mckinley Technology Middle School	138	58	0	12	0	0	0	0
Ward 5	Mundo Verde PCS - JF Cook	338	57	0	9	0	0	0	0
Ward 5	Noyes Education Campus	278	79	0	4	0	0	0	0
Ward 5	Perry Street Preparatory PCS	76	61	0	3	0	0	0	0
Ward 5	Phelps High School	63	1	0	13	0	0	0	0
Ward 5	Rocketship PCS - Infinity Community Prep	15	0	0	4	0	0	0	0
Ward 5	Shining Stars Montessori Academy PCS	84	32	0	0	0	0	0	0
Ward 5	Social Justice PCS	1	0	0	2	0	0	0	0
Ward 5	Sojourner Truth PCS	19	7	0	0	0	0	0	0
Ward 5	The Children's Guild PCS	60	9	0	0	0	0	0	0

Ward 5	Two Rivers PCS - Young Campus	193	24	0	10	6	1	0	0
Ward 5	Washington Leadership Academy PCS	0	0	0	0	0	0	0	0
Ward 5	Washington Yu Ying PCS	625	174	0	30	233	0	0	0
Ward 5	Wheatley Elementary School	233	80	0	8	4	0	0	0
Ward 6	Amidon-Bowen Elementary School	202	80	0	0	0	0	0	0
Ward 6	Brent Elementary School	749	217	0	36	1	0	0	0
Ward 6	Capitol Hill Montessori @ Logan	166	59	0	4	0	0	0	0
Ward 6	Center City PCS - Capitol Hill Campus	1	1	0	1	0	0	0	0
Ward 6	Eastern High School	72	3	0	0	0	0	0	0
Ward 6	Eliot-Hine Middle School	75	16	0	0	0	0	0	0
Ward 6	Friendship PCS - Chamberlain Elementary	104	48	0	13	0	0	0	0
Ward 6	Friendship PCS - Chamberlain Middle	33	10	0	3	5	0	0	0
Ward 6	Hope Community PCS - Tolson	0	0	0	0	0	0	0	0
Ward 6	J. O. Wilson Elementary School	198	97	0	0	0	1	0	0
Ward 6	Jefferson Academy	47	26	0	0	0	0	0	0
Ward 6	Kingsman Academy PCS	0	0	0	0	0	0	0	0
Ward 6	KIPP DC - Grow Academy PCS	34	17	0	10	4	0	0	0
Ward 6	KIPP DC - Lead Academy PCS	48	20	0	8	0	0	0	0
Ward 6	KIPP DC - WILL Academy PCS	28	2	0	3	0	0	0	0
Ward 6	Ludlow-Taylor Elementary School	566	121	0	5	2	1	0	0
Ward 6	Maury Elementary School	448	58	0	13	28	0	0	0
Ward 6	Mundo Verde PCS - Calle Ocho	100	1	0	0	0	0	0	0

Ward 6	Two Rivers PCS - 4th Street	33	0	0	0	0	0	0	0
Ward 6	Miner Elementary School	191	124	0	3	0	1	0	1
Ward 6	Payne Elementary School	284	77	2	7	34	1	0	0
Ward 6	Peabody Elementary School	121	29	0	4	0	0	0	0
Ward 6	School Within a School	710	21	0	16	172	1	1	0
Ward 6	Seaton Elementary School	398	173	0	9	5	0	0	0
Ward 6	Stuart-Hobson Middle School	215	2	0	2	0	0	0	0
Ward 6	Tyler Elementary School	322	146	0	14	3	0	0	0
Ward 6	Van Ness Elementary School	406	121	0	21	16	0	0	0
Ward 6	Walker-Jones Education Campus	143	58	0	2	0	0	0	0
Ward 6	Washington Global PCS	49	0	0	1	14	0	0	0
Ward 6	Watkins Elementary School	290	76	0	5	0	0	0	0
Ward 7	Aiton Elementary School	163	51	0	11	0	0	0	0
Ward 7	AppleTree Early Learning PCS - Oklahoma Ave	0	0	0	0	0	0	0	0
Ward 7	Bard High School Early College DC	22	1	0	0	0	0	0	0
Ward 7	Beers Elementary School	153	75	0	6	3	0	0	0
Ward 7	Burrville Elementary School	93	8	0	0	0	0	0	0
Ward 7	C.W. Harris Elementary School	114	44	0	3	0	1	0	0
Ward 7	DC Prep PCS - Benning Elementary	27	0	0	0	0	0	0	0
Ward 7	DC Prep PCS - Benning Middle	46	0	0	0	0	0	0	0
Ward 7	DC Scholars PCS	4	0	0	0	0	0	0	0
Ward 7	Drew Elementary School	351	42	1	4	129	0	0	0

Ward 7	Elsie Whitlow Stokes Community Freedom PCS - East End	21	3	0	0	0	0	0	0
Ward 7	Friendship PCS - Blow-Pierce Elementary	137	55	0	2	0	0	0	0
Ward 7	Friendship PCS - Blow-Pierce Middle	57	16	0	0	0	0	0	0
Ward 7	Friendship PCS - Collegiate Academy	172	34	0	3	0	0	0	0
Ward 7	Houston Elementary School	166	72	1	2	0	0	0	0
Ward 7	Integrated Design Electronics Academy PCS	69	16	0	0	0	0	0	0
Ward 7	Kelly Miller Middle School	142	13	0	2	0	0	0	0
Ward 7	Kimball Elementary School	174	70	0	4	0	1	0	0
Ward 7	KIPP DC - Arts & Technology Academy PCS	9	4	0	0	0	0	0	0
Ward 7	KIPP DC - KEY Academy PCS	23	8	1	0	0	0	0	0
Ward 7	KIPP DC - LEAP Academy PCS	24	2	0	0	0	0	0	0
Ward 7	KIPP DC - Promise Academy PCS	79	57	0	0	0	0	0	0
Ward 7	KIPP DC - Quest Academy PCS	2	0	0	1	0	0	0	0
Ward 7	KIPP DC - Valor Academy PCS	2	0	0	0	0	0	0	0
Ward 7	Maya Angelou PCS - Evans High School	4	0	0	0	0	0	0	0
Ward 7	Nalle Elementary School	166	44	0	7	0	1	0	0
Ward 7	Plummer Elementary School	201	31	0	7	85	0	0	0
Ward 7	Randle Highlands Elementary School	79	12	0	0	0	0	0	0
Ward 7	River Terrace Special Education Center	126	18	0	9	73	1	0	1
Ward 7	Ron Brown College Prep HS	41	1	0	0	0	0	0	0
Ward 7	Smothers Elementary School	107	33	0	2	0	0	0	0

Ward 7	Sousa Middle School	93	10	0	0	0	0	0	0
Ward 7	Statesman College Preparatory Academy for Boys PCS	53	3	0	0	0	0	0	0
Ward 7	Thomas Elementary School	158	42	0	6	7	1	0	0
Ward 7	Woodson SHS	145	11	0	18	0	0	0	0
Ward 8	Achievement Preparatory Academy PCS - Elementary	55	24	0	1	0	0	0	0
Ward 8	Anacostia High School	44	2	0	8	0	0	0	0
Ward 8	AppleTree Early Learning PCS - Southeast	0	0	0	0	0	0	0	0
Ward 8	Ballou High School	31	1	0	0	0	0	0	0
Ward 8	Ballou-STAY	1	1	0	0	0	0	0	0
Ward 8	Boone Elementary School	140	53	0	4	0	0	0	0
Ward 8	DC Prep PCS - Anacostia Elementary	55	3	0	0	0	0	0	0
Ward 8	Eagle Academy PCS - Congress Heights	419	270	1	13	0	1	0	0
Ward 8	Early Childhood Academy PCS	62	12	0	0	0	0	0	0
Ward 8	Excel Academy	178	72	0	0	0	0	0	0
Ward 8	Friendship PCS - Southeast Elementary Academy	104	55	0	10	0	0	0	0
Ward 8	Friendship Tech Prep Academy SHS PCS	66	43	0	5	0	0	0	0
Ward 8	Garfield Elementary School	250	46	0	13	141	0	0	0
Ward 8	Hart Middle School	18	6	0	0	0	1	0	0
Ward 8	Hendley Elementary School	169	66	0	8	25	0	0	0
Ward 8	Ingenuity Prep PCS	345	48	0	21	192	0	0	0
Ward 8	Johnson Middle School	15	9	0	4	0	0	0	0

Ward 8	Ketcham Elementary School	96	48	0	0	0	0	0	0
Ward 8	King Elementary School	363	134	0	11	163	0	0	0
Ward 8	KIPP DC - AIM Academy PCS	24	6	0	0	0	0	0	0
Ward 8	KIPP DC - Discover Academy PCS	29	10	0	3	0	0	0	0
Ward 8	KIPP DC - Heights Academy PCS	253	118	0	8	84	0	0	0
Ward 8	KIPP DC - Honor Academy PCS	16	10	0	0	0	0	0	0
Ward 8	KIPP DC - Somerset College Prep PCS	6	4	0	0	0	0	0	0
Ward 8	Kramer Middle School	90	26	0	0	3	0	0	0
Ward 8	Leckie Elementary School	170	34	0	0	0	0	0	0
Ward 8	Malcolm X Elementary School	24	18	0	0	0	0	0	0
Ward 8	Moten Elementary School	178	26	0	9	88	0	0	0
Ward 8	Patterson Elementary School	597	81	1	23	286	0	0	0
Ward 8	Rocketship Legacy Prep PCS	32	2	0	2	0	0	0	0
Ward 8	Rocketship Rise PCS	52	9	0	11	0	1	0	0
Ward 8	Savoy Elementary School	116	49	0	4	0	0	0	0
Ward 8	Simon Elementary School	112	56	0	2	0	0	0	0
Ward 8	Stanton Elementary School	176	19	0	6	59	0	0	0
Ward 8	Thurgood Marshall Academy PCS	22	0	0	0	0	0	0	0
Ward 8	Turner Elementary School	137	47	0	6	7	1	0	0
Total		**37,993**	**8,842**	**16**	**1,041**	**3,699**	**20**	**12**	**4**

FY22 Health Suite Utilization, SY 21-22 (*to-date as of January 13, 2022)*

Ward	School Name	# of Student Encounters	Acute Care	ER Visits	Medication		Number of Students with the Following Procedures		
					# of Prescriptions	Med Admins	Tube Feedings	Catheterization	Trach Care
Ward 1	Bancroft Elementary School	504	321	1	19	42	1	0	0
Ward 1	Bell Multicultural High School	121	91	0	0	5	0	0	0
Ward 1	Benjamin Banneker High School	246	110	1	12	7	0	0	0
Ward 1	Bruce-Monroe Elementary School @ Park View	188	138	0	18	11	0	0	0
Ward 1	Cardozo Education Campus	231	145	3	13	2	0	1	0
Ward 1	Cleveland Elementary School	388	275	1	24	13	0	0	0
Ward 1	Columbia Heights Education Center	720	556	1	0	0	0	0	0
Ward 1	E.L. Haynes PCS - Georgia Avenue	149	132	0	1	23	0	0	0
Ward 1	H.D. Cooke Elementary School	244	176	0	17	9	0	0	0
Ward 1	Lincoln Multicultural Middle School	202	129	0	39	25	0	0	0
Ward 1	Marie Reed Elementary School	410	248	1	25	26	0	0	0
Ward 1	Meridian ES PCS	363	233	0	59	42	0	0	0
Ward 1	Meridian MS PCS	37	30	0	0	3	0	0	0
Ward 1	Oyster Adams Bilingual	668	209	0	67	32	0	1	0
Ward 1	Tubman Elementary School	486	353	2	13	43	0	0	0
Ward 2	Ellington School of The Arts	531	332	0	19	7	0	0	0
Ward 2	Garrison Elementary School	317	139	0	30	20	0	0	0
Ward 2	Girls Global Academy PCS	194	95	1	14	15	0	0	0
Ward 2	Hardy Middle School	538	325	2	21	13	0	0	0

Ward 2	Hyde-Addision Elementary School	593	307	0	19	24	0	0	0
Ward 2	Ross Elementary School	55	25	0	0	12	0	0	0
Ward 2	School Without Walls @ Francis-Stevens EC	1427	770	4	101	43	0	0	0
Ward 2	School Without Walls High School	384	208	0	25	23	0	0	0
Ward 2	Thaddeus Stevens Early Learning Center	61	31	0	16	7	0	0	0
Ward 2	Thomson Elementary School	380	283	0	18	15	0	0	0
Ward 3	Deal Middle School	681	389	3	57	83	0	0	0
Ward 3	Eaton Elementary School	259	47	1	43	29	0	0	0
Ward 3	Hearst Elementary School	421	239	0	41	34	0	0	0
Ward 3	Janney Elementary School	1338	854	1	111	67	0	0	0
Ward 3	Key Elementary School	362	335	1	5	27	0	0	0
Ward 3	Mann Elementary School	419	296	0	34	25	0	0	0
Ward 3	Murch Elementary School	583	331	1	72	44	1	0	0
Ward 3	Oyster-Adams Bilingual EC	669	339	1	44	29	0	0	0
Ward 3	Stoddert Elementary School	234	155	0	0	14	0	0	0
Ward 3	Wilson High School	1023	297	2	120	23	1	0	0
Ward 4	Barnard Elementary School	731	297	9	71	52	0	1	0
Ward 4	Bridges PCS	673	135	0	137	47	1	0	0
Ward 4	Brightwood Education Campus	728	175	0	102	44	0	0	0
Ward 4	Capital City Pcs - High School	134	88	1	1	16	0	0	0
Ward 4	Capital City Pcs - Lower School	170	134	0	2	32	0	0	0
Ward 4	Capital City Pcs - Middle School	382	187	2	39	32	0	0	0
Ward 4	Center City Pcs - Petworth Campus	146	69	0	16	25	0	0	0

Ward 4	Coolidge High School	808	170	1	82	29	0	1	0
Ward 4	Dc International PCS	562	394	0	1	23	0	1	0
Ward 4	Dorothy I. Heights Elementary School	177	115	0	1	35	0	0	0
Ward 4	E.L. Haynes PCS - Kansas Avenue (Elementary School)	525	281	1	5	59	0	1	0
Ward 4	E.L. Haynes PCS - Kansas Avenue (High School)	67	26	1	0	14	0	0	0
Ward 4	Friendship PCS - Ideal Academy ES	26	19	0	2	5	0	0	0
Ward 4	Friendship PCS - Ideal Middle School	109	91	2	0	15	0	0	0
Ward 4	Ida B. Wells Middle School	929	495	2	175	40	0	0	0
Ward 4	Lafayette Elementary School	1380	626	2	113	71	1	1	1
Ward 4	Lasalle-Backus Education Campus	472	241	0	59	18	0	0	0
Ward 4	Latin American Montessori Bilingual Pcs - Kingsbury	442	229	0	39	34	0	0	0
Ward 4	Macfarland MS	678	354	1	38	11	0	0	0
Ward 4	Paul Pcs - International High School	193	137	2	1	9	0	1	0
Ward 4	Paul Pcs - Middle School	285	164	0	23	8	0	0	0
Ward 4	Powell Elementary School	467	313	0	1	22	0	0	0
Ward 4	Raymond Elementary School	317	240	0	18	12	0	0	0
Ward 4	Roosevelt High School	1166	283	3	104	17	0	2	0
Ward 4	Roosevelt Stay	36	24	3	0	0	0	0	0
Ward 4	Shepherd Elementary School	942	637	0	66	33	0	0	0
Ward 4	Takoma Education Center	409	361	0	8	13	0	0	0
Ward 4	Truesdell Education Campus	411	283	3	32	27	0	0	0
Ward 4	Washington Latin PCS-Middle School	261	82	0	37	14	0	0	0

Ward 4	Washington Latin PCS - Upper School	60	34	1	10	3	0	0	0
Ward 4	West Education Campus	533	282	0	83	21	0	0	0
Ward 4	Whittier Education Campus	223	193	0	0	10	0	0	0
Ward 5	Brookland Middle School	459	311	0	32	12	0	0	0
Ward 5	Browne Education Campus	570	280	0	80	36	0	0	0
Ward 5	Bunker Hill Elementary School	192	154	0	7	12	0	0	0
Ward 5	Burroughs Education Center	211	91	0	28	16	0	0	0
Ward 5	Capital Village PCS	170	74	0	29	3	0	0	0
Ward 5	Creative Minds International PCS	755	78	1	108	19	0	2	1
Ward 5	Dc Bilingual PCS	450	320	0	35	21	0	0	0
Ward 5	Dc Prep PCS - Edgewood Elementary	199	119	0	22	22	0	0	0
Ward 5	Dc Prep PCS - Edgewood Middle	280	87	2	68	24	0	0	0
Ward 5	Dunbar High School	230	99	0	35	12	0	0	0
Ward 5	Elsie Whitlow Stokes Community Freedom PCS - Brookland	534	299	0	36	20	0	0	0
Ward 5	Friendship PCS - Armstrong	244	178	1	16	20	0	0	0
Ward 5	Friendship PCS - Woodridge Elementary	202	144	0	0	5	0	0	0
Ward 5	Friendship PCS - Woodridge Middle	216	163	0	0	31	0	0	0
Ward 5	Inspired Teaching Demonstration PCS	439	236	0	63	26	0	0	0
Ward 5	KIPP DC - Connect Academy PCS	74	63	0	4	5	0	0	0
Ward 5	KIPP DC - Hamilton College Preparatory PCS	405	189	3	36	11	0	0	0
Ward 5	KIPP DC - Northeast Academy PCS	296	188	0	38	32	0	0	0
Ward 5	KIPP DC - Spring Academy PCS	183	111	0	9	40	0	0	0

Ward 5	Langdon Education Campus	706	286	0	67	33	0	0	0
Ward 5	Langley Education Campus	177	66	1	30	0	0	0	0
Ward 5	Lee Montessori PCS	72	63	0	0	26	0	0	0
Ward 5	Lee Montessori PCS - Brookland	24	15	0	1	0	0	0	0
Ward 5	Luke C. Moore High School	25	19	0	0	22	0	0	0
Ward 5	Mckinley Technology High School	261	139	1	4	15	0	0	0
Ward 5	Mckinley Technology Middle School	185	135	0	15	32	0	0	0
Ward 5	Mundo Verde PCS - JF Cook	465	294	0	43	20	0	0	0
Ward 5	Noyes Education Campus	392	148	0	53	10	0	0	0
Ward 5	Perry Street Preparatory PCS	407	188	0	77	1	0	0	0
Ward 5	Phelps High School	192	71	0	1	17	0	0	0
Ward 5	Rocketship PCS - Infinity Community Prep	95	40	0	18	5	0	0	0
Ward 5	Shining Stars Montessori Academy PCS	80	57	0	0	4	0	0	0
Ward 5	Social Justice PCS	56	55	0	0	3	0	0	0
Ward 5	Sojourner Truth PCS	48	44	0	0	13	0	0	0
Ward 5	The Children's Guild PCS	234	140	0	46	24	0	1	0
Ward 5	Two Rivers Pcs - Young Campus	481	243	0	71	2	0	0	0
Ward 5	Washington Leadership Academy PCS	32	16	1	1	42	0	0	0
Ward 5	Washington Yu Ying PCS	383	150	0	5	17	0	0	0
Ward 5	Wheatley Elementary School	450	202	4	30	24	0	0	0
Ward 6	Amidon-Bowen Elementary School	423	276	0	40	28	0	0	0
Ward 6	Brent Elementary School	350	275	0	38	41	0	0	0
Ward 6	Capitol Hill Montessori @ Logan	297	233	0	1	28	0	0	0

Ward 6	Center City PCS - Capitol Hill Campus	469	102	0	64	20	0	0	0
Ward 6	Eastern High School	509	105	3	73	16	0	0	0
Ward 6	Eliot-Hine Middle School	359	169	2	45	36	0	0	0
Ward 6	Friendship PCS - Chamberlain Elementary	359	138	3	124	42	0	0	0
Ward 6	Friendship PCS - Chamberlain Middle	261	140	4	57	0	0	0	0
Ward 6	Hope Community PCS - Tolson	2	0	0	0	7	0	0	0
Ward 6	J. O. Wilson Elementary School	360	285	0	1	17	1	0	0
Ward 6	Jefferson Academy	455	256	5	39	0	0	0	0
Ward 6	Kingsman Academy PCS	1	1	0	0	8	0	0	0
Ward 6	KIPP DC - GROW Academy PCS	55	47	0	3	23	0	0	0
Ward 6	KIPP DC - LEAD Academy PCS	906	274	0	64	16	0	0	0
Ward 6	KIPP DC - WILL Academy PCS	655	116	0	68	10	0	0	0
Ward 6	Ludlow-Taylor Elementary School	616	582	0	0	22	0	0	0
Ward 6	Maury Elementary School	367	352	0	1	34	0	0	0
Ward 6	Miner Elementary School	644	344	0	74	25	1	0	0
Ward 6	Mundo Verde Pcs - Calle Ocho	212	191	1	1	23	0	0	0
Ward 6	Payne Elementary School	387	84	0	16	7	0	0	0
Ward 6	Peabody Elementary School	12	2	0	3	24	0	0	0
Ward 6	School Within A School @ Goding	641	100	0	66	25	1	1	0
Ward 6	Seaton Elementary School	1036	588	0	91	19	0	0	0
Ward 6	Stuart-Hobson Middle School	579	307	1	19	7	0	0	0
Ward 6	Two Rivers Pcs - 4th Street	123	95	0	3	45	0	0	0
Ward 6	Tyler Elementary School	787	401	0	77	20	0	0	0

Ward 6	Van Ness Elementary School	339	261	0	10	37	0	0	0
Ward 6	Walker-Jones Education Campus	1164	553	2	142	13	0	1	0
Ward 6	Washington Global PCS	144	126	1	1	19	0	0	0
Ward 6	Watkins Elementary School	339	243	0	19	17	0	0	0
Ward 7	Aiton Elementary School	294	149	0	31	4	0	0	0
Ward 7	Appletree Early Learning PCS - Oklahoma Ave	28	16	0	1	0	0	0	0
Ward 7	Bard High School Early College DC	222	141	0	0	17	0	0	0
Ward 7	Beers Elementary School	277	131	0	33	12	0	0	0
Ward 7	Burrville Elementary School	286	147	0	34	25	0	0	0
Ward 7	C.W. Harris Elementary School	516	260	1	40	21	1	0	0
Ward 7	Dc Prep PCS - Benning Elementary	531	348	0	59	15	0	0	0
Ward 7	Dc Prep PCS - Benning Middle	585	317	0	71	35	0	0	0
Ward 7	Dc Scholars PCS	164	126	0	1	19	0	0	0
Ward 7	Drew Elementary School	220	129	1	14	24	0	0	0
Ward 7	Elsie Whitlow Stokes Community Freedom PCS- East End	198	97	0	44	12	0	0	0
Ward 7	Friendship PCS - Blow-Pierce Elementary	255	230	1	1	17	0	0	0
Ward 7	Friendship PCS - Blow-Pierce Middle	238	171	0	8	8	0	0	0
Ward 7	Friendship PCS - Collegiate Academy	330	194	0	1	31	0	0	0
Ward 7	Houston Elementary School	321	193	0	21	15	0	0	0
Ward 7	I Dream PCS	188	87	0	37	8	0	0	0
Ward 7	Integrated Design Electronics Academy PCS	561	284	0	22	19	0	0	0
Ward 7	Kelly Miller Middle School	361	156	2	135	48	0	0	0

Ward 7	Kimball Elementary School	707	375	0	893	18	0	0	0
Ward 7	KIPP DC - Arts & Technology Academy PCS	44	24	0	10	4	0	0	0
Ward 7	KIPP DC - KEY Academy PCS	131	130	1	10	11	0	0	0
Ward 7	KIPP DC - LEAP Academy PCS	46	44	0	71	23	0	0	0
Ward 7	KIPP DC - Promise Academy PCS	197	149	1	45	31	0	0	0
Ward 7	KIPP DC - Quest Academy PCS	382	237	0	35	18	0	0	0
Ward 7	KIPP DC - Valor Academy PCS	190	123	0	93	0	0	0	0
Ward 7	Maya Angelou PCS - Evans High School	34	31	0	0	16	0	0	0
Ward 7	Nalle Elementary School	794	356	1	0	25	1	0	0
Ward 7	Plummer Elementary School	445	233	1	1	7	1	0	0
Ward 7	Randle Highlands Elementary School	348	257	1	23	26	0	0	0
Ward 7	River Terrace Special Education Center	775	129	1	45	6	0	1	1
Ward 7	Ron Brown College Prep HS	282	144	1	20	7	0	0	0
Ward 7	Smothers Elementary School	272	220	0	0	6	1	0	0
Ward 7	Sousa Middle School	119	110	0	56	17	0	0	0
Ward 7	Statesman College Preparatory Academy For Boys PCS	340	222	0	42	0	0	0	0
Ward 7	Thomas Elementary School	418	114	1	0	26	1	0	0
Ward 7	Woodson SHS	338	155	2	0	14	0	0	0
Ward 8	Achievement Preparatory Academy PCS - Elementary	474	120	0	82	15	0	0	0
Ward 8	Anacostia High School	201	140	1	0	18	0	0	0
Ward 8	Appletree Early Learning PCS - Southeast	0	0	0	0	0	0	0	0
Ward 8	Ballou High School	283	121	1	35	2	0	0	0

Ward 8	Ballou-Stay	24	3	1	0	0	0	0	0
Ward 8	Boone Elementary School	568	377	0	60	43	0	0	0
Ward 8	Dc Prep PCS - Anacostia Elementary	558	349	0	48	44	1	0	0
Ward 8	Eagle Academy PCS - Congress Heights	489	411	0	29	39	0	0	0
Ward 8	Early Childhood Academy PCS	127	27	0	23	16	0	0	0
Ward 8	Excel Academy	757	507	0	22	41	0	0	0
Ward 8	Friendship PCS - Southeast Elementary Academy	539	284	0	76	37	0	1	0
Ward 8	Friendship Tech Prep Academy SHS PCS	796	240	0	138	30	0	0	0
Ward 8	Garfield Elementary School	178	123	0	24	19	0	0	0
Ward 8	Hart Middle School	262	60	1	43	30	0	0	0
Ward 8	Hendley Elementary School	384	274	1	29	33	0	0	0
Ward 8	Ingenuity Prep PCS	1167	292	0	267	65	0	0	0
Ward 8	Johnson Middle School	468	306	0	13	1	0	0	0
Ward 8	Ketcham Elementary School	584	185	0	110	32	0	0	0
Ward 8	King Elementary School	602	335	2	38	46	0	0	0
Ward 8	KIPP DC – AIM Academy PCS	725	457	0	80	23	0	0	0
Ward 8	KIPP DC - Discover Academy PCS	342	89	0	88	27	0	0	0
Ward 8	KIPP DC - Heights Academy PCS	971	562	0	102	34	0	1	0
Ward 8	KIPP DC - Honor Academy PCS	41	39	0	0	3	0	0	0
Ward 8	KIPP DC - Somerset College Prep PCS	0	0	0	0	0	0	0	0
Ward 8	Kramer Middle School	376	187	3	30	46	0	0	0
Ward 8	Leckie Elementary School	1493	756	0	155	33	0	0	0
Ward 8	Lee Montessori PCS - East End	21	20	0	0	20	0	0	0

Ward 8	Malcolm X Elementary School	214	167	0	11	18	0	0	0
Ward 8	Moten Elementary School	989	255	1	155	52	1	0	0
Ward 8	Patterson Elementary School	1409	523	2	211	58	1	0	0
Ward 8	Rocketship Legacy Prep PCS	73	44	0	9	39	0	0	0
Ward 8	Rocketship Rise PCS	287	154	0	40	40	0	0	0
Ward 8	Savoy Elementary School	723	284	0	99	27	1	0	0
Ward 8	Simon Elementary School	280	216	1	1	20	0	0	0
Ward 8	Stanton Elementary School	804	281	0	115	30	0	0	0
Ward 8	Thurgood Marshall Academy PCS	364	111	0	22	2	0	0	0
Ward 8	Turner Elementary School	1131	526	6	206	63	0	0	1
Total		**83,734**	**43,357**	**132**	**7,871**	**4,577**	**17**	**18**	**4**

The total expenditures in FY21 and FY22 to date, broken down by health care services, fixed costs, and personnel:

School Health Services Program **FY 2021 Local Expenditures**	
Staff Salaries	$13,630,604.89
Fringe Benefits	$2,317,203.23
Total Personnel Costs	**$15,947,808.12**
Consultants	$324,045.78
Other Expenses	$513,420.44
Medical Supplies	$82,792.03
Office Supplies	$188,784.29
Travel	$1,006.78
Communication	$622.27
Occupancy	$159,885.91
Total Non-Personnel Costs	**$1,270,557.50**
Total Direct Costs	$17,218,365.62
Indirect Costs	$1,721,836.56
Total FY21 Expenditures	**$18,940,202.18**

School Health Services Program **FY 2021 Total Expenditures** **All Sources (Local and Federal)**	
Personnel Costs	**$15,947,808.12**
Non-Personnel Cost	$2,533,491.02
Admin Fee	$79,229.69
Indirect	$1,848,129.91
TOTAL FY2021 Expenditures	**$20,408,658.74**

School Health Services Program **FY 2022 Year-to-Date Total Expenditures** **(11/1/2021 through 01/12/22)**	
Staff Salaries	$2,389,606.41
Fringe Benefits	$406,233.77
Total Personnel Costs	**$2,795,840.18**
Consultants	$214,111.45
Other Expenses	$33,947.47
Supplies	$7,211.50
Travel	$558.25
Communication	$622.27
Occupancy	$46,010.37
Total Non-Personnel Costs	**$301,839.04**
Total Direct Costs	$3,097,679.22
Indirect Costs	$1,721,836.56
Total FY22 Expenditures	**$3,407,424.14**

Q49: Please provide an update on the existing school-based health centers in FY21 and FY22 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:

Services Provided
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 and 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 accessible, equitable, acceptable, appropriate, comprehensive, effective, and efficient care.

DC Health continued provision of a comprehensive, integrated, and collaborative model to provide equitable health services in our SBHCs. All SBHC sites deliver the same minimum services with an allowance for each to respond 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 (WSCC) 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:

1. Access - The SBHC assures students' access to health care and support services to help them thrive.
2. Student Focus - The SBHC team and services are organized explicitly around relevant health issues that affect student well-being and academic success.

3. 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.
4. Accountability - The SBHC routinely evaluates its performance against accepted standards of quality to achieve optimal outcomes for students.
5. School Wellness - The SBHC promotes a culture of health across the entire school community.
6. Systems Coordination - The SBHC coordinates across relevant systems of care that share in the well-being of its patients.
7. 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, 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 each child's full potential.

DC Health oversees the seven SBHCs across the District in partnership with community-based medical providers and DC Public Schools. During a regular school year, 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 four 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 life planning and reproductive health care which includes 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 DBH, SBHC providers establish appropriate referral mechanisms to ensure student connections to behavioral health services within the school and/or 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.

During FY21, the SBHCs were still able to provide impactful activities despite periods of time where schools were closed, fully remote, or in a hybrid remote posture. SBHC providers offered and transitioned many of the services listed above into virtual telemedicine visits, except dental services, since COVID-19 dental affected how organizations provided dental services in clinical settings.

Grantees primarily reached out to students already enrolled in services and maintained communication and collaboration with school personnel for referral purposes. Recruitment of new students was challenging due to virtual learning, but the grantees used their creativity to maintain their visibility. For example, one grantee continued virtual educational sessions to include reproductive health, sexual violence, trafficking, and STIs/PrEP education. Students and families were also invited to several COVID-19 discussions and educational sessions throughout the year. Others utilized social media platforms, collaborated with other community partners during tabling events, and presented during parent-teacher virtual meetings to encourage health center utilization.

Additionally, in response to the disruptions caused by the COVID-19 pandemic, DC Health launched a District-wide Childhood Vaccination Program across the various SBHCs. Access to the sites was granted to any student in the District of Columbia for vaccinations. Lastly, to provide further access to well-child exams, DC Health partnered with the Athletic Department within the District of Columbia Public School system to offer well-child exams with a sports clearance for all high school students that play sports. Athletes that require sports clearance and need their yearly well-child exam will be able to receive this service from any of DC Health's seven SBHCs.

Like many businesses, organizations, and programs, the COVID-19 pandemic also caused challenges for the SBHC Operators. Challenges experienced include the following:

- Virtual learning replaced in-person instructional learning at all schools; therefore, the target population was difficult to reach and utilization decreased. Many students were

not aware that the SBHC's had re-opened and some were under the impression that vaccinations were not needed since they were off-site.

- Dental services were paused due to a lack of proper equipment that would decrease the possibility of spreading the COVID-19 virus and deficiencies in the wi-fi connectivity that prohibited them from having functional X-ray equipment. Students with dental concerns were referred to community sites as necessary once dental services within the city were approved to resume care.
- Some SBHCs experienced staff shortages. The staff that continued to work for SBHC had to increase their duties and availability to cover the shortages.

Operators indicated areas within their specific programs that could be improved upon. Of note, the operators requested greater collaboration among each other to share best practices and the data reporting process, greater advertising efforts from the DC Health and DCPS, inclusion during the planning stages for new initiatives, IT and connectivity improvements within the sites, and lastly, clearer messaging regarding DCPS changes or directives to the students regarding immunization requirements for in-person learning.

b. Service Utilization

Total # of students who utilized each service, by school (FY 21)

FY 21 School-Based Health Centers utilization by service and school							
Service Type	Anacostia	Ballou	Cardozo	Coolidge	Dunbar	Roosevelt	Woodson
Total visits	609	253	1145	150	296	520	526
Total students who visited SBHC	541	218	831	139	241	441	440
Well child visits	87	71	317	22	87	116	137
Mental/behavioral health visits	136	89	1085	20	161	209	504
Sexual health visits	180	181	120	22	172	149	63
Immunizations administered	787	184	1083	46	228	701	344
Oral health visits	5	0	20	0	0	83	9
Asthma care visits	19	20	42	5	36	31	38

Total # of students who utilized each service, by school (FY 22) ***to-date as of November 20, 2021***

FY 22 School-Based Health Centers utilization by service and school							
Service Type	Anacostia	Ballou	Cardozo	Coolidge	Dunbar	Roosevelt	Woodson
Total visits	247	82	270	140	157	172	184
Total students who visited SBHC	231	28	174	117	36	136	133
Well child visits	13	14	55	54	28	36	24

Mental/Behavioral health visits	56	13	264	80	14	44	183
Sexual health visits	45	17	18	32	14	58	22
Immunizations administered	180	42	275	171	62	241	131
Oral health visits	0	0	40	0	0	40	8
Asthma care visits	4	6	14	16	10	11	5

SBHC Utilization
Total # of individual students who used a school-based health center by health center location

Unique (unduplicated) students who used a SBHC by health center location		
SBHC	FY21 *(October 1, 2020 – September 30, 2021)*	FY22 (As of November 30, 2021)
Anacostia	541	231
Ballou	218	28
Cardozo	831	174
Coolidge	139	117
Dunbar	241	36
Roosevelt	441	136
Woodson	440	133
Total	**2,851**	**855**

Staffing
Number of health care staff by profession and school

School Based Health Center at Anacostia	
Profession	**Number**
Pediatrician/Medical Director	1
Family Nurse Practitioner	1
Program Administrator	1
Patient Services Supervisor	1
License Practical Nurse	1
Social Worker	1
Psychiatrist	1
Certified Nurse MidWife	1
Total	**8**

School Based Health Center at Ballou	
Profession	**Number**
Principal Investigator	1
Medical Director*	1

Nurse Practitioner	2
Mental Health Provider	1
Program Manager	1
Clinical Operations Representative	1
Dentist**	1
Dental Assistant**	1
Data Manager	1
Total	**10**

*****Indicates position for FY21 only
**Indicates positions reinstated in FY22

School Based Health Center at Cardozo	
Profession	**Number**
Health Center Director	1
Medical Director	1
Nurse Practitioner	1
Medical Assistant	1
Care Coordinator	1
Social Worker	1
Dentist**	1
Dental Assistant**	1
Total	**8**

**Indicates positions reinstated in FY22

School Based Health Center at Coolidge	
Profession	**Number**
Medical Director**	1
Nurse Practitioner**	1
Patient Care Technician**	1
Total	**3**

**Indicates positions reinstated in FY22

School Based Health Center at Dunbar	
Profession	**Number**
Principal Investigator	1
Medical Director*	1
Nurse Practitioner	2
Mental Health Provider	1

Program Manager	1
Clinical Operations Representative	1
Dentist**	1
Dental Assistant**	1
Data Manager	1
Total	**10**

*****Indicates position for FY21 only
**Indicates positions reinstated in FY22

School Based Health Center at Roosevelt	
Profession	**Number**
Medical Director	1
Pediatrician	1
Program Administrator	1
Patient Services Coordinator	1
License Practical Nurse	1
Social Worker	1
Psychiatrist	1
Certified Nurse Midwife	1
Total	**8**

School Health Center at Woodson	
Profession	**Number**
Health Center Director	1
Medical Director	1
Nurse Practitioner/ MD	2
Medical Assistant	1
Care Coordinator	1
Case Manager	1
Mental Health Clinician	1
Dentist**	1
Dental Assistant**	1
Total	**10**

**Indicates positions reinstated in FY22

Funding by SBHC
The amount of funding allocated to each School Based Health Center (SBHC)

SBHC	Operator	FY21 Total Funding Allocation	FY22 Total Funding Allocation
SBHC at Anacostia	MedStar Health Research Institute	$197,052.50	$300,000.00
SBHC at Ballou	Children's National Hospital	$175,776.36	$365,369.38
SBHC at Cardozo	Unity Health Care, Inc.	$178,882.93	$300,000.00
SBHC at Coolidge	Mary's Center	$166,109.00	$300,000.00
SBHC at Dunbar	Children's National Hospital	$175,776.36	$316,369.98
SBHC at Roosevelt	MedStar Health Research Institute	$198,371.50	$300,000
SBHC at Woodson	Unity Health Care, Inc.	$180,232.35	$300,000

Funding by Source
The total amount of funding allocated to each SBHC by source
FY 21 Funding allocated to each SBHC by source

	Funding Source		
SBHC location	**FY21 Local Funds**	**DCPS**	**COVID-19 Funds**
Anacostia	$157,000.00	$4,550.50	$35,502.00
Ballou	$157,000.00	$4,550.50	$14,225.86
Cardozo	$157,000.00	$4,550.50	$17,332.43
Coolidge	$157,000.00	$4,550.50	$9,109.00

Dunbar	$157,000.00	$4,550.50	$14,225.86
Roosevelt	$157,000.00	$4,550.50	$36,821.00
Woodson	$157,000.00	$4,550.50	$18,682.35

FY 22 Funding allocated to each SBHC by source

	Funding Source		
SBHC location	**FY22 Local Funds**	**Title V**	**COVID-19 Funds**
Anacostia	$300,000.00	0	0
Ballou	$300,000.00	$58,549.38	$6,820.00
Cardozo	$300,000.00	0	0
Coolidge	$300,000.00	0	0
Dunbar	$300,000.00	$9,549.98	$6,820.00
Roosevelt	$300,000.00	0	0
Woodson	$300,000.00	0	0

Services by Service Type and SBHC Location

FY21 – Total # of services provided by type and SBHC location ***(October 1, 2020 – September 30, 2021)***						
	Sexual Health	Confidential Reproductive Health	Mental/Behavioral Health	Mental Health Screenings/ Assessments	Crisis Intervention Counseling	Mental Health Referrals
Anacostia	180	162	136	80	0	26
Ballou	181	176	89	28	0	0
Cardozo	120	119	1085	869	0	6
Coolidge	22	22	20	15	0	0
Dunbar	172	172	161	31	0	0
Roosevelt	149	129	209	139	2	52
Woodson	63	62	504	367	0	2

FY22 – Total # of services provided by type and SBHC location

(As of November 30, 2021)						
	Sexual Health	Confidential Reproductive Health	Mental/Behavioral Health	Mental Health Screenings/ Assessments	Crisis Intervention Counseling	Mental Health Referrals
Anacostia	45	42	56	11	0	1
Ballou	17	17	13	0	0	0
Cardozo	18	18	264	194	0	0
Coolidge	32	24	80	79	0	0
Dunbar	14	14	14	0	0	0
Roosevelt	58	49	44	35	0	8
Woodson	22	22	183	129	0	

Q50: Please provide an update on the Health Professional Loan Repayment Program (HPLRP). At a minimum, please provide:

a. Service location and terms of current participants;
b. Available funding;
c. FY21 and FY22 expenditures;
d. List of acceptable service locations in the District; and
e. Any changes to the program.

Response:

Available Funding and Expenditures

	FY21	**FY22**
Available Funding	$2,723,177.73	$3,385,715.95
Federal Funding	$615,914	$652,193.47 (includes carry-over request of unspent funds)
Local Appropriations	$607,983.73	$1,257,616.95
Revolving Health Professional Recruitment Fund	$1,500,000	$1,500,000
Total/Projected Expenditures	$1,182,199.08 ($591,099.53 Federal and $591,099.55 District)	$1,318,430.756 (including 13 new awardees planned)
Unspent Federal Funds	$24,094.47	

Table 1 – HPLRP sites by term

Term	**Related Active Site - Site Name**	**Ward**
3 Years	Children's Health Center - Anacostia	8
3 Years	Children's Health Center - Anacostia	8
3 Years	Children's Health Center - Columbia Heights	1
3 Years	Children's Health Project of DC (The ARC)	8
4 Years	Community of Hope - Conway Health and Resource Center	8
4 Years	Community of Hope - Conway Health and Resource Center	8
2 Years	Dept. of Behavioral Health - Malcolm X School Health Center	8
2 Years	Family and Medical Counseling Services, Inc.	8
2 Years	Howard Univ. Hospital - OB/GYN Women's Wellness Center	1
2 Years	Howard Univ. Hospital - OB/GYN Women's Wellness Center	1

Term	Related Active Site - Site Name	Ward
2 Years	Mary's Center - Gallatin Street	5
2 Years	Mary's Center - Georgia Avenue	4
3 Years	Mary's Center - Georgia Avenue	4
3 Years	Mary's Center - Georgia Avenue	4
4 Years	Mary's Center - Ontario Rd	1
2 Years	Mary's Center - Ontario Rd	1
3 Years	Medstar-Georgetown Univ. Hospital School Based Health Center Anacostia High School	8
2 Years	St. Elizabeth's Hospital	8
2 Years	St. Elizabeth's Hospital	8
2 Years	St. Elizabeth's Hospital	8
2 Years	St. Elizabeth's Hospital	8
2 Years	St. Elizabeth's Hospital	8
2 Years	St. Elizabeth's Hospital	8
4 Years	Unity Health Care - Anacostia Health Center	8
2 Years	Unity Health Care - Anacostia Health Center	8
2 Years	Unity Health Care - Anacostia Health Center	8
2 Years	Unity Health Care - Anacostia Health Center	8
2 Years	Unity Health Care - Brentwood Health Center	5
3 Years	Unity Health Care - Cardozo Student Health Center.	1
2 Years	Unity Health Care - Central Detention Facility	7
2 Years	Unity Health Care - Central Detention Facility	7
2 Years	Unity Health Care - Central Detention Facility	7
4 Years	Unity Health Care - Correctional Treatment Facility	7
4 Years	Unity Health Care - Correctional Treatment Facility	7
2 Years	Unity Health Care - East of the River Health Center	7
4 Years	Unity Health Care - Southwest Health Center	6
2 Years	Unity Health Care - Parkside	7
2 Years	Unity Health Care - Upper Cardozo Health Center	1
2 Years	Unity Health Care - Upper Cardozo Health Center	1
4 Years	Unity Health Care - Upper Cardozo Health Center	1
2 Years	Whitman Walker - 1525	2
3 Years	Whitman Walker - 1525	2
4 Years	Whitman Walker - 1525	2
4 Years	Whitman Walker - 1525	2
4 Years	Whitman Walker - 1525	2

Table 2 – HPLRP Participants by Site

Related Active Site - Site Name (Summary of Sites with Active Providers)	**Participant Count**
Children's Health Center - Anacostia	2
Children's Health Center - Columbia Heights	1
Children's Health Project of DC (The ARC)	1
Community of Hope - Conway Health and Resource Center	2
Dept. of Behavioral Health - Malcolm X School Health Center	1
Family and Medical Counseling Services, Inc	1
Howard Univ. Hospital - OB/GYN Women's Wellness Center	1
Howard Univ. Hospital - OB/GYN Women's Wellness Center	1
Mary's Center - Gallatin Street	1
Mary's Center - Georgia Avenue	3
Mary's Center - Ontario Road	2
Medstar-Georgetown University Hospital School Based Health Center - Anacostia High School	1
St. Elizabeth's Hospital	6
Unity Health Care - Anacostia Health Center	1
Unity Health Care - Anacostia Health Center	2
Unity Health Care - Anacostia Health Center	1
Unity Health Care - Brentwood Health Center	1
Unity Health Care - Cardozo Student Health Center	1
Unity Health Care - Central Detention Facility	1
Unity Health Care - Central Detention Facility	2
Unity Health Care - Correctional Treatment Facility	2
Unity Health Care - East of the River Health Center	1
Unity Health Care - Southwest Health Center	1
Unity Health Care - Parkside	1
Unity Health Care - Upper Cardozo Health Center	3
Whitman Walker - 1525	5
Total	45

Table 3 - List of acceptable service locations in the District - (i.e., HPLRP Certified Service Obligation Sites)

Organization Name	**Site Name**	**Site Address**	**Site Ward**

Bread for the City	Bread for the City	1525 7th Street NW, Washington DC 20001	2
Bread for the City	Bread for the City-SE	1640 Good Hope Road SE, Washington DC 20020	8
Organization Name	**Site Name**	**Site Address**	**Site Ward**
Children's National Hospital	Children's Health Center - Anacostia	2101 Martin Luther King, Jr., Avenue SE, 5th Floor, Washington DC 20020	8
Children's National Hospital	Children's Health Center - Columbia Heights	3336 14th St., NW, Washington DC 20010	1
Children's National Hospital	Children's Health Center @ CHC (Sheikh Zayed Campus)	111 Michigan Avenue, NW, Washington DC 20010	5
Children's National Hospital	Children's Health Project of DC (The ARC)	1801 Mississippi Avenue SE, Washington DC 20020	8
Community of Hope	COH - Stanton Commons	2375 Elvan's Road, SE, Washington DC 20020	8
Community of Hope	Conway Health and Resource Center	4 Atlantic Street SW, Washington DC 20032	8
Community of Hope	Family Health and Birth Center	801 17th Street, NE, Washington DC 20002	5
Community of Hope	Marie Reed	2155 Champlain Street, NW, Washington DC 20009	1
Department of Behavioral Health	DBH - Malcolm X School Health Center	1500 Mississippi Avenue SE, Washington DC 20032	8
Department of Behavioral Health	St. Elizabeth's Hospital	1100 Alabama Avenue SE, Washington DC 20032	8
Family and Medical Counseling Services, Inc.	Family and Medical Counseling Services, Inc	2041 Martin Luther King, Jr., Avenue, SE, Washington DC 20020	8
Howard University	HUH -OB/GYN Women's Wellness Center	2041 Georgia Avenue, Tower 1700 C, Washington DC 20060	1
La Clinica del Pueblo	La Clinica Del Pueblo	2831 15th Street NW, Washington DC 20009	1
Mary's Center for Maternal & Child Care, Inc.	Mary's Center - Gallatin Street	100 Gallatin Street NE, Washington DC 20011	5

Mary's Center for Maternal & Child Care, Inc.	Mary's Center - Georgia Avenue	3912 Georgia Avenue, NW, Washington DC 20011	4
Mary's Center for Maternal & Child Care, Inc.	Mary's Center - Ontario Rd	2333 Ontario Road NW, Washington DC 20009	1
Medstar Georgetown University Hospital	MGUH School Based Health Ctr Anacostia High School	1601 16th Street SE, Washington DC 20020	8
Metro Health (formerly Carl Vogel Center)	Metro Health	1012 14th Street NW, Suite 700, Washington DC 20005	2
Pathways to Housing	Pathways to Housing	101 Q Street, NE, Washington DC 20002	5
Providence Health Services Inc.	Perry Family Health Center	128 M Street, NW, Suite 050, 20001	6
Organization Name	**Site Name**	**Site Address**	**Site Ward**
Providence Health Services Inc.	PHS- Center for Geriatric Medicine	1160 Varnum Street NE, Suite 021, Washington DC 20017	5
Providence Health Services Inc.	PHS- Family Medicine & Peds	1160 Varnum Street, DePaul Bldg., Suite 110, Washington DC 20017	5
Providence Health Services Inc.	PHS- Internal Medicine	1160 Varnum Street, Washington DC 20017	5
Providence Health Services Inc.	PHS-Internal Medicine 317	1150 Varnum Street, NE, Suite 312, Washington DC 20017	5
PSI Services III, Inc.	PSI Services III, Inc.	5820 Dix Street, NE, Washington DC 20020	8
SOME, Inc.	SOME	4430 Benning Rd NE, Washington, District of Columbia, 20019	7
SOME, Inc.	SOME, Inc.	60 O Street NW, Washington DC 20001	5
Unity Health Care	801 East Building Health Center	2700 Martin Luther King Jr. Avenue, SE, #801 East, Washington DC 20032	8
Unity Health Care	Anacostia Health Center	1500 Galen St SE, Washington DC 20020	8
Unity Health Care	Cardozo Student Health Center	1200 Clifton Street, NW, Washington DC 20009	1
Unity Health Care	CCNV SHELTER	425 Second Street NW, Washington DC 20001	6
Unity Health Care	Central Detention Facility	1901 D Street SE, Washington DC 20003	7

Unity Health Care	Central Union Mission	635 I Street NE, Washington DC 20002	2
Unity Health Care	Christ House Health Center	1717 Columbia Road NW, 20009	1
Unity Health Care	Columbia Road Health Center	1660 Columbia Road NW, Washington DC 20009	1
Unity Health Care	Correctional Treatment Facility	1901 E Street SE, Washington DC 20003	7
Unity Health Care	East of the River Health Center	123 45th Street, NE Washington DC 20019	7
Unity Health Care	Friendship Health Center	4713 Wisconsin Avenue NW, Washington DC 20016	3
Unity Health Care	H.D. Woodson Health Center	540 55th Street NE Washington DC 20019	7
Unity Health Care	Harbor Light Health Center	2100 New York Avenue, NE Washington DC 20002	5
Unity Health Care	Hope Has a Home	Hope Has a Home 4515 Edson Pl NE, Washington DC 20019	8
Unity Health Care	Minnesota Avenue Center	3946 Minnesota Avenue NE, Washington DC 20019	7
Organization Name	**Site Name**	**Site Address**	**Site Ward**
Unity Health Care	N Street Village Health Center	1333 N Street, NW, Washington DC 20019	6
Unity Health Care	New York Avenue Health Center	1355 New York Avenue NE Washington DC 20002	5
Unity Health Care	Parkside	765 Kenilworth Terrace, NE, Washington DC 20019	7
Unity Health Care	Patricia Handy Place Health Center	810 5th Street, NW, Washington DC 20001	6
Unity Health Care	Southwest Health Center	555 L Street SE, Washington DC 20003	6
Unity Health Care	Stanton Road Health Center	3240 Stanton Road SE, Washington DC 20020	8
Unity Health Care	UHC- Brentwood Health Center	1251-B Saratoga Avenue NE, Washington DC 20018	5
Unity Health Care	Unity Health Care, Inc./ Medical Outreach Van	1717 Columbia Road, NW, Washington DC 20009	2
Unity Health Care	Upper Cardozo Health Center	3020 14th Street NW, Washington DC 20009	1

Whitman Walker, Inc.	Whitman Walker - 1525	1525 14th Street, NW, Washington DC 20005	2
Whitman Walker, Inc.	Max Robinson Medical Center	2301 MLK Jr Ave SE, Washington DC 20020	8

Program Changes:
The Howard University Hospital Family Health Center did not renew. Two sites were added: – DBH's Malcolm X School Health Center and Metro Health.

Q51: 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 by race and Ward.

Response:

Immunization Information System Improvements
Over FY21, DC Health's Immunization Program continued to make significant advances in the transition of the District of Columbia Immunization Information System (DOCIIS). Currently, the Division operates two systems but will integrate these systems by March 1, 2022. DOCIIS 1.0 houses routine pediatric and adult immunization data and is undergoing data migration to DOCIIS 2.0, the system which currently houses DC's COVID-19 vaccination data.

DOCIIS 2.0 is being launched in phases. Phase 1 was the establishment of organization and facilities which allowed the Immunization Division to capture COVID-19 vaccine administration data by facility. Subsequently, the Division launched the Vaccine Ordering and Management System (VOMS) to receive and process all vaccine order requests. VOMS launched for COVID-19 and Vaccines for Children enrolled providers together. For the first time, VOMS gave providers the ability to manage required reporting (e.g., temperature monitoring, inventory, waste) electronically and in one system. In the spring of 2021, the Division activated MyIR- the companion consumer data source for accessing one's electronic vaccination record. Currently, the Immunization Division is preparing to launch the School Nurse Module which will allow designated school and licensed childcare and development center (LCDC) staff the ability to access and monitor student vaccination records, associated by school or LCDC facility.

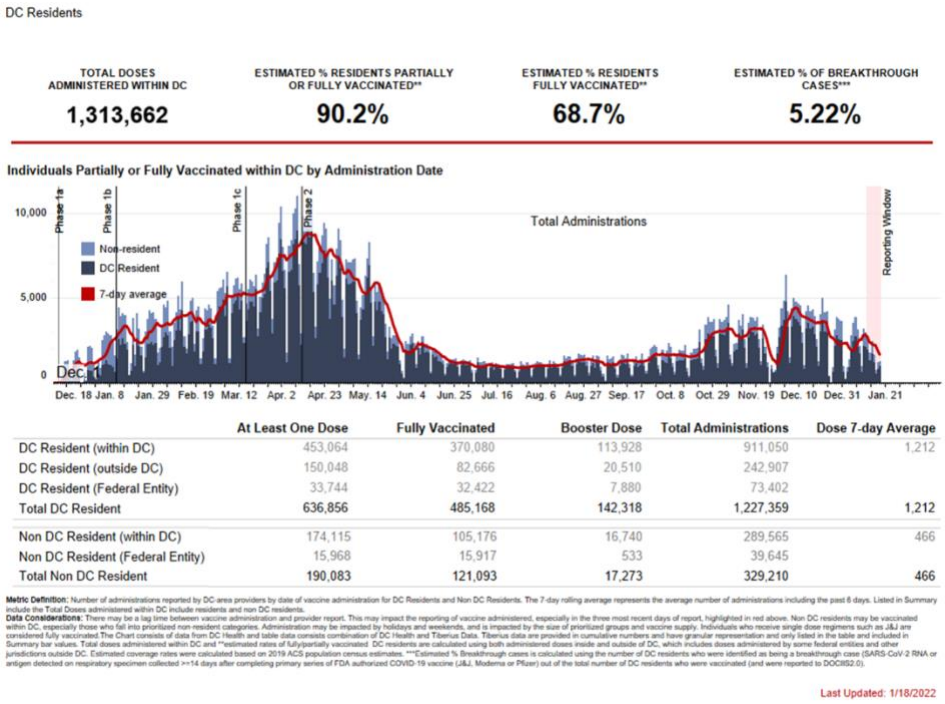
Phase 2 is the migration of all vaccination data from DOCIIS 1.0. This shift will provide critical data to improve vaccine coverage for all residents and allow DOCIIS 2.0 to truly function as a population health tool. It will expand providers' ability to effectively manage patient cohorts for the purpose of record assessment and to carry out quality improvement activities. Upon completion of data migration, DOCIIS 2.0 allows users to identify patients' immunization coverage status, including overdue and coming due vaccines, directly and in real-time for all vaccine types. A fully integrated DOCIIS 2.0 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, and prevention and management of vaccine-preventable diseases.

Some important features of DOCIIS 2.0 include bidirectional data exchange with health care providers and other jurisdictions. The Immunization Division is working to establish this functionality in part through the IZ Gateway, a system hosted by the Association of Public Health Laboratories (APHL) utilizing the APHL Informatics Messaging Services (AIMS) Platform on behalf of and through a cooperative agreement with the (CDC to increase the availability and volume of complete and accurate immunization information data sharing across provider organizations and jurisdictional boundaries. While this process has been lengthy, the Immunization Division has initiated direct data exchange with

neighboring jurisdictions Maryland and Virginia. This critical exchange will allow DC Health to not only more accurately capture and report COVID-19 vaccine administration data but achieve a total population health view of immunization coverage and access for both adults and children.

Immunization Data Reporting

The Immunization Division has grown its team to be able to support public data reporting for COVID-19 as well as enhanced its data quality monitoring and evaluation team. For example, the Immunization Division prepares weekly COVID-19 vaccination data to support the Director's situational report and publicly shares this data on the vaccination dashboard of coronavirus.dc.gov.



	At Least One Dose	Fully Vaccinated	Booster Dose	Total Administrations	Dose 7-day Average
DC Resident (within DC)	453,064	370,080	113,928	911,050	1,212
DC Resident (outside DC)	150,048	82,666	20,510	242,907	
DC Resident (Federal Entity)	33,744	32,422	7,880	73,402	
Total DC Resident	636,856	485,168	142,318	1,227,359	1,212
Non DC Resident (within DC)	174,115	105,176	16,740	289,565	466
Non DC Resident (Federal Entity)	15,968	15,917	533	39,645	
Total Non DC Resident	190,083	121,093	17,273	329,210	466

Metric Definition: Number of administrations reported by DC area providers by date of vaccine administration for DC Residents and Non DC Residents. The 7-day rolling average represents the average number of administrations including the past 6 days. Listed in Summary include the Total Doses administered within DC include residents and non DC residents.
Data Considerations: There may be a lag time between vaccine administration and provider report. This may impact the reporting of vaccine administered, especially in the three most recent days of report, highlighted in red above. Non DC residents may be vaccinated within DC, especially those who fall into prioritized non-resident categories. Administration may be impacted by holidays and weekends, and is impacted by the size of prioritized groups and vaccine supply. Individuals who receive single dose regimens such as J&J are considered fully vaccinated.The Chart consists of data from DC Health and table data consists combination of DC Health and Tiberius Data. Tiberius data are provided in cumulative numbers and have granular representation and only listed in the table and included in Summary bar values. Total doses administered within DC and **estimated rates of fully/partially vaccinated. DC residents are calculated using both administered doses inside and outside of DC, which includes doses administered by some federal entities and other jurisdictions outside DC. Estimated coverage rates were calculated based on 2019 ACS population census estimates. ***Estimated % Breakthrough cases is calculated using the number of DC residents who were identified as being a breakthrough case (SARS-CoV-2 RNA or antigen detected on respiratory specimen collected >=14 days after completing primary series of FDA authorized COVID-19 vaccine (J&J, Moderna or Pfizer) out of the total number of DC residents who were vaccinated (and were reported to DOH)(2.0).

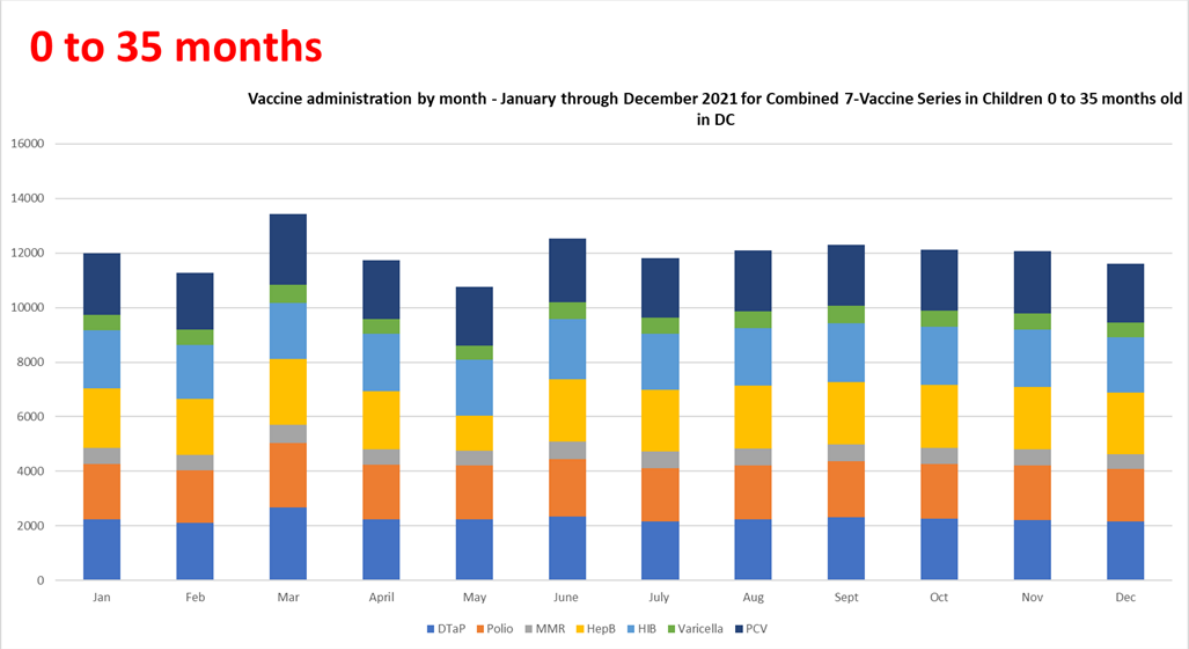
In an effort to support better data reporting for the public dashboard, the Immunization Division developed new partnerships with providers in the city to address data quality and reporting issues. This was achieved through the implementation of data quality reports shared with the providers in the city on the weekly basis. In addition, a team within the Division works directly with reporting agencies to provide technical assistance. This technical assistance has increased the confidence in our weekly COVID-19 vaccination data reported in our public dashboards.

Partnerships with Schools

In FY21, DC Health guided education partners in implementing best practices for improving immunization compliance for their students. DC Health created several immunization resources for schools and Licensed Childhood Development Centers (LCDCs) to assist with coordination and compliance efforts. These resources were distributed to all public and private schools and

LCDCs. However, due to a full school year of virtual learning for most students, vaccine compliance did not rise back to pre-pandemic levels immediately. The announcement of the Immunization Attendance policy developed in partnership with OSSE was postponed until the 2021-2022 school year, when students returned to in-person learning; and enforcement of the policy has been pushed to school year 2022-2023.

In addition to these collaborations, the Immunization Division continues to work with VFC providers to encourage children in DC to be immunized and caught up on all required vaccines. The chart below represents the number of administrations of various vaccine types for children 0 to 35 months over the 2021 calendar year. As displayed from month to month, the administration trends reported to DOCIIS remained steady over the year.



Data source: Doses administered and reported to the District of Columbia Immunization Information System for calendar year 2021. Graph represents number of doses administered to children 0 to 35 months in the District of Columbia per vaccine type.

During the summer of 2021, the Immunization Division collaborated with the Association of Immunization Managers (AIM) to send postcards to children who were non-compliant with vaccines prior to the start of school. Over 21,000 postcards were delivered to students and their parents or guardians if the student was due and/or overdue for school-required vaccines and included a QR code to register for a vaccination appointment or find a list of locations where routine pediatric vaccinations were available. The program also expanded access at school-located health centers which traditionally are closed in the summer and serve adolescents. All school-located health centers were reopened in the summer and served students as young as four years old for vaccine-only appointments.

The tables below display current vaccination data including a breakdown of vaccination type and number by public, private, charter and parochial schools. Vaccine-level compliance is calculated based on currently enrolled students in these schools based on rosters shared with the Immunization Program. Given that routine vaccinations (non-COVID vaccines) are housed in DOCIIS 1.0 and the full migration to DOCIIS 2.0 is still in the final phase of completion (data cleansing, data mapping validation, and testing), there are limitations to the data that can be provided at the time of the report. The breakdown of routine vaccination data by race, ward, and other demographics will be available upon data migration completion in February and further school-related enhancements going live this Spring.

Vaccine-Level Compliance for DCPS (as of 01/23/2022) Source: DOCIIS							
Vaccine	Overdue		Due		Compliant (not overdue)		Total Enrolled
	#	% of Total	#	% of Total	#	% of Total	
DTaP	2014	4.09%	1629	3.31%	47271	95.91%	49285
Human Papillomavirus	5354	10.86%	3937	7.99%	43931	89.14%	49285
Hepatitis A	4530	9.19%	185	0.38%	44755	90.81%	49285
Hepatitis B	4582	9.30%	34	0.07%	44703	90.70%	49285
Hib	968	1.96%	0	0.00%	48317	98.04%	49285
IPV	4800	9.74%	1931	3.92%	44485	90.26%	49285
MMR	4210	8.54%	2213	4.49%	45075	91.46%	49285
Meningococcal	2257	4.58%	2789	5.66%	47028	95.42%	49285
Pneumo Conj 13	912	1.85%	0	0.00%	48373	98.15%	49285
Td	1700	3.45%	198	0.40%	47585	96.55%	49285
TdaP	2614	5.30%	2325	4.72%	46671	94.70%	49285
Varicella	4480	9.09%	2275	4.62%	44805	90.91%	49285
Measles	0	0.00%	2	0.00%	49285	100.00%	49285
Mumps	8	0.02%	5	0.01%	49277	99.98%	49285
Rubella	6	0.01%	3	0.01%	49279	99.99%	49285

Vaccine-Level Compliance for Charter Schools (as of 01/23/2022) Source: DOCIIS							
Vaccine	Overdue		Due		Compliant (not overdue)		Total Enrolled
	#	% of Total	#	% of Total	#	% of Total	
DTaP	2422	5.58%	1670	3.85%	40945	94.42%	43367
Human Papillomavirus	4591	10.59%	3958	9.13%	38776	89.41%	43367
Hepatitis A	3841	8.86%	105	0.24%	39526	91.14%	43367
Hepatitis B	4156	9.58%	8	0.02%	39211	90.42%	43367
Hib	1314	3.03%	0	0.00%	42053	96.97%	43367
IPV	3924	9.05%	1943	4.48%	39443	90.95%	43367
MMR	3892	8.97%	2175	5.02%	39475	91.03%	43367
Meningococcal	1594	3.68%	2834	6.53%	41773	96.32%	43367
Pneumo Conj 13	1315	3.03%	0	0.00%	42052	96.97%	43367
Td	1341	3.09%	109	0.25%	42026	96.91%	43367
TdaP	2165	4.99%	2561	5.91%	41202	95.01%	43367
Varicella	3983	9.18%	2199	5.07%	39384	90.82%	43367
Measles	1	0.00%	2	0.00%	43366	100.00%	43367
Mumps	5	0.01%	2	0.00%	43362	99.99%	43367
Rubella	4	0.01%	2	0.00%	43363	99.99%	43367

Vaccine-Level Compliance for Private Schools (as of 01/23/2022) Source: DOCIIS							
Vaccine	Overdue		Due		Compliant (not overdue)		Total Enrolled
	#	% of Total	#	% of Total	#	% of Total	
DTaP	413	4.35%	336	3.53%	9092	95.65%	9505
Human Papillomavirus	1803	18.97%	1019	10.72%	7702	81.03%	9505
Hepatitis A	1695	17.83%	17	0.18%	7810	82.17%	9505
Hepatitis B	1743	18.34%	1	0.01%	7762	81.66%	9505
Hib	148	1.56%	0	0.00%	9357	98.44%	9505
IPV	1925	20.25%	360	3.79%	7580	79.75%	9505
MMR	1818	19.13%	350	3.68%	7687	80.87%	9505
Meningococcal	834	8.77%	900	9.47%	8671	91.23%	9505
Pneumo Conj 13	146	1.54%	0	0.00%	9359	98.46%	9505
Td	695	7.31%	37	0.39%	8810	92.69%	9505
TdaP	1070	11.26%	662	6.96%	8435	88.74%	9505
Varicella	1910	20.09%	383	4.03%	7595	79.91%	9505
Measles	1	0.01%	0	0.00%	9504	99.99%	9505
Mumps	2	0.02%	2	0.02%	9503	99.98%	9505
Rubella	2	0.02%	1	0.01%	9503	99.98%	9505

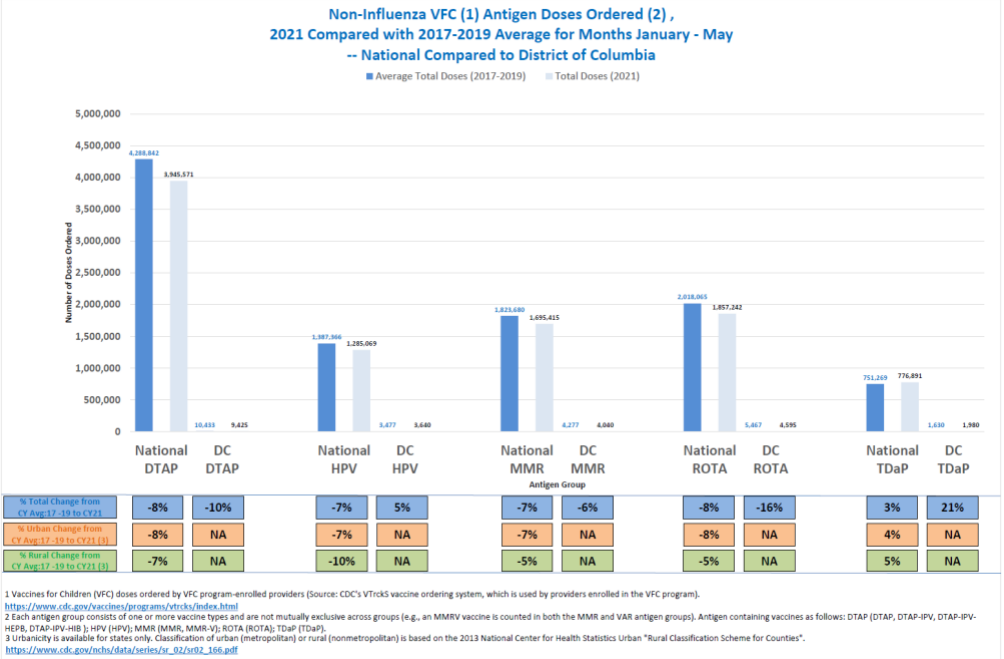
Vaccine-Level Compliance for Parochial Schools (as of 01/23/2022) Source: DOCIIS							
Vaccine	Overdue		Due		Compliant (not overdue)		Total Enrolled
	#	% of Total	#	% of Total	#	% of Total	
DTaP	176	2.90%	75	1.23%	5897	97.10%	6073
Human Papillomavirus	2209	36.37%	485	7.99%	3864	63.63%	6073
Hepatitis A	1501	24.72%	4	0.07%	4572	75.28%	6073
Hepatitis B	1660	27.33%	1	0.02%	4413	72.67%	6073
Hib	66	1.09%	1	0.02%	6007	98.91%	6073
IPV	1663	27.38%	84	1.38%	4410	72.62%	6073
MMR	1676	27.60%	82	1.35%	4397	72.40%	6073
Meningococcal	1452	23.91%	426	7.01%	4621	76.09%	6073
Pneumo Conj 13	67	1.10%	1	0.02%	6006	98.90%	6073
Td	204	3.36%	15	0.25%	5869	96.64%	6073
TdaP	1586	26.12%	307	5.06%	4487	73.88%	6073
Varicella	1717	28.27%	89	1.47%	4356	71.73%	6073
Measles	0	0.00%	0	0.00%	6073	100.00%	6073
Mumps	2	0.03%	0	0.00%	6071	99.97%	6073
Rubella	3	0.05%	0	0.00%	6070	99.95%	6073

Q52: Please describe the impact COVID-19 has had on this Immunization Program and any steps planned to increase vaccination rates.

Response:

COVID-19 has significantly impacted the Immunization Division of the Community Health Administration. From the onset of the pandemic, the temporary shut-down led to a reduction in pediatricians' offices and health centers staff capacity and hours of operation, as well as some facility closings. As all residents were asked to "stay home", routine pediatric vaccines were amongst the critical pieces of health care that were missed. Evidence of the impact on our children was demonstrated through reports of vaccine distribution. Although the percent of children who received at least one dose of MMR by 24 months remained relatively stable according to the National Immunization Survey from 2019 (88.2%) to 2020 (89.3%), doses administered for MMR dropped from 7,743 doses in 2019 to 5,245 doses in 2020 amongst Vaccines for Children (VFC) providers in DC. As inventory remained static and ordering decreased in pediatrician's offices and health centers around the city, children were impacted. Additionally, Immunization Division staff were detailed to support the agency's COVID-19 emergency response.

Clinics and medical provider offices have generally re-opened and routine vaccinations are being delivered. As displayed in the chart below, the average VFC vaccine dose order for 2021 is just below the average dose order for years 2017-2019 across multiple vaccine types. Additionally, while it has been a slow recovery, the total doses of MMR administered in 2021 rose to 7,002 doses, nearly approaching pre-pandemic levels from 2019 described above, and the percent of children who received at least one dose of MMR by 24 months improved very slightly to 92.7% in 2021. In short, there continues to be a need to focus on pediatric routine vaccine catch-up.



Consequently, over the last year, the Immunization Division has increased its ability to work with and support vaccination providers. It has added new staff with additional skill sets. As noted already, DOCIIS is transitioning from a legacy system to new system that has improved functionality. This major improvement in data technology has already improved data reporting, as it is currently the data source for COVID-19 vaccine record management and reporting. In addition, a strengthened requirement for vaccination reporting (requiring reporting all vaccines to include all persons regardless of age within 24 hours) has led to a tripling of the number of vaccine providers now reporting electronically to DC Health.

Upon completion of data migration to this new system, and the implementation of the School Nurse Module, routine pediatric vaccination data will be available by provider facility, ward, zip code, neighborhood, and age, ethnicity. Vaccine coverage rates will be analyzed by providers and schools as well as licensed childcare and development centers. Armed with this additional data, interventions will be created to target school-readiness with back-to-school vaccine campaigns. The Immunization Division quadrupled its staff capacity for community outreach and engagement. Grants and partnerships with community-based organizations are being developed to support routine pediatric vaccine uptake as well as vaccine confidence for COVID-19 vaccines.

Q53: Please describe the implementation of the Coronavirus Immunization of School Students and Early Childhood Workers Regulatory Emergency Amendment Act of 2021.

Response:

The Immunization Division played an influential role in the development of the Coronavirus Immunization of School Students and Early Childhood Workers Regulatory Emergency Amendment Act of 2021 in two ways.

DOCIIS maintains the vaccination records of all individuals immunized against COVID-19 in DC. Students and early childhood workers who fall under this mandate should have a vaccination record in DOCIIS to remain in compliance with the law. Providers are required to report all vaccine administrations to DOCIIS within 24 hours of administration of any vaccine. Eligible students and early childhood workers who fall under this law will need to have a record to be in compliance.

Users of DOCIIS will have the credentials to look up a student or worker's vaccination status by school or LCDC. Beginning in SY22-23, enforcement of non-compliant individuals (students and workers) will result in removal of in-person status for students according to the Immunization Attendance policy, or termination from the workplace. Students and childcare workers who request religious exemption from this mandate must make the request in writing by completing a religious exemption form, indicate that COVID-19 is the vaccine objection and provide a strong philosophical belief that will require review and approval by Immunization Division staff. Students and childcare workers who request medical exemption must provide and submit documentation to DC Health Immunization Division from a healthcare provider indicating that the vaccine is medically unsafe to receive. Immunization Division staff will review and may approve the exemption requests, and if approved, will mark an exemption on the individual's official vaccination record that will remain valid for one year from July 1 through June 30. Additional staff will be hired to support documenting exemptions based on demand.

In advance of the March 1 implementation date, the Immunization Division will train school nurse or immunization point of contact staff at schools and licensed childcare development centers how to use the appropriate module of DOCIIS to monitor COVID-19 vaccination status of eligible individuals.

Q54: Please describe how COVID-19 vaccinations data will be collected and reported by school, including applicable booster shots if eligible.

Response:

Providers administering COVID-19 vaccinations in the District of Columbia are required to report every dose administered to DOCIIS within 24 hours of administration. With student school enrollment data provided by OSSE, DOCIIS will be able to match the reported vaccination data to the corresponding school and student and create compliance and coverage reports. These reports will include all vaccination data, including students who are fully vaccinated and have also received a booster. For District-wide metrics, vaccination data can be aggregated by school and school type. Designated school staff who are fully trained to use DOCIIS and the School Nurse module will have the permissions to access this data, monitor and prepare reports.

Q55: Please describe the positions that staff the Help Me Grow program, including vacant positions. What are the minimum qualifications for care coordinators?

Response:

Help Me Grow DC is comprised of three Care Coordinators, one Community Outreach Coordinator, one Public Health Analyst, and a Program Manager. Current vacancies include one Care Coordinator position.

Care Coordinators: Serve as the primary staff for the Help Me Grow Centralized Access Point and are responsible for connecting with, providing information to, and linking families of young children to community resources and services that will support and/or enhance their child(ren)'s development.

Community Outreach Coordinator: Oversees the planning and implementation of outreach strategies and events that help increase program visibility within communities. They are primarily responsible for cultivating relationships with Community organizations and establishing new Partnerships that would benefit the program.

Public Health Analyst: Oversees the planning and implementation of Provider outreach strategies and events that help increase program visibility intended for Child Provider Physicians within the District. They provide effective technical assistance and consultation to the program related to data collection as well as reporting protocols and development of program evaluation designs.

Program Manager: Provides programmatic leadership to ensure stated deliverables are achieved for the Help Me Grow Program to include, coordination of data collection and reporting, program updates, resources collection and ensuring compliance with Help Me Grow National.

For all Care Coordinators, the minimum qualifications include the following:

1. Bachelor's Degree in early childhood education, special education, child development, social work, human service, sociology, or a related field.
2. Two years of experience working with children/families in a community, public, private and/or governmental agency, preferably in the District.

Q56: Please describe Help Me Grow DC's activities in FY 20, FY 21 and FY 22 to date.

Response:

FY20 Highlights:

- Collaboration with WIC and Healthy Start
- Implementation of Help Me Grow DC Safe Sleep Trainings
- Centralized Intake Decision Tree
- Increase Partnerships: Parent TV education, Mary's Center, and Smart from the Start

Collaborations
In FY20, Help Me Grow DC (HMG DC) focused on increasing community outreach by targeting resource development and program collaboration. The Program Manager and Outreach team looked to establish a collaboration internally with our Healthy Start and WIC programs. Healthy Start works with families in the developmental years beginning 0-18 months. HMG DC functions are predicated on resource development for children and families ages 0-5 years of age. The two programs have agreed to establish a bi-directional referral method that is inclusive of families receiving support through a more streamlined process. Programs have also agreed to sharing data as a means of maximizing efficiency with programmatic efforts. Furthermore, HMG DC collaborated with WIC to establish a centralized protocol(s) for families in both social and nutritional development as paramount to early childhood success(es). With a growing number of cross-referenced referrals to HMG DC by WIC affiliate locations (WIC sites in Wards 7-8; Unity and Mary's Center) and vice-versa, HMG DC/WIC began to establish a more formalized outreach and tracking mechanism to support District families. Through this collaboration we have solidified a bi-directional referral process to better support our families.

In light of this success, the Help Me Grow National organization solicited a letter of intent to all Help Me Grow affiliates to submit applications for the WIC technical assistance, research/assessment Project (with the *Children's Prosperity Lab, Connecticut*). The intention was to enhance the understanding of multiple levels of systems integration. HMG DC was selected as a technical assistance provider to support multiple HMG affiliates throughout the United States. This 10-month project will see HMG DC utilized as a "real-time" model for WIC and HMG affiliate support. The HMG DC – WIC collaboration continues to evolve in DC Health. HMG DC was recognized for the ability to engage in advocacy, re-branding, and nutritional awareness pertaining to programming/design. Beginning May FY20, HMG DC was selected as one of four WIC Innovations Advisors in the Nation.

Safe Sleep Trainings
In response to limited amount of Safe Sleep trainings being offered by MCOs during the start of the pandemic, Help Me Grow DC collaborated with the DC Health Safe Sleep program to provide trainings to reduce the risk of sudden unexpected infant death syndrome (SUIDS).

Centralized intake decision tree

Help Me Grow collaborated with the centralized intake committee to create a new decision tree and process flow that will allow the HMG Care Coordinators to work with families to offer the most accurate home visiting services. This decision tree is based on a variety of questions that were developed by the c-intake committee and HMG Care Coordinators.

FY21 Highlights

- Increase referral linkage rate
- 2nd Annual Books and Blocks event (Provides families with education on early detection of developmental delay and resources within the District)
- Increase Partnerships: Vital Records, For the Love of Jedi, Department of Human Services Housing program
- STAR database modifications
- C-intake universal referral form

Increase referral linkage rate

In FY21, HMG DC continued to focus on increasing the proportion of referred families who are successfully linked to support and services by 10% (includes both closed and connected cases). HMG DC surpassed the target goal of 70%. This increase was demonstrated in the 80% increase of women requesting support for prenatal care. Other outreach programs have also led to increased utilization of Help Me Grow. For example, on September 25, 2021, HMG DC hosted the second annual virtual Books, Blocks, Booths and Togetherness event. This interactive parent event allowed the community to engage in a fun virtual experience to gain insight and receive education and resources on child development.

New partnerships

Recognizing that language can be a barrier to utilization of services, HMG DC established a partnership with Vital Records focused on providing support in areas of obtaining birth certificates, education, and linkage to services for Spanish speaking residents. Ongoing discussions include ways to ensure that every resident is able to receive services without barriers to resources. HMG DC also established partnerships with For the Love of Jedi, a maternal health support for expecting mothers and DHS' housing program.

STAR database modifications

To better support our Care Coordinators in providing families with updated resources during the COVID-19 pandemic, modifications to the STAR database were made to reflect updates to services that Providers have made amidst the pandemic. Providers have been asked such questions as whether their organization is offering in-person or virtual services as well as their average timeline to respond to a referral. HMG DC has also added income-related questions to capture a family's current financial resources as recommended by Help Me Grow National. HMG DC envisions this new feature as a resource to align families with additional services they may qualify for.

Centralized intake universal referral form

In FY 21, HMG DC collaborated with the home visiting council and Centralized Intake committee to determine where changes can be made to support the inclusion of the centralized intake process. The HMG DC program reviewed the current questions utilized to assess family needs and the home visiting programs that families were being referred to gain insight and support full implementation of a decision tree process.

FY22 Highlights to date:

- Increase the number of partnerships
- Increase the number of completed developmental screenings
- ASQ Hub execution/collaboration
- Implement Centralized intake Home Visiting Universal Referral form system through the HMG DC centralized access point
- Build HMG DC database system to house centralized access point and Centralized Intake
- Implement quarterly HMG Informational Sessions
- Implement Help Me Grow Distribution Center
- Host 3rd annual Books and Blocks Community Event
- HMG DC Newsletter
- Host 1st annual virtual *Provider Symposium*

HMG DC strives to increase visibility and overall outreach within the community and our Partners. Currently HMG DC is collaborating with Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) workgroup to streamline referral processes that will support families getting enrolled into managed care organizations and receiving appropriate health care services. To support addressing developmental delays and social emotional challenges, HMG DC has increased its efforts to ensure all families that call into the 1-800-MOM-BABY line are receiving education about the Ages and Stages Questionnaire (ASQ) screenings and further assessment. Working to reduce the number of duplicate developmental screenings within the District, HMG DC is collaborating with OSSE's Division of Early Learning to implement the ASQ Hub. The ASQ Hub serves as a larger database that was created in partnership with Brookes Publishing and is owned by DC Health. The Hub will be used to determine the level of screening duplication that exists in the District so we may prevent children from being screened more than necessary. This will help with timely services, follow up support, and reduced costs spent on screenings.

Pending activities for the new fiscal year include continued collaboration with the Home Visiting council to implement the universal referral form through the HMG DC centralized access point which will help streamline referrals to home visiting and other family services. Other activities include the build out of a new database system to house the Centralized access point and centralized intake universal referral form, quarterly Help Me Grow informational sessions for residents centered on providing perinatal support and early childhood education to families, the proposed HMG DC Distribution Center focused on providing basic needs to families that call into the centralized access point, the 3rd Annual Books and Blocks event, HMG DC Newsletter,

and hosting the first annual Provider Symposium with an emphasis on providing support, resources, and education about the HMG DC program to Pediatric Physicians within the District.

Q57: Please describe the status of the Help Me Grow data system, and what improvements are planned or in progress.

Response:

HMG DC utilizes the STAR database system to capture all data relevant to families that call into the 1-800-MOM-BABY line. To better support our Care Coordinators in providing families with updated resources during the COVID-19 pandemic, modifications have been made to reflect updates to services that providers have made amidst the pandemic. Questions include whether their organization is offering in-person or virtual services, and their average timeline to respond to a referral. HMG DC has also added income-related questions to capture a family's current financial resources as recommended by Help Me Grow National. Upcoming updates to the STAR database in FY22 include the addition of the centralized intake universal referral form.

Q58: Please include the number of individuals served in FY20, FY21, and FY22 to date, the number of children receiving a developmental screening through this program in FY 20, FY 21, and FY22 to date, and the current service capacity of Help Me Grow DC.

Response:

Individuals served:

	Inquiry[1]	Intake[2]	Intake & Screenings	Total
FY20	132	81	3	216
FY21	152	79	6	237
FY22 to date	32	16	1	49

- In FY20, a total of 216 families were served.
- In FY21, a total of 237 families were served.
- In FY22 to date, a total of 49 families have been served.

Number of children receiving a developmental screening:

	FY19	FY20	FY21	FY22
ASQ 3: Developmental	18	2	5	2
ASQ SE-2 (Social Emotional)	16	2	4	1
Total	34	4	9	3

- In FY19, a total of 34 children received a developmental screening.
- In FY20, a total of four children received a developmental screening. The significant decrease in screenings is in response to the COVID-19 pandemic as many families were experiencing high levels of stress and more focused on basic needs, food insecurity, and housing.
- In FY21, a total of nine children received a developmental screening.
- In FY 22 to date, a total of three children received a developmental screening.

Service Capacity:

Service Capacity	
FY20	200 families
FY21	200 families
FY22	215 families

Help Me Grow DC determines capacity as the number of families the program is projected to reach within the fiscal year. In FY20, Help Me Grow DC concentrated on reaching 200 families. However, Help Me Grow DC exceeded its target goal and provided support to 216 families. In FY21, Help Me Grow DC projected target remained at 200 families. Of these

families, 237 were provided support. For FY22, the Help Me Grow Program is projected to reach 215 families.

Q59: Please describe the services and supports most requested by families.

Response:

At the peak of the COVID-19 pandemic, Help Me Grow experienced a 28% increase in referrals. Families mostly requested support with obtaining baby items, WIC services, home visitation, and health insurance. Of these increases, the centralized access point also received an uptick of inquiries related to COVID-19 supply items due to the national shortage, including toilet paper, disinfectant spray, and hand sanitizer. Care Coordinators are trained to assess the need of our families and provide support with appropriate linkages to resources within the District. To ensure successful linkages, Care Coordinators follow up three months after the day the referral is given to verify or assist with completion/connection to the resource.

Services and Supports for FY20 FY21:

Referrals	10/1/2019 - 9/23/2020	10/1/2020 - 9/23/2021
Baby Items (ie diapers, formula, pack & play	98	214
WIC	20	30
Parent/Caregiver (Family) Support	12	10
Access to Health Insurance	11	10
Behavioral Services	9	6
Mental Health/counseling	9	4
Home Visitation	7	13
Health/Primary Care	4	2
Basic Needs	3	5
Other	3	15
Parenting/Education	3	2
Childcare	2	1
Lactation Support	2	2
Advocacy	1	1
Autism	1	
Communication/Speech & Language	1	2
DCPS	1	
Developmental Screening	1	1
Early Literacy	1	2
Health/Medical Subspecialists	1	
Medical Assistance (Medicaid etc)	1	2
Supplemental Security Income (SSI) Benefit	1	
Early Stages/ Evaluation IDEA Part B		2
Educational/Enrichment		1
Feeding		3
Total	192	328

Services and Supports for FY22 to date:

Services and Supports most requested by families 10/1/2021 - 1/12/2022	
Services	**Number of request**
Baby Items	30
Access to Health Insurance	4
WIC	7
Basic Needs	3
Behavioral Services	2
Food	1
Home visitation	2
Lactation support	1
Other	2
Parent support	1
Parenting Education	2
Total	55

Q60: Please describe progress on development of the home visiting c-intake program through Help Me Grow.

Response:

DC Health, in collaboration with District of Columbia partners, continued to work to develop a centralized intake (c-intake) process that will allow families to be matched with the best fit home visiting program. 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. HMG DC serves as a central 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 c-intake system will serve as a point of entry for families, who will be assessed with basic screening questions. HMG Care Coordinators will identify family needs and make referrals that are the best fit for District residents. Once the connection has been made, 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 for the program is appropriate.

In FY18, the c-intake committee created a three-phase (see below) timeline to implement the c-intake system pilot. In FY20, DC Health worked with the DC Home Visiting Council's C-Intake committee to begin Phase III of the c-intake. Phase I involved research, Phase II was the build-out, and Phase III is implementation.

Phase III:C-Intake Implementation
In FY21, the c-intake committee continued the pre-pilot process in which HMG DC Care Coordinators adjusted the flow of their motivational interviewing to include an assessment of families' eligibility for home visiting. Subsequently, this involved examining HMG's database to determine where changes can be made to support the inclusion of the c-intake process. In FY22, HMG's database developer will make the recommended changes to the database, which include integrating the decision tree that was created during Phase II.

The District's process has primarily focused on the centralized aspect of the c-intake process, where caregivers access one point for assessment and a subsequent referral to an appropriate home visiting provider. However, DC Health and the Home Visiting Council recognize the importance of incorporating a coordinated process as well. As a result, in FY21, the c-intake committee created a draft of a universal referral form that will allow home visiting providers and others throughout the city to refer families to home visiting programs. In FY 22, the c-intake committee will finalize the universal referral form and the process for its use in the District.

Q61: How do you partner with the DC Home Visiting Council to conduct this work?

Response:

Help Me Grow DC participates in regular c-intake committee meetings within the DC Home Visiting Council. This committee was established to plan and execute the roll out of the c-intake process and consists of members who represent home visiting programs throughout the District. In this capacity, Help Me Grow DC has had the opportunity to gain important insight from the home visiting community for the development of an effective c-intake process.

Q62: Please describe Help Me Grow funding for FY20, FY21, and FY22.

Response:

DHCF provides funding to the Help Me Grow program with the intent to administer the District of Columbia's Linkage and Tracking System (DCLTS). The DCLTS was established in 1985 with funding from the U.S. Department of Health and Human Services under the initiative of Special Projects of Regional and National Significance. The mission of the DCLTS is to improve the health outcomes for children between the ages of zero to-twenty-one years who are at risk for developmental delays and disabilities or who exhibit signs or symptoms of developmental disabilities through early identification, tracking, and linkage with appropriate services. DHCF also provides funding for the employment of three care coordinator positions to link families to information, community resources, and provide personalized care coordination. The funding for FY20, FY21, and FY22 have remained at a total of two hundred ninety-six thousand eight hundred forty-six ($296,846).

FY20:

Personnel	**Total**
Care Coordinator (3 FTE; G11)	$ 247,885.45
Non-Personnel Cost	
Supplies	$ 5,960.55
Marketing	$ 10,000.00
Training	$ 10,000.00
Travel	$ 18,000.00
Membership Fees	$ 5,000.00
Total	**$ 296,846.00**

FY21:

Personnel	**Total**
Care Coordinator (3 FTE; G11)	$ 247,885.45
Non-Personnel Cost	
Supplies	$ 9,960.55

Marketing	$ 15,000.00
Training	$ 17,000.00
Membership Fees	$ 7,000.00
Total	**$ 296,846.00**

FY22:

Personnel	**Total**
Care Coordinator (3 FTE; G11)	$ 247,885.45
Non-Personnel Cost	
Supplies	$ 9,960.55
Marketing	$ 15,000.00
Training	$ 17,000.00
Membership Fees	$ 7,000.00
Total	**$ 296,846.00**

Q63: Please describe three initiatives, programs, or projects currently underway within your agency directed at preventing homicide in the District of Columbia. Please include any resources currently allocated to these initiatives, program or projects.

Response:

For FY21 and FY22 to date, Howard University Centers of Excellence (COEs) has received $12.6 million towards building the infrastructure for the administrative office and hiring leadership staff to develop and operationalize a new hospital inclusive of five Centers of Excellence that will focus on sickle cell, women's health, oral health, trauma and violence prevention, and substance use and co-occurring disorders. These centers will provide care and services tailored to the specific needs of the community and allow Howard University Hospital to continue playing a critical role in helping the District eliminate longstanding health disparities.

The Howard University COE in Trauma and Violence Prevention has budgeted $704,874 in FY22 to address victims and future victims of interpersonal violence in the District of Columbia. Using a collaborative approach across Centers and leveraging community partnerships, the Trauma and Violence Prevention COE is currently on track to complete the following goals around enhanced curriculum and care:

Goal 1: Implement a comprehensive patient-centered, trauma-informed Intimate Partner Violence (IPV) program within HUH Level I Trauma Center's Hospital Based Violence Intervention Program (HBVIP).
Goal 2: Expand HUH Level I Trauma Center's violence prevention program (ENGAGE) targeted at DC youth.
Goal 3: Increase trauma system capacity and diversity of providers caring for individuals who experience trauma in DC.

Additionally, home visiting programs coordinate with the Mayor's Office of Neighborhood Safety and Engagement (ONSE) when acts of violence or homicide occur among the families they serve to help ensure continuity of services and additional supports for victim's families.

DC Health also serves in an advisory capacity to Building Blocks DC, and its partnered Gun Violence Prevention Emergency Operations Center, to address gun violence and homicide using a public health approach.

Q94: Please provide a narrative of how emergency response preparations prior to COVID-19 guided the Department's decisions on government restrictions, business closures, mask mandates, staffing, continuity of government, outreach to the community, testing and the vaccination mandates.

Response:

DC Health leadership is keenly aware that, under all circumstances, our agency must fulfill its mission to promote health, wellness, and equity across the District while protecting the safety of residents, visitors and those doing business in our nation's Capital. DC Health'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.

Health crises naturally contain a degree of unpredictability, but anticipating such events has been a longstanding feature of our agency's approach to public health. Planning for operations under such conditions can reduce the impact of the emergency on its people, facilities, and mission; and help DC Health perform its essential functions. DC Health has invested significant resources in planning and preparing for emergencies for more than 20 years. This investment has been critical to ensuring that DC Health and the District of Columbia is prepared and ready for a health crisis.

Efforts include the creation and routine updates to the *DC Health All Hazard's Emergency Operations Plan* (AHEOP*)* which establishes policy under which all elements of DC Health and partner agencies will function during an event.

As it is an "all hazards" plan, it outlines DC Health organization for all event operations, regardless of the cause or incident type. This document is subordinate to the District Response Plan (DRP) maintained by the DC Homeland Security and Emergency Management Agency (HSEMA) who is responsible for overall coordination of emergencies in DC

In accordance with District and federal guidelines, the DC Health AHEOP provides a unified command and control structure for ESF #8 to support a coordinated and effective operation. The DC Health AHEOP incorporates the concepts and processes of the DRP, the National Incident Management System (NIMS), and the National Response Framework (NRF).

The plan provides actionable guidance to DC Health decision makers and staff on meeting public health and medical needs in times of disaster, emergency, or another crisis. The DC Health AHEOP outlines departmental and agency roles and responsibilities and provides a general concept of operations for responding to disasters and emergencies. Additionally, it sets forth guidelines for coordinating with stakeholders and partners, inside and outside of DC.

Within the AHEOP, DC Health maintains annexes that address non-pharmaceutical interventions (i.e., social distancing), vaccination open and closed points of dispensing, and epidemiological

contact tracing. The document also contains public information templates and guidance for communications and outreach.

The District's Mass Trauma Plan provides the framework for the management of the public health and medical response to a public health or medical incident that may overload the District's healthcare system. The plan describes the roles and responsibilities during mass trauma incidents and establishes procedures that allow support agencies to integrate their resources and activities into DC Health's response as required under the District Response Plan (DRP) and the National Response Framework (NRF). The DC Health - Health and Medical Coalition (HMC) is a government convener that coordinates with multiple agencies and organizations to support the Emergency Support Function (ESF) #8 – Public Health and Medical Services at the local level.

The District requires each Department to have a Continuity of Operations Plan (COOP) to prioritize public-facing services and designation of District personnel. This document provides guidance for resuming and sustaining essential functions as soon as possible during and after a localized, District-wide, or catastrophic emergency affecting DC Health. The COOP plan enables DC Health to resume essential functions as soon as possible after the emergency event and to sustain them for up to 30 days.

This COOP plan identifies essential personnel within every DC Health administration who are responsible for carrying out Essential Functions. COOP personnel will relocate to their pre-designated alternate facility as directed to carry out Essential Functions, should their primary facility become unusable. Non-COOP personnel are expected to remain in a safe location and await further instructions from their supervisors.

DC Health's Public Health Emergency Law Manual (PHELM) was created to educate the District's legal community and the judiciary regarding public health emergency preparedness. The goal was to provide legal authorities to support community mitigation strategies or non-pharmaceutical interventions that can prevent and control the spread of communicable diseases. The Manual has proven to be a valuable resource, used by the executive, program officials, health care facilities, and their respective counsel in taking certain measures during the COVID-19 pandemic.

HEPRA - Planning

DC Health HEPRA prior to the COVID-19 response operated their planning, training, and exercise program in a cycle, exercising their existing plans against potential threats and hazards. The District, as a high-consequence area, is able to meet some of their yearly training and exercise requirements through real world events such as National Special Security Events (NSSEs), First Amendment events, State Funerals, Sports Championship Parades, etc. Prior to the COVID-19 response, DC Health had just exercised its Medical Countermeasures and Points of Dispensing plans in a regional full-scale exercise "Capital Fortitude" (July 2019). DC Health was in the process of updating these plans along with the Districts' Pandemic Influenza plan

from lessons learned from this exercise and other real-world events. Many of the actions that have been taken during the COVID-19 response were included in the planning documents listed above or were exercised during real-world events or other exercises. Specifically, the Pandemic Influenza plan outlined actions that the District would need to take during different phases and intervals of the potential pandemic to try and reduce the spread and burden of disease. Because the response to COVID-19 evolved differently than the traditional pandemic assumptions, DC Health and the District adapted the plan to specifically respond to the COVID-19 pandemic. This has included opening mass testing sites modeled off the medical countermeasures (MCM) and points of dispensing (POD) plans, making recommendations about government operations and continuity of government, and pushing out guidance to keep the community safe and reduce the spread and burden of disease across the community. Plans serve as a guideline for how to operate during an incident. The plans, trainings, and exercises that DC Health participated in prior to the pandemic gave us a starting point for how to respond to the COVID-19 pandemic.

HEPRA - DC Health and Medical Coalition

Emergency preparedness activities by the DC Health and Medical Coalition (DC HMC) directly corresponded to decisions regarding healthcare facility outreach and healthcare system response coordination. Prior to the COVID-19 pandemic, DC HMC High Consequence Infectious Disease (HCID) planning provided strategic insights to shape and guide the framework for medical facilities supporting HCID Emergency Support Function – 8 Health and Medical functions. This information was utilized in the development of the DC HMC Infectious Disease Surge Annex. This plan and prior preparation facilitated accurate, timely, and actionable information sharing between healthcare partners; coordinated resource management; informed decision making for equitable allocation of scare resources; and collected, validated, and reported data metrics requested by Federal and District agencies. The Hospital Preparedness Program also worked closely with hospital stakeholders and additional DC Health administrations to assess, validate, and support the surge capacity of the District's healthcare system to inform department and District decision making and re-opening decisions.

HEPRA - Testing and Sampling Group

Prior to the COVID-19 Public Health Emergency, DC Health had experience in planning and exercising PODs and responding to pandemic flu. The POD planning and exercises as recently as July 2019 served as the foundation of planning, building, and operating the first COVID-19 Mass Testing site during the spring of 2020.

HEPRA - Emergency Medical Services

DC Health maintains regulatory pathways for temporary licensure for Emergency Medical Services providers as well as vehicles. It was necessary, through administrative action, during the COVID-19 Public Health Emergency to expand the flexibilities related to EMS certification to accommodate for staffing challenges both external to DC government in the regulated EMS Agencies as well as within DC Health in the EMS Program.

HEPRA - Logistics Operations

Prior to the COVID Pandemic, logistics followed guidelines outlined in the Incident Command Structure (ICS) framework. The logistics team would deploy necessary assets, equipment, and supplies needed to support the incident. Depending on the size of the incident, the logistics team would determine the number of personnel needed to run logistical operations.

HEPRA - Vaccination Operations

The vaccination program coordinates the activation of open (public) and closed (private and federal partners) PODs, where lifesaving medication is dispensed, and vaccinations are administered to protect the public. Prior to COVID-19, the planned PODs were located at recreation centers in each ward of the District. Closed POD private partnerships include District agencies, universities, healthcare facilities, Department of Defense and other federal agencies, and private entities, to provide emergency prophylaxis or vaccinations for critical responders and the public. These valuable partners have added to an already robust network of vaccination sites. Additional partners and locations were identified to ensure equitable access to the COVID-19 vaccination.

Q95. What on-going practices has HEPRA learned from the evolution of COVID-19 on preparing for viral outbreaks?

Response:

HEPRA - Operations

The COVID-19 pandemic vaccination response has been historic in terms of its development and distribution. Through this protracted vaccination effort, many lessons have been identified which might help to strengthen the District's future response operations to viral outbreaks and other public health emergencies. HEPRA has improved and adopted strategies to partner, communicate, and engage with the public and stakeholders in an impactful way.

Due to the numerous partners involved in each clinical operation for public vaccination clinics, situational awareness became increasingly relevant for coordination across stakeholders. To support this collaboration, DC Health formed new, and strengthened existing, relationships with numerous clinical providers, government agencies, facilities management organizations, and other service providers during the execution of community vaccination centers and pop-up clinics. By establishing distribution lists, holding office hours, and maintaining consistent communications with stakeholders for the various vaccination clinics, situational awareness was better maintained for coordination efforts across community-based vaccination programs. These coordination efforts and regular communications with partners must be maintained and further reinforced during steady-state operations as a means of preparing for future viral outbreaks and public health emergencies.

These community-based partners involved in long-term community vaccination programs were also recognized as trusted agents to the public. By providing a familiar and credible name to a less traditional vaccination process, community clinics were able to promote acceptance of vaccines and increase accessibility at familiar neighborhood locations. This practice was essential to reaching vulnerable/hesitant populations when in-person public health outreach measures were paused due to public health precautions, such as social distancing and limitations on gathering size. These lessons reinforced the need for community outreach and relationship-building with community partners prior to public health emergencies.

The COVID-19 vaccine administration process placed additional importance on resources for public inquiry about vaccination-related questions throughout the different phases of the response. Of note were the vaccinateDC@dc.gov and the DC COVID Call Center (1-855-363-0333). These public-facing resources were utilized throughout the vaccination response to provide timely and accurate information to the public regarding vaccine eligibility, availability, appointment options, mandates, etc. These distinct methods for public inquiry proved particularly important given the difficulties some District residents experienced with the high demand and technological requirements for receiving a vaccination appointment during the Winter/Spring of 2021. This effort was especially relevant for the senior population, which became eligible for the vaccine early in the response. To support this gap, the COVID Call

Center assisted with scheduling appointments for seniors, and later the other eligible populations, through appointments allocated directly to the COVID Call Center. With the high demand for appointments early on, this practice ensured an equitable distribution of vaccines given a digital divide among residents. These resources were two of many District efforts to support public outreach which could be utilized in future to promote an informed community.

HEPRA - DC Health and Medical Coalition

Throughout the evolution of the COVID-19 pandemic, the DC Health and Medical Coalition (DC HMC) has developed a plethora of novel strategies to optimize our response to this and future public health emergencies, from best practices, to areas of on-going support for emergency preparedness and response activities. These identified on-going practices include improved planning and response capability through the development of strategic and operational plans in response to the COVID-19 pandemic.

Throughout the response, the DC HMC facilitated accurate, timely, and actionable information sharing between healthcare partners; coordinated resource management; informed decision making for equitable allocation of scare resources; and collected, validated, and reported data metrics requested by Federal and District agencies. Due to the pandemic's large-scale impact on multiple supply chains globally, the DC HMC worked with stakeholders to develop a ventilator distribution plan (DC HMC Ventilator Distribution Annex). The DC HMC strengthened its partnership with stakeholders for close and coordinated planning, messaging, and coordination. This was essential as information and the pandemic environment quickly changed day-to-day activities and called for flexibility in response structures and activities. The need for trusted collaboration between multiple parties that may not have previously worked closely together has been integral to DC HMC pandemic response. The practices, support, partnerships, and plans will be utilized to support future viral outbreak responses in addition to the added practice of hosting situational teleconferences with stakeholders to disseminate information as well as bring together subject matter experts in epidemiology, health guidance, and vaccine planning to support the stakeholders and provide a forum for coordination and questions, as enacted at the beginning of the COVID-19 pandemic response by the DC HMC.

Additionally, throughout the COVID-19 response data reporting capabilities and information sharing practices were enhanced across the healthcare system with the development of a cadence for identifying and reporting essential elements of information to enhance situational awareness among members. These practices would be utilized during the preparation and response to a future viral outbreak. Additionally, these enhanced practices are utilized across the District healthcare system on a daily basis for all-hazards planning, including current response posture to natural disasters and man-made hazards in the District.

HEPRA - Testing and Sampling Group

COVID-19 testing operations have constituted an unprecedented public health effort in the District of Columbia. Initial testing operations prioritized low exposure, mass testing sites, with

drive through lanes. These large mass testing sites provided significant initial capacity but were limited in accessibility due to the footprint needed to accommodate vehicles and necessity of access to a personal vehicle. It became evident from this experience that walk-up testing options provided higher levels of accessibility and equity. DC Health has worked to offer pop-up PCR-based testing at places of community significance in neighborhoods with high positivity rates and low per capita testing. These events are conducted daily in coordination with DC Fire and EMS as well as two nonprofit community organizations (CORE Response and One Tent Health).

In the most recent evolution, DC Health has prioritized self-administered and at-home testing options. Since April of 2021, DC Health has launched and expanded the first-of-its-kind home PCR testing program, TestYourselfDC. TestYourselfDC and its rapid antigen counterpart TestYourselfExpress provide PCR and rapid testing at the neighborhood level via pickups and drop boxes based at library locations, recreation centers, and places of community significance. These programs allow PCR test kits to be accessed within a 20-minute walk or five-minute drive of any location in the District, increasing accessibility and equity across neighborhoods and Wards.

HEPRA - Emergency Medical Services

DC Health was successfully able to, through administrative action, modify the regulation of Emergency Medical Services in the District to accommodate for staffing challenges created by the COVID-19 public health emergency. Externally, the need to broaden the acceptability of out-of-state licensure/certification was essential to maintaining the needs of the system. Internally, DC Health acted to extend EMS Provider expiration dates due to the reprioritization of staff directly to the field operations of the COVID-19 response.

HEPRA - Logistics Operations

During our COVID-19 response efforts, we have learned many lessons. Communication and proper documentation have been very vital to our logistical operations. Ensuring that the correct individuals from the logistics operations are on all communications with our federal partners when determining what supplies and quantities are needed is critical to tracking inventory and making notes for historical knowledge purposes. During the past two years, we have been able to acquire a new inventory system and implement new standard operating procedures when responding in an emergency operating posture. There are now rules in place to ensure that roles are clearly defined and for checks and balances purposes to separate critical inventory procedures. Keeping bill of ladings and packing slips for every delivery is critical when managing inventory. Ensuring supplies are not only properly received into our inventory but also ensuring that supplies are properly issued out of our inventory is critical when managing burn rates. Since the pandemic began, we have illustrated through our collaborative efforts with sister agencies how important it is for every department to work with one another to serve the district residents for one common goal, to keep all district residents and visitors safe.

HRLA – Office of Health Facilities

1. The establishment of interagency dialogues e.g., Epi (infection control guidance) and HEPRA (PPE distribution) Community Health Administration /Vaccines (vaccine clinics) have proven to be invaluable in assisting our facilities to meet the accepted standards of infection control practices to mitigate the transmission of COVID -19.
2. Public-private partnerships [DC Health Care Association, DC Hospital Association, Home Health Association, etc.] were enhanced to ensure technical assistance and education related to infection control practices were implemented in the District's Health Care Facilities.
3. The ever-evolving guidance and expectations required fluid communication between DC Health and the provider community. Therefore, having a centralized gateway, such as the associations, to disseminate information to a broad community proved to be invaluable.
4. Health Care Facilities staff must have basic work equipment (computers, cell phones, etc.) to be able to work remotely and engage in an alternate work process if needed for an extended time.

HRLA – Division of Food

As essential employees, the Division of Food continued to conduct field investigations during the health crisis. During the pandemic, we moved from complaint-driven onsite inspections to conducting all types of inspections. Through it all, staff maintained a safe work environment. Below are the preventive strategies used:

- Use of all forms of PPE throughout the workday,
- Practicing good hand hygiene throughout the day,
- Sanitizing/disinfecting vehicles after each use, and
- Alternating staff that are in the office to promote social distancing.

Q96. For each emergency preparedness exercise the agency performed or participated in in FY21 and FY22 to date, 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:

Regional Burn Tabletop Exercise DC Health and the DC Health and Medical Coalition (DC HMC) participated in National Capital Region (NCR) Healthcare Coalitions Burn Tabletop Exercise, a regional Burn Surge Tabletop Exercise (TTX) on April 22, 2021. Stakeholders from the DC HMC, Maryland Region Emergency Preparedness Coalition, and Northern Virginia Hospital Alliance, as well as regional and national burn specialty subject matter experts, participated in the exercise. One exercise was a scenario involving an explosion on a Potomac River evening cruise leading to a fire causing multiple injured passengers and crew members. Participants discussed the response actions of Fire/EMS, hospitals, healthcare coalition coordination centers, and burn subject matter expert (SME) partners. The exercise tested the NCR Burn Mass Casualty Incident Response Plan for burn mass casualty incident response, burn specialty surge capabilities, and coordination and communication within the NCR.

Agency goals for this exercise included:

- Utilizing the NCR Burn Mass Casualty Incident Response Plan to respond to a plausible scenario resulting in large numbers of adult and pediatric burn patients;
- Practicing using the forms in the NCR Mass Burn Casualty Incident Response Plan to share information and make assistance requests; and
- Identifying gaps in the NCR Mass Burn Casualty Incident Response Plan and propose how to address them.

Outcomes from the exercise comprised areas of improvement and operational decisions, including:

- Future updates to the NCR Burn Mass Casualty Incident Response Plan should include additional considerations for the mobilization of Unified Command and details about patient tracking across the NCR jurisdictions; and
- During and incident, the Burn Taskforce needs to establish as quickly as possible the number of burn beds available within the region.

HSEMA Mass Casualty Incident (MCI) Workshop

DC Health participated in HSEMA's Mass Casualty Incident (MCI) Workshop on May 20, 2021 as part of HSEMA's Exercise Series. The workshop's goal was to gather feedback from stakeholders on the current District of Columbia Mass Trauma Plan and to gather input to further improve the facilitation and implementation of this plan. The purpose of the workshop was to

provide a forum in which the District's stakeholders could discuss their roles in the DC Mass Trauma Plan.

The core capabilities listed below provided the foundation for the development of the exercise objectives and scenario with this exercise measuring and validating performance of these capabilities and their associated critical tasks:

- Mass Care Services;
- Fatality Management Services;
- Operational Coordination;
- Logistics and Supply Chain Management;
- Public Health, Healthcare, and Emergency Medical Services; and
- Situational Assessment.

Overarching objectives for the exercise included:

- Socialization of key information about the District of Columbia Mass Trauma Plan with key stakeholders;
- Ensuring the plan accurately reflects current operations and processes; and
- Ensuring key stakeholders understand the plan, their role in the plan, and any cascading impacts.

Outcomes from the exercise included recommendation, areas of improvement, and operational decisions including:

- The definition of an MCI has been re-defined to "traumatic or medical based emergency incidents composed of nine or more patients requiring patients transport to two or more hospitals OR a number of near simultaneous incidents in close proximity to one another with each incident resulting in the transport of five or more patients";
- Education to all key stakeholders that patients are distributed by the on-scene transport supervisor using DC Trauma MCI Distribution Grid;
- Recommendation to include more regional partners for future exercises and allow greater socialization of this plan with a regional focus; and
- Recommendation to update the plan to reflect that community health centers are not 24/7 operations.

Health Partner Ordering Portal (HPoP) End-to-End Test – 12/13/2021

DC Health supported and participated in the U.S. Department of Health and Human Services' Health Partner Ordering Portal (HPOP) End-to-End test for medical countermeasures on December 13, 2021, performing the necessary actions to complete the test in order to support process decisions for 62 states and jurisdiction for ongoing COVID-19 therapeutic coordination.

Q97. 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 in FY20, FY21 and FY22 to date;
b. Any exercises or drills that have tested the use of the DC Responds system and the results of those tests; and
c. Any areas of change or improvement to the current system.

Response:

The current number of volunteers fully registered and compliant with all requirements is 488, which includes the following breakdown of volunteer types:

- 24 Physician Volunteers,
- 49 Nurse Volunteers,
- 105 Other Licensed Medical Volunteers, and
- 310 Non-Medical Volunteers.

The number of volunteers registered in FY20, FY21 and FY22 to date are as follows:

- FY20 – 725 Volunteers,
- FY21 – 975 Volunteers, and
- FY22 to date – 88 Volunteers.

DC Health experienced high program interest during FY20 and FY21, with 725 new volunteers registering in FY20 and 975 new volunteers registering in FY21. High program interest coincided with increased recruitment efforts and general interest in the early novel coronavirus response. In FY22 DC Health has seen a reduction in overall program interest with only 88 new volunteers registering thus far. We attribute this reduction in interest to a combination of factors including potential volunteer pool saturation, general fatigue among response-oriented individuals, and high rates of infection among responder personnel during the FY22 period to date. We routinely update our database to remove volunteers who have not completed the requirements to maintain membership.

DC Responds has not been exercised or drilled during COVID-19. The system is used daily to send out activation notices, confirm deployment requests, notify volunteers of site closures, etc.

With the continuation of social distancing requirements, DC Health plans to implement virtual volunteer onboarding and training.

Q98. Please provide the amount of money the District received in FY20, FY21 and FY22 to date 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	FY20	FY21	FY22
Salaries	$3,007,742	$4,168,484	$2,579,128
Fringe	560,643	966,892	577,725
Equipment	684,881	61,549	65,074
Supplies	1,421,596	12,192	20,706
Travel	25,262	75,932	12,282
Other	2,047,739	969,141	974,725
Contractual	3,671,550	2,964,295	739,950
IDCR	1,560,327	2,376,298	1,578,427
Total Award	**$12,979,740**	**$11,594,783**	**$6,548,017**
Match	$683,144	$646,713	$654,802

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 (medical countermeasures).

DC Health is responsible for developing medical countermeasure (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, distributes, and dispenses federally stockpiled SNS assets (medical supplies and equipment).

The Strategic National Stockpile (SNS) is the nation's largest supply of 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. The District received supplies, most specifically personal protective equipment (PPE), in reaction to the federally declared public health emergency to support response to the COVID-19 pandemic.

The program 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. PODs are located at recreation centers in all wards of the District. Additional partners and locations were identified to ensure equitable access to the COVID-19 vaccination. Closed POD private partnerships 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. These valuable partners have added to an already robust network of vaccination sites.

The CDC's Crisis Cooperative Agreement: COVID-19 Public Health Workforce Supplemental Funding was distributed across DC Health, the Office of the State Superintendent (OSSE) and the DFS/PHL in FY21. To support the governmental public health response to COVID-19, the CDC allocated funding to establish, expand, and sustain a public health workforce. These funds are in addition to, and separate from, funds CDC previously awarded to select jurisdictions for COVID-19 response activities in the spring of 2020.

The CDC expects that at least 25% of the jurisdictional award will support school-based health programs, including nurses or other personnel as outlined below. Of the remaining 75% (or less, depending on the amount invested in school nurses), CDC expects that at least 40% will support local hiring through local health departments or community-based organizations.

Q99. Please provide information about the DC COVID Alert Notification (DC CAN) for FY21 and FY22 to date including:

a. Program objectives; and
b. Number of users in FY21 and FY22 to date.

Response:

The program is an automated way to provide Exposure Notifications to District of Columbia residents, workers, and visitors quickly. DC CAN was implemented to:

- Augment contact tracing in the District by notifying individuals who may have been exposed to a person who has contracted COVID-19;
- Increase early identification of contacts before a CUI is reached by the Contact Trace Force;
- Increase identification of additional contacts that a PUI might not be aware of being in direct contact with or might not be able to identify;
- Decrease positive test results reporting time by providing the public with the option to self-report their positive test result directly from the app earlier than traditional methods;
- Increase the number of positive test results reported; and
- Increase available options to existing traditional methods of contact tracing with innovative technology.

Because DC CAN is an anonymous system and requires opt-ins to track active users, the data on engagement metrics are limited. The program tracks cumulative downloads of DC CAN as a measure of engagement. As of September 28, 2021, there were 1,249,886 cumulative downloads. As of January 19, 2022, there were 1,574,597 cumulative downloads.

Q100. Please provide information on the number of ambulance inspections, certifications and corrective actions issued by HEPRA during FY21 and FY22 to date. How do these numbers compare to FY19 and FY20? 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:

FY22 to date

- The number of inspections: 72
- The number of certifications: 55
- The number of corrective actions: 7

FY21

- The number of inspections: 683
- The number of certifications: 535
- The number of corrective actions: 48

Corrective actions in FY21 are low because DC Health limited supplies and equipment inspections to reduce person to person contact during the Covid-19 outbreak.

FY20

- The number of inspections: 235*
- The number of certifications: 178
- The number of corrective actions: 29

*EMS Vehicle inspections were suspended for six months due to the COVID-19 outbreak

FY19

- The number of inspections: 586
- The number of certifications: 393
- The number of corrective actions: 58

Q101. Please provide information on the number of EMS personnel certifications, re-certifications and denials issued by HEPRA during FY21 and FY22 to date, and the number of certified EMS providers that have met the NREMT certification requirement.

Response:

In FY21: HEPRA issued 1,694 EMS personnel certifications. Of this group, 174 were initial certifications and 1,520 were renewal certifications. There were no certification denials during this period. Additionally, 16 credentialed providers transitioned from EMT to Paramedic, and 1 provider from EMT to AEMT.

In FY22 to date: HEPRA has issued 630 EMS personnel certifications. Of this group, 253 were initial certifications and 377 were renewal certifications. There were no certification denials during this period. Additionally, 10 credentialed providers transitioned from EMT or AEMT to Paramedic.

Q102. What is the most recent pass rate for EMT training programs?

Response:

In CY 2021, 193 EMS students attempted the EMS certification exam with 77% success in first time testing and 84% successful by the third attempt. For context, the national pass rate for first attempts of the NREMT examination is 70% during the same period.

Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
193	77% (149)	84% (163)	84% (163)	0% (0)	16% (30)	0% (0)

Q103. Please describe the District plans to ensure vulnerable and home bound populations receive timely booster shots.

Response:

DC Health's COVID-19 booster vaccination effort is a collaboration across several administrations including, but not limited to, the Immunization Division of the Community Health Administration, the Vaccine Operations program of the Health Emergency Preparedness and Response Administration, the Long-term and Intermediate Care Facilities Division of the Health Regulations and Licensing Administration, and the Office of Communications and Community Relations. Coordination with the Department of Behavioral Health and the Department of Disability Services has also been critical to addressing the needs of vulnerable and home bound populations during the pandemic. To ensure vulnerable and home bound populations receive timely booster shots, the three teams have collaborated to prioritize the administration of boosters amongst residents of long-term care facilities and other congregate group settings. DC Health has reached out to long-term care facilities to ensure their pharmacy vaccination partnerships are in place and that their vaccine supply is adequate, as well as to identify needs for DC Health to conduct booster pop-up clinics to assist in vaccinating residents and staff of their facilities. DC Health has conducted booster pop-up clinics for several long-term care facilities and has connected facilities with additional pharmacy partners available to host vaccine clinics at their facilities. DC Health developed scripts for robocall vaccination reminders for seniors age 65 years and older that are eligible for additional vaccine doses. The automated calls will provide information on how to schedule an appointment for booster vaccinations. DC Health developed a one-pager infographic for DC residents to post on coronavirus.dc.gov and shared with providers as resource material for them to disseminate to their patient populations. DC Health continues to outreach with community organizations to identify areas of need to fill in gaps where appropriate.

The DC Health At-Home Vaccinations program (formerly referred to as the Home-Bound vaccination program) administers vaccines to District residents within their homes regardless of mobility status. Launched in April 2021 to vaccinate District residents who were unable to, or too at risk to receive a COVID-19 vaccination from a community vaccination site, pharmacy, hospital, etc., it allowed District residents the advantage of pre-registering for a homebound vaccination by calling the COVID Call Center (1-855-363-0333), after which they would receive a second call to be scheduled for an at-home appointment. As eligibility for vaccinations and boosters expanded in the District, the Home Visit Vaccination increased its capacity to offer vaccines and boosters to each eligible population. By September 2021, the Homebound Vaccination Program eligibility changed to allow any District resident ages 18 years and older to receive an at-home vaccine, regardless of whether they had the ability to leave their address. This program further broadened to the pediatric population in December 2021 to allow for all residents ages five years and older to be eligible for at-home vaccinations. The Home

Vaccination Initiative currently offers all three FDA approved/authorized vaccine types for first doses, second doses, additional doses, and booster doses to residents ages five years and older. As of January 25th, 2022, over 3,000 vaccinations (including first, second, additional, and booster doses) have been provided through the initiative.

DC Health is also collaborating with several organizations that work with vulnerable populations such as the homeless, those financially unstable, victims of domestic violence, young mothers/fathers, and those recently released from prison. DC Health has worked with these organizations to host popup vaccine clinics at their sites using the Vaccine Exchange, plan informational events, provide educational materials, and inform them of nearby popup clinics/testing sites for the people they serve to attend. Several of these organizations engage their communities and membership by distributing booster information in classes, trainings, and meetings. The Special Initiatives and Community Engagement team meets with these community-based organizations (CBOs) regularly to identify barriers to vaccination, as well as to assist in improving vaccine coverage in these localized groups.

In the past, DC Health formed several partnerships to administer primary series vaccines to other groups of vulnerable residents in congregate settings. One partnership with Johns Hopkins Medicine by way of Sibley Memorial Hospital and the DC Housing Authority was established to administer primary series vaccines to Senior residents of public housing. The partnership was quite successful in ensuring this vulnerable population became fully vaccinated. DC Health has reignited this partnership to provide boosters to seniors residing in public housing, at over 40 residences across the city. Meetings are in progress to identify one or more providers who can provide vaccinations and a calendar of dates will be developed and shared publicly and widely. Similarly, partnerships with other sister agencies such as Department of Behavioral Health, and Department of Disability Services have been elevated and engagement continues to provide booster vaccines to residents in these smaller community residential facilities.

In support of communities experiencing housing insecurity, DC Health has coordinated with the Department of Human Services and Unity Heath Care to support Health Care for the Homeless. DC Health provided COVID-19 vaccines to Unity to administer COVID-19 vaccines to housing insecure residents in shelters across DC.

DC Health also is working with the Mayoral Office of Community Affairs (MOCA) to build vaccine/booster confidence amongst these priority populations. Currently, an informational webinar and pop-up clinic with the Mayor's Office on LGBTQ Affairs is in development to help increase booster rates amongst the LGBTQ+ community.

Through leveraging partnerships with community partners and organizations, having open lines of communication with facilities and providers that have frequent contact with vulnerable and home bound populations, and providing educational and outreach attempts, DC Health will continue to ensure these populations receive their necessary vaccine doses upon eligibility.

Q104. Please list the top 5 requests made for the Coronavirus call center each quarter of FY21 and FY22 to date.

Response:

The District currently operates a COVID-19 Call Center (1-855-363-0333) that individuals can call to receive answers or referrals related to the District's testing programs, vaccine programs, and other COVID-19 programs. This Call Center began in April 2020 and was staffed by over 70 nurses from the DC Health School Health Services Program. On October 1, 2020, the COVID-19 Call Center transitioned to 12 DC Health detailed staff. Over those 18 months, call-takers were responsible for registering callers for COVID-19 testing and serology screening, submitting requests to receive COVID-19 test results, and sharing District operating statuses and health guidance.

When the demand for vaccinations increased in January 2021, DC Health partnered with an independent Call Center to expand staffing to over 200 Customer Service Representatives (CSRs). During the vaccination effort, the COVID-19 Call Center was influential in assisting District residents with appointment scheduling and pre-registration, scheduling Homebound/Home Visit appointments, and providing updated guidance on vaccine programs. The COVID Call Center is staffed by around 50 CSRs as of January 2022.

Individuals serving in the COVID-19 Call Center provide solutions to an array of questions, including the following most frequent themes by fiscal year quarter (data was collected from patterns of emails received by the coronavirus@dc.gov email box and from Microsoft Forms submissions used to document each successful call):

- **FY21 Q1 (October 2020 – December 2020)**
  - COVID-19 testing
    - testing results
    - testing site information
  - General COVID-19 inquiries
    - COVID-19 travel regulations
    - Mask guidance/mandates
    - Contact tracing
    - District operations guidelines
    - Medical questions
    - Support for food, hygiene, quarantine/isolation housing, prescription medications, or pediatric products

- **FY21 Q2 (January 2021 – March 2021)**
  - Vaccinations
    - First dose appointments

        - Second dose appointments
        - Eligibility questions
        - Pre-registration (this feature began in March 2021)
    - COVID-19 testing
        - Testing results
        - Testing site information

- **FY21 Q3 (April 2021 – June 2021)**
    - Vaccinations
        - First dose appointment scheduling and confirmations
        - Pre-registration
        - Homebound vaccination appointments (the Homebound Vaccination Program began in April 2021)
        - Walk-up vaccination clinics (public vaccination clinics transitioned to no-appointment needed, walk-up clinics in May 2021)
        - Second dose appointment questions
    - COVID-19 testing
        - Testing results
        - Testing site information

- **FY22 Q4 (July 2021 – September 2021)**
    - Vaccinations
        - Walk-up vaccination clinics
        - Homebound vaccination appointments
        - Additional shots/booster shots
        - MyIR ("My Immunization Record," is a web-based portal that gives individuals who received a COVID-19 vaccine in DC access to their official COVID-19 vaccination records.)
    - COVID-19 testing
        - Testing results
        - Testing site information

- **FY22 Q1 (October 2021 – December 2021)**
    - Vaccinations
        - Home Visit Vaccinations (the Homebound Vaccination Program expanded to include all District residents and was renamed the Home Visit Vaccination Program)
        - Additional shots/booster shots
        - MyIR/CDC Vaccination Cards

        - Vaccination locations
    - COVID-19 testing
        - Testing results
        - Testing site information
    - General COVID-19 inquiries
        - COVID-19 travel regulations
        - Childcare and schools' guidance

- **FY22 Q2 (January 2022)**
    - Vaccinations
        - Home Visit Vaccinations (the Homebound Vaccination Program expanded to include all District residents)
        - Vaccination locations
        - Additional shots/booster shots
        - MyIR/CDC Vaccination Cards
    - COVID-19 testing
        - Testing results
        - Testing site information
        - COVID Centers
    - General COVID-19 Inquiries
        - City-wide vaccination entry requirement (effective 1/15/2022)
        - Isolation/quarantine guidance

Q105. Please describe any efforts to have a QR code for proof of vaccination.

Response:

DC Health introduced MyIR (a product of STC Health) in May 2021 as an electronic record source for COVID-19 vaccines. Data supporting MyIR is drawn from the District of Columbia Immunization Information System (DOCIIS).

In September 2021, MyIR released a digital QR code that was briefly available for users with an electronic COVID-19 vaccination record. Due to technical governance issues, STC temporarily disabled the MyIR QR code. As a result, DC Health began developing its own digital vaccination record (DVR) for COVID-19 vaccines.

While STC re-enabled this feature temporarily, DC Health continued to develop its own platform to ensure a better user experience.

The DC COVID-19 DVR allows residents and visitors who have had COVID-19 vaccines administered in DC to access their record by completing an online form and providing the mobile phone or email used when registering for their vaccine. All vaccine dose types (first, second, additional, booster) available in DOCIIS will be available for display on the record. Upon receipt of the record, users will be able to save, screen shot, or download the digital QR code for future use.

Q106. Please describe efforts to vaccinate the age groups with the lowest vaccination rate.

Response:

Please see the response to Question 28 for the response to this as the question is identical.

Q107. What has HEPRA identified as an area of importance for FY21 and FY22 to date

Response:

1. HEPRA will continue to occupy a key role in coordinating DC Health's operational response to the pandemic with specific areas of focus to further improve the District's vaccination rate including necessary booster shots and to continue to respond to the fluid nature of testing demand. Key additional areas of focus include enhancing the DC MRC, special operations and logistics program and overall integration of all response assets.

2. Transition of the COVID-19 Response program, such as testing and vaccination programs to steady state programs as we look at how COVID-19 will become endemic in the community.

3. Identified areas of importance for the Health and Medical Coalition include the enhancement of capabilities and capacities in the following areas and activities:
    - Continuity of essential public health and healthcare services that serve vulnerable populations during and after an incident impacting the District;
    - Complete the update, socialization, and exercising of the DC HMC Infectious Disease Surge Annex;
    - Evacuation planning for specialty populations;
    - Maintain an activated posture for the COVID-19 pandemic to support ongoing and future response needs such as pediatric surge and pharmaceutical allocations and distribution planning;
    - Partnering with regional and federal partner to assess supply chain resilience within the District and across National Capital Region; and
    - Seamless collaboration among diverse HMC partners, providing full access to accurate, timely, and relevant data for population specific planning and targeted responses to planned (i.e., National Special Security Events) and unplanned events within the District of Columbia and larger National Capital Region.

The DC HMC conducts an annual Hazard Vulnerability Analysis (HVA) as a systematic approach to identifying hazards that may have the highest impact on healthcare resources or the ability of the healthcare system to deliver services. The HVA establishes the relative risks to the District's healthcare system and the data is analyzed to prioritize planning, mitigation, response, and recovery activities. Ultimately, the results of the HVA are utilized to inform and prioritize emergency planning, mitigation, response, and recovery activities of the DC HMC, and at member facilities. From the most recent DC HMC HVA, the top ten highest ranked and thus prioritized threats for areas of importance for planning in the next budget cycle are Nuclear Attack, Radiological Attack, Chemical Attack, Pandemic, Cyber Attack, Hazardous Materials, Armed Assailant, Improvised Explosive Device, Power Outage-Long, Winter Storm.

Q108: Please describe efforts to address the shortage of health care workers in the District in FY21 and FY22 to date.

Response:

DC Health is committed to addressing the concerns of health care workers who work in licensed facilities that come under our purview in the District of Columbia. Over the last two years, the health care environment has demonstrated remarkable resilience in responding to the needs of the District's residents and patients that seek health services. DC Health maintains open lines of communication with the District's health care stakeholders as it pertains to discussion and support on the shortage of health care workers. See the activities below:

In FY21, activities included:

- Issuing an Administrative Order to permit health professionals licensed and in good standing in another jurisdiction to practice in DC if credentialed by a health care facility
- Allowing a broader age range of vaccinations for Pharmacists (expanded from age 12 to ages 3 through 18), in line with the Public Readiness Emergency Preparedness Act (PREP Act). Additionally, licensed interns and registered pharmacy technicians were permitted to provide COVID-19 vaccinations with the proper training.
- Authorizing unlicensed health professionals to administer vaccines during public health emergency if trained and supervised by a licensed health professional.
- Expanding use of physician standing orders for screening and diagnostic testing. This allowed skilled/trained healthcare practitioners (i.e., dietitians, nurses) to keep the workflow moving and limited the delays in patient care. Additionally, this process makes the unit/division more efficient, and physicians can be utilized in other areas and reduce the potential of errors occurring. The use of this protocol allows the facility to utilize staff efficiently.
- Issuing a policy statement/Guidance on remote supervision during the Public Health Emergency.
- Developing regulations to authorize the Boards the ability to waive continuing education requirements due to extenuating circumstances.
- Implementing an online licensure application system for initial, reinstatement, and reactivations.
- Continuing to update the Health Occupation Revision Act (HORA) to reflect the current scope of practice definitions that align with current national trends.
- The Board of Nursing expanded the scope of practice for Certified Nursing Assistants (CNAs) by allowing these health professionals to provide authorized nursing services in the home setting during the public health emergency.
- The Health Care Facilities Division (HCFD) provided approval for the use of Basic Care Aides and Dining Support Aides during the public health emergency to assist in addressing staffing concerns in the nursing home setting.

In FY22:

- Issued a Declaration for Temporary license issued for 37 of 72 licensee types. A process by which individuals may request a temporary license, registration, or certification to practice in the District of Columbia pending review and approval of their full license application.
- Continued discussion on possible license reciprocity agreements with Maryland and Virginia.
- Issued supervised practice letters for several of the remaining 40 license types, allowing an applicant to practice while pending licensure.
- Issued a second waiver (1-10-22) approving the use of Basic Care Aides and Dining Support Aides during the public health emergency to assist in addressing staffing concerns in the nursing home setting.

Q109: 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.

Response:

HRLA underwent a reorganization that was implemented in 2020. On September 1, 2020, the Office of Compliance and Quality Assurance staff, duties, and responsibilities were transferred to the Office of Health Facilities, Health Care Facilities Division as it pertains to the investigation of incidents and complaints that were reported in nursing homes and intermediate care facilities for individuals with intellectual disabilities.

As a result of the reorganization, the Investigations Branch (formerly Office of Compliance and Quality Assurance) transitioned to the Office of Health Professional Licensing Boards. The Investigations Branch is responsible for providing investigative support to the health professional licensing boards and to DC Health. The investigators prepare investigative plans, develop and serve subpoenas, personally serves time sensitive documents, prepares written investigative reports, attend board meetings regularly/brief boards on ongoing or completed investigations, and provides testimony in civil and administrative hearings. The investigators also conduct investigations related to individuals practicing a health profession without a license in the District Columbia.

Q110: How many investigations have been initiated in FY21 and FY22 to date? How many investigations have been completed?

Response:

The Investigations Branch

Professional Board Investigations	*FY21*		*FY22*	
	Investigations Initiated	**Investigations Completed**	**Investigations Initiated**	**Investigations Completed**
Unlicensed Health Professionals	6	5	3	3
Licensed Health Professionals	95	78	22	1
Total	**101**	**83**	**25**	**4**

Office of Health Facilities

Facility Type	*FY21*		*FY22*	
	Investigations Initiated	**Investigations Completed**	**Investigations Initiated**	**Investigations Completed**
Intermediate Care Facilities	13	13	2	1
Community Residence Facilities (IID)	0	0	1	1
Community Residence Facilities (E)	0	0	0	0
Assisted Living Residences	6	6	0	0
Nursing Homes	7	7	10	10
Total	**26**	**26**	**13**	**12**

Q111: Please provide a chart that describes all facility inspections, including restaurant, and other inspections by the food division, done by HRLA in FY21 and FY22 to date 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:

Division of Animal Services

The Division of Animal Services inspects veterinary practice facilities annually for compliance with minimal building requirements as well as three specific areas: animal care, radiology, and pharmacy.

Type Of Inspection	**Facility Type**	**Reason For The Inspection**	**Outcomes That Resulted From Each Inspection**
Veterinary Practice Facility	Veterinary Animal Facility	Annual Inspection for Facility License	FY21: 10 total – all facilities received their annual facility license. No fines or closures were imposed. FY22-Q1: 3 total – 1 facility received a Cease-and-Desist Order for closure until all business requirements were met.

Division of Community Hygiene

The Division of Community Hygiene (DCH) conducts health inspections of public swimming pools and other aquatic facilities, mattress manufacturers, barbershops, hair and nail salons, spas, hair removal facilities, and other cosmetology or personal grooming facilities located within the District of Columbia. The DCH inspects facilities to determine if appropriate physical facilities exist, health, and sanitary practices, as well as processes that meet current DC Health regulations,

and issues DC Certified Pool Operator Certificates. During the COVID-19 public health emergency, the DCH has conducted investigations and enforcement of the Mayor's Orders.

Type Of Inspection	**Facility Type**	**Reason For the Inspection**	**Outcomes That Resulted from Each Inspection**
Routine	Cosmetology Establishments (610) total facilities): Barbershops, Beauty Salons (including hair salons, nail salons, esthetics, braiding, and other personal grooming facilities).	Inspections are conducted to ensure operations are taking place within public health and sanitation guidelines. Enforcement of regulations: • Subtitle 25-E Barbering, Cosmetology, and Personal Grooming Facility Regulations	FY21: 301 routine inspections of Cosmetology establishments. FY22-Q1: 146 routine inspections of Cosmetology establishments.
Re-inspection	Cosmetology Establishments	Follow-up inspections for non-compliance.	FY21: 61 re-inspections were conducted. FY22-Q1: 117 re-inspections were conducted.
Complaints	Cosmetology Establishments	Various code violations as reported by the residents and visitors of the city. Unusual/ unsanitary conditions, pests, or rodent activity.	FY21: 22 complaints were investigated. FY22-Q1: 8 complaints were investigated.
Pre-operational	Cosmetology Establishments	To obtain license to operate.	FY21:

			20 pre-operational inspections were performed. FY22-Q1: 3 pre-operational inspections were conducted.
Other	Cosmetology Establishments	Not regularly scheduled - such as Fire, Restoration, Document Survey, Federal Request, Special Events, etc.	FY21: 1 inspection was performed. FY22-Q1: 0 inspection inspections were conducted.
License Renewal	Cosmetology Establishments	A License Renewal inspection is required for approval by DCRA (i.e. when an establishment has allowed a business license to remain expired for an extended period of time).	FY21: 3 license renewal inspections were performed. FY22-Q1: 6 license renewal inspections conducted.
Initial	Cosmetology Establishments	Uncommon inspections that are completed for facilities that are not in the DC Health database or are somehow operating without a District-issued business license. In some cases, the facilities will require approval	FY21: 9 initial inspection was conducted. FY22-Q1: 6 initial inspections were conducted.
COVID	Cosmetology Establishments	Inspections that were related to facilities operating in compliance with current Mayor's orders related to COVID-19 operating procedures.	FY21: 10 COVID inspections were conducted. FY22 – Q1: 5 COVID inspections were conducted.

Routine	Aquatic Facilities (356 total aquatic facilities): Swimming Pools, Saunas and Steam Rooms, Spas, and other Aquatic Facilities.	Inspections are conducted to ensure operations are taking place within public health, safety, and sanitation guidelines. Enforcement of regulations: • DCMR Title 25 – C Swimming Pool and Spa Regulations	FY21: 91 routine inspections of aquatic facilities. FY22-Q1: 8 routine inspections of Aquatic facilities.
Re-inspection	Aquatic Facilities	Follow-up inspections for non-compliance.	FY21: 65 re-inspections were conducted. FY22-Q1: 14 re-inspections were conducted.
Complaints	Aquatic Facilities	Various code violations as reported by the residents and visitors of the city Unusual/ unsanitary conditions, pests, or rodent activity.	FY21: 8 complaints were investigated. FY22-Q1: 0 complaints were investigated.
Pre-operational	Aquatic Facilities	To obtain license to operate.	FY21: 27 pre-operational inspections were performed. FY22-Q1: 5 pre-operational inspections conducted.
Other	Aquatic Facilities	Not regularly scheduled - such as Fire, Restoration, Document Survey, Federal Request, Special Events, etc.	FY21: 67 other inspections were performed. FY22-Q1:

			3 other inspections conducted.
License Renewal	Aquatic Facilities	A License Renewal inspection is required for approval by DCRA (i.e. when an establishment has allowed a business license to remain expired for an extended period of time.	FY21: 65 license renewal inspections were performed. FY22-Q1: 13 license renewal inspections conducted.
Initial	Aquatic Facilities	Uncommon inspections that are completed for facilities that are not in the DC Health database or are somehow operating without a District-issued business license. In some cases, the facilities will require approval.	FY21: 1 initial inspection was conducted. FY22-Q1: 2 initial inspections were conducted.
COVID	Aquatic Facilities	Inspections that were related to facilities operating in compliance with current Mayor's orders related to COVID-19 operating procedures.	FY21: 0 COVID inspections were conducted. FY22 – Q1: 0 COVID inspections were conducted.

Division of Food

The Division of Food (DF) regulates food services that are provided in commission merchants, delicatessens, bakeries, candy manufacturers, grocery stores, retail markets, ice cream manufacturers, restaurants, wholesale markets, mobile vendors, cottage food businesses, and hotel kitchens as well as conducts enforcement activities to ensure compliance with the District's Smoking Ban. During the public health emergency, the DF has conducted investigations and enforcement of the Mayor's Orders.

Type Of Inspection	**Facility Type**	**Reason For the Inspection**	**Outcomes That Resulted from Each Inspection**

Routine	Bakeries (34) Caterers (400) Commission Merchant (0) Delicatessens (1,395) Food Product (578) Grocery (168) Hotels (70) Ice Cream Manufacturers (4) Marine – Wholesale (1) Marine – Retail (7) Mobile Vending (906) Restaurants (2,520) Schools - DCPS, Private Charter Schools (270) Wholesalers (0) Cottage Food (10)	Risk-based level cycle. Please reference DC Municipal Regulations 25-A DCMR 4400.2 for detailed description of risk-based levels. Enforcement of regulations: • DCMR 25-A Food Operations • DCMR 25-B Processing Operations • DCMR 25-K Cottage Food	FY21: 4,759 routine inspections of food establishments. There are no establishments enrolled in the risk control plan *(a mutually agreed upon written plan between the sanitarian and management of the food establishment that describes a management system for control of foodborne illness risk factors)* program. FY22-Q1: 644 routine inspections of food establishments
Re-inspection	all - see above	Follow-up inspections for non-compliance.	FY21: 2,630 re-inspections were conducted. FY22-Q1: 353 re-inspections were conducted.
Complaints	all - see above	* for various code violations as reported by residents and visitors of the District. *unusual/ unsanitary conditions, bare hand contact, uncooked food, pests, or rodents.	FY21: 422 complaints were investigated. FY22-Q1: 132 complaints were investigated.
Pre-operational	all - see above	To obtain license to operate.	FY21:

			404 preoperational inspections were performed. FY22-Q1: 73 preoperational inspections conducted.
Hazard Analysis Critical Control Point (HACCP) and Variance applications.	Food Establishments Only	To prioritize and control potential hazards in food production.	FY21: 77 HACCP Plans were reviewed. 23 HACCP Verification Inspections were performed. 15 Variance Applications were reviewed. FY22-(Q1): 20 HACCP Plans were reviewed. 6 HACCP Verification Inspections were performed. 3 Variance Applications were reviewed
Other	all - see above	Not regularly scheduled based on risk-based level cycle - such as Fire, Restoration, Document Survey, Federal Request, Special Events, etc.	FY21: 24 license renewal inspections were conducted. 24 emergency response investigations (*which includes fire, lack of water, or sewage event)* were conducted. 82 restoration inspections were conducted.

			FY22-Q1: 1 license renewal inspection was conducted. 4 emergency response investigations were conducted. 34 restoration inspections were conducted.
COVID	all – see above	Inspections that were related to facilities operating in compliance with the current Mayor's orders related to COVID-19 operating procedures.	FY21: 191 inspections FY22-Q1: 9 inspections

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 the physically disabled, 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 conducts incident and complaint investigations. The table below describes more detailed information related to the survey activities conducted by the ICFD:

Type Of Inspection	Facility Type	Reason For The Inspection	Outcomes That Resulted From Each Inspection
Licensure, Federal Certification, Investigations and Monitoring Visits	Intermediate Care Facilities for Individuals with Intellectual Disabilities - Total 61 facilities	Annual Licensure and Federal Certification, Follow-up and Monitoring visits, and investigations to ensure compliance.	FY 21: Annual Certification Surveys: 61 53 w/deficiencies **Fire certification kits are created with each certification survey.

			Licensure Surveys: 61 53 w/deficiencies Emergency Preparedness surveys: 38 3 - Revisits w/o deficiencies 0 - Voluntary Closure 0 - Initial Inspection FY 22 Q1: Annual Certification Surveys: 17 13 w/deficiencies **Fire certification kits are created with each certification survey. Licensure surveys: 17 13 w/deficiencies Emergency Preparedness Surveys: 17 1 - Revisit w/o deficiencies 0 - Voluntary Closure 0 - Initial Inspection 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,	Community Residence Facilities (Group	Annual Licensure, Follow-up and	FY 21: Licensure Surveys:

Investigations and Monitoring Visits	Homes for Individuals with Intellectual Disabilities)- Total 16 Facilities	Monitoring visits, and investigations to ensure compliance.	15 w/deficiencies 1 w/o deficiencies 0 - Revisit 0 - Voluntary Closure 0 - Initial Inspections FY 22 Q1: Licensure Surveys: 1 w/deficiencies 0 w/o deficiencies 0 - Revisit 0 - Voluntary Closure 0 - Initial Inspection 0 - Complaints 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	Community Residence Facilities (Group Homes for the elderly, physically disabled)- Total 3 facilities	Annual Licensure, Follow-up and Monitoring visits, and investigations to ensure compliance.	FY 21: Licensure Surveys: 3 w/deficiencies 0- Revisit w/o deficiencies 0 - Voluntary Closure 0 - Initial Inspection 0 - Complaints FY 22 Q1: Licensure Surveys: 0

			0 - Revisit w/o deficiencies 0 - Voluntary Closure 0 - Initial Inspection 0 - Complaints 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	Home Care Agencies-Total 41 facilities	Annual Licensure, Follow-up and Monitoring visits, and investigations to ensure compliance.	FY 21: Licensure Surveys: Total: 41 38 w/deficiencies 3 w/o deficiencies 0 - Revisit 0 - Voluntary Closures 1 - Initial Inspection Complaints: Total: 12 6 w/deficiencies 6 w/o deficiencies FY 22: Licensure Surveys: Total: 15 15 with deficiencies Revisits: 1 w/o deficiencies 0 - Voluntary Closure 0 - Initial Inspection

			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 - Total 12	Annual Licensure, Follow-up and Monitoring visits, and investigations to ensure compliance.	FY 21: Licensure Surveys: 12 w/deficiencies 1 Revisit w/deficiencies 0 - Voluntary Closure 0 - Initial Inspection FY 22: Licensure Surveys: 0 - Revisit 0 - Voluntary Closure 0 - Initial Inspection 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,	Child Placing Agencies- Total 12 facilities	Annual Licensure, Follow-up and Monitoring visits, and	FY 21: Licensure Surveys: 9 w/deficiencies and

Investigations and Monitoring Visits		investigations to ensure compliance.	3 w/o deficiencies 0 - Revisits 0 - Voluntary Closure 0 - Initial Inspection 0 - Complaints FY 22: Licensure Surveys: 4 with deficiencies 1 w/o deficiencies 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	Nurse Staffing Agencies (NSAs) - Total 140 facilities	Licensure (as needed), Follow-up and Monitoring visits, and investigations to ensure compliance.	The majority of NSAs are located out-of-the District of Columbia. The Department determines when an inspection is required in order to assess the agency's compliance with the Act and these rules. Out-of-state providers may be imposed a fee for the inspection. 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. FY 21: New NSA Agencies Licensed: 14 Licensure Survey: N/A n/a - Revisits 0 - Voluntary Closure n/a - Initial Inspection 0 - Complaint's w/ deficiencies 0 -complaints w/o deficiencies FY 22: New Agencies Licensed: 4 Licensure Survey: N/A n/a - Revisits 0 - Voluntary Closure n/a - Initial Inspection 0 – Investigation w/ deficiencies 0 - Complaint's w/o deficiencies
Licensure Inspections, Investigations and Monitoring Visits	Home Support Agencies- Total 22 facilities	Annual Licensure, Follow-up and Monitoring visits, and investigations to ensure compliance.	FY 21: 17 -Licensure Surveys 5 - Initial Inspection FY 22: 0 -Licensure Surveys: 0 - Initial Inspection 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.

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, Federal, Initial Certification, Complaint Investigations and Focused Infection Control Surveys	Nursing Homes- Total 17 facilities	Annual Licensure and Federal Certification, revisits and Focused Infection Control surveys and complaint investigations to ensure compliance. Enforcement of Regulations: 42 CFR §483.10 through 483.95 Long Term Facilities and Title 22B DCMR Chapter 32. Nursing Homes.	FY 21: Annual Re-Certification Surveys: 9 9- w/deficiencies 0- Initial Certification 9- Life Safety Code Surveys 9- Annual Licensure surveys 9- w/deficiencies Emergency Preparedness Surveys

			13- Focused Infection Control Surveys Complaints: 6- surveys completed. 4- resulted in deficiencies. 0- Voluntary Closures FY 22 Q1: Annual Re-Certification Surveys: 1 1- w/deficiencies 0- Initial Certification 1- Life Safety Code Surveys 1- Annual Licensure surveys 1- w/deficiencies 1-Emergency Preparedness Surveys 2-Focused Infection Control Survey Complaints: 5- surveys completed 2- w/ deficiencies. As a result of inspection activity, the provider may receive the following: Statement of Deficiencies (SOD), Civil Penalties, Restricted 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 survey and Complaint Investigation	Hospital - Total 13 facilities	Annual Licensure survey and Complaint Investigations (evaluated providers compliance with both licensure and or federal/or federal regulations.	FY21: There were 12 hospital licensure surveys conducted.

		Enforcement of Regulations: 42 CFR §482.1 through 482.62 and Title 22B DCMR Chapter 20 Hospitals	All 12 licensure surveys resulted in deficiencies being cited. FY22: There was one licensure survey completed. This survey resulted in deficiencies being cited.

Federal Certification /Recertification Surveys and Complaint Investigations	Home Health Services - Total 33 facilities	Federal Certification Surveys. Enforcement Regulation:42 CFR §484.10 through 484.55 Home Health Services.	FY21: There were five Home Health Agency recertification surveys completed. deficiencies. Deficiencies were cited on four surveys. FY22 Q1: There has been one Home Health Agency recertification survey completed and deficiencies were cited. 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.
Federal Recertification and Complaint Investigations	Hospice Care - Total 3 facilities	Federal Recertification Surveys Enforcement of Regulations: 42 CFR §418.3 through 418.116 Hospice Care.	FY21: There was one hospice survey completed during FY21. There were no deficiencies cited. FY22: There have been no hospice surveys completed during Q1 of FY22. 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.
Federal Recertification	Portable X-Ray Services - Total 1 facility	Federal Recertification Enforcement of Regulations: 42 CFR §486.100 through 486.110 Portable X-Ray Services.	FY21: No portable X-Ray surveys were conducted. FY22: No portable X-Ray surveys have been conducted in Q1 of FY22.
Federal Recertification and Complaint Investigations	End Stage Renal Disease (ESRD) (Dialysis) - Total 21 facilities	Federal Certification Surveys and Complaint Investigations Enforcement of Regulations: 42 CFR §494.20 through 494.180 Conditions For Coverage For End-Stage Renal Disease Facilities.	FY21: There were 11 federal recertification surveys conducted. There was one initial certification survey conducted. FY22: There has been one federal recertification survey conducted. 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.
Federal Certification	CLIA Certified Laboratories, and non-waived testing- 23 Labs	Federal initial and re-certification Surveys, Follow-up surveys, Validation Surveys and complaint investigation surveys as required by the federal regulation.	FY21: 1- CLIA initial surveys conducted 13- CLIA recert surveys conducted 12- CLIA F/U surveys conducted 5- CLIA complaint surveys conducted 3- CLIA Cow surveys conducted

			0- CLIA validations surveys conducted FY22: 0- CLIA initial surveys conducted 0- CLIA recert surveys conducted 4- CLIA F/U surveys conducted 5- CLIA complaint surveys conducted 0- CLIA Cow surveys conducted 0- CLIA validations surveys conducted
CLIA Certificate Information Processed	All types of laboratories: Waived, Provider Performed Microscopic (PPM), Compliance and Accreditation- 678 labs	Providers requesting initial Certification or an update of existing certificate information. Enforcement of Regulations: 42 CFR §493.1 through 493.2001. Laboratory Requirements	FY21: DC has 678 CLIA-certified laboratories of the following types: • 23-compliance (non-waived tests), • 527-waived, • 33- accredited, and • 95-Provider Performed Microscopy Procedures (PPM) DC Health processed 143 New Applications in FY21. FY22: DC has 680 CLIA-certified laboratories • 23-Compliance (non-waived tests), • 528-Waived, • 34- Accredited, and • 95-Provider Performed Microscopy Procedures (PPM)

			DC Health processed 2 New Applications in FY22.
Licensure Inspections	Communicable Disease Testing Laboratories - 98 Labs	Annual Licensure inspection to determine compliance	FY21: Communicable Disease Testing laboratories surveys conducted: 17- In state (with 1 survey resulting in deficiencies). 10- Out of state (there were no deficiencies cited). 5- Health Fair surveys conducted (there were no deficiencies cited). 3- Health Fair F/U surveys conducted (there were no deficiencies cited). FY22: Communicable Disease Testing laboratories surveys conducted: 1- In state (there were no deficiencies cited). 5- Out of state (there were no deficiencies cited). 1- Communicable Disease Testing laboratories complaint surveys conducted (there were no deficiencies cited). 0-Health Fair surveys conducted 0- Health Fair F/U surveys conducted

Licensure inspection	Hospital-based and independent tissue banks – Total 5 Labs	Annual Licensure inspection to determine compliance.	FY21: 2- Tissue Bank license surveys conducted (there were no deficiencies cited). FY22: 1- Tissue Bank license surveys conducted (there were no deficiencies cited).
Federal Recertification Surveys, Licensure Surveys and Complaint Investigations	Ambulatory Surgical Centers - Total 6 facilities	Federal Recertification Surveys, Licensure Surveys and Complaint Investigations. Enforcement of Regulations: 42 CFR §416.2 through 483.52 and DC Law 2-66. DC Ambulatory Surgical Treatment Center Licensure Act.	There are six licensed ambulatory surgical centers. Three of the six centers are federally certified. One of the three centers must undergo a federal certification survey each fiscal year. FY21: Annual Re-certification Surveys: No deficiencies (Federal program only) Life Safety Surveys: No deficiencies Licensure Surveys: 6 4 of 6 w/deficiencies Emergency Preparedness surveys: 1- no deficiencies FY22: No surveys have been conducted to date.
Licensure Inspections	Maternity Center - Total 1 facility	Annual Licensure inspection to determine compliance. Enforcement of Regulations: DCMR Title 22 Chapter 26. Maternity Centers	FY21: Annual licensure inspection was conducted and resulted in cited deficiencies. FY22: No surveys have been conducted to date.

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. 255 inspections were conducted by the Pharmaceutical Control Inspectors in FY21.

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.	FY21: 22 Facility inspected. No Notice of Infraction issued FY22: No Facilities inspected. No Notice of Infraction issued
Routine unannounced licensure inspection	Substance Abuse Facility	Annual compliance inspection.	FY21: 4 Facilities inspected. No Notice of Infraction issued FY22: No Facilities Inspected
Routine unannounced licensure inspection	Researchers/Teachers	Annual compliance inspection.	FY21: 34 Facilities inspected. 3 Notice of Infraction issued FY22: 8 Facilities inspected. No Notice of Infractions issued
Routine unannounced licensure inspection	Animal Clinics/Vets	Annual compliance inspection.	FY21: 14 Facilities inspected.

			No Notice of Infraction issued FY22: No facilities inspected
Regular unannounced licensure inspection	Medical Examiner/Department of Forensic Science/Fire/EMS	Annual compliance inspection.	FY21: 23 Facilities inspected. No Notice of Infractions issued FY22: No Facilities inspected
Routine unannounced licensure inspection	Ambulatory Surgery Centers	Annual compliance inspection.	FY21: 4 Facilities inspected. No Notice of Infractions issued FY22: No Facilities inspected
Routine unannounced licensure inspection	Community and Hospital Pharmacy	Annual compliance inspection, follow up, or complaint.	FY21: 167 Facilities inspected. 76 Notice of Infractions issued FY22: 70 Facilities inspected. No Notice of Infractions issued

Q112: Please provide an update to civil fines levied on facilities in FY21 and FY22 to date 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:

Division of Community Hygiene

The fines levied during FY21 and FY22 YTD are listed in the charts below. A total of 22 notice of infractions (NOIs) were generated in FY21 and 11 NOIs have been generated in FY22 YTD.

FY 21

Name of Establishment	Type of Establishment	Infraction Description	Fine Amount	Status
Buff Nail Bar	Cosmetology Facility	Mayor's Order 2020-075, Sec. III.2 and Mayor's Order 2020-067, Sec. III.2.e. - Open customer stations of all types must be at least six (6) feet from each other.	$1,000	Pending with OAH
Nail Works	Cosmetology Facility	Mayor's Order 2020-103 § I.4., and Mayor's Order 2020-080 § II.2 - Business failing to exclude or attempt to eject persons not wearing masks. Mayor's Order 2020-080 § II.3 – Employers shall provide masks to their employees	$1,000	Pending with OAH
Nails Spot and Spa	Cosmetology Facility	Mayor's Order 2020-075, Sec. III.2 and Mayor's Order 2020-067, Sec. III.2.e. - Establishment screens employees daily, prior to entering the business, over the phone, or in person.	$1,000 (Reduced to $250)	Pending with OAH **(**Licensee Admit with Explanation; request to reduce fine was submitted. DC Health

				reduced to $250)
African Braiding Center	Cosmetology Facility	Mayor's Order 2020-075, Sec. III.2 and Mayor's Order 2020-067, Sec. III.2 - Failure to post signage on exterior door stating that a person may not enter unless wearing a mask.	$1,000	Pending OAH
African Braiding Center	Cosmetology Facility	Mayor's Order 2020-075, Sec. III.2 and Mayor's Order 2020-067, Sec. III.2.e. - Open customer stations of all types must be at least six (6) feet from each other.	$1,000	Pending OAH
Dupont Threading	Cosmetology Facility	Employees and patrons not properly wearing face coverings at all times in violation of Mayor's Order 2021-004, Sec. III; and Mayor's Order 2020-066, Sec. IV.1	$1,000	Pending OAH
Perfect Nails	Cosmetology Facility	Employees and patrons not six (6) feet from others in violation of Mayor's Order 2021-004, sec. III; Mayor's Order 2020-127, Sec. VII; Mayor's Order 2020-075, Sec. III. 2; and Mayor's Order 2020-067, Sec. III.2.e. | In-store service to patrons does not exceed twenty-five (25%) of capacity as specified on their Certificate of Occupancy in violation of Mayor's Order 2021-004,	$2,000 (Final Order = $500)	Licensee Admit with Explanation; Final order was $500 (reduced); Capacity Violation was dismissed on 10/8/21.

		sec. III; Mayor's Order 2020-127, Sec. VII; and Mayor's Order 2020-126, Sec. III.I.		
CAPITOL BARBER SHOP	Cosmetology Facility	Employees and patrons not six (6) feet from others in violation of Mayor's Order 2021-038, Secs. II & V.2; Mayor's Order 2020-127, Sec. VII; and Mayor's Order 2020-067, Sec. III.2.e.	$1,000	Pending. (Returned to sender on 5/3/21. Addressee not known at the delivery address).
100 Capitol Yards	Aquatic Facility	The disinfectant level is below the minimum or above the maximum in violation of 25-C DCMR § 404.2 (b).	$2,000	Pending OAH
425 Mass	Aquatic Facility	Operating an aquatic facility with water quality pH level below 6.5 in violation of 25-C DCMR § 404.2(a)(1).	$2,000	Pending OAH
Potomac Job Corps Center	Aquatic Facility	Operating an aquatic facility with water quality pH above 8.0 in violation of 25-C DCMR § 404.2(a)(2).	$3,000	Pending OAH
Wingate Properties	Aquatic Facility	Operating an aquatic facility with water quality pH level below 6.5 in violation of 25-C DCMR § 404.2(a)(1); Operating an aquatic facility with water quality pH level above 8.0 in violation of 25-C DCMR § 404.2(a)(2); Failing to continuously	$6,000	Pending OAH

		operate the aquatic facility's filtration equipment in violation of 25-C DCMR § 408.1, 408.3, 408.12, 409, and 410.3; Failing to properly handle, use, label, store, or ventilate chemicals in an aquatic facility in violation of 25-C DCMR §§ 607 or 608.		
Hilton Garden Inn - DC/US Capitol	Aquatic Facility	Operating an aquatic facility with water quality pH above 8.0 in violation of 25-C DCMR § 404.2(a)(2).	$2,000	Pending OAH
Glover House Residential	Aquatic Facility	Chlorine level of greater than 10.0 ppm (parts per million) in violation of 25-C DCMR § 404.2(b)(1).	$2,000	Pending OAH
Washington Sports Club - Columbia Heights	Aquatic Facility	Serving as a pool and spa operator without a current Pool and Spa Operator's Registration Card issued by the Department in violation of 25-C DCMR §§ 700.4.	$500	Pending OAH
Huntington Apartments	Aquatic Facility	Operating an aquatic facility with a total absence of or improper depth markings in violation of 25-C DCMR § §402.3, and 402.4; Operating an aquatic facility in violation of 25-C DCMR §§ 500, 501, 502, 503, and 504.	$1,500	Pending OAH

Watergate Hotel	Aquatic Facility	Operating an aquatic facility with water quality pH level above 8.0 in violation of 25-C DCMR § 404.2 (a)(2).	$2,000	Pending OAH
Equinox Sports Club	Aquatic Facility	The disinfectant level for the main swimming pool is below the minimum in violation of 25-C DCMR § 404.2(b)., Owning, operating, or managing a swimming pool, spa pool, or sauna with an expired or suspended license in violation of 25-C DCMR § 700.2; Operating an aquatic facility without the required personal protective equipment (PPE) to handle chemicals in violation of 25-C DCMR § 608.10(h), Serving as a pool and spa operator without a current Pool and Spa Operator's Registration Card issued by the Department in violation of 25-C DCMR §§ 700.4; Operating an aquatic facility in violation of 25-C DCMR §§ 503 .7 for the main swimming pool and small swimming pool., Operating an aquatic facility in violation of 25-C DCMR §§ 503.3 for pump/filter room., Operating an aquatic facility in violation of 25-C DCMR §§ 503.10 for the	$6,100	Pending OAH

		small swimming pool., Violations of any provision of the District's Swimming Pool and Spa Regulations (Subtitle C, Title 25 of the DCMR), which is not cited elsewhere in this section shall be a Class 4 infraction (DCMR 25C - 607.2).		
DOCK 79	Aquatic Facility	Operating an aquatic facility with water quality pH level below 6.5 in violation of 25-C DCMR § 404.2 (a)(1).	$2,000	Pending OAH
Yale Steam Laundry Condominium	Aquatic Facility	Operating an aquatic facility with water quality pH level below 6.5 in violation of 25-C DCMR § 404.2(a)(1), Operating an aquatic facility without the required personal protective equipment (PPE) to handle chemicals in violation of 25-C DCMR § 608.10(h).	$3,000	Pending OAH
Barber of St James London	Cosmetology Facility	Employees not properly wearing face coverings at all times in violation of Mayor's Order 2021-097.	$1,000	Mailed Motion to dismiss on 11/10/21 following written explanation and request for waiving of fine.

Capitol Hill Sports and Health	Aquatic Facility	Operating an aquatic facility with water quality pH below 6.5 and above 8.0 in violation of 25-C DCMR § 404.2(a)(1)(2) The disinfectant level is below the minimum in violation of 25-C DCMR § 404.2 (b)(3).	$6,500	Pending OAH
TOTAL			**$46,350**	

FY22 (Q1)

Name of Establishment	**Type of Establishment**	**Infraction Description**	**Fine Amount**	**Status**
Vida Fitness	Aquatic Facility	Operating an aquatic facility with a total absence of or improper depth markings in violation of 25-C DCMR §§ 402.3, and 402.4, Operating an aquatic facility without the required personal protective equipment (PPE) to handle chemicals in violation of 25-C DCMR § 608.10(h), Owning, operating, or managing a swimming pool, spa pool, or sauna without a valid license issued by the Department in violation of 25-C DCMR § 700.1.	$3,000	Pending with OAH
Mercy's Beauty Barber Shop	Cosmetology Facility	Establishment operating with two individuals not wearing face mask indoor in violation of Mayor's Order 2021-097, Section II.	$1,000	Pending with OAH

Hilton Garden Inn - DC/US Capitol*	Aquatic Facility	Operating an aquatic facility with water quality pH above 8.0 in violation of 25-C DCMR § 404.2(a)(2).	$2,000	Pending with OAH
Vida Fitness*	Aquatic Facility	Operating an aquatic facility with a total absence of or improper depth markings in violation of 25-C DCMR §§ 402.3, and 402.4, Operating an aquatic facility without the required personal protective equipment (PPE) to handle chemicals in violation of 25-C DCMR § 608.10(h), Owning, operating, or managing a swimming pool, spa pool, or sauna without a valid license issued by the Department in violation of 25-C DCMR § 700.1.	$3,000	Total fine amount = $900 ($300 per violation) - sent 11/17/21.: Hearing Scheduled for 1/26/2021
Mercy's Beauty Barber Shop	Cosmetology Facility	Establishment operating with two individuals not wearing face mask indoor in violation of Mayor's Order 2021-097, Section II	$1,000	Pending with OAH
LA Fitness	Aquatic Facility	Owning, operating, or managing a swimming pool, spa pool, or sauna without a valid license issued by the Department in violation of 25-C DCMR § 700.1.	$1,000	Pending with OAH
Wanda's at 7th	Cosmetology Facility	Establishment operating with operators not wearing face mask indoor in violation of Mayor's Order 2021-097, Section II.	$1,000	Pending with OAH

Luxury Nails Spa LT	Cosmetology Facility	Establishment operating with Manicurist not wearing face mask indoor in violation of Mayor's Order 2021-097, Section II.	$1,000	Pending with OAH
Phenix Salon Suites at Rhode Island Row	Cosmetology Facility	Establishment operating with two individuals not wearing face mask indoor in violation of Mayor's Order 2021-097, Section II.	$1,000	Pending with OAH
The Fairmont Washington DC	Aquatic Facility	Serving as a pool and spa operator without a current Pool and Spa Operator's Registration Card issued by the Department in violation of 25-C DCMR §§ 700.4.	$500	Pending with OAH
Equinox Sports Club*	Aquatic Facility	The disinfectant level for the main swimming pool is below the minimum in violation of 25-C DCMR § 404.2(b)., Owning, operating, or managing a swimming pool, spa pool, or sauna with an expired or suspended license in violation of 25-C DCMR § 700.2; Operating an aquatic facility without the required personal protective equipment (PPE) to handle chemicals in violation of 25-C DCMR § 608.10(h), Serving as a pool and spa operator without a current Pool and Spa Operator's Registration Card issued by the Department in violation of 25-C DCMR §§ 700.4; Operating an aquatic facility	$6,100	Pending with OAH

		in violation of 25-C DCMR §§ 503 .7 for the main swimming pool and small swimming pool., Operating an aquatic facility in violation of 25-C DCMR §§ 503.3 for pump/filter room., Operating an aquatic facility in violation of 25-C DCMR §§ 503.10 for the small swimming pool., Violations of any provision of the District's Swimming Pool and Spa Regulations (Subtitle C, Title 25 of the DCMR), which is not cited elsewhere in this section shall be a Class 4 infraction (DCMR 25C - 607.2).		
TOTAL			**$8,500**	

Division of Food

The fines levied during FY21 and FY22 YTD are listed in the charts below. A total of 128 NOIs were generated in FY21 and 32 NOIs have been generated in FY22 YTD.

FY21

Name of Establishment	**Type of Establishment**	**Infraction Description**	**Fine Amount**	**Status**
SAKURAMEN RESTAURANT 2441 18TH STREET NW, 20009	RESTAURANT	Failing to repair and maintain a plumbing system in good repair in accordance with the D.C. Plumbing Code Supplement of 2013, incorporating the	$600	Pending with OAH

		International Plumbing Code of 2012 as amended by the D.C. Plumbing Code Supplement of 2013 (Subtitle F of 12 DCMR), in violation of § 2418.1;/Failing to construct and maintain food service preparation and storage areas to prevent the entry of pests and other vermin in accordance with §§ 3210, 3211, and 3213 in violation of § 3711.1 P.		
PHO VIET USA 3713 NEW HAMPSHIRE AVENUE NW, 20010	DELICATESSEN	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 in violation of Chapter l0 P, and SS4408.1 (k)(9)P, 4408.1(1)(14/, or 4408.1(m)(16) P.	$500	Pending with OAH

IL CANALE 1065 31ST STREET NW, 20007	RESTAURANT	Failing to retain shell stock tags or labels for ninety (90) calendar days from the date the container is emptied using an approved record keeping system that keeps the tags or labels in chronological order correlated to the date when, or dates during which, the shellstock are sold or served as specified in § 717.2 in violation of §§ 717.3Pf and 717.4(a) Pf. Failing to use a test kit or other device to accurately determine the concentration of a sanitizer solution in violation of § 1815.1Pf. Failing to use an air gap between the water supply inlet and the flood level rim of the plumbing fixture, equipment, or nonfood equipment that is at least twice the	$1,500	Pending with OAH

		diameter of the water supply inlet and that is not less than twenty-five millimeters (25mm) or one inch (1 in.) in violation of § 2403.1 P.		
SAFEWAY #2912 1855 WISCONSIN AVENUE NW, 20007	DELICATESSEN	Violation of Mayor's Order 2020-075: No signage posted that informs patrons to "please maintain a six (6) foot distance for other. Violation of Mayor's Order 2020-0058.III.1.e: Failure to provide adequate hand sanitizers or disinfecting wipes at all entry and exit ways and throughout the store.	$2,000	Pending with OAH
JERK AT NITE #2 4215 FAIRFAX DRIVE	MOBILE VENDING	Operating with incorrect hot or cold holding temperatures for potentially hazardous foods that do not comply with this Code… Operating a food establishment without hot water in violation of SS	$1,000	Pending with OAH

		1808.1Pf, 1809.1(a) through (d)Pf, 1810.1P, 1811.1, 2002.1(a)-(b)P, 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 a mobile food unit, with gross insanitary occurrence or condition or other circumstances that may endanger public health in violation of S 4408.1(h) 2305.1Pf, 2305.2Pf, 2402.1, 4408.1 (k)(8)P, 4408.1 (1)(13), or 4408.1 (m)(15) P.		
CHARCOAL TOWN 1027 31ST STREET NW, 20007	RESTAURANT	Hookah in use in violation of Mayor's Order.	$1,000	Pending with OAH

WOK N' ROLL 604 H STREET, NW 20001	RESTAURANT	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 in violation of SS 3210.I(a) through (d)Pf and 4408.1(j)P 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 a mobile food unit, with gross insanitary occurrence or condition or other circumstances that may endanger public health in violation of S 4408.1(h)P.	$2,000	Pending with OAH

SHARETEA 519 H STREET NW, 20001	DELICATESSEN	Operating a food establishment without a full-time person-in-charge who is a certified food protection manager recognized by the Department in violation of SS 203.1P and 203.3P.	$1,000	Pending with OAH
FULL KEE 509 H STREET NW, 20001	RESTAURANT	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 in violation of §§ 3210.I(a) through (d)Pf, and 4408.1(g)P;/Failing to maintain copies of the food establishment's professional service contract in violation of 92605.1 (a) through (c) Pf.	$1,500	Pending with OAH

INDIGO – INDIAN FOOD ON THE GO 243 K STREET NE, 20002	RESTAURANT	Failing to minimize or eliminate the presence of insects, rodents, or other pests in a food establishment.	$1,000	Pending with OAH
NEUTRAL GROUNDS KITCHEN 2260 25TH PLACE NE, 20018	CATERER	Failing to minimize or eliminate the presence of insects, rodents, or other pests in a food establishment /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 a mobile food unit, with gross insanitary occurrence or condition or other circumstances that may endanger public health in violation of 4408.1(h)P.	$1,000	Pending with OAH
FUEL PIZZA WINGS AND SALADS	RESTAURANT	Failing to minimize or eliminate the presence of insects, rodents, or other	$1,000	Dismissed without prejudice.

600 F STREET NW,		pests in a food establishment.		
HAY ADAMS HOTEL 800 16TH STREET NW, 20006	HOTEL	Failing to minimize or eliminate the presence of insects, rodents, or other pests in a food establishment.	$1,000	Pending with OAH
PHO 88 NOODLES AND GRILL 608 H STREET NW, 20001	RESTAURANT	Failing to minimize or eliminate the presence of insects, rodents, or other pests in a food establishment.	$1,000	Pending with OAH
REREN 817 7TH STREET NW, 20001	RESTAURANT	Failing to minimize or eliminate the presence of insects, rodents, or other pests in a food establishment.	$1000	Pending with OAH
SO'S YOUR MOM 1831 COLUMBIA ROAD NW, 20009	DELICATESSEN	Failing to comply with required temperatures and time controls for cooling methods for hot and cold holding and for food display in violation of §§ 1003 through 1006.	$500	Pending with OAH

STARBUCKS 1501 CONNECTICUT AVENUE NW, 20036	RESTAURANT	Mayor's Order: Employee not wearing mask.	$1000	Pending with OAH
PHO 79 201 MASSACHUSETTS AVENUE NE, 20002	RESTAURANT	Mayor's Order: Employee not wearing mask.	$1000	Dismissed with prejudice. Parties reached settlement agreement ($200)
POPEYE'S CHICKEN & BISCUTS MLK 601 MALCOLM X AVENUVE SE, 20032	DELICATESSEN	Mayor's Order: Employee not wearing mask.	$1000	Pending with OAH
STACHOWSKI MARKET 1425 28TH STREET NW, 20007	DELICATESSEN	The establishment is packaging food using a reduced oxygen method without having obtained a variance. The toilet room door is not self-closing.	$2000	Pending with OAH
LAX WINE & SPIRITS	FOOD PRODUCT	Mayor's Order: Employee not wearing mask.	$1000	Pending with OAH

3035 NAYLOR ROAD SE, 20020				
FOOD MART 5001 GEORGIA AVENUE NW, 20011	FOOD PRODUCT	Mayor's Order: Self -service coffee.	$1000	Pending with OAH
SHANGHAI TOKYO CAFÉ OF DC 1376 PARK ROAD NW, 20010	DELICATESSEN	Mayor's Order: Employee not wearing mask, no signage.	$1000	Pending with OAH
PETE'S NEW HAVEN STYLE PIZZA 4940 WISCONSIN AVENUE NW, 20016	RESTAURANT	Failing to minimize or eliminate the presence of insects, rodents, or other pests in a food establishment.	$1000	Pending with OAH
VACE ITALIAN DELI 3315 CONNECTICUT	DELICATESSEN	Mayor's Order: Employee not wearing mask.	$1000	Pending with OAH

AVENUE NW, 20008				
FELICITY LOUNGE 707 H STREET NE, 20002	RESTAURANT	Mayor's Order: Hookah.	$1000	Pending with OAH
GEORGIA AVENUE OOHH'S AND AAHH'S RESTAURANT 5929 GEORGIA AVENUE NW, 20011	RESTAURANT	Mayor's Order: Employee not wearing mask.	$1000	Pending with OAH
OLLIE'S TROLLEY 425 12TH STREET NW, 20005	RESTAURANT	Mayor's Order: Wearing mask improperly and indoor dining during restricted time.	$1000	Pending with OAH
BAB KOREAN FUSION 1387 H STREET NE, 20002	RESTAURANT	Failing to use a test kit or other device to accurately determine the concentration of a sanitizer solution in violation of §1815.1; Failing to have written procedures for	$600	Pending with OAH

		employees to follow when responding to vomiting or diarrheal events that involve the discharge of vomitus or fecal matter onto surfaces in the food establishment.		
NEWTON FOODMART 3600 12TH STREET NE, 20017	DELICATESSEN	Mayor's Order: Employee not wearing mask properly.	$1000	Pending with OAH
CHARCOAL TOWN 1027 31ST STREET NW, 20007	RESTAURANT	Mayor's Orders: Open past midnight and distance requirement.	$1000	Pending with OAH
MIRAMAR 1033 31ST STREET NW, 20007	RESTAURANT	Mayor's Order 2020-075 vii(2)(b) Failing to place tables at least six (6) feet apart. Mayor's Order 2020-126(h) Failing to maintain twenty five percent (25%) of the maximum capacity.	$2000	Pending with OAH

NEW GARDEN CARRYOUT 4055 MINNESOTA AVENUE NE, 20019	DELICATESSEN	Mayor's Order: Employee and customer not wearing face mask.	$500	Fine reduced to $250.
MINTWOOD PLACE 1813 COLUMBIA ROAD NW, 20006	RESTAURANT	Failing to obtain a variance before packaging food using a reduced oxygen method of packaging.	$1000	Pending with OAH
SATAY CLUB ASIAN 4654 WISCONSIN AVENUE NW, 20016	RESTAURANT	Mayor's order 2020-080§ II(2)-Businesses, office buildings, and other establishments open to members of the public shall post signage on their exterior doors stating that a person may not enter unless the person is wearing a mask... Mayor's order 2020-058 § III(1)(a)(i)(c)-Maintain six (6) feet of distance from each other person	$2000	Dismissed with prejudice. DOH failure to appear.

		who is not part of their household.		
MINNESOTA SHELL 3830 MINNESOTA AVENUE NE, 20019	FOOD PRODUCT	Title 16 DCMR 3620.7 (b), Failing to maintain copies of the food establishment's professional service contract and service schedule, which includes the documents specified in §§ 3210.l(a) through (c), in violation of § 3210.2.	$500	Pending with OAH
FORT DAVIS PETROLEUM 3825 ALABAMA AVENUE SE, 20020	FOOD PRODUCT	Title 16 DCMR 3620.2 (hh), Failing to hire a D.C. licensed Pesticide Operator/contractor in violation of § § 3210.2,4408.1(k)(11).	$1000	Pending with OAH
SIDAMO COFFEE AND TEA 417 H STREET NE, 20002	RESTAURANT	Title 16 DCMR 3620.5 (P), : Failing to use a test kit or other device to accurately determine the concentration of a sanitizer solution in violation of §1815.1	$500	Pending with OAH

LEE'S MINI-MART 3853 ALABAMA AVENUE SE, 20020	GROCERY STORE	Title 16 DCMR 3620.2 (hh), Failing to hire a D.C. licensed Pesticide Operator/contractor in violation of § § 3210.2,4408.1(k)(11).	$1000	Pending with OAH
DISTRICT CHICKEN 1918 14TH STREET SE 20020	DELICATESSEN	D.C. Official Code § 7-2307, No queuing indoors shall be allowed, and outdoors, patrons must be separated by at least six (6) feet Mayor's Order 2020-075 (VII)(2)(g).	$1000	Respondent admitted liability, court reduced fine to $100
7-ELEVEN 35777B 1918 14TH STREET SE 20020	DELICATESSEN	Official Code § 7-2307, Mayor's Order 2020-058 (III)(1)(i) - Cease use of any food or beverage self-service stations.	$1000	Pending with OAH
FIVE BELOW 2482 MARKET STREET NE, 20018	FOOD PRODUCT	Title 16 DCMR 3620.6 (f): Failing to provide hot or cold water under pressure to all fixtures, equipment, and nonfood equipment that are required to use hot or cold water, (except as	$500	Pending with OAH

		specified in § 2308), in violation of § 2306.1.		
SHERIDAN INTERNATIONAL MERKET 6232 GEORGIA AVENUE NW,	FOOD PRODUCT	DCMR 3620.2 (cc): Failing to minimize or eliminate the presence of insects, rodents, or other pests in a food establishment. DCMR 3620.9: The establishment does not have approved procedures for responding to a contamination event due to vomiting or diarrhea.	$1000 $100	Pending with OAH
DIRTY WATER 816 H STREET NE, 20002	RESTAURANT	Title 16 DCMR 3620.5 (P): Failing to use a test kit or other device to accurately determine the concentration of a sanitizer solution in violation of §1815.1. Title 16 DCMR 3620.6 (m): Failing to provide hand washing sinks for employees' use as specified in § 2411, in accordance with the D.C. Plumbing Code Supplement of 2013, incorporating the	$500 $500	Pending with OAH

		International Plumbing Code of2012 as amended by the D.C. Plumbing Code Supplement of 2013(Subtitle F of 12 DCMR), in violation of § 2406.1.		
INDIA GATE RESTAURANT 2020 P STREET NW, 20036	RESTAURANT	25-A DCMR 4408.1(k)(9): Operating with conditions that could endanger public health... 25-A DCMR 4408.1: Operating with improper cold holding temperatures.	$2000	Pending with OAH
SELASSI MARKET 705 KENNEDY STREET NW, 20011	GROCERY STORE	Title 16 DCMR 3620.9: Failing to ensure that its food establishment shall have procedures for employees to follow when responding to vomiting or diarrheal events that involve the discharge of vomitus or fecal matter onto surfaces in the food establishment in violation of 504.1 Pf: Title 16DCMR	$100 $500	Pending with OAH

		3620.5 Failing to keep contact surfaces and utensils clean to sight and touch.		
PRO BONO ENTERPRISE 5403 GEORGIA AVENUE NW, 20011	DELICATESSEN	Title 16 DCMR 3620.7 (b): Failing to maintain copies of the food establishment's professional service contract and service; Title 16 DCMR 3620.9: the establishment does not have approved procedures for responding to a contamination event due to vomiting or diarrhea. schedule, which includes the documents specified in §§ 3210.l(a) through (c), in violation of § 3210.2.	$1000 $100	Pending with OAH
7-ELEVEN 36441A 908C17TH STREET NW, 20006	DELICATESSEN	D.C. Official Code 7-2307(a): Mayor's Order 2020-058 Section. III.1.i – All of the establishments' self-service drink stations and frozen drinks station were	$1000	Pending with OAH

		open and in use by customers.		
PIZZA WALAY 504 H STREET NE, 20002	DELICATESSEN	Failing to provide hand washing sinks for employees' use as specified in § 2411, in accordance with the D.C. Plumbing Code Supplement of 2013, incorporating the International Plumbing Code of 2012 as amended by the D.C. Plumbing Code Supplement of 2013 (Subtitle F of 12 DCMR), in violation of § 2406.1.	$500	Pending with OAH
INTONTO MARKET AND CARRY OUT 6406 GEORGIA AVENUE NW, 20008	RESTAURANT	Title 16 DCMR 3620.2 (cc): - Failing to minimize or eliminate the presence of insects, rodents, or other pests in a food establishment.	$1000	Pending with OAH
JERRY CHAN'S 1350 BRENTWOOD ROAD NE, 20018	DELICATESSEN	Mayor's Order 2020-127, Sec. VII; Mayor's Order 2020-103, Sec. 1.4; and Mayor's Order 2020-080, Sec. II.2- Failure to post signage on their	$1000	Pending with OAH

		exterior doors stating that a person may not enter unless the person is wearing a mask. Mayor's Order 2020-127, Sec. VII and Mayor's Order 2020-066, Sec. 4.b - Failure to post signage on their exterior door to maintain six (6) feet of distance from each other person who is not part of their household.		
CVS #1349 5227 GEORGIA AVENUE NW, 20011	FOOD PRODUCT	Title 16 DCMR 3620.2 (cc) Failure to minimize the presence of insects, pests, and/or vermin.	$1000	Pending with OAH
NEW GARDEN CARRYOUT 4055 MINNESOTA AVENUE NE, 20019	DELICATESSEN	Title 16 DCMR 3620.6(o)- Failing to install a plumbing system that precludes backflow of a solid, liquid, or gas contaminant into the water supply system at each point of use at the food establishment in violation of ~ 2409.1 P.	$500	Pending with OAH

YUM'S CARRY OUT 1413 14TH STREET NW, 20005	DELICATESSEN	Title 16 DCMR 3620.5(cc): Potentially hazard food (time/temperature control for safety food) such as cooked chicken, cooked fries, and raw eggs are held at room temperature.	$500	Pending with OAH
BROOKLAND GRILL 3528 12TH STREET NE, 20017	RESTAURANT	Title 16 DCMR - Failing to maintain the premises free of insects, rodents, and pests and to minimize the presence of insects, rodents, and pests on the premises in violation of § 3210.1Pf / Failing to have approved written procedures for responding to a contamination event due to vomiting or diarrhea.	$1100	Pending with OAH
7-ELEVEN #36441 908 17TH STREET NW, 20006	DELICATESSEN	D.C. Official Code 7-2307(a): Mayor's Order 2020-058 Section. III.1.i – All of the establishments' self-service drink stations and frozen drinks station were	$1000	Pending with OAH

		open and in use by customers.		
MOVE AND GROOVE 5119 GEORGIA AVENUE NW, 20011	DELICATESSEN	Title 16 DCMR - 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 a mobile food unit, with gross insanitary occurrence or condition or other circumstances that may endanger public health in violation of § 4408.1(h) P.	$1000	Pending with OAH
THAIPHOON 2011 S STREET NW, 20001	RESTAURANT	Operating a food establishment with gross insanitary occurrence or condition or other circumstances that may endanger public health including but not limited to an infestation of vermin.	$1000	Pending with OAH
ZEPPELIN RESTAURANT 1544 9TH STREET NW, 20018	RESTAURANT	Title 16 DCMR- Observed patrons were not seated 6 feet apart while dining without wearing face masks or face coverings during the inspection	$1000	Pending with OAH

		inside the establishment and outside seating area, a violation of the Mayor's Order 2020-075 VII(2)(d).		
GREYHOUND BUSLINE FOOD SERVICE 50 MASSACHUSETTS AVENUE NE, 20002	FOOD PRODUCT	16 DCMR CHAPTER 36 3620.6 (f): No hot water.	$1000	Pending with OAH
GO PUFF 3401 WATER STREET NW, 20007	FOOD PRODUCT	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 in violation of SS 3210.I(a) through (d)Pf, and 4408.1 G)	$1000	Pending with OAH
DUCCINI'S PIZZA	RESTAURANT	D.C. Official Code 7-2307(a): Mayor's	$1000	Pending with OAH

1778 U STREET NW, 20009		Order - Employee not wearing mask.		
WAH MEE RESTAURANT 1604 RHODE ISLAND AVENUE NE, 20018	RESTAURANT	Failing to protect food from contamination by consumers in violation of 99822.1 through 822.3 or 99823.1 through 823.2;Failing to clearly date mark at the time of preparation ready-to-eat, potentially hazardous foods held refrigerated at required temperatures and time controls for more than twenty-four (24) hours in violation of 99 1007.1Pf through 1007.6.	$1500	Pending with OAH
HABESHA MARKET & RESTAURANT	RESTAURANT	Title 16 DCMR 3620.5 (cc): Failure to comply with required temperatures and	$500	Pending with OAH

1919 9TH STREET NW, 20001		time controls for cold holding.		
WHITE HOUSE SUNOCO 1442 U STREET NW, 20009	DELICATESSEN	Mayor's Order 2020-058 (iii).1(i) - Failing to cease use of any food or beverage self-service stations, such as hot bars, salad bars, and buffet-type stations, not including whole produce.	$1000	Pending with OAH
YES ORGANIC MARKET 4100 GEORGIA AVENUE NW, 20011	DELICATESSEN	Title 16 DCMR 3620.2 (cc) Failure to minimize the presence of insects, pests, and/or vermin.	$1000	Pending with OAH
RED APRON BUTCHER AND LARDER 1309 5TH STREET NE, 20001	RESTAURANT	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 in	$1000	Pending with OAH

		violation of SS 3210.I(a) through (d)Pf and 4408.1 G) P.		
STEIN'S CAFÉ 4630 14TH STREET NW, 20011	RESTAURANT	Failing to maintain copies of the food establishment's professional service contract and service schedule, which includes the documents specified in §§ 3210.1(a) through (c), in violation of § 3210.2.	$500	Pending with OAH
BUTTER CHICKEN COMPANY #2 500 H STREET NE, 20002	RESTAURANT	Failing to comply with required temperatures and time controls for cooling methods for hot and cold holding and for food display in violation of §§ 1003 through 1006.	$1000	Pending with OAH
GUAPO'S RESTAURANT 4515 WISCONSIN AVENUE NE	RESTAURANT	Wet wiping cloths are not stored in sanitizer buckets when not in use. The establishment does not have approved procedures for responding to a contamination event	$200	Pending with OAH

		due to vomiting or diarrhea.		
OPEN CITY 2331 CALVERT STREET NW, 20008	RESTAURANT	Operating without hot water at the food establishment.	$1000	Pending with OAH
CASA DE MONTECRISTO BY JR CIGAR 1132 19TH STREET NW, 20036	RESTAURANT	(Tobacco Bar) with Smoking Exemption is open and 2 individuals were observed smoking cigars.	$1000	Pending with OAH
BULL FROG BAGEL 1341 H ST NE	DELICATESSEN	Failing to comply with required temperatures and time controls for cooling methods for hot and cold holding and for food display in violation of §§ 1003 through 1006.	$500	Pending with OAH
PETWOTH CIGAR 4203 GEORGIA AVE NW	FOOD PRODUCTS	Establishment (Tobacco Bar) with Smoking Exemption is open with smoking allowed but does not serve food.	$1000	Dismissed with prejudice. DOH failure to appear.

ALL ABOUT BURGER 2414 WISCONSIN AVENUE NW, 20007	DELICATESSEN	Operating a food establishment without a full-time person-in-charge who is a certified food protection manager recognized by the Department in violation of §§ 203.1P and 203.3 P.	$1000	Pending with OAH
EL TOROGOZ RESTAURANT 4231 9TH STEET NW, 20011	RESTAURANT	Title 16 DCMR 3620.2(cc): Failure to minimize the presence of insects, rodents, or other pests in a food establishment. Title 16 DCMR 3620.4(gg): Failing to clearly date mark at the time of preparation ready to eat, potentially hazardous foods.	$1000	Pending with OAH
PALISADES DELI & MARKET 4554 MACARTHUR BLVD NW, 20007	DELICATESSEN	Failing to comply with required temperatures and time controls for cooling methods for hot and cold holding and for food display in violation of §§ 1003 through 1006.	$1000	Pending with OAH

SHANGHAI TOKYO CAFÉ OF DC 1376 PARK ROAD NW, 20010	DELICATESSEN	D.C. Official Code § 16 DCMR 3620.: Hand sink hot water temperature not above 100 degrees F.	$500	Pending with OAH
CLOUD RESTAURANT & LOUNGE 1919 9TH STREET NW, 20001	RESTAURANT	Hookah bars, cigar bars, and any other business operating pursuant to an exemption form the anti-smoking laws of the District of Columbia shall remain closed. shall remain closed.	$1000	Pending with OAH
PETWORTH MARKET 3715 GEORGIA AVENUE NW, 20010	GROCERY STORE	Failing to maintain a catered establishment's contract with a licensed caterer or licensed food establishment and other required documents on the premises in violation of §§ 4000.2(a)-(e) and (f)(1)-(8).	$600	Pending with OAH
VIBEZ ON H 1378 H STREET NE, 20002	RESTAURANT	Hookah bars, cigar bars, and any other business operating pursuant to an exemption form the anti-smoking laws of	$1000	Dismissed without prejudice.

		the District of Columbia shall remain closed. shall remain closed.		
WONDER CHICKEN 6200 GEORGIA AVENUE NW, 20011	RESTAURANT	Title 16 DCMR 3620.4 (gg): : Failing to clearly date mark at the time of preparation ready-to-eat, potentially hazardous foods held refrigerated at required temperatures and time controls for more than twenty-four (24) hours in violation of §§ 1007.1 through 1007.6.	$500	Pending with OAH
AFGHAN GRILL 2309 CALVERT STREET NW	RESTAURANT	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 a mobile food unit, with gross insanitary occurrence or condition or other	$1000	Pending with OAH

		circumstances that may endanger public health in violation of § 4408.1(h) P.		
ELIZABETH PUPUSERIA & DELI 3801 14TH STREET NW	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 in violation of Chapter 1O, and §§ 4408.1 (k)(9), 4408.1(1)(14/, or 4408.1(m)(16).	$1000	Pending with OAH
GEORGIA AVE OOHH'S AND AAHH'S RESTAURANT 5929 GEORGIA AVENUE NW, 20011	RESTAURANT	Failing to comply with required temperatures and time controls for cooling methods for hot and cold holding and for food display in violation of §§ 1003 through 1006.	$500	Pending with OAH
MORAZAN GROCERY	DELICATESSEN	Failing to clearly date mark at the time of preparation ready-to-eat, potentially hazardous foods	$1000	Pending with OAH

3928 14TH STREET NW, 20011		held refrigerated at required temperatures and time controls for more than twenty-four (24) hours in violation of §§ 1007.1 through 1007.6. Operating a food establishment without a full-time person-in-charge who is a certified food protection manager recognized by the Department in violation of §§ 203.1 and 203.3.		
DIRTY WATER 816 H STREET NE, 20002	RESTAURANT	Operating a food establishment without a full-time person-in-charge who is a certified food protection manager recognized by the Department in violation of SS 203.1 P and 203.3 P. Failing to provide a 3-compartment ware washing sink at the bar for manually washing, rinsing, and sanitizing equipment and utensils in violation	$1500	Pending with OAH

		of section 1601.1 of Title 25-A DCMR.		
ROOTS AND BLOOMS 703 KENNEDY STREET NW, 20011	FOOD PRODUCT	Operating a food establishment without a license in violation of §§ 4300.1 and 4408.1(k)(l).	$1000	Pending with OAH
ANA'S WHOLESALE 1361 NEW YORK AVENUE NE, 20002	DELICATESSEN	Failing to comply with employee health and hygiene requirements in Chapter 3 and 4 in violation of S 3709.1 P.	$1500	Pending with OAH
PINEY BRANCH BP 6401 GEORGIA AVENUE NW, 20011	FOOD PRODUCT	Title 16 DCMR 3620.2 (b): Operating a food establishment without a license in violation of §§ 4300.1 and 4408.1(k)(l).	$1000	Pending with OAH
RUSH BOWLS 1209 U STREET NW, 20009	RESTAURANT	Failing to maintain the premises free of insects, rodents, and pests and to minimize the presence of insects, rodents, and pests on the premises in violation of S 3210.1 Pf.	$1000	Pending with OAH

MEZCALERO COCINA MEXICANA 3714 14TH STREET NW, 20010	RESTAURANT	Title 16 DCMR 3620.2 (cc) - - Failing to minimize or eliminate the presence of insects, rodents, or other pests in a food establishment.	$1000	Pending with OAH
DISTRICT CHICKEN & GYRO 3147 DUMBARTON STREET NW, 20007	DELICATESSEN	D.C. Official Code TITLE 16 DCMR 3620.8 (c). Failing to maintain the premises free of insects, rodents, and pests and to minimize the presence of insects, rodents, and pests on the premises in violation of § 3210.1Pf.	$1000	Pending with OAH
CATERING BY BENJAMIN 5327 GEORGIA AVENUE NW, 20011	RESTAURANT	Title 16 DCMR 3620.2 (q) - Failing to maintain copies of the food establishment's professional service contract and service schedule, which includes the documents specified in §§ 3210.1(a) through (c), in violation of § 3210.2. Title 16 DCMR 3620.9 - The	$1000	Pending with OAH

		establishment could not provide recent a service contract of their District-licensed trash or solid waste contractor. They provided only year of 2018.		
SOUSSI 2228 18TH STREET NW, 20009	RESTAURANT	Operating a Hookah bar, cigar bar, and any other business pursuant to an exemption from the anti-smoking laws of the District of Columbia in violation of Mayor's Order 2021-060, Sec. V.1.	$1000	Pending with OAH
POPEYE'S CHICKEN & BISCUT 5200 GEORGIA AVENUE NW 20011	RESTAURANT	Title 16 DCMR 3620.2 (cc) - Failing to minimize or eliminate the presence of insects, rodents, or other pests in a food establishment.	$1000	Pending with OAH
PIZZA MART	DELICATESSEN	Operating a food establishment without a license in violation of § 4300.1	$1000	Pending with OAH

2445 18TH STREET NW 20009		[25-A DCMR 4408.1(k)(1).		
BUSBOYS AND POETS – TAKOMA 235 CARROLL STREET NW, 20012	RESTAURANT	The walk-in refrigerator has not been able to keep interior ambient air temperature at 41-degree F or less during the inspection. (There was no PHF stored in the walk-in refrigerator during the inspection).	$1100	Pending with OAH
GOOD HOPE SEAFOOD 1521 GOOD HOPE ROAD SE, 20020	DELICATESSEN	Failing to maintain the premises free of insects, rodents, and pests and to minimize the presence of insects, rodents, and pests on the premises in violation of § 3210.1Pf.	$1000	Pending with OAH
LITTLE FOOD STUDIO 849 UPSHUR STREET NW, 20011	DELICATSSEN	Failing to minimize or eliminate the presence of insects, rodents, or other pests in a food establishment.	$1000	Telephone hearing scheduled for Jan. 26, 2022
EVERLASTING LIFE	RESTAURANT	Operating a food establishment without a license in	$1000	Pending with OAH

1231 GOOD HOPE ROAD SE, 20020		violation of § 4300.1 [25-A DCMR 4408.1(k)(1).		
RUSH BOWLS 1209 U STREET NW, 20009	RESTAURANT	Nature of Infraction: Failing to maintain the premises free of insects, rodents, and pests and to minimize the presence of insects, rodents, and pests on the premises in violation of S 3210.1 Pf.	$11000	Pending with OAH
OCCASIONS CATERING 655 TAYLOR STREET NE, 20017	CATERER	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 in violation of §§ 3210.1(a) through (d)Pf, and 4408.1(j) Pf.	$1000	Pending with OAH

IVY CITY TAVERN 1356 OKIE STREET NE	RESTAURANT	Using a handwashing sink for purposes other than for handwashing in violation of § 2414.2 Pf.	$1000	Final order defendant agreed to pay $500 for 1st infraction. Dismissed without prejudice. Parties entered into a settlement agreement.
MISSOURI AVENUE MARKET 5900 GEORGIA AVENUE NW 20011	DELICATESSEN	Failing to minimize or eliminate the presence of insects, rodents, or other pests in a food establishment.	$1000	Pending with OAH
LOUNGE OF THREE 1013 U STREET NW, 20001	RESTAURANT	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 in	$1000	Pending with OAH

		violation of SS 3210.I(a) through (d)Pf, and 4408.1 G) P.		
TONY CHENG'S SEAFOOD RESTAURANT 619 H STREET NW, 20001	RESTAURANT	Operating a food establishment with gross insanitary occurrence or condition or other circumstances that may endanger public health including but not limited to an infestation of vermin.	$3500	Final order respondent ordered to pay $2000
7-ELEVEN 36800A 1344 WISCONSIN AVENUE NW, 20007	DELICATESSEN	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 in violation of SS 3210.I(a) through (d)Pf, and 4408.1 (G).	$1000	Pending with OAH
SAFEWAY	DELICATESSEN	Failing to retain shell stock tags or labels for ninety (90)	$1000	Pending with OAH

1601 MARYLAND AVENUE NE, 20002		calendar days from the date the container is emptied using an approved record keeping system that keeps the tags or labels in chronological order correlated to the date when, or dates during which, the shell stock are sold or served as specified in § 717.2 in violation of §§ 717.3Pf and 717.4(a) Pf.		
RIS RESTAURANT 2275 L STREET NW, 20037	RESTAURANT	3620.2 (ee). Operating a food establishment without hot water in violation of §§ 1808.1Pf, 1809.1(a) through (d)Pf, 1810.1P, 1811.1, 2002.1(a)-(b) P, 2305.1Pf, 2305.2Pf, 2402.1Pf, 4408.1(k)(8) P, 4408.1(l) (13), or 4408.1(m) (15) P; TITLE 16 DCMR 3620.2 (q). Operating a food establishment without a full-time person-in-charge	$1000	Dismissed without prejudice. Parties entered into a settlement agreement. Fine reduced to $750 and to be paid installments.

		who is a certified food protection manager recognized by the Department in violation 203.1P and 203.3 P.		
PIZZA BOLI'S 2455 18TH STREET NW, 20008	RESTAURANT	TITLE 16 DCMR 3620.8 (cc). Failing to maintain the premises free of insects, rodents, and pests and to minimize the presence of insects, rodents, and pests on the premises in violation of § 3210.1Pf. D.C. Official Code TITLE 16 DCMR 3620.2 (c). Operating a food establishment with an expired license in violation of §§ 4300.2 Pf and 4408.1(k)(2) Pf.	$500 $500	Pending with OAH
SMOOTHIE KING 1940 14TH STREET NW, 20009	RESTAURANT	TITLE 16 DCMR 3620.8 (c). Failing to maintain the premises free of insects, rodents, and pests and to minimize the presence of insects, rodents, and pests on	$500 $500	Pending with OAH

		the premises in violation of § 3210.1Pf;/ Code 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 in violation of §§ 203.1P and 203.3 P.		
17538-VENDOR-NELSON DINH TRUCK 7507 LONG PINE DRIVE, SPRINGFIELD, VA 2251	MOBILE VENDING	TITLE 16 DCMR 3620.2 (ee). Operating a food establishment without hot water in violation of §§ 1808.1Pf, 1809.1(a) through (d)Pf, 1810.1P, 1811.1, 2002.1(a)-(b) P, 2305.1Pf, 2305.2Pf, 2402.1Pf, 4408.1(k)(8) P, 4408.1(l) (13), or 4408.1(m) (15) P; / TITLE 16 DCMR 3620.2 (ff). Operating with incorrect hot or cold holding temperatures for potentially	$500 $500	Dismissed without prejudice. Parties entered into a settlement agreement ($500).

		hazardous foods that do not comply with this Code and that cannot be corrected during the course of the inspection in violation of Chapter 10 P, and §§ 4408.1(k)(9) P, 4408.1(l) (14) P, or 4408.1(m) (16) P.		
BUHO'S RESTAURANT 3521 14TH STREET NW, 20010	RESTAURANT	Failing to maintain the premises free of insects, rodents, and pests and to minimize the presence of insects, rodents, and pests on the premises in violation of § 3210.1Pf.	$1000	Pending with OAH
THAIPHOON 2011 S STREET NW, 20001	RESTAURANT	Operating a food establishment with gross insanitary occurrence or condition or other circumstances that may endanger public health including but not limited to an infestation of vermin.	$1000	Pending with OAH
VIRGINIA MARKET	FOOD PRODUCT	Failing to minimize or eliminate the presence of insects, rodents, or other	$1000	Pending with OAH

1776 U STREET NW, 20009		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 in violation of 3210.1(a) through (d) Pf, and 4408.1(j) P.		
HIP HOP FISH & CHICKEN 2301 BENNING ROAD NE, 20002	RESTAURANT	Operating a food establishment with an expired license in violation of § 4300.2 and 4408.1(k)(2)p.	$1000	Pending with OAH
MAMA'S PIZZA 2028 MARTIN LUTHER KING JR. AVENUE SE, 20020	DELICATESSEN	Operating a food establishment with an expired license in violation of § 4300.2 and 4408.1(k)(2)p.	$1000	Pending with OAH
NEOPAL SAVORY SMOKERY	DELICATESSEN	Operating a food establishment with an expired license in violation of § 4300.2 and 4408.1(k)(2)p.	$1000	Pending with OAH

1309 5TH STREET NE, 20001				
BILLY MARTIN'S TAVERN 1264 WISCONSIN AVENUE NW, 20036	RESTAURANT	Failing to comply with required temperatures and time controls for cooling methods for hot and cold holding and for food display in violation of §§ 1003 through 1006.	$1000	Pending with OAH
WINGS TO GO 3502 12TH STREET NE, 20018	DELICATESSEN	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 a mobile food unit, with gross insanitary occurrence or condition or other circumstances that may endanger public health in violation of § 4408.1(h)P.	$1000	Pending with OAH

HOOK HALL 3400 GEORGIA AVENUE NW, 20011	RESTAURANT	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 a mobile food unit, with gross insanitary occurrence or condition or other circumstances that may endanger public health in violation of § 4408.1(h)P.	$1000	Pending with OAH
NEUTRAL GROUND KITCHEN 2260 25TH PLACE NE, 20018	CATERER	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 a mobile food unit, with gross insanitary occurrence or condition or other circumstances that	$2000	Pending with OAH

		may endanger public health in violation of 4408.1(h)P.		
TYNAN COFFEE & TEA 1400 IRVING STREET NW, 20010	RESTAURANT	Operating a food establishment without a license in violation of § 4300.1 [25-A DCMR 4408.1(k)(1).	$1000	Pending with OAH
H & PIZZA 1118 H STREET NE, 20002	RESTAURANT	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 in violation of §§ 3210.1(a) through (d)Pf, and 4408.1(j) P.	$1000	Pending with OAH
FLAVIO 1073 31ST STREET NW, 20007	RESTAURANT	Failing to maintain the premises free of insects, rodents, and pests and to minimize the presence of insects, rodents, and pests on	$1000	Pending with OAH

		the premises in violation of § 3210.1Pf; Failing to comply with required temperatures and time controls for cooling methods for hot and cold holding and for food display in violation of §§ 1003 through 1006.		
YEUNG FONG CARRYOUT 1701 NORTH CAPITOL STREET NE, 20002	DELICATESSEN	Failing to provide each handwashing sink or group of adjacent sinks with required items in violation of § 3002.1 (a) through Operating with incorrect hot or cold holding temperatures for potentially hazardous foods that do not comply with this code.	$1000	Pending with OAH
HUNAN DELIGHT 333 HAWAII AVENUE NE, 20011	DELICATESSEN	Wiping cloths were not stored in sanitizer buckets when not in use.	$100	Pending with OAH
LEDO PIZZA	RESTAURANT	Failing to use a test kit or other device to	$500	Telephone hearing

815 H STREET NE, 20002		accurately determine the concentration of a sanitizer solution in violation of § 1815.1Pf. Failing to provide hand washing sinks for employees' use as specified in § 2411, in accordance with the D.C. Plumbing Code Supplement of 2013, incorporating the International Plumbing Code of 2012 as amended by the D.C. Plumbing Code Supplement of 2013 (Subtitle F of 12 DCMR), in violation of § 2406.1.	$500	scheduled for Jan. 20, 2022

FY22

Name of Establishment	**Type of Establishment**	**Infraction Description**	**Fine Amount**	**Status**
GEORGIA AVENUE FOOD BARN	GROCERY STORE	Title 16 DCMR 3620.2 (q): Operating a food establishment without a full-time person-in-charge who is certified food	$1000 $500	Dismissed without prejudice for improper service

6205 GEORGIA AVENUE NW, 20011		protection. Title 16 DCMR 3620.5 (P): Failing to use a test kit or other device to accurately determine the concentration.		
LAOS IN TOWN 250 K STREET NE, 20002	RESTAURANT	Failing to comply with required temperatures and time controls for cooling methods for hot and cold holding and for food display in violation of §§ 1003 through 1006.	$500	Pending with OAH
CVS PHARMACY #1349 5227 GEORGIA AVENUE NW, 20011	FOOD PRODUCT	Title 16 DCMR 3620.2 (cc): Failing to minimize or eliminate the presence of insects, rodents, or other pests in a food establishment.	$1000	Pending with OAH
POPEYES LOUISIANA	RESTAURANT	Operating Walk-in-Refrigerator with incorrect	$5000	Pending with OAH

KITCHEN #2385 409 8TH STREET SE, 20003		cold holding temperatures for potentially hazardous foods that do not comply with this Code and cannot be corrected during the course of the inspection in violation of Chapter 10P, and §§ 4408.1(k)(9)P, 4408.1(l)(14)P, or 4408.1(m)(16)P; 16 DCMR 3620.2(q); 16 DCMR 3620.2(cc); 16 DCMR 3620.6(cc); and 16 DCMR 3620.7(d).		
MCDONALDS 5948 GEORGIA AVENUE NW, 20011	RESTAURANT	Title 16 DCMR 3620.2 (cc): Failing to minimize or eliminate the presence of insects, rodents, or other pests in a food establishment.	$1000	Pending with OAH

NILE ETHIOPIAN RESTAURANT AND NILE MARKET 7815 GEORGIA AVENUE NW, 20012	RESTAURANT	Failing to use a test kit or other device to accurately determine the concentration of a sanitizing solution in violation of § 1815.1.	$500	Pending with OAH
MI CASITA BAKERY II 5910 GEORGIA AVENUE NW, 20011	RESTAURANT	Mayor's Order 2021-097 § II - Failing to wear masks indoors as prescribed by DC Health Guidance and Regulations.	$1000	Pending with OAH
THE DIRTY GOOSE 913 U STREET NW, 20001	RESTAURANT	Operating a food establishment without a full-time person in charge who is a certified food protection manager recognized by the Department in violation of §§ 203.1 P and 203.3 P.	$1000	Pending with OAH
PANERA BREAD	RESTAURANT	Operating a food establishment without hot water in violation of §§	$1000	Pending with OAH

2001 L STREET NW, 20036		1808.1 Pf, 1909.1(a) through (d) Pf, 1810.1 P, 1811.1, 202.1(a)-(b) P, 2305.1 Pf, 2305.2 Pf, 2402.1 Pf, 4408.1(k)(8) P, 4408.1(l)(13), or 4408.1(m)(15) P.		
QUICKWAY JAPANESE HIBACHI 2859 ALABAMA AVENUE SE, 20020	RESTAURANT	Title 16 DCMR 3620.2 (b) Operating a food establishment without a license in violation of § 4300.1 [25-A DCMR 4408.1(k)(1).	$1000	Pending with OAH
GOOD HOPE DELI & MARKET 1736 GOOD HOPE ROAD SE, 20020	DELICATESSEN	Failing to maintain the premises free of insects, rodents, and pests and to minimize the presence of insects, rodents, and pests on the premises in violation of § 3210.1Pf.	$1000	Pending with OAH
DISTRICT CRUNCHY	DELICATESSEN	Operating a food establishment without a full-	$1000	Pending with OAH

2427 MINNESOTA AVENUE SE, 20020		time person in charge who is a certified food protection manager recognized by the Department in violation of §§ 203.1 P and 203.3 P.		
VIRGINIA MARKET 1776 U STREET NW, 20001	FOOD PRODUCT	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 in violation of §§ 3210.1(a) through (d) Pf, and 4408.1(j) P.	$1000	Pending with OAH
ETHIOPIC RESTAURANT	RESTAURANT	Operating a food establishment without a full-time person in	$1000	Pending with OAH

401 N STREET NE, 20002		charge who is a certified food protection manager recognized by the Department in violation of §§ 203.1 P and 203.3 P.		
PAPA JOHN'S PIZZA 1348 BRENTWOOD ROAD NE, 20018	DELICATESSEN	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 in violation of §§ 3210.1(a) through (d) Pf, and 4408.1(j) P.	$1000	Pending with OAH
FAT PETE'S BBQ	RESTAURANT	Operating with incorrect hot or cold holding temperatures for potentially	$1500	Pending with OAH

3407 CONNECTICUT AVENUE NW, 20008		hazardous foods that do not comply with this Code and that cannot be corrected during the course of the inspection in violation of Chapter 10 P, and §§ 4408.1(k)(9)P, 4408.1(l)(14)P, or 4408.1(m)(16) P.		
OPEN CITY 2331CALVERT STREET NW, 20008	RESTAURANT	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 in violation of §§ 3210.1(a)	$1000	Pending with OAH

		through (d) Pf, and 4408.1(j) P.		
LOUNGE OF THREE 1013 U STREET NW, 20001	RESTAURANT	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 in violation of §§ 3210.1(a) through (d) Pf, and 4408.1(j) P.	$1000	Pending with OAH
DISTRICT GROWERS 2417 EVARTS STREET NE, 20018	DELICATESSEN	Failing to minimize or eliminate the presence of insects, rodents, or other pests in a food establishment, including but not limited to catered establishment,	$1000	Pending with OAH

		mobile food unit, depot, or commissary or service support facility that services a mobile food unit in violation of §§ 3210.1(a) through (d) Pf, and 4408.1(j) P.		
SMOKEY'S 4714 14TH STREET NW, 20011	RESTAURANT	Failing to clearly date mark at the time of preparation ready-to-eat potentially hazardous foods held refrigerated at required temperatures and time controls for more than twenty-four (2) hours in violation §§ 1007.1 through 1007.6.	$500	Pending with OAH
ZURI BISTRO 7317 GEORGIA AVENUE NW, 20012	DELICATESSEN	Failing to clearly date mark at the time of preparation ready-to-eat potentially hazardous foods held refrigerated at required	$500	Pending with OAH

		temperatures and time controls for more than twenty-four (2) hours in violation §§ 1007.1 through 1007.6.		
7-ELEVEN STORE #35278A 7401 GEORGIA AVENUE NW, 20012	DELICATESSEN	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 in violation of §§ 3210.1(a) through (d) Pf, and 4408.1(j) P.	$1000	Pending with OAH
REEF KITCHEN	UNLICENSED	Operating a food establishment without a license in violation of §§	$1000	Pending with OAH

31 K STREET NE, 20002		4300.1 Pf and §§ 4408.1(k)(1) P.		
REEF KITCHEN 5756 GEORGIA AVENUE NW, 20011	UNLICENSED	Operating a food establishment without a license in violation of §§ 4300.1 Pf and §§ 4408.1(k)(1) P.	$1000	Pending with OAH
MERRY'S KITCHEN CARRYOUT 2929 MARTIN LUTHER KING JR. AVENUE SE, 20032	DELICATESSEN	Failing to comply with required temperatures and time controls for cooling methods for hot and cold holding and for food display in violation of §§ 1003 through 1006.	$1000	Pending with OAH
IHOP #3221 1523 ALABAMA AVENUE SE, 20032	RESTAURANT	Operating a food establishment without a full-time person in charge who is a certified food protection manager recognized by the Department in violation of §§ 203.1 P and 203.3 P.	$1000	Pending with OAH

CEDAR DELI 1220 12TH STREET SE, 20003	DELICATESSEN	Operating a food establishment without a full-time person in charge who is a certified food protection manager recognized by the Department in violation of §§ 203.1 P and 203.3 P.	$1000	Pending with OAH
DMV CONVENIENCE 4053 MINNESOTA AVENUE NE 20019	FOOD PRODUCT	Operating a food establishment without a full-time person in charge who is a certified food protection manager recognized by the Department in violation of §§ 203.1 P and 203.3 P.	$1000	Pending with OAH
GKIDS PRODUCTION 6208 GEORGIA AVENUE NW, 20011	DELICATESSEN	Failing to maintain copies of the food establishment's professional service contract and service schedule, which includes the documents specified in §§	$500	Pending with OAH

		3210.1(a) through (c), in violation of § 3210.2.		
EL CENTRO D.F. 1218 WISCONSIN AVENUE NW, 20007	RESTAURANT	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 in violation of §§ 3210.1(a) through (d) Pf, and 4408.1(j) P.	$1000	Pending with OAH
7-ELEVEN 37093A 1400 RHODE ISLAND AVENUE NE, 20018	DELICATESSEN	Operating with incorrect hot or cold holding temperatures for potentially hazardous foods that do not comply with this Code and that cannot be	$2,600	Pending with OAH

		corrected during the course of the inspection in violation of Chapter 10 P, and §§ 4408.1(k)(9)P, 4408.1(l)(14)P, or 4408.1(m)(16) P.		
QUALIA COFFEE 3917 GEORGIA AVENUE NW, 20011	DELICATESSEN	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 in violation of §§ 3210.1(a) through (d) Pf, and 4408.1(j) P.	$1000	Pending with OAH

Intermediate Care Facilities Division

The chart below details six NOIs that were issued by the Intermediate Care Facilities Division during FY21. There were nine NOIs issued in the first quarter of FY22.

FY2021

Facility	Facility Type	Description of Infractions	Fine/Penalty	Status
Community Multi-Services, Inc.	ICF/IID	22 DCMR§3519 Failure to ensure Resident received prompt medical assessment and treatment; 22 DCMR§3520 Failure to provide nursing services; 22 DCMR§3523 Failure to provide nursing services; 22 DCMR§3523 Failure to ensure Resident's right.	$3,500	Pending with OAH
Maple Heights	ALR	44-105 Failure to ensure residents were screened for signs and symptoms of infection. And that residents wore face coverings in common areas. Failure to	$4,000	Pending with OAH

		disinfect high-touch areas were clean. Failure to ensure residents practiced social distancing. 44-107 Failure to ensure staff were strained to properly don PPE's.		
Community Multi-Services, Inc.	ICF/IID	22 DCMR§3510 Failure to ensure staff implemented procedures to prevent the spread of the coronavirus infection.	$2,500	Pending with OAH
Comprehensive Care II	ICF/IID	22 DCMR§3510 Failure to ensure staff implemented procedures to prevent the spread of the coronavirus infection.	$2000	Pending with OAH
DC Health Care, Inc.	ICF/IID	22 DCMR§3510 Failure to ensure staff implemented procedures to prevent the	$1000	Pending with OAH

		spread of the coronavirus infection.		
Metro Homes, Inc.	ICF/IID	22 DCMR§3523 Failure to ensure staff implemented procedures to prevent the spread of the coronavirus infection.	$15000	Pending with OAH
TOTAL				**$28,000.00**

FY2022

Facility	**Facility Type**	**Description of Infractions**	**Fine/Penalty**	**Status**
Multi-Therapeutic Services, Inc.	CRF/IID	22 DCMR§3510 Failure to ensure staff implemented procedures to prevent the spread of the coronavirus infection.	$1000	Pending with OAH
Multi-Therapeutic Services, Inc.	ICF/IID	22 DCMR§3510 Failure to ensure staff implemented	$1000	Pending with OAH

		procedures to prevent the spread of the coronavirus infection.		
Ward & Ward	CRF/IID	22 DCMR§3510 Failure to ensure staff implemented procedures to prevent the spread of the coronavirus infection.	$500	Pending with OAH
Metro Homes, Inc.	ICF/IID	22 DCMR§3510 Failure to ensure staff implemented procedures to prevent the spread of the coronavirus infection.	$2000	Pending with OAH
Community Multi-Services, Inc.	ICF/IID	22 DCMR§3510 Failure to ensure staff implemented procedures to prevent the spread of the coronavirus infection.	$1000	Pending with OAH

Innovative Life Solutions, Inc.	ICF/IID	22 DCMR§3510 Failure to ensure staff implemented procedures to prevent the spread of the coronavirus infection.	$500	Pending with OAH
Capital Care, Inc.	CRF/IID	22 DCMR§3509 Failure to provide annual health certificates for employees. 22 DCMR§4701 Failure to provide background checks.	$3000	Pending with OAH
Lifeline, Inc.	HCA	22 DCMR§3914 Failure to obtain physician's signature on plan of care.	$500	Pending with OAH
Community Multi-Services, Inc.	ICF/IID	22 DCMR§3509 Failure to provide annual health certificates for employees.	$500	Pending with OAH
TOTAL				**$10,000.00**

Health Care Facilities Division

The chart below details 19 NOIs that were issued by the Health Care Facilities Division during FY21. There were nine NOIs issued in the first quarter of FY22.

FY2021

Facility	Facility Type	Description of Infractions	Fine/Penalty	Status
Bridge Point – Capitol Hill	SNF	22 DCMR§3211 Failure to provide residents with specialized call bell system.	$1,000	Pending with OAH
Washington Center for the Aging	SNF	22 DCMR§3211 Failure to thoroughly investigate an incident of abuse and/or neglect for residents.	$1,000	Pending with OAH
Transition Healthcare Capitol City	SNF	22 DCMR§3211 Failure to conduct thorough investigation of resident to resident. Failure to implement residents from keeping smoking materials in their rooms and on their person. Failure to prevention resident from eloping and sustaining falls while intoxicated.	$2,000	Pending with OAH
United Medical Center	SNF	22 DCMR§3211 Failure to ensure adequate supervision was implemented to	$1,000	Pending with OAH

		prevent residents from smoking in the facility.		
Bridge Point – Capitol Hill	SNF	22 DCMR§3234 Failure to ensure water temperature was below 110-degree Fahrenheit.	$500	Pending with OAH
Health & Rehab at Thomas Circle	SNF	22 DCMR§3201 Failure to provide a water temperature plan. 22 DCMR§3211 Failure to store medication safely.	$3,500	Pending with OAH
Washington Center for the Aging	SNF	22 DCMR§3206 Failure to comply with requirements concerning resident care policies. 22 DCMR§3210 Failure to comply with requirements concerning licensed nursing coverage. 22 DCMR§3211 Failure to comply with requirements concerning nursing personnel. 22 DCMR§17 Failure to comply with requirements	$11,500	Pending with OAH

		concerning infection control. 22 DCMR§3224 Failure to comply with requirements concerning pharmaceutical services and supervision. 22 DCMR§3231 Failure to comply with requirements concerning medical records. 22 DCMR§3234 Failure to comply with requirements concerning environmental requirements. 22 DCMR§3245 Failure to comply with requirements concerning nursing unit design. 22 DCMR§3256 Failure to comply with requirements concerning housekeeping and maintenance services.		
The HSC Pediatric Skilled Nursing	SNF	22 DCMR§3211 Failure to comply with requirements concerning nursing	$2,000	Pending with OAH

		personnel. 22 DCMR§3217 Failure to comply with requirements concerning infection control. 22 DCMR§3219 Failure to comply with requirements concerning dietary services.		
Ascension Living Carroll Manor	SNF	22 DCMR§3207 Failure to comply with requirements concerning physician services and medical supervision. 22 22 DCMR§3210 Failure to comply with requirements concerning licensed nursing coverage. 22 DCMR§3211 Failure to comply with requirements concerning nursing personnel. 22 DCMR§3217 Failure to comply with requirements concerning infection control. 22 DCMR§3219 Failure to	$19,000	Pending with OAH

		comply with requirements concerning dietary services. 22 DCMR§3245 Failure to maintain the call bell system. 22 DCMR§3256 Failure to comply with requirements concerning housekeeping and maintenance.		
Sibley Memorial Hospital Renaissance	SNF	22 DCMR§3210 Failure to comply with requirements concerning licensed nursing coverage. 22 DCMR§3211 Failure to comply with requirements concerning nursing personnel. 22 DCMR§3219 Failure to comply with requirements concerning dietary services. 22 DCMR§3227 Failure to comply with requirements concerning labeling and storage of medication. 22 DCMR§3250	$5,500	Pending with OAH

		Failure to comply with requirements concerning food service areas. 22 DCMR§3256 Failure to comply with requirements concerning housekeeping and maintenance.		
Deanwood Rehabilitation & Wellness Center	SNF	22 DCMR§3217 Failure to ensure that infection control policies were implement.	$1,000	Pending with OAH
Capitol City Rehab & Healthcare Center	SNF	22 DCMR§3206 Failure to comply with requirements concerning resident care policies. 22 DCMR§3211 Failure to comply with requirements concerning nursing personnel.	$1,500	Pending with OAH
Unique Rehab & Health Center	SNF	22 DCMR§32 Failure to comply with requirements concerning licensed nursing coverage. 22 DCMR§3217 Failure to ensure that infection control policies	$2,000	Pending with OAH

		were implemented.		
Carroll Manor Nursing and Rehab	SNF	22 DCMR§3210 Failure to comply with requirements concerning licensed nursing coverage. 22 DCMR§3217 Failure to ensure that infection control policies were implemented.	$2,000	Pending with OAH
Serenity Rehab & Health Center	SNF	22 DCMR§3210 Failure to comply with requirements concerning licensed nursing coverage. 22 DCMR§3211 Failure to comply with requirements concerning nursing personnel.	$2,000	Pending with OAH
Serenity Rehab & Health Center	SNF	22 DCMR§3210 Failure to comply with requirements concerning licensed nursing coverage. 22 DCMR§3217 Failure to ensure that infection control policies were implemented.	$2,000	Pending with OAH

Lisner Louise Dickson Hurt Home	SNF	22 DCMR§3210 Failure to comply with requirements concerning licensed nursing coverage. 22 DCMR§3219 Failure to comply with requirements concerning dietary services. 22 DCMR§3227 Failure to comply with requirements concerning labeling and storage of medications.	$2,500	Pending with OAH
Deanwood Rehab & Wellness Center	SNF	22 DCMR§3210 Failure to comply with requirements concerning licensed nursing coverage. 22 DCMR§3211 Failure to comply with requirements concerning nursing personnel. 22 DCMR§3226 Failure to comply with requirements concerning administration of medication.	$3,000	Pending with OAH

Deanwood Rehab & Wellness Center	SNF	22 DCMR§3210 Failure to comply with requirements concerning licensed nursing coverage. 22 DCMR§3217 Failure to ensure that infection control policies were implemented.	$2,000	Pending OAH
TOTAL				**$65,000**

FY2022

Facility	**Facility Type**	**Description of Infractions**	**Fine/Penalty**	**Status**
Deanwood Rehab & Wellness Center	SNF	22 DCMR§3210 Failure to update care plans. 22 DCMR§3217 Failure to ensure staff implemented procedures to prevent the spread of the coronavirus infection.	$2,000	Pending with OAH
Deanwood Rehab & Wellness Center	SNF	22 DCMR§3508 Failure to develop written job description for the Infection Preventionist.	$1,000	Pending with OAH
Unique Rehab & Health Center & Ward	SNF	22 DCMR§3210 Failure to develop and implement care plan for	$2,500	Pending with OAH

		residents. 22 DCMR§3211 Failure to treat residents with dignity and respect. 22 DCMR§3219 Failure to maintain proper food temperatures.		
Bridge Point – Capitol Hill	SNF	22 DCMR§3510 Failure to comply with infection control requirements. Failure to update care plans. Failure to provide adequate treatment.	$3,000	Pending with OAH
Carroll Manor Nursing & Rehab	SNF	22 DCMR§3517 Failure to ensure that infection control policies were implemented. 22 DCMR§3231 Failure to comply with requirements concerning medical records	$1,500	Pending with OAH
Inspire Rehab & Health	SNF	22 DCMR§3217 Failure to ensure that infection control policies were implement implemented.	$1,000	Pending with OAH
Deanwood Rehab & Wellness Center	SNF	22 DCMR§3210 Failure to ensure residents medical record contained	$5,000	Pending with OAH

		complete information. 22 DCMR§3211 Failure to ensure nursing staff contact the physician. Failure to notify family of resident new diagnosis. Failure to transfer resident to the hospital when his condition changed. Failed to implement infection control procedures.		
Psychiatric Institute of Washington	Hospital	22 DCMR§2000 Failure to document patients' assault and notify the patients representative.	$2000	Pending with OAH
Bridge Point Subacute and Rehab National Harbor	SNF	22 DCMR§3200 Nursing staff failed to comply with Federal Regulation by not reporting and documenting changes in residents' conditions. 22 DCMR§3210 Failure to develop and implement Care Plans. 22 DCMR§3211	$45,500	Pending with OAH

		Failure to ensure sufficient time was provided to report and document changes in resident's condition. 22 DCMR§3213 Failure to provide restorative nursing care. 22 DCMR§3217 Failure to maintain infection control standards and practices; 22 DCMR§3219 Failure to serve food under sanitary conditions. 22 DCMR§3224 Failure to accurately reconcile narcotics; 22 DCMR§3227 Failure to remove expired mediation from cart. 22 DCMR§3231 Failure to thoroughly investigate complaints and incidents. 22 DCMR§3234 Failure to ensure environment was free from		

		potential accident hazards.		
TOTAL				**$63,500**

Division of Rodent and Vector Control

The chart below details 236 NOIs that were issued by the Division of Rodent and Vector Control during FY21.

FY2021

Name of Establishment	**Type of Establishment**	**Infraction Description**	**Fine Amount**	**Status**
Boulevard Housing Corporation c/o The Barac Co.	Commercial	TITLE 16 DCMR 3631.1 (c) TITLE 16 DCMR 3631.3 (a), (b) TITLE 16 DCMR 3631.4 (d), (I)	$2500	Pending OAH
524 Capitol Investors LLC	Commercial	TITLE 16 DCMR 3631.4 (n), (j)	$1000.00	Pending OAH
Third Penn LLC DC Limited Liability Company	Commercial	TITLE 16 DCMR 3631.4 (n)	$500.00	Pending OAH
Hal LLC c/o CREA LLC Agent	Commercial	TITLE 16 DCMR 3631.4 (n)	$500.00	Pending OAH
Hal LLC c/o CREA LLC Agent	Commercial	TITLE 16 DCMR 3631.4 (n).	$500.00	Pending OAH
GME 712 G St. SE LLC/ Longford Mgmt.	Commercial	TITLE 16 DCMR 3631.4 (n)	$500.00	Dismissed By OAH
1345 14th Street LLC	Commercial	TITLE 25-1 DCMR 202.2	$500.00	Dismissed By OAH
1728 Wisconsin Avenue LLC	Commercial	TITLE 25-1 DCMR 202.2	$500.00	Dismissed By OAH
Washington Wan bao INC	Commercial	TITLE 25-1 DCMR 202.2	$500.00	Dismissed By OAH

Jeffrey J Warren	Commercial	TITLE 25-1 DCMR 202.2	$500.00	Dismissed By OAH
711 49th ST LLC	Commercial	TITLE 25-1 DCMR 200.1 d	$500.00	Dismissed By OAH
East River Preservation Partners LLC	Commercial	TITLE 25-1 DCMR 200.1 d	$500.00	Dismissed By OAH
3435 Brown St Cooperative Care of Joey Truitt Mgmt. INC	Commercial	TITLE 25-1 DCMR 202.2	$500.00	Dismissed By OAH
4641 Hillside RD SE LLC	Commercial	TITLE 25-1 DCMR 201.1 d TITLE 25-I DCMR 201.2 a	$1000.00	Dismissed By OAH
Jeffrey J Warren	Commercial	TITLE 25-1 DCMR 201.1 d TITLE 25-I DCMR 201.2 a	$1000.00	Dismissed By OAH
4635 Hillside RD SE LLC	Commercial	TITLE 25-1 DCMR 201.1 d TITLE 25-I DCMR 201.2 a	$1000.00	Dismissed By OAH
Monica Bennett	Commercial	TITLE 25-1 DCMR 201.1 d TITLE 25-I DCMR 201.2 a	$1000.00	Dismissed By OAH
King Region Group LLC	Commercial	TITLE 25-I DCMR 200.1 H	$500.00	Dismissed By OAH
Mitchell Robinson	Commercial	TITLE 25-1 DCMR 201.1 d TITLE 25-I DCMR 201.2 a	$1000.00	Dismissed By OAH
M Street Property LLC	Commercial	TITLE 25-1 DCMR 202.2 k	$500.00	Dismissed By OAH
Urban Retail LLC	Commercial	TITLE 25-1 DCMR 201.1 d TITLE 25-I DCMR 201.2 a	$1000.00	Dismissed By OAH
1831 M STREET LLC	Commercial	TITLE 25-I DCMR 201.2 a	$500.00	Dismissed By OAH
Equilibrium Garden Park DC LLC	Commercial	TITLE 25-1 DCMR 201.1 d TITLE 25-I DCMR 201.2 a	$1000.00	Dismissed By OAH
Equilibrium Garden Park DC LLC	Commercial	TITLE 25-1 DCMR 201.1 d TITLE 25-I DCMR 201.2 a	$1000.00	Dismissed By OAH
Skyline Apartments LP	Commercial	TITLE 25-I DCMR 201.2 a TITLE 25-I DCMR 201.2 a	$1000.00	Dismissed By OAH
Skyline Apartments LP	Commercial	TITLE 25-1 DCMR 200.1 d TITLE 25-I DCMR 202.2 i	$1000.00	Dismissed By OAH
Grosvenor Urban Retail LP	Commercial	TITLE 25-I DCMR 200.1	$500.00	Dismissed By OAH
Wilburt Francis/ Alecia Haughton	Commercial	TITLE 25-I DCMR 200.1 a TITLE 25-I DCMR 200.1 d	$3000.00	Dismissed By OAH

		TITLE 25-I DCMR 201.2 a TITLE 25-I DCMR 202.2 d TITLE 25-I DCMR 202.2 h TITLE 25-I DCMR 202.2 i		
BV Mstar Chevy Chase Owner LLC	Commercial	TITLE 25-1 DCMR 201.1 d TITLE 25-I DCMR 200.21a	$1000.00	Dismissed By OAH
S2 E Street NE LLC	Commercial	TITLE 25-1 DCMR 201.1 d TITLE 25-I DCMR 201.2 a	$1000.00	Dismissed By OAH
1831 M Street NW	Commercial	TITLE 25-I DCMR 201.2 a	$500.00	Dismissed By OAH
Grosvenor Urban Retail LP	Commercial	Title 25-I DCMR 200.1(d)	$500.00	Dismissed By OAH
Harry K Choi & Emily Choi	Commercial	TITLE 25-1 DCMR 201.1 d TITLE 25-I DCMR 201.2 a TITLE 25-I DCMR 200.1 a	$1500.00	Dismissed By OAH
Hampstead Brighwood Partnership	Commercial	TITLE 25-1 DCMR 201.1 d TITLE 25-I DCMR 201.2 a TITLE 25-I DCMR 200.1 a	$1500.00	Dismissed By OAH
759 Quebec PL NW LLC	Commercial	TITLE 25-1 DCMR 201.1 d TITLE 25-I DCMR 201.2 a	$1000.00	Pending OAH
Tewkesbury Place Partnership	Commercial	TITLE 25-1 DCMR 201.1 d TITLE 25-I DCMR 201.2 a	$1000.00	Dismissed By OAH
Columbia Gardens Apartments LLC	Commercial	TITLE 25-1 DCMR 201.1 d TITLE 25-I DCMR 201.2 a	$1000.00	Dismissed By OAH
Jemal's Tower LLC	Commercial	TITLE 25-I DCMR 201.2 a TITLE 25-I DCMR 200.1 a	$1000.00	Dismissed By OAH
AP 3501-3529 Connecticut Ave, LP	Commercial	Title 25-I DCMR 200.1 (d) Solid Waste	$500.00	Dismissed By OAH
Shishay Mana LLC	Commercial	TITLE 25-1 DCMR 201.1 d TITLE 25-I DCMR 201.2 a TITLE 25-I DCMR 200.1 a TITLE 25-I DCMR 200.1 d	$2000.00	Dismissed By OAH
Roma Restaurant INC	Commercial	Title 25-I DCMR 202.2(m) Storage of food waste or grease in outdoor receptacles that are not rodent proof, with as defined in section 9901 of these regulations	$500.00	Dismissed By OAH
RLP Investment Group LLC	Commercial	TITLE 25-I DCMR 201.2 a TITLE 25-I DCMR 200.1 a	$1000.00	Dismissed By OAH

4647 Hillside Rd SE LLC	Commercial	TITLE 25-I DCMR 201.2 a TITLE 25-I DCMR 200.1 a	$1000.00	Dismissed By OAH
4649 Hillside Road Flats LLC	Commercial	TITLE 25-I DCMR 201.2 a TITLE 25-I DCMR 200.1 a	$1000.00	Dismissed By OAH
McDonald's Corp.	Commercial	TITLE 25-I DCMR 201.2 a TITLE 25-I DCMR 200.1 a	$1000.00	Dismissed By OAH
Urban Retail LLC	Commercial	TITLE 25-I DCMR 201.2 a TITLE 25-I DCMR 200.1 a	$1000.00	Dismissed By OAH
Tavana Corporation	Commercial	Title 25-I DCMR 202.1 Improper Storage TITLE 25-I DCMR 201.2 a TITLE 25-I DCMR 200.1 a TITLE 25-I DCMR 200.1 d TITLE 25-I DCMR 202.2 h TITLE 25-I DCMR 202.2 i TITLE 25-I DCMR 201.2 m TITLE 25-I DCMR 200.1 k TITLE 25-I DCMR 201.2	$4500.00	Pending OAH
Cambridge Apts LTD	Commercial	Title 25-I DCMR 202.2 k Title 25-I DCMR 202.1	$1000.00	Dismissed By OAH
Ivanhoe LLC	Commercial	Title 25-I DCMR 202.2 k Title 25-I DCMR 202.1	$1000.00	Pending OAH
Clifton DC LLC	Commercial	TITLE 25-I DCMR 201.2 a TITLE 25-I DCMR 200.1 a TITLE 25-I DCMR 200.1 d TITLE 25-I DCMR 202.2 h TITLE 25-I DCMR 202.2 i	$2500.00	Pending OAH
Capitol Hill Investors LLC	Commercial	Title 25-I DCMR 200.1(d) Solid Waste	$500.00	Pending OAH
Maryland Crossing Realty LLC	Commercial	TITLE 25-I DCMR 201.2 a TITLE 25-I DCMR 200.1 a	$1000.00	Pending OAH
Maryland Crossing Realty LLC	Commercial	Title 25-I DCMR 200.1(d) Solid Waste	$500.00	Pending OAH
Maryland Crossing Realty LLC	Commercial	Title 25-I DCMR 200.1(a) Filth Title 25-I DCMR 201.2 Fecal Droppings	$1000.00	Pending OAH
524 Capitol Hill LLC	Commercial	Title 25-I DCMR 200.1 Filth Title 25-I DCMR 202.2(c) Accumulation of trash	$1000.00	Pending OAH

Sashi Chopra Trustee and Ravi K Chopra Trustee	Commercial	Title 25-I DCMR 202.2(k) Storage of Debris	$500.00	Pending OAH
Pentacle Limited Partnership	Commercial	Title 25-I DCMR 202.2(k) Storage of trash and debris Title 25-I DCMR 202.2(I)	$1000.00	Pending OAH
Pentacle Limited Partnership	Commercial	Title 25-I DCMR 200.1(a) 25-I DCMR 200.1(d)	$1000.00	Pending OAH
William Antwan	Commercial	TITLE 25-I DCMR 201.2 a TITLE 25-I DCMR 200.1 a TITLE 25-I DCMR 200.1 d TITLE 25-I DCMR 202.2 h TITLE 25-I DCMR 202.2 i TITLE 25-I DCMR 201.2 m TITLE 25-I DCMR 200.1 k TITLE 25-I DCMR 201.2	$4000.00	Pending OAH
BWRIGHT Properties	Commercial	Title 25-I DCMR 200.1(a) 25-I DCMR 200.1(d) 25-I DCMR 201.1(a) 25-I DCMR 202.2(h) 25-I DCMR 202.2(i) TITLE 25-I DCMR 200.1 k TITLE 25-I DCMR 201.2	$3500.00	Pending OAH
Maryland Crossing Realty LLC	Commercial	Title 25-I DCMR 202.2(k) TITLE 25-I DCMR 200.1 k TITLE 25-I DCMR 201.2 TITLE 25-I DCMR 200.1 d TITLE 25-I DCMR 202.2 h TITLE 25-I DCMR 202.2 i TITLE 25-I DCMR 201.2 m TITLE 25-I DCMR 200.1 k	$4000.00	Dismissed By OAH
Armacho Azanaw & Alemayehu Tarekegn	Commercial	TITLE 16 DCMR 3631.4 (d)	$500.00	Pending OAH
4021 Kansas Ave LLC	Commercial	TITLE 16 DCMR 3631.4 (d)	$500.00	Dismissed By OAH
5601 13th ST NW LLC	Commercial	TITLE 16 DCMR 3631.4 q TITLE 16 DCMR 3631.4 z TITLE 16 DCMR 3631.4 t TITLE 16 DCMR 3631.4 v	$2000.00	Pending OAH
1320 14th Street LLC	Commercial	TITLE 16 DCMR 3631.4 v	$500.00	Pending OAH

John M Boyle INTER VIVOS TRUST Ray Chin	Commercial	TITLE 16 DCMR 3631.4 n TITLE 16 DCMR 3631.4 g	$1000.00	Pending OAH
LHO Washington Hotel Four	Commercial	TITLE 16 DCMR 3631.4 v	$500.00	Pending OAH
Cherry Blossom Hospitality LLC	Commercial	TITLE 16 DCMR 3631.4 v	$500.00	Pending OAH
Jemal's Bartley LLC	Commercial	TITLE 16 DCMR 3631.4 j	$500.00	Pending OAH
M St Property LLC	Commercial	TITLE 16 DCMR 3631.3 p	$500.00	Pending OAH
Cherky LP	Commercial	TITLE 16 DCMR 3631.3 r	$500.00	Pending OAH
Acadia Connecticut Avenue c/o Acadia Realty Trust	Commercial	TITLE 16 DCMR 3631.4 o	$500.00	Pending OAH
Acadia Connecticut Avenue c/o Acadia Realty Trust	Commercial	TITLE 16 DCMR 3631.o	$500.00	Pending OAH
2nd E & G DC Coop LLC	Commercial	TITLE 16 DCMR 3631.4 n TITLE 16 DCMR 3631.6 d	$1000.00	Dismissed By OAH
Chateau Thierry Condo Association	Commercial	TITLE 16 DCMR 3631.4 q TITLE 16 DCMR 3631.4 k	$500.00	Ordered to Pay $200.00
WS 20th STREET LLC	Commercial	TITLE 16 DCMR 3631.4 o	$500.00	Pending OAH
1820-1822 Jefferson Place LLC	Commercial	TITLE 16 DCMR 3631.4 o	$500.00	Pending OAH
Cherky LP	Commercial	TITLE 16 DCMR 3631.4 o	$500.00	Pending OAH
MS Colonial LLC	Commercial	TITLE 16 DCMR 3631.4 o	$500.00	Pending OAH
M ST Property LLC	Commercial	TITLE 16 DCMR 3631.4 o	$1000.00	Pending OAH
Powell 1622 LLC	Commercial	TITLE 16 DCMR 3631.4 j TITLE 16 DCMR 3631.4 c	$1000.00	Pending OAH
Nineth Street Restaurant INC	Commercial	TITLE 16 DCMR 3631.4 i TITLE 16 DCMR 3631.4 m	$1000.00	Pending OAH
Park 7 Residential LP	Commercial	TITLE 16 DCMR 3631.4 b TITLE 16 DCMR 3631.3 c TITLE 16 DCMR 3631.3 a	$1500.00	Pending OAH
BDC 1600 LLC c/o Bernstein	Commercial	TITLE 16 DCMR 3631.4 j	$500.00	Pending OAH

Management CORP.				
President of Columbia Stations Condos	Commercial	TITLE 16 DCMR 3631.4	$500.00	Pending OAH
Care of Zuckerman Gravely MGMT Inc	Commercial	TITLE 16 DCMR 3631.4	$500.00	Pending OAH
Care of Urban Investment Partners	Commercial	TITLE 16 DCMR 3631.4	$500.00	Dismissed By OAH
2nd E & G DC Coop LLC	Commercial	TITLE 16 DCMR 3631.4 g TITLE 16 DCMR 3631.4 d TITLE 16 DCMR 3631.4 k TITLE 16 DCMR 3631 4 v TITLE 16 DCMR 3631.4 z	$2500.00	Pending OAH
Quillian Helms, Mary and Quillian Alan	Commercial	TITLE 16 DCMR 3631.4 i	$500.00	Pending OAH
Home Market Place LLC	Commercial	TITLE 16 DCMR 3631.3 TITLE 16 DCMR 3631.4 TITLE 16 DCMR 3631.3 TITLE 16 DCMR 3631.4 TITLE 16 DCMR 3631.4	$2500.00	Pending OAH
Steven C Kinsley Trustee	Commercial	TITLE 16 DCMR 3631.4 e	$500.00	Pending OAH
Brookland Plaza Owner LLC	Commercial	TITLE 16 DCMR 3631.4 n	$500.00	Pending OAH
WCP 1351 H Street NE LLC	Commercial	TITLE 16 DCMR 3631.4 n	$500.00	Dismissed By OAH
Columbia Garden LP	Commercial	TITLE 16 DCMR 3631	$500.00	Dismissed By OAH
Powell 1622 LLC	Commercial	TITLE 16 DCMR 3631.4 c	$500.00	Pending OAH
SMG Development Group LLC	Commercial	TITLE 16 DCMR 3631.4 i TITLE 16 DCMR 3631.4	$1000.00	Pending OAH
775 Holdings LLC/Clint Pepper	Commercial	TITLE 16 DCMR 3631.2 a TITLE 16 DCMR 3631.4 n	$1000.00	Pending OAH
400 CHESAPEAKE	Commercial	TITLE 16 DCMR 3631.4 e	$500.00	Pending OAH
SMG Development Group LLC	Commercial	TITLE 16 DCMR 3631.4 j	$500.00	Pending OAH

Euclid Community Partners	Commercial	TITLE 16 DCMR 3631.3 a TITLE 16 DCMR 3631.4 c TITLE 16 DCMR 3631.3 a	$1500.00	Pending OAH
1420 Pennsylvania AVE LLC	Commercial	TITLE 16 DCMR 3631.4 z	$500.00	Pending OAH
Hope and Home INC	Commercial	TITLE 16 DCMR 3631.3 a	$500.00	Pending OAH
Development Corp. Columbia Heights	Commercial	TITLE 16 DCMR 3631.3 a TITLE 16 DCMR 3631. 3 e	$1000.00	Pending OAH
One Hundred Three INC	Commercial	TITLE 16 DCMR 3631.3 a	$500.00	Dismissed By OAH
L.W. and J.T. Seiden	Commercial	TITLE 16 DCMR 3631.4 m TITLE 16 DCMR 3631.4 i TITLE 16 DCMR 3631.2 a TITLE 16 DCMR 3631.2 o TITLE 16 DCMR 3631.4 z TITLE 16 DCMR 3631.3 a TITLE 16 DCMR 3631.4 a	$3500.00	Pending OAH
1200 H St NE Partnership	Commercial	TITLE 16 DCMR 3631.4 j TITLE 16 DCMR 3631.4 j TITLE 16 DCMR 3631.4 i	$2000.00	Pending OAH
1206 H St LLC	Commercial	TITLE 16 DCMR 3631.4 j TITLE 16 DCMR 3631.4	$1000.00	Pending OAH
701 H St NE LLC	Commercial	TITLE 16 DCMR 3631.4 j TITLE 16 DCMR 3631.4 v	$1000.00	Pending OAH
Young & Jung	Commercial	TITLE 16 DCMR 3631.4 j TITLE 16 DCMR 3631.4 v	$1000.00	Pending OAH
2602 Connecticut Ave Joint Venture	Commercial	TITLE 16 DCMR 3631.4 m TITLE 16 DCMR 3631.4	$500.00	Pending OAH
The President 1304 Rhode Island Avenue NW Condo Association	Commercial	TITLE 16 DCMR 3631.4 i	$500.00	Pending OAH
Chateau Thierry Condo Association	Commercial	TILTE 16 DCMR 3631.4 p TITLE 16 DCMR 3631.4 k	$1000.00	Ordered to pay $250.00 per fine
1702 LLC	Commercial	TITLE 16 DCMR 3631.4 i TITLE 16 DCMR 3631.4	$1000.00	Pending OAH
Parkcrest LLC	Commercial	TITLE 16 DCMR 3631.2 d	$500.00	Pending OAH
Parkcrest LLC	Commercial	TITLE 16 DCMR 3631.4	$500.00	Pending OAH

Gales Place Associates	Commercial	TITLE 16 DCMR 3631.4 a TITLE 16 DCMR 3631.4 d TITLE 16 DCMR 3631.4 g TITLE 16 DCMR 3631.4 i TITLE 16 DCMR 3631.4 j TITLE 16 DCMR 3631.4 r TITLE 16 DCMR 3631.4 z TITLE 16 DCMR 3631.2 a TITLE 16 DCMR 3631.3 a	$4500.00	Pending OAH
AP 3501 – 3529 Connecticut Ave LP	Commercial	TITLE 16 DCMR 3631.3 s TITLE 16 DCMR 3631.3 t TITLE 16 DCMR 3631.3 z	$1500.00	Pending OAH
US Theatre Corporations	Commercial	TITLE 16 DCMR 3631.4 i TITLE 16 DCMR 3631.4 n	$1000.00	Ordered to pay $100 dollars per fine
4010 Third Street Partners LLC	Commercial	TITLE 16 DCMR 3631.2 c	$500.00	Pending OAH
UIP 1346 Park Road LLC	Commercial	TITLE 16 DCMR 3631.4	$500.00	Pending OAH
Pentacle Limited Partnership/Horning Brothers	Commercial	TITLE 16 DCMR 3631.4 j TITLE 16 DCMR 3631.4 i TITLE 16 DCMR 3631.4 d	$1500.00	Pending OAH
Triumph Real Estate Group LLC	Commercial	TITLE 16 DCMR 3631.4 m TITLE 16 DCMR 3631.4 i TITLE 16 DCMR 3631.2 a TITLE 16 DCMR 3631.2 o TITLE 16 DCMR 3631.4 z TITLE 16 DCMR 3631.3 a TITLE 16 DCMR 3631.4 a	$3500.00	Pending OAH
Alonzo O Bliss Properties c/o William C Smith & Co	Commercial	TITLE 16 DCMR 3631.4 j TITLE 16 DCMR 3631.4 i TITLE 16 DCMR 3631.4 d	$1500.00	Pending OAH
Brandywine Owner LLC	Commercial	TITLE 16 DCMR 3631.4 m TITLE 16 DCMR 3631.4 i TITLE 16 DCMR 3631.2 a	$2500.00	Pending OAH
President 1630 19th Street Condo Association	Commercial	TITLE 16 DCMR 3631.3 a TITLE 16 DCMR 3631. 3 e	$1000.00	Pending OAH
Jamal's 2029 P Street LLC	Commercial	TITLE 16 DCMR 3631.4 i TITLE 16 DCMR 3631.4 n	$1000.00	Pending OAH
George A and P. E Dalley	Commercial	TITLE 16 DCMR 3631.4 d	$500.00	Pending OAH

The President 1314 Vermont Avenue Condo	Commercial	TITLE 16 DCMR 3631.4 i	$500.00	Pending OAH
Woodbridge Holdings LLC	Commercial	TITLE 16 DCMR 3631.1 c	$500.00	Pending OAH
Urban Retail LLC	Commercial	TITLE 16 DCMR 3631.4 n	$500.00	Pending OAH
Garden Holdings LLC	Commercial	TITLE 16 DCMR 3631.4 b TITLE 16 DCMR 3631.3 c	$1000.00	Pending OAH
H Lehner Enterprises Inc./Lehner Herbert A	Commercial	TITLE 16 DCMR 3631.4 a TITLE 16 DCMR 3631.4 z TITLE 16 DCMR 3631.4 g TITLE 16 DCMR 3631.4 i TITLE 16 DCMR 3631.4 j	$2500.00	Pending OAH
David Applestein and William G. Applestein	Commercial	TITLE 16 DCMR 3631.4 j	$500.00	Pending OAH
Davis Song C	Commercial	TITLE 16 DCMR 3631.4 n	$500.00	Pending OAH
Powell 1622 LLC	Commercial	TITLE 16 DCMR 3631.4 c	$500.00	Pending OAH
2911 Georgia Ave	Commercial	TITLE 16 DCMR 3631.1 c	$500.00	Pending OAH
CVR DC LLC	Commercial	TITLE 16 DCMR 3631.1 c	$500.00	Pending OAH
1200 H Street NE Partnership	Commercial	TITLE 16 DCMR 3631.2 d	$500.00	Pending OAH
Rhode Island Condos LLC	Commercial	TITLE 16 DCMR 3631.4 n	$500.00	Ordered to pay $200 dollars
CNA Enterprises	Commercial	TITLE 16 DCMR 3631.4 b TITLE 16 DCMR 3631.4 f	$1000.00	Pending OAH
Margaret Labat	Commercial	TITLE 16 DCMR 3631.4 f	$500.00	Pending OAH
Delwin Reality	Commercial	TITLE 16 DCMR 3631.3 a TITLE 16 DCMR 3631.3 c TITLE 16 DCMR 3631.4 o TITLE 16 DCMR 3631.4 r	$2000.00	Pending OAH
The President of 4402 1st Pl NE Condo Assoc.	Commercial	TITLE 16 DCMR 3631.1 c	$500.00	Pending OAH
Carver Terrace LP	Commercial	TITLE 16 DCMR 3631.1 c	$500.00	Pending OAH
1702 LLC	Commercial	TITLE 16 DCMR 3631.2 a TITLE 16 DCMR 3631.2 b TITLE 16 DCMR 3631.4 i	$1500.00	Pending OAH
Van Metre Irving ST Apts LLC	Commercial	TITLE 16 DCMR 3631.1	$500.00	Pending OAH
Care of EJF	Commercial	TITLE 16 DCMR 3631.1	$500.00	Pending OAH

Michael Naizghi	Commercial	TITLE 16 DCMR 3631.5	$1000.00	Ordered to pay $200 dollars
Moorer, Jenifer	Commercial	TITLE 16 DCMR 3631.2 g TITLE 16 DCMR 3631.3 c	$1000.00	Pending OAH
1919 Nineteenth ST LLC	Commercial	TITLE 16 DCMR 3631.1 b TITLE 16 DCMR 3631.1 c	$1000.00	Pending OAH
1921 19th Street LLC	Commercial	TITLE 16 DCMR 3631.1 b TITLE 16 DCMR 3631.1 c	$1000.00	Pending OAH
Euclid Community Partners	Commercial	TITLE 16 DCMR 3631.2 a TITLE 16 DCMR 3631.2 b TITLE 16 DCMR 3631.4 i	$1500.00	Pending OAH
Martha G Daba	Commercial	TITLE 16 DCMR 3631.1 c	$500.00	Pending OAH
Robert Dimanartino	Commercial	TITLE 16 DCMR 3631.1	$500.00	Pending OAH
1703 Capitol Ave NE LLC	Commercial	TITLE 16 DCMR 3631.1 c	$500.00	Ordered to pay $200 dollars
Simret G Manna	Commercial	TITLE 16 DCMR 3631.1 c	$500.00	Pending OAH
775 Holding LLC/Clint Pepper	Commercial	TITLE 16 DCMR 3631.4 n TITLE 16 DCMR 3631.4 j	$1000.00	Pending OAH
523 H ST NE LLC	Commercial	TITLE 16 DCMR 3631.4 n	$500.00	Pending OAH
Equilibrium Garden Park DC	Commercial	TITLE 16 DCMR 3631.4 a TITLE 16 DCMR 3631.4 d TITLE 16 DCMR 3631.4 g TITLE 16 DCMR 3631.4 i TITLE 16 DCMR 3631.4 j TITLE 16 DCMR 3631.4 r TITLE 16 DCMR 3631.4 z TITLE 16 DCMR 3631.2 a TITLE 16 DCMR 3631.3 a	$4500.00	Pending OAH
The Kadah Family	Commercial	TITLE 16 DCMR 3631.4 a TITLE 16 DCMR 3631.4 d TITLE 16 DCMR 3631.4 g TITLE 16 DCMR 3631.4 i TITLE 16 DCMR 3631.4 j TITLE 16 DCMR 3631.4 r TITLE 16 DCMR 3631.4 z TITLE 16 DCMR 3631.2 a TITLE 16 DCMR 3631.3 a	$4500.00	Pending OAH
5601 13th Street LLC	Commercial	TITLE 16 DCMR 3631.2 a TITLE 16 DCMR 3631.3 a TITLE 16 DCMR 3631.3 c TITLE 16 DCMR 3631.2 d	$7000.00	Dismissed By OAH

		TITLE 16 DCMR 3631.4 d TITLE 16 DCMR 3631.4 p TITLE 16 DCMR 3631.4 i		
4800 Wisconsin Ave LLC	Commercial	TITLE 16 DCMR 3631.3 a	$500.00	Pending OAH
1428 U Street LLC/EJF Real Estate	Commercial	TITLE 16 DCMR 3631.3 a	$500.00	Dismissed By OAH
1425 T Street Cooperative Association	Commercial	TITLE 16 DCMR 3631.4 f	$500.00	Pending OAH
505 8th LLC	Commercial	TITLE 16 DCMR 3631.4 m TITLE 16 DCMR 3631.4 i	$1000.00	Pending OAH
Akram, Saima and Hyaat Aslam	Commercial	TITLE 16 DCMR 3631.4 n	$500.00	Dismissed By OAH
524 Capitol Hill	Commercial	TITLE 16 DCMR 3631.4 j	$500.00	Pending OAH
Christopher Jackson	Commercial	TITLE 16 DCMR 3631.4 d	$500.00	Pending OAH
MHP Worthington Woods LLC	Commercial	TITLE 16 DCMR 3631.4 c TITLE 16 DCMR 3631.4 f	$1000.00	Pending OAH
Linde, Barrett M	Commercial	TITLE 16 DCMR 3631.4 j	$500.00	Pending OAH
Care of The One Street CO	Commercial	TITLE 16 DCMR 3631	$500.00	Pending OAH
Columbia Hgts Village Apts LP	Commercial	TITLE 16 DCMR 3631.	$500.00	Pending OAH
1515 Ogden St NW	Commercial	TITLE 16 DCMR 3631	$500.00	Pending OAH
Vivian Crespi Trustee/CRV 4115 Wisc LLC	Commercial	TITLE 16 DCMR 3631.4	$500.00	Pending OAH
Roman Catholic Arch Bishop of Washington ST Martin Apts. LP	Commercial	TITLE 16 DCMR 3631.1 c	$500.00	Ordered to pay $200 Dollars
3630-3632 Brothers PL LLC	Commercial	TITLE 16 DCMR 3631.4 j TITLE 16DCMR 3631.4 g	$1000.00	Pending OAH
523 8th St LLC	Commercial	TITLE 16 DCMR 3631.3 a TITLE 16 DCMR 3631.3 c TITLE 16 DCMR 3631.4 o TITLE 16 DCMR 3631.4 r	$2000.00	Fine reduced to $100 dollars per fine
Southland Corporation	Commercial	TITLE 16 DCMR 3631.4 a TITLE 16 DCMR 3631.4 z TITLE 16 DCMR 3631.4 g TITLE 16 DCMR 3631.4 i	$2500.00	Pending OAH

		TITLE 16 DCMR 3631.4 j		
Shishay Mana LLC	Commercial	TITLE 16 DCMR 3631.1 b TITLE 16 DCMR 3631.4 b	$1000.00	Pending OAH
Habte Abraham	Commercial	TITLE 16 DCMR 3631.1 b TITLE 16 DCMR 3631.4 b TITLE 16 DCMR 3631.4 d	$1500.00	Pending OAH
Anacostia Realty LLC	Commercial	TITLE 16 DCMR 3631.1 c	$500.00	Pending OAH
Anacostia Realty LLC	Commercial	TITLE 16 DCMR 3631.2 a TITLE 16 DCMR 3631.2 b TITLE 16 DCMR 3631.4 i	$1500.00	Pending OAH
1616 27th ST Flats LLC	Commercial	TITLE 16 DCMR 3631.1 c	$500.00	Pending OAH
BDC 1600 Penn LLC/ West Halbert Capital LLC	Commercial	TITLE 16 DCMR 3631.4 j TITLE 16 DCMR 3631.4 i TITLE 16 DCMR 3631.4 d	$1500.00	Pending OAH
Vivian Crespi Trustee/CRV 4115 Wisc.	Commercial	TITLE 16 DCMR 3631.4	$500.00	Pending OAH
Mosiac Investment LLC	Commercial	TITLE 16 DCMR 3631.4 p	$500.00	Pending OAH
Defranceaux, Margaret H 2407 37th ST NW	Commercial	TITLE 16 DCMR 3631.4 a TITLE 16 DCMR 3631.4 z TITLE 16 DCMR 3631.4 g TITLE 16 DCMR 3631.4 i	$2000.00	Dismissed By OAH
1900 11th Street	Commercial	TITLE 16 DCMR 3631.4 a TITLE 16 DCMR 3631.4 z TITLE 16 DCMR 3631.4 g TITLE 16 DCMR 3631.4 i	$2000.00	Dismissed By OAH
3435 Brown Street Cooperative	Commercial	TITLE 16 DCMR 3631.	$500.00	Pending OAH
June T Wilson	Commercial	TITLE 16 DCMR 3631.4 n	$500.00	Dismissed By OAH
Brookland Plaza Owner LLC	Commercial	TITLE 16 DCMR 3631.1 c TITLE 16 DCMR 3631.1 n	$1000.00	Ordered to pay $250 per fine ($500)
145 Folashade Olajide	Commercial	TITLE 16 DCMR 3631.1 b TITLE 16 DCMR 3631.4 b TITLE 16 DCMR 3631.2 a TITLE 16 DCMR 3631.4 f	$2000.00	Pending OAH
Zenebe Shewayene	Commercial	TITLE 16 DCMR 3631.1 c	$500.00	Pending OAH

Marcus Little	Commercial	TITLE 16 DCMR 3631.1 c	$500.00	Pending OAH
Boulevard Housing Corp. c/o Barac	Commercial	TITLE 16 DCMR 3631.3 b TITLE 16 DCMR 3631.4 c	$500.00	Ordered to $250 per fine ($500)
Intrepid Partners LLC	Commercial	TITLE 16 DCMR 3631.4 a TITLE 16 DCMR 3631.4 z TITLE 16 DCMR 3631.4 g TITLE 16 DCMR 3631.4 i	$2000.00	Pending OAH
Park Ainger Apts LLC	Commercial	TITLE 16 DCMR 3631.4 f TITLE 16 DCMR 3631.4 j	$1000.00	Pending OAH
McDonald's Corp.	Commercial	TITLE 16 DCMR 3631.4 a TITLE 16 DCMR 3631.4 z TITLE 16 DCMR 3631.4 g TITLE 16 DCMR 3631.4 i	$2000.00	Pending OAH
3911 1st ST LLC	Commercial	TITLE 16 DCMR 3631.3 b TITLE 16 DCMR 3631.4 c	$1000.00	Pending OAH
Garden Memorial Presbyterian Chur c	Commercial	TITLE 16 DCMR 3631.4 j TITLE 16 DCMR 3631.4 i TITLE 16 DCMR 3631.4 d	$1500.00	Pending OAH
Boulevard Housing Corp. c/o Barac	Commercial	TITLE 16 DCMR 3631.4 a TITLE 16 DCMR 3631.4 z TITLE 16 DCMR 3631.4 g TITLE 16 DCMR 3631.4 i TITLE 16 DCMR 3631.4 j	$2500.00	Dismissed By OAH
Equilibrium Garden Park DC	Commercial	TITLE 16 DCMR 3631.4 a TITLE 16 DCMR 3631.4 d TITLE 16 DCMR 3631.4 g TITLE 16 DCMR 3631.4 i TITLE 16 DCMR 3631.4 j TITLE 16 DCMR 3631.4 r TITLE 16 DCMR 3631.4 z TITLE 16 DCMR 3631.2 a TITLE 16 DCMR 3631.3 a	$4500.00	Pending OAH
The Kadah Famil y	Commercial	TITLE 16 DCMR 3631.4 a TITLE 16 DCMR 3631.4 d TITLE 16 DCMR 3631.4 g TITLE 16 DCMR 3631.4 i TITLE 16 DCMR 3631.4 j TITLE 16 DCMR 3631.4 r TITLE 16 DCMR 3631.4 z TITLE 16 DCMR 3631.2 a TITLE 16 DCMR 3631.3 a	$4500.00	Pending OAH
Tekle Negesti	Commercial	TITLE 16 DCMR 3631.3 b	$1000.00	Pending OAH

		TITLE 16 DCMR 3631.4 c		
East River Preservation Partners	Commercial	TITLE 25-I DCMR 206.1	$500.00	Dismissed By OAH
Teles Professional	Commercial	TITLE 16 DCMR 3631.3 b TITLE 16 DCMR 3631.4 c	$1000.00	Pending OAH
O Williams and Burnett Williams	Commercial	TITLE 16 DCMR 3631.3 b TITLE 16 DCMR 3631.4 c	$1000.00	Pending OAH
Emishaw D Dadi	Commercial	TITLE 16 DCMR 3631.4 n	$500.00	Pending OAH
Austin A Jones, Margue A	Commercial	TITLE 16 DCMR 3631.4 j TITLE 16 DCMR 3631.4 i TITLE 16 DCMR 3631.4 d	$1500.00	Pending OAH
301 Delafield Place NW LLC	Commercial	TITLE 16 DCMR 3631.4 j TITLE 16 DCMR 3631.4 i TITLE 16 DCMR 3631.4 d	$1500.00	Pending OAH
Ronald Campbell	Commercial	TITLE 16 DCMR 3631.4 m	$500.00	Pending OAH
Jemal's Tower LLC	Commercial	TITLE 16 DCMR 3631.4 j	$500.00	Pending OAH
David and William Applistein	Commercial	TITLE 16 DCMR 3631.4	$500.00	Pending OAH
Rosa Smith	Commercial	TITLE 16 DCMR 3631.4 n	$500.00	Pending OAH
Columbia HGTS Village	Commercial	TITLE 16 DCMR 3631.2	$500.00	Pending OAH
1329-37 FT Stevens DR LLC	Commercial	TITLE 16 DCMR 3631.3 b TITLE 16 DCMR 3631.4 c	$1000.00	Pending OAH
1702 LLC Farzad Ghassemi	Commercial	TITLE 16 DCMR 3631.3 b TITLE 16 DCMR 3631.4 c	$1000.00	Ordered to pay 50.00 dollars per fine
Alexandra Corporation	Commercial	TITLE 16 DCMR 3631.4 j TITLE 16 DCMR 3631.4 i TITLE 16 DCMR 3631.4 d TITLE 16 DCMR 3631.4 c	$2000.00	No Response from the respondent
Mayfair Mansion I & II	Commercial	TITLE 16 DCMR 3631.4 j TITLE 16 DCMR 3631.4 i TITLE 16 DCMR 3631.4 d TITLE 16 DCMR 3631.4 c	$2000.00	Pending OAH
Peter J Fitzgerald	Commercial	TITLE 16 DCMR 3631.4 c	$500.00	Pending OAH
601 Portland Street LLC	Commercial	TITLE 16 DCMR 3631.4 a TITLE 16 DCMR 3631.4 d TITLE 16 DCMR 3631.4 g TITLE 16 DCMR 3631.4 i TITLE 16 DCMR 3631.4 j	$2500.00	Pending OAH

BDC 1600 LLC	Commercial	TITLE 16 DCMR 3631.4 i	$500.00	Pending OAH
Mayfair Mansion	Commercial	TITLE 16 DCMR 3631.4 j TITLE 16 DCMR 3631.4 i TITLE 16 DCMR 3631.4 d TITLE 16 DCMR 3631.4 c	$2000.00	Pending OAH
Shishay Manna LLC	Commercial	TITLE 16 DCMR 3631.4 j TITLE 16 DCMR 3631.4 i TITLE 16 DCMR 3631.4 d	$1500.00	Pending OAH
The Kadah Family LP	Commercial	TITLE 16 DCMR 3631.4 j TITLE 16 DCMR 3631.4 i	$1000.00	Pending OAH
1329-37 FT Stevens DR LLC	Commercial	TITLE 16 DCMR 3631.4 j TITLE 16 DCMR 3631.4 i	$1000.00	Dismissed By OAH
H Lehner Enterprises Inc	Commercial	TITLE 16 DCMR 3631.4 n	$500.00	Pending OAH
David and William Appleste in	Commercial	TITLE 16 DCMR 3631.4 n	$500.00	Pending OAH
O.B. Williams	Commercial	TITLE 16 DCMR 3631.4	$500.00	Pending OAH
Fort Stevens LLC	Commercial	TITLE 16 DCMR 3631.4 j TITLE 16 DCMR 3631.4 i	$1000.00	Pending OAH
Lilanor 1344 LLC	Commercial	TITLE 16 DCMR 3631.4 n	$500.00	Pending OAH
Joan Frye	Commercial	TITLE 16 DCMR 3631.4 j	$500.00	Pending OAH
1606 7th St NW LLC	Commercial	TITLE 16 DCMR 3631.4 n	$500.00	Dismissed By OAH
Banks, Peggy F, Banks, James G	Commercial	TITLE 16 DCMR 3631.4 j TITLE 16 DCMR 3631.4 i TITLE 16 DCMR 3631.4 d	$1500.00	Dismissed By OAH
Dafonte LLC	Commercial	TITLE 16 DCMR 3631.3 n	$500.00	Pending OAH
TOTAL			**$165,9002**	**850.00**

Pharmaceutical Control Division

The fines levied during FY21 and FY22 to date are listed in the charts below. A total of 76 NOIs were generated in FY21 and zero NOIs have been generated in FY22 to date.

FY21

Name of Facility	Type of Facility	Description of Infractions	Citation	Fine/Penalty	Status

CVS Pharmacy #1353	Pharmacy	Failure to maintain clean and sanitary Pharmacy.	22-B DCMR 1908.2	$2,000	Pending with OAH
CVS Pharmacy #2104	Pharmacy	Failure to conspicuously post DEA registration. No DEA license posted.	22-B DCMR 1901.3	$2,000	Pending with OAH
CVS Pharmacy #2104	Pharmacy	Failure to keep pharmacy clean and sanitary restroom facilities. Unclean bathroom & broken soap dispenser.	22-B DCMR 1908.2	$2,000	Pending with OAH
CVS Pharmacy #2104	Pharmacy	Storing expired drug with currently dated products.	22-B DCMR 1901.6	$2,000	Pending with OAH
CVS Pharmacy #2817	Pharmacy	Storing expired drug with currently dated products.	22-B DCMR 1901.6	$2,000	Pending with OAH
Walgreens Pharmacy #10311	Pharmacy	Failure to keep pharmacy clean and in a sanitary condition, du sty shelves, and vents.	22-B DCMR 1908.2	$2,000	Pending with OAH
Whitman Walker Clinic Pharmacy	Pharmacy	Storing expired drug with currently dated products.	22-B DCMR 1901.6	$2,000	Pending with OAH
CVS Pharmacy #1335	Pharmacy	Failure to cancel out CII prescription by drawing a line through the entire prescription order	22-B DCMR 1306.3	$2,000	Pending with OAH
CVS Pharmacy #1335	Pharmacy	Failure to maintain required equipment and references consistent with the pharmacy's scope of practice, the public safety and as required by law.	22-B DCMR 1909.2 -1909.5	$500	Pending with OAH

CVS Pharmacy #1351	Pharmacy	Storing misbranded drugs with currently dated products.	22-B DCMR 1901.6		Pending with OAH
CVS Pharmacy #1351	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	Pending with OAH
CVS Pharmacy #1842	Pharmacy	Failure to maintain written policies and procedures regarding sanitation standards.	22-B DCMR 1900.4	$2,000	Pending with OAH
CVS Pharmacy #1842	Pharmacy	Failure to keep pharmacy clean and in a sanitary condition, du sty shelves, and vents.	22-B DCMR 1908.2	$2,000	Pending with OAH
CVS Pharmacy #1842	Pharmacy	Failure to keep equipment clean and in good operating condition.	22-B DCMR 1908.4	$2,000	Pending with OAH
CVS Pharmacy #1842	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	Pending with OAH
CVS Pharmacy #1842	Pharmacy	Failure to cancel out CII prescription by drawing a line through the entire prescription order.	22-B DCMR 1306.3	$2,000	Pending with OAH
CVS Pharmacy #1842	Pharmacy	Storing expired drug with currently dated products.	DCOC 47-2885.13(a)/22-B DCMR 1901.6	$2,000	Pending with OAH
CVS Pharmacy #2104	Pharmacy	Failure of Pharmacist on duty to conspicuously post his or her pharmacist license.	DCOC 47-2885.09(a)/22-B DCMR 1901.3	$500	Pending with OAH

CVS Pharmacy #2104	Pharmacy	Failure to post current pricing poster under the current Mayor. Failure to include prices in pricing book.	DCOC 48-801.03	$500	Pending with OAH
CVS Pharmacy #2104	Pharmacy	Failure to keep pharmacy clean and in a sanitary condition.	22-B DCMR 1908.2	$2,000	Pending with OAH
CVS Pharmacy #2104	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	Pending with OAH
CVS Pharmacy #2104	Pharmacy	Storing expired drug with currently dated products.	22-B DCMR 1901.6	$2,000	Pending with OAH
CVS Pharmacy #2104	Pharmacy	Failure to execute DEA 222 forms as required by law.	22-B DCMR 1502.1/21 CFR 1305.12/ 21 CFR 1305.13(e)	$2,000	Pending with OAH
CVS Pharmacy #2174	Pharmacy	Failure to have hot water	22-B DCMR 1907.4(g)	$1,000	Pending with OAH
CVS Pharmacy #2174	Pharmacy	Failure to keep pharmacy clean and in a sanitary condition	22-B DCMR 1908.2	$2,000	Pending with OAH
CVS Pharmacy #2174	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	Pending with OAH
CVS Pharmacy #2174	Pharmacy	Storing expired drug with currently dated products.	22-B DCMR 1901.6	$2,000	Pending with OAH
CVS Pharmacy #4546	Pharmacy	Failure to keep pharmacy clean and in a sanitary condition.	22-B DCMR 1908.2	$2,000	Pending with OAH

CVS Pharmacy #4546	Pharmacy	Failure to cancel out CII prescription by drawing a line through the entire prescription order.	22-B DCMR 1306.3	$2,000	Pending with OAH
Reliance 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	Pending with OAH
Rite Aid in Walgreens Pharmacy #2653	Pharmacy	Failure to conspicuously post DCCS registration.	22-B DCMR 1901.3	$500	Pending with OAH
Rite Aid in Walgreens Pharmacy #2653	Pharmacy	Failure to cancel out CII prescription by drawing a line through the entire prescription order.	22-B DCMR 1306.3	$2,000	Pending with OAH
Walgreens Pharmacy #16049	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	Pending with OAH
Walgreens Pharmacy #19268	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	Pending with OAH
Wellington 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	Pending with OAH
Walmart #5968	Pharmacy	Failure to maintain clean and sanitary restroom facilities.	22-B DCMR 1908.2	$2,000	Pending with OAH

Giant Pharmacy #375	Pharmacy	Failure to keep pharmacy clean and in sanitary condition dusty shelves, dirty sink.	22-B DCMR 1908.2	$2,000	Pending with OAH
Giant Pharmacy #375	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	Pending with OAH
Nations Care Pharmacy	Pharmacy	Failure to maintain required equipment and references consistent with the pharmacy's scope of practice, the public safety and as required by law.	22-B DCMR 1909.2 -1909.5	$500	Pending with OAH
Nations Care Pharmacy	Pharmacy	Failure to store medication proper storage temperature.	DCOC 47-2885.13(a)(3)/22-B DCMR 1911.11	$2,000	Pending with OAH
Nations Care 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	Pending with OAH
CVS #1349	Pharmacy	Failure to keep pharmacy clean and in sanitary condition (Dusty shelves &dirty bathroom).	22-B DCMR 1908.2	$2,000	Pending with OAH
CVS #1349	Pharmacy	Failure to remove trash in a timely and sanitary manner.	22-B DCMR 1908.6	$2,000	Pending with OAH
CVS #1349	Pharmacy	Failure to keep pharmacy plumbing facilities in good repair.	22-B DCMR 1908.8	$2,000	Pending with OAH

Triple Alliance Pharmacy	Pharmacy	Storing misbranded drugs with currently dated products.	DCOC 47-2885.10(a)(3)/22-B DCMR1901.6	$2,000	Pending with OAH
Healing Touch Pharmacy	Pharmacy	Failure to keep pharmacy and storage area dry and well ventilated.	22-B DCMR 1908.3	$2,000	Pending with OAH
Healing Touch Pharmacy	Pharmacy	Selling or offering for sale adulterated drugs. No information to differentiate set of drugs.	DCOC 47-2885.10(a)93)/22-B DCMR 1901.5	$2,000	Pending with OAH
Healing Touch Pharmacy	Pharmacy	Storing expired drugs with currently dated products.	DCDCOC 47-2885.13(a)/22-B DCMR1901.6	$2,000	Pending with OAH
Harris Teeter #282	Pharmacy	Failure to have hot water, temperature of water 104.3°F.	22-B DCMR 1907.4(g)	$1,000	Pending with OAH
Harris Teeter #282	Pharmacy	Storing misbranded drugs with currently dated products.	DCOC 47-2885.10(a)(3)/22-B DCMR1901.6	$2,000	Pending with OAH
Walgreens #019268	Pharmacy	Failure to keep pharmacy and storage area dry.	22-B DCMR 1908.3	$2,000	Pending with OAH
Giant Pharmacy #378	Pharmacy	Failure to keep pharmacy clean and in sanitary condition (Dusty shelves).	22-B DCMR 1908.2	$2,000	Pending with OAH
Giant Pharmacy #378	Pharmacy	Storing expired drug with currently dated products.	22-B DCMR 1901.6	$2,000	Pending with OAH
Good Care Pharmacy	Pharmacy	failure to keep pharmacy and storage area dry.	22-B DCMR 1908.3	$2,000	Pending with OAH
Foer's Pharmacy	Pharmacy	Failure to keep pharmacy clean and in sanitary condition. Failure to keep equipment clean and	22-B DCMR 1908.2/22-B DCMR 1908.4	$2,000	Pending with OAH

		in good operating condition.			
Foer's 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	Pending with OAH
Giant Pharmacy #384	Pharmacy	Pharmacy registration posted expired.	22-B DCMR 1901.3	$500	Pending with OAH
CVS #1346	Pharmacy	Failure of pharmacist on duty to conspicuously pot his or her pharmacist licens e.	DCOC 47-2885.09(a)/22-B DCMR1901.3	$500	Pending with OAH
CVS #1346	Pharmacy	Failure to conspicuously post DCCS registrations.	22-B DCMR 1901.3	$500	Pending with OAH
GWU-Matthew Kay	Researche r	Failure to execute DEA 222 forms #152341675 as required by law.	22-B DCMR 1502.1/21 CFR 1305.12/21 CFR 1305.13€	$2,000	Pending with OAH
GWU-Paul Lin	Researche r	Failure to have a biennial inventory.	22-B DCMR 1502.2.1/21 CFR1304.11	$2,000	Pending with OAH
GWU-Paul Lin	Researche r	Failure to keep pharmacy clean and in sanitary condition. Failure to keep equipment clean and in good operating condition.	22-B DCMR 1502.1/21 CFR 1304.21(a)	$2,000	Pending with OAH
CVS #1355	Pharmacy	Storing misbranded drugs with currently dated products.	DCOC 47-2885.10(a)(3)/22-B DCMR 1901.6,DCOC 47-2885.13(a)/22-B DCMR 1901.6	$2,000	Pending with OAH

CVS #1340	Pharmacy	Failure to keep pharmacy clean and in sanitary condition. Failure to keep equipment clean and in good operating condition.	22-B DCMR 1502.1/21 CFR 1304.21(a)	$2,000	Pending with OAH
CVS #1340	Pharmacy	Failure to cancel out CII prescription by drawing a line through the entire prescription order.	22-B DCMR 1306.3	$2,000	Pending with OAH
CVS #1340	Pharmacy	Storing expired drug with currently dated products.	DCOC 47-2885.10(a)(3)/22-B DCMR 1901.6	$2,000	Pending with OAH
Columbia Heights Pharmacy	Pharmacy	Failure of registrant to keep records maintain inventories and file reports as required by Fed. Law.	22-B DCMR 1502.2.1/21 CFR1304.11	$2,000	Pending with OAH
CVS #1338	Pharmacy	Failure to maintain required equipment and references consistent with the pharmacy's scope of practice, the public safety and as required by law.	22-B DCMR 1502.1/21 CFR 1304.21(a)	$500	Pending with OAH
CVS #1338	Pharmacy	Failure to keep pharmacy clean and sanitary condition, du sty vents, dusty shelves, trash on the floor.	22-B DCMR 1908.2	$2,000	Pending with OAH
CVS #1338	Pharmacy	Failure of registrant to keep records maintain inventories and file reports as required by Fed. Law.	22-B DCMR 1502.2.1/21 CFR1304.11	$2,000	Pending with OAH

CVS #1338	Pharmacy	Failure to cancel out CS II prescription by drawing a line through the entire prescription order.	22-B DCMR 1306.3	$2,000	Pending with OAH	
CVS #1338	Pharmacy	Storing misbranded drug with currently dated products.	DCOC 47-2885.13(a)/22-B DCMR 1901.6	$2,000	Pending with OAH	
Seat Pleasant Drugs	Pharmacy	Failure of registrant to keep records maintain inventories and file reports as required by Fed. Law.	22-B DCMR 1502.2.1/21 CFR1304.11	$2,000	Pending with OAH	
CVS #1344	Pharmacy	Failure to maintain pharmacy storage area temperature compatible with the proper storage of drugs.	22-B DCMR 1907.5	$1,000	Pending with OAH	
State Pharmacy Inc	Pharmacy	Unlicensed pharmacist o duty.	DCOC 47-2885.09(a)/22-B DCMR1901.1	$2,000	Pending with OAH	
Whitman Walker @14th ST NW	Pharmacy	Storing expired drug with currently dated products.	22-B DCMR1901.6	$500	Pending with OAH	
Total					$0	

Q113: 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 FY21 and FY22 to date.

Response:

Aggregated CAUTI and CLABSI data for seven short-term acute care facilities in Washington D.C. Individual facility-level data is not made public as per the data sharing agreement.

The SIR is an indirect standardization method that is used to summarize the Health care-associated infections (HAI) experience across any number of stratified groups. The SIR allows for comparison of data across risk groups, procedures, and hospital characteristics to gain a better understanding of the incidence, trends, and patterns of HAIs while adjusting for underlying patient or hospital factors that may affect the occurrence of HAIs.

The SIR is calculated by dividing the number of observed infections by the number of statistically predicted infections based on the national baseline data and provides a basis for comparison between how many infections occurred and how many were expected to occur based on the national experience. A SIR of 1.0 means the observed number of infections is similar, or equal, to the number of predicted infections. A SIR higher than 1.0 means that there were a greater number of infections than predicted, and a SIR of less than 1.0 means that there were fewer infections than predicted.

Table 1. Number of CAUTIs and SIR by Fiscal Year for DC Short-Term Acute Care Facilities, 2021-2022[1]

Year	# of CAUTIs Observed	# of CAUTIs Predicted	Catheter Days	SIR	SIR p-value	95% Confidence Interval	SIR Percentile
FY22 Q1	16	30.929	22594	0.517	0.0036	0.306, 0.822	37
FY21	66	130.31	97179	0.506	0.0000	0.395, 0.640	36

Table 2. Number of CLABSIs and SIR by Fiscal Year for DC Short-Term Acute Care Facilities, 2021-2022[1]

Year	# of CLABSIs Observed	# of CLABSIs Predicted	Central Line Days	SIR	SIR p-value	95% Confidence Interval	SIR Percentile
FY22 Q1	25	38.019	33115	0.658	0.0268	0.435, 0.956	55
FY21	131	170.61	148372	0.768	0.0019	0.645, 0.908	63

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 and CLABSI 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 and CLABSI Data.
6. Data contained in this report were last generated on January 18, 2022, at 9:35 AM.

Q114: Please describe the number of applications for professional licensure, certification, or registration for healthcare workers monthly in FY21 and FY22 to date. Please indicate the following:

a. The number of applications submitted electronically or by paper;
b. The number of applicants that had active licenses in other jurisdictions;
c. The average length of time to process applications; and
d. The average number of staffing that support the processing of applications for licensure

Response:

Total number of applications submitted for each profession in FY 21

Please note the abbreviations:
O – Online applications, *P* – Paper applications

FY 2021	Oct		Nov		Dec		Jan		Feb		Mar		Apr		May		Jun		July		Aug		Sept		Grand Total	
BOARDS/ PROFESSION	O	P	O	P	O	P	O	P	O	P	O	P	O	P	O	P	O	P	O	P	O	P	O	P	O	P
BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY																									67	70
AUDIOLOGIST	0	0	0	3	0	0	0	0	0	2	0	0	0	1	1	1	2	0	0	0	1	0	0	0	4	7
AUDIOLOGY ASSISTANT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0
SLP CLINICAL FELLOW	0	1	0	1	0	2	0	2	0	2	0	2	0	2	2	2	6	2	7	0	2	0	0	0	17	14
SPEECH-LANGUAGE PATHOLOGIST	0	10	0	6	0	3	0	1	0	5	1	7	0	4	4	3	14	7	13	1	11	0	1	0	44	47

SPEECH-LANGUAGE PATHOLOGY ASSISTANT	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	0	0	1	2
BOARD OF CHIROPRACTIC																									2	17
ANCILLARY PROCEDURES - PHYSIOTHERAPY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0
ANCILLARY PROCEDURES - PT	0	1	0	0	0	0	0	1	0	3	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	7
CHIROPRACTOR	0	1	0	1	0	0	0	1	0	4	0	3	0	0	0	0	1	0	0	0	0	0	0	0	1	10
BOARD OF DENTISTRY																									16	79
DENTAL ASSISTANT - LEVEL II	0	3	0	2	0	1	0	1	0	1	0	4	0	2	0	0	0	0	0	0	1	0	0	0	1	14
DENTAL ASSISTANT-LEVEL I	0	0	0	2	0	0	0	0	0	2	0	1	0	1	0	0	1	0	1	0	0	0	0	0	2	6
DENTAL HYGIENIST	0	1	0	0	0	1	0	1	0	2	0	0	0	1	0	0	0	0	0	0	3	0	0	0	3	6
DENTIST	0	5	0	8	0	3	0	1	0	13	0	12	0	4	1	1	4	0	3	0	0	0	0	0	8	47
LOCAL ANESTHESIA	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
LOCAL ANESTHESIA AND NITROUS OXIDE	0	0	0	0	0	1	0	1	0	1	0	0	0	0	0	0	0	0	1	0	0	2	1	0	2	5

BOARD OF DIETETICS AND NUTRITION																								8	44
DIETITIAN	0	7	0	4	0	6	0	6	0	3	0	3	1	6	1	0	1	1	1	0	2	0	1	0	7	40
NUTRITIONIST	0	3	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	1	4
BOARD OF LONG-TERM CARE ADMINISTRATION																								1	2
NURSING HOME ADMINISTRATOR	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	1	2
BOARD OF MARRIAGE AND FAMILY THERAPY																								1	18
LICENSED MARRIAGE AND FAMILY THERAPIST	0	2	0	2	0	0	0	1	0	3	0	6	0	1	0	2	0	1	1	0	0	0	0	0	1	18
BOARD OF MASSAGE THERAPY																								15	29
MASSAGE THERAPIST	0	1	0	2	0	3	0	3	0	4	0	7	0	5	3	4	9	0	2	0	4	0	0	0	15	29
BOARD OF MEDICINE																								570	1364
ACUPUNCTURIST	0	0	0	2	0	1	0	1	0	0	0	0	0	1	2	0	0	1	2	0	1	0	1	0	6	6

ANESTHESIOLOGIST ASSISTANT	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	2	1	2	1	2	0	0	0	6	5
MEDICAL TRAINING LICENSE I(A)	0	0	0	0	0	1	0	1	0	0	0	0	0	40	93	128	21	72	7	1	0	0	0	0	121	243
MEDICAL TRAINING LICENSE I(B)	0	0	0	1	0	0	0	0	0	0	0	0	0	6	22	30	5	31	1	1	1	0	0	0	29	69
MEDICAL TRAINING LICENSE II	0	0	0	0	0	0	0	0	0	0	0	3	0	0	1	0	4	0	1	0	0	0	0	0	6	7
MEDICAL TRAINING REGISTRANT	0	18	0	43	0	9	0	12	0	27	0	17	0	19	5	1	74	5	42	1	17	0	3	0	141	152
MEDICINE AND SURGERY	0	56	0	34	0	36	1	84	2	97	5	149	4	82	37	37	69	99	54	7	18	6	3	0	193	687
NATUROPATH PHYSICIAN	0	3	0	1	0	0	0	0	0	0	0	1	0	0	0	1	0	2	0	0	0	0	0	0	0	8
OSTEOPATHY AND SURGERY	0	4	0	2	0	4	0	2	0	15	1	22	2	11	8	6	4	9	4	0	1	1	1	0	21	76
PHYSICIAN ASSISTANT	0	16	0	16	0	3	0	7	0	21	0	17	0	10	3	6	23	5	9	0	9	0	2	0	46	101
POLYSOMNOGRAPHIC TECHNOLOGIST	0	0	0	1	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	3
SURGICAL ASSISTANT	0	1	0	0	0	0	0	0	0	0	0	2	0	1	0	2	0	1	0	0	0	0	1	0	1	7
BOARD OF NURSING																									1531	4487

CERTIFIED NURSE MIDWIFE	0	0	0	1	0	4	0	0	0	1	0	0	1	2	0	1	1	0	2	0	1	0	1	0	6	9
CLINICAL NURSE SPECIALIST	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	1
HOME HEALTH AIDE	0	17	0	54	0	9	0	118	0	105	0	105	0	56	1	1	4	2	16	37	18	28	7	4	46	536
LICENSED PRACTICAL NURSE	0	0	0	11	0	5	0	5	0	6	0	8	0	5	0	1	8	6	7	1	4	2	3	0	22	50
NURSE PRACTITIONER	0	20	0	59	0	40	0	38	3	76	2	22	1	63	1	2	12	5	29	6	21	11	3	1	72	343
REGISTERED NURSE	0	304	0	595	0	403	0	438	1	283	1	510	4	410	116	87	365	48	424	239	331	186	140	12	1382	3506
REGISTERED NURSE ANESTHETIST	0	1	0	1	0	1	0	1	0	1	0	0	0	0	0	0	0	0	1	1	0	0	1	0	2	6
TRAINED MEDICATION EMPLOYEE	0	1	0	6	0	3	0	5	0	12	0	3	0	4	0	1	0	1	0	0	0	0	0	0	0	36
BOARD OF OCCUPATIONAL THERAPY																									43	65
DANCE THERAPIST	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
OCCUPATIONAL THERAPIST	0	9	0	3	0	4	0	5	0	12	0	10	0	6	5	1	12	6	11	0	10	0	2	0	40	56

OCCUPATIONAL THERAPY ASSISTANT	0	1	0	0	0	0	0	0	0	0	0	2	0	0	0	0	1	1	1	0	1	0	0	0	3	4
RECREATION THERAPIST	0	2	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
BOARD OF OPTOMETRY																									5	18
DIAGNOSTIC PHARMACY AGENT	0	2	0	2	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	6
OPTOMETRIST	0	2	0	2	0	0	0	2	0	0	0	0	0	0	0	0	2	0	1	0	0	0	0	0	3	6
THERAPEUTIC PHARMACY AGENT	0	2	0	2	0	0	0	2	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	6
BOARD OF PHARMACY																									105	476
PHARMACEUTICAL DETAILERS	0	0	0	0	0	0	0	0	0	0	0	0	1	10	2	5	1	3	5	0	2	0	1	0	12	18
PHARMACEUTICAL DETAILERS	0	9	0	10	0	2	0	1	0	19	0	22	0	11	0	0	0	0	0	0	0	0	0	0	0	74
PHARMACIST	0	10	0	14	0	3	0	2	0	11	0	4	1	12	0	7	4	7	3	0	1	1	1	0	10	70
PHARMACIST INTERN	0	27	0	10	0	1	0	2	0	48	0	11	0	11	0	0	0	0	0	0	0	0	0	0	0	111
PHARMACY INTERN	0	0	0	0	0	0	0	0	0	0	0	0	0	1	3	4	3	8	3	0	2	0	3	0	14	13

PHARMACY TECHNICIAN	0	7	0	16	0	5	0	4	0	16	0	12	0	9	3	1	11	10	3	0	10	0	1	0	28	80
PHARMACY TECHNICIAN TRAINEE	0	5	9	4	0	1	0	0	0	13	0	3	0	5	0	1	3	3	6	0	2	0	0	1	11	36
PHARMACY TECHNICIAN TRAINING PROGRAM	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
VACCINATION AND IMMUNIZATION AGENT	0	2	0	3	0	5	0	4	0	31	0	7	0	11	23	2	2	2	1	2	2	3	2	1	30	73
BOARD OF PHYSICAL THERAPY																									40	87
PHYSICAL THERAPIST	0	9	0	10	0	9	0	7	0	12	0	16	0	6	5	6	18	7	7	0	6	0	0	0	36	82
PHYSICAL THERAPIST ASSISTANT	0	0	0	2	0	0	0	0	0	0	0	1	0	0	1	2	1	0	2	0	0	0	0	0	4	5
BOARD OF PODIATRY																									3	5
PODIATRIST	0	2	0	0	0	0	0	0	0	1	1	1	0	1	1	0	1	0	0	0	0	0	0	0	3	5
BOARD OF PROFESSIONAL COUNSELING																									23	161

CERTIFIED ADDICTION COUNSELOR I	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
CERTIFIED ADDICTION COUNSELOR II	0	1	0	0	0	1	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
LICENSED GRADUATE PROFESSIONAL COUNSELOR	0	10	0	8	0	9	0	7	0	11	0	9	0	5	3	3	9	1	3	1	0	0	0	0	15	64
LICENSED PROFESSIONAL COUNSELOR	0	11	0	14	0	11	0	14	0	12	0	12	0	10	2	1	1	6	5	1	0	0	0	0	8	92
BOARD OF PSYCHOLOGY																									36	103
PSYCHOLOGIST	0	18	0	6	0	4	0	8	0	10	0	6	0	7	0	5	3	1	4	1	5	0	0	0	12	66
PSYCHOLOGY ASSOCIATE	0	7	0	4	0	6	0	3	0	6	0	3	0	2	1	4	5	2	7	0	11	0	0	0	24	37
BOARD OF RESPIRATORY CARE																									21	43
RESPIRATORY CARE THERAPIST	0	4	0	2	0	3	0	6	0	2	0	5	0	7	2	8	10	5	6	0	3	0	0	1	21	43
BOARD OF SOCIAL WORK																									120	440

GRADUATE SOCIAL WORKER	0	21	0	25	0	18	0	15	0	17	0	31	0	29	3	13	21	11	11	0	10	1	1	0	45	181
IND CLINICAL SOCIAL WORKER	0	25	0	25	0	27	0	30	0	25	0	42	1	36	10	25	18	22	29	0	14	0	2	0	74	257
INDEPENDENT SOCIAL WORKER	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
SOCIAL WORK ASSOCIATE	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
BOARD OF VETERINARY MEDICINE																									4	22
VETERINARIAN	0	1	0	2	0	3	0	0	0	3	0	9	0	3	0	1	0	0	1	0	0	0	3	0	4	22
CERTIFICATE OF CONTROLLED SUBSTANCE REGISTRATION																									357	636
CONTROLLED SUBSTANCE	0	0	0	0	0	0	0	0	0	0	0	0	1	16	16	16	80	48	92	16	51	9	24	2	264	107
CONTROLLED SUBSTANCE	0	38	0	22	0	36	0	187	0	20	0	45	0	59	0	56	0	7	0	0	0	0	0	0	0	283
CONTROLLED SUBSTANCE - NP	0	22	0	22	0	16	0	19	0	31	0	17	0	22	0	6	9	19	20	3	17	2	17	1	63	180
CONTROLLED SUBSTANCE - PA	0	7	0	2	0	10	0	4	0	16	0	9	0	6	0	4	11	2	8	5	9	0	2	0	30	65

CONTROLLED SUBSTANCE-CNM	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1

Total number of applications submitted for each profession in FY 22 through December 31st, 2021:

Please note the abbreviations:
O – Online applications, *P* – Paper applications

FY 2022	Oct		Nov		Dec		Jan		Feb		Mar		Apr		May		Jun		July		Aug		Sept		Grand Total	
BOARDS/ PROFESSION	O	P	O	P	O	P	O	P	O	P	O	P	O	P	O	P	O	P	O	P	O	P	O	P	O	P
BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY																									11	11
AUDIOLOGIST	1	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
SPEECH-LANGUAGE PATHOLOGIST	5	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9	0
SPEECH-LANGUAGE PATHOLOGY ASSISTANT	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
BOARD OF CHIROPRACTIC																									3	3
ANCILLARY PROCEDURES - PHYSIOTHERAPY	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0
CHIROPRACTOR	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0

BOARD OF DENTISTRY																								5	5
DENTAL HYGIENIST	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
DENTIST	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	8	47
LOCAL ANESTHESIA	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
LOCAL ANESTHESIA AND NITROUS OXIDE	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
BOARD OF DIETETICS AND NUTRITION																								1	0
DIETITIAN	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
BOARD OF MARRIAGE AND FAMILY THERAPY																								1	0
LICENSED MARRIAGE AND FAMILY THERAPIST	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
BOARD OF MASSAGE THERAPY																								7	0
MASSAGE THERAPIST	4	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7	0

BOARD OF MEDICINE																								85	2
ANESTHESIOLOGIST ASSISTANT	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
CHINESE HERBOLOGY	0	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0
MEDICAL TRAINING REGISTRANT	26	0	12	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	43	0
MEDICINE AND SURGERY	19	1	5	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24	2
OSTEOPATHY AND SURGERY	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0
PHYSICIAN ASSISTANT	9	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10	0
BOARD OF NURSING																								479	15
CERTIFIED NURSE MIDWIFE	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
HOME HEALTH AIDE	20	0	11	0	3	0	0	0	0	0	0	105	0	56	1	1	4	2	16	37	18	28	7	4	46	536
LICENSED PRACTICAL NURSE	4	1	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	1
NURSE PRACTITIONER	34	0	18	0	14	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	66	0

REGISTERED NURSE	116	0	201	0	50	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	367	11
REGISTERED NURSE ANESTHETIST	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
TRAINED MEDICATION EMPLOYEE	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
BOARD OF OCCUPATIONAL THERAPY																								19	19
OCCUPATIONAL THERAPIST	9	0	8	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	18	0
OCCUPATIONAL THERAPY ASSISTANT	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
BOARD OF OPTOMETRY																								1	1
DIAGNOSTIC PHARMACY AGENT	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
BOARD OF PHARMACY																								61	8
PHARMACEUTICAL DETAILERS	5	0	4	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11	0
PHARMACIST	3	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	1

PHARMACIST INTERN	9	0	5	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15	2
PHARMACY TECHNICIAN	4	0	4	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10	0
PHARMACY TECHNICIAN TRAINEE	4	1	8	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13	1
PHARMACY TECHNICIAN TRAINING PROGRAM	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
VACCINATION AND IMMUNIZATION AGENT	5	0	3	2	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
BOARD OF PHYSICAL THERAPY																									4	1
PHYSICAL THERAPIST	4	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	1
BOARD OF PROFESSIONAL COUNSELING																									3	3
CERTIFIED ADDICTION COUNSELOR II	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
LICENSED GRADUATE	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0

PROFESSIONAL COUNSELOR																										
BOARD OF PSYCHOLOGY																								13	0	
PSYCHOLOGIST	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	
PSYCHOLOGY ASSOCIATE	6	0	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10	0	
BOARD OF SOCIAL WORK																								62	0	
GRADUATE SOCIAL WORKER	13	0	8	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	23	0	
IND CLINICAL SOCIAL WORKER	23	0	15	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	39	0	
BOARD OF VETERINARY MEDICINE																								12	0	
VETERINARIAN	5	0	4	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12	0	
CERTIFICATE OF CONTROLLED SUBSTANCE REGISTRATION																								175	4	
CONTROLLED SUBSTANCE	36	1	34	0	15	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	86	2	

CONTROLLED SUBSTANCE - NP	19	0	25	1	26	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	71	2
CONTROLLED SUBSTANCE - PA	16	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	18	0
YELLOW FEVER																								1	0
YELLOW FEVER STAMP PERMIT	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0

The number of applicants that had active licenses in other jurisdictions:

Please see response in table below for each profession. Some Boards do not issue licenses by endorsement and /or reciprocity,

Definitions per the Health Occupations Revision Act (HORA):

(1) "Endorsement" means the process of issuing a license, registration, or certification to an applicant who is licensed, registered, certified, or accredited by an accrediting association or a state board and recognized by the Board as a qualified professional according to standards that were the substantial equivalent at the time of the licensing, registration, certification, or accreditation to the standards for that profession set forth in this chapter and who has continually remained in good standing with the licensing, registering, certifying, or accrediting association or state board from the date of licensure, registration, certification, or accreditation until the date of licensure, registration, or certification in the District.

(2) "Reciprocity" means the process of issuing a license, registration, or certification to an applicant who is licensed, registered, or certified and in good standing under the laws of another state with requirements that, in the opinion of the Board, were substantially equivalent at the time of licensure, registration, or certification to the requirements of this chapter, and that state admits health professionals licensed, registered, or certified in the District of Columbia in a like manner. Each board shall issue a license, registration, or certify the applicant.

Please note the abbreviations:
E – Endorsement, *R* = Reciprocity

FY 2021	Oct		Nov		Dec		Jan		Feb		Mar		Apr		May		Jun		July		Aug		Sept		Grand Total	
BOARDS/ PROFESSION	E	R	E	R	E	R	E	R	E	R	E	R	E	R	E	R	E	R	E	R	E	R	E	R	E	R
BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY																									98	0
AUDIOLOGIST	2	0	0	0	1	0	1	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0	2	0	9	0
AUDIOLOGY ASSISTANT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0

SPEECH-LANGUAGE PATHOLOGIST	19	0	3	0	3	0	3	0	5	0	4	0	2	0	7	0	6	0	8	0	20	0	7	0	87	0
SPEECH-LANGUAGE PATHOLOGY ASSISTANT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0
BOARD OF DENTISTRY	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	3	0
DENTAL HYGIENIST	1	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	2	0	1	0	0	0	0	0	6	0
DENTIST	3	0	3	0	3	0	6	0	2	0	5	0	6	0	7	0	5	0	2	0	0	0	5	0	47	0
LOCAL ANESTHESIA	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
LOCAL ANESTHESIA AND NITROUS OXIDE	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	2	0
BOARD OF DIETETICS AND NUTRITION	4	0	4	0	3	0	3	0	6	0	6	0	2	0	1	0	0	0	0	0	0	0	0	0	30	0
DIETITIAN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2	0	2	0	5	0
NUTRITIONIST	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0

BOARD OF LONG-TERM CARE ADMINISTRATION																								4	0
NURSING HOME ADMINISTRATOR	0	0	1	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	4	0
BOARD OF MARRIAGE AND FAMILY THERAPY																								19	0
LICENSED MARRIAGE AND FAMILY THERAPIST	0	0	0	0	4	0	0	0	0	0	2	0	5	0	2	0	2	0	1	0	2	0	1	0	19	0
MASSAGE THERAPIST	6	0	0	0	1	0	1	0	1	0	5	0	0	0	3	0	2	0	2	0	2	0	1	0	24	0
BOARD OF MEDICINE																								14	0
NATUROPATH PHYSICIAN	1	0	2	0	1	0	2	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	7	0
SURGICAL ASSISTANT	1	0	2	0	1	0	0	0	0	0	0	0	1	0	2	0	0	0	0	0	0	0	0	0	7	0
BOARD OF NURSING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5827	80
HOME HEALTH AIDE	24	0	2	0	4	0	25	0	15	0	108	0	23	0	5	0	17	0	21	0	16	0	24	0	284	0

LICENSED PRACTICAL NURSE	8	0	11	0	2	0	2	0	5	0	5	0	5	0	8	0	7	0	4	0	5	0	26	0	88	0
NURSE PRACTITIONER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	4	0	12	0	4	0	21	0
REGISTERED NURSE	418	0	436	0	309	0	413	0	429	0	408	0	275	0	319	0	347	0	352	0	1149	0	579	0	5434	0
TRAINED MEDICATION EMPLOYEE	0	8	0	9	0	10	0	6	0	12	0	9	0	12	0	3	0	4	0	2	0	1	0	4	0	80
BOARD OF OCCUPATIONAL THERAPY																									75	0
OCCUPATIONAL THERAPIST	10	0	5	0	2	0	3	0	2	0	8	0	6	0	6	0	7	0	9	0	7	0	5	0	70	0
OCCUPATIONAL THERAPY ASSISTANT	1	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	1	0	0	0	1	0	5	0
BOARD OF OPTOMETRY																									37	0
DIAGNOSTIC PHARMACY AGENT	5	0	2	0	0	0	1	0	2	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	12	0
OPTOMETRIST	4	0	2	0	0	0	1	0	2	0	1	0	1	0	0	0	0	0	0	0	2	0	0	0	13	0

THERAPEUTIC PHARMACY AGENT	5	0	2	0	0	0	1	0	2	0	1	0	1	0	0	0	0	0	0	0	0	0	0	12	0
BOARD OF PHARMACY																								0	154
PHARMACIST	0	8	0	5	0	5	0	4	0	4	0	5	0	6	0	5	0	7	0	8	0	7	0	4	0	68
PHARMACY TECHNICIAN	0	3	0	1	0	1	0	3	0	4	0	12	0	8	0	10	0	5	0	4	0	5	0	14	0	70
VACCINATION AND IMMUNIZATION AGENT	0	0	0	0	0	0	0	0	0	1	0	10	0	3	0	2	0	0	0	0	0	0	0	0	0	16
BOARD OF PHYSICAL THERAPY																								120	0
PHYSICAL THERAPIST	9	0	4	0	13	0	9	0	5	0	16	0	3	0	8	0	5	0	9	0	10	0	18	0	109	0
PHYSICAL THERAPIST ASSISTANT	0	0	3	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	3	0	2	0	11	0
BOARD OF PODIATRY																								8	0
PODIATRIST	0	0	0	0	0	0	1	0	0	0	0	0	3	0	0	0	4	0	0	0	0	0	0	0	8	0

BOARD OF PROFESSIONAL COUNSELING																								86	0
CERTIFIED ADDICTION COUNSELOR I	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
CERTIFIED ADDICTION COUNSELOR II	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
LICENSED GRADUATE PROFESSIONAL COUNSELOR	2	0	1	0	1	0	3	0	0	0	1	0	4	0	1	0	1	0	2	0	0	0	1	17	0
LICENSED PROFESSIONAL COUNSELOR	6	0	4	0	7	0	3	0	5	0	8	0	4	0	5	0	4	0	12	0	2	0	7	67	0
BOARD OF PSYCHOLOGY																								79	0
PSYCHOLOGIST	6	0	8	0	5	0	3	0	8	0	6	0	7	0	8	0	2	0	4	0	2	0	16	75	0
PSYCHOLOGY ASSOCIATE	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	4	0
BOARD OF RESPIRATORY CARE																								56	0

RESPIRATORY CARE PRACTITIONER	5	0	5	0	0	0	6	0	2	0	5	0	5	0	3	0	11	0	2	0	6	0	6	0	56	0
BOARD OF SOCIAL WORK																									375	0
GRADUATE SOCIAL WORKER	14	0	9	0	13	0	10	0	11	0	12	0	12	0	9	0	11	0	8	0	8	0	16	0	133	0
IND CLINICAL SOCIAL WORKER	12	0	18	0	11	0	16	0	22	0	25	0	14	0	19	0	32	0	27	0	18	0	26	0	240	0
INDEPENDENT SOCIAL WORKER	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
SOCIAL WORK ASSOCIATE	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
BOARD OF VETERINARY MEDICINE																									26	0
VETERINARIAN	2	0	5	0	2	0	1	0	3	0	3	0	3	0	1	0	1	0	1	0	0	0	4	0	26	0

FY 2022	Oct		Nov		Dec		Jan		Feb		Mar		Apr		May		Jun		July		Aug		Sept		Grand Total	
BOARDS/ PROFESSION	E	R	E	R	E	R	E	R	E	R	E	R	E	R	E	R	E	R	E	R	E	R	E	R	E	R
BOARD OF AUDIOLOGY AND SPEECH-																									24	0

LANGUAGE PATHOLOGY																									
AUDIOLOGIST	1	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0
SPEECH-LANGUAGE PATHOLOGIST	10	0	2	0	4	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	21	0
SPEECH-LANGUAGE PATHOLOGY ASSISTANT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
BOARD OF DENTISTRY																								15	0
DENTAL ASSISTANT – LEVEL II	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
DENTAL HYGIENIST	3	0	4	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	0
DENTIST	2	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0
LOCAL ANESTHESIA AND NITROUS OXIDE	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
BOARD OF DIETETICS AND NUTRITION																								9	0

DIETITIAN	2	0	4	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9	0
BOARD OF MARRIAGE AND FAMILY THERAPY																								4	0
LICENSED MARRIAGE AND FAMILY THERAPIST	1	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0
BOARD OF MASSAGE THERAPY																								7	0
MASSAGE THERAPIST	4	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7	0
BOARD OF MEDICINE																								1	0
NATUROPATH PHYSICIAN	1	0	0	0	0	0	0	0	0	00	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
BOARD OF NURSING																								918	6
CERTIFIED NURSE MIDWIFE	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
HOME HEALTH AIDE	11	0	3	0	7	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24	0

LICENSED PRACTICAL NURSE	5	0	5	0	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	19	0
NURSE PRACTITIONER	9	0	6	0	14	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	29	0
REGISTERED NURSE	305	0	219	0	295	0	24	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	843	0
TRAINED MEDICATION EMPLOYEE	0	3	1	2	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	6
BOARD OF OCCUPATIONAL THERAPY																								19	0
OCCUPATIONAL THERAPIST	5	0	4	0	7	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17	0
OCCUPATIONAL THERAPY ASSISTANT	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
BOARD OF OPTOMETRY																								2	0
OPTOMETRIST	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
BOARD OF PHARMACY																								0	45
PHARMACIST	0	8	0	7	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	18

PHARMACY TECHNICIAN	0	7	0	9	0	8	0	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	26
VACCINATION AND IMMUNIZATION AGENT	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
BOARD OF PHYSICAL THERAPY																								32	0
PHYSICAL THERAPIST	11	0	13	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	31	0
PHYSICAL THERAPIST ASSISTANT	1	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
BOARD OF PODIATRY																								1	0
PODIATRIST	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
BOARD OF PROFESSIONAL COUNSELING																								29	0
CERTIFIED ADDICTION COUNSELOR II	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
LICENSED GRADUATE	3	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0

PROFESSIONAL COUNSELOR																									
LICENSED PROFESSIONAL COUNSELOR	14	0	4	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	23	0
BOARD OF PSYCHOLOGY																								29	0
PSYCHOLOGIST	12	0	7	0	5	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25	0
PSYCHOLOGY ASSOCIATE	0	0	2	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0
BOARD OF RESPIRATORY CARE																								7	0
RESPIRATORY CARE PRACTITIONER	6	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7	0
BOARD OF SOCIAL WORK																								151	0
GRADUATE SOCIAL WORKER	17	0	10	0	13	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	42	0
IND CLINICAL SOCIAL WORKER	39	0	30	0	36	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	108	0

INDEPENDENT SOCIAL WORKER	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
BOARD OF VETERINARY MEDICINE																									14	0
VETERINARIAN	6	0	3	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	14	0

The average length of time to process applications:

DC Health processing time varies based on several factors. The application review process starts the moment a complete application is submitted and payment is received. The application process is broken down into three phases. Phase one is deemed the collection portion of the process. The applicant is required to submit the application, all the required documents, and complete the criminal background check (including fingerprints). Applicants are given a window of 120 days to submit all the required documents and complete the criminal background check. Phase two is the analysis portion, where the Health Licensing Specialist conducts a detailed audit of the application to determine if the applicants meet the requirements for licensure. This portion of the process takes three to five days. During phase two, if all the requirements are met a license can be granted or the applicant is authorized to sit for the required examination. Phase three is where a determination will be made by staff on whether the applicant meets the licensure requirements or will require review by the full Board and be placed on the next regularly scheduled agenda for decision making to grant or deny the license.

If the Board determines that an application does not completely comply with any of the statutory or regulatory criteria for licensure, the Board may ask for additional information, or ask that an interview be scheduled with the applicant to answer further questions relevant to determining licensure approval. If the Board finds that an applicant does not meet the requirements for licensure, or that there is a legal or practice issue that bears upon fitness for licensure, they may formally request that an application be withdrawn or deny the application. Phase three timeframe varies based on how often the Board meets, if an investigation or interview is requested, and if additional information is required to assist in deciding.

Frequently, applications submitted are incomplete. The average process time may vary based on the profession and application requirements. There were several outliners with lengthened processing times. General delays in the processing of a licensure application based on the applicant responsibilities vs the Board's responsibilities include:

Applicant's Responsibility	Board's Responsibility	Miscellaneous
• Applicants with missing documents (e.g., verifications, test scores, post-graduate experience documents, etc.) • Applicant's delay in scheduling and completing fingerprints for the criminal background check. • Applicants need to reprint fingerprints. • Adherence to new vaccine mandate and the requirement to upload COVID-19 vaccination attestation. • Applicants' submission of a religious or medical exemption for COVID-19 vaccine which is pending review.	• Applicants that need to go before Board based on affirmative answers to the screening questions. • New processes related to reviewing and approving applications due to the vaccine mandate. • Staffing shortages due to a number of resignations and retirements. • Review of the medical and religious exemptions for COVID-19 vaccine submitted. • Increased number of board vacancies leading to more cancellations of board meetings due to lack of quorum. • Training staff on new licensure system and new requirements.	• Closure of testing centers in 2020; extending the applicants testing window. • Limited testing dates and sites due to COVID-19 related issues • US Postal delays • Staffing shortages due to COVID-19 surges.

In FY21, the average length of time to process and approve an application was approximately 27 days. In FY22 the average length of time to process and approve an application is approximately 14 days, to date.

Applicants have a number of ways to begin to practice prior to the issuance of a full license. Several Boards/professions allow for applicants to practice under a supervised practice letter for 90 or 120 days. During the first quarter of FY22, DC Health issued a Declaration that authorized temporary practice for 90 days pending the review of the full application. A temporary license can be issued within one to three business days of an application being submitted with the following:

- Verification of being licensed in good standing in another jurisdiction,
- Vaccination attestation,
- Completed criminal background check, and
- Submission of the NPDB.

BOARDS/PROFESSION	Average Number of Days Taken for Approval		COMMENTS
	FY21	FY22	
BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY	14.2	25.4	
AUDIOLOGIST	5.8	58	
AUDIOLOGY ASSISTANT	23.0	0	No application submitted and approved in FY 22 to date.
SLP CLINICAL FELLOW	32.0	0	No application submitted and approved in FY 22 to date.
SPEECH-LANGUAGE PATHOLOGIST	5.3	40	
SPEECH-LANGUAGE PATHOLOGY ASSISTANT	5.2	29	
BOARD OF CHIROPRACTIC	21.4	15.6	
ANCILLARY PROCEDURES – PHYSIOTHERAPY	1.9	0.0	No application submitted and approved in FY 22 to date.
ANCILLARY PROCEDURES - PT	52.5	12.0	
CHIROPRACTOR	9.8	35.0	
BOARD OF DENTISTRY	64.9	20.9	
DENTAL ASSISTANT - LEVEL II	92.8	22.0	In FY21, the number of days to process and approve is due to incomplete applications, criminal background checks, and staffing shortages.
DENTAL ASSISTANT- LEVEL I	80.6	22.3	In FY21, the number of days to process and approve is due to incomplete applications, criminal background checks, and staffing shortages.
DENTAL HYGIENIST	58.0	21.3	
DENTIST	71.3	26.5	In FY21, the number of days to process and approve is due to incomplete applications, criminal

			background checks, and staffing shortages.
LOCAL ANESTHESIA	51.0	13.8	
LOCAL ANESTHESIA AND NITROUS OXIDE	35.7	20.0	
BOARD OF DIETETICS AND NUTRITION	8.3	6.1	
DIETITIAN	7.5	10.6	
NUTRITIONIST	9.2	1.7	
BOARD OF LONG-TERM CARE ADMINISTRATION	63.7	0	The Board of Long-Term Care Administration meets quarterly. As part of the license application process, applicants must be approved for either a 6-month or 12-month Administrator in Training (AIT) program. During the AIT, the applicant must meet with the board for interviews 3 times (initial, mid, and final). Once the AIT is completed the applicant has 120 days to take and pass the National Exam, after which they must also take and pass the DC Exam.
NURSING HOME ADMINISTRATOR	63.7	0.0	No application submitted and approved in FY 22 to date.
BOARD OF MARRIAGE AND FAMILY THERAPY	8.2	21	
LICENSED MARRIAGE AND FAMILY THERAPIST	8.2	21.0	
BOARD OF MASSAGE THERAPY	2.9	31.4	
MASSAGE THERAPIST	2.9	31.4	
BOARD OF MEDICINE	9.6	13.5	
ACUPUNCTURIST	4	0.0	No application submitted and approved in FY 22 to date.
ANESTHESIOLOGIST ASSISTANT	3.8	18	
MEDICAL TRAINING LICENSE I(A)	7.5	0	No application submitted and approved in FY 22 to date.

MEDICAL TRAINING LICENSE I(B)	7.8	0	No application submitted and approved in FY 22 to date.
MEDICAL TRAINING LICENSE II	15.7	0	No application submitted and approved in FY 22 to date.
MEDICAL TRAINING REGISTRANT	36.3	21.7	
MEDICINE AND SURGERY	6.1	38.7	
NATUROPATH PHYSICIAN	6.4	0	No application submitted and approved in FY 22 to date.
OSTEOPATHY AND SURGERY	11.0	53	
PHYSICIAN ASSISTANT	8.9	30.6	
POLYSOMNOGRAPHIC TECHNOLOGIST	4.0	0	No application submitted and approved in FY 22 to date.
SURGICAL ASSISTANT	4.3	0	No application submitted and approved in FY 22 to date.
BOARD OF NURSING	26.2	23.1	
CERTIFIED NURSE MIDWIFE	22.5	17.5	
CLINICAL NURSE SPECIALIST	1.3	0	No application submitted and approved in FY 22 to date.
HOME HEALTH AIDE	11.7	34.1	
LICENSED PRACTICAL NURSE	3.5	32.6	
NURSE PRACTITIONER	49.7	24.2	
REGISTERED NURSE	56.2	26.5	
REGISTERED NURSE ANESTHETIST	48.3	20	
TRAINED MEDICATION EMPLOYEE	17.0	30.6	
BOARD OF OCCUPATIONAL THERAPY	7.8	9.8	
DANCE THERAPIST	0.0	0	No application submitted and approved in FY 22 to date.

OCCUPATIONAL THERAPIST	5.9	26.9	
OCCUPATIONAL THERAPY ASSISTANT	10.8	12.3	
RECREATION THERAPIST	14.7	0	No application submitted and approved in FY 22 to date.
BOARD OF OPTOMETRY	42.6	1.7	
DIAGNOSTIC PHARMACY AGENT	55.0	0	No application submitted and approved in FY 22 to date.
OPTOMETRIST	60.7	0	No application submitted and approved in FY 22 to date.
DIAGNOSTIC PHARMACY AGENT AND THERAPEUTIC PHARMACY AGENT	0	7.0	
THERAPEUTIC PHARMACY AGENT	55.0	0	No application submitted and approved in FY 22 to date.
BOARD OF PHARMACY	55.1	19.2	
PHARMACEUTICAL DETAILERS	48.2	29.2	
PHARMACEUTICAL DETAILERS	59.0	0	No application submitted and approved in FY 22 to date.
PHARMACIST	93.0	29.5	The increased number of days to process and approve application in FY21 is due to staffing shortages related to COVID-19, incomplete applications, pending vaccination exemption requests, and delays in receiving scores for the North American Pharmacist Licensure Examination (NAPLEX) and the Multistate Pharmacy Jurisprudence Examination (MPJE).
PHARMACIST INTERN	63.8	0	In FY21, the number of days to process and approve is due to incomplete applications, criminal background checks, and staffing shortages. No application submitted and approved in FY 22 to date.
PHARMACY INTERN	54.6	37.9	
PHARMACY TECHNICIAN	61.5	25.2	In FY21, the number of days to process and approve is due to

			incomplete applications, criminal background checks, and staffing shortages.
PHARMACY TECHNICIAN TRAINEE	75.8	30.2	In FY21, the number of days to process and approve is due to incomplete applications, criminal background checks, and staffing shortages.
PHARMACY TECHNICIAN TRAINING PROGRAM	0.0	0	No application submitted and approved in FY 22 to date.
VACCINATION AND IMMUNIZATION AGENT	40.2	21.1	
BOARD OF PHYSICAL THERAPY	5.8	22.7	
PHYSICAL THERAPIST	6.0	45.4	
PHYSICAL THERAPIST ASSISTANT	5.7	0	
BOARD OF PODIATRY	94	0	
PODIATRIST	94	0	In FY21, the number of days to process and approve is due to incomplete applications, criminal background checks, and staffing shortages. No application submitted and approved in FY 22 to date.
BOARD OF PROFESSIONAL COUNSELING	7.1	25	
CERTIFIED ADDICTION COUNSELOR I	1.5	0	
CERTIFIED ADDICTION COUNSELOR II	2.9	83	Staff out of office due to COVID-19 requiring workload to be reallocated to remaining staff, this increasing processing times.
LICENSED GRADUATE PROFESSIONAL COUNSELOR	18.3	17.3	
LICENSED PROFESSIONAL COUNSELOR	5.7	0	
BOARD OF PSYCHOLOGY	51.9	8.2	

PSYCHOLOGIST	70.8	8.1	Delays in processing were due to missing documents.
PSYCHOLOGY ASSOCIATE	33.0	8.4	
BOARD OF RESPIRATORY CARE	3.5	0	
RESPIRATORY CARE PRACTITIONER	3.5	0	No application submitted and approved in FY 22 to date.
BOARD OF SOCIAL WORK	4.2	18.5	
GRADUATE SOCIAL WORKER	10.2	32.2	
IND CLINICAL SOCIAL WORKER	4.5	41.9	
INDEPENDENT SOCIAL WORKER	1.2	0	
SOCIAL WORK ASSOCIATE	1.2	0	
BOARD OF VETERINARY MEDICINE	48.4	5.5	
VETERINARIAN	48.4	5.5	
CERTIFICATE OF CONTROLLED SUBSTANCE REGISTRATION	18.8	10.9	
CONTROLLED SUBSTANCE	5.7	11.7	
CONTROLLED SUBSTANCE	39.7	0	
CONTROLLED SUBSTANCE - NP	38.1	13.7	
CONTROLLED SUBSTANCE - PA	9.5	29.4	
CONTROLLED SUBSTANCE-CNM	1.0	0	
Grand Total	27.9	13.9	

Please see the number of health licensing specialists supporting each board:

BOARD	**NUMBER OF HEALTH LICENSING SPECIALIST SUPPORTING THE BOARD**	
	FY21	**FY22**
BOARD OF DIETETICS & NUTRITION	1	1
BOARD OF OPTOMETRY		
BOARD OF RESPIRATORY CARE		
BOARD OF DENTISTRY	1	1
BOARD OF MARRIAGE & FAMILY THERAPY	1	1
BOARD OF MASSAGE THERAPY		
BOARD OF PODIATRY		
BOARD OF AUDIOLOGY & SPEECH-LANGUAGE PATHOLOGY	1	1
BOARD OF OCCUPATIONAL THERAPY		
BOARD OF LONG-TERM CARE ADMINISTRATION	1	1
BOARD OF PSYCHOLOGY		
BOARD OF PROFESSIONAL COUNSELING	1	2
BOARD OF PHYSICAL THERAPY		
BOARD OF CHIROPRATIC	4	5
BOARD OF MEDICINE		
BOARD OF NURSING	6	5
BOARD OF PHARMACY	2	2
CONTROLLED SUBSTANCE DIVISION	2	3
BOARD OF SOCIAL WORK	1	2
BOARD OF VETERINARY MEDICINE	1	1

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Q115: How many professional licenses were issued in FY21 and FY22 to date? Please provide information for each health profession and a breakdown by new and renewal license type.

Response:

BOARD	LICENSE TYPE	FY21			FY22			Total Active Licenses
		NEW	RENEWED	REINSTATEMENT	NEW	RENEWED	REINSTATEMENT	
Medicine	Medicine and Surgery (MD)	795	10039	50	171	0	8	11257
	Osteopathy and Surgery (DO)	84	403	3	19	0	0	540
	Physician Assistant	132	770	9	36	0	0	1010
	Acupuncturist	9	147	0	0	0	0	161
	Chinese Herbology	0	0	0	4	0	0	4
	Anesthesiologist Assistant	5	93	0	2	0	0	106
	Naturopathic Physician	10	52	1	1	0	0	63
	Surgical Assistant	10	97	0	1	0	0	112
	Polysomnographic Technologist	4	53	0	3	0	0	60
	Polysomnographic Technician	0	0	0	0	0	0	1
	Polysomnographic Trainee	0	0	0	0	0	0	1

	Medical Training License I(A)	244	821	0	3	0	0	1187
	Medical Training License I(B)	69	225	0	3	0	0	325
	Medical Training License II	7	11	0	0	0	0	22
	Trauma Technologist	0	5	0	0	0	0	5
	Medical Training Registrant	222	0	0	87	0	0	949
TOTAL		**1,591**	**12,716**	**63**	**330**	**0**	**8**	**15,803**
BOARD	**LICENSE TYPE**	**FY21**			**FY22**			**Total Active Licenses**
		NEW	**RENEWED**	**REINSTATMENT**	**NEW**	**RENEWED**	**REINSTATEMENT**	
Chiropractic	Chiropractor	10	93	0	2	0	1	107
	Ancillary Procedures – PT	7	68	0	2	0	0	77
	Ancillary Procedures-AC	0	0	0	2	0	0	1
TOTAL		**17**	**161**	**0**	**6**	**0**	**1**	**185**
Marriage & Family Therapy	Licensed Marriage and	24	130	1	4	0	0	160

	Family Therapist							
TOTAL		**24**	**130**	**1**	**4**	**0**	**0**	**160**
Audiology & Speech-Language Pathology	Audiologist	0	100	6	3	0	0	124
	Audiology Assistant	1	1	0	0	0	0	3
	Speech-Language Pathologist	117	676	10	30	0	0	861
	Speech-Language Pathologist Assistant[2]	3	9	0	2	0	0	16
	SLP Clinical Fellow[3]	36	0	0	5	0	0	64
TOTAL		**157**	**786**	**16**	**40**	**0**	**0**	**1,068**
Nursing Home Administration	Nursing Home Administrator	5	0	0	2	0	0	59
TOTAL		**5**	**0**	**0**	**2**	**0**	**0**	**59**
Nursing	Licensed Practical Nurse	72	1509	15	8	9	4	1617
	Registered Nurse	4888	380	425	367	0	79	6139

	Registered Nurse Anesthetist	8	8	0	1	0	0	17
	Nurse Practitioner	415	87	29	66	0	3	600
	Certified Nurse Midwife	15	6	1	2	0	2	26
	Clinical Nurse Specialist	2	2	1	0	0	0	5
	Trained Medication Employee	36	188	8	1	1104	1	1338
	Home Health Aide	582	1986	14	34	4688	2	7306
TOTAL		**6018**	**4166**	**493**	**479**	**5801**	**91**	**17,048**
Podiatry	Podiatrist	9	1	1	1	11	0	151
TOTAL		**9**	**1**	**1**	**1**	**11**	**0**	**151**
Dentistry	Dentist	79	115	11	9	940	1	970
	Dental Hygienist	16	31	6	9	385	0	398
	Local Anesthesia and Nitrous Oxide	7	4	1	2	41	0	45
	Nitrous Oxide	0	0	0	0	0	0	0
	Local Anesthesia	3	5	0	1	77	0	82

	Dental Assistant Level 1	14	12	0	1	71	0	76
	Dental Assistant Level 2	27	69	9	1	369	0	386
	Teaching Licenses	0	0	0	0	0	0	0
TOTAL		**146**	**236**	**27**	**23**	**1883**	**1**	**1,957**
Pharmacy	Pharmacist	125	1902	6	40	0	7	2076
	Pharmacist Vaccination and Immunization Agent	123	610	3	36	0	0	742
	Pharmacy Intern	127	N/A	0	31	N/A	0	792
	Pharmacy Technician	126	752	4	45	0	4	935
	Pharmacy Technician Trainee	52	N/A	0	23	N/A	0	178
	Pharmaceutical Detailer	118	0	38	35	58	8	790
TOTAL		**671**	**3264**	**51**	**210**	**58**	**19**	**5,513**
Social Work	Social Work Associate	4	52	1	0	0	0	51
	Graduate Social Worker	236	1136	11	58	13	6	1341
	Independent Social Worker	1	40	2	1	0	0	42

	Independent Clinical Social Worker	312	3434	25	146	18	21	3802
TOTAL:		**553**	**4,662**	**39**	**205**	**31**	**27**	**5,236**
Professional Counseling	Licensed Professional Counselor	130	1193	10	30	1	2	1367
	Licensed Graduate Professional Counselor	117	241	0	23	1	0	405
	Certified Addiction Counselor I	1	78	1	0	0	0	83
	Certified Addiction Counselor II	8	157	2	1	0	0	164
TOTAL		**256**	**1,669**	**13**	**54**	**2**	**2**	**2,019**
Respiratory Care	Respiratory Care Therapist	76	639	0	14	0	0	750
TOTAL		**76**	**639**	**0**	**14**	**0**	**0**	**750**
Massage Therapy	Massage Therapist	57	569	6	14	0	7	639
TOTAL		**57**	**569**	**6**	**14**	**0**	**7**	**639**
Physical Therapy	Physical Therapist	132	1101	8	41	0	1	1266
	Physical Therapist Assistant	13	80	0	2	0	4	93

TOTAL		**145**	**1,181**	**8**	**43**	**0**	**5**	**1,359**
Psychology	Psychologist	93	39	7	28	1259	3	1318
	Psychology Associate	71	9	2	15	105	0	143
TOTAL		**164**	**48**	**9**	**43**	**1,364**	**3**	**1,461**
BOARD	**LICENSE TYPE**	**FY21**			**FY22**			**Total Active Licenses**
		NEW	**RENEWED**	**REINSTATMENT**	**NEW**	**RENEWED**	**REINSTATEMENT**	
Occupational Therapy	Occupational Therapist	107	652	2	27	29	0	746
	Occupation Therapy Assistant	8	39	1	2	7	0	52
	Dance Therapist	1	0	1	0	0	0	5
	Recreation Therapist	4	0	0	0	1	0	40
TOTAL		**120**	**691**	**4**	**29**	**37**	**0**	**843**
Dietetics and Nutrition	Dietician	8	118	4	16	302	2	433
	Nutritionist	1	14	0	0	37	0	49
TOTAL		**9**	**132**	**4**	**16**	**339**	**2**	**482**

Optometry	Optometrist	14	2	4	2	7	0	221
	Diagnostic Pharmacy Agent	N/A	0	2	0	0	0	0
	Therapeutic Pharmacy Agent	N/A	0	3	0	0	0	0
	Diagnostic Pharmacy Agent & Therapeutic Pharmacy Agent	13	3	0	1	6	0	12
TOTAL		**27**	**5**	**9**	**3**	**13**	**0**	**233**
Pharmaceutical Control	Controlled Substance[4]	1,126	7,533	N/A	334	674	N/A	10,758
	Resident Pharmacy	5	168	N/A	1	0	N/A	163
	Non-Resident Pharmacy	162	655	N/A	60	0	N/A	1188
	Non-Resident Wholesaler	42	35	N/A	21	10	N/A	361
	Resident Manufacturer	0	1	N/A	1	0	N/A	3
	Non-Resident Manufacturer	69	42	N/A	35	17	N/A	429
	Resident Distributor	2	1	N/A	0	4	N/A	28

	Non-Resident Distributor	57	52	N/A	27	15	N/A	532
	Non-Pharmacy Facility	34	42	N/A	10	3	N/A	389
	Substance Abuse Facility	0	3	N/A	0	0	N/A	4
	Yellow Fever Stamp Permit	0	32	N/A	1	0	N/A	34
TOTAL		**1,497**	**8,532**	**N/A**	**490**	**723**	**N/A**	**13,889**
Veterinary	Veterinarian	33	6	5	16	299	1	320
TOTAL		**33**	**6**	**5**	**16**	**299**	**1**	**320**

LICENSURE TOTALS						
FY21			**FY22**			
NEW	**RENEWED**	**REINSTATEMENT**	**NEW**	**RENEWED**	**REINSTATEMENT**	**Current Active Licenses**
11,575	**26,878**	**749**	**2,022**	**10,561**	**167**	**69,175**

Q116: How many fines were assessed against health professionals during in FY21 and to date in FY22?

Please indicate:

a. The total amount of all fines;
b. The number and amount of fines for each board;
c. A brief description of the offense determining the fine; and
d. The number and amount of fines related to COVID-19.

Response:

Please see the chart below for a detailed breakdown of fines assessed against health professionals. The Boards issued no fines related to COVID-19 to date.

FY21 FINES

BOARD	NUMBER OF FINES	TOTAL AMOUNT	DESCRIPTION
Audiology & Speech-Language Pathology	1	$50	Practicing with a lapsed license.
Massage Therapy	2	$1,200	Misrepresentation on application and failure to comply with previous agreement with the Board.
Professional Counseling	2	$500	Failure to disclose previous arrest on application.
Psychology	25	$20,350	Unlicensed practice, supervision of unlicensed practice, practicing with a lapsed license, and failure to complete continuing education for licensure renewal.

Social Work	4	$5,750	Unlicensed practice and failure to disclose previous arrest.
Dentistry	10	$58,300	Issuance of false certifications, standard of care violations, and unlicensed practice.
Optometry	1	$1,000	Standard of care.
Medicine	25	$19,600	Failure to complete continuing education needed for renewal, failure to disclose previous arrest, violation of previous substance abuse treatment/monitoring, failure to disclose other jurisdiction action on their license, and failure to register with the Prescription Drug Monitoring Program (PDMP)
Nursing	2	$500	Failure to disclose previous

			arrest/conviction on application
Nursing	*1134	$9639	*Failure to renew license
Pharmacy	47	$22,050	Failure to disclose a previous arrest/conviction on application, failure to complete continuing education for licensure renewal.
Total	**1,253**	**$138,939**	N/A

FY22 FINES

BOARD	NUMBER OF FINES	TOTAL AMOUNT	DESCRIPTION
Psychology	5	$8700	Practicing without a license
Social Work	7	$4,050	Failure to complete continuing education for licensure renewal and practice with an expired license.
Dentistry	3	$27,000	Unlicensed practice and failure to disclose a previous arrest
Medicine	15	$4,800	Failure to disclose previous arrest, and

			failure to register with the Prescription Drug Monitoring Program (PDMP).
Pharmacy	10	$4,200	Failure to disclose a previous, arrest/conviction on application, failure to complete continuing education for licensure renewal, drug diversion, and unlicensed practice.
Total	**40**	**$48,750**	**N/A**

Q117: Please describe the number of licensed health care workers who have applied for a medical or religious exemption to the Coronavirus vaccine mandate and approved to date.

Response:

As of January 27, 2022, there have been 1,417 religious exemptions requested and 242 medical exemptions requested. There have been no religious exemption requests approved and 29 medical exemption requests have been approved to date.

Q118: Please provide numbers on how many D.C. nursing homes were cited for deficiencies in FY21 and FY22 to date. Please provide a description of the deficiency and which deficiencies are related to COVID-19 precautions.

Response:

At the start of FY21, there were 19 nursing homes in the District of Columbia. 17 nursing homes were surveyed during FY21, 13 of those facilities received deficiencies, and 12 received deficiencies related to failed infection control practices.

At the start of FY22, there were 17 nursing homes in the District of Columbia. As of the first quarter of FY22, eight nursing homes have been surveyed, six nursing homes have been issued deficiencies, and the two below received deficiencies related to failed infection control practices:

*Health and Rehab Center Thomas Circle (which closed on January 13, 2021).
*United Medical Nursing Center (which closed on February 21, 2021).

Below are the 10 most frequently cited deficiencies for the period of October 1, 2020, to December 31, 2021.

CITATION TAG	DEFICIENCY CATEGORY	DEFICIENCY DESCRIPTION
42 CFR **483.80(a),(e),(f), F880**	**Infection Control**	Failed to follow Standards of Practice and the facility's practice and protocol with donning and doffing Personal Protective Equipment (PPE) when exiting a resident's room, to follow Standards of Practice and the facility's practice and protocol for keeping a resident's room door closed on the COVID-19 unit and to properly wear a face shield. Failed to follow the facility's Infection Control practices and protocols when cleaning residents' rooms on the COVID-19 unit, to wear required approved PPE while in a resident care area, to wear PPE appropriately while in a resident care area, to follow the

		COVID-19 screening guidelines for visitors, to maintain social distancing to help minimize the transmission of COVID-19 to residents and other staff in the facility.
42 CFR 483.21(b), F657	**Comprehensive Care Plans**	Failed to update/revise the resident's care plan to include person-centered aspects of care, failed to update the care plans with person-centered goals and interventions for the residents diagnosed with COVID-19, failed to revise the person-centered care plan to address resident needs and diagnoses, failed to update the care plan to include goals and approaches that address one (1) resident who had a pressure ulcer/injury, failed to update the residents' care plans to include goals and interventions to address two (2) residents' positive COVID-19 status, failed to update the residents' care plans with person-centered goals and approaches to address their potential to be exposed to COVID-19; to address resident who were exposed to the COVID-19 virus; and failed to revise one (1) residents care plan to include dialysis services; failed to implement supervision as outlined in the Fall's Care Plan; failed to update/revise the compromised skin integrity care plan to address

		a resident's impaired skin integrity; failed to update the care plan with goals and approaches to address one (1) resident who had an accident with injury, to address the removal of the protective dressing of graft/fistula site post dialysis for two (2) residents; to address the use of the wound vacuum-assisted closure (VAC) for one (1) resident, and for one (1) residents refusal to have his weight obtained; failed to update a resident's care plan to address one (1) resident with iron deficiency-anemia to include person-centered measurable objectives and time frames and for one (1) resident with a perm-a-cath access site for dialysis treatment.
42 CFR 483.20(f)(5), 483.70(i)(1)-(5), F842	**Resident Records – Identifiable Information**	Failed to accurately document resident assessments in the medical record in accordance with professional standards and practice, failed to record the initials and or names of the designated employees responsible for conducting the staff COVID-19 screening on the facility's screening questionnaire form, failed to document when one (1) resident test positive for COVID-19, the resident vital signs and the date quarantine started/ended; and failed to record the resident's vital signs for one (1) resident who

		was COVID-19 positive, failed to: accurately document the resident's weight for one (1) resident; accurately document the side effects as ordered by the physician and as directed in the care plan for a resident receiving psychotropic medications for one (1) resident; and record the administration of the resident receiving Symbicort Aerosol and Peri trach care on the Treatment Administration Record and Respiratory Medication Administration; the Speech Therapist failed to accurately document Resident #48's discharge summary information in the residents' medical record; staff failed to record the administration of the resident receiving Ipratropium-Albuterol Solution on the Respiratory Medication Administration Record.; to accurately document in the resident ' s medical record; failed to maintain accurately documented medical records in accordance to the professional standards of practice; failed to assure that the clinical record was an accurate reflection of care provided; staff failed to consistently document the removal of the protective dressing covering the residents access site post dialysis for two (2) resident's receiving dialysis, to consistently

		document one (1) resident's treatment on the Treatment Administration Record; staff failed to: complete the residents Medication Regiment Review (MRR) assessment in accordance with accepted professional standards of practice for three (3) residents, to ensure one (1) residents History and Physical was dated on completion and failed to document the correct dialysis access location for one (1) resident.
42 CFR 483.25, F684	**Quality of Care**	Failed to ensure that residents received treatment and care in accordance with the professional standards of practice, the comprehensive person-centered care plan, as evidenced by: failure to ensure one (1) resident ' s blood sugar was obtained in accordance with the professional standards of practice and the physician ' s order; failed to administer hydrocortisone (used to treat redness, swelling, itching, and discomfort of various skin conditions) as ordered by the physician for one (1) resident; and failed to follow the physician ' s orders and care plan approaches for bowel regimen for one (1) resident; staff failed to ensure residents received treatment and care in accordance with professional standards of practice

		and in accordance with residents' choices as evidenced by: facility staff failed to turn and reposition two (2) residents as prescribed for wound prevention; failed to elevate head of bed at a 45-degree angle while one (1) resident's tube (enteral) feeding was infusing; failed to ensure one (1) received restorative nursing for contracture management; failed to follow the physician's orders to obtain one (1) resident's trough levels (lab value); facility staff failed to provide quality treatment and care in accordance to professional standards of practice. Resident #3; staff failed to ensure that residents received treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and physician ' s orders; failed to monitor residents' vital signs as ordered by the physician.; to: transfer the resident to the hospital when the resident was noted with a change in condition "fast decline"; implement care plan interventions to address the resident's diagnosis of COVID-19; follow the physician's orders for weekly weights; and follow physician's order for documenting the resident's assessment of signs/symptoms of COVID-19; failed to ensure that residents

		receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices as evidenced by: failure to monitor the vital signs every four hours as ordered by the physician; failed to ensure that two (2) resident's admitted to the facility with a history of falls or sustained a fall received a falls risk assessment in accordance with the comprehensive care plan and failed to ensure that one (1) resident received treatment and care in accordance with professional standards of practice evidenced by failure to administer medications as ordered by the physician; facility staff failed to follow the professional standards of practice for completing the assessment; staff failed to ensure that Resident #1 received treatment and care in accordance with the comprehensive person-centered care plan; staff failed to follow the physician's order for administering oxygen; facility staff failed to ensure that residents received treatment and care in accordance with professional standards of practice as evidence by: failure to follow the hospital discharge instructions to continue the administration of an antibiotic for two days to treat one (1)

		resident with a diagnosis of a urinary tract infection, and to apply the palm guard to one (1) resident's left hand in accordance with the physician's order.
42 CFR 483.20(g); F641	**Accuracy of Assessments**	Staff failed to accurately code a resident's assessment on the Minimum Data Set (MDS).; staff failed to ensure a Minimum Data Set Assessment accurately reflected a resident's mental status; to accurately code a resident's Quarterly Minimum Data Set (MDS) to include a Stage 3 pressure ulcer; staff failed to accurately code the Minimum Data Set (MDS) to reflect one resident who had a gastrostomy tube.; facility staff failed to code the Minimum Data Set (MDS) to reflect one (1) resident's diagnosis of Malignant Neoplasm of the Prostate; staff failed to accurately code the Minimum Data Set for one (1) resident who had episodes of anxiety; one (1) resident having impairment on one side; one (1) resident for dialysis; one (1) resident for shortness of breath, and for one (1) resident for discharge assessment.
42 CFR 483.21(b)	**Develop/Implement Comprehensive Care Plans**	Failed to develop and implement a comprehensive person-centered care plan with goals and approaches to address the monitoring and side effects of Trazadone (antidepressant and

		sedative); failed to develop comprehensive care plans to address: 1. a resident's verbal and physical abusive behavior towards staff and 2. address a resident's preference for Private Duty Aide services (for safety concerns) for two (2) of five (5) sampled residents; staff failed to follow interventions initiated in Resident #1's care plan; facility staff failed to implement the interventions specified in the care plan for monitoring a resident on antidepressant and antipsychotic medications; facility staff failed to implement the care plan interventions for monitoring a resident for potential complications of COVID-19; failed to: 1) implement the interventions specified in the resident ' s comprehensive person-centered care plan 2) develop a refusal care plan and 3) develop a care plan to address a resident ' s use of a splint; staff failed to develop a person-centered-care plan to include goals and approaches to address a resident's refusal of medications and a resident on dialysis. Resident #6. Failed to develop and implement comprehensive person -centered care plans.

		staff failed to review resident's plans of care for appropriate goals and approaches as needed; staff failed to develop and implement a comprehensive person-centered care plan.
42 CFR 483.45(c)(1), (2), (4), and (5), F756	**Drug Regimen Review, Report Irregular, Act On**	Facility staff failed to ensure that a resident's monthly Medication Regimen Review (MRR) was conducted on a monthly basis; to minimize potential adverse consequences related to medication therapy for one (1) resident on two occasions and failed to maintain the pharmacy drug regimen review on the active record for one (1) resident; staff failed to conduct a Medication Regimen Review (MRR) at least monthly.
42 CFR 483. 60,(i)(1)(2), F812	**Food Procurement/Storage**	Staff failed to distribute and serve foods under sanitary conditions as evidenced by 10 of 11 steam pans that were stacked wet, two (2) of two (2) convection ovens that were soiled throughout, 14 of 42 plastic dinner plates that were soiled, seven (7) of seven (7) food tray transport carts that were marred, two (2) of two food tray transport carts plastic coverings that were torn and soiled, and one (1) of 14 baffle filters from the kitchen range hood that was damaged; facility failed to prepare, serve, and distribute foods under sanitary conditions,

		as evidenced by a cooling fan that was in use in the kitchen and food temperatures that were below 135 degrees Fahrenheit; staff failed to store and prepare foods in accordance with professional standards of practice for food services safety as evidenced by expired food items such as: four (4) of nine (9) five-pound containers of strawberry yogurt, four (4) of six (6) five-pound container of vanilla yogurt, and one (1) of one (1) container of bacon, food items such as a bag of shrimp, one (1) of one (1) open bag of gelatin that were not labeled, and one of one (1) ten-pound bag of vacuum-packed portions of salmon that were improperly being thawed.
42 CFR 483.10(g)(14), F580	**Notify of Changes (Injury/Decline/Room)**	Facility staff delayed informing the resident's physician of a change in physical and mental status; staff failed to notify the Nurse Practitioner or Physician they were unable to obtain intravenous (IV) access and start IV hydration for a resident who had a change in health status for one (1) of seven (7) sampled residents (Resident #1); and failed to notify the responsible party when Resident #1 was diagnosed with Schizophrenia. the facility's staff failed to inform a resident's responsible party of

		the resident's positive COVID-19 status for one (1) resident, and staff failed to inform a resident's physician of the resident's change in status for one (1) resident; facility staff failed to notify the responsible party of Resident #149's refusal to have his weight obtained by staff.
42 CFR 483.90(d)(2); F908	**Essential Equipment, Safe Operating Condition**	Failed to maintain a low air loss mattress (for pressure redistribution) in a safe operating condition for one (1) of 60 sampled resident ' s using a low air loss mattress, Resident #64; and failed to maintain essential equipment in safe condition as evidenced by one (1) of 14 baffle filters from the kitchen range hood that was damaged; staff failed to maintain mechanical/electrical equipment in safe operating condition as evidenced by: failure to ensure the air handler was working as intended, and failed to ensure a residents' low-air pressure bed was operating as intended; facility staff failed to maintain that all essential mechanical, electrical, and patient care equipment in safe operating condition evidenced by failure to ensure the air handler was working; failed to maintain building equipment in good working condition as evidenced

		by one (1) of one (1) hopper that did not function as intended; staff failed to maintain essential equipment in good working condition as evidenced by two (2) of six (6) convection ovens with a loose door handle, and one (1) of two (2) steam kettles that intermittently blew out steam from its connection valve in the patient hotline area.; staff failed to maintain essential equipment in safe condition as evidenced by a loose door that failed to close as intended, a broken temperature gauge and a broken temperature adjustment knob from one (1) of two (2) food warmers, and two (2) of six (6) slats from one (1) of one (1) walk-in freezer that were torn.

Q119: How many licensed skilled nursing care facilities are located in the District? Please include location broken down by Ward.

Response:

There are sixteen skilled nursing facilities (SNFs) and one nursing facility (NF), totaling seventeen nursing homes in the District. The chart below delineates the location of the facility in each Ward.

	Nursing Home	**Ward**	**Beds**
1	Stoddard Baptist Nursing Home	1	164
2	Inspire Rehabilitation and Health Center (formerly Brinton Woods Health and Rehabilitation Center at DuPont Circle)	2	180
3	Forest Hills of DC	3	50
4	Sibley Memorial Hospital -The Renaissance Unit	3	45
5	Lisner Louise Hurt Dickson Home	3	60
6	Ingleside Presbyterian Retirement Home	4	34
7	Knollwood HSC	4	49
8	Jeanne Jugan Residence*	5	40
9	Washington Center for Aging Services	5	259
10	Carroll Manor (formerly Carroll Manor Nursing and Rehabilitation Center)	5	240
11	The HSC Pediatric Skilled Nursing Facility	5	16

12	Unique Residential Care Center	6	230
13	Bridge Point Subacute and Rehabilitation at Capitol Hill	6	117
14	Deanwood Rehabilitation and Wellness Center	7	296
15	Bridge Point Subacute and Rehabilitation National Harbor (formerly – Hadley)	8	124
16	Serenity Rehabilitation and Health Center (formerly Brinton Woods Health & Rehabilitation Center of Washington DC)	8	183
17	Capitol City Rehabilitation and Wellness Center (Formerly Transitions Healthcare Capitol City)	8	360

Q120: How many District residents are placed in nursing homes outside of the District in FY 20, FY21 and FY22 to date.

Response:

DC Health does not collect data on how many District residents are placed in nursing homes outside of the District.

Q121: 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.

Q122: How many skilled nursing facilities have closed in the past 5 years and what was the capacity in each?

Response:

A total of three skilled nursing facilities have closed in the past five years. See below:

Nursing Home	Date Closed	Capacity
The Washington Home	12/15/2016	192
Health and Rehab at Thomas Circle	1/13/2021	27
United Medical Nursing Center (UMNC)	2/21/2021	120
		Bed Reductions: 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. The CMNRC capacity changed from 252 beds to 240 beds when the rehabilitation unit closed (that was located in the Providence Hospital building). In 2020, Knollwood HSC reduced beds from 79 to 49 (a decrease of 30 beds). In 2021: 27 beds were closed when Health and Rehab Thomas Circle closed on 1/13/21. 120 beds were lost due to the closure of United Medical Nursing Center (UMNC), 6th & 7th floors.

		Total Beds combined: 764 beds were lost due to skilled nursing facility closures and/or bed reductions. There are a total of 2,444 licensed nursing home beds.

Q123: Please provide the annual occupancy rate of skilled nursing beds in the district over the last 5 years.

Response:

The Health Care Facilities Division does not collect data on the occupancy rate of skilled nursing facilities in the District.

Q124: Please provide numbers on how many D.C. nursing homes were cited for repeat deficiencies (cited for the same deficiency in consecutive years).

Response:

Fifteen of the 17 nursing homes in the District of Columbia were cited with one or more repeat deficiencies in FY2021.

Q125: What has HRLA identified as areas of importance for FY21 and FY22 to date?

Response:

Division of Community Hygiene

The Division of Community Hygiene, although a newly formed Division, has several areas that are of focus in order to improve its reach and the quality of services provided. Currently, the Division has identified the following areas of importance:

- Regulations:
    - The new Barbering and Cosmetology Regulations were recently finalized. It is imperative that the accompanying fees and infractions be completed as well as to best enforce these regulations.
    - The Division of Community Hygiene is also in the process of drafting updated Bedding and Upholstery/Mattress Manufacturing regulations for the District of Columbia.
- Online Applications:
    - Preparations are presently being made to provide online accessibility for Certified Pool Operator (CPO) applicants to apply for a DC CPO certificate without having to mail in documents or make an appointment to visit the office in person.
- Educational Outreach:
    - The Division of Community Hygiene, in an effort to increase public awareness of the new division, has committed to providing increased outreach activities this fiscal year. Examples of outreach activities include online webinar-style educational sessions, community meetings, visiting businesses to provide educational resources and answer questions, provide educational resources such as printable posters, e-mail blasts, signage, brochures, etc. The goal is to increase and improve communication with industry stakeholders, as well as help bridge the gap of knowledge between industry and regulators.
- Customer Service
    - Keeping in mind the importance of customer service in the work that is performed by this Division, we have incorporated this into every aspect of our work. We have increased Customer Service training activities, as well as implemented a customer service survey for our operators to complete following inspections.
- Quality Assurance/Quality Improvement (QA/QI)
    - The Division of Community Hygiene is committed to ensuring that the goals of the Division are met with quality and consistency in mind. Therefore, the Division is exploring options for implementing regular QA and QI activities.

Office of Health Facilities

To facilitate the safety of our workforce and continue our mission of ensuring healthcare providers deliver safe, quality care to the vulnerable populations we serve, the Office of Health Facilities has identified the following areas of importance:

- **Virtual Survey Process -** This survey process focuses on virtual record reviews, telephone interviews, and focused onsite observations to determine compliance with District of Columbia Municipal Regulations governing Home Care Agencies. This has helped to limit the person-to-person contact during the ongoing concerns related to COVID-19 when there are positive cases.
- **Federal 3 – 5-day Focused Infection Control Survey Process and Focused Infection Control Surveys –** Implemented processes and modifications of staff deployment to comply with regulatory requirements and timelines identified by the Centers for Medicare and Medicaid Services (CMS). Conducted onsite surveys to ensure providers implemented accepted standards of infection control practices.
- **Technical Assistance and In-service education –** Partnered with the DC Health's Division of Epidemiology to conduct in-service education to the provider community and the DC Health workforce on best practices and mitigation strategies in the fight against emerging infectious diseases such as COVID-19. Facilitated the Infection Control Risk Assessments (I-CAR) conducted by the Epidemiology team.
- **Personal Protective Equipment** - Partnered with DC Health's Division of Health and Emergency Preparedness (HEPRA) to obtain and distribute personal protective equipment (PPE) to ensure the safety of staff conducting onsite survey activities.
- **Remote Access to Review Medical Records**- Surveyors have been cleared by facilities and credentialed to obtain access to medical records remotely to decrease the onsite time at the facility.
- **Labs** – Continued community education regarding the CLIA program and following up on concerns in respect to possible unlicensed providers performing COVID testing.
- **Stakeholder Engagement** – Partnership with provider associations, local Ombudsman, and other District government agencies has proven to be extremely beneficial. Through the use of weekly, bi-weekly, and monthly virtual calls, we have been able to provide updates on health care facilities, brainstorm solutions for resident/family concerns, and provide education on the latest guidance from CMS and DC Health.
- **Automated Facility License Renewals** – Developing a process by which health care facilities can submit license renewal applications and payments electronically.

Q126: 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 inaugural *Health Equity Report for the District of Columbia 2018* (DC HER2018) provided a nine key-driver framework that was essential to underscoring the importance of non-traditional and non-health sectors' ability to create opportunities for health and addressing health inequities. Operationalizing health equity practice, however, requires directly engaging with non-traditional and non-health sectors to inform and collaboratively learn how to proactively address persistent inequities imbedded within traditional systems – including laws, regulations, policies, programs, practices, and customs.

Both in FY21 and continuing in FY22, the Office of Health Equity (OHE) has not only maintained but has increased its focus on proactive engagement of non-health and non-traditional multi-sectoral partners in the critical work of addressing the social and structural determinants of health. Throughout FY21 and FY22 to date, OHE's major strategic initiatives have been intentional in establishing new sector-centric working partnerships. This includes continuing a grant-funded initiative, Calling All Sectors Initiative (CASI), focused on working with housing and other partners to address the risks to maternal and infant health generated by housing insecurity and homelessness during pregnancy. This is being done in conjunction with the development and piloting of a Health Impact Review model, in collaboration with a neighborhood planning process and the Office of Planning (OP), as detailed below. Both are designed around OHE's health in all policies (HiAP) collaborative learning model, leveraging insights and developing sustainable solutions that emphasize opportunities within policy systems and environmental change generated from engaged multi-sectoral learning partnerships focused on using equity-informed cross-fertilization of ideas and transdisciplinary research in preventing and/or addressing health inequities across one or more of the nine key-driver sectors. These initiatives have taken place alongside ongoing collaborative efforts and provision of input on health equity with many District Government sister agencies, such as the District Department of Transportation related to updating the Strategic Highway Safety Plan (SHSP), and DPR related to Ready2Play Parks Master Plan,

- Health Equity Summit 2021
    - The inaugural DC Health Equity Summit 2021 focused on the theme of "Building the Roadmap to a Just Post-Pandemic Future." The summit aimed to unpack and highlight the interrelated context of the social and structural determinants of health—exploring lessons from the coronavirus pandemic, the persistence of and opportunities for disruption of structural and institutional racism, and how HiAP has been deployed by District agencies across public, private/non-profit sectors across all of the nine key drivers.
    - Recognizing the inextricable link between health equity and race, DC Health engaged the Office of Racial Equity within the Office of the City Administrator as

a collaborator on the development and implementation of the inaugural DC Health Equity Summit. This partnership provided critical insight from a structural and institutional racism lens, enhanced perspective on the multitude of intersectional identities represented in DC, and illustrated the complementary role of racial equity efforts in addressing health inequities.

There was a total of 21 participating partners:

1. Mayor's Commission on Health Equity;
2. District Government Agency Partners:
    - Office of Racial Equity; Department of Human Services (DHA); Department of Employment Services (DES); DC Public Schools (DPS); Department of Parks & Recreation (DPR); Office of Neighborhood Safety and Engagement (ONSE); Department of Energy & Environment (DOEE); Metropolitan Police Department (MPD); Fire & Emergency Medical Services (FEMS); Department of Insurance Securities & Banking (DISB); and DC Water
3. Academic Partners:
    - Howard University, Office of the President; Howard University College of Medicine; Milken Institute School of Public Health at George Washington University; Georgetown University, Health Science & Management; and Morehouse School of Medicine
5. Foundations & Non-Profit Partners:
    - Grantmakers in Health; Health Impact Project at Pew Charitable Trusts; and *if*, A Foundation for Radical Possibility; Latin American Youth Center; and
6. Business Community Representative
    - DC Chamber of Commerce.

- <u>Calling All Sectors Initiative (CASI) Project - FY21-22</u>
    - DC CASI is a cross-sector, systems level, collaborative approach to addressing housing insecurity during pregnancy, in order to reduce inequities and to improve maternal and infant health. This ongoing project - funded by Health Impact Project, a collaboration between the Robert Wood Johnson Foundation and The Pew Charitable Trusts - was initiated in October 2019 and is expected to run through summer 2022.
    - Led by OHE, in partnership with the Community Health Administration (CHA), this project leverages collaborative approaches across DC government agencies and community-based organizations to effectively address the impact of housing insecurity experienced by pregnant people and improve maternal and infant health outcomes in the District of Columbia.
    - Key FY21 milestones include:
        - Ongoing collection of data on pregnancy status of individuals presenting to DHS' Virginia Williams Family Resource Center, as proposed and initiated by DC CASI team partners since January 2020;

        - Participation in the 2021 Maternal & Infant Health Summit, presenting information about the key role of social determinants of health, such as housing on maternal and infant health, in collaboration with subgrantee Community of Hope;
        - Development of an engagement work plan and launch of stakeholder engagement activities in partnership with subgrantee Community of Hope, with successful administration of a survey of respondents representing 30 housing support service providers to inform collaborative efforts; and
        - Engagement of two academic nurses, contracted by subgrantee, who submitted an application to the Institutional Review Board (IRB) of Georgetown University outlining the research protocol for DC CASI's engagement of residents with lived experience.
    - Key FY22 milestones to date:
        - Hosting and facilitating two focus groups with housing support service providers, and subsequent content analysis and preliminary findings on perspectives related to the population of focus – unstably housed pregnant individuals; and
        - IRB application to Georgetown University approved and recruitment for study has commenced with positive initial interest. The study has already begun to schedule and conduct interviews and/or focus groups with residents who have been, or are currently, pregnant and unstably housed, in order to inform collaborative systems enhancement and health promotion efforts.
    - Collaborating Partners include:
        - Interagency Council on the Homeless,
        - DC Department of Human Services,
        - DC Housing Authority,
        - DC Department of Housing & Community Development,
        - Thrive by Five,
        - DHCF, and
        - Community of Hope.

- <u>Health Impact Review Process Development - FY21-22</u>
    - Starting in FY20, OHE began formal consideration and development of an approach to proactively review projects, especially those related to the built environment, with the goal of promoting health and increasing equity within a HiAP framework. With this in mind, and to effectively support ever increasing demand for collaborative engagement with a wide range of District partner agencies, a Certified Urban Planner was hired to lead this program of work and charged with the design and development of a process and tools to facilitate scalable reviews of potential health impacts with an emphasis on the integration of an equity lens.
    - Work on the Health Impact Review Process began with an overarching framework developed and shared with colleagues at OP, with a view to

identifying projects appropriate for testing its efficacy with collaborative benefit. Based on timing, out of three potential initiatives scheduled to be launched by OP, it was mutually agreed that the proposed Congress Heights Small Area Plan (CHSAP) was likely the best fit for concurrent pilot testing of the practical application of the framework developed.

- OHE's Health Impact Review Pilot publicly kicked off September 25, 2020 (background work began in early 2020, just before the COVID-19 pandemic), and is running concurrently with OP's Congress Heights SAP:
  - Over the course of the Small Area Plan process, OHE's project has evolved into a Health Equity Impact Review (HEIR) pilot.
  - By the end of FY21, OP had wrapped up a series of three community workshops focused on draft recommendations and feedback. These workshops were preceded by seven focus groups, four canvassing efforts, two town halls, one youth focus group, monthly Community Advisory Committee (CAC) and Interagency Working Group (IAWG) meetings, thousands of mailers, and significant online community input.
  - The CHSAP draft recommendations cover six topic areas: Housing Opportunities and Affordability; Schools, Libraries, and Public Facilities; Real Estate, Business Opportunity, and Economic Development; Historic and Cultural Preservation; Parks, Streets, and Open Space; Transportation and Access. Social Equity and Community Resilience serves as an overarching frame for the six topic areas. OP also convened a Community Design Charrette in mid-December 2021.
  - Next steps:
    - We are now in the final stage of Plan Development, drafting the CHSAP and HEIR respectively. OP expects to complete the draft CHSAP for public review/comment during the first quarter of FY2022. OHE will have an initial draft HEIR (which will ultimately be a companion to the CHSAP as well as a component of a plan of action) in the same timeframe.
    - OP expects legislative/Council review in mid-2022, followed by plan adoption and a transition to implementation.

- <u>Other Non-Health & Non-Traditional Partners</u>
  In addition to the three major strands of work detailed above, OHE regularly engages and collaborates with other non-health and non-traditional partners to address the social determinants of health.
  - For a more extensive list summarizing OHE's engagements/collaborations with District Government and community-based organization (CBO) partners, including detail on selected projects and initiatives, please see the response to **Question #131** below.

Q127: Please describe what impact OHE has had on the following programs for COVID-19:

a. Locations of testing sites;
b. Outreach for mitigation and vaccination; and
c. Administration of vaccines for COVID-19

Response:

OHE's DC HER2018 has proved to be a critical asset for DC Health in managing the pandemic as a present and evolving challenge. The report has undergirded our analysis, grown our understanding in key areas, and impacted our response to the COVID-19 pandemic in highly granular and integrated terms as it has unfolded. Predating the pandemic, this baseline assessment of opportunities for health across the city was framed through the lens of a multi-sectoral, nine-key driver data analysis. Through this analysis, a 51-statistical neighborhood level spatial analysis across non-traditional and non-health societal contexts was established. DC HER2018's framework, data, and insight as a backdrop, enabled our more focused analysis and recognition of emergent trends in terms of differential rates, patterns, and concentrations of COVID-19 infections that differed from patterns of both recovery as well as deaths to the 51-statistical neighborhood level. As a result, more responsive targeting in deployment of testing, outreach, and other mitigation strategies through the course of the pandemic were facilitated. It has informed not only background analysis, but daily reporting of "Cumulative Incidence of COVID-19 Infections" to the 51-statistical "health planning" neighborhood level continues, as we have experienced more than 24 months and three waves of the pandemic.

As such, the DC HER2018 framework and analysis has informed DC Health's response and deployment across all three of the referenced stages, including the locations of testing sites; outreach for mitigation and vaccination; and the administration of vaccines – although to differing degrees, dependent on infrastructure needs, and management requirements.

Since March 2020, OHE team members' familiar with the framework and application of concepts outlined in DC HER2018 have worked closely with the Center for Policy Planning and Evaluation (CPPE) and the broader COVID-19 response team across data management and analytics, healthcare workforce assessment and support, contact tracing and communications, and community relations. Participating via advisory input and contributions to efforts that inform and shape the response to the coronavirus pandemic has enabled OHE's thought-leadership to inform, reinforce and strengthen the District's commitment to strategies that reflect stated priorities to advance equity. These efforts are reflected also in DC Health's cross-administration collaborative development of the *COVID-19 Health and Healthcare Recovery Report* (May 2021) https://dchealth.dc.gov/page/covid-19-pandemic-health-and-heathcare-recovery-report; which explicitly identified equity as the overarching and cross-cutting framework.

OHE's leadership also resulted in successful proposal development and submission to the CDC for funding of a pandemic-related Health Disparities Project; together with the successful award of a competitive grant from the Office of Minority Health (OMH) to improve health literacy to address pandemic related health disparities in the District. Innovative use of data from DC

HER2018 provided the framework for development of a "Structural Vulnerability Index" in collaboration with CPPE, around which our health literacy proposal was framed, and provided critical insights in construction of the subsequent Disparate Impact Statement required by OMH. These CDC and OMH funding streams have been braided together under OHE's leadership, in collaboration with the Community Health Administration (CHA); and the Office of Communications and Community Relations (OCCR) to support the District's *"Advancing Health Literacy to Address Health Disparities"* initiative, that was launched in Summer 2021. One critical initiative being developed under this funding opportunity, the Health Opportunity Index (HOI), will be developed in collaboration with CPPE.

The 24-month Health Literacy & Health Disparities program engages community-based organizations (CBOs) in promoting both personal and organizational health literacy; providing capacity building that positions CBOs to serve as a critical bridge, between residents, neighborhoods and communities, and the healthcare system. These grant-funded efforts are being implemented with sustainability in mind, deploying, learning from, and leveraging innovative solutions and strategies that will help jump-start a health literacy paradigm shift supported by development of critical infrastructure that is essential to support a larger strategic vision for improving health literacy in the District over the next decade. The developing District Health Literacy Strategy includes three major components: strategic Health Literacy Goals within the new HealthyDC 2030 Plan; launch of a Health Literacy Learning Collaborative; and development of a Health Literacy Learning Support Portal with accessible, culturally competent content, that will be designed and developed to meet the unique needs of three major audiences; Individual (Personal Health Literacy); Community Based Organizations; and Health System Partners (Organizational Health Literacy).

Q128: What are the objectives set forth for OHE for FY21 and FY22? Please provide a narrative description of the progress DC Health has made to meet the objectives of the FY21 and FY22 performance plan.

Response:

OHE FY21 Strategic Priorities

I. Host DC Health Equity Summit 2021:

- *Description* - In December 2021, OHE convened the inaugural Health Equity Summit initially planned for FY20, which had to be postponed due to COVID-19. The long-held vision to frame the summit around 'the impact of COVID' – was realized, with the following theme:
  - *"Building the Roadmap to a Just Post-Pandemic Future."*
- *Progress* - Publication of DC Health's *COVID-19 Pandemic Health and Healthcare Recovery Report* (May 2021) https://dchealth.dc.gov/page/covid-19-pandemic-health-and-heathcare-recovery-report - focused in many ways on traditional health and health care needs. It was noted however that in order to eliminate disparities in health outcomes, our collective actions must be intentional in three key ways; access to quality health care; addressing the social and structural determinants of health; and attention to structural and institutional racism. This post-pandemic three-legged equity stool framing presented the opportunity for the summit to be intentional in shining a light on the two remaining legs.
- Applying an Equity-Informed Structural Determinants Lens: the Health Equity Summit 2021 focused on the following two legs, critical to effective community-engaged post-pandemic agenda setting:
  - Unpacking the social and structural determinants of health - connecting the dots
    1. What did the disparate health outcomes of the pandemic teach us about the social and structural determinants of health in the District?
    2. In what ways can the infusion of resources prompted by the pandemic be most wisely invested to address these determinants, together with the intentional application of a health in all policies (HiAP) framework?
  - Exploration of the persistence and opportunities for disruption of structural and institutional racism
    1. In what ways can we move from models of compensating for the impact of structural racism to a direct disruption through policy and practice change?
    2. How can the lessons of the pandemic drive a strategic reimagining of the response to structural racism, and how does that, in turn,

drive resource allocation, program development, and coalition-building?

- The Office of Racial Equity was engaged as a strategic implementation partner, to co-host the Summit and highlight the critical role of racial equity efforts to support and advance health equity within the District.
- Held on December 9, 2021, the event was well attended, with over 500 attendees tuning in live via a virtual platform, to see speakers that included renowned professor Daniel Dawes, Esq., (Morehouse School of Medicine); together with local university leaders from Howard; George Washington; and Georgetown universities; as well as Directors of District agencies across the 9 Key Drivers of Health Opportunity, discussing health equity advancement strategies and how they have managed challenges posed by the coronavirus pandemic.

II. Implement Health in All Policies (HiAP) Projects and Initiatives:

- *Description* - In FY21, OHE expanded HiAP practice efforts and collaborations through the following three projects/initiatives, described in detail elsewhere in this document:
  - The Pew Charitable Trusts - "DC Calling All Sectors Initiative (CASI)" - Year Two *(see Question 126)*
  - Health Impact Review pilot in collaboration with the Office of Planning *(see Question 126)*
  - Expand Applied Health Equity Practice Change Collaborations

III. Launch Internal DC Health Dialogue on Racism as a Public Health Issue:

- *Description* - In FY21, OHE will convene internal sessions to explore racism as a public health issue. The objective of these sessions is to proactively align culture and practice around addressing racism to improve public health outcomes in the District.
- *Progress* - OHE's leadership on the issue of racism as a public health issue within DC Health and beyond began during FY20, starting with chairing an agency wide conversation with DC Health Director, on Racism as a Public Health Issue, grounded in the foundational framework contained within the DC HER2018 – that noted "structural racism acts as a force, in the distribution of opportunities for health", that served as the launching pad for this strategic initiative.
- In FY21, OHE convened a 21-member DC Health internal workgroup, established to help drive this initiative, with participants representative of all DC Health Administrations, including a five-member Steering Committee. OHE team members participated and audited a two-day Racial Equity Institute (REI) training in mid-March 2021. Our experience generated highly positive feedback, noting that it was well developed and delivered, and would fit the framing and dialogue launch need at DC Health. Based on these outcomes, OHE engaged colleagues in the Community Health Administration (CHA) to jointly host a preliminary round of REI "Groundwater" training, with capacity for up to 50 DC Health staff members. All DC Health Racial Equity Work Group members completed the half-

day Groundwater training facilitated by the Racial Equity Institute. Members of DC Health's Executive Leadership Team also participated. The DC Health in internal work group also met with Dr. Amber Hewitt, DC Chief Equity Officer, to discuss opportunities for collaboration with the new District-wide Office of Racial Equity (ORE).

- The DC Health Racial Equity Work Group has continued to progress and evolve organically, through FY22, as internal processes and collaborative opportunities have emerged, including engagement with the Office of Racial Equity. Participants were provided the opportunity to take the 2-day REI training in November 2021. Also, a pilot is in the planning phase to build an equity review process into sub-grant solicitations at DC Health.
- Although proceeding at a slower pace than had been anticipated, there is sustained commitment to expand and deepen this work in practical ways, which has continued not only with the engagement of OHE Director with the Office of Racial Equity's Advisory Committee; but more specifically as demonstrated by the OHE's cohosting of the inaugural Health Equity Summit 2021, in collaboration with the ORE, where consideration of racial equity within public health was a major theme.

<u>OHE FY22 Strategic Priorities</u>

I. Build and Launch a Health Opportunity Index (HOI) for the District:

- Funding for this initiative is being leveraged from the two-year "Addressing COVID-19 Health Disparities" funding stream from the CDC, in collaboration with the Community Health Administration (CHA). This multi-phased project will launch in FY22, and ultimately will create a composite index by integration of data from the nine key driver sectors. Phase one is planned for FY22, and will include developing the infrastructure plan, and completing the data sharing agreements necessary to obtain all of the necessary source data. Implementation will proceed under a joint work program with the DC Health Center for Policy Planning & Evaluation (CPPE); together with technical assistance from colleagues at the Virginia Department of Health.
- Phase two will culminate in the publication of the inaugural DC Health Opportunity Index

II. Launch a Health Literacy Plan for the District:

- Pursuant to the two-year Advancing Health Literacy Grant from the Office of Minority Health, OHE in collaboration the Community Health Administration (CHA), and the Office of Communication and Community Relations (OCCR), will develop and launch a Health Literacy Plan for the District. In FY22, OHE will develop the health literacy strategy, and begin implementation.
- Phase two consists of completing the implementation of the Health Literacy Plan and ensuring sustainability.

III. "District Health Equity Multi-Sector Agenda" – Focused on Collaborative Actions for Change Plan(s)"

- OHE will leverage the insights of the Health Equity Summit 2021 (held on December 9, 2021), and will develop a multi-sectoral health equity agenda for the District, to include the following:
  - OHE Post-Summit Strategy Development 2022
  - Commission on Health Equity (CHE) Recommendations 2022
  - HealthyDC 2030 Multi-Sector Advisory Group – 2022 Launch

Q129: Please provide OHE's goals towards achieving health equity in the District for the next 5 years and areas of focus for FY21 and FY22 to date.

Response:

Since its launch and hiring of the inaugural Director in FY17, OHE has built a growing portfolio inspired by its mission to address the root causes of health disparities beyond healthcare and health behaviors. This work is informed by the development and integration of non-traditional local data, together with contextual learning and insights gained from engaging multi-sector partners in collaborations guided by a health-in-all-policies framework. Engaging with residents and neighborhoods and leveraging community based participatory research methods, OHE has emphasized changing the narrative regarding health disparities and leveraged opportunities to demonstrate health equity practice change.

OHE's First 5-Years: Change the *Narrative*
OHE is hoping to Change the Narrative with respect to the root causes of health inequities as compared to traditional notions of "health disparities" that have been OHE's primary focus during our first five years. The "***beyond*** healthcare and health behaviors" portion of our mission has been instructive in launching conversations about changing the narrative – including why this is important; and positioning ourselves and our partners to effectively do the new work that defines health equity. As such, OHE has also engaged in projects that offered the opportunity to demonstrate in practical ways, how the precepts of equity-informed practice could be applied, particularly outside of traditional healthcare and health systems, with an emphasis on non-traditional/non-health sectors. This underscores the importance of being intentional about "the work behind the work", that necessitates the promotion of multi-sectoral practice engagement and promoting equity informed practice-change in other sectors, applied within a health-in-all-policies (HiAP) frame of reference.

Some examples of OHE projects that were initiated in FY17 and have since been completed, include the Buzzard Point Community Health & Safety Study (CHASS) 2016; convening the Safer Stronger Advisory Committee (SSAC), which culminated in the development and publication of recommendations on a public health approach to violence prevention for the District (2016); as well as recruitment of the first cohort of the Healing Futures Fellowship, Summer 2016. All three of these initiatives demonstrate practice change and opportunities for inclusion and collaboration with neighborhoods, CBOs, as well as District Government partners in non-health sectors. Our experience with resident and neighborhood level engagement, collaborative practice and organizational learning gained through these and other projects have been invaluable. They have laid the groundwork essential to unpacking the fundamentals of equity-informed practice, and underscored the importance of changing the narrative -- ultimately demonstrating what health equity work itself looks like. All are critical to operationalizing health equity practice, which is essential to changing the context where people live, learn, work, play and age.

OHE's Healing Futures Fellowship (HFF-DC) has operated annually since its launch in June 2016. This six-week-long summer program is designed to engage young voices, representative of all eight wards of the District, in the equity conversation. Annually, we recruit diverse cohorts of up to 25 high school aged young people, to learn together about health equity precepts, and the root causes of violence, and its prevention. Using the District as a living classroom, participants learn, collaborate and work together in developing equity-informed solutions to violence, where they live, learn, work and play. Since 2016, we have recruited and graduated a total of six cohorts. During the pandemic, we readily pivoted to a virtual format for the summer 2020, and now look forward to hosting the Class of 2022, starting in June.

Health Equity Report, District of Columbia 2018 (DCHER2018). Development and publication of this milestone was a major accomplishment for the newly created office. The report provides a baseline assessment of health equity and opportunities for health in the District. Using a social and structural determinants of health approach, population health data on the leading causes of death and projected life expectancy at birth was employed in conjunction with social and economic data and geographic information systems (GIS) tools and methods to develop a snapshot of differential opportunities for health across the city. While a high-level summary for each of the eight wards is included in the main report, emphasis has been on highlighting the health and socio-demographic profile for the city to 51-statistical neighborhoods around which the analysis is focused. The overarching purpose and goals for this report were stated as follows:

- Develop a baseline assessment of social determinants of health in the District of Columbia;
- Inform the narrative regarding improving opportunities for health and achieving health equity; and to
- Engage a broad spectrum of the community in essential multi-sectorial solution development

The report provides the detailed theoretical underpinnings and evidence base for our health equity framework, with the data underscoring its contextual relevance to the District. Unpacking the social and structural analysis and connecting the dots within root-cause frameworks are essential to changing the narrative as a critical first step. It underscores too, the importance of expanding the paradigm of public health's purview and responding by changing practice beyond narrow traditional definitions of 'health', in order to improve opportunities for health for all and to achieve health equity. Specifically, because 80% of what drives the health of a population has only a limited relationship to medical care, we must apply a structural analysis, and be intentional in engaging non-health partners including all of the nine-key driver sectors, through sustained collaborative multi-sectoral solution development.

As a result, DC Health has formally embraced the report's Nine-Key Driver Framework for understanding health equity, health disparities, and moving the needle on the social determinants of health. This together with the sub-ward analysis to the 51-statistical neighborhood level have been institutionalized and are now used routinely. As an example, the statistical neighborhood level of analysis is being utilized during the COVID-19 pandemic to visualize dynamic geographic outcomes and differences across the city in terms of transmission spread; disease recovery; and mortality; as well as vaccination uptake, and boosters more recently. It has enabled

a more granular understanding of how these metrics have changed individually and collectively over more than 24-months and three waves to date. In particular, they tell the story in a more granular way, of differential impacts over time and space on sub-populations in dynamic ways.

The HER2018's use of life expectancy at birth as a cross cutting summary measure of opportunities for health across the 51-statictical neighborhoods, demonstrated a 21-year difference between the neighborhood with the longest, versus the neighborhood with the shortest life expectancy at birth. Perhaps most importantly however, it showed that the conversation about equity was not simply a dichotomous difference between rich and poor. Rather, it is a highly differentiated hierarchical gradation of total life expectancy in years for each of the 51-statistical neighborhoods, correlated with opportunities for health across the Nine-key drivers, including, education, employment, income, housing, transportation, medical care, food environment, outdoor environment, and community safety. Ultimately, the report demonstrated that opportunities for health significantly vary across the District, by income, place and race.

OHE's NEXT 5-Years: Changing the *Practice*
While Changing the Narrative with respect to the root causes of health disparities and inequities has been the primary focus during OHE's first five years; we anticipate pivoting to **Changing the *Practice*** as the focus and theme for the next five. This is because operationalizing health equity practice necessitates directly engaging with non-traditional and non-health sectors to inform and learn collaboratively ***how to proactively address persistent inequities***. We know that, for the most part, underlying structural barriers are imbedded within traditional systems – including laws, regulations, policies, programs, practices, and customs. This collaborative health-in-all-policies (HiAP) approach recognizes that there is no singular answer – law nor regulation – that on their own, can nor will, singlehandedly produce equitable outcomes**.** ***Health Equity Practice-Change*** *– OHE's preferred description of the work* -- is therefore, necessarily, patient work. There are no 'silver bullets'.

As noted earlier, OHE's early experience with Buzzard Point CHASS (2016), as well as the Safer Stronger Advisory Committee Report (2016), are good examples of practice-change in action. With the first, we responded to a community request, and worked closely with residents, and sister agencies (DOEE, DMPED and DDOT), to evaluate the process under which the new soccer stadium was being developed; and documented the direct impact this was having on the most vulnerable residents in the neighborhood, primarily from dust and truck traffic. One obvious challenge, however, was that the soccer stadium alone was by no means the only disruption in the neighborhood. It was one of many underway in the vicinity of Buzzard point, scheduled for implementation over multiple years, including reconstruction of the South Capitol Street Bridge which opened in late 2021. What we learned here, was that every project is unique, and that there are no off-the-shelf/cookie cutter methods and solutions. Notable too, was that to be executed effectively, including prioritizing being respectful and responsive to resident perspectives and concerns, requires significant investment in staff time and resources. The Health Impact Review Process (HIRP) that we are currently testing, in collaboration with the DC Office of Planning (OP) in relation to their Congress Heights Small Area Plan *(detailed in response to **Question 126** above),* recognizes the uniqueness of each project and plan, and is

modeled with this prior learning in mind. Similarly, work being completed at the intersection of housing insecurity and pregnancy under the Calling All Sectors Initiative (CASI) *(see response to **Question 126**),* has been successful with the application of hands-on capacity building and collaborative learning across multiple agencies and community partners. OHE's medium term goal, therefore, must be to continue to collaborate, with a view to building capacity through multi-sectoral engagement and learning, that ultimately empowers our sister District government agency partners to become equity practice change 'force multipliers'.

The COVID-19 pandemic has served as an inflection point in our broader mission to address health and healthcare from a social and structural determinant lens, with a particular emphasis on the nine-key driver framework. Starting in the spring of 2020, the Mayor's ReOpen DC Process, led with the application of an equity lens in its deliberations and recommendations. The structure of the ReOpen DC committees also reflected the key driver multi-sectoral framework, and the Equity and Vulnerable Populations Committee, was charged to work across all committees as advisors, with direct engagement from OHE and applying the Health Equity Report 2018 as a guide.

The Health Equity Summit 2021, held in December 2021 *(detailed in answer to **Question 126** above),* brought together 21 participating partners, including 12 District Government Agencies; 4 Academic Institutions; 4 Foundation and non-profit partners; as well as the DC Chamber of Commerce. The dialogue focused on the paradigm shift since publication of the Health Equity Report; the application of an equity lens to their work during the course of the pandemic; what's been learned, and what equity-informed collaborate practice needs to look like going forward -- as together, we build a road map to a just post- pandemic future.

Under OHE's Next 5-Years 'Changing the *Practice'* theme, we anticipate launching a strategic planning effort that will focus on buildout of our organizational capacity in three key areas: Collaborative Practice & Policy Change; Data Management and Evaluation; and Health Equity Capacity Building. For FY22, OHEs Strategic Priorities *(as detailed in response to **Question 128** above),* are:

1. Build and Launch a Health Opportunities Index (HOI) for the District
2. Launch a Health Literacy Plan for the District; and
3. Develop a Health Equity Multi-Sector Agenda.

Q130: Please list and provide a link any publications or guidance, or summits OHE has released since FY20, FY21 and FY22 to date.

Response:

OHE Publications/Guidance/Summits FY20

- In Spring 2020, Office of Health Equity Director, Dr. C. Anneta Arno was appointed to Mayor Bowser's Reopen DC Process, as a subject matter expert on Health Equity. In this role, Dr. Arno participated in detailed deliberations of the Equity subcommittee; and supported the development of a guidance document on the application of an equity lens to the process, distributed to each of the other 10 subcommittees. She also personally attended and presented on health equity at each subcommittee, focusing on the overarching principles and frameworks, together with more targeted data and analysis from the DC HER2018 and key-drivers as appropriate to the sectoral focus of the individual subcommittees.
- In Summer 2020, the Office of Health Equity published "DC Ward Summary: 2020 Updates". The updated compendium of eight DC Ward summaries, originally published in the Health Equity Report for the District of Columbia 2018, includes US Census American Community Survey and DC Vital Records data, updated to 2018.
    - *Developed primarily for internal use - available upon request*
- In September, 2020, the Office of Health Equity published the vignette entitled "*Let's Connect the Dots: Maternal and Infant Health & Equity"* - for Mayor Bowser's National Maternal & Infant Health Summit. The pre-recorded panel unpacked the Pew-funded DC Calling All Sectors Initiative's collective impact, public, private, and non-profit approach to systems-level change in the District of Columbia.
    - https://youtu.be/a8a86rZ3vsM

OHE Publications/Guidance/Summits FY21

- In Fall of 2020 (11/5/20), Office of Health Equity Director, Dr. C. Anneta Arno, appeared as the Executive Witness at the Council of the District of Columbia, Committee on Health's Roundtable on Racism as a Public Health Issue. Her written testimony was entered into the record.
- In Summer 2021, the Office of Health Equity convened a pilot Health Equity Journal Club for OHE Fellows and DOEE Green Fellows. Participants in OHE Fellows and DOEE Green Fellows programs are college graduates and/or current graduate students who receive on-the-job experiential training while contributing to District agency projects. OHE will again convene the Health Equity Journal club through the remainder of FY22 with new and returning OHE and DOEE Fellows. Through participation in the Equity Journal Club, Fellows are able to demonstrate:
    - Increased awareness of current research and best-practices literature about the implementation of equity-informed lenses, frameworks and approaches to address health inequities generated by and related to the natural, built and social environment, and energy;

- Familiarity with collaborative approaches to improve population health and address equity, especially through DOEE programs and projects; and
- Ability to understand, assess, and provide data-informed recommendations to influence the policy context, including how policy and practice within systems and institutions can impact health outcomes.
- In collaboration with DC Calling All Sectors Initiative subgrantee Community of Hope, OHE returned to the 2021 Maternal & Infant Health Summit; with Director Dr. C. Anneta Arno presenting information about the key role of social determinants of health such as housing on maternal and infant health, and the potential of cross-sector collaborative actions to advance health equity

OHE Publications/Guidance/Summits FY22 to Date

- **Estimating Intra-Urban Inequities in PM2.5-Attributable Health Impacts: A Case Study for Washington DC** - October 21, 2021
  - **Link: https://doi.org/10.1029/2021GH000431**
  - **What:** Peer reviewed journal article, demonstrating OHE work in collaboration with DC Department of Energy & Environment (DOEE), Air Quality Division; and Academic Partners including George Washington University.
  - **About:** Explores how uneven air pollution levels within cities contribute to persistent health disparities between neighborhoods and population sub-groups. Using DC as a case study, and applying DC HER 51-Statistatical Neighborhood level of analysis, shows how higher $PM_{2.5}$-attributable disease burdens were found in neighborhoods with larger proportions of people of color, lower household income, and lower educational attainment.
- **Health Equity Summit 2021- *"Building the Roadmap to a Just Post-Pandemic Future."*** - December 9, 2021
  - **Link:** https://dchealthequity.com/
  - **What:** Applying an Equity-Informed Structural Determinants Lens, the Health Equity Summit 2021 focused on:
    - Unpacking the social and structural determinants of health - connecting the dots
    - Exploration of the persistence and opportunities for disruption of structural and institutional racism
  - **About:** In collaboration with the Office of Racial Equity within the Office of the City Administrator, engaged as a strategic implementation partner, the summit was well attended, with over 500 attendees tuning in live via a virtual platform, to hear the keynote address by Daniel Dawes, Esq., (Morehouse School of Medicine); together with local academic leaders (Howard; George Washington; and Georgetown universities); 12 District Agency Directors -- representative of the Nine Key Drivers of Opportunity for Health sectors; together with philanthropies; non-profit, and business community representatives, including the DC Chamber of Commerce.

Q131: Please describe any collaborations OHE has had with other District agencies in FY21 and FY22 to date.

Response:

District Government Sister Agencies - FY21-22
OHE maintains ongoing relationships and collaborative efforts with numerous agencies across District Government, as well as other non-profits, primarily outside of, but also within traditional health care.

Collaborating Partners include:

- DC Department of Transportation (DDOT)
  - Vision Zero
  - OHE is moving forward with a pilot project to develop a District-wide Enhanced Transportation Injury Surveillance System (DETISS) and is working with CDC Public Health Associate (PHAP) who is detailed to DC Health/OHE for FY22-FY23; DDOT is among the District agency partners
  - Traffic Records Coordinating Committee (TRCC) -
    OHE continues to participate in quarterly TRCC interagency meetings
  - Strategic Highway Safety Plan (SHSP) -
    The federally-required *District of Columbia Strategic Highway Safety Plan: 2020-2025* was published on January 31, 2021, and for the first time points to transportation equity and health equity as key considerations in addressing the plan's emphasis areas
  - Traffic Records Strategic Plan (TRSP) -
    The federally-required *District of Columbia Traffic Records Strategic Plan: 2021* is currently in final revisions and should be published soon
  - MoveDC
- DC Office of Planning (OP)
  - Comprehensive Plan
  - Congress Heights Plan SAP
    - We are now in the final stage of plan development, drafting the CHSAP and HEIR respectively. OP expects to complete the draft CHSAP for public review/comment during the first quarter of CY2022. OHE will have an initial draft HEIR (which will ultimately be a companion to the CHSAP as well as a component of a plan of action) in the same timeframe. OP expects legislative/Council review in mid-2022, followed by plan adoption and a transition to implementation.
    - Referencing the unique nature of the Congress Heights SAP, OP noted: "Unlike previous planning efforts, this plan will create a framework that centers anti-displacement and equitable community development in order to mitigate the anticipated adverse effects of increased development interest in Southeast, D.C., including the adaptive reuse of St. Elizabeth

East and the redevelopment of Barry Farm. As the District is experiencing ongoing rapid displacement of low-income, Black residents citywide, this plan will pilot recommendations that can be implemented within a 3-5-year horizon."
        - OHE participates in monthly Interagency Working Group (IAWG), and Community Advisory Committee (CAC) meetings.
    - Upward Mobility (with Urban Institute and District interagency partners)
        - OHE is part of the interagency working group that receives technical assistance from experts at Urban Institute to adopt and apply a set of mobility metrics to better understand and advance upward mobility in the District.
- DC Department of Parks & Recreation (DPR)
    - Ready2Play Parks Master Plan
        - In FY20-22, OHE has been a partner in support of DPR's Ready2Play Parks Master Plan, including participating in the Interagency Working Group, and providing input related to the equity-focused rubrics for DPR budget prioritization to OP's Civic Infrastructure and Facilities Initiative (CiFi), which looks across the city to develop cohesion among agencies that develop master facilities plans.
- DC Department of Energy & Environment (DOEE)
    - Green Fellows Program; FY22 OHE's second year partnering with DOEE Health Equity Green Fellows
        - DOEE Green Fellows are college graduates and/or current graduate students who receive on-the-job experiential training while contributing to District agency projects.
            - FY21: Collaboration with DOEE's Air Quality Division as well as Kingman & Heritage Islands conservation and investment implementation
            - FY22: Collaboration with DOEE's Data & Benchmarking Division/Building Energy Performance Standards (BEPS) program
            - FY22 is year two of OHE's Health Equity Journal Club
    - Anacostia Waterfront Working Group (interagency)
        - OHE participates in this working group co-convened by DOEE and OP, which is focused on the coordination and enhancement of ongoing and proposed projects located along the Anacostia Waterfront. Our direct engagement has already resulted in a commitment to integrate an overarching commitment to equity across all projects and initiatives.
    - Sustainable DC 2.0
        - OHE participates in the implementation process, attends periodic meetings and provides updates related to goals focused on public health and equity and collaborations as appropriate.
    - Kingman & Heritage Islands conservation and investment implementation
    - Poplar Point Working Group (interagency)
- DC Fire & Emergency Medical Services (FEMS)

    - District-wide Enhanced Transportation Injury Surveillance System (DETISS)
        - OHE is moving forward with a pilot project to develop a District-wide Enhanced Transportation Injury Surveillance System (DETISS) and is working with CDC Public Health Associate (PHAP) who is detailed to DC Health/OHE for FY22-FY23; FEMS is among the District agency partners
- DC Office of the City Administrator
    - Office of Racial Equity -- Partnered with ORE in delivery of the inaugural DC Health Equity Summit - December 9, 2021
- DC Executive Office of the Mayor
    - Thrive by Five (now located within DMHHS) and the Interagency Council on Homelessness are both active members of the DC Calling All Sectors Initiative team
- DC Department of Human Services
    - DHS is an initiating and ongoing member of the DC Calling All Sectors Initiative team

<u>Community Based Organization Partners - FY21-22</u>
As part of the *Advancing Health Literacy to Address Health Disparities* initiative, OHE has launched the "Health Literacy Learning Collaborative", which will focus in the first instance on capacity building amongst Community Based Organizations (CBOs), with respect to their Organizational Health Literacy, enabling them to serve as an effective bridge between community residents and health system partners. The following small group of CBO partners listed below will be expanded over the next several months.

Participating CBO Partners to date include:

- Bayne, LLC- serving as the CBO Administration Partner;

Together with:

- Central American Resource Center (CARC);
- Far Southeast Family Strengthening Collaborative (FSFSC);
- InnerCity Collaborative (ICC);
- Latin American Youth Center (LAYC);
- Leadership Council for Healthy Community (LCHC); and
- United Planning Organization (UPO)